IPC

Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security and Nutrition Decisions

FAMINE REVIEW COMMITTEE: GAZA STRIP, AUGUST 2025

CONCLUSIONS AND RECOMMENDATIONS

ACKNOWLEDGEMENTS

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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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The IPC Initiative has recently taken steps to expand the membership of the Famine Review Committee. Newly selected FRC members attended this Famine review and contributed to this report as part of their onboarding process:

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IPC Funding Partners

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1. EXECUTIVE SUMMARY

Key highlights

- The Famine Review Committee (FRC) has determined that Famine (IPC Phase 5) is currently occurring in Gaza Governorate. Furthermore, the FRC projects Famine (IPC Phase 5) thresholds to be crossed in Deir al-Balah and Khan Younis Governorates in the coming weeks.
- As this Famine is entirely man-made, it can be halted and reversed. The time for debate and hesitation has passed, starvation is present and is rapidly spreading. There should be no doubt in anyone's mind that an immediate, at-scale response is needed. Any further delay—even by days—will result in a totally unacceptable escalation of Famine-related mortality.
- If a ceasefire is not implemented to allow humanitarian aid to reach everyone in the Gaza Strip, and if essential food supplies, and basic health, nutrition, and WASH services are not restored immediately, avoidable deaths will increase exponentially.

This report marks the fifth time the Famine Review Committee (FRC) has been called to review an analysis on the acute food security and nutrition situation in the Gaza Strip. Never before has the Committee had to return so many times to the same crisis, a stark reflection of how suffering has not only persisted but intensified and spread until famine has begun to emerge.

Following the previous IPC analysis in May 2025, which projected nearly 500,000 individuals, 22% of the total population, in IPC Phase 5 (Catastrophe), an IPC Alert was issued on 29 July, highlighting the continued deterioration of food security, nutrition, and health in populations across the Gaza Strip. A new analysis was conducted by a multi-agency analysis team between 30 July and 4 August 2025 which identified the possible existence of Famine conditions and therefore required a review by the FRC. The main conclusions of the FRC review are summarised in Table 1.

The FRC finds the analysis team's classifications plausible for the period (1 July – 15 August 2025), indicating Famine (IPC Phase 5) for Gaza Governorate and IPC Phase 4 (Emergency) for Deir al-Balah and Khan Younis.

The FRC finds the severity of conditions in North Gaza similar or worse than in Gaza Governorate. However, due to limited evidence on the population status in this area the FRC recommends not to classify North Gaza Governorate. Urgent steps should be taken to allow for a full humanitarian assessment in this governorate.

The FRC also considers the analysis team's classifications for the projection period (16 August – 30 September 2025) of Famine (IPC Phase 5), to be plausible for Gaza, Deir al-Balah, and Khan Younis governorates.

The FRC also notes with grave concern the continued and large-scale killing of civilians while trying to access food deliveries and the inadequate planning, implementation, and monitoring of the privatized food distributions conducted by the Gaza Humanitarian Foundation (GHF). The FRC notes that food distributions conducted by the GHF do not meet the criteria to be classified as humanitarian assistance by the IPC. However, the shipments made by the GHF have been taken into full account during the review and classification process.

Based on these conclusions the FRC again calls for urgent, comprehensive, and sustained action to end the swiftly deteriorating and ever-expanding humanitarian catastrophe in the Gaza Strip.

Constant cycles of increased humanitarian access followed by severe restrictions, together with stark disparities among vulnerable populations, have left many at heightened risk of a rapid collapse in health and nutrition status. The international community can no longer afford to be diverted by short-term, marginal improvements; the scale of the crisis demands a sustained, large-scale response.

Widespread human suffering is present across the Gaza Strip and the killing of civilians seeking food continues. Increasing reports of malnutrition-related deaths indicate that the most vulnerable in society are beginning to succumb. This trend is expected to increase amongst vulnerable groups such as children, the elderly, and those with chronic diseases, before spreading to the wider population.

Key results

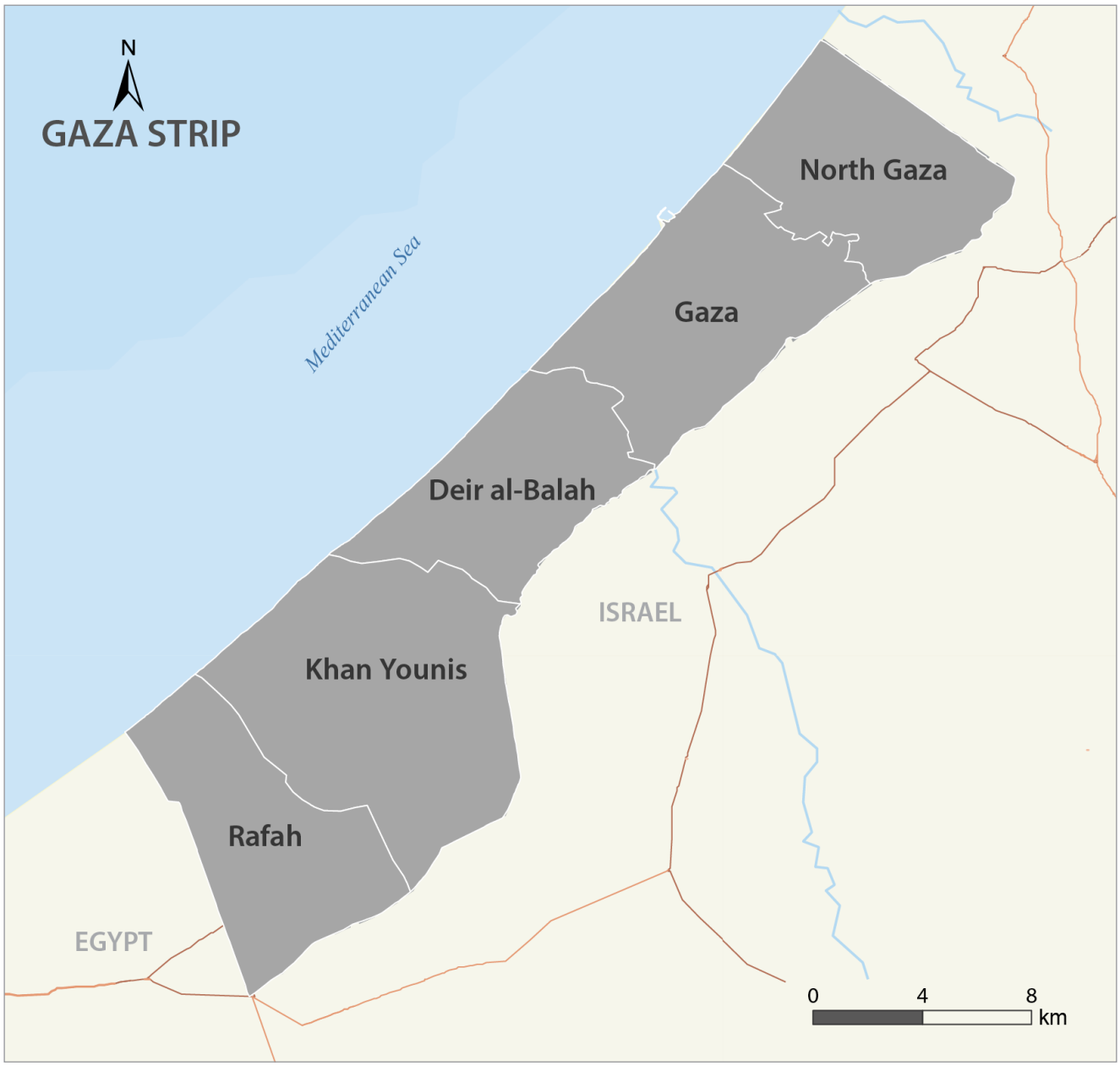
Table 1: Key Conclusions from the FRC on the Acute Food Insecurity (AFI) and Acute Malnutrition (AMN) Classifications under Review

Area	Period	Analysis Team Classification	FRC conclusions
North Gaza Governorate	Current (1 July - 15 August 2025)	**IPC AFI Phase 4 (Emergency):** 40% of households classified in Catastrophe (IPC Phase 5) and 50% in Emergency (IPC Phase 4). No IPC AMN classification due to insufficient evidence. **The Analysis Team requested guidance from the FRC on a potential Phase 5 (Famine) classification for this area, considering limited evidence and high severity.**	The FRC finds the severity of conditions in North Gaza similar or worse than in Gaza Governorate. However, due to limited evidence on the population in this area the FRC recommends not to classify North Gaza Governorate. Urgent steps should be taken to allow for a full humanitarian assessment in this governorate.
	Projection (16 August – 30 September 2025)	**IPC AFI Phase 4 (Emergency):** 45% of households will likely face Catastrophe (IPC Phase 5) and 50% Emergency (IPC Phase 4). No IPC AMN classification due to insufficient evidence. **The analysis team requested guidance from the FRC on the risk of Famine for this area.**	
Gaza Governorate	Current (1 July - 15 August 2025)	**At least an IPC AFI Phase 4 (Emergency)**: 30% of households classified in Catastrophe (IPC Phase 5) and 50% in Emergency (IPC Phase 4). **IPC AMN Phase 5 (Extremely Critical).** **The analysis team could not conclude on mortality evidence and therefore was further analysed by the FRC.**	The FRC concludes that IPC Phase 5, Famine (with reasonable evidence) is currently affecting Gaza Governorate. The classification of Famine with reasonable evidence still applies at the end of the FRC analysis on 15 August.
	Projection (16 August – 30 September 2025)	**IPC AFI Phase 5 (Famine with Reasonable Evidence):** 35% of households will likely face Famine (IPC Phase 5) and 55% Emergency (IPC Phase 4). **IPC AMN Phase 5 (Extremely Critical).**	The FRC finds the projection of continued Famine with reasonable evidence plausible.
Deir al-Balah Governorate	Current (1 July - 15 August 2025)	**IPC AFI Phase 4 (Emergency)**: 25% of households classified in Catastrophe (IPC Phase 5) and 55% in Emergency (IPC Phase 4). **IPC AMN Phase 3 (Serious).**	As of the 15 August, the FRC find the AT conclusions plausible for the current period.
	Projection (16 August – 30 September 2025)	**IPC AFI Phase 5 (Famine with Reasonable Evidence):** 30% of households will likely face Famine (IPC Phase 5) and 60% Emergency (IPC Phase 4). **IPC AMN Phase 5 (Extremely Critical).**	The FRC finds the projection of Famine with reasonable evidence plausible.
Khan Younis Governorate	Current (1 July - 15 August 2025)	**IPC AFI Phase 4 (Emergency):** 20% of households classified in Catastrophe (IPC Phase 5) and 30% in Emergency (IPC Phase 4). **IPC AMN Phase 3 (Serious).**	As of the 15 August, the FRC find the AT conclusions plausible for the current period.
	Projection (16 August – 30 September 2025)	**IPC AFI Phase 5 (Famine with Reasonable Evidence):** 30% of households will likely face Famine (IPC Phase 5) and 60% Emergency (IPC Phase 4). **IPC AMN Phase 5 (Extremely Critical).**	The FRC finds the projection of Famine with reasonable evidence plausible.
Rafah Governorate		Not analysed by the Analysis Team.	While not analysed by the Analysis Team, the FRC is deeply concerned about the condition of populations residing in Rafah. While operational planning figures suggest Rafah Governorate is depopulated, any populations remaining there are of high concern.

Following recommendations from the Famine Review Committee to extend the current period from 1 - 30 July, to 1 July - 15 August, the Analysis Team agreed to revise the analysis periods. The extension of the current analysis period was based off the review of data made available after the conclusion of the IPC analysis on 4 August.

The IPC analysis team used four units of analysis, namely North Gaza, Gaza Governorate, Deir al-Balah, and Khan Younis. Rafah Governorate was not analysed as it is largely depopulated according to the latest figures from operational partners and limited evidence was available. The AMN analysis team did not classify North Gaza Governorate.

Figure 1: Map of the Gaza Strip and the analysis units used by the IPC analysis team



Source: IPC

2. FAMINE REVIEW PROCESS

The Integrated Food Security Phase Classification (IPC) Famine Review Committee (FRC) was activated on 4 August 2025 by the IPC Global Support Unit (GSU) considering the difficulties faced by the analysis team in reaching consensus on the final phase classification for North Gaza, and Gaza Governorate analysis unit and requests from the IPC analysis team to activate the FRC for these areas. Additionally, three analysis units, Gaza Governorate, Deir al-Balah and Khan Younis were classified in IPC Phase 5 (Famine with reasonable evidence) in the projection period (16 August – 30 September 2025).

The FRC may be activated under four different scenarios as detailed in the IPC Guidance Notes on Famine and risk of Famine.[1] In any of these scenarios, its role is to assess the technical rigor and neutrality of the IPC analysis as an additional quality assurance function.[2]

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

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

3. FRC ASSESSMENT OF THE SITUATION

3.1 As of 15 August 2025

3.1.1 Hazards and Vulnerability

The ongoing conflict continues to cause injuries and fatalities across the Gaza Strip, while damage to essential infrastructure degrades the capacity and coverage of life saving services. The food system has collapsed while populations face prolonged exposure to health risks due to the collapse of health, water, sanitation and hygiene systems.

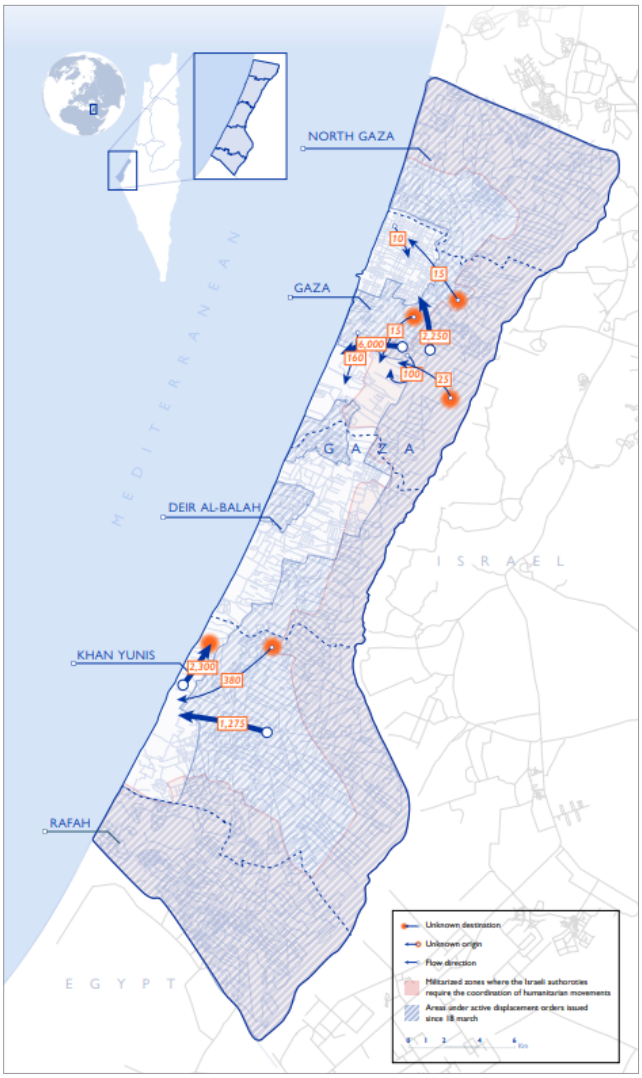
Conflict and displacement.

Since the IPC alert published on 29 July 2025,[3] the intensity of hostilities has largely continued across the Gaza Strip.[4] Roughly 3,700 fatalities were reported in July, a significant escalation from recent months and the highest since January 2024, while nearly 1,500 are reported in August already. An additional 13,500 injuries were reported in July alone and already over 7,000 injuries are reported in August. Recent estimates suggest an average of 91 people are killed and over 200 are injured daily.[5] Despite a tactical pause announced on 27 July, operational partners have not reported any effective improvement of security conditions affecting transport of humanitarian operations.[6]

Bombardment from air, land and sea continued across much of the Gaza Strip, resulting in further deaths, injuries, displacements, and the destruction of buildings and other infrastructure. Critical infrastructure essential to provide and sustain life-saving services, such as health, water, sanitation and hygiene facilities are largely damaged, destroyed or otherwise inoperable or inaccessible. The food system has collapsed as assets required for food production, such as croplands, greenhouses, and fishing assets have been dismantled, while logistical infrastructure, including roads and warehouses are heavily damaged. In early July, nearly 80% of all buildings and 92% of residences are damaged or destroyed.

While the conflict varied in intensity and scope, the cumulative impact of the previous 22 months of conflict on populations and critical infrastructure is significant. Almost three quarters of fishing facilities and related assets were already destroyed in late 2024. As of February 2025, nearly 90% of commercial and industrial assets, in addition to WASH facilities,

Figure 2: Population movements 29 July - 12 Aug (SMC)



were damaged or destroyed, including 62% of the road network. By April 2025, 82% of the agricultural wells and 71% of greenhouses, essential for food production, were destroyed or damaged. Nearly 90% of the cropland was damaged as of late July 2025.[7] Considering the continuation of conflict into August

[3] IPC, Alert, July 2025. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_GazaStrip_Alert_July2025.pdf

[4] ACLED, Gaza Monitor, 15 August 2025. https://acleddata.com/gaza-monitor/

[5] WHO & Health Cluster Dashboard, August 2025, https://healthcluster.who.int/countries-and-regions/occupied-palestinian-territory

[6] Logistics cluster, Operational updates, August 2025. https://logcluster.org/en/ops/pse23a

[7] OCHA, Reported Impact Snapshot, 13 August 2025. https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-13-august-2025

2025, further damage is expected on these systems and critical infrastructure.

As of 12 August, around 86% of the Gaza Strip is under evacuation orders or within militarized zones.[8] Previous IPC analyses have shown that not all populations are able to relocate despite evacuation orders or the presence of armed conflict. This may include individuals with disabilities, injuries, or those physically unable to make the journey, even if they intended to do so. Unaffordable transportation costs and limited transport options are further reducing the ability of populations to relocate, even if direct hostilities or insecurity are not the main barrier to their movement.

Populations in inaccessible areas have limited to no access to services, humanitarian assistance, markets and other community support mechanisms that may be available in accessible areas.

For those able or forced to relocate, continued movements increase the vulnerability and inability to cope with future evacuation orders or flee approaching conflict. Households on the move face heightened risks from unexploded ordinance and other health hazards, such as sewage and other contaminants, collapsing buildings, and ongoing threats of injury or death from conflict or insecurity. Risk of family separation is high. Each subsequent evacuation order or expansion of militarized zones increases the intense competition for safe and habitable spaces, while intensifying pressure on limited markets and services.

For the 2.1 million individuals residing inside the Gaza Strip, there is no option to relocate to safe areas not affected by conflict in Egypt or Israel or the right to seek asylum. The entire population, with very few exceptions,[9] has no freedom of movement and is forcibly maintained in an active conflict zone. Those that are able to leave the Gaza Strip have no guarantee of being able to return.

Nearly 800,000 individuals have been displaced since the end of the ceasefire on 18 March, with almost 350,000 since the escalation of May 15 alone. Another 12,000 individuals have been displaced in the weeks following the IPC analysis in late July. According to a recent survey,[10] at least a third of the population in the northern governorates are sheltering in a damaged house or apartment, and up to 50% in Deir al-Balah. Nearly 30% in Deir al-Balah and over half of the population in the other governorates are living in tents or informal settlements. Difficulties finding tents, or materials to rebuild temporary accommodation or shelters are compounded by frequent displacements, no freedom of movement to large portions of the Gaza Strip and limited ability to resupply or import needed items.

According to a recent assessment,[11] the majority of the population has been displaced multiple times across Gaza Governorate, Deir al-Balah and Khan Younis governorates. Across these governorates, around 20% or more of the population have been displaced three to six times, with at least 4% across all three areas displaced seven or more times. Continued and frequent displacement erodes household capacity to cope as essential assets such as shelter materials, storage items, water, and food, may be lost along the journey, especially given the limited notice that populations have to evacuate or relocate from approaching hostilities. Displaced populations continue to face challenges in finding locations safe from military activities and health risks such as sewage, unexploded ordinance and damaged buildings.

Satellite imagery analysis highlights the concentration of populations along coastal areas and the deconstruction of tented sites and informal settlements further inland. The physical space allocated for habitation and relocation of displaced populations continues to decrease as hostilities and evacuation orders concentrate more of the population into smaller, less habitable sites. People are living in overcrowded areas without access to drinking water, sanitation, and poor hygiene practices due to lack of space. Very high-density populations in smaller areas also lack access to services especially medicine and non-medical items.

Many of the households on the move since late July originated from areas under evacuation orders or military zones in Gaza and Deir al-Balah Governorates. While the scale of populations living in these areas is not known, conditions are considered to be worse due to lack of access to safe or stable structures, essential services, assistance, the high level of destruction and continued ground operations.

Humanitarian access

[8] *OCHA, Reported Impact Snapshot, 13 August 2025. https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-13-august-2025*

[9] *OCHA, Reported Impact Snapshot, 13 August 2025. https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-13-august-2025*

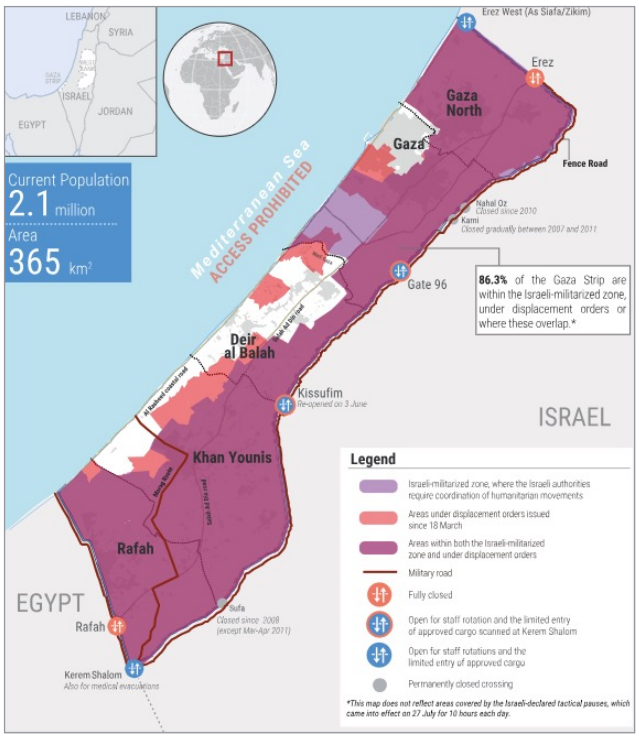
[10] *Source 1, CATI Survey. Methodological considerations and checks on the data available in Annex 3.*

[11] *Source 2, remote survey. Methodological considerations and checks on the data available in Annex 3.*

Humanitarian access into the Gaza Strip is highly restricted as it is tightly controlled by the number of active crossings and administrative procedures to enter the area. While ceasefire periods have shown the ability of border crossings to handle a far greater volume of trucks and total metric tonnage,[12] there are current restrictions in place, which effectively limit the number of trucks, metric tonnage and types of commodities allowed to enter.

Humanitarian access to affected populations inside

Figure 3. Evacuation & military zones 13 August 2025 (OCHA)



the Gaza Strip is limited to four border crossings (Karem Shalom, Kissufim, Gate 96 and Erez West) as Erez and Rafah crossings are fully closed. No access by sea is permitted and air access is limited to airdrops, not permissible for helicopters or other air assets. Each land crossing is now located a significant distance from areas not under evacuation order or militarized zones. The expansion of these zones places humanitarian convoys farther from populations and increases risks from looting and insecurity due to the prolonged time in active conflict settings and the limited routes available to use.

Operational partners estimate that commodities in the humanitarian pipeline are enough to feed the entire population of the Gaza Strip for at least three months. However, much of this assistance remains just outside the Gaza Strip waiting for approval to enter. Extended delays are increasing the risk of food spoilage as expiration dates near while stranded food supplies are increasingly being infested.[13]

According to OCHA,[14] following the resumption of hostilities on March 18, 1,445 humanitarian missions requiring coordination with Israeli authorities were requested until 12 July. Only 506 missions (35%) were facilitated by Israeli authorities, while 810 missions (56%) were impeded or denied. From 1-12 July, 62 of the total 130 missions (48% of requested missions) were denied or impeded. While data after 12 July is not available, access constraints for humanitarian missions are expected to have continued in the July and August periods.

Recent changes requiring all humanitarian trucks to be accompanied by Israeli security escorts have impacted humanitarian logistical operations. Lack of escort capacity has already caused suspensions on some humanitarian supply corridors, while previously authorized items such as nutrition, health, hygiene and water treatment aid items face longer delays than food items.[15]

3.2 Acute Food Insecurity

3.2.1 Food Availability

The current catastrophic shortage of food availability inside the Gaza Strip comes as a result of three compounding factors. Namely, the destruction of domestic food production systems, import limitations, and displacement of populations away from available food sources or production systems. Food deliveries from land and recent airdrops are insufficient to meet current extreme food consumption gaps.

While the Gaza Strip pre-conflict was still a major importer of food stuffs, domestic production of eggs, milk, fish, poultry, food oils and meats contributed to fulfilling daily caloric, nutritional and diversification needs.[16] This capacity no longer exists. Following the outbreak

[12] IPC Analysis for the Gaza Strip April-September 2025. https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159596/

[13] OCHA, Humanitarian situation update #313. https://reliefweb.int/report/occupied-palestinian-territory/humanitarian-situation-update-313-gaza-strip

[14] OCHA, Reported impact snapshot 13 August 2025. https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-13-august-2025

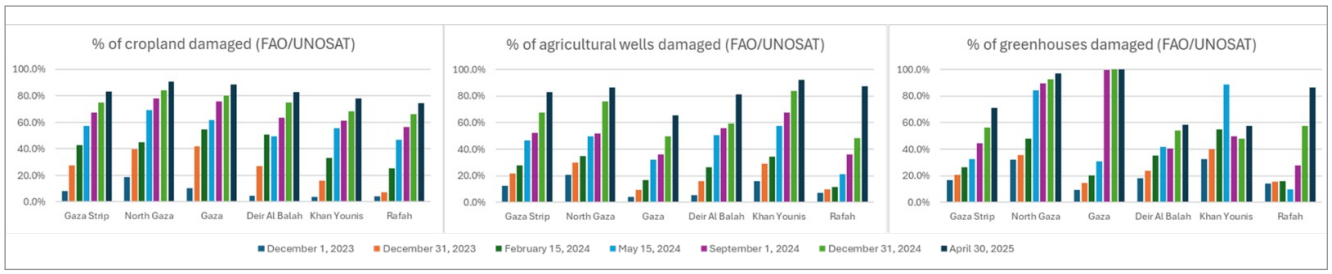
[15] Logistics cluster, Operational updates, August 2025. https://logcluster.org/en/ops/pse23a

[16] OCHA, Humanitarian situation update 313. https://reliefweb.int/report/occupied-palestinian-territory/humanitarian-situation-update-313-gaza-strip

of hostilities in 2023 and the continuous and ongoing conflict, the food system has progressively collapsed. Whether intentional or not, the ability to produce, process and distribute food resources to populations across the Gaza Strip has continuously declined as agricultural assets and infrastructure directly related to food production has been dismantled or destroyed. Only 1.5% of the original cropland remained undamaged and accessible for cultivation in late July 2025,[17] which would not provide benefits at scale nor in the short term. As of June 2025, compared to pre-conflict figures only 26% (15,256) of sheep, and 34% (2,942) of goats have survived, while 3.8% (565) of cattle and 1.4% (33,469) of poultry survived until February 2025.[18] Fishing activities have largely ceased and face continued restrictions accessing coastal areas. The widespread destruction of solar panels, pumps and greenhouses have eroded small scale food production and increased reliance on fuel to operate remaining assets. The cumulative damage to the food system and specific food production assets from late 2023 to April 2025 is below in Figure 4.

The expansion of militarized zones and evacuation orders is severely limiting the population's ability to continue food production as displaced populations are concentrated in areas away from remaining food sources and major food production facilities or assets. By 28 July 2025, almost all (91%) total greenhouses, in hectares, and 86% of agricultural wells were in evacuation and military zones (footnote 20). Similar for agricultural wells as 86% were in inaccessible areas and 62% of those facilities already damaged In April 2025.[20] This also includes other critical processing facilities like communal kitchens and bakeries that transform raw food commodities, such as flour, into more usable and accessible commodities for larger populations. Without these facilities, many raw food commodities will remain difficult to utilise and consume efficiently. Further reductions in overall functional facilities and especially those in accessible areas is expected to have declined since the assessed April period.

Figure 4: Damage to food production assets



Food stocks and deliveries

Estimates from the FAO[21] and the WFP[22] converge around 60,000 – 62,000 metric tonnes (MT) needed each month to meet minimum daily caloric requirements. This would exclude additional fresh food, additional diversification options and other specialized commodities such as therapeutic or specialized nutritional products.

Both humanitarian and commercial actors face entry limitations to import essential food commodities. Humanitarian food deliveries face periods of irregular access or complete blockages into the Gaza Strip. The UNRWA, previously a major provider of humanitarian goods and services inside the Gaza Strip, has not been allowed to send aid since March 2025. Similarly, commercial deliveries have not been permitted since late 2024, until 5 August when limited quantities started entering.[19] Considering the current reliance on imports, food availability across the Gaza Strip is very sensitive to disruptions and localized shortages can quickly occur due to delays in resupplying markets or remaining food distribution programmes. Israeli customs clearance is mandatory, and due to the restrictions on dual use items or specific commodities, such as fuel, spare parts, fertilizers and other agricultural inputs, recovery of the agricultural sector is unlikely in the short term.

[17] *FAO, Land available for cultivation in the Gaza Strip as of 28 July 2025. https://openknowledge.fao.org/items/3a966c1f-c31b-4550-90bb-eca8efbe9c1f*

[18] *FAO, Land available for cultivation in the Gaza Strip as of 28 July 2025. https://openknowledge.fao.org/items/3a966c1f-c31b-4550-90bb-eca8efbe9c1f*

[19] *Logistics cluster, Operational updates August 2025. https://logcluster.org/en/ops/pse23a*

[20] *FAO & UNOSAT, damage to agricultural infrastructure December 2023 – August 2025. https://unosat.org/products/*

[21] *Benjamin Davis, Stefania di Giuseppe, Esther Heesemann, Annarita Macchioni Giaquinto and Irene Staffieri. 2025. Humanitarian aid restrictions and declining food availability in the Gaza Strip, paper under review for publication by The Lancet.*

[22] *WFP, WFP food trucks keep moving inside Gaza as hunger deepens and restrictions persist, 25 July 2025. https://www.wfp.org/news/wfp-food-trucks-keep-moving-inside-gaza-hunger-deepens-and-restrictions-persist*

Analysis conducted by the FRC[23] indicates that market and household food stocks are largely depleted and the availability of food is highly unreliable and unstable.

Between 2 March and 19 May 2025 no food entered the Gaza Strip by any actor or supplier (humanitarian or commercial). In the following months, between May to July, the amounts of food entering were largely insufficient to feed the population. Looking at the three-month trailing average of supplies entering the Gaza Strip from COGAT (see Figure 7), the estimated 62,000 MT minimum monthly operational tonnage required to feed the population (without consideration of nutrition) has not been met since April 2025. While it is possible that based on the data available as of 15 August, the food entering in August may meet the estimated 62,000 MT threshold of needs, this remains unclear. Even so, this would still not be sufficient to reverse the catastrophic levels of hunger and suffering, given the many months that this threshold was not met prior.

While concerns exist on the figures of metric tonnage reported by the COGAT dashboard,[24] monthly delivery figures in 2025 indicate high variability in the amounts of food deliveries into the Gaza Strip. Food that may have physically crossed into the Gaza Strip does not directly translate into food that is accessible nor into food that is consumed (see Figure 6).

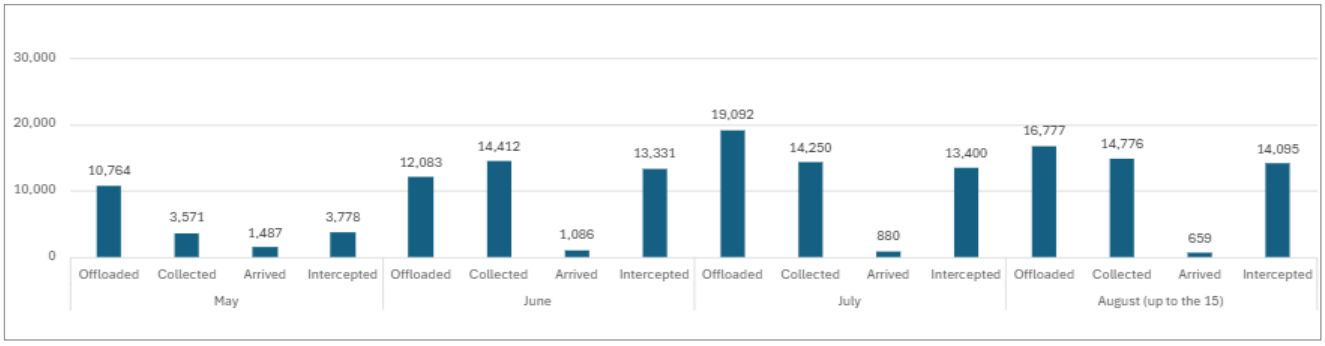
As far as UN deliveries,[25] very little of the food that is reported as offloaded or collected is reported to have arrived at the intended destination in the Gaza Strip. Much of it is intercepted, again demonstrating the desperation of the population (see Figure 5).

It is also important to note that airdrops are a drop in the bucket, not reaching the most vulnerable, and sometimes resulting in injuries and even deaths. Current efforts, including airdrops, and the non-humanitarian deliveries by GHF are wholly inadequate and will not alleviate the short-term, long-term, and intergenerational impacts of starvation on the entire population of Gaza.

A recent analysis on the declining food availability in the Gaza Strip showed that the October 2023 to December 2024 period had a considerable caloric deficit as only 1,640 kcals per person per day were estimated to be available, from the metric tonnage reported in this analysis. This total quantity does not fully reflect monthly variability, periods of blockades and localized shortages. As a result, estimates on the pre-January 2025 food stocks are considered to be minimal.[26]

This analysis also highlights that as of 14 July the estimated stockpile of food generated during the ceasefire was depleted.
Available stocks from the ceasefire period will not support daily recommended caloric intake without resupply. Without incorporating the known access

Figure 5: UN deliveries disaggregated: offloaded, collected, arrived, intercepted



Source: UN2720

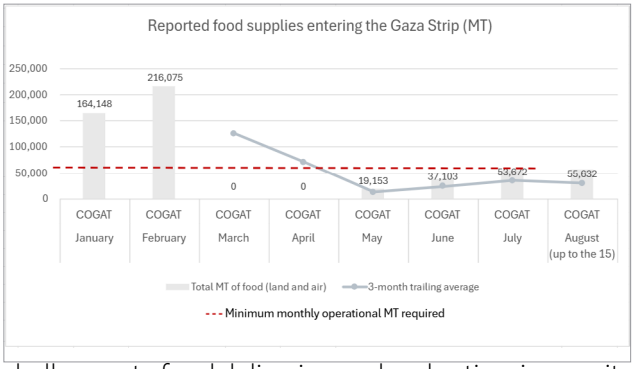
[23] COGAT data report all food aid entering the Strip, including commercial food entries, humanitarian food assistance and airdrops, and are sourced from: https://gaza-aid-data.gov.il/main/#AidData up until 15 August.

[24] See IPC Analysis for the Gaza Strip April-September 2025. https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159596/

[25] UN data are sourced from the UN2720 Monitoring & Tracking Dashboard https://app.un2720.org/tracking. They report four figures: (1) Offloaded: In any of the crossings along Gaza's perimeter; (2) Collected: From any of the crossings along Gaza's perimeter; (3) Arrived: To the intended destination in Gaza; (4) Intercepted: Either peacefully by hungry people or forcefully by armed actors, during transit in Gaza.

[26] Benjamin Davis, Stefania di Giuseppe, Esther Heesemann, Annarita Macchioni Giaquinto and Irene Staffieri. 2025. Humanitarian aid restrictions and declining food availability in the Gaza Strip, paper under review for publication by The Lancet.

Figure 6: Reported food supplies entering the Gaza Strip and 3-month trailing average compared to the minimum monthly operational requirement in MT

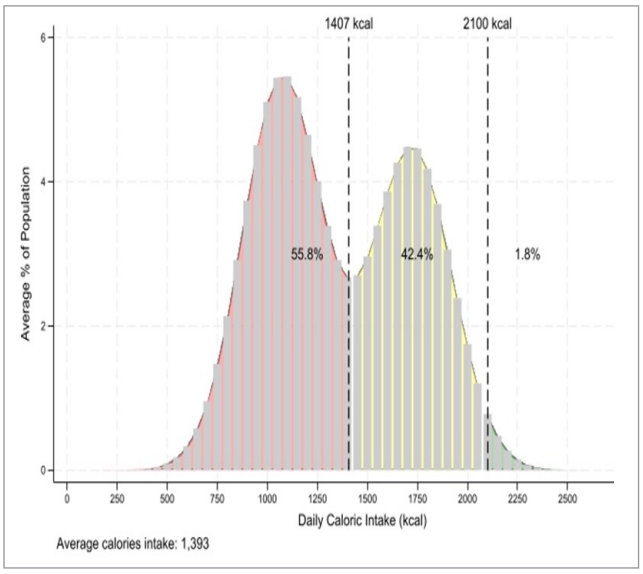


challenges to food deliveries, such as looting, insecurity, civil unrest, geographic distances, movement restrictions, competition among populations and fatalities occurring at distribution sites, this model assumes equal access. A total of 1,394 kcals per person per day (66% of minimal recommended caloric intake) are estimated to be available from GHF distributions, humanitarian deliveries and local production.

Accounting for some of the aforementioned access constraints, this analysis identifies two different population groups with contrasting caloric availability estimates. The first group, those reached by the GHF, are estimated to receive around 1,700 kilocalories per person per day, if able to obtain, transport, cook and consume a full ration, along with not becoming injured or fatally wounded during the distribution process or related travels. The second group, around 56% of the population, those accessing food through humanitarian supplies, purchases or looting, are estimated to receive less than 1407 kilocalories per person per day (Figure 7).

While this model may be optimistic, considering reporting and discrepancies between actors delivering food commodities, it indicates a very limited number of people are reaching the daily recommended caloric intake.

Figure 7: Caloric intake over time and access simulation



3.2.2 Food Access

Populations have severely limited access to the highly inadequate available food. Most households are unable to access food in markets and from commercial deliveries due to high prices, liquidity shortages and lack of purchasing power. This is compounded by unpredictable market functionality and stockouts as vendors cope with shortages, high transport costs and continued hostilities. The ability of households to previously access food through relatives and other networks continues to erode as localized shortages of food also prevent intra-household sharing.

People trying to meet their basic needs, such as searching for food or receiving medical treatment, may be forced to choose one at the cost of the other, effectively a zero-sum outcome. Populations have extreme challenges accessing humanitarian deliveries, while deaths and injuries continue each month at or near food distribution sites from non-humanitarian partners The fact that people continue to risk being shot or caught in stampedes at distribution sites indicates the extremely desperate level of hunger that the population is experiencing.

Market access and functionality

Recent market monitoring highlights extreme challenges accessing markets across the Gaza Strip, with 82% of households in Deir al-Balah Governorate, 76% in Khan Younis Governorate, 72% in Gaza Governorate and 66% in North Gaza Governorate unable to reach markets. Access to markets[27] has continued to deteriorate from June to July and is expected to continue into August.

Food prices continued to rise sharply in July, increasing by 25% to as much as 9,900% compared to the February ceasefire levels, and by 233% to 15,285% compared to pre-conflict prices. Wheat flour has seen major price fluctuations—up to USD 30 in June and coming back down to around USD 15 in July. Sustained, large-scale deliveries are urgently needed to stabilize wheat flour availability, pricing, and affordability.

Looting and restocking costs are hampering the ability of markets and food distribution points to restock. Shortages of goods and commodities are commonplace while vendors reported lower stock levels by 95% in North Gaza Governorate, 82% in Gaza Governorate, 89% in Khan Younis Governorate and 43% in Deir al-Balah Governorate.

Most food and essential items are inaccessible due to lack of cash and increasing liquidity shortages are disrupting market operations, preventing vendors from paying suppliers and preventing households from purchasing items. Despite liquidity shortages, digital purchases are not commonplace and most petty traders and informal shops only accept cash, accepting dwindling supplies of currency of certain notes and those in good condition.

Internet or service outages disrupted e-wallet usage for more than 20% of vendors with an active account and around 20% of vendors reported that prices for goods differed between digital and physical cash payments. At least 27% of upstream wholesalers across Gaza, Deir al-Balah and Khan Younis governorates do not accept digital purchases by vendors (36%, 27% and 33% respectively).

Fees on remittances and electronic transfers have increased to an all-time peak of 45-50% of the value transferred, while fees associated with money transfers between mobile wallets and bank accounts almost reach 30%.[28] Some vendors do not accept digital payments due to their own inability to use digital currency for purchases or restocking. Access to food via the market is also sensitive to coping strategies for vendors facing supply chain disruptions. In Gaza, Deir al-Balah and Khan Younis governorates, between 20-31% of vendors closed their shop some days of the week, 20-30% reduced the variety of goods and 11-15% raised prices, while only 2-4% increased stock of certain products in advance.

Nearly 80% of households report having no income[29] and have exhausted their savings. With nearly 9 out of 10 households reporting no longer having productive assets to sell, people are resorting to increasingly severe coping strategies. This period has seen the highest levels of begging in Gaza Governorate at 28%.[30]

Bakeries and cooked meal points.

The previous 29 bakeries supported by humanitarian partners across the Gaza Strip remain closed since April 2025. While previously a reliable source of food for significant numbers of people and neighbourhoods of the Gaza Strip, this remains unavailable at present. It is also unlikely this will change in the short-term as even if undamaged or previously operational bakeries received fuel and the necessary supplies, many are out of reach of the population. Of the 29 bakeries, 13 are now in evacuation and militarized zones. None of the previous bakeries in Rafah, Khan Younis or North Gaza governorates would be accessible to populations with the current movement restrictions.[31]

Similarly of the 83 operational cooked meal points as of 13 August 2025, 18 (22%) are in evacuation or militarized zones.[32] This includes 23% (7) of the cooked meal points in Khan Younis, 25% (7) in Deir al-Balah, 23% (2) in Gaza Governorate. The only two in North Gaza are both in militarised zones; there are no cooked meal points operating in Rafah Governorate.

The reported peak of 324,000 cooked meals in the first half of August is an improvement from July, though far below the 1 million in April, and 828,000 in early May.[33] Cooked meal programmes are also highly sensitive to shortages

[27] *WFP market monitor July 2025. https://www.wfp.org/publications/wfp-palestine-monthly-market-dashboard-0*

[28] *CWG, Comprehensive market and e-wallet assessment, July 2025.*

[29] *Source 2, Remote survey. Methodological considerations and checks on the data available in Annex 3.*

[30] *Source 1, CATI survey. Methodological considerations and checks on the data available in Annex 3.*

[31] *FSS, Operational updates, maps and dashboard, August 2025. https://fscluster.org/state-of-palestine*

[32] *FSS, Cooked meal provision points, 13 August 2025. https://fscluster.org/state-of-palestine*

[33] *FSS, Gaza dashboard, August 2025. https://fscluster.org/state-of-palestine*

in fuel and supplies, resulting in significant reductions to the number of meals provided per day and how many days per week they can operate.

Access to food from humanitarian assistance

While humanitarian food assistance remains the main reported source of food across all governorates, only 11-18% of households reported receiving food aid in the past 30 days from Source 1. Markets or gifts from family or friends are the other main sources of food, accounting for about one-third of food. There has been a noticeable shift in the type of food assistance reportedly received since March 2025, with an increasing reliance on cooked meals and a stark reduction in food parcels (Figures 10 and 11). Subsidized bread and cooked meals—once a vital lifeline—are now largely inaccessible and households are increasingly unable to shield vulnerable members from hunger deprivation (Source 3).

Access to food deliveries and non-humanitarian assistance (GHF)

Figure 8: Self-reported access to food parcels (Source 1)

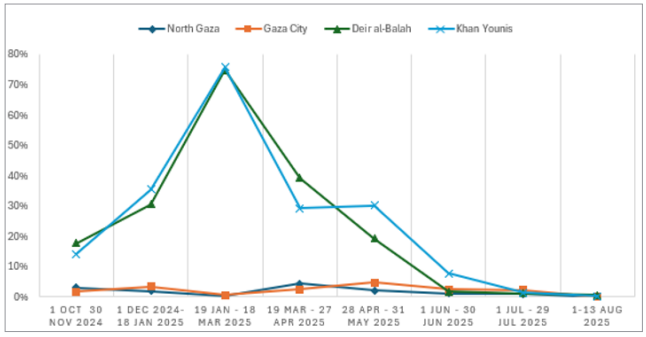
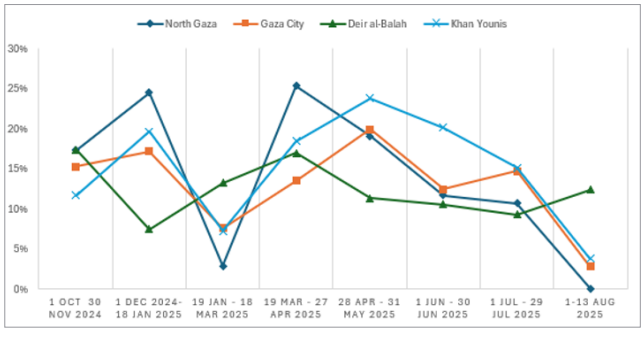


Figure 9: Self-reported access to cooked meals

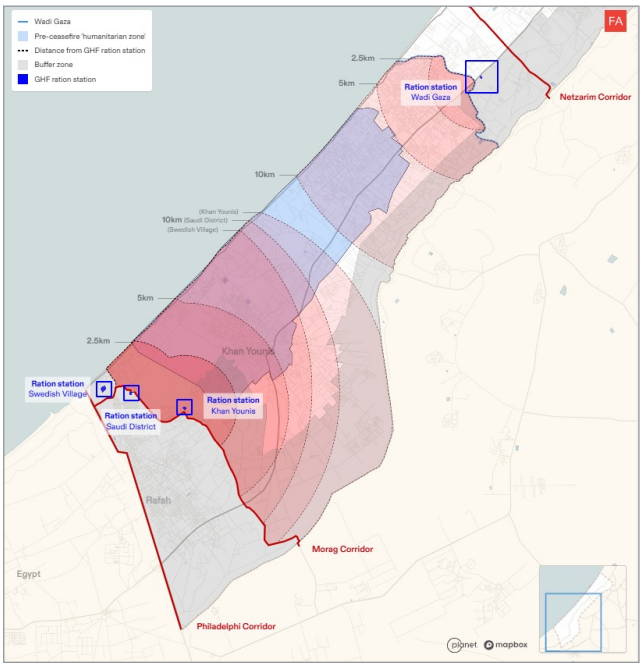


Following the resumption of hostilities in mid-March, the number of households reportedly facing potential safety risks while searching for food has more than doubled to around 80% of households between 18 March to 13 August.[34]

Access to food supplies from GHF sites poses significant concerns, following a first-come, first-served distribution,[35] with unclear and inconsistent communication on the opening times (sometimes firing warning shots, or using drones). Analysis indicates that the average duration of opening times between 29 May and 4 July was just 23 minutes per day.[36] The three operational sites are concentrated in the largely depopulated Rafah and central Gaza, forcing those who are in the proximity of the GHF sites to walk a six-hour roundtrip to fight for the food. (Figure 10)

The most severely affected are not physically able to access food from the GHF sites due to the way these are situated and organized, requiring both energy and physical strength to walk more than 5km in the heat to the site, competing with others for that food, and then carrying it back. Few are able to collect more energy from the distribution than they use in attempting to collect it. This is increasing the energy deficits among the most abled in many households.

Figure 10: Map of distance to GHF sites (Forensic Architecture)



[34] *Source 1, CATI survey. Methodological considerations and checks on the data available in Annex 3.*

[35] *FEWS NET, Global Food Security Update, 23 June 2025. https://fews.net/sites/default/files/2025-06/FEWS_NET_Global_Food_Security_Update_06232025.pdf*

[36] *Forensic Architecture, FA Projects https://frames.forensic-architecture.org/gaza/aid/ghf-stations-are-few-and-far-between*

This systematically excludes the most vulnerable—women, children, the elderly and persons with disabilities—and, even for those who do make it, they risk being shot or caught in stampedes. Deadly incidents near GHF sites have become commonplace (Figure 11).

Figure 11: Map of access challenges, security incidents and distance to GHF sites (Forensic Architecture)

3.2.3 Food Utilization.

Food utilization includes both the ability to prepare and consume food, and the ability of the body to make use of that food. All food except a very small amount of oil and canned food in GHF food packages require extensive preparation to make it digestible for humans.

Food utilization in terms of preparation remains extremely hampered by the complete lack of fuel and cooking gas to prepare food, forcing households to increasingly rely on burning rubbish across all governorates, particularly in Gaza Governorate (73%).[37] No cooking gas has entered the Strip since February 2025.[38] Staple foods, such as lentils and wheat flour, if poorly cooked are not well digested by the body, reducing the body's ability to fully absorb and use the nutrients. The already severely limited availability of clean water to prepare, cook and consume food safely continues to worsen; households reported access to 2.94 Liters per person in July compared to 3.55 in May 2025). Meanwhile, the onset of summer and increasing temperatures (Gaza is currently experiencing temperatures that surpass 40 degrees Celsius),[39] coupled with a lack of safe storage puts households at further risk of food-borne illnesses.

In addition to the problem of cooking fuel, basic cooking implements continue to be in short supply due to the constant displacement of populations, wear and tear on pots used over unconventional heat sources, and regular market disruptions. Thus, even for households who can sporadically access food, they often lack the means to prepare it safely, further increasing the already significant challenges around utilization of food.

Biologically, poor water, sanitation and hygiene, as well as malnutrition itself, reduce the body's ability to use what food it does get. Food consumption scores indicate that the population are consuming on average only one or two food groups per day,[40] primarily rice, lentils or wheat flour. Vegetables, fruits, oils and animal source proteins are increasingly rare and limited to the wealthier. This poor-quality diet does not provide the body with sufficient nutrients to maintain the lining of the gut, more so in the face of very poor sanitation, making people increasingly vulnerable to ingested contaminants, and reducing the body's ability to absorb key nutrients. Severe malnutrition and extended food deprivation as well as disease often reduce appetite so that severely malnourished children, adults who have not eaten for days and the ill often do not eat, even when food is available, worsening their health and nutrition status.

3.2.4 Stability

Since late 2023, populations across the Gaza Strip have faced prolonged instability in the availability and accessibility of food due to blockades, localized shortages, conflict and displacement. This cyclical instability for households increases their vulnerability as they are unable to utilise the same assets or strategies to address acute food insecurity. This reduced capacity to cope introduces tipping points that, once crossed, can have catastrophic consequences as households do not have the capacity to quickly or easily recover.

[37] *Source 1, CATI survey. Methodological considerations and checks on the data available in Annex 3.*

[38] *COGAT, Gaza aid data, 13 August 2025. https://gaza-aid-data.gov.il/main/#AidData*

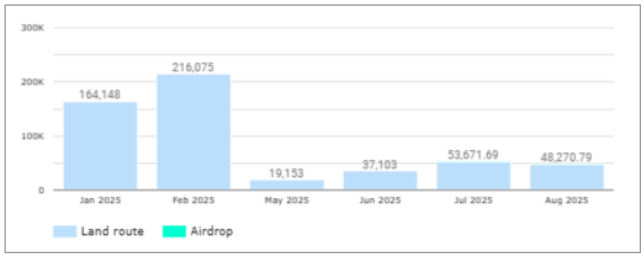
[39] *UN, Hunger and a heatwave plague the Gaza Strip, 14 August 2025. https://news.un.org/en/story/2025/08/1165653*

[40] *Source 1, CATI survey. Methodological considerations and checks on the data available in Annex 3.*

The intensity of the conflict and the lack of unrestricted humanitarian access continue to make food availability, access and utilisation highly unstable, irregular and unpredictable for households. Extreme conditions place food insecure households into a vulnerable position. Not knowing when, where and how much food will be available now or in the future.

Due to erratic changes in deliveries from humanitarian and non-humanitarian actors, including airdrops, they cannot be considered a stable or accessible food source, particularly for the most vulnerable people. Figure 12 illustrates these abrupt patterns. While airdrops of food have restarted increased in July and increased in August 2025, they are a minimal contribution (74 MT and 341 MT, respectively) compared to the metric tonnage possible via land routes. Few entry points and competition create high uncertainty for households on what type of food will be entering (free assistance, purchasable goods, or GHF deliveries).

Figure 12: Food Aid by Entry Point in MT as of 15 August (COGAT)



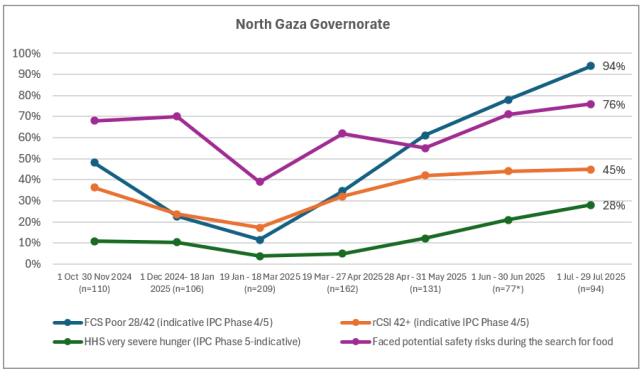
For vulnerable households, stability is vital for food security. The long-term effects of the extreme instability of food systems in the Gaza Strip have severe nutritional consequences to maintain essential micronutrients for all people, particularly young children in their developmental stages.

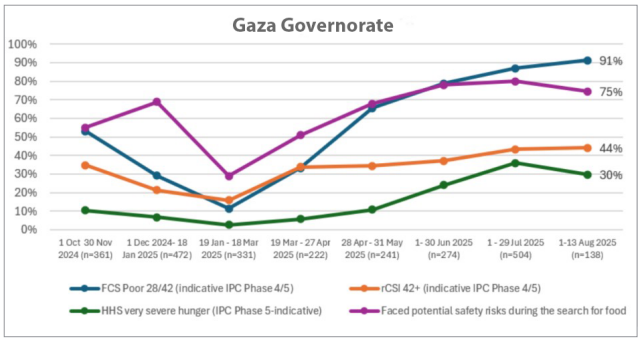
Stability is a particularly important food security dimension when considering IPC projections of the 'most likely scenario. IPC protocols state that humanitarian assistance is only to be considered as part of the most likely scenario if it meets three criteria: 1) it is planned, 2) it is funded, and 3) it is most likely to reach the most vulnerable people. In the case of the Gaza Strip, the extreme dependence of the population on humanitarian aid (e.g., via the UN and NGOs) and food distributions (e.g., via GHF), combined with the extreme instability of the current systems for food distribution, make projections of the most likely scenario very uncertain. The FRC took this extremely high instability and uncertainty into consideration in assessing projections.

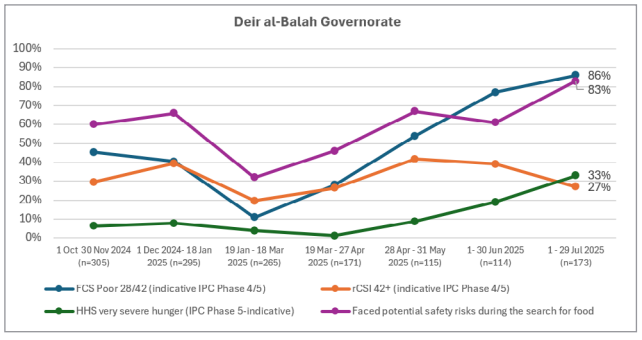
3.2.5 Acute Food Insecurity Outcomes.

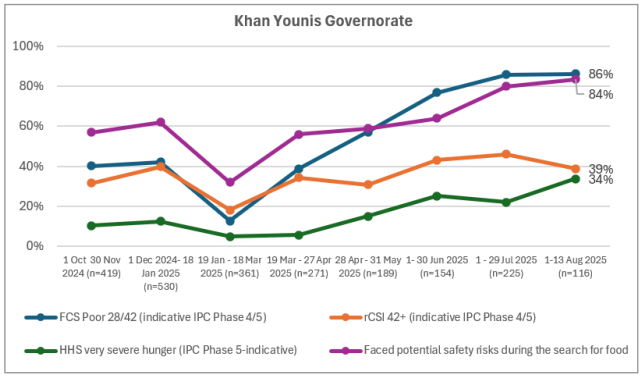
Food security outcomes are informed primarily by the Source 1 remote survey (see annex 3 for details).[41]

Figure 13–16: Trends in Food Consumption Score 28-42 thresholds), Reduced Coping Strategies Index, Household Hunger Scale and Livelihood Emergency Coping – safety risks from October 2024 to 29 July 2025 by governorate. Source 1.









[41] *Source 1, CATI survey, see methodology and data quality checks in Annex 3.*

As indicated in the graphs below, the ceasefire period of January to March 2025 marked an improvement in the food consumption outcome indicators in all areas. However, since the resumption of hostilities on 18 March, food security outcomes have been steadily and concerningly declining to some of the worst levels seen since the start of the conflict. All food security indicators—Food Consumption Score (FCS), reduced Coping Strategies index (rCSI), Household Hunger Scale (HHS) and Livelihood Coping Strategies Index (LCS)—are all showing extreme food consumption gaps and exhaustion of livelihood coping, which are clearly above the Famine thresholds for acute food insecurity.

In North Gaza Governorate, for the month of July, 94% of respondents have poor food consumption (using the 28/42 cutoffs for high oil and sugar consumption). More than one quarter (28%) of respondents reported very severe hunger in the household (indicative of IPC Phase 5), and a further 38% reported severe household hunger. More than 75% of households reported facing safety risks while searching for food, and more than one in five households reported having to beg due to a lack of food, and 41% reported collecting garbage for sale, the highest of all governorates. Concerningly, 15% of households in North Gaza also reported scavenging in the rubbish for food. All direct and indirect evidence for North Gaza converges around a very dire food security situation, with extremely poor food consumption.

In Gaza Governorate, in July, 87% of respondents reported poor food consumption. More than one-third (36%) of respondents reported very severe hunger in the household (indicative of IPC Phase 5), and 37% reported severe household hunger, the highest across all governorates. In terms of livelihood coping, 8 in 10 households reported facing safety risks while searching for food, 28% of households reported having to beg due to a lack of food, the highest across all governorates and 39% reported collecting garbage for sale, second only to North Gaza. Very concerningly, 15% of households in Gaza Governorate also reported scavenging in the rubbish for food. All evidence on Gaza Governorate indicates clearly that the Famine thresholds have been crossed for food consumption. Recent data shared by Source 1 for the first two weeks of August indicate a still very high level of household hunger, surpassing the Famine thresholds.

In Deir al-Balah, in July, 86% of respondents reported poor food consumption, similar to all other areas of the Gaza Strip. Around one-third (33%) of respondents reported very severe hunger in the household (indicative of IPC Phase 5), and a further 38% reported severe household hunger. In terms of livelihood coping, 83% of households reported facing safety risks while searching for food, 22% of households reported having to beg due to a lack of food, and 40% reported collecting garbage for sale. Hunger and starvation in Deir al-Balah has reached dire levels, not seen since the start of the conflict, with increasing trends.

In Khan Younis, 86% of respondents reported poor food consumption indicative of a catastrophic situation, similar to all other areas of the Gaza Strip. More than one-fifth (22%) of respondents reported very severe hunger in the household (indicative of IPC Phase 5 acute food insecurity), and a further 41% reported severe household hunger. In terms of livelihood coping, 8 in 10 households reported facing safety risks while searching for food, nearly one quarter (26%) reported collecting garbage for sale. Similar to Deir al-Balah, extreme food consumption gaps in Khan Younis have reached dire levels, not seen since the start of the conflict, also with increasing trends.

3.3 Malnutrition

The prevalence of acute malnutrition and its drivers have been rapidly evolving at a worrying and unparalleled pace across the Gaza Strip since May 2025.

Availability of food produced and entering the Gaza Strip is inadequate to maintain the population and has been so for most of the past year. Differences in food access within the population means that many are consuming diets far below required quantity or quality.

In addition to inadequate food, the destruction of sanitation and water infrastructure, physical requirements to gather water, trash for cooking fuel, scavenging food from rubble and many of the coping strategies that are being reported as now common both increase the dietary requirements and reduce the ability of the body to utilise that food, exacerbating the deficits in the diet.

During times of inadequate food, the body will consume its own tissues. The longer a food deficit continues, the more depleted the body becomes, using not just reserves of energy and muscle, but also tissues and organs critical for life. The risk of death from causes that

would otherwise not be fatal, increases with the severity of acute malnutrition. Increasing nutrition-related mortality and reports from surgeons on the inability of trauma patients to heal from blast and bullet wounds indicates that physical reserves among a large portion of the population, adults as well as children, are depleted.

Short periods of barely adequate food cannot compensate for long periods of inadequate food. Surplus energy and protein are required for an extended time to rebuild critical tissues consumed during times of inadequate energy. The time and additional nutrient requirements to recover are greater in adults than in children. Analysis shows this can take months with 25% more calories than typically needed, depending on the severity of malnutrition.[43] In other words, after months of inadequate supplies, simply increasing the level of food entering Gaza to the minimum energy requirement at this stage is not sufficient to avoid continued high levels of nutrition-related mortality. Both the total energy and the overall quality of the food entering Gaza must be drastically and continuously increased to more than the minimum requirement over a period of multiple months to address current high levels of malnutrition. For these most vulnerable to actually receive this food, the mode of distribution needs to change drastically and immediately.

As the body starves, it makes adaptations to maintain life as long as possible. These adaptations mean that if a severely malnourished person suddenly consumes a large amount of food, it may actually kill them in what is called refeeding syndrome. We are now entering a phase where refeeding syndrome may be becoming a risk for significant portions of the population. As food access is increased, cautious refeeding is required to ensure that this unfortunate consequence does not happen.

Below we consider the main drivers of acute malnutrition and the risk of mortality, before going on to describe the available data and classification of these two outcomes.

3.3.1 Health and Nutrition Services and Health Status

Availability of Health Services

There has been severe degradation of the health system since October 2023. This has occurred due to destruction of medical infrastructure, targeting of staff through violence and apprehension, and a lack of adequate medical supplies due to importation restrictions. The situation has been compounded by persistent fuel shortages that have led to further restrictions in service delivery. These impacts have been compounded by large-scale displacement of the population and closure or destruction of health facilities within the evacuated areas.[43]

Across the Gaza Strip, as of 13 August, only 18 out of 36 hospitals are reported to remain partially functional, with one in North Gaza Governorate, 11 in Gaza Governorate, three in Deir-al-Belah Governorate, three in Khan Younis Governorate, and none in Rafah Governorate. These are supplemented by 10 partially functioning emergency field hospitals. Only 39% of 170 primary health care centres remain functional.[44]

From March, for over three and a half months, no medical supplies were permitted to enter the Gaza Strip. Since 25 June some supplies have been allowed to enter but the entry processes remain difficult and subject to frequent change. Destruction of warehouses has further accentuated the problem of providing adequate medical supplies.[45] Many items, such as assistive devices, intensive care unit beds, freezers, cold chain medicines, and anaesthesia machines, had been denied entry. According to WHO, the number of medical supplies that have been delivered are only adequate to meet a fraction of the needs.[46]

Key preventative public health services such as vaccination are likely to have been impacted by population displacement and the degradation of the health system. Curative and surgical care have been severely challenged by the scale of injuries caused by the increased level of conflict and the frequent use of lethal force against people seeking assistance at GHF distribution sites. Health staff are reported to be suffering

[42] *University of Minnesota. Laboratory of Physiological Hygiene., and Ancel Keys. The Biology of Human Starvation. University of Minnesota Press, 1950. Healthy male adult volunteers who had lost about 25% of their body weight over 6 months gained about 1kg per week on a diet of about 3,500kcal*

[43] *United Nation's Human Rights, UN experts appalled by relentless Israeli attacks on Gaza's healthcare system, 13 August 2025. https://www.ohchr.org/en/press-releases/2025/08/un-experts-appalled-relentless-israeli-attacks-gazas-healthcare-system*

[44] *OCHA, Reported impact snapshot | Gaza Strip, 13 August 2025. https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-13-august-2025*

[45] *WHO, WHO operations compromised following attacks on warehouse and facility sheltering staff and families in Deir al Balah, Gaza, 21 July 2025. https://www.who.int/news/item/21-07-2025-who-operations-compromised-following-attacks-on-warehouse-and-facility-sheltering-staff-and-families-in-deir-al-balah*

[46] *WHO, WHO Director-General's opening remarks at the media briefing, 7 August 2025. https://www.who.int/news-room/speeches/item/who-director-general-s-opening-remarks-at-the-media-briefing---7-august-2025*

from chronic hunger and experiencing weakness and fatigue due to starvation. This presents an additional challenge to maintaining services.

Some clinics are reported to be closing their doors early in the morning after only a fraction of the number of people who need medical care have been admitted. The number of patients being treated is being limited by shortages in medical supplies, beds, or staff. It is reported that many people are dying before they can reach medical facilities.[47] Patients are also reported to have difficulties in accessing the few health care facilities that are still functional. This is likely to be especially difficult for people living within hard-to-reach areas, such as populations remaining within militarized zones.

Health Status

Vaccine-preventable diseases, such as measles, are a key threat to human survival during famines as they are often the primary cause of death in malnourished people. Efforts to maintain vaccination services continue to be critical to mitigate the excess mortality that is occurring. As noted in previous FRC communications, we are concerned that serious outbreaks with high lethality will be a major driver of widespread mortality and the risk factors for this have only increased in the last few months, with further concentration of the population within overcrowded areas, destruction of WASH and health services, and greatly increased levels of malnutrition.

There has been recent concern about suspected measles cases. While it is understood that no cases have been confirmed within the Gaza Strip, reports of confirmed cases by the Ministry of Health in Israel illustrate the risks of a potential outbreak within the malnourished and immunocompromised population of the Gaza Strip.[48] There have also been reports of patients suffering from Guillain-Barré Syndrome (GBS), a neurological condition, or symptomatically similar conditions. At least eight deaths have been recorded for GBS and an investigation of the causes of the uptick in this very serious condition is ongoing. There is also ongoing concern about the possibility of another polio outbreak, in spite of the major efforts made to ensure adequate vaccination coverage.[49]

The latest available remote survey data shows that children under five continue to show extremely high levels of morbidity. Across the Gaza Strip, during July 43% of children had experienced diarrhoea and 58% reported fever, 16% had vomiting episodes, and 25% had acute respiratory infections. There was a large increase in reported skin infections with 49% of children affected. Outbreaks of infectious disease, particularly novel infections, also pose a threat to the populations of surrounding countries. Permitting adequate medical and public health responses is important to control risks for populations within the region, not just within the Gaza Strip.

The potential for wider geographical impacts arising from the collapse of the health system within the Gaza Strip, are also exemplified by the recent study on multiple drug-resistant infections at Al-Ahli Arab Hospital in Gaza Governorate. This confirmed alarming levels of antibiotic resistance in a context in which there are a high number of daily admissions with little sterile irrigation fluid, wounds remain undressed for days, the power supply to operating theatres is subject to interruptions, and only ad-hoc donations of broad-spectrum antibiotics are available. In addition, long-term sheltering of displaced families outside the hospital might also be contributing to the transmission of infectious disease.[50]

3.3.2 Nutrition Services

The humanitarian nutrition response in the Gaza Strip has included large-scale programmes to complement the food assistance programmes for the general population. The focus of these programmes has been mainly on children aged 6-59 months and pregnant and breastfeeding women. Notable gaps exist in service provision for other population groups such as older people (the elderly) hospital feeding, and older children and adolescents, who only receive treatment services on an ad hoc basis.

The nutrition services for children have included a large-scale blanket supplementary feeding programmes (BSFP) for children aged 6-59 months, a Community-based Management of Acute Malnutrition (CMAM) programme for the treatment of moderate and severe

[47] *MSF, "Medicine is being strangled": An MSF doctor on collapse of Gaza's healthcare system, 14 August 2025. https://www.msf.org/medicine-being-strangled-gaza*

[48] *Ministry of Health, Update on Measles Cases and Possible Public Exposure, 29 May 2025. https://www.gov.il/en/pages/28052025-01*

[59] *WHO. WHO Director-General's opening remarks at the media briefing, 7 August 2025. https://www.who.int/news-room/speeches/item/who-director-general-s-opening-remarks-at-the-media-briefing---7-august-2025*

[50] *Abu Dalal, Huda et al., Multidrug-resistant bacteria amid health-system collapse in Gaza, 12 August 2025. https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00467-0/fulltext*

acute malnutrition, and provision of ready-to-use infant formula for non-breastfed infants. It can be reasonably assumed that the widespread availability of these services has previously helped to control the rise in acute malnutrition, in spite of severe food insecurity in the general population and a deteriorating health situation.[51]

However, the BSFP programmes are now experiencing stockouts of nutritional products and the number of children receiving supplementary feeding has greatly reduced in the last two months. If the current situation continues, a complete closure of preventative malnutrition services is expected imminently. Closure of malnutrition treatment services is expected to follow within a few weeks. This is a disastrous situation given the rapid rises in the prevalence of starvation and malnutrition.

3.3.3 Water, Sanitation, and Hygiene

Water

Cluster monitoring reveals an alarming gap in the fulfilment of basic needs, two-thirds of households reported serious concern about not having enough drinking water. Overall, 96% face moderate to severe water insecurity, with 90% of key informants noting worsening drinking water availability. Municipal water production remains at only 28% of pre-October 2023 levels, with around half of the distribution network lost due to large-scale damage. Key wells and valves are no longer accessible, making the system less responsive to needs. Water insecurity has risen month by month, and people are being forced to critically adapt their daily lives to cope with this shortfall.

Sanitation

Sanitation systems are under severe pressure. Around 78% of households reported barriers to toilet use due to lack of cleanliness, non-functional facilities, or insufficient numbers of latrines. Half of key informants and one-third of households reported worsening access to toilets in the past month. Communities are increasingly reliant on makeshift cesspits, which fill quickly and are unsustainable, forcing people to dig new ones repeatedly.

Hygiene

Hygiene access is collapsing. Forty percent of households reported having no soap at home, while 97% of key informants noted barriers to accessing hygiene items, most often due to high costs and limited distributions. The median cost of basic hygiene items rose sharply between June and July, with overall expenses increasing by more than 50%. Families reported sharing single bars of soap or relying on poor-quality substitutes that cause skin irritation. With displacement continuing and reliance on aid growing, households are unable to maintain even minimum hygiene standards.

Consequences

The combined collapse of water, sanitation, and hygiene systems is being compounded by repeated displacement, ongoing conflict, and large-scale destruction of infrastructure. As populations are forced into increasingly crowded and temporary accommodation, exposure to pathogens and waterborne disease is intensifying. Surveillance data show acute watery diarrhoea rising steeply through April to June, with cases among children under five nearly doubling, before remaining very high into July. Bloody diarrhoea increased sharply from April to June, though reported cases eased slightly in July. Acute jaundice syndrome also rose from April to June, with over 1,100 cases reported by the end of July. Even mild diarrhoea now contributes to nutrient loss, dehydration, and physical decline, especially when repeated. Beyond health and nutrition, the collapse of WASH services undermines dignity and creates protection risks, as overcrowded and unsafe sanitation facilities place additional burdens on women, children, and those with specific needs. The interaction between malnutrition, infection, and extreme living conditions is creating a vicious cycle of deteriorating health and nutrition, heightening the risk of widespread and preventable mortality.

3.3.4 Acute Malnutrition Outcomes

Due to the lack of humanitarian access and insecurity, no population surveys have been conducted to measure the prevalence of malnutrition. The only quantitative anthropometric data available continues to come from programmes that conduct Mid-Upper Arm Circumference (MUAC) screenings. These may be conducted in combination with vaccination campaigns, BSFP, or as part of health facility admission processes.

Measurements have been routinely conducted on children between 6-59 months, and pregnant and

[51] *State of Palestine Nutrition Cluster. Nutrition Cluster Presence and Service Delivery Sites, 17 August 2025. https://app.powerbi.com/*

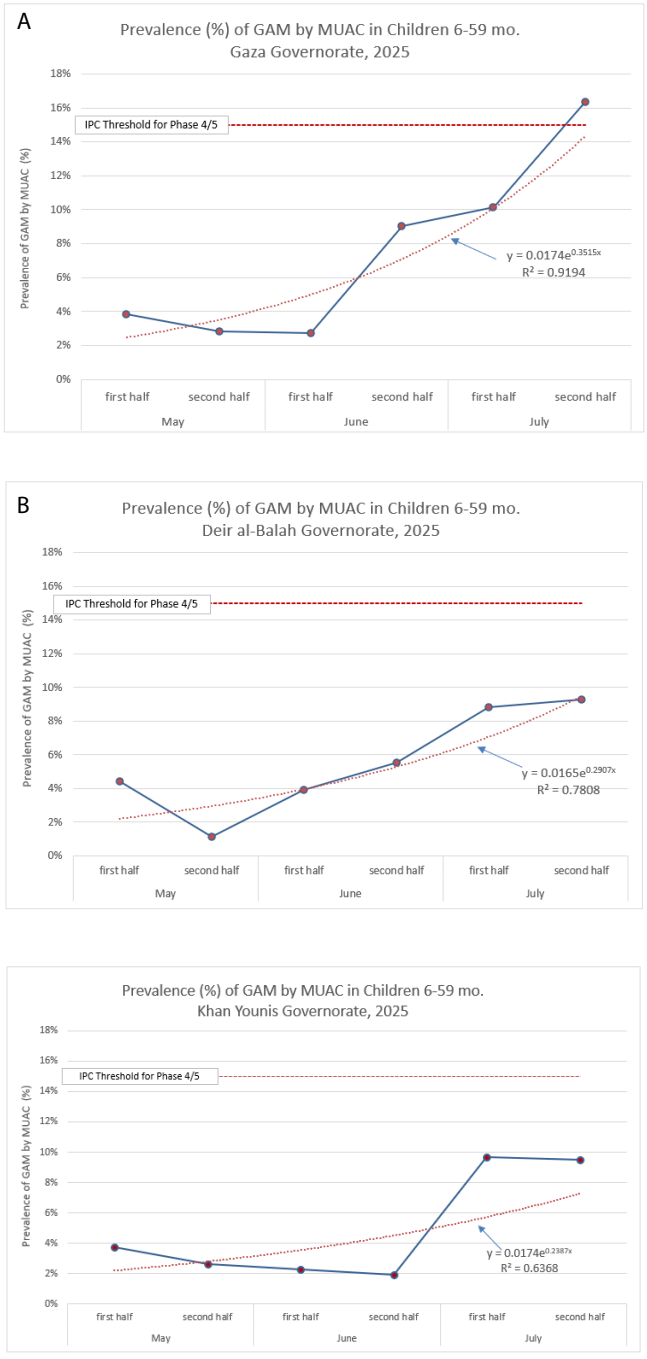
breastfeeding women (PBW) over many months, which has allowed the data to be used to look at trends in nutritional status. However, as much of the data comes from children who are enrolled in BSFP and have been receiving nutritional products, it is likely that the results obtained from these convenience samples underestimates the severity of the nutritional situation.

IPC classification protocols allow for the use of either weight-for-height z-scores (WHZ) or MUAC-based case definitions for acute malnutrition in children, aged 6-59 months. There are separate thresholds for the two indicators, with a 30% cut-off when using WHZ to classify Phase 5 and a 15% cut-off when using MUAC. If both indicators are available, then WHZ is used in preference. Due to the lack of WHZ data from Gaza, all IPC and FRC analyses since October 2023 have been conducted using MUAC. When utilising MUAC, a prevalence above the 15% threshold does not, by itself, distinguish between IPC Phase 4 and IPC Phase 5. To decide whether the classification should be IPC Phase 4 or IPC Phase 5, the threshold is used in conjunction with other contextual information on the immediate causes of acute malnutrition, the locally understood relationship between MUAC and WHZ prevalence, and by using the convergence of evidence.[52]

As there is no survey data available from the Gaza Strip that can be used to compare the relationship between the prevalence of acute malnutrition measured using MUAC and WHZ, the FRC consulted the published literature during its previous reviews to determine the appropriate use of the MUAC-based thresholds. The relationship between the median prevalences from nutrition surveys in the Middle East has been reported by Leidman et al. (2019).[53] The analysis from this paper showed that the ratio of the median prevalences from these surveys was 1.9, indicating that prevalence of acute malnutrition measured using GAM by MUAC is likely to be about half of that measured using WHZ. Combining this information with information on contextual factors allowed the FRC to determine that the appropriate threshold to use for an IPC Phase 5 (Extremely Critical) classification of acute malnutrition was 15%.

Figure 17 shows the trends in GAM by MUAC prevalence for children aged 6-59 months in the different governorates of the Gaza Strip. The data points represent the average of the prevalences, weighted to allow for the different sample sizes obtained from the various screening sites/organisations. The threshold for IPC Phase 4/5 is indicated on the graph by a dashed line. An

Figure 17: Trends in GAM by MUAC in children aged 6-59 months, from May – July 2025



[52] *IPC Technical Manual version 3.1, https://www.ipcinfo.org/ipcinfo-website/resources/ipc-manual/en/*

[53] *Leidman et al., Concordance between estimates of acute malnutrition measured by weight-for- height and by mid-upper arm circumference after age adjustment: population-representative surveys from humanitarian settings, 19 August 2019, https://pmc.ncbi.nlm.nih.gov/articles/PMC7050908/pdf/40795_2019_Article_301.pdf*

exponential curve was fitted to the data points to help determine the probable trajectory of the observed increase if conditions remained the same, and to allow an estimation of the doubling time.

In Gaza Governorate there has been a clear exponential increase in the prevalence during the last three months with a doubling time of about four weeks. The 15% threshold has already been exceeded, and based on the current trajectory, the prevalence is expected to have quadrupled by the end of the projection period (end of September), resulting in an extremely high prevalence with more than half of all children in the area being acutely malnourished.

In Deir al-Balah and Khan Younis governorates, the prevalence of GAM by MUAC is also increasing exponentially, although the prevalence is lower than in Gaza Governorate, and the doubling times are longer. In Deir al-Balah Governorate, the current prevalence is 9% and the exponential rate of increase suggests a doubling time of 6 weeks. If conditions persist as they are, the prevalence by the end of the projection period will have increased to 25%. Based on the current trajectory, in Khan Younis Governorate, the 15% threshold will have been exceeded by the end of the projection period, with an expected prevalence of 19%.

The trends observed indicate an extremely dire nutritional situation and are consistent with a rapid decline into Famine in all areas. In addition, the nutritional situations in the Deir al-Balah and Khan Younis governorates are expected to deteriorate faster than described above, due to the mass displacement of populations from Gaza City into these overcrowded concentration zones.

Figure 18 shows the trends in GAM by MUAC (MUAC<23.0 cm) prevalence for PBW in the different governorates of the Gaza Strip. A MUAC cut-off of 23.0 cm has been established for women based on evidence on adverse birth outcomes and is widely used by humanitarian agencies for assessment and programme admission purposes.[54]

As with the child data, the data points represent the average of the prevalences, weighted to allow for the different sample sizes obtained by the various screening sites/organisations. The data points from one provider were excluded from the PBW GAM by MUAC graphs for Gaza and Khan Younis governorates as they were considered unreliable outliers, as three out of the four of data points lay more than two standard deviations from the mean of the other providers.

Curves were fitted to determine the expected trajectory of the prevalence under current conditions. The R^2 of linear and exponential functions were compared to determine which best fitted the data. For Gaza and Deir al-Balah governorates, the trend data was best fitted by exponential curves with doubling times of 8.7 weeks and 7.5 weeks, respectively. For Khan Younis Governorate, a linear curve was found to best fit the data. In all cases, the prevalence of acute malnutrition in PBW was found to be extremely high, already exceeding 40% in the Deir al-Balah Governorate at the end of July and projected to be above 40% in all areas by the end of the FRC analysis on 15 August. These findings are consistent with reports that adults have been preferentially protecting the nutritional status of their children at the cost of their own food intakes, with more than 50% of households consistently applying this coping strategy across all governorates, despite the crisis. The results also point to the presence of high levels of malnutrition in adult populations, and by inference, the likely prevalence in older children, adolescents, the elderly, and adult males on the basis of these findings. [55,56]

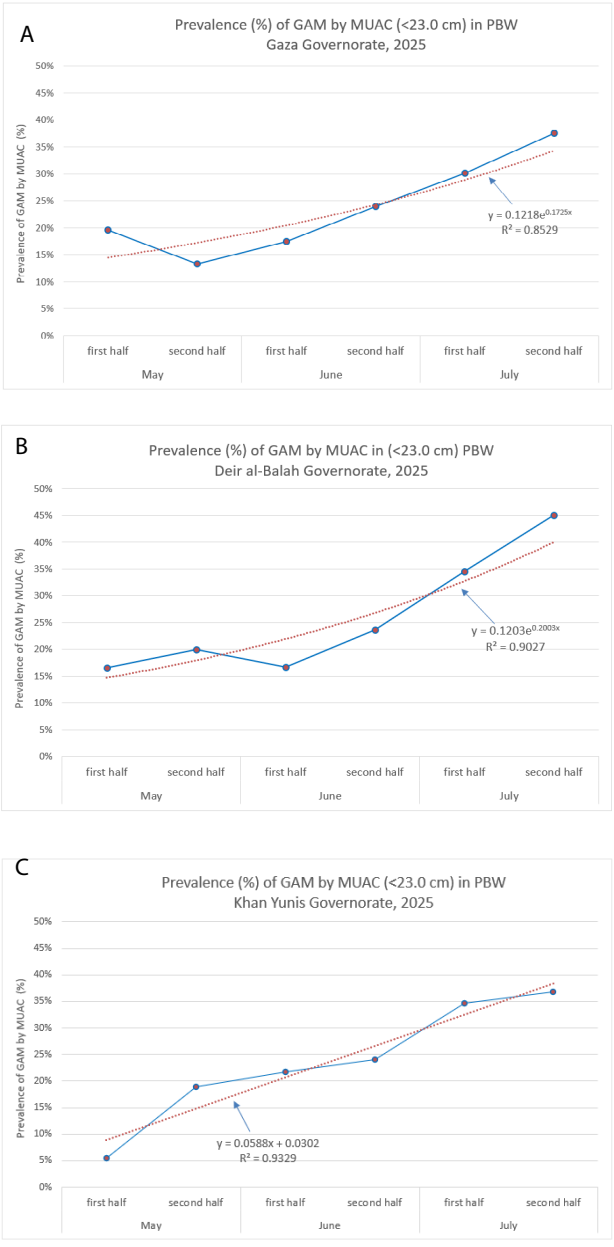
Experience gained during FRC reviews has indicated that a prevalence of approximately 40% GAM by MUAC in PBW is usually associated with Phase 5 levels of acute malnutrition in children, and this relationship is also observed in the current data.

[54] *Ververs MT et al., Which anthropometric indicators identify a pregnant woman as acutely malnourished and predict adverse birth outcomes in the humanitarian context?, June 2013, https://pubmed.ncbi.nlm.nih.gov/23787989/*

[55] *Benítez Brito N et al., Relationship between Mid-Upper Arm Circumference and Body Mass Index in Inpatients., August 2016, https://pmc.ncbi.nlm.nih.gov/articles/PMC4975446/*

[56] *Collins S. Using Middle Upper Arm Circumference to Assess Severe Adult Malnutrition During Famine, 1996, https://jamanetwork.com/journals/jama/article-abstract/406043*

Figure 18: Trends in GAM by MUAC (MUAC<23.0 cm) in Pregnant and Breastfeeding Women (PBW), from May – July 2025



3.4 Mortality Outcomes

Assessment of mortality in the Gaza Strip is constrained by the collapse of health and civil registration systems, severe restrictions of humanitarian access, and the protracted conditions of the war. In the absence of face-to-face household surveys and a functioning vital registration system, the FRC has reviewed and triangulated available sources. The same criteria and analytical framework adopted in earlier FRC reviews of Gaza has been applied here.

A number of different data sources were reviewed including:

- Telephone interview survey data from two data providers.
- Ministry of Health (MoH) mortality reports – violent deaths, usually reported daily and available at https://data.techforpalestine.org/.
- Ministry of Health reports – deaths due to malnutrition, usually reported daily from July 2025 onwards https://t.me/s/MOHMediaGaza.
- WHO data on inpatient feeding centre mortality
- MSF staff survey https://www.doctorswithoutborders.ca/palestine-msf-survey-of-staff-and-their-families-in-gaza-shows-almost-half-of-people-killed-in-the-war-are-children/.
- Household surveys and capture/recapture studies

The Gaza MoH provides one source of mortality information; however, these figures focus mainly on trauma-related deaths and fail to capture much of the non-traumatic mortality. Different analyses indicate that MoH data systematically underestimate overall mortality, highlighting structural limitations in mortality surveillance. [57,58] Since March 2025, (following the ceasefire), the MoH has reported 10,201 traumatic deaths, of which 1,859 (18.2%) occurred while civilians were attempting to access food or humanitarian assistance. These figures suggest that approximately one in every five-to-six deaths since the ceasefire has been linked directly to food insecurity and deprivation.

A household survey and capture/recapture study

[57] *Jamaluddine et al., Traumatic injury mortality in the Gaza Strip from Oct 7, 2023, to June 30, 2024: a capture–recapture analysis, 08 February 2025. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)02678-3/fulltext*

[58] *Spagat et al., Violent and Nonviolent Death Tolls for the Gaza War: New Primary Evidence, 23 June 2025. https://www.medrxiv.org/content/10.1101/2025.06.19.25329797v3.full.pdf*

that reported mortality between October 2023 and January 2025 documented crude death rates of about 1 per 10,000 people/day. These rates were many times elevated over baseline levels and were also about double the figure reported by the MoH. This indicated that the official death toll being reported is a major underestimate of total excess mortality, which is likely to be mainly due to under reporting of trauma deaths because of un-recovered bodies, and non-reporting of non-trauma deaths. Although this study's recall period ended before the current FRC review window, its results provide an important baseline and are consistent with the trajectory of broadly elevated mortality compared to pre-war levels.

Comparison with CATI mortality data suggests broad agreement between these surveys, lending additional confidence to the remote survey findings despite acknowledged limitations. Anonymous household surveys have also indicated elevated crude death rates, though these results are subject to methodological constraints including small sample sizes, non-representative sampling, and the exclusion of populations in shelters or under evacuation orders. While these survey estimates fall outside the current review period, they collectively corroborate a pattern of elevated non-traumatic mortality.

Unfortunately, none of the available survey data adequately covers the relevant time period for this FRC review, that is the last six weeks during which there has been an exponential increase in acute malnutrition and a rapid increase in deaths caused by malnutrition. By 15th August, the MoH had reported 240 deaths that they officially attributed to starvation, malnutrition or famine, including 107 children and 133 adults. These deaths had been periodically reported since early 2024 but the reported death rate rapidly accelerated in July 2025, which was consistent with the exponential increase in acute malnutrition that was measured in MUAC screenings, as well as the persistent extreme level of food insecurity and the deteriorated public health situation. As of 15th August, the 5-day moving average death rate was six deaths/day. However, for a number of reasons, these reports are likely to only capture a fraction of the true toll of malnutrition related mortality. These reasons include:

- Other deaths will be occurring where malnutrition is a contributing factor but is not reported as the primary cause and the death does not appear in the MoH report. This will include deaths where the failure to recover from injury is due to malnutrition, but the recorded cause of death is an injury. Anecdotal reports from medical practitioners suggests that this is a common and increasing phenomenon.
- Deaths are occurring at home and may not be captured in official counts that are derived from facility records. As described above, destruction of health facilities and forced displacement is making it increasingly difficult for people to access health care and nutrition services.

As described above, concurrent reports from WHO describe an alarming epidemiological picture: rising diarrhoeal disease and decreasing vaccine coverage, alongside high levels of unmanaged chronic illness, low availability of functioning hospitals. Access to medicines and essential supplies is acutely limited, and preventive and curative services have largely collapsed. Non-communicable disease care has collapsed, for example insulin shortages leave type 1 diabetes patients at immediate risk of fatal ketoacidosis and rising food costs are worsening glycaemic instability. [59,60,61,62]

Additional evidence indicates the growing prevalence of multi-drug-resistant bacterial infections, further worsening outcomes for otherwise treatable conditions.[63] Even traumatic injuries that should be survivable under normal conditions are increasingly fatal when compounded by malnutrition, infection, and the absence of post-operative care. Maternal malnutrition is rising sharply, undermining both maternal health and the ability to initiate and sustain breastfeeding, placing newborn in increased vulnerability. In turn, newborns face heightened risks of mortality in the reduction of neonatal intensive care units (NICUs), leaving the most vulnerable infants without access to life-saving interventions. These factors are contributing to an increase in non-traumatic causes of death.

[59] *MSF, Gaza: Deliberate aid shortages by Israeli authorities are suffocating the Strip, 27 June 2025. https://msf.org.uk/article/gaza-deliberate-aid-shortages-israeli-authorities-are-suffocating-strip*

[60] *WHO, WHO Report: Emergency Medical Teams (EMTs) in the Gaza Strip (March – May 2025), 11 June 2025. https://www.un.org/unispal/document/who-report-emergency-medical-teams-emts-in-the-gaza-strip-march-may-2025/*

[61] *WHO, Health crisis is worsening in Gaza – WHO Press briefing, 27 June 2025. https://www.un.org/unispal/document/health-crisis-is-worsening-in-gaza-who-press-briefing/*

[62] *UNRWA, No Spoonful of Sugar – Gaza has become a Filling Field, 06 August 2025. https://www.unrwa.org/newsroom/blog/no-spoonful-sugar-%E2%80%93-gaza-has-become-killing-field*

[63] *Abu Dalal, Huda et al., Multidrug-resistant bacteria amid health-system collapse in Gaza, 12 August 2025. https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(25)00467-0/fulltext*

The majority of deaths, particularly those occurring at household level and non-traumatic death remain undocumented or unreported. The current system poses serious impediments to accurately recording mortality rates. The scarcity of available data is in no way a reflection of actual mortality on the ground. The absence of data should not be interpreted as an absence of mortality. Instead, the collapse of monitoring systems, combined with widespread malnutrition, untreated illness, and destroyed health infrastructure, suggests that true mortality is significantly higher than reported. High burden of direct conflict deaths and injuries continue and are, to a large extent, overwhelming the remaining health care facilities

The causal pathways for excess mortality in famines are well established: widespread malnutrition, micronutrient deficiencies, lack of access to treatment, health, water, sanitation system collapse, and outbreaks of infectious disease have, historically, resulted in very high levels of excess mortality in famine contexts. The situation in Gaza fits this description. The FRC concludes that the exponential rise in acute malnutrition is being followed by an exponential increase in mortality rates.

Considering the available evidence, and in line with the IPC Guidance Note on Famine Classification,[64] the FRC infers from the available data that mortality thresholds for Famine have already been exceeded in Gaza Governorate. Based on expert judgement, we also conclude that the Famine thresholds for mortality have not yet been crossed in Deir al-Balah or Khan Younis governorates.

[64] *IPC Guidance Note on Famine 2024, https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Guidance-Note-on-Famine.pdf*

4. CONCLUSIONS FOR THE CURRENT PERIOD (1 JULY – 15 AUGUST 2025)

North Gaza governorate

The extreme conditions of populations present in Gaza Governorate do not stop within the administrative boundary of Gaza Governorate only. Many of the drivers for acute food insecurity, malnutrition and excess mortality are likely occurring in North Gaza as well.

As a result, **the FRC finds the severity of conditions in North Gaza similar or worse than in Gaza Governorate. However, due to limited evidence on populations in this area, the FRC recommends not to classify North Gaza Governorate.**

Gaza governorate

The contributing factors in food availability, access, utilization and stability indicate a deterioration since previous IPC analysis in May. The food consumption indicators and the livelihood data remain consistent with high levels of acute food insecurity. Direct food security indicators indicate widespread collapse of livelihoods and extreme food consumption gaps. Meanwhile, additional indirect evidence highlights the capacity of households to continue coping with extreme consumption gaps to be at the lowest levels in the recent conflict.

Evidence on acute malnutrition indicate that Famine thresholds have been met or passed as 15% or more children are acutely malnourished as measured by MUAC, with evidence of rapidly worsening underlying factors of acute malnutrition.

Direct evidence on nutrition-related mortality is not available. Indirect evidence suggests that deaths primarily due to undernutrition significantly exceed reported deaths. The MoH mortality counts are those that die in a health facility or whose body is taken to a health facility, missing deaths in the community. Multiple surveys of the population in Gaza indicate that the Ministry of Health facilities-based mortality fails to fully capture non-trauma mortality. The high numbers of malnourished children and mothers of young children unable to access appropriate diets or nutrition treatment, in combination with environmental conditions detailed in this report are known to exacerbate fatality rates among the malnourished. These indirect sources evidence indicate a much higher mortality rate than malnutrition deaths reported by the Ministry of Health, providing reasonable evidence that mortality thresholds for famine have been passed.

The FRC considers the analysis team's current classification (IPC Phase 5 Famine with reasonable evidence) to be plausible.

Deir al-Balah and Khan Younis governorates

A deterioration of food security conditions has occurred since the previous analysis in May. Food security evidence suggests that populations are experiencing extreme food consumption gaps while livelihoods have collapsed. Conditions of displaced populations are appalling and access to humanitarian assistance or services is irregular and inadequate.

Evidence on acute malnutrition indicate that Famine thresholds have not been met or surpassed during this period, despite alarming deterioration in recent three months, notably in July. Substantial health risks remain persistently present, accentuated by overcrowding, and the collapse of the health, water and sanitation systems.

While available evidence does not indicate the Famine mortality thresholds to be met or surpassed, there is high uncertainty on the ability of reporting mechanisms to capture and accurately identify non-trauma deaths. There are growing numbers of deaths and injuries occurring at GHF distribution sites in addition to those from the conflict.

The FRC considers the analysis team's **current classification AFI Phase 4 (Emergency) and AMN Phase 3 (Serious) to be plausible for Deir al-Balah and Khan Younis governorates.**

Rafah governorate

While not analysed by the analysis team, the FRC is concerned about possible populations in Rafah and their conditions, considering the coverage of evacuation and military zones and no access to services or assistance in this area. While operational planning figures suggest Rafah Governorate is depopulated, any populations remaining there are of high concern.

5. CONCLUSIONS FOR THE PROJECTED PERIOD (16 AUGUST – 30 SEPTEMBER, 2025)

The FRC reviewed the analysis team's projection analysis and their assumptions for the period 16 August - 30 September outlined in the table below. In line with the IPC protocols, the analysis team defined and agreed upon the assumptions for their most likely scenario. Those assumptions are based on two primary drivers, conflict intensity and humanitarian access, leading to consequences in terms of displacements, availability and access to essential services, and social unrest.

These elements have direct and indirect impact on food access, availability and utilization, along with nutrition, WASH, health conditions, and humanitarian response. Following the IPC analysis, on 5 August, the delivery of goods from commercial actors was approved. While differing from the assumption drafted by the analysis team, the FRC finds that this change will have little change on the overall classifications of the projection period.

While uncertainty exists on the ability to scale up commercial deliveries, previous analyses have shown the challenges of commercial deliveries, especially if prioritized over humanitarian assistance, to reduce food consumption gaps and alleviate conditions. Also noting that while commercial goods have had some impact on prices, they still require resources to purchase and may be inaccessible to many, in particular those who are most vulnerable to malnutrition and mortality, due to unaffordable prices, liquidity issues, and low purchasing power. Airdrops, while increasing in total metric tonnage in July and August periods, provide less than 1% of the total estimated monthly requirement.

Additionally on 8 August, new plans detailing a possible takeover of Gaza Governorate by the IDF were reported. While not directly included in the analysis team assumptions, it would have a considerable impact on the intensity of conflict and scope of military operations across the northern governorates. Subsequent injuries, deaths and displacement of populations still residing in Gaza Governorate would be expected. Any forced relocation of already fragile populations, especially through militarized zones to the South, would have severe consequences on these households on the move and upon arrival. These developments are significantly more severe than the original assumptions used by the analysis team for their projection analysis. Considering the projected IPC Phase 5 (Famine with reasonable evidence) classification, this new development may not change the area classification, though it is important to note it may increase the magnitude and severity of conditions expected in the coming weeks.

The possibility remains that temporary improvements in humanitarian and commercial access could prevent Famine thresholds from being met by the end of September. Should this occur, it should be recognised as a success, though small or short-lived gains for the population, particularly the most vulnerable, will not alleviate the depth of suffering and may only increase the risk of a rapid collapse when conditions worsen again. For lasting impact, action must go beyond short-term relief and break the cycle of intermittent access and response that has left the population so exposed. Surges in malnutrition rates and reported deaths due to malnutrition indicate a change in the trajectory from a gradual, linear degradation to an exponentially worsening situation. Previously, adults in Gaza Governorate have protected the health and nutrition of young children by limiting their own consumption, depending on their own physical reserves of fat and muscle. Increasing malnutrition rates among mothers in all governorates indicate that physical reserves are now exhausted.

The FRC is deeply alarmed by the worsening situation

Table 2: Most Likely Scenario – key assumptions (16 August – 30 September, 2025)

	Most Likely Scenario – key assumptions (16 August – 30 September, 2025)
Conflict	• Conflict is likely to persist at the same intensity as July, with alternating periods of escalation and limited periods of reduced intensity. No ceasefire or cessation of hostilities is expected. Intensification of tensions and civil unrest is likely. • Gaza Governorate will be particularly affected by high intensity conflict, resulting in sustained fatalities and injuries, as well as further damage to civilian infrastructure and assets.
Humanitarian access	• While a modest improvement in humanitarian access is anticipated compared to July, the operational capacity and coverage of humanitarian actors will remain constrained by looting, attacks on warehouses, evacuation orders and fuel shortages. • Humanitarian assistance—for food, nutrition and for other essential items—delivered by land, sea or air will remain insufficient to meet the catastrophic and growing needs of the population, with minimal impact on food security, nutrition and health.
Displacement	• Displacement will likely continue and fluctuate in response to escalating evacuation orders and hostilities, with significant displacement of populations still residing in Gaza Governorate toward the South. • An expanded offensive in Deir al-Balah is likely to trigger further displacement towards Khan Younis. • Increased concentration of people in camps will place further strain on very limited and inadequate services and increasing risks to public health.
Availability of and access to essential supplies	• Agricultural production and livestock activities are expected to remain severely constrained due to extensive damage to infrastructure, cropland destruction, lack of inputs, and restricted access to agricultural areas. The ban on fishing activities is likely to persist, further limiting food availability. • Commercial deliveries are expected to resume, which may lead to modest improvements in commodity availability and exert some stabilizing influence on market prices. • GHF distributions are expected to proceed at current levels and locations; however, the current distribution modality will continue to limit access for those most in urgent need of food.
Service delivery	• The continued scarcity of fuel and other energy sources is expected to pose a major operational barrier to humanitarian efforts and service delivery, with direct consequences for the functionality of food delivery systems, community kitchens, and critical health, nutrition and WASH services. • Further reduction in the availability of clean water and sanitation services will contribute to rising malnutrition and morbidity at faster rates than previous months. • Disease prevalence is expected to increase, including acute respiratory illnesses—driven by seasonality, malnutrition and concentration of populations—acute watery diarrhoea, bloody diarrhoea, measles and polio

in Gaza, where prolonged conflict has destroyed health, nutrition water, and sanitation systems essential to sustaining life, forced repeated displacement, and concentrated the population into ever smaller and more overcrowded areas. For almost the entirety of the conflict, the vast majority of the population has faced sustained and extreme acute food insecurity, leaving people with little capacity to withstand further shocks.

Famine is already being classified in parts of Gaza and is projected to spread across the entire Strip in the coming weeks. Current efforts, including airdrops, the Gaza Humanitarian Fund, and humanitarian aid operations, remain far from adequate even to achieve temporary improvement, given the extreme lack of access to food among the most vulnerable populations, such as those in northern Gaza. The danger is compounded by the risk that small or short-lived gains that may lift conditions just above Famine thresholds in the short-term will delay urgent action while leaving the population even more vulnerable to a repeated collapse in the medium term. Only a full-scale and sustained humanitarian aid programme can prevent further mass suffering and loss of life.

North Gaza governorate

The FRC finds **the severity of conditions in North Gaza similar or worse than in Gaza Governorate. However, due to limited evidence for populations in this area the FRC recommends not to classify North Gaza governorate.**

Gaza governorate

As additional evacuation orders continue to restrict the inhabitable area in Gaza Governorate, households will incur additional expenses, lose additional assets, and further exhaust reserves and coping strategies. With only small, incremental and short-duration improvements in food availability expected, acute food insecurity will continue to exceed famine thresholds.

Continued destruction of health facilities in Gaza, in addition to increased public health hazards, will exacerbate threats to health and nutrition status. Concentrating populations into smaller areas will strengthen the drivers of malnutrition and disease, accelerate deterioration of the health and nutrition status of the population, and accelerate mortality rates.

The FRC finds the projection classification, IPC Phase 5 (Famine with reasonable evidence) plausible.

Deir al-Balah and Khan Younis governorates

Extreme acute food insecurity has long exceeded famine thresholds, and reports of extreme coping strategies in July indicate these reserves were also exhausted during the month of July. Continued displacements and concentrations of the population into ever-smaller areas are worsening sanitation and crowding, creating the catastrophic public health conditions, especially among the injured, ill and malnourished. This dynamic builds its own momentum from the self-reinforcing cycles of malnutrition increasing risk of illness and illness increasing risk of malnutrition.

Further acceleration in the change of prevalence of acute malnutrition and related mortality during the first two weeks of August, indicate a change in the nature of the crisis–a tipping point–in which we can expect acute malnutrition, disease and mortality to worsen at ever faster rates as the self-reinforcing cycles take hold throughout the governorates.

The FRC finds the projection classification, IPC Phase 5 (Famine with reasonable evidence), plausible.

Rafah governorate

While not analysed by the Analysis Team, the FRC is concerned about possible conditions of populations in Rafah. While operational planning figures suggest Rafah Governorate is depopulated, any populations remaining there are of high concern.

6. RECOMMENDATIONS FROM THE FAMINE REVIEW COMMITTEE

The FRC conclusion of Famine currently happening in Gaza Governorate is the first time Famine has been classified by the FRC after five rounds of activation for Gaza since December 2023. The outlook is for the situation to worsen rapidly, with exponential increases in catastrophic loss of life and mass suffering.

The cause of this catastrophe is entirely man made. It is a moral and humanitarian imperative to summon the political will to provide humanitarian aid in accordance with humanitarian principles, end the conflict, ensure protection, and restore basic living standards for all people, and in particular vulnerable groups.

For Senior Decision Makers and Resource Partners

In contrast to the previous four FRC reports, this report makes only two main recommendations:

1. Act without delay to put in place an immediate humanitarian response at a large enough scale to prevent further deepening of suffering and avoidable mortality from this entirely man-made catastrophe. There should be no equivocation, no doubt, and no excuse for inaction. Partial and temporary relaxations of restrictions have been repeatedly implemented in response to previous reviews and alerts, only for restrictions to be reapplied as international attention has turned elsewhere. Failure to act decisively now will result in an avoidable escalation of a catastrophe.

2. Exert maximum pressure to achieve a ceasefire. This is necessary to allow for restoration of essential, life-saving services at the scale required to revert famine conditions.

For the Humanitarian Country Team

The FRC acknowledges that the following recommendations depend on the capacity and ability of the HCT to fulfil their mandate, which requires an enabling environment and support from senior decision-makers and resource partners.

1. An immediate, at-scale multi-sectoral response is needed. Food alone will not solve the issue, ensuring access to food and other essential items and services, including health, nutrition, shelter, WASH, livelihood assistance, and fuel and cooking gas is necessary. Attention should also be given to other population groups, such as older children and elderly.

2. As very severe cases of starvation and malnutrition are becoming more prevalent, attention should be given to the possibility of refeeding syndrome occurring during malnutrition treatment or if large quantities of food are rapidly consumed by a previously starved population. Guidance should be prepared and made available to staff and the general population on the need for cautious refeeding of people in these circumstances.

3. Facilitate the safe collection of representative data on the health, nutrition and mortality of the population.

For the IPC analysis team and Humanitarian Information Systems and Data Collection and Analysis

The FRC acknowledges the advancements on reporting, monitoring and data analysis done by partners in a volatile and difficult context.

Urgent steps should be taken to allow for a full humanitarian assessment of North Gaza governorate.

Food security surveys and nutrition data collection should be strengthened by:

- Continuing to improve enumerator training and field supervision
- Reviewing the Household Hunger Scale (HHS) questionnaires and ensuring Arabic translations are consistent between different organisations
- Investigating reasons for the divergence in results obtained from FCS and HHS questions
- MUAC screening data should be complemented by improved descriptions of the characteristics of participants, to allow for appropriate interpretation of results, particularly as BSFP programmes shut down due to stockouts.

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.

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

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ANNEX 2: TERMS OF REFERENCE FOR THE IPC FAMINE REVIEW FOR THE GAZA STRIP IPC AFI ANALYSIS CONDUCTED FROM 4 -15 AUGUST 2025

A. Introduction

A joint Acute Food Insecurity (AFI) and Acute Malnutrition analysis was conducted by the IPC global initiative 30 July – 4 August 2025 employing IPC protocols. The analysis relied vastly on publicly accessible data, reports, and assessments from various institutions and organizations. The analysis was successfully concluded on 4 August 2025 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)[64] concludes that at least one area is classified in IPC AFI Phase 5 Famine – Solid Evidence or Famine – Reasonable Evidence; or (ii) in case of a breakdown in technical consensus within the country IPC TWG regarding possible Famine classifications; or (iii) in case the IPC GSU, acknowledging the presence of evidence above IPC AFI Phase 5 thresholds, decides to activate a Famine Review; or (iv) in case, for similar reasons, an IPC Global Partner officially requests the IPC GSU to activate it.[65] This specific review was activated to request the FRC support to determine the presence of a risk of Famine for the three areas analysed (northern governorates, Deir al-Balah and Khan Younis governorates and Rafah governorate) under a worst-case scenario with a reasonable chance of occurring. A process of Review by the FRC is set up according to the IPC Famine Classification Special Additional Protocols in Manual IPC V3.1.

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

FRC consultations with additional key informants and any confidential evidence submitted to the FRC remain confidential and internal to the members of the FRC and supporting GSU staff and are not to be publicly released. An FRC report is produced and published on the IPC website.[66]

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.

[64] *Or an IPC Analysis Team in a Globally Led Analysis*

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

[66] *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 Analysis 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 recommendations to the analysis team, including confirming or disproving Famine classifications.

Process and Timeline

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

Step	Activity Description	Dates
1	FRC preparation team constituted and received AT data, Analysis Worksheets, and conclusions for areas under review. FRC activated and received completed analysis for areas under review.	4 August 2025
2	FRC preparation team reviewed all AT data, and Analysis Worksheets, completed the FRC Matrix Tool, identified main areas requiring FRC review, and submitted conclusions to the FRC.	8 August 2025
3	Teleconferences held among FRC preparation team, partners participating in the analysis, and the FRC.	19 August 2025
4	FRC presented the results of the review to the Crisis Management Team/Humanitarian Country Team, and the IPC Global Steering Committee.	20 August 2025
5	FRC concluded the Famine Review and shared the FRC report with the GSU for its publication.	22 August 2025

ANNEX 3. SUMMARY OF KEY OUTCOMES AND METHODS

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

Data on food security and other contributing factors

The FRC reviewed the two main sources of quantitative food security data employed by the Analysis team hereafter referred to Source #1 and Source #2. Both data sources were collected during July 2025. Source #1 covered four governorates: North Gaza, Gaza Governorate, Deir al-Balah and Khan Younis. Source #2 covered three governorates: Gaza Governorate, Deir al-Balah and Khan Younis. Neither data source covered the Governorate of Rafah, which is believed to be largely depopulated according to the latest OCHA operational population data (unpublished). There was also a qualitative assessment submitted, referred to herein as Source #3.

Table 1. July sample overview for food security data from Source #1 and Source #2.

Unit of Analysis	Source #1		Source #2	
	Time period	Sample (n)	Time period	Sample (n)
North Gaza	1-29 July 2025	94	N/A	
Gaza Governorate	1-29 July 2025	504	13-21 July 2025	350
Deir al-Balah	1-29 July 2025	173	13-21 July 2025	148
Khan Younis	1-29 July 2025	225	13-21 July 2025	225
Rafah	N/A		N/A	
Source samples	**Source #1**	**996**	**Source #2**	**723**

Methodology

Source #1: Households were randomly selected from the master list used in previous analyses (320,000 households, 80% of households in the Gaza Strip), including current beneficiaries and non-beneficiaries. Data were collected using Computer-Assisted Telephone Interview (CATI) using the same third-party phone company contracted in previous rounds of data collection. Ten enumerators and two supervisors collected the data. The last refresher training was conducted in February 2025. The data provider followed up with the supervisors on a weekly basis for quality assurance, and to address any questions or constraints that could arise. During the period 1 - 29 July, 1,700 phone numbers were randomly sampled from the list. Out of them, 1,579 phone numbers were contacted and 1,004 households successfully completed the interview, with a response rate of 64%. The survey included four outcome indicators: food consumption score (FCS), the reduced Coping Strategies Index (rCSI), the Household Hunger Scale (HHS) and the Livelihood Coping Strategies Index (LCS), as well as other contributing factor data.

Source #2: A face-to-face baseline assessment was conducted between December 2024-January 2025 in all accessible areas, excluding North Gaza Governorate due to access challenges and a smaller population size. Households were asked if they consented to be re-interviewed in following rounds. Two follow-up rounds of data collection took place in April 2025 and in July 2025, covering consenting households. Source #2 refers to the latest round of data collection, which took place in July. Overall, 748 household surveys were completed between 13-21 July 2025. This included 25 cases from Rafah and North Gaza, for which the sample size was insufficient and were excluded from the analysis. The survey included two outcome indicators: Food Consumption Score (FCS) and the Household Hunger Scale (HHS), as well as other contributing factor data.

Source #3: A qualitative analysis based on information gathered during regular weekly field visits conducted to observe food access, consumption patterns, food availability, coping strategies, and the overall food security status of households in the Gaza Strip. The monitoring activity targeted 90 households in accessible areas of Gaza Governorate, Deir al-Balah and Khan Younis, with data successfully collected from 70 households over six weeks. The sample covers better-off families, noting that 51% have an income source.

Data plausibility

The analysis team used data collected between 1-29 July 2025 for Source #1, and 13-21 July 2025 for Source #2. The data checks refer mainly to data collected during this period. Additionally, the FRC looked at trend data from both data sources (since late 2023 for Source #1, and for the three data points of Source #2—December 2024, and April 2025). Lastly, the FRC considered more recent data from Source #1 collected between 1 and 13 August 2025. This data was treated as largely indicative as the sample size was only sufficient to meet IPC minimum requirements in two of the four governorates (Gaza Governorate and Khan Younis).

Sample review

Residence status, geographical and mode biases. Around 84% of sampled households self-reported being internally displaced, which is in line with the official estimate of UNRWA (9%)[1]. The geographical distribution of the sample collected,[2] in relation to both the governorate of origin and to the current governorate, shows that the sample largely aligns with the expected population distribution pre-, and post displacement (Table 2). In particular, the sample distribution of both Source #1 and Source #2 across the five governorates closely aligns with the current distribution of population according to OCHA's latest update at the time of analysis, marked as 'current population distribution in Table 2 below. It is also important to note that as in previous analyses, the population movements are regular and dynamic due to the volatility of the current situation with frequent displacements occurring both within and between governorates.

Table 2. Distribution of population and sample.

Area	Pre-crisis distribution	Permanent governorate (July 2025)		Current population distribution	Current governorate (July 2025)	
		Source #1	Source #2		Source #1	Source #2
North Gaza	20%	43%	20%	6%	9%	3%
Gaza Governorate	34%	22%	35%	45%	51%	47%
Deir al-Balah	14%	12%	13%	23%	17%	20%
Khan Younis	20%	16%	19%	27%	23%	30%
Rafah	12%	7%	13%	0%	0%	0%

Source: GSU using data from Source #1 and #2

[1] *UNRWA Situation Report #181 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem | UNRWA, 23 July 2025. https://www.unrwa.org/resources/reports/unrwa-situation-report-181-situation-gaza-strip-and-west-bank-including-east-jerusalem*

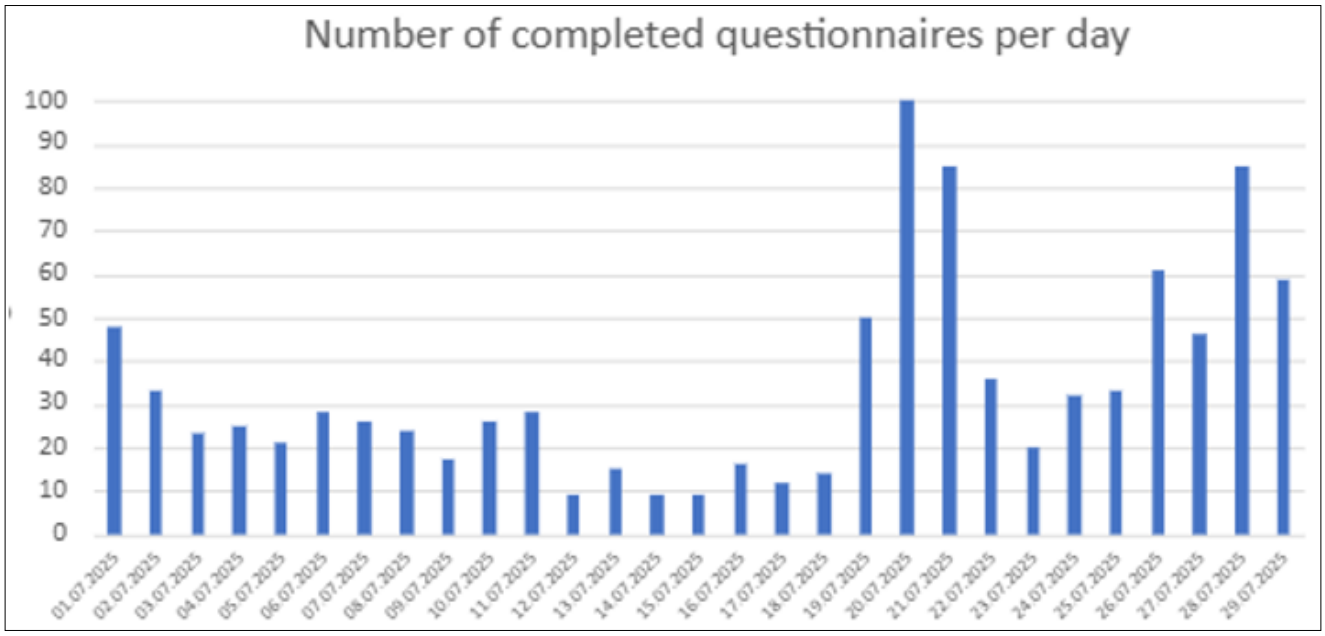
[2] *Data checks have been conducted using the same database employed by the Analysis Team, therefore ending on 29 July 2025.*

As far as the permanent governorate is concerned (i.e. governorate of origin for displaced, and current governorate for non-displaced), Source #2 fully aligns with the distribution of population pre-October 2023, while Source #1 shows a -12 and +23-percentage point deviation for Gaza Governorate and North Gaza, respectively. The fluidity of movements between North Gaza and Gaza governorates and the likely presence of the part of the extended families in both governorates might explain this difference.

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

Lastly, data collection for Source #1 proceeded between 1-29 July 2025 without interruption with an increase from the 19 July onwards. As data for Source #2 was collected in a short period (748 completed questionnaire in 8 days), it is assumed that no major interruptions occurred during the survey. However, the absence of a dedicated variable prevents conducting a comparable frequency check.

Figure 1. Distribution of sample



Source: GSU using Source #1 data.

Data quality checks

Syntax review and recalculation of indicators: The GSU and FRC have conducted checks on the datasets from Source #1 and Source #2, the same used by the IPC globally led analysis team. Results confirm the outputs used by the analysis team (outcome indicators and contributing factors). For the food consumption score (FCS), three categories were examined: the standard 21/35 cutoffs, the 28/42 thresholds adopted for contexts of high sugar and oil consumption like Gaza. Additionally, the 14/21/35 cutoff was examined to investigate extreme food consumption gaps – i.e., households scoring less than 14. For the reduced Coping Strategies Index (rCSI), two sets of cut-offs were examined, the standard in the IPC reference table (i.e., 0-3, 4-18, 19+) and the working threshold of 42+ (i.e., 0-3, 4-18, 19-41, 42+) enabling the identification of more severe cases. Household Hunger Scale (HHS) was calculated according to the standard thresholds in the IPC reference table: none (0), slight (1), moderate (2-3), severe (4) and very severe (5-6).

Table 3. Recalculation of food consumption indicators.

Source #1 Recalculation		Current Governorate							
		North Gaza		Gaza Governorate		Deir al-Balah		Khan Younis	
		Count	% of cases	Count	% of cases	Count	% of cases	Count	% of cases
FCS Categories: 21/35 thresholds	Poor	72	77%	314	62%	109	63%	123	55%
	Borderline	21	22%	176	35%	60	35%	95	42%
	Acceptable	1	1%	14	3%	4	2%	7	3%
FCS Categories: 28/42 thresholds	Poor	88	94%	436	87%	148	86%	193	86%
	Borderline	5	5%	67	13%	23	13%	32	14%
	Acceptable	1	1%	1	0%	2	1%	0	0%
FCS Categories: 14/21/35 thresholds	Extremely Poor	16	17%	59	12%	8	5%	21	9%
	Poor	56	60%	255	51%	101	58%	102	45%
	Borderline	21	22%	176	35%	60	35%	95	42%
	Acceptable	1	1%	14	3%	4	2%	7	3%
rCSI Categories	Low	0	0%	0	0%	0	0%	0	0%
	Medium	9	10%	37	7%	25	14%	14	6%
	High	85	90%	467	93%	148	86%	211	94%
rCSI (4 cut-offs)	Low	0	0%	0	0%	0	0%	0	0%
	Medium	9	10%	37	7%	25	14%	14	6%
	High	43	46%	209	41%	101	58%	108	48%
	Extremely High	42	45%	258	51%	47	27%	103	46%
Household Hunger Score	.00	1	1%	7	1%	7	4%	1	0%
	1.00	4	4%	10	2%	5	3%	4	2%
	2.00	11	12%	49	10%	21	12%	23	10%
	3.00	16	17%	69	14%	17	10%	54	24%
	4.00	36	38%	188	37%	66	38%	93	41%
	5.00	21	22%	162	32%	53	31%	45	20%
	6.00	5	5%	19	4%	4	2%	5	2%
Household Hunger Score Categories	No hunger in the household	1	1%	7	1%	7	4%	1	0%
	little hunger in the household	4	4%	10	2%	5	3%	4	2%
	Moderate hunger in the household	27	29%	118	23%	38	22%	77	34%
	Severe hunger in the household	36	38%	188	37%	66	38%	93	41%
	Very severe hunger in the household	26	28%	181	36%	57	33%	50	22%

Source: GSU using Source #1 data.

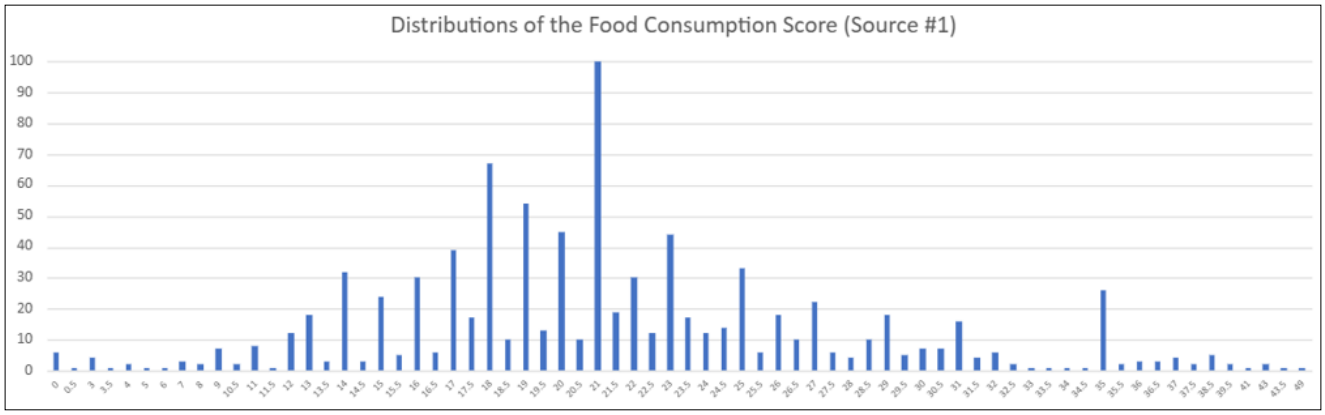
Table 4. Recalculation of food consumption indicators.

Source #2 Recalculation		Current Governorate					
		Gaza Governorate		Deir al-Balah		Khan Younis	
		Count	% of cases	Count	% of cases	Count	% of cases
FCS Categories: 21/35 thresholds	Poor	294	93%	116	91%	186	90%
	Borderline	21	7%	11	9%	19	9%
	Acceptable	0	0%	1	1%	2	1%
FCS Categories: 28/42 thresholds	Poor	314	100%	127	99%	204	99%
	Borderline	1	0%	1	1%	3	1%
	Acceptable	0	0%	0	0%	0	0%
FCS Categories: 14/21/35 thresholds	Extremely Poor	112	36%	46	36%	52	25%
	Poor	182	58%	70	55%	134	65%
	Borderline	21	7%	11	9%	19	9%
	Acceptable	0	0%	1	1%	2	1%
Household Hunger Score	0	16	5%	12	9%	18	9%
	1	27	8%	16	12%	25	12%
	2	82	26%	29	22%	61	29%
	3	129	40%	52	40%	75	36%
	4	29	9%	11	8%	11	5%
	5	16	5%	7	5%	10	5%
	6	21	7%	3	2%	10	5%
Household Hunger Score Categories	None	16	5%	12	9%	18	9%
	Little	27	8%	16	12%	25	12%
	Moderate	211	66%	81	62%	136	65%
	Severe	29	9%	11	8%	11	5%
	Very Severe	37	12%	10	8%	20	10%

Source: GSU using Source #2 data.

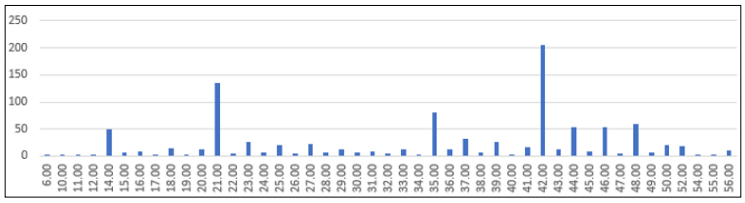
Frequency distribution of outcome indicators: The analysis of food security outcome indicators shows a quasi-normal distribution of 1) Food Consumption Score; 2) Reduced Coping Strategy Index; and 3) Household Hunger Scale. No noticeable outliers are identified, except a (not uncommon) spike on rCSI score 42, indicative of IPC Phase 3 (Crisis).

Figure 2. Food Consumption Score distribution



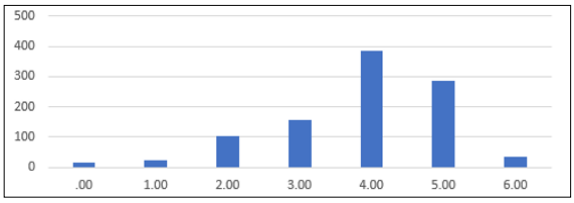
Source: GSU using Source #1 data.

Figure 3. rCSI distribution.



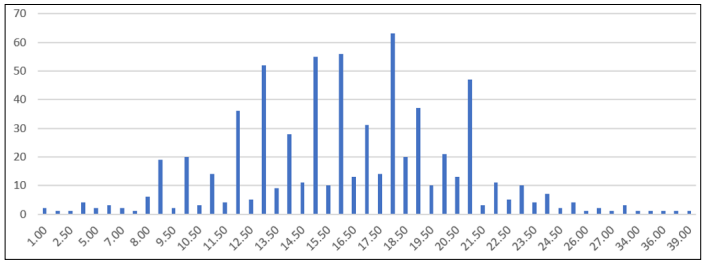
Source: GSU using Source #1 data.

Figure 4. HHS distribution.



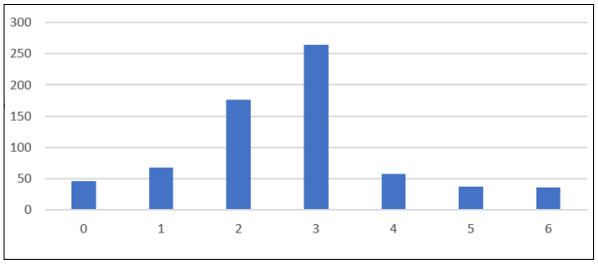
Source: GSU using Source #1 data.

Figure 5. FCS distribution.



Source: GSU using Source #2 data.

Figure 6. HHS distribution.



Source: GSU using Source #2 data.

Cross-tabulations among key indicators: The degree of convergence among the most severe categories of food insecurity for each indicator within the same households is an important measure that helps corroborate data quality, and the accuracy of IPC results. Overall, data shows a large portion of households within the most severe categories for all the three indicators considered: very severe HHS, poor FCS and extremely high rCSI. In North Gaza and Gaza Governorate for instance, 19% reported poor FCS, very severe hunger (HHS) and rCSI above score of 42. These results are indicative of the convergence of severity of the indicators for the same households, corroborating the results of the survey and indicating that these segments of the population face the highest levels of vulnerability to food insecurity. A slightly lower percentage of households interviewed in Deir al-Balah (9%) and Khan Younis (11%) fall into the most severe cohorts for the three indicators.

Table 5. Cross-tabulations among key indicators.

Current Governorate	Household Hunger Score Categories	rCSI categories											
		Low (0-3)			Medium (4-18)			High (19-41)			Extremely High (42+)		
		FCS Categories: 28/42 thresholds recalculated			FCS Categories: 28/42 thresholds recalculated			FCS Categories: 28/42 thresholds recalculated			FCS Categories: 28/42 thresholds recalculated		
		Acceptable	Borderline	Poor	Acceptable	Borderline	Poor	Acceptable	Borderline	Poor	Acceptable	Borderline	Poor
North Gaza	No hunger in the household	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
	little hunger in the household stress	0%	0%	0%	0%	0%	0%	0%	1%	2%	0%	0%	1%
	Moderate hunger in the household crisis	0%	0%	0%	0%	0%	2%	0%	0%	20%	0%	0%	6%
	Severe hunger in the household emergency	0%	0%	0%	0%	0%	5%	1%	1%	14%	0%	2%	15%
	Very severe hunger in the household catastrop	0%	0%	0%	0%	0%	2%	0%	0%	5%	0%	1%	19%
Gaza City	No hunger in the household	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
	little hunger in the household stress	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
	Moderate hunger in the household crisis	0%	0%	0%	0%	0%	2%	0%	4%	12%	0%	2%	4%
	Severe hunger in the household emergency	0%	0%	0%	0%	0%	2%	0%	1%	11%	0%	3%	20%
	Very severe hunger in the household catastrop	0%	0%	0%	0%	0%	3%	0%	0%	11%	0%	2%	19%
Deir al-Balah	No hunger in the household	0%	0%	0%	1%	0%	1%	1%	0%	2%	0%	0%	0%
	little hunger in the household stress	0%	0%	0%	0%	0%	0%	0%	1%	2%	0%	0%	0%
	Moderate hunger in the household crisis	0%	0%	0%	0%	1%	4%	0%	2%	8%	0%	1%	6%
	Severe hunger in the household emergency	0%	0%	0%	0%	0%	6%	0%	2%	21%	0%	3%	5%
	Very severe hunger in the household catastrop	0%	0%	0%	0%	0%	2%	0%	1%	19%	0%	3%	9%
Khan Younis	No hunger in the household	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	little hunger in the household stress	0%	0%	0%	0%	0%	0%	0%	1%	1%	0%	0%	0%
	Moderate hunger in the household crisis	0%	0%	0%	0%	0%	2%	0%	4%	16%	0%	0%	12%
	Severe hunger in the household emergency	0%	0%	0%	0%	1%	2%	0%	2%	14%	0%	4%	18%
	Very severe hunger in the household catastrop	0%	0%	0%	0%	0%	1%	0%	0%	9%	0%	1%	11%

Source: GSU using Source #1 data.

Chi-square tests: For Source #1, additional tests were conducted to ascertain the non-random distribution of frequencies of high and low categories through standard cross-tabulations between the three food consumption indicators. The FCS, HHS and rCSI were recoded into binomial variables (FCS <28 (poor) vs FCS 28+ (not poor); HHS 5 and 6 (very severe) vs HHS comprised between 0 and 4; rCSI 42+ (extremely high) against rCSI 42 and below. Chi-square tests were then conducted to assess non-random distribution and convergence of population across the highest cohorts by couples of indicators, within each governorate. Only values of the Pearson P value 0.05 or lower show statistically relevant correlations.

Despite the limited sample size limiting the strength of the tests, several relevant correlations among indicators were found, indicating that the distribution of households across the various cohorts of severity for each indicator is not random, confirming the severity of the situation, and corroborating the quality of data collected, to some extent. In particular, results for North Gaza show a significant correlation between HHS and rCSI. In Gaza Governorate, the correlation is high for all couples of indicators, except between rCSI and FCS. In Deir al-Balah, there is a positive correlation between FCS and rCSI, meaning that there is a non-random overlap of population in the highest severity category for the two indicators. In Khan Younis, the only positive correlation is between FCS and HHS. This corroborates the initial assumptions on convergence of severity among the same households, and reaffirms statistically that a large proportion of households are currently facing the most extreme food consumption gaps.

As the highest number of significant correlations is detected in Gaza Governorate where the sample size is by far the highest, it is plausible that the relatively smaller sample in other governorates, such as North Gaza and Deir al-Balah may conceal a more pronounced overlap in severity. In essence, the convergence of extreme food consumption gaps in these areas could be stronger with an increased sample size.

Table 6. Chi Square value.

North Gaza - Chi square P value				Gaza City- Chi square P value			
	FCS	rCSI	HHS		FCS	rCSI	HHS
FCS		0.033*	0.040*	FCS		0.135	0,001*
rCSI	0.033*		0.068	rCSI	0.135		0.665
HHS	0.040*	0.068		HHS	0.001*	0.665	
Deir al-Balah - Chi square P value				Khan Younis - Chi square P value			
	FCS	rCSI	HHS		FCS	rCSI	HHS
FCS		0.033*	0.040*	FCS		0.366	0.031*
rCSI	0.033*		0.068	rCSI	0.366		0.000*
HHS	0.040*	0.068		HHS	0.031*	0,000*	

Source: GSU using Source #1 data.

Conclusions

The sample from both Source #1 and Source #2 show a good degree of representativeness. The sample distribution across governorates aligns, at large, with the expected distribution of the actual Palestinian population in the Gaza Strip - i.e. the pre-conflict area of origin, and the current distribution of re-location. The sample from all governorates from both data sources meet the minimum requirements of IPC (>90 observations). At the same time, the fairly high convergence of severity of outcome indicators and significant correlation of severe categories suggest a fair representativeness of the sample. The reliability score[3] for each indicator for both sources is R2 in all governorates, except North Gaza due to the reduced sample size, which is arguably too low to fully capture the variability within the governorate. The overall level of evidence for the analysis is Medium.

Data collection from Source #1 proceeded with no significant pause from 1-29 July 2025. The absence of prolonged interruptions in data collection sustains the hypothesis that the survey captured the impact of drivers of food insecurity throughout the whole data collection period. The same is presumed to be true for Source #2 for the period of data collection. However, it is important to note that while Source #1 has been collecting data continuously since late 2023, with a similar enumerator and supervisory team, Source #2 data was collected periodically, in three instances, initially through a face-to-face survey and then as remote follow-ups of consenting households, and it is not clear if the same enumerator team were involved in the three data collection periods.

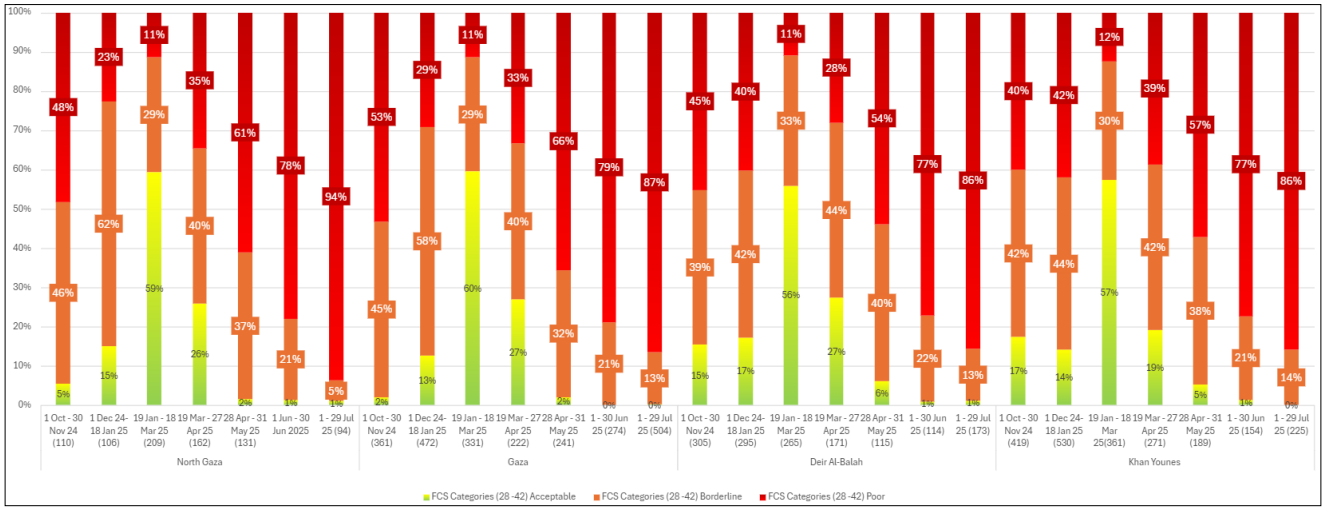
[3] *IPC Technical Manual v. 31., see Figure 31, https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/manual/IPC_Technical_Manual_3_Final.pdf*

While data from both sources were analysed by the FRC, Source #1 showed a greater convergence of results, based on more indicators. The data provider has been collecting food security data on a continuous basis since late 2023, enabling longitudinal trends analyses of the same food security outcome data. In addition, given the prolonged period of data collection, it is likely that Source #1 has benefitted from a learning feedback loop over time.

Based on the data quality checks conducted, no elements were detected indicating that the data are unreliable. Data quality checks showed that results used by the analysis team are correct, and plausible.

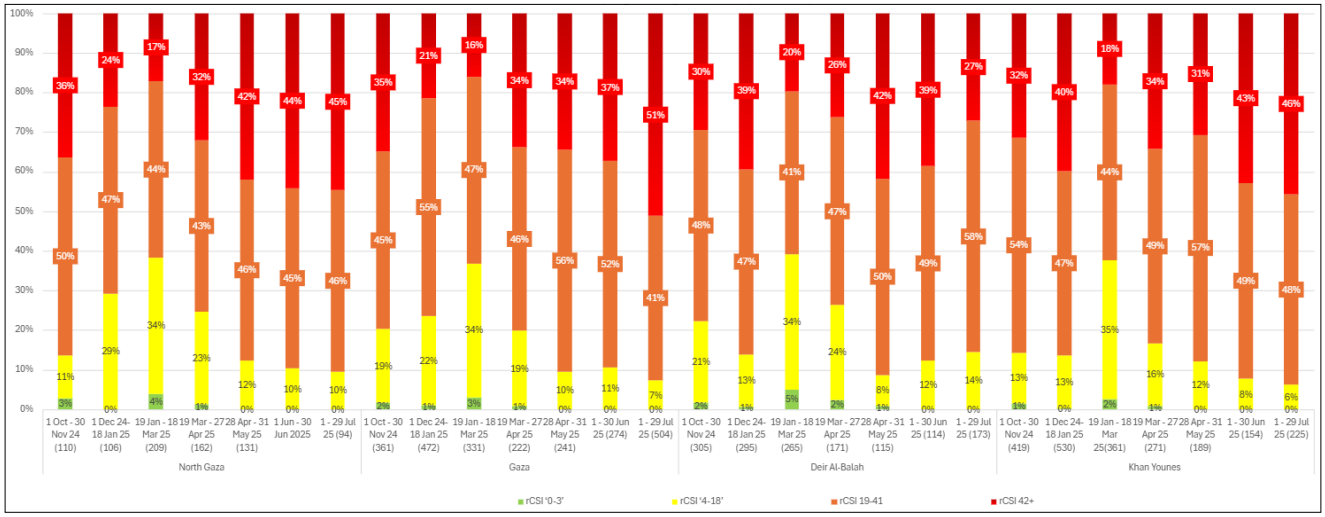
Main results

Figure 7. Trends in Food Consumption Score (28-42) from October 2024 to 29 July 2025 by governorate.



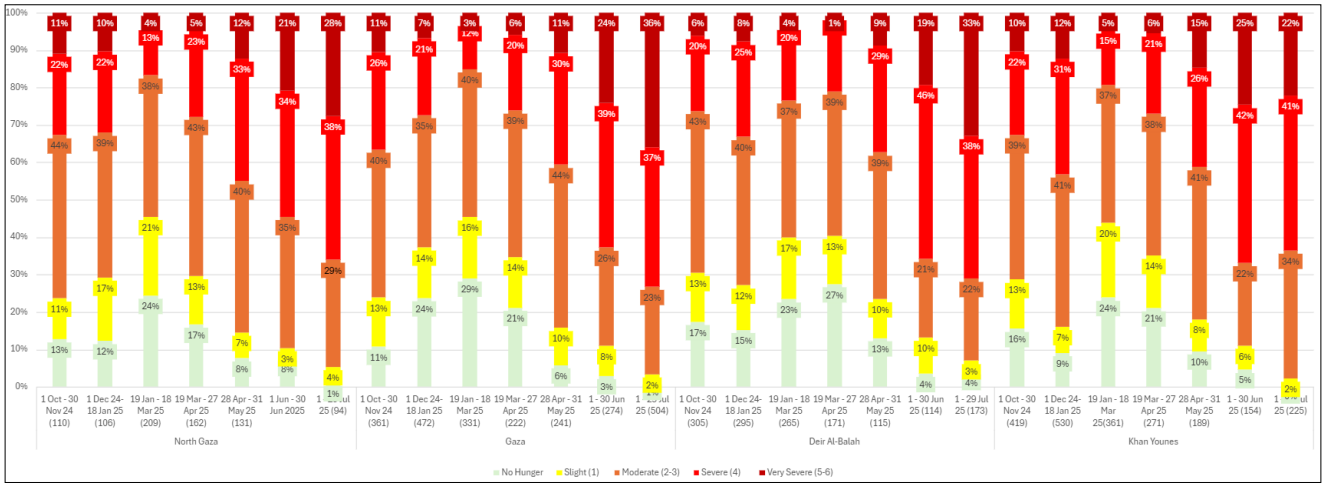
Source: Source #1 data

Figure 8. Trends in Reduced Coping Strategy Index from October 2024 to 29 July 2025 by governorate.



Source: Source #1 data

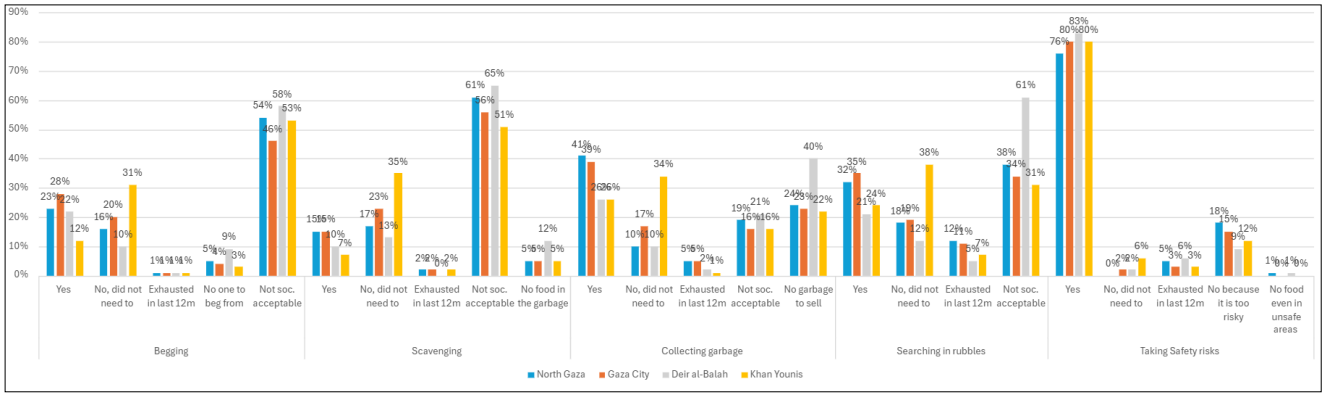
Figure 9. Trends in Households Hunger Score from October 2024 to 29 July 2025 by governorate.



Source: Source #1 data

Livelihood coping

Figure 10. Trends in emergency livelihood coping by governorate.



Source: GSU recalculation of Source #1

In North Gaza Governorate, for the month of July, 94% of respondents have poor food consumption (using the 28/42 cutoffs for high oil and sugar consumption). Nearly one-third (28%) of respondents reported very severe hunger in the household (indicative of IPC Phase 5), and a further 38% reported severe household hunger. More than 75% of households reported facing safety risks while searching for food, and more than one in five households reported having to beg due to a lack of food, and 41% reported collecting garbage for sale, the highest of all governorates. Concerningly, 15% of households in North Gaza also reported scavenging in the rubbish for food. All direct and indirect evidence for North Gaza converges around a very dire food security situation, with extremely poor food consumption.

In Gaza City Governorate, in July, 87% of respondents reported poor food consumption. More than one-third (36%) of respondents reported very severe hunger in the household (indicative of IPC Phase 5), and 37% reported severe household hunger, the highest across all governorates. In terms of livelihood coping, 8 in 10 households reported facing safety risks while searching for food, 28% of households reported having to beg due to a lack of food, the highest across all governorates and 39% reported collecting garbage for sale, second only to North Gaza. Very concerningly, 15% of households in Gaza Governorate also reported scavenging in the rubbish for food. All evidence on Gaza Governorate indicates clearly that the Famine thresholds have been crossed for food consumption.

Recent data shared by Source 1 for the first two weeks of August indicate a still very high level of household hunger, surpassing the Famine thresholds.

In Deir al-Balah, in July, 86% of respondents reported poor food consumption, similar to all other areas of the Gaza Strip. Around one-third (33%) of respondents reported very severe hunger in the household (indicative of IPC Phase 5), and a further 38% reported severe household hunger. In terms of livelihood coping, 83% of households reported facing safety risks while searching for food, 22% of households reported having to beg due to a lack of food, and 40% reported collecting garbage for sale. Hunger and starvation in Deir al-Balah has reached dire levels, not seen since the start of the conflict, with increasing trends.

In Khan Younis, 86% of respondents reported poor food consumption indicative of a catastrophic situation, similar to all other areas of the Gaza Strip. More than one-fifth (22%) of respondents reported very severe hunger in the household (indicative of IPC Phase 5), and a further 41% reported severe household hunger. In terms of livelihood coping, 8 in 10 households reported facing safety risks while searching for food, nearly one quarter (26%) reported collecting garbage for sale. Similar to Deir al-Balah, extreme food consumption gaps in Khan Younis has reached dire levels, not seen since the start of the conflict, with increasing trends.

Main food security contributing factor data

Table 7 and 8. Food consumption score breakdown by governorate.

Governorate	Source #1							
	Cereals and tubers	Pulses	Dairy products	Protein-rich foods	Vegetables	Fruits	Oil	Sugar
North Gaza	3.18	4.02	0.04	0.07	0.28	0.00	0.54	0.05
Gaza Governorate	3.18	4.66	0.00	0.01	0.31	0.00	0.79	0.10
Deir al-Balah	2.78	5.00	0.01	0.01	0.58	0.05	1.27	0.12
Khan Younis	3.40	4.60	0.00	0.01	0.39	0.05	1.54	0.02

Governorate	Source # 2							
	Cereals and tubers	Pulses	Dairy products	Protein-rich foods	Vegetables	Fruits	Oil	Sugar
Gaza Governorate	2.10	3.47	0.01	0.01	0.72	0.01	0.73	0.05
Deir al-Balah	2.52	3.11	0.05	0.00	0.77	0.00	0.95	0.13
Khan Younis	2.42	3.57	0.03	0.02	0.79	0.01	0.90	0.04

Source: GSU using Source #1 & Source #2.

Table 9. Main source of food in the past seven days.

Governorate	What is the main source of food for your household in the past 7 days?								
	Food aid from humanitarian agencies	Market/ Grocery store (in cash)	Gift from family, relatives, or friends	Market/Grocery store (e-payments)	Begging	Scavenging for food	Own production	Searching for food among the rubble	Exchange labor for food
North Gaza	31%	34%	30%	0%	2%	2%	1%	0%	0%
Gaza Governorate	37%	26%	34%	0%	2%	0%	0%	0%	1%
Deir al-Balah	45%	31%	21%	1%	0%	1%	0%	0%	0%
Khan Younis	38%	28%	29%	1%	0%	2%	0%	1%	0%

Source: GSU using Source #1

Table 10. Received Humanitarian Food Security Assistance.

Governorate	Assistance received in the past 30 days								
	Did your household receive any type of assistance in the last 30 days? (Multiple options)	Voucher	Food parcel	Cooked meals	Uncooked meals	Bread	Cash	Non food assistance (Cleaning materials, tents, clothes, medicines, personal care, etc)	If the aid was food, for how many days did the food aid you received cover your household's monthly needs?
North Gaza	12%	0%	9%	91%	0%	0%	0%	0%	3.0
Gaza Governorate	18%	0%	12%	83%	1%	0%	2%	1%	8.1
Deir al-Balah	11%	0%	11%	84%	0%	5%	0%	5%	4.0
Khan Younis	16%	0%	8%	92%	0%	0%	0%	0%	5.7

Source: GSU using Source #1

Table 11. Income sources

Governorate	INCOME Sources (Data Provider #2)					
	No income	Casual daily labour	Salaried work	Humanitarian assistance (cash)	Loans or support from family or friends	Remittances
Gaza governorate	78%	11%	8%	1%	2%	1%
Deir al Balah	81%	8%	9%	0%	1%	0%
Khan Younis	82%	11%	6%	0%	1%	0%

Source: GSU using Source #2

Table 12. Market access.

Governorate	Market Access (Source #1)										
	In the past 14 days has there been a time when you or your household couldn't access the nearest market shop?	Security concerns	Market shop is too far	Lack of transportation	High cost of transportation	Lack of money	Prices are too high	Restriction on movements	Unable due to disability/ sickness	Shops were closed	Other
North Gaza	71%	10%	3%	3%	1%	94%	49%	4%	4%	0%	0%
Gaza Governorate	73%	9%	4%	2%	3%	95%	61%	5%	2%	1%	2%
Deir al-Balah	82%	16%	14%	13%	11%	90%	67%	17%	6%	0%	2%
Khan Younis	76%	1%	1%	2%	1%	94%	48%	2%	2%	0%	4%

Source: GSU using Source #1

Table 13. Displacement and shelter type.

Governorate	Currently displaced	Current Shelter Type of the Household										
		Undamaged apartment or house	Damaged apartment or house	UNRWA shelters	PA shelters	Hospitals/ clinics	Tent in a camp or informal settlement	Car/truck/ caravan	Living on the streets (homeless)	Storage/ warehouse	Arbor (Areesha)	Other
North Gaza	68%	0%	45%	0%	4%	0%	47%	0%	0%	2%	1%	1%
Gaza Governorate	83%	1%	32%	1%	2%	0%	57%	0%	0%	4%	3%	0%
Deir al-Balah	76%	6%	51%	2%	1%	0%	28%	0%	1%	3%	9%	0%
Khan Younis	98%	1%	2%	0%	1%	0%	87%	0%	0%	1%	8%	0%

Source: GSU using Source #1

Table 14. Displacement and shelter type.

Governorate	Total number of times the HH has been displaced				Type of Housing/Occupancy				
	1-2 times	3-4 times	5-6 times	7+ times	Building	Collective center	Makeshift shelter urban	Makeshift site	Scattered site
Gaza Governorate	70%	19%	7%	4%	46%	7%	0%	33%	14%
Deir al-Balah	74%	18%	3%	5%	55%	5%	0%	34%	5%
Khan Younis	79%	17%	1%	4%	4%	4%	0%	76%	16%

Source: GSU using Source #2

Table 15. Clean water access and main source of energy used in cooking.

Governorate	On average, how many liters of clean water for all household uses (drinking, cooking, and personal hygiene) can you obtain daily per person in the household?	What is the main source of energy used for cooking?				
		Gas	Electricity	Firewood or wood scraps	Burning waste	None
North Gaza	2.50	0%	0%	23%	63%	14%
Gaza Governorate	2.78	0%	0%	20%	73%	7%
Deir al-Balah	3.44	0%	0%	25%	68%	7%
Khan Younis	3.05	0%	0%	27%	65%	8%

Source: GSU using Source #1

Data on acute malnutrition and other contributing factors

Acute malnutrition

Given the ongoing challenges throughout the Gaza Strip, conducting representative, population-based surveys remain unfeasible. Consequently, as before, the FRC review and analysis relied exclusively on the available data regarding acute malnutrition, which is derived from Mid-Upper Arm Circumference (MUAC) screenings carried out by partners of the State of Palestine Nutrition Cluster.

For the IPC, widespread acute malnutrition refers to situations where at least 30% of children aged 6 to 59 months have a weight-for-height z-score (WHZ) below -2 standard deviations or oedema. In the absence of WHZ data, which is the case of Gaza, widespread acute malnutrition may be identified when at least 15% of children aged 6 to 59 months have a MUAC below 125 mm or oedema.

The MUAC metric has been accepted for Famine classification since 2019, when the IPC Technical Manual Version 3.0 was released. This is also outlined in the current IPC Technical Manual v3.1, which explicitly allows acute malnutrition to be measured using at least three outcome indicators: WHZ, MUAC, or Body Mass Index (BMI). Since these indicators measure relatively different dimensions, their thresholds are all different. The manual sets distinct thresholds for IPC phases, especially IPC Phase 5 Famine: 30% GAM by WHZ, OR ≥15% GAM by MUAC, OR ≥40% BMI. These thresholds are standard.

In fact, MUAC is often the metric used in Famine classifications because it is the measurement most frequently available and has strong correlation with mortality outcomes. MUAC has been regularly used in Famine classifications, including in South Sudan (November 2020) and Sudan (December 2024). These same protocols were consistently applied in all previous IPC analyses for Gaza. The WHZ threshold for famine classification remains 30%, but for MUAC the threshold is, and has been for almost a decade, 15%.

The data that were considered and its methodology are listed and described below.

Methodology

The daily screenings, an integral component of the Nutrition Cluster surveillance system, are conducted by the Nutrition Cluster's partners and subsequently submitted to the Nutrition Cluster for analysis. The analysis encompasses data quality checks, prevalence calculation, and reporting. The screenings are conducted at various sites across the governorates, targeting children aged 6 to 59 months. The screening process includes the collection of individual-level MUAC values, age, and sex data of each child.

For the analysis, the most recent datapoint available in each governorate by the end of the IPC analysis was used for the classifications (31 July 2025). Prior to calculating the prevalence, a comprehensive data plausibility check was conducted by the Nutrition Cluster and results validated by the Nutrition Information System Work Group. Subsequently, an age-weighted prevalence of MUAC among children aged 6 to 59 months was derived from the unweighted prevalence estimates of children aged 6 to 23 months and 24 to 59 months. These weights were applied as 0.33 and 0.66, respectively. The weighted prevalence estimates for children aged 6 to 59 months for each screening site, per governorate. The data was subsequently utilised in the IPC Acute Malnutrition (IPC AMN) analysis workflow, in which, through the application of the IPC AMN protocols for evidence based on Global Acute Malnutrition (GAM) derived from MUAC, the governorates were classified into the IPC AMN phases.

Additionally, pregnant and breastfeeding women (PBW) were also screened. The data underwent quality checks. The results of both the quality checks and prevalence analysis are illustrated below from Table 16 to 18.

How the FRC arrived at the MUAC trend graphs of children and PBW

GAM by MUAC prevalence data for children aged 6 to 59 months, and PBW was summarised for each time period and governorate and plotted on a timeline graph in Excel. A weighted average mean was used to allow for the different sample sizes obtained by the various screening sites/organisations. The expected trajectory of the prevalence under current conditions was assessed by fitting a curve to the available data points in Excel. The R^2 of linear and exponential functions were compared to determine which best fitted each set of data. In all cases except one the exponential curve provided the best fit. The time required for the prevalence of GAM by MUAC to double was calculated from the exponential equations using the growth rate and expressed in weeks.

Table 16. Meta-data of MUAC screenings among children conducted across the governorates.

Dataset	Data collection date	Type of screening activity	Setting	Sample size	N (%) Children 6-23 months	N (%) Children 24-59 months
Gaza/Action Against Hunger (ACF)	Jul 06 - Jul 15	NA	Al Sahaba Hospital, Al Ghorba Camp, Al Karam Camp, Al Kareem Camp, Al Israa camp, Al Wahadi land Camp, Wafa Hospital	392	105 (26.79%)	286 (72.96%)
Gaza/Ard El Ensan (AEI)	Jul 01 - Jul 16	NA	Gaza, GAZA, Al-Kateeba, Al-Aqsa, مخيم فلسطين 2, مخيم صحبة خير	1807	762 (42.17%)	1029 (56.95%)
Gaza/EMPHNET	Jul 01 - Jul 16	NA	EMPHNET Medical Point	384	174 (45.31%)	203 (52.86%)
Gaza/Juzoor	Jul 15 - Jul 31	NA	Kafer Qassem School, Al-Nasser School, Maskat-Tuffah, El-Remal Center, Al-Mena (Gaza harbor)	1892	731 (38.6%)	1161 (61.3%)
Gaza/MDM-France	Jul 15 - Jul 27	NA	NA	1708	705 (41.28%)	752 (44.03%)
Gaza/UNRWA	Jul 01 - Jul 15	NA	NA	1336	665 (49.78%)	671 (50.22%)
Khan Younis/Action Against Hunger (ACF)	Jul 01 - Jul 15	NA	Al Qubba Camp, AL Qurban Camp, SWAN clinic	101	47 (46.53%)	47 (46.53%)
Khan Younis/Ard El Ensan (AEI)	Jul 01 - Jul 16	NA	khanyounis, Alabadlah, مخيم الفرا, مخيم الأقصى	1059	436 (41.17%)	619 (58.45%)
Khan Younis/Save the Children (SCI)	Jul 01 - Jul 17	NA	PHCC Mawassi, BIR-19 AL BURJ, PHCC Mawasi, Pier19 - Noor, Pier19 - Alburj	1740	672 (38.62%)	1024 (58.85%)
Khan Younis/UNRWA	Jul 01 - Jul 15	NA	NA	2111	1085 (51.4%)	1026 (48.6%)
Middle Area (Deir al-Balah)/Action Against Hunger (ACF)	Jul 01 - Jul 14	NA	Al Musbah IDP Camp, Yafa Hospital, Palestine Health Center, AL Ta'awon Camp, Swiss Pal. Friendship Camp	303	104 (34.32%)	193 (63.7%)
Middle Area (Deir al-Balah)/Ard El Ensan (AEI)	Jul 01 - Jul 16	NA	Burij camp, Alsouq Aljadeed, مخيم أبو أسد	1477	580 (39.27%)	871 (58.97%)
Middle Area (Deir al-Balah)/EMPHNET	Jul 01 - Jul 15	NA	Al Set Ameera, Insan Shelter, Insan shelter	613	177 (28.87%)	424 (69.17%)
Middle Area (Deir al-Balah)/MDM-France	Jul 15 - Jul 28	NA	NA	1170	640 (54.7%)	229 (19.57%)
Middle Area (Deir al-Balah)/Relief International (RI)	Jul 01 - Jul 14	NA	Alawda hospital	1450	635 (43.79%)	801 (55.24%)
Middle Area (Deir al-Balah)/Save the Children (SCI)	Jul 01 - Jul 17	NA	PHCC DAB, East Al Dora, SCI- PHCC DAB, East Dorra	1296	744 (57.41%)	493 (38.04%)
Middle Area (Deir al-Balah)/UNRWA	Jul 01 - Jul 15	NA	NA	2790	1457 (52.22%)	1333 (47.78%)
North Gaza/Juzoor	Jul 15 - Jul 15	NA	Halema Sadia school, Zeinab Elwazeer	1160	267 (23.02%)	893 (76.98%)

Source: Nutrition Cluster.

Table 17. Data quality report of MUAC screenings among children conducted across the governorates.

Dataset	N 22688	Below 6 months n=27	Over 59 months n=702	Mean MUACZ	SD MUACZ 0.91-1.55	SD MUAC 12.18-18.38	% Flags MUAC (100-200mm)	% Flags MUACZ (+/- 4sd)	DPS MUAC
Gaza/Action Against Hunger (ACF)	392	0	1	-0.59954	1.13952	14.42641	0.26% (1)	0.51% (2)	33.16
Gaza/Ard El Ensan (AEI)	1807	2	14	-0.97286	1.229654	16.68126	0.5% (9)	1.17% (21)	25.57
Gaza/EMPHNET	384	1	6	-0.76521	1.269453	18.37904	0.26% (1)	0.53% (2)	22.29
Gaza/Juzoor	1892	0	0	-0.64788	1.188522	16.30448	0.37% (7)	0.53% (10)	9.22
Gaza/MDM-France	1708	0	244	-1.13826	1.495024	15.98322	0.41% (7)	2.32% (34)	20.01
Gaza/UNRWA	1336	0	0	-1.04052	1.158229	15.45221	0.45% (6)	0.52% (7)	12.22
Khan Younis/Ard El Ensan (AEI)	1059	0	4	-0.47021	1.118286	16.83262	0.09% (1)	0.1% (1)	17.34
Khan Younis/Save the Children (SCI)	1740	2	42	-0.68654	0.94807	13.64004	0.23% (4)	0.24% (4)	10.2
Khan Younis/UNRWA	2111	0	0	-0.81077	1.1464	15.1804	0.19% (4)	0.57% (12)	14.42
Middle Area (Deir al-Balah)/Action Against Hunger (ACF)	303	4	2	-0.2913	0.906491	12.18341	0% (0)	0% (0)	27.75
Middle Area (Deir al-Balah)/Ard El Ensan (AEI)	1477	4	22	-0.94909	1.060383	13.60884	0.07% (1)	0.14% (2)	29.42
Middle Area (Deir al-Balah)/EMPHNET	613	0	12	-0.45571	0.968577	14.33859	0% (0)	0.5% (3)	9.95
Middle Area (Deir al-Balah)/MDM-France	1170	0	296	-0.04017	1.554332	14.60401	0.17% (2)	0.8% (7)	45.23
Middle Area (Deir al-Balah)/Relief International (RI)	1450	14	0	-0.90892	1.106866	14.75109	0% (0)	0.34% (5)	39
Middle Area (Deir al-Balah)/Save the Children (SCI)	1296	0	59	-0.6012	1.083013	13.72187	0% (0)	0.08% (1)	12.71
Middle Area (Deir al-Balah)/UNRWA	2790	0	0	-0.58858	1.040033	13.58292	0.11% (3)	0.18% (5)	17.99
North Gaza/Juzoor	1160	0	0	-0.26897	0.991228	14.29939	0% (0)	0% (0)	11.82

Source: Nutrition Cluster.

Note: *Acceptable ranges for standard deviation, percentage of flags, and digit preference score are as follows: SD MUACZ <1.25; % flags MUACZ < 1%; DPS MUAC 30. Excluding MUACZ flags (+/- 4 SD). Sample Size>=200 for all individual-level datasets. Weighted analysis corrects for unequal representation of the two age groups – it is assumed that children over two should make up two thirds of the sample.*

Table 18. Results of MUAC screenings among children conducted across the governorates.

Dataset	N	GAM MUAC 6-23 months	GAM MUAC 24-59 months	GAM MUAC 6-59 months (UNWEIGHTED)	GAM MUAC 6-59 months (WEIGHTED)
Gaza/Ard El Ensan (AEI)	1807	37.27%	4.47%	18.26%	15.4%
Gaza/EMPHNET	384	33.91%	4.43%	17.71%	14.26%
Gaza/Juzoor	1892	29.69%	4.13%	14.00%	12.65%
Gaza/MDM-France	1708	25.82%	16.89%	19.79%	19.86%
Gaza/UNRWA	1336	33.23%	12.22%	22.68%	19.22%
Khan Younis/Ard El Ensan (AEI)	1059	21.1%	1.29%	9.44%	7.9%
Khan Younis/Save the Children (SCI)	1740	13.84%	0.49%	5.75%	4.94%
Khan Younis/UNRWA	2111	21.84%	2.73%	12.55%	9.1%
Middle Area (Deir al-Balah)/Action Against Hunger (ACF)	303	2.88%	0.52%	1.32%	1.31%
Middle Area (Deir al-Balah)/Ard El Ensan (AEI)	1477	29.83%	3.1%	13.68%	12.01%
Middle Area (Deir al-Balah)/EMPHNET	613	11.86%	2.12%	4.89%	5.37%
Middle Area (Deir al-Balah)/Save the Children (SCI)	1296	9.41%	1.42%	6.02%	4.08%
Middle Area (Deir al-Balah)/UNRWA	2790	10.98%	3.68%	7.49%	6.11%
North Gaza/Juzoor	1160	9.74%	0.67%	2.76%	3.69%

Source: Nutrition Cluster.

Table 19. Meta-data of MUAC screenings among PBWs conducted across the governorates.

Dataset	Data collection date	Setting	Sample size	N (%) Breastfeeding women	N (%) Pregnant women
Gaza/Action Against Hunger (ACF)	Jul 07 - Jul 10	Al Sahaba Hospital, Al Ghorba Camp, Al Kareem Camp, Al Israa camp, Wafa Hospital	177	43 (24.29%)	131 (74.01%)
Gaza/Ard El Ensan (AEI)	Jul 01 - Jul 16	Gaza, Rafah, Al-Kateeba, Alaqsa, مخيم فلسطين 2, مخيم صحبة خير	1738	1002 (57.65%)	736 (42.35%)
Gaza/EMPHNET	Jul 01 - Jul 16	EMPHNET Medical Point	250	0 (0%)	0 (0%)
Gaza/GINA	Jul 15 - Jul 28	Al Helou Hospital	176	176 (100%)	0 (0%)
Gaza/Juzoor	Jul 15 - Jul 15	NA	1422	767 (53.94%)	655 (46.06%)
Gaza/MDM-France	Jul 15 - Jul 24	NA	216	0 (0%)	102 (47.22%)
Khan Younis/Action Against Hunger (ACF)	Jul 02 - Jul 15	Ehsan 3 (Al Omda), Yas Medical Point, Al Qubba Camp, SWAN clinic	43	13 (30.23%)	30 (69.77%)
Khan Younis/Ard El Ensan (AEI)	Jul 01 - Jul 16	Khan Yunis, Al-Qarara Port, Almaris, مخيم الفرا, مخيم الأقصى	1271	649 (51.06%)	622 (48.94%)
Khan Younis/GINA	Jul 15 - Jul 28	Naaser Medical Complex, AlAttar	257	257 (100%)	0 (0%)
Khan Younis/Save the Children (SCI)	Jul 01 - Jul 17	PHCC Mawasi, Pier19 - Alburj, Pier19 - Noor	335	92 (27.46%)	47 (14.03%)
Middle Area (Deir al-Balah)/Action Against Hunger (ACF)	Jul 02 - Jul 06	Al Musbah IDP Camp, UK MED Zawaida, Yafa Hospital, Palestine Health Center	132	48 (36.36%)	83 (62.88%)
Middle Area (Deir al-Balah)/Ard El Ensan (AEI)	Jul 02 - Jul 16	Iwa Al-Quds, Alsouq Aljadeed, مخيم أبو أسد	782	463 (59.21%)	319 (40.79%)
Middle Area (Deir al-Balah)/EMPHNET	Jul 01 - Jul 15	Al Set Ameera, Insan shelter	220	0 (0%)	0 (0%)
Middle Area (Deir al-Balah)/GINA	Jul 15 - Jul 28	AlAwda hospital, Shuhada'a Alaqsa Hospital	316	316 (100%)	0 (0%)
Middle Area (Deir al-Balah)/MDM-France	Jul 16 - Jul 28	NA	226	0 (0%)	68 (30.09%)
Middle Area (Deir al-Balah)/Relief International (RI)	Jul 01 - Jul 14	Alawda hospital	1079	1079 (100%)	0 (0%)
Middle Area (Deir al-Balah)/Save the Children (SCI)	Jul 01 - Jul 17	East Dorra, SCI- PHCC DAB, East Al dora, PHCC DAB, East Al Dora	558	195 (34.95%)	64 (11.47%)
North Gaza/Juzoor	Jul 15 - Jul 15	NA	474	262 (55.27%)	212 (44.73%)

Source: Nutrition Cluster.

Table 20. Data quality report of MUAC screenings among PBWs conducted across the governorates.

Dataset	N 9363	Missing status (Pregnant or Breastfeeding n=0	Missing_Age	Age < 15 yrs n=6	Age > 50 n=7	% Flags MUAC (100- 200mm)	DPS MUAC	SD MUAC 22.91-182.59
Gaza/Ard El Ensan (AEI)	1738	0	1	0% (0)	0% (0)	0.17% (3)	15.2	31.99333
Gaza/EMPHNET	250	250	0	0% (0)	0% (0)	0% (0)	18.44	34.33536
Gaza/Juzoor	1422	0	0	0% (0)	0% (0)	0.07% (1)	12.55	29.56317
Gaza/MDM-France	216	0	0	0.46% (1)	0.93% (2)	0.46% (1)	75.49	22.91246
Khan Younis/Ard El Ensan (AEI)	1271	0	0	0% (0)	0.08% (1)	0.08% (1)	34.75	35.07959
Khan Younis/GINA	257	0	1	1.56% (4)	0% (0)	2.72% (7)	56.54	182.5895
Khan Younis/Save the Children (SCI)	335	194	1	0% (0)	0% (0)	0% (0)	33.7	29.451
Middle Area (Deir al-Balah)/Ard El Ensan (AEI)	782	0	2	0% (0)	0% (0)	0.26% (2)	19.53	29.14323
Middle Area (Deir al-Balah)/EMPHNET	220	220	0	0% (0)	0% (0)	0% (0)	7.58	38.64735
Middle Area (Deir al-Balah)/GINA	316	0	0	0% (0)	0% (0)	0.32% (1)	76.84	30.56009
Middle Area (Deir al-Balah)/MDM-France	226	0	0	0.44% (1)	1.33% (3)	0.44% (1)	67.9	32.25884
Middle Area (Deir al-Balah)/Relief International (RI)	1079	0	0	0% (0)	0% (0)	0% (0)	14.67	28.93483
Middle Area (Deir al-Balah)/Save the Children (SCI)	558	298	0	0% (0)	0.18% (1)	0% (0)	34.08	30.91127
North Gaza/Juzoor	474	0	0	0% (0)	0% (0)	0.21% (1)	16.51	78.28459

Source: Nutrition Cluster.

Table 21. Results of MUAC screenings among PBWs conducted across the governorates.

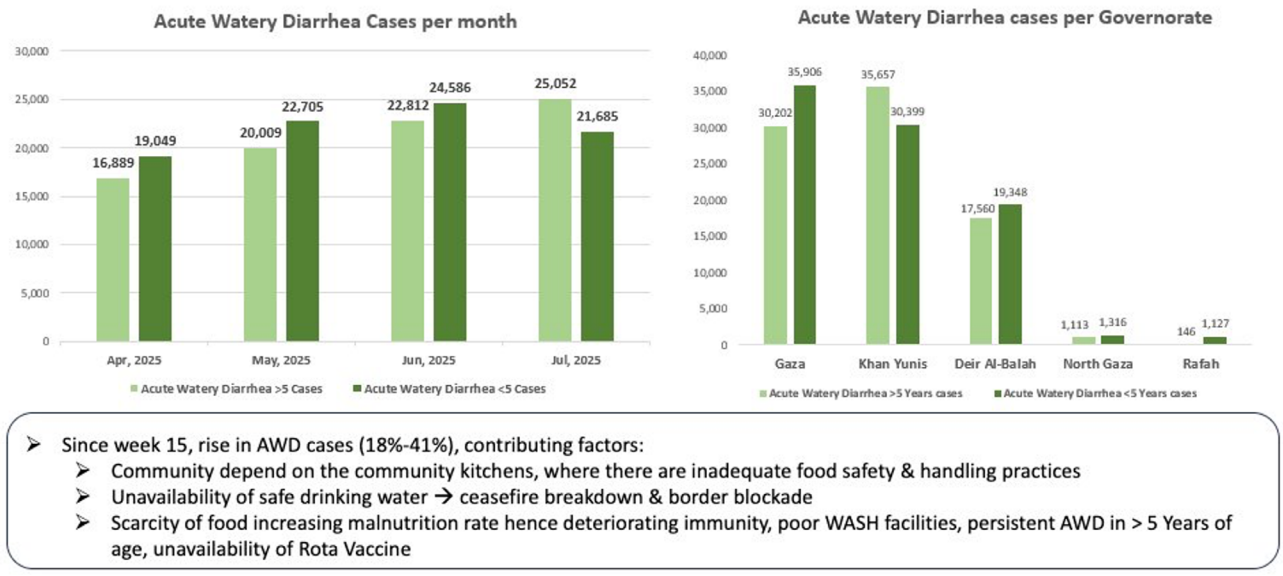
Dataset	MUAC< 23 cm N	MUAC< 23 cm %	MUAC< 23 cm - Breastfeeding women N	MUAC< 23 cm - Breastfeeding women %	MUAC< 23 cm - Pregnant women N	MUAC< 23 cm - Pregnant women %
Gaza/Ard El Ensan (AEI)	667	38.38%	371	37.03%	296	40.22%
Gaza/EMPHNET	89	35.6%	0	NaN%	0	NaN%
Gaza/Juzoor	339	23.84%	167	21.77%	172	26.26%
Middle Area (Deir al-Balah)/Ard El Ensan (AEI)	514	65.73%	300	64.79%	214	67.08%
Middle Area (Deir al-Balah)/EMPHNET	43	19.55%	0	NaN%	0	NaN%
Middle Area (Deir al-Balah)/Relief International (RI)	539	49.95%	539	49.95%	0	NaN%
North Gaza/Juzoor	32	6.75%	12	4.58%	20	9.43%

Source: Nutrition Cluster.

Acute malnutrition contributing factors

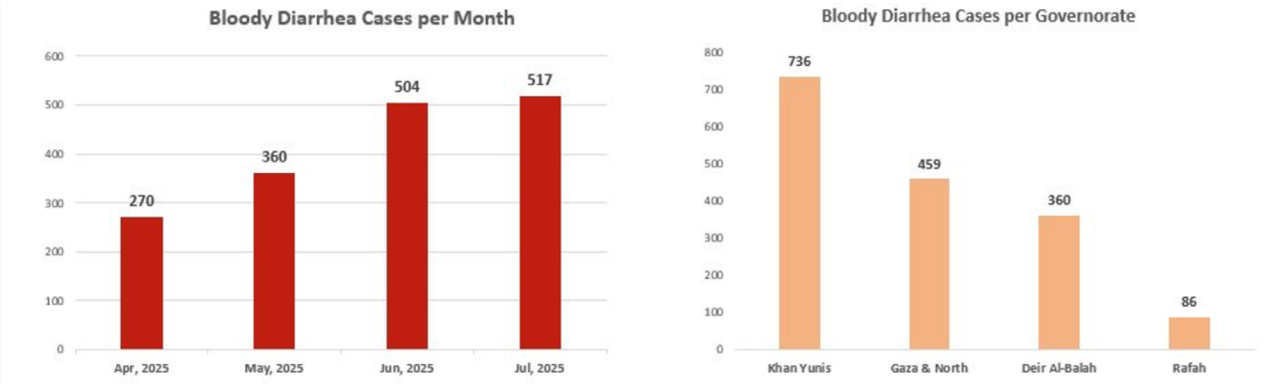
The available data on other acute malnutrition contributing factors included trends of child food consumption patterns until July, evolution of household child food prioritisation derived from monthly- and telephone-based interviews until July. It also included data on the early childhood food insecurity experience scale, also derived from telephone-based interviews conducted in July. Furthermore, qualitative-based data was also available from an assessment that consisted of regular weekly visits (six weeks, from May to the first of the week of July) to 70 households, that captured qualitative insights and contextual dynamics through semi-structured in-depth interviews (Source 3). Additionally, childhood morbidity data was also used, as well as data about the overall nutrition programme response updates, with indications of gaps and challenges. The latter two were derived from the World Health Organisation (WHO) disease surveillance system and from the Nutrition Cluster fortnightly updates. The key findings from these resources are listed below from Figures 11 to 19.

Figure 11. Evolution of acute watery diarrhoea per age, month and governorate.



Source: WHO

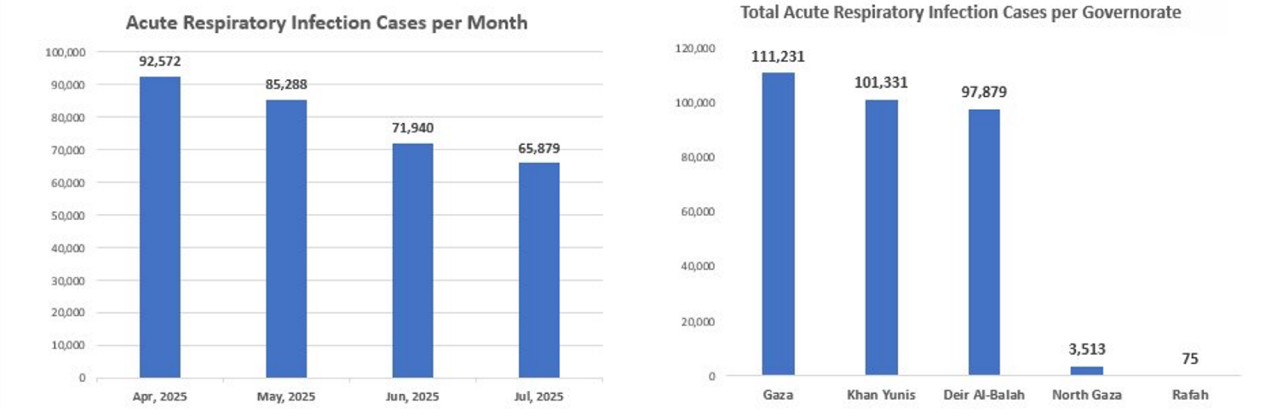
Figure 12. Evolution of bloody diarrhoea per month and governorate



- Bloody Diarrhea is primarily reported from Khan Younis governorate, particularly in Al-Mawasi area
- Displacement shelters and densely populated neighborhoods, increasing fecal-oral transmission
- Poor WASH facilities & supplies as limited access to soap, clean water, and latrines in households, schools, and shelters.
- Open defecation in some areas due to damaged or inaccessible

Source: WHO

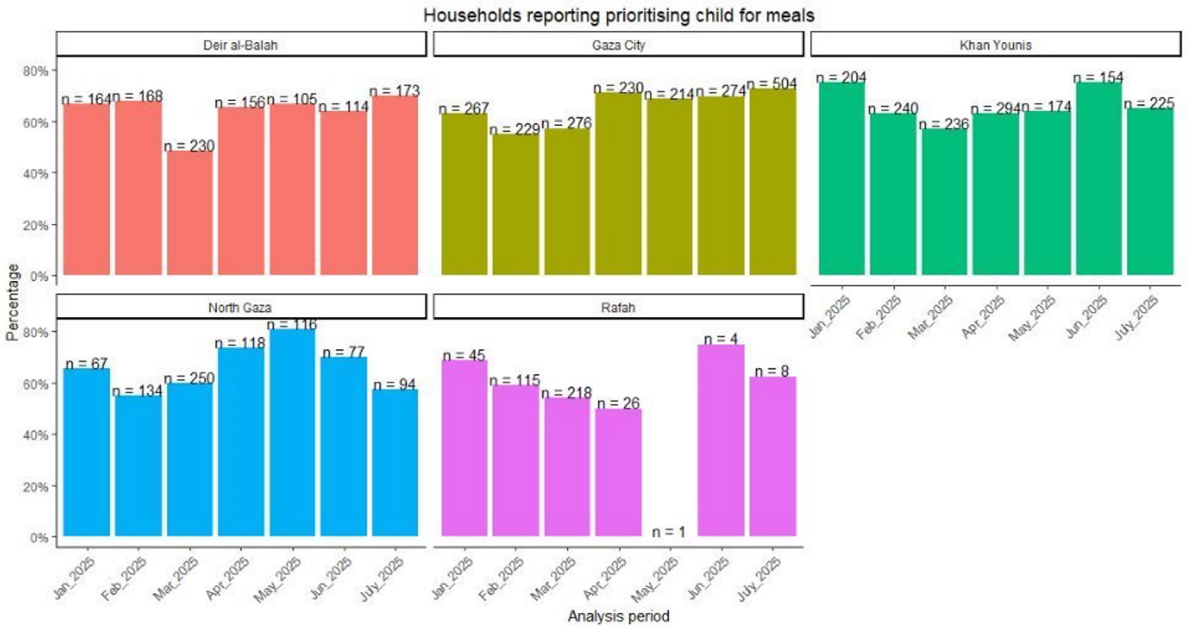
Figure 13. Evolution of acute respiratory infection per month and governorate



- ARIs remain the most reported condition over the EPI weeks
- ARI cases declining since EPI Week 17 (80%-59%) likely seasonal
- Likely driven by severe overcrowding and exacerbated by continuous exposure to smoke from fires and fuel combustion

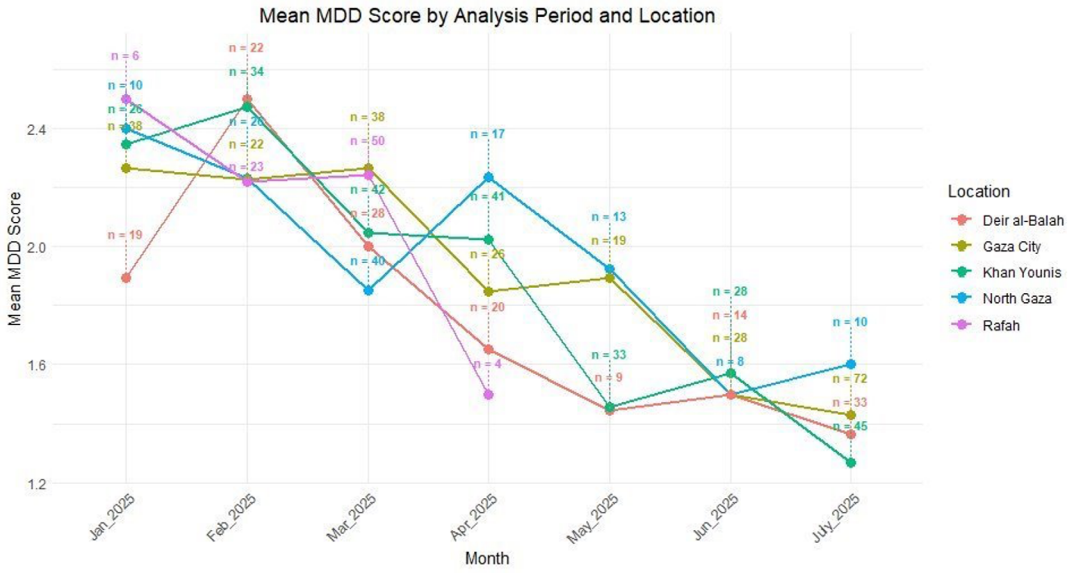
Source: WHO

Figure 14. Evolution of household child prioritisation pattern per month and governorate



Source: #1

Figure 15. Evolution of child's mean minimum dietary diversity score per month and Governorate



Source: #1

Figure 16. Key finds on Early Childhood Food Insecurity Experience Scale by Governorate in July 2025

EC-FIES Categories

	None	Mild	Moderate	Severe
<2 Years	2%	2%	16%	81%
≥2 Years	0%	3%	13%	83%
All Ages	1%	3%	14%	82%

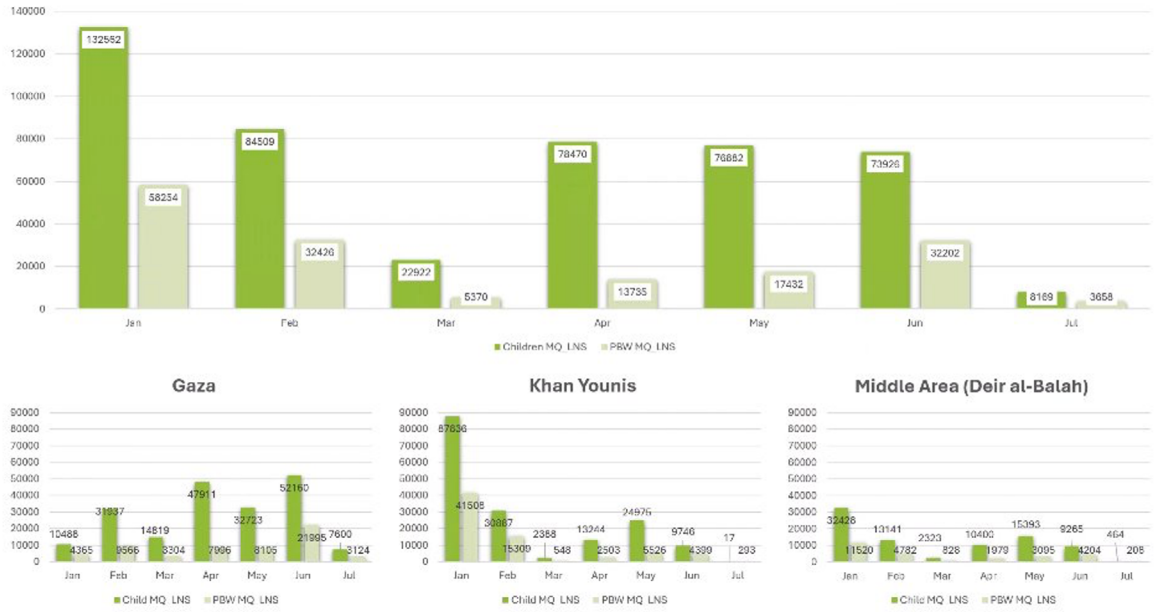
	None	Mild	Moderate	Severe
Deir Al Balah	2%	8%	17%	74%
Gaza	1%	2%	14%	84%
Khan Yunis	1%	0%	14%	85%
North Gaza	0%	0%	13%	88%
All Areas	1%	3%	14%	82%

Scores are similar by:
- Child's gender
- HoHH gender

Source: #2

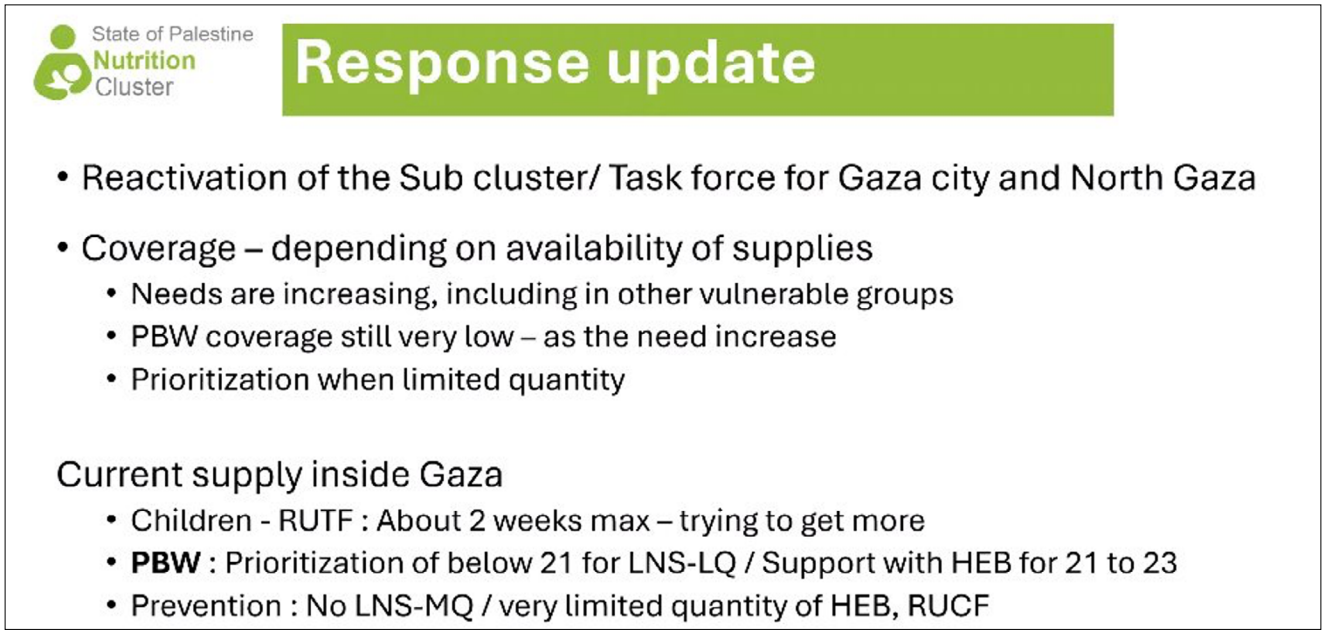
Figure 17. Evolution of beneficiaries reached with Medium Quantity Lipid Based Supplement (LNS-MQ) by end of July 2025

Children 6-59 months and PBW reached with MQLNS by month



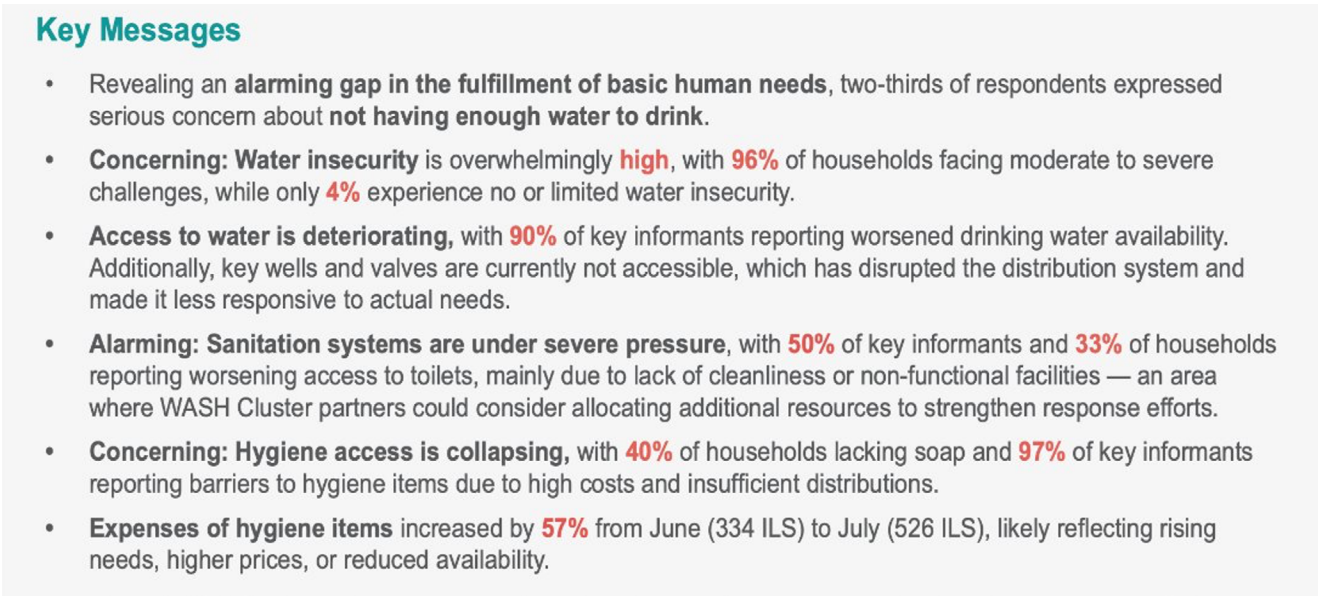
Source:Nutrition Cluster

Figure 18. Nutrition Cluster response update on availability of supplies against the needs as of 6 August 2025



Source: Nutrition Cluster

Figure 19. Key findings on water hygiene and sanitation across the Gaza Strip in July 2025



Source: WASH Cluster

IPC

Integrated Food Security
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