GAZA STRIP:
FAMINE REVIEW OF THE IPC ANALYSIS

CONCLUSIONS AND RECOMMENDATIONS
The Integrated Food Security Phase Classification (IPC) Famine Review Committee (FRC) acknowledges the notable efforts made by the members of the IPC Analysis Team (AT). 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 FRC was activated by the IPC Global Support Unit (GSU) after acknowledging the presence of evidence above IPC acute food insecurity (AFI) Phase 5 thresholds. As in all Famine Review processes, a Real-time Quality Review was first conducted by experts external to the initial IPC analysis and drawn from IPC global partner organisations. The conclusions of this review team, and all evidence and classifications considered, were then presented to the FRC for their review. This Famine Review was coordinated and supported by the IPC GSU.

The IPC development and implementation has been, and is, made possible by the support of:

IPC Funding Partners
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1. EXECUTIVE SUMMARY

The Integrated Food Security Phase Classification (IPC) Famine Review Committee (FRC) was activated on 11 December 2023, by the IPC Global Support Unit (GSU) “after acknowledging the presence of evidence above IPC Acute Food Insecurity (AFI) Phase 5 thresholds”. The FRC may be activated under four different scenarios as detailed in the IPC Famine Guidance Note. Its role is to assess the technical rigor and neutrality of the IPC. The FRC was tasked to review the classifications that had been performed by the IPC Analysis Team.

The IPC Analysis Team chose to analyse the situation in the whole of the Gaza Strip using three units of analysis: Northern Governorates (North Gaza and Gaza), Southern Governorate (Rafah, Khan Younis, and Deir al Balah (Middle Area)) Residents, and Southern Governorate Internally Displaced Persons (IDP) (see map on page 4). The current analysis period was from 24 November 2023 to 7 December 2023, which was during and immediately after the seven-day ‘humanitarian pause’ in the escalation of conflict on and after 7 October 2023. The projection period used in the analysis was from 8 December 2023 to 7 February 2024. The key conclusions of the FRC review are summarised in table 1.

For the current period, the FRC concluded that the estimations of the population in Catastrophe (IPC Phase 5) by the IPC Analysis Team, 25% in the Northern Governorates, 15% for the Southern Governorate IDPs, and 10% for the Southern Governorate Residents, are plausible.

For the projection period, the FRC concluded that the estimations of the population in Catastrophe (IPC Phase 5) by the IPC analysis team, 30% in the Northern Governorates and 25% for the Southern Governorate IDPs, are plausible. However, the FRC considers these estimates to be conservative and that the prevalence of Catastrophe (IPC Phase 5) is likely to be higher in both units of analysis.

In addition, due to the expansion of high-intensity conflict and the extremely high and growing level of displacement in the southern governorates, the FRC concluded that the entire population of the southern governorates of Rafah, Khan Younis, and Deir al Balah (Middle Area) will likely be experiencing similar catastrophic conditions regardless of their residence status, and that their situation may only be different because of their different access to resources and basic services. It is most likely that at least 25% of the population in the southern governorates will be experiencing Catastrophe (IPC Phase 5) levels of food insecurity. The FRC recommends a merged classification for the projection period in the southern governorates, covering the remaining residents and IDPs.

However, this merged classification is an average prevalence and there are likely differences in the prevalence of extremely severe and catastrophic acute food insecurity in different areas of the southern governorates depending on levels of access to food, safe drinking water, healthcare, and other basic services. Worse acute food insecurity is expected in the governorates of Khan Younis and especially Deir al Balah (Middle Area), where populations are isolated by active fighting and road closures and have a significantly lower access to services and humanitarian assistance.

At least one in four households (more than half a million people) in the Gaza Strip are facing catastrophic acute food insecurity conditions (IPC Phase 5 – Catastrophe), characterized by extreme food gaps and collapse of their livelihood. About 80% of the population in Gaza Strip are in Emergency (IPC Phase 4) or Catastrophe.
(IPC Phase 5). The entire population can be considered classified in IPC Phase 3 and above (Crisis or worse) during the projection period starting in the second week of December. Furthermore, the situation is deteriorating rapidly.

There are reports indicating deterioration of social connectedness and mutual support networks. While all areas in the Gaza Strip are badly affected, populations in the northern governorates of North Gaza and Gaza have been affected by intense conflict for the longest period and are likely to be experiencing the most severe food insecurity and to be facing a prolonged safe water, sanitation, and healthcare crisis.

Conditions are likely to continue to sharply deteriorate for as long as hostilities continue, and humanitarian access is significantly restricted. Of the 150-180 food trucks typically entering daily pre-escalation, only about 30 food trucks have entered the Gaza Strip on a daily basis since the end of the humanitarian pause on 30 November 2023. Even optimistic estimates of the potential kilocalories delivered in these shipments indicate that this level of food supply is far below the nutritional requirements of the whole population. We also note that there is an unequal distribution of trucks across the Gaza Strip, and almost no shipments have reached the northern governorates since 28 November 2023.

Considering the extreme severity of the situation, the FRC conducted a Risk of Famine analysis for a six-month projection period beginning on 8 December 2023.

The FRC considers that the Risk of Famine will increase for each day that the current situation of intense conflict and restricted humanitarian access persists or worsens. The FRC reached technical consensus that there is a Risk of Famine in the projection period through May 2024, if the current situation persists or worsens.

We note that the Famine threshold for Catastrophe (IPC Phase 5) acute food insecurity has already been exceeded. Furthermore, the situation is deteriorating rapidly. The Risk of Famine analysis indicates that the Famine thresholds for both acute malnutrition and non-trauma mortality may also be breached at some point within this timeframe. There was a lack of technical consensus on whether Famine thresholds would be breached before 7 February 2024.

Given the findings of the analysis, continuous monitoring of the conflict, humanitarian access, food security, health, water, sanitation, and hygiene (WASH), nutrition, and non-trauma mortality outcomes is necessary to monitor the ongoing risk of Famine.

The FRC warns that the consequences of the ongoing catastrophic levels of acute food insecurity at the same time as the collapse of the food system, health system, WASH system, and broader social system should be viewed by decision makers as unacceptable, regardless of the determination of how fast the situation could deteriorate.

We note that populations are being isolated in areas where essential services are not being provided and humanitarian organisations cannot obtain access. Combined with the overcrowding of IDP shelters and other locations, and an extremely limited supply of water, this situation is resulting in high risk of infectious disease outbreaks in a context in which the capacity of the health system to respond has been severely degraded. This further heightens the risk of an additional increase in excess mortality.

The only way to eliminate any risk of Famine is to stop the deterioration of health, nutrition, food security, and mortality through the restoration of health and WASH services, and the provision of safe, nutritious, sufficient food to the whole population. The situation in Gaza is clearly catastrophic for all sectors and requires an extremely urgent political response, together with a full multi-sectoral and strategically balanced humanitarian response.

The cessation of hostilities and the restoration of humanitarian space to deliver this multi-sectoral assistance and restore services are essential first steps in eliminating any risk of Famine.

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Period</th>
<th>Analysis Team Classification</th>
<th>FRC Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Northern Governorates</strong></td>
<td><strong>Current</strong> (Nov 24 - Dec 7, 2023)</td>
<td>40% of households were experiencing IPC Phase 4 (Emergency) levels of acute food insecurity and 25% of households were experiencing IPC Phase 5 (Catastrophe) levels of acute food insecurity.</td>
<td>The findings of the Analysis Team are plausible.</td>
</tr>
<tr>
<td></td>
<td><strong>Projection</strong> (Dec 8, 2023 - Feb 7, 2024)</td>
<td>45% of households will be experiencing IPC Phase 4 (Emergency) levels of acute food insecurity and 30% of households will experience IPC Phase 5 (Catastrophe) levels of acute food insecurity.</td>
<td>The findings of the Analysis Team were plausible, however, the FRC finds the estimate of households in IPC Phase 5 (Catastrophe) to be conservative and the prevalence of IPC Phase 5 (Catastrophe) is likely to be higher.</td>
</tr>
<tr>
<td><strong>Southern Governorate Residents</strong></td>
<td><strong>Current</strong> (Nov 24 - Dec 7, 2023)</td>
<td>35% of households were experiencing IPC Phase 4 (Emergency) levels of acute food insecurity and 10% of households were experiencing IPC Phase 5 (Catastrophe) levels of acute food insecurity.</td>
<td>The findings of the Analysis Team are plausible.</td>
</tr>
<tr>
<td></td>
<td><strong>Projection</strong> (Dec 8, 2023 - Feb 7, 2024)</td>
<td>45% of households will be experiencing IPC Phase 4 (Emergency) levels of acute food insecurity and 15% of households will experience IPC Phase 5 (Catastrophe) levels of acute food insecurity.</td>
<td>The FRC concludes that there is not likely to be a distinction in food security status between IDPs and the remaining resident population in the southern governorates and recommends a merged classification for the projection period. This is shown below.</td>
</tr>
<tr>
<td><strong>Southern Governorate IDPs</strong></td>
<td><strong>Current</strong> (Nov 24 - Dec 7, 2023)</td>
<td>45% of households were experiencing IPC Phase 4 (Emergency) levels of acute food insecurity and 15% of households were experiencing IPC Phase 5 (Catastrophe) levels of acute food insecurity.</td>
<td>The findings of the Analysis Team are plausible.</td>
</tr>
<tr>
<td></td>
<td><strong>Projection</strong> (Dec 8, 2023 - Feb 7, 2024)</td>
<td>55% of households will be experiencing IPC Phase 4 (Emergency) levels of acute food insecurity and 25% of households will experience IPC Phase 5 (Catastrophe) levels of acute food insecurity.</td>
<td>Due to the expansion of high-intensity conflict and the extremely high and growing level of displacement in the southern governorates, the FRC concluded that the entire population of the southern governorates of Rafah, Khan Younis, and Deir al Balah (Middle Area) will likely be experiencing similar conditions. This projection should therefore apply to all households in the southern governorates. The findings of the Analysis Team were plausible, however, the FRC considers these estimates to be conservative and that the prevalence of IPC Phase 5 (Catastrophe) is likely to be higher in this combined unit of analysis.</td>
</tr>
</tbody>
</table>

*The classifications in the table above refer only to household-level acute food insecurity.*
IPC Map of analysis units. The IPC grouped the northern governorates (North Gaza and Gaza) and the southern governorates (Deir Al-Balah, Khan Younis and Rafah). For the southern governorates, two units of analysis were considered: residents and IDPs - here represented by a tent symbol.
2. FRC ASSESSMENT OF THE SITUATION

Acute Food Insecurity Situation in the Northern Governorates (North Gaza and Gaza)

Hazards and vulnerabilities: The northern governorates have experienced extremely intense conflict since the start of the escalation, and ground operations are still ongoing. Extensive bombardment has resulted in the damage or destruction of 56 to 68 per cent of all buildings, including WASH and health services, alongside widespread damage to roads and other essential infrastructure. Estimates on the population remaining in the northern governorates vary from a few tens of thousands up to 500,000 people. More than half are estimated to be IDPs, half of them taking shelter in UNRWA facilities. There are no clear estimates of how many people are currently displaced within the northern governorates and how many remained in their homes. However, the conditions of IDPs and remaining residents are likely to be similar. Reportedly, most of the people remaining in the northern governorates are those unable to travel, having a member of their family unable to travel, too scared/not willing to start the journey considering the area is still under active fighting. Not more than a few thousand people left for the south during the humanitarian pause.

Food Availability: Overall food availability is very low and limited to existing food stocks in the northern governorates, mostly within households, informal markets, some functioning shops, and in damaged buildings. Some restocking was possible during the humanitarian pause, during which 33 food trucks entered the northern governorates. This resulted in the delivery of about 4,850 MT of mixed food commodities, or approximately 10 kg per person in total. Although few trucks entered from 7 October 2023 until the humanitarian pause, none have been able to enter since then. In the North Gaza governorate, agricultural lands have experienced a significant increase in damage, from 22% to over 35%, within a short period. Commercial agricultural production has stopped due to lack of electricity and water for irrigation. Food processing facilities have been destroyed. Urban agriculture is limited to semi-urban areas heavily affected by ground operations. Many animals have been slaughtered or have died due to lack of fodder.

Access: Currently the main sources of food are social networks (around 40% through friends and family), assistance (32%) and markets (20%). Prices of the few available food commodities in the market surged including increase in prices of flour by 50 percent, vegetables by 200 percent, rice by 45 percent, and fuel by over 500 percent – compared to September 2023. The data collected after the last reported Humanitarian Food Security Assistance delivery in the northern governorates detected some availability of food. As of 8 November 2023, no bakeries were operational in the northern governorates, and the supply of wheat flour has been stopped. A complete absence of wheat in the market has been reported.

Utilization: Access to clean water for cooking is highly limited, with surveyed households indicating access to 1.8 litres per person per day, well below the Sphere Standards. Three of four households are resorting to burning firewood and wood residue, and with the remaining employing solid waste.

Stability: The situation remains extremely volatile, with bombardment and ground operations still ongoing, and no humanitarian assistance of any sort entering the northern governorates, it is unlikely that the households would reach any stability in their access to food and basic services.
Food Consumption: According to the WFP Food Security Assessment, more than 80% of the surveyed households have a poor Food Consumption Score (FCS), more than 95% employed a very high level of consumption-based strategies under the reduced Coping Strategies Index (rCSI), and almost 50% experienced severe (9%) or very severe (40%) levels of hunger [measured through the Household Hunger Scale (HHS)]. Indicators point to a percentage of households in Catastrophe (IPC Phase 5) that could range between 20% (FCS at or below a score of 14) to 40% (HHS very severe). A crosstabulation of the food consumption indicators, which might help exclude false positive, but not false negatives, still indicates more than 20% of households were likely in this phase.16

Acute Food Insecurity Situation in the Southern Governorates (IDPs and Residents)

Hazards and vulnerabilities: The southern governorates (Deir El Balah, Khan Younis, Rafah) have experienced intense conflict, although for a shorter duration than the northern governorates, during the current period of the analysis (last week of November and first week of December 2023). Around 12-18 percent of all buildings were reportedly damaged or destroyed as of 4 December 2023,17 including housing, civilian infrastructure (schools, shelters), food-related infrastructure (bakeries, mills, processing facilities), and UN facilities. UXO contamination or exposure is a concern and will increase as military operations continue and expand to new areas. About 1 million people have arrived from the northern governorates, with the vast majority residing in UNRWA shelters. These shelters now have an average of 12,000 people each, more than four times their capacity, leading to extreme overcrowding and highly inadequate conditions.18

Availability: Minimal agricultural production is expected due to widespread damage to agricultural assets in the southern governorates,19 and the inability of people to reach agricultural assets as a result of active conflict and movement restrictions.20 Displaced populations were unable to bring livestock along displacement routes, while livestock also faced shortages of fodder and water.21 Only 55% of shops were operational by 14 November 2023, with closures primarily due to shop damage, worsened safety conditions, and road obstructions. By this time, market stocks of wheat flour were estimated to last only a few days, and with four out of five WFP-contracted mills in the Gaza Strip becoming non-operational, this is leading to a significant proportion of wheat becoming unavailable for consumption.22 Eleven bakeries have been hit and destroyed since 7 October 2023. Only one of the WFP-contracted bakeries, along with eight others in the southern governorates and Deir al Balah governorate (Middle Area), can provide bread to shelters while working intermittently, depending on the availability of flour and fuel.23 The severity of food scarcity and market disruptions varies within the southern governorates, with areas like Deir al Balah and Khan Younis governorates experiencing more significant challenges than others.

Access: Access is limited due to food shortages, high food prices, and loss of livelihoods, compounded by shortages of cooking oils, fuel and water. Access to agricultural production and livestock is unavailable for the IDP population as result of their displacement and consequent asset abandonment. The growing IDP population is surpassing available market and shelter capacities as more IDPs are concentrated into smaller geographic areas. While IDP populations may be...
geographically closer to the Rafah crossing, accessing humanitarian assistance remains a challenge especially for those not in public shelters. The current main source of food is assistance for about half the population, followed by market (28%) and help from friends and family (20%).

Utilization: Fuel to cook food is very limited, and households are resorting to burning firewood and wood residue, and solid waste. The availability of clean, safe water is largely insufficient, assessed households reported an average of 2 litres per person per day.

Stability: The rapid change in conflict dynamics highlights the significant instability of food security in the southern governorates. Instability is compounded by the incidence of diseases and access to basic services, which weakens family’s ability to cope and care for the most vulnerable members.

Food Consumption: More than 33% of the resident households and 40% of IDP households have a poor Food Consumption Score, more than 98% of all households employed consumption-based strategies, and almost 40% of IDPs experienced severe (14%) or very severe (25%) levels of hunger, while 19% of residents experienced severe (8%) or very severe (10%) levels of hunger. Indicators point to a percentage of households in Catastrophe (IPC Phase 5) that could range between 12% (IDPs) and 3% (residents) (FCS at or below a score of 14) to 25% - IDPs- and 10% - residents - (HHS very severe). Crosstabulation of the food consumption indicators, which might help exclude false positives, but not false negatives, also confirms the presence of population in Catastrophe (IPC Phase 5), but to a lower degree.

Nutrition Situation (information not disaggregated by governorates)

Before the start of the current war, the acute malnutrition prevalence was very low within the Gaza Strip. A survey published in 2021 showed a Global Acute Malnutrition (GAM) prevalence of 0.8% in children under five. As far as the FRC is aware, there has been no collection of anthropometric data within the Gaza Strip since 7 October 2023. There is therefore no direct data available on the nutritional situation of the population at the time of compiling this report. Consideration of the likely prevalence of GAM in the current and projection periods was therefore done using a combination of indirect evidence and expert judgement.

Malnutrition can arise due to inadequate dietary intake, either alone or in combination with infections or chronic disease. The ability of the public health system to control the risk of disease and malnutrition, and provide effective treatment is therefore an important factor to consider in assessing the likely prevalence of acute malnutrition, both during the current period and in the projection period used for the Risk of Famine analysis. The evidence on the food security situation is described above. Below, we summarise the available evidence on health and WASH, two other key drivers of the risk of malnutrition.

Health Status and Health Services

The health system within the Gaza Strip has been subject to sustained attack during the conflict. From 7 October 2023 to 28 November 2023, the World Health Organization (WHO) recorded 203 attacks on hospitals, ambulances, medical supplies, and the detention of health-care workers. Médecins Sans Frontières (MSF) has reported a number of attacks on its health facilities and workers including a fatal attack on its convoy on 18 November 2023, the killing of two of its doctors on 21 November 2023 by an airstrike on Al-Awda hospital, and wounding of a surgeon by gunfire on 12 December 2023.

On 7 December 2023, the UN Office of the High Commissioner for Human Rights issued a press release stating that at least 364 attacks on healthcare services have been recorded since 7 October 2023, resulting in at least 553 deaths and affecting 50 health facilities and 190 ambulances. It was reported that healthcare workers had also been arrested and detained.

UNRWA has reported that only eight out of its 22 health centres are still operational. No UNRWA health centres remain operational in the northern governorates. On 17 December 2023, the Director-General of the WHO reported that Kamal Adwan hospital, one of the last remaining health facilities in the northern governorates, had been attacked over the course of several days, rendering it non-functional and resulting in the death of at least eight patients. The capacity of the health system to address the current health and nutrition needs of the population, and its ability to respond to any emerging health and nutrition threats, has been severely degraded.

Given the extreme levels of population displacement, very poor WASH situation (see below), poor shelter, overcrowding and lack of materials for winterization, there are grave concerns about the possible outbreak of infectious diseases, including respiratory infections and dysentery. This concern exists despite the good levels of immunisation against vaccine preventable diseases, that was present in the pre-war population. The available data on reported case counts suggests that cases of infectious disease such as diarrhoea and jaundice are increasing. The overall health situation is very alarming, and the available data suggests it is rapidly deteriorating. Even if the intensity of conflict were to subside in the short term, there may still be a substantial increase in deaths indirectly attributable to the conflict.

Water, Sanitation, and Hygiene (WASH)

There is strong evidence that the water supply situation is in a critical situation across the entire Gaza Strip. Humanitarian agencies are being forced, by lack of adequate supplies, to cut water allocations to well below the minimum Sphere standard of 15/L/person/day. Solid waste collection and sanitation are also in crisis with reports of open defecation, while washing facilities are highly limited. Approximately 85% of the total population of the Gaza Strip are currently displaced. It was reported that of those that have access to UNRWA shelters, 700 people were sharing the same toilet and 4,500 individuals were sharing a single shower. The situation is further deteriorating with continued displacement and increased concentration of the population in smaller areas.

The minimum safe water requirement, including drinking, cooking, and basic hygiene, is 33,400 cubic metres per day, or 15 litres per person per day, in the Gaza Strip. As of 10 December 2023, the overall daily average water availability – including unsafe water - was estimated to be just over 75,000 cubic meters. Access to safe, or any, drinking water varies widely across governorates, with access lowest in the northern governorates of North Gaza and Gaza.

Fuel remains the main reason for the inadequate supply of safe water for drinking, cooking, and hygiene, with only 35 per cent of the fuel needed daily being available to operate key WASH infrastructure. As of 10 December 2023, cross-border pipelines were operating at less than 28% capacity, with the cross-border pipeline to the northern governorates remaining completely shut off. The three major desalination plants were at 4% capacity, while the plant serving the northern governorates continued to remain shut down. Municipal supplies were operating at about 20% capacity.

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29 MSF, Gaza-Israel War, 13 December 2023, https://www.msf.org/gaza-israel-war
32 Tedros Adhanom Ghebreyesus, Social Media Statement, 17 December 2023, https://twitter.com/DrTedros/status/1736450945564768742
13% capacity, while UNRWA and private supplies were at about 22% capacity. Bottled water distribution accounted for a negligible proportion of available water and was primarily conducted in Rafah governorate.43

WASH conditions remain extremely poor in the northern governorates. Without water from the desalination plant or cross-border pipeline, water production is limited to private sources and largely dependent on manual labor for transport. By 8 December 2023, the Gaza municipality was reporting outflow of sewage into city streets while all pumping stations ran out of fuel, and only three municipal wells remained operational. No solid waste collection was occurring.41

In the southern governorates, water is relatively more available than in the northern governorates, but extreme overcrowding, especially in Rafah governorate, is contributing to deteriorating WASH conditions. In UNRWA shelters, latrine-to-user ratio is 150 to 1, with many latrines becoming unusable due to lack of sufficient water. There is no solid waste collection ongoing, and safe drinking water is reportedly available in limited locations, with water trucks only reaching some locations every three weeks.42

Mortality

The available data on mortality indicates that both the under-five child death rate (USDR) and the crude death rate (CDR), for all combined causes, are at Emergency (IPC Phase 4) levels (CDR > 1 death per 10,000 people per day and USDR > 2 deaths/10,000 children/day). The level of excess mortality is highly elevated above pre-escalation levels.43 However, the available data on mortality does not provide sufficient disaggregation by cause of death to allow the contribution of non-trauma mortality to be determined during the current analysis period. It should be noted that it is this category of deaths, rather than total mortality, that is considered in an IPC classification. In addition, at the time the analysis was conducted, the all-cause death toll reported by the Gaza Ministry of Health (MoH) had not surpassed the extremely high death rate associated with a Famine classification. As of 18 December 2023, the last update on casualty figures by the MoH in Gaza had been published on 14 December which reported 18,787 fatalities and 50,589 injuries, with many people missing, presumably buried under the rubble, waiting for rescue or recovery.44

For the reasons described above, the FRC expects that excess mortality will continue to increase, and these increases may be very rapid, potentially at exponential rates. This applies to mortality caused by both the direct and indirect effects of the conflict, including non-trauma related deaths.

Conclusions for the Projection Period 8 December 2023 – 7 February 2024 in the Most Likely Scenario

Northern Governorates (North Gaza and Gaza)

In the most likely scenario, populations in the northern governorates will continue to face extreme food consumption gaps and extremely inadequate access to safe or even unsafe water as well as sanitation, health, and nutrition services. By the end of this projection period, the remaining population will have been experiencing extreme food consumption gaps for 3-4 months. Agricultural production will collapse as fields and other assets are destroyed and damaged, or otherwise made inaccessible. Livestock have likely been slaughtered or died due to lack of water and fodder by this period. Fishing is likely to remain impossible because of the destruction and damage to infrastructure and assets and complete restrictions on access to the sea. With no commercial imports likely to reach these areas, the formal market system will finally collapse.

Minimal humanitarian food assistance is likely to enter these areas and continued conflict, including bombardment and ground operations, will limit civilian access to any humanitarian food assistance that may enter the northern governorates. Access to this assistance will become the only access to food in...
this period, as alternative food sources like wild foods will likely be extremely limited. Under these conditions, the social support that many households relied on for even limited access to food will likely collapse, with vulnerable populations like women, children, and the elderly experiencing even greater challenges in accessing any remaining food, or newly arrived food, in these areas by the end of this period.

Remaining health services are likely to collapse with the continuation of conflict as well as the lack of replenishment of critical medical supplies. The cross-border water pipeline and the main desalination plant that previously supplied these populations are unlikely to become operational and an extreme lack of fuel will lead to the shutdown of most remaining municipal and other water sources. Access to water will depend on limited private sources, agricultural wells, and surface water. Wastewater treatment and solid waste disposal will remain unlikely to resume. Through the winter period, temperatures will likely drop and peak rains are likely to occur between January and February, further stressing extremely vulnerable populations lacking access to food, fuel, electricity, shelter, and basic services.

Prolonged and catastrophic acute food insecurity and multi-system collapse, including the food, WASH, health, and social systems, will severely raise the risk of significant loss of life, including due to infectious disease outbreaks.

Southern Governorates (Rafah, Khan Younis, and Deir al Balah/Middle Area)

In the most likely scenario, IDPs and residents in the southern governorates will face comparable conditions within the same governorate. Nearly the entire population will be displaced, with many households already having been displaced one or more times and having abandoned household assets, including livestock. While populations in the southern governorates may be closer to the only open border crossings, expanding, high-intensity ground operations, continued bombardment, and other restrictions on humanitarian access will likely limit the delivery of humanitarian assistance to Khan Younis governorate and severely limit delivery to the governorate of Deir al Balah (Middle Area). Distance from a border crossing open to trucks carrying humanitarian food assistance will become a primary determinant of the availability of food and civilian access to it. It is likely that the further north from Rafah governorate a civilian is, the worse their food insecurity will be in this period.

Food consumption gaps are expected to worsen, with an extreme concentration of displaced civilians within an increasingly smaller area in western Rafah and Khan Younis governorates and increasingly isolated populations in other parts of Khan Younis and the governorate of Deir al Balah (Middle Area). On 3-12 December 2023, IDPs in the southern governorates saw an increase in reporting of very severe hunger from 24% to 44%, extreme consumption coping from about 82% to 96%, and inadequate food consumption from 83% to 93%, as well as deterioration in access to cooking fuel and water. Under these conditions, the social support that many households relied on for access to food will likely collapse, with vulnerable populations like women, children, and the elderly experiencing even greater challenges in accessing food by the end of this period.

The extreme concentration of IDPs will likely continue to overwhelm limited basic services. Remaining health services are likely to collapse with the continuation of conflict, and as large numbers of IDPs are likely forced to take shelter within health facilities. Access to safe water will likely remain highly limited, as fuel availability remains insufficient, and electricity remains unavailable. Wastewater treatment and solid waste disposal will likely remain extremely limited. Similar to the northern governorates, temperatures will likely drop and peak rains are likely to occur on January-February 2024, further stressing extremely vulnerable populations lacking access to food, fuel, electricity, shelter, and basic services.

Risk of Famine Analysis

The FRC considers that the Risk of Famine will increase for each day that the current situation of intense conflict and restricted humanitarian access persists or worsens.

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The FRC reached technical consensus that there is a Risk of Famine in the projection period through May 2024, if the current situation persists or worsens.

We note that the Famine threshold for Catastrophe (IPC Phase 5) acute food insecurity has already been exceeded. Furthermore, the situation is deteriorating rapidly.

The Risk of Famine analysis indicates that the Famine thresholds for both acute malnutrition and non-trauma mortality may also be breached at some point within this timeframe.

There was a lack of technical consensus on whether Famine thresholds could be breached before 7 February 2024.

Given the findings of the analysis, continuous monitoring of the conflict, humanitarian access, food security, health, WASH, nutrition, and non-trauma mortality outcomes is necessary to monitor the ongoing risk of Famine.

The FRC warns that the consequences of the ongoing catastrophic levels of acute food insecurity at the same time as the collapse of the food system, health system, WASH system, and broader social system should be viewed by decision makers as unacceptable, regardless of the determination of how fast the situation could deteriorate.

We note that populations are being isolated in areas where essential services are not being provided and humanitarian organisations cannot obtain access. Combined with the overcrowding of IDP shelters and other locations, and an extremely limited supply of water, this situation is resulting in high risk of infectious disease outbreaks in a context in which the capacity of the health system to respond has been severely degraded. This further heightens the risk of an additional increase in excess mortality.

The only way to eliminate any risk of Famine is to stop the deterioration of health, nutrition, food security, and mortality through the restoration of health and WASH services, and the provision of safe, nutritious, sufficient food to the whole population. The situation in Gaza is clearly catastrophic for all sectors and requires an extremely urgent political response, together with a full multisectoral and strategically balanced humanitarian response.

The cessation of hostilities and the restoration of humanitarian space to deliver this multi-sectoral assistance and restore services are essential first steps in eliminating any risk of Famine.

Considerations on Data Availability and Quality

The FRC notes the challenging environment in which this data was collected but, overall, concludes that it was usable to inform the analysis. The FRC recognized limitations related to sample size, the distressing environment in which the food security interviews were conducted, and the dynamic nature of indicators with different recall periods. Despite the extremely complex environment in which the information was collected, the data meets the minimum requirements set by IPC standards, including with regards to the methodology, minimum required observations, timeliness, in addition to the response rate (which is aligned with standards in the region). While substantial information on contributing factors to food and nutrition security was available from diverse sources, no recent data was available on the prevalence of acute malnutrition and non-trauma mortality in the Gaza Strip.
For Senior Decision Makers and Resource Partners

The situation in Gaza is clearly catastrophic for all sectors and requires an extremely urgent political response, together with a full multisectoral and strategically balanced humanitarian response.

The only way to eliminate any risk of Famine is to stop the deterioration of health, nutrition, food security, and mortality through the restoration of health, nutrition, and WASH services, and the provision of safe, nutritious, and sufficient food to all population in need. The cessation of hostilities and the sustained restoration of humanitarian access to the entire Gaza Strip are essential first steps in achieving these goals.

Sufficient and sustained supply of aid commodities, including but not limited to food, fuel and other necessities should be allowed to enter and move throughout the entire Gaza Strip. Traffic of commercial goods should be resumed to meet the volumes of commodities required.

The persistent attacks on hospitals, health posts, water services, and IDP sites must cease. Civilians and civilian infrastructure must be protected, as required under International Humanitarian Law.

For the Humanitarian Country Team

The humanitarian response should be prepared to rapidly scale up humanitarian assistance if humanitarian access improves, including the provision of fuel, food, water, medical and nutritional supplies and services, water, sanitation and hygiene supplies and services, and other basic needs and services.

When people do have access to food, consumption is heavily flour and oil, which are not sufficient to cover all the nutrition needs of the population most at risk. A scale-up in the delivery of humanitarian food assistance should ensure that consideration of the nutrition quality of the foods provided is also prioritized and that the most nutritionally vulnerable are considered first.

Non-breastfed infants need access to formula alongside sufficient access to safe drinking water if preparation is required – and young children need safe, appropriate, and sufficient complimentary foods and micronutrient supplements. Micronutrient supplementation must also be provided to pregnant women and the elderly. Whilst cases of acute malnutrition are currently relatively low, these cases are expected to increase.

The current capacity to deliver acute malnutrition treatment services is very low. It is urgent to start putting in place this capacity to manage current caseloads and in anticipation of future increase.

In addition to preparing to scale up humanitarian assistance via direct food transfers, efforts should be made to restore the functioning of market infrastructures and bakeries to maximize private sector flows of goods and food stuffs, and to complement cash/voucher programs to stimulate the market responses.

Restoration and strengthening of the health, water and sanitation system is urgent to prevent the expected increase in epidemic disease as well as dealing with the very large numbers of people that require treatment and rehabilitation for conflict injuries, and those suffering from non-communicable diseases.

The international community should be preparing to help rehabilitate food production systems as soon as is viable, including agriculture, livestock, and fishing.

For the IPC Analysis Team

In view of the volatility of the situation and the fast pace of deterioration, frequent assessment of the evolution of the risk factors should be conducted by updating the IPC analysis, possibly before the end of the projection period. The FRC remains available to support any effort to update the analysis, including providing technical guidance regarding real-time monitoring and analysis systems as well as other data collection, such as nutrition and mortality surveys and surveillance systems.
**Recommendations on Data Collection and Analysis**

Information systems should continue real-time monitoring of, at a minimum:

- Conflict
- Displacement
- Functionality, access, and utilization of services, including but not limited to healthcare, WASH, and shelter
- Entry of aid and commercial trucks into the Gaza Strip and movement of commodities through the Gaza Strip
- Population access to food and water, including safe drinking water
- Health threats, including outbreaks should continue to be carefully monitored. This should be done, in part, through continued support to the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) to monitor the incidence of disease detected by consultations within their remaining health centres and IDP shelters. Establishment of an emergency, sentinel site surveillance system should be considered, to enable data collection to continue if further attacks on the UNRWA health system makes continued data collection impossible.

Specific data collection activities:

1. Introduce the measurement of mid-upper arm circumference (MUAC) in a purposively selected sample of children, aged 6-59 months, to allow monitoring of changes in the prevalence of Global Acute Malnutrition.

2. Conduct repeated computer-assisted telephone interview (CATI) surveys to track the evolution of household food insecurity and other key indicators.

3. Record and report deaths in a way that, as far as possible, allows for disaggregation by cause of death.

The FRC notes that collecting and reporting this data can be highly sensitive in a conflict setting, and its collection may be a burden on health care workers who are already overwhelmed. This is especially true considering the traumatic situation of the population, including those who collect data. With this in mind, even monitoring data from regular programs would be useful. For instance, the monitoring of MUAC could be conducted at admission to malnutrition treatment services.

The FRC strongly recommends that the Analysis Team be prepared to update the IPC projections as necessary, and the FRC stands ready to quickly review any such analysis.
ANNEX 1. KEY SOURCES EMPLOYED BY THE IPC ANALYSIS TEAM AND THE FAMINE REVIEW COMMITTEE

Baseline information:


• REACH, Multi Sector Needs Assessment, 2022: https://www.impact-initiatives.org/where-we-work/occupied-palestinian-territories/


• UNICEF, Barrier Analysis, State of Palestine: Investing in assessment positively impacted programming for complementary feeding | ENN (ennonline.net)


Recent data:

• Food Security Sector, Sitrep #1-7, 20 October to 1 December 2023, FSS Gaza Updates | Food Security Cluster (fscluster.org)

• Food Security Sector, Food Security Cluster meeting minutes, November 2023, fss_mom_2023.11.28.pdf (fscluster.org)

• Logistic Cluster, Meeting minutes and Infographics, https://logcluster.org/en/ops/pse23a

• Nutrition Cluster, Impact of the SoP crisis on malnutrition - projections -7th Nov[56].pdf (nutritioncluster.net)
• Nutrition Cluster, Child deaths in the Gaza strip due to disease and malnutrition can and must be prevented, 3 December 2023, https://www.nutritioncluster.net/resources/sop-nutrition-cluster-call-action

• OCHA, Gaza Strip access and movement, September 2023: https://reliefweb.int/map/occupied-palestinian-territory/gaza-strip-access-and-movement-september-2023

• OCHA, Flash Updates #1-71, 7 October to 16 December 2023, United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory | Publications (ochaopt.org)

• OCHA, Gaza Internally Displaced People Dashboard: Microsoft Power BI

• Oregon State University/City University of New York, Cumulative Building Damage through 4 Dec 2023 - Satellite Data Analysis of Building Damage and Destruction by Governorate, 5 December 2023, https://www.conflict-damage.org/

• PRC, Palestine Red Crescent society Response, 7 October to 5 December updates: en 220 2023.pdf (palestinercs.org)

• Shelter Cluster, Gaza Strip Damage Affected Areas, 30 November 2023, GSC OpT Gaza Strip Damage Affected Areas 30 November 2023 | Shelter Cluster

• UNICEF, State of Palestine Situation Report, 20 October to 6 December 2023, State of Palestine situation reports | UNICEF

• UNOSAT, Satellite-imagery based damage assessment: https://unosat.org/products/3734.

• UNRWA, Situation Report #1-51, 7 October to 12 December 2023, Reports | UNRWA

• WASH Cluster, Sitrep and minutes of meetings, https://response.reliefweb.int/palestine/water-sanitation-and-hygiene

• WFP, Gaza Market Monitoring Flash Update #1-4, October to December 2023, 2023 - WFP Palestine - Monthly Market Dashboard | World Food Programme

• WFP, Gaza Food Security Assessment 1 and 2, 6 and 14 December 2023, Gaza - Food Security Assessment - December 2023 | World Food Programme (wfp.org)

• WHO, Emergency Situation Update #14-16, October-December 2023, oPt Emergency Situation Update - NOV28 (who.int)
ANNEX 2. THE FAMINE REVIEW PROCESS

An Acute Food Insecurity analysis was conducted by the IPC global initiative from 5 December 2023 to 8 December 2023 employing IPC protocols. The analysis entirely relied on published data from a wide range of sources, namely, reports and assessment, conducted by various institutions and organizations.

The analysis was successfully concluded on 8 December 2023 and followed by the activation of the Famine Review Committee. Famine Reviews are triggered when at least one of the following conditions is met: (i) the country IPC Technical Working Group reaches the conclusion that at least one area is classified in IPC AFI Phase 5 Famine; or (ii) in case of a breakdown in technical consensus within the country IPC Technical Working Group regarding possible Famine classifications; or (iii) in case the IPC Global Support Unit (GSU), acknowledging the presence of evidence above IPC AFI Phase 5 thresholds, decides to activate the Famine Review; or (iv) in case, for similar reasons, an IPC Global Partner officially requests the IPC GSU to activate it. This specific review was activated by the IPC GSU, acknowledging the presence of evidence above IPC AFI Phase 5 thresholds. A process of Review by the FRC is set up according to the IPC Famine Classification Special Additional Protocols in Manual IPC V3.1.

IPC Famine Review process consist of the following steps: (i) IPC GSU and Partners' review in preparation of the IPC Famine Review Committee (FRC)'s review; and (ii) Review by the Famine Review Committee.

The review by the IPC Famine Review Committee 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 the analysis. The FRC Reviews is a specific procedure activated to confirm or disprove Famine classifications when IPC AFI analyses show a potential or already identified situation of Famine.

The FRC review and consultations are to remain confidential and internal to the members of the IPC FRC, and are not to be publicly released, by the IPC FRC nor the IPC GSU. An IPC FRC report is produced and publicly release in the IPC website.

In line with the Terms of Reference (Annex 1), the Famine Review process was conducted in two phases: FRC Review Preparation from 10 December 2023 to 12 December 2023, which assessed evidence reliability, the confidence level of the analysis, and the convergence of evidence for the areas identified as most severe, and the Famine Review Committee, which revised all evidences and analysis and assessed of the plausibility of the conclusions of the analysis (12 December 2023 to 18 December 2023). The analysis conducted, its results and all the evidence employed have been made available to the preparation team and the Famine Review Committee.

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ANNEX 3. TERMS OF REFERENCE OF THE IPC FAMINE REVIEW FOR THE GAZA IPC ACUTE FOOD INSECURITY ANALYSIS CONDUCTED 4-8 DECEMBER 2023

A. Introduction

An acute food insecurity (AFI) analysis was conducted by the IPC global initiative 5-8 December 2023 employing IPC protocols. The analysis relied entirely on publicly accessible data, reports, and assessments from various institutions and organizations. The analysis was successfully concluded on 8 December 2023 and followed by the activation of the Famine Review Committee (FRC) for a Famine Review.

Famine Reviews are triggered when at least one of the following conditions is met: (i) the country IPC Technical Working Group (TWG) concludes that at least one area is classified in IPC AFI Phase 5 Famine – Solid Evidence or Famine – Reasonable Evidence; or (ii) in case of a breakdown in technical consensus within the country IPC TWG regarding possible Famine classifications; or (iii) in case the IPC GSU, acknowledging the presence of evidence above 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. This specific review was activated by the IPC GSU, acknowledging the presence of evidence above IPC AFI Phase 5 thresholds. 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.48

Purpose

Phase 1: The purpose of the preparation of the IPC FRC Review by the IPC GSU-led multi-partner team is to support IPC quality assurance and help ensure technical rigor and neutrality of the analysis. This exercise is done prior to FRC and provides technical inputs, structuring the information needed by the FRC to assess the validity of the analysis results in relation to Famine classifications.

Phase 2: The IPC FRC review is an important mechanism of the global, regional and national partnership and governance structures. The committee is formed as needed and on demand and its activation represents an additional validation step before IPC results are released to clear the IPC Phase 5 classification (i.e. IPC Phase 5 Famine with solid or with reasonable evidence) estimated to support quality assurance and technical consensus building. The committee is to be convened at the request of the IPC GSU.

The preparation of the FRC Review will take place on 10 - 12 December, 2023

48 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 Officer 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 five 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 (National Government, Country Technical Experts, and Partner Agencies). IPC GSU serves as the chair, secretariat and coordination support to the IPC FRC.

B. Tools

Phase 1: Tools for the Technical Support in preparation of the FRC Review.

The preparation of the FRC Review of the IPC Acute will be conducted by applying the IPC FRC Matrix Tool.

Phase 2: Tools for the IPC Global Famine Review Committee (IPC FRC)

The IPC Global Famine Review Committee will use the FRC Matrix Tool, which will have been partly filled by the FRC Preparation Team as a basis for the required Review, but will nonetheless have access to all IPC Analysis packages including the analysis worksheets and raw data available. The IPC FRC will be asked to summarize their findings in a short report produced with the support from the IPC GSU secretariat to summarizing conclusions and recommendations.

C. Documentation needed

As part of this standard process, partners who participated in the analysis are requested to confidentially share key information to allow the FRC to conduct the review. This includes:

1. The worksheets of the areas requested to be reviewed by the FRC,
2. The population estimates per phase for all areas covered by the analysis. These are required for the FRC to
contextualize the situation of the specific areas under review into the broader IPC analysis at country level.

3. The area population, possibly indicating resident and IDP (this latest can be an estimation of actual)

4. The IPC map showing the final classification for all areas covered by the analysis. The entire map is required for the FRC to contextualize the situation of the specific areas under review into the broader IPC analysis at country level.

5. The raw data that allowed to produce the Food Security related indicators as well as the raw data from Nutrition SMART surveys that was used in the IPC classification for the areas under review. This is of critical importance as this will allow the FRC to assess by themselves both the reliability and validity of the data that feeds the IPC.

6. The repository of all the evidence employed in the classification of the area under review. This should include all reports and evidence employed in the analysis. WASH and Health reports are also requested for these areas if available. Any additional report from any partners supporting better contextualization will be welcome.

7. Information regarding Humanitarian Food and other type of Assistance (actual tonnage distribution, typology of beneficiaries, targeting method, etc.).

All the documentation will be treated confidentially.

Tasks

Phase 1: Task of the FRC Preparation Team.

This exercise consists in a technical desk review of the IPC Acute analysis conducted from in preparation of the FRC with the purpose of assessing evidence reliability, the confidence level of the analysis and the convergence of evidence for the areas identified as most severe. The tasks to be fulfilled by the FRC Preparation Team for a selected number of areas and will consist in the review the following:

- Convergence of evidence
- Evidence Reliability
- Confidence Level of the analysis based of the evidence reliability criteria
- Decision whether an area requires further review by the FRC
- Highlight of main issues for the FRC to review

Phase 2: Tasks of the IPC Global Famine Review Committee (IPC FRC):

During their review, the FRC will assess the time and method validity of the evidence supporting the IPC classification, appreciate the interpretation and documentation of evidence and analysis and the overall conclusion on Phase classification and population figures based on the parameters presented in this guidance note. The FRC will then conclude by producing recommendation to the analysis team, including confirming or disproving Famine classifications.

<table>
<thead>
<tr>
<th>Step</th>
<th>Activity description</th>
<th>Dates</th>
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<tbody>
<tr>
<td>1</td>
<td>GSU shares with the coordinator of the FRC preparation team the worksheets, classification and population tables for the areas identified for the review. The FRC is activated and receives the completed analysis for areas to be reviewed and any other relevant documentation available from analysis, including the raw data.</td>
<td>10.12.2023</td>
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<tr>
<td>2</td>
<td>The FRC Preparation Team conducts the desk review of the Analysis Worksheets for the selected areas, completes the FRC Matrix Tool and identifies the main areas requiring FRC attention and shared the FRC matrix with the FRC, as they get completed.</td>
<td>11.12.2023-12.12.2023</td>
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<td>3</td>
<td>Teleconference are organized during this process between the FRC Preparation Team, partners participating in the analysis, key informants and the FRC.</td>
<td>12.12.2023-18.12.2023</td>
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<td>4</td>
<td>The FRC presents the results of the review to the analysis team and the IPC Global Steering Committee.</td>
<td>18.12.2023-20.12.2023</td>
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<tr>
<td>5</td>
<td>The FRC conclude the review and share the FRC report with the GSU for its publication.</td>
<td>21.12.2023</td>
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