### IPC Global Initiative - Special Brief - Gaza Strip



### THE GAZA STRIP - IPC SPECIAL BRIEF

BESIEGEMENT AND GROUND OPERATIONS DRIVE CATASTROPHIC ACUTE FOOD INSECURITY

IPC ACUTE FOOD INSECURITY ANALYSIS
DECEMBER 2023 – FEBRUARY 2024

**Issued January 2024** 

#### **CURRENT 24 NOVEMBER - 7 DECEMBER 2023** Phase 5 377,000 People in Catastrophe 2.1M939,000 Phase 4 **People in Emergency** 93% of the population analysed Phase 3 766,000 People in Crisis People facing high acute food insecurity Phase 2 145,000 (IPC Phase 3 or above) **People Stressed** 000,000 Phase 1 IN NEED OF URGENT People in food **ACTION** security

PROJECTED 8 DECEMBER 2023 - 7 FEBRUARY 2024										
	Phase 5	576,000 People in Catastrophe								
2.2M 100% of the population	Phase 4	<b>1,170,000</b> People in Emergency								
<b>analysed</b> People facing high	Phase 3	<b>478,000</b> People in Crisis								
acute food insecurity (IPC Phase 3 or above)	Phase 2	25,000 People Stressed								
IN NEED OF URGENT ACTION	Phase 1	000,000 People in food security								

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### **Overview**

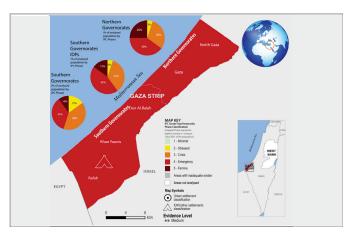
Hostilities, including bombardment, ground operations and besiegement of the entire population have caused catastrophic levels of acute food insecurity across the Gaza Strip. Around 85% of the population (1.9M people) is displaced, with many people having relocated multiple times, and currently concentrated into an increasingly smaller geographic area.

There is a risk of Famine and it is increasing each day that the current situation of intense hostilities and restricted humanitarian access persists or worsens. The intensification of the hostilities, further reduction in access to food, basic services, and lifesaving assistance, and the extreme concentration or isolation of people in inadequate shelters or areas without basic services are major factors that contribute to increasing this risk.

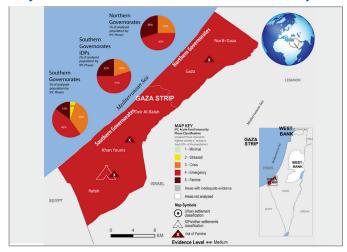
Between 24 November and 7 December, over 90% of the population in the Gaza Strip (about 2.08 million people) was estimated to face high levels of acute food insecurity, classified in IPC Phase 3 or above (Crisis or worse). Among these, over 40% of the population (939,000 people) was in Emergency (IPC Phase 4) and over 15% (378,000 people) was in Catastrophe (IPC Phase 5).

Between 8 December and 7 February, the entire population in the Gaza Strip (about 2.2 million people) is classified in IPC Phase 3 or above (Crisis or worse). This is the highest share of people facing high levels of acute food insecurity that the IPC initiative has ever classified for any given area or country. Among these, about 50% of the population (1.17 million people) is in Emergency (IPC Phase 4) and at least one in four households (more than half a million people) is facing catastrophic conditions (IPC Phase 5, Catastrophe). These are characterized by households experiencing an extreme lack of food, starvation, and exhaustion of coping capacities.

### **Current Situation 24 November - 7 December 2023**



### Projected Situation 8 December 2023 - 7 February 2024



### **Key Driver**



### Hostilitie

Hostilities are the main driver of the extremely high levels of acute food insecurity in the Gaza Strip, and entail widespread, intense, and sustained bombardment from the air, land, and sea, ongoing ground operations and clashes, and the besiegement of the population. Over 19,000 fatalities and 52,000 injuries have been reported.

Hostilities have resulted in the displacement of nearly 2 million people, the damage or destruction of at least one third of all buildings, collapsing basic services including healthcare, unavailability of drinking water, along with economic collapse and the loss of agricultural, livestock, and fishing production. Ongoing restrictions on commercial traffic is exacerbating the dire situation caused by hostilities and significantly contribute to food shortages, even in the absence of active hostilities.

Even though the levels of acute malnutrition and non-trauma related mortality might not have yet crossed Famine thresholds, these are typically the outcomes of prolonged and extreme food consumption gaps. The increased nutritional vulnerability of children, pregnant and breastfeeding women and the elderly is a particular source of concern.

The latest data shows that virtually all households are skipping meals every day. In four out of five households in the northern governorates and half the displaced households in the southern governorates, people go entire days and nights without eating. Many adults go hungry so children can eat. Humanitarian food assistance, which was supporting over two thirds of the population before the escalation of the hostilities, is now extremely inadequate to cover the rapidly growing life-threatening needs. The quantities of commodities, including food, allowed to enter the Gaza Strip are largely insufficient; and on most days, these are only reaching a portion of the population of Rafah Governorate. In the northern governorates, as well as Deir Al Balah and parts of Khan Younis, active fighting or partial besiegement are preventing significant portions of the population from accessing humanitarian assistance and basic services (food, water, sanitation, healthcare).

The current import restrictions and the impossibility for the private sector to restart commercial activities are also contributing to the dire food security situation in the Gaza Strip. Given the high level of urbanization, combined with movement restrictions, the depletion of food stocks is likely to cause a sudden deterioration due to the lack of alternative food sources. The escalation of the hostilities caused widespread damage to food production, including farmland and infrastructure, such as greenhouses, bakeries and warehouses. Other assets and infrastructure (healthcare facilities, water treatment plants, drinking water installations) have also been damaged or destroyed.

## CURRENT ACUTE FOOD INSECUIRITY SITUATION (24 November - 7 December 2023)

Almost 2.1 million people, about 93% of the population in the Gaza Strip, were classified in Crisis or worse (IPC Phase 3 or above) and were in urgent need of life-saving humanitarian assistance in the current period (24 November through 7 December). Almost 939,000 people were in Emergency (IPC Phase 4), and 377,000 people in Catastrophe (IPC Phase 5). Although the area classification for the three units of analysis was Emergency (IPC Phase 4), there was a large portion of the population experiencing Catastrophe (IPC Phase 5) at that time.

Around 25% of the population (approximately 150,000 people) in the northern governorates was facing extreme food consumption gaps consistent with Catastrophe (IPC Phase 5) in the current period of analysis. Among the southern governorate IDPs, 15%, or 194,000 people, and 10% of residents, including 33,000 people, in the southern governorates were in Catastrophe (IPC Phase 5). Catastrophe (IPC Phase 5) is typically characterized by households experiencing an extreme lack of food, leading to starvation, alarmingly high acute malnutrition rates among children under five and significant excess mortality.

Given the high level of urbanization, combined with movement restrictions, the depletion of food stocks is likely to cause a sudden deterioration due to the lack of alternative food sources.

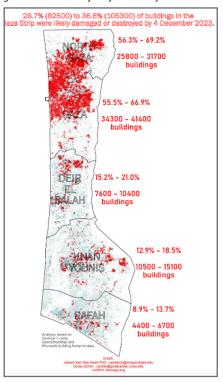
### **Hazards and Vulnerabilities**

Prior to the current hostilities, vulnerability was high in the Gaza Strip. Even before ongoing displacement and the growing concentration of the population in Rafah governorate, it was one of the most densely populated areas in the world, with 5,900 residents per square kilometre. 68 percent of the population were refugees<sup>1</sup> and nearly 60% of the total population was living below the national poverty line as of September 2023<sup>2</sup>. As of July 2022, over half of the population relied on humanitarian assistance as a primary income source, with a third more reliant on casual labour<sup>3</sup>. In 2022, the overall unemployment rate in the Gaza Strip was over 45%, rising to over 73% for youth graduates, or those aged 19-29 with an associate diploma certificate or higher<sup>4</sup>. Near the end of 2022, about 70% of the Gaza Strip population was food insecure.<sup>5</sup>

Beginning in 2006, the expansion of what became known as access restricted areas eventually led to about 35% of agricultural land becoming inaccessible by 2012, leading to an estimated annual loss of 75,000 MT of agricultural production<sup>6</sup>. In combination with restrictions on access to sea, such as for fishing, access restricted areas were estimated to directly impact the livelihoods of 12% of the Gaza Strip population. Escalations of hostilities occurred in 2008, 2012, 2014, 2021, and 2022<sup>7</sup>. Damage to the Gaza Strip food system can be severe during these escalations. In 2014, over 51 days of hostilities, about 1,800 hectares of agricultural land were destroyed by bombardment and heavy vehicles, while over 1,000 greenhouses were damaged or destroyed.<sup>8</sup> An estimated 40% of poultry and 20% of all livestock died in this period. Total damages to the agricultural sector were valued at \$500 million (in 2014 dollars).<sup>9</sup>

The current hostilities within the Gaza Strip began with heavy bombardment on 7 October 2023. On 27 October, major ground operations reportedly began within the Gaza Strip. 10

Map 1: Cumulative Building Damage through 4 Dec 2023 - Satellite Data Analysis of Building Damage and Destruction by Governorate – Oregon State University/City University of New York



Ground operations and clashes started in the northern governorates and continued through 23 November alongside bombardment by air, land, and sea. A humanitarian pause was enacted from 24 November through 30 November, before a resumption of hostilities on 1 December.<sup>12</sup> Since then, hostilities have expanded and intensified, including for major ground operations in Khan Younis and clashes in Deir al Balah governorate as well as an intensification in bombardment by air, land, and sea. <sup>13</sup> Hostilities continued to expand and intensify through the period of the analysis workshop, up to 8 December.

At least 18,800 fatalities were reported in the Gaza Strip from 7 October through 15 December by the Ministry of Health in the Gaza Strip. Most fatalities are reportedly women and children, including over 5,100 women and 7,700 children, while over 50,000 people have been injured in the same period. As of 11 December, at least one in every three buildings in the Gaza Strip was reportedly damaged or destroyed, with estimates reaching as high as 42%. The level of building damage and destruction ranges from about 10% to 15% of buildings in Rafah governorate to about 56% to 69% in North Gaza governorate.

Hostilities have driven mass displacement, including repeated displacement of the same households. By 3 December, 1.9 million people, or 85% of the entire population, were reportedly displaced with displacement continuing since then. <sup>16</sup> Across the southern governorates, the average number of IDPs per United Nations Relief and Works Agency for Palestine Refugees (UNRWA) shelter is about 12,400 people, over four times the capacity of these shelters. By 13 December, an estimated half of the Gaza Strip population was reportedly crowded into only Rafah governorate, <sup>17</sup> leading to a population density of over 12,000 people per square kilometre, a fourfold increase from pre-escalation. <sup>18</sup>

Displacement has been driven by bombardment by air, land, and sea, including the destruction of 60% of all housing stocks as of 24 November, ground operations and clashes, and orders to evacuate issued by the largest armed actor involved. <sup>19</sup> On 13 October, a previous order to evacuate covering parts of the northern governorates was broadened to the entire population residing north of Wadi Gaza, around 1.1 million people. <sup>20</sup> Initial orders directed the population to move south of Wadi Gaza, while subsequent orders and accompanying maps ordered people to move at least as far south as Khan Younis governorate. <sup>21</sup> Declining access to food, humanitarian assistance, and basic services in the northern governorates also likely contributed to massive displacement.

Following the end of the humanitarian pause of 24-30 November, a new map of numbered evacuation zones was published, covering all of the Gaza Strip. <sup>22</sup> By 6 December, about 30% of the Gaza Strip had been placed under an evacuation order in the southern governorates since the end of the humanitarian pause. <sup>23</sup> These orders covered large areas of the eastern half of Khan Younis and Rafah governorates, with people largely directed to evacuate south and west. <sup>24</sup> The same armed actor announcing orders to evacuate also unilaterally declared a 'humanitarian zone' in the southwestern Gaza Strip, though there is no confirmation that any of the other armed actors operational within the Gaza Strip recognize this designation or were consulted before its announcement. The unilaterally declared Al Mawasi 'Humanitarian Zone' was first announced on 18 October 2023, with an assurance that humanitarian assistance would be provided in the zone. <sup>25</sup> Humanitarian agencies, however, have not agreed to the establishment of any such zone. <sup>26</sup> The proposed area has limited pre-existing services, with OCHA reporting there is "almost no sheltering capacity". <sup>27</sup>

The December 2023 evacuation orders affecting the eastern part of Rafah and Khan Younis governorates further increased the already high concentration of IDPs. With severely limited access to safe water as well as health, sanitation, and other basic services, the risk of a large infectious disease outbreak is growing. Almost half of the Gaza Strip population was estimated to be residing in Rafah governorate immediately by mid-December 2023. 9

Alongside orders to evacuate, the same armed actor announced corridors for people to take as they move. These have changed several times, though have generally included the Salah al-Din road, the main north-south transportation artery running through the middle of the Gaza Strip, and all or part of the al-Rashid coastal road. These corridors have not been viable continuously throughout the escalation period. Heavy fighting along Salah al-Din road between the governorates of Khan Younis and Deir al Balah<sup>30</sup> has led to civilian casualties and severely increased the isolation of Deir al Balah. Following this, the population was instructed to use the al-Rashid coastal road instead.<sup>31</sup> Populations have reportedly faced additional challenges while moving through the indicated corridors.<sup>32</sup>

Other movement restrictions for the population have also been announced, including a ban on movement from southern to northern governorates and reports that some civilians were killed or injured while trying to move to northern governorates during the humanitarian pause.<sup>33</sup> Additional restrictions imposed on populations affect livelihoods and food access, such as the de facto prohibition on fishing and movement within one kilometre of the border fence, which covers a significant proportion of farmland.<sup>34</sup> The movement of livestock with displaced populations has not generally been reported and livestock abandonment is likely high.

Humanitarian access has been severely reduced as hostilities have intensified and expanded within the Gaza Strip. Before the humanitarian pause, there was no access to the northern governorates for weeks at a time, while access was still highly constrained during the pause and almost entirely unavailable after it. With the expansion of ground operations into Khan Younis governorate after the humanitarian pause, most assistance delivery was occurring in Rafah governorate due to severely reduced access to the governorates of Khan Younis and Deir al Balah by 13 December. Only three humanitarian convoys, largely with health supplies, accessed the northern governorates from 1 through 16 December. Access to Humanitarian Food Security Assistance (HFSA) decreases the further north from Rafah governorate that a population is, with populations in Deir al Balah and the northern governorates becoming increasingly isolated. Distance from a border crossing open to the entry of humanitarian assistance has rapidly become a primary determinant of access to food amid ongoing hostilities.

Through the first half of December 2023, civil unrest continued to grow throughout the Gaza Strip, especially within the extremely

concentrated population within Rafah governorate. The direct and indirect effects of ongoing hostilities and the rapidly worsening humanitarian consequences are leading to a growing breakdown in social connectedness and public order. This includes taking humanitarian food assistance directly from trucks within Rafah governorate and consuming food on the spot.<sup>36</sup> This deterioration of the social system is especially concerning for the continued access to even limited food for vulnerable groups, including women, children, and the elderly.

Food security and livelihoods, as well as other basic needs for survival, have also been challenged by a complete electricity blackout since 11 October, aside from limited output from generators and solar panels, due to hostilities. The electrical grid is no longer functional due to the exhaustion of fuel at the Gaza power plant and the end of cross-border electricity distribution.<sup>37</sup> This severely impacts all aspects of daily life, including the processing and storage of food, pumping and distribution of drinking water, treatment of wastewater, and the functionality of telecommunications and financial systems. The lack of electricity and damage to telecommunication systems has also limited the ability of populations to receive evacuation orders or information regarding safe spaces, and humanitarian assistance. There have been six telecommunications blackouts since 7 October, with the longest lasting nearly a week.<sup>38</sup>

Fuel is essential for daily life in the Gaza Strip, including the production, processing, distribution, and storage of food as well as pumping of drinking water and treatment of wastewater. Fuel did not enter the Gaza Strip from 7 October until 15 November 2023 due to restrictions on its entry. UNRWA reports that for the bare minimum of critical services only, including small allocations of fuel to basic services like water pumping, 160,000 litres per day of diesel fuel are needed. This minimum requirement, which is still insufficient for a full restoration of humanitarian operations and other basic services, has not been met on any day since the escalation of conflict, as of 15 December. <sup>39</sup>

### **Availability**

Ongoing hostilities have caused food shortages throughout the Gaza Strip as the food system moves towards collapse. This halting the commercial importation of food, severely limiting the entry of humanitarian food assistance and its onward movement once inside the Gaza Strip, and the stoppage of most agricultural production and all fishing, and loss of most livestock. Wild foods are not generally available, including due to the concentration of vegetation in now inaccessible areas. Even when certain food commodities are available, their processed forms are not due to severe utilization constraints, including the destruction and shutdown of processing and production facilities like flour mills and bakeries, severe lack of access to safe water, and electricity blackout. The widespread destruction of buildings, including 60% of housing stock, also destroyed or otherwise rendered unusable household and other food stocks.

After the first month of hostilities, satellite imagery analysis indicated that 15% of agricultural land in the Gaza Strip showed significant decline in vegetation health and density compared to long-term averages. This included around 35% of arable land in North Gaza governorate and 17% in Gaza governorate. <sup>40</sup> By the end of November, the Gaza Strip was reportedly suffering daily losses of \$1.6 million in agricultural production. Vegetable production, which typically accounts for 53% of total agriculture area in the Gaza Strip, faces massive disruption, particularly due to bombardment and ground operations in the northern governorates and Khan Younis governorate, which accounted for 34% and 30% of total vegetable planted area pre-escalation. <sup>41</sup>

Per a survey in October in the southern governorates, over 50% of farmers could not access agricultural lands (19% in Khan Younis, 12% in Dier-al-Ballah and 20% in Rafah); while over 60% reported damages to farmlands and assets with many reporting total loss of the property. Only 34% of farmers were able to harvest their crops at this time. Considering the survey was conducted in early October and the continuation and intensification of hostilities well into December, the situation is expected to be worse.

Figure 1: Damage to Agricultural land (FSS, 28.11.23)

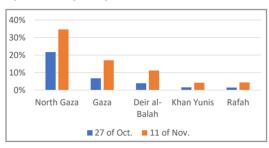


Figure 2: Agricultural damages (AAH, 31.10.23)

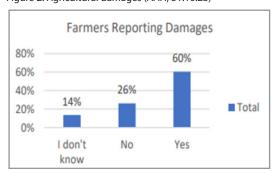
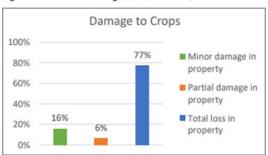


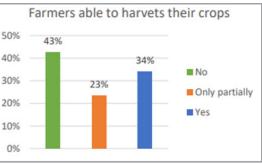
Figure 3: Extend of damage (AAH, 31.10.23)



The livestock sector has largely collapsed, with reports of mass poultry losses<sup>42</sup> and livestock facing starvation, particularly in the northern governorates, due to severe feed shortages. There are further reports of households slaughtering their animals to fulfil their immediate needs. <sup>43</sup> While October-December would typically be the peak period for fishing, the fishery sector has been devastated through destruction and damage of infrastructure, like ports and fish farms. and assets, including boats, <sup>44</sup> while access to the sea remains completely blocked. <sup>45</sup>

The availability of food commodities in markets has severely declined. Since the escalation, the number of trucks allowed into the Gaza Strip has been severely restricted, reducing the inflow of humanitarian assistance and preventing the entry of commercial goods completely. From 7 October to 14 November, a total of 447 food trucks entered the Gaza Strip, accounting for only 15 percent of the number of food-carrying trucks that would have entered prior to the escalation, leaving an estimated 86% gap in food supplies in this period. Overall, about 25,000 trucks, including food and other commodities, should have entered the Gaza Strip since 7 October, though less than 16% of that number have done so. 46 Only a few days of staple commodities like flour were estimated to be available in markets by mid-November.<sup>47</sup> Food retailers reportedly began selling pieces of vegetables rather than whole produce by mid-December in Deir al Balah due to lack of supply. 48

Figure 4: Ability to harvest (AAH, 31.10.23)



Bombardment, ground operations, and the risk of these affecting shops were also forcing retailers and wholesalers to close. Of the 77 shops that responded to a monitoring survey from 5-13 November, nearly half were no longer operational. The top reasons for shop closures were physical damage to the shop (83%), unsafe conditions (89%), and road obstruction (66%). Shops that remained open also commonly reported physical damage, especially shops outside of Rafah governorate. <sup>49</sup>

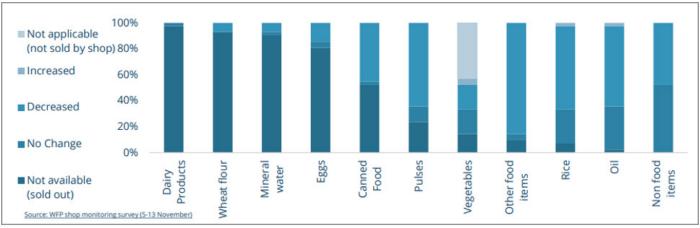
Given the longer duration of intense ground operations, higher level of building damage and destruction to date, and near complete loss of humanitarian access, food shortages are likely most severe in the northern governorates. In the southern governorates, food availability is relatively higher in Rafah governorate, where humanitarian food assistance is concentrated due to lack of access to more northern governorates. Deir al Balah governorate is likely facing the worst food shortages among the southern governorates given its distance from at least partially open border crossings.

### Access

Access to food is severely limited, especially outside of Rafah governorate. There are physical, financial, and increasingly social impediments to accessing food. Household food stocks are extremely limited or non-existent in all governorates, especially in the north. The physical absence of food stocks is becoming increasingly common among southern governorate IDPs through December. 50 As early as 25 October 2023, the UNRWA reported that many of the IDPs in its shelters had "adopted one-meal-per-day as a coping strategy due to the food shortage.<sup>51</sup>

Purchasing power is reduced by soaring food prices. Through November 2023, the Consumer Price Index was up more than 36% for the Gaza Strip compared to November 2022.<sup>52</sup> By early December, prices had increased by 50% for wheat flour, 200% for vegetables, and 45% for rice. 53 Financial access to food, including through remaining markets, is also severely inhibited by severe economic breakdown and the near collapse of the financial system. Food access is further limited due to the lack of commodities in markets and the inability to quickly restock markets and shops.





Unemployment nearly doubled to about 85% by the end of November. Even for those still employed and able to receive a salary, access to cash was also severely limited,<sup>54</sup> with only 15 of 91 ATMs in the Gaza Strip were still operational and only highly limited financial services available through POS/banking agents in the same period. Physical damage to financial infrastructure was also reported. 55

One of the main pre-escalation food sources in the Gaza Strip, bakeries, has been nearly eliminated by hostilities. There are approximately 130 bakeries in the Gaza Strip, providing bread for the consumption of each Palestinian. By 17 November, no bakeries

were functional in the northern governorates, while few bakeries were still operating in the southern governorates. About 8% of all bakeries have been destroyed, while nearly all others have shut down due to insufficient energy and water and damage. <sup>56</sup>

By early December, the main food sources of households still in the northern governorates were social networks (40%), humanitarian assistance (32%), and markets (20%).<sup>57</sup> During the humanitarian pause, approximately 4,850 metric tons (MT) of food entered the northern governorates, or less than 10 kgs of mixed commodities per person.<sup>58</sup> In the southern governorates, main food sources by early December were humanitarian assistance (46%), markets (27%), and social networks (21%).

Humanitarian assistance in the Gaza Strip has remained largely insufficient, especially in Deir al Balah governorate and the northern governorates. An extrapolation conducted by the analysis team based on the Assistance delivered, assuming equal sharing of rations within the population shows that during the humanitarian pause, each person accessed the equivalent of 800 Kcal per person per day, against less than 150 Kcal in the period prior to the humanitarian pause. These estimates, and per capita consumption indicate that the little stocks available, if any, could last only a few days after the end of the humanitarian pause.

### Utilisation

The physical utilization of available and accessible food within the Gaza Strip has been and remains severely disrupted by the diverse impacts of hostilities, including lack of electricity, fuel and cooking fuel as well as severely reduced access to safe water. The availability of cooking fuel in the Gaza Strip is extremely limited. No cooking gas entered the Gaza Strip from 7 October to 24 November 2023. Even during the humanitarian pause, only about 85 tonnes of cooking gas per day entered the Gaza Strip, equivalent to a third of the daily average from January to August 2023. There are reports of people waiting overnight in queues at filling stations extending to two kilometres. By early December, over three-quarters of surveyed households were burning firewood or wood residues, and about 22% were burning waste as cooking fuel. A comparable proportion of southern governorate IDP households were also burning firewood or wood residue, while about 10% burned solid waste. Access to safe water, especially in the northern governorates and increasingly in any governorate north of Rafah, is severely or extremely reduced, further complicating the utilization of available food.

The ongoing collapse of the health system, alongside extreme overcrowding in areas like Rafah governorate with within IDP shelters, severe lack of access to safe water, and lack of sanitation services, also raise the risk of infectious disease outbreaks that further limit the biological utilization of food. People, especially vulnerable groups like young children, may not derive the full nutritional benefit of food consumed when affected by illnesses like diarrhoea, which continues to increase in occurrence.<sup>63</sup>

### Water, Sanitation, and Hygiene

Before 7 October, about 20% of the Gaza Strip's drinking water supply came from desalination plants and cross-border pipelines, while 80% came from various groundwater sources. The groundwater supply, the main source of drinking water now, is generally considered unsafe due to high salinity and nitrate levels.<sup>64</sup>

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. Daily average water availability – including unsafe water - was estimated to be just over 75,000 cubic meters by 10 December for the Gaza Strip overall. Access to water, safe or unsafe, is unequal across governorates, with the northern governorates of North Gaza and Gaza experiencing the lowest access.<sup>65</sup>

For the northern governorates, the availability of clean, safe water has dramatically reduced due to the reported damage to WASH facilities, <sup>66</sup> the closure of the cross-border water pipeline <sup>67</sup> and limited ability to reach populations in need. <sup>68</sup> Households have on average 2.26 litres p/p/d <sup>69</sup> and many are relying on private wells or unsustainable sources, <sup>70</sup> with limited improvement reported during the humanitarian pause. <sup>71</sup>

The provision of water and sanitation facilities are unable to operate due to damage, movement restrictions and the lack of fuel.<sup>72</sup> Sanitation systems are damaged and no collections are taking place,<sup>73</sup> with some estimates that over 35 MT of solid waste are on the streets.<sup>74</sup> The lack of adequate WASH facilities in healthcare settings is also increasing the risk of healthcare related

Figure 6: Water source and production damage (UNOSAT and WASH Cluster)

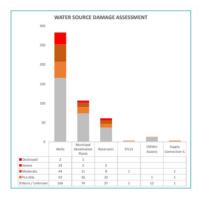
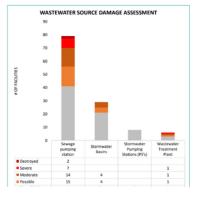




Figure 7: Waste water source and production damage (UNOSAT and WASH Cluster)





infections, while dehydration and waterborne diseases are also of concern due to water consumption from unsafe sources. 76

For the southern governorates, supply of potable water has continued from two pipelines and other water infrastructure when fuel is available.<sup>77</sup> The massive influx of displaced populations has exceeded the capacity of wells and lack of fuel is further reducing availability of water as water trucking and wells lose functionality.<sup>78</sup> Water provision at shelters is reportedly very minimal and problematic due to extreme overcrowding, competing demands from other shelters. <sup>79</sup> IDP households have on average 1.63 litres p/p/d<sup>80</sup> and share each toilet or shower with hundreds of people daily. Resident households are expecting to be hosting 300-400 thousand IDPs and also face overcrowding as dwellings may have over 100 individuals in the dwelling. Residents have on average 3.09 litres p/p/d<sup>81</sup> and face increasing difficulties to access safe and clean water. Lack of adequate WASH facilities in healthcare settings is also increasing the risk of healthcare related infections,<sup>82</sup> while dehydration and waterborne diseases are also of concern due to water consumption from unsafe sources.<sup>83</sup> Excessive solid waste is also contributing to the risk of spreading disease.<sup>84</sup>

### Health

After 7 October, the functionality of hospitals and other health facilities has been steadily decreasing as in all areas of the Gaza Strip. Attacks on medical infrastructure, services and staff have been reported with over 24 hospitals damaged, 35 ambulances damaged, and hundreds of healthcare staff killed or injured. 87

In the northern governorates, 83% (20) of hospitals are not functional, 4% (1) are partially functional and 13% (3) are minimally functional while 83% (29) of primary health care facilities are not functional and 4% (1) are partially functional.<sup>88</sup> Disease surveillance has been disrupted and many medical facilities are now only functioning as shelters for displaced populations. Access to basic health services is very low and very limited assistance was provided to these populations since 7 October.<sup>89</sup> Households may also have physical or medical limitations which prevent them from evacuating or accessing services and assistance or relocating to safer areas.

In the southern governorates, 42% (5) of hospitals are not functional, 58% (7) are partially functional, while 42% (19) of primary healthcare facilities are not functional and 58% (23) are partially functional.<sup>90</sup> The high concentration and numbers of IDPs have overwhelmed healthcare capacity at shelters, as many have received over 10 times their designed capacity.<sup>91</sup>

The health system is struggling to function due to high levels of violent deaths, injuries, displacement, overcrowding, lack of essential supplies and medicines, limited freedom of movement, all while water and sanitation infrastructure are increasingly being damaged or unavailable. Pre-escalation non-communicable diseases, such as kidney disease, hypertension, cancer, diabetes, and cardiovascular disease, are largely not being addressed at scale. Reported communicable diseases, including acute respiratory infection, diarrhoea, sables and lice, rashes, chickenpox, and jaundice, surged from 23 November through 7 December, and health facilities are reporting shortages of supplies and essential medicines. Reported cases of diarrhoea among children under 5 years old was 20 times higher in the month ending 7 December compared to the monthly average in 2020-2021. 92 Additional fatalities and injuries are expected as hostilities continue.



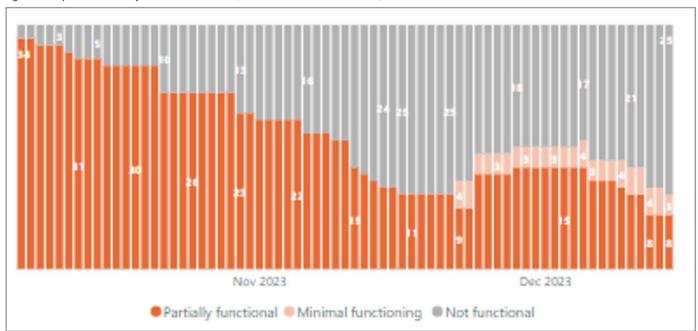


Figure 9: Communicable diseases, Dec. 7, 2023 (WHO, oPt Emergency Situation Update, 7.12.23)

### Imminent risk of communicable disease outbreaks. Cases recorded since mid-October:







28,606 Cases of scabies and lice



24,355 Cases of skin rashes



2,703 Cases of chickenpox



**1,126** Cases of jaundice

\* <5 diarrhea cases registered for one month during the war is 20 fold higher than the average cases per month in 2021 and 2022.

From 26 Nov until 3 Dec: Figures include only data received from UNRWA.

### **Main Outcome Indicator Results**

In the **northern governorates**, 81% of households had a Poor Food Consumption Score (FCS) (considering the FCS cutoffs of 28 – 42). With the standard cutoff (21-35), this percentage decreases to 52%, with 22% of the population with an FCS raw score below 14. A FCS of less than 14 is indicative of extreme food consumption gaps. Moreover, 100% of households in the northern governorates were using consumption-based coping strategies indicative of Crisis (IPC Phase 3) or worse as measured by the Reduced Coping Strategies Index (rCSI) with precisely, 96% of households with an rCSI raw score greater than 42, indicating the use of these consumption-based coping strategies daily or almost daily, indicative of a more severe situation.

Regarding the Household Hunger Scale (HHS), 40% of households reported very severe hunger – the worst category of this indicatorand 86% of households reported that in the past 30 days, at least one member of the household, spent the whole day and night without eating anything because there was not enough food. The crosstabulation of FCS, rCSI, and HHS show 21% convergence within the same households for Poor FCS, very severe hunger, and rCSI above 18. This converge is indicative of households with food consumption consistent with Catastrophe (IPC Phase 5).

In the **southern governorates**, almost 41% of the IDP population had a Poor FCS (28-42 cutoffs). With the standard cutoffs (21-35), this percentage decreases to 22%. This includes 12% of IDP households with an FCS below 14, indicative of extreme food consumption gaps. All these IDPs implement crisis or worse copying strategies related to food of which 84% emergency strategies (rCSI > 42). About 40% present severe hunger conditions, with 14% with an HHS indicative of Emergency (IPC Phase 4) and 26% of an HHS indicative of Catastrophe (IPC Phase 5). Almost 91% of the IDPs reported that, in the past four weeks, there were no food to eat of any kind in [your] house because of lack of resources to get food (more than 10 times for 46% of them) and 93% that they (or any member of the household) went to sleep at night hungry because there was not enough food. The cross tabulation of FCS, rCSI and HHS points that 7% of these IDPs with Poor FCS experience severe hunger conditions (HHS = 5 - 6), implementing crisis or worse copying strategies related to food (rCSI >18).

For the **resident population of the southern governorates**, 33% of this population present a Poor FCS (cut off 28 - 42), decreasing to 10% with the standard cut off 21 - 35 and 3% of FCS below 14 indicative of extreme food gaps. While 98% of the residents implement crisis or worse consumption-based copying strategies, a further disaggregation indicates that 72% implement extreme copying strategies related to food (rCSI > 42). More then 10% of the respondents reported very severe hunger conditions (HHS = 5 - 6) and 8% severe hunger conditions (HHS = 4). The detail also who 74% of the resident reported there were no food to eat of any kind in [your] house because of lack of resources to get food in the past four weeks and 72% that they (or any member of the household) went to sleep at night hungry because there was not enough food. The cross tabulation of FCS, rCSI and HHS point that 2% of the households with Poor food consumption experience severe hunger conditions (HHS = 5 - 6) and implement crisis or worse copying strategies related to food (rCSI > 18), and 13% have an rCSI, HHS and FCS indicative of Emergency (IPC Phase 4) conditions.

### **Humanitarian Food Assistance**

Prior to the start of the escalation, there was significant humanitarian food assistance coming into the Gaza Strip with more than half the population in the northern governorates receiving HFSA covering approximately 67% of kilocalories. Moreover, there was significant multipurpose cash assistance distributed by multiple actors.<sup>93</sup> Prior to 7 October 2023, there were two operational Israel-Gaza border crossings, including Kerem Shalom and Erez, and one operational Egypt-Gaza border crossing, Rafah. Other Israel-Gaza border crossings closed since 2007, including Sufa in 2008 (except for a limited period in 2011), Nahal Oz in 2010, and Karni in 2011. The Erez crossing was only for people, Rafah was for people and goods, and Kerem Shalom for goods. Kerem Shalom was the main border crossing for commercial goods, including essential imports.<sup>94</sup>

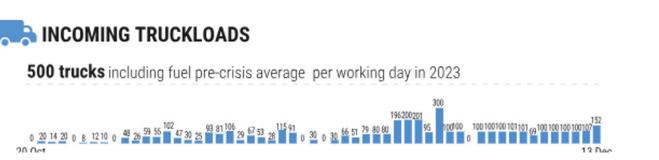
After 7 October, the flow of humanitarian assistance into the Gaza Strip has been severely disrupted. From 7 to 21 October, no trucks, commercial or humanitarian, were able to enter the Gaza Strip. From 21 October through 23 November, limited trucks carrying humanitarian assistance were able to enter, though the daily number of entries varied widely. During the humanitarian pause period (24 – 30 November), an estimated 33 food trucks were crossing daily into the northern governorates, while 85 trucks were crossing into the southern governorates (representing 22% and 57% of pre-escalation daily food truck levels, respectively).

After the end of the humanitarian pause, the number of trucks carrying humanitarian assistance entering the Gaza Strip briefly reduced again, though daily truck entry levelled out around 100, across all commodities, on most days. This included 30-40 food trucks on average, compared with the 150 food trucks that were coming in prior to the start of the hostilities. After 15 December, trucks also began entering via the Kerem Shalom crossing. This marginally increased the number of trucks carrying humanitarian assistance entering the Gaza Strip, though total daily truck entry remained well below the pre-escalation 500 per day.<sup>95</sup>

When trucks carrying humanitarian assistance are permitted to enter the Gaza Strip, they are also not necessarily prioritized for entry by humanitarian need, which leads to challenges in ensuring the most critical, life-saving assistance enters the fastest.

In the projection period, it is assumed that the number of trucks going into the northern governorates will remain close to zero. The southern governorates will receive most of the humanitarian assistance that comes into the Gaza Strip (approximately 30-40 food trucks) with the bulk of that allocated to the displaced populations. Based on a rough estimate of the quantities of food available in these trucks.

Figure 10: Daily trucks (estimated around 30% food), (OCHA, 14.12.23)



Cash assistance has remained partially active as over 250,000 people (roughly 12% of the Gaza Strip) did receive since the onset of hostilities, though the inability of markets and financial systems to recover from the lack of power, supplies and subsequent damage has significantly reduced operations.

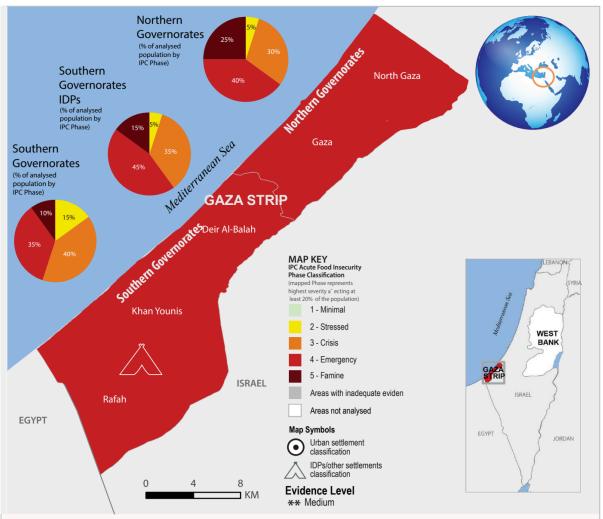
The distributions of food assistance (high energy biscuits, flour, food rations) has been mixed in terms of geographic coverage, access and populations supported. Displaced populations, and especially those in shelters, have been prioritized and have reportedly received more regular assistance, while those outside shelters or residing at home receive irregular or limited support.

The delivery of humanitarian assistance is particularly challenging for **northern governorates**. During the humanitarian pause, approximately 4,850 metric tons of food, largely wheat flour, rice, and canned food. Following the end of the humanitarian pause, only limited assistance entered the northern governorates.

In the **southern governorates**, between 4-10 December, UNRWA distributed flour to about 1,153,020 people. About 100,000 people received food parcels and about 130,000 people received hot meals in the southern Gaza Strip. Humanitarian food assistance is the main source of food for displaced populations in the southern governorates. Based on the recent WFP remote survey around 48% of IDPs in southern governorates reported HFA as their main source of food. The proportion was lower for the northern governorates where the flow of assistance, even during the humanitarian pause was limited (32%). <sup>97</sup>

The delivery of this available food assistance is contingent on humanitarian access within the Gaza Strip, which is restricted by active hostilities and limited availability of fuel. The distribution of assistance, however, continues to be challenging: "The food security sector (FSS) has set a primary objective to meet the daily food needs of 2.2 million people, for a weekly cumulative target of 15.4 million people. In the week of December 4-10, FSS partners achieved a coverage of only 18 per cent of the cumulative weekly target." 98

# CURRENT SITUATION MAP AND POPULATION TABLE (24 November - 7 December 2023)



The areas are classified in IPC Phase 4 (Emergency) despite the prevalence of households in IPC Phase 5 (Catastrophe) exceeding 20%. Households may be in IPC Phase 5 (Catastrophe), but the area may not be classified as IPC Phase 5 (Famine) if widespread deaths and acute malnutrition have not yet been expressed at the area level, either due to lack of data on acute malnutrition and mortality or because of the natural time delay expected between food deprivation and collapse of livelihoods, and the consequential increase in acute malnutrition levels and death rates.

Region	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+		
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	phase	%
Northern Governorates	600,000	0	0	30,000	5	180,000	30	240,000	40	150,000	25	570,000	4	95
Southern Governorate IDPs	1,292,562	0	0	64,628	5	452,397	35	581,653	45	193,884	15	1,227,934	4	95
Southern Governorates	333,982	0	0	50,097	15	133,593	40	116,894	35	33,398	10	283,885	4	85
Grand Total	2,226,544	0	0	144,725	7	765,990	34	9385,47	42	377,283	17	2,081,819		93

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

### PROJECTED SITUATION OVERVIEW (8 December 2023 - 7 February 2024)

Due to the volatility or the context and rapidly changing context on the ground, the analysis developed three scenarios to better define the most likely scenario as per IPC Protocols. The most likely scenario is expected to have a higher chance of occurring during the projection period compared to the alternative scenarios, i.e., a case and worst-case scenario that could reasonable occur.

For the most likely scenario, the entire population, 2.23 million, are classified in Crisis or worse (IPC Phase 3 or above) and are in urgent need of life-saving humanitarian assistance in the projection period (8 December – 7 February 2024). Around 26% of the population, 575,000 people, are in Catastrophe (IPC Phase 5), while 53%, 1,170,000 people, are in Emergency (IPC Phase 4). Similar to the current period, the area classification for the three units of analysis is Emergency (IPC Phase 4), though there is a large portion of the population experiencing Catastrophe (IPC Phase 5) during this time

The population classified in Crisis or worse (IPC Phase 3 or above) increased from 93% in the current period to 100% in the projection period. The population in Catastrophe (IPC Phase 5) increased from 17% to 26%, while Emergency (IPC Phase 4) rose from 42% to 53% and the decrease in Crisis (IPC Phase 3) from 34% to 21% was only due to the population in this phase moving to higher phases.

In the northern governorates, the population in Catastrophe (IPC Phase 5) increased from 25% to 30% in the projection period, while Emergency (IPC Phase 4) also increased from 40% to 45%. For displaced populations in the southern governorates, the population in Catastrophe (IPC Phase 5) increased from 15% to 25% in the projection period, while Emergency (IPC Phase 4) also increased from 45% to 55%. For resident populations in the southern governorates, the population in Catastrophe (IPC Phase 5) increased from 10% to 15% in the projection period, while Emergency (IPC Phase 4) also increased from 35% to 45%.

Based on the most likely scenario, the northern governorates of Gaza and North Gaza are of particular concern. Populations in the northern governorates will continue to face prolonged food consumption gaps, inadequate access to food, diminishing sources of food, extremely limited access to basic services and freedom of movement. Agricultural production will be negligible as fields were destroyed, damaged, or are inaccessible.

Commercial imports are not expected to resume, and humanitarian assistance will likely be further reduced due to challenges in accessing isolated populations, limited availability of fuel for operations, and growing number of areas with active fighting between the Rafah crossing and areas further north. Lack of market functionality is

Key Assumption for the most likely scenario:

**Hostilities:** The Gaza Strip will likely remain under siege while bombardment by air, land, and sea continues, and ground operations escalate and expand. This includes the continuation of ground operations and clashes in the northern governorates and their broadening and intensification in southern governorates.

**Displacement, Concentration, and Isolation:** Nearly the entire population of Gaza will likely be displaced, with a high concentration in the Al Mawasi area and throughout Rafah governorate. Populations remaining in the northern governorates, including Gaza and North Gaza, are expected to remain highly isolated and most areas north of Rafah governorate will likely have isolated populations inaccessible to humanitarian organizations.

Multi-sector Humanitarian Assistance **Delivery:** Although humanitarian assistance is planned, the number of trucks entering the Gaza Strip daily, which is still largely insufficient, will likely remain unchanged, with at least intermittent disruption to this inflow due to the hostilities. Most of the assistance will remain within the most accessible areas in Rafah governorate. High restrictions on the entry of fuel into Gaza are expected to also limit the onward delivery of assistance. Humanitarian access throughout Gaza will likely decline, with no delivery of assistance to the northern governorates, highly limited delivery to Deir al Balah governorate (Middle Area) and limited delivery to Khan Younis governorate. Growing civil unrest resulting from continued hostilities and their humanitarian consequences, is expected to further challenge humanitarian access.

likely to prevent further restocking and populations are expected to move away from cash-based transactions to bartering.

Access to safe water will be highly limited, while health services are expected to be largely unavailable. Four months after the beginning of the escalation, by the end of the projection period, households will likely have depleted remaining food sources, their coping capacity will have nearly collapsed, and already severe health, water, and sanitation issues are expected to exacerbate further.

**IDPs** in the southern governorates will face continued and repeated displacement. An additional 280,000 people are expected to be newly displaced during the projection period. Conditions for IDPs inside and outside shelters are expected to deteriorate due to colder weather, repeated displacements, and the expansion of the hostilities into new urban areas.

While some displaced populations may be geographically closer to the Rafah crossing, where minimally functional basic services and markets exist and some humanitarian assistance is provided, others will become isolated or unable to relocate due to movement restrictions or active fighting. Already critical food consumption gaps are expected to rapidly worsen. Considering the expected expansion of the hostilities and new orders to evacuate, current shelters or settlement sites may no longer be a feasible option as the population is likely to move further south and southwest.

In overcrowded shelters, extremely poor water, sanitation, and hygiene conditions are likely to result in increased health risks, including the rapid spread of diseases. Access to food is expected to reduce as the concentration of IDPs overwhelms shelter capacity and food distributions at previously accessible shelters become unfeasible.

The hostilities will likely cause the remaining **residents in the southern governorates** to become displaced. Residents who are unable to relocate due to insecurity, health or physical impairment may be forced to remain in areas with active hostilities and become isolated.

Available food sources and food stocks are expected to reduce along the displacement route as more IDPs are pushed into increasingly smaller areas with higher competition and decreasing service capacity. Access to food is expected to deteriorate as market functionality declines and limited stocks becomes unaffordable. Agricultural production will likely be minimal as agricultural assets and land are inaccessible, damaged, or destroyed, while any remaining livestock assets will continue to reduce.

With large areas under recent orders to evacuate, and ground operations ongoing in Khan Younis city and Governorate, access to health, water and other essential services is expected to decrease as more facilities become unavailable or inaccessible.

### Worst-case Scenario with a reasonable chance of occurring (8 December 2023 – 7 February 2024)

In the worst-case scenario, food scarcity would deepen, with little to no food available in the governorates of North Gaza, Gaza, and Deir al Balah (Middle Area), due to very low or no food production and the collapse of markets. Remaining healthcare would largely collapse and access to water would be severely limited, especially in Deir al Balah (Middle Area), Gaza, and North Gaza. High risk of disease outbreak and extremely poor health and hygiene conditions. Acute food insecurity would worsen substantially. In this worst case scenario, there is a Risk of Famine.

Assumptions used for the worst-case scenario:

**Hostilities:** Under this scenario, hostilities are expected to intensify throughout the Gaza Strip, and include the return to near-complete siege, bombardment intensification, and expanded ground operations. This would involve the destruction of the vast majority of buildings and a significant increase in civilian deaths. Civil unrest would intensify.

**Humanitarian Assistance Delivery:** Few trucks carrying humanitarian food assistance would enter the Gaza Strip on any given day. However, on most days, no food trucks would be able to access the Gaza Strip. No commercial trucks and very limited quantities of fuel would enter. The provision of humanitarian assistance would only occur in Rafah governorate.

**Displacement, Concentration and Isolation:** The entire population would likely be rapidly displaced, and a large portion extremely concentrated in inadequate shelters or areas with no access to basic services. Some would be unable to relocate due to insecurity or other challenges and become isolated.

### **About the IPC risk of Famine**

For the IPC, risk of Famine...

- ... refers to a reasonable probability of an area going into Famine in the projected period. While this is not perceived necessarily as the most-likely scenario, it is a scenario that, generally speaking, has a realistic chance of occurring.
- ... complements the Famine projections of the most likely scenario by providing insights into potential Famine if prospects evolve in a worse manner than anticipated.
- ... differs from Famine projections because it focuses on a worst-case scenario that has a reasonable and realistic chance of happening.
- ... is a statement about the potential deterioration of the situation from what is expected. It is not a new classification, and it is not to be accompanied by population estimates.
- ... is an additional assessment that focuses on assessing if the area could realistically go into Famine during the projected period. Not all areas need to undergo assessment for Risk of Famine.

### Best-case Scenario with a reasonable chance of occurring (8 December 2023 - 7 February 2024)

In the best-case scenario, a large scale down of the hostilities would allow the safe and sustained delivery of multi-sector humanitarian assistance throughout the Gaza Strip. People would see a large increase in access to food and minimal basic services, especially healthcare and safe drinking water. Acute food insecurity would decline substantially, though the damage to the Gaza Strip food system would not be undone in the short-term.

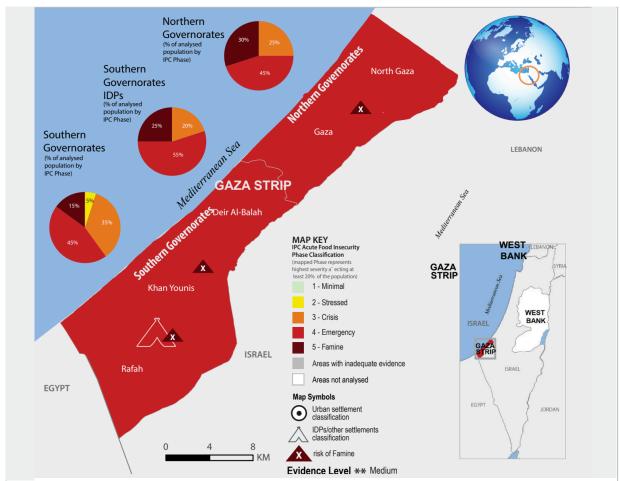
Assumptions used for the best-case scenario:

**Hostilities:** Under this scenario, hostilities are expected to substantially scale down throughout all the Gaza Strip, including through an increase in the permeability of the siege, a large reduction in the coverage, frequency, and lethality of bombardment, and limited, short ground operations. Deaths due to hostilities would decrease substantially. No major civil unrest would occur.

**Humanitarian Assistance Delivery:** The number of trucks entering Gaza would increase to the logistical maximum of Rafah and any other open crossings, reaching pre-escalation levels. Humanitarian access would significantly improve, allowing for multi-sector humanitarian assistance to be delivered throughout Gaza. Fuel deliveries would increase substantially.

**Displacement, Concentration and Isolation:** Further displacement would occur in some areas, especially Khan Younis city, before a substantial decrease in hostilities. Once this occurs, freedom of movement would increase and people would be allowed, albeit with some restrictions, to move between the northern and southern governorates.

# PROJECTED SITUATION MAP AND POPULATION TABLE (8 December 2023 - 7 February 2024)



The areas are classified in IPC Phase 4 (Emergency) despite the prevalence of households in IPC Phase 5 (Catastrophe) exceeding 20%. Households may be in IPC Phase 5 (Catastrophe), but the area may not be classified as IPC Phase 5 (Famine) if widespread deaths and acute malnutrition have not yet been expressed at the area level, either due to lack of data on acute malnutrition and mortality or because of the natural time delay expected between food deprivation and collapse of livelihoods, and the consequential increase in acute malnutrition levels and death rates.

Region	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+		
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	phase	%
Northern Governorates	600,000	0	0	0	0	125,000	25	225,000	45	150,000	30	500,000	4	100
Southern Governorate IDPs	1,292,562	0	0	0	0	335,309	20	922,099	55	419,136	25	1,676,544	4	100
Southern Governorates	333,982	0	0	2,500	5	17,500	35	22,500	45	7,500	15	47,500	4	95
Grand Total	2,226,544	0	0	2,500	0	477,809	21	1,169,599	53	576,636	26	2, 224,044		100

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

### **Conclusions of the Famine Review Committee (FRC)**

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 scenarios1 as detailed in the IPC Famine Guidance Note2. Its role is to assess the technical rigor and neutrality of the IPC.3 The FRC was tasked to review the classifications that had been performed by the IPC Analysis Team. The FRC has reached the following conclusions (from the FRC Report Executive Summary):

For the current and projection periods, the FRC concluded that the estimation of the population in IPC Phase 5 (Catastrophe) done by the IPC Analysis Team, is plausible. However, for the projection period, the FRC finds that the estimate of households in IPC Phase 5 (Catastrophe) reported in this document is conservative and is likely to be higher.

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 aid 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 Famine5 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 nontrauma 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. The FRC noted 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.

### **RECOMMENDATIONS FOR ACTION**

### **Response Priorities**

### Restore safe and sustained humanitarian access

Restore safe and sustained humanitarian access throughout the Gaza Strip to enable the rapid delivery of life-saving multi-sector humanitarian assistance to all people in need. This also entails ensuring complete, safe, and sustained freedom of movement for people throughout Gaza. Border crossings should be reopened, including for commercial traffic. Essential commodities, including but not limited to fuel, food, water, medical supplies, and shelter materials, should be allowed to move into and throughout Gaza without interruption or limitation.

#### Provide immediate multi-sectoral humanitarian assistance

Provide immediate multi-sectoral humanitarian assistance to the entire population in the Gaza Strip, including isolated populations. Regular and sustained food assistance should be provided to reduce food consumption gaps, improve dietary quality, save lives and prevent widespread deaths. This should be combined with other types of life-saving assistance, including nutrition, health, WASH, shelter and other non-food items. Meeting the needs of the most vulnerable, particularly infants and young children under five, should be a priority.

### Restore basic services and the food system

Rapidly restore the functionality of basic services in Gaza to save lives. This includes the immediate restoration of cross-border water pipelines and resumption of electricity distribution. Health facilities and outreach, water infrastructure including desalination and water treatment plants, wells, and distribution networks, facilities for waste management, food processing and production including mills and bakeries, financial facilities including banks and ATMs, telecommunications, and other essential services and infrastructure should be restored to the highest levels of functionality and within the shortest timeframe possible. While humanitarian assistance can save lives and mitigate suffering in the short-term, the wider food system needs to be restored, including through commercial truck entry and the revitalization of markets, agricultural and livestock production, and fishing to ensure access to sufficient nutritious food, especially fresh produce and protein-rich food.

### In addition to the analysis team recommendations, the FRC also recommended:

### 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.

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.

### **Situation Monitoring and Update**

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

- Hostilities
- 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.



### **DETAILED POPULATION TABLE**

Note on population figures for analysis areas: Due to the rapid displacement and changing context during the analysis workshop, precise population figures and demographic breakdowns were difficult to produce. Analysts used pre-escalation population figures and adjusted for the analysis areas based off the latest reports or information available for each analysis period.

- Population pre-escalation: https://www.pcbs.gov.ps/statisticsIndicatorsTables.aspx?lang=en&table\_id=676
- Population in northern governorates:
  - Current (600,000) from: https://fscluster.org/sites/default/files/documents/gaza\_update\_7.pdf
  - Projected (500,000) from: https://fscluster.org/sites/default/files/documents/gaza\_update\_8.pdf
- Resident population in southern governorates:
  - Current (around 330,000) from:

https://www.unocha.org/publications/report/occupied-palestinian-territory/hostilities-gaza-strip-and-israel-flash-update-55 (% of total population displaced)

https://fscluster.org/sites/default/files/documents/gaza\_update\_8.pdf (population in the North)

Adjustments and assumptions from analysts

- Projection: (50,000) from analysis assumptions IDPs Current (over 1.1m) from:
  - https://sheltercluster.org/palestine/documents/shelter-cluster-meeting-gaza-escalation-29-nov-2023-presentation (IDP figures by gov)
  - https://app.powerbi.com/
  - Adjustments and assumptions from analysts
- Displaced population in southern governorates:
  - Current (around 1,300,000) from:
    - https://sheltercluster.org/palestine/documents/shelter-cluster-meeting-gaza-escalation-29-nov-2023-presentation (IDP figures by gov)
    - https://fscluster.org/sites/default/files/documents/gaza\_update\_7.pdf (population in the North)
    - Adjustments and assumptions from analysts
  - Projection (additional 200,000-400,000) from:
    - https://fscluster.org/sites/default/files/documents/gaza\_update\_8.pdf
    - from: https://fscluster.org/sites/default/files/documents/gaza\_update\_8.pdf
    - Adjustments and assumptions from analysts

### PROCESS AND METHODOLOGY

The IPC initiative is committed to the humanitarian imperative, and more specifically, to providing timely analysis of crises where and when it is needed in order to inform response. Country IPC Technical Working Group led processes are, and will continue to be, the cornerstone of the overall IPC approach. As the previous experiences have demonstrated, however, to operationalize this commitment, there are moments when TWG-led efforts are not viable or possible. Due to no existing IPC TWG in Palestine, a Non TWG led analysis was conducted with support from technical experts from the IPC Global Partnership. An IPC non-TWG analysis is an IPC analysis that fully adheres to all technical protocols and guiding principles of the IPC manual and other technical guidance. An IPC non-TWG analysis can be activated in case of a high relevance of an IPC analysis in a context where there is not national IPC Technical Working Group and it is not possible to set one up promptly, due to a variety of reasons, or when there is a national IPC Technical Working Group but it is not responsive to partners' requests to conduct a new IPC analysis or to update a previously conducted IPC analysis.

### **Sources**

The main data sources used to conduct this analysis include:

- WFP Gaza Food security assessment 2023 for the main outcome indicators
- FAO food systems profile on Palestine, 2023
- REACH, Multi Sector Needs Assessment, 2022
- Palestinian Bureau of Statistics, annual report, 2022
- Palestinian Bureau of Statistics, agricultural census 2021
- AAH, South Gaza farmers assessment report Oct 2023
- FSS GAZA Updates #1-6, and Meeting minutes
- WFP market monitoring #1-4, situation update
- Logistic Cluster #1-51 dd, minutes/infographics
- UNOSAT Gaza Strip Agricultural Damage Assessment
- OCHA situation report, Update #1-55 and IDP dashboard
- UNRWA #1-38, 25.11.23
- UNNEWS: 29.11.23
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### Limitations of the analysis

The analysis relied on publicly available data from a wide range of sources. 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. Data on food security outcomes was collected through Computer Assisted Telephone Interviews. A rigorous assessment of the representativeness of this survey concluded that, 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, and response rate, which is aligned with standards in the region.

### What is the IPC and IPC Acute Food Insecurity?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity is defined as any manifestation of food insecurity found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. It is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact on the determinants of food insecurity.

### **Contact for further Information**

IPC Global Support Unit www.ipcinfo.org

IPC Special Briefs are produced by the IPC global initiative and do not necessarily reflect the views of stakeholders in Palestine.



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