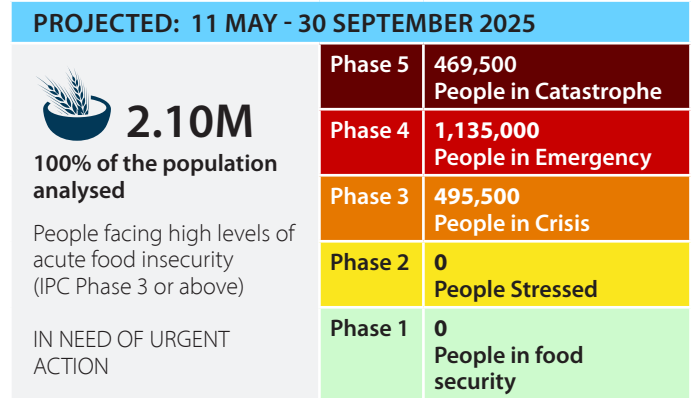
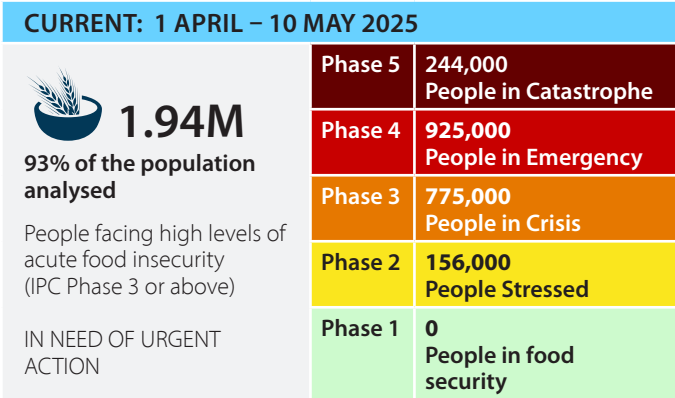


IPC Special Briefs are produced by the IPC global initiative and do not necessarily reflect the views of stakeholders in Palestine. This technical brief supplements the IPC Special Snapshot on the Gaza Strip released on 12 May and provides a comprehensive and in-depth overview of the IPC analysis findings. This analysis factors in all data and information available up to 6 May 2025 and does not take into account the latest developments on the ground.

GAZA STRIP

THE GAZA STRIP IS STILL CONFRONTED WITH A CRITICAL RISK OF FAMINE AMID ONGOING CONFLICT, AID BLOCKAGE

IPC ACUTE FOOD INSECURITY ANALYSIS APRIL - SEPTEMBER 2025
Published on 6 June 2025

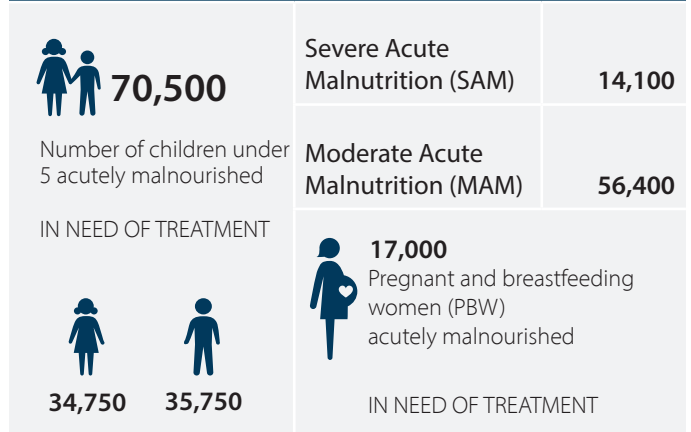


Overview

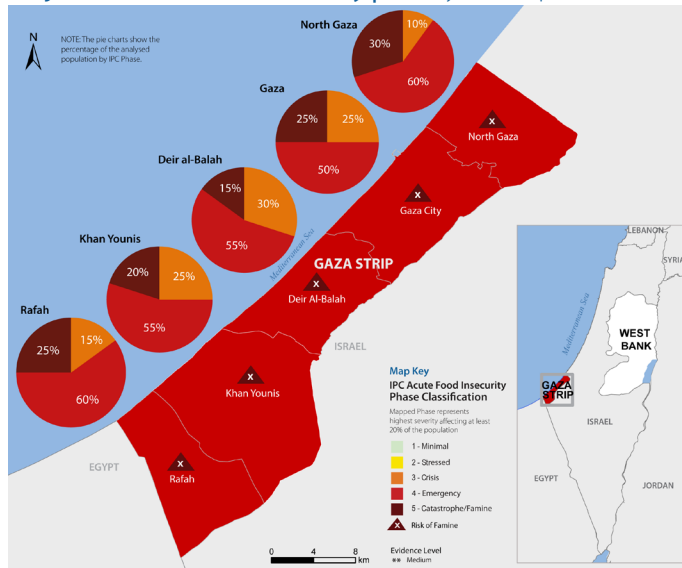
Nineteen months into the conflict, the Gaza Strip is still confronted with a critical risk of Famine. Over 60 days have passed since all humanitarian aid and commercial supplies were blocked from entering the territory. Goods indispensable for people's survival are either depleted or expected to run out in the coming weeks. The entire population is facing high levels of acute food insecurity, with half a million people (one in five) facing starvation.

From 11 May to the end of September 2025, the whole territory is classified in Emergency (IPC Phase 4), with the entire population expected to face Crisis or worse acute food insecurity (IPC Phase 3 or above). This includes 470,000 people (22 percent of the population) in Catastrophe (IPC Phase 5), over a million people

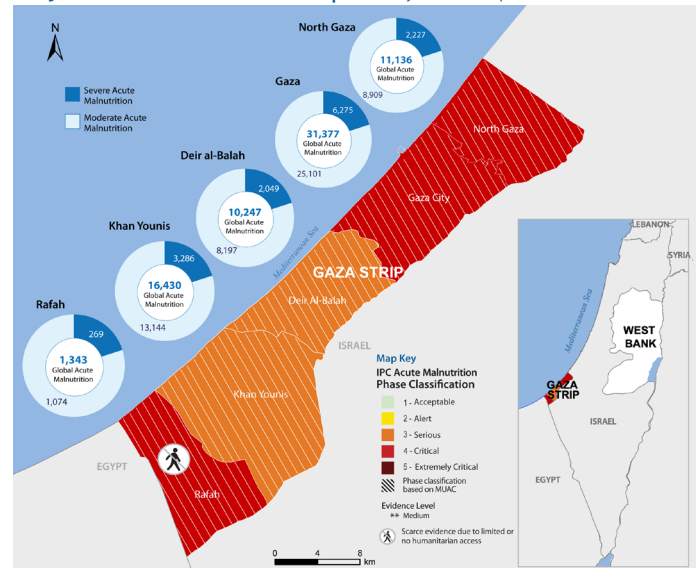
ACUTE MALNUTRITION: APRIL 2025 - MARCH 2026



Projected Acute Food Insecurity | 11 May – 30 September 2025



Projected Acute Malnutrition | 11 May – 30 September 2025



Some areas are classified in IPC Phase 4 (Emergency) despite the prevalence of households in IPC Phase 5 (Catastrophe) exceeding 20 percent. Households may be in IPC Phase 5 (Catastrophe), but the area may not be classified as IPC Phase 5 (Famine) if widespread deaths and acute malnutrition have not yet materialised at area level. | Disclaimer: The information shown on the maps does not imply official recognition or endorsement of any physical and political boundaries | For more information please contact ipc@fao.org.

(54 percent) in Emergency (IPC Phase 4) and the remaining half million (24 percent) in Crisis (IPC Phase 3). This marks a significant deterioration compared to the previous IPC analysis (released in October 2024) and the already dire conditions detected between 1 April - 10 May 2025. During this time, 1.95 million people (93 percent) were classified in Crisis or worse (IPC Phase 3 or above), including 244,000 people (12 percent) in IPC Phase 5 (Catastrophe) and 925,000 (44 percent) in IPC Phase 4 (Emergency).

Between 1 April and 10 May, acute malnutrition (AMN) was at Alert and Serious levels (IPC AMN Phase 2 and 3). However, experience has shown that acute malnutrition can worsen rapidly, and latest data indicate a deteriorating trend that is expected to persist. Consequently, acute malnutrition in North Gaza, Gaza and Rafah governorates will likely reach Critical levels (IPC AMN Phase 4) between 11 May and end of September.

Between mid-January and mid-March 2025, the ceasefire allowed a temporary alleviation of acute food insecurity and malnutrition conditions in parts of the Gaza Strip. However, the ongoing blockade imposed in early March reversed the situation. Since 18 March, the escalating conflict has displaced over 430,000 people, further disrupted access to humanitarian assistance, markets, health, water and sanitation services, and caused additional damage to remaining essential infrastructure. All 25 bakeries supported by the World Food Programme (WFP) closed at the beginning of April due to lack of supplies, and food stocks for most of the 177 hot meal kitchens are reportedly exhausted. All preventive nutrition supplies have run out in UNICEF and WFP warehouses. Food prices are soaring daily, with wheat flour ranging from USD \$235 per 25 kg in Deir al-Balah to USD \$520 in Gaza and Khan Younis - a 3,000 percent increase since February 2025. Latest data show many households resorting to extreme coping strategies. A third reported collecting garbage to sell for food, while a quarter indicated that no valuable garbage remains. Observations reveal that social order is breaking down.

The plan announced on 5 May by Israeli authorities for delivering food and non-food items across the governorates is estimated to be highly insufficient to meet the population's essential needs for food, water, shelter and medicine. Moreover, the proposed distribution mechanisms are likely to create significant access barriers for large segments of the population. In light of the announced large-scale military operation across the Gaza Strip and the persistent inability of humanitarian agencies to deliver essential goods and services, there is a high risk that Famine (IPC Phase 5) will occur in the projection period (11 May – 30 September). The latest announcements suggest that this worst-case scenario is becoming more likely.

Immediate action is essential to prevent further deaths, starvation and acute malnutrition, and a descent into Famine. This entails ending hostilities, ensuring unrestricted humanitarian access, restoring essential services and commercial flows, and providing sufficient lifesaving assistance to all in need. The recent ceasefire in 2025 demonstrates the ability of humanitarian actors to scale up assistance, services and programming when unhindered access into and across the Gaza Strip is provided. Humanitarian partners were allowed to deliver over 500,000 metric tonnes of essential supplies in roughly 60 days, while, as of 6 May 2025, no assistance had been allowed into the Gaza Strip since then. Unhindered humanitarian access and commercial deliveries are required. Without secure access, meeting quotas for daily number of trucks or deliveries only permissible through specific crossings for limited areas of the Gaza Strip will remain insufficient.

Key Drivers



Hostilities

Over 19 months into the conflict, more than 52,400 people have been killed, and 118,000 injured – many of these women and children. This includes the 2,300 fatalities and nearly 6,000 injuries reported since hostilities resumed on 18 March 2025.



Restricted access

Since 2 March 2025, a comprehensive blockade has been enforced, preventing both humanitarian and commercial access to bring in essential supplies, including food, water, medicine, fuel and cooking gas.



Displacement

Approximately 90 percent of the population in the Gaza Strip, roughly 1.9 million people, have been displaced – often multiple times – as evacuation orders and no-go zones continue to expand. There have been over 430,000 people displaced since the resumption of hostilities on 18 March.



Food system collapse

The widespread destruction and degradation of productive assets, coupled with the ongoing blockade, have left extremely limited space for any form of domestic food production. Due to extreme shortages of supplies and looting, very few shops remain open. Food prices have skyrocketed, with the price of wheat flour increasing by over 3,000 percent since the end of February 2025. Access to cash remains extremely limited.

Contributing factors



Inadequate dietary intake

The vast majority of children in the Gaza Strip continue to face extreme food deprivation, with 75 percent consuming no more than two food groups per day, which is far below the minimum dietary requirements for optimal growth and development. The prolonged shortage of healthy and nutritious foods, such as fresh fruit, vegetables, meat and dairy products, is increasing the risk of micronutrient deficiencies and associated health consequences.



Severely limited access to health and nutrition services

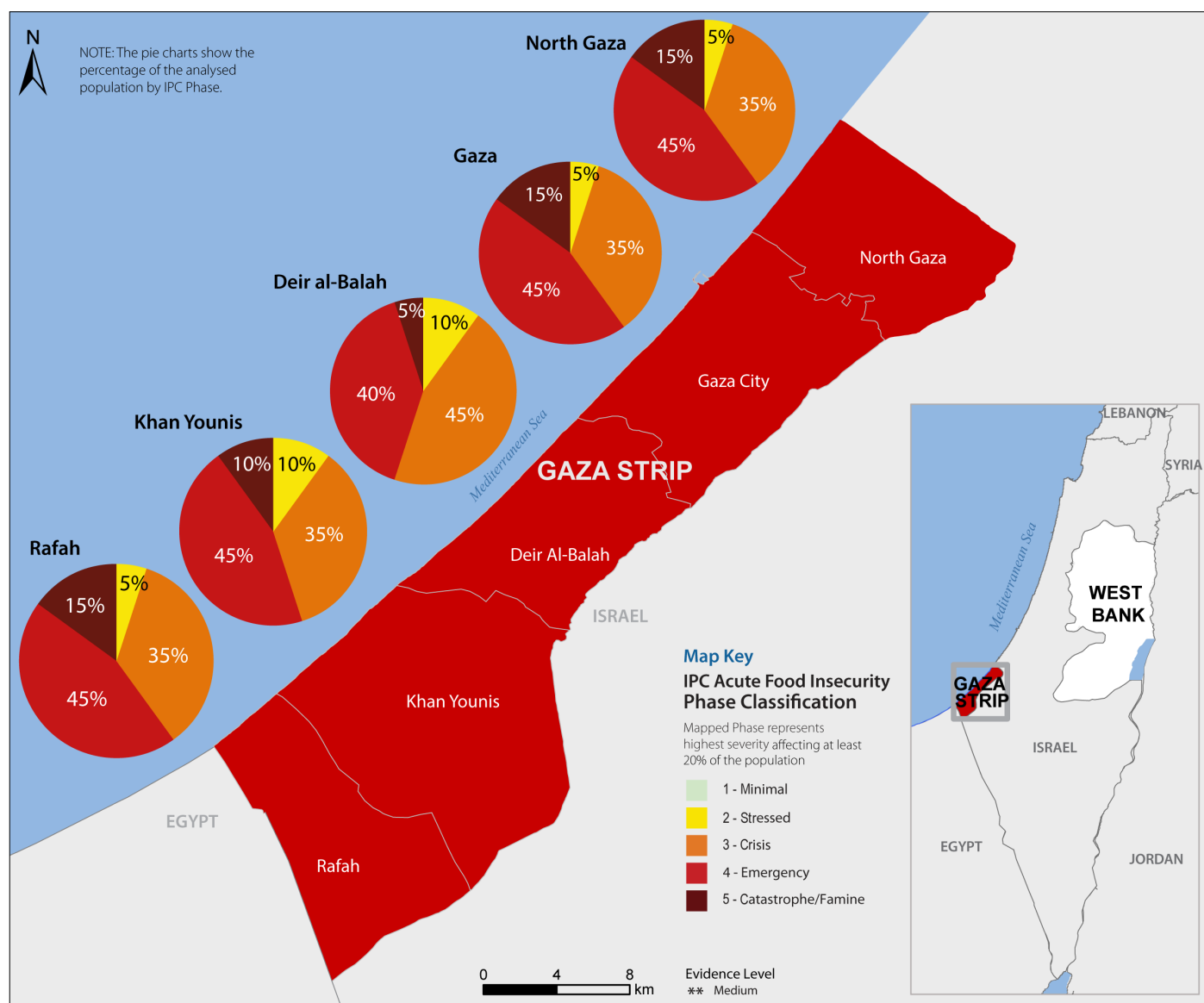
The destruction of health infrastructure, including attacks on medical staff, and persistent shortages of medical supplies have severely crippled the healthcare system. Access to essential health and nutrition services across the Gaza Strip remains critically constrained, contributing to a surge in non-communicable diseases and malnutrition, particularly among children, disabled, and elderly populations.



Critical gaps in water, sanitation, and hygiene

Safe water, sanitation, and hygiene services are dangerously insufficient. Most families lack reliable access to clean water and basic hygiene items, such as soap. Overcrowding in displacement sites, contaminated freshwater sources, and the collapse of healthcare facilities have created ideal conditions for widespread disease outbreaks.

CURRENT SITUATION MAP AND POPULATION TABLE (1 APRIL - 10 MAY 2025)



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POPULATION TABLE FOR THE CURRENT SITUATION: 1 APRIL - 10 MAY 2025

Governorate	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+		Area Phase
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%	
North Gaza	310,000	-	0%	15,500	5%	108,500	35%	139,500	45%	46,500	15%	294,500	95%	4
Gaza	740,000	-	0%	37,000	5%	259,000	35%	333,000	45%	111,000	15%	703,000	95%	4
Deir al-Balah	400,000	-	0%	40,000	10%	180,000	45%	160,000	40%	20,000	5%	360,000	90%	4
Khan Younis	620,000	-	0%	62,000	10%	217,000	35%	279,000	45%	62,000	10%	558,000	90%	4
Rafah	30,000	-	0%	1,500	5%	10,500	35%	13,500	45%	4,500	15%	28,500	95%	4
Grand Total	2,100,000	-	0%	156,000	7%	775,000	37%	925,000	44%	244,000	12%	1,944,000	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. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

CURRENT SITUATION OVERVIEW (1 APRIL - 10 MAY 2025)

Overall

After a short-lived improvement of food security during the ceasefire period – 18 January to 17 March 2025 - a significant proportion of the population of the Gaza Strip regressed to experiencing high levels of acute food insecurity at the time of the present IPC analysis. In the current period, between 1 April and 10 May 2025, over 1.9 million people (93 percent of the total population in the Gaza strip) are classified in IPC AFI Phase 3 (Crisis) or above and are in urgent need of humanitarian food assistance. Among them, 244,000 people (12 percent) are classified in IPC AFI Phase 5 (Catastrophe), associated with an extreme lack of food and/or other basic needs even after full employment of coping strategies, leading to starvation, death, and destitution; while 925,000 people (44 percent) are in IPC AFI Phase 4 (Emergency) and 775,000 people (37 percent) in IPC AFI Phase 3 (Crisis).

In the current period, all five areas of analysis: North Gaza, Gaza City, Deir al-Balah, Khan Younis, and Rafah, are classified in IPC AFI Phase 4 (Emergency) with 85 to 90 percent of the population facing high levels of acute food insecurity (IPC AFI Phase 3 or above). The highest prevalence of extreme severity is observed in Rafah, North Gaza and Gaza City governorates. Here, 15 percent of the population live in IPC AFI Phase 5 (Catastrophe). In absolute terms, the highest magnitude of acutely food insecure population, IPC AFI Phase 3 or above, is located in the most densely populated areas of Gaza City, where more than 700,000 people (95 percent) are acutely food insecure, including 111,000 people (15 percent of the population) in Catastrophe (IPC AFI Phase 5), and 333,000 people (45 percent of the population) in Emergency (IPC AFI Phase 4). Khan Younis and North Gaza also face extremely high numbers of people in Catastrophe (IPC AFI Phase 5) with 62,000 people and 46,500 people, respectively.

Only a matter of weeks after the resumption of hostilities and blocking of humanitarian assistance, the presence of a quarter of a million people in IPC AFI Phase 5 (Catastrophe) across Gaza strip highlights the impact of 19 months of conflict, displacement and destruction which have left the population unable to cope any further, without external support. Extreme levels of human suffering persist.

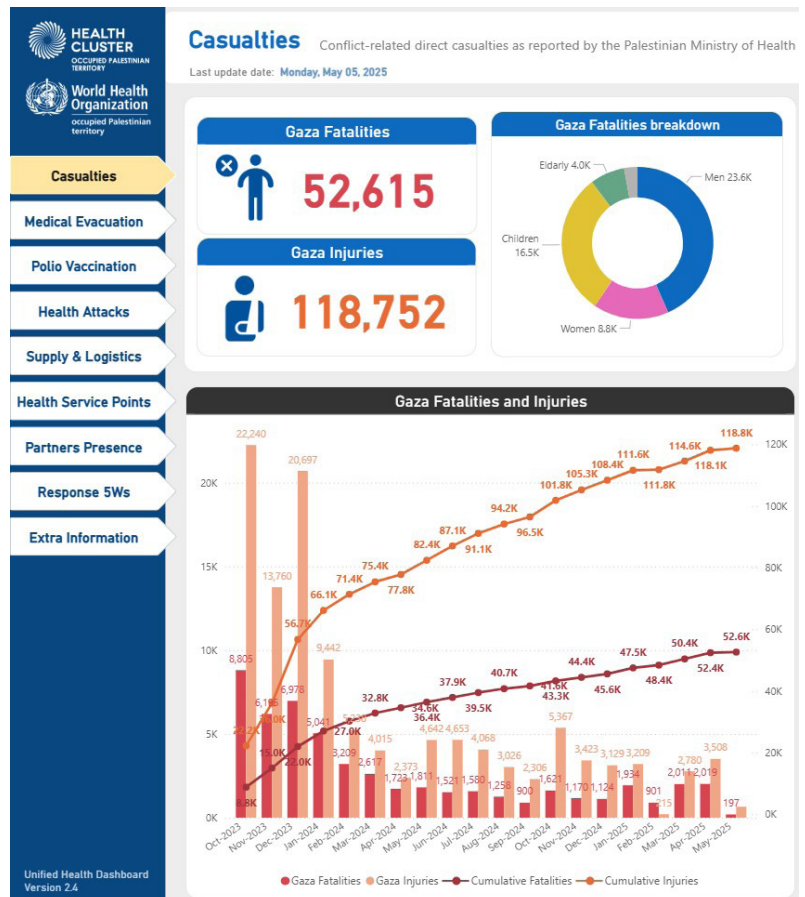
Hazards and Vulnerabilities

Conflict. On 18 March 2025, the previous ceasefire agreement was breached with large-scale airstrikes resuming, resulting in widespread death, displacements and destruction of key infrastructure with Gaza City, Khan Younis and Rafah hit hardest. On 20 March, additional airstrikes were launched and ground operations restarted with the retaking of part of the strategic Netzarim Corridor that divides Gaza’s north from the south, and advancing towards the northern town of Beit Lahya and into the southern border city of Rafah¹. Fighting between armed groups has been reported, particularly in North Gaza and Rafah governorates, and concurrently led to the issuing and enforcement of evacuation orders in late March and April.

Between 18 March and 9 April 2025, there were some 224 incidents of strikes on residential buildings and tents for internally displaced people (IDPs)².

As of 5 May 2025 (Figure 1), the ongoing hostilities have reportedly resulted in over 52,000 fatalities, and 116,991 people injured³. Since the escalation of hostilities on 18 March 2025, women and children have accounted for at least 53 percent of casualties and at least 55 percent of injuries. Furthermore, at least 36 of the airstrikes killed only women and children⁴.

Figure 1. Casualties in the Gaza Strip reported by the Palestinian Ministry of Health as of 5 May 2025. Source: Health Cluster



The conflict is having a heavy impact on household vulnerabilities, which will have long-lasting impacts on the people of Gaza. The crisis has forced approximately 12,934 new women-headed households and left 17,000 children (around 8,381 girls and 8,619 boys) unaccompanied or separated from their families. According to UNICEF⁵, The Gaza Strip now has the highest number of child amputees per capita anywhere in the world with severe limb injuries estimated to be between 13,455 and 17,550, while between 3,105 and 4,050 limb amputations have occurred since October 2023 according to WHO reports⁶.

Displacements. Around 1.9 million people, or nine in ten Gazans, have been displaced at least once since the start of the conflict on 7 October 2023, with many displaced repeatedly, some 10 times or more⁷. Since the resumption of hostilities on 18 March, nearly half of those who returned to their places of origins during the ceasefire were displaced again⁸. As of 15 April, roughly 420,000 people are estimated to have been displaced again, according to the Site Management Cluster (SMC), with no safe place to go.

Since 18 March, 21 "evacuation orders" were issued. As of 31 March, evacuation orders covered almost the entire Rafah governorate, followed by a large-scale ground operation in the area. This was followed by large-scale ground operations in the area. Thousands of civilians were reportedly trapped in Rafah, including in Tal Al Sultan area, with no way out and no access to humanitarian aid⁹. Large evacuation orders were also issued in North Gaza and Gaza city between the end of March and early April. At the time of the analysis, over 142 square kilometres (39 percent of the total surface of the Gaza Strip) have been put under forced displacement orders¹⁰. According to OCHA, 69 percent of Gaza is currently either within the buffer zone or under displacement orders. These orders have sometimes been issued with only a few minutes' notice, forcing residents to flee under extreme pressure¹¹.

Large areas within the North Gaza, East Gaza city, East Khan Younis, and Rafah governorates have become largely inaccessible, forcing populations into overcrowded zones with limited services¹². Many of the UNRWA displacement sites are located within 'no-go areas' (124), under active displacement orders, or both. UNRWA runs 115 shelters across the Gaza Strip, with over 90,000 displaced people residing in them¹³.

One of the main challenges for residents and humanitarian workers is identifying safe and accessible locations to set up shelters because of widespread damage, rubble, explosive ordnance, and the lack of essential services. Humanitarian organisations and people in general cannot build shelters due to a lack of materials and imposed restrictions.¹⁴ Since 2 March 2025, the blockade has prevented the entry of all shelter and non-food items, including dual use items like the materials needed to repair shelters, tents and temporary accommodations.

As people are being displaced multiple times, often on short notice, many are moving without their belongings, either because they lacked the time or ability to carry them or were prevented from doing so. Growing needs and desperation have led to looting, which has caused the loss of 900 tents. Many people are simply trying to survive amid scarcity and uncertainty, and extremely limited shelter options.

Figure 2. Population movements, Source: SMC, April 2025

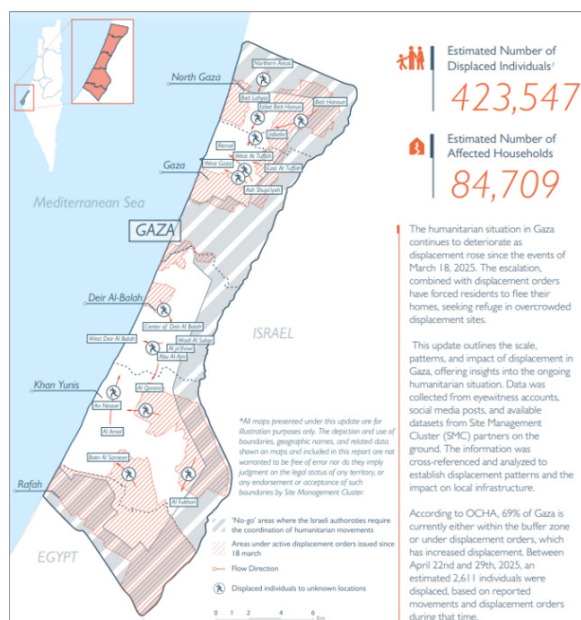
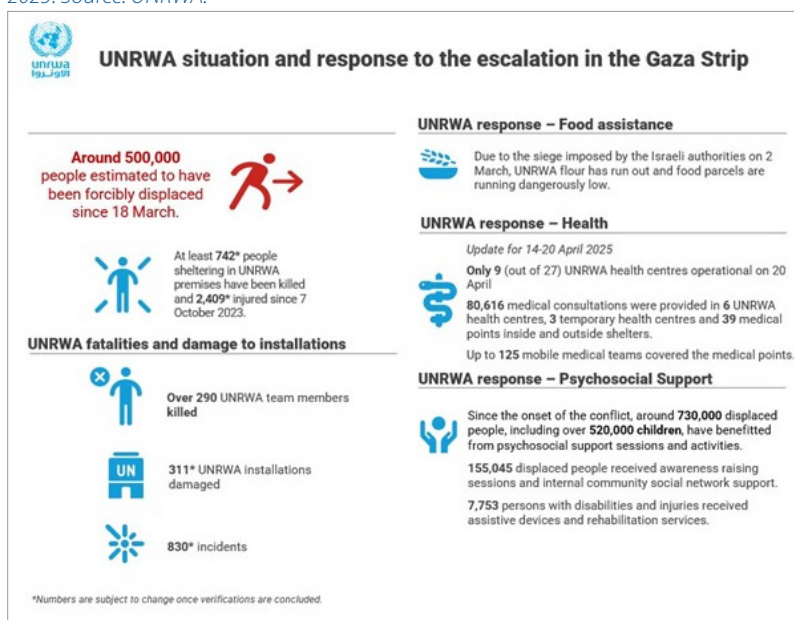


Figure 3. UNRWA situation and response to the escalation in the Gaza Strip as of April 23, 2025. Source: UNRWA.



According to OCHA, around 92 percent of homes and buildings in the Gaza Strip have been destroyed¹⁵. High rent costs, lack of cash, and steep cash-out fees (over 30 percent) further prevent displaced families from accessing adequate shelter¹⁶. As a result, many families are forced into unsafe or overcrowded spaces. Data from UNICEF suggests that displacement has led to an increase in the number of people residing in the same dwelling from the normal average of six people in the same household up to ten.¹⁷

Damages. In addition to the extensive damage caused to homes over a year and a half into the conflict, bombardments have destroyed or severely damaged the majority of essential infrastructure for food systems to function, including markets, warehouses, telecommunications infrastructure¹⁸, and roads. A World Bank report estimated that in the first year of conflict alone, physical infrastructure damage and economic and social losses caused by the conflict are estimated at around USD \$29.9 billion and USD \$19.1 billion, respectively, bringing the total estimated impacts of the conflict to USD \$49 billion¹⁹. According to the latest satellite imagery analysis by UNOSAT, 69 percent of all the buildings in the Gaza Strip have been damaged or destroyed as of December 2024. This is likely to be much higher during the current period due to recent escalations in hostilities. The governorates of North Gaza, particularly Jabalya municipality and Rafah experienced the highest increase in damage compared to the September 2024 analysis²⁰. In terms of overall damage since the start of the conflict in late 2023, Gaza City has been most affected, followed by Khan Younis, North Gaza, Rafah and finally Deir al-Balah.

Figure 4. Building damage assessment via satellite imagery analysis, May to December 2024. Source: UNOSAT



Prior to the most recent escalation of hostilities, as of 17 March, 62 percent of Gaza's roads were destroyed, constraining the transportation of humanitarian aid and commercial goods. Beyond the immediate loss of infrastructure, the widespread destruction of buildings, homes and critical infrastructure has resulted in an estimated 50 million tons of debris, further preventing civilian mobility and access to markets. Removing debris continues to be extremely challenging due to fuel shortages, the limited availability of necessary machinery, severe damage to roads, and overall insecurity²¹. The possible presence of explosive ordnance under debris and collapsed buildings, with the constant risk of collapsing damaged buildings, pose a security risk for residents and humanitarian workers²².

Humanitarian access constraints. Humanitarian operations have been stifled by a combination of expanded military activity, and a blockade on the entry of humanitarian aid and commercial supplies since 2 March, along with the killing of aid workers, attacks on their premises and the imposition of severe movements restrictions within Gaza.

The number of humanitarian aid workers has been reducing due to security risks, including direct attacks, sometimes resulting in death, and refusals from authorities to allow aid workers to remain in Gaza or re-enter the territory. In total, since

7 October 2023, at least 418 aid workers, including 295 UN staff, have been killed in Gaza²³. On 27 March, all remaining UNRWA international staff left the Gaza Strip. All UNRWA international staff are now banned from entering the Gaza Strip²⁴.

With around 65 to 70 percent of the Gaza Strip now within no-go areas, under displacement orders, or both (Figure 5)²⁵, establishing safe spaces for civilians and for humanitarians to reach civilians have become highly problematic. One hundred percent of Rafah's territory is now considered a total 'no-go' zone, this is followed by North Gaza (84 percent), Gaza (78 percent), Khan Younis (51 percent), and Deir al-Balah (41 percent). Northern Gaza was subjected to more evacuation orders in the first days of April. Thousands more people in Beit Hanoun, Beit Lahiya, Jabalya, and parts of Gaza City were instructed to move, despite having few safe places left to go.

OCHA reported that, of the 42 planned aid movements coordinated inside the Gaza Strip with authorities across Gaza from 15 to 21 April 2025, 20 were denied, two impeded, one cancelled, and 19 facilitated²⁶. Figure 6 below shows the number of trucks per crossing point by COGAT for imports of essential commodities since January 2025, noting that this data has not been updated since March, when the blockade was enforced. Nevertheless, in January and February 2025, three crossing points were open, with Kerem Shalom being the primary entry point in Rafah, followed by Erez East and West in the north. However, since 2 March, following the closure of all entry points, the flow of essential supplies, including food medicines and fuel have stopped completely, leading to a severely deteriorating humanitarian crisis²⁷.

However, during the two month-long ceasefire, humanitarian agencies were able to massively scale-up deliveries and services, because of enhanced humanitarian access, largely attributable to a rise in entry authorizations for commercial and humanitarian truckloads. This also made it possible to stockpile and preposition some supplies. The result on food security outcomes was tangible. By early March, all governorates reached the lowest levels of inadequate food consumption and coping adoption per CATI 1.

Figure 5. Movement restrictions. Source: OCHA, 30 April 2025

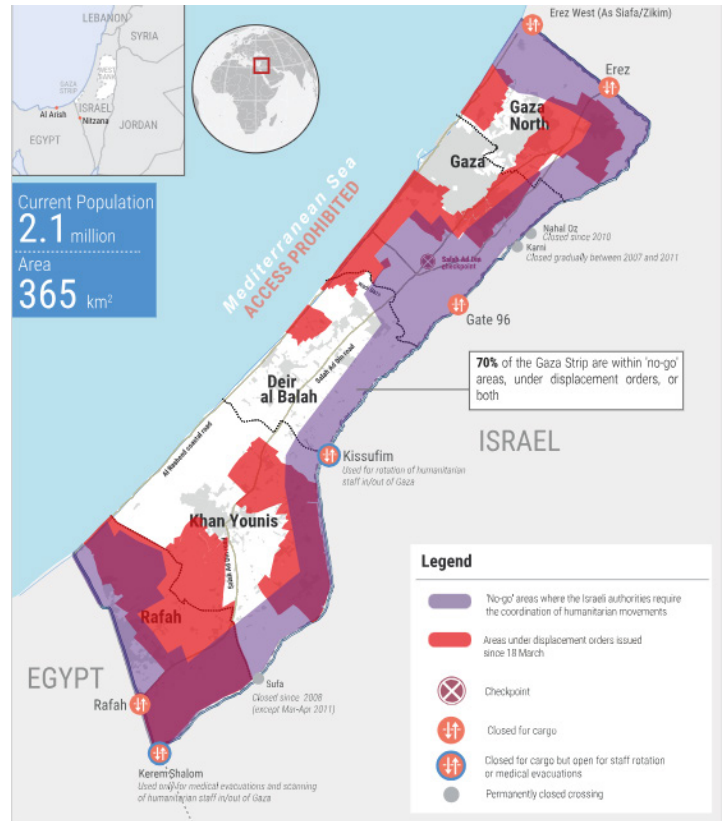
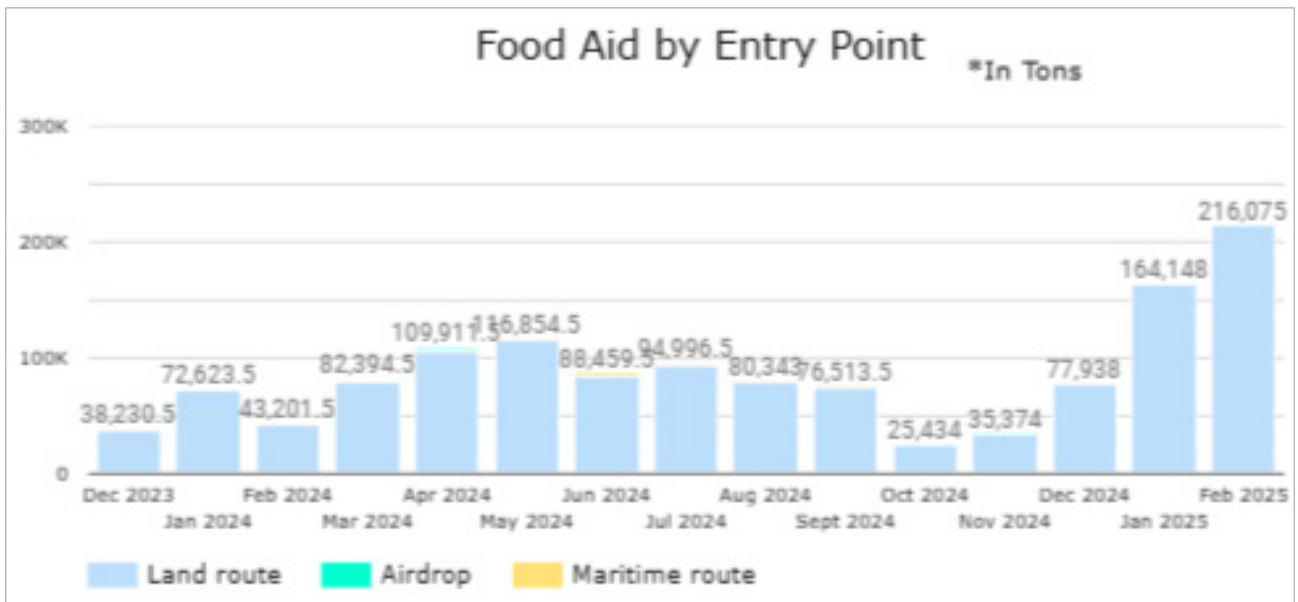


Figure 6. Food deliveries. May, 2025. Source: COGAT



Food Availability

Since 2 March 2025, the comprehensive blockade and closure of crossings has prevented both humanitarian and commercial access from bringing in essential supplies, including food and agricultural inputs. Given the severe damage sustained to local agricultural production systems, the blockade on imports means that food availability, both through household stocks and market supplies are dwindling to a bare minimum.

Production. Since the start of the conflict, agricultural production systems, including cropland, livestock and fisheries, have sustained severe damage, and active and indirect conflict is preventing producers from accessing their lands, water and boats. UNOSAT and FAO analyses shows that of the 150 sq. km of cropland in the Gaza Strip, (41 percent of the Gaza Strip), of its 36,410 hectares 42 percent (15,053 ha) is used for cropland. However, as of March 2025, comparing to the average of the previous seven years (2018-2025), approximately 81 percent of the permanent crop fields in the Gaza Strip exhibited a significant decline in health and density, due to impacts of conflict, such as razing, heavy vehicle activity, bombing and shelling²⁸. This is an 8 percent increase in the proportion of damaged cropland since December 2024. Additionally, there has been a notable increase in the destruction of orchards and other tree crops, field crops and vegetables, particularly in the governorate of Khan Younis, with an 8-percentage point increase compared to the previous analysis in December 2024. There has also been a notable increase in the destruction of cropland in Rafah, from 67 percent to 74 percent between December 2024 to March 2025.

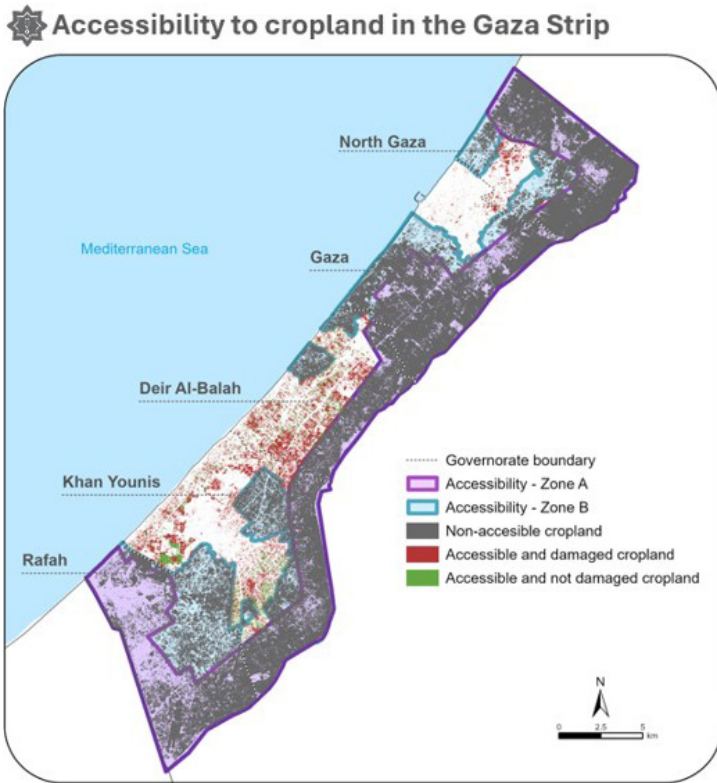
Further, within accessible cropland, less than 6 percent (862.5 ha) remains undamaged according to the latest assessment as of December 2024. Beyond the damages sustained, any cropland remaining is largely inaccessible, with an estimated 78 percent (11,715 ha) not accessible in zone B and 60 percent (8,987.4 ha) not accessible in zone A. The entire cropland area in Rafah and 97 percent of the cropland in Gaza Governorate is non-accessible under zone B (Figure 8)²⁹. Given the severely limited availability of undamaged and accessible lands, local production is expected to remain limited.

Figure 7. Cropland damage Nov 2023, Dec 2023, Jan 2024, May 2024, July 2024, August 2024, September 2024, April 2025. Source: UNOSAT.



In addition to the damaged cropland, the ongoing conflict in the Gaza Strip has resulted in significant damage to other elements of the food system, including infrastructure such as greenhouses, wells, solar panels and other assets. Roughly 57 percent of the greenhouses across the strip have been damaged, with Gaza City governorate sustaining the most damage (nearly 100 percent), followed by North Gaza (93 percent)³⁰. Over two thirds (68 percent) of assessed wells were damaged in December 2024, up from 53 percent in September 2024 and highlights the continuing trend of destruction or damage to food and water sources in the Gaza Strip.

Figure 8. Access to croplands. Source: FAO-UNOSAT



Accessibility to cropland

The accessibility of cropland area in the Gaza Strip was assessed based on baseline cropland dataset for 2023, last damage assessment to cropland in December 2024 (FAO, UNOSAT, 2024), distance to border and areas under restriction as of April 2025 considering two specific restriction zones:

- **Zone A:** no-go area where coordination with humanitarian movements is required with Israeli authorities (as of 18th March 2025, OCHA).
- **Zone B:** area under active displacement orders during 18th March- 12th April 2025 (OCHA, 2025) in addition to zone A.

Figure 9. Damage to greenhouses (December 2024). Source: FAO.

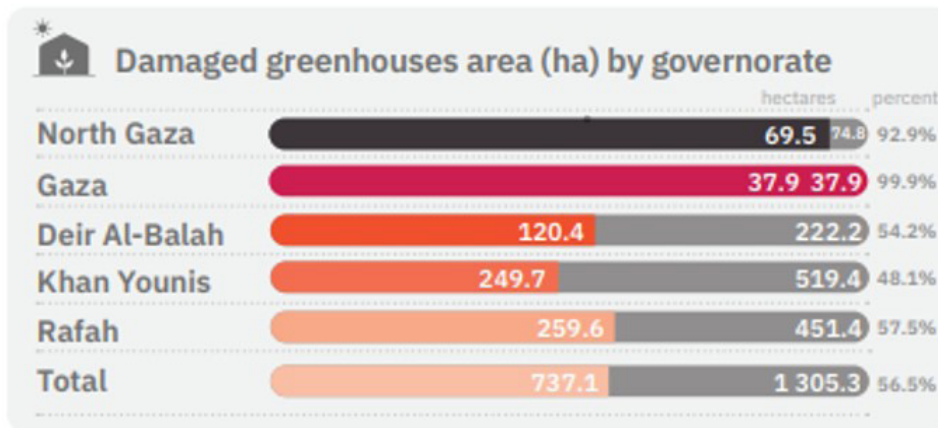
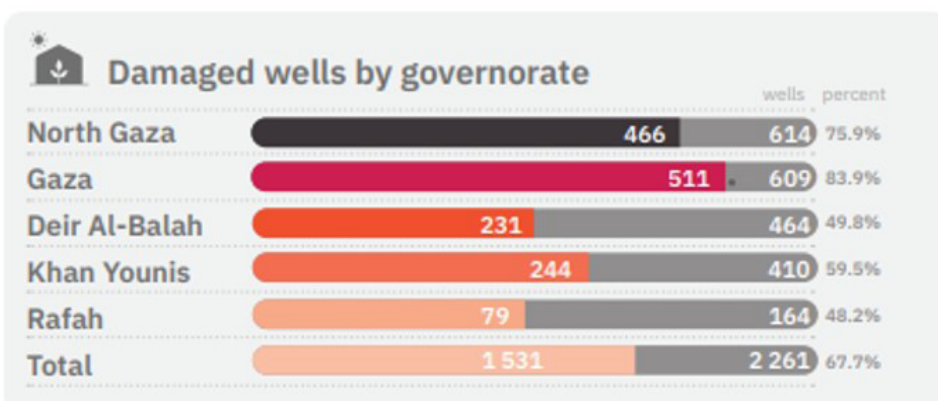
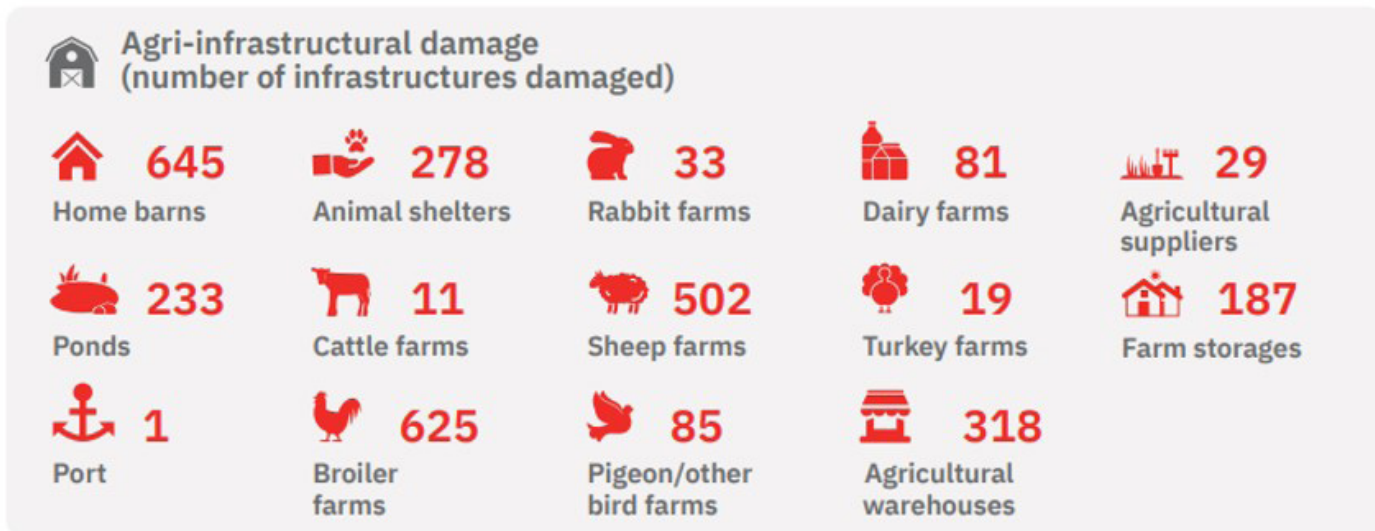


Figure 10. Damage to agriculture wells (December 2024). Source: FAO.



Since the previous damage analysis in September 2024, remote sensing and satellite imagery analysis continues to indicate increased damage to agricultural infrastructure, with home barns (645), broiler farms (625), sheep farms (502), and agricultural warehouses (292), the most affected. As hostilities within the Gaza Strip have continued well into 2025, with recent escalations since mid-March, the food system is expected to further deteriorate with more direct and sustained attacks on infrastructure essential for the food system to operate.

Figure 11. Damage to agricultural infrastructure (December 2024). Source: FAO.

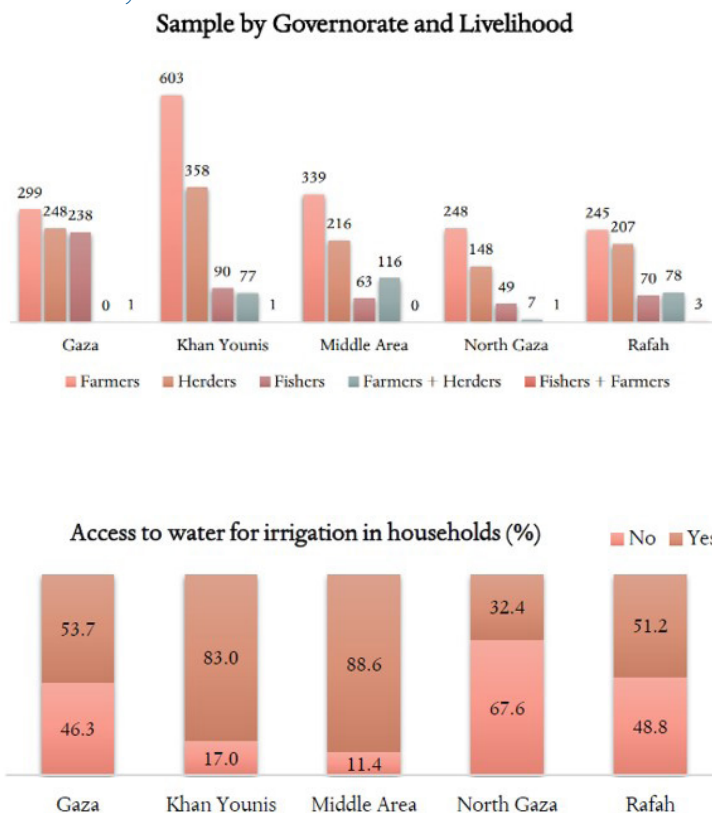


An additional assessment conducted by the Food Security Sector³², indicates a contraction in farming opportunities particularly visible in North Gaza and Khan Younis, where the number of farmers cultivating decreased by 50 percent and 13 percent, respectively. The survey, albeit not representative, confirms that shelter destruction (83-95 percent) and water system collapse (82 percent) are widespread, leaving little margin for recovery for herders in the Gaza Strip. Khan Younis and the Middle Area reported the highest cultivation rates in both the current and previous seasons. In contrast, North Gaza experienced the lowest rates, as well as the most significant decline.

This assessment has considerable limitations that may result in an overly optimistic portrayal of the population segment of farmers and herders, due to selective sampling biased toward known agricultural households, many of which were receiving livelihoods support. There is also an accessibility bias, whereby enumerators could only access communities and individuals who were mobile and visibly engaged in agriculture under current conditions, hence overlooking those who may have moved elsewhere or are unable to continue practicing their livelihoods. Nonetheless, this assessment gives some indication of the challenges agricultural producers who are still active are facing.

Overall, 45 percent of the respondents did not cultivate this season, while 8 percent could cultivate this season (during the ceasefire) after not being able to do so for the last agricultural season. The resumption of hostilities, displacement and insecurity poses serious concerns on their ability to pursue cultivations until the harvest stage.

Figure 12, 13. Assessment sample and access to irrigation (March 2025). Source: Food Security Sector.



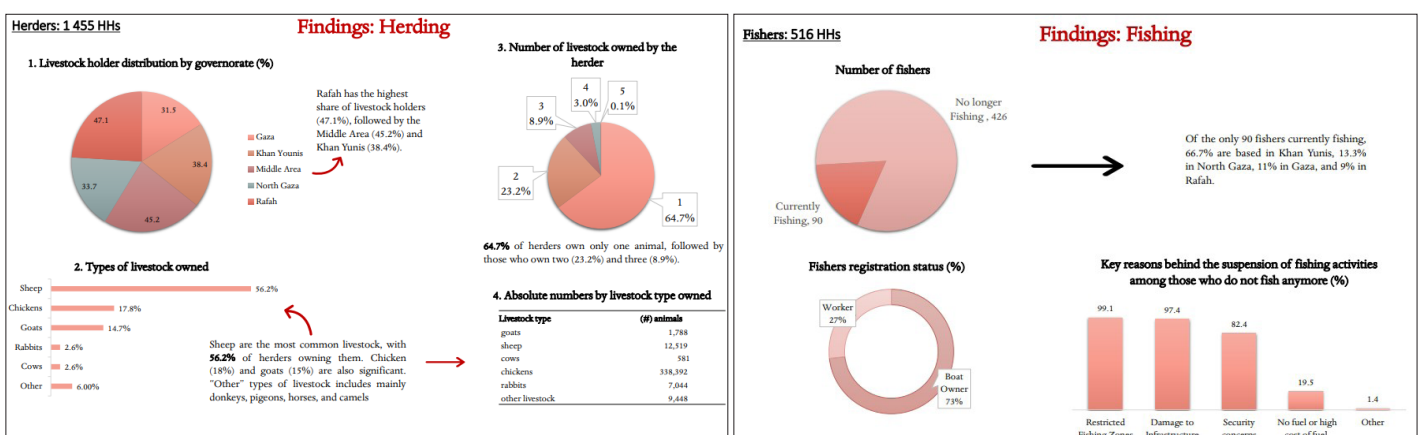
Across the Gaza Strip, the primary constraint in crop farming is a lack of affordable and accessible agricultural inputs, particularly seeds (89 percent) and fertilizers (80 percent). Yet even where inputs are available, water access determines cultivation. Of the households surveyed, only 1.9 percent of HHs are currently cultivating reported not having water, compared to nearly 70 percent of those not cultivating, indicating that access to water and irrigation infrastructure is a prohibitive factor to agricultural engagement. Water access emerged as one of the most critical obstacles to cultivation, as reported by 41 percent of respondents, with irrigation access issues highest in North Gaza (68 percent) followed by Rafah (49 percent) and Gaza (46 percent). Access to water across the strip for both household and agricultural use is constrained by multiple factors; lack of fuel to pump water is a major limiting factor across all governorates for nearly all households sampled in Gaza (99 percent), followed by around nine out of 10 in North Gaza and the Middle Area (Deir al-Balah) and Rafah. This lack of fuel to pump water is followed by general water scarcity, which is most severe in Gaza (99 percent), followed by Khan Younis (91 percent), North Gaza (88 percent), and Rafah (77 percent). Financial barriers are also critical, with Gaza (100 percent), Khan Younis (98 percent), and North Gaza (88 percent) reporting the highest levels of economic constraints affecting irrigation.

For herders, conflict-related animal mortality is a primary driver of production disruptions, and lack of veterinary medicine is the most critical livestock survival issue (90 percent). With 93 percent of herders reporting damage and more than 90 percent citing animal deaths, the data shows how conflict directly impacts livelihoods. Lack of money is the top reported barrier to having sufficient water for animals across all governorates, especially Khan Younis and North Gaza, exceeding the other factors.

Fisheries are the most physically restricted sector. Fishers across Gaza reported widespread conflict-related damages, with 98 percent reporting damage to boats and nets, and the highest rates of damages reported in the Middle Area (98 percent), Khan Younis (98 percent), and Gaza (98 percent). Fishers also reported facing complete or partial prohibitions on fishing zones, and 96 percent reported attacks on boats or being fired upon. Naval blockades further restrict operations.

It is worth noting that the main constraints indicated exclude direct causes of conflict, insecurity and displacement – less imminent and tangible at the time of data collection, which occurred during the ceasefire – and are only based on available response options regarding technical limitations to productions. The situation reported during the ceasefire, both in terms of farmers, herders and fishermen able to produce, and in terms of type of constraints faced, is expected to differ significantly during the current period compared to the one reported in the survey.

Figure 14, 15. Findings from Herding and Fishing (March 2025). Source: Food Security Sector.



Availability in the markets. As of March 2025, imports were the primary source of goods in the Gaza Strip markets, with limited reliance on local production. However, since the closure of all the crossings on 2 March, all commercial and humanitarian trucks have been blocked from entering the Gaza Strip, leading to a complete halt of the flow of goods, and causing profound disruptions to local markets and critical shortages of basic necessities. Limited or no commercial deliveries into the Gaza Strip were reported since late 2024.

Stock shortages at the wholesale level became significant, with no new goods entering the market. As low internal productions are unable to sustain even a minimal portion of the demand on markets, the supply shortfall has likely intensified, already affecting 75 percent of shops in North Gaza, as of the end of April, followed by 78 percent in Gaza, 59

percent in Deir Al-Balah, and 82 percent in Khan Younis. The inability to restock regularly continues to limit the availability of essential items. High restocking costs, which were a challenge even before the crossings closed, have further restricted supply replenishment. This is especially problematic for 48 percent of shops in Gaza, 50 percent in Deir Al-Balah, and 29 percent in Khan Younis. Numerous food and non-food items have completely disappeared from market shelves, further straining already fragile supply chains. Several key food items, such as dairy products, eggs, fruits and meat, have disappeared from the market³³. All surveyed shops are operating at less than 40 percent of their stock storage capacity, with many holding less than a fifth of their maximum capacity. This critical shortage of goods indicates a severe lack of supplies, with many key commodities either non-existent or scarce, and prices in Gaza remaining high.

An analysis conducted in March 2025 by the Cash Working Group (CWG) showed a significant shortage of essential items across all governorates. Respondents reported a decline in the availability of essential items, likely due to the blockade of aid and commercial supplies, as well as the consecutive ceasefire collapse and renewed hostilities. At this time, two months ago, the primary constraints were gas and fuel, with some governorates already reporting lack of supplies³⁴.

Table 1. Reported Food and NFI Availability, by governorate (March 2025).

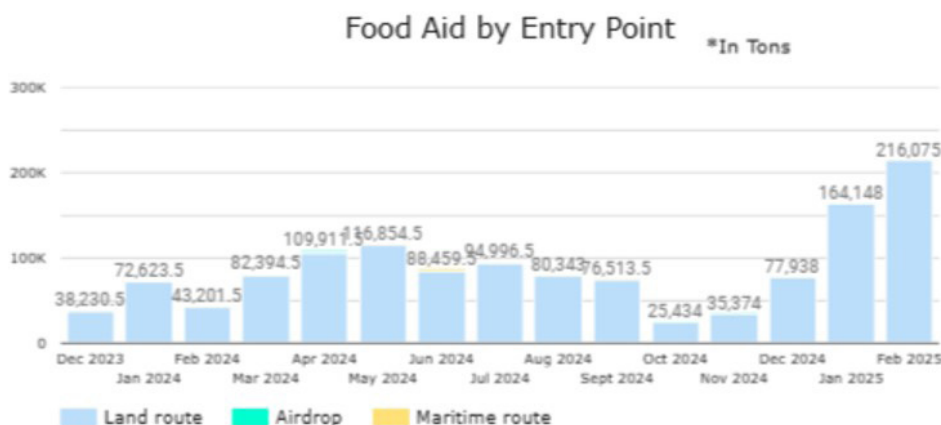
	Canned food	Fresh food	Dairy	Bread	Staple Food	Baby needs	Water	Gas	Fuel	Firewood	Hygiene Items	Kitchen Items	Clothing	Household Items	Shelter Items	Medicine
Rafah	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Khan Younis	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Deir al Balah	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Gaza	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
North Gaza	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

● Available ● Low Availability ● Not Available ● No Consensus^d

Although of secondary concern to the complete lack of stocks and goods flowing into the Gaza Strip currently, even if the borders were to reopen, market availability is also exacerbated by transportation issues, decreasing market integration as a result of infrastructural damage to roads, warehouses and salespoints, and the liquidity crisis. According to WFP Market Monitor data from March when some goods were still flowing in, shops surveyed were already heavily affected by transportation difficulties, particularly in North Gaza, where all shops were affected, followed by 63 percent in Gaza, 45 percent in Deir al-Balah, and 29 percent in Khan Younis. Limited communication with wholesalers adds to the challenges, particularly for 54 percent of shops in Khan Younis. The ongoing cash liquidity crisis has further destabilised the market, making it difficult for shop owners to restock, pay suppliers, and cover operational costs. Cash flow shortages are reported by two-thirds of shops in North Gaza, 89 percent in Gaza, 59 percent in Deir Al-Balah, and 96 percent in Khan Younis³⁵.

Humanitarian, privately contracted and commercial food deliveries. Currently, the only publicly available source monitoring the commercial and humanitarian inflows is provided by Coordination of Government Activities in the Territories (COGAT)³⁶. At the time of analysis (early May), the COGAT dashboard for humanitarian aid data only reflects deliveries until the 28th of February and reflects the peak of humanitarian assistance deliveries during the 2025 ceasefire period. During this period, humanitarian access was at its highest and most sustained level since the start of hostilities in 2023 as observed below.

Figure 16. Food aid by entry point (May 2025). Source: COGAT



The dashboard does not report any deliveries for the March, April or May 2025 period. As the blockade on all humanitarian and commercial deliveries was enforced on 2 March, the estimated deliveries not reported on 1 March are expected to be negligible.

There have been no reported humanitarian or commercial deliveries via land crossings in the 65 days between 2 March and the end of the analysis on 6 May.

Reported food aid delivery figures on the COGAT dashboard and associated dataset do not allow independent verification of reported deliveries, metric tonnes (MT) per truck or truck numbers. Nor does it allow disaggregation by governorate level, rather it only indicates the reported amount that may have crossed into the Gaza Strip. It is not possible from the dataset to identify where each delivery was finally distributed or what commodities and quantities different communities received.

COGAT, through its dashboard, reports that 380,223 MT of humanitarian food deliveries occurred in the January to February 2025 period. This reported figure of food crossing into the Gaza Strip does not provide further information on how many individuals have actually accessed it, nor for what duration. It also does not estimate the daily caloric or nutritional coverage that individuals or households are expected to receive and utilise. It is important to note that trucks and tonnage entering Gaza do not directly equate to how much people actually receive and the impact on their food security, which also requires improved dietary diversity, access to cooking fuel and clean water.

WFP has recently estimated³⁷ that more than 116,000 metric tons of food assistance, which would reportedly be sufficient to feed one million people for up to four months, is positioned at aid corridors ready to be brought into Gaza as soon as borders reopen. Using this ratio, it is estimated that roughly 61,000 MT of food is required to feed 2.1 million individuals for one month.

Considering COGAT's estimate, the reported January-February 2025 deliveries may seem to cover several months of food needs, assuming that food was equally available and accessible to each household across the five governorates of the Gaza Strip. However, evacuation orders, movement restrictions and other barriers prevent these deliveries from being stable and physically available for all populations. Potentially available food does not directly translate into food that is accessible and that is consumed.

February 2025 population estimates indicate that 46.5 percent of the population (956,000 individuals) resided in the Northern two governorates, while the remaining 53.5 percent (1,122,500 individuals) resided in the Southern governorates. Comparing these population figures against the reported COGAT food deliveries by land crossing points supporting the Northern governorates (Erez West, Erez East, Gate 96) and the Southern governorates (Crossing 147 and Karem Shalom) a noticeable difference is observed in total availability of reported food deliveries by area. On average only 32 percent of all food trucks were crossing into the Northern governorates to support 46.5 percent of the population, while 68 percent of all food trucks were crossing into the Southern governorates to support 53.5 percent of the population.

Applying these percentages to the total MT reported (380,223), roughly 121,671 MT (32 percent) would be available in the Northern governorates while 258,552 MT (68 percent) would be available in the Southern governorates. Considering the WFP estimate, that roughly 61,000 MT is needed to support 21 million individuals for one month, the Northern governorates would not have sufficient food during the January to April period, as widely reported by the UN and other sources since late April. Whereas the Southern governorates would have several months of potentially available food by this estimate, including Rafah, if food were available to all populations in the Southern governorates. Gaps in these governorates would materialise by the time of writing this report. All these estimates are based on assumptions of rationalised and equally accessible food deliveries based on estimates of food available, without considering the tangible constraints of humanitarian access that actors and assumed beneficiaries are facing.

While it may be assumed that there were still food stocks in the Northern governorates when the January-February 2025 deliveries occurred, they are highly unlikely to maintain the monthly food needs required for the January to May 2025 period. Especially as no deliveries were reported after February 2025. Estimated ceasefire food deliveries will fall catastrophically short in the coming months and food consumption gaps will dramatically increase each month as the remaining available food depletes. FAO estimates on declining food availability within the Gaza Strip from reported food deliveries also indicate that populations were left without adequate food and an increasing number of civilians are vulnerable to starvation.³⁸

Food Access

Access to food, which is a function of physical, financial and social access, is curtailed by insecurity, lack of fuel and infrastructural damage. Ongoing conflict, insecurity, damaged roads, and movement restrictions severely limit physical access to food distribution points and markets, largely contributing to the overall food insecurity situation. The recurrent attacks not only pose threats to the life of the populations in the Gaza strip, but also discourage movements towards markets, food distribution points, bakeries and communal kitchens. Per CATI 1, as of April 2025 around 90 percent of households face significant challenges in accessing food, compared to roughly 70 percent in March.

Physical Access. The closure of border crossings has disrupted both humanitarian and commercial supply flows, unequivocally hindering the access to food for the entire population of Gaza Strip. Scarce availability, depleting humanitarian and market stocks, and soaring food prices are the main visible barriers to food provision. The lack of transportation and increased costs as a result of scarce fuel also contributes to significantly limited access. The residual impact of the inflow of commercial and humanitarian food inflow recorded during the ceasefire is now over.

Over 90 percent of the population in the Gaza Strip depends on external support for their food supplies, including humanitarian assistance, mostly distributed through the 170 hot-meals kitchens, and gifts from friends and relatives. Until 31st March, the 25 WFP-supported bakeries represented a crucial source of staple food for families. Due to the full depletion of flour or cooking gas stocks, none of these bakeries have been operational since 1st of April.

Access to markets is also plummeting. Market monitoring reports show that as of March 2025, around 70 percent of households faced some difficulties accessing markets. By early April, this figure rose to around 80 percent. According to CATI 1, the average percentage of people facing access constraints to markets rose to approximately 85 percent in April, with peaks in North Gaza (91 percent) and Gaza city (87 percent) governorates. In North Gaza governorate, lack of liquidity (94 percent of respondents) and high prices (51 percent) are the main barriers for most of them, while around one third of people reported facing access constraints due to insecurity and restrictions of movements. The only functioning markets are informal, only accept hard currency, do not allow digital transfers, and do not display well-diversified foods. In other governorates where formal markets are still partially functioning, such as in Khan Younis, lack of liquidity was reported by 95 percent of respondents as the main constraint. According to the Cash Working Group's (CWG) market overview of March 2025, 65 percent of respondents reported that one of the main obstacles to accessing markets was the lack of transport.³⁹

The scarce accessible croplands in North Gaza and Rafah reported during the October 2024 IPC analysis are now either damaged or inaccessible, as 65 percent of the Gaza Strip surface in April 2025 (88 percent of Northern Gaza) is classified as either a "no-go" zone or under active displacement orders. Physical access to livestock products and fish is virtually non-existent or extremely minimal.

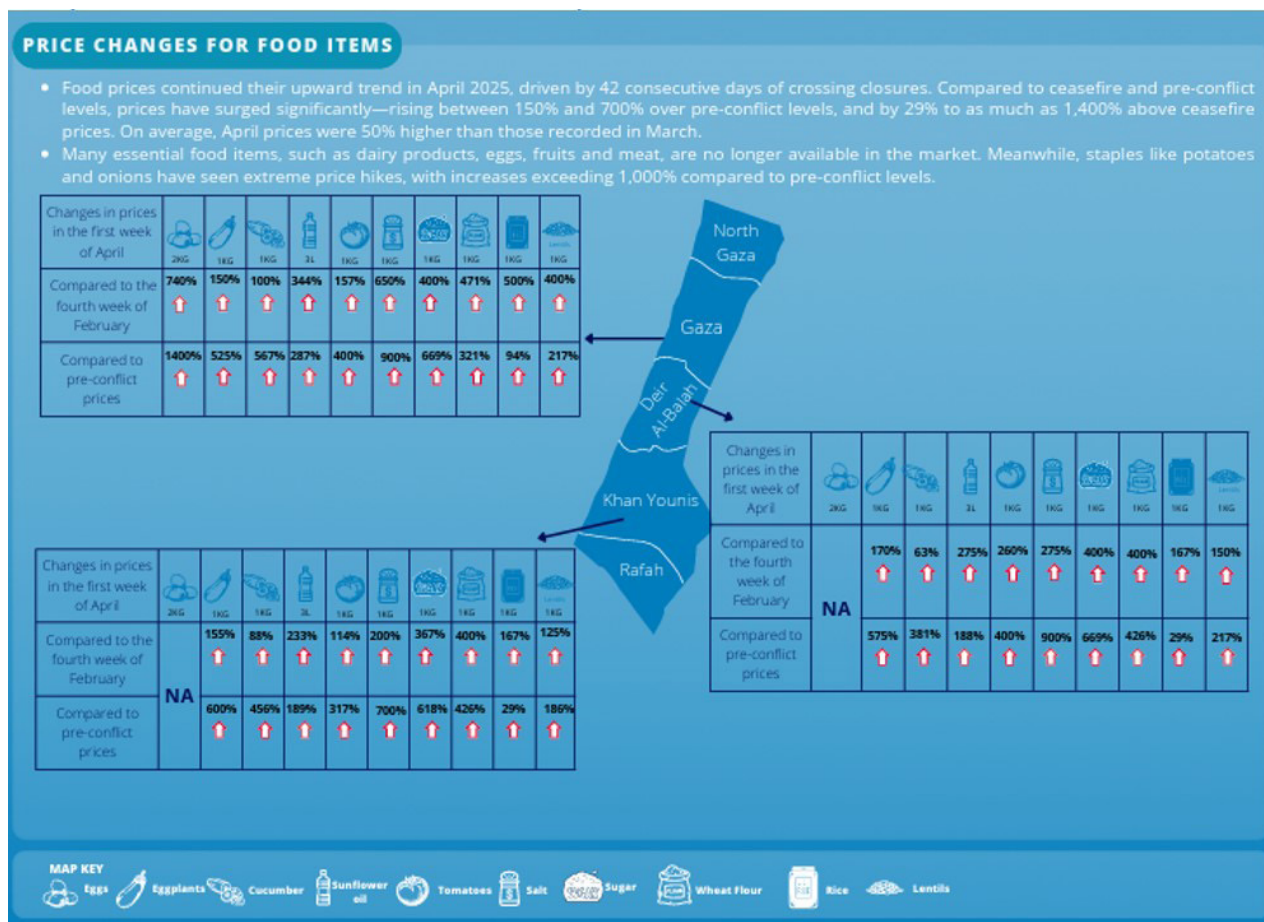
Financial Access. Purchasing power is decreasing rapidly due to the combined effects of plummeting income, virtually no income opportunities currently available in Gaza strip for the vast majority of the population, and rising food prices. As of April 2025, between 90 and 95 percent of households across the five governorates reported limited cash availability as the primary challenge to market access in the two weeks prior to the CATI #1 interview. In North Gaza governorate, lack of liquidity (94 percent of respondents) and high prices (51 percent) are the main barriers to accessing food in the mostly informal markets. In other governorates where formal markets are still partly functioning, such as in Khan Younis, the situation is similar: a lack of liquidity was reported by 95 percent of respondents as the main constraint to access food.

The persistent rise in food prices, which remain higher than pre-conflict levels, is making market access increasingly difficult for 53 percent of the population⁴⁰. According to data released by the Palestinian Central Bureau of Statistics (PCBS), the Consumer Price Index (CPI) increased by 41 percent in March 2025 relative to February 2025⁴¹. The upward trend of food prices continued through April, driven by increased demand against limited supplies following 42 consecutive days of crossing closures.

Compared to ceasefire and pre-conflict levels, prices of main commodities have soared between 150 and 700 percent over pre-conflict levels. Critical staples like potatoes and onions have seen extreme price hikes exceeding 1,000 percent compared to pre-conflict levels. Similarly, essential commodities have seen sharp price increases of up to 1,400 percent above the levels recorded during the ceasefire period.

The month-on-month increase in April compared to March is also striking, revealing the reduced supplies in market stocks. In April, on average food prices were 50 percent higher than those recorded in March. The highest increases are recorded in Northern Gaza and Deir Al-Balah governorates.

Figure 17. Price increase of food items during. Source: WFP.



Social Access. Various vulnerable groups are increasing in numbers and facing greater strain in accessing food; these groups include women, persons with disabilities (PwD) and unaccompanied children. The widespread destruction of homes and critical infrastructure is severely impeding civilian mobility and is particularly exposing both women and PwD to heightened risks during displacement. PwD face compounded challenges due to the lack of structured support systems and assistive devices, further restricting their access to essential services and the limited lifesaving humanitarian aid available in the Gaza Strip⁴². For instance, PwD face additional challenges in accessing markets. According to CATI #1 survey, between 1 percent (Gaza city) and 5 percent (Deir Al Balah) of the population cannot access the markets due to their disability or conditions. This is expected to increase as the conflict continues, and more civilian populations are injured or lose access to existing support structures. Women’s economic independence has been further diminished through the conflict, with some women experiencing gender-based violence forced to remain economically dependent on their abusers. Even women who are eligible and would greatly benefit from cash assistance face significant barriers due to limited access to mobile phones, which are essential for digital cash transfer systems. In many cases, mobile phones are controlled or owned by the abusers, further restricting survivors’ autonomy and ability to safely receive support⁴³.

The increasing number of civilian deaths due to the ongoing conflict is contributing to an increased number of unaccompanied children. Prior to the escalation of the conflict, as of 17 March, there were already at least 17,000 children orphaned or separated from their families since October 2023, and the number is likely higher since then. Without caregivers and with humanitarian organisations’ diminishing presence, unaccompanied children have limited access to food and are at heightened risk of sexual violence, exploitation, and mental health issues⁴⁴.

The social fabric in the Gaza Strip is becoming stretched thin. Community coping mechanisms are depleting. The levels of reliance on informal support and safety nets are rapidly reducing. According to CATI #1, on average households relied on support from relatives and friends only for 1.1 to 1.5 days per week for food consumption across all governorates. Civil unrest is also on the rise across all governorates. In North Gaza, intensive protests and demonstrations, and a rebounding in looting of food assistance is noticeable since mid-March. Reportedly, similar occurrences are on the rise in other governorates as well.

Access to humanitarian food security assistance (HFSA). Humanitarian food security assistance is provided through the Multi-Purpose Cash Assistance (MPCA) or in-kind assistance, including food parcels or cooked meals. With the collapse of food production systems, humanitarian assistance remains the primary source of food for households across the Gaza Strip. However, since the closure of all crossings in March, HFSA delivery has been significantly hampered across all governorates.

Multi-Purpose Cash Assistance: Cash-based programs have played a vital role in maintaining households’ access to food in the market. However, their effectiveness is significantly hampered by the lack of availability of food to purchase in the markets, compounded by the liquidity crisis, and difficulties in transferring and withdrawing money across the Gaza Strip.

Data from the CWG as of March 2025 suggests that across the Strip, nearly half of respondents (47 percent) that have received MPCA through the e-wallet required help from a vendor to activate their account. A stark 87 percent of respondents reported that not everyone was able to access e-wallets, including those most in need. Respondents also cited high commission fees for withdrawals and in-app purchases, with some preferring to transfer funds to bank accounts to reduce losses. Technical barriers, such as app malfunctions and lack of suitable phones, were also reported as challenges. Continued hostilities are likely to increase these barriers as phones may be damaged or unusable, while many may rely on other people to facilitate information sharing or accessing electronic services.

According to the CWG March 2025 monthly analysis⁴⁵, nearly all respondents across the Strip reported using MPCA primarily to access food. The second most frequently purchased commodities (50 to 54 percent of respondents) were drinking water and hygiene products. Findings indicate a decreased percentage of respondents reporting expenditure on transportation and fuel and gas compared to February 2025, likely attributed to limited availability of these items.

Table 2. Reported multi-purpose cash assistance expenditure by governorates (March 2025). Source: Cash Working Group

MPCA Expenditure

Table 4: Percentage of Respondents Reporting MPCA Expenditure, by governorate

	Food	Drinking Water	Medicine	Hygiene products	Sanitary pads	Accommodation	Transport	Communications	Clothing	Bedding	Baby Needs	Domestic Water	Fuel and gas	Debt repayment	Savings
Rafah	83%	17%	33%	50%	8%	25%	0%	0%	25%	0%	8%	0%	0%	8%	0%
Khan Younis	91%	42%	20%	34%	1%	7%	11%	3%	22%	3%	3%	0%	6%	13%	0%
Deir al Balah	96%	54%	45%	46%	0%	5%	7%	0%	34%	1%	1%	7%	7%	9%	0%
Gaza	92%	45%	26%	42%	1%	12%	8%	0%	23%	6%	3%	0%	8%	8%	0%
North Gaza	92%	29%	42%	29%	8%	8%	13%	4%	25%	4%	4%	0%	13%	8%	0%

Respondents surveyed as part of UNICEF’s cash assistance programme monitoring (conducted between April 10 to 13, 2025), indicated that the cash assistance they received was important in helping them meet their household’s essential needs. Respondents reported that food items remained among the most frequent expenditures, and a large portion was also put towards non-food needs, including medicines (33 percent), hygiene products (30 percent) and clothing (29 percent).

However, only 17 percent of respondents reported that the assistance helped them to a great extent, while 46 percent stated it was moderately helpful⁴⁶. Compared to March 2025, the percentage of recipients responding “a great extent” went down from 32 percent to 17 percent and the recipients responding “to a small extent” went up by five percentage points. This signals that the deteriorating market conditions, both in terms of availability and soaring prices, are limiting the effectiveness of the cash transfers in supporting households to fully meet their needs. Nevertheless, an overwhelming 96 percent of respondents reported preferring to receive unrestricted cash assistance for their basic needs, highlighting the critical role of financial flexibility in crisis settings, which is fully in line with the previous data collection (March 2025). Unlike in-kind assistance or restricted vouchers, unrestricted cash allows families to prioritise their most urgent needs, including goods and services that may not be covered by other forms of aid.

In-kind food assistance. In-kind HFSA mainly include food parcels, hot meals from community kitchens, bakeries and nutrition assistance. According to WFP, for weeks, hot meal kitchens were the only consistent source of food assistance for people in Gaza, and despite reaching just half the population with only 25 percent of daily food needs, they provided a critical lifeline, especially after 2 March⁴⁷. However, on 2 March, since the authorities announced a blockade, no longer allowing humanitarian aid to enter the Gaza Strip, no supplies, including food from humanitarian or commercial actors, have entered, meaning that any HFSA stocks that had entered the Strip prior to the announcement are now dwindling.

On March 31, **all 25 WFP-supported bakeries** closed, as they ran out of the necessary supplies to keep them functioning, including wheat flour and cooking fuel. That same week, WFP distributed its remaining food parcels to households with two weeks of food rations. As of the second week of April, over one million individual meals were being prepared daily at approximately 175 community kitchens supported by more than 20 Food Security Sector (FSS) partners that were sharing the remaining limited food commodities available in the Gaza Strip⁴⁸. By the end of April, UN agencies like WFP and UNRWA reported that stocks had completely run out or were at critically low levels. According to UNRWA, their flour supplies ran out and only 250 food parcels remained⁴⁹. On April 25, WFP announced that it had delivered its last remaining food stocks to hot meals kitchens in the Gaza Strip, and that these kitchens are expected to fully run out of food in the coming days.

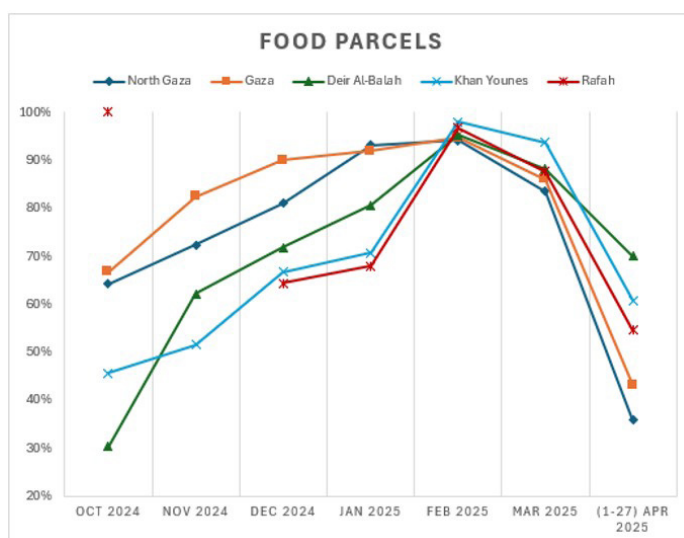
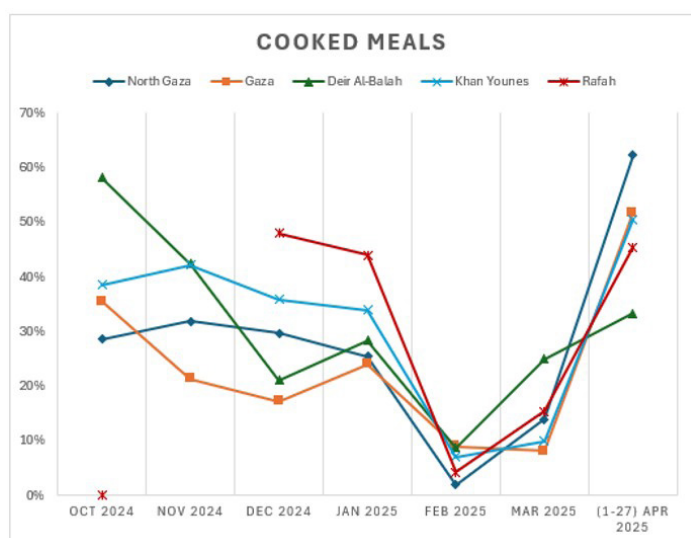
While the Food Security Sector dashboard has not been updated since April (Figure 20-22)⁵⁰, 6,941 beneficiaries were reached with food assistance, including 6,196 in Rafah and 745 in the Middle Area.

Lack of stocks and HFSA are also reflected in PDM reports from various partners. Between 2 and 20 March 2025, SMC partners conducted a monitoring analysis of 256 IDP sites hosting over 40,000 households across the Gaza Strip. At the time of the IPC analysis, in late April and early May, around 25 humanitarian partners shared the remaining limited food commodities in the Strip with around 170 hot-meal kitchens, enabling them to prepare and deliver about one million individual meals daily. Figures 18 and 19 below show how the reduction of distributed food parcels in April coincides with a surge in the preparation and delivery of cooked meals. The average number of consumed meals reported by respondents of the CATI #1 (around 1.6) is largely attributable to the meals distributed by these communal kitchens. Their stocks, though, are estimated to have fully depleted during the first decade of May.

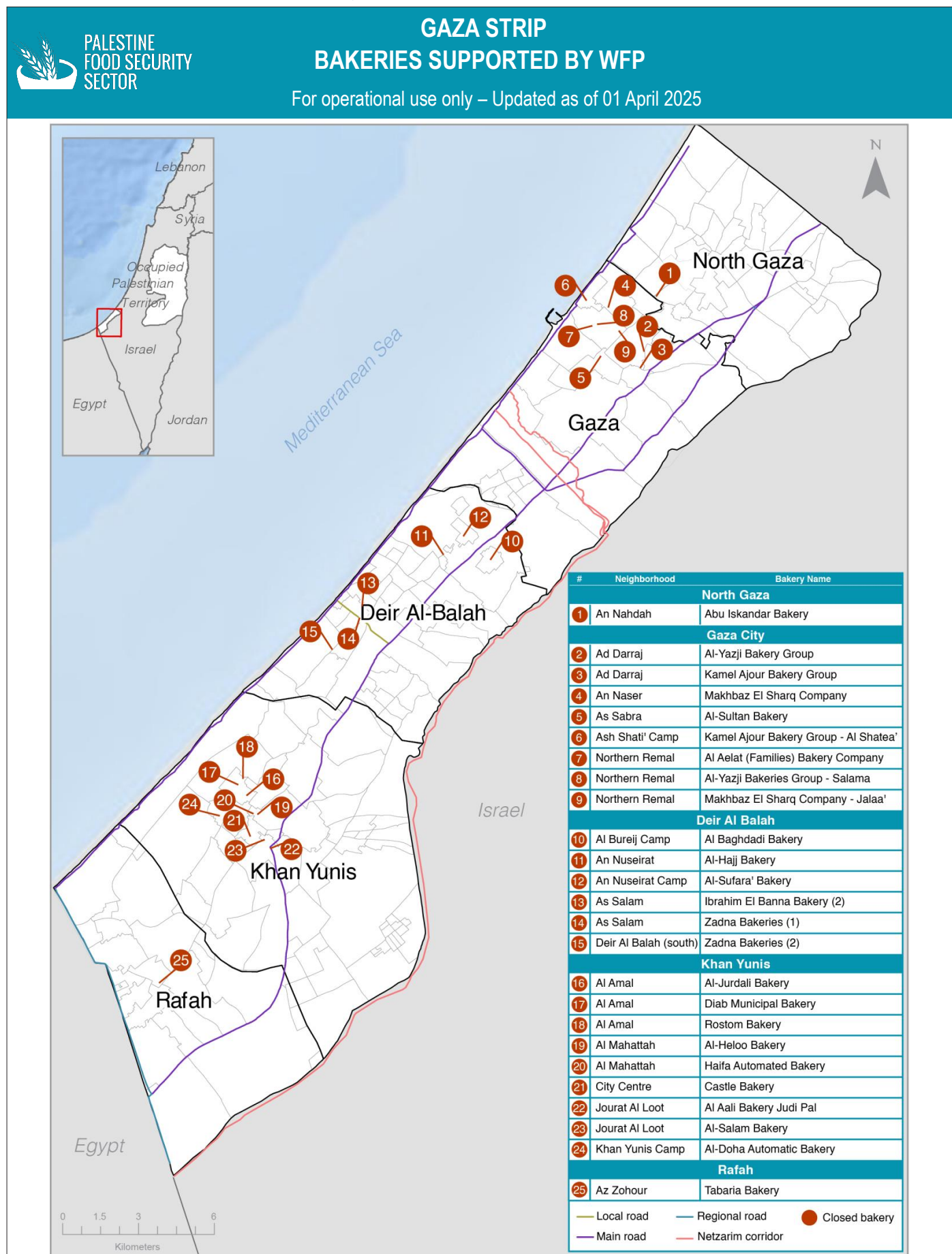
As of 25 April, some kitchens had already shut down while some had adjusted meal content and/or reduced the number of meals produced daily to stretch the dwindling resources further and avoid complete closure. Additionally, due to severe shortages of cooking energy, many community kitchens had to rely on burning donated wooden pallets as firewood. Cooking gas is either unavailable or unaffordable.

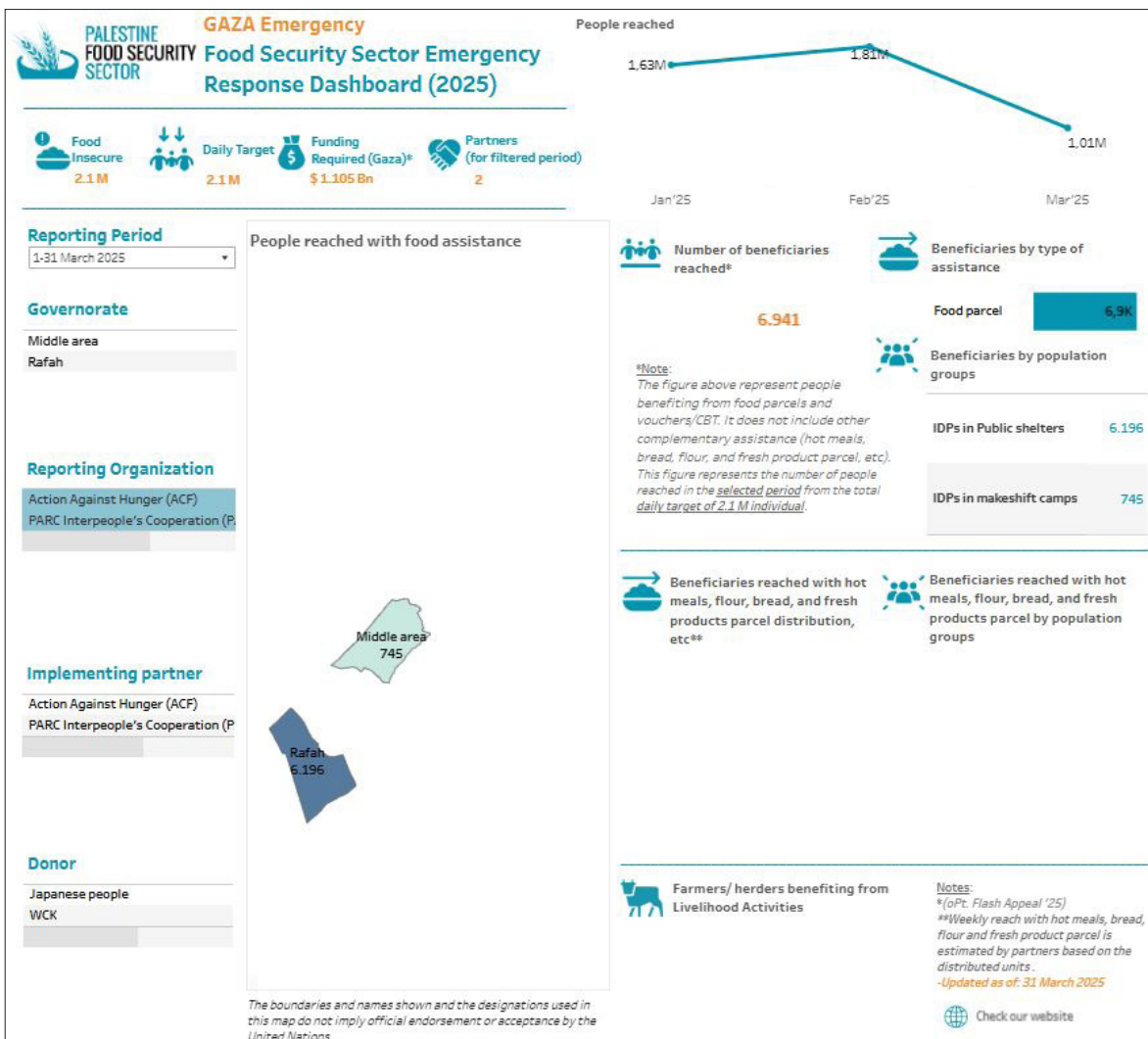
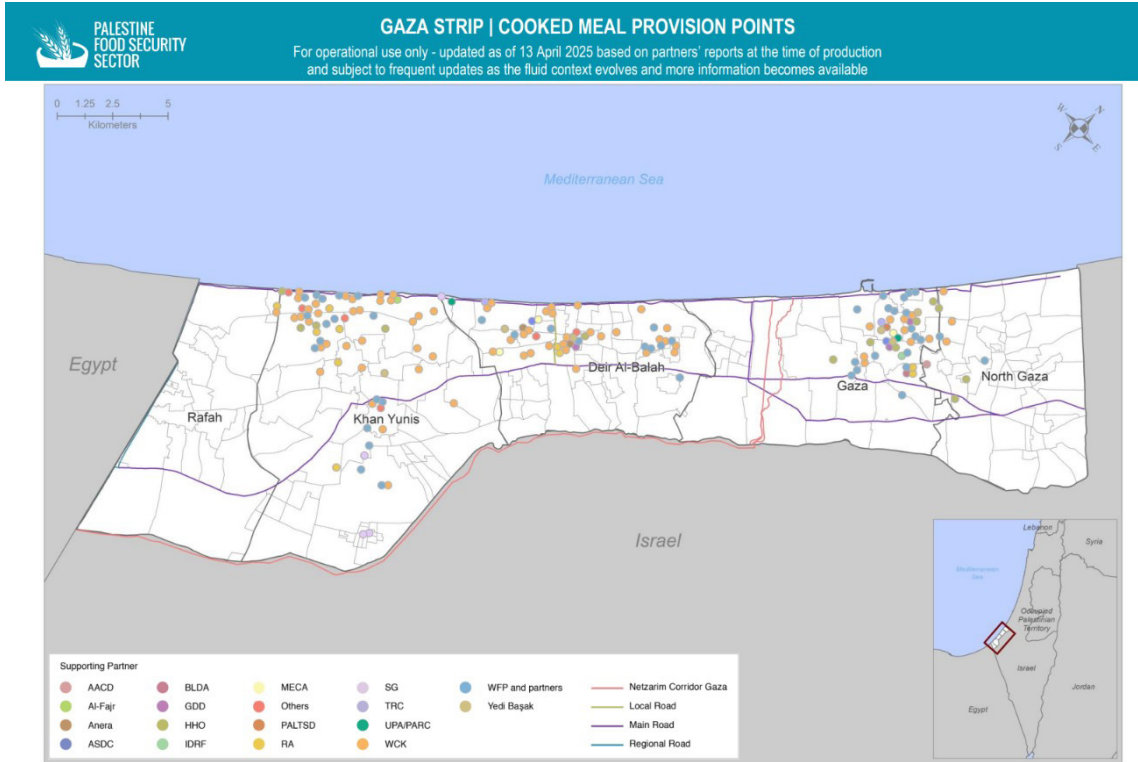
Figure 18. Trends in CATI #1 survey respondents having received cooked meals. Data for North Gaza are indicative.

Figure 19. Trends in CATI survey respondents having received food parcels. Data for North Gaza are indicative.



Figures 20, 21, 22. Bakeries, cooked meals, and Emergency Response Dashboard. Source: FSS





Utilisation

Food utilisation refers to households’ ability to fully utilise the accessible food for adequate nutrition and energy intake; it is a factor of food preferences, preparation, storage, and access to adequate, safe and quality potable water. Given the cooking energy crisis and severe water shortages that continue to persist across the Gaza Strip, the utilisation of food is an extremely limiting factor.

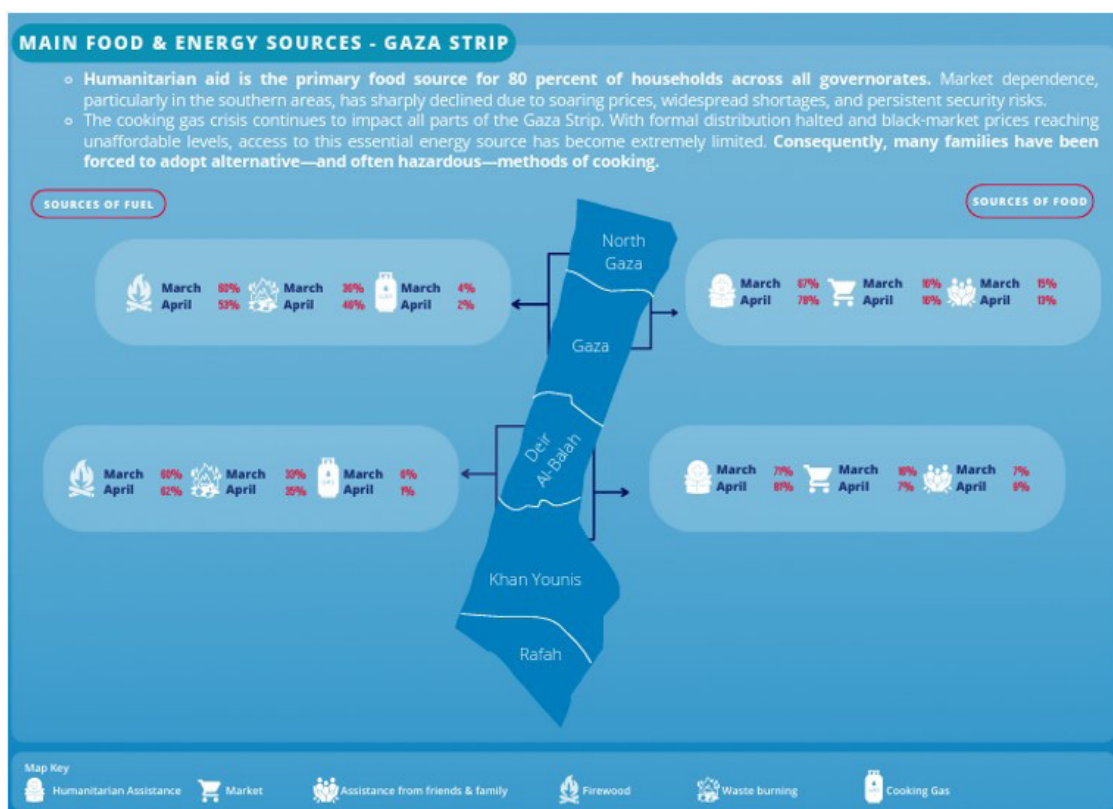
Cooking energy source. Prior to the escalation of hostilities in 2023, gas was the primary energy source for cooking across the Gaza Strip, however, the cooking gas shortage continues to impact all governorates. Even as of March, the CWG reported that gas and fuel were depleted across the Gaza Strip, and firewood was only available in limited quantities or not at all⁵¹. Households have now resorted to extreme coping mechanisms, such as burning furniture, scrap wood, plastic or waste to prepare food, exposing themselves to health risks. Even these alternatives are increasingly scarce and unaffordable. Cooking gas remains largely unavailable or sold at unaffordable prices, pushing families to rely on cooked meal distributions as a critical lifeline.

Formal importation and distribution of cooking oil been completely halted, and any remaining limited stocks are sold on the black market at prices that are now reaching unaffordable levels, making access to this essential energy source extremely limited. Prices of cooking gas have skyrocketed, increasing by 4,000 percent compared to pre-conflict levels and by 600 percent compared to prices during the 2025 ceasefire⁵².

Consequently, many households have been forced to adopt alternative, and often hazardous, methods of cooking. Many have turned to increase use of waste and wood. In the Northern Governorates firewood is the main source of fuel (53 percent), followed by waste burning (46 percent). The middle governorates, Deir al-Balah and Khan Younis have a similar reliance on firewood (62 percent), and waste burning (35 percent)⁵³.

UNICEF data⁵⁴ collected in March, reveals all energy sources in the North Gaza Governorate were reportedly unavailable, except firewood, which was only sporadically accessible. In the Gaza governorate, while energy sources are relatively more available compared to the North (except for gas, which is unavailable everywhere), the prices of coal and firewood have risen by 50 percent. In Khan Younis, coal, gas and gasoline are not available; while some firewood and diesel were found in markets, however, prices increased by 67 percent for firewood and 50 percent for diesel comparing this reporting period (10-13 April) to the third week of the ceasefire (10-16 February). In Deir al-Balah, gas and gasoline are not available. Firewood is available though prices are up 75 percent as of 10-13 April, compared to the previous month.

Figure 23. Sources of fuel by area. Source: WFP.



Water use. It has been reported that more than 65 percent of Gazans receive less than six liters per person per day for drinking and cooking, which is the minimum emergency standard⁵⁵. An estimated 40 percent of households in Gaza do not have access to the recommended six liters per person per day for drinking and domestic consumption, with some surviving on as little as 500 millilitres of water per day, which is likely to worsen should fuel supplies continue to dwindle⁵⁶. More recent data collected through CATI survey #1 confirms that on average, individuals have from 3.24 to 3.69 litres per person per day for drinking, cooking and personal hygiene, with the lowest levels in Rafah, and the highest levels in Deir al-Balah. As with reported food deliveries, potentially available water does not directly translate into accessible and adequate water intake.

Fuel shortages continue to pose an additional challenge for adequate water access, since in the absence of electricity, water production and distribution are mainly reliant on fuel to pump water from wells and through networks, desalinate drinking water and carry out water trucking activities. According to the WASH Cluster, partners have been forced to further increase rationing of fuel supplies, which is hampering critical service delivery. This is compounded by the nearly depleted stocks of critical chemicals, such as chlorine, which is necessary for water disinfection to decrease the risk of water-borne diseases⁵⁷.

Food Security Outcomes

The present IPC analysis is the first one to identify the five governorates of the Gaza Strip as single units of analysis. To do so, the minimum number of observations of food security outcomes from surveys conducted in each governorate must meet the minimum requirements of the IPC. Food security outcome data were collected by two data providers through Computer Assisted Telephone Interviews (CATI) surveys, referred to herein CATI #1 and CATI #2.

CATI #1 has collected remote data since November 2023 on a continual basis. Given the numerous events affecting the Gaza Strip since January 2025, the analysis team only considered data collected in the most recent period (1-27 April) to inform the present IPC analysis. Due to the low population currently residing in Rafah governorate, only 24 questionnaires were completed in April. The data collection period for this governorate was thus expanded to include the second part of March 2025 (i.e. 16 March until 27 April). Data collection for CATI #2 was conducted between 17 April and 27 April.

Both CATI #1 and CATI #2 surveys collected the Food Consumption Score (FCS) and the Household Hunger Score (HHS), as well as additional contributing factor data. Additionally, CATI #1 collected information on food-based reduced Coping Strategy Index (rCSI) and livelihood-based Livelihood Coping Strategies (LCS) indicators. The adoption of individual strategies, particularly those depicting the highest severity (emergency coping), have been thoroughly analysed and utilised as indirect evidence of changes in livelihoods.

Table 3. Overview of samples for CATI #1 and CATI #2.

Unit of Analysis	CATI #1		CATI #2	
	Time period	Sample (n)	Time period	Sample (n)
North Gaza	1-27 April 2025	107	17-27 April 2025	79*
Gaza city	1-27 April 2025	173	17-27 April 2025	265
Deir Al-Balah	1-27 April 2025	116	17-27 April 2025	121
Khan Younis	1-27 April 2025	225	17-27 April 2025	209
Rafah	16 Mar - 27 Apr 2025	90	N/A	
	Total CATI #1	711	Total CATI #2	674

CATI #1 data was collected between 1 to 27 April 2025 for Northern Gaza, Gaza City, Deir al-Balah and Khan Younis governorates. For Rafah, data collected between 1 March and 27 April was considered due to the reduced number of observations collected in April 2025. The survey was administered to randomly selected respondents from an updated master list used in the previous rounds of the CATI survey, which include former, current, and potential beneficiaries from the data provider, and comprising more than 80 percent of households in Gaza.

CATI #2 data were collected by phone between 17 and 27 April 2025. Consenting households were recontacted for a remote follow-up assessment, after an initial face-to-face assessment, conducted between 23 December 2024 and 2 January 2025. The sample size was designed based on shelter types in the Gaza Strip to ensure minimum standards of representativeness. Around 8 percent of respondents were from collective centres, 64 percent from makeshift shelters, 2 percent in scattered sites and 26 percent sheltering in buildings in urban areas.

General considerations on results. CATI#1 shows overall less severe outcome indicators than CATI#2, owing to the different time reference for data collection (1-27 April vs 17-27 April, respectively). The rapid deterioration in households' food access between early April and late April is entirely attributable to the deterioration of food stocks within households, hot meals kitchen, and bakeries. The negative trend is also corroborated, on an indicative basis, by a closer look at the food security outcomes of CATI#1 survey for data collected between 17-27 April, as compared to the standard 1-27 April time reference.

Overall, the prevalence of **poor Food Consumption Score - FCS** (according to CATI #1) - indicative of IPC Phase 4 or 5 - is similar across all five units of analysis, with the highest prevalence observed in North Gaza (45 percent), followed by Khan Younis (41 percent), and Gaza City (39 percent). Higher prevalence of poor food consumption is recorded by CATI#2, and particularly in North Gaza (82 percent), Khan Younis (79 percent) and Gaza city (78 percent). No records are available for Rafah.

According to CATI #1 data, diets across the Strip have deteriorated further compared to the previous analysis, with households consuming an average of about 1.6 meals per day. Cereals (mainly bread) continue to be consumed on a nearly daily basis (6-6.7 days per week), in line with pre-conflict levels. This is primarily supplemented by irregular consumption of pulses (4.5 days per week, on average), which is most likely a legacy of the improved availability due to the food inflow during the two months ceasefire (18 January-17 March). However, a reversal trend in the consumption of nutritious food is estimated to have happened since the second part of April. In a context where sugar and oil consumption are normally close to seven days per week, justifying the higher cut-offs for FCS (28/42), households are now consuming very minimal amounts of sugars and oils (3 days or less per week). Due to the overall lack of availability and exorbitant prices prohibiting access, few households consume other vital food groups for dietary diversity, with an average of less than one day per week of dairy (0.7 days), meat (0.5 days), vegetables (1 day) and fruits (0.5 days). Compared to previous analyses, there is a notable decline in the consumption of meat, with less than one day per week, compared to an average of 1.5 days per week.

An analysis of the **Households Hunger Scale (HHS)** confirms the presence of populations facing food consumption gaps that can be associated to IPC AFI Phase 5 (Catastrophe) severity. For CATI #1, between 2 percent (Deir Al Balah and Rafah) and 7 percent (North Gaza, Gaza city and Khan Younis) of the population are confronted with the highest cohort of severity of the HHS, indicative of IPC AFI Phase 5. Similar levels are confirmed by CATI#2 surveys, with a peak of 9 percent of the population having extremely severe HHS in North Gaza. No information for Rafah is available.

CATI#1 also offers interesting results for the **reduced Coping Strategy Indicator (rCSI)**, which measures the extent of behavioural coping mechanisms adopted when households are confronted with limited food access. Overall, 99 percent of households in the Gaza Strip adopted food-based coping mechanisms in April. Between 64 percent (Rafah) and 87 percent (Khan Younis) of households adopted multiple strategies, reaching a degree of rCSI associated to IPC AFI Phase 3 or above. The reduction of meals eaten per day is applied for 6.2 days per week. Additionally, adults restricted their consumption for an average of 4.2 days per week to allow small children to eat. It is also important to mention the comparatively low levels of borrowing of food from friends or relatives (1.1 to 1.5 days), which is symptomatic of the widespread, uniform levels of destitution with social fabric and community safety nets unable to sustain those most in need.

The **Livelihood Coping Strategy (LCS)** indicator shows that around 90 percent of households resorted to – or if the situation would allow, would resort to strategies associated with an emergency level (IPC AFI Phase 4 and 5). Between 70 and 85 percent of people either resorted to begging, or would have if there were better-off people able to help. Similarly, 70 percent to 90 percent of people had to scavenge for food. Between 50 percent and 66 percent of the population – particularly in North Gaza, Gaza city and Khan Younis - faced potential safety risks to access food in March and April, and around one third had to collect garbage to sell and earn minimum funds to buy food.

For all the above indicators of coping and food consumption, the situation is expected to have further deteriorated after early May, with the reported closure of most hot meal distribution points due to full depletion of stocks.

North Gaza has the most severe food security situation, according to CATI #1 data, with 45 percent of households with poor FCS, 36 percent reduced coping strategies index (rCSI) and very severe (7 percent) and severe levels (28 percent) of HHS. The CATI #2 survey, confirms the highest levels of poor FCS (82 percent), and severe IPC AFI Phase 5-indicative HHS (9 percent). This governorate also records the highest prevalence of adoption of livelihood emergency coping strategies (93 percent).

Gaza City also shows a high prevalence of food insecurity, with 39 percent of households reporting poor food consumption. Food based coping is the highest of all governorates at 38 percent, and very severe (7 percent) and severe levels (23 percent) of HHS are reported.

While relatively better-off compared to the other governorates, **Deir al-Balah** keeps facing high levels of food insecurity which would be considered exceptional in any other context. Approximately 36 percent of households had a poor FCS, 33 percent are resorting to high levels of food-based coping strategies, and severe and very severe HHS are at 22 and 2 percent, respectively.

The situation in **Khan Younis** according to the food security outcome data is concerning, with the second-highest poor food consumption at 41 percent. Severe and very severe hunger in the household according to HHS is also at levels similar to Gaza City, at 24 and 7 percent, respectively.

Across all food security indicators, **Rafah** data depicts the least severe situation, with 21 percent poor FCS, 19 percent high food-based coping (rCSI) and only 2 percent very severe hunger in the household according to HHS data. The explanation, though, is likely attributable to procedural elements. The extended data collection period (16 March to 27 April), with over 70 percent of observations from March masks the trajectory of deterioration that Rafah has certainly faced through the month of April. When it comes to livelihood coping, Rafah is second only to North Gaza, with very high reported levels of emergency coping strategies. Figures 24 to 27 below show the results from the latest round in April 2025.

Figure 24. Food Consumption Score (FCS) for all governorates. Source: CATI #1.

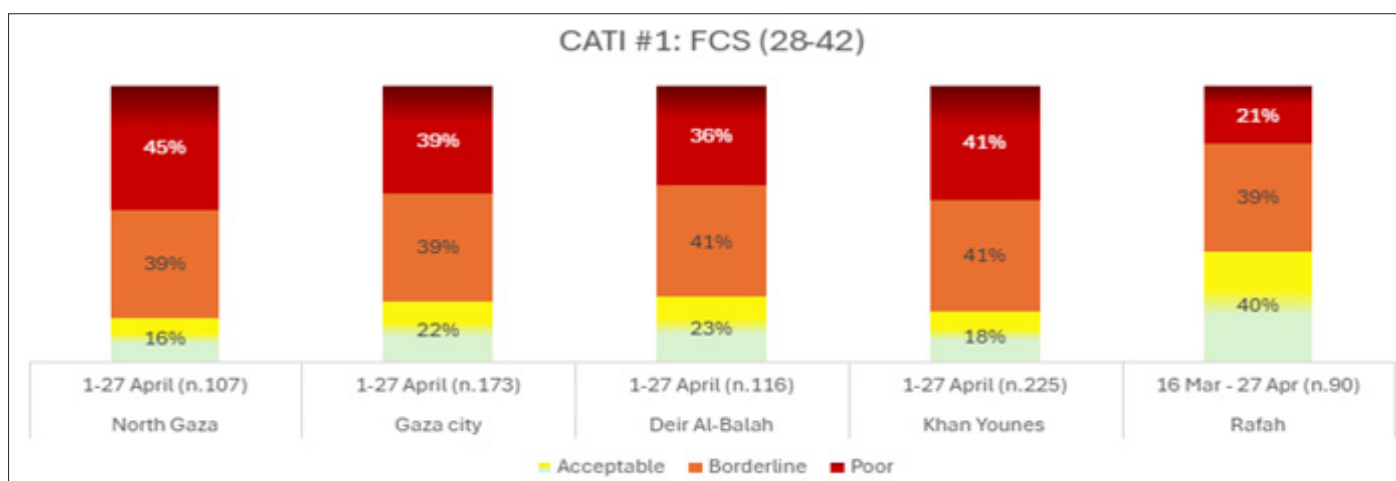


Figure 25. Food Consumption Score (FCS) for all governorates - data for North Gaza are indicative Source: CATI #2.

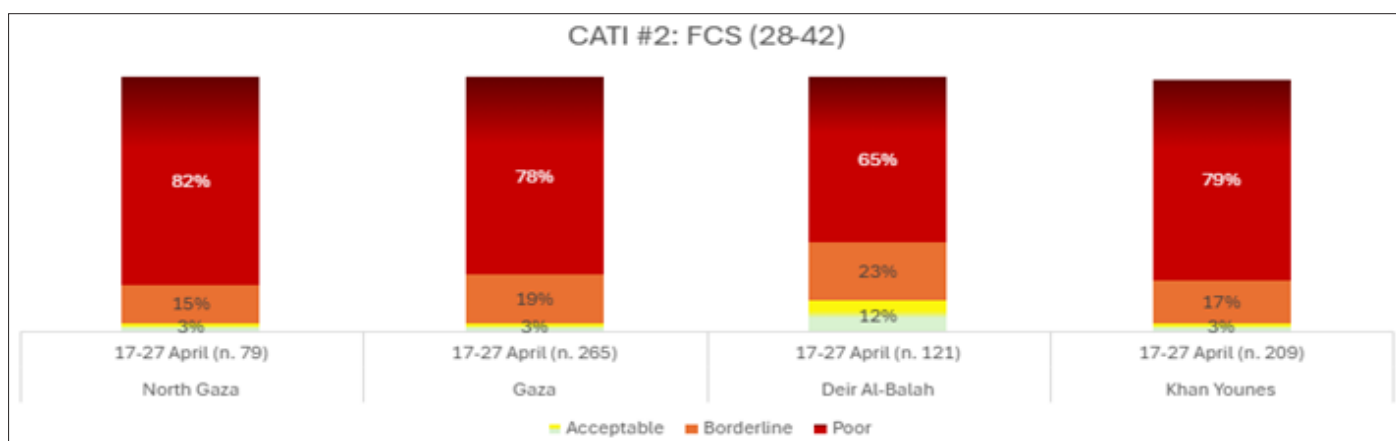


Figure 26. Household Hunger Score (HHS). Source: CATI #1.

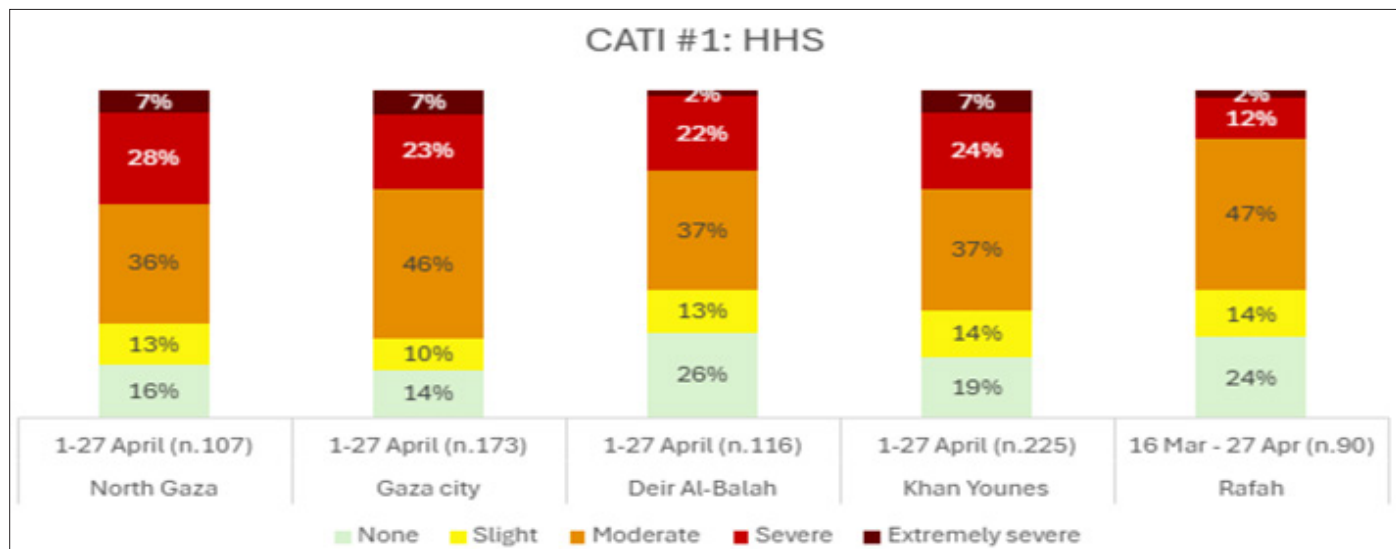
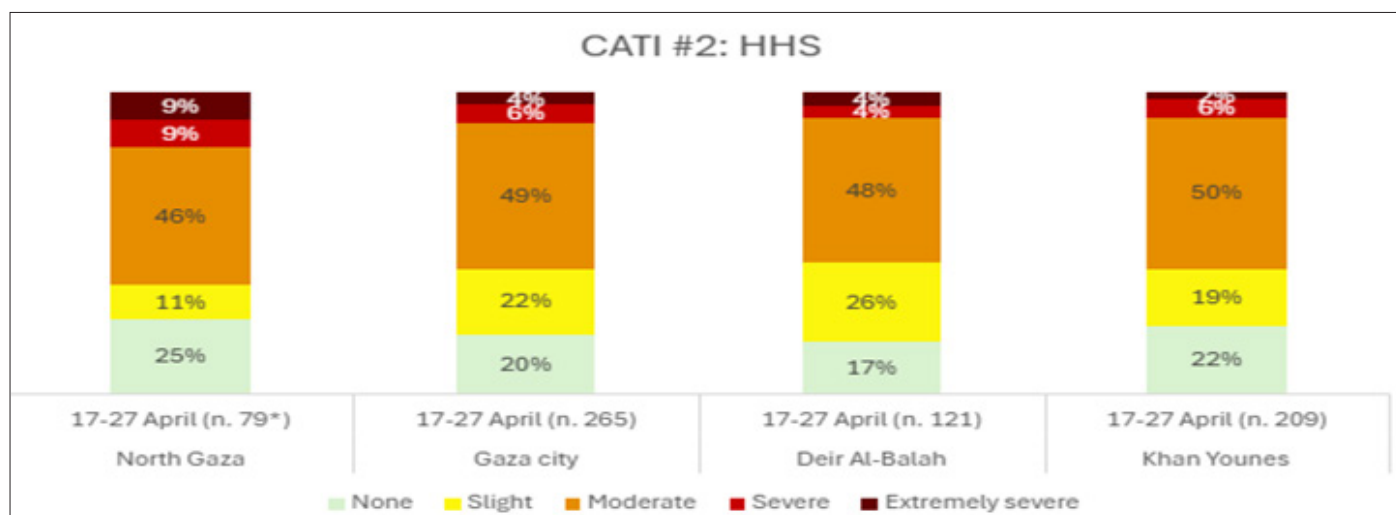


Figure 27. Household Hunger Score (HHS) for all governorates - data for North Gaza are indicative Source: CATI #2.



Trends of food security outcome indicators. In the six months previous to this IPC analysis, food security outcome indicators have shown clear variability patterns in relation to the evolution of conflict and humanitarian access.

In October and November 2024, food consumption indicators deteriorated to the highest levels since the major offensives in early 2024 following increased intensity of conflict, reduced humanitarian access and space for the population. North Gaza, Gaza city and Rafah faced the highest levels of food insecurity. In December 2024 and early January 2025, an reduction of conflict and increased humanitarian access, albeit to restricted zones of concentration of displaced people, allowed humanitarian actors to deploy the needed assistance providing relief to most people in need. The situation further improved during the two month mid-January to mid-March ceasefire reaching the lowest prevalence of households facing food consumption and livelihood coping levels associated to IPC AFI Phase 4 and 5 since October 2024. Since the resumption of hostilities on 19 March, and more visibly in the second part of April, food insecurity has gone back to pre-ceasefire levels, with a steep deteriorating trajectory both in terms of magnitude (number of people with food security outcome indicators associated to IPC AFI Phase 3 or above) and in terms of severity (IPC AFI Phase 4 and 5). While the resumption of hostilities is the main driving force of food insecurity, the restrictions in commercial and humanitarian access is equally responsible for the ongoing deterioration of food insecurity. No truckloads of food have entered the Gaza Strip since 2 March. Some residual impact of available HFSA in March and April might have certainly slowed the pace of deterioration of food outcome indicators. All humanitarian stocks are estimated to have depleted by the first week of May.

Figures 28 to 30 below show the most recent trends of food security outcome indicators (FCS, rCSI, HHS) in the six months prior to the IPC analysis, between October 2024 and April 2025. The time periods considered for this trends analysis are: October/November 2024; December 2024 through 18 January 2025 (pre-ceasefire); 19 January through 18 March (ceasefire); and 19 March through 27 April 2025 (post-resumption of hostilities).

Figure 28. Food Consumption Score (FCS) trends October 2024 - April 2025, by unit of analysis. Source: CATI #1.

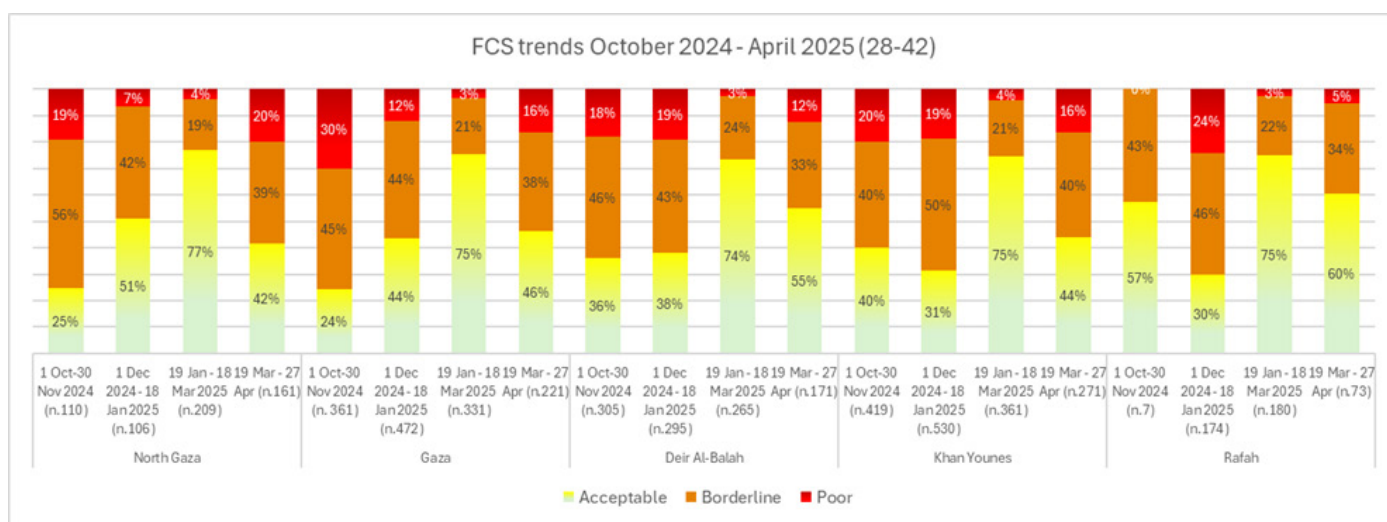


Figure 29. reduce Coping Strategy Index (rCSI) trends October 2024 - April 2025, by unit of analysis. Source: CATI #1.

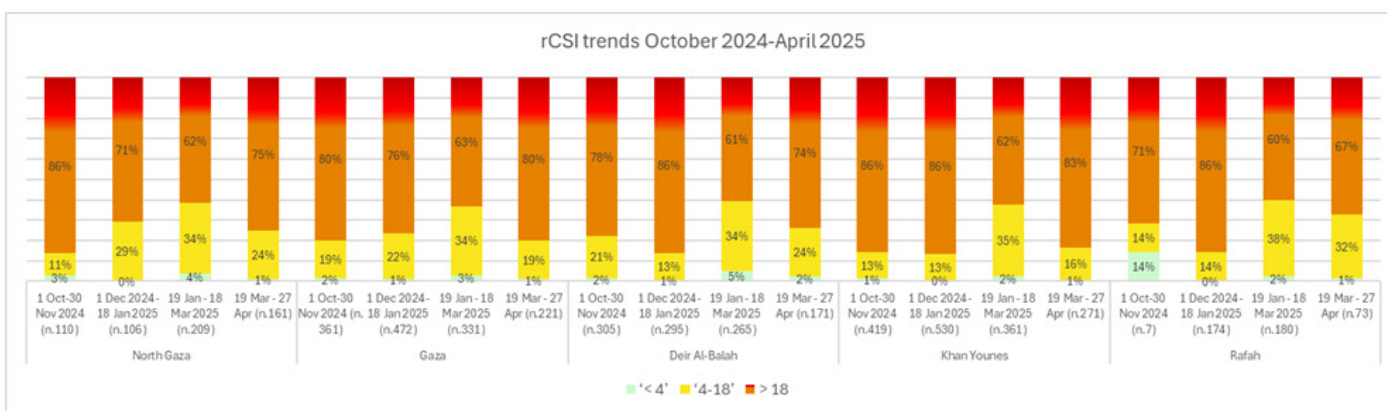
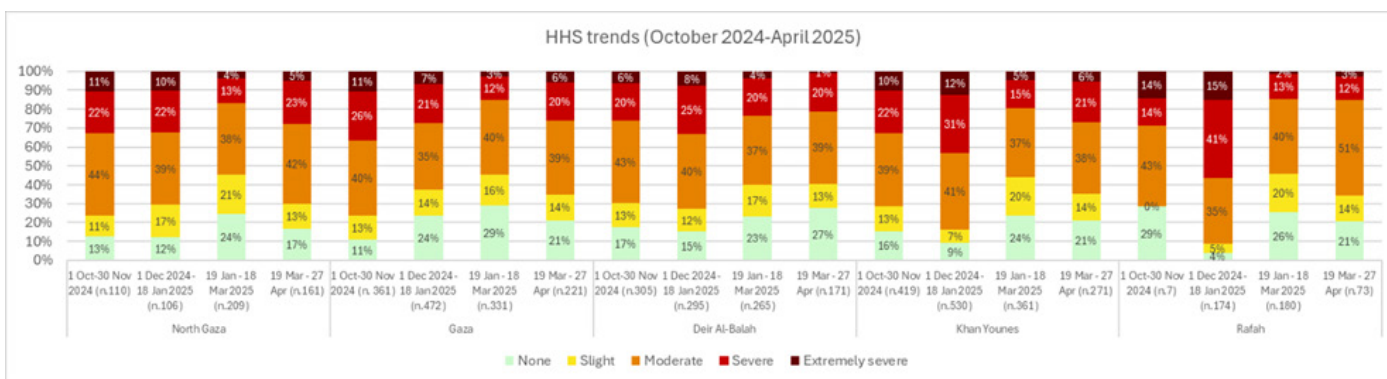


Figure 30. Household Hunger Scale (HHS) trends October 2024 - April 2025, by unit of analysis. Source: CATI #1.



Figures 31 to 34 below show monthly trends of the main food security outcome indicators since November 2023 to date. Results are only indicative, as in most cases the number of observations by month are below the threshold of representativeness.

Figure 31. Trends in the Food Consumption Score (FCS) from November 2023 to April 2025 by unit of analysis. Source: CATI #1.

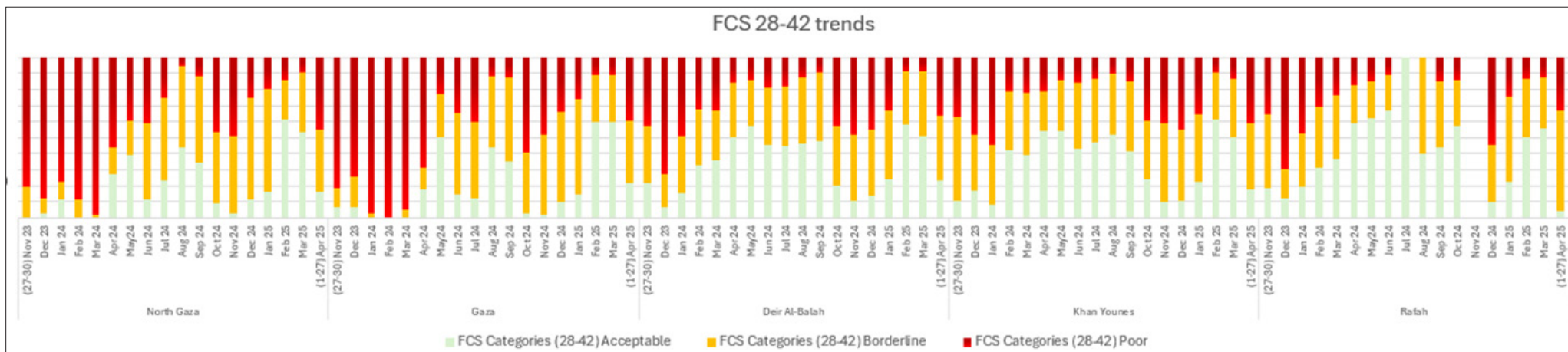


Figure 32. Trends in the reduced Coping Strategy Index (rCSI) from November 2023 to April 2025 by unit of analysis. Source: CATI #1.

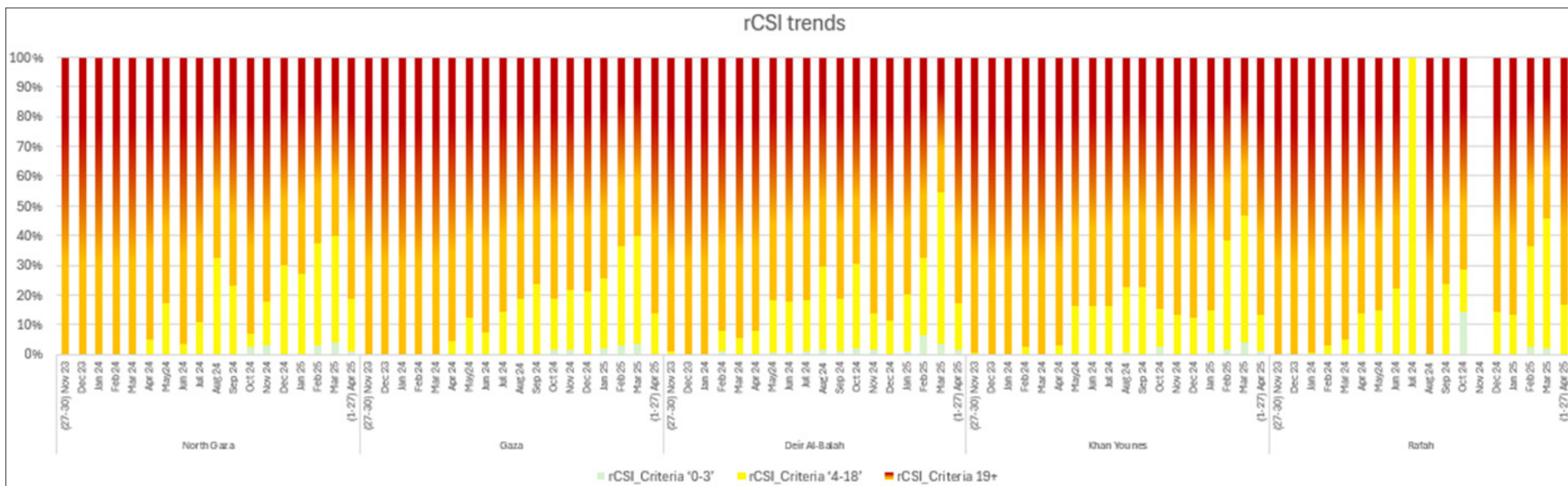


Figure 33. Trends in the Household Hunger Scale (HHS) from November 2023 to April 2025 by unit of analysis. Source: CATI #1.

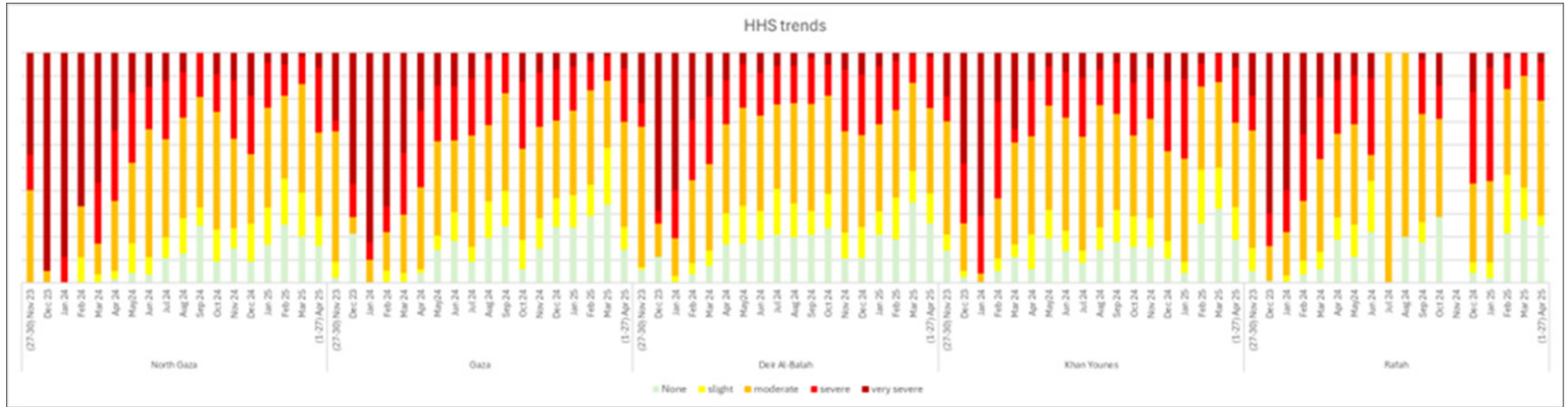
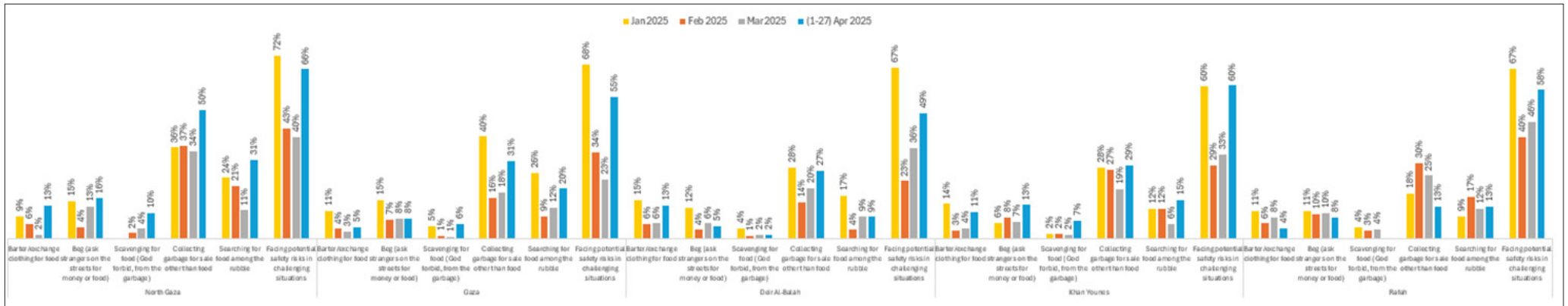
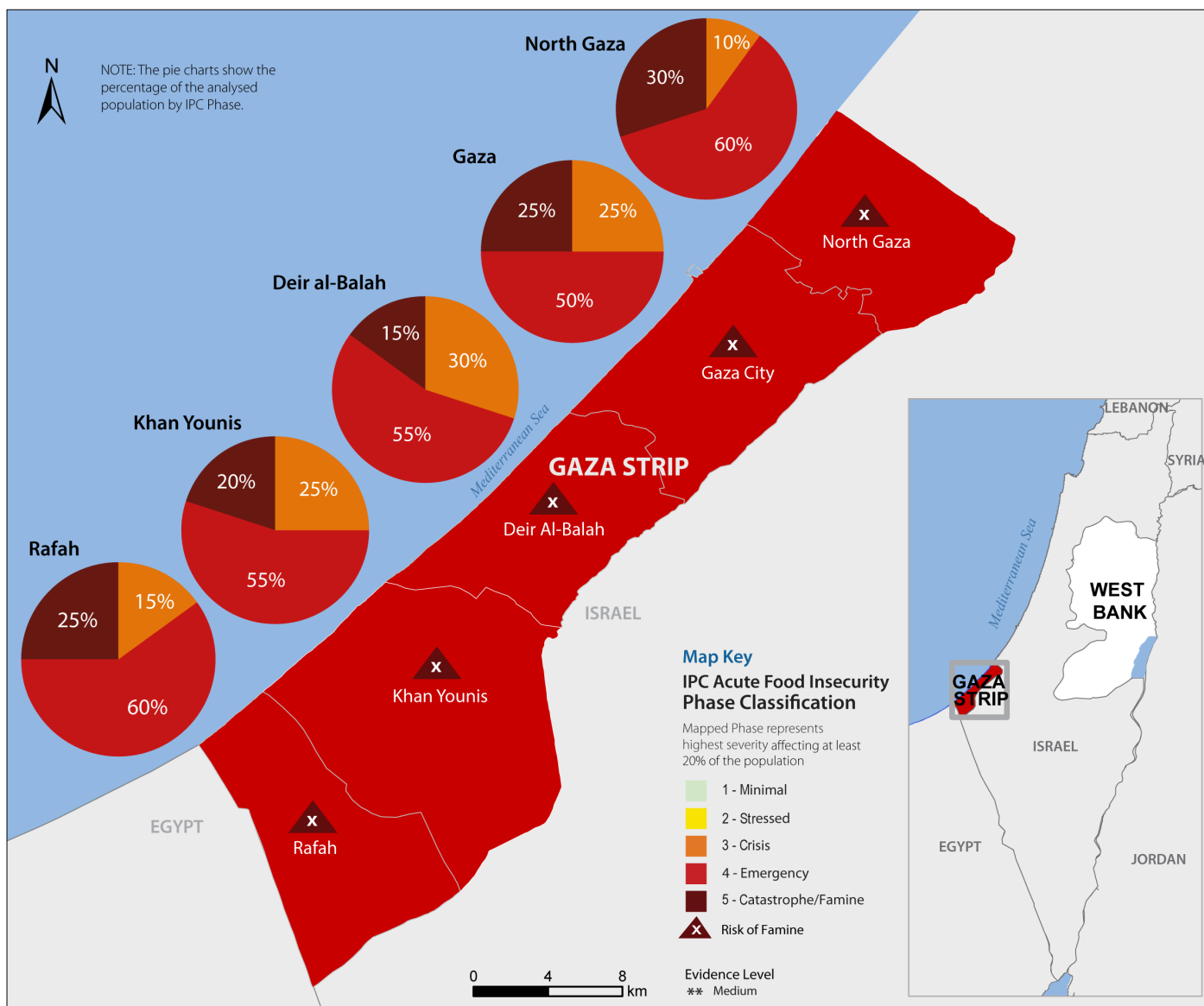


Figure 34. Trends in Emergency Livelihood Coping Strategies from January to April 2025 by governorate. Source: CATI #1.



PROJECTED SITUATION MAP AND POPULATION TABLE (11 MAY - 30 SEPTEMBER 2025)



POPULATION TABLE FOR THE PROJECTED SITUATION: 11 MAY – 30 SEPTEMBER 2025

Governorate	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+		Area Phase
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%	
North Gaza	310,000	-	0%	-	0%	31,000	10%	186,000	60%	93,000	30%	310,000	100%	4
Gaza	740,000	-	0%	-	0%	185,000	25%	370,000	50%	185,000	25%	740,000	100%	4
Deir al-Balah	400,000	-	0%	-	0%	120,000	30%	220,000	55%	60,000	15%	400,000	100%	4
Khan Younis	620,000	-	0%	-	0%	155,000	25%	341,000	55%	124,000	20%	620,000	100%	4
Rafah	30,000	-	0%	-	0%	4,500	15%	18,000	60%	7,500	25%	30,000	100%	4
Grand Total	2,100,000	-	0%	-	0.0%	495,500	24%	1,135,000	54%	469,500	22%	2,100,000	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. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

PROJECTED SITUATION OVERVIEW (11 MAY - 30 SEPTEMBER 2025)

A significant deterioration of food security – with a major spike in population in IPC AFI Phase 5 (Catastrophe) and IPC Phase 4 (Emergency) – is expected to materialize through September 2025 under the most likely evolution of conflict, displacement and humanitarian access.

Between 11 May to the end of September 2025, more than 1.98 million people (94 percent of the population) will likely face high levels of acute food insecurity (IPC AFI Phase 3 and above). All five governorates are classified in Emergency (IPC AFI Phase 4), with the entire population expected to face Crisis or worse acute food insecurity (IPC Phase 3 or above). This includes 470,000 people (22 percent of the population) in Catastrophe (IPC AFI Phase 5), over a million people (54 percent) in Emergency (IPC AFI Phase 4) and the remaining half million (24 percent) in Crisis (IPC AFI Phase 3).

In North Gaza, the situation will be the most severe, with 30 percent of the population in Phase 5 (Catastrophe). This is followed by Gaza city and Rafah, with 25 percent of the population in Phase 5 (Catastrophe). In Khan Younis and Deir Al-Balah, 20 and 15 percent of people will be in Phase 5 (Catastrophe), respectively. In absolute terms, the highest number of people in Catastrophe are seen in Gaza city (185,000), followed by Khan Younis (124,000) and North Gaza (93,000).

The population facing Catastrophe (IPC AFI Phase 5) - associated to *an extreme lack of food and/or other basic needs even after full employment of coping strategies (either exhausting them already or not being accessible), leading to starvation, death, and destitution* - will almost double between 11 May and 30 September, compared to the 244,000 people in the current period (1 April-10 May). Experience has shown that acute malnutrition can worsen rapidly in similar, extreme conditions. The latest nutrition data indicate a deteriorating trend that is expected to persist in the coming months unless immediate countermeasures are taken to allow unhindered access of food and essential non-food items to the whole population in the strip.

These results reflect the assumptions taken for the most likely evolution of primary and secondary drivers of food insecurity and malnutrition. Under this most likely scenario, a continuation of conflict and displacement is expected, albeit alternating periods of higher and lower intensity, following the trajectory observed since March, when the blockade was imposed and conflict resumed. Commercial inflow of goods will most likely not resume, and humanitarian access will continue being hindered, at least in the first part of the projection period.

North Gaza, Rafah and Gaza city will be most affected by conflict, displacement and constrained humanitarian access. In the three governorates the people facing Phase 4 (Emergency) and Phase 5 (Catastrophe) will reach 90 percent, 85 percent and 75 percent, respectively.

While the occurrence of large-scale military operations across the Gaza Strip and the persistent inability of humanitarian agencies to deliver essential goods and services through September are not contemplated under the most likely scenario, recent announcements suggest that this worst-case scenario is becoming more likely than expected at the time of analysis.

Under this worst-case-scenario, all governorates face a high risk that Famine (IPC AFI Phase 5) will occur in the projection period (11 May – 30 September). Please refer to Risk of Famine analysis (page 45) for more details.

Assumptions for the most likely scenario

Primary Drivers

Conflict is likely to persist at the same intensity observed after the ceasefire, with alternating periods of escalation and decreased severity. North Gaza and Rafah will likely be more acutely affected. This will result in sustained fatalities and injuries, as well as further damage to civilian infrastructure and assets, along with continued destruction of civilian infrastructure and assets. No ceasefire is anticipated to be enforced across the Gaza Strip.

Access for humanitarian actors will not improve in the short term. Ad hoc, irregular and limited access is expected in the latter half of the projection period in areas not covered by the newly announced logistics hubs.

Secondary Drivers

Frequent displacements within governorates are expected to continue with the expansion of evacuation orders and hostilities.

Availability of essential supplies will continue to be extremely limited. Five logistics and distribution hubs are expected to be established in the southern governorates and will expand to the central and northern governorates in the next two months, after piloting in Rafah. The limited number of hubs planned, the quantity announced to be delivered, and the modality communicated indicate that large portions of the population will not have access to these essential supplies. Commercial deliveries are not expected to resume in the projection period.

Access to essential items for survival, including food, water and medicine, will dramatically reduce. This will coincide with the limited geographical coverage of the announced plan and the significant decrease in distribution points, from the 400 previously used by humanitarian actors across the Gaza Strip.

Service delivery from health, nutrition, and WASH systems is expected to decline in functionality and coverage.

COMPARISON WITH THE PREVIOUS ANALYSIS

The present IPC analysis comes after two months of a full HFSA blockade, following a two-month ceasefire in which food came in at scale. Similar interruptions of humanitarian and commercial inflows were experienced for North Gaza and Gaza city in the first two analyses conducted in December 2023 and March 2024, and for shorter periods in following analyses for the Karem Shalom border crossing, as well as for other entry points supplying Deir Al Balah, Khan Younis, and Rafah governorates. Trend analyses must be read under this contextual lens.

While the number of people in IPC AFI Phase 5 (Catastrophe) for the period 11 May - 30 September is the fifth highest among the 10 periods covered by previous IPC analyses (all current and projection periods included), the trajectory of deterioration, and the starting point of destitution must be duly considered to fully appreciate the actual hardship people in Gaza are facing after two months without HFSA inflows. The cumulative impact of 19 months of conflict on livelihoods and on community resilience exposes the population not only to a surge in Phase 5 (Catastrophe), but to a concrete risk of famine should conflict, displacement or blockade materialise in worse conditions than those defined in the most likely scenario.

In comparison to the previous analysis conducted in September 2024, and particularly to the projection period of November 2024 to April 2025, the total share of the population in IPC AFI Phase 5 (Catastrophe) across the Gaza Strip in the current period (1 April-10 May) has decreased by 4 percentage points (from 16 to 12 percent). This is a reduction of around 101,000 individuals, moving to lower IPC Phases.

This small improvement, resulting from the residual impact of the two months of ceasefire is only temporary, as it is based on a period when food was still being distributed within the Gaza Strip, even after the closure of border crossings as market and humanitarian actors still had supplies in stock. During the ceasefire period, between 19 January and 17 March, food security outcome indicators began to show an improvement, reaching the lowest levels since pre-escalation (October 2023). Since 18 March, when the food stocks started to decline and hostilities increased, food security indicators again started reversing their trend. As the trajectory of deterioration is expected to continue, the projection period May-September 2025, will likely see 470,000 people in Catastrophe (IPC AFI Phase 5), equal to nearly double the number reached in the current period (April-10th May), and almost 130,000 more than the previous projection (November 2024-April 2025). It is worth mentioning that the latter projection was based on assumptions of intensified conflict and displacement, particularly in northern Gaza and Rafah governorates, which materialised.

Food security is achieved only when households have sustained access to an available food supply, as well as water, energy and storage space to prepare and cook food hygienically. Given that a decline in food availability, access or utilisation is foreseen in the projection period, a significant deterioration is expected in the projection period from 11 May to 30 September 2025. The large difference in populations in IPC AFI Phase 4 (Emergency) and above in this projection period compared to the current 1 April-10 May (increase of 20 percent) and to the previous projection November 2024-April 2025 (increase of 19 percent) highlights that the present context is one of the most difficult faced in the past 19 months by the Gazan population.

A deterioration of the food security and nutrition situation beyond what is envisaged in the most likely scenario is possible and has a reasonable chance of occurring by the end of September. The food system in the Gaza Strip has largely collapsed and unless an immediate ceasefire is enforced, and sustained, unhindered humanitarian assistance, for both food, non-food, nutritional and medical supplies and services, are permitted to enter, the situation will continue to deteriorate.

Figure 35. Population phase classifications in the Gaza Strip.

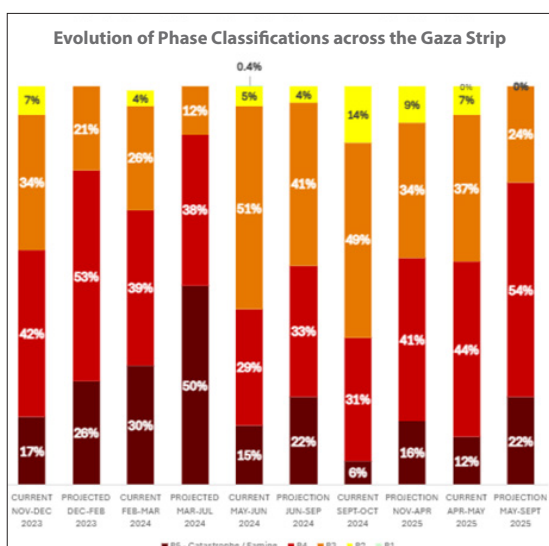
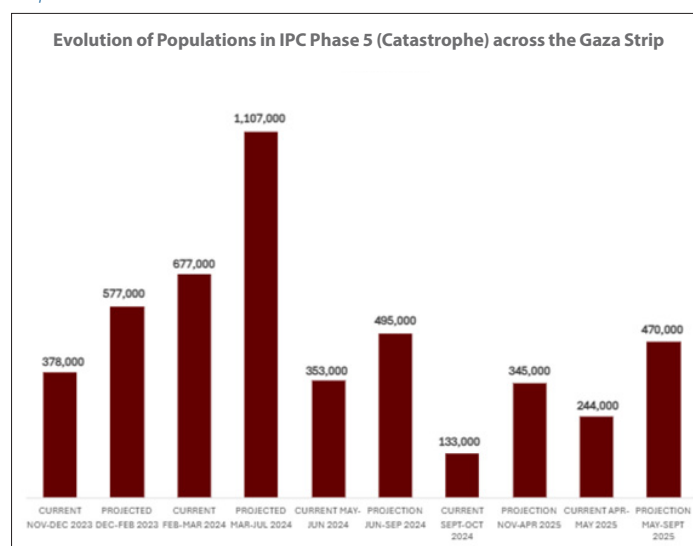
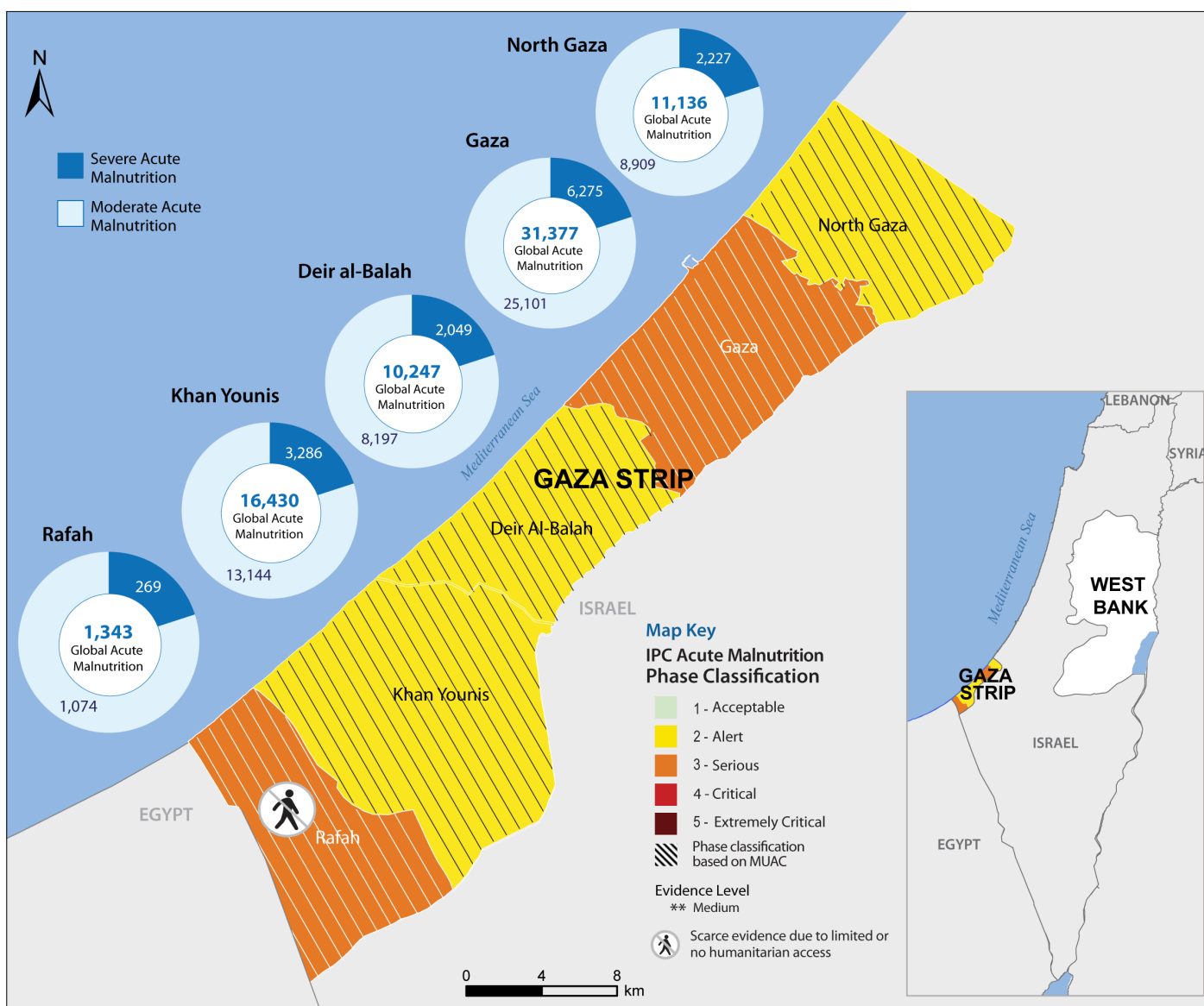


Figure 36. Evolution of populations in IPC Phase 5 (Catastrophe) in the Gaza Strip.



ACUTE MALNUTRITION CURRENT SITUATION OVERVIEW

1 APRIL - 10 MAY 2025



The IPC Acute Malnutrition (AMN) analysis conducted simultaneously with the IPC AFI analysis on the Gaza Strip concluded that more than 71,000 cases of children aged 6 to 59 months old are expected to suffer from acute malnutrition between April 2025 and March 2026 requiring urgent treatment. This updated estimate represents an increase of 18% compared to the 60,000 cases previously estimated on last October 2024 (on a comparable 12-month-long forecast). This includes more than 14,000 cases of severe acute malnutrition (SAM) compared to the 12,000 cases estimated from last October 2024. Additionally, more than 18,000 cases of pregnant and/or breastfeeding women (PBW) will also require acute malnutrition treatment similar estimates compared to 16,500 cases (October 2024).

Regarding the severity of the situation between 1 April and 10 May 2025, acute malnutrition levels are classified as Serious (IPC AMN Phase 3) in two governorates (Gaza City & Rafah) while three other governorates (North Gaza, Deir-al-Balah and Khan Younis) are classified as Alert (IPC AMN Phase 2). Compared to the acute malnutrition situation described in October 2023 the situation seems to be improved due to the ceasefire of early 2025.

The analysis made use of global acute malnutrition (GAM) prevalences measured based on mid upper arm circumference (MUAC) from screenings conducted between mid-March and April 2025, a few weeks prior to the analysis.

MAIN DRIVERS OF ACUTE MALNUTRITION

Inadequate food intake among children and PBWs. According to recent CATI⁵⁸, dietary diversity among children aged 6–23 months is almost absent; only between 0 percent and 5 percent of the children meet the minimum required of five food groups consumed each day. UNICEF defines child food poverty as children’s inability to access and consume a nutritious and diverse diet in early childhood. Severe child food poverty (children consuming only two or less food group per day) is drastically affecting northern governorates with 65 percent of children in North Gaza; 76 percent in Gaza City and 80 percent of children in Deir al-Balah affected. According to UNICEF, severe child food poverty is driven by poor food environments, poor feeding practices and household income poverty. In the context of Gaza, food availability and food access are the main drivers of the extremely high level of severe child food poverty.

The proportion of caregivers who did not report any food group consumed by their children increased from 20 to 24 percent, while around two-thirds of children in this age group were reported to consume only one food type or potentially none. Among pregnant and breastfeeding women (PBW), the percentage of respondents not selecting any food group rose from 17 to 26 percent. Although this does not necessarily indicate that no meals were consumed, it highlights a concerning decline in dietary quality.

Figure 37. Definition of Minimum Dietary Diversity (MDD) & Child Food Poverty. Source: UNICEF, WHO

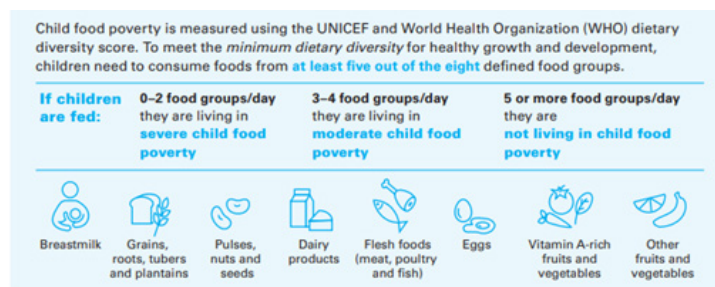


Figure 39. Trend in distribution of the Child Food Poverty among children (6–23) in Gaza City. Source: CATI data (Oct 24 to April 25)

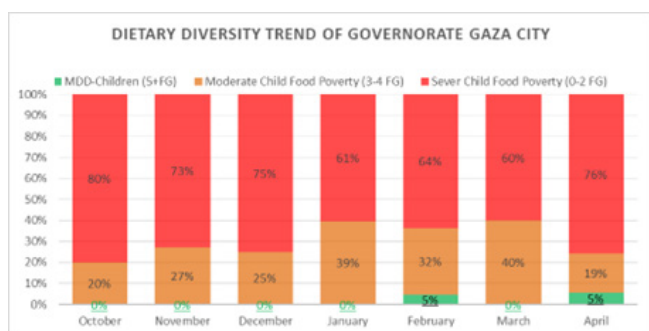


Figure 41. Trend in distribution of the Child Food Poverty among children (6–23) in Khan Younis. Source: CATI data (Oct 24 to April 25)

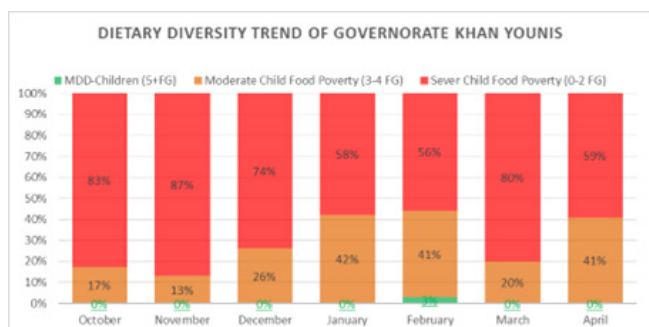


Figure 38. Trend in distribution of the Child Food Poverty among children (6–23) in North Gaza. Source: CATI data (Oct 24 to April 25)

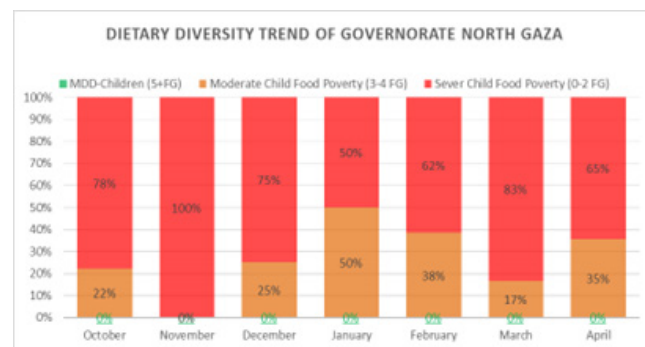


Figure 40. Trend in distribution of the Child Food Poverty among children (6–23) in Middle Area. Source: CATI data (Oct 24 to April 25)

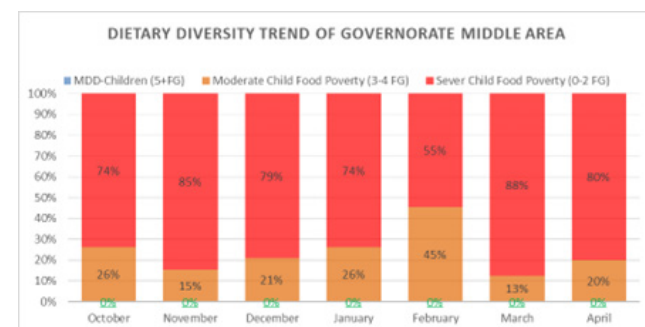


Figure 42. Trend in distribution of the Child Food Poverty among children (6–23) in Rafah. Source: CATI data (Oct 24 to April 25)

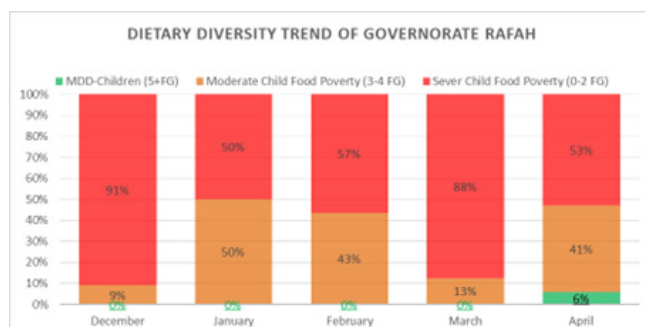


Figure 43. Communicable Disease for North Gaza & Gaza City from 1 Jan to 15 April, 2025. Source: WHO & Health Cluster

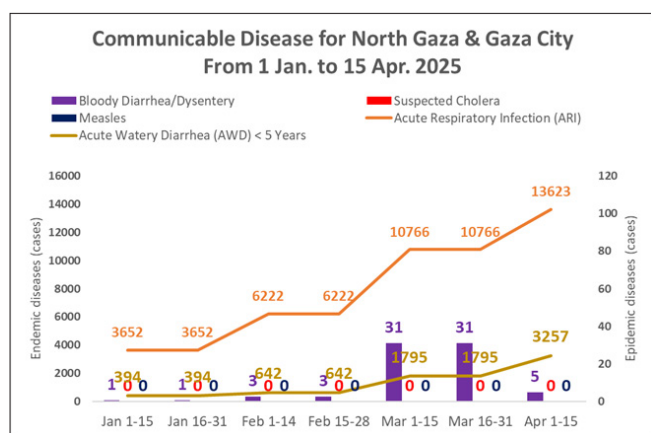


Figure 44. Communicable Disease for Deir al Balah from 1 Jan to 15 April, 2025. Source: WHO & Health Cluster

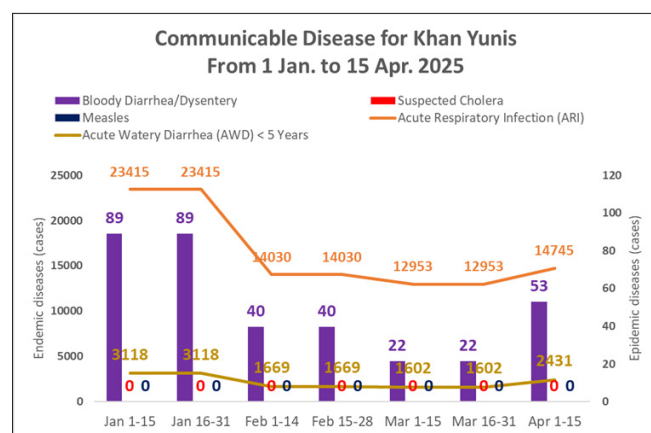


Figure 45. Communicable Disease for Khan Yunis from 1 Jan to 15 April, 2025. Source: WHO & Health Cluster

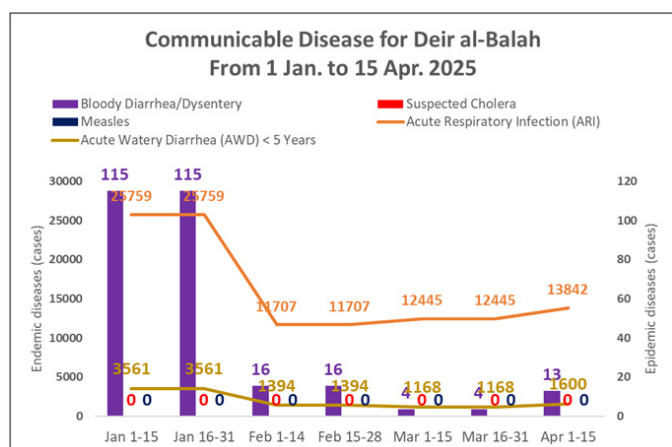
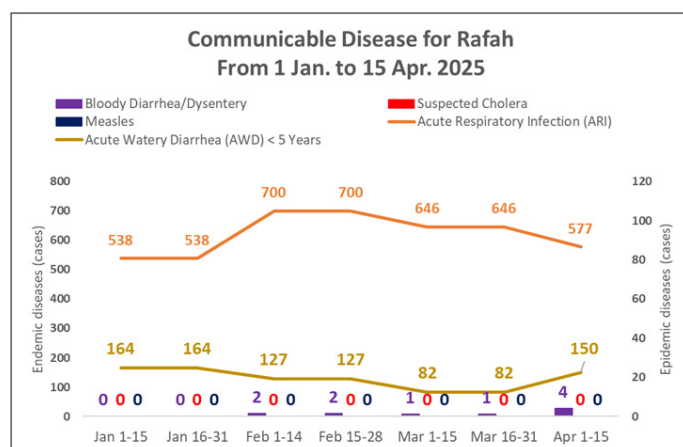


Figure 46. Communicable Disease for Rafah from 1 Jan to 15 April, 2025. Source: WHO & Health Cluster



Regarding diseases, North Gaza & Gaza City governorates are significantly showing a deterioration with a constant and strong increase of cases starting from 1 January to 15 April. Cases of Acute Respiratory Infection are four times higher, and cases of Acute Watery Diarrhoea are eight times higher on 15 April compared to 15 January. Meanwhile, cases of Dysentery rose to 64 cases by the end of March 2025, compared to one case reported in January.

In Deir al-Balah & Khan Yunis, cases of Acute Respiratory Infection, Acute Watery Diarrhoea and Dysentery dropped by 40 percent between January and February 2025, reaching a plateau until the end of March. This is most likely due to the effect of the ceasefire. In Deir al-Balah & Khan Yunis, cases of Acute Respiratory Infection, Acute Watery Diarrhoea and Dysentery dropped by 40 percent between January and February 2025, reaching a plateau until the end of March. In Deir al-Balah & Khan Yunis, cases of Acute Respiratory Infection, Acute Watery Diarrhoea and Dysentery dropped by 40 percent between January and February 2025, reaching a plateau until the end of March.

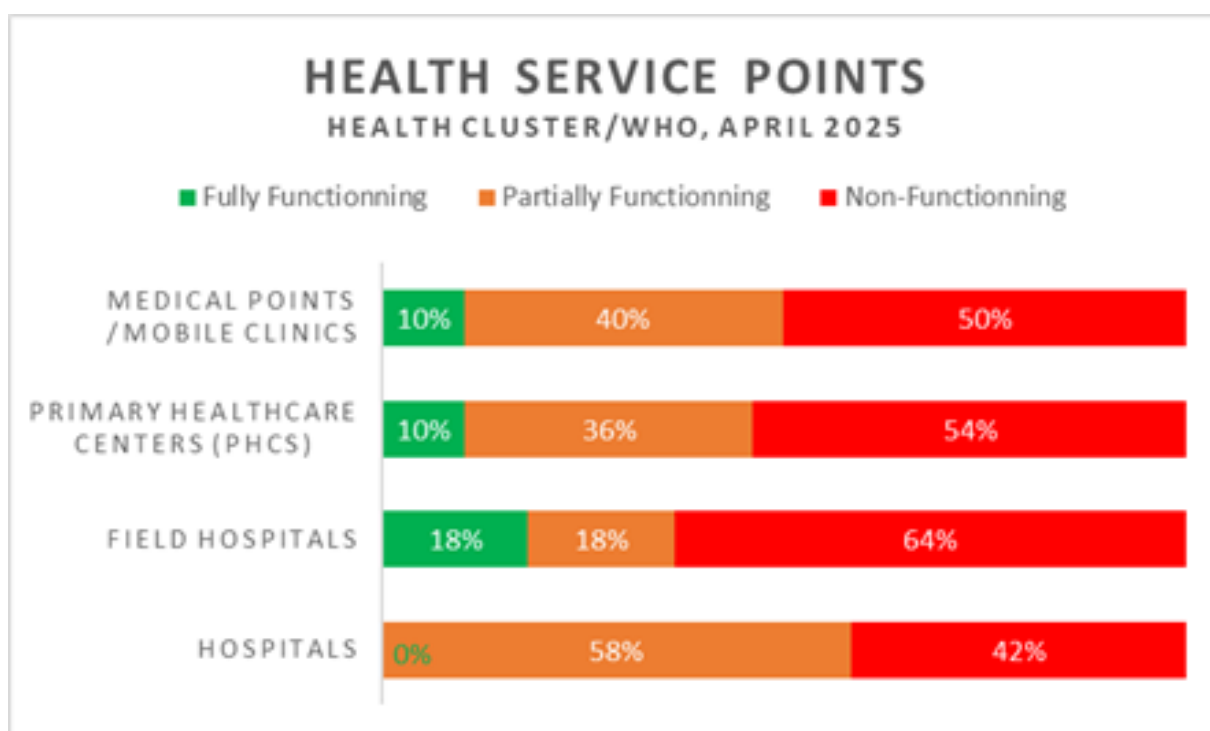
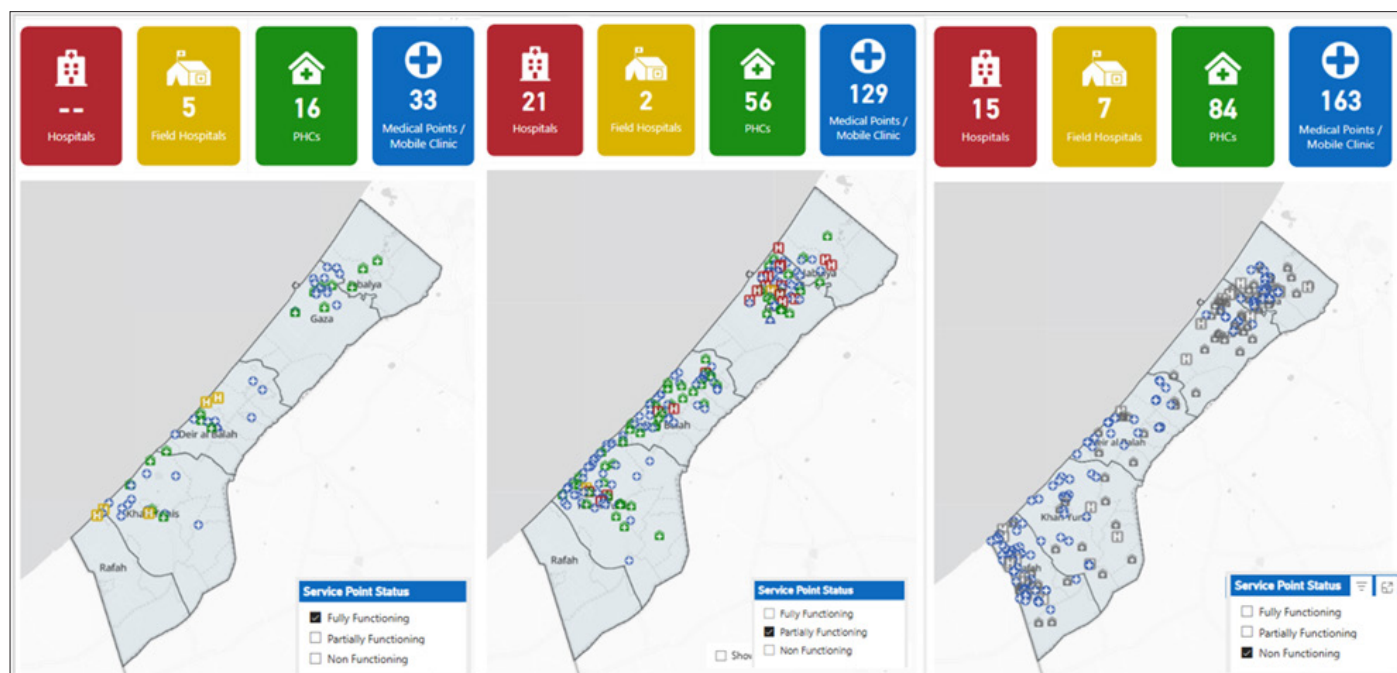
Rafah, is showing a disproportionately high number of cases of Acute Respiratory Infection, around 500 to 700 reported every two weeks, which is elevated considering the low population density of this governorate. Concerning Acute Watery Diarrhoea and Dysentery (similarly to Khan Yunis/Deir al-Balah) the number of cases from January to March were decreasing, however, a rise in cases was also reported at the beginning of April likely due to the resumption of hostilities.

Outbreaks. Acute Watery Diarrhoea now accounts for one in every four cases of disease recorded in Gaza. Most of these cases are among children under the age of five, for whom it is life-threatening. In Deir al-Balah & Khan Yunis, cases of Acute Respiratory Infection, Acute Watery Diarrhoea and Dysentery dropped by 40 percent between January and February 2025, reaching a plateau until the end of March. Diarrhoea is the principle clinical symptom common to most mechanically transmitted pathogens. Filth flies are capable of mechanical transmission of over 20 different viral and bacterial pathogens, including cholera, shigellosis, myiasis, amoebiasis, among many others, and are likely to constitute

at least 25 percent of all disease transmission. Under the current conditions where waste management is challenging, fly populations will thrive, and the burden of diarrhoeal disease will continue to be high, the same pathogens are also transmitted by faecal-oral and water contamination routes.

Measles remains a major public health threat in the Gaza Strip. A combination of factors such as the interruption of routine vaccinations since the start of hostilities in October 2023, have resulted in low vaccination coverage. In addition, there are no diagnostic tests available in the Gaza Strip to confirm suspected cases of measles⁵⁹.

Figure 47. Attacks on health facilities have further disrupted the delivery of supplies and access to health services. Source: WHO & Health Cluster dashboard

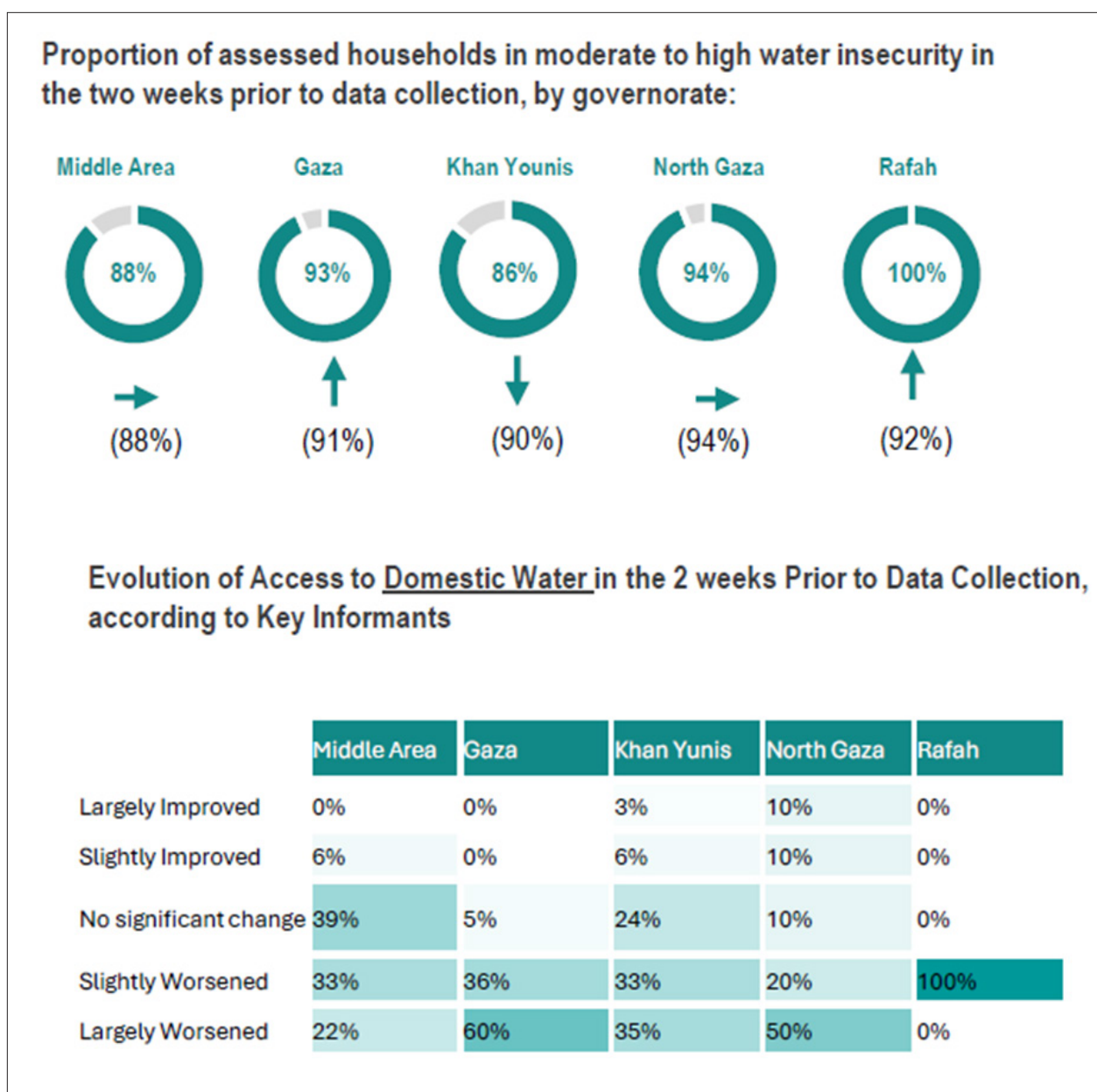


Health Services and Access.

The number of health facilities that are still partially or fully operational continues to decline week by week, especially since the resumption of hostilities after the ceasefire. In April 2025, more than half of all health facilities were no longer operational. There are no longer any fully functional hospitals in the Gaza Strip, and only five fully functional and two partially functional field hospitals (spread over only two governorates: Khan Yunis & Deir al-Balah). Only 10 percent of medical points/mobile clinics and PHCs are still fully functional, and around 40 percent partially functional (i.e. 50-55 percent non-functional)⁶⁰.

WASH & Environmental Conditions. The WASH situation has worsened between March and April 2025, primarily due to the collapse of the ceasefire in March and the blockade of aid, which has reduced the delivery of supplies to the Gaza population. More than 75 percent of households have reported a worsening water situation between March and April, along with a decrease in access to domestic hygiene items as indicated by the drop in soap in households. The impacts of forced displacement, which has affected 400,000 people, have hindered access to access to basic services. These people have been forced to move to overcrowded sites and shelters, where they are now sharing key resources, including water points and sanitation facilities, which were already insufficient. WASH agencies are re-positioning in line with population movements.

Figures 48, 49, 50. Water insecurity and access to drinking water. Source: Wash Cluster, April 2025





Evolution of Access to Drinking Water in the 2 weeks Prior to Data Collection, according to Key Informants

	Middle Area	Gaza	Khan Yunis	North Gaza	Rafah
Largely Improved	0%	0%	1%	10%	0%
Slightly Improved	11%	10%	13%	0%	0%
No significant change	11%	5%	10%	0%	0%
Slightly Worsened	39%	38%	40%	50%	0%
Largely Worsened	39%	48%	36%	40%	100%

Evolution of Access to Drinking Water in the 2 weeks Prior to Data Collection, according to Key Informants

	Middle Area	Gaza	Khan Yunis	North Gaza	Rafah
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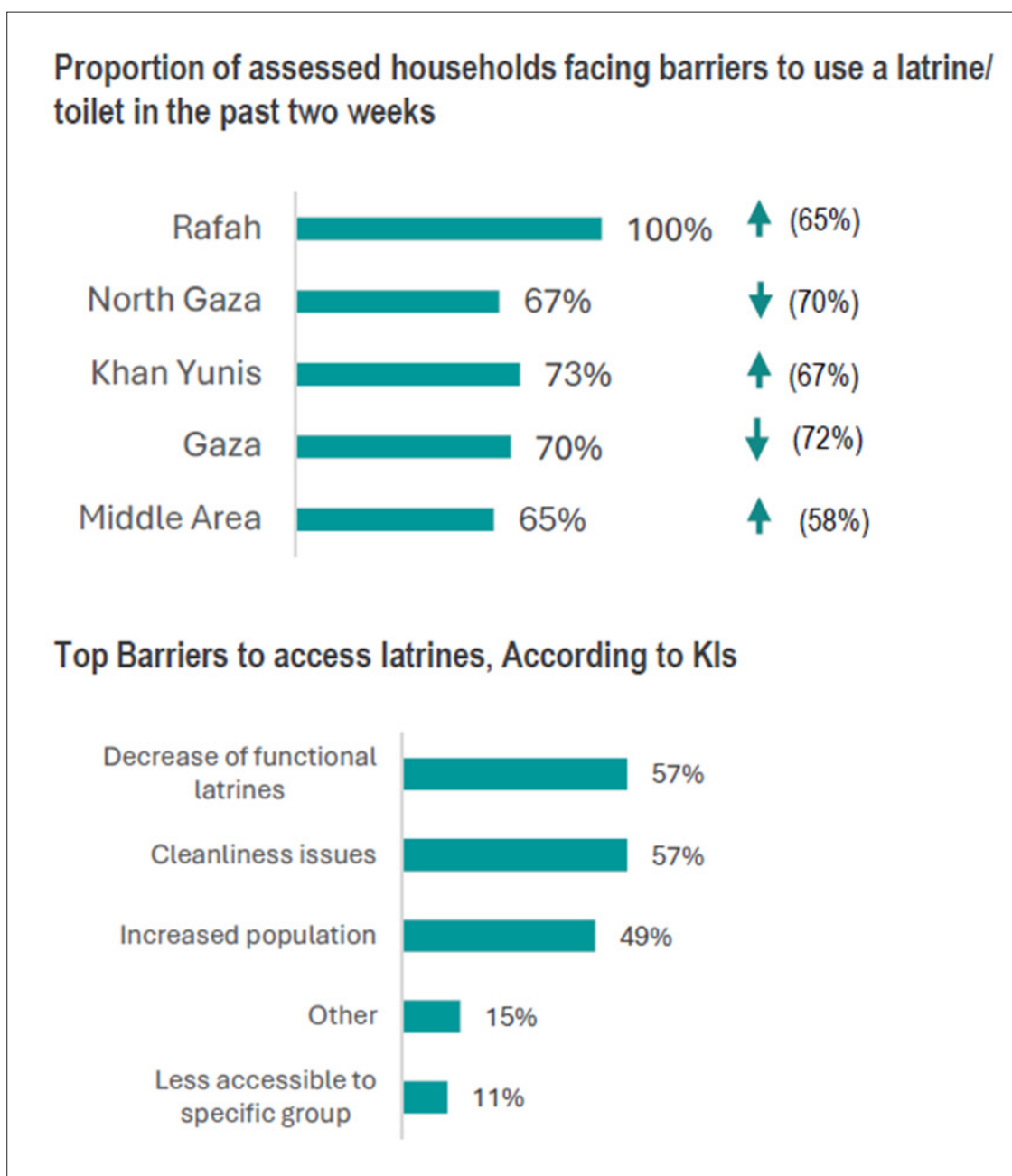
According to WASH Cluster, over 75 percent of households have reported deteriorating access to water, meaning they don't have enough water to drink, are unable to wash their hands when needed, and are often forced to choose between showering, cleaning, and cooking. The impact of the shortage of services is a known driver behind the elevated rates of Acute Watery Diarrhoea.

The light touch monitoring conducted by the WASH cluster indicated that, in April, between 86 percent of households in Khan Yunis and 94 percent of Household were facing moderate or severe water insecurity. Furthermore, this monitoring shows an acceleration in the deterioration in access to water, with 90 percent of key informants in North Gaza and 86 percent in Gaza describing a worsening situation for access to drinking water, compared to 54 percent and 58 percent respectively in March.

The situation was already dire in terms of access: during the last WASH assessment conducted by the WASH cluster in January 2025. It showed between 55 and 69 percent of the population in both Gaza and Khan Yunis has access to less than six litres of drinking and cooking water per day, while 45 percent of the population was unable to access 15 litres of water a day per person to drink, cook, wash and clean.

In terms of sanitation, the proportion of households facing barriers in access was above 65 percent in all governorates and reached 100 percent in Rafah. The main barrier is the decrease of functional latrines (57 percent), followed by cleanliness issues (57 percent) and increased population (49 percent), likely related to displacement of people and overcrowded sites.

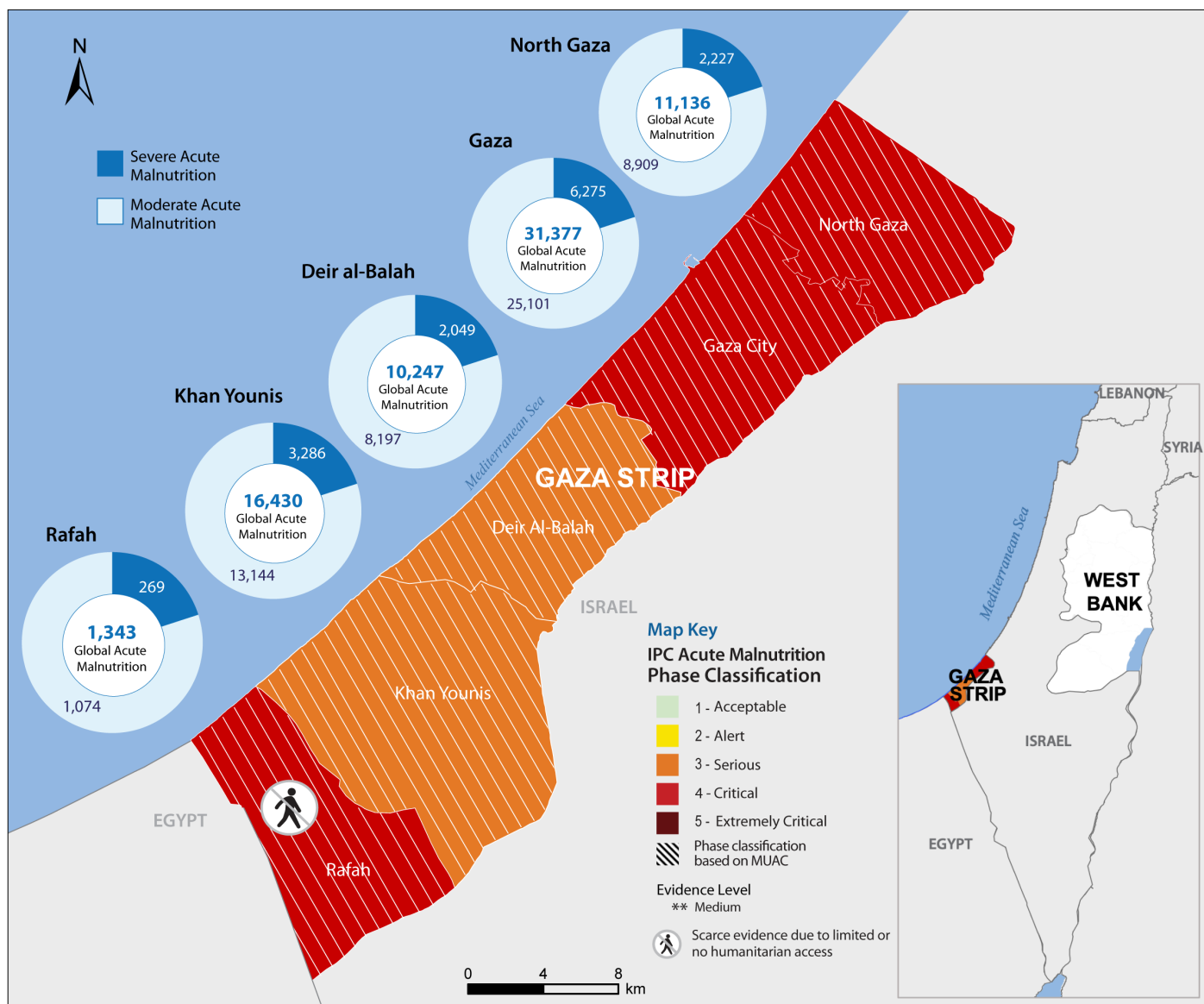
Figures 51, 52. Barriers to use a latrine/toilet. Source: Wash Cluster, April 2025.



Maternal Malnutrition. Pregnancy and breastfeeding have increased physiological demands. Research highlights the period from second trimester of pregnancy up to six months post-partum as most energy (Kcal) demanding period for pregnant or breastfeeding women. MUAC <23cm in a pregnant woman is associated with increased risk of LBW and hence pregnant and breast-feeding women with MUAC measurements of below 23cm are classified as malnourished. Recent MUAC analysis revealed that 10-15 percent of pregnant and breast-feeding women had signs of acute malnutrition. It's estimated that around 17,000 pregnant and breastfeeding women (PBW) will suffer from acute malnutrition between April 2025 and March 2026.

ACUTE MALNUTRITION PROJECTION SITUATION OVERVIEW

11 MAY - 30 SEPTEMBER 2025



Between 11 May and 30 September, in the most likely scenario, the nutrition situation is expected to further deteriorate in all governorates, with Rafah, North Gaza and Gaza City reaching a Critical situation (IPC AMN phase 4), and Deir El Balah and Khan Younis degrading to a Serious situation (IPC AMN Phase 3).

There will likely be additional displacements of people from the northern part of North Gaza to the southern part or to Gaza City, with the intensification of conflict and evacuation orders. In North Gaza, access to services is expected to decline sharply and the situation to worsen acutely, with a convergence of contributing factors. Humanitarian assistance will probably decline more severely in these two districts than in other areas, as the new humanitarian assistance delivery model proposed by authorities focuses on the southern governorates first. After multiple displacements, it is expected that the population of North Gaza and Gaza will be reluctant or unable to move again, leaving a high number of people in the two North governorates with limited access to assistance.

In the most likely scenario, it was considered that, while heavily restricted due to access and security conditions, some provision of nutrition and health services will continue to be possible. The middle areas (Deir Al Balah and Khan Younis) have the highest presence of nutrition partners (14 implementing partners in both Deir Al Balah and Khan Younis, compared to six in Gaza city, two in North Gaza and four in Rafah), with specialised staffs trained to promote and protect young child feeding, screen and treat malnutrition for children and pregnant and breastfeeding women. This has helped to slow the deterioration of acute malnutrition in Deir Al Balah and Khan Younis by one phase to be classified in IPC Phase 3 (Serious).

Most of the Rafah governorate is already under 'no go zone' or evacuation order. Remaining populations are mainly concentrated in the Al Mawasi area, bordering Khan Younis – with limited access to services and the presence of nutrition partners due to the security conditions, exacerbating the dire situation and suggesting a slide to IPC AMN Phase 4 (Critical).

Key Assumptions on Acute Malnutrition Projection

The food security situation will continue to deteriorate (as indicated by the AFI analysis), with unavailability and high prices of basic food impacting the already dire child food poverty. Since the nutrition partners started collecting data (through UNICEF CATI survey), the percentage of children reaching the minimum dietary diversity (five or more food group per day), never surpassed 6 percent. Furthermore, 75 percent of children were already in severe food poverty in April, and the continuous blockade and collapsed local production capacities will further degrade the food intake situation of the children and pregnant and breastfeeding women.

Disease prevalence is also expected to increase in the coming months. Trends of diarrhea are likely to deteriorate because of the summer season. Food contamination is also more frequent during hot weather and will be exacerbated by the disruption of the cold chain and refrigeration due to the lack of fuel and electricity. The same applies to medicines and vaccines, which need to be kept the right temperature. There will also be an increased water demand during summer alongside reduced safe drinkable water supply, resulting in an increase in water born disease. All this will lead to an increase in the risk of morbidity.

In the most likely scenario, it was considered that, while heavily restricted due to access and security conditions, the provision of nutrition and health services will continue at very limited levels, as intensity of conflict remains high, and evacuation orders are frequent. With this hypothesis, most infant and young child feeding indicators (IYCF) will probably stay the same or deteriorate, as partner activities will be impacted by the blockade and resulting in a reduction in access to services. The reduction in food availability at household level will continue to force parents to prioritise their children for food consumption, though if the overall level of food available is deteriorating, the capacity of the household to provide any food for their children will further reduce. Being exposed to repeated airstrikes and forced displacement has serious mental impacts and psychological strain on mothers, which negatively impacts their ability to breastfeed. This decreases the number of babies under six months who are exclusively breastfed, which increases their risk of developing infectious diseases, micronutrient deficiencies and acute malnutrition. Furthermore, ready-to-use infant formulas are already unavailable in Gaza. This situation can exacerbate early diversification (children under six months starting to eat anything other than breastmilk) and increase the 30 percent of children facing this risk. Additionally, the introduction of solid or semisolid food for babies six months and older will also deteriorate as long as the blockade continues, as the ready to use complementary food (RUCF) coverage will be likely depleted by the end of May. This risks an increase in the percentage of children introduced late to diversification (which was already 20 percent in March/ April – UNICEF IYCF programme dashboard). Higher maternal malnutrition will also increase low birthweight and subsequently lead to a higher rate of malnutrition for both children and mothers.

Access to health services and the overall health and water, sanitation and hygiene (WASH) environment will likely deteriorate in the projected period. Overcrowding will put pressure on basic services. Health services capacity continues to be impacted by the recurrent damage to health facilities and limited capacity of reparation of infrastructures. Hospitals and health centers within the no-go zones, or within 1km of zones under evacuation orders, means the already strained remaining health services will continue to be limited and likely at reduced levels. Limited entry of health workers and emergency teams will negatively impact the health status of the most vulnerable, increasing the morbidity and mortality linked to secondary malnutrition. The blockage will continue to delay the entry of vaccines that are unlikely to be restocked rapidly, with supplies of the Rota virus vaccine used to prevent diarrhea already gone. Additionally, in the summer season, the quality of vaccines will be compromised unless they are stored at appropriate temperatures. In addition, health monitoring to detect and respond to disease outbreaks (including TB, measles) is compromised by the collapse of the health system, with risk of late reaction and epidemics.

Overcrowding and displacement will reduce access to latrines and availability of drinking water. High population density will put more pressure on availability of drinking water, especially as poor access to water trucking may not reach all those in need. This could force people to drink and use low quality water sources, which could increase morbidity. Access to sanitation systems will continue to be problematic due to damaged sewage systems, lack of adequate facilities and supplies including clean toilets, overcrowding as people in Gaza struggle to find safe spaces to live. The presence of disease-carrying vermin have also increased the threat of removing rubbish from the streets. In addition, increased proliferation of insects in the summer season will have a negative impact on human health.

The conflict is likely to continue and increase in intensity. Even if the intensity remains the same, the impact of the conflict for the last 18 months is high. The impact of the same level of conflict will be much higher as the resilience of the population is diminishing. Social protection elements are no longer existent as everyone is affected and exhausted, and people have exhausted their coping strategies. The impact of the conflict on mental health is significant and will have a negative impact on malnutrition. Protection and psychosocial support services are limited.

Prevention, including Blanket Supplementary Feeding Program & Other Nutrition programming

The current blockade and escalation of operations are already having and will continue to have a strong negative effect on nutrition programming and the ability of humanitarian partners to provide the necessary service to limit the deterioration of the nutritional status of children and women.

The ongoing intensity of conflict and daily displacement orders strongly affect the delivery of nutrition services. Between January and April 2025, the number of service sites has declined. In January, BSFP partners declared activities in 245 different sites, and only in 127 in April. Shrinking humanitarian space also negatively impacts the ability of partners to deliver services.

Additionally, some of the biggest humanitarian actors in the Gaza Strip are expected to be banned from operating. NGOs and partners will face increased requirements and vetting to operate in the Gaza Strip, which will impact their ability to deliver humanitarian aid and services.

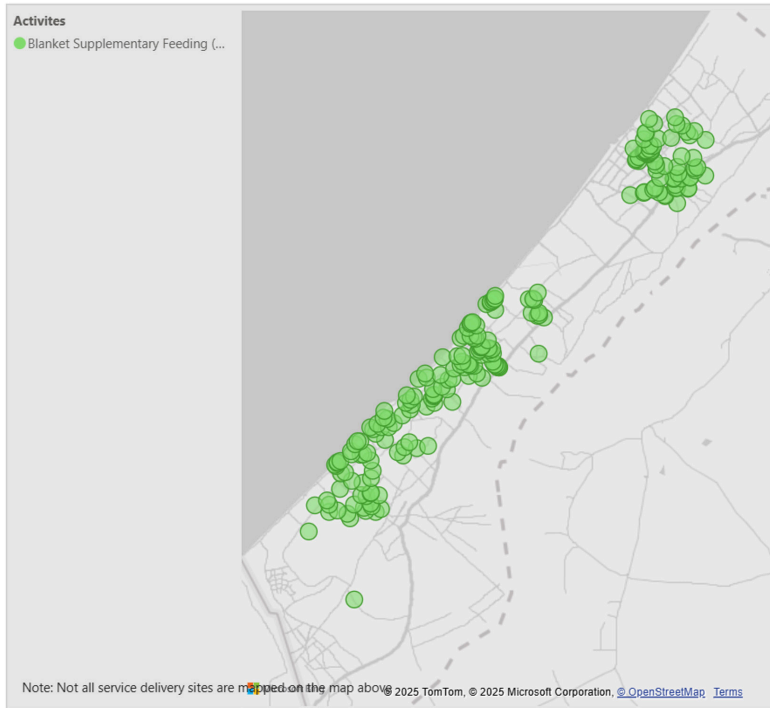
Furthermore, the blockade has already led to the depletion of the commodities necessary for nutrition programmes. The number of people receiving support in the last months was low compared to those in need and declined with the blockade and the end of the ceasefire. In view of the inadequate access to food since the beginning of the escalation in October 2023, 100 percent of children between 6 and 59 months, (290,000 children), and all PBW (150,000) are in need of BSFP. While almost half of children (133,000) had access in January, the level went down to 23,000 in March when the ceasefire ended (less than 10 percent) and less than 20 percent in April). The situation is worse for pregnant and breastfeeding women, with only 3.5 percent reached in March and 6 percent in April. As of May 13, the stock of LNS-MQ (the main supplement product) was only sufficient for 77,000 children or PBW for the monthly ration, so no more than 17 percent of the monthly need. The supplementary feeding only consists of a supplement to compensate for the gap led by non-sufficient and adequate food availability. As the overall food availability is diminishing and almost nonexistent, the impact of BSFP on each child is diminishing (it doesn't cover the child's total nutrition need). Additionally, there is an increased probability of intra-familial sharing (with older children, for example), as even less food is available for the members of the family.

Other prevention programmes are facing similar challenges, for example, ready-to-use infant formula is already out of stock, putting the younger children (under six months) especially at risk. The ready-to-use complementary feeding that reached up to 18,000 children from 6 to 23 months in March is also out of stock.

The ready-to-use therapeutic food availability is also limited to an equivalent of 7,000 children (estimated by 13 May), while 4,500 children are already under treatment. In the absence of prevention products, the risk of children becoming acutely malnourished is increasing, and the depletion of stocks will accelerate within days. The recurrent displacements impact treatment options, as children will default from service delivery sites including treatment sites (18 percent current treatment defaulter rate) which will exacerbate further malnutrition or lead to more serious and complicated cases and increase the likelihood of death.

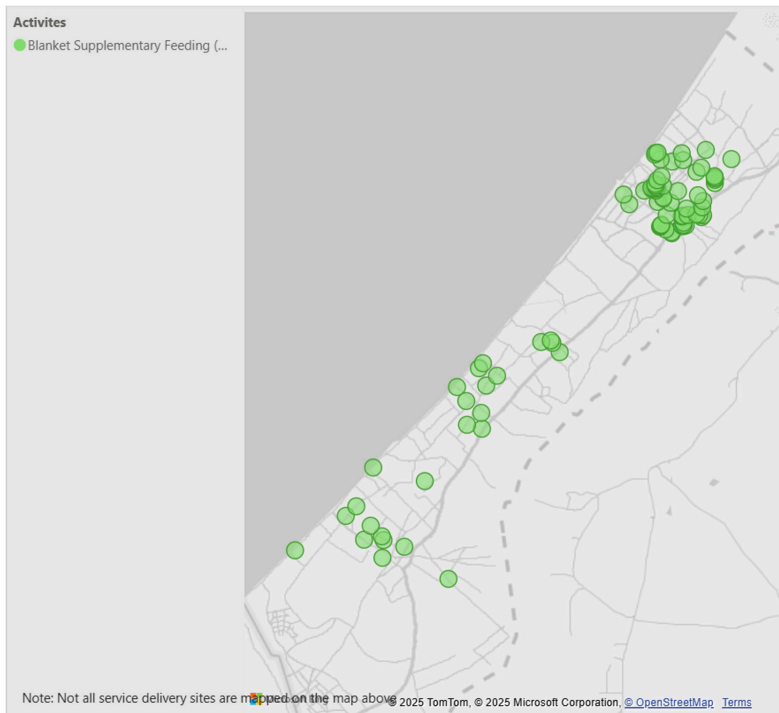
At the same time, all these supplies are immediately available for delivery into Gaza, if the blockade is lifted. Reportedly partners prepositioned 40,000 cartons of RUTF (4 months stocks) for the treatment of malnourished children, 330 MT of LNS are immediately available for the BSFP (and 2,700 in transit, covering another several months), nearly four months of RUIF supplies for the non-breastfeed infants and 600,000 jar of RUCF to feed young children are also waiting to enter. Additionally, 13,000 cartons of high energy biscuits and 21,000 cartons of LNS-SQ for supplementary distribution are immediately available and could prevent children, women or elderly people from becoming acutely malnourished.

Figures 53,54. BSFP service, January 2025. Source: Nutrition cluster dashboard.



Governorate	Blanket Supplementary Feeding (BSFP)	Total
Middle Area	86	86
Khan Younis	81	81
Gaza	78	78
Total	245	245

Figures 55,56. BSFP service, April 2025. Source: Nutrition cluster dashboard.



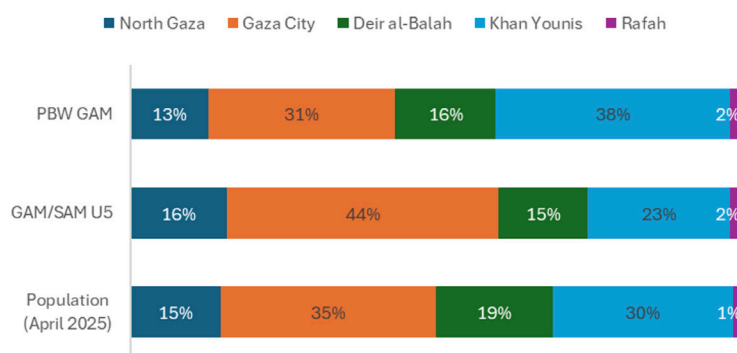
Governorate	Blanket Supplementary Feeding (BSFP)	Total
Rafah	1	1
North Gaza	9	9
Middle Area	23	23
Khan Younis	18	18
Gaza	76	76
Total	127	127

Acute malnutrition population table (April 2025 – March 2026)

Children under 5 years old expected to be acutely malnourished

Nearly 71,000 cases of acute malnutrition are expected to occur between April 2025 and March 2026. These children will require urgent treatment. Of these, 20 percent are expected to face severe acute malnutrition. Of the total estimated burden, the gender balance is about equal, with an estimated 51 percent of boys to be affected and 49 percent of girls. Regarding the spatial distribution, 60 percent of the burden is expected to be in the northern governorates (15 and 45 percent in North Gaza and Gaza City, respectively). Deir al-Balah is only representing 15 percent of the burden compared to 45 percent in the last IPC analysis (October 2024). Finally, a 25 percent of the burden of acute malnutrition is expected in the southern governorates (especially 23 percent in Khan Yunis).

Figure 57. Governorate distribution of the burden of acute malnutrition in children under 5 and PBW. Source: Nutrition Cluster.



Pregnant and breastfeeding women (PBW) expected to be acutely malnourished

Around 16,500 cases of acute malnutrition among pregnant and/or breastfeeding women are expected to occur during the same period. Similar to the acute malnutrition for children, most of the burden (71 percent) is expected to be concentrated in the middle governorates (39 and 32 percent in Khan Younis and Deir al-Balah, respectively). Urgent management of acute malnutrition for affected PBW will be required to avoid a negative impact on their own health, their children's nutritional status, and the well-being of these children during their first thousand days of life.

Table 6. Estimates of the expected cases of acute malnutrition among children under-five and pregnant and/or breastfeeding women by governorate between April 2025 and March 2026. Source: Nutrition Cluster estimates

Governorate	Children under 5 years old (April - May 2025)										Pregnant and Breastfeeding women			
	Total Population	Total U5#	GAM - MUAC	MAM - MUAC	SAM - MUAC	Estimated number of GAM cases		Estimated number of MAM cases		Estimated number of SAM cases		Estimated number of PBW	GAM - MUAC	# of cases GAM-PBW
			Proxy	Proxy	Proxy	Girls	Boys	Girls	Boys	Girls	Boys			
North Gaza	310,000	46,810	6.1%	4.9%	1.2%	5,490	5,646	4,392	4,517	1,098	1,129	21,700	10.0%	2,170
Gaza City	740,000	111,740	7.2%	5.8%	1.4%	15,469	15,908	12,375	12,726	3,094	3,182	51,800	10.0%	5,180
Deir al-Balah	400,000	60,400	4.4%	3.5%	0.9%	5,052	5,195	4,041	4,156	1,010	1,039	28,000	10.0%	2,800
Khan Younis	620,000	93,620	4.5%	3.6%	0.9%	8,100	8,330	6,480	6,664	1,620	1,666	43,400	15.0%	6,510
Rafah	30,000	4,530	7.6%	6.1%	1.5%	662	681	530	545	132	136	2,100	15.0%	315
Total	2,100,000	317,100	n/a	n/a	n/a	34,773	35,760	27,818	28,608	6,955	7,152	147,000	n/a	16,975
			-	-	-	70,533		56,426		14,107		-	-	-

Method: These estimates were calculated by the State of Palestine Nutrition Cluster. Results were submitted for review and validation at the national Nutrition Information System Technical Working Group (NISTWG). The standard NPK formula was used, where:

- N is the number of children under 5 years old; Source: OCHA April 2025.
- P is for the prevalence estimate of acute malnutrition (including SAM and MAM). For this, a proxy MUAC estimates of acute malnutrition was agreed during analysis from the screenings median MUAC estimates, and IPC AMN phase was used for each governorate.
- K is for incidence correction factor for a period of 12 months: a K of 3.9 was considered.
- As for the PBW, the same formula was used, replacing with respective PBW-specific parameters with a K of 1.

NUTRITION SITUATION BY AREA

Northern Governorates (North Gaza & Gaza City)

The nutrition situation has deteriorated after the ceasefire in the North and the number of children needing nutritional treatment has increased by 44 percent compared to October 2024 and both governorates now represent 60 percent of the total burden of acute malnutrition in Gaza compared to 16 percent in October 2024. The northern governorates have seen an increase in the number of people returning to their homes during the ceasefire and close to 1 million people are now living in densely-populated displacement sites where access to basic services is strained by high needs and overcrowding. Due to the high population density in the north any slight increase in the rate of malnutrition will result in many children needing treatment which will overwhelm the already fragile health system.

The situation in North Gaza is currently classified as IPC AMN Phase 2 (Alert), however it is expected to deteriorate to IPC AMN Phase 4 (Critical) between May and September 2025 as coverage of nutrition preventative services is very limited compared to Gaza City (4 percent BSFP coverage versus 50 percent in Gaza in April). The number of treatment sites, partners and screening coverage in North Gaza is also much lower than in Gaza City (22 nutrition sites vs 83 in Gaza City; 20 percent screening coverage versus 33 percent in Gaza City; two nutrition partners versus six in Gaza City). There is no inpatient critical care service for children with acute malnutrition with medical complications in North Gaza which hampers access to timely and lifesaving care. Furthermore, the food insecurity, WASH and health situation in North Gaza is similar to Gaza City. People in North Gaza depend on the markets in Gaza City and both are likely to see a deterioration to IPC Phase 4 (Critical). North Gaza is likely to see a quicker deterioration in the nutrition situation due to above mentioned reasons. The nutrition situation in Gaza City is currently IPC AMN Phase 3 (Serious) whilst in North Gaza it is IPC AMN Phase 2 (Alert). MUAC screening results revealed that infants and young children aged 6 to 23 months are more susceptible to acute malnutrition. Prevention activities tailored towards this age group have significant impacts in reducing the prevalence of acute malnutrition. To this end, the ready to use complementary food introduced in the Gaza Strip after the ceasefire reached a significant number of children. Given the presence of strong partners in North Gaza, the coverage of RUCF in North Gaza is twice higher than the coverage in Gaza City both in February and March (41 percent versus 23 percent in February and 37 percent versus 22 percent in March).

Nevertheless, Gaza City is carrying 45 percent of the burden of acute malnutrition for children and 31 percent for PBW with an IPC AMN Phase 3 (Serious) projected to deteriorate to a Critical situation (IPC AMN Phase 4) between 11 May and 30 September 2025.

Middle Area (Deir-al-Balah)

Between mid-March and April 2025, the nutritional status of children in Deir -al- Balah has been negatively impacted by multiple compounding factors. Eighty percent of children aged 6-23 months consumed less than two food groups, while 83 percent faced severe food poverty, indicating poor access to and consumption of nutritious food to support optimal growth and development, and hence contributing to observed acute malnutrition. The current IPC AFI Phase 4 (Emergency) classification highlights widespread food consumption gaps, and 58 percent of adults reported reducing their own intake to prioritise children, indicating a temporary coping mechanism that may mitigate more severe child malnutrition outcomes. Additionally, 50 percent of households reported receiving cash assistance, which may support basic needs and indirectly protect against worsening malnutrition. However, coverage of nutrition-specific services has significantly decreased, with the Blanket Supplementary Feeding Programme (BSFP) coverage declining from 32,428 children in January to just 8,000 in March-April, indicating a 75 percent reduction. Moreover, outreach nutrition programme coverage stands at only 20 percent with reduced functionality. An example is a major nutrition partner closed 9 out of 10 centres, thereby, impacting active case finding and nutrition surveillance and hence, missing many malnourished children in some areas of Deir-al-Balah.

Childhood morbidity remains a key driver with 7 out of 10 children reported to be sick, with nearly 40,000 children suffering from acute respiratory infections (ARI), 4,000 had acute watery diarrhoea (AWD) along with reported cases of dysentery. This high disease prevalence is likely linked to 88 percent of households reporting water insecurity, only 3.8L/person/day of water access, 30 percent lacking sanitation facilities, and an 83 percent increase in soap prices. Poor shelter conditions, significantly undermining hygiene and living conditions are increasing vulnerability to infection and subsequent malnutrition. Overall, based on current contributing factors, high disease burden, poor WASH conditions, reduced dietary diversity, and limited preventive nutrition services, the nutrition situation in Deir-al-Balah has an extremely high risk of severe deterioration if mitigating interventions are not sustained or scaled up.

Southern Governorates (Khan Younis & Rafah)

In Khan Younis, the current (1 April 10 May 2025) acute malnutrition caseload is estimated to be 16,430 malnourished children with 3,286 children being severely malnourished. In Rafah, the current caseload was 1,343 malnourished children with 269 children being severely malnourished. This highlights a general increase of 18 percent compared to the previous IPC caseloads in October 2024. Pregnant and/or breastfeeding women (PBWs) are most affected in southern governorates than children with 40 percent of the total burden. Urgent treatment of the affected PBWs will be required to avoid a negative impact of their children's nutritional status and the well-being of these children during their first thousand days of life. When we compare the population distribution between the five governorates, we notice that Rafah bears a burden of malnutrition in both PBW and children proportional to their respective populations. Khan Yunis is more affected by maternal malnutrition with 38 percent of the burden for 30 percent of the PBW. Of the spatial distribution of acute malnutrition, 25 percent of the burden of acute malnutrition is expected in the southern governorates (especially 23 percent in Khan Younis). The middle area in (Khan Younis & Deir El Balah) are where the number of nutrition partners is the highest (14 implementing partners) while in Rafah, there were the least due to limited access. Additionally, in Rafah, there were no hospitals and no stabilisation center for SAM children with complications.

In Khan Younis, over 60 percent of the children were consistently consuming foods from only two food groups since the start of the year, with April showing no improvement, indicating persistent poor dietary intake and limited access to diverse foods. In Rafah, over 50 percent of the children consistently consumed foods from only two food group, indicating a chronic lack of access to a varied and nutritious diet. This trend has persisted over recent months, including April, reflecting continued nutritional vulnerability. In Khan Younis, based on WASH Round 3 of LTM, 86 percent of households (HHs) are water insecure, more than 70 percent of HHs reported worsened access to drinking water and almost 70 percent worsened access to domestic water. Similarly, 40 percent of HH have reported worsened access to latrines with 73 percent reporting facing barriers to access a latrine. 78 percent of HHs have access to soap (a drop compared to 91 percent in March) while overall across Gaza more than half of HHs are purchasing soap at a higher price compared to previous months. The WASH situation has worsened between March and April, primarily due to the collapse of the ceasefire in March and the blockade of aid, which has reduced the delivery of supplies to the Gaza population. In a situation where 25 percent of medical consultations are related to acute watery diarrhea, the WASH cluster fears a rapid deterioration of public health, potentially leading to outbreaks, malnutrition among children, and pregnant and lactating women. In terms of sanitation, the proportion of households facing barriers in access was above 65 percent in all governorates, and reached 100 percent in Rafah. In Khan Younis, most of the population had access to less than six litres of drinking and cooking water per day and 45 percent of the population overall were unable to access 15 litres/day person for drinking and domestic needs.

The current blockade and escalation of conflict will continue to have a strong negative effect on nutrition programming and the ability of humanitarian partners to provide the necessary service to limit the deterioration of the nutritional status of children and women. In Khan Younis, the blanket supplementary feeding program (BSFP) coverage reduced from 81 in January 2025 to only 18 in April 2025 as per the nutrition cluster dashboard. In Rafah, there was only 1 BSFP site in April 2025 as reported in the nutrition cluster dashboard. Most of the Rafah governorate is already under a no go zone or evacuation order. Remaining populations are mainly concentrated in the Al Mawasi area, bordering Khan Younis – with limited access to services and partners presence due to the security conditions and exacerbating the dire situation.

In terms of displacement, high population movement within Rafah and across neighbouring Khan Younis continues, especially for the populations clustered on the border areas of Rafah & Khan Younis (Al Mawasi). Restricted access due to the current blockade is anticipated to progress, hence, affecting supply for critical live saving interventions for health, WASH, and humanitarian assistance in Khan Younis. For Rafah, the borders areas are the most impacted areas in compared to other governorates and will most likely continue to be most affected, by intense ground operations.

RISK OF FAMINE ANALYSIS

As per the IPC tools and technical guidance, an IPC statement on the risk of Famine differs from a Famine classification. While a projected Famine classification is based on the most likely scenario, the risk of Famine refers to the worst-case scenario that has a reasonable and realistic chance of happening. The risk of Famine is a statement, not a classification, and was designed to complement the standard IPC projections of the most likely scenario by providing insights of a potential Famine if prospects evolve in a manner worse than anticipated. The elements considered when developing the worst-case scenario, which could reasonably occur, are described below.

Key Drivers

Conflict intensifies and/or expands across the Gaza Strip, with large and full-scale ground operations and continued presence of armed actors across the Gaza Strip. Further damage to critical infrastructure is expected.

A continuation of the blockade with no access for humanitarian actors. Humanitarian agencies will not have access to the most vulnerable populations of the Gaza Strip to provide goods and services essential for survival.

Impacts on food security and nutrition dimensions

Large scale displacement with further expansion of evacuation zones and no-go zones. Populations will have reduced areas for habitation and density of displaced populations will increase. Further barriers to access food and services will increase civil unrest and competition of scarce resources.

Food availability is extremely limited with catastrophic food consumption gaps. No deliveries from land or sea, a complete halt of local food production systems and unavailability of remaining food sources.

The complete collapse of the health system and essential services as stocks deplete and referral options are not possible. Severe water insecurity, and a collapse of solid sanitation systems in most areas across governorates. Shortage of hygiene items and disease outbreaks.

The analysis team determined that, based on the current situation and projected evolution of outcomes in a reasonable worst-case scenario described above, all three elements of food insecurity, acute nutrition and mortality would cross the IPC Phase 5 (Famine) thresholds.

In this scenario, under a protracted and large-scale military operation, and with a continuation of the humanitarian and commercial blockade, there would be a critical lack of access to supplies and services essential to survival. The vast majority of the population in the Gaza Strip would not have access to food, water, shelter items, and medicines. The intensification of the conflict, combined with a search for essential goods and services, including food, would likely generate further mass displacements within and across governorates. Increased displacement in a shrinking safe space, and within increasingly limited supplies would lead to increased civil unrest and competition over scarce resources, further eroding community coping and support mechanisms.

The remaining health services would completely collapse due to lack of personnel and supplies, including for the treatment of acute malnutrition and provision of vaccines needed to prevent disease outbreaks. Lack of treatment options for communicable and non-communicable diseases would also rapidly deteriorate the health and nutrition status of adult populations. Lack of clean water, collapse of the solid waste system and overcrowding, would worsen health conditions and increase morbidity among children and adults.

Food insecurity, acute malnutrition and mortality would surpass the IPC Phase 5 (Famine) thresholds.

RECOMMENDATIONS FOR ACTION

High-level recommendations

Only an immediate cessation of hostilities and the resumption of humanitarian aid delivery can prevent a descent into Famine

- **Cessation of Hostilities.** An immediate, unconditional, and sustained ceasefire is critical to reducing the risk of Famine and reverse the catastrophic levels of human suffering.
- **Humanitarian Access.** Unhindered, safe, stable and sustained humanitarian access must be guaranteed to deliver lifesaving, multi-sectoral assistance and services at scale. This includes food, health care, water and sanitation (WASH), essential non-food items, fuel and cooking gas.
- **Protection of aid workers, civilians and civilian infrastructure.** Protect civilians and aid workers so they can deliver humanitarian assistance unimpeded. Protect and restore infrastructure critical for survival and for the delivery of humanitarian assistance and services, and regular functioning of food, health, water and sanitation systems.
- **Food assistance alone will not prevent Famine.** Provide lifesaving humanitarian assistance through multi-sectoral, integrated interventions, including food, nutrition, health, WASH, and livelihoods assistance.
- **Restore at scale commercial supply, essential services, market systems and local production.**

Operational recommendations

- **Restore humanitarian and commercial food supply, market systems and local production.** Ensure provision of safe, nutritious, and sufficient humanitarian food assistance to all the people in need through the restoration of humanitarian, commercial and market flows. Allow for agricultural inputs supplies and access to farmland and sea, food systems, productive assets and infrastructure. Rehabilitate local markets.
- **Immediately restore access to specialized supplies for the prevention and treatment of acute malnutrition** among children, pregnant and breastfeeding women across the Gaza Strip. Urgently scale up and secure infant and young child feeding programmes to address low levels of child food intake and to promote optimal breastfeeding practices. Enhanced monitoring systems are also needed to detect and respond to the rising risks of acute malnutrition, particularly among children, pregnant and breastfeeding women, and other vulnerable groups.
- **Immediately improve access to essential health services** to ensure timely and adequate treatment of the most common infectious diseases affecting children across the Gaza Strip. This should include, but not limited, to the provision of essential childhood immunisations and urgent restoration of the healthcare system.
- **Urgently improve access to water, sanitation, and hygiene services across the Gaza Strip**, including in areas with limited humanitarian access.

Situation Monitoring and Update

Given the high level of uncertainty surrounding future developments in the aforementioned scenarios, the situation will need to be closely monitored in the coming weeks and months to determine whether an IPC analysis update will be necessary. The following risk factors will be monitored across the Gaza strip:

- Intensity and expansion of hostilities, particularly any additional ground operations or major offensives.
- Enforcement of the humanitarian and commercial blockade and deliveries into the Gaza Strip.
- Humanitarian access into and within the Gaza strip to reach populations in need of essential lifesaving interventions and services on a regular and adequate basis.
- Displacement of populations, including large movements within and across governorates, and high concentrations of people, due to hostilities, evacuation orders, and designated no-go areas.
- Establishment of logistics and distribution hubs across governorates in the coming weeks.
- Availability of food and other essential items in markets, price levels and the ability of communities to access markets and commodities.
- Availability of essential nutrition supplies (Ready to use Therapeutic food – RUTF ; Ready to use infant formula –

- RUIF/liquid baby milk), including prevention (Lipid Nutrient Supplement – LNS ; Micronutrient Power - MNPs)
- Functionality and coverage of nutrition, health, water and sanitation systems, and associated risks of disease outbreaks.
- Close monitoring of WASH & hygienic and population movement and crowding conditions related with the occurrence of diseases with high epidemic potential (cholera, AWD, measles, etc.).

PROCESS AND METHODOLOGY

Similar to the previous IPC analyses conducted in December 2023, February 2024, May 2024, and October 2024 the IPC Global Partnership completed an IPC analysis for the Gaza Strip to provide information on humanitarian needs and inform decisions. This analysis in May 2025 was conducted jointly between Acute Food Insecurity (AFI) and Acute Malnutrition (AMN) analysts. Without an active in country Technical Working Group (TWG), the IPC Global Partnership made use of its globally led analysis process to complete this exercise.

From 28 April to 6 May 2025, around 50 experts from 17 organizations conducted this joint IPC Acute Food Insecurity and Acute Malnutrition analysis. This analysis was conducted remotely, fully adhering to the standard IPC protocols. It drew on data made available to the analysis team from multiple sources and includes all information produced until 6 May 2025. According to IPC protocols, the evidence level for each of the five units of analysis (Governorates) for both the Acute Food Insecurity and Acute Malnutrition Analyses was rated as "Medium" (level 2), with the exception of the Acute Malnutrition analysis for Rafah Governorate, which relied on IPC special protocols for areas with limited or no humanitarian access.

Although food security and acute malnutrition data collection is conducted almost daily, and trend analysis from November 2023 to 27 April 2025 is available, this analysis primarily focused on the data collected throughout April 2025. This evidence includes data from the early days of April, at a time where residual stocks of essential goods were available, and may not fully reflect the most recent, deteriorating conditions. Similar to other severe crises, a risk of Famine analysis was conducted by the analysis team using the standard process outlined in the risk of Famine Guidance Note.

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What is the IPC

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 and nutrition policy and programming.

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 the Gaza Strip.

Limitations of the analysis

Given the major access constraints, data on food security outcomes was collected using Computer Assisted Telephone Interviews (CATI), by two data providers. The Analysis Team concluded that the data met the IPC requirements and were thus used for this analysis. In terms of the number of observations, however, in Rafah, there were insufficient observations in the month of April due to limited population, contextual factors and response rates. Food security data from CATI #1 for Rafah therefore covered 16 March to 25 April 2025. Nutrition data included global acute malnutrition based on mid-upper arm circumference (MUAC) from comprehensive screenings conducted in the field.

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1		VERY LOW Risk Factor	RISK FACTORS TABLE				
2		LOW Risk Factor	GAZA STRIP				
3		MEDIUM Risk Factor	Governorates				
4		HIGH Risk Factor	North Gaza	Gaza City	Deir Al-Balah	Khan Younis	Rafah Gov.
5		VERY HIGH Risk Factor					
8		No Data Available					
		IPC AMN Phase Classification (Current Period: 1 April - 10 May 2025)	AMN Phase 2	AMN Phase 3	AMN Phase 2	AMN Phase 2	AMN Phase 3
		IPC AMN Phase Classification (Projection Period: 11 May - 30 September 2025)	AMN Phase 4	AMN Phase 4	AMN Phase 3	AMN Phase 3	AMN Phase 4
Individual Food Intake	Minimum Dietary Diversity (MDD)						
	Severe Child Food Poverty (sCFP)						
	Minimum Meal Frequency (MMF)						
	Minimum Acceptable Diet (MAD)						
	Minimum Dietary Diversity – Women (MDD-W)						
Diseases	Diarrhoea						
	Bloody Diarrhoea / Dysentery						
	Fever						
	Acute Respiratory Infection (ARI)						
	HIV/AIDS						
	Acute Watery Diarrhoea (AWD)						
	Cholera Cases						
	Measles Cases						
		Current Food Dimensions (IPC AFI Classification 1 April - 10 May 2025)	AFI Phase 4	AFI Phase 4	AFI Phase 4	AFI Phase 4	AFI Phase 4
		Projection Food Dimensions (IPC AFI Classification 10 May - 30 September 2025)	AFI Phase 4	AFI Phase 4	AFI Phase 4	AFI Phase 4	AFI Phase 4
Caring and feeding practices	Exclusive breastfeeding under 6 months						
	Continued breastfeeding at 1 year						
	Introduction of solid, semi-solid or soft foods						
	Restrict consumption by adult in order for small children to eat (rCSI question number 4)						
	SURVEY - Measles vaccination coverage						
	SURVEY - Polio vaccination coverage						
	SURVEY - Vitamin A supplementation coverage						
	SURVEY - Coverage of all basic vaccinations						
	Skilled attendant at delivery						
	Coverage of outreach programmes – CMAM (SAM, MAM, or both)						
	WASH - Access to a sufficient quantity of water						
	WASH - Access to improved sanitation facilities						
	WASH - Access to an improved source of drinking water						
	WASH - Soap availability for handwashing						
Shocks	Human capital						
	Physical capital						
	Financial capital						
	Natural capital						
	Social capital						
	Policies, Institutions and Processes (PIPs)						
	Usual/Regular Shocks						
	Unusual shocks						
Other issues	Crude Death Rate (CDR) – excluding trauma related deaths						
	Under Five Death Rate (U5DR) – excluding trauma related deaths						
	SAM based on WHZ						
	SAM based on MUAC						
	Stunting						
	Prevalence of maternal malnutrition						

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