IPC Integrated Food Security Phase Classification

IPC Global Initiative - Special Snapshot

GAZA STRIP: IPC Acute Food Insecurity and Acute Malnutrition Special Snapshot | April - September 2025

Published on 12 May 2025

IPC Special Briefs are produced by the IPC global initiative and do not necessarily reflect the views of stakeholders in Palestine. This analysis factors in data and information available up to 6 May 2025 and does not take into account the latest developments.

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 (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.

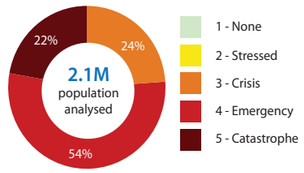
Immediate action is essential to prevent further deaths, starvation and acute malnutrition, and a descent into Famine. This entails ending hostilities, ensuring unrestricted humanitarian access, restoring essential services and commercial flows, and providing sufficient lifesaving assistance to all in need.

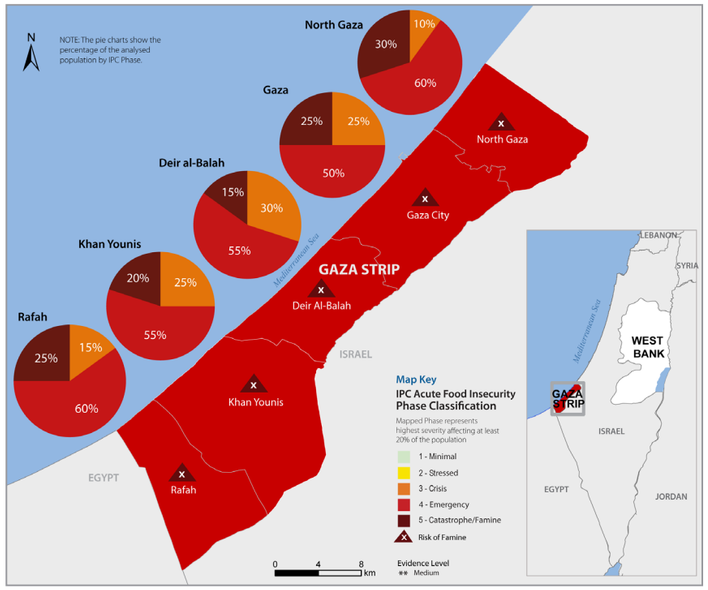
Projected Acute Food Insecurity | 11 May - 30 September 2025

2.1M

About 2.1 million people across the Gaza Strip will likely experience high levels of acute food insecurity, classified in IPC Phase 3 or above (Crisis or worse) between May and September 2025, including nearly 469,500 people who will likely experience catastrophic food insecurity (IPC Phase 5).

100% of the analysed population in the Gaza Strip is in IPC Phase 3 or above



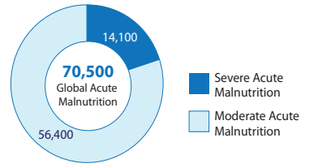


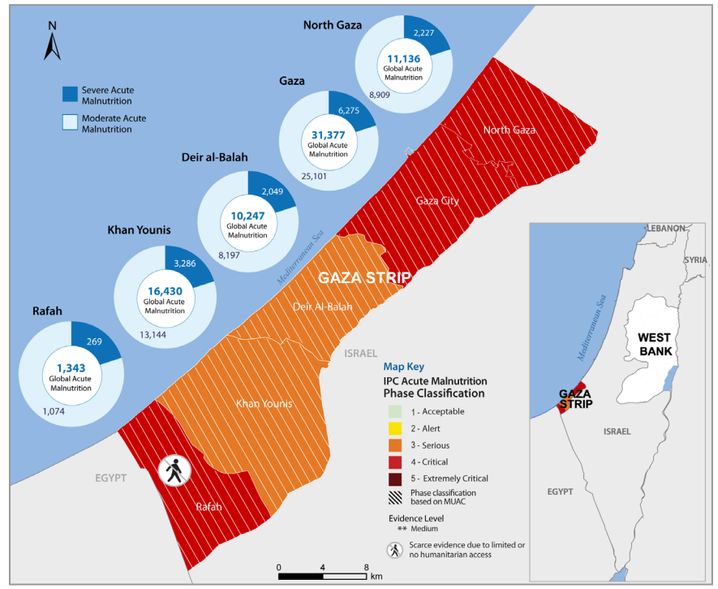
Projected Acute Malnutrition | 11 May - 30 September 2025

70,500

Nearly 71,000 annual cases of acute malnutrition among children aged 6 to 59 months, including 14,100 severe cases, are expected to occur between April 2025 and March 2026. Nearly 17,000 pregnant and breastfeeding women will need treatment for acute malnutrition.

20% of cases are severe acute malnutrition





Some areas are classified under Acute Food Insecurity IPC Phase 4 (Emergency), despite more than 20 percent of households being in IPC Phase 5 (Catastrophe). Households may be in IPC Phase 5 (Catastrophe), but the area as a whole may not be classified as IPC Phase 5 (Famine) if widespread deaths and acute malnutrition are not expected to occur at the area level, in line with IPC criteria. The estimated number of children suffering from acute malnutrition and requiring treatment is based on a 12-month projection. Accordingly, the figures shown on the maps represent the anticipated annual caseload from April 2025 to March 2026.

Risk of Famine (11 May - 30 September 2025)

In a scenario of a protracted and large-scale military operation and continuation of the humanitarian and commercial blockade, there would be a critical lack of access to supplies and services that are essential to survival. This scenario would likely result in further mass displacement within and across governorates.

The vast majority of people in the Gaza Strip would not have access to food, water, shelter, and medicine. This would exacerbate civil unrest and competition over remaining scarce resources, further eroding whatever limited community coping and support mechanisms remain.

The remaining health services would fully 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 lead to the rapid deterioration of the health and nutrition status of the population. Lack of clean water, collapse of the solid waste system and overcrowding, would worsen health conditions and increase morbidity among children and adults.

Under this reasonable worst-case scenario, food insecurity, acute malnutrition and mortality would surpass the IPC Phase 5 (Famine) thresholds.

Recommended Actions

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

End hostilities
An immediate, unconditional, and sustained ceasefire is critical to reducing the risk of Famine and reversing the catastrophic levels of human suffering.

Ensure 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.

Protect 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.

Analysis Approach

From 28 April to 6 May 2025, around 50 experts from 17 organisations conducted the joint IPC Acute Food Insecurity and Acute Malnutrition analysis for the Gaza Strip. This exercise 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 information available until 6 May 2025.

According to IPC protocols, the evidence level for each of the five units of analysis (Governorates) 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. Food security outcomes were assessed using Computer Assisted Telephone Interviews (CATI) from two sources. Nutrition data included global acute malnutrition based on mid-upper arm circumference (MUAC) from comprehensive screenings conducted in the field. Food security and nutrition experts verified the quality of the food security and MUAC data, discarding any data that did not meet IPC standards. The analysis included both residents and internally displaced persons (IDPs) within and outside camps.

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.

Acute food insecurity phase name and description

IPC Phase 1 (None/Minimal): Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.

IPC Phase 2 (Stressed) : Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.

IPC Phase 3 (Crisis) : Households either have food consumption gaps that are reflected by high or above-usual acute malnutrition; or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.

IPC Phase 4 (Emergency) : Households either have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; or are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.

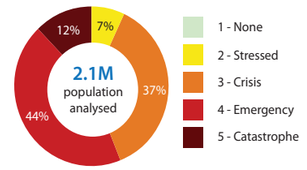
IPC Phase 5 (Catastrophe/ Famine) : Households have an extreme lack of food and/or cannot meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For famine classification, area needs to have extreme critical levels of acute malnutrition and mortality.

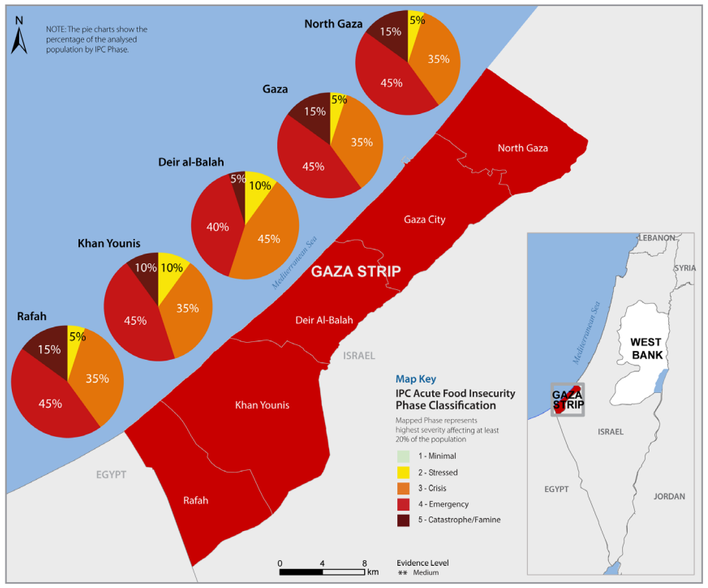
Current Acute Food Insecurity | 1 April - 10 May 2025

1.94M

About 1.94 million people across the Gaza Strip are experiencing high levels of acute food insecurity classified in IPC Phase 3 or above (Crisis or worse) between 1 April and 10 May 2025, including nearly 244,000 people facing catastrophic food insecurity (IPC Phase 5).

93% of the analysed population in the Gaza Strip is in IPC Phase 3 or above





Current Acute Malnutrition | 1 April - 10 May 2025

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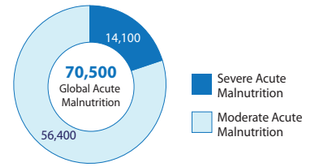

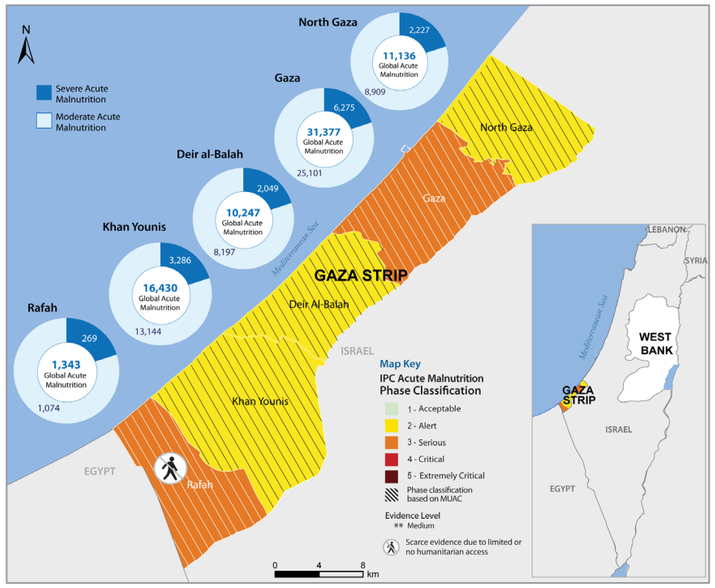

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Key Drivers of Acute Food Insecurity

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 for Acute Malnutrition

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.

Most Likely Scenario – Key Assumptions
(11 May – 30 September 2025)

- **Conflict is likely to persist at the same intensity observed after the ceasefire, with alternating periods of escalation and of reduced intensity.** North Gaza and Rafah are likely to be more acutely affected, resulting in sustained fatalities and injuries, as well as further damage to civilian infrastructure and assets. No ceasefire is anticipated to be enforced across the Gaza Strip.
- **Access for humanitarian actors will not improve in the first part of the projection period.** However, 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.
- **Frequent displacements within and across governorates are expected to continue** with the expansion of evacuation orders and hostilities.
- **Availability of essential supplies will remain extremely limited.** A small number of logistics hubs are expected to be established in the southern governorates and will expand to the central and northern governorates in the next two months, following a pilot in Rafah. Given the anticipated limited number of hubs, the announced quantities to be delivered, and the communicated modality, it is estimated that large portions of the population will not have access to essential supplies. Commercial deliveries, which had been a key source of commodities, are not expected to resume.
- **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 both functionality and coverage.**

Insights from the Famine Review Committee

Although the IPC Famine Review Committee (FRC) was not formally activated to review this analysis, due to the consensus among all analysts on the analysis team, the Committee offered to review and comment on its findings. The FRC supports the determination by the IPC analysis team and considers that famine risk exists at a high level across the entire Gaza Strip. Prolonged deprivation has progressively intensified vulnerability, fuelling a deepening and accelerating crisis. The situation remains highly dynamic as food stocks are exhausted, water becomes increasingly scarce, health care ceases to function, and social cohesion starts to break down. It is possible that, as the FRC has repeatedly observed in the past, the constriction in supplies will be eased again for a limited period to permit a temporary degree of recovery. However, it is also possible that this may not happen.

The current level of human suffering, destitution, and harm is extreme and requires urgent action from all parties. The FRC again calls on all parties who are taking part in the conflict, or have influence on its conduct, to immediately allow unimpeded humanitarian supplies of food, water, medical and nutrition supplies, and other essential items to enter the Gaza Strip and for these to be distributed to all populations in need. Even if essential supplies are permitted to enter, the quantity, distribution mechanism, and timing may be inadequate to prevent a rapid and uncontrollable collapse into famine.

Operational Recommendations

Implement immediately multi-sectoral, integrated interventions, including food, nutrition, health, WASH, and livelihood assistance.

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 scale up prevention and treatment of acute malnutrition among children, and pregnant and breastfeeding women across the Gaza Strip. Urgently restore 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 be 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.

Risk Factors to Monitor

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:

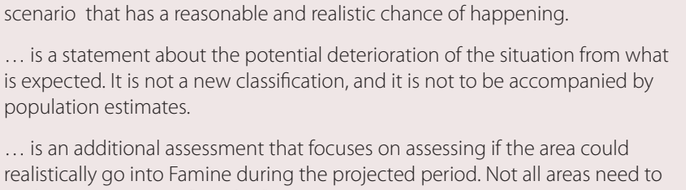
- Intensity and expansion of hostilities, particularly any additional ground operations or major offensives.
- Enforcement of the humanitarian and commercial blockade and deliveries into the Gaza Strip.
- Humanitarian access into and within the Gaza strip to reach populations in need of essential lifesaving 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.
- Functionality and coverage of nutrition, health, water and sanitation systems, and associated risks of disease outbreaks.

IPC Phase 5 Explained

Catastrophe: IPC Phase 5 (Catastrophe) can only be classified at household level, not at area level. An area might have some households in IPC Phase 5 (Catastrophe) linked to very high levels of acute food insecurity. However, an entire area can only be classified in IPC Phase 5 (Famine) if this high level of acute food insecurity is accompanied by certain levels of acute malnutrition and mortality.

When is Famine Classified?

Famine (IPC Phase 5) is the highest phase of the IPC Acute Food Insecurity scale, and is classified when an area has:



- **Famine with solid evidence:** An area is classified in Famine with solid evidence if there is clear and compelling evidence that the Famine thresholds for starvation, acute malnutrition and mortality have been reached.
- **Famine with reasonable evidence:** An area is classified in Famine with reasonable evidence if there is clear evidence that two of the three thresholds for starvation, acute malnutrition and mortality have been reached, and analysts reasonably assess from the broader evidence that the threshold from the third outcome has likely been reached.

What is risk of Famine?

For the IPC, risk of Famine…

… refers to a reasonable probability of an area going into Famine in the projected period. While this is not perceived necessarily as the most-likely scenario, it is a scenario that, generally speaking, has a realistic chance of occurring.

… complements the Famine projections of the most likely scenario by providing insights into potential Famine if prospects evolve in a worse manner than anticipated.

… differs from Famine projections because it focuses on a worst-case scenario that has a reasonable and realistic chance of happening.

… is a statement about the potential deterioration of the situation from what is expected. It is not a new classification, and it is not to be accompanied by population estimates.

… is an additional assessment that focuses on assessing if the area could realistically go into Famine during the projected period. Not all areas need to undergo assessment for risk of Famine.

For further information on how the IPC classifies Famine, please consult the IPC Famine Fact Sheet.