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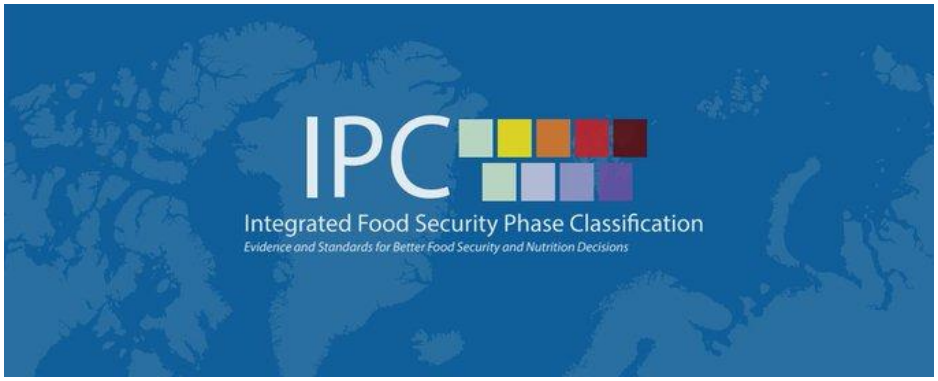

HOW THE GAZA FAMINE DECLARATION BY IPC WAS BUILT ON BAD DATA

The first part of this article series, I examined how the Gaza famine narrative was built on false aid baselines, very selective reporting by the media and NGOs, and fabricated stories that were repeated over and over again.

The central problem has been that the communication by the United Nations, and the media, and the public discussion on social media, all treated Gaza's food situation as if the 500–600 trucks/day was the baseline. But the pre-war food numbers were actually far lower than that, only 73 trucks worth of food/day on average going into Gaza during the years 2015-2022. During the war aid has consisted largely of calorie-dense humanitarian food rather than ordinary commercial goods from before the war. But once that false benchmark of 500-600 trucks/day were spread from UN sources on day one, and repeated by the media, almost any lower figure could be framed as evidence of starvation. But the average numbers during the war was actually much higher than pre-war.

The numbers alone did not make the famine narrative. For that, the narrative needed an institutional stamp of approval. That role was played by the IPC. In august 2025 IPC declared the Gaza Governorate as in famine. This article will provide strong evidence that this wasn't the case.

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1. Background: What is IPC?

The Integrated Food Security Phase Classification (IPC) is treated by the UN, NGOs, governments and the media as the world's leading body for classifying food insecurity, malnutrition, and famine. When IPC says famine it becomes a worldwide headline, and a

diplomatic and political weapon that drives the public narrative and UN resolutions. It also becomes a funding trigger for the UN and many involved NGOs. IPC famine classifications drives billions of dollars in funding and public interest, which is also an important part of this when the United Nations has huge economic problems (UN draft from April 2025), the IPC has a huge funding gap and their Palestinian focused organisation UNRWA also has a financial crisis that is deepening
.
That is why the several IPC's Gaza assessments matter so much. Did the evidence actually meet the IPC threshold for famine? The answer, based on all the available data is a clear no, as I will provide evidence for here. This matters greatly because famine is not just a word used to describe when some people don't have enough money to buy food. Under IPC guidelines, famine is a specific classification requiring evidence of exceeding certain thresholds of food deprivation, critical acute malnutrition, and excess mortality, all at the same time. The purpose of this article is to show how those thresholds were never reached in Gaza.

1.1. Famine and malnutrition definitions

Before discussing Gaza, it is necessary to understand what IPC famine classification actually means. The IPC is the main international framework used to classify acute food insecurity. It is used by UN agencies, NGOs, governments and the media to describe whether a population is facing Crisis, Emergency, Catastrophe, or Famine conditions. This is why accuracy matters greatly. IPC classifications are not ordinary political statements. They are treated as technical judgments, and once published, they often become the foundation for media reporting, UN statements, and political accusations
.
The IPC scale goes from Phase 1 (None/Minimal) to Phase 5 (Catastrophe/Famine):

		Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
First-level outcome	**Food consumption** (focus on energy intake)	Adequate	Minimally adequate	Moderately inadequate	Very inadequate	Extremely inadequate
	Livelihood change (assets and strategies)	Sustainable	Stressed	Accelerated depletion	Extreme depletion	Near collapse of strategies and assets
Second-level outcome	**Nutritional status**	Minimal	Alert	Serious	Critical	Extreme critical
	Mortality	CDR: <0.5 / 10,000 / day	CDR: <0.5 / 10,000 / day	CDR: 0.5 - 0.99 / 10,000 / day	CDR: 1 -1.99 / 10,000 / day or >2 x reference	CDR: >2 / 10,000 / day
Contributing factors	**Food availability, access utilization and stability**	Adequate	Borderline adequate	Inadequate	Very inadequate	Extremely inadequate
	Hazards and vulnerability	None or minimal effects	Stressed livelihoods and food consumption	Results in assets and food losses	Results in large food assets and food losses	Results in near complete collapse of livelihood assets

Figure 1. The IPC Scale from Phase 1 to 5.

<u>The IPC scale</u> relevant stages for Gaza are Phase 3 to Phase 5:

- **IPC Phase 3 - Crisis:** Households either have food consumption gaps reflected in above-normal acute malnutrition, or can only meet minimum food needs by depleting essential livelihood assets or using crisis-level coping strategies. This is serious food insecurity, but it is not famine.
- **IPC Phase 4 - Emergency:** Households face large food consumption gaps, very high acute malnutrition, excess mortality, or can only mitigate food gaps through emergency livelihood strategies. This is a severe humanitarian emergency, but it is still not famine.
- **IPC Phase 5 - Catastrophe/Famine:** The highest level. At the household level, IPC Phase 5 means catastrophe. At the area level, famine requires evidence that starvation, death, destitution, and extremely critical acute malnutrition are present at population scale.

The distinction is important. A population can contain households in IPC Phase 5 Catastrophe <u>without the area itself being classified as Famine</u>. IPC explains that area-level famine requires the malnutrition and mortality thresholds to be reached, not merely the presence of some households in catastrophic conditions.

It is also important to understand that Phase 3 is the baseline for most of the population in Gaza. This is because several reasons. One of them is because of the extreme overpopulation of the Gaza Strip, with a staggering 2.1 to 2.2 million people that lives in such a small land area. Others are because of the unemployment numbers being really high, the geography of the area and dependence mostly on Israel, to export food, water and electricity to the Gaza Strip.

For an area-level famine classification, IPC uses three highly important core criteria:

1. At least 2 people per 10,000 per day die from starvation.

2. At least 30% of children under 5 years old suffer acute malnutrition.

3. At least 20% of households face an extreme lack of food.

All three of these needs to be met at the same time for an area to be classified as in famine. IPC also allows a classification of "famine with reasonable evidence" when there is clear evidence that two of the three thresholds have been reached and analysts judge, from the broader evidence, that the third threshold has likely also have been reached. That "reasonable evidence" standard is central to the Gaza case.

A Famine review within the IPC system is triggered through a formal process, when certain conditions are met.

A Famine review can be initiated when:

1. The national IPC Technical Working Group (TWG) reaches the conclusion that at least one area is classified as Famine.

2. When there is disagreement among experts the regarding a Famine classification.

3. When the IPC Global Support Unit (GSU) raises concerns about possible Famine conditions.

4. Or when an official IPC partner requests a review (Action Against Hunger, European Commission, Global Nutrition Cluster, IFPRI, OXFAM, Save the Children, UNICEF, World Food Programme, WHO, and more).

If any of these criteria occurs, then the country/state TWG carry outs preparation of evidence that IPC reviews and makes an IPC famine

report about the situation in the area. For Gaza a famine review was activated on the 4 August 2025 by the IPC GSU considering "the difficulties faced by the analysis team in reaching consensus on the final phase classification for North Gaza, and Gaza Governorate analysis unit and requests from the IPC analysis team to activate the FRC for these areas".

1.2. How IPC measures famine mortality

The mortality threshold is the most serious part of a famine classification. Phase 5 famine requires non-trauma mortality of at least 2 deaths per 10,000 people/day (or 4 deaths per 10,000/day when it comes children under 5). In a population of roughly 2.1 million people (the August 2025 number of the Gaza Strip), that threshold would imply approximately 420 deaths/day (2,100,000 / 10,000 × 2), or more when accounting for the youngest children (x4). In a population of roughly 940,000 people, like the Gaza Governorate part of the Gaza Strip, that threshold would imply approximately 188 deaths/day (940,000 / 10,000 × 2), or more when accounting for the youngest children (x4).

This is why mortality cannot be treated casually. If the reported deaths are much lower than this, IPC must either show that the deaths are massively underreported or provide independent evidence that the true mortality rate is far higher than observed.

1.3. How IPC measures acute malnutrition

The second criterion for famine is acute malnutrition among children. The standard famine threshold is expressed as at least 30% of children aged 6-59 months suffering acute malnutrition, measured by Weight-for-Height Z-score, known as WHZ.

WHZ compares a child's weight to their height, against international growth standards and is treated as the best indicator for population-level acute malnutrition levels. But for Gaza this method was not used to declare the famine, instead IPC used Mid-Upper Arm Circumference (MUAC). MUAC measures the circumference of a child's upper arm.

MUAC is fast, practical, and useful in emergencies, but it is not the same as WHZ. It is much more sensitive to age structure, measurement quality, sampling method, and screening context. This matters greatly in Gaza. In its response to criticism, IPC stated that WHZ surveys could not be conducted because of conflict conditions, and that Gaza's acute malnutrition data was therefore collected through MUAC screenings.

IPC's stated alternative threshold is stated as:

At least 15% of children aged 6–59 months have MUAC below 125 mm, together with evidence of rapid deterioration in the underlying drivers of acute malnutrition. But as seen below, that is also the same threshold for Phase 4 classification of malnutrition using MUAC.

Food security second-level outcomes						
Nutritional status[a]	Global Acute Malnutrition (GAM) based on Weight-for-Height Z-score (WHZ)[b]	**Acceptable:** <5%	**Alert:** 5-9.9%	**Serious:** 10-14.9% or > than usual	**Critical:** 15-29.9%; or > much greater than usual	**Extremely Critical:** ≥30%
	Global Acute Malnutrition based on Mid-Upper Arm Circumference (MUAC)[d]	<5%	5-9.9%	10-14.9%	≥15%	
	Body Mass Index (BMI) <18.5[e]	<5%	5-9.9%	10-19.9% , 1.5 x greater than baseline	20-39.9%	≥ 40%
Mortality		**Crude Death Rate**[a1]: <0.5/10,000/day **Under-five Death Rate**[a2]: <1/10,000/day	**Crude Death Rate:** <0.5/10,000/day **Under-five Death Rate:** <1/10,000/day	**Crude Death Rate:** 0.5-0.99/10,000/day **Under-five Death Rate:** 1-1.99/10,000/day	**Crude Death Rate:** 1-1.99/10,000/day OR >2x reference **Under-five Death Rate:** 2-3.99/10,000/day	**Crude Death Rate:** ≥2/10,000/day **Under-five Death Rate:** ≥4/10,000/day

Figure 2. The malnutrition scale from the IPC guidelines.

The real question is whether MUAC-only data, collected through community screening under conflict conditions, was strong enough to support a famine declaration in Gaza. IPC's own MUAC guidance says MUAC data from surveys, sentinel sites, and rapid assessments may be used only if the data quality is acceptable, and that IPC analysts should verify data quality before using it in IPC classifications. That makes the quality of the Gaza MUAC datasets decisive. If the datasets crossing the famine threshold also fails major data-quality checks, then the malnutrition pillar becomes unreliable.

1.4. How IPC measures food shortages

The third and last criterion is extreme household food deprivation. IPC famine classification requires at least 20% of households to face an extreme lack of food. IPC describes this as households facing starvation and destitution, with extreme lack of food and exhaustion of coping strategies. In Gaza, IPC relied heavily on remote food-security survey data which in a conflict zone can be heavily influenced by bias. Especially when a terrorist organisation, like Hamas, controls the information flow and threatens, hurt or kill people that challenges their narrative.

2. How IPC's famine reports from 2023 and 2024 shaped the narrative

The August 2025 famine declaration did not appear out of nowhere. It followed a long series of IPC alerts, reviews, and projections that had already shaped the public narrative about Gaza for nearly two years.

In the IPC famine report from 2025 IPC states the following:

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

From the earliest months of the war, UN bodies and IPC reports repeatedly warned that famine was occurring, imminent, or likely to occur under projected conditions. These warnings were then cited by UN officials, NGOs, media outlets, activists, and legal commentators, as evidence that Israel was deliberately starving Gaza. The problem is that the early IPC projections repeatedly failed to match later observed outcomes, and not by a small amount.

Forecasting in a war zone is of course difficult. Conditions can change quickly. IPC itself later argued that Gaza projections often looked worse than later outcomes because aid increases followed IPC warnings and temporarily improved conditions. But that explanation is not enough by itself. If a forecasting method repeatedly projects catastrophic mortality and the observed mortality remains far, far lower, then the method needs serious scrutiny. The issue is not that predictions were uncertain. The issue is that these predictions were repeatedly treated in public discourse as if they were evidence of an already existing famine.

By the time IPC declared famine in Gaza Governorate in August 2025, much of the international audience had already been primed to believe that famine had existed since the start of the war. The declaration therefore appeared to confirm what many people thought they already knew, including members in NGOs, the media and most likely also those working for the UN and IPC. But if the earlier forecasts had repeatedly failed, then the August 2025 declaration should have been examined with even more skepticism, not less.

Let's begin this looking at the first three famine reviews of the war:

1. December 2023.
2. March 2024.
3. June 2024.

2.1. December 2023 warning: Phase 5 Catastrophe

IPC's first major Gaza food-security analysis after the outbreak of the war was released on 21 December 2023. It estimated that more than 90% of Gaza's population faced high levels of acute food insecurity, classified as IPC Phase 3 or above. IPC estimated that over 40% of the population, around 939,000 people, were in Phase 4 Emergency, and over 15%, around 378,000 people, were in Phase 5 Catastrophe level.

The December 2023 IPC material also warned that there was a risk of famine in the projection period through May 2024, if intense hostilities and restricted humanitarian access persisted or worsened. It stated that the threshold for Catastrophe, meaning IPC Phase 5 acute food insecurity, had already been exceeded. This became the foundation for much of the later narrative.

2.2. March 2024 warning: Famine is imminent

The second major IPC report came in March 2024. It stated that famine was imminent in the northern governorates and projected to occur anytime between mid-March and May 2024. It also stated that 1.1 million people, roughly half of Gaza's population, were experiencing catastrophic food insecurity. This was one of the most influential moments in the formation of the famine narrative. By this stage, IPC's language was no longer a warning of general food insecurity. It was stating that famine was imminent and projected to occur within a defined time window.

If that projection had materialized at the scale implied by IPC's own famine thresholds, the mortality consequences should have been extreme and easily visible. Famine-level mortality is not a vague concept. It means deaths at population scale: at least 2 people per 10,000 per day, or 4 children per 10,000 per day, from starvation or the interaction of malnutrition.

But from the beginning of January to the end of March 2024 9,161 food trucks entered Gaza with humanitarian aid, in addition to 4,127 pallets from airdrops:

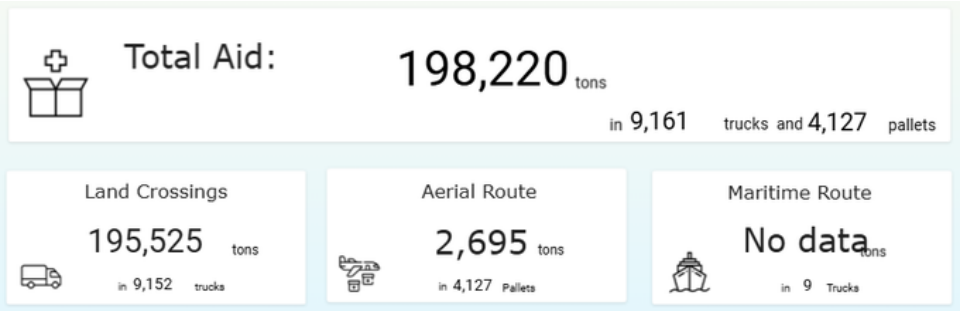


Figure 3. Truck numbers with food January-March 2024. COGAT.

This gives an average of over 100 trucks per day over the three month period, plus some more that hides in the shelter equipment and mixed aid statistics on the COGAT site. The pre-war number entering Gaza was 73/day, mostly ordinary commercial food, together with the local production of around 12% that equals 82 trucks worth of food/day as a pre-war baseline. During the war over 80% of the food that entered Gaza has been kcal dense humanitarian aid and the actual demand of Gaza with this kind of food is around 66 trucks/day. This when accounting for what type of food the humanitarian aid contained, the energy from that food in kcal, 33% marginals from waste and uneven spreading, and the demographic situation for the population of the Gaza Strip.

When IPC in March 2024 projected a famine, that would have lead to tens of thousands of malnutrition related deaths, when the actually reality was that much more food entered Gaza than the pre-war average from 2015-2022 that was also much more kcal dense, this shows that IPC did not look at the reality. A big part of this most likely comes from the fact that the UN has repeatedly used 500-600 trucks as a baseline for what is needed, that has been repeated by NGOs and the media over and over again, even though the truth is almost ten times lower.

2.3. June 2024 reversal: There was no Famine

By June 2024, IPC's own Famine Review Committee had to acknowledge that the expected famine had not materialized in the way previously projected. The June 2024 report stated that, following the March 2024 report which had projected famine, the available evidence did not indicate that famine was currently occurring. This while still warn of continued severe conditions and future risk of famine.

This should have been a major moment of reassessment for the IPC. If famine had been projected as imminent, but later evidence did not show that famine was occurring, then the assumptions should have been examined publicly and carefully. But the damage to public perception

had already been done. The December and March warnings had spread globally. The later admission, in the June report, that famine was not currently occurring received almost no attention. The narrative was already set for the future.

2.4. Forecasting failure

The central issue is not that IPC warned of risk of famine. Famine early-warning systems are supposed to warn before the worst outcomes happen. The issue is that IPC's early Gaza warnings were repeatedly treated as if they were proof of an existing famine, even when the later mortality data did not support that conclusion. The Israel–Gaza conflict is an extremely politically charged subject.

Using IPC's own famine mortality threshold, the early IPC projections implied roughly 22,500 famine-level deaths during the first 190 days if those classifications and projections had materialized at population scale.

This can be seen in the image below:

Gazans in Phase 5 Famine at Feb 15 per IPC	677,000
Expected minimum daily deaths (2 per 10,000)	135
Total days from Feb 15-May 31	107
Total expected deaths due to famine	14,488
Gazans in Phase 5 Famine at Dec 8 per IPC	500,000
Expected minimum daily deaths (2 per 10,000)	100
Total Days Dec 8 - Feb 14	69
Total expected deaths due to famine	6,900
Gazans in Phase 5 Famine at Nov 24 per IPC	378,000
Expected minimum daily deaths (2 per 10,000)	76
Total Days Nov 24-Dec 7	14
Total expected deaths due to famine	1,058
TOTAL EXPECTED FAMINE DEATHS BASED ON IPC	*22,446*

Figure 4. Number of expected deaths due to famine based on IPC classification. Made by @Aizenberg55

.

Yet this outcome did not occur. Instead of tens of thousands of recorded starvation or malnutrition related deaths, the reported number remained far lower. By the end of 2024, after roughly fifteen months of war, Gaza health authorities had reported only 54 malnutrition-related deaths. Not

tens of thousands. This gap is not a minor forecasting error. A famine classification is supposed to describe a catastrophic condition in which mortality rises at population scale. If the predicted famine does not produce anything close to famine-level mortality, then the evidentiary basis for the classification has to be questioned.

2.5. Why this shaped the later August 2025 declaration

The early IPC reports became the foundation for almost every later famine claim repeated by NGOs, media outlets, UN officials, rapporteurs, and political activists. Once IPC had placed large numbers of Gazans in Phase 5 Catastrophe and warned that famine was imminent, the word famine became embedded in the global narrative.

That created a feedback loop:

1. IPC projected or warned of famine.
2. UN agencies and NGOs repeated it.
3. Media outlets reported the warning as proof that famine was already happening.
4. Politicians, activists and commentators cited the media and NGO claims and made accusations against Israel.
5. Later IPC reports were interpreted through the assumption that famine had already existed for months.

This is why the August 2025 declaration , of an already ongoing famine in Gaza, landed so powerfully. For many people, it felt like the official confirmation of something they believed had already been proven. But that is exactly why the August 2025 declaration should have been scrutinized more carefully. IPC's earlier Gaza famine forecasts had not been matched by the mortality outcomes that famine-level conditions should produce. In June 2024, IPC itself acknowledged that famine was not currently occurring, despite earlier projections that it would occur. Yet the narrative never changed.

What this means is that the early IPC reports were not proof of an actual famine across Gaza. They were high-risk forecasts and classifications based on incomplete data, extreme uncertainty, and assumptions about future deterioration. Those assumptions were not true. They were

warnings and projections and by time it was showed that they were wrong.

3. The August 2025 IPC Famine Report - Excess mortality

As shown in my earlier article , the public narrative about Gaza's food situation was repeatedly shaped by unclear messaging, misleading comparisons, and the selective use of data. Especially with the 500-600 truck numbers being used falsely to set the wrong expectations of how much food that actually needed to enter Gaza. The IPC reports became one of the most influential parts of that narrative, because once the word famine enters the discussion from an UN lead organization, it immediately affects media coverage, diplomatic pressure, and public opinion worldwide.

However, for an IPC Phase 5 famine classification of an area, all three criteria must be supported at the same time: extreme food shortages among households, acute malnutrition above the threshold, and excess mortality above the famine threshold. In the Gaza case, each of these three pillars was either not close to be reached, methodologically weak, highly uncertain, or contradicted by other available evidence. On 22 August 2025 IPC released a famine review, written by these people , where they declared that the Gaza Governorate was in a famine.

Let's start examine excess mortality part of that report in this chapter.

3.1. Excess mortality was not demonstrated

The mortality criterion is the most important part of any famine determination, because it requires evidence of deaths linked to starvation or malnutrition, have reached famine-level thresholds. In standard IPC practice, this normally depends on multiple sources of mortality evidence, such as health-facility records, community-based reporting, surveys, and triangulation between different datasets.

In Gaza, this did not happen. Physical access was restricted, and IPC itself acknowledged major methodological limitations in the available data. They relied heavily on speculative modelling and assumptions about underreporting. Across IPC's first three reports in 2023 and 2024, the projected famine-related death toll for roughly the first 190 days of the war amounted to 22,446 deaths. Yet even after approximately 450 days of war, the reported total number of malnutrition-related deaths

was only 54 (pre-existing conditions). Since the actual death toll remained so low even after an additional 260 days had passed, the implied overestimate for the originally projected period was around a thousand times more, when accounting for the differences in time.

Yet no learning took place in terms of methodology from this, and they kept using the exact same methods in the August 2025 Famine report
.
In normal famine assessments, mortality is usually triangulated through multiple sources: health-facility data, community reporting, household surveys, graveyard counts, verbal autopsies, and field-based mortality surveys. In Gaza, IPC acknowledged severe limitations in mortality monitoring (on page 22-24), and in its later response to criticism IPC stated that recorded famine-related deaths likely represented only a fraction of actual deaths, and argued that mortality was likely underreported because monitoring systems had broken down. That is important.

IPC was not primarily demonstrating famine mortality through observed deaths. It was inferring mortality from assumptions about malnutrition, food insecurity that was based on the wrong baseline of 500-600 trucks needed, and underreporting. These assumptions of underreporting came from a
Lancet study from January 2025
, that became highly cited in media, and another
pre-released commentary-type study
that has now also been
published by the Lancet
. But these assumptions are highly flawed and the editor-in-chief on The Lancet sees "
health as political
".
The January 2025 Lancet study treated the fall in reported deaths, after the first months of the war, mainly as evidence that many deaths were being missed because of Gaza's hospital reporting system collapsed. Yet that interpretation did not account for other possible explanations, including changes in the intensity and geography of the fighting, the creation of humanitarian corridors, and the fact that the early months of the war were by far the most chaotic. More importantly, these studies did not seriously investigate the Gaza Ministry of Health's own casualty lists.

For an example, a Aprill 2025 revision showed that 3,400 of previously listed names disappeared which changed the demography of the reported deaths by a lot. The January 2025 study also got two completely different results, as noticed by @MarkZlochin. One of 64,260 deaths

and one of 50,663 deaths. They choose the higher without any explanation for it. Another example is when they claim that their analysis supports the accuracy of the Gaza Ministry of Health (MoH) reported mortality figures. However, just a few sentences earlier they admit that they assumed that MoH data only included deaths from traumatic injury. But it doesn't only includes traumatic deaths, there are many signs of non-trauma deaths in the statistics. Like IPC including thousands of natural deaths in the statistics and under reporting of natural deaths

.

More about the Lancet study in this thread:

3.2. Projected outcome of deaths vs the actual outcome

As noted in my earlier article: from 20 July 2025, the Gaza Ministry of Health (MoH) provided a near daily press statement about the malnutrition related deaths in Gaza on their official Telegram channel. When that started the number of total deaths by malnutrition reported

was 68, which included a total of 59 children and 9 adults.These most likely all had pre-existing health conditions, similar to malnutrition in appearance.

These were the official reported malnutrition related cases from MoH:

- 20 July 2025: 68 total deaths, 76 children and 10 adults.
- 22 August 2025: 273 total deaths, 112 children and 161 adults (the same day the IPC Report was released).
- 5 October 2025: 460 total deaths, 154 children and 306 adults (this was the last update by MoH Telegram about deaths from malnutrition).
- 4 May 2026: 475 total deaths (almost no change since the ceasefire).

However, the IPC report published on 22 August 2025 projected 10,143 deaths related to malnutrition between the day the report was released on and 9 October 2025. That projection implied an average of about 207 deaths per day, enough to cross the IPC famine mortality threshold of 2 deaths per 10,000 people/day for the population of the full Gaza Strip. In reality, the reported number of deaths during that period was 192 in total, or roughly 4 deaths/day. That means the actual outcome was only about 2% of the projected figure.

This can be seen in the image below:

IPC Famine Report Analysis: Expected vs Actual Famine Deaths	
Expected total famine deaths since Aug 22 - Oct 9	10,143
ACTUAL reported famine deaths per Hamas since Aug 22	192
Expected daily number	207
ACTUAL daily number per Hamas	4
Difference between expected and actual	-98%

Supporting Calculations:	
Days since famine was declared by IPC to ceasefire	49
Gazans in Phase 5 Famine per IPC	500,000
Expected minimum daily deaths (2 per 10,000)	100
Expected total famine deaths	4,900
Gazans in Phase 4 Emergency per IPC	1,070,000
Expected minimum daily deaths (1 per 10,000)	107
Expected total famine deaths	5,243
Total expected famine deaths in 49 days	10,143
Total famine deaths for ENTIRE WAR per UN/Hamas	461

Figure 5. Difference between expected and actual famine deaths.

Taken together, all of this strongly suggests that the mortality criterion was not demonstrated through evidence, but inferred through models and assumptions that repeatedly overstated the likely outcome by an extraordinary margin.

3.3. False claims that deaths grew exponentially

In the August 2025 report IPC claimed that the amount of malnutrition related cases in Gaza grew exponentially during that time.

This is an example on what IPC stated:

> "Surges in malnutrition rates and reported deaths due to malnutrition indicate a change in the trajectory from a gradual, linear degradation to an exponentially worsening situation."

But I collected all the Telegram updates from MoH, this was for July:

- **July 20:** 18 new cases, 86 in total = 18/day since last update.

- **July 22:** 15 new cases, 101 in total = 7.5/day since last update.
- **July 23:** 10 new cases, 111 in total = 10/day since last update.
- **July 24:** 2 new cases, 113 in total = 2/day since last update.
- **July 25:** 9 new cases, 122 in total = 9/day since last update.
- **July 26:** 5 new cases, 127 = 5/day since last update.
- **July 27:** 6 new cases, 133 = 6/day since last update.
- **July 28:** 14 new cases, 147 = 14/day since last update.
- **July 30:** 7 new cases, 154 = 3.5/day since last update.

Then this is how it continued until 22 August 2025, when the IPC report was released (not showing every single update):

- **Aug 1:** 8 new cases, 162 in total = 4/day since last update.
- **Aug 3:** 13 new cases, 175 in total = 6.5/day since last update.
- **Aug 9:** 37 new cases, 212 in total = 6.2/day since last update.
- **Aug 14:** 27 new cases, 239 in total = 5.4/day since last update.
- **Aug 19:** 27 new cases, 266 in total = 5.4/day since last update.
- **Aug 22:** 7 new cases, 273 in total = 2.3/day since last update.

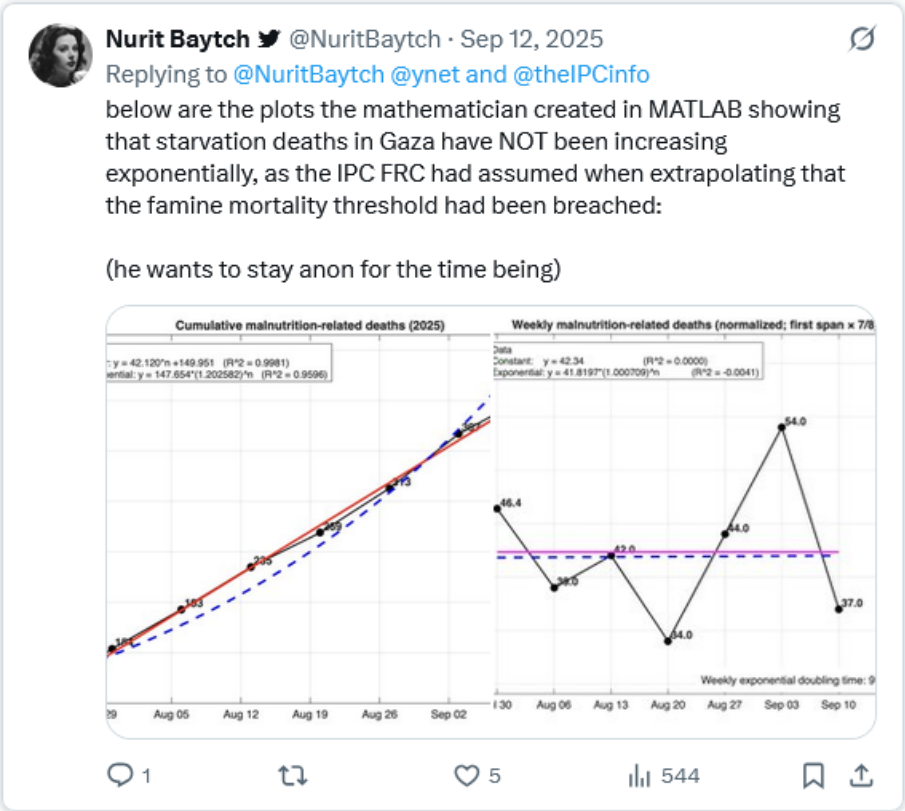
This gives an weekly average of approximately:

- **Week 1 (20 July – 26 July):** 59 cases, weekly average of **8.4 deaths/day**.
- **Week 2 (27 July – 2 Aug):** 42 cases, weekly average: **5.9 deaths/day**.
- **Week 3 3 August – 9 Aug):** 43 cases, weekly average: **6.2 deaths/day**.
- Week 4 (10 August – 16 Aug): 38 cases, weekly average: **5.4 deaths/day**.

Does this look like a exponential growth? There were a high number of reportings on the very first days of the period, at the very same time as Hamas started their propaganda lies about starving journalists and children on July 19, and then it followed an almost linear curve forward.

This was also discussed by this X account (@NuritBaytch), that collaborated with a mathematician at Cambridge. They found a mathematical error in MATLAB that the IPC report made, showing that the growth was in fact linear, not exponential as claimed.

This can be seen in the thread below:



3.4. Comparisons to the US

On 20 May 2025, UN humanitarian chief Tom Fletcher stated the famous quote: "14,000 babies will die in the next 48 hours without aid", in an interview with the BBC. But instead the outcome, two months later on 20 July 2025, nothing happened and only 68 malnutrition related deaths was reported in total after more than 21 months of the war.

That is an extremely low number in a warzone with the geographical conditions of Gaza, that is also dependent on foreign aid coming mostly from the enemy. Especially when Hamas do not seem to distinguish between starvation related cases and cases related to preborn conditions, illnesses, like cancer or anorexia, and those who have died by old age.

The scale of how low this number is becomes even clearer when the Gaza numbers are compared with similar data from the US. US recorded approx. 21,000 malnutrition related deaths in 2022 and 23,000 in 2023.

- **US (2023 - 2024):** Time period: 730 days, population (2022): 333 millions, total deaths by malnutrition: 44,000, total deaths by malnutrition/day: 60.

So let's compare this to three different time periods for the Gaza Strip:

- **Gaza (7 October 2023 - 19 July 2025):** Time period: 639 days, population (2023): 2.2 millions, total deaths by malnutrition: 68, total deaths by malnutrition/day: 0.11 (Less than 1 per week).

- **Gaza (7 October 2023 - 5 May 2026):** Time period: days 931 days, population (2023): 2.2 millions, total deaths by alnutrition: 475, total deaths by malnutrition/day: 0.52 (3,5 per week).

- **Gaza (22 July 2025 - 5 October 2025):** Time period: 75 days, population (2023): 2.2 millions, total deaths by malnutrition: 392, total deaths by malnutrition/day: 5.2.

Outcome, total deaths per capita:

- US (2023-2024): 60 / 333 M × 1 M = 0.18/M/day.

- Gaza (Until 19 July 2025): 0,11 / 2,2 M x 1 M = 0,05/M/day.

- Gaza (Until 10 April 2026): 0,52 / 2,2 M x 1 M = 0,24/M/day.

- Gaza (22 July - 5 October 2025): 5.2 / 2.2 M × 1 M = .37/M/day.

In other words, until 19 July 2025, Gaza's reported malnutrition-related death rate was about 3.6 times lower per capita/day than that of US, and remember that the US is not a warzone. But when counted from the beginning of the war until 10 April 2026, Gaza had only 33% higher amounts of malnutrition related deaths, in comparison to the US per capita.

The weeks before and after the IPC famine report Gaza had 13 times higher numbers than the US. This is not even close to the expected numbers that comes from the IPC classification of 2 per 10,000 people/day, that would have given at least 207 deaths/day for the entire Gaza Strip during this period of time. An average of 2.37 per million per day in comparison to 2 per 10,000 per day, gives a number around 1% of the IPC famine mortality threshold over the period of time (while counting everyone as adults which makes the threshold lower).

If the mortality criterion was not demonstrated, the next question is whether the malnutrition data provides stronger evidence.

4. The August 2025 IPC Famine Report - Malnutrition

The second famine criterion concerns acute malnutrition among children under five. This was another very weak pillars of the IPC's Gaza famine declaration, not because any malnutrition was completely absent in Gaza, but because the evidence used to classify Phase 5 was methodologically flawed and repeatedly departed from IPC's own protocols.

This part of the article became so big and needed many tables and images, so I have now put it in another separate article that can be found here, but is also summarized below.

That full article can be found here:

4.1. Summary of the Malnutrition article

For Gaza, IPC had no standard WHZ survey data and relied exclusively on MUAC screenings for the first time ever. MUAC is much less accurate than WHZ, highly sensitive to age structure, and not recommended by the very same researchers that IPC itself cited as a reliable substitute for the established 30% WHZ famine threshold. Despite this, IPC applied a 15% MUAC threshold whose scientific foundation is weak and which the literature IPC themself cite, shows produces far more false-positive famine classifications than WHZ.

Here is the results of the full study that IPC used as evidence for why they use the 15% threshold:

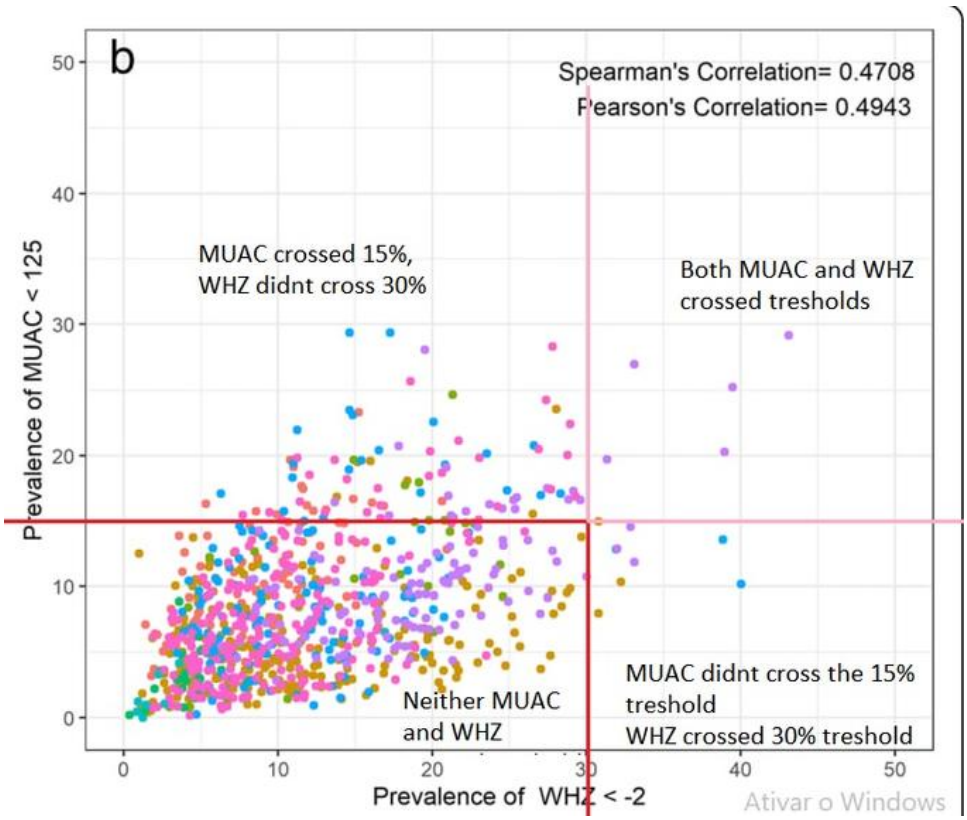


Figure 6. Highlighting MUAC 15% and WHZ 30% thresholds.

But when using the threshold of 15% GAM by MUAC, roughly ten times more studies cross into "famine" territory in this massive study than when using the established and very accurate 30% WHZ threshold. This shows that the 15% MUAC cut-off is far too low and systematically over-classifies severity. The same body of survey data indicates that a MUAC threshold in the region of 22–23% would have produced a comparable number of famine-positive results to the standard 30% WHZ threshold, and would therefore have been far more accurate than the 15%.

The July 2025 datasets revealed extreme age imbalances: prevalence among children aged 6–23 months was often very high, while prevalence among children aged 24–59 months was much lower. Because MUAC is strongly age-dependent, the final 6–59 month result hinged on sample composition and age weighting. The dataset that had the highest GAM by MUAC value, MDM-France, also had the worst quality indicators of all: the highest MUACZ-SD (1.50), the highest flag rate, missing location metadata, incomplete age accounting, and children outside the target age range. In contrast, the largest and better-quality dataset (Juzoor) remained well below the threshold, and another large low-GAM dataset (MedGlobal) was simply omitted from the IPC tables.

<u>The MUAC data</u>
, collected by the Nutrition Cluster (NC), that IPC used to declare a famine in Gaza:

State of Palestine Nutrition Cluster

Meta Data

Dataset	Data collection date	Setting	Sample size	N (%) Children 6-23 months	P_Children_6_23	N (%) Children 24-59 months	P_Children_24_59
Gaza/Action Against Hunger (ACF)	Jul 06 - Jul 27	Wafa Hospital, Al Sahaba Hospital, Al Ghorba Camp, Al Karam Camp, Al Kareem Camp, Al Ikrae camp, Al Wahadi land Camp	404	114 (28.22%)	28.22	289 (71.53%)	71.53
Gaza/Ard El Ensan (AEI)	Jul 01 - Jul 16	Gaza, GAZA, Al-Kateeba, Al-Aqsa, مخيم الشاطئ, مخيم جباليا البلد	1807	755 (41.78%)	41.78	1025 (56.72%)	56.72
Gaza/EMPHNET	Jul 01 - Jul 29	EMPHNET Medical Point	536	234 (43.66%)	43.66	289 (53.92%)	53.92
Gaza/Juzoor	Jul 15 - Jul 31	Kafer Qassem School, Al-Nasser School, Maskat-Tuffah, El-Remal Center, Al-Mina (Gaza harbor)	5450	1910 (35.05%)	35.05	3540 (64.95%)	64.95
Gaza/MDM-France	Jul 15 - Jul 27	NA	1708	700 (40.98%)	40.98	752 (44.03%)	44.03
Gaza/MedGlobal	Jul 01 - Jul 30	PFBS	2811	761 (27.07%)	27.07	1965 (69.9%)	69.9
Gaza/UNRWA	Jul 01 - Jul 29	Gaza Shelter:3, Gaza HC:1, NA	3437	1651 (48.04%)	48.04	1786 (51.96%)	51.96

State of Palestine Nutrition Cluster

Data Quality

Dataset	N 42632	Below 6 months n=70	Over 59 months n=860	Mean MUACZ	SD MUACZ 0.91-1.55	SD MUAC 12.58-17.74	% Flags MUAC (100- 200mm)	% Flags MUACZ (+/- 4sd)	DPS MUAC
Gaza/Action Against Hunger (ACF)	404	0	1	-0.67	1.19	15.20	0.25% (1)	0.74% (3)	32.3
Gaza/Ard El Ensan (AEI)	1,807	2	25	-0.98	1.22	16.68	0.5% (9)	1.12% (20)	25.57
Gaza/EMPHNET	536	1	12	-0.81	1.23	17.74	0.19% (1)	0.57% (3)	21.17
Gaza/Juzoor	5,450	0	0	-0.44	1.12	15.49	0.31% (17)	0.44% (24)	8.69
Gaza/MDM-France	1,708	0	250	-1.14	1.50	15.98	0.41% (7)	2.39% (35)	20.01
Gaza/MedGlobal	2,811	31	54	-0.43	1.18	16.44	1.42% (40)	1.42% (39)	29.82
Gaza/UNRWA	3,437	0	0	-1.09	1.13	14.94	0.38% (13)	0.52% (18)	13.64

State of Palestine Nutrition Cluster

GAM_MUAC_prevelance

Dataset	N	N_Children_6_23	GAM_23	GAM MUAC 6-23 months	N_Children_24_59	GAM_69	GAM MUAC 24-59 months	GAM MUAC 6-59 months (UNWEIGHTED)	GAM MUAC 6-59 months (WEIGHTED)
Gaza/Ard El Ensan (AEI)	1,807	755	283	37.48%	1025	46	4.49%	18.26%	15.49%
Gaza/EMPHNET	536	234	76	32.48%	289	13	4.5%	16.6%	13.83%
Gaza/Juzoor	5,450	1910	394	20.63%	3540	75	2.12%	8.61%	8.29%
Gaza/MDM-France	1,708	700	179	25.57%	752	126	16.76%	19.79%	19.69%
Gaza/MedGlobal	2,811	761	110	14.45%	1965	13	0.66%	5.23%	5.26%
Gaza/UNRWA	3,437	1651	558	33.8%	1786	194	10.86%	21.88%	18.51%

Figure 7. Meta data, Data quality and GAM by MUAC from the Nutrition Cluster data that IPC used to declare a famine.

IPC's own guidance on MUAC data quality states that MUACZ-SD should be prioritised when available, <u>with values ≥ 1.20 classified as problematic</u> normally.

<u>The IPC guidelines</u> for MUAC quality check criteria and ranges:

Table 2: MUAC quality check criteria and ranges

No	Criteria	Expected	Excellent	Acceptable	Poor	Problematic
1	Age ratio between 6-29 months and 30-69 months*	Around 0.85 (p>0.05)	p>0.1	p>0.05	p>0.001	p<=0.001
2	Sex ratio between boys and girls	Around 1 (p>0.05)	p>0.1	p>0.05	p>0.001	p<=0.001
3**	MUAC-for-Age Zscore Standard Deviation	Between 0.8 and 1.2	<1.1 and >0.9	<1.15 and >0.85	<1.20 and >0.80	>=1,2 or <=0,8
4a**	MUAC Digit preference	Digit Preference Score <12	0-7	8-12	13-20	>20
4b**	MUAC Standard deviation	Standard deviation<14.0	<13.0	13.0-<14.0	14.0-<15.0	>15.0

*if age ratio is significantly different (i.e. p<0.05), age-adjusted estimates should be calculated using the Excel worksheet developed by CDC – see diagram in annex 3 (an electronic version is provided with this guidance note)
**MUAC-for-Age Zscore Standard Deviation(MUACZ-SD) should be prioritize when available. MUAC Digit preference together with MUAC Standard deviation should be consider only in absence of MUACZ-SD

Figure 8. IPC guidance on assessing the quality of MUAC data.

In the Gaza analysis, IPC ignored this prioritisation almost entirely. Instead it focused on Digit Preference Score (DPS) and, without any stated justification, raised the DPS threshold from the long-standing standard of >20 to >30. It simultaneously loosened the MUACZ-SD limit from 1.20 to 1.25, also without any stated justification.

How the threshold for data quality was changed in Gaza:

Table 2: MUAC quality check criteria and ranges

No	Criteria	Expected	Excellent	Acceptable	Poor	Problematic
1	Age ratio between 6-29 months and 30-69 months*	Around 0.85 (p>0.05)	p>0.1	p>0.05	p>0.001	p<=0.001
2	Sex ratio between boys and girls	Around 1 (p>0.05)	p>0.1	p>0.05	p>0.001	p<=0.001
3**	MUAC-for-Age Zscore Standard Deviation	Between 0.8 and 1.2	<1.1 and >0.9	<1.15 and >0.85	<1.20 and >0.80	>=1,2 or <=0,8
4a**	MUAC Digit preference	Digit Preference Score <12	0-7	8-12	13-20	>20
4b**	MUAC Standard deviation	Standard deviation<14.0	<13.0	13.0-<14.0	14.0-<15.0	>15.0

*if age ratio is significantly different (i.e. p<0.05), age-adjusted estimates should be calculated using the Excel worksheet developed by CDC – see diagram in annex 3 (an electronic version is provided with this guidance note)
**MUAC-for-Age Zscore Standard Deviation(MUACZ-SD) should be prioritize when available. MUAC Digit preference together with MUAC Standard deviation should be consider only in absence of MUACZ-SD

IPC 2024 Report:

Note: Acceptable ranges for standard deviation, percentage flags and digit preference score are as follows: SD MUACZ <1.25; % flags MUACZ < 1%; DPS MUAC <20. Excluding MUACZ flags (+/- 4 SD) for all individual level datasets. No exclusions applied for aggregate datasets. Weighted analysis corrects for unequal representation of the two age groups – it is assumed that children over two should make up two thirds of the sample. Projected GAM WHZ is based on empirical evidence on concordance between MUAC, MUACZ and WHZ. UNICEF PDM[4]: A short SMS-based survey delivered through

IPC 2025 Famine Report:

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

Figure 9. SMART Guidelines says MUACz SD is problobadic over 1.2 and MUAC DPS over 20, the IPC 2024 report uses the same DPS threshold but the 2025 Famine report uses 30 and both has 1.25 SD.

For Sudan, in the October 2025 Famine review, IPC used DPS of 20 as seen in the image below:

Data Quality

	Dataset	N	SD MUAC 10.5-14.4	% Flags MUAC (100-200mm)	DPS MUAC	MAM/SAM ratio expected >1
1.	Shuwa	391	9.0*	0.0%	21** Problematic (>20)	6
2.	Kalandi	300	10.7	0.0%	18 Acceptable (13–20)	8
3.	Walisook	290	10.3*	0.3% (1)	10 Good (8–12)	10
4	Overall	981	10.3*	0.1% (1)	15 Acceptable	7

*Lower SD likely to signify little variability-suggesting the population is fairly homogenous- also raises question on data quality..?

** DPS >20, suggesting rounding off of values in Shuwa..

Figure 10. In Sudan in October 2025 IPC used MUAC DPS 20 as a threshold for the datasets when classifying the area as in famine.

These changes allowed the weakest high-GAM dataset to be retained while stronger, lower-GAM data were downplayed or excluded. The result was a selective application of quality controls that systematically favoured the narrative of famine.

Further undermining confidence, the original 22 August report omitted the critical table (later published as Table 18(b) in the 30 August addendum) that purported to show the late-July rise above 15%. That table appeared 8 days after the IPC famine report was published and after all the global headlines, together with adjusted sample sizes, reassigned collection periods, and a newly introduced data-reporting cutoff (12 August) that had never been mentioned in the original report.

When the full NC data is properly age-weighted and the poorest-quality observations are set aside according to IPC's own (unmodified) guidelines, the monthly GAM by MUAC stays clearly below the flawed 15% threshold, around 11–12%, which placed Gaza in between Phase 3-4 or lower if factoring in that the threshold for MUAC screenings should have been higher than 15%. This was also more clear when looking at later NC data that show that the 15% threshold was never reached at any time. Also, the broader evidence does not support a rapid deterioration into Phase 5.

The later published NC data , from September 2025, shows that the weighted GAM never crossed 15% for the Gaza governode:

Month	2025							
	Jan	Feb	Mar	Apr	May	June	Jul	Aug
GAM prev. (Unweighted)	3.5%	2.8%	3.5%	3.2%	3.4%	5.9%	13.1%	14.6%
GAM prev. (Weighted)	2.7%	2.5%	3.3%	4.4%	4.4%	5.2%	11.9%	11.8%
Data points	4	5	4	5	4	5	17	39
Contrib.	2	4	3	5	4	2	6	5
Sample size	9824	4392	6433	9039	15678	3396	19027	13976

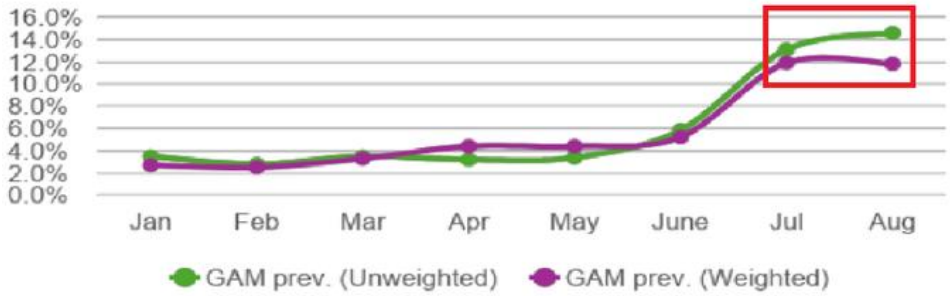


Figure 11. The GAM Weighted values from July and August 2025, highlighted in red.

Ultimately, the evidence indicates that the malnutrition pillar of the August 2025 IPC famine classification contains methodological weaknesses, unresolved inconsistencies, and data-quality concerns that reduce confidence in the reliability of the classification.

The pattern of decisions, selectively relaxing quality thresholds, retaining the weakest high-GAM dataset while excluding stronger lower-GAM ones, withholding key tables from the original report, and later adjusting the data in ways that amplified the appearance of deterioration, all suggests that the analysis was not conducted with the neutrality and rigor that a UN body like IPC should have done.

5. The August 2025 IPC Famine Report - Food Deprivation

The third pillar of IPC's famine declaration was extreme food deprivation among households. In the August 2025 famine report, IPC classified Gaza Governorate as IPC Phase 5 Famine with reasonable evidence, while projecting that 641,000 people in the analysed areas would be in IPC Phase 5 Catastrophe between 16 August and 30 September 2025. IPC also projected 1.14 million people in IPC Phase 4 Emergency and 198,000 in IPC Phase 3 Crisis. This means IPC's food-security case was not a minor supporting claim. It was one of the central

pillars of the famine declaration. The report presented Gaza as moving from an already catastrophic food-security situation in July and early August, into an even worse projected situation from mid-August through September.

August 2025 classification and projection of food insecurity in Gaza:

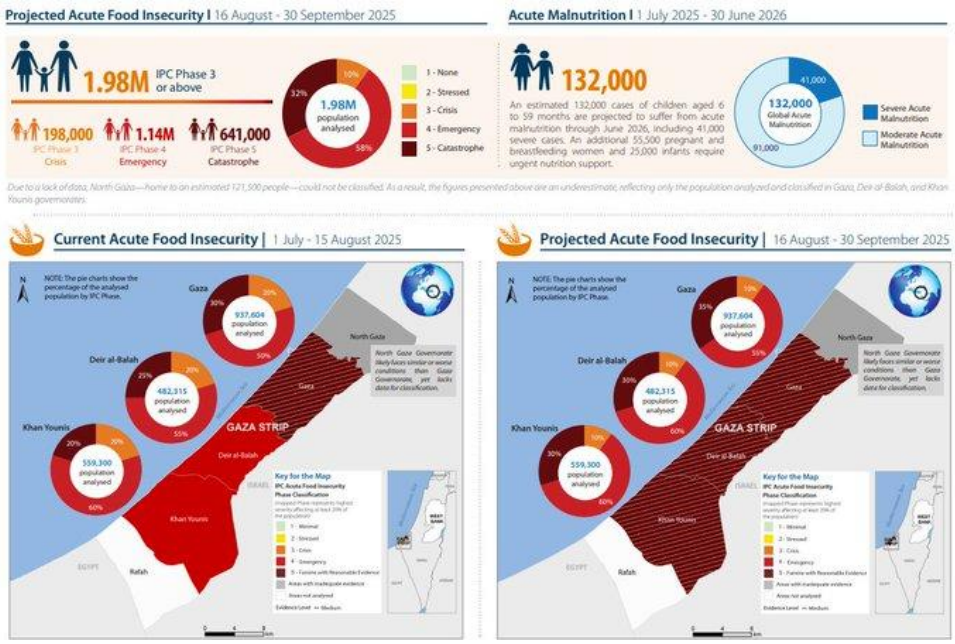


Figure 12. The conditions oncoing and projected in the Gaza Strip, according to the IPC in August 2025.

But the food-deprivation pillar has the same problem as the mortality and malnutrition pillars: when compared with observable supply indicators, market prices, aid-flow data, and later outcomes, the claim becomes much weaker. The baseline of these discussions are all what builds
my earlier article in this subject

5.1. Distribution problems

By the time IPC declared famine on 22 August 2025, Gaza had gone through a distribution crisis during the summer. Hamas and other armed groups had interfered, aid trucks were frequently looted before reaching warehouses, and UN distribution had partly collapsed due to the lack of truck drivers. Between 19 May and 31 August 2025 over 85% of the total amount of aid trucks, that were registered on the official UN site, were intercepted. This is another important methodological errors in the IPC report. IPC treated breakdowns in access and distribution as if they demonstrated an overall collapse in food availability.

For an example, IPC dismissed the GHF food distributions as failing to "meet the criteria to be classified as humanitarian assistance". Yet IPCs own data show that GHF recipients averaged 1,700 kcal/day. IPC also claimed deadly incidents near GHF sites as commonplace.

IPC ignored the trend going down, showing improvements:

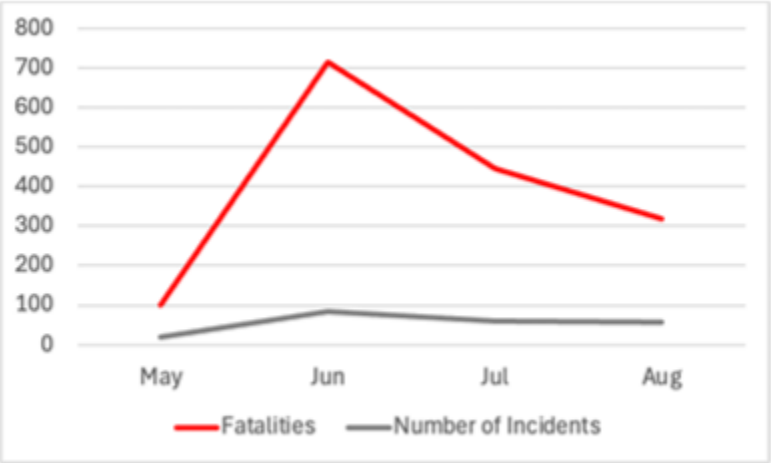


Figure 1: Decrease of incidents and fatalities since June (ACLED)

Figure 13. The alleged trend of incidents at GHF sites.

But the truth is that IPC swallowed the Hamas propaganda about aid mass killings on GHF sites, as I discussed in the first article (Chapter 17.1), that were all lies made for Hamas to keep the control of the aid in Gaza. Also, as I showed in the first article, Gaza had already received a very large food inflow during the first seven months of 2025. Counting food trucks only, the average was about 116 food trucks/day during the first six months of 2025, and at least 87 food trucks/day in July . This gives an average of about 112 food trucks/day across the first seven months of the year. Since more than 80% of this was humanitarian food, not normal commercial goods, the calorie density was much higher than Gaza's pre-war commercial food baseline of 73 food trucks/day and 12% local production.

That matters because the relevant baseline was not 500–600 trucks/day, as often reported. The baseline was far lower, and the estimated wartime need for calorie-dense humanitarian food was even lower than that. If the estimated food requirement was around 66 food trucks/day, then the average inflow during the first seven months of 2025 was already far above the minimum requirement. The IPC report did not properly integrate this baseline.

Then there is a report from a Palestinian activist that claimed large quantities of baby formula and children's nutritional shakes had been hidden in warehouses linked to Gaza MoH during the period when the period when the famine was declared. Reports also claims that Hamas stole four trucks with baby formula from UNICEF

5.2. Food inflow contradicted the famine claim

The problem became even clearer in August 2025. IPC cut its analysis on 12 August and the report was released on 22 August. This mattered because the Gaza Strip received 123,256 metric tons of food in August 2025, from over 200 food trucks/day entering Gaza.

The August food-tonnage calculation is straightforward:

- 123,256 MT / 31 days = 3,976 MT per day.
- 3,976,000 kg / 2.1 million people = around 1.9 kg of food/person/day.

The average needed to reach the Gaza demand of 1,934 kcal/person/day with humanitarian food is 509g food/person/day. This means that 1.9 kg of food/person/day, is not compatible with the idea that Gaza was physically lacking food at famine scale. This does not mean every household had equal access to food, but it does mean that IPC's "extreme food shortage" claim cannot be treated as a simple claim about physical food availability.

5.3. Market prices went down after June 2025

Market prices are one of the most important observable indicators in a food crisis. In a real famine, food prices usually continue rising or remain extremely high because food is scarce and demand exceeds supply. In Gaza, the summer price pattern does not support IPC's famine narrative.

This is what IPC claimed:

> "Food prices continued to rise sharply in July, increasing by 25% to as much as 9,900% compared to the February ceasefire levels, and by 233% to 15,285% compared to pre-conflict prices. Wheat flour has seen major price fluctuations—up to USD 30 in June

and coming back down to around USD 15 in July. Sustained, large-scale deliveries are urgently needed to stabilize wheat flour availability, pricing, and affordability."

World Food Programme's (WFP) market monitoring tells us what we need to know about this:

Figure 14. WFP market monitoring over inflation trend in Gaza from the beginning of 2025 to October 2025, shows a decline from the beginning of June and forward.

WFP's numbers did show that prices were at its highest point during June 2025, at 476% or almost six times higher prices, over the set baseline that was last reached in September 2023. But the later market updates showed that prices started to declined already in the beginning of July. In mid August, 12 days before the IPC report was released, the prices was at 155% over the pre-war baseline, and beginning of September it had reached 15%.

The IPC famine declaration was released on 22 August, warning for catastrophic trends. At the same time the food situation was already much better than in June. Food inflows were rising, prices falling and markets were stabilizing. That does not fit a model of rapidly worsening famine, that IPC claimed.

EDIT: WFP inflated all their values by changing the values from 2024, months after this article was published.

5.4. IPC relied on cherry picked survey data

IPC's food-access analysis relied heavily on remote household survey data collected July 2025. Remote surveys can be useful in inaccessible war zones, but they are also highly vulnerable to bias. Respondents may not have privacy, may be afraid, may expect that reporting severe hunger increases the chance of aid. They may be influenced by local power structures, armed groups, social pressure, or the dominant media narrative.

According to Annex 3 of the IPC famine report , the food-security analysis relied mainly on two quantitative sources, referred to as Source #1 and Source #2. Source #1 was based on Computer-Assisted Telephone Interviews (CATI), using a master list from previous analyses. During 1–29 July 2025, 1,004 households completed the interview. Source #2 was based on a face-to-face baseline assessment conducted in December 2024–January 2025, followed by re-interviews of consenting households in April and July 2025. The July round was conducted between 13–21 July and completed 748 household surveys.

This was the result of the two studies:

Source #1 Recalculation		Gaza Governorate Count	Gaza Governorate % of cases
FCS Categories: 21/35 thresholds	Poor	314	62%
	Borderline	176	35%
	Acceptable	14	3%
FCS Categories: 28/42 thresholds	Poor	436	87%
	Borderline	67	13%
	Acceptable	1	0%
FCS Categories: 14/21/35 thresholds	Extremely Poor	59	12%
	Poor	255	51%
	Borderline	176	35%
	Acceptable	14	3%
rCSI Categories	Low	0	0%
	Medium	37	7%
	High	467	93%
rCSI (4 cut-offs)	Low	0	0%
	Medium	37	7%
	High	209	41%
	Extremely High	258	51%
Household Hunger Score	.00	7	1%
	1.00	10	2%
	2.00	49	10%
	3.00	69	14%
	4.00	188	37%
	5.00	162	32%
	6.00	19	4%
Household Hunger Score Categories	No hunger in the household	7	1%
	little hunger in the household	10	2%
	Moderate hunger in the household	118	23%
	Severe hunger in the household	188	37%
	Very severe hunger in the household	181	36%

Source #2 Recalculation		Gaza Governorate Count	Gaza Governorate % of cases
FCS Categories: 21/35 thresholds	Poor	294	93%
	Borderline	21	7%
	Acceptable	0	0%
FCS Categories: 28/42 thresholds	Poor	314	100%
	Borderline	1	0%
	Acceptable	0	0%
FCS Categories: 14/21/35 thresholds	Extremely Poor	112	36%
	Poor	182	58%
	Borderline	21	7%
	Acceptable	0	0%
Household Hunger Score	0	16	5%
	1	27	8%
	2	82	26%
	3	129	40%
	4	29	9%
	5	16	5%
	6	21	7%
Household Hunger Score Categories	None	16	5%
	Little	27	8%
	Moderate	211	66%
	Severe	29	9%
	Very Severe	37	12%

Figure 15. IPC's two main food-security data sources for July 2025.

What does these two tables show us?

- For Source #1 this means that around 73% of Gaza Governorate households fell into severe or very severe hunger categories. 37% in Phase 4, and 36% in Phase 5, according to Figure 27 in the IPC Guidelines.

- Source #2 showed a very different result, only around 21% fell into severe or very severe hunger categories. This means that 79% would have been placed in Phase 1-3, and 9% in Phase 4 and 12% in Phase 5 Famine conditions

That is not a small difference. It is a difference by a factor of more than three, in severe or very severe conditions. One source suggested extreme household hunger at famine-level scale, while the other suggested a much lower level of hunger. This contradiction should have been treated as a major uncertainty in the food-deprivation pillar.

IPC's own explanation for giving more weight to Source #1 appears to be that it had a larger sample size, covered more indicators, had been

collected continuously since late 2023. But this does not solve the central problem. The convergence IPC described was mainly convergence inside Source #1. IPC does not explain why Source #1 produced far more severe results than Source #2. That matters because tt was based on a face-to-face baseline assessment and later follow-up interviews with consenting households. It was not only a phone survey. If anything, that should have made IPC more cautious about privileging the phone-based source, especially when the phone-based source produced the more extreme result.

Self-reported food-access data should not be used as the decisive basis for a Phase 5 famine classification unless it is strongly triangulated with other indicators. IPC's own methodology recognizes these problems. The IPC Technical Manual states that CATI surveys face specific challenges because operators are not in direct physical presence with respondents, and that the best approach, especially where phone-ownership bias may exist, is to use both CATI and face-to-face interviews with sample overlap to check for mode bias.

This is exactly the problem in Gaza. Source #1 was a phone survey conducted in a war zone, under Hamas-controlled local conditions, during an intense propaganda campaign. Source #2 was based on a face-to-face baseline and produced much lower severe-hunger results. Bias matters enormously in this case because the gap between the two sources was not small. This is especially important because phone interviews are more vulnerable to response bias. In a phone interview, the interviewer cannot verify whether the respondent is speaking privately, and cannot easily detect whether the answer is influenced by fear, expectation of more aid, local pressure, or political messaging. A face-to-face assessment is not immune to bias, but it gives the interviewer more context and more opportunity to judge whether the reported situation matches observable conditions. It makes it less likely that the responder lies or exaggerates.

WFP also stresses that remote surveys require careful examination of sampling bias, mode bias, call statistics, validation with other data sources, and weighting for representativeness. It also notes that survey mode can influence respondent answers, especially for sensitive questions. Nutrition Cluster similarly warns that phone surveys can introduce biases that compromise data quality and representativeness, and recommends explicit steps to reduce and monitor those biases.

But IPC cherry picked the worst dataset once again.

6. Discussion & Conclusion

The evidence reviewed in this article points in one direction: the August 2025 IPC famine declaration for Gaza Governorate was not supported by the evidence required under IPC's own standards. This does not mean that Gaza had no hunger at all. Gaza was an active war zone. But that is not the same thing as an IPC Phase 5 area-level famine. A famine classification requires the simultaneous demonstration of three pillars: extreme food deprivation, extremely critical acute malnutrition, and famine-level mortality. In Gaza, none of these pillars was demonstrated.

6.1. Mortality

IPC's famine threshold required roughly hundreds of non-trauma deaths/day at the population scale being discussed in the August 2025 report. But the recorded malnutrition-related deaths remained far below that level. Even after the IPC report projected more than 10,000 deaths between 22 August and 9 October 2025, the reported outcome was only 192 deaths during that period. That was around 2% of the IPC projection.

In reality Gaza was in Phase 1 when it comes to mortality, not Phase 5.

6.2. Malnutrition

IPC did not use standard WHZ survey data. It relied on MUAC-only screening data, even though MUAC is much more sensitive to age structure and measurement quality. The dataset that most strongly supported the famine conclusion, MDM-France, was also the dataset with the clearest quality-control problems: missing location metadata, children outside the target age range, high MUACZ standard deviation, and the highest MUACZ flag rate. Meanwhile, the largest July dataset, Juzoor, remained far below the famine threshold.

The IPC addendum later created even more problems: UNRWA's split-period values appear inflated compared with the Nutrition Cluster's weighted July value, while AEI's sample size changed from 1,807 to 5,085 and produced a lower combined value of about 13.79%. If MDM-France is excluded, AEI is recalculated using the addendum values, ACF is retained, and UNRWA is kept at the Nutrition Cluster's weighted value, the combined July GAM by MUAC becomes roughly 11.45%.

The broader NC weighted data from July and August therefore did not show famine-level MUAC, especially when considering that the 15% MUAC threshold itself is very weak and should be between 20–25%.

That would place Gaza Governorate between Phase 3 and Phase 4, closer to 3, when it comes to malnutrition, or lower when according to the flawed GAM threshold for MUAC.

6.3. Food Deprivation

IPC relied heavily on remote household survey data from a phone-based survey. That source produced much more severe results than another study, which was linked to a face-to-face baseline assessment and later follow-up interviews. In Gaza Governorate, the phone study suggested that around 73% of households were in severe or very severe hunger, while the other study suggested around 21%. It is a difference by a factor of more than three.

Gaza had already received enough food during the first seven months of 2025 to cover far more than its estimated minimum food requirement for the full year. Counting food trucks only, the average during the first seven months was around 112 food trucks/day, mostly calorie-dense humanitarian food. That was already far above the estimated requirement of around 66 food trucks/day. Then, in August, food inflow increased further. Gaza received food roughly equivalent to 1.9 kg of food/person/day.

Market prices also moved against the famine narrative. IPC claimed that food prices continued to rise sharply in July. But WFP's broader food-basket inflation trend shows that prices peaked around mid-June and then declined through July and August. In a rapidly worsening famine caused by physical lack of food, one would expect prices to remain extremely high or continue rising. Instead, during the period when IPC declared famine, food inflows were rising and market indicators were moving toward stabilization.

According to Survey #2 food sever food shortage were in , market price data and the amount of food that had entered the full Gaza Strip, the Gaza Governorate most likely were in Phase 3.

6.4. Connecting it to the broader picture

The public narrative also relied heavily on emotionally powerful images and stories. Every viral starvation claims involved children that had pre-existing medical conditions, or journalists that lied, cancer patients suddenly claimed to be starving not ill. These cases were often presented as proof of mass famine but they were all Hamas propaganda lies.

These lies sold it both to the media, the public and most likely the people working at involved NGOs, UN and IPC. But there is also a clear bias among the people working in these organisations against Israel and that is even true when it
comes to the authors of these IPC reports

6.3. Conclusion

To conclude, all these three criteria needed to be reached at the same time for it to be a famine in Gaza:

- 2 per 10,000 people/day dies of starvation, disease & malnutrition.
- 30 percent of children suffer from acute malnutrition (30% WHZ).
- 20 percent of households face extreme food shortages.

Only 1-2% of the requirement for mortality occurred, Phase 1. Malnutrition should not have been used as the only method and it cannot even separate Phase 4 and 5 with MUAC, but Gaza was closest to Phase 3. When Gaza was declared as famine, Gaza had more food than pre-war, most likely in Phase 3. What actually happened was that UN tried to stop Israel from going into Gaza City in August 2025. They faked a humanitarian catastrophe for political reasons and Hamas helped with lies.

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