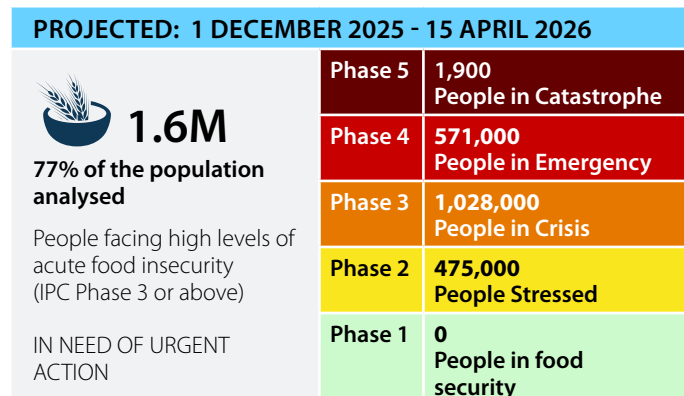
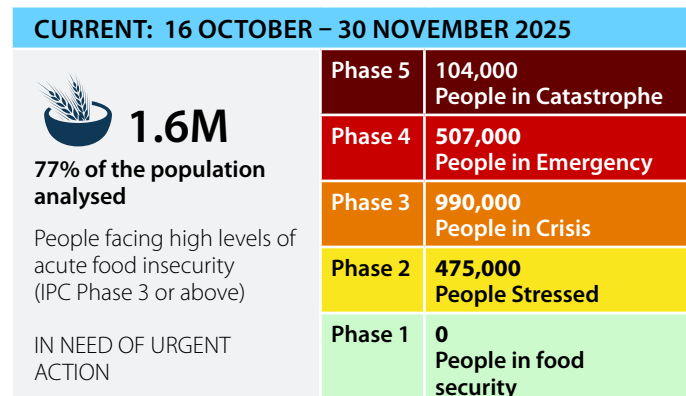


Flygtningenævnets baggrundsmateriale

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GAZA STRIP

FAMINE CONDITIONS OFFSET, BUT SITUATION REMAINS CRITICAL



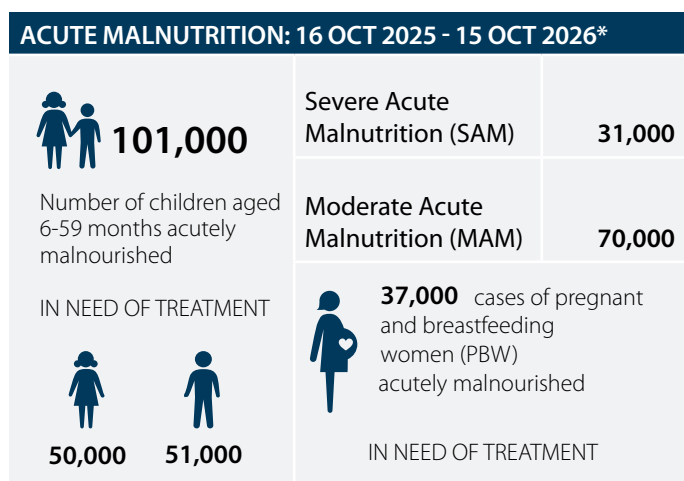
IPC Special Briefs are produced by the IPC global initiative and do not necessarily reflect the views of stakeholders in Palestine. This analysis factors in all data and information available up to 21 November 2025, and may not take into account subsequent developments on the ground.

This document has been amended on 19 December after publication to rectify the reported number of fatalities since the ceasefire, cited on pages 3 and 5. These corrections do not alter the overall findings or recommendations of the report.

Overview

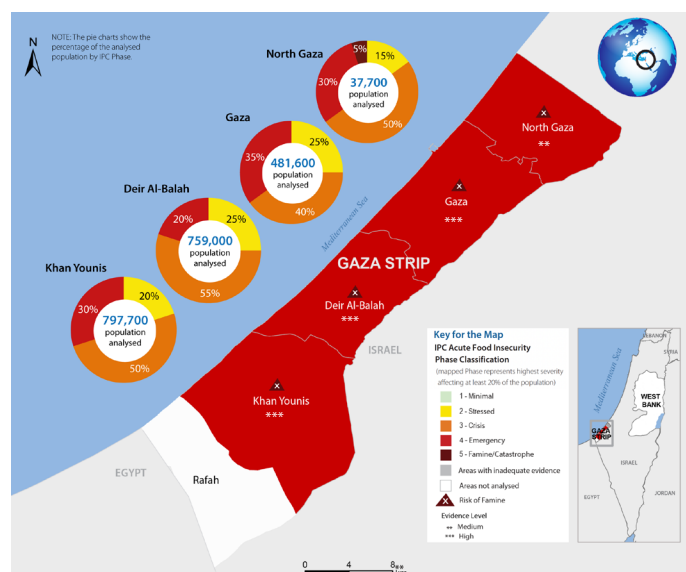
Following a significant reduction in conflict, a proposed peace plan, and improved access for both humanitarian and commercial food deliveries, food security conditions have improved in the Gaza Strip. However, the situation remains critical: the entire Gaza Strip is classified in Emergency (IPC Phase 4) through mid-April 2026. No areas are classified in Famine (IPC Phase 5). Rafah Governorate was not analysed due to lack of data and indications that it is largely depopulated.

Despite the improved situation, the population of the Gaza Strip still faces high levels of acute food insecurity and acute malnutrition. Although humanitarian assistance, including food aid, has increased, only basic survival needs are being met. Essential infrastructure and services—such as healthcare, water treatment and sanitation—remain inadequate to

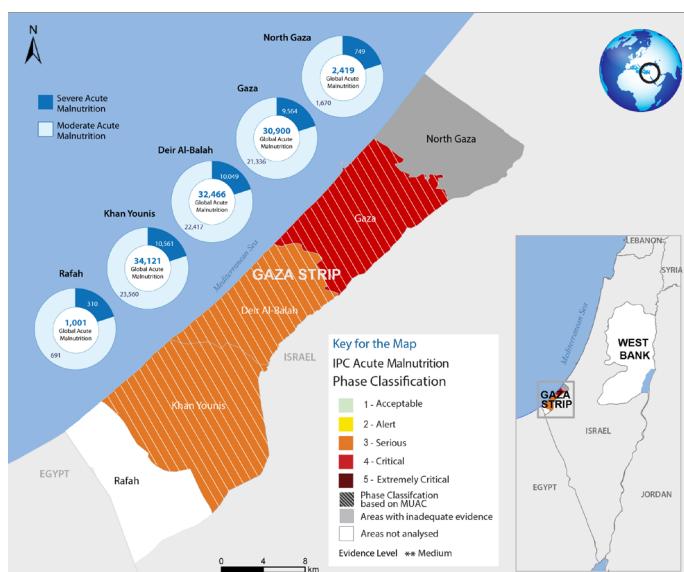


*Estimates for a period of 12 months covering the five governorates (the whole Gaza Strip).

Projected Acute Food Insecurity | 1 December 2025 – 15 April 2026



Projected Acute Malnutrition | 1 December 2025 – 15 April 2026



Disclaimer: The information shown on the maps does not imply official recognition or endorsement of any physical and political boundaries. For more information please contact ipc@fao.org.



support the entire population. Many people continue to live in makeshift shelters, leaving them vulnerable to winter conditions. Between 16 October and 30 November 2025, around 1.6 million people (77 percent of the population analysed) faced high levels of acute food insecurity (IPC Phase 3 or above). This includes more than half a million people in Emergency (IPC Phase 4) and 104,000 people in Catastrophe (IPC Phase 5). During the projection period (1 December 2025 to 15 April 2026), the situation is expected to remain severe with around 1.6 million people still facing Crisis or worse (IPC Phase 3 or above) food insecurity. This includes 571,000 people in Emergency (IPC Phase 4) conditions, and about 1,900 people in Catastrophe (IPC Phase 5), reflecting a reduction in the most extreme conditions.

While the nutrition situation has also improved since the previous IPC analysis, acute malnutrition (AMN) is Critical (IPC AMN Phase 4) in Gaza Governorate and Serious (IPC AMN Phase 3) in Deir al-Balah and Khan Younis governorates. Due to insufficient data, North Gaza was not analysed; however, nutrition actors in the area report persistently high levels of malnutrition cases and describe the situation as concerning. Through mid-October 2026, across the entire Gaza Strip, nearly 101,000 children aged 6–59 months are expected to suffer from acute malnutrition and require treatment, with more than 31,000 severe cases. During the same period, 37,000 pregnant and breastfeeding women will also face acute malnutrition and require treatment.

Households across the Gaza Strip have already exhausted their savings and sold all their assets, leaving them with no remaining coping capacity. Humanitarian access continues to require daily negotiations by service providers, and assistance coverage remains uneven across the areas. While humanitarian aid is ongoing, it barely meets people's survival needs. Essential medical supplies, sanitation and hygiene services, construction materials, and agriculture inputs are still limited.

People's diets remain poor: while more nutritious foods, such as fresh vegetables and fruits are available in markets, most families cannot afford to buy them. Hygiene and sanitation conditions continue to be very poor, accelerating the spread of acute respiratory infections (ARIs), diarrhoea, and skin infections, especially among children. Without access to proper facilities, widespread open defecation and damaged sewage systems further exacerbate health risks. With the onset of winter, cold temperatures and rainfall are expected to worsen endemic diseases and heighten the risk of epidemics.

Under a worst-case scenario, which would include renewed hostilities and a halt in humanitarian and commercial inflows, the entire Gaza Strip is at risk of Famine through mid-April 2026. This underscores the severe and ongoing humanitarian crisis.

Sustained, expanded and unhindered humanitarian and commercial flows and access to these goods across the territory are critical to meeting the challenges identified in this IPC analysis. This will require a durable resolution to the conflict and the rebuilding of essential infrastructure and livelihoods.

Key Drivers of Food Security



Restricted access

While humanitarian access has improved compared with previous IPC analysis periods, it fluctuates daily and is limited and uneven across governorates. Critical inputs for sanitation, health, agriculture and construction—all essential to rebuild the Gaza Strip—are limited.



Displacement

From the ceasefire announcement through mid-November, over 730,000 people have moved. More than 70 percent of the population live in makeshift shelters and rely on humanitarian assistance to meet the bulk of their basic needs.



Hostilities

Conflict-related fatalities and injuries have declined, but ceasefire violations persist. Between 10 October and 20 November, 280 fatalities and 672 injuries were recorded, and, since the ceasefire announcement, 1,500 buildings have been destroyed. The demarcation of the 'Yellow Line' limits access to agricultural lands and increases population density in already overcrowded areas.



Poor WASH & shelter conditions

Access to WASH services is severely limited. Open defecation, damage to sewage infrastructure, limited access to hygiene items and overcrowded living conditions increase the risk of disease outbreaks.



Destruction of livelihoods

Over 96 percent of cropland in the Gaza Strip is either damaged, inaccessible, or both. Livestock has been decimated, and fishing activities remain banned. Much of the infrastructure essential for the flow and storage of food imports has been severely damaged or destroyed. Cash is scarce, and unemployment stands at 80 percent.

Contributing factors for Acute Malnutrition



Food deprivation

No child meets the minimum dietary diversity standard, and two-thirds of children are suffering from severe food poverty, surviving on a maximum of two food groups. This profound lack of dietary quality and nutrient intake, combined with limited access to safe and diverse foods, is directly fuelling malnutrition among children and pregnant and breastfeeding women.



Severely strained health and nutrition services

Access to these services dropped significantly in September during the evacuation of Gaza Governorate. Although some health and nutrition points have reopened since mid-October, overwhelming demand continues to stretch limited capacity. The onset of winter and related diseases poses an additional risk factor in an already challenging situation.



Significant WASH gaps and health implications

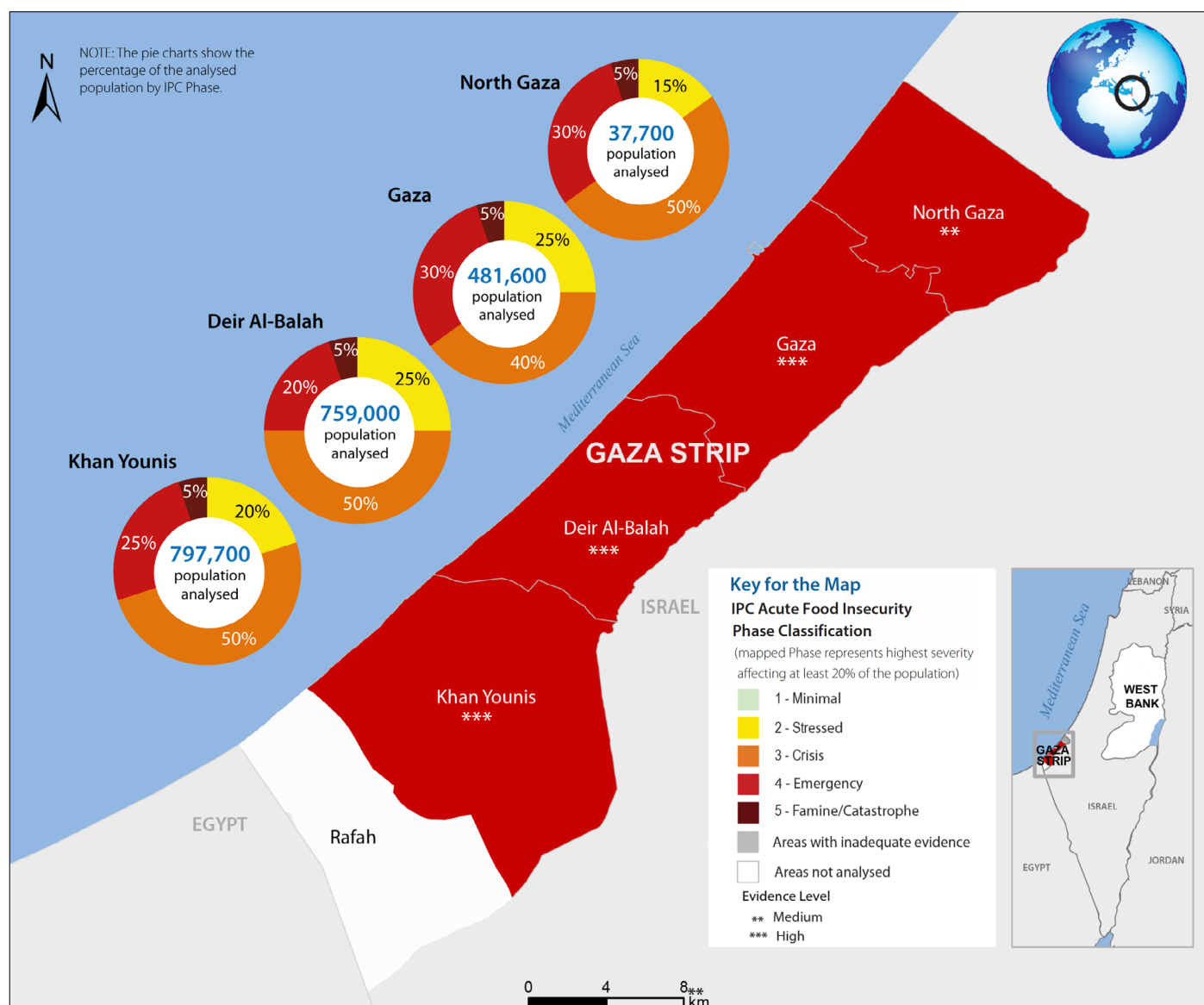
Poor sanitation and hygiene conditions are widespread, with only 53 percent of the population having access to basic sanitation facilities. Combined with a high prevalence of preventable diseases, these conditions increase vulnerability to malnutrition by impairing nutrient absorption, raising illness rates, and reducing overall health resilience. Around 90 percent of caregivers interviewed reported that their children had been sick in the previous two weeks.



Mental distress

After two years of conflict, displacement and suffering, concerns about people's mental health and psychosocial stress are widespread. This heightens caregivers' vulnerability, increasing the risk of malnutrition among both children and pregnant and breastfeeding women.

CURRENT ACUTE FOOD INSECURITY SITUATION MAP AND POPULATION TABLE (16 OCTOBER - 30 NOVEMBER 2025)



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POPULATION TABLE FOR THE CURRENT SITUATION: 16 OCTOBER - 30 NOVEMBER 2025

Governorate	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
North Gaza	37,700	-	0	5,655	15	18,850	50	11,310	30	1,885	5	4	32,045	85
Gaza	481,600	-	0	120,400	25	192,640	40	144,480	30	24,080	5	4	361,200	75
Deir al-Balah	759,000	-	0	189,750	25	379,500	50	151,800	20	37,950	5	4	569,250	75
Khan Younis	797,700	-	0	159,540	20	398,850	50	199,425	25	39,885	5	4	638,160	80
Grand Total	2,076,000	-	0	475,345	23	989,840	48	507,015	24	103,800	5		1,600,655	77

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

CURRENT SITUATION OVERVIEW (16 OCTOBER - 30 NOVEMBER 2025)

Overall

Since the last IPC analysis in August 2025, the food security situation in the Gaza Strip has improved, mainly due to the increased humanitarian and commercial deliveries that followed the reduction in hostilities. However, these gains are contingent on unpredictable and inconsistent humanitarian access which is still below precrisis levels.

For the period of 16 October to 30 November, some 1.6 million people across Gaza were facing high levels of acute food insecurity (IPC Phase 3 or above), with around 104,000 in a Catastrophe situation (IPC Phase 5) and more than half a million in Emergency (IPC Phase 4). The levels of severity remain high in the four governorates included in this analysis (Khan Younis, Deir al-Balah, Gaza and North Gaza) with around 85 percent of the population of North Gaza, 80 percent of the population of Khan Younis, and 75 percent of the population of Deir al-Balah and Gaza governorate classified as Crisis or worse (IPC Phase 3 or above). In each governorate, 5 percent of the population remains in Catastrophe (IPC Phase 5), facing extreme lack of food and/ or other basic needs. After more than two years of war, the households have exhausted life savings and sold all assets, leaving them with no remaining coping strategies or options.

Hazards and Vulnerabilities

A ceasefire was put in place on 10 October, leading to an overall reduction in the intensity of conflict in the Gaza Strip. Nevertheless, hostilities have continued, albeit at a much lesser rate than pre-ceasefire. A 'Yellow Line' has been established and access to humanitarian assets and agricultural land beyond the line is off-limits. Since July, the level of damage to all structures in the Gaza Strip has worsened with Gaza Governorate and North Gaza experiencing the highest levels.

Following the ceasefire announcement, large movements from South to North have been observed. Returns increase population density and overcrowding, eroding health and resilience, with many families arriving to find their homes destroyed or uninhabitable, and facing the risk of unexploded ordnance. This in turn generates ad hoc settlements in places without livelihoods, services, or adequate shelter. People remaining in Deir al-Balah and Khan Younis live in overcrowded and deteriorating sites and buildings, heightening protection and health risks. Despite some movements of UN/INGO trucks into the Gaza Strip, bureaucratic procedures, that pre-date the ceasefire, continue to impact the dispatch of goods into the Gaza Strip. With winter approaching, shelter conditions are expected to worsen. Severe weather conditions will expose people living in makeshift shelters to cold, damp and wind exposure.

Conflict. Military strikes near or east of the 'Yellow Line' (established under the ceasefire agreement) continue to be reported, resulting in people being killed in Gaza, Deir al-Balah and Khan Younis governorates. Access to humanitarian assets and agricultural land beyond the 'Yellow Line' remains barred. The installation of yellow concrete blocks to demarcate the Line began in November.ⁱ

As of 21 November 2025, hostilities have reportedly resulted in nearly 69,733 people killed and over 170,800 people injured (Figure 2). Comparing the month before the ceasefire (9 September – 9 October) with the month after the ceasefire (10 October – 9 November), there were 638 fewer deaths and 5,910 fewer injuries, representing decreases of 24 percent and 89 percent, respectively. Even with this improvement, figures show that fatalities and injuries in the Gaza Strip have continued since the 10 October ceasefire, with 280 fatalities and 672 injuries recorded between 10 October and 20 November.ⁱⁱ

Figure 1. Movement restrictions, 5 November 2025. Source: OCHA.

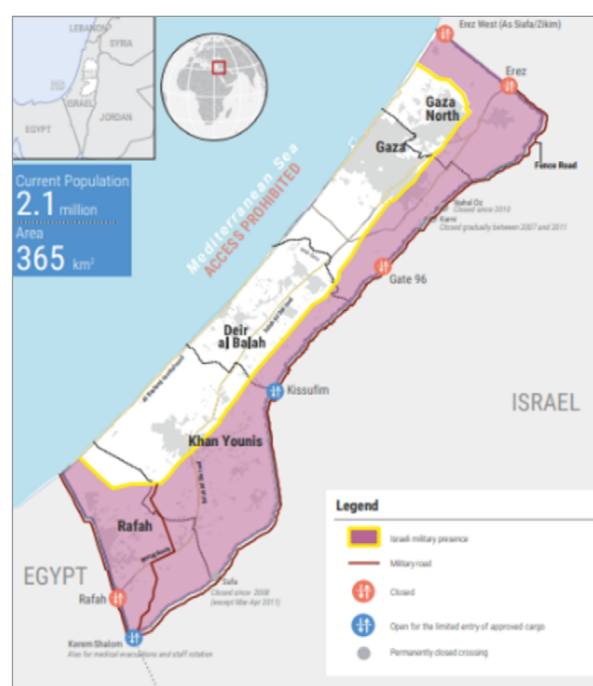


Figure 2. Casualties in the Gaza Strip reported by the Palestinian Ministry of Health as of 21 November 2025. Source: Health Cluster.
(Amended after publication on 19 December to reflect statistics as of 21 November.)

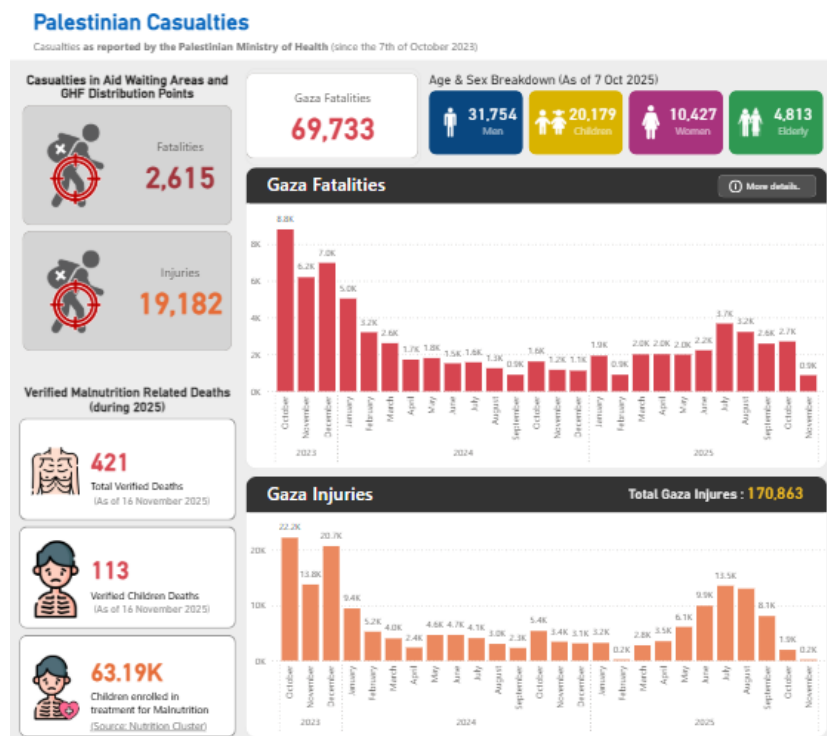
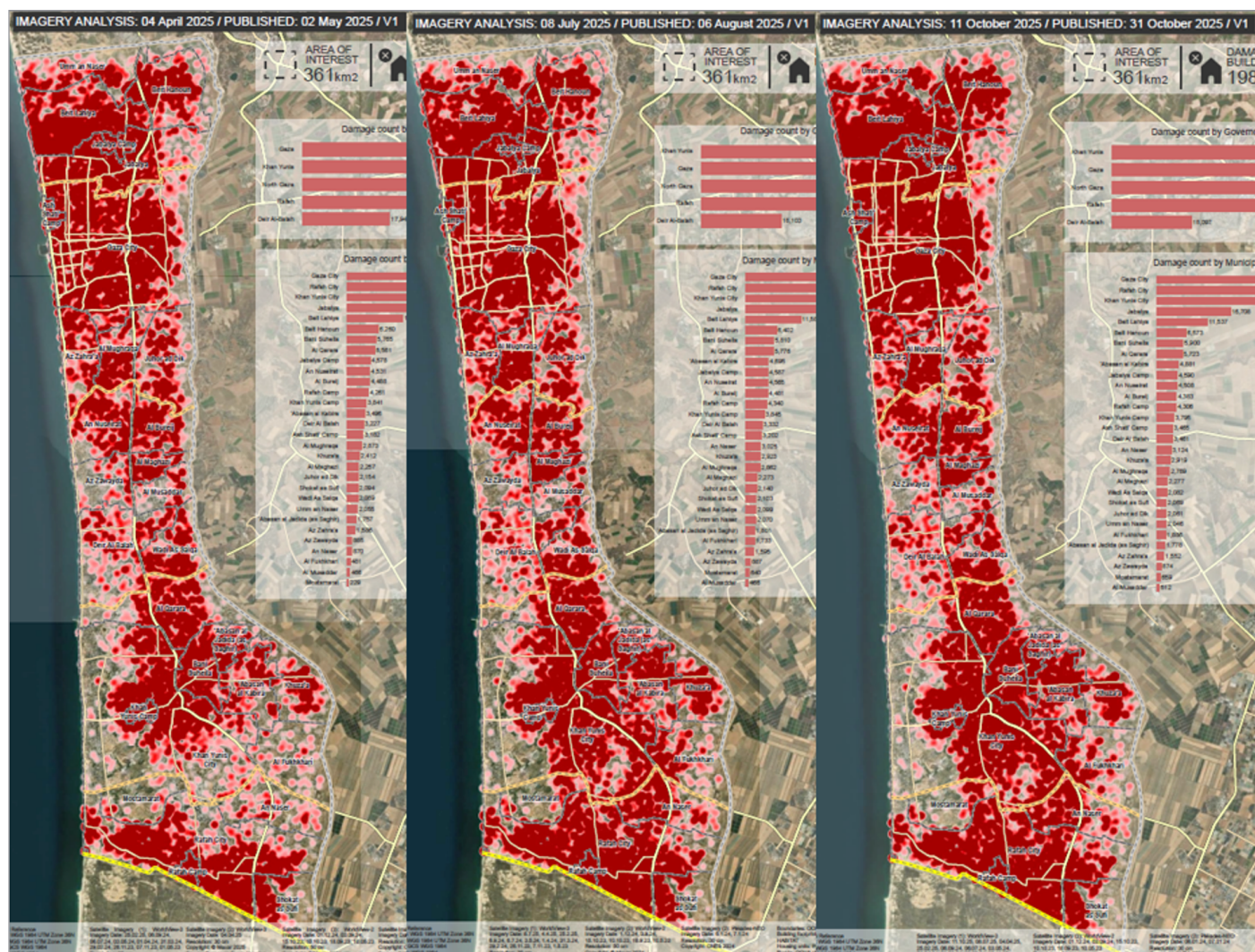


Figure 3. Building damage assessment via satellite imagery analysis as of 11 Oct 2025. Source: UNOSAT.



Damages. According to UN satellite imagery analysis (Figure 3), as of 11 October 2025, approximately 81 percent of all structures in the Gaza Strip are damaged. Among the damaged structures, UNOSAT identified 123,464 structures as destroyed, 17,116 as severely damaged, 33,857 as moderately damaged, and finally 23,836 as possibly damaged. In total, some 198,273 structures have been affected. This corresponds to a 4 percent increase in total affected structures, and an 18 percent increase in destroyed structures since the 8 July 2025 assessment. This includes an estimated 320,622 housing units, 12 percent more than were identified in July. The governorates of Gaza and North Gaza experienced the largest increases in damage, with approximately 4,243 structures in Gaza Governorate and 1,442 in North Gaza damaged since July.ⁱⁱⁱ

UNOSAT identified approximately 1,511 km of destroyed roads, 484 km of severely affected roads and 1,484 km of moderately affected roads (Figure 4). Based on these data, approximately 77 percent of the total road network has been damaged (including destroyed, affected roads and roads restricted by obstacles) across the Gaza Strip.^{iv} Massive rubble and destruction block access to homes and neighbourhood and requires heavy machinery for clearance.^v Such machinery is needed to clear rubble and explosive remnants of war, in order to facilitate greater access to areas available for temporary shelter installations.^{vi}

Displacement. Following the announcement of the ceasefire on 10 October, extensive population movements were recorded across the Gaza Strip from the southern part towards the northern areas (Figure 5). Substantial movements from west to east within Khan Younis Governorate were also recorded. Between 10 October and 15 November, approximately 603,104 movements have been observed from south to north, primarily along the Al-Rasheed Road, with additional movements noted along Salah Al-Deen Road. Between 9 November and 15 November, a total of 27,393 displacement movements were recorded. In November, displacement movements in Khan Younis have reduced considerably, but conditions in overcrowded shelters in Khan Younis and elsewhere remain critical, particularly where flooding has affected coastal displacement sites.^{vii} The population in the north is roughly half of what was recorded in August, whereas population numbers in both Deir al-Balah and Khan Younis have almost doubled, equivalent to three quarters of the total population. Since the ceasefire, more than 730,000 population displacement movements have been recorded overall.

Figure 4. Gaza Strip Road Network Comprehensive Damage Assessment as of 17 September 2025. Source: UNOSAT.

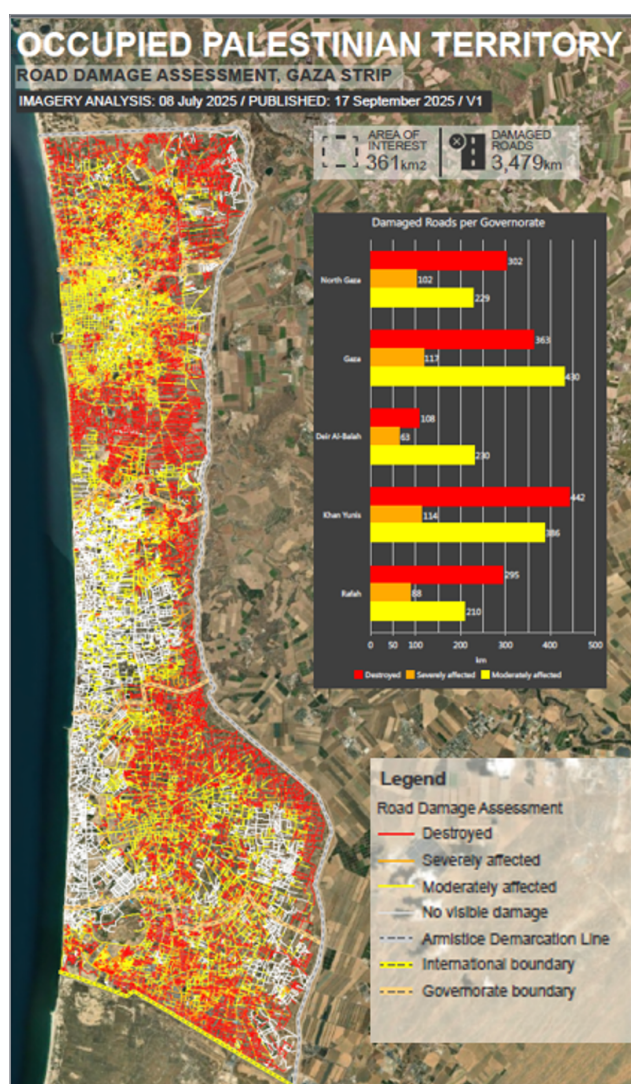


Figure 5. Weekly Population movements, 9-15 November. Source: SMC.^{viii}



Over the course of October, the volume and rate of population movements increased. As of 21 October, around 1 million internally displaced persons (IDPs) moved across approximately 800 displacement sites since the announcement of the ceasefire. Movement patterns were highly dynamic, with populations shifting daily. The majority of IDPs were found in

makeshift or informal sites in Deir al-Balah and Khan Younis. In the northern part of the Gaza Strip, 12 displacement sites were re-established, with an approximate population of 10,000 individuals. In North Gaza Governorate, conditions meant that displaced people could not return due to the absence of essential services, safety concerns, and lack of adequate shelter. Many displaced people live in exposed, or deteriorating makeshift shelters that fall below humanitarian standards, heightening protection and health risks, particularly for women, children, older persons and persons with disabilities. Across the Gaza Strip, a shortage of land for temporary shelters has forced families to settle in unstable or unsafe areas.^{ix}

As of 2 November, a further 75,000 displaced persons were estimated to be living in 100 shelter sites and surrounding areas across the Gaza Strip. An additional 116 facilities are located within the militarised zone/Netzarim Corridor. Shelter needs for these populations remain largely unmet. In the northern part of the Gaza Strip, the Shelter Cluster estimates—based on field observations—that people are sheltering in severely damaged and unsafe buildings. Returning families also face the risk of unexploded ordnance.^x

Following the ceasefire, large movements of people toward the northern governorates have been observed. Returns are complicated by the lack of livelihoods, services, or adequate shelter, and many families arrive to find their homes destroyed or uninhabitable. In addition, ongoing displacement continues to erode households' health and resilience.^{xi} According to a rapid remote assessment conducted on 29 October, the vast majority (82 percent) of families returning to the north are primarily motivated by untenable conditions in the south, particularly the lack of shelter. They are also driven by strong emotional and social factors such as land attachment (75 percent), shelter availability in the north (80 percent), and family reunification (39 percent). Economic opportunities and services are secondary. Those who remain in the south are influenced primarily by access to certain resources, such as shelter (80 percent), basic services (52 percent), and humanitarian aid (42 percent), with market access playing only a limited role. For these families, the south offers relative stability compared to the unreliable infrastructure and volatile dynamics in the north. Key informants identified adequate housing (85 percent), restoration of services (82 percent), and improved security (59 percent) as prerequisites for further returns. Until these conditions are met, many displaced families are likely to remain in the south.^{xii}

According to a longitudinal assessment carried out from 16 to 30 September (Source #2), the lack of insulation materials to protect against both heat and cold was listed as the highest shelter priority (41 percent of respondents in the southern Gaza Strip, 57 percent in Gaza Governorate). In the South, the next most common concern was the lack of non-food items (NFIs) (40 percent), while in Gaza Governorate it was lack of space inside shelters (39 percent). Shelter deterioration was also frequently reported (33 percent in the South, 27 percent in Gaza Governorate), particularly among households living in makeshift or scattered sites. Poor shelter conditions are also directly associated to health outcomes. According to this assessment, households living in makeshift shelters had almost three times higher odds of reporting severe illness among individuals aged five and over in the prior two weeks, compared to households living in undamaged buildings. Similarly, reports of severe illness were statistically significant: households living in damaged buildings had 2.88-times higher odds of reporting severe illness, and those living in collective centres had 2.5-times higher odds, compared with households in undamaged buildings. Additionally, households displaced seven times or more since October 2023 had over 85 percent higher odds of reporting severe illness in the two weeks prior to data collection than those displaced fewer times.^{xiii}

At least 259,000 families, equivalent to more than 1.45 million people, are in need of emergency shelter assistance. As of 5 November, 23 requests from nine aid agencies to bring in shelter supplies including tents, sealing and framing kits, bedding, kitchen sets and blankets (3,986 pallets weighing 1,699 metric tonnes) were rejected. In 21 of the 23 rejected requests, organisations were advised they were not authorised to deliver this humanitarian aid to the Gaza Strip.^{xiv} On 5 November, humanitarian organizations emphasised that only a fraction of needed shelter materials had entered the Gaza Strip.^{xv} While non-humanitarian partners including bilateral aid from other nations have also distributed shelter items, totals remain well below what is needed.

Humanitarian access or movement of goods. The entry of humanitarian aid has been mainly channeled through two crossings (Kerem Shalom/Karem Abu Salem and Kissufim).^{xvi} On 12 November, authorities announced the reopening of the Zikim border crossing for humanitarian cargo following a two-month closure.^{xvii}

Per the terms of the ceasefire agreement, 600 trucks were expected to enter the Gaza Strip daily. According to data from the UN2720 portal, between the 10 October-10 November, 48,000 MT (Metrics tonnes) of aid entered the Strip under the aegis of the UN and its partners.^{xviii} The pipeline of supplies approved and cleared by the authorities positioned across the region, including in Jordan, Egypt, Israel, Cyprus, and the West Bank, amounted to 217,000 MT, including 50,000 MT of aid on the Jordan direct route corridor (Government-to Government), which had not yet restarted as of 6 November.^{xix} Operational partners have expanded storage capacity to three warehouses, reopened key roads, and reinforced retail networks to sustain food assistance.^{xx} Trucks scanned at Nitzana, Ashdod, or Tarqumiyah are now directly escorted to the Kerem Shalom/Karem Abu Salem crossing, without requiring a second scan. The resumption of entry of dual-use items has now been authorised. As of 25 October,

discussions are ongoing about the entry of heavy machineries and logistics equipment.^{xxi}

Despite increases in humanitarian trucks into the Gaza Strip, administrative procedures that were in place prior to the ceasefire (including INGO registration, customs requirements, deep scanning and inspections' procedures) continue to impact humanitarian organisations' capacity to dispatch trucks into the Gaza Strip consistently and at scale.^{xxii} According to the UN2720 Mechanism, supplies in the pipeline that are not cleared for entry consist mainly of those submitted by local and international NGOs (on the grounds that the organisations were not authorised to bring relief items into the Gaza Strip), or are rejected on the basis of their contents. Between 10 October and 12 November, more than 6,490 MT of UN-coordinated relief materials had been denied entry into the Gaza Strip. Of these, over 3,700 MT were rejected on the basis that the organisations were not authorised to bring relief items in. This included 10 requests by three local and international NGOs for the entry of 555 MT of aid comprising shelter, health, water and sanitation supplies rejected between 4 and 10 November.^{xxiii}

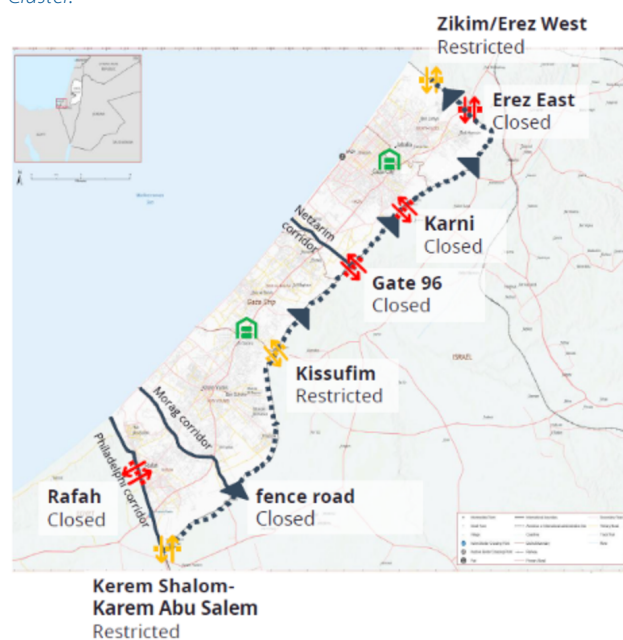
Sufficient and strategically located warehouse capacity is vital to sustain the humanitarian 60-day response plan and maintain supply chain continuity.^{xxiv} According to a Logistics Cluster Gaza Partners Warehouse Mapping Survey in October 2025, of the 70 warehouses across the Strip, 55 are operational and comprise 40 percent of the total reported area capacity, while 15 warehouses that comprise 60 percent of the total area capacity are non-operational, due to access restrictions and/or infrastructure damage. Geographically, Deir al-Balah holds the largest share of operational space (28,634 square metres), followed by Khan Younis (16,200 square metres) and Gaza governorates (11,018 square metres). Partners in North Gaza report limited functional warehouse capacity, reflecting the heavy toll of access challenges and physical damage on storage infrastructure. Some 52 percent of humanitarian partners are currently in need of more storage capacity, including ten partners in northern Gaza Strip, seven in central Gaza Strip, and six in southern Gaza Strip.^{xxv} In North Gaza, partners are still gradually reestablishing their presence, though they continue to face logistical challenges in securing and rehabilitating office spaces, as well as identifying suitable distribution points and warehouses.^{xxvi}

Access to fuel. Fuel and cooking gas trucks entered the Gaza Strip on 12 October for the first time since the January ceasefire agreement.^{xxvii} Since then, at least one operational partner has also resumed the import of fuel. So far, fuel has been provided at no-cost to humanitarian partners. All fuel received is stored in a fuel station in the south. A new fuel station in the north is expected to be operational in the near future.^{xxviii}

Winterisation. During the winter season shelter conditions are expected to worsen. The Shelter Cluster warns that repeated displacement and exposure to harsh weather over the past two years have led to loss and deterioration of shelter materials. Shelter items are urgently needed as most households lack the means to reinforce or weatherproof their shelters.^{xxix} Households living in unfinished structures, tents or in the open, face enhanced exposure to cold, damp and wind, increasing risk of illness and vulnerability to flooding. On 5 November, the Shelter Cluster warned that at least 259,000 families (equivalent to 1.45 million people) across the Gaza Strip face cold and wet winter conditions without adequate protection, as restrictions continue to limit the import of shelter and construction supplies.^{xxx} The majority of displaced people remain in overcrowded, makeshift sites, many of which are in open or unsafe areas.^{xxxi}

Very few shelter materials and non-food items entered the Gaza Strip in the months leading up to the ceasefire. Between March and September, only 1,448 tents were brought into the Gaza Strip, and none reached the northern governorates. Limited availability of shelter supplies impedes the implementation of the winterisation plan developed by the Cluster and its partners.^{xxxii} As of the end of October, over 65 percent of the total shelter pipeline consisted of materials from INGOs and UNRWA, which were not authorised to dispatch shelter materials. This has had severe implications for the Cluster's winterisation efforts and limits coverage ahead of the onset of winter.^{xxxiii}

Figure 6. Crossings as of 13 November 2025. Source: Palestine Logistics Cluster.



Crossings marked as "restricted" are not necessarily regularly accessible for logistics operations and should not be relied upon for planning or routing purposes.

Food Availability

Although the ceasefire has improved accessibility to some cropland and greenhouses, only a fraction of the Gaza Strip's productive capacity remains both undamaged and reachable. Livestock herds have been severely depleted, resulting in extremely low productivity for dairy and eggs, and fishing activities are limited. Taken together, this indicates the collapse of domestic food production systems essential for supplying animal-source proteins, fruit and vegetables. Commercial deliveries of food resumed in August, restarting a vital component of the overall food import system in the Gaza Strip. However, the quality of food imports is mixed, as many shipments contain low-quality items such as ultra-processed foods, including sweets, biscuits and instant noodles.

Production. Before the conflict, while the Gaza Strip was largely reliant on imported staple foods for its overall requirements. This was supplemented by local production of eggs, fresh milk, fish, poultry, oils, and red meat, all essential for ensuring daily caloric intake, nutritional adequacy, and dietary diversity.

Between April and September 2025, damage to productive capacity was recorded across agricultural sectors, including 962 poultry farms, 924 home barns, 689 sheep farms, and 487 agricultural warehouses. Khan Younis Governorate reported the highest number of damaged agricultural facilities, totalling 2,408.^{xxxiv} In the Gaza Strip, 1,960 agricultural wells (87 percent) were damaged, with Gaza Governorate reporting the highest number at 582 wells (96 percent), followed by North Gaza with 556 wells (91 percent).^{xxxv}

By 28 September, 87 percent of Gaza Strip's cropland had been damaged, a total of 13,080 hectares (ha) out of 15,053. Khan Younis Governorate, previously known as the breadbasket of the Gaza Strip, recorded the largest damaged area (3,531 ha), while North Gaza Governorate experienced the highest percentage of overall damage at 94 percent (2,946 ha).^{xxxvi} A total of 13,080 hectares (87 percent) of cropland has been damaged, comprising 7,871 hectares (89 percent) of orchards and other trees, 2,636 hectares (88 percent) of field crops, and 2,572 hectares (80 percent) of vegetable plots.^{xxxvii}

Figure 7. Damage to agri-infrastructure in the Gaza Strip as of 26 September 2025 (pre ceasefire data). Source: FAO.

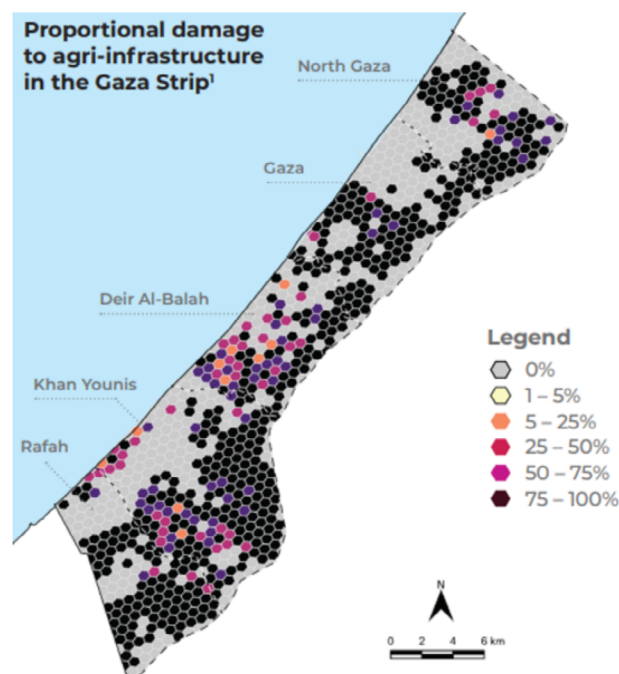


Figure 8. Damage to cropland due to the conflict in the Gaza Strip as of 28 September 2025. Source: FAO.

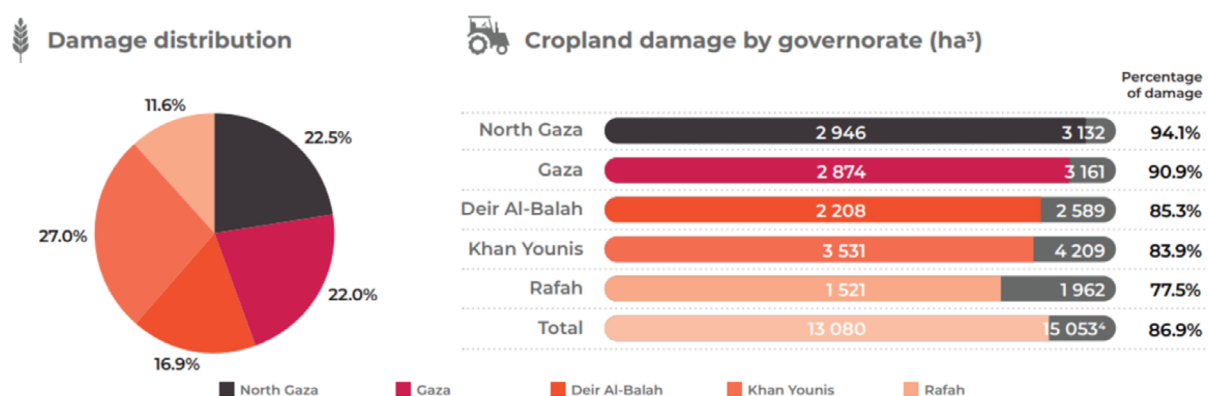
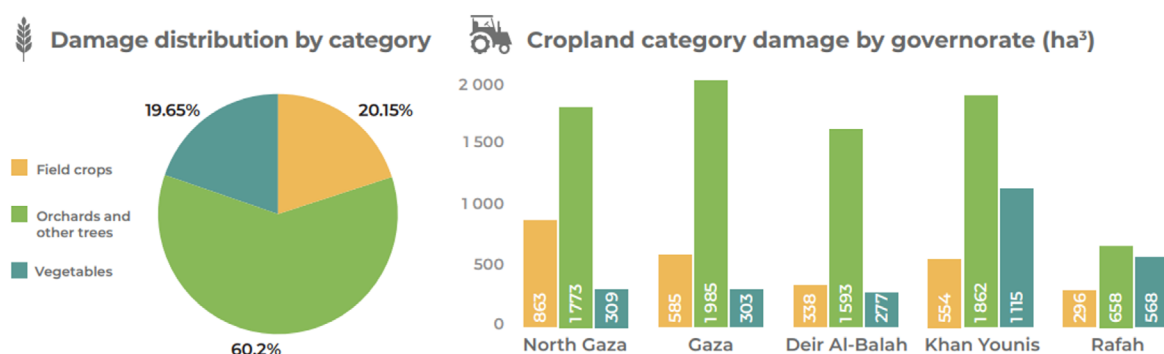


Figure 9. Damage to cropland categories due to the conflict in the Gaza Strip as of 28 September 2025. Source: FAO.



As of September 2025, approximately 7,871 hectares (89 percent) of orchard trees have been damaged, with 6,645 hectares (75 percent) destroyed. Olive orchards were the hardest hit, with 2,797 hectares (90 percent) affected, followed by other tree orchards at 2,774 hectares (87 percent) and mixed olive and other tree orchards (excluding dates) at 2,142 hectares (ha) (90 percent). North Gaza Governorate reported the highest level of damage at 98 percent (1,774 hectares), followed by Gaza Governorate with 1,985 hectares (94 percent) and Khan Younis Governorate with 1,862 hectares (84 percent).^{xxxviii}

By 5 October, about 80 percent of greenhouses in the Gaza Strip—covering 1,038.7 hectares out of 1,305.3—had sustained damage. Khan Younis Governorate saw the largest increase in affected greenhouse area, rising by 65.8 hectares from 298.9 hectares (58 percent) in April 2025 to 364.7 hectares (70 percent) in October. In Gaza Governorate, all greenhouses were completely damaged (100 percent). North Gaza reported total destruction at 100 percent, while Rafah reached 94 percent damage.^{xxxix} For greenhouses, 21 percent (266.7 ha) remain intact, with 17 percent (225.5 ha) accessible. Out of 2,261 agricultural wells, 301 (13 percent) are undamaged, but only 195 (9 percent) can be accessed. Similarly, among 5,153 mapped agricultural infrastructures, 723 units (14 percent) are undamaged, while only 371 units (7 percent) are accessible. North Gaza, Gaza, and Rafah are the hardest-hit governorates, with Rafah showing the highest inaccessibility rate. Although accessibility has improved in North Gaza and Gaza governorates, damage remains extensive.^{xl}

Since the ceasefire, 37 percent of cropland (5,542 ha) has become accessible, yet in practice, due to the demarcation of the 'Yellow Line', checkpoints and damaged roads, only 4 percent (601 ha) is both undamaged and reachable.^{xli} Soil contamination levels and salinity levels in irrigation systems are unknown, but may yet have serious consequences for quality and safety of produce. The potential presence of Unexploded ordinance (UXO) means that even potentially accessible and undamaged land may still be dangerous for farmers.

Fisheries. Fishing is limited to small-scale onshore activities. Although fisheries infrastructure has sustained relatively minimal damage, suggesting strong potential for recovery, the presence of large concentrations of IDPs in the fishery production areas has limited recovery.^{xlii} Livestock survival rates are difficult to determine; however, FAO data suggests commercial cattle herds and poultry are decimated, resulting in extremely low productivity for dairy, eggs, and other animal products, and limited to household smallholdings.

Figure 10. Agricultural land and related facilities availability in the Gaza Strip as of 15 October 2025. Source: FAO

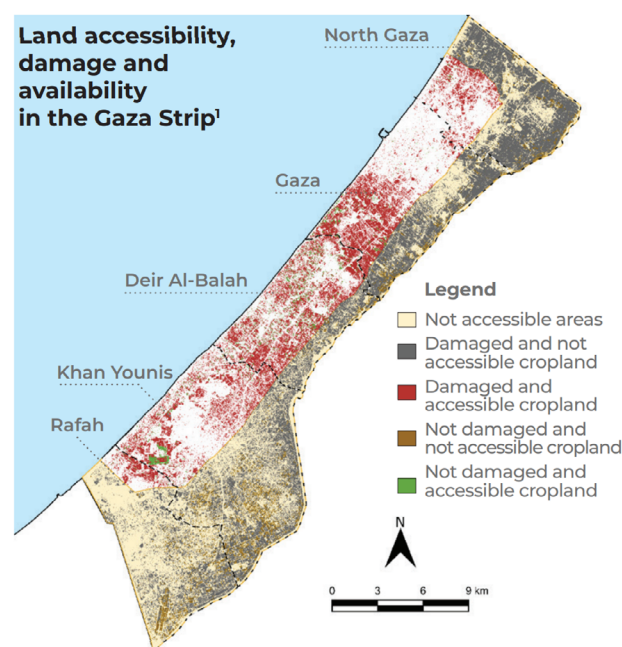
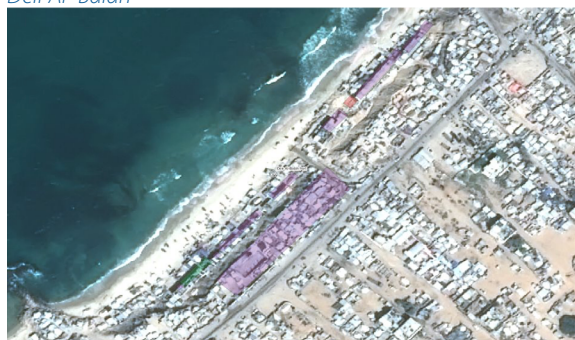


Figure 11. Satellite imagery analysis of fishery infrastructure damages as of 11 October 2025. Source: FAO.

Gaza Governorate



Deir Al-Balah



Khan Younis

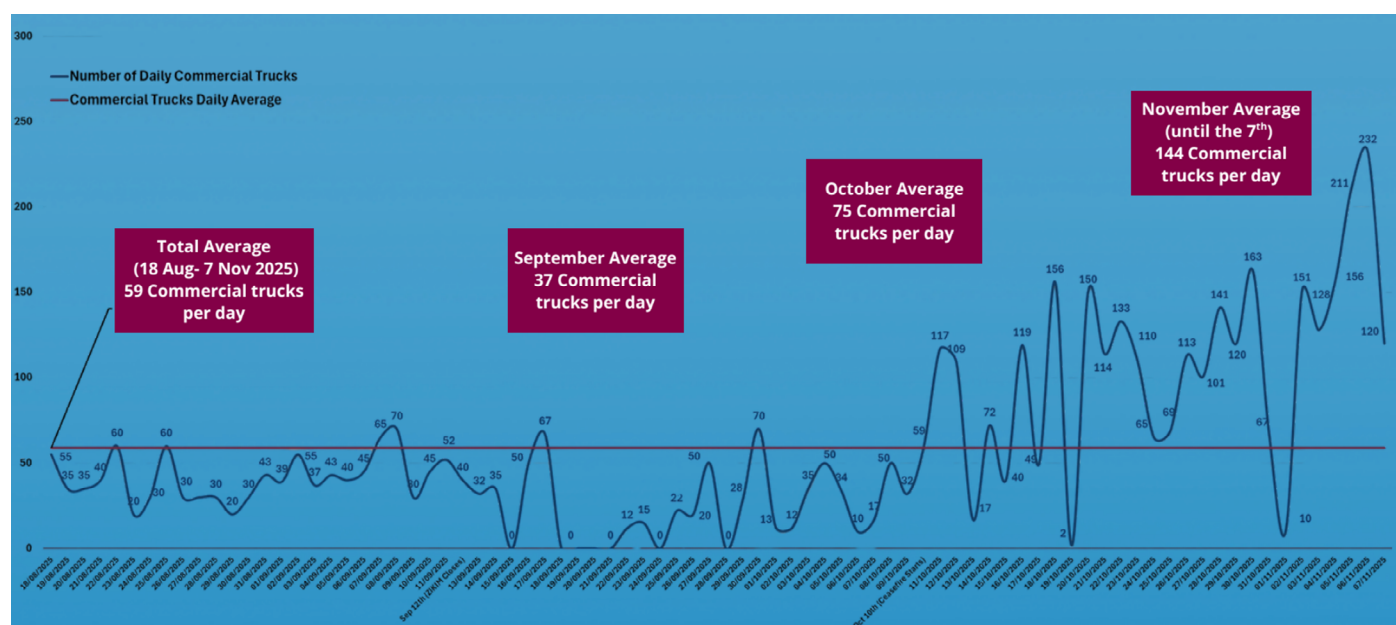


Legend

- Destroyed
- Severe Damage
- Moderate Damage
- No Visible Damage
- Rebuilt/for refugee camps

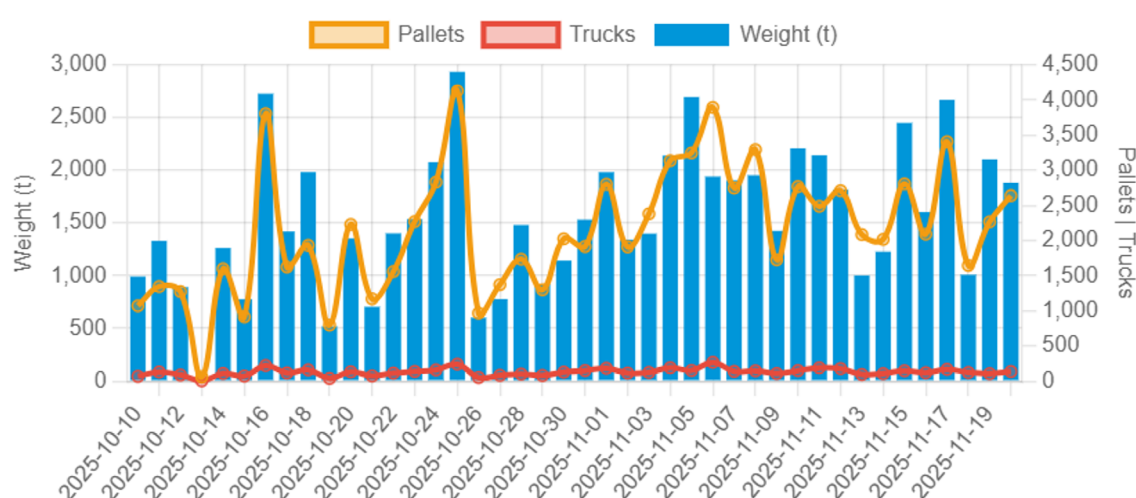
Food deliveries. In October, truck entries into the Gaza Strip increased significantly. According to the UN2720 dashboard and WFP, a total of 5,373 trucks—2,339 commercial and 3,034 humanitarian—equivalent to 173 trucks per day, entered during the month of October. This represents a 59 percent rise compared to September when a total of 3,387 trucks in total (1,113 commercial and 2,274 humanitarian), equivalent to 113 trucks entered the Strip. The upward trend continued into November, with 2,081 trucks (1,008 commercial and 1,073 humanitarian), with an average of 297 trucks entering on the first week (1 to 7 November).^{xliii} Maintaining a steady flow of commercial goods is essential to reduce prices, enhance the variety of food and other goods in the market, and complement the staple items supplied by humanitarian actors.

Figure 12. Commercial trucks flow, 18 August – 17 October. Source: WFP.



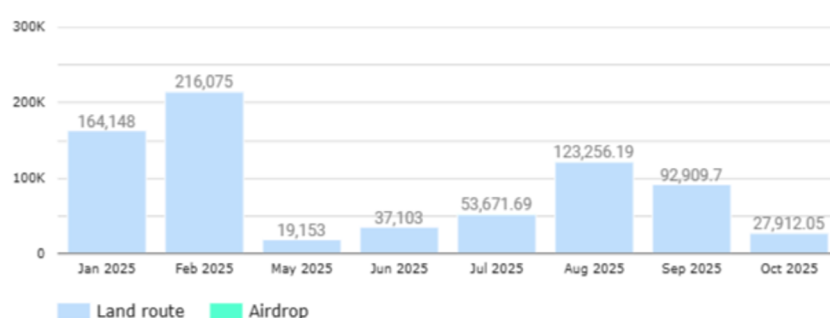
Under the UN 2720 mechanism for the Gaza Strip, overall aid deliveries have fluctuated, but there is a general upward trend in the volume in metric tonnes entering the Strip. In October 2025, approximately 39,400 MT of humanitarian aid were processed through the UN2720 Mechanism and delivered via the Kerem Shalom/Karem Abu Salem and Kissufim crossing points. This represents an increase of 38 percent compared to September 2025, when 28,500 MT were delivered, and an increase of 223 percent compared to April 2024.^{xliv} As of 31 October, the total aid delivered through the UN2720 Mechanism amounts to 232,400 tonnes. Food makes up the majority of consignments at 83 percent, followed by shelter at 8 percent, WASH at 2 percent, nutrition at 2 percent, health at 1 percent, and other items at 4 percent. Interceptions of aid within the Strip have significantly decreased, with only 4 percent of collected aid reportedly intercepted since 10 October, compared to approximately 8 percent between 19 May and 9 October.

Figure 13. Quantity collected daily by Humanitarian actors from 10 October to 20 November. Source: UN2720 Mechanism.



Information from the office of the Coordinator of Government Activities in the Territories (COGAT) up to 10 October was included in the analysis, as this was the last date on which information was publicly available on the COGAT website. As of 10 October 2025, 27,912.05 MT of food assistance entered the Gaza Strip.

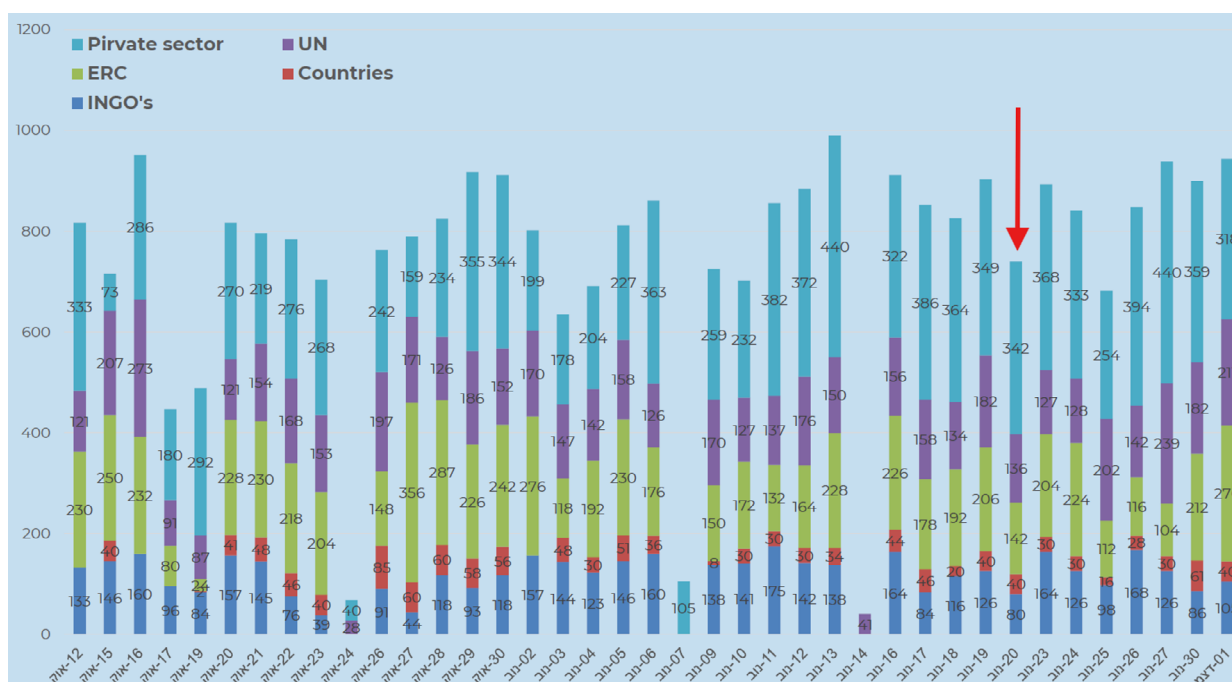
Figure 14. Food aid deliveries in MT up to 10 October 2025. Source: COGAT



Following a meeting held with COGAT and CMCC representatives on 9 December 2025, additional information was shared by COGAT after the IPC analysis had concluded. According to the latest data received, a daily average of 540 trucks (405 food trucks) entered Gaza in October since the ceasefire agreement. In November, the daily average of trucks has been 581, of which approximately 436 food trucks. The daily average has increased from about 315 food trucks in the first week following the ceasefire to 600 trucks in the last week of November. This represents a positive achievement and a sign of stabilization of food availability. According to these data, which presents all trucks entering Gaza from a range of sources (Private, UN, INGOs, ERC and bilateral support), the private sector was reported to represent 37 percent of food trucks entering the Gaza Strip. These food items are therefore available in the market, but not necessarily reaching the most vulnerable, who have depleted their economic resources.

The red arrow in the graph (next page) indicates 20 November, the functional end date for data considered in the analysis exercise.

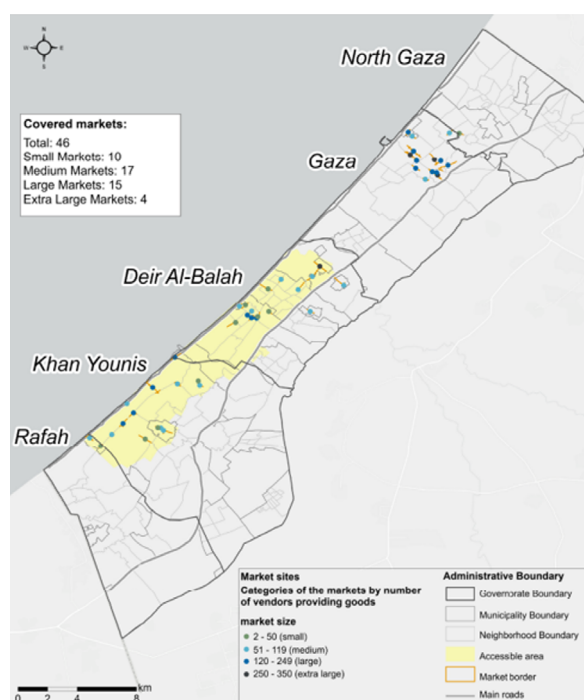
Figure 15. Food trucks entry in the Gaza Strip between 12 October to 1 December 2025. Source: COGAT



Food availability in markets. While the volume of food items entering markets in the Gaza Strip has increased, concerns have been raised about their quality and nutritional value. Many commercial goods appearing in markets are high-caloric, low-nutrient products, dominated by highly processed carbohydrates, sugars, and fats—such as chocolate and soft drinks—while essential items like eggs and meat remain scarce. These products do not meet requirements for protein, vitamins, and minerals, increasing the risk of malnutrition. Current permitted goods include pasta, rice, flour, potatoes, chocolate, butter, jam, cigarettes, and soft drinks. In contrast, animal protein imports are very limited, with only small quantities of frozen chicken and meat entering, contingent on a cold-chain which is in poor condition. Intermittent availability and inflated costs of fruits and vegetables, combined with reliance on processed foods high in sugar and salt, mean that while people may have enough to eat, their diets lack the diversity and the necessary nutrients for health.

Across the Gaza Strip, markets are operational, providing a vital conduit for food and basic goods, but face critical constraints—damaged infrastructure, congestion, and liquidity shortages—that hinder functionality and recovery. Markets in Khan Younis remain active and diverse but face severe infrastructural challenges such as poor sanitation, sewage overflow, and disorganized layouts, with liquidity constraints limiting purchasing power. Deir al-Balah markets show mixed recovery, even as they continue to function as key hubs for goods and social interaction. Gaza Governorate markets reflect the deepest impact of conflict, with widespread destruction, uneven recovery, and severe access limitations, despite some gradual reopening of stalls.^{xlv}

Figure 16. Market hubs. Source: Shelter Cluster.



Food Access

Market access in the Gaza Strip improved in November 2025. Since the ceasefire, there have been modest signs of market recovery, including the partial reopening of banks and a slight uptick in commercial activity. These developments underscore the enduring resilience of the Gaza Strip's markets, which continue to adapt through informal networks, the growth of digital payment systems, and remittance inflows.

However, despite these gains, two-thirds of households still face

market access challenges, due to lack of cash, and a general lack of purchasing power at household level. Financial services have expanded, reducing withdrawal commissions, and improving liquidity through more cash-out agents and digital payment options. Physical access to food improved as well, yet dietary diversity remains poor, with many animal-source proteins and fresh fruits and vegetables either unavailable or unaffordable. Humanitarian assistance remains the dominant food source, with 74 percent of households reporting receiving aid (Source #1), mostly cooked meals and food parcels, however, this covers only about nine days of monthly needs.^{xlvi} Persistent displacement and debt continue to erode household resilience, leaving most families without income and reliant on coping strategies.

Physical and Financial Access. During the first ten days of November, a general improvement in market access across the Gaza Strip was noted. While prices remain significantly higher than pre-crisis levels (September 2023) and beyond the reach of most households, some positive trends emerged, such as the decreased vegetable prices. Bread prices, however, continue to reflect disparities. A two kilograms bundle of WFP-subsidised bread costs three New Israeli Shekels (NIS), equivalent to \$0.93 USD, at designated retailers (bread is also distributed free at hot meal points for households unable to cook or purchase food). In contrast, bread from private bakeries not supported by WFP is sold between eight and ten NIS (between \$2.5 to \$3.1 USD) per kilogram. Despite these improvements, access challenges persist. Two-thirds of surveyed households across the Gaza Strip reported difficulties accessing the markets, primarily due to financial constraints. Among them, 98 percent cited lack of cash as a major barrier, and 39 percent reported that even after recent price reductions, they could not afford essential food items.^{xlvii}

Non-food items also saw price decreases in early November, supported by improved entry of commercial and humanitarian trucks. Financial services have expanded significantly, with operational cash-out agents increasing from 95 in September to 155 in early November, easing congestion and improving liquidity. Commission rates for cash withdrawals dropped to 18–22 percent for physical transactions and 20–24 percent for digital payments, compared to 35–45 percent before the ceasefire.^{xlviii}

The Cash Working Group (CWG) noted gradual recovery in the Gaza Strip's financial ecosystem, driven by enhanced banking services, digital payment channels, and increased inflow of goods. Banks have resumed opening new accounts, reactivating frozen ones, and issuing digital wallets, while service providers restarted wallet creation. These measures have strengthened electronic payment systems and improved household access to liquidity.^{xlix}

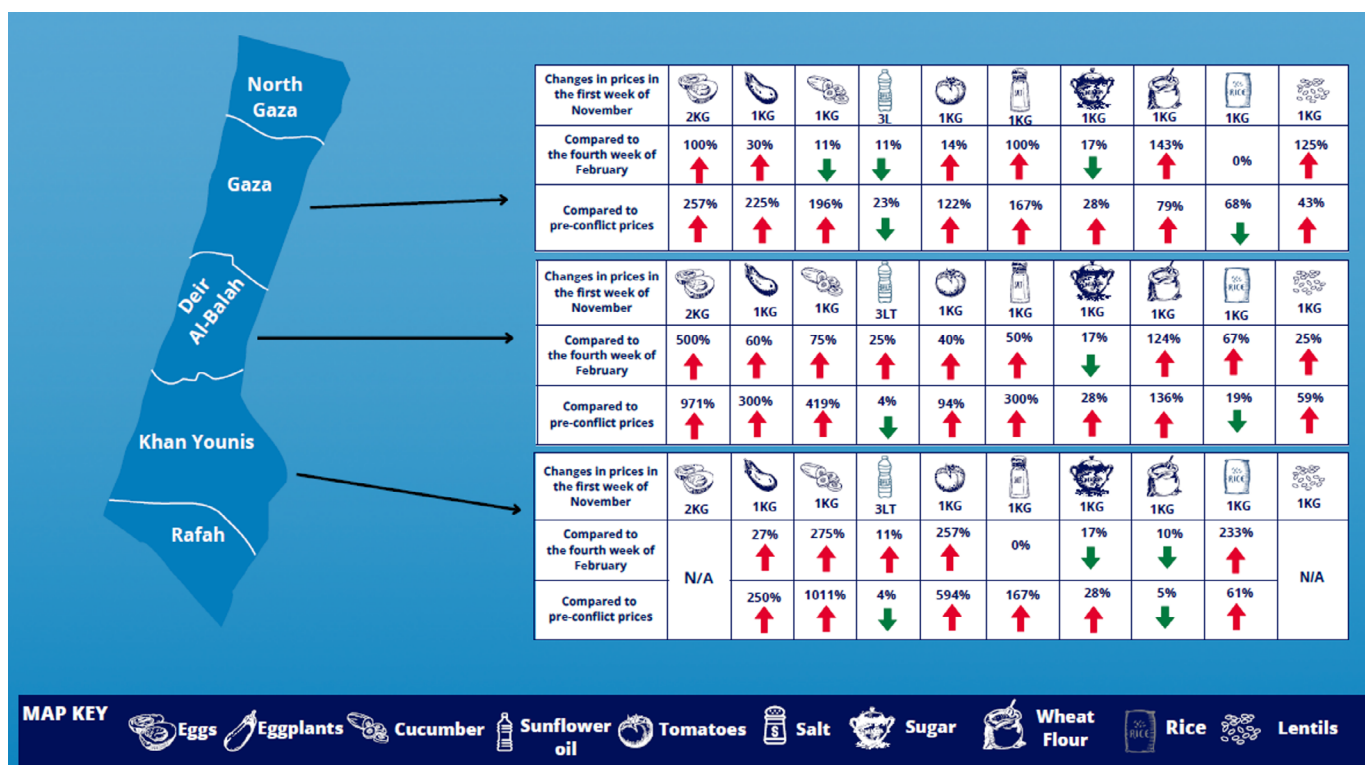
Similarly, households' physical access to food showed improvement in November compared to October, particularly in Deir al-Balah. About 61 percent of surveyed households reported better access to food, while 28 percent indicated no change. However, challenges persist such as overcrowding, environmental hazards, and logistical constraints in many locations, illustrated by the 11 percent that reported a deterioration in access, mainly in the northern governorates.^l

Households also continue to face challenges in achieving adequate dietary diversity and meeting dietary requirements. These constraints are reflected in consumption patterns. Households surveyed in November reported an average of two meals per day, an improvement from one meal in July, yet one in four households still eat only once daily. Persistent price volatility and economic pressures continue to undermine food security and household resilience, despite some gains in access.^{li} Many families remain unable to afford or obtain vegetables, fruits, and protein, with animal-sourced nutrient-rich foods such as eggs and meat either scarce or prohibitively expensive. On average, households consume protein only once per week, and fruit consumption is absent, leaving diets heavily reliant on cereals, pulses, and limited intake of dairy and oil (Source #1).

Repeated displacement is also placing severe financial strain on households' economic independence. According to Source #2 results, around three quarters of households now report having no source of income, and reliance on debt has become widespread, with 80 percent of households in the South (Deir al-Balah and Khan Younis governorates) and 73 percent in Gaza Governorate reporting debt in September (up from 68 percent and 70 percent respectively in July). With savings exhausted and coping mechanisms depleted, households are unable to recover financially. Depleted financial capacity is especially concerning because access to income appears to reduce health vulnerability; households with some income had 31 percent lower odds to report severe illness in the two weeks prior to data collection than those with no income.

Access to food from humanitarian assistance. Humanitarian assistance continues to be the dominant food source across the Gaza Strip. Gaza Humanitarian Foundation (GHF) operations ceased on 25 November, as humanitarian assistance expanded following the ceasefire. According to Source #1, between 16 October and 14 November, 74 percent of respondents reported receiving assistance in the past 30 days, with the highest proportion in Khan Younis (80 percent), compared to 67 percent in Deir al-Balah and North Gaza. This represents an increase in comparison to the levels reported in August 2025, when around 24 percent of households reported receiving assistance in the past 30 days. Across the Gaza Strip, the most commonly received forms of aid were cooked meals (58 percent) and food parcels (56 percent). However,

Figure 17. Price trends in November 2025. Source: WFP.



food assistance covered on average approximately nine days of a household's monthly needs, reflecting the insufficiency of aid received. From July to November 2025, food parcel distributions rose noticeably across all areas after reaching their lowest point mid-year, with Khan Younis showing the most pronounced increase. Even with this upward shift, November levels still fall short of the food parcel provision levels observed earlier in 2025.

Figure 18. Self-reported access to food parcels (1 Oct 2024 – 14 Nov 2025). Source: GSU recalculation of Source #1 data.

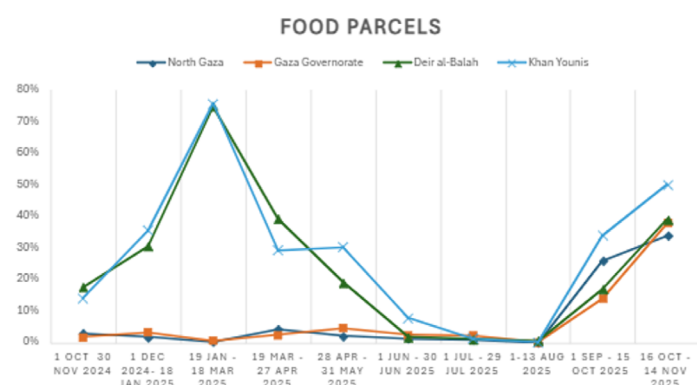
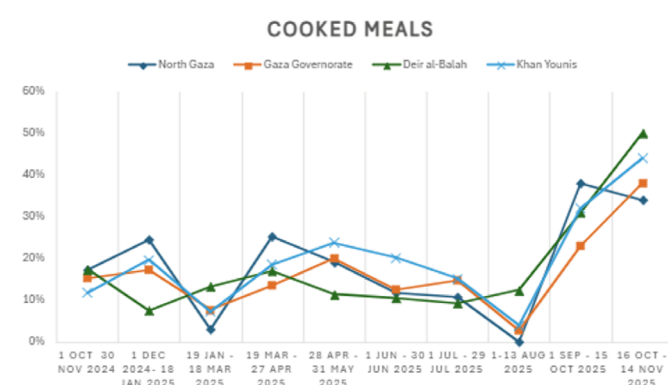
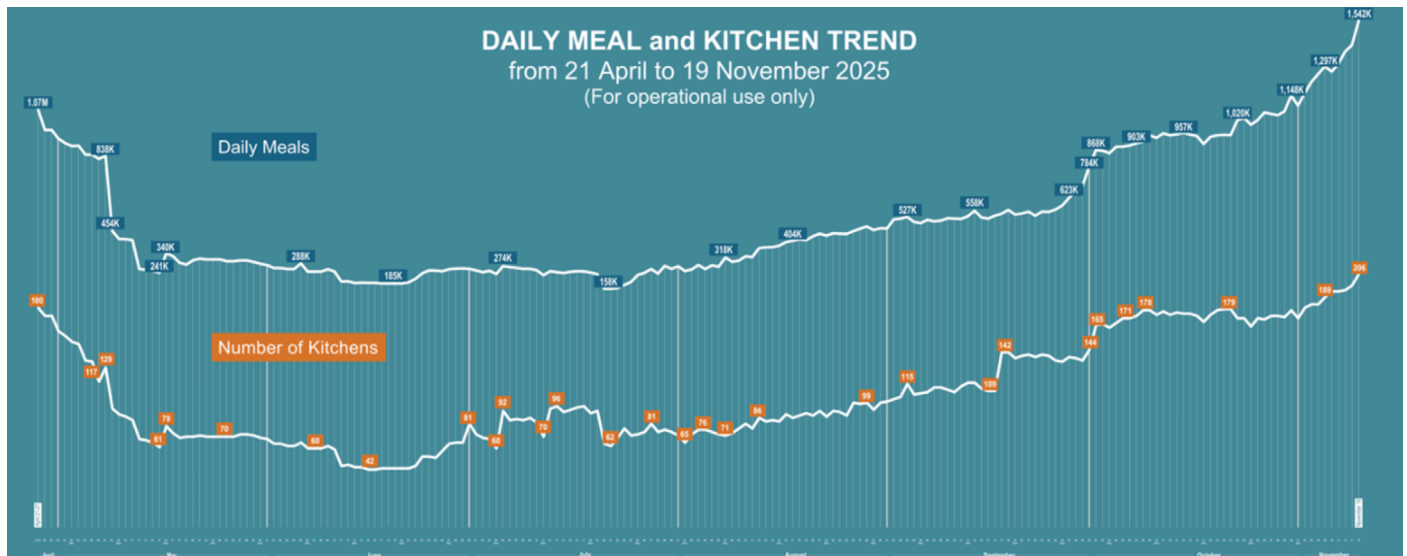


Figure 19. Self-reported access to cooked meals (1 Oct 2024 – 14 Nov 2025). Source: GSU recalculation of Source #1 data.



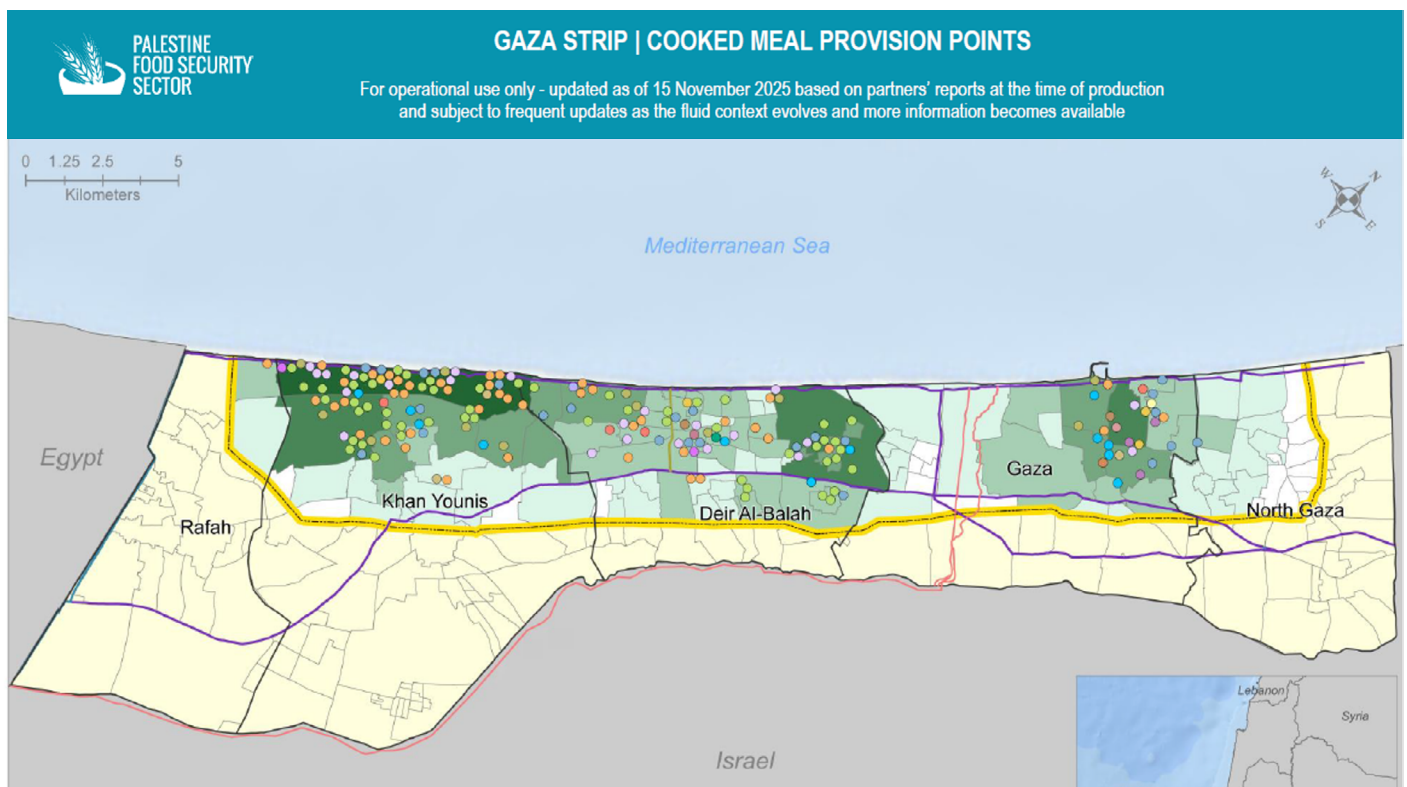
The provision of cooked meals increased starting at the end of September 2025. As of 19 November, approximately 1.5 million meals were prepared and delivered daily through 206 kitchens across the Gaza Strip, including kitchens in Gaza Governorate, Deir al-Balah, Khan Younis, and one in Rafah. Community kitchens remain unavailable in North Gaza.

Figure 20. Daily meal and kitchen trends 21 April to 19 November 2025. Source: FSS.



The production and distribution of bread recorded an improvement as well. As of 19 November, approximately 160,000 two-kilogram bread bundles were produced daily at 18 UN-supported bakeries, eight of which are in the north. Distribution takes place either free of charge through partners at around 400 sites, including over 50 UN shelters, community kitchens, and through 71 contracted retailers.

Figure 21. Cooked meal provision points as of 15 November 2025. Source: FSS.



Social Access. Damage to infrastructure, flooding of displacement sites after heavy rains in mid-November, and widespread destruction of roads, shelters and electricity networks have impeded social access, especially for older people and persons with disabilities.ⁱⁱⁱ Women—who disproportionately shoulder caregiving and household responsibilities—face heightened access challenges as they care for older relatives while coping with constant security concerns. Repeated displacement into unsafe, overcrowded shelters complicates their ability to safely obtain, store, and prepare food. Even post-ceasefire, women and girls have voiced fear of harassment near latrines and water points, and serious safety and protection concerns regarding markets and public transportation. The absence of menstrual hygiene supplies, privacy, and decent rest exacerbates a poor health and care environment for women.

For older persons and persons with disabilities, mobility barriers remain severe. Most shelters and latrines are inaccessible, leaving persons with disabilities dependent on relatives for movement and care. Families lack adult diapers and assistive devices. Older persons report fatigue, dehydration, and fear of being left behind during sudden movements.^{liii} During military operations in North Gaza Governorate, vulnerable community members and households faced increased risks due to the high cost of safe and accessible transport, particularly affecting persons with disabilities and older people with mobility challenges.

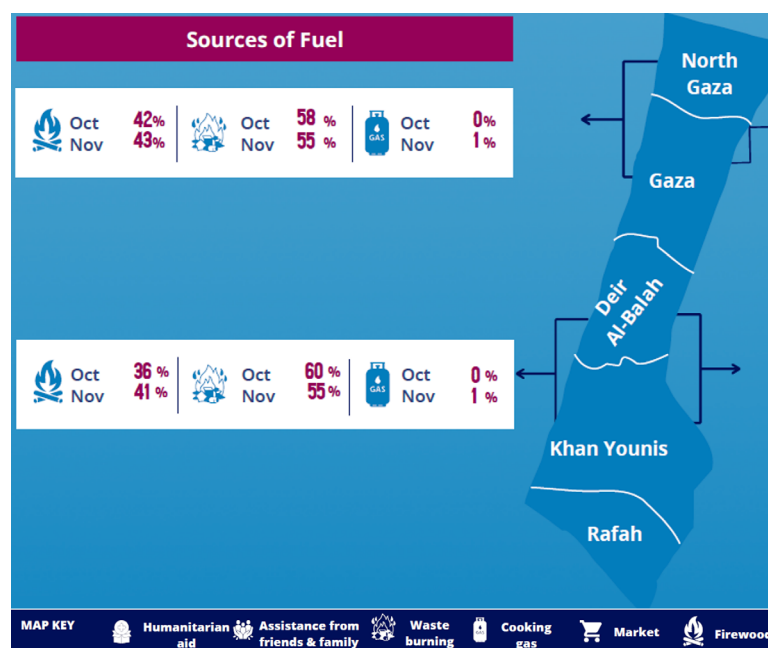
In an assessment conducted between May and July 2025, surveyed households across the Gaza Strip (with the exception of North Gaza) reported widespread loss of ownership papers and tenure insecurity, particularly for women. In Khan Younis and Rafah, 83 percent of women lost ownership documents, as did 71 percent in Gaza Governorate. High levels of gender-based barriers to housing and land rights were also reported, with between 48 and 80 percent of women across the four governorates reporting discrimination or obstacles when trying to claim or retain property.^{liv} While this information pre-dates the ceasefire, it can be reasonably assumed to continue to be relevant and a persistent problem for women across the Strip.

Utilisation

Food utilisation is severely constrained across the Gaza Strip due to the combination of poor options for food preparation, limited availability of cooking fuel, and poor hygiene and sanitation. Households often lack the minimum resources to safely prepare, handle, or store food. Displacement further restricts access to utensils and safe shelter conditions. As a result, even when food is available, safe conditions for food preparation, consumption and disposal are not always present.

Cooking energy source. More than half of the population still depends on burning waste as a substitute for cooking gas.^{lv} This disproportionately impacts women as they are responsible for most food preparation and cooking. While this may decline slightly with the restoration of cooking gas supplies, availability remains far below what is required. Securing a stable and adequate supply of cooking gas is an urgent priority to mitigate the severe health risks associated with unsafe cooking practices. These coping practices expose families to toxic smoke and limit what foods can be prepared, reducing nutrient intake and absorption.

Figure 22. Main sources of fuel – Gaza strip, November 2025. Source: WFP.



Stability

According to the IPC Analytical Framework, stability cuts across all other dimensions of food security. In the current analysis of the Gaza Strip, stability remains a critical limiting factor. While the ceasefire has reduced civil unrest and conditions allow for some social collaboration, localised breaches of the ceasefire, widespread infrastructure damage, and severe congestion continue to undermine sustainable recovery. Improvements in food availability and access are fragile and highly dependent on sustained humanitarian and commercial flows, without which any gains could quickly be reversed. Without consistent access to an affordable diversity of food, better shelter, health services, and sanitation systems, the food security situation will remain very fragile and could rapidly deteriorate with even the smallest shock. The ceasefire has not mitigated this fragility.

Access for humanitarian and commercial activity remains subject to requires daily negotiation, with aid aimed at meeting survival needs rather than supporting livelihood recovery. Inputs for agriculture, construction, and WASH are in short supply, preventing meaningful progress beyond immediate stabilisation of the situation.

Market conditions have shown partial recovery, with commercial inflows resuming. However, affordability remains a critical barrier. Due to damage to domestic food production systems, the Gaza Strip is wholly reliant on imports. Nutritious foods are available but priced far beyond reach due to currency devaluation and inflation, while imports largely consist of ultra-processed, low-nutritional items. Prices remain significantly above pre-conflict levels, leaving 79 percent of households

unable to stock food and 80 percent unemployed.^{iv} Restoring market functionality—including currency circulation and access to productive assets—is essential for household and market recovery.

After more than two years of conflict, households have exhausted savings, sold assets, and depleted coping strategies. Movement and access limitations impede agricultural activities, with the establishment of the 'Yellow Line' placing productive areas beyond reach. Minimal progress in shelter, sanitation, and civil infrastructure rehabilitation heightens vulnerability, particularly with winter flooding and cold conditions prevailing, and over 70 percent of the Gaza Strip's population living in makeshift dwellings.

Finally, given the conditions described above, individuals, households and groups have little to no agency over their food security. The population's capacity to act independently to make choices about what they eat, the foods they produce, how that food is produced, processed, and consumed is minimal. The Gaza Strip, therefore, has limited ability to make meaningful improvements to its overall food security situation.

Food Security Outcomes

Food security outcome data were collected by multiple data providers. There were four sources of data, referred to herein as Source #1, Source #2, Source #3 and Source #4. None of the data sources covered Rafah Governorate, which is believed to be largely depopulated according to the latest OCHA operational population data (unpublished).

Table 1. Overview of samples for Source #1, Source #2, Source #3 and Source #4.

Unit of Analysis	Source #1 - CATI		Source #2 - remote		Source #3 - F2F		Source #4 - F2F	
	Time period	Sample (n)	Time period	Sample (n)	Time period	Sample (n)	Time period	Sample (n)
North Gaza	16 Oct- 14 Nov 2025	100	N/A		N/A		N/A	
Gaza Governorate	16 Oct- 14 Nov 2025	241	N/A		N/A		09-14 Nov 2025	316
Deir al-Balah	16 Oct- 14 Nov 2025	266	16-30 Sept 2025	289	18-29 Sept 2025	484	N/A	
Khan Younis	16 Oct- 14 Nov 2025	265	16-30 Sept 2025	238	18-29 Sept 2025	584	N/A	
Rafah	N/A		N/A		N/A		N/A	
Source samples	Source #1	872	Source #2	527	Source #3	1068	Source #4	316

Source #1: Data were collected using Computer-Assisted Telephone Interview (CATI) and covered the four governorates: North Gaza, Gaza Governorate, Deir al-Balah and Khan Younis. The same third-party phone company contracted in previous rounds of data collection was used. Ten enumerators and two supervisors collected the data. Households were randomly selected from the master list used in previous analyses (320,000 households, 80 percent of households in the Gaza Strip), including current beneficiaries and non-beneficiaries. The survey included four outcome indicators: Food Consumption Score (FCS), the reduced Coping Strategies Index (rCSI), the Household Hunger Scale (HHS) and the Livelihood Coping Strategies Index (LCS), as well as other contributing factor data. The survey data included in this analysis was collected between 16 October to 14 November. The data provider for Source #1 has been collecting food security data on a continuous basis since late 2023, enabling longitudinal trends analyses of the same food security outcome data. While the IPC sample size requirements were met for all areas, North Gaza was below the minimum threshold to receive R2 score as per the IPC protocols and was thus given an overall reliability score of R1+, while other governorates received an R2.

Source #2: A face-to-face baseline assessment was conducted between December 2024-January 2025 in all accessible areas, excluding North Gaza Governorate due to access challenges and small population size. Households were asked if they consented to be re-interviewed in three follow-up rounds of data collection, which took place in April 2025, July 2025 and September 2025. Source #2 refers to the latest round of remote data collected, where 527 surveys were completed between 16-30 September 2025 and covered two governorates: Deir al-Balah and Khan Younis. The survey included two outcome indicators: Food Consumption Score (FCS) and the Household Hunger Scale (HHS), as well as other contributing factor data on household's vulnerability. Trends data from Source #2 were analysed from the four separate rounds of data collection conducted.

Source #3: A face-to-face assessment was conducted between 18-29 September 2025 and covered two governorates: Deir al-Balah and Khan Younis. The survey included two outcome indicators: Food Consumption Score (FCS) and the Household Hunger Scale (HHS), as well as other contributing factor data. The survey methodology was a two-stage cluster sampling approach in accessible areas, based on shelter type carrying out random sampling.

Source #4: The survey was conducted between 9-14 November 2025 and covered Gaza Governorate. Two stage cluster sampling was used to randomly identify households from within the population, with five households being chosen from within each cluster. In total, 61 clusters for Gaza governorate were reached. The findings are estimated to have a 95 percent confidence interval and a 3 percent margin of error. The survey included two outcome indicators: Food Consumption Score (FCS) and the Household Hunger Scale (HHS), as well as other contributing factor data. Given that Source #4 data was a face-to-face survey, collected within the current period of analysis, the data were considered to be reliable (R2).

General considerations on results: While data from all four sources were analysed, Source #1 showed a greater convergence of results, based on data from more food security outcome indicators—including Food Consumption Score (FCS), reduced Coping Strategies index (rCSI), Household Hunger Scale (HHS) and Livelihood Coping Strategies index (LCS)—compared to Source #2, Source #3 and Source #4—which provided data on only two indicators, i.e. FCS and HHS. It is also important to note that while Source #2 and Source #3 were considered in the analysis, the data collected were during the pre-ceasefire period and were less reliable in reflecting the current situation as a result. It is also important to note that Source #1 data has been continuously collected since late 2023, enabling long-term trends analysis also made available during the analysis.

Overall, the prevalence of **poor food consumption (indicative of IPCAFI Phase 4 or 5) based on the FCS** (and using the 28/42 cut-offs) according to Source #1 is similar across all four units of analysis. In this round of data collection, the highest prevalence of poor FCS is observed in Deir al-Balah and Khan Younis (23 percent), followed by Gaza Governorate (21 percent), while North Gaza was at 19 percent. This could, however, be due to the small sample size in North Gaza. According to Source #2, the prevalence of poor FCS with the 28/42 cut-offs across the two governorates covered is slightly higher, at 44 percent in Deir al-Balah Governorate, and 58 percent in Khan Younis. Source #3 reported 38 percent poor food consumption in Deir al-Balah and 19 percent in Khan Younis. Data reported by Source #4 in Gaza Governorate shows 30 percent poor food consumption.

The FCS indicator has a standard threshold of 21/35, except in contexts where the diet typically has a high consumption of sugar and oil, for which there is a higher threshold (28/42). For this reason, in the Gaza Strip analyses, the higher FCS thresholds (28/42) are adopted. While the analysis team uses the higher thresholds as per WFP guidance, results from both thresholds were considered, given the variable consumption of sugar and oil (due to lack of food availability and access). Looking at standard FCS thresholds (21/35), the percentage of households facing extreme food gaps (FCS poor) are between 6 to 9 percent according to Source #1, which is a significant improvement to the previous analysis when poor FCS was between 55 percent and 77 percent. According to Source #2, FCS using the standard cut-offs was between 21 to 31 percent in Deir al-Balah and Khan Younis, respectively. See figures 23-30 below for more details.

An analysis of **Household Hunger Scale (HHS)** confirms that there has been an improvement in the situation since the previous analysis. In terms of trends, the Gaza Strip faced high levels of very severe hunger in July 2025, peaking at 32 percent overall (according to Source #1). However, the situation has since shown improvements, with very severe hunger reducing to 9 percent in September to 15 October, and down to 2 percent overall from 16 October to 14 November according to Source #1. The populations with very severe hunger (indicative of IPC AFI Phase 5) across all four governorates analysed was a maximum of 3 percent in Deir al-Balah, followed by 2 percent in North Gaza and Khan Younis. Severe hunger according to Source #1 was highest in North Gaza at 16 percent, followed by Khan Younis at 14 percent and 12 percent in Gaza Governorate. Meanwhile, data collected by Source #2 and Source #3 in Deir al-Balah and Khan Younis indicated that severe to very severe hunger was no higher than 9 percent overall. HHS data collected by Source #4 in Gaza Governorate was at 1 percent very severe and 1 percent severe hunger, showing better results than Source #1.

Source #1 also collects data on **the reduced Coping Strategy Index (rCSI)**, which measures the food-based coping mechanisms adopted when households are confronted with limited food access. High coping ranges from 69 percent in Deir al-Balah to 82 percent in North Gaza. In terms of trends high coping reported by households has steadily decreased from a peak in July. Between mid-October and mid-November, households across the Gaza Strip report reducing the number of meals per day 5.8 days per week. The average overall reduction in portion sizes reported has reduced from consumed 6.7 days per week in July to 3.7 in this reporting period. Additionally, adults restricted their consumption for an average of 3.3 days per week to allow small children to eat, down from 4.3 in the last report. Reliance on borrowing food from friends or relatives remains low, around 1.4 days, reflecting the persistent and widespread breakdown of social safety nets, which are unable to fill food consumption gaps.

The **Livelihood Coping Strategy Index (LCS)** collected by Source #1 still shows a severe situation, where the proportion of households reporting emergency coping strategies remaining high, and has actually increased slightly since the last report (July 2025) from 85 to 87 percent across the Gaza Strip (indicative of IPC AFI Phase 4 and 5). This indicates that although the food consumption situation is improving, households are still forced to recur into their limited remaining resources to maintain these higher levels of food consumption. Levels of begging, which had peaked in the last report, have reduced to 8 percent overall. The proportion of households having faced safety risks to get food remains high,

however, at 56 percent, but this is lower than the peak levels of 80 percent back in July. Meanwhile, 13 percent of households had to search in the garbage or rubble for food.

In **North Gaza Governorate**, according to Source #1, 19 percent of respondents have poor food consumption (using the 28/42 cutoffs for high oil and sugar consumption). Looking at the 21/35 cut-offs for FCS as well, 6 percent reported poor food consumption. 8 out of 10 households (82 percent) reported high food-based coping strategies, including 20 percent reported very high coping. Nearly 1 out of 5 (18 percent) of respondents reported severe hunger in the household including 2 percent very severe hunger (indicative of IPC AFI Phase 5), the highest across all governorates, according to Source #1. More than 56 percent of households reported facing safety risks while searching for food, and 15 percent reported having to beg due to a lack of food. Concerningly, more than one in five households also reported scavenging for food in rubble or garbage dumps. All direct evidence for North Gaza Governorate converges to an emergency food security situation, with very inadequate food consumption and extreme depletion of livelihood coping strategies.

In **Gaza Governorate**, according to Source #1, 21 percent of respondents reported poor food consumption; this is compared to 30 percent of households for Source #4 collected in November 2025. Looking at the 21/35 cut-offs for FCS, this figure decreases to 9 percent reported poor food consumption by Source #1, and 11 percent of households for Source #4. Looking at the food-based coping strategies from Source #1, more than 3/4 of households (77 percent) reported having to resort to high food-based coping throughout the past 7 days, including 16 percent resorting on very high coping. 12 percent of respondents reported severe hunger in the household, and 1 percent reported very severe household hunger, according to Source #1. This is compared to a lower percentage of 2 percent of households reporting severe and very severe hunger according to Source #4 in November. In terms of livelihood coping, 85 percent of household in Gaza Governorate are relying on emergency coping, with nearly 2/3 of households (62 percent) reported facing safety risks while searching for food and 15 percent of households also reported scavenging in the rubbish for food. All evidence on Gaza Governorate indicates very inadequate food consumption and extreme depletion of livelihood coping mechanisms, indicative of IPC Phase 4.

In **Deir al-Balah**, according to Source #1 post-ceasefire data, 23 percent of respondents reported poor food consumption. This figure is much lower than the 44 percent of households reporting poor consumption according to Source #2 data from September 2025 and 38 percent in Source #3 from September 2025. Looking at the 21/35 cut-offs for FCS, 8 percent reported poor food consumption according to the most time relevant Source #1 survey. Looking at the food-based coping strategies from Source #1, two-thirds of households (69 percent) reported having to resort to high coping throughout the week including one out of 5 households (20 percent) reporting very severe coping. According to Source #1, 11 percent declared severe and very severe hunger in the household. This converges with Source #2 and Source #3 respectively, which show 7 and 9 percent reporting very severe and severe hunger. In terms of livelihood coping, 58 percent of households reported facing safety risks while searching for food, and 14 percent reported scavenging among garbage in search for food. Food consumption in Deir al-Balah is converging towards very inadequate food consumption and extreme depletion of livelihood coping mechanisms, indicative of IPC AFI Phase 4.

In **Khan Younis**, according to Source #1, 23 percent of respondents reported poor food consumption, similar to Deir al-Balah Governorate; this is compared to 58 percent of households in Source #2 and 19 percent in Source #3 collected pre-ceasefire. Examining the 21/35 cut-offs for FCS, 8 percent of households reported poor FCS according to Source #1, lower than the 31 percent according to Source #2 and 10 percent according to Source #3. Looking at the food-based coping strategies from Source #1, 4 out of 5 households (80 percent) reported having to resort to high strategies throughout the week, including 20 percent resorting on very high coping. 16 percent of respondents declared severe hunger and very severe hunger in the household, meanwhile, for Source #2 and #3 this figure is respectively 8 percent and 3 percent. In terms of livelihood coping, 9 in 10 households (89 percent) reported resorting to emergency strategies. 60 percent declared facing safety risks while searching for food, and more than a quarter (27 percent) reported scavenging among garbage to look for food, the highest across all governorates. Like the other governorates, very inadequate food consumption is still observed in Khan Younis, indicative of IPC AFI Phase 4 (Emergency) even if there has been an improvement compared to the previous analysis.

Figure 23. Food Consumption Score (FCS) with the 28/42 cutoff.

Source: Data reported by Source #1

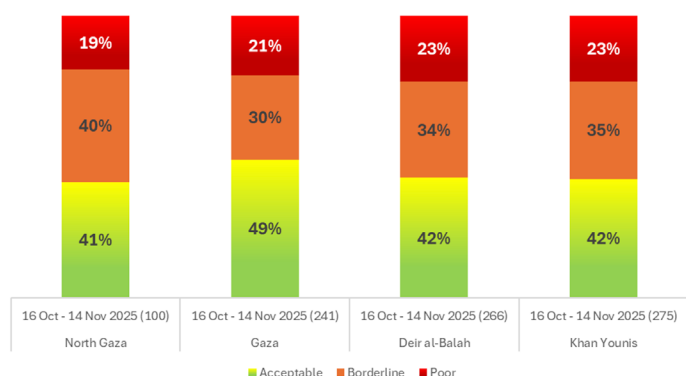


Figure 24. Food Consumption Score (FCS) with the 21/35 cutoff.

Source: Data reported by Source #1

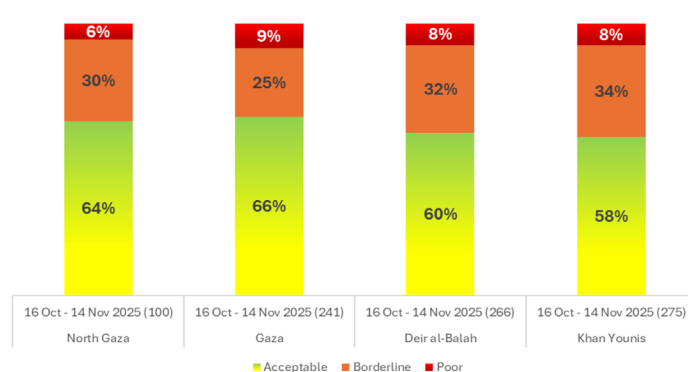


Figure 25. Food Consumption Score (FCS) with the 28/42 cutoff.

Source: Data reported by Source #2

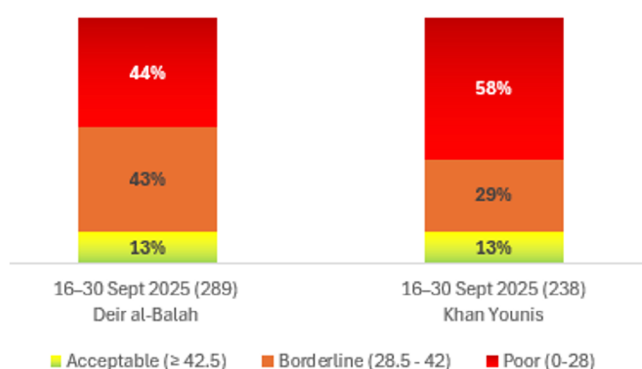


Figure 26. Food Consumption Score (FCS) with the 21/35 cutoff.

Source: Data reported by Source #2

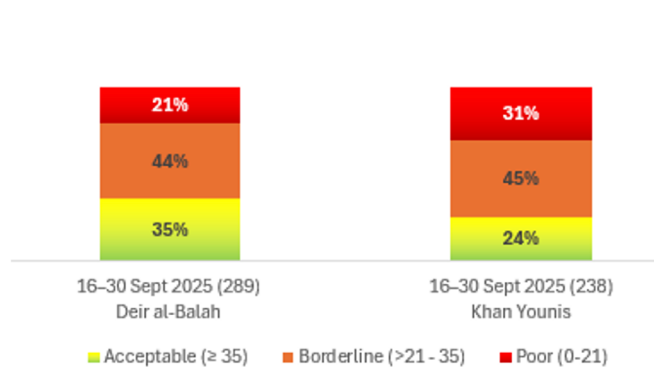


Figure 27. Food Consumption Score (FCS) with the 28/42 cutoff.

Source: Data reported by Source #3

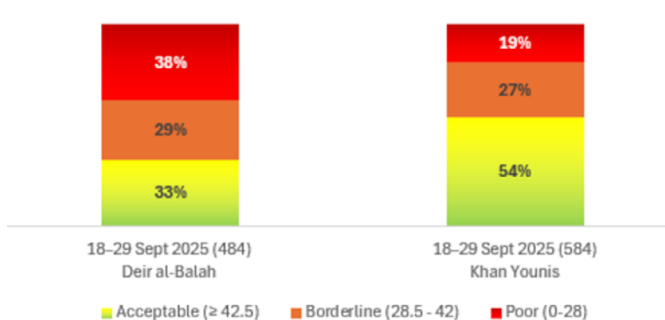


Figure 28. Food Consumption Score (FCS) with the 21/35 cutoff.

Source: Data reported by Source #3

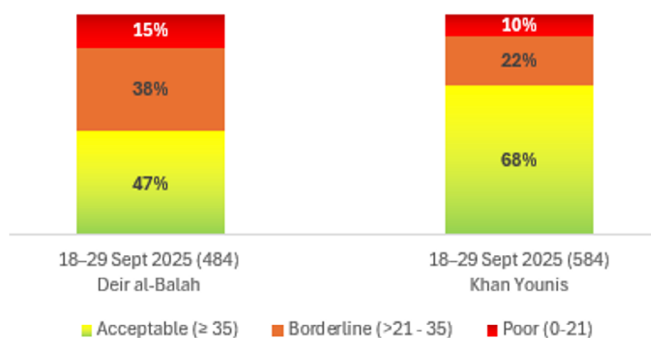


Figure 29. Food Consumption Score (FCS) with the 28/42 cutoff and 21/35 cutoff in Gaza Governorate.

Source: Data reported by Source #4

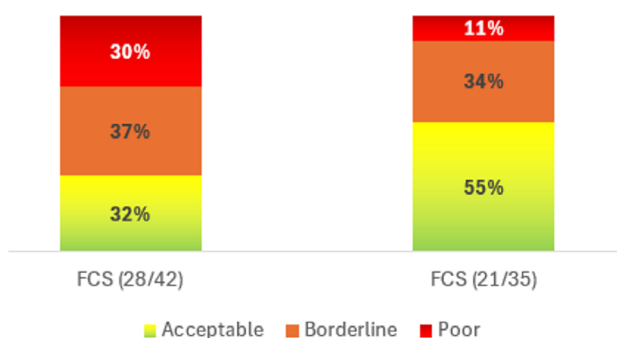




Figure 30. Food Consumption Score (FCS) trends (28/42 cut offs) 1 Oct 2024 to 14 Nov 2025, by governorate. Source: Source #1.

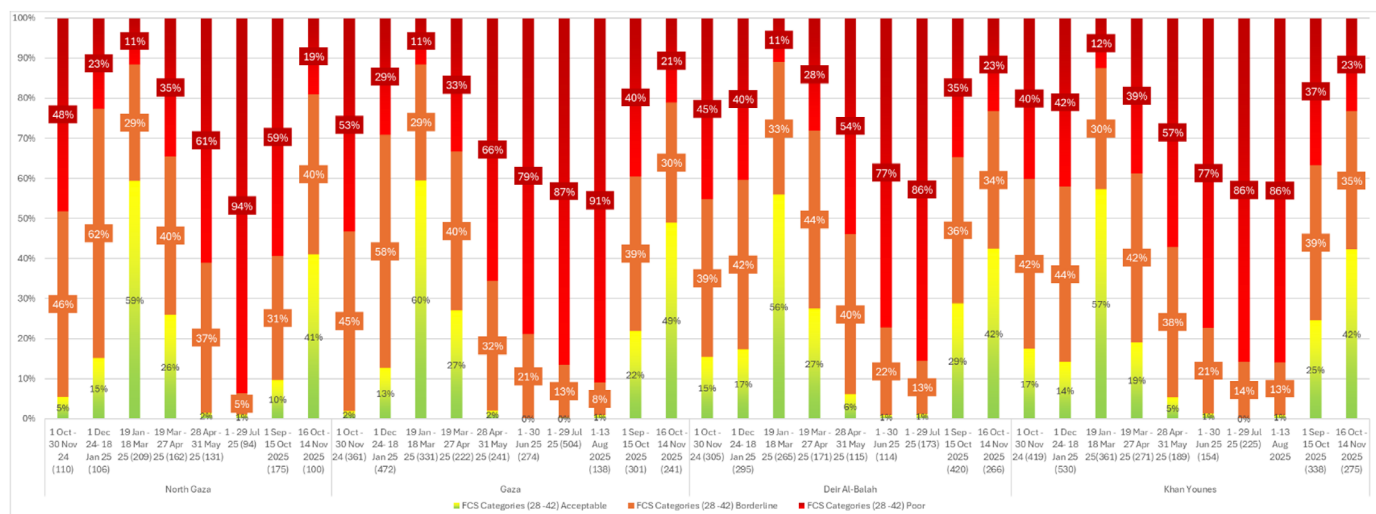


Figure 31. Reduced coping strategies index (rCSI). Source: Source #1.

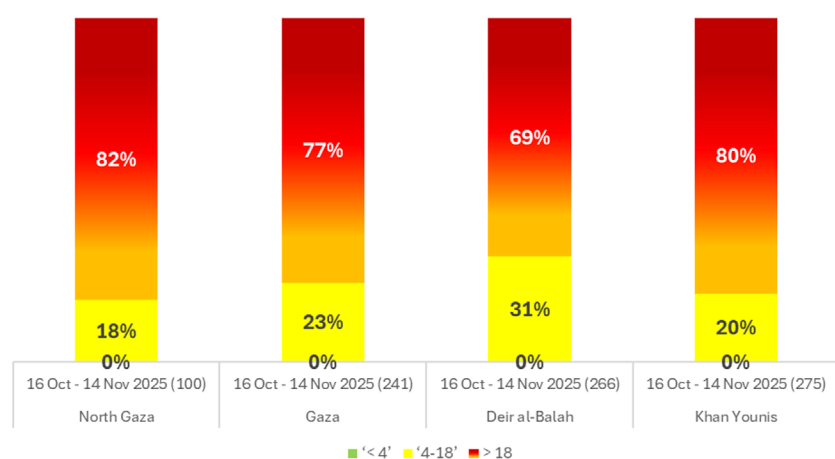


Figure 32. Trends in Reduced Coping Strategy Index (rCSI) from October 2024 to 14 November 2025, by governorate. Source: Source #1.

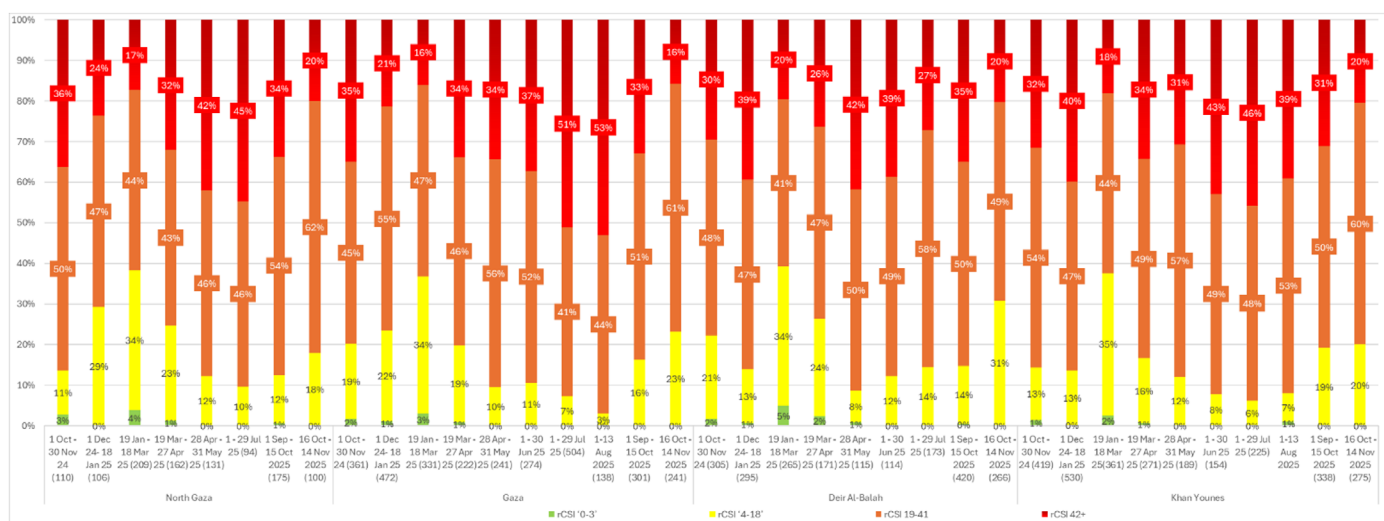


Figure 33. Household Hunger Score (HHS), by governorate.

Source: Data reported by Source #1

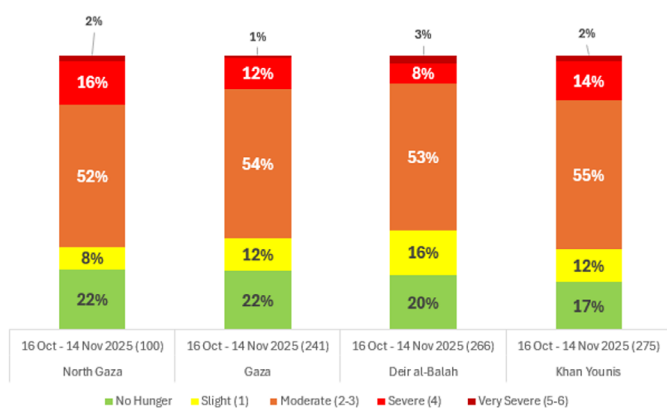


Figure 34. Household Hunger Score (HHS), Gaza Governorate.

Source: Data reported by Source #4

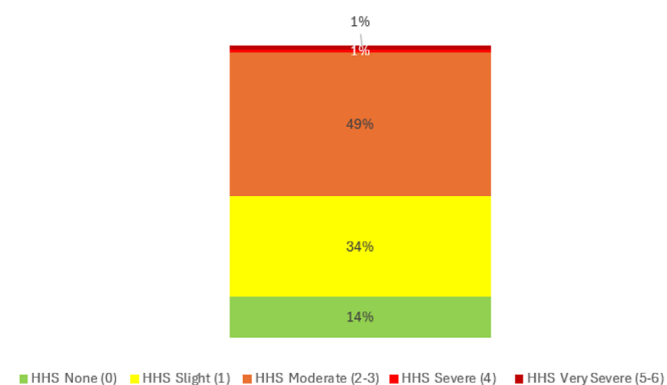


Figure 35. Household Hunger Score (HHS), by governorate.

Source: Data reported by Source #2

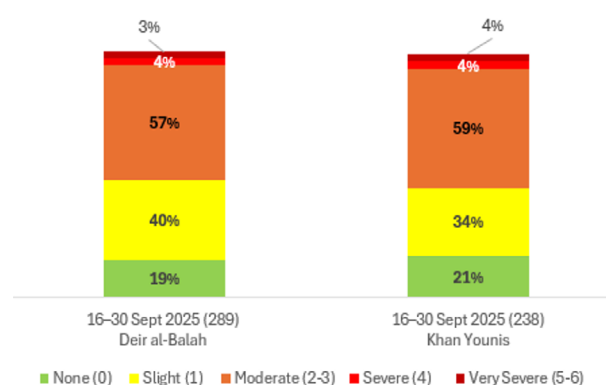


Figure 36. Household Hunger Score (HHS), by governorate.

Source: Data reported by Source #3

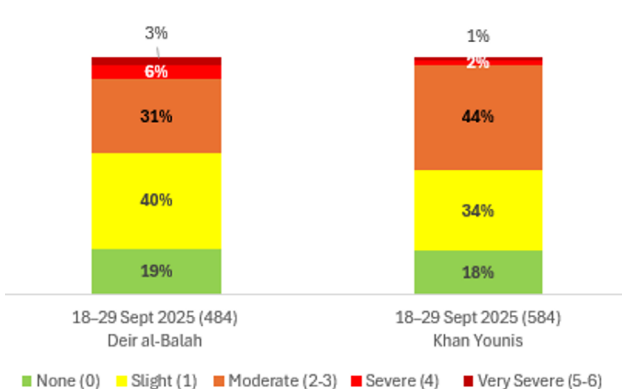
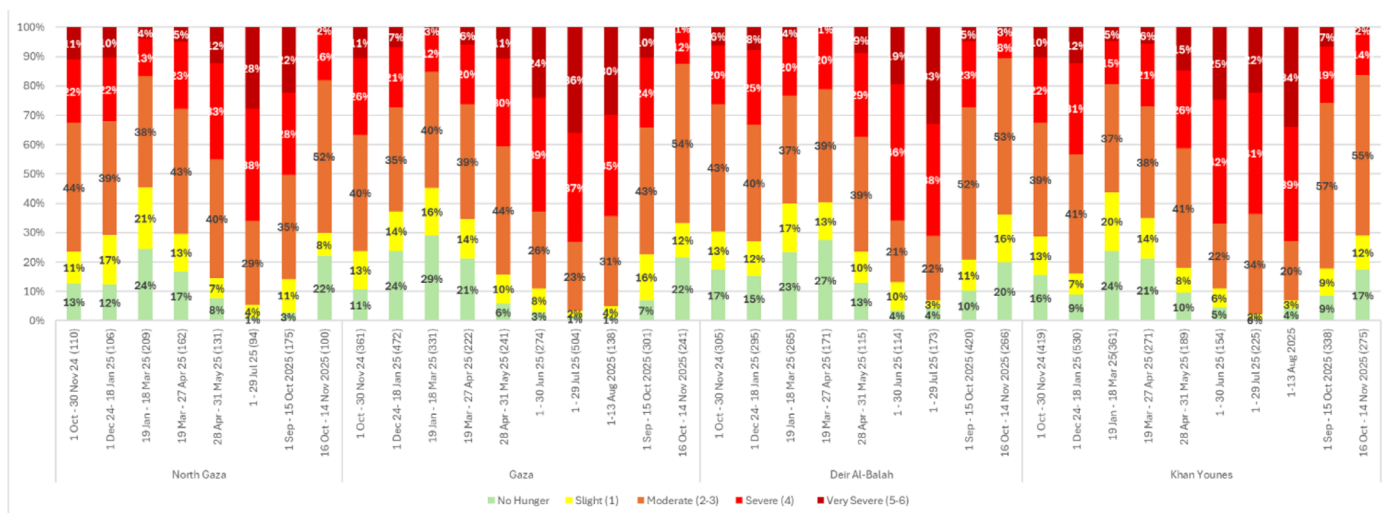
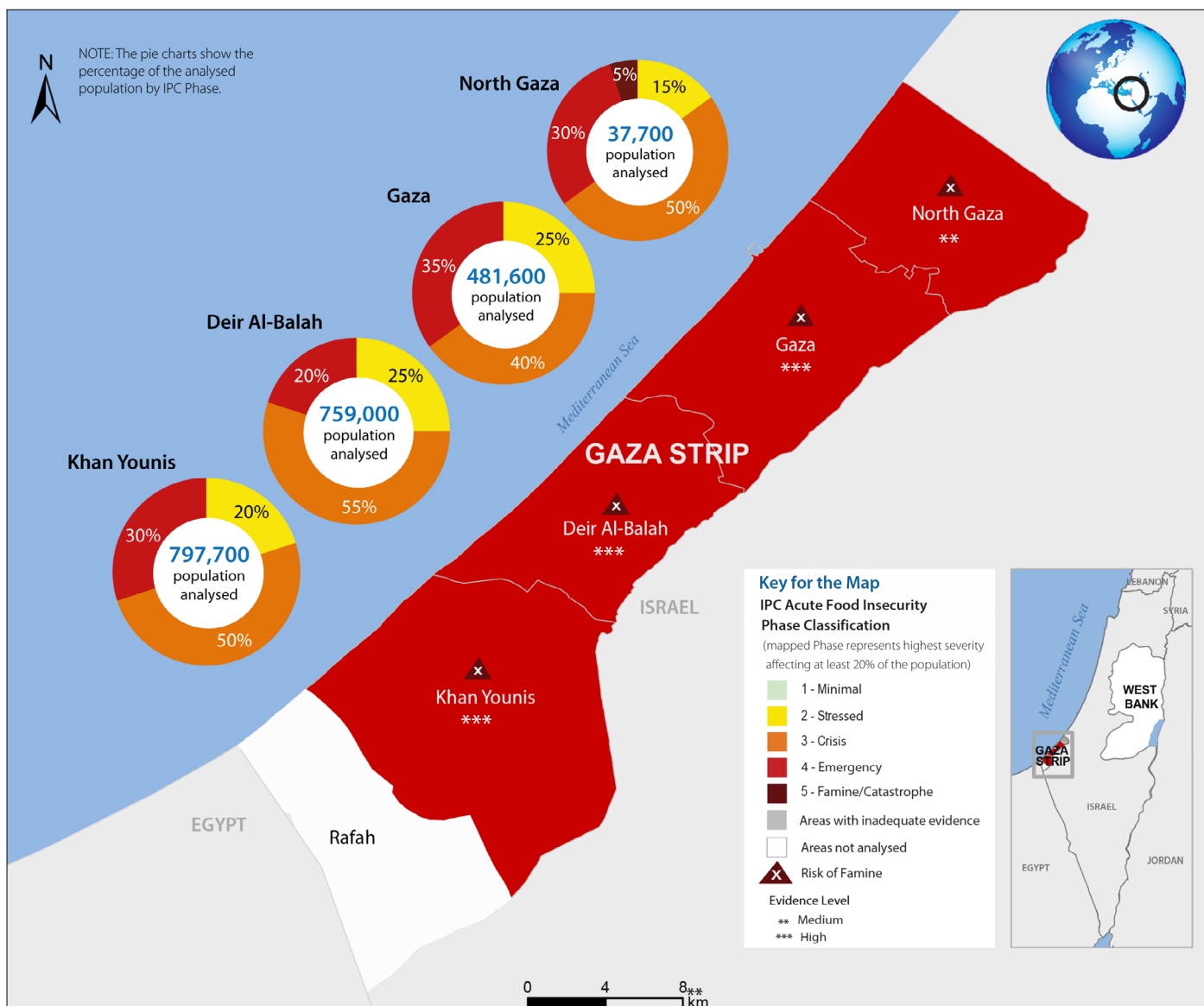


Figure 37. Trends in Household Hunger Score (HHS) from October 2024 to 14 November 2025, by governorate. Source: Source #1.



PROJECTED SITUATION MAP AND POPULATION TABLE (1 DECEMBER 2025 - 15 APRIL 2026)



POPULATION TABLE FOR THE PROJECTED SITUATION: 1 DECEMBER 2025 - 15 APRIL 2026

Governorate	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
North Gaza	37,700	-	0	5,655	15	18,850	50	11,310	30	1,885	5	4	32,045	85
Gaza	481,600	-	0	120,400	25	192,640	40	168,560	35	0	0	4	361,200	75
Deir al-Balah	759,000	-	0	189,750	25	417,450	55	151,800	20	0	0	4	569,250	75
Khan Younis	797,700	-	0	159,540	20	398,850	50	239,310	30	0	0	4	638,160	80
Grand Total	2,076,000	-	0	475,345	23	1,027,790	50	570,980	27	1,885	<1		1,600,655	77

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

PROJECTED SITUATION OVERVIEW (1 DECEMBER 2025 - 15 APRIL 2026)

Between December 2025 and mid-April 2026, the situation in the Gaza Strip is expected to remain severe. Although the ceasefire has brought improvements, the prolonged conflict has devastated essential health, nutrition, and WASH systems, leading to repeated displacement and forcing the population into increasingly smaller and overcrowded areas. Under the most likely scenario, it is expected that the ceasefire will hold, however, continued attacks and periodic escalations will continue. This will cause the current pattern of displacement to persist, with limited numbers of people agreeing (or able) to return to their areas of origin/homes because of a lack of services, widespread destruction and security concerns. Humanitarian access will remain irregular and dependent on daily negotiations and security conditions, with the potential for sudden closures or reductions in the entry of humanitarian supplies.

Consequently, all four governorates are classified in IPC AFI Phase 4 (Emergency) during the projection period. Nearly a third of the population—around 571,000 people—are anticipated to face Emergency (IPC AFI Phase 4) conditions, while those in Catastrophe (IPC AFI Phase 5) are projected to decrease from 104,000 to around 1,900. Overall, 1.6 million people (77 percent of the analysed population) will remain in IPC AFI Phases 3 or above. In absolute terms, Khan Younis Governorate will have the highest number of people in IPC AFI Phase 4, with 240,000 people (30 percent of the population) facing critical conditions. Gaza Governorate is expected to have the highest prevalence, with 35 percent of the population in IPC AFI Phase 4. Although North Gaza is less populated, it is projected to remain the most severely affected Governorate, with 5 percent of its population remaining in Catastrophe (IPC AFI Phase 5) during the projection period. Deir al-Balah is expected to have the lowest level of severity, with nearly 152,000 people (20 percent of the population) in IPC AFI Phase 4 (Emergency).

The improvement in the food security situation in the Gaza Strip is linked to the continuation of the ceasefire, reduced conflict intensity, and better food availability as a result of both humanitarian assistance and commercial imports. Assistance for food, nutrition, and other essentials is also expected to become augmented by bilateral actors playing a more active role. However, this will still fall short of the overall requirements. Agricultural production and livestock activities will remain constrained due to damage to infrastructure and cropland, as well as limited access and a lack of productive inputs. Fishing activities are likely to be minimal. All told, food availability will remain heavily dependent on humanitarian assistance and bilateral aid, as local markets and supply chains will be unable to fully meet basic needs. Additionally, reduced financing for 2026 may limit humanitarian actors' ability to address overall needs in the Gaza Strip.

Commercial food deliveries are expected to continue at current levels, providing relief for those with financial resources. People without such resources, or those in areas with less functional markets (or both) will depend on community kitchens, local support networks, and humanitarian food assistance. In general, prices are expected to remain similar or decrease compared to the current period but will still be higher than pre-conflict levels. The absence of price regulations will result in uneven pricing at retail level depending on local market conditions. Disparities in prices between locations and per foodstuff will persist, with staple commodities costing less than protein-rich animal source foods. Prices for fruits and animal source foods will remain high and fluctuate based on imports. Cash liquidity issues will persist, along with limited access to financial institutions and cash.

Food utilisation in the Gaza Strip will remain inadequate due to low availability of materials and equipment for system rehabilitation. Winter will increase heating and water needs at household and community levels, worsening risks of contamination and disease transmission. Households will continue to rely on burning waste or firewood for cooking, as fuel

Assumptions for the most likely scenario

Primary Drivers

Conflict. The ceasefire is expected to largely hold, though sporadic attacks and periods of escalation will likely continue. Disarmament of armed groups may begin. Gaza may be divided into several zones along the 'Yellow Line', with boundaries shifting in response to military and political developments.

Humanitarian access will remain irregular and dependent on daily negotiations and security conditions with potential for sudden closures.

Secondary Drivers

Displacement. Current patterns of displacement are expected to remain, with limited numbers of people returning to their areas of origin due to lack of services, destruction of infrastructure and the fragility of the ceasefire.

Food availability. Agricultural production, fishing and livestock activities will remain limited due to damaged infrastructure and cropland, lack of inputs, and limited access. While humanitarian assistance will remain the main source of food, commercial imports could improve food security for those who can afford it.

Access to food. Disruptions to supply chains and local markets are expected to keep food prices high, making affordability a major challenge for many families. Most households will continue relying on cash assistance and other humanitarian aid, having exhausted other coping mechanisms.

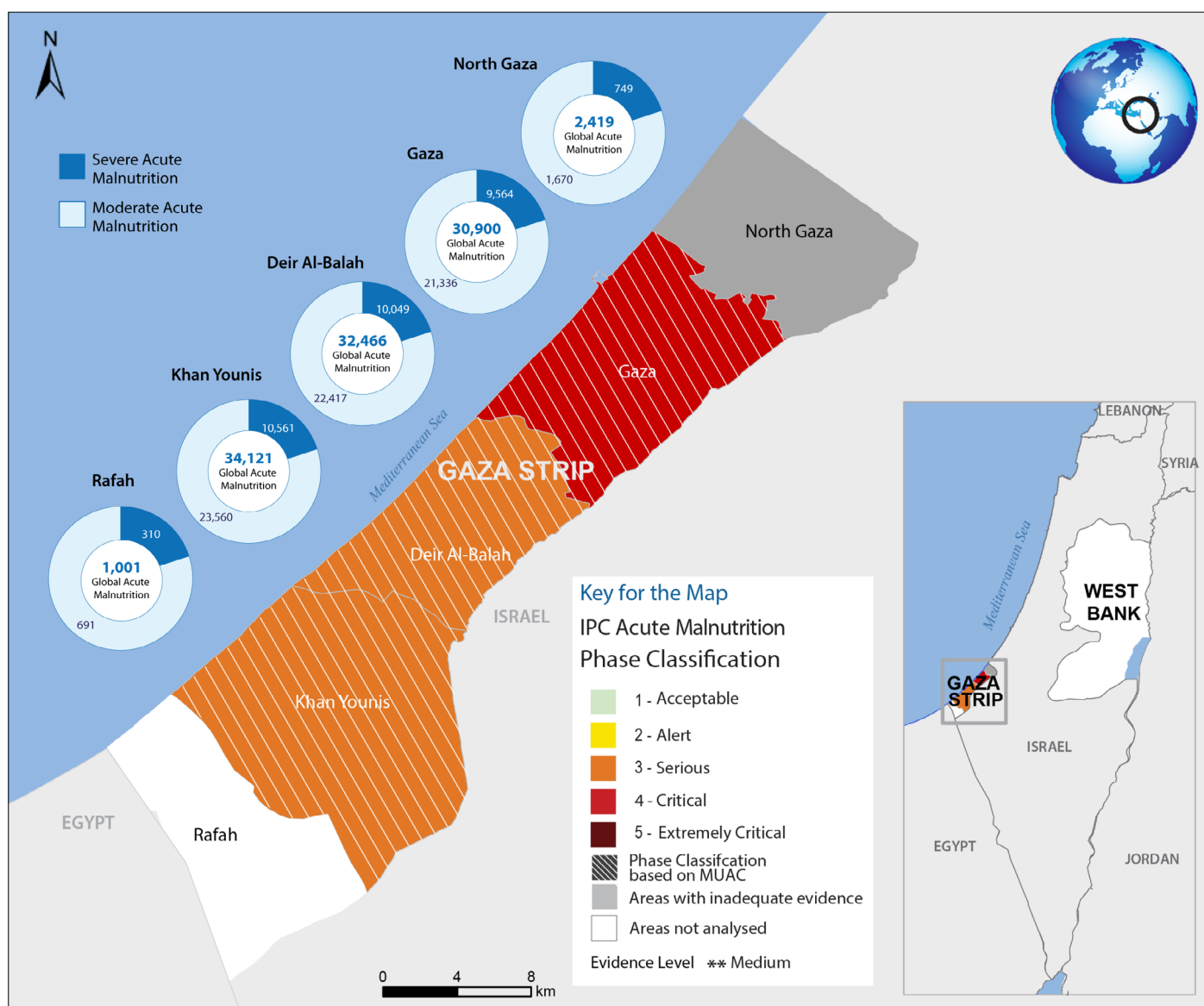
Humanitarian assistance will continue to meet only people's basic needs and will have a limited impact on overall food security, nutrition and health conditions.

Service delivery. Persistent fuel, cooking gas and other energy shortages are expected to severely hinder humanitarian operations and service delivery, affecting food distribution systems, community kitchens, and critical health, nutrition and WASH services.



imports and cooking gas supplies are unlikely to improve. If fuel arrives, it will likely be expensive and prioritised for heating, and the functioning of bakeries and community kitchens. Sanitation networks will remain impaired, exposing households to sewage and environmental hazards, increasing the risk of foodborne diseases.

ACUTE MALNUTRITION CURRENT SITUATION MAP AND OVERVIEW (16 OCTOBER - 30 NOVEMBER 2025)



ACUTE MALNUTRITION CURRENT SITUATION OVERVIEW: 16 OCTOBER - 30 NOVEMBER 2025

The information reviewed in this acute malnutrition analysis was provided by the Nutrition Cluster on 17 November. For the current analysis, outcome data for the period between October 16 and November 15 describing the post-cease fire context was considered. Quality checks and IPC protocols were applied to assess data reliability, and only outcomes meeting these criteria were retained for the analysis.

Based on a convergence of evidence examining the evolution of the situation from the second half of October to the first half of November, taking into account key drivers of acute malnutrition and recent trends, the October–November period shows some improvement compared to July–August. However, this post-ceasefire improvement is less pronounced than that observed following the January 2025 ceasefire.

Screening data collected between mid-October and mid-November 2025 indicate varying Global Acute Malnutrition (GAM) rates across areas of intervention. In Gaza Governorate, the body of evidence points to GAM rates consistent with Critical levels of Acute Malnutrition (IPC AMN Phase 4).

Deir al-Balah and Khan Younis governorates show some improvement in nutritional conditions compared to August–September. However, community screening results continue to vary across partners' intervention areas within each governorate. Overall, evidence supports Serious levels of Acute Malnutrition (IPC AMN Phase 3) in Deir al-Balah and Khan Younis governorates from mid-October through the end of November.

Table 2. Nutrition outcome evidence from MUAC screenings made available from 16 of October to 15 of November 2025. Source: Nutrition Cluster.

Governorate	Source	Oct 2nd Half		Nov 1st Half	
		Sample size	GAM (%)	Sample size	GAM (%)
Gaza	Data provider #4	NA	NA	180	11%
	Data provider #1	342	14%	576	7%
	Data provider #2	222	12%	352	16%
	Data provider #3	299	21%	582	24%
Deir al-Balah	Data provider #4	1162	6%	3448	2%
	Data provider #1	16297	2%	6771	1%
	Data provider #5	474	2%	NA	NA
	Data provider #6	1145	10%	NA	NA
	Data provider #2	684	7%	713	5%
	Data provider #7	393	8%	541	19%
	Data provider #8	481	11%	NA	NA
	Data provider #9	549	6%	547	5%
	Data provider #3	2022	8%	1562	7%
	Data provider #4	615	3%	615	1%
Khan Younis	Data provider #1	8493	2%	8493	1%
	Data provider #5	289	13%	NA	NA
	Data provider #2	67	22%	226	5%
	Data provider #7	216	10%	NA	NA
	Data provider #9	1486	8%	2665	3%
	Data provider #3	2719	8%	1839	7%

Across the entire Gaza Strip, approximately 101,000 children aged 6–59 months and 37,000 pregnant and breastfeeding women are currently experiencing (or will experience) acute malnutrition requiring treatment over the coming 12 months (mid-October 2025 to mid-October 2026). Of the estimated 101,000 malnourished children, about 31,000 are expected to experience severe acute malnutrition, with around 10 percent likely to develop complications—amounting to more than 3,100 children who will require hospital-based care. The remaining approximately 70,000 children that require treatment are projected to suffer from moderate acute malnutrition.

MAIN DRIVERS OF ACUTE MALNUTRITION

Children Diet & Feeding practices. Improved food security has contributed to better child dietary diversity; even so, children’s dietary diversity levels remain critically low. Children need these nutrient-rich foods to support their rapid growth and development. A diet lacking in diversity often means a child is not getting the vitamins, minerals, and proteins they need - leading to malnutrition or cognitive delays.

Across all governorates, no children aged 6–23 months meets the minimum dietary diversity requirements. Encouragingly, according to CATI data, the share of children in severe food poverty —defined as consuming two or fewer food groups— has declined from 92.4 percent in September 2025 to 71.5 percent in the current period (16 October to 14 November) with no significant difference between the governorates. This progress is largely driven by a sharp rise in grain consumption overall from just 41 percent in July 2025 to 75 percent from July to the current period, coupled with dairy intake which rebounded from 6 percent in July to 37 percent between 16 October and 14 November. Meanwhile, reliance on legumes has decreased as more diverse and appropriate foods have become available in the market. Nevertheless, diets remain poor, with a limited increase of fruits and vegetable consumption in the last few months, and only 10 percent of children consuming both vitamin A rich foods (as well as other fruits and vegetables) during the current period.

The slight improvement in the situation is reflected in fewer households resorting to coping strategies such as prioritising feeding children over adults. At its peak in July 2025, 72.6 percent of households in Gaza Governorate, 69.9 percent in Deir al-Balah, and 64.9 percent in Khan Younis used this strategy. In the current periods, these figures have since declined to 57.1 percent, 53.7 percent and 56.7 percent respectively. Those still using the strategy do so for an average of 5.6 days. This indicates that, despite progress, many households remain under significant strain and feel the continued need to protect the diets of children.

Poor dietary diversity of the foods consumed in the household is partially off-set by the scaling up of prevention services for some children, that provide a nutrient-rich product s to support the growth and development of young children. The scale up of this prevention programme is in line with the improving humanitarian access in the Gaza Strip.

Child diseases. The analysis of the disease situation draws on two primary data: a) routine sources such as the disease surveillance system, and b) CATI surveys. Some 90.3 percent of caregivers interviewed reported that their children had been sick in the previous two weeks—a figure that has remained high throughout the year across all governorates. The latest trends in Gaza Governorate stood at just over 90 percent in November 2025 compared to 85 percent in Khan Younis and 86 percent in Deir al Balah.^{lvii} Among these, acute respiratory infections (ARI) remains the predominant reported infectious condition, comprising 68 percent of all reportable disorders, while acute watery diarrhoea (AWD) accounted for 31 percent.^{lviii} Information on endemic communicable diseases are presented in detail below.

Acute Respiratory Infection. ARI cases peaked in October 2025. In Khan Younis, cases increased from 30,913 in September to 42,513 in October, while Deir al-Balah saw a similar rise from 38,801 to 44,598 during the same period. However, in Gaza Governorate, reported cases fell sharply compared to previous months, as numerous health facilities became nonfunctional between September and early October. Following a peak in July 2025, numbers dropped from 29,411 to 5,141 in October. However, trends began to rise again in the first two weeks of November, with 6,254 cases reported, driven by the reopening of health facilities and an increase in reporting locations.

This is aligned with results from CATI surveys that show cases of ARI escalated from 26 percent in October to 33.7 percent in November in Gaza Governorate, and from 37.1 percent to 43 percent in Deir al Balah, although a small decrease was recorded in Khan Younis from 40 percent to 38 percent.

Diarrhoeal diseases. Trends of reporting from health centres on AWD in children below the age of five varied between governorates. In Deir El Balah, there was a progressive increase in cases through the summer months, peaking in September (6,509) then a decline in October 2025 to 4,295. These are still higher than levels recorded earlier in the year. These trends align with the collapse of WASH systems, overcrowding, sewage flooding, reliance on unsafe water sources, and increased contamination during the summer months. In Khan Younis, reported cases continued to rise steadily, reaching a peak of 10,317 in October 2025—the highest level recorded, surpassing the previous peak of 8,026 in May 2025. In Gaza Governorate, similar to ARI patterns, there was a significant fall in AWD cases between September and October due to the loss of functionality of numerous reporting sites and decrease of the population in the area (with the potential of a high number of unreported AWD cases). However, the number of reported cases began to rise again in the first two weeks of November to 1,956, compared to 1,317 in October 2025 –potentially due to return of the population and improved reporting rates.

Reports from caregivers on diarrheal disorders indicated a slight dip in November 2025 of 43.5 percent, following a peak of 51.9 percent in October in Gaza Governorate. In Khan Younis, there was a negligible decrease from 39.1 percent to 38.7.

Cases of bloody diarrhoea remain relatively low in absolute numbers, but all areas show a noticeable rise in mid-year (June–July). Trends started to increase in the first two weeks of November in Khan Younis where 95 cases were reported, up from 56 in October. In Gaza Governorate, as with other infectious diseases, the incidence of reported cases increased in the first two weeks of November (23 cases) compared to October (13 cases) due to the restoration of reporting sites.

No cases of cholera were reported in any of the governorates.

Other diseases. Vomiting, a symptom frequently associated with diarrhoea and other infectious disorders, exhibited comparable peaks in October 2025 across all governorates, with the highest incidence in Gaza Governorate at 46.3 percent, followed by Khan Younis at 34.8 percent and Deir al Balah at 31.4 percent. A modest reduction was observed in the three governorates in November, reaching 34.8 percent, 23.2 percent, and 22.0 percent, respectively.

Additionally, a significant rise in reported instances of Acute Jaundice Syndrome (AJS) has been noted in Khan Younis and Deir al-Balah from July onwards, culminating in October with 179 cases in Deir al- Balah and 94 cases in Khan Younis. Meanwhile, Gaza Governorate experienced a steep reduction in reported cases after a record of 380 in July, down to only three reported cases in October 2025. As with other disease reporting, this is due to a decline in the population and the reduction in the number of reporting sites in September and October 2025.

Reported skin infections began to decrease throughout all governorates following peaks in the summer. In Khan Younis, the rate fell from 56.6 percent in July to 32.4 percent in November 2025. In Gaza and Deir al- Balah governorates, rates peaked in September and then declined from 64.1 percent to 28.3 percent and from 58.7 percent to 39 percent in November, respectively. Reported skin infections indicate impaired immunity and weakened skin integrity, often influenced by malnutrition, in addition to poor WASH conditions and hygiene practices..

Caring Practicess. Recent short-survey findings indicate that breastfeeding remains one of the primary feeding methods for infants in the Gaza Strip, with 80 percent of infants aged 0–5 months and 67 percent of infants aged 6–11 months having been breastfed the day before the survey. Exclusive breastfeeding among infants under six months stands at 45

percent, showing a slight improvement compared 40 percent in 2024. However, there has been an increase in mothers who have stopped breastfeeding altogether, from 14 percent in 2024 to 20 percent in 2025, highlighting the need for intensified support for stressed, displaced, and nutritionally vulnerable mothers. The 33 percent of children aged 6-11 months who were not breastfed is concerning considering that complementary foods available in the Gaza Strip are not from nutrient dense food groups.

A major concern emerging from the survey is the sharp increase in the use of infant formula and widespread distribution of breastmilk substitutes (BMS). More than half of caregivers (55 percent) reported formula distribution in their community, an increase from 33 percent in 2024, raising the risk of uncontrolled BMS use. Sources of formula have shifted away from private purchasing toward aid-based support: formula received from INGOs/NGOs rose dramatically from 29 percent in 2024 to 64 percent in 2025.

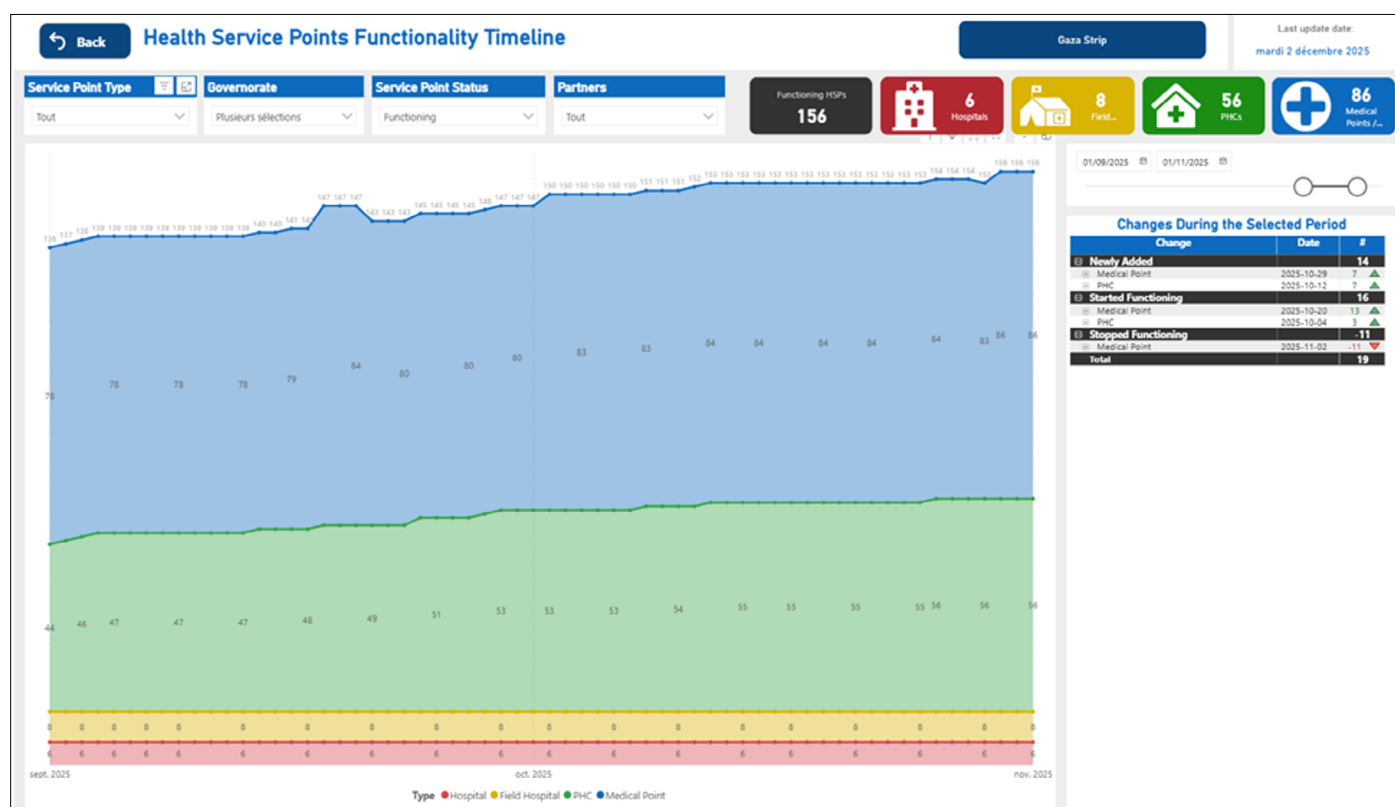
Mothers and caregivers reported that living environments are not conducive to breastfeeding, which is one of the main reasons for the early introduction of formula to infants under six months. They also expressed concerns about not producing enough breastmilk, and the belief that formula is a better supplement or alternative, indicating both structural and behavioural drivers. These trends pose serious risks in an environment with poor WASH conditions, where keeping formula, water, teats, and bottles clean and sterile is extremely challenging. Such practices increase the likelihood of diarrhoea and other infectious diseases, which, in turn, further heighten the risk of malnutrition.

Access to Health & Nutrition Services. Access to health and nutrition services has improved but remains insufficient compared to the needs. Health services are limited, with only 40 percent of health service units classified as partially functional. As of 15 October, only 14 hospitals out of 36 were partially functional. This also applies to 10 out of 16 field hospitals, 69 out of 186 public health centers, and 106 out of 361 medical points.

Large-scale population displacement, the destruction or closure of health facilities in evacuated areas, and the suspension of community vaccination programmes have exposed vulnerable populations—especially children—to infectious diseases. Furthermore, military operations in Gaza Governorate led to a sharp decline in available health services just prior to the current analysis period. According to the Health Cluster, there were a total of 72 functioning health facilities as of 1 September, that declined to only 40 by 10 October, just before the ceasefire. Only limited re-opening was possible in the second half of October, up to 43 sites (including 8 hospitals).

During the same period—and despite the massive displacement of populations to the south—the number of health facilities only slightly increased, from 136 at the beginning of September to 153 (+17) by 15 October. This remains inadequate to meet the additional needs of a population whose requirements have grown significantly due to displacement.

Figure 38. Health Service Point Functionality Timeline. Source: Health Cluster.



The availability of nutrition services has followed the same trends. While on 1 September, there was a total of 132 sites providing nutrition treatment, including 44 in Gaza Governorate and one in North Gaza, the military operation led to a huge decline in services available, and by 10 October, there were only seven sites opened in Gaza Governorate. Partners were partially able to redeploy, mainly in Deir al-Balah (63 sites as of 10 October compared to 45 in early September) and Khan Younis (56 compared to 40).

The displacement and closing and re-opening of sites has a negative impact on treatment outcomes and the recovery of children, with a high level of defaulters (i.e. children that stop the treatment before full recovery). Around 21 percent of all discharges were defaulters, which is higher than the Sphere standard of less than 15 percent). When the operating situation deteriorates, partners with limited human resources tend to focus on the follow up and treatment of children currently under treatment (especially if the number of sites declines), rather than outreach activities to find new cases. Similarly, when military activity increases, families have more difficulty going to sites for screening – with the consequences that cases are found later and in more severe condition.

Access to preventive programmes has also been uneven throughout the year, especially for the blanket supplementary feeding programme. While the Blanket Supplementary Feeding Programme (BSFP) programme (which provided Lipid-based Nutrient Supplement (LNS-MQ), managed to reach more than 70,000 children per month from April to June, the subsequent blockade led to a complete stop between July and September, when the programme restarted at the very end of September. With the ceasefire, the provision of LNS-MQ has started again in October, which will have a probable positive effect on acute malnutrition, especially for Khan Younis and Deir al-Balah where the number of children reached were the highest.

Table 3. Number of children 6-59 months reached with BSFP, November 2025. Source: Nutrition Cluster.

Governorate. المحافظة	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Gaza	10488	31937	14819	47911	32723	52160	7600		0	19583
Khan Younis	87836	30887	2388	13244	24975	9746	17		0	48703
Deir Al-Balah	32428	13141	2323	10400	15393	9265	464		1860	52585

Other supplementation programmes have been able to compensate partially for the disruption of the BSFP during the summer months, with slightly better reach in Deir al-Balah, and a further drop in Gaza Governorate in September and October, which coincided with the most severe situation in the current period of analysis.

Table 4. Number of children reached with LNS SQ and HEB. Source: Nutrition Cluster.

Governorate. المحافظة	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Gaza	3351	2316	14745	18774	36142	59135	14455	11134	4523	1627
Khan Younis	16045	13732	11783	8157	11457	52182	8819	7876	8699	9336
Deir Al-Balah	25930	17086	19606	9654	42139	61593	22360	20295	15849	18311

Water, Sanitation services and Hygiene (WASH) practices. WASH conditions across the Gaza Strip remain poor and significantly heighten the risk of disease and acute malnutrition. Results from Round 3 of the most recent WASH assessment (conducted between 17 August and 5 September, prior to the ceasefire) shows that nearly half of households (49 percent) reported receiving less than six litres of drinking water per person per day. According to the WASH Cluster Assessment (August 2025) women were also more likely to wait more than 30 minutes at water collection points and to report concerns about overcrowding and lack of safety. In Khan Younis, 58 percent of households receive less than six litres per person per day of drinking water which is higher compared to Gaza Governorate (48 percent) and Deir al-Balah (42 percent). Households rely predominantly on basic or unimproved water sources, with access to basic water ranging from 70–76 percent in all governorates, with Gaza Governorate having the lowest access at 70 percent, while Deir al-Balah had the highest access at 76 percent and Khan Younis at 73 percent.

Sanitation risks are severe. Only 53 percent of the population have access to basic sanitation facilities in the Gaza Strip. Open defecation is widely observed, with the highest rates in Khan Younis (36 percent) and other governorates ranging between 14-19 percent. Open defecation by children is worse with three-quarters (76 percent) of households observing

open defecation by children. Perceived insecurity at sanitation points remains high, with 67 percent of households reporting fear of harm or assault—the highest rates observed in Khan Younis at 82 percent. Hygiene conditions are also poor: more than half of households (63 percent) reported not having soap at the time of data collection, rising to 77 percent in Khan Younis.

Collectively, these indicators point to critical WASH vulnerabilities that drive exposure to diarrhoeal diseases, compound nutritional risks, and undermine the ability of households to maintain minimum health and hygiene standards.

HISTORICAL TRENDS 2024 - 2025

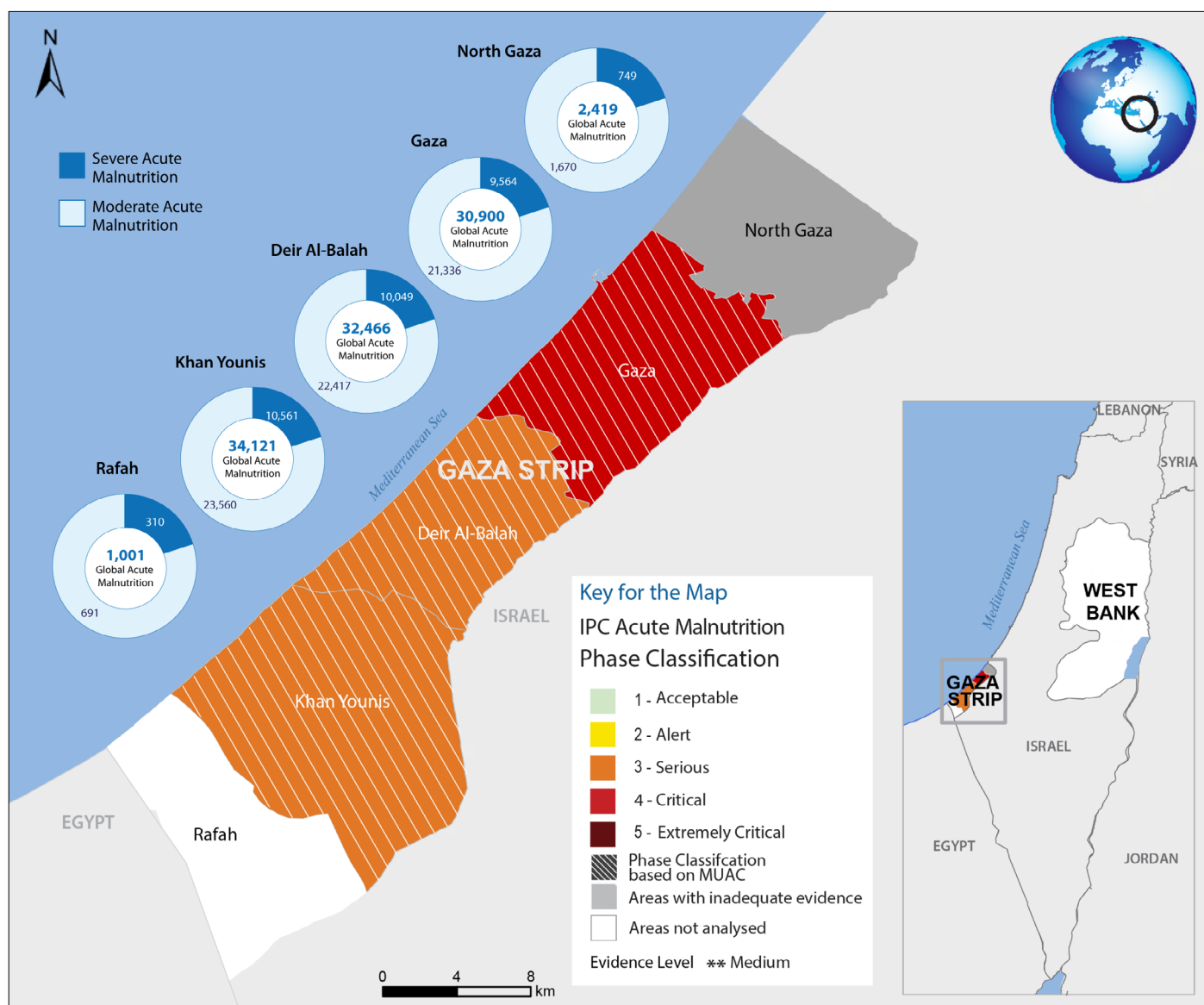
Of all areas analysed, **Gaza Governorate** is the most severely affected by acute malnutrition. Populations there faced a Serious situation (IPC AMN Phase 3) from September 2024 to early May 2025, which then rapidly deteriorated to a Critical situation (IPC AMN Phase 4) in May 2025, before reaching an Extremely Critical level (IPC AMN Phase 5) and Famine thresholds from June to September 2025. Conditions have since improved, though the area is expected to remain in a Critical situation (IPC AMN Phase 4) through April 2026.

Deir al-Balah & Khan Younis, although separate governorates, share similarities in terms of the nutritional situation, which remains generally less severe than in the northern areas of the Gaza Strip. From September 2024 to March 2025, acute malnutrition was Serious (IPC AMN Phase 3), improving to Alert (IPC AMN Phase 2) in April—likely influenced by the brief ceasefire in early 2025. However, from May onward, the situation deteriorated rapidly, returning to Serious (IPC AMN Phase 3) levels and then sharply deteriorating in June–July, before reaching an Extremely Critical situation (IPC AMN Phase 5) and Famine thresholds in both areas between mid-August and September 2025. Conditions improved again to Serious (IPC AMN Phase 3) following the ceasefire by late October 2025 and are expected to remain at this level until mid-April 2026.

Table 5. 2024-2026 Trend of IPC Acute Malnutrition (AMN) Phase classification from the four previous IPC analyses, Nov 2025. Source: IPC.

Governorates	2024				2025														2026			
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May 1-10	May 11-31	Jun	Jul	Aug 1-15	Aug 16-31	Sep	Oct 1-15	Oct 16-31	Nov	Dec	Jan	Feb	Mar
Gaza	Phase 3								Phase 4	Phase 5					N/A	Phase 4						
Deir Al-Balah	Phase 3						Phase 2		Phase 3				Phase 5		N/A	Phase 3						
Khan Younis	Phase 3						Phase 2		Phase 3				Phase 5		N/A	Phase 3						

ACUTE MALNUTRITION PROJECTION SITUATION MAP AND OVERVIEW (1 DECEMBER 2025 - 15 APRIL 2026)



ACUTE MALNUTRITION PROJECTED SITUATION OVERVIEW: 1 DECEMBER 2025 - 15 APRIL 2026

This projection period (1 December 2025 through 15 April 2026) includes the winter season, which is characterised by colder temperatures, increased humidity, and more frequent rainfall.

These conditions are expected to exacerbate existing endemic diseases and significantly elevate the risk of epidemic outbreaks. This is compounded by the state of health infrastructure, which has been extensively damaged and is not adequate to meet demand. Despite these challenges, stabilisation following the ceasefire is anticipated to improve access to basic services and facilitate greater humanitarian assistance, contributing to a slow but positive shift in overall living conditions. Even so, given the scale of ongoing vulnerabilities, and the time required for meaningful improvements to take effect, the nutritional situation during the projection period is expected to remain Critical (IPC AMN Phase 4) in the Gaza Governorate and Serious (IPC AMN Phase 3) in Deir al-Balah and Khan Younis governorates.

Assumptions for Evolution of Drivers and Acute Malnutrition

Humanitarian access will remain similar to current levels and contingent on security conditions. Limits on the entry of goods—particularly items categorised as potential dual-use, including some WASH materials and infrastructure supplies—are expected to continue to result in delays on imports. At the same time, the ongoing NGO re-registration process may reduce the number of actors able to provide essential support.

Population movement is expected to follow current patterns, with displaced households unable or reluctant to return to their areas of origin due to destroyed infrastructure, limited services, and a fragile ceasefire environment.

Even when food items enter the market, widespread loss of income, high and fluctuating prices, and persistent cash liquidity issues will prevent most families from accessing them. At the same time, disruptions to domestic agricultural production, fishing, and supply chains will shrink the overall food supply, making markets increasingly dependent on imported goods and humanitarian assistance.

Fuel entry is not expected to significantly improve, and while some essential services, such as health care and water desalination, may resume, their functionality will remain limited to areas within the 'Yellow Line'. Economic access to services will continue to be a major challenge, exacerbated by reduced purchasing power and restricted mobility. Health and nutrition service delivery will remain severely constrained, due to widespread damage to facilities and limited operational capacity, particularly in North Gaza and sections of the Gaza Strip to the east of the 'Yellow Line'. Rehabilitation and reconstruction efforts are expected to remain extremely limited, as the entry requirements for humanitarian supplies, materials, and equipment will result in delays in the restoration of critical infrastructure across health, nutrition, water, sanitation, and food production sectors.

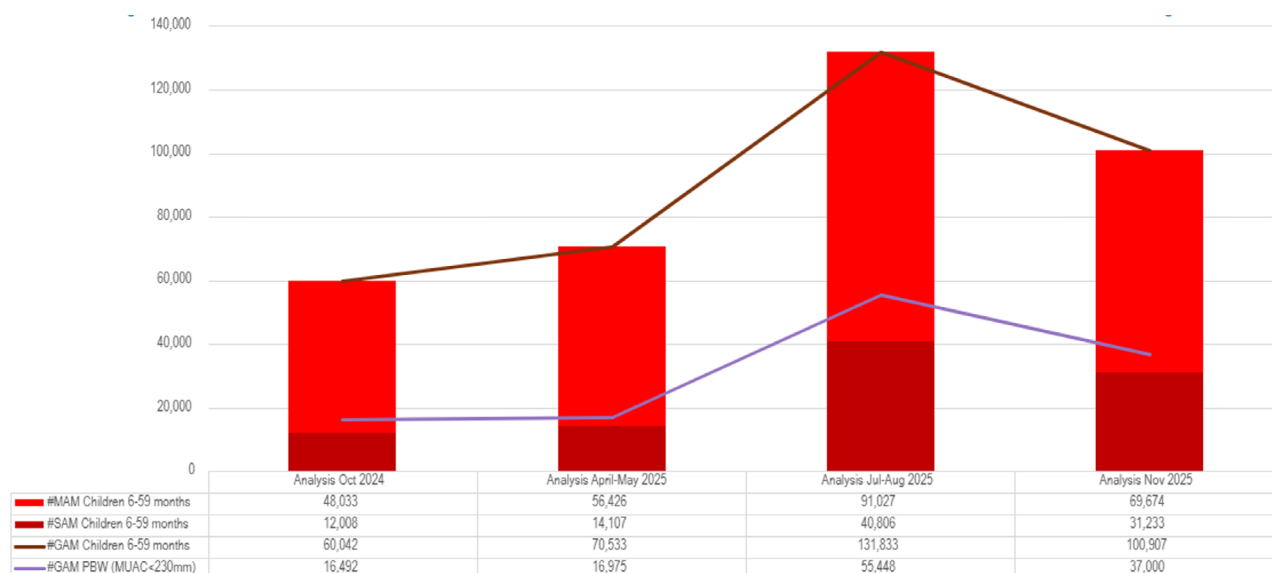
Health and nutrition service delivery will remain constrained, particularly in zones near the 'Yellow Line', where damage to facilities has sharply reduced coverage. While some essential services may gradually resume within the 'Yellow Line', they will remain limited and inconsistent. Access gaps will persist for displaced populations, and limited options for medical evacuations for trauma and chronic conditions will continue to strain an already fragile transfer and referral system. Although catch-up vaccination campaigns may improve immunisation, supply interruptions will leave critical gaps. Women-headed households are likely to continue facing greater barriers to accessing health care.

WASH conditions will remain one of the most pressing challenges. Access to water will be contingent on rehabilitation of severely damaged water systems, and compounded by overcrowding, and widespread displacement. Sanitation access will remain severely constrained as a result of extensive damage to sewage systems, limited availability of clean toilets, overcrowding in shelters among rubble, and difficulties in waste removal, increasing the risk of vermin infestations. Access to hygiene materials may improve slightly, allowing some households to maintain basic hygiene practices; however, high prices, interrupted supplies, and damaged or inadequate WASH infrastructure will continue to limit overall hygiene conditions, particularly for vulnerable populations. Winter conditions are expected to worsen these vulnerabilities, with heightened risks of flooding and additional damage to already fragile houses and WASH facilities, potentially triggering further displacement, including in seashore areas. With the arrival of winter, overcrowded shelters and poor WASH conditions will drive an increase in respiratory infections and related diseases. In addition, the risk of water borne diseases will remain constant. Fuel shortages, damaged roads, and poor weather conditions will further restrict mobility for both patients and health staff. As a result, even with some improvements in service consistency, the overall system will remain fragile and vulnerable to being overwhelmed.

ACUTE MALNUTRITION POPULATION TABLE (16 OCTOBER 2025 - 15 APRIL 2026)

The Gaza Nutrition Stakeholders regularly update data on the magnitude of acute malnutrition cases based on field observations, utilising admission data and ongoing severity analyses, especially during IPC AMN exercises. This process encompasses all five governorates of the Gaza Strip. The IPC AMN analysis, however, focuses on only three governorates (Gaza, Deir al-Balah and Khan Younis) where minimum evidence levels were reached.

Figure 39. Acute Malnutrition for children Under 5 and Pregnant and Breastfeeding Women (PBW). Source: Nutrition Cluster



Children aged 6 to 59 months old expected to be acutely malnourished

After a full year of IPC AMN analyses in the Gaza Strip, the trend in malnutrition cases among children remains deeply concerning. The second year of conflict has caused a doubling of malnutrition cases between October 2024 and August 2025. While the November 2025 update reflects a 23 percent decrease in cases since August 2025, the number of malnourished children—currently at 100,900—remains significantly higher than the earlier estimates of 60,000 in October 2024 and 70,500 in May 2025.

Table 6. Estimates of the expected cases of acute malnutrition among children aged 6 to 59 months old by Governorate between mid-October 2025 and mid-October 2026. Source: Nutrition Cluster.

Governorate	Children under 5 years old (16 October 2025 to 15 October 2026))													
	Total Population	Total U5#	GAM - MUAC	MAM - MUAC	SAM - MUAC	Estimated number of GAM cases			Estimated number of MAM cases			Estimated number of SAM cases		
			WHZ-AMN Phase threshold			Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys
North Gaza	37,700	5,119	15.0%	11.3%	3.8%	2,419	1,193	1,226	1,670	823	847	749	369	380
Gaza City	481,600	65,397	15.0%	11.3%	3.8%	30,900	15,234	15,666	21,336	10,519	10,817	9,564	4,715	4,849
Deir al-Balah	759,000	103,066	10.0%	7.5%	2.5%	32,466	16,006	16,460	22,417	11,051	11,365	10,049	4,954	5,095
Khan Younis	797,700	108,321	10.0%	7.5%	2.5%	34,121	16,822	17,299	23,560	11,615	11,945	10,561	5,207	5,355
Rafah	23,400	3,178	10.0%	7.5%	2.5%	1,001	493	507	691	341	350	310	153	157
Total	2,099,400	285,081	n/a	n/a	n/a	100,907	49,747	51,160	69,674	34,349	35,325	31,233	15,398	15,835

Pregnant and/or breastfeeding women expected to be acutely malnourished

The situation concerning malnutrition among pregnant and breastfeeding women is even more alarming, more than tripling between May and August 2025 to 55,500 cases, up from an estimated 16,500 cases in October 2024 and 17,000 in May 2025.

Although the November 2025 update shows an improvement compared to August 2025, with the estimated number of affected women standing at 36,740, this figure is still more than double the estimates for both late 2024 and early 2025.

Table 7. Estimates of the expected cases of acute malnutrition among pregnant and/or breastfeeding women by Governorate between mid-October 2025 and mid-October 2026. Source: Nutrition Cluster.

Governorate	Total Population	Pregnant Women (16 Oct 2025 to 15 Oct 2026)				Pregnant Women (16 Oct 2025 to 15 Oct 2026)				Total Pregnant & Breastfeeding Women in Need
		% Pregnant	Total Pregnant	%GAM PW MUAC < 23cm	Estimated PW in need	% Breastfeeding	Total Breastfeeding	%GAM BW MUAC < 23cm	Estimated BW in need	
North Gaza	37,700	4%	1,508	25.0%	377	3%	1,131	25.0%	283	660
Gaza City	481,600	4%	19,264	25.0%	4,816	3%	14,448	25.0%	3,612	8,428
Deir al-Balah	759,000	4%	30,360	25.0%	7,590	3%	22,770	25.0%	5,693	13,283
Khan Yunis	797,700	4%	31,908	25.0%	7,977	3%	23,931	25.0%	5,983	13,960
Rafah	23,400	4%	936	25.0%	234	3%	702	25.0%	176	410
Total	2,099,400	4%	83,976	25%	20,994	3%	62,982	25%	15,746	36,740

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

- N is the number of children 6-59 months or PBW, Source OCHA Nov 2025
- P is for the prevalence estimate of acute malnutrition (including SAM and MAM). For this, a proxy GAM rates have been used 10 percent for the Governorates in Severity IPC AMN Phase 3 and 15 percent for the Governorates in Severity IPC AMN Phase 4. Due to the proximity and similarities of North Gaza and Gaza governorates same proxy GAM applied to both as well as for Rafah and Khan Yunis governorates.
- K is for incidence correction factor for a period of 12 months: a K of 2.9 was considered for SAM and 1.9 for MAM.
- As for the PBW, the same formula was used, replacing with respective PBW-specific parameters and without incidence factor.

ACUTE MALNUTRITION AMONG PREGNANT AND BREASTFEEDING WOMEN (PBW)

Since early 2025, acute malnutrition among pregnant and breastfeeding women has remained notably high, showing seasonal fluctuations that can cause rates to double between the least and most severe months.

Figure 40. Trend for 2025 of GAM by MUAC < 230 mm for pregnant and breastfeeding women (PBW) in Gaza Governorate. Source: Nutrition Cluster

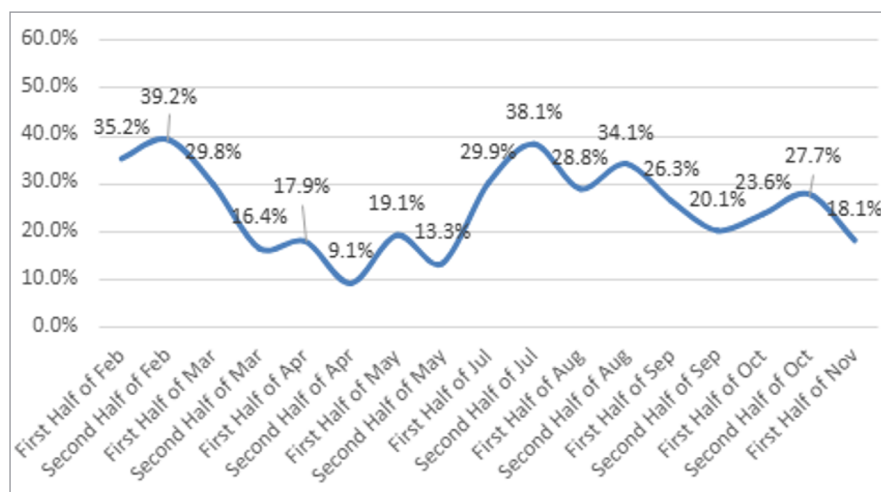


Figure 41. Trend for 2025 of GAM by MUAC < 230 mm for pregnant and breastfeeding women (PBW) in Deir al-Balah Governorate. Source: Nutrition Cluster

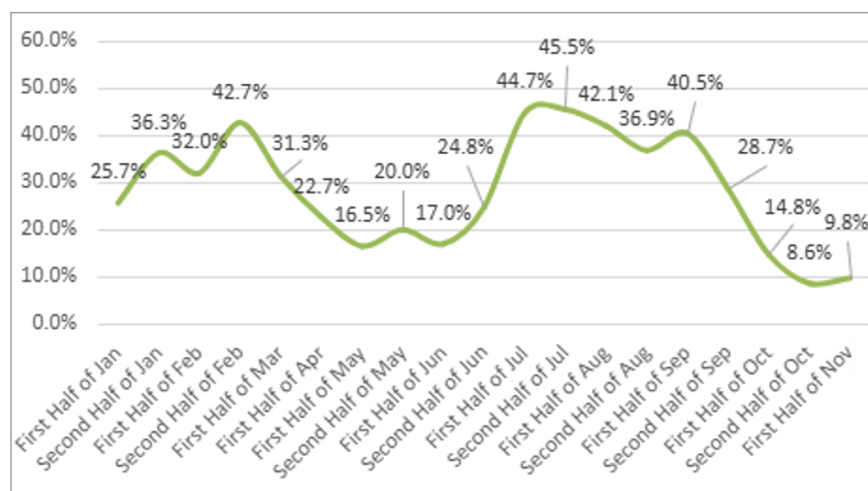
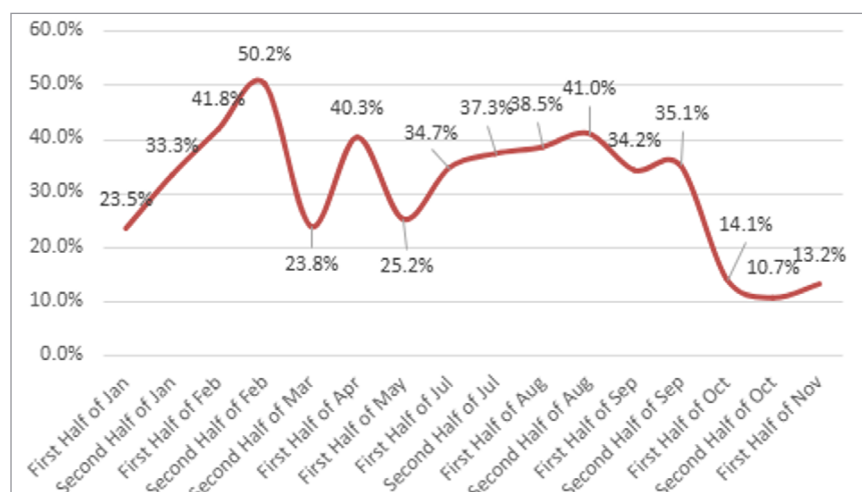


Figure 42. Trend for 2025 of GAM by MUAC < 230 mm for pregnant and breastfeeding women (PBW) in Khan Yunis Governorate. Source: Nutrition Cluster



Gaza Governorate reports an improvement in early November 2025 compared to late October. This appears to confirm a gradual recovery over recent months, following the July–August peak when more than 30 percent of pregnant and breastfeeding women were affected by acute malnutrition.

Deir al-Balah and Khan Younis governorates report a marked improvement that began in late October and was confirmed in early November, with rates dropping from around 35–40 percent in early September to around 10–15 percent in early November.

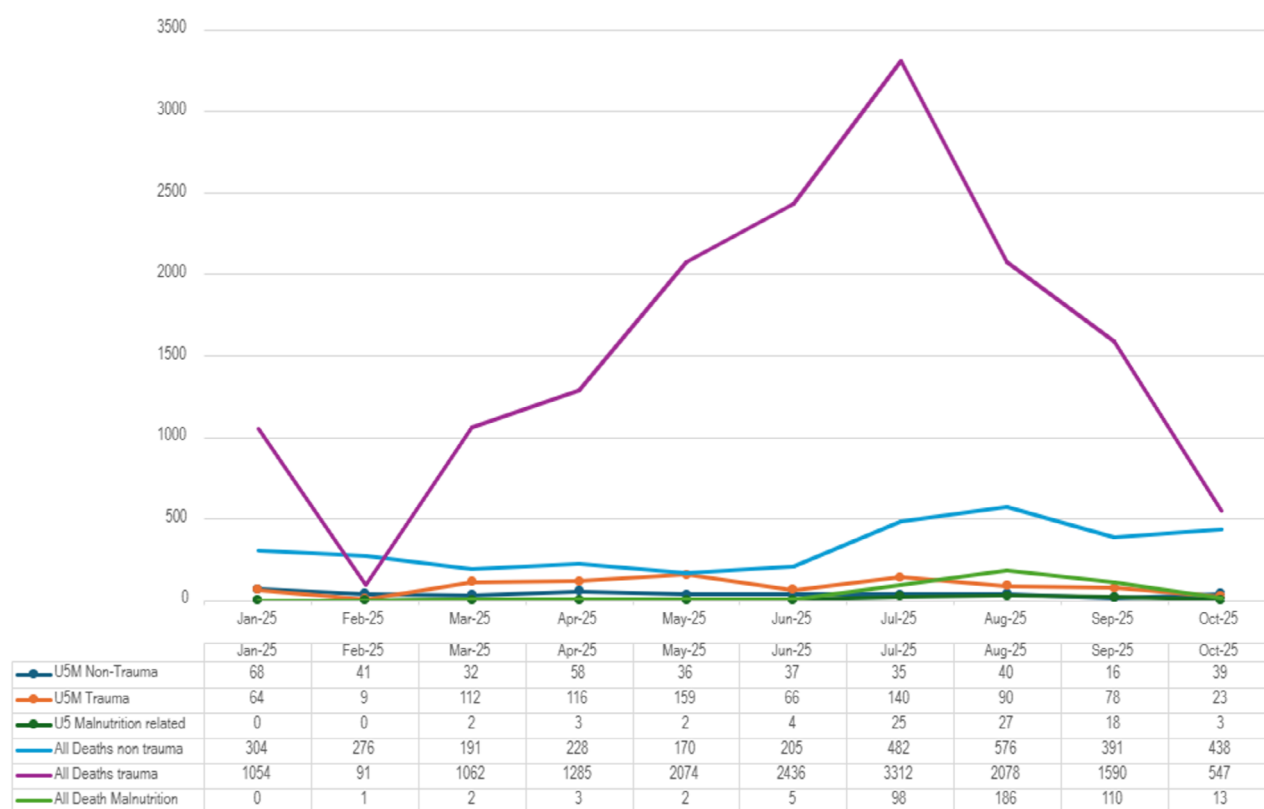
MORTALITY DATA

For the IPC, mortality data is reviewed with a focus on non-traumatic deaths that could potentially be impacted by food security and acute malnutrition situations. This is particularly pertinent for assessing the Risk of Famine, and when famine conditions are suspected. Key outcome indicators are the Crude Death Rate (CDR) and the Under-5 Death Rate (U5DR). Mortality assessments in the Gaza Strip are severely limited by the collapse of health and civil registration systems, restrictions on humanitarian access, and conflict. In the absence of face-to-face household surveys, key IPC mortality indicators such as the CDR and U5DR cannot be measured.

The Gaza Ministry of Health does provide some mortality data through the civil registration and vital statistics (CRVS) system using the International Classification of Diseases, 10th Revision (ICD-10). These come with notable limitations. These data largely capture trauma-related deaths and overlook a substantial portion of non-traumatic mortality. Multiple analyses indicate that the current Ministry of Health (MoH) figures consistently underestimate total mortality, pointing to significant structural and logistic gaps in the registration system.

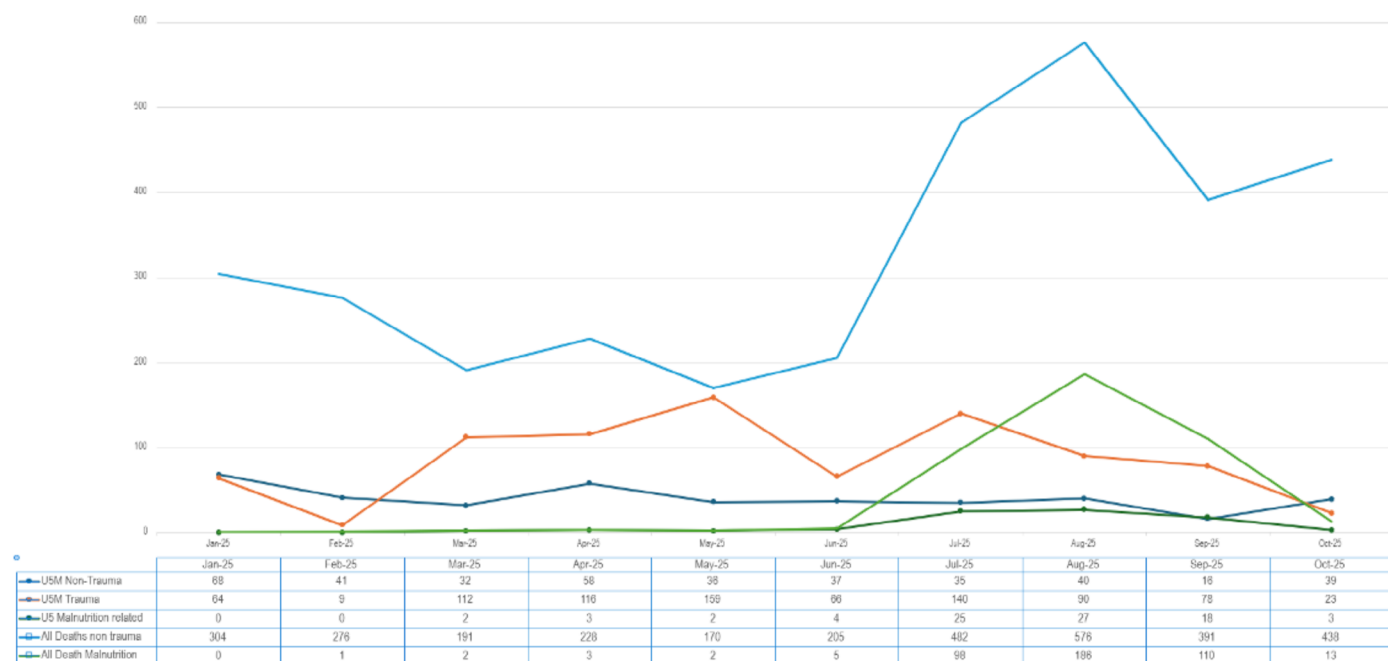
Despite the limitations of mortality data from the CRVS, the analysis team reviewed trends in the various types of deaths recorded in 2025. The focus was not on the absolute number of deaths, but on how these trends evolved—particularly comparing the peak in severity around August with the situation observed in October 2025.

Figure 43. Trend of Traumatic; Non-traumatic; Malnutrition related deaths registered for all populations and children under-5 months. Source: CRVS, MoH 2025.



The traumatic death curve peaks in July 2025, reflecting the period of escalation of hostilities and mass casualty events. This then declines through to October but remains higher than earlier in the year. The under-five (U5) trauma deaths curve fluctuates over the year but increases during periods of intensified conflict.

Figure 44. Trend of Non-traumatic; Malnutrition related deaths for all populations and children under-5 months disaggregated deaths. Source: CRVS, MoH 2025.



The second graph highlights non-traumatic deaths and those related to malnutrition, while still including traumatic deaths among children under five—deaths that should not occur even in a conflict setting. Two key trends stand out regarding non-traumatic deaths. First, there is a pronounced peak in July, August, and September 2025, coinciding with worsening acute malnutrition and food insecurity—malnutrition-related deaths follow the same pattern. Second, and more concerning, October 2025 shows little to no improvement in non-traumatic deaths compared to this peak.

LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

Gaza Governorate:

During the current period, 361,200 individuals, representing three-quarters of the Gaza Governorate population, are classified in IPC AFI Phase 3 and above, with 40 percent in IPC AFI Phase 3 (Crisis), 30 percent in IPC AFI Phase 4 (Emergency), and 5 percent in IPC 5 (Catastrophe).

The percentage of the population classified in IPC AFI Phase 3 and above is expected to remain constant between the current and projection period. However, the percentage of the population in IPC AFI Phase 4 will rise to 35 percent, while those in IPC Phase 3 will remain at 40 percent. No households are anticipated to fall into IPC AFI Phase 5 by mid-April 2026.

Food consumption indicators show relative improvement compared to previous analysis. However, the food-based coping and livelihood coping strategies still show a severe situation. While direct evidence on food consumption (e.g., FCS and HHS) indicates improvements and reduced gaps, evidence suggests that households continue to rely on emergency coping strategies to survive. This was reflected by slight improvements in the children's minimum dietary diversity (from 1.43 to 2.4). Nonetheless, the coping strategy of adults prioritising children's food consumption is still widely practiced in the past seven days of reporting (according to the rCSI).

Concurrently, malnutrition levels among children aged 6-59 months during the analysis period were classified as IPC AMN Phase 4 (Emergency), representing an improvement compared to the previous IPC analysis. AFI findings indicate that 75 percent of the population in Gaza Governorate, including children, experienced high levels of food insecurity (IPC Phase 3 or above).

No children aged 6 to 23 months met the minimum dietary diversity requirements (> 5 food groups), and more than 63 percent exhibited severe food poverty, consuming less than two food groups per day out of the recommended eight. These persistent nutritional deficiencies are directly associated with both micro- and macronutrient insufficiencies, impaired immunity, a higher susceptibility to infections, exacerbation of comorbidities, stunted growth, and an increased risk of acute malnutrition.

Caring and feeding practices, although relatively improved compared to the previous IPC analysis, are still inadequate. Less than half of infants under six months are being exclusively breastfed. Among those who are not exclusively breastfed, 74 percent are exposed to critical WASH conditions that compromise the safe and hygienic preparation of formula. The remaining 26 percent of non-exclusively breastfed infants face even greater vulnerability, relying on alternative weaning options that are unsafe or nutritionally inappropriate (animal milk, tea, lentils, etc). These conditions, combined with rising trends in low birth weight, continue to place infants at high risk of acute malnutrition and increase their likelihood of admission to severe acute malnutrition (SAM) centers.

Rates of reported childhood morbidity are increasing as reporting sites started restoring functionality after the escalation in September-October. More than 90 percent of households reported having a sick child in the two weeks prior to the surveys conducted between September and November, according to the last three survey rounds.

Frequent illnesses such as acute respiratory infections (ARI), acute watery diarrhoea (AWD), and other infectious diseases are being driven by WASH conditions, including access to safe drinking water, uneven chlorination of domestic and communal water supplies, and unsafe food handling practices in community kitchens and distribution points. These recurrent infections significantly increase children's vulnerability to malnutrition by impairing nutrient absorption, reducing appetite, and increasing metabolic demands.

Access to health care facilities in Gaza Governorate was severely undermined during the current analysis, reaching the lowest level since January with only 34.1 percent of health facilities partially functioning and rotavirus vaccines out of stock, further downgrading healthcare services for young children in the governorate.

Similarly, access to nutrition services was severely affected in Gaza Governorate, reflected by a sharp decline in admissions to treatment programmes, even after taking into account the lower population in this governorate by the end of September. Admissions dropped from 5,378 in August to 2,258 in September and dropped further to only 740 in October. This decline indicates serious constraints in accessing AMN treatment sites. Notably, almost 25 percent of admissions over the past three months were for severe acute malnutrition, highlighting both the growing severity of cases and the reduced capacity of the system to respond. The scale-up of the Blanket Supplementary Feeding Programme (BSFP), a critical lifeline for protecting young children, reached only 43 percent of the targeted population, while the micronutrient supplementation programme covered just 32 percent. Although these figures represent relative improvements compared

to previous months, a large proportion of vulnerable children remained without essential nutritional support. All these factors have contributed to the critical malnutrition status reported among children in Gaza Governorate.

Deir al-Balah Governorate:

In Deir al-Balah, the situation reflects Emergency (IPC AFI Phase 4) levels of food insecurity alongside Serious (IPC AMN Phase 3) levels of acute malnutrition in both the current and projection periods. Although food access and availability are severely constrained, nutrition outcomes appear somewhat less severe. With only a one-phase difference between the classifications, the severity of acute food insecurity and acute malnutrition can be considered broadly comparable.

While children's dietary intake remains extremely poor, there have been modest gains in dietary diversity, driven mainly by increased consumption of grains and dairy products. Dairy intake rose from 6 percent in July to 37 percent in between October–November, and the proportion of children experiencing severe food poverty declined from 92.4 percent in September to 71.5 percent in the current period. Although these improvements are limited, they may have helped prevent a further worsening of acute malnutrition.

Household coping behaviours also appear to play a role. More than half of households in Deir al-Balah report prioritising feeding children over adults—a strategy used by 53.7 percent of households in the current period. This behaviour likely helps protect children's food intake despite deepening food insecurity, moderating the immediate impact on nutritional status.

Deir al-Balah has also benefited from relatively strong coverage of preventive nutrition programmes, including the Blanket Supplementary Feeding Programme (BSFP) and distributions of LNS-SQ and HEB. After being suspended between July and September, BSFP resumed at the end of September, with a significant rebound in coverage as 52,585 children were reached in October. Additional supplementary feeding support continued throughout the year, with between 20,000 and 22,000 children per month receiving LNS-SQ or HEB. These programmes likely contributed to stabilising malnutrition levels and preventing the situation from escalating into Crisis (IPC AFI Phase 3) or Emergency (IPC AFI Phase 4).

Taken together, modest improvements in children's diets, household strategies that prioritise child feeding, and strong coverage of supplementary nutrition programmes help explain why acute malnutrition in Deir al-Balah remains at IPC AMN Phase 3. However, given the narrow one-phase gap between AFI and AMN outcomes, severe food insecurity continues to exert significant pressure on child nutrition in the governorate.

Khan Younis Governorate:

In the current analysis period, 50 percent of the population in Khan Younis is classified in IPC AFI Phase 3 (Crisis), 25 percent in IPC AFI Phase 4 (Emergency), and 5 percent in IPC AFI Phase 5 (Catastrophe). During the projection period, a slight improvement is expected: the population in Phase 5 will decline to zero, shifting into IPC Phase 4 and increasing its share to 30 percent, while the population in IPC AFI Phase 3 is expected to remain unchanged at 50 percent. Given that Khan Younis has the largest population in the Gaza Strip at present, it will continue to have the highest absolute number of people in IPC AFI Phase 4 during the projection period.

Although food availability is anticipated to improve (contingent on the sustainability of the ceasefire, reduced conflict intensity, and more predictable flows of humanitarian and commercial supplies), the overall situation will remain severe. Humanitarian food and nutrition assistance will likely become more regular and somewhat easier to access; however, delivery volumes will still fall short of meeting the needs, leaving a significant portion of households highly vulnerable to both food insecurity and associated nutritional deterioration.

For the Acute Malnutrition (AMN) classification, Khan Younis shows some improvement compared with August–September, and is classified in IPC AMN Phase 3 (Serious). The nutritional situation in the projection period is expected to remain in IPC AMN Phase 3, primarily driven by persistent poor dietary diversity and a suboptimal living environment. Although there have been modest improvements, such as a decline in severe food poverty among children aged 6–23 months (from 98 percent in July 2025 to 68 percent in October), most children still fail to meet Minimum Dietary Diversity (MDD), with mean MDD at 2.1 percent. Access to nutrient-dense foods, particularly fruits, vegetables, and animal-source products, remains extremely limited, undermining dietary quality and micronutrient adequacy.

WASH conditions remain critically inadequate. Only half of households report access to an improved sanitation facility, yet many report that they are unable to use them safely due to insecurity and fear of attacks, resulting in widespread open defecation. Hygiene practices remain poor, with very limited access to soap and essential hygiene materials, though this may improve slightly with increased humanitarian and commercial inflows. In an environment marked by overcrowding and mass displacement, the risk of disease outbreaks remains extremely high. Disease burden among children under the age of five is already significant, with 85.2 percent reporting at least one illness in the previous two weeks. The onset

of winter is expected to exacerbate respiratory and gastrointestinal diseases, further undermining children's nutritional status.

Between October and November, there have been signs of modest improvements in children's nutritional status, partly linked to better access to humanitarian support, including blanket supplementary feeding, which is expected to continue providing a protective effect. However, care and feeding practices remain a major concern. Overcrowded shelters and lack of private spaces hinder optimal breastfeeding. Exclusive breastfeeding rates remain low to medium, and the widespread availability of donated infant formula is leading to increased breastfeeding cessation—a particularly high-risk trend in Khan Younis given the poor sanitation, high levels of open defecation, and limited access to safe water and soap, all of which increase the risks associated with formula preparation.

Overall, the convergence of inadequate food access, low diet diversity, high disease burden, poor WASH conditions, and suboptimal feeding practices creates a high-risk environment for deterioration in acute malnutrition in Khan Younis, despite projected modest improvements in food availability.

RISK OF FAMINE ANALYSIS (AFI AND AMN)

As part of this analysis, a Risk of Famine (RoF) assessment was conducted in addition to the current and projected IPC classification. As per the IPC guidance and protocols, the Risk of Famine is a statement that complements the projected classification. While the projection period is based on the most likely scenario, the Risk of Famine (RoF) analysis provides insights into a potential famine if conditions deteriorate beyond current expectations. The elements considered when developing the worst-case scenario (WCS), which could reasonably occur, are described below:

Table 8. Risk of Famine scenario assumptions. Source: IPC.

Drivers	Risk of Famine scenario assumptions (general statement)
Conflict	Renewed hostilities and ceasefire violations are expected to escalate. Armed group activity in case of any refusal to disarm would move the 'Yellow Line' further west, with targeted artillery, air and navy strikes in areas west of the 'Yellow Line'. This will lead to increased access restrictions, population displacement, and further fragmentation of humanitarian zones, complicating operations and heightening vulnerability.
Humanitarian access	A blockade with severe restrictions on humanitarian assistance would occur, with the NGO de-registration process heavily affecting the provision of humanitarian assistance. Militarised aid distribution mechanisms would become the main aid conduit. Additional crossing points would be shut down, preventing humanitarian aid from entering the Gaza Strip.
Displacement	Displacement will continue and fluctuate with evacuation orders and hostilities, pushing populations from Gaza Governorate southward. Increased concentration of people in camps will further strain limited services and heighten public health risks.
Food availability	Militarised aid distributions will resume as the primary food source available. People will depend on communal kitchens and pre-cooked meals due to limited access to food, though these options will remain scarce. Poor food handling and inadequate WASH infrastructure will heighten the risk of contamination and compromise food utilisation.
Food access	Food supply would be limited due to a lack of food production (agricultural, fishing or livestock) and commercial trucks entry will be restricted. Prices will sharply increase while household purchasing power remains low. Access to healthy food will be difficult. Humanitarian accountability would be weakened, as it becomes difficult to verify who is entitled to, and who can actually access food.
Services delivery	Fuel shortages will hinder humanitarian operations, disrupting food delivery, kitchens, and essential health, nutrition, and WASH services. Health and nutrition systems will face frequent evacuations, reduced surveillance, and continued attacks, while clean water access declines, accelerating malnutrition and disease. Humanitarian access restrictions, fuel and supply shortages, insecurity, and evacuation orders would result in rising preventable deaths from malnutrition, outbreaks, and co-morbidities.
Health Status	The influx of casualties and trauma-related injuries will overwhelm already overburdened health services. Disease deterioration is expected, with winter conditions increasing respiratory outbreaks and poor WASH conditions driving related diseases such as acute watery diarrhoea, bloody diarrhoea, measles, and polio.
Health & Nutrition services	The remaining health and nutrition services would face continued disruption due to frequent evacuation orders in surrounding areas, resulting in reduced health and nutrition surveillance and heightened disease transmission. Attacks on health and nutrition staff and facilities would continue. Compromised surveillance and response systems, particularly for vulnerable groups like pregnant women, coupled with depleted prepositioned health supplies including vaccines, will exacerbate risks.
WASH	Deterioration of WASH infrastructure will worsen related conditions, with high risks of outbreaks of waterborne communicable diseases (cholera or vaccine-preventable diseases like measles and polio) and healthcare-associated infections, resulting in higher morbidity and mortality rates.

Under a worst-case scenario, North Gaza, Gaza Governorate, Deir al-Balah, and Khan Younis would face a risk of Famine through mid-April 2026.

In North Gaza, in the event of renewed hostilities, population movements are expected in the western part of the governorate rather than the south, due to the prevalent levels of vulnerability and exhaustion of the population. New displacements triggered by intensified hostilities, would result in increased competition for essential resources like water, firewood or cooking gas. Humanitarian access constraints would impact those who would remain. Those remaining behind would likely become more vulnerable. Humanitarian food distribution would be suspended, along with bakeries' activities, while access for commercial trucks will cease due to insecurity and the closure of the Zikim entry point. Agricultural production activities will be constrained due to insecurity, damaged infrastructure and lack of inputs (including seeds and fertilizer). These conditions would lead to extreme food gaps, with all livelihoods copying strategy mechanisms depleted. The already limited nutrition program will become nonfunctional, and the health system would collapse. In North Gaza, the nutrition situation is expected to deteriorate over the course of the projection period and surpass the indicative threshold for IPC AMN Phase 5 (Extremely Critical). Non-traumatic mortality is also expected to rise, driven by a collapsing health system, severely deteriorated water and sanitation conditions and malnutrition in all populations.

In Gaza Governorate, with the intensification of hostilities, security constraints, and the pre-existing level of infrastructural damage, no agricultural production would occur. Market supply in the governorate would be impeded by restricted access, with low food stocks available. While the hostilities will trigger new displacements to the south, the population remaining in the governorate would rely on community kitchens or pre-cooked food distribution. Food availability will remain extremely limited with food consumption deteriorating rapidly, amid severely deteriorating household livelihoods. The nutrition situation would deteriorate due to disrupted health services, while the deterioration of water and sanitation conditions in the midst of winter would result in increased risks of infectious diseases. Nutrition programmes will likely be disrupted by product supply shortages and evacuation orders, limiting access to essential nutrition products and support. Screenings conducted in the shelters already reveal Extremely Critical levels of Acute Malnutrition, meaning this population is more at risk of a rapid deterioration. In Gaza, the nutrition situation is expected to rapidly deteriorate and surpass the indicative threshold for IPC AMN Phase 5 (Extremely Critical). Non-traumatic mortality is also expected to rise, driven by a collapsing health system, severely deteriorated water and sanitation conditions and malnutrition in all populations.

In Deir al-Balah, under the worst-case scenario, hostilities are expected to occur intermittently, which could trigger population movements, further to the south (outside of the governorate) or to the western part of the governorate. During de-escalation periods, inflows of displaced populations from other areas would occur, further increasing population density and placing additional pressure on resources in this area. Humanitarian and commercial truck movements into the area are likely to be constrained by insecurity or hostilities, resulting in higher prices and reduced physical and financial access to markets and food for the population. Food consumption will be extremely reduced amid livelihood copying strategies already exhausted by two years of war and multiple displacements. Nutrition would rapidly deteriorate due to disruptions of health services and nutritional programs that will lack essential nutritional products for treatment or prevention. This situation would be exacerbated by the poor shelter conditions for displaced populations in the governorate, particularly with the onset of winter. In Deir al-Balah, in a scenario of renewed hostilities, the nutrition situation would be expected to deteriorate over the course of the projection period and surpass the indicative threshold for IPC AMN Phase 5 (Extremely Critical). Non-traumatic mortality is also expected to rise, driven by a collapsing health system, severely deteriorated water and sanitation conditions and malnutrition in all populations.

In Khan Younis, population influxes would occur, fluctuating according to the intensity of hostilities in different areas. Displaced populations would be settled in already overcrowded locations, further worsening access to sanitation, water points and shelter conditions. The risk of disease would remain critical. As the 'Yellow Line' moves further west, access to undamaged agricultural infrastructure would become increasingly limited, hindering any potential for even limited production. Due to restrictions on humanitarian and commercial entries, food supplies in the market would be virtually non-existent, leading to a complete collapse of the market system. This would result in sharp price increases, significantly reducing household food consumption. Under this scenario, severe food gaps can be expected while the livelihood copying strategies of households are nearly exhausted. Additionally, there is a heightened risk of food contamination due to the lack of safe water, inadequate sanitation, and overstretched facilities. Similar to the other governorates, this situation would be exacerbated by the poor sheltering conditions of displaced populations in the governorates, particularly with the onset of winter and inadequate winterisation preparedness. In Khan Younis, the nutrition situation would be expected to deteriorate over the course of the projection period and surpass the indicative threshold for IPC AMN Phase 5 (Extremely Critical). Non-traumatic mortality is also expected to rise, driven by a collapsing health system, severely deteriorated water and sanitation conditions and malnutrition in all populations.

OBSERVATIONS FROM THE FAMINE REVIEW COMMITTEE (FRC)

Once activated, the Famine Review Committee (FRC) is considered active until available evidence confirms that the extreme conditions indicated by the previous Famine classification no longer prevail. In light of this, the FRC has reviewed the latest findings from the IPC analysis team and provided insights as outlined below.

During its review in August, the FRC concluded that Famine was ongoing in Gaza Governorate and projected to expand to Khan Younis and Deir al-Balah governorates by the end of September 2025.

Following the publication of the FRC report, there was a partial relaxation of the blockade and an increase in the availability of food and other essential supplies within the Gaza Strip, followed by a ceasefire agreement that came into force on October 10, 2025. There has been a concomitant improvement in food security and some nutrition and health indicators. While this came too late to avoid Famine in Gaza Governorate in July and early August, the persistence of Famine and its spread to other governorates during the projection period has been avoided.

However, the humanitarian situation remains extremely difficult, particularly in the Gaza and North-Gaza governorates, and the risk of Famine persists in all areas of the Gaza Strip. The recent improvements are fragile and entirely dependent on sustained humanitarian and commercial access, and any further tightening of restrictions will result in rapid deterioration. In addition to allowing full humanitarian access for the necessary multi-sectoral response, the FRC continues to urge parties to the conflict to allow adequate access and security guarantees to permit regular and timely face-to-face household surveys to monitor the evolving situation.

The onset of winter and the recent damage and flooding caused by storm Byron are again elevating the ongoing and severe risks to public health. The FRC is still gravely concerned about the possibility of famine in all areas of the Gaza Strip. We see the main risks to be a deterioration in public health and further tightening of humanitarian access restrictions, as has been experienced in the past. This may lead to a rapid and significant deterioration in food insecurity and malnutrition, leading to the rapid onset of famine.

Additional considerations from the Famine Review Committee relating to IPC analyses for the Gaza Strip are available at:

https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Famine_Review_Committee_Statement_Gaza_Dec2025.pdf

RECOMMENDATIONS FOR ACTION

- **Promote sustainable peace:** To prevent further loss of life and eliminate any risk of a return to famine, the gains recorded since the ceasefire and UN resolution must be reinforced through renewed peace efforts by all parties. Sustained action is essential to promote long-term stability.
- **Ensure sustained and expanded access:** Safe, stable, and unhindered access for humanitarian and commercial goods must be guaranteed through all entry points, allowing for lifesaving assistance and essential goods and services to reach all people in need across the Gaza Strip.
- **Scale up humanitarian assistance:** To prevent further loss of life and avert ongoing destitution—especially during the winter period—expanded humanitarian assistance is urgently required across all sectors, including food, health, nutrition, WASH, shelter, fuel, and productive inputs.
- **Restore commercial activity:** Increase the volume and expand the range of goods entering the Gaza Strip, stabilise market systems and currency circulation, reduce transaction costs, and promote digital payment solutions to restore household purchasing power.
- **Revive livelihoods and food production:** Facilitate access to land and sea, essential inputs, and employment opportunities, supported by expanded availability of resources needed to rehabilitate and restart all sectors of domestic food production.
- **Prevent and manage malnutrition** by implementing strategies such as at-scale supplementary feeding and micronutrient supplementation, and by ensuring the early detection and treatment of wasting in children under five years. In addition, vulnerabilities among all children require early detection and treatment for older children (5–17 years) and pregnant and breastfeeding women.
- **Establish safe nutrition and support spaces** by creating environments that cater to mothers and young children, integrating WASH services, protection measures, psychosocial support, privacy, community engagement, and specialised care for children with specific needs or disabilities.
- **Promote infant and young child feeding (IYCF)** through support for optimal breastfeeding practices and timely complementary feeding for children under two, while also ensuring the safe and appropriate use of breast-milk substitutes when necessary.
- **Support recovery and rehabilitation** by delivering targeted nutritional assistance, addressing the needs of vulnerable populations, and providing nutrition-sensitive cash transfers.
- **Strengthen nutrition information systems:** by improving the quality, timeliness, and analysis of nutrition data, conducting SMART surveys to guide evidence-based decision-making, and developing systems to monitor the quality and performance of nutrition services at the site level.
- **Provide capacity building** and integrate nutrition services into routine health care to strengthen health workers' skills, improve access and quality of nutrition services, and support recovery and rehabilitation.

PROCESS AND METHODOLOGY

The joint IPC AFI and AMN analyses took place virtually from 17 to 24 November, after training sessions on the IPC Analysis Platform were delivered by GSU on the 18 September for AFI and AMN.

A total of 45 analysts representing 16 organisations from different sectors participated to the joint AFI and AMN analysis. The Analysis Team (AT) built the analysis conclusions and classifications converging all the evidence made available to them as of 21 November 2025.

For the AFI analysis, four areas were analysed (North Gaza, Gaza Governorate, Deir al-Balah, Khan Younis) in line with the data minimum requirements for IPC classification as per the IPC protocol. The food security outcomes were developed from various data sources: Source #1 was collected using Computer Assisted Telephone Interviews (CATI) modality, from 16 October to 14 November 2025 covering the four units of analysis. Source #2 data were collected remotely from 16 to 30 September 2025 exclusively for the area of Deir al-Balah and Khan Younis. Sources #3 and #4 were both collected face two face, from 18 – 29 September for Source #3 that focused on Deir al-Balah and Khan Younis only. Source #4 data were collected from 9 to 14 November 2025 reflecting the situation of households living in Gaza governorate.

For the AMN analysis, field partners provided MUAC screening data from multiple sites, including detailed information on site characteristics and the screening methods applied. These data were reviewed alongside qualitative information from focus groups and verification of partner-reported data through bilateral follow-up to better understand local screening practices. A key consideration for the analysis is that it was identified based on newly available detailed information that children already enrolled in CMAM programmes were often excluded from follow-up screenings, which could lead to underestimation of acute malnutrition. This level of detail enabled a richer and more nuanced interpretation of the current dataset. However, previous analyses did not have access to this information, and it is recognised that the severity of the nutrition situation may have been underestimated for the reasons outlined above. Therefore, caution is required when comparing trends over time. The IPC AMN analysed three areas (Gaza, Deir al-Balah, and Khan Younis), as data for North Gaza were insufficient.

For the AFI analysis, the evidence level as per the IPC protocol is assessed as High (***) for the areas of Gaza Governorate, Deir al-Balah and Khan Younis and Medium (**) for North Gaza. For the AMN analysis, the evidence level for the three areas analysed has been assessed as Medium (**). North Gaza Governorate has not been analysed due to insufficient data to meet the IPC minimum level requirements.

For both AFI and AMN, Rafah has not been analysed due to insufficient data and indications that it is largely depopulated.

Sources

The main sources of data used to conduct this analysis include:

- ACLED, Gaza Monitor, November 2025.
- COGAT, Gaza aid data, 10 October and 9 December 2025.
- FAO fisheries assessment satellite images, October 2025.
- FAO-UNOSAT, Damage to agricultural infrastructure, 15 October 2025.
- FAO Cropland Damage assessment, 28 September 2025.
- FAO, Herders' needs and FAO response, 5 November 2025.
- Food Security Sector, Cooking points with hot meal provision mapping, 21 April – 19 November 2025.
- Health Cluster, Occupied Palestinian territory (oPT) Country Dashboard.
- Logistic Cluster, Humanitarian Storage, round #3, November 2025.
- Nutrition cluster Gaza MUAC Screening Analysis, October - November 2025 presented to the nutrition cluster partners.
- Nutrition cluster, State of Palestine, dashboard consulted throughout the analysis process, November 2025.
- Nutrition cluster, IYCF and breastfeeding light survey, November 2025.
- OCHA, Reported Impact snapshot of the Gaza Strip (5 November 2025); dashboard on displacement, November 2025; Humanitarian Situation Update (12 November 2025); SitRep #338, #340; Displacement orders dashboard.
- Site Management Cluster (SMC), Population Movement Monitoring Flash-Update #41, 2 – 8 November 2025.
- Shelter Cluster, Population Movement Dynamics, October and November 2025; Cluster Meeting.



- Source #1, CATI survey.
- Source #2, Remote survey.
- Source #3, Face to face survey.
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- UNOPS, UN2720 Mechanism.
- UNOSAT, Building damage assessment via satellite imagery analysis, April to October 2025.
- UNRWA, Situation Report #195, #196 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem, 11 November 2025.
- Wash Cluster, WASH light touch monitoring (LTM), August – August and September 2025.
- WFP, Humanitarian Access or Movements of goods and households, sitrep # 71 – 72, November 2025; Monthly Market Monitor, October and November 2025.
- WHO & Health Cluster, dashboard Health Service Point, update on November 2025.
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- Women's Refugee Commission (WRC), The Gendered Impacts of Food Insecurity and Famine in Gaza, 19 September 2025.

Limitations of the analysis

- Rafah Governorate was not analysed both by the AFI and AMN analysis as limited information was made available. While population figures appear to have increased compared to the last analysis, this governorate remains largely depopulated.
- For North Gaza, while the minimum requirement was met for a classification of the food insecurity situation, nutrition data were not sufficient to meet the IPC AMN scale requirements. Any classification—whether through a standard or alternative protocols— could consequently not be undertaken for AMN in North Gaza.
- Scenarios on the evolution of the context for the projection period were developed in conjunction with conflict experts to the best of their knowledge and expertise.

What is the IPC

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

Contact for further Information

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Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership.

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Figure 4. Gaza Strip Road Network Comprehensive Damage Assessment as of 17 September 2025. Source: UNOSAT.

Figure 5. Weekly Population movements, 9-15 November. Source: SMC.

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Figure 43. Trend of Traumatic; Non-traumatic; Malnutrition related deaths registered for all populations and children under-5 months. Source: CRVS, MoH 2025.

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Table 8. Risk of Famine scenario assumptions.



ANNEX 1: ACUTE MALNUTRITION CONTRIBUTING FACTORS TABLE

VERY LOW Risk Factor	RISK FACTORS TABLE											
LOW Risk Factor	GAZA STRIP											
MEDIUM Risk Factor	Governorates											
HIGH Risk Factor	Gaza City		Deir Al-Balah		Khan Younis							
VERY HIGH Risk Factor												
No Data Available												
IPC AMN Phase Classification (Current Period: mid-Oct - Nov 2025)												
IPC AMN Phase Classification (Project Period: Dec 2025 - mid-April 2026)	AMN Phase 4		AMN Phase 3		AMN Phase 3							
Individual Food Intake - Alignment :												
Minimum Dietary Diversity (5-8 FG consumed)	Food intake has extreme inaquacies in quality and quantity to meet nutritional needs		Food intake has extreme inaquacies in quality and quantity to meet nutritional needs		Food intake has extreme inaquacies in quality and quantity to meet nutritional needs							
Moderate Child Food Poverty (3-4 FG consumed)												
Severe Child Food Poverty (0-2 FG consumed)												
Mean Dietary Diversity Score (0 to 8 Score)												
Minimum Meal Frequency (MMF)												
Minimum Acceptable Diet (MAD)												
Minimum Dietary Diversity – Women (MDD-W)												
Health Status - Alignment :												
Any Child Diseases	Childhood illnesses assigned high levels has significant impact on acute malnutrition		Childhood illnesses assigned medium levels has moderate but significant impact on acute malnutrition		Childhood illnesses assigned medium levels has moderate but significant impact on acute malnutrition							
HH with related WASH diseases												
Diarrhoea												
Bloody Diarrhoea / Dysentery												
Acute Watery Diarrhoea (AWD)												
Fever												
Acute Respiratory Infection (ARI)												
HIV/AIDS												
Vomiting												
Jaundice												
Skin Infection												
Cholera Cases												
Measles Cases												
Current Food Security Dimmensions (IPC AFI Classification mid-Oct - Nov 2025)												
Projection Food Security Dimmensions (IPC AFI Classification Dec 2025 - mid-April 2026)												
Caring & Feeding Practices - Alignment :												
Exclusive breastfeeding under 6 months	Caring and feeding practices are inadequate and contribute to acute malnutrition		Caring and feeding practices are inadequate and contribute to acute malnutrition		Caring and feeding practices are inadequate and contribute to acute malnutrition							
Mixed feeding under 6 months												
Replacement of BF under 6 months												
Continued breastfeeding 12-23 month												
Introduction of solid, semi-solid or soft foods												
Restrict consumption by adult in order for small children to eat (rCSI question number 4)												
Health seeking behaviour												

RISK FACTORS TABLE	
GAZA STRIP	
Governorates	
Gaza City	Deir Al-Balah
Khan Younis	
VERY LOW Risk Factor LOW Risk Factor MEDIUM Risk Factor HIGH Risk Factor VERY HIGH Risk Factor No Data Available	
Health Services & Environmental Health - Alignment : Measles vaccination coverage Polio vaccination coverage Vitamin A supplementation coverage Coverage of all basic vaccinations Skilled attendant at delivery Access to Health System (HSDU functioning) Coverage of outreach programmes – CMAM (SAM, MAM, or both) WASH - Access to a sufficient quantity of water WASH - Access to an improved source of drinking water WASH - Access to improved sanitation facilities WASH - Open defecation All Population WASH - Open defecation Children WASH - Soap availability for handwashing	Health and WASH services are severely limited, significantly contributing to hygiene breakdown and disease, leading to high risk of acute malnutrition.
Acute Events & Ongoing Conditions - Alignment : Conflict & Insecurity Economic & Political factors Epidemic & Disease Outbreak Natural Factors Population Displacement	Effects of Acute Event result in extremely high vulnerability conditions for acute malnutrition
Vulnerability, Resources & Control - Alignment : Human capital Physical capital Financial capital Natural capital Social capital Policies, Institutions and Processes (PIPs)	Resources, social protection, and governance mechanisms are at collapsed putting acute malnutrition at extremely high risk

ENDNOTES

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