

TALKING POINTS

IPC ACUTE FOOD INSECURITY AND MALNUTRITION ANALYSIS IN THE GAZA STRIP

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Background

For the last 22 months, the Gaza Strip has teetered on the brink of Famine. However, recent developments—including the intensification of hostilities, frequent displacement, and increasingly stringent blockades—have dramatically worsened the humanitarian situation. The cumulative impact of these factors has pushed Gaza into an unprecedented catastrophe, where access to food, clean water, and basic services is extremely constrained for the vast majority of the population. The collapse of market systems and local food production, alongside the restriction of humanitarian aid, is accelerating hunger, malnutrition, and preventable deaths, especially among children and other vulnerable groups.

This analysis factors in data and information available up to 15 August 2025 and does not take into account the latest developments on the ground after this date.

Key Highlights

- Famine (IPC Phase 5) is confirmed in Gaza Governorate and projected to expand to Deir al- Balah and Khan Younis Governorates by the end of September.
- After 22 months of relentless conflict, over half a million people in the Gaza Strip are facing catastrophic conditions (IPC Phase 5), characterised by starvation, destitution and death. Another 1.07 million people—54 percent of the population—are facing Emergency (IPC Phase 4), and 396,000 people (20 percent) are in Crisis (IPC Phase 3).
- Between mid-August and the end of September 2025, conditions are expected to further worsen with Famine projected to expand to Deir al-Balah and Khan Younis. During this period, almost a third of the population—nearly 641,000 people—are expected to face catastrophic conditions (IPC Phase 5), while the number of people in Emergency (IPC Phase 4) will likely increase to 1.14 million (58 percent).
- Acute malnutrition is projected to continue worsening rapidly. Through June 2026, at least 132,000 children under the age of five are at risk of death from acute malnutrition. This number has doubled compared to the IPC estimates reported in May 2025. This includes over 41,000 severe cases at heightened risk of death. Nearly 55,500 malnourished pregnant and breastfeeding women will require urgent nutrition response.
- This is the most severe deterioration since the IPC began analysing acute food insecurity and acute malnutrition in the Gaza Strip, and it marks the first time a Famine has been officially confirmed in the Middle East region.
- Famine must be stopped at all costs. Ending it is a race against time. An immediate ceasefire and end to the conflict is critical to enabling an unimpeded, large-scale humanitarian response that can save lives.

Note: *Given the inability to classify North Gaza, the numbers above are an underestimate. They only include the populations analysed and classified in Gaza, Deir al-Balah and Khan Younis governorates and exclude any remaining population in Rafah as it is largely uninhabited.*

Key Drivers of the Situation

- **Conflict:** As of 15 August 2025, the conflict has resulted in over 62,000 deaths and 155,000 injuries. The situation escalated sharply in July with daily fatalities averaging 119, nearly double the average recorded in May. Injuries also surged dramatically, with nearly 14,000 in July compared to approximately 6,100 in May.
- **Displacement:** Since mid-March, protracted and intensified hostilities have displaced nearly 800,000 people, with 86 percent of the Gaza Strip now under militarized zones or displacement orders. In total, 1.9 million people—90 percent of the population—have been displaced multiple times since the onset of the conflict. Many families are living in unsafe and overcrowded conditions, while others are sleeping in the open.
- **Restricted Access:** Since mid-March, access to both humanitarian and commercial supplies of food and other essential goods—including water, medicine, shelter and fuel—has remained critically restricted. A “tactical pause” announced on 27 July failed to improve conditions as sporadic violence continued throughout the Strip—including airstrikes, shelling, and shooting.
- **Food System Collapse:** Approximately 98 percent of cropland in the Gaza Strip is either damaged, inaccessible, or both. Livestock has been decimated, and fishing activities are banned. Much of the infrastructure essential for the flow and storage of food imports has been severely damaged or destroyed. Cash is critically scarce, and soaring market prices have rendered the limited food that is available unaffordable for most households.

Contributing Factors for Acute Malnutrition

- **Life-threatening and widespread food deprivation:** Over 90 percent of children under the age of two consume fewer than two food groups per day. High-protein foods and micronutrient-rich items are extremely scarce, compromising children’s immunity and growth. Dietary intake is also largely inadequate among malnourished pregnant and breastfeeding women, further impairing their ability to breastfeed their children.
- **Collapse of health and nutrition systems:** The health system has severely deteriorated, exacerbated by persistent fuel shortages that have further restricted service delivery. 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. In addition, blanket supplementary feeding programmes that once helped control malnutrition are now running out of supplies and reaching significantly fewer children in the past two months.
- **Collapse of WASH systems:** Access to safe drinking water, adequate hygiene, and sanitation services has been drastically reduced across the governorates. Open defecation, damage to sewage infrastructure, limited access to hygiene items and overcrowded living conditions have increased the spread of infectious diseases, heightening the risk of disease outbreaks.
- **Extremely high levels of morbidity:** In July, morbidity levels among children in the Gaza Strip were alarmingly high. Diarrhoea affected 43 percent of children, 58 percent experienced fever, 25 percent had acute respiratory infections, and nearly half suffered from skin infections.

Recommended Actions

Famine is a race against time, and every effort by all actors counts. Immediate and decisive action will save lives and alleviate suffering.

- **Immediate and sustained cessation of hostilities:** To prevent further loss of life and famine from spreading further, an immediate ceasefire and putting an end to the conflict is critical.
- **Guarantee unconditional and safe humanitarian access:** Safe, stable, and unhindered access must be guaranteed through all entry points, in full respect of international humanitarian law, allowing for lifesaving assistance and essential services to reach all people in need across the Gaza Strip. Access must also be granted urgently to allow for a comprehensive humanitarian assessment, particularly in North Gaza Governorate.
- **Immediate, large-scale, unobstructed multi-sector humanitarian assistance** is needed to avert further destitution, starvation and death. This includes the provision of food, nutrition, health, WASH, shelter, fuel, cooking gas and food production inputs, while safeguarding humanitarian principles. This is also the only way to stop the interception of aid trucks by desperate populations.
- **Protect civilians and critical infrastructure:** Ensure the safety of civilians and humanitarian personnel across the Gaza Strip. Protect and restore critical infrastructure essential for survival and for the functioning of food, health and WASH systems.
- **Restore** commercial flows at scale, market systems, essential services, and local food production.

Key assumptions for the Projection Period (16 August – 30 September 2025)

This section presents the assumptions developed by the Analysis Team during their analysis, completed on 4 August. These have been further complemented by the Famine Review Committee, incorporating updated information on developments through 15 August.

Conflict:

- Conflict is likely to persist at the same intensity as July, with alternating periods of escalation and limited periods of reduced intensity. No ceasefire or cessation of hostilities is expected. Intensification of tensions and civil unrest is likely.
- Gaza Governorate will be particularly affected by high intensity conflict, resulting in sustained fatalities and injuries, as well as further damage to civilian infrastructure and assets.

Humanitarian access:

- While a modest improvement in humanitarian access is anticipated compared to July, the operational capacity and coverage of humanitarian actors will remain hampered by crowds of people seeking food and other essential supplies, attacks on warehouses, evacuation orders and fuel shortages.
- Humanitarian assistance—for food, nutrition and for other essential items—delivered by land or air will remain insufficient to meet the catastrophic and growing needs of the population, with minimal impact on food security, nutrition and health.

Displacement:

- Displacement will likely continue and fluctuate in response to escalating evacuation orders and hostilities, with significant displacement of populations still residing in Gaza Governorate toward the South.
- An expanded offensive in Deir al-Balah is likely to trigger further displacement towards Khan Younis.
- Increased concentration of people in camps will place further strain on very limited and inadequate services and increase risks to public health.

Availability of essential supplies:

- Agricultural production and livestock activities are expected to remain severely constrained due to extensive damage to infrastructure, cropland destruction, lack of inputs, and restricted access to agricultural areas. The ban on fishing activities is likely to persist, further limiting food availability.
- Commercial deliveries are expected to resume, which may lead to modest improvements in commodity availability and exert some stabilizing influence on market prices.
- GHF distributions are expected to proceed at current levels and locations; however, the current distribution modality will continue to limit access for those most in urgent need of food.

Service delivery:

- The continued scarcity of fuel and other energy sources is expected to pose a major operational barrier to humanitarian efforts and service delivery, with direct consequences for the functionality of food delivery systems, community kitchens, and critical health, nutrition and WASH services.
- The remaining health and nutrition services are likely to 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 are expected to continue.
- Further reduction in the availability of clean water and sanitation services will contribute to rising malnutrition and morbidity at faster rates than previous months.
- The prevalence of diseases is expected to rise, including acute respiratory illnesses—driven by seasonality, malnutrition, and crowded living conditions—as well as acute watery diarrhoea, bloody diarrhoea, measles, and polio.

Questions & Answers

Questions specific to this IPC analysis on the Gaza Strip

1) Is Famine occurring now in the Gaza Strip?

Yes, Famine (IPC Phase 5) is currently occurring in Gaza Governorate and projected to expand to Deir al-Balah and Khan Younis by the end of September.

Based on the analysis of the “current period” (1 July - 15 August 2025), Gaza Governorate is classified in Famine (IPC Phase 5). In the “projection” period (16 August - 30 September 2025), Famine is expected to spread beyond Gaza Governorate into Deir al-Balah and Khan Younis.

2) What evidence does the IPC have to support a Famine classification in the Gaza Strip?

An area is classified in IPC Phase 5 (Famine) based on the following criteria:

- At least 1 in 5 households (20%) face an extreme food shortage, measured by food consumption or livelihood change indicators.
- Roughly 1 in 3 (30%) or a higher proportion of children are acutely malnourished.
- At least 2 in every 10,000 people are dying daily (or at least 4 in every 10,000 children under 5 are dying daily) because of outright starvation or the interaction of malnutrition and disease.

Food consumption: In the Gaza Strip, the proportion of households reporting very severe hunger—based on the Household Hunger Scale—across the territory doubled in July compared to May, and more than tripled in Gaza Governorate (at 36 percent). This is followed by 33 percent in Deir al-Balah and 22 percent in Khan Younis, clearly surpassing the Famine threshold in all three governorates.

Acute malnutrition: Global Acute Malnutrition (GAM) rates have risen at an unparalleled pace, particularly in Gaza Governorate, where prevalence surged from 1.6 - 5.8 percent in May to 12.7 - 19.9 percent in July, surpassing the famine threshold. In Deir al-Balah and Khan Younis, GAM rates more than doubled: In Deir al-Balah, prevalence rose from 0 - 4.5 percent to 1.31 - 12.0 percent, and in Khan Younis from 0.3 - 4.7 percent to 4.9 - 9.1 percent. This rapid deterioration is expected to continue through September, with GAM levels expected to reach the famine threshold in Deir al-Balah and Khan Younis by late September.

Mortality: Mortality in the Gaza Strip is likely underreported, particularly for non-traumatic and household-level deaths, due to the breakdown of monitoring systems. The health system crisis is exacerbated by a surge in multi-drug-resistant infections, rendering treatable injuries increasingly fatal. Newborns face elevated mortality risks due to the collapse of neonatal intensive care services. The convergence of widespread malnutrition, untreated illness, collapsing health systems, deteriorating WASH conditions and increases in child disease aligns with the established combination of factors that lead to death in Famine conditions. The sharp rise in acute malnutrition is driving a parallel increase in deaths. Considering this, Gaza Governorate is assessed to have reached the famine-level mortality threshold. Deir al-Balah and Khan Younis are likely to reach similar levels by late September.

3) How is the threshold for food consumption measured?

By definition, IPC Phase 5 Famine refers - as far as food consumption is concerned – to *Households experiencing an extreme lack of food and/or cannot meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (IPC Technical Manual 3.1, page 35).*

According to IPC protocols, this means that at least 20% of households are facing an extreme food shortage in a given area of analysis. For Gaza, this corresponds to the governorate level. For assessing the prevalence of people facing extreme food shortages, the IPC relies on a convergence of indicators, namely Food Consumption Score (FCS), Household Hunger Scale (HHS), and reduced Coping strategy Index (rCSI). Only one of these indicators, the HHS – has clear cut-off points that can separate Phase 4 (Emergency) from Phase 5 (Famine/Catastrophe).

For this IPC analysis in Gaza, the food consumption indicators highlight extreme food gaps in all the analysed governorates. Food security has deteriorated at an unprecedented pace. The proportion of households experiencing very severe hunger doubled between May and July 2025—surpassing the food consumption famine threshold in Gaza, Deir al-Balah and Khan Younis governorates.

4) How is the famine threshold for acute malnutrition measured?

Acute malnutrition can be measured using two methods, which are outlined in the IPC Technical Manual (page 158):

- **Global Acute Malnutrition (GAM) by Weight-for-Height Z-score (WHZ):** This method assesses whether a child is too thin for their height, based on standardized weight-for-height comparisons. It requires the use of weighing scales and height/length boards and is typically employed in detailed nutrition surveys. The famine thresholds using this method is set at GAM by WHZ $\geq 30\%$, or approximately 1 in 3 children under five suffering from wasting. In Gaza, attempts to collect data using this method failed as active conflict prevented assessment teams to access populations and conduct the survey.
- **Global Acute Malnutrition (GAM) by Mid-Upper Arm Circumference (MUAC):** MUAC is also used to identify malnutrition, especially in children. It involves measuring the circumference of the upper arm to assess muscle mass and overall nutritional status. MUAC is a helpful tool in settings where resources are limited and doing more complex assessments are difficult. The famine thresholds using this method is set at GAM by MUAC $\geq 15\%$, or 1 in 7 children under five experiencing wasting. The GAM by MUAC needs to be analysed along any evidence of rapidly worsening underlying drivers of acute malnutrition to be conclusive.

GAM by MUAC data has been collected routinely in Gaza since January 2024. The nutrition situation in the territory has worsened rapidly. Since May, acute malnutrition rates measured by MUAC have tripled in Gaza Governorate, reaching the famine threshold. Rates have doubled in Deir al-Balah and Khan Younis and are projected to reach the famine threshold by the end of September.

5) How is the famine threshold for mortality measured?

Mortality is a term used for the death rate or the number of deaths in a particular group of people in a certain period. Acute malnutrition, particularly in severe cases, can lead to various complications that may contribute to death. Several physiological processes are disrupted when the body does not receive adequate nutrients for an extended period, resulting in severe health consequences.

According to the [IPC Famine Guidance Note](#), mortality is measured by the Crude Death Rates (CDR) or the Under 5 Death Rates (U5DR) indicators. CDR and U5DR need to be directly attributable to outright starvation or to the interaction of food consumption deficits and disease. The IPC threshold for Famine corresponds to at least 2 in every 10,000 people are dying daily (or at least 4 in every 10,000 children under 5 are dying daily) because of outright starvation or the interaction of malnutrition and disease.

For this IPC analysis in Gaza, most deaths, particularly non-traumatic fatalities, remain undocumented due to the breakdown of monitoring systems, meaning reported figures likely underestimate the actual mortality in Gaza. In these circumstances, analysts use the available evidence and their expert judgement to conclude whether the Famine mortality threshold has been reached or not.

The health system crisis is exacerbated by a surge in multi-drug-resistant infections, rendering treatable injuries increasingly fatal. Newborns face elevated mortality risks due to the collapse of neonatal intensive care services. The convergence of widespread malnutrition, untreated illness, collapsing health systems, deteriorating WASH conditions and increases in child disease aligns with the established combination of factors that lead to death in Famine conditions. The sharp rise in acute malnutrition is driving a parallel increase in deaths. Considering this, Gaza Governorate is assessed to have reached the famine-level mortality threshold. Deir al-Balah and Khan Younis are projected to reach similar levels by late September.

6) The IPC latest report refers to “Famine with reasonable evidence”. What does this mean? What is the difference between “Famine with reasonable evidence” and “Famine with Solid evidence”?

According to the [IPC Famine Guidance Note](#), Famine can be classified in two ways depending on the quality and quantity of evidence available for classification. Determining whether an analysis supports a classification of Phase 5 (Famine) with solid evidence or Phase 5 (Famine) with reasonable evidence is solely a question of the quality and quantity of existing evidence. The severity of the situation(s) is expected to be the same.

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

Famine with solid evidence: An area is classified in Famine with solid evidence if there is clear and compelling evidence that the Famine thresholds for starvation, acute malnutrition and mortality have been reached.

In the case of the Gaza analysis, there is clear evidence that thresholds for starvation and acute malnutrition have been reached, and analysts reasonably assess from the broader evidence that the mortality threshold (third outcome) has likely been reached.

7) What evidence was used in this latest IPC analysis on Gaza?

Most of the outcome indicator evidence used to assess the food security situation was collected by partners via Computer Assisted Telephone Interviews (CATI). This included the Food Consumption Score, the Households Hunger Scale, the reduced Coping Strategy Index and the livelihood strategy adopted by the respondents. The same surveys also provided crucial information on contributing factors, namely access to markets, humanitarian assistance, water and WASH services, health services, shelter etc.

Additional information on contextual elements such as prices, conflict, displacement, and humanitarian aid deliveries has also been provided by humanitarian partners and COGAT.

For the Acute Malnutrition analysis, the core direct outcome indicator available was the Mid-Upper Arm Circumference (MUAC) measurements of children conducted by partners operating on the ground.

Other data and information used in the analysis comes from operational partners involved in the humanitarian response in Gaza from various sectors (e.g. nutrition programme admission data).

Various data sources were reviewed to assess mortality, including the aforementioned remote surveys, Gaza Ministry of Health mortality reports, WHO data on inpatient feeding centre mortality and triangulation with other contributing factors related to food security and acute malnutrition.

8) Does this analysis take into account the latest developments on the ground, including the “local tactical pause” to allow humanitarian aid to enter the Gaza Strip? Does this analysis also consider the major escalation in the recently announced military operation in Gaza City?

The IPC analysis is based on information and data available until 15 August 2025. On 27 July 2025, the Israel Defense Forces (IDF) announced a "local tactical pause in military activity" to allow the UN and other organisations to deliver food and medicine to Palestinians in three areas - Al Mawasi, Deir al-Balah and Gaza City. Airdrops of aid packages were also carried out, and commercial flows resumed. On 8 August, new plans for the occupation of Gaza City were announced. All this information has been factored into the IPC analysis.

9) Did the IPC initiative change its standards for analysis on Gaza by lowering the malnutrition threshold for famine from 30% to 15%?

No. For the IPC, “widespread acute malnutrition” refers to situations where at least 30% of children aged 6–59 months have a weight-for-height z-score (WHZ) below -2 standard deviations or oedema. In the absence of WHZ data (which is the case of Gaza), widespread acute malnutrition may be identified when at least 15% of children aged 6–59 months have a Mid-Upper Arm Circumference (MUAC) below 125 mm or oedema.

The MUAC metric has been accepted for famine classification since 2019, when the IPC Technical Manual Version 3.0 was released. This is also outlined in the current [IPC Technical Manual v3.1](#), which explicitly allows global acute malnutrition (GAM) to be measured using at least three outcome indicators: WHZ, MUAC, or Body Mass Index (BMI). Since these indicators measure relatively different dimensions, their thresholds are all different. The IPC Manual sets distinct thresholds for IPC phases, especially IPC Phase 5 Famine: 30% GAM by WHZ, or ≥15% GAM by MUAC, or ≥40% BMI. These thresholds are standard and were not modified for Gaza.

In fact, MUAC is often the metric used in famine classifications because it is the measurement most frequently available and has strong correlation with mortality outcomes. MUAC has been used in famine classifications in South Sudan in the report published in November 2020 and in the Sudan, in the report published in December 2024. These same protocols were consistently applied in all previous IPC analyses for Gaza. The WHZ threshold for famine classification remains 30%, but for MUAC the threshold is, and has been for almost a decade, 15%. Therefore, the use of MUAC in the IPC Alert on Gaza released in July 2025 does not represent a “lowered threshold” in IPC methodology. Instead, it demonstrates the continued application of established IPC standards.

10) Why are some data sources used in IPC analyses on Gaza not available to the public and IPC partners logos not included in the IPC reports?

Data and information sources used in IPC analyses are either publicly available or coming from IPC partners’ internal documents. The decision to publish a report belongs to the data owner. IPC, in all its analyses across the globe, does not require reports to be published to use them as data sources, as long as the document is made available and the methodology and quality can be checked and validated by the IPC team.

Due to the extreme security and safety risks faced by both civilians, humanitarian and healthcare workers in Gaza, the IPC has made the decision not to disclose information on the partners involved in the analysis process in order to minimise their exposure to any additional risk.

11) Why is North Gaza Governorate coloured in Grey? What does it mean?

As per IPC protocols, areas are mapped in grey when there is insufficient data to support a classification. However, the limited information that is available, including food consumption data and qualitative information obtained from Key Informants, indicate that the situation is as severe, if not worse, than in Gaza Governorate. This highlights the urgent need for access and comprehensive assessments in North Gaza.

12) Why is Rafah governorate also coloured in white? What does it mean?

As per IPC protocols, areas are mapped in white when they are not classified. Rafah Governorate was not analysed given indications that it is largely uninhabited according to the latest figures from operational actors.

13) What will it take to stop the spread of Famine?

Immediate, large-scale, unobstructed multi-sector humanitarian assistance is critical to avert further destitution, starvation and death. Immediate and decisive actions will save lives and alleviate human suffering. This is not possible without an immediate and sustained ceasefire.

14) What is the IPC process behind the assessment?

This joint IPC Acute Food Insecurity and Acute Malnutrition analysis for the Gaza Strip was conducted remotely from 30 July to 4 August 2025. Led by the IPC Global Support Unit (as a “[globally-led analysis](#)”), the exercise involved approximately 50 experts from 19 organizations, representing diverse sectors and

bringing contextual expertise. The analysis followed standard IPC protocols and culminated in a review by the Famine Review Committee, whose conclusions were adopted and are reflected in the IPC snapshot and FRC report.

15) What is the difference between the latest IPC Alert on Gaza and this report?

IPC Alerts are concise reports issued by the IPC to draw global attention to unfolding or worsening food and nutrition crises. The alerts are based on the latest available evidence. However, unlike a fully-fledged IPC analysis, an IPC Alert does not provide a classification of areas nor provide estimates of populations by IPC (severity) Phase. As such, IPC Alerts do not substitute fully-fledged IPC analyses. The latest IPC Alert (published on 29 July 2025) warned that the worst-case scenario of Famine was playing out in the Gaza Strip. However, this Alert did not constitute a famine classification.

The IPC analysis on Gaza conducted in August 2025 confirms that Famine (IPC Phase 5) is occurring in Gaza Governorate and projected to expand to Deir al- Balah and Khan Younis by the end of September.

General Questions about the IPC

1) What does it mean to be in Phase 4?

In IPC Phase 4, households face large food shortages, which are either reflected in high acute malnutrition levels and excess mortality or mitigated by using emergency coping strategies that severely corrode their well-being and livelihoods. In the case of Gaza, the latest data show that people are scavenging through rubble to find food or begging.

2) What does it mean to be in Phase 5?

Households in IPC Phase 5 face an extreme lack of food and are unable to meet other basic needs, even after full employment of coping strategies. People are starving and face acute malnutrition and death.

3) How does the IPC define Famine?

In IPC Phase 5 (Famine), even after fully employing strategies to cope with the situation, people face an extreme lack of food and cannot support their basic needs. Starvation and death are evident. An area is classified in IPC Phase 5 (Famine) based on the following criteria:

- At least 1 in 5 households face an extreme food shortage.
- Roughly 1 in 3 or a higher proportion of children are acutely malnourished.
- At least 2 in every 10,000 people are dying daily (or at least 4 in every 10,000 children under 5 are dying daily) because of outright starvation or the interaction of malnutrition and disease.

4) What is the Famine Review Committee?

The IPC Famine Review Committee (FRC) is a team of leading independent international experts in the areas of food security, livelihoods, nutrition, and health. The committee is tasked with reviewing and

debating available evidence, and IPC analysis results to determine whether a Famine classification is warranted.

When an IPC analysis shows a potential, or already identified situation of Famine, a specific procedure is activated to confirm or disprove a Famine classification.

The FRC is activated when at least one of the following conditions is met:

- The analysis team concludes that at least one area is classified in IPC Acute Food Insecurity (AFI) Phase 5 (Famine).
- There is a breakdown in technical consensus within the analysis team regarding possible IPC AFI Phase 5 (Famine) classification.
- The IPC Global Support Unit is aware of evidence indicating the possibility of IPC AFI Phase 5 (Famine) and chooses to activate the FRC.
- An IPC Global Partner officially requests the IPC GSU to activate it due to concerns about whether an area is in IPC Phase 5 (Famine).

Once the process is triggered, the FRC is requested to conduct a review to ensure technical rigor and neutrality of the analysis before the results are confirmed and communicated.

5) Who declares a famine?

Whereas the IPC's role is to facilitate classification of acute food insecurity and malnutrition, governments and/or international agencies have typically taken on the role of making formal statements (often characterized as a "declaration") that Famine exists. In other words, the IPC does not "declare Famine" or issue "Famine declarations", but rather facilitates the analysis that allows governments, international/regional organizations and humanitarian agencies to issue more prominent statements or declarations.

6) What is the difference between a standard IPC analysis process and Globally Led Analysis process?

The IPC global initiative is committed to the humanitarian imperative and providing analysis of food and nutrition crises where and when needed to inform response. To operationalize its commitment to provide timely IPC analyses where needed, the IPC global initiative has developed Standard Operating Procedures to conduct IPC Globally-Led Analyses (GLA) in situations where having a TWG-led IPC process in line with IPC principles is not viable or possible. These analyses aim to provide actionable knowledge to inform decision making with the required neutrality, technical rigour and consensus of an IPC analysis. Similar to a standard IPC analysis, an IPC Globally-Led Analysis encompasses all four IPC functions, (i.e. Build Technical Consensus, Classify Severity and Identify Key Drivers, Communicate for Action, Quality Assurance). It follows all 13 IPC protocols as well as the guiding principles described in the IPC Technical Manual version 3.1 and applies standard IPC quality assurance mechanisms to ensure the technical rigour and neutrality of the analysis. Consequently, these analyses can be subject to external quality reviews or Famine Reviews.

The IPC Global Support Unit coordinates IPC Globally-Led Analyses, involving technical experts from the IPC Partnership who are fully cognizant of IPC protocols and have a good understanding of the local context. These analyses are usually conducted virtually and use all available evidence. The analysis findings are reported in an IPC Special Brief or Special Snapshot and other relevant communication products, which

are published on the IPC website, as per standard practice. This approach has also been used in a limited number of contexts other than Gaza.

7) What is the IPC?

The Integrated Food Security Phase Classification (IPC) is an innovative multi-partner initiative for improving food security and nutrition analysis and decision-making. By using the IPC classification and analytical approach, Governments, UN Agencies, NGOs, civil society and other relevant actors, work together to determine the severity and magnitude of acute food insecurity and acute malnutrition situations in a country, according to internationally recognised scientific standards.

The main goal of the IPC is to provide decision-makers with a rigorous, evidence- and consensus-based analysis of food insecurity and acute malnutrition situations, to inform emergency responses as well as medium- and long-term policy and programming.

The IPC partnership is composed of 21 organizations, which include intergovernmental bodies from Africa and Latin America as well as UN agencies, NGOs, and other technical institutions. While Canada, the EU, Germany and the United Kingdom provide financial support to the IPC Initiative, they are not members of the IPC global partnership and are not involved in analysis processes or technical development of the IPC.

8) How to refer to the IPC?

Based on the context, the IPC can refer to two different things: the IPC Partnership or the IPC analytical approach. When quoting the IPC, it should be referred to as, "the IPC Partnership". For instance, "The IPC Partnership warns that...". If further information is needed, one can specify that this partnership is composed of UN agencies, NGOs, technical agencies and regional bodies.

When referring to the IPC as an approach, the IPC can be referred as one of the options below:

- A global scale to classify food and nutrition crises
- The global reference for analysis of food and nutrition crises
- A global approach for food security and nutrition analysis
- A globally recognised food security and nutrition analysis approach.