

The Third IPC Report on Gaza (June 2024) Displays Persistent Neutrality, Transparency and Methodology Failures

Executive Summary

The third Integrated Food Security Phase Classification (IPC) report on Gaza,¹ published on 25 June, concluded that, for the "current" period (1 May–15 June), all of the Gaza Strip is classified in phase 4 ("emergency") of the IPC Acute Food Insecurity scale. It further found that 95% of the population is classified in phase 3 ("crisis") or above. The report claimed that 15% of the population was currently in phase 5 ("catastrophe", the highest IPC phase) and defined the situation in the whole of Gaza as "catastrophic" with "a high and sustained risk of Famine".

This paper will review the main indicators and other information that were used by the IPC Analysis Team in its "Special Brief" (henceforth: SB), and later endorsed by the Famine Review Committee (FRC) in its "conclusions and recommendations" report (henceforth: FRC), to arrive at the above conclusions. Unless specified otherwise, references to "the IPC report" apply to both documents.

The third IPC report contains the same methodology and transparency issues which were identified in the review of the second IPC report on Gaza from March 2024 and detailed in a [document](#) published by Israel's Ministry of Foreign Affairs on 25 May. The IPC never responded to the findings in that document, but rather repeated the very same deviations from its standards and guidelines in the subsequent report.

Divergence Between the Report's Evidence Base and Conclusions

A key finding in this analysis is that the evidence the IPC report provides, particularly on the IPC's direct indicators for the Acute Food Insecurity classification, point to far less severe levels of food insecurity than the conclusions it offers. This divergence is explained in detail in [Part 1](#).

Table 1 illustrates the gaps between the indicators and the phase classifications of the three areas of Gaza: 1) Northern Gaza, 2) Rafah, and 3) Dir Al-Balah and Khan Younis. The divergence is particularly notable in the latter where, according to the IPC, **78% of Gaza's population is currently located**.

¹ <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1157065/>

Table 1: Main IPC Acute Food Insecurity outcome indicators² and the IPC's "current" phase classifications

	Northern Gaza	D. Al-Balah and K.Y.	Rafah
Population (%)	13%	78%	8% ³
IPC classification (approved by the FRC)			
Area phase	Phase 4	Phase 4	Phase 4
Population:			
Phases 4-5	65%	40%	45%
Phase 3	35%	55%	40%
Phases 1-2	0%	5%	15%
IPC indicators			
Food availability	No caloric input data. Indicators show steady increase since March.	No caloric input data. Increase Mar-Apr. Data on May "incomplete".	No caloric input data. Increase Mar-Apr. Data on May "incomplete".
Food Consumption Score (May-June)	<div style="background-color: red; width: 13%; display: inline-block; margin-bottom: 2px;">13%</div> <div style="background-color: orange; width: 27%; display: inline-block; margin-bottom: 2px;">27%</div> <div style="background-color: lightgreen; width: 60%; display: inline-block;">60%</div>	<div style="background-color: red; width: 5%; display: inline-block; margin-bottom: 2px;">5%</div> <div style="background-color: orange; width: 20%; display: inline-block; margin-bottom: 2px;">20%</div> <div style="background-color: lightgreen; width: 75%; display: inline-block;">75%</div>	<div style="background-color: red; width: 3%; display: inline-block; margin-bottom: 2px;">3%</div> <div style="background-color: orange; width: 20%; display: inline-block; margin-bottom: 2px;">20%</div> <div style="background-color: lightgreen; width: 77%; display: inline-block;">77%</div>
Household Hunger Scale (May-June)	<div style="background-color: red; width: 39%; display: inline-block; margin-bottom: 2px;">39%</div> <div style="background-color: orange; width: 41%; display: inline-block; margin-bottom: 2px;">41%</div> <div style="background-color: lightgreen; width: 20%; display: inline-block;">20%</div>	<div style="background-color: red; width: 24%; display: inline-block; margin-bottom: 2px;">24%</div> <div style="background-color: orange; width: 44%; display: inline-block; margin-bottom: 2px;">44%</div> <div style="background-color: lightgreen; width: 32%; display: inline-block;">32%</div>	<div style="background-color: red; width: 31%; display: inline-block; margin-bottom: 2px;">31%</div> <div style="background-color: orange; width: 43%; display: inline-block; margin-bottom: 2px;">43%</div> <div style="background-color: lightgreen; width: 26%; display: inline-block;">26%</div>
Reduced Coping Strategy Index* (May-June) *Phases 3-5 combined	<div style="background-color: yellow; width: 87%; display: inline-block; margin-bottom: 2px;">87%</div> <div style="background-color: lightgreen; width: 13%; display: inline-block;">13%</div>	<div style="background-color: yellow; width: 82%; display: inline-block; margin-bottom: 2px;">82%</div> <div style="background-color: lightgreen; width: 18%; display: inline-block;">18%</div>	<div style="background-color: yellow; width: 85%; display: inline-block; margin-bottom: 2px;">85%</div> <div style="background-color: lightgreen; width: 15%; display: inline-block;">15%</div>
GAM based on MUAC (latest)	Indicative of phase 1	Indicative of phase 1	Indicative of phase 1
Mortality	Indicative of phase 1	Indicative of phase 1	Indicative of phase 1
Children eating Minimum Dietary Diversity (MDD)	Indicative of levels 2-4 of Chronic Food Insecurity	Indicative of levels 2-4 of Chronic Food Insecurity	Indicative of levels 2-4 of Chronic Food Insecurity

Despite the wide divergence between the outcome indicators and phase classification, the FRC endorsed the Analysis Team's recommendation, and attempted to bridge the gap in two main ways:

² Several standard IPC outcome indicators are not provided in the IPC report on Gaza, including: Household Dietary Diversity Score (HDDS), Household Economy Analysis (HEA), Food Insecurity Experience Scale, GAM based on Weight-for-Height Z-score (WHZ), and Body Mass Index (BMI).

³ The population figure for this area in the Special Brief in 200,000, the FRC wrote in its report that the actual number is less than half of that, around 80,000-90,000.

1. **Misrepresenting the direct outcome indicators:** this was done in various ways as explained in [Part 1](#), including depicting indicator results as more severe than they are by deviating from the IPC guidelines.
2. **Heavy reliance on indirect circumstantial indicators:** those include a wide variety of "contributing factors" related to damage, displacement and hardship caused by the fighting, yet with no clear method to determine how they are indicative of IPC phase classifications. Furthermore, much of the data cited has transparency and methodological issues as explained in [Part 2](#) of this paper.

Projections Detached from Actual Trends on the Ground

The IPC's projections from the period between June and September are based on the claim that the positive trends seen in March and April were reversed since May, therefore the situation is likely to deteriorate in the coming months. As explained in [Part 3](#) of this paper, this "trend reversal" thesis is based on false or flawed analyses of information and a recurring failure by the IPC to adequately predict (or reluctance to acknowledge) the expansion and improvement of Israel's humanitarian response in Gaza in cooperation with its international partners.

Lack of Transparency

In the latest IPC report, the names of the organizations making up the Analysis Team were, again, undisclosed in sharp contrast to the IPC practice in all other conflict areas. It was only revealed that their number had increased from 18 in the March report to 27 in the June report (SP p. 40). The latest IPC analysis, like the previous one, is said to have been conducted "remotely" based on a special protocol for places where there is no IPC Technical Working Group ("non-TWG led analysis process") which has not been used anywhere else but for Gaza and is not explained in any of the IPC's official guidelines.

In addition, as opposed to the IPC's stated commitment to "draw on existing evidence in the public domain" so that "all underlying data should be accessible to anyone,"⁴ the June report mirrors its predecessor by relying extensively on sources which are not publicly available and therefore cannot be assessed independently (see examples in Part 2 of this document). Furthermore, like the March report, this report repeatedly cites figures that originated from Hamas, which were not independently verified and have been shown to be unreliable⁵, as proven fact.

Lack of Neutrality and Impartiality

The IPC report describes the reality in the Gaza Strip in a highly biased and one-sided manner which casts doubt on the neutrality and impartiality of the unnamed organizations which drafted it. The FRC even repeated the shocking statement from the

⁴ https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/manual/IPC_Technical_Manual_3_Final.pdf

⁵ See: <https://apnews.com/article/israel-palestinians-hamas-war-casualties-toll-65e18f3362674245356c539e4bc0b67a> ; <https://www.washingtoninstitute.org/policy-analysis/untangling-uns-gaza-fatality-data> ; <https://www.theatlantic.com/ideas/archive/2024/05/gaza-death-count/678400/>

previous report that the current hostilities in Gaza "began with a heavy bombardment on 7 October 2023", thus erasing the October 7th massacre by Hamas from the context of entire crisis. Furthermore, in its descriptions of the war, the report refers extensively to Israeli military operations⁶ yet makes no mention of Hamas' military tactics which are major impediments to humanitarian assistance and hence drivers of food insecurity. Those include, inter alia, the launching of rockets from densely populated areas, including humanitarian areas; using tunnels underneath and carrying out attacks from within civilian homes, schools, and hospitals; seizing food, fuel and other goods supplied as humanitarian assistance; firing rockets and mortars at crossings into Gaza, humanitarian routes inside Gaza, and the maritime access route (JLOTS); and many more similar practices which have been thoroughly documented and widely reported.⁷

Conclusion

The accumulation of unique and problematic practices in the IPC reports on Gaza since December 2023 point to a systemic failure by the FRC to ensure compliance with the most basic IPC standards and principles when it comes to this situation.

The expressly biased descriptions of events, coupled with the lack of transparency throughout the process – from the identity of the organizations in the Analysis Team, through the details of the "non-TWG analysis process," to the extensive reliance on sources that are factually or methodologically flawed – raises serious doubts regarding the neutrality and impartiality of the IPC reports on Gaza, and hence on their credibility.

Hamas' October 7th atrocities, including the taking of over 200 hostages, and its use of civilians as human shields at an unprecedented scale are the cause of the large-scale destruction in Gaza and the serious hardship suffered by its population. Addressing the food security crisis which ensued is a complicated challenge which requires, first and foremost, a reliable and accurate analysis. Sadly, after three reports, it is clear by now that the IPC has been providing a highly misleading picture of reality and projections which are divorced from the actual trends on the ground.

The pattern emerging raises concern that at least some of the organizations involved in the IPC have instrumentalized the analysis process for their campaign to force Israel into an unconditional ceasefire, without the release of its hostages or the removal of Hamas' genocidal threat. Some IPC partner organizations have also been lobbying openly for a weapons embargo on Israel and Hamas (but focusing only on countries supplying them to Israel)⁸ and for other legal measures against Israel, including the issuing of arrest

⁶Examples for such references include inter alia: "Recent attacks in densely populated areas" (SB p. 12); "Attacks on convoys" (SB p. 12); "Attacks on healthcare facilities continued in May 2024" (SB p. 22); "the Rafah offensive on 6 May, which displaced about one million people" (SB p. 2); "the Israeli military operation in An Nuseirat Refugee Camp, which involved intensive land and air strikes" (SB p. 5).

⁷ See for example: <https://www.nytimes.com/2024/07/13/world/middleeast/hamas-gaza-israel-fighting.html>; <https://www.nytimes.com/2024/01/02/us/politics/gaza-hospital-hamas.html>; <https://www.cbsnews.com/news/hamas-attacks-israel-gaza-border-crossing-cease-fire-talks-continue/>; <https://apnews.com/article/european-union-condemn-hamas-human-shields-2c0d1c04cb38fc4acce37d8d624e1a3f>.

⁸ Including Oxfam, Save the Children, Action Against Hunger and Care International.

warrants by the ICC. The skewed IPC reports on Gaza thus became the primary "evidence" for the libel that Israel has a policy of intentionally starving Gaza's population, making it appear as a plausible accusation in the public, political and academic discourses, as well as in the highest institutions of international law. That is not robust humanitarian advocacy, but a dangerous and irresponsible, even if unintentional, fueling of hate.

Given all these institutional and methodological failures, the FRC should retract its reports on Gaza immediately to uphold the IPC standards and guidelines.

Part 1: The IPC Acute Food Insecurity Indicators in the Report

This part reviews the evidence provided in the IPC reports on Gaza according to the table of indicators for an IPC AFI analysis (see the [IPC Technical Manual](#) p. 37).

1. First Level Outcomes

a. Food availability

The Analysis Team was unable to provide a definite account of the volume of food entering Gaza or its caloric value. It explained that:

"An attempt was done to calculate caloric coverage attributing different caloric values for different commodities. However, the interval ranges resulting from conversion have proven too wide among sources to be used directly as indicators of food availability."

A striking omission in the report is the lack of reference to an academic study by nutrition experts which analyzed the data on the contents of all food shipments to Gaza and found that:

*"Between January and July 478,229 metric tons of food delivered by land crossing, air drops and sea, to Gaza. The crude mean per capita per day of energy availability was 3,004 kcal, protein was 98 gr (13.0% of energy), fat was 61gr (18% of energy), and iron was 23 mg. **Energy, protein, and fat amounts exceed Sphere standards, and remain consistent after stringent food weight adjustment to high food loss, and after adjustment for the age distribution of the Gazan population.**"*

An earlier version of the analysis, covering the period until June, was shared with the FRC. While the academic paper is still under peer review and therefore has not yet been published, a version of it is available online for reference.⁹ The FRC's decision not to even mention the study is inconsistent with its policy of referring to other academic work which has not been published in an academic journal in the IPC reports on Gaza.¹⁰

⁹<https://biochem-food-nutrition.agri.huji.ac.il/arontroen/publications/nutritional-assessment-of-food-aid-delivered-to-gaza>

¹⁰ See references to: Oregon State University and City University New York, Building damage assessment via satellite imagery analysis by (26 February and 27 May 2024); London School of

Since the IPC chose not to use or even mention the data from COGAT on the nutritional value of the food provided to Gaza, it relied on indirect indicators of food consumption including access to market, financial access, fuel supply, commercial food supply, food availability, and on farmers' damages and needs. However, all that information is either based on sources which are not publicly available and therefore cannot be independently evaluated (in contravention of the IPC guidelines) or suffer from other methodological shortcomings. See a detailed analysis below in [Part 2](#) of this paper on transparency and methodology issues.

The report did determine that, overall, the food supply in Gaza increased in the months leading up to its publication, except for a limited decrease in Rafah governorate (8% of the population) in May following Egypt's decision to temporarily halt aid supplies from its territory:

"According to WFP CATI survey, the Humanitarian Food Security Assistance (HFSA) in northern Gaza governorates increased from 0 to around 80 percent between November 2023 and May 2024. Whereas the number of beneficiaries in Khan Younis and Deir al-Balah has been consistently between 60 and 75 percent since January 2024. In Rafah, HFSA beneficiaries rose from 66 percent to 82 percent between December 2023 and April 2024, followed by a sudden decrease to around 65 percent in May 2024 due to the increasing access challenges that persist at the time of writing of this report" (SB p. 14).

It should be noted that the previous IPC report from March 2024 included an attempted analysis of Kcal availability per capita based on UNRWA's partial data of truck entries into the Gaza Strip from 21 October 2023 to 3 March 2024. The absence of a similar exercise in the new report may indicate that its flaws have been acknowledged by the FRC, yet no correction has been issued.

b. FCS, HHS and rCSI

The IPC reports on Gaza have relied heavily on Computer Assisted Telephone Interviews (CATI) conducted by a Palestinian polling agency for the World Food Program (WFP).¹¹ There is a significant discrepancy between the results of the latest CATI survey used for the report (1 May – 2 June, see on pages 14-15 in the FRC report) and the IPC phase classification made by the Analysis Team for the "current" period (1 May – 15 June) which was endorsed by the FRC. As the tables below show, **the phase classification of each of the three areas (red columns) are consistently higher than the survey outcomes (green columns) in phases 4 and 5, and lower than them in phases 1 and 2.**

Hygiene and Tropical Medicine, John Hopkins Center for Humanitarian Health. Crisis in Gaza: Scenario-based Health Impact Projections, 6 February 2024. Crisis in Gaza: Scenario-Based Health Impact Projections (cited in the IPC report of March 2024).

¹¹ According to the FRC report (p.31), the polls were conducted by the Palestinian company Awwad. For more issues concerning the CATI surveys, see Part 2, article 14.

Food Consumption Score - FSC (p. 18):

Phase	Northern Gaza		D. Al-Balah and K.Y.		Rafah	
	Classification	Survey	Classification	Survey	Classification	Survey
4-5	65% (+52)	13%	40% (+35)	5%	45% (+43)	3%
3	35% (+8)	27%	55% (+35)	20%	40% (+23)	20%
1-2	0% (-60)	60%	5% (-65)	75%	15% (-67)	77%

Household Hunger Scale – HHS (p. 19):

Phase	Northern Gaza		D. Al-Balah and K.Y.		Rafah	
	Classification	Survey	Classification	Survey	Classification	Survey
5	20% (+6)	14%	15% (+9)	6%	10%	10%
4	45% (+20)	25%	25% (+7)	18%	35% (+14)	21%
3	35% (-6)	41%	55% (+11)	44%	40% (-3)	43%
2	0% (-8)	8%	5% (-10)	15%	15%	15%
1	0% (-12)	12%	0% (-17)	17%	0% (-11)	11%

Reduced Coping Strategy Index – rCSI (p. 18):

Phase	Northern Gaza		D. Al-Balah and K.Y.		Rafah	
	Classification	Survey	Classification	Survey	Classification	Survey
3-5	100% (+13)	87%	95% (+13)	82%	85%	85%
1-2	0% (-13)	13%	5% (-13)	18%	15%	15%

The FRC's analysis of these indicators raises several questions.

1. The FRC acknowledges that "in the months previous to June there has generally been a marked improvement in the food consumption outcome indicators in all areas." However, it claims that "the most recent data from late May and early June indicates a reversal of these improving trends and a general deterioration of the food consumption indicators" (p. 12). No data is provided allowing to assess the "reversal of these improving trends" in late May and early June. However, since the Special Brief of 10 July contains survey results only until 23 May 23, it is possible to compare them with the results until 2 June which were published in the FRC report of 25 June and consider the impact of the observations between 24 May and 2 June.

Food Consumption Score – FSC: comparison b/w results (1.5-23.5 vs. 1.5-2.6)

Phase	Northern Gaza		D. Al-Balah and K.Y.		Rafah	
	1.5 – 23.5	1.5 – 2.6	1.5 – 23.5	1.5 – 2.6	1.5 – 23.5	1.5 – 2.6
4-5	13%	13%	7%	5% (-2)	2%	3% (+1)
3	28%	27% (-1)	21%	20% (-1)	17%	20% (+3)
1-2	59%	60% (+1)	72%	75% (+3)	82%	77% (-5)

Household Hunger Scale – HHS: comparison b/w results (1.5-23.5 vs. 1.5-2.6)

Phase	Northern Gaza		D. Al-Balah and K.Y.		Rafah	
	1.5 – 23.5	1.5 – 2.6	1.5 – 23.5	1.5 – 2.6	1.5 – 23.5	1.5 – 2.6
5	15%	14% (-1)	4%	6% (+2)	8%	10% (+2)
4	25%	25%	20%	18% (-2)	21%	21%

3	40%	41% (+1)	45%	44% (-1)	43%	43%
2	8%	8%	12%	15% (+3)	16%	15% (-1)
1	12%	12%	18%	17% (-1)	13%	11% (-2)

Reduced Coping Strategy Index – rCSI: comparison b/w results (1.5-23.5 vs. 1.5-2.6)

Phase	Northern Gaza		D. Al-Balah and K.Y.		Rafah	
	1.5 – 23.5	1.5 – 2.6	1.5 – 23.5	1.5 – 2.6	1.5 – 23.5	1.5 – 2.6
3-5	87%	87%	85%	82% (-3)	85%	85%
1-2	13%	13%	15%	18% (+3)	15%	15%

As these tables show, the addition of observations from late May and early June had a mixed impact on the three areas, which does not support the claim that a "reversal" of improving trends and "a general deterioration" had occurred in that period. In Northern and Central Gaza there were more improvements than deteriorations in the indicators, with more people in those areas being below the "acute" level (phase 3) in the surveys covering the extended period until 2 June. In Rafah there were very minor increases of 1-3 percentage points in phases 4-5, mainly in FSC.

2. Another peculiarity in the FRC's analysis is its apparent treatment of an FSC "acceptable" level as indicative of phase 3, while IPC ["guidance note on indicators"](#) defines it as indicative of phases 1-2. See the following tables from the guidance document (p. 6)

Box 8: Adopted cut-offs for IPC

Acute Food Insecurity Reference Table		Acute Food Insecurity Reference Table	
Phase	FCS cut-off (usual diet)	Phase	FCS cut-off (diet rich in sugar/oil)
1-2	Acceptable	1-2	Acceptable
3	Borderline	3	Borderline
4	Poor	4	Poor

Now, consider the following quotes from the FRC report:

"In the Northern governorates, for the month of May, 13% of respondent have a poor Food Consumption Score (FCS), 23% borderline and 60% acceptable. This is indicative of a high IPC phase 3 (Crisis)" (p. 15).

"In Deir Al Balah and Khan Younis, for the month of May 6% of survey respondents have a poor Food Consumption Score (FCS), 20% borderline and 75% acceptable. This is indicative of a high IPC phase 3 (Crisis)" (p. 15).

"In Rafah, for the month of May (1-2 June has been included by the FRC reanalysis to ensure highest possible available count), 3% of respondent

have a poor Food Consumption Score (FCS), 20% borderline and 77% acceptable. This is indicative of a high IPC phase 3 (Crisis)" (p. 16).

This phrasing is misleading since it conceals the fact that in all three areas, most people were **below the "crisis" level (phase 3)** in May according to the Food Consumption Score. When factoring in the population sizes in each area, according to the IPC (north: 300,000, Deir Al Balah and Khan Younis: 1,751,457, Rafah: 200,000), the FCS survey results **place 1,647,593 people in Gaza (73% of the population) in phases 1 or 2, below the "crisis" level**. This is not reflected either in the Special Brief or the FRC report.

3. **The FRC misrepresented the survey results for Reduced Coping Strategy Index (rCSI) by swapping between the "high" and "very high" categories.** While this error may have been done by mistake, it was repeated in all three areas, creating the impression that more people are in the "very high" category compared to the "high" category when the opposite was true. See the following quotes from the report:

In the Northern Governorates "28% and 59% have a high and very high reduced Coping Strategy Index (42+ and 19-41 rCSI respectively), and 13% have a medium rCSI" (p. 15).

In Deir Al Balah and Khan Younis "30% and 52% have a high and very high reduced Coping Strategy Index (42+ and 19-41 rCSI respectively), and 18% have a medium rCSI" (p. 15).

In Rafah "32% and 52% have a high and very high reduced Coping Strategy Index (42+ and 19-41 rCSI respectively), and 15% have a medium rCSI" (p. 16).

According to the IPC's "[guidance note on indicators](#)" regarding rCSI, there is no defined cut off between phases 3, 4 and 5 for the "high" and "very high" levels. The Analysis Team stated in the Special Brief that rCSI is a "less sensitive and informative indicator compared to the FCS and HHS in the context of high severity" (SB p. 19) and is "valued for its accuracy particularly on the lower phases and levels of severity" (SB p. 20).

c. Livelihood Coping Strategies

The FRC's references to the "livelihood coping module" regarding the three areas is also, at best, misleading and possibly not in accordance with IPC standards.

See, for example, the following sentence on the northern governorates:

"The livelihood coping module shows that about 85% of respondents declare facing safety risks to access food, 57% are picking up trash to sell, 56% exchange clothes for food, 50% are looting food from debris, 26% beg and about 17% pick up food waste" (FRC p. 15).

The FRC relies on these indicators to claim that, although the northern governorates had 13% and 14% of the population in phase 5 according to the HHS and FSC indicators respectively (and an unknown percentage according to the

rCSI), when the livelihood indicators are included, **they all together "indicate high levels of acute food insecurity, converging towards IPC Phase 5 (Catastrophe), with 20% of the households estimated to be in that phase"**. Therefore, the livelihood indicators have significant weight in the "upward revision" of the phase 5 classification in relation to the HHS and FCS indicators.

On the issue of Livelihood Coping Strategies (LCS), the FRC explains that "although the module employed in the WFP survey for gathering information on livelihood change is **not the standard one**, making this indicator indirect evidence in IPC terms, it provides key information as most of the strategies included can be considered extreme" (FRC p. 40). However, the manner by which those non-IPC-standard indicators correspond with the IPC phase classification are not explained. Moreover, the term "extreme" is not part of the official LCS methodology which classifies coping strategies into three levels: stress, crisis and emergency.

The "[guidance note on indicators](#)" explains clearly how LCS indicators should be applied (p. 23):

*"The IPC incorporates livelihood coping in all IPC AFI Phases. In Phase 1, households are not expected to engage in stress, crisis or emergency coping. They may, however, employ some other coping strategies (sometimes called 'insurance' strategies) that do not have any negative impacts on their food security or livelihoods. In Phase 2, households are expected to employ stress strategies, in Phase 3, crisis strategies, and in Phase 4, emergency strategies. **In Phase 5, households are expected to have almost completely exhausted their coping capacity albeit some options may still be open to them such as begging or migration of entire households.**"*

In the CATI survey used in Gaza, there is no clear correlation between each coping strategy and the "stress", "crisis" and "emergency" categories, which correspond with IPC phases 2, 3 and 4 respectively. The following table presents the coping strategies that appear in the survey in Gaza and their closest equivalents in WFP's "List of strategies and their definitions" document.¹²

WFP LCS survey - Gaza	Equivalent in WFP guide	Severity level
Facing potential safety risks in challenging situations	No equivalent (not a coping strategy)	-
Picking up trash to sell (other than food)	No equivalent. Closest option: "Did anyone in your household have to sell non-food items that were provided as assistance due to a lack of food or money to buy it?"	Stress (phase 2)
Exchange clothing for food	"Did anyone in your household have to barter/exchange clothing for	Crisis (phase 3)

¹² Available for download here: <https://resources.vam.wfp.org/data-analysis/quantitative/food-security/livelihood-coping-strategies-food-security>

	food due to a lack of food or money to buy it?"	
Looting food (from debris)	"Did anyone in your household have to beg (i.e., ask strangers on the streets for money or food) and/or scavenge due to a lack of food or money to buy it?"	Emergency (phase 4)
Beg (ask strangers on the street for food or money)		
Picking up food waste		

The following table shows the May results of the LCS and the IPC classification of each area. It is hard to see how the LCS results lead to the eventual classifications of each area (see at the bottom of the table).

Coping strategies (LCS)	N. Gaza	D. Al-Balah and K.Y.	Rafah
Picking up trash to sell (other than food) (Stress - Phase 2)	57.3%	41.7%	42.7%
Exchange clothing for food (Crisis - Phase 3)	56.5%	56.3%	59.2%
Looting food (from debris) (Emergency - Phase 4)	50.4%	30.7%	31.1%
Beg (ask strangers on the street for food or money) (Emergency - Phase 4)	26%	22%	25.2%
Picking up food waste (Emergency - Phase 4)	16.8%	10.2%	17.5%
% of pop. classified in phase 2 or above	100%	100%	100%
% of pop. classified in phase 3 or above	100%	95%	85%
% of pop. classified in phase 4 or above	65%	40%	45%

d. Dietary Diversity

The IPC guidelines define the Household Dietary Diversity Score (HDDS) as one of the main indicators used in the classification of food insecurity. That indicator is not provided in the IPC reports on Gaza. The only data on dietary diversity which appears to be collected in Gaza is for two distinct groups: children between 6-23 months old, and pregnant or breastfeeding women.

The indicator dealing with children aged 6-23 months, "Children eating Minimum Dietary Diversity" (MDD), does not appear in the IPC guidelines as an indicator for classifying situations of Acute Food Insecurity (AFI, like in Gaza) but only of Chronic Food Insecurity (CFI, which has four rather than five levels of severity). According to the IPC's "[guidance note on indicators](#)" not meeting the MDD of eating five food groups in the past 24 hours is indicative of levels 2-4 in the IPC's CFI classification (p. 18). In other words, when children are in this state, the situation can be defined as a "Mild Chronic Food Insecurity" (level 2) or worse. The FRC failed to note this fact.

According to the IPC Special Brief of July 2024, all children aged 6-23 months in Gaza were below the MMD, i.e. consumed four food groups or less in the past 24 hours. However, the FRC does not explain in its report how this finding is translated to an IPC AFI classification. It could be argued that if this result is indicative of a level two **Chronic** Food Insecurity, it may very well be indicative of a phase 2, or even phase 1, in the **Acute** Food Insecurity scale.

As for the dietary diversity of pregnant or breastfeeding women, this indicator does not exist at all in the IPC technical manual and guidance note on indicators. The closest indicator in the IPC protocol is "Minimum Dietary Diversity of Women of Reproductive Age" (MDD-W). Like the MDD for children, MDD-W is applied only in CFI classification and has the same cut-off by which not meeting the minimum threshold of five food groups per day is indicative of IPC CFI levels 2, 3 or 4.

It remains unclear how these dietary diversity indicators were applied for the IPC's classification of Gaza's population according to the Acute Food Insecurity scale.

2. Second Level Outcomes

a. Mid-Upper Arm Circumference (MUAC) Screenings:

The IPC report states very clearly that this indicator points to IPC levels 1 or 2 in all three areas. The Special Brief reported (p. 28):

*"The improved humanitarian response throughout March and April, albeit very modestly, with more food available in the markets, as well as higher coverage of micronutrients interventions, could have possibly stabilized the situation. Mid-Upper Arm Circumference (MUAC) screenings carried out in April by various partners, targeting children aged 6 to 59 months, at health service delivery points, shelters, and community level in the three governorates of Southern Gaza, show a proxy GAM corresponding to an **equivalent of IPC Phase 2 for Acute Malnutrition** - IPC AMN. The range is similar to data from February-March 2024, indicating some stabilization in the situation.*

*Recent MUAC screenings carried out between the end of April up to 25 May in the northern governorates show a proxy GAM **corresponding to an equivalent of IPC AMN between Phase 1 and 2.**"*

The FRC went even further to say that in May the MUAC results in the northern governorates were at the low end of the phase 1 classification range:

*"In the Northern governorates, a very steep fall in the prevalence of GAM by MUAC was reported following the publication of the previous IPC/FRC analysis in March, **with a prevalence of 1% reported for a screening conducted with a midpoint of May 18th**" (p. 17).*

The MUAC results graphs included in the FRC report (p. 51) show that the latest screenings in the three southern governorates were all below 5%, which is indicative of IPC phase 1.

b. Mortality:

The IPC Special Brief did not contain any references to mortality data, although it is one of the core indicators used in the IPC protocol. The FRC did cite in its "conclusions and recommendations" report (p. 19) mortality figures calculated according to the VATI survey, which "yielded an all-cause CDR of 0.55 deaths/10,000/day and an all-cause U5DR of 0.72 deaths/10,000/day." The FRC noted that these figures include deaths caused by violence, and that the exclusion of those cases "resulted in lower estimated death rates." **According to the IPC "guidance note on indicators", a U5DR of below 1 deaths/10,000/day and a CDR of below 0.5 deaths/10,000/day are indicative of a phase 1 classification.**

To put these figures in perspective, a Crude Death Rate (CDR) indicative of IPC phase 4 (which the FRC assigned to all of the Gaza Strip) is between one and two deaths per day for every 10,000 people. In Gaza, that would have meant between 220 and 440 deaths each day. However, according to Hamas' Ministry of Health figures which are [published by WHO](#), in the nine months **between 7 October 2023 and 6 June 2024 there were 32 deaths from malnutrition in Gaza**. That is four people more than was [reported](#) two months earlier, on 2 April according to the same source. It is unclear why the IPC did not cite these figures in any of its reports on Gaza, while showing no reservations about relying on other statistics from Hamas' health ministry (see in Part 2, article 1).

c. Food Groups Consumed (p. 20):

In this indicator, the Special Brief noted an increase in the consumption of cereals and pulses in all three areas of Gaza:

*"In the middle and southern governorates, the average weekly consumption of cereals and pulses **increased linearly since the beginning of the conflict** in November 2023 through 23 May 2024, due to the use of existing stocks in the markets and humanitarian support afterwards. In northern Gaza governorates, cereal consumption (a proxy of food consumption as a whole) was extremely low in the aftermath of the peak of hostilities... In February 2024, **then increased steeply to reach a normal consumption pattern of daily consumption of cereals in May 2024.**"*

Moreover, the graphs on the same page show increases between March and May in the consumption of nearly all food groups, including fruits, oil, sugar, protein-rich foods, and dairy products. These increases, which correspond with the survey results on food consumption (FCS) are not noted in both IPC reports.

The report claims that there was a reduction in the consumption of pulses only in Rafah between 23 May and 2 June (after the period covered in the graphs), basing it on a tiny sample of only 20 cases that were surveyed.

3. Contributing Factors

a. Communicable Diseases (SB pp. 21-22):

The Special Brief found that the available data does not enable a clear determination of trends in the prevalence of communicable diseases. It acknowledges that "most of the disease curves are showing a downward trend", however it is "difficult to attribute this entirely to the improved conditions" since "supply and service disruptions may also be contributing to fewer people seeking treatment at health points." The report further explains that due to the movement of population between governorates, it is hard to conduct a trend analysis in each area.

b. Nutrition Services (SB p. 27):

The Special brief claims that while there was a significant scaling up of nutrition services throughout Gaza between February and April, this trend was reversed in May following the Israeli military operation in Rafah. However, nothing in the data provided supports this claim. Citing the [Nutrition Cluster Dashboard](#), the report says that by the end of April, there were 300 operational nutrition service sites in all of the Gaza Strip. According to the same source, in June, when the FRC report was published, there were 314 such sites, and their number grew to 326 and 362 in July and August respectively.

The report shows that the Israeli military operation in Rafah reduced the number of Outpatient Therapeutic Programs (OTPs) in Gaza from 102 in April to 66 at the end of May, mainly due to the near complete secession of those programs in Rafah (from 55 to 4). However, the report fails to show that this decline was merely temporary as OTPs were being relocated to the Middle Area along with the evacuating population. In June, according to the Nutrition cluster, the total number of OTPs in Gaza was already 98, and by August it returned to its number in April, 102.

Another indicator used to suggest that since May nutrition services went on a downward trend is the number of children aged 6-59 months who were screened for malnutrition in the Southern Governorates (Rafah, Dir Al-Balah and Khan Younis). However, the data shows that after a slow decline between March and May (26,325, 24,293 and 22,716 respectively), the number of screenings in that area spiked in June and July (41,814 and 56,593 respectively). Once again, this shows that by the time of the publication of the IPC report it had already been clear that the impact of the military operation in May on nutrition services was temporary.

Part 2: Methodology and Transparency Issues

As shown in Part 1, there is a significant divergence between the evidence on the main IPC indicators and the report's conclusions regarding the "current" period. It is therefore clear that the Analysis Team and FRC gave significant weight to various indirect indicators which supposedly reflect drivers of food insecurity. This part will show that

the data for many of those indirect indicators is either not publicly available, in contrast to the IPC standards, or is methodologically flawed. The list below is not exhaustive and provides some examples for such issues in the IPC report.

For each indicator, the relevant paragraph from the report will be quoted, followed by an explanation of the issues associated with it.

1. Fatalities:

The IPC continued its malpractice from the previous reports on Gaza of citing figures from Hamas authorities without disclosing this fact to its readers. The Special Brief claims that:

"As of 19 June 2024, the ongoing hostilities have reportedly caused nearly 37,400 fatalities and over 85,500 injuries, totaling over 6 percent of the total population in the Gaza Strip, while women (above 20 percent) and children (above 30 percent) account for more than half of all fatalities or injuries" (SB p. 4).

There is no disclaimer about the source of these figures or pointing to the growing body of research and reports raising doubts about their accuracy.¹³ Unlike the UN, the IPC did not caveat these statistics with the term "reportedly", nor point out that they do not distinguish between civilians and combatants.

The Special Brief's quote of the Hamas figures is quite misleading. It creates the impression that the 20% of women and 30% of children refers to the total number of fatalities that is cited (37,400), making them equal to 7,480 and 11,200 respectively. However, a look at the [OCHA document](#) referred to in the footnote reveals that those percentages are given in relation to a 34% lower number of 24,686 fatalities which were "identified".

Unlike the previous IPC report, this time the FRC did acknowledge the downward trend in mortality caused by the conflict between January and April, but added that "from the start of May conflict mortality has been increasing" without referring to any source proving such an increase (FRC p. 19). In fact, according to Hamas' figures which the IPC relies upon, the steady downward trend in the rate of Palestinian fatalities in Gaza continued also through May and June despite the operation in Rafah.¹⁴ The FRC's claim for an increase in mortality in May appears to be baseless and possibly inserted to support the "trend reversal" narrative of the report.

The Special Brief also cited Hamas claims regarding fatalities from specific incidents:

¹³ See: <https://apnews.com/article/israel-palestinians-hamas-war-casualties-toll-65e18f3362674245356c539e4bc0b67a> ; <https://www.washingtoninstitute.org/policy-analysis/untangling-uns-gaza-fatality-data> ; <https://www.theatlantic.com/ideas/archive/2024/05/gaza-death-count/678400/>

¹⁴ According to Hamas' figures, the average daily number of fatalities (civilians and non-civilians) was as follows: January – 169; February – 112; March – 92; April – 62; May – 58; June – 57.

"...on 8 June 2024 the Israeli military operation in An Nuseirat Refugee Camp, which involved intensive land and air strikes, resulted in the deaths of 274 Palestinians and injuries to 698 others" (SB p. 5).

Unlike the UN [report](#) which is cited as the source, the IPC does not attribute the casualty figures to Hamas' Ministry of Health, thus presenting them as a verified fact. Moreover, neither the Analysis Team nor the FRC found it relevant to mention that the operation referred to was intended to release four Israeli hostages held in the heart of the densely populated area in civilian apartment buildings. During the operation, the Israeli forces came under heavy fire and had to fight their way out with the hostages.

2. Comparison of food supply pre-7 October:

The FRC recycles the misleading comparison with "pre-war 500 trucks per day" which it used in its previous reports on Gaza. The report includes a chart (p. 11) showing monthly supplies into Gaza by the truckload, and a line next to it for reference saying that "the pre-crisis average per working day" was 500 trucks, "including fuel." In the Israeli [response](#) to the previous IPC report it was noted that this figure has no reference and is significantly higher than data published by the UN before the war. Moreover, the "500 trucks per day" reference is misleading and irrelevant for an evaluation of current food supplies since it includes all types of commodities and fuel for the Gaza power station which has been shut since 7 October.

According to a [document published](#) in June by the Food Security Cluster, only 32% of UN-recorded incoming goods to Gaza (not including fuel) before 7 October were food or food production inputs. If one is to rely on those UN statistics, **the pre-war monthly average of trucks carrying food into Gaza was 2,288** (an average of approximately 100 trucks per working day). This figure puts the food supply figures in the IPC report in a totally different perspective than the misleading "500 trucks per day" reference. However, for some reason, the Food Security Cluster statistic was not cited by the Analysis Team or the FRC.

3. Humanitarian vs. Commercial Shipments:

The FRC makes repeated false claims on Israel's policy regarding aid deliveries. Its report claims that beginning in May, Israel implemented a policy by which "preference [was] accorded to commercial deliveries" over humanitarian ones (FRC p. 11). The alleged "reduction in the contribution of humanitarian versus 'commercial' inputs **facilitated by COGAT** has resulted in greater uncertainty about the ability of vulnerable populations to access the available resources and is reducing the capacity of the humanitarian system to deliver the assistance" (FRC p. 10).

This claim turns the actual reality on its head. In truth, Israel's facilitation of commercial shipments in May was as a mitigating measure to Egypt's decision in early May to halt all humanitarian supplies passing through its territory, which are the majority of the humanitarian supplies to Gaza. Only in late May, Egypt allowed the resumption of aid

deliveries from its territory into Gaza via Kerem Shalom crossing, while maintaining Rafah crossing closed.

The assertion that the decline in the share of humanitarian supplies was the result of an Israeli policy, is baseless. Moreover, Israel's success in quickly surging commercial shipments to make up for the blockage of humanitarian aid prevented an acute food shortage, as reflected in the fact that food prices continued to decline in June (see item 12 below).

4. Conflicts and Displacement (FRC p. 8):

*"According to a WFP Survey, **three thirds of the households** interviewed in northern Gaza governorates are sheltering in a damaged house or apartment."*

"Three thirds" is probably an error. There is no way to check what the actual survey found since its results are **not publicly available**.

5. Sanitation and Communicable Disease (SB p. 7):

"Health organizations, including the World Health Organization (WHO), have identified a heightened risk of communicable disease outbreaks directly attributable to insufficient sanitation infrastructure and the consumption of contaminated water. The prevalence of such diseases is projected to escalate with the absence of electricity or fuel provision to facilitate the resumption of operations within water treatment and sanitation facilities".

The information in this paragraph is outdated and ignores significant improvements on the ground. These sentences are cited from a [WHO report from 2 May](#), which cited them from an NGO [report](#) from 13 December, which cited them from a Health Cluster [report](#) from 6 November. Since November 2023, there has been significant improvements in the supply of fuel and other measures taken by Israel for the operation of water treatment and sanitation facilities in Gaza as was acknowledged by the FRC in its latest report.¹⁵ Therefore the validity of the statement cannot be substantiated by these sources and has most likely been incorrect for months.

6. Survey of Farmers (SB p. 9):

"The Gaza farmers damages and needs assessment conducted by Action Against Hunger in the Middle Area of Gaza between 19 May and 27 May 2024 with 48 men and 2 women farmers, highlighted the challenges faced by 90 percent of farmers interviewed who have currently partial or full access to their farmlands and greenhouses. All farmers reported that their crops have sustained either partial or total damage, with 65 percent reporting total damage to assets and 33 percent reporting partial loss. From these farmers, 31 percent of those who have access to

¹⁵ "The response in the nutrition, water sanitation and hygiene (WASH) and health sectors was scaled up (FRC p. 2).

their agricultural property reported that they are able to obtain water for irrigation, out of which 29 percent manage to obtain water fully and 2 percent partially. Farmers reported facing numerous obstacles in watering their crops. Farmers highlighted that water and fuel unavailability, and increased prices pose significant burden. Nearly all respondents (98 percent) pointed to water quality as a major irrigation issue. Finally, deficiency in electricity access constituted a constraint for 93 percent of the surveyed farmers and nearly a third (29 percent) of respondents reported the inability to harvest their crops."

There is no public source for this information. The footnote Refers to: "Action Against Hunger, Gaza Farmers Damages and Needs Assessment Report, May 2024" (no link).

A Very small and unrepresentative sample: 50 individuals, in the scope of one week (just before the resumption of aid flows from Egypt in late May), only in the Middle Area.

7. Local Food Production (FRC p. 11):

"Since the last FRC review in March, little has changed in the capacity of local production to provide food to the market... Recent opening to deliveries of livestock fodder might improve access to dairy and animal protein products, however the scale so far is extremely limited. "

Significant information on local production is missing from this paragraph. According to an [official FAO video](#), 1,500 tons of fodder were to be delivered in early April which would be "sufficient to provide for about 50 days [of] milk for all children under 10 years of age in Gaza, providing around 20 percent of the WHO recommended minimum daily requirement in terms of caloric intake." According to this prediction by a FAO official from April, the planned supply of fodder was expected to contribute to local dairy production beyond an "extremely limited" degree. By early May, according to FAO, about 500 tons of fodder were delivered to 3,100 livestock keepers in Gaza. The IPC report does not mention this project nor refer to any source informing on its impact.

The Special Brief acknowledged that some local food production is still taking place, yet it offered no assessment of its quantities (SB p. 9). The report noted that "some local production, primarily of vegetables, is still ongoing", yet "it is very limited", and that "some fishing is still happening, but it is only available to those who still possess equipment and have access to fuel." The "availability of poultry meat and eggs is **reduced** throughout the Gaza Strip" due to lack of animal feed. According to [statistics](#) from the Food Security Cluster, before the war 35% of the available food in Gaza came from local agricultural production. While local production has no doubt been reduced significantly, it quite clearly has not been completely halted, making it a recurring lacuna in the IPC's food supply calculations since the start of the war.

8. Food Availability (SB p. 11):

"According to the Cash Working Group, canned food is generally available in markets across all governorates. Bread is available in the southern governorates, while staple food is available in Deir al-Balah and Khan Younis. However, the availability of fresh food is low to non-existent in all governorates, and water appears scarce in North Gaza Governorate."

No publicly available source is provided for this information. The footnote refers to: "Cash Working Group, Gaza Strip – Market Overview and Multi-Purpose Cash Assistance Analysis period: 1 to 30 April 2024, occupied Palestinian territory (oPt)."

The methodology on which these assertions were based is unknown.

9. Commercial Food Supplies (SB p. 11):

"According to WFP Market monitoring, the commercial food trucking contents has been primarily flour, fruits, vegetables, salt, egg, rice and vegetable oil. Very little quantity of meat has been imported and this can be observed also through disaggregation of the Food Consumption Score of the WFP CATI survey."

No publicly available source is provided for this information. The footnote refers to: "WFP, Market Monitoring Update, May 2024."

10. Fuel supply for food storage (SB p. 11):

"The lack of electricity is affecting storage of items and reducing the shelf life of products. It is important to highlight that only 29 percent of fuel allocations (1 million litres) entered the Gaza Strip, which inhibited the work of the bakeries, hospitals, water wells and other critical infrastructure."

This paragraph contains highly misleading representation of statistics. The footnote points to the [wrong source](#) (it does not include the 29% figure).

The Special Brief failed to note that the figures cited in this paragraph (as can be seen in the [correct source](#)) **refer only to the two-week period** immediately after Egypt's decision to halt all humanitarian shipments from its territory, including fuel (7-23 May). That period was not representative of the report's reporting period nor of the trend in fuel supplies. Between March and June, nine million litres of fuels entered Gaza, [according to COGAT](#). After the temporary slowdown in May, the Israeli authorities quickly adapted, and fuel supply increased reaching over 3.3 million liters in July, the highest monthly figure in 2024.¹⁶

¹⁶ See COGAT's dashboard: <https://gaza-aid-data.gov.il/main/>

11. Access to Market (SB p. 12):

"According to the Cash Working Group survey, the main challenge to market access across all governorates in April 2024 was insecurity, reported by 47 percent of respondents. This was followed by market access issues, cited by 40 percent of respondents, particularly in Khan Younis (80 percent). The high cost of items, which was the main barrier identified in March 2024, was reported as only the third most significant barrier in April. Insecurity was further highlighted when respondents were asked about feeling safe while traveling to receive assistance. For instance, 41 percent of the respondents who were residing in Deir al-Balah reported feeling unsafe, followed by 39 percent of respondents in Rafah, 35 percent in Khan Younis and North Gaza, and 32 percent in Gaza Governorate."

No publicly available source is provided for this information. The footnote refers to: "Cash Working Group, Gaza Strip – Market Overview and Multi-Purpose Cash Assistance Analysis period: 1 to 30 April 2024, occupied Palestinian territory (oPt)."

The survey sample's size, geographic location and timeframe are not disclosed.

12. Financial Access (SB p. 12):

"The scarcity of items has resulted in increased food prices, and reduced households' purchasing power. As a result of improved availability in March and April, prices of various commodities such as wheat flour (Egyptian), rice, sugar, vegetable oil, onions, and eggs decreased in May compared to March 2024. However, a reverse trend was noted for the prices of other food items including lentils, salt and tomatoes."

The source does not substantiate the assertions in this paragraph. The footnote refers to: "Cash Working Group- Reflecting on humanitarian cash response in Gaza - Insights and key takeaways - 9 May 2024" ([link](#)).

This paragraph appears to suggest that despite some price fluctuations in May, overall food prices have been on the increase or, at best, showed a mixed trend. It is unclear why the Analysis Team and the FRC did not refer to the publicly available [Price Index tables](#) of the Palestinian Authority's Central Bureau of Statistics (PCBS), which show that food prices in Gaza dropped significantly in April (-21%) and increased only slightly in May (+2.9%) yet remained 18% lower than in March and 9% lower than in February. These figures show that Israel's reaction to Egypt's halt of humanitarian deliveries from its territory in May by facilitating a surge of commercial deliveries succeeded in preventing a drop in food supply and a consequent price hike. This is further substantiated by the official price index statistics for June and July which show further decreases in food prices of 7.5% and 4.43% each month respectively. In other words, **in the four months from March to July, food prices in Gaza declined by 28%**. This serves as yet another indicator contradicting the FRC's overarching narrative of a "trend reversal" in May following the military operation in Rafah.

13. Comparison and Trends of Prices of Key Commodities (SB tables 8 and 9 on p. 13):

No publicly available source is provided for the information in both tables. Moreover, the WFP data in the tables is widely inconsistent with the official price data [published by the PCBS](#). For example, according to WFP, the price of salt in Gaza in May 2024 was 12.3 times higher than in September 2023 and 60% more expensive than in April 2024. According to the PCBS, salt was only 5 times more expensive in May than in September 2023 and 3% cheaper than in April 2024. Another example, according to WFP, the price of tomatoes increased by 141% from April to May 2024, yet according to PCBS it decreased by 12%. These discrepancies are not explained since WFP sources and methodologies are not transparent.

14. Regarding the Sample of the WFP CATI Surveys (FRC p. 31):

*"Households were randomly selected from the master list used in previous analyses (320,000 households (HH), **80 percent of HHs in the Gaza Strip**), including current beneficiaries and non-beneficiaries."*

The description of the survey sample is misleading and inconsistent with previous reporting on WFP surveys in Gaza since 7.10. This phrasing obscures the fact that the households on the lists used for the survey are all pre-war aid recipients, thereby not representative of the three better off deciles in the population. See the varying descriptions of the sample used:

- A WFP [report](#) from December 2023 said that the households contacted in the CATI survey "were randomly selected from the list of **WFP beneficiaries** master phone lists" which "**represent 75% percent of households in Gaza.**"
- According to a WFP [report](#) from February 2024, the agency's CATI survey in Gaza since the outbreak of the war used "Lists from previous distribution (targeting **70% of the population in Gaza**)" (p. 6).
- The March IPC report gave a slightly different description of the sample: "Households were randomly selected from a master list of 320,000 WFP **pre-conflict beneficiary households** representing **80 percent of the total pre-conflict population in the Gaza Strip**" (p. 13).
- Finally, the June IPC report completely omitted the fact that all households on the list were aid beneficiaries before the war, and further obscures it with the vague assertion that some of them are "current non-beneficiaries."

The July Special Brief relied only on CATI surveys taken between 1 and 23 May to which 488 households responded – about 0.1% of the total number of households in Gaza. In northern Gaza Governorate, the sample size was a miniscule 23 household.

A peculiarity regarding the more recent CATI surveys is left unexplained. According to the FRC, the surveys taken between 20 February and 23 May had a 57% success rate which is significantly higher than the 13.3% success rate in the CATI surveys held in Gaza between 6 December and 19 February which were cited in the March report. In that report, the IPC explained that the 13.3% figure is "in line with the 10 percent to 20 percent typical of CATI analyses in the region" (Special Brief of 18 March 2023, p. 13). The spike in the response rate between the two survey periods, which resulted in extremely atypical rates, merits an explanation and raises questions regarding the survey's methodology.

Generally, remotely conducted telephone surveys are highly limited in their methodology as all self-reported information could not be confirmed and may be subjected to various biases.

Part 3: Projection Scenarios

The IPC's projections in its first two reports on Gaza (21 December 2023 and 18 March 2024) proved to be highly exaggerated and failed to predict the emerging trends on the ground. Given this record, it might have been expected that the FRC would exercise greater caution in the projections of the third report, yet this did not happen.

In December 2023, the FRC wrote that it "expects that excess mortality will continue to increase, and these increases may be very rapid, potentially at exponential rates. This applies to mortality caused by both the direct and indirect effects of the conflict, including non-trauma related deaths." In reality, mortality caused directly from the conflict plummeted in the subsequent months and there was no evidence of any increase in non-trauma mortality.

In March, the IPC predicted that over one million people in Gaza, over 50% of its population, will be in IPC phase 5 before July and nearly all the rest (38%) will be in phase 4 by then. It warned that in Northern Gaza "famine is imminent and likely to occur within the next two months" and "mortality levels will likely breach the Famine thresholds (extremely critical) - by the end of May 2024." These predictions also proved wrong. In June, the FRC acknowledged that "in contrast with the assumptions made for the projection period (March – July 2024), the amount of food and non-food commodities allowed into the northern governorates steadily increased" and concluded that the "available evidence does not indicate that Famine is occurring." The increase in infectious diseases that the March report predicted in all three areas by May also did not materialize.

The fundamental flaw in the March report which caused the IPC's misinformed and wrong projections was defined in the Israeli [response](#) as "what appears to be a systematic and consistent effort to ignore two undeniable trends on the ground in Gaza: a significant decline in the war's intensity and a significant increase in the humanitarian effort and the flow of aid." In the latest report, the IPC did acknowledge these two trends yet claimed that both had been reversed in May, thus justifying projections pointing to a deterioration in the situation by September in all three areas of Gaza.

As already shown, the "trend reversal" thesis proposed by the IPC was based on false or flawed analyses of information (explained above in relation to food consumption indicators, fuel, food prices, mortality rates and nutrition services). As explained in this document, the decline in aid supplies in May due to Egypt's halt of aid supplies was a temporary disruption which was successfully mitigated by surging private sector shipments of food, among other means. Mortality rates continued to decline into June, as did food prices, while food consumption surveys provided no evidence for any reversal of the steady improvement they reflected in the subjective food security assessments of respondents in all three areas.

Israel has proven throughout the war that it works relentlessly to expand and improve humanitarian assistance to Gaza. However, the projections of the IPC continue to ignore those efforts and assume that assistance would deteriorate or, at best, remain as it is. Those projections would have been more precise if the FRC had incorporated in its report and analysis the full scope of the data and information on the humanitarian efforts that were presented to it by Israeli authorities during the period between the second and third IPC reports.