IPC Global Initiative - Special Brief - Gaza Strip

GAZA STRIP

HUMANITARIAN ASSISTANCE DRIVES FOOD SECURITY AND NUTRITION GAINS, BUT CONDITIONS REMAIN HIGHLY FRAGILE

IPC ACUTE FOOD INSECURITY ANALYSIS
APRIL - DECEMBER 2026
Published on 13 August 2026

CURRENT ACUTE FOOD INSECURITY: 16 APRIL – 30 JUNE 2026

1.2M
59% of the population analysed

People facing high levels of acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

Phase 5	0 People in Catastrophe
Phase 4	212,000 People in Emergency
Phase 3	1,028,000 People in Crisis
Phase 2	879,000 People Stressed
Phase 1	0 People in food security

PROJECTED ACUTE FOOD INSECURITY: 1 JULY – 31 DECEMBER 2026

1.4M
67% of the population analysed

People facing high levels of acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

Phase 5	0 People in Catastrophe
Phase 4	212,000 People in Emergency
Phase 3	1,201,000 People in Crisis
Phase 2	706,000 People Stressed
Phase 1	0 People in food security

The IPC Special Reports are produced by the IPC global initiative and do not necessarily reflect the views of stakeholders in Palestine. This analysis factors in data and information available up to 15 June 2026 and does not take into account subsequent information or developments occurring after that date.

Overview

Despite recent improvements, acute food insecurity remains widespread across the Gaza Strip. Between 16 April and 30 June 2026, over 1.2 million people (59 percent of the population) faced Crisis or worse conditions (IPC Phase 3 or above), including 212,000 people in Emergency (IPC Phase 4).

Conditions are projected to worsen between July and December 2026, with more than 1.4 million people (67 percent) expected to face Crisis or worse, including 212,000 people remaining in Emergency (IPC Phase 4). All five governorates are classified in Crisis (IPC Phase 3). Humanitarian assistance is the key lifeline for most families. Improved access and reduced conflict intensity following the October 2025 ceasefire enabled a major scale-up of aid operations, generating significant impact, albeit unevenly accessible at area level. In-kind food assistance reached around 1.49 million people in May 2026, although rations remained insufficient to support adequate and diverse diets. Multi-purpose cash assistance (MPCA) also expanded—reaching around

ACUTE MALNUTRITION: MAY 2026 - APRIL 2027*

74,200
cases of children aged 6-59 months acutely malnourished

IN NEED OF TREATMENT

36,600 **37,600**

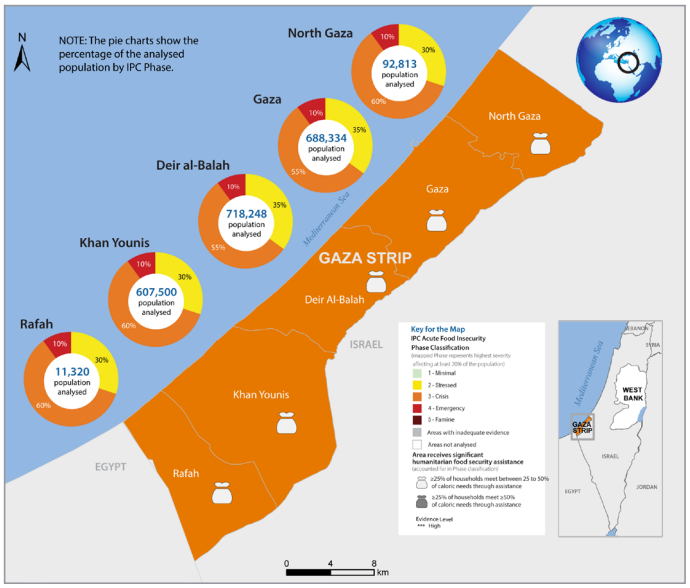
Severe Acute Malnutrition (SAM)	11,400
Moderate Acute Malnutrition (MAM)	62,800

24,600 cases of pregnant and breastfeeding women (PBW) acutely malnourished

IN NEED OF TREATMENT

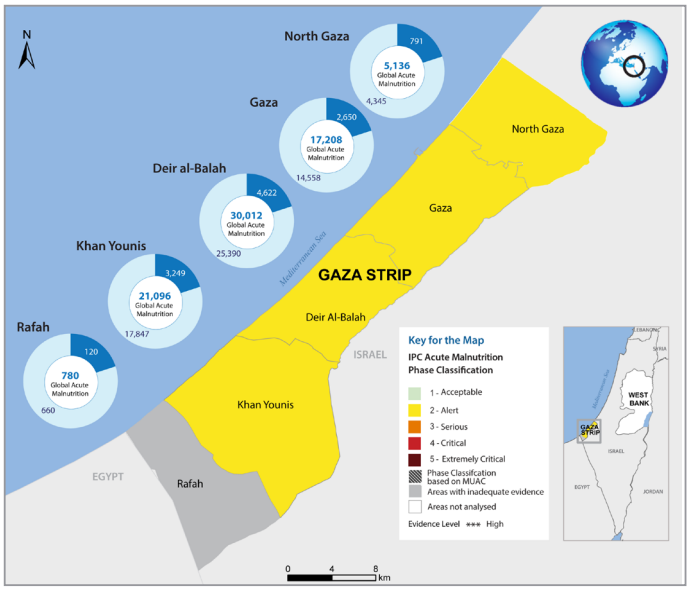
Estimates for a period of 12 months covering the five governorates (the whole Gaza Strip)

Projected Acute Food Insecurity | 1 July – 31 December 2026



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Projected Acute Malnutrition | 1 July – 31 December 2026



Although Rafah Governorate was not classified, estimates of people in need were developed to support comprehensive nutrition programme planning.

700,000 people in May—though its impact was constrained by the high cost of essential non-food items. Commercial imports also increased, reaching an average of nearly 100 trucks per day in recent months, though still below pre-crisis levels.

The expansion of humanitarian assistance has improved household food consumption since the December 2025 IPC analysis, shifting from IPC Phase 4 to Phase 3 levels. However, food consumption remains inadequate for most families. Some households resort to emergency coping strategies, such as begging and scavenging for food, while 83 percent report having no source of income in Gaza Governorate. The widespread loss of productive assets, combined with access constraints, continues to prevent households from resuming agricultural and economic activities, leaving the population almost entirely dependent on external assistance. As a result, in the absence of humanitarian food security assistance, an estimated 1.9 million people (90 percent of the population) would face high levels of acute food insecurity through December 2026.

The nutrition situation has improved considerably since early 2026, with all analysed governorates classified in IPC Acute Malnutrition (AMN) Phase 1 (Acceptable) between mid-April and June; and IPC AMN Phase 2 (Alert) in July - December 2026. Rafah was not analysed due to insufficient data. Acute malnutrition—particularly among children—has declined significantly, driven by a marked scale-up of nutrition programmes. Nevertheless, an estimated 74,200 children aged 6-59 months will likely require treatment for acute malnutrition through April 2027. Adults continue to reduce their own food intake to prioritise their children. An estimated 24,600 pregnant and breastfeeding women (PBW) are expected to suffer from acute malnutrition over the same period.

These recent gains remain highly fragile. Despite a surge in humanitarian food security assistance following the ceasefire, coverage has declined since February 2026, falling from a peak of 2.13 million people reached in November 2025 to 1.49 million people in May 2026. Further reductions are expected due to funding constraints and uncertainty surrounding the renewal of operational authorisations for 37 international non-governmental organisations (INGOs). Meanwhile, the area accessible to Gaza's population has shrunk by more than 50 percent since October 2023, forcing people to shelter in overcrowded sites marked by extremely precarious conditions and heightened risk of infectious disease. Combined with limited access to health, water, sanitation and hygiene (WASH) services, these conditions make recent improvements in food security and nutrition highly vulnerable to reversal.

Advancing peace plans is essential to support transition and reconstruction, enabling displaced populations to safely return home and rebuild their livelihoods. In the interim, families will remain reliant on external assistance and severe coping measures to survive, while even small disruptions to humanitarian access could rapidly reverse recent gains.

Key Drivers of Food Security



Destruction of livelihoods

Violence, insecurity, shrinking civilian space, constrained markets and weak purchasing power hinder livelihood recovery and local food production, deepening reliance on external assistance. Access to agricultural land, water, fishing areas, agricultural inputs, and fuel remains limited.



Volatile and unpredictable humanitarian access and commercial activity

Humanitarian operations and commercial access remain unstable and tightly controlled, preventing the predictable supply of goods and services at the required scale. Access to materials needed for infrastructure rehabilitation and livelihood recovery remain heavily constrained.



Displacement and movement restrictions

Most people remain displaced and unable to return home due to the destruction or damage of an estimated 75 percent of housing, the expansion of militarised zones, and ceasefire violations. Displacement and movement restrictions prevent livelihood recovery and constrain humanitarian and commercial activity.



Hostilities

Armed violence persists—including recurrent military drone strikes, air strikes, and shelling—in violation of the ceasefire, along with clashes and violent disruptions by organised armed actors. Over 900 civilians have been killed since the ceasefire agreement in October 2025.



Poor living conditions

Damaged sewage networks, limited hygiene supplies, and overcrowded shelters severely hamper access to WASH services, heightening disease risk. Populations in inadequate shelter remain exposed to weather extremes, vermin, pests, and other health risks.

Contributing factors for Acute Malnutrition



Poor diet quality and very low dietary diversity

Severe access constraints continue to limit caregivers' ability to provide children with balanced and nutritious diets. Only one in five children has access to an adequate diet. Children's diets are characterised by high consumption of unhealthy foods and limited intake of nutrient-dense foods, insufficient to support optimal growth and development.



Significant WASH gaps and health implications

Poor sanitation and hygiene conditions are widespread. Combined with a high prevalence of preventable diseases, these conditions heighten vulnerability to malnutrition by impairing nutrient absorption, raising illness rates, and reducing overall health resilience.



Strained health and nutrition services

Demand for health and nutrition services continues to outstrip limited capacity, with coverage remaining uneven. Shrinking humanitarian and civilian space overcrowds existing health facilities and hampers the delivery of adequate services.



Mental distress

After more than two and a half years of conflict, displacement, and suffering, concerns about mental health and psychosocial stress are widespread. This heightens caregivers' vulnerability, increasing the risk of malnutrition among both children and PBW.



Underlying conditions

Rising stunting reflects the cumulative impact of inadequate conditions sustained since the conflict began, with lasting consequences for growth and cognitive development.

HAZARDS AND VULNERABILITIES

The overall conflict intensity has significantly reduced compared to the pre-ceasefire period in 2025. Although the October 2025 ceasefire did not result in a full cessation of hostilities or violence, it did allow for improved humanitarian access. Even so, military activities and clashes among armed groups in the Strip continue, causing further civilian casualties and damage to infrastructure, impeding safe access to services, particularly in proximity to the "Yellow Line".

A large part of the Gaza Strip is inaccessible to civilians and heavily restricted for aid workers, creating severe congestion in the areas that remain reachable. Under the ceasefire agreement, a demarcation line—referred to as the Yellow Line—was established to mark the areas from which the Israel Defense Forces (IDF) would temporarily withdraw as a first step toward demilitarisation. As a result, more than half of the Strip has come under Israeli control and is either inaccessible or subject to heavy movement restrictions for both humanitarians and civilians. While initially intended as a temporary demarcation, the Yellow Line risks becoming a territorial boundary, as subsequent steps of the peace plan—including demilitarisation, transition to an international stabilisation force and reconstruction—remain stalled. This has discouraged population returns to areas of origin and hindered the resumption of livelihoods. With the continued expansion of inaccessible militarised areas, two million Palestinians are now confined to an ever-smaller portion of the Gaza Strip, living in overcrowded shelters marked by precarious conditions and heightened risk of infectious disease.

Conflict

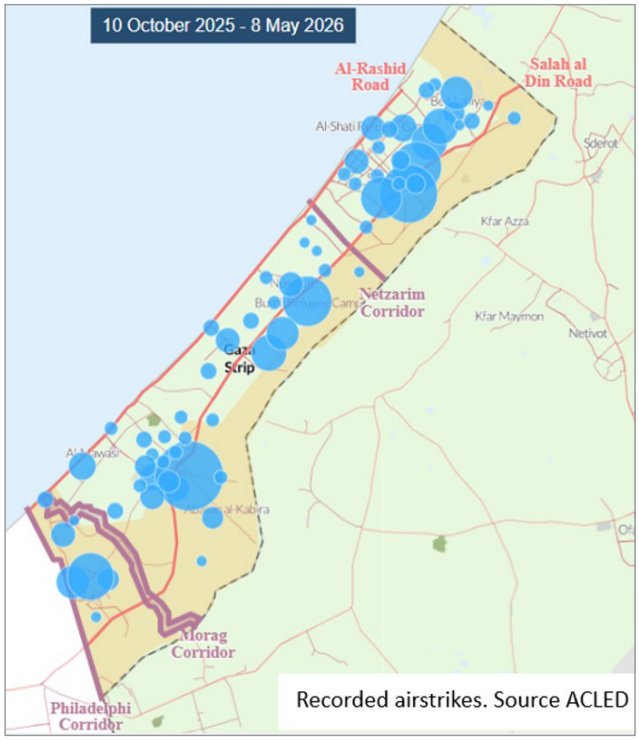
The Gaza Peace Plan proposed in October 2025, entered a first phase when a ceasefire on 10 October 2025 was agreed, and subsequently supported by UN Security Council Resolution 2803 in November. This allowed the release of hostages and prisoners, the return of portions of the population to areas of origin, the gradual reopening of movements for medical evacuations, an improvement in humanitarian access compared to the pre-ceasefire period as well as a significant reduction in conflict intensity. While the ceasefire did not result in a full cessation of hostilities, it marked a significant decrease in airstrikes, and shelling and heavy bombardments compared to pre-ceasefire months. In the six months before the agreement, 6,364 conflict events across the Gaza Strip were recorded by the Armed Conflict Location and Event Data Project (ACLED). In the six months that followed, this number dropped to 2,552—a reduction of more than half. [i]

Despite these gains, critical steps in the implementation of the Gaza Peace Plan are reportedly significantly delayed, raising questions on the advancement of core commitments under the plan, including the disarmament of armed groups, Israeli withdrawal from the Strip and the deployment of an International Stabilisation Force as well as a civilian transitional governance. [ii, iii, iv]

As of mid-June 2026, the ceasefire in the Gaza Strip remained highly fragile. Military operations continued with airstrikes, shelling and gunfire across the Strip, including in the vicinity of the Yellow Line.[v] According to the ACLED conflict monitor, the vast majority of airstrikes, shelling and shooting events occurred inside the densely populated area to the west of the Yellow Line.[vi] In parallel, increased activity by organised armed groups inside the Gaza Strip contributed to a more fragmented and unpredictable security environment. These groups reportedly are challenging local security structures and have expanded incursions into several areas west of the Yellow Line, where the civilian population is concentrated.[vii] ACLED recorded more than 40 violent events between October 2025 and end of April 2026 involving these groups, resulting in nearly 80 fatalities. Their activity has intensified since February 2026.[viii]

The number of Palestinians killed or injured in the Gaza Strip continues to rise, reaching 72,996 reportedly killed and another 173,246 injured as of 10 June 2026, according to the Ministry of Health.[ix] These include around 980 Palestinians killed, and another 3,104 injured since the ceasefire announcement on 10 October 2025.[x] ACLED data shows that the highest number of conflict events recorded between the October ceasefire agreement and 15 June 2026 were in Gaza City and Khan Younis Governorate.[xi]

Figure 1. Recorded airstrikes between Oct 2025 - May 2026, June 2026. Source: ACLED.



Damages

Large-scale destruction and damage to critical infrastructure continues to severely disrupt essential sectors and the delivery of basic services across the Gaza Strip. Housing, water systems, health, sewage, solid waste management systems, education, commerce and agriculture are among the most affected sectors. The latest assessment by the United Nations, the World Bank and the European Union on the impact of the conflict (published in April 2026) concludes that the scale and severity of deprivation have set back human development in the Gaza Strip by 77 years.[xii] The housing sector has been the hardest hit, with nearly three out of four homes directly affected. Using data available up to October 2025, the report estimates that, of the approximately 372,000 impacted homes, nearly 85 percent have been destroyed. Gaza Governorate accounts for over one third of total housing damage, while Gaza City, Khan Younis and Jabaliya are among the worst-affected areas.

Damage to critical infrastructure has been extensive. More than half of hospitals are non-functional, while nearly all schools have sustained significant damage. As of October 2025, an estimated 80 percent of water and sanitation systems were damaged or inoperable, no capacity for wastewater treatment and near total destruction to the centralized energy supply—functioning all services are dependent on generators. While efforts to repair and restore some infrastructure continue, significant damage remains. Approximately 92 percent of assessed establishments in the commerce and industry sector have been destroyed or damaged, and the economy has contracted by 84 percent.[xiii] Approximately 87 percent of Gaza's cropland remains damaged, while agricultural infrastructure, irrigation systems, storage facilities and farm assets have suffered extensive losses.

Transport infrastructure. Based on AI-assisted analysis of satellite imagery, approximately 74 percent of the road network is estimated to have been destroyed and a further 13 percent damaged, although these figures cannot be fully verified due to limitations of visual assessment methods. Impacts are most severe in North Gaza and Rafah, where nearly 9 out of 10 roads are impassable. Bridges, ports and other fixed transport assets have also been heavily affected, while debris from collapsed buildings continues to obstruct key transport corridors.

Health and WASH facilities. More than half of the hospitals of the Gaza Strip are non-functional, and the majority of water infrastructure and assets—including desalination plants, boreholes, pipelines and sewage systems—have been destroyed or damaged. Médecins Sans Frontières (MSF) has documented attacks affecting water infrastructure and distribution points, including damage to water trucks and boreholes serving civilian populations.[xiv] The sanitation system has collapsed with networks and pump stations damaged or destroyed, no wastewater treatment and large numbers of the population living in locations with no/limited-service infrastructure for sewage or water supplies. This combined with overcrowding and mass displacement, has further increased the risk of disease outbreaks and public health deterioration.

Displacement and Shelter Conditions

Approximately 81 percent of the Gaza Strip's population has been displaced from their homes since October 2023. Most families have been displaced multiple times, including after the recent ceasefire, as insecurity and the scale of destruction continue to discourage civilians from returning home. [xv] According to the Rapid Damage and Needs Assessment, 76.6 percent (371,888 out of 485,361) of all housing units have been damaged or destroyed since October 2025, while more than 1.2 million people have lost their homes. Repeated displacement has eroded coping capacity and limited recovery and restoration of stable livelihoods.

Improved security and access to basic services encouraged returns to accessible areas, (although not necessarily to places of origin), albeit at a slower pace in recent months, likely linked to persistence of hostilities. [xvi]

According to Acute Food Insecurity (AFI) Source #11, around a fifth of key informants (KIs) anticipated that some households would return to their areas of origin, most likely after three months or more. Ceasefire developments are expected to significantly influence movement intentions. Most KIs believed that full implementation of Phase II of the ceasefire would substantially increase households' willingness to move or return to their areas of origin.

Shelter conditions remain severely inadequate, and restrictions on the entry of construction materials limit the reconstruction and the provision of durable solutions.[xvii] Around 1.7 million people (354,480 households) are living across approximately 1,600 displacement sites in the Gaza Strip— nearly 88 percent of them in makeshift sites—as reported by the Site Management Cluster (SMC). Shelters are severely overcrowded, exposing displaced populations to harsh weather conditions and significant health hazards.[xviii] Limited or irregular access to water, sanitation, and waste management services further worsens the situation, with rodents and pests reported in 80 percent of the sites.[xix] Women caregivers face additional burden and risks as maternal health and caregiving responsibilities are severely compromised.

Despite modest improvements after the October 2025 ceasefire, humanitarian needs across the Gaza Strip's displacement sites remain acute. According to the latest Displacement Site Verification Assessment, around 24 percent of shelters house more

than eight people, while 38,500 people are sleeping outdoors. Around 81 percent of sites reported urgent medical cases in the previous month, and 600,000 people are reported to lack adequate access to drinking water. [xx]

Living conditions remain hazardous, with 64 percent of sites experiencing rainwater accumulation, 50 percent lacking drainage, and 45 percent reporting fire hazards. Rodents (81 percent), sewage (60 percent), and solid waste (56 percent) are reportedly widespread. Sites with standing water report urgent medical cases in 9 out of 10 sites, compared with fewer than 2 out of 3 elsewhere in the Strip. Fewer than 10 percent of sites have communal lighting, leaving over 1.5 million people without after-dark safety infrastructure.

North Gaza faces the most critical conditions, with the lowest Site Management Area (SMA) coverage (23 percent), and highest rate of urgent medical cases (95 percent). Despite insecurity, population inflows continue and 75 percent of sites rely primarily on market purchases for food, while shelter assistance coverage reaches 88 percent. In Gaza Governorate, 22 percent of sites rely on bucket or plastic-bag sanitation, and none report access to cooking fuel.

Hygiene gaps are also contributing to disease with no UNRWA collective centre reporting adequate soap access for all residents, and 70 percent of people reporting severe skin disease cases—nearly double the rate in non-UNRWA collective centres.

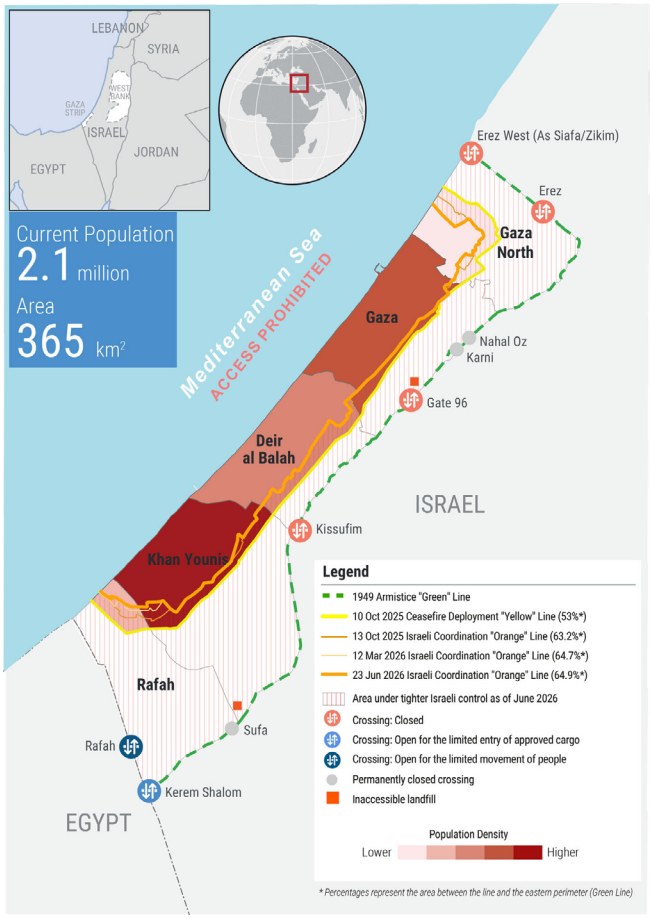
Explosive ordnance (EO) remains a major protection risk. A total of 244 sites—hosting approximately 247,000 people—reported EO encounters, yet 43 percent had received no EO risk education in the previous six months.

Non-UNRWA collective centres are among the most underserved site types: they host 23 percent of all outdoor-sleeping households despite representing only 8 percent of the assessed population, 49 percent have no known permission to remain, 84 percent reported urgent medical cases, and only 12 percent have site management support, highlighting a critical gap for the 2026 response.

Humanitarian Access and Movements of Goods

Humanitarian access has seen an overall improvement across the Gaza Strip since the 10 October 2025 ceasefire and the launch of the Peace Plan, enabling the expansion of aid operations. The relative stability has created opportunities for humanitarian assistance and services to expand, alongside an increase in commercial deliveries, however, humanitarian partners still face challenges in accessing populations across all governorates. Civilians and humanitarian workers face violence and insecurity, notably around the Yellow Line and "Orange Line" and militarised zones where demarcation may be unclear or changing (see map in Figure 2). People's ability to access humanitarian goods and services is also hindered by unexploded ordnance, damaged infrastructure, intermittent conflict, insecurity and other health risks.

Figure 2. Access Overview, Gaza Strip. June 2026. Source: OCHA.



Humanitarian Access

The Gaza Strip remains an unpredictable operating environment for civilians and humanitarian workers,[xxi] with sustained levels of armed violence driven by increasing activity among organised armed actors and compounded by recurrent military drone strikes, air strikes, and shelling. Since October 2023, 8,594 incidents have been recorded (as of mid-June 2026).[xxii]

In mid-October 2025, pursuant to the ceasefire agreement, Israeli military forces withdrew beyond a temporary demarcation line inside the Gaza Strip that became known as the Yellow Line. This line marked the first of three planned withdrawals by the Israeli Defense Forces (IDF).[xxiii] The territory east of the Yellow Line—over 50 percent of the Gaza Strip in October 2025—remained under IDF military control and largely inaccessible to the civilian population or humanitarian actors, with no freedom of movement. [xxiv]

An additional demarcation line was introduced in October 2025 and updated in March 2026, called the Orange Line—creating an additional area where humanitarian organisations are required to pre-coordinate all movements with Israeli authorities.[xxv] The Orange Line further reduced the accessible territory by another

11 percent,[xxvi] de facto limiting the area fully accessible to humanitarian operations to approximately one third of the Gaza Strip.[xxvii] By early June, access constrains had intensified across several zones, including the so-called Orange Area. [xxviii, xxix]

The expansion of the militarised zone has reduced the humanitarian services available to civilians, as facilities located beyond the Yellow and Orange Lines have become inaccessible or highly restricted. By early June, 126 UNRWA facilities were situated behind the Yellow Line or in areas affected by the Orange Line.[xxx] Shifting and unclear boundaries of areas where humanitarians can operate create structural unpredictability, further aggravated by the lack of clear communication on the precise location of current demarcation lines.[xxxi] While the Yellow Line is partially marked on the ground with yellow cement blocks, the Orange Line remains unmarked, rendering operations riskier. [xxxii, xxxiii]

Humanitarian organisations dedicate resources to identify boundary coordinates and safe routes. This constant recalculation increases the probability of navigational error, heightens exposure to military activity, and diverts resources away from service delivery. Humanitarian agencies must negotiate movement on a near-continuous basis to operate or transit in proximity to the Yellow Line.

Restrictions on humanitarian organisations have further compounded these challenges. Around 37 international NGOs (INGOs), including major humanitarian organisations, were notified that their registrations would expire by the end of 2025 and were required to meet new registration requirements by February 2026 or cease operations.[xxxiv] Although they challenged these rules in court,[xxxv] the Israeli High Court rejected their appeal in May and granted only a 30-day extension for compliance. [xxxvi]

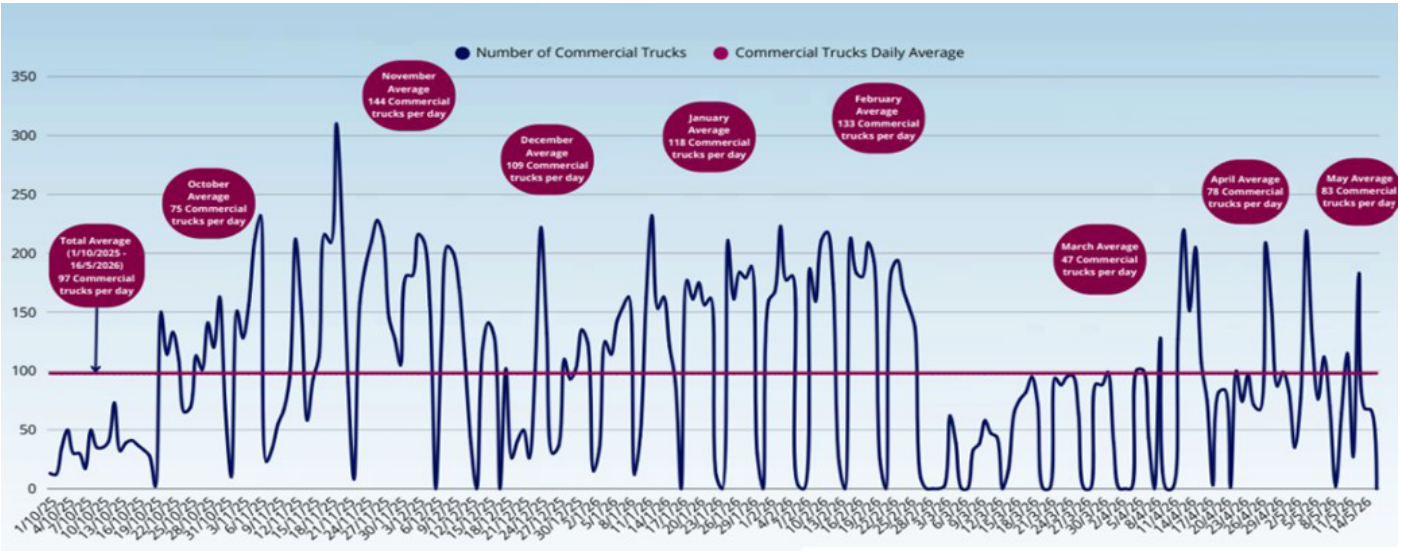
The potential deregistration of these organisations could significantly disrupt humanitarian assistance in the Gaza Strip, as INGOs and their local partners provide over half of food aid, support 60 percent of field hospital operations, deliver all inpatient treatment for severely malnourished children, and fund many other essential services. Their closure would particularly affect women and children by reducing access to nutrition services, gender-based violence response, and psychosocial support. Restrictions on INGOs may also shift operational and legal risks onto community responders, who face the same access barriers but lack equivalent protections—further increasing the risk of service disruptions.[xxxvii]

Movement of Goods

Between 10 October 2025 and 23 May 2026, the flow of humanitarian supplies into the Gaza Strip remained contingent on the operational status of two border crossings—Kerem Shalom and Zikim—with repeated interruptions affecting both.[xxxviii] Since 24 May 2026, Israeli authorities have closed the Zikim crossing, the only operational direct entry point to northern Gaza and all UN/INGO cargo has since been routed through Kerem Shalom.[xxxix]

The level of supplies entering the Gaza Strip remains significantly below the minimum agreed requirements of 600 trucks daily as per the terms of the Gaza Peace Plan. Data indicates that the overall daily average of humanitarian and commercial trucks entering between the October 2025 ceasefire till the end of May 2026 was 227 trucks per day —roughly one third of the Peace Plan's target and less than half of pre-crisis daily entries (approximately 500 trucks in September 2023).[xl, xli]

Figure 3. Commercial trucks flow - Gaza Strip, 18 August 2025 – 16 May 2026. Source: WFP Gaza Market Monitor.



Between the October 2025 ceasefire and the end of May 2026, around half of the daily trucks entering in the Gaza Strip were UN-coordinated humanitarian aid supplies. An average of 112 trucks were collected daily at the crossings, and 103 reached their intended destinations inside the Gaza Strip, according to data from the UN2720 portal. [xlii]

Incoming volumes of UN/INGO-tracked aid rose substantially after October 2025 compared to the pre-ceasefire levels.

Between 10 October 2025 and 15 June 2026, the volume of UN-manifested humanitarian aid delivered to its destination increased from 31,694 to 500,295 pallets—a fifteenfold expansion compared with the six months preceding the ceasefire agreement.[xliii] Food assistance accounted for 80 percent of all aid commodities.

In spite of this positive trend, offloading rates have been declining in the last few months. The total number of pallets offloaded monthly at the crossings lowered from a total of 58,300 in January 2026 to 47,500 in March, rose to just over 50,000 in April, and reached approximately 49,083 in May. [xliv] The reduced volumes in March were largely attributable to crossing disruptions linked to the regional escalation of conflict in the Middle East, with all crossings closed between 28 February and 2 March. The Zikim crossing in the north remained sealed for humanitarian aid collection until 13 April.[xlv]

In May, the largest proportion of UN/INGO cargo—primarily food pipeline commodities—was dispatched from Ashdod Port (47 percent). From Egypt, the offloading rate of manifested trucks dropped to 50 percent, down from 59 percent in April and 80 percent in March, with the remaining 50 percent rejected or returned.[xlvi]

Commercial supplies have also increased significantly since October 2025, reportedly consisting mostly of food items.[xlvii] However, a substantial share of these commercial imports has comprised non-essential commodities, including ultra-processed foods of limited nutritional value, likely driven by higher profit margins for such goods. [xlviii, xlix]

Restrictions on a wide range of essential items, especially electro-mechanical and construction materials, and spare parts and consumables for generators, vehicles and rubble removal persist. [l] The prolonged shortages of electromechanical and construction supplies, chemicals and spare parts are preventing agencies from implementing the appropriate public health orientated WASH response. [li]

Livelihood Strategies and Assets

The prolonged and recurrent nature of the crisis has undermined resilience and left households unable to absorb new shocks. Repeated displacement, destruction of assets, and insecurity prevent recovery and entrench households in chronic vulnerability. Livelihood assets have been largely depleted, including critical agricultural assets and access to productive resources including land, fishing areas, and relevant inputs for these sectors. The erosion of physical and natural assets significantly reduces productive capacity and limits prospects for short-term recovery. Underlying gender and socio-economic disparities exacerbate the exposure to food insecurity, as women, female-headed households, the elderly, and people with disabilities face greater barriers to accessing food, income opportunities, and basic services, especially under conditions of displacement and insecurity (see box on Gender and Livelihood below).

Households have shifted to unsustainable and unstable coping strategies, relying on irregular or distress income sources, reducing essential expenditures, and liquidating remaining assets. These coping patterns reflect the near-collapse of normal livelihood pathways and signal severe and sustained stress on food access. Most households are no longer able to sustain themselves through typical livelihood activities, and coping mechanisms appear to be largely exhausted. These challenges are further exacerbated by ongoing restrictions on the movement of people, which continue to limit access to livelihood opportunities and essential resources.

Key datasets highlight the near-collapse of household resilience in the Gaza Strip, characterised by exceptionally high dependency on humanitarian assistance and other forms of charity, widespread loss of income, very high rates of borrowing, and elevated spending on medical and other essential services. According to Source #2, the share of households without income reached 83 percent in Gaza Governorate in April 2026. This has resulted in severely constrained physical and financial access to food, particularly commercial food. Overall, according to WFP's June 2026 Market Monitoring, unemployment in the Gaza Strip reached 81 percent, aligning with Source #2. Only a small proportion of households—around 10 percent—rely on casual daily labour.

Regarding food sources, data from Source #1 shows Humanitarian Food Security Assistance (HFSA) remains the primary source of food for most households, accounting for 69 percent of reported food sources. Market purchases account for 21 percent of primary food sources and are generally associated with greater dietary diversity.

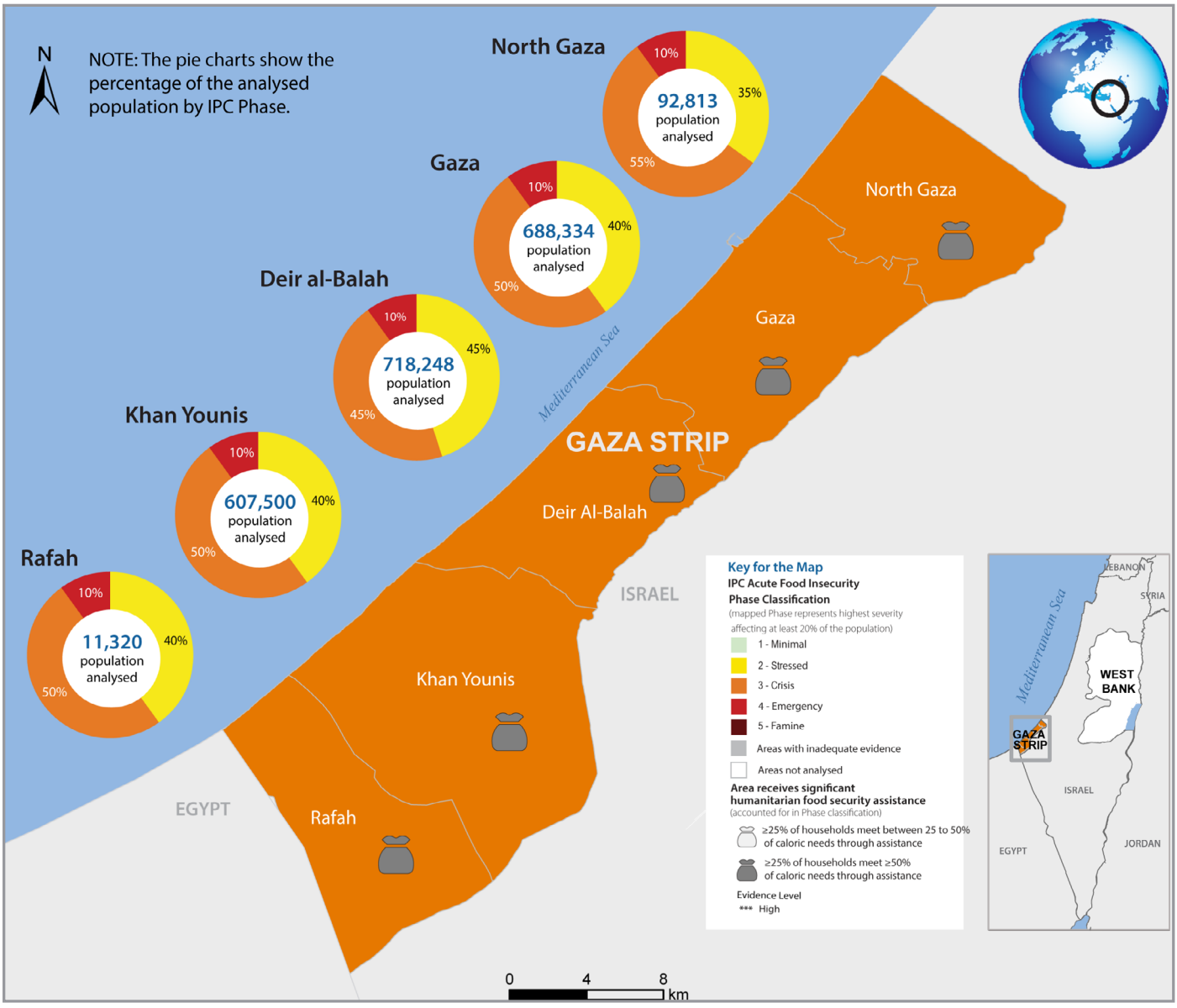
Gender and Livelihoods in the Gaza Strip

Female-headed households in the Gaza Strip face extreme economic vulnerability. With unemployment among women reaching 92 percent, these households rely heavily on charity and community support to survive. Women's livelihoods—often informal, small-scale, or home-based—have been severely disrupted, leaving them dependent on humanitarian assistance. Restrictions on reconstruction inputs further delay the reopening of women-led businesses, undermining recovery efforts and disproportionately affecting women's economic vulnerability.

Female-headed households also face significant barriers to accessing scarce goods, including limited mobility, lack of documentation, and weaker social networks. These constraints deepen existing gender inequalities and restrict livelihood opportunities for female-headed households, as well as youth, persons with disabilities, and older persons, all of whom face heightened protection risks and access barriers.

As a result, many households are increasingly resorting to negative coping strategies, such as reducing food quantity and quality, accumulating debt, engaging in high-risk informal work, and withdrawing children from educational activities.

CURRENT ACUTE FOOD INSECURITY SITUATION MAP AND POPULATION TABLE (16 APRIL - 30 JUNE 2026)



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

POPULATION TABLE FOR THE CURRENT SITUATION: 16 APRIL - 30 JUNE 2026

Governorate	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Deir Al-Balah	718,248	0	0	323,212	45	323,212	45	71,825	10	0	0	3	395,036	55
Gaza	688,334	0	0	275,334	40	344,167	50	68,833	10	0	0	3	413,000	60
Khan Younis	607,500	0	0	243,000	40	303,750	50	60,750	10	0	0	3	364,500	60
North Gaza	92,813	0	0	32,485	35	51,047	55	9,281	10	0	0	3	60,328	65
Rafah	11,320	0	0	4,528	40	5,660	50	1,132	10	0	0	3	6,792	60
Grand Total	**2,118,215**	**0**	**0**	**878,559**	**41**	**1,027,836**	**49**	**211,821**	**10**	**0**	**0**		**1,239,657**	**59**

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

CURRENT ACUTE FOOD INSECURITY OVERVIEW (16 APRIL - 30 JUNE 2026)

The food security situation in the Gaza Strip has shown improvement since the previous IPC analysis published in December 2025. Reduced hostilities have enabled increased humanitarian and commercial food deliveries into the Gaza Strip. However, these gains remain precarious due to the uneven and constrained nature of access, which is still below pre-crisis levels. Livelihood recovery remains out of reach, and there is a widespread exhaustion of coping strategies to mitigate food consumption gaps. Households are heavily reliant on humanitarian assistance as their primary source of food. Any reduction in the quantity and quality of assistance delivered to the Gaza Strip will directly increase both the magnitude and severity of food insecurity.

Between 16 April to 30 June 2026, over 1.2 million people across all five governorates—Khan Younis, Deir al-Balah, Gaza, North Gaza, and Rafah—faced Crisis or worse conditions (IPC Phase 3 or above), including 212,000 people in Emergency (IPC Phase 4).

Food insecurity conditions are driven by extremely depleted livelihoods, recurrent access constraints, ongoing insecurity and movement restrictions. Outcome indicators show limited evidence of severe hunger, yet poor dietary quality and widespread reliance on emergency coping strategies remain pervasive. Across all areas, households face weak purchasing power, eroded livelihoods, and dependance on markets with limited functionality.

Food availability

Agricultural Production

Prior to the recent conflict, local production played a critical role in supplying fresh vegetables, eggs, fresh milk, poultry and fish, and contributed to the availability of red meat, olive oil and fruit. Domestic food production systems were essential for providing nutritional adequacy and dietary diversity across the Gaza Strip. Currently, with over 90 percent of the agricultural land located beyond the Yellow and Orange Lines, there is near total dependence on imported agriculture supply, commercial goods and assistance.

According to a FAO-UNITAR-ONUSAT report released in November 2025, following the introduction of the ceasefire in the Gaza Strip, 36.8 percent (5,542 ha) of cropland was accessible, though only 4 percent (601 ha) was both undamaged and accessible. [lii] A total of 20.5 percent (266.7 ha) of greenhouse area remains undamaged, with 17.3 percent (225.5 ha) accessible. Of the 2,261 agricultural wells in the Gaza Strip, 301 wells (13.3 percent) were undamaged, and only 195 wells (8.6 percent) were accessible. Among the 5,153 agricultural infrastructures mapped, 723 units (14.0 percent) were undamaged, but only 371 units (7.2 percent) were accessible. North Gaza, Gaza and Rafah are the most affected governorates, with Rafah having the highest rate of inaccessibility. In North Gaza and Gaza governorates, accessibility has increased since the ceasefire, however damage is severe.

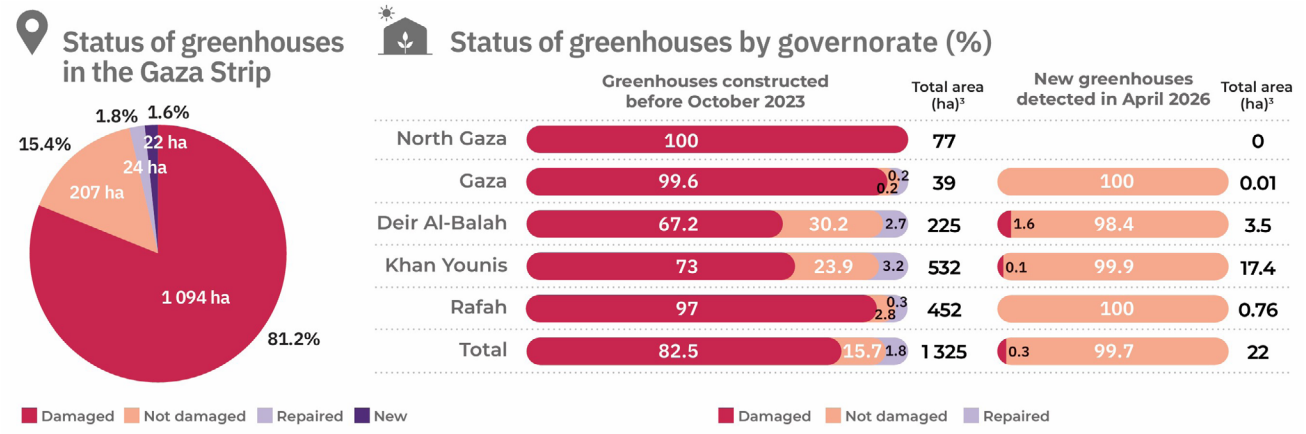
Updated satellite imagery as of 24 April 2026 shows that greenhouse damage across the Gaza Strip remains widespread, despite some visible signs of repair and new construction. Of the 1,325 hectares of existing greenhouses across the Strip, 1,094 hectares are damaged, representing 81 percent of the total area. Almost all greenhouses that existed before October 2023 in North Gaza are damaged, while Gaza City (99.6 percent) and Rafah (97.0 percent) have reported comparably high damage rates, exceeding the Gaza-wide average of 82.5 percent. At the same time, 24 hectares of existing greenhouses have been repaired, while a further 22 hectares of new greenhouses were visible in April 2026, mostly in Khan Younis and Deir al-Balah.

There is a high dependence on imported agriculture supply and humanitarian assistance. Even households able to cultivate face acute shortages of tools, seeds, and irrigation supplies, with items either unavailable or unaffordable and of poor quality when present. Agricultural production is expected to be minimal and largely unable to meet needs. Across the Gaza Strip, persistent limitations on imports of agricultural production inputs continue to push production costs above selling prices, keeping the private sector operating only at a limited scale. In North Gaza, agricultural production has virtually ceased due to extensive destruction and access restrictions, with Beit Hanoun inaccessible and large portions of agricultural land in Beit Lahia no longer reachable.

Source #6 indicates that, where minimum enabling conditions exist, farming households are adapting and attempting to regenerate agricultural activity despite the conflict. Among the 241 interviewed households with ownership or use rights over accessible cultivable land, 88 percent attempted to cultivate crops during the most recent agricultural season. However, 59 percent cultivated less land than before the war, and 69 percent reported lower-than-pre-conflict production levels or no harvest at all. These findings point to the potential for local production to resume where conditions allow,

while also underscoring that current production remains far from meeting local consumption needs.

Figure 4. Greenhouses status proportion (%) by governorate. Source: FAO.

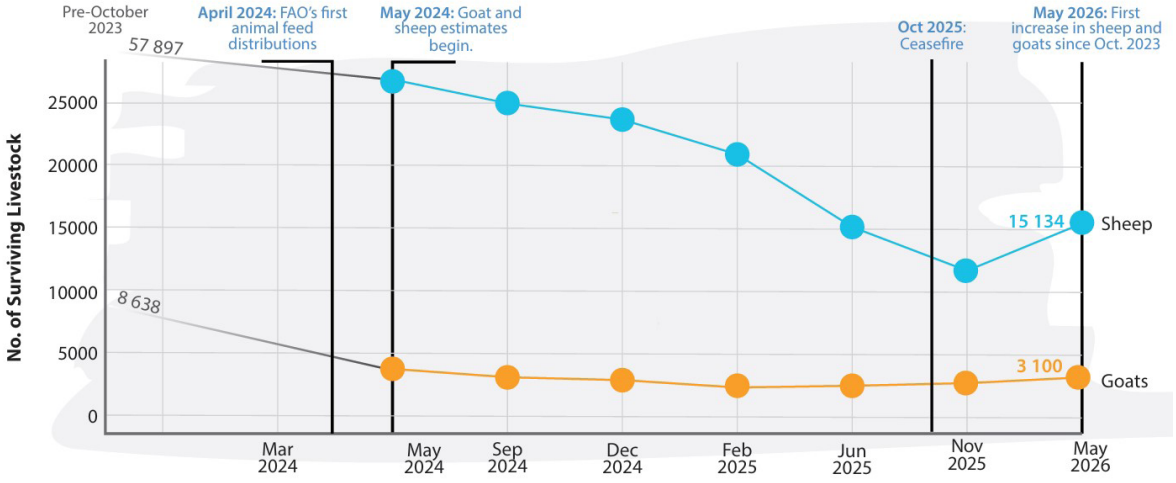


The constraints to production are linked to the Yellow Line, which restricts access to a large portion of the arable land, as well as the low affordability and limited availability of agricultural inputs—particularly fertilisers, pesticides, seeds, seedlings, fuel, energy and irrigation equipment. Land-related issues are also a constraint, as many households have lost property documentation, increasing tensions among farmers.

Livestock

Livestock production remains severely constrained, particularly for small ruminants and poultry. Based on 2021 agricultural census baseline figures, in May 2026, FAO estimates that losses among small ruminants stand at 71 percent, leaving overall herd levels far below pre-conflict baselines.[liii] Compared with the previous round in November 2025, FAO estimates indicate an increase in the number of surviving small ruminants, with surviving sheep rising by approximately 33 percent and goats by around 8 percent. This improvement appears largely driven by the increased capacity of humanitarian and commercial actors to provide feed and complementary inputs following the October 2025 ceasefire.

Figure 5. From Survival to Recovery: How Targeted Support Is Reviving Livestock Production in Gaza, May 2026. Source: FAO.



Poultry production remains particularly affected. Current survival figures largely reflect homestead poultry rather than commercial operations, which have been severely disrupted. As a result, the local availability of eggs, poultry meat and other animal-source foods remains extremely limited, with direct consequences for dietary diversity and access to affordable protein.

Food Supply and Deliveries

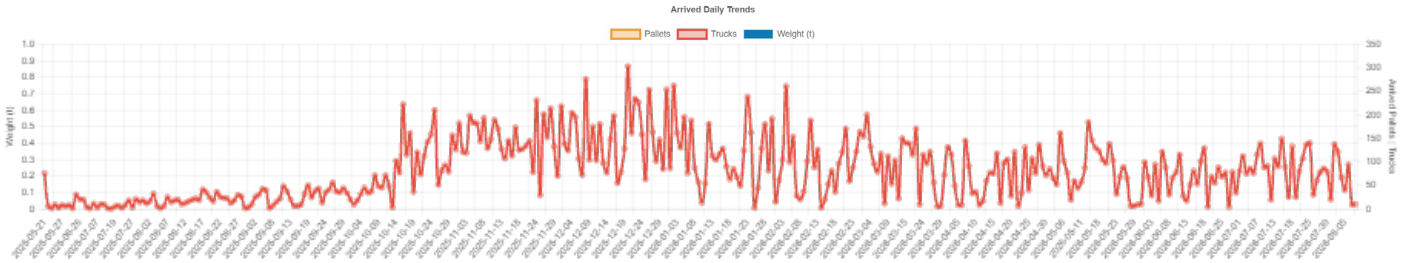
Data on food commodity arrivals and deliveries was available from two sources, the UN2720 Dashboard and the Palestinian Chamber of Commerce, Agriculture and Industry dashboard. These are presented below.

Both data sources indicate an increase in volumes from mid-2025 onwards, peaking in December 2025 - January 2026. These sources also indicate a decline from January 2026 onwards through May 2026.

According to the UN Dashboard 2720, a total of 26,530 trucks carrying various items from humanitarian partners arrived to the intended destination in the Gaza Strip between 21 May 2025 and 15 June 2026. [liv] An estimated 80 percent of weight (t) on these trucks were food commodities. In total 17,971 trucks arrived between December 2025 and 15 June 2026.

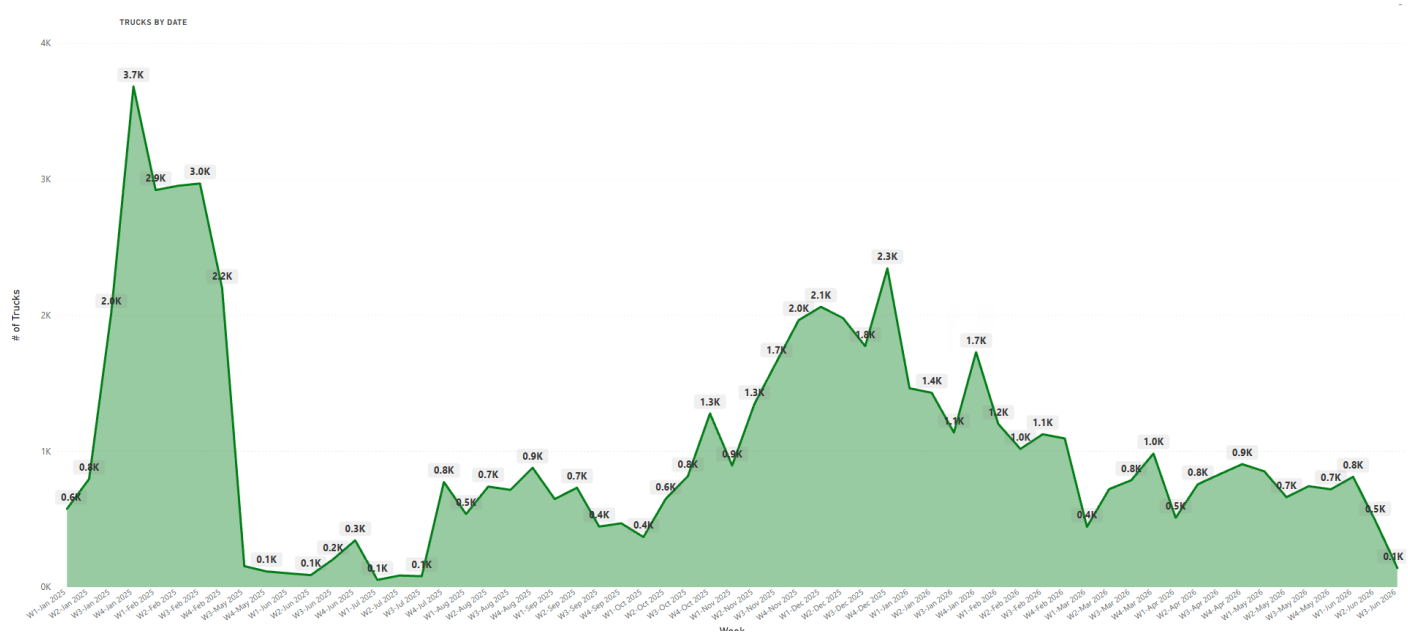
Since the peak recorded in December 2025, the total number of trucks carrying food commodities has declined month-on-month. Compared with December levels, arrivals fell by 26 percent in January, 44 percent in February, 58 percent in March, 57 percent in April, 56 percent in May, and 80 percent in June (as of 15 June) (see Figure 6).

Figure 6. Humanitarian trucks with food commodities arrived to intended destination in the Gaza Strip, May 2025 - 15 June 2026. Source: UN 2720 Dashboard.



According to the Palestinian Chamber of Commerce, the reported imports in numbers of trucks from humanitarian partners with food commodities has been steadily decreasing from levels seen in late 2025 and early 2026. Figure 7 below shows the reported trucks crossing by week and highlights the fluctuations in crossings of food commodities. [lv]

Figure 7. Reported food commodities delivered via trucks from humanitarian partners, Jan 2025 – 15 Jun 2026. Source: Gaza Chambers of Commerce, Industry and Agriculture.



While reporting for June is incomplete available data indicates there is a continued decline of trucks each month from December 2025 onwards. The number of trucks carrying food commodities from humanitarian partners decreased by 38 percent in January, 62 percent in February, 63 percent in March, 69 percent in April, 70 percent in May, and 74 percent in June (as of 15 June), compared with peak levels in December 2025.

Information published by COGAT, 9 July, 2026

Following the completion of the IPC analysis, the Coordinator of Government Activities in the Territories (COGAT) published additional information on 9 July 2026, covering the period during which the COGAT dashboard was not updated (11 October 2025 - May 2026). [lvi] While not included in the IPC analysis as it was published after the completion of the exercise, this information aligns with the trends reflected in the analysis. It also highlights the declining food imports from late 2025 and early 2026 into mid-2026. It is included in this report for informational purposes as additional documentation on food imports. Monthly trends of food deliveries by actor and estimated percentage of commodities delivered by type are shown in Figure 8 and table 1 below.

Figure 8. Supply of Food Into Gaza by Provider (Metric Tons). 9 July 2026. Source: COGAT.

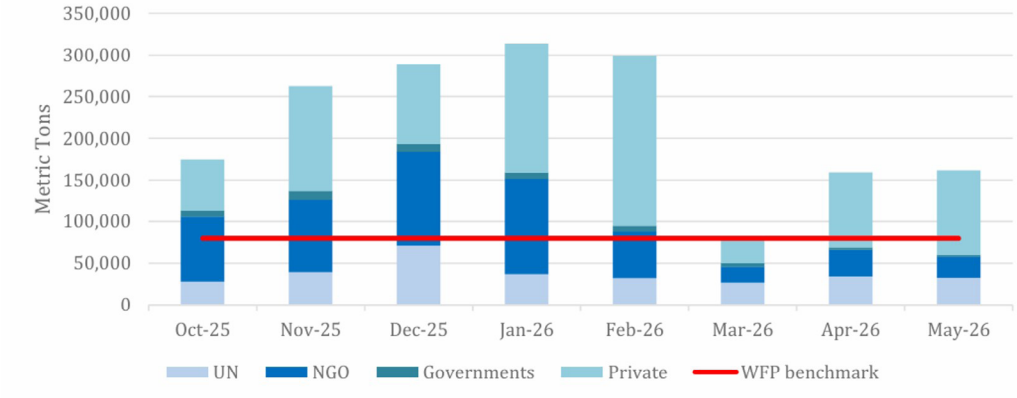


Table 1. Distribution of food types in humanitarian assistance versus private sector for March-May 2026. 9 July 2026. Source: COGAT.

	Private Sector	Humanitarian Aid
Flour, food baskets and basic foods	12.1%	82.3%
Fruits and vegetables	24.9%	9.6%
Dairy and eggs	5.8%	0.9%
Meat	17.1%	2.9%
Oil and fats	6.6%	1.4%
Unclassified/Mixed	40.1%	4.3%

Distribution of food types in humanitarian assistance versus private sector For March-May 2026. Data is presented as percentage of actually measured pallets. High level of unclassified private sector pallets reflects non-standard arrangement of small amounts of varied goods.

Food Availability in Markets

In May 2026, the Gaza Strip's markets regained relative stability following the sharp volatility triggered by the regional conflict in the Middle East that began in February 2026. Conditions showed gradual improvement compared with March and April, particularly in terms of prices and the availability of goods.

These positive developments arise from the increased entry of commercial trucks in May 2026 which improved market stocks. Nevertheless, market monitoring indicated that 63 percent of the surveyed retailers still reported stock levels below normal. Supply chain constraints remain significant, with 40 percent of shops citing difficulties due to a lack of suppliers and 32 percent reporting prohibitively high restocking costs. Price volatility continues to undermine stability, as 85 percent of shops reported fluctuations that hinder household purchasing power and retailers' ability to manage stocks. Cash liquidity shortages persist for vendors, though less severe than in April, with 52 percent of shops reporting shortages compared to 73 percent in April. Storage infrastructure remains weak, with 27 percent of shops highlighting inadequate cooling and insulation that reduce the shelf life of perishable goods and limit food diversity. Transaction costs showed slight improvement, as cash withdrawal fees decreased to 9 percent in the first half of June compared to 12 percent in April, while most shops no longer charge customers for digital payments. Stock capacity trends also improved modestly, with 50 percent of shops holding less than 40 percent of their capacity compared to 71 percent in April, and 48 percent holding between 40–80 percent compared to 28 percent in April 2026. [lvii]

The inflows of humanitarian and commercial goods following the ceasefire have increased market stock and helped restore market functionality. However, increasing population concentrations mean that fewer markets are forced to cover more people, increasing pressures to restock. Improvements in market stocks and functionality are positive signs, though they remain fragile due to reliance on imports to restock and inability of local production to meet food needs.

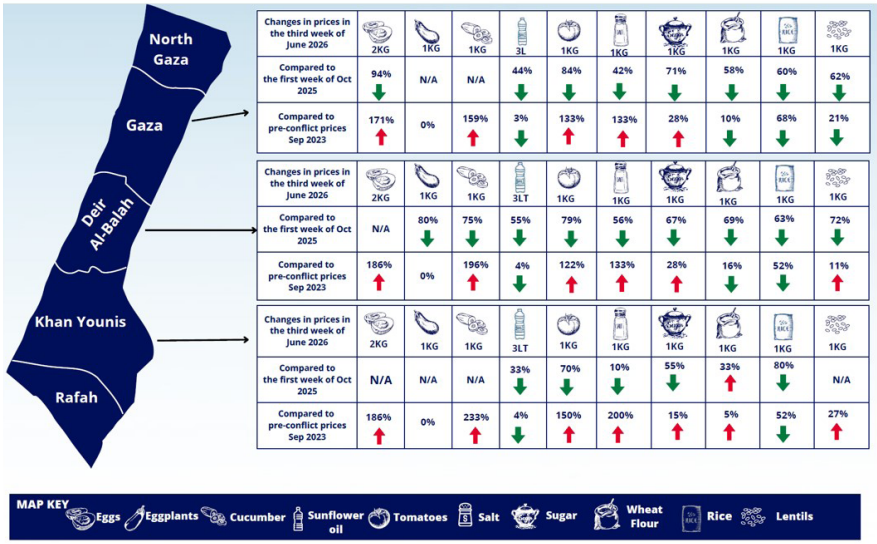
Food Access

With local food production significantly diminished from pre-conflict levels, households rely more heavily on other means to access food. Improvements in market stocks are positive signs, but it is important to note that the presence of food commodities for sale in markets does not automatically translate into equitable access or consumption across households. Nor does it guaranteed access to a well-balanced, nutritious, or high-quality diet.

Physical Access

According to Source #1, barriers accessing food across the Strip are predominantly financial, although populations also face physical access constraints near military or restricted zones. Overall, 70 percent of surveyed households reported difficulty accessing markets, primarily due to lack of money and high prices for 95 percent of them. Only 10 percent cited distance and 9 percent cited lack of transportation, indicating that residual physical-access challenges are likely clustered in less populated areas closer to the Yellow Line. This is particularly evident in Khan Younis, where the expansion and shifting of the Yellow Line continues to limit access to land, services, and agricultural areas, with approximately 14,000 households located within or near restricted zones.

Figure 9. Price Changes for Food Items. May 2026. Source: WFP Gaza Market Monitor



Financial Access

All data in the section that follows is drawn from the Consumer Price Index (CPI) Dashboard from the Palestinian Central Bureau of Statistics (PCBS)[lviii] and from the WFP Market Monitoring report of June 2026. [lix]

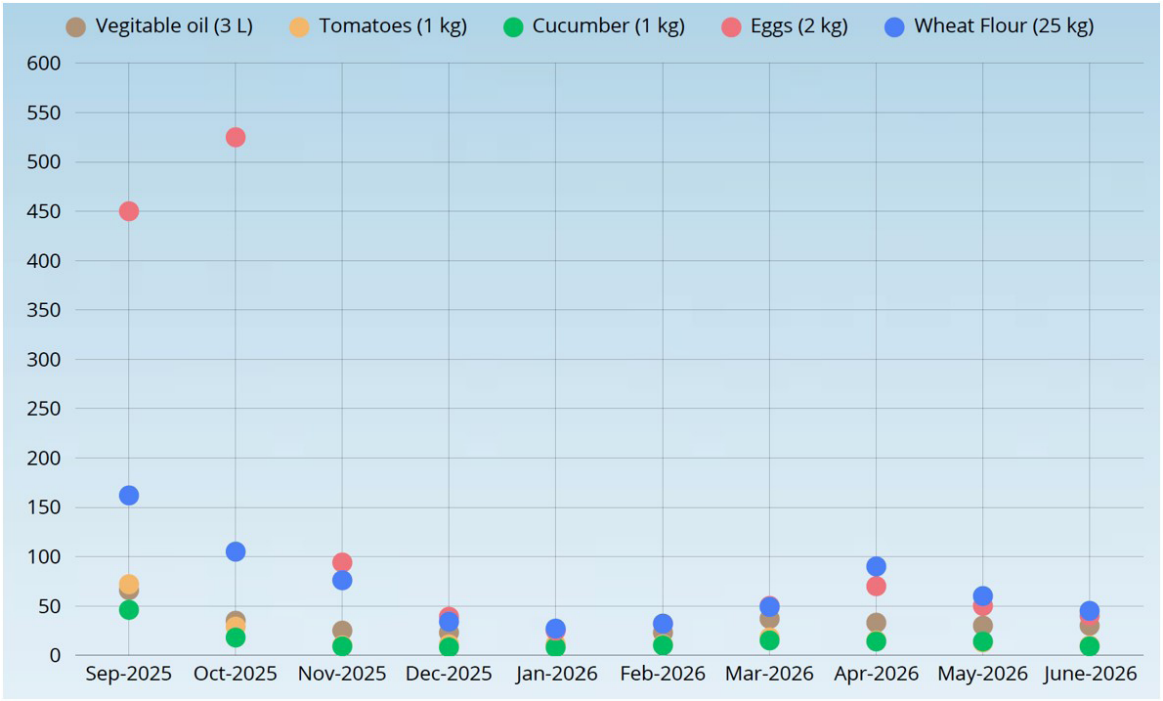
Prices. While food prices remain higher than pre-crisis levels (September 2023), they reduced significantly from September 2025 to May 2026 - reflecting potentially higher availability and accessibility of many food commodities for those who can afford them.

Gaza Strip - Average Monthly Prices for Selected Food Items

Price volatility remains a major challenge in Gaza Strip's markets, closely linked to fluctuations in the inflow of commercial and humanitarian trucks. While prices may be impacted by internal market dynamics, such as transportation, distribution and other factors, the dependence on imports cannot be overstated. Disruptions to the entire market system are more influential than localised disruptions within the market system. The sensitivity of the market and prices largely originates in the quantity, quality, diversity, and regularity of goods entering the Gaza Strip.

Market monitoring indicates price volatility persists; however, many food items remain below pre-ceasefire levels—particularly water, wheat flour, lentils, salt, and sugar. Essential food items, including eggs, which were largely unaffordable in late 2025, have now returned to more accessible price levels.

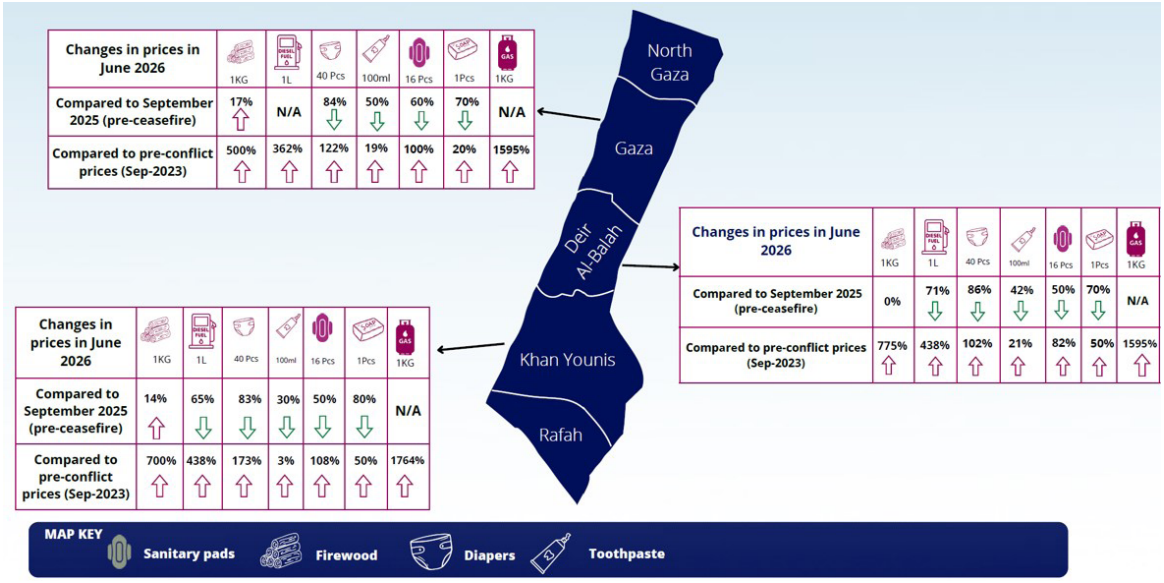
Figure 10. Selected food prices (NIS) Sep 2025 – June 2026. Source: WFP Gaza Market Monitor.



Price Changes for Non-Food Items

Prices for essential non-food items have decreased after the ceasefire, yet remain well above pre-crisis levels. Firewood and cooking gas are particularly expensive—exceeding pre-ceasefire prices by more than 1,500 percent—resulting in extreme scarcity and likely reliance on unsafe waste-burning practices for food preparation and heating.

Figure 11. Changes in commodity prices over time. WFP Market Monitoring May 2026.



Supply chains for non-food items tend to be less reliable than those for food products. Despite lower quantities entering the market, retail prices for most non-food goods have remained relatively stable, with notable exceptions such as fuel and firewood, which continue to experience severe volatility.

Purchasing power. Despite notable price reductions for several commodities, weakened household purchasing power, limited livelihood opportunities and continued market volatility undermine effective food access for much of the population. WFP's June 2026 market-monitoring results show that 77 percent of households reported difficulties accessing markets in the two weeks preceding the survey, compared with 75 percent in April. Household purchasing power remains severely depleted across the Strip. According to Source #2, only 17 percent of households in Gaza City reported having any income in the month prior to data collection in April 2026 and 91 percent of households reported being in debt.

June 2026 WFP market-monitoring data indicated that 97 percent of respondents cited financial constraints due to lack of cash, while 44 percent reported being unable to afford basic food items because of extremely high prices. Physical access to food showed only minimal improvement, with 14 percent of households reporting better access compared with the previous month, while 34 percent reported no change and 52 percent reported worse access.

Financial services. Financial services delivery has continued to evolve, with cash liquidity now less acute as a binding constraint than in earlier periods. Across the Strip, the economy has visibly digitised: Palpay e-wallets, Jawwal Pay, and bank-based payments are widely accepted by vendors, supported by comparatively better access to internet and electricity. This shift has mitigated some of the negative effects of the earlier cash-liquidity crisis, although the underlying fragility of the Palestinian banking sector remains a structural risk.

Digital payment systems, while mitigating liquidity challenges, remain unevenly accessible to women due to connectivity gaps, limited digital literacy, and safety concerns.

Access to Humanitarian Food Security Assistance (HFSA)

Humanitarian food assistance continues to play a critical role in supporting food access across the Gaza Strip through in-kind distributions, cooked meals, vouchers, and market-based modalities.

According to AFI Source #1, between 16 April and 15 June 2026, food assistance provided the equivalent of 16 days of households' monthly food needs on average across all governorates—covering only about 50 percent of daily requirements for the households reached. This level of support leaves significant gaps in terms of quantity and diversity rather than eliminating food gaps. Over the 30 days preceding data collection, more than 89 percent of households across all governorates reported receiving assistance. As reported by households, support primarily consisted of food parcels and cooked meals, cited by over 58 and 62 percent of respondents respectively. Cash assistance accounted for 11 percent, while bread assistance represented 15 percent.

Table 2. Self-reported access to different type of humanitarian assistance. Source: AFI Source #1

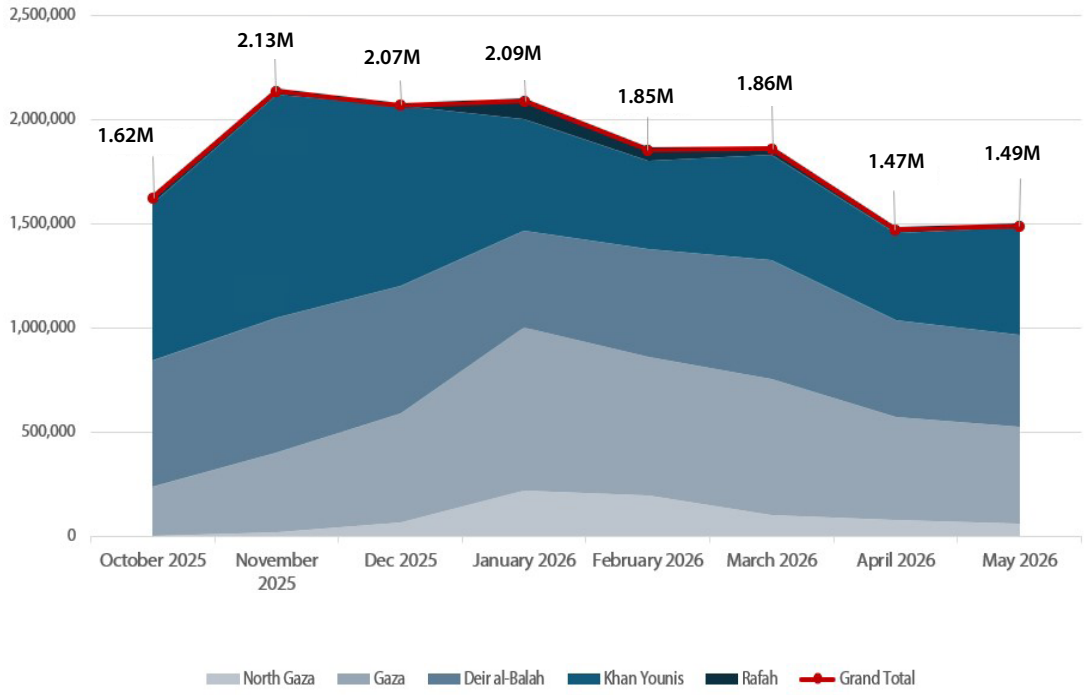
	count	Did your household receive any type of assistance in the last 30 days? (Multiple options)		have you ever received assistance since 7th Oct?		Voucher		Food parcel		Cooked meals		Uncooked meals		Bread		Cash		Non food assistance (Cleaning materials, tents, clothes, medicines, personal care, etc)		If the aid was food, for how many days did the food aid you received cover your household's monthly needs?	how much of the food assistance ration did you share from the last received assistance?				
	1.00	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes		They didn't share	less than 25%	25%-50%	50%-75%	More than 75%.
	Count	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Row N %	Mean	Row N %	Row N %	Row N %	Row N %	Row N %
North Gaza	288	8.7%	91.3%	0.0%	100.0%	98.6%	1.4%	38.9%	61.1%	36.5%	63.5%	99.3%	0.7%	84.0%	16.0%	86.5%	13.5%	91.0%	9.0%	15	74.3%	17.1%	1.7%	5.7%	1.1%
Gaza	332	17.2%	82.8%	1.8%	98.2%	98.8%	1.2%	49.4%	50.6%	45.8%	54.2%	98.8%	1.2%	88.3%	11.7%	89.2%	10.8%	94.9%	5.1%	16	75.2%	15.8%	3.6%	3.6%	1.8%
Deir Al-Balah	349	10.9%	89.1%	0.0%	100.0%	100.0%	0.0%	39.0%	61.0%	36.4%	63.6%	98.3%	1.7%	92.0%	8.0%	91.4%	8.6%	96.6%	3.4%	16	71.3%	21.1%	3.3%	3.3%	1.0%
Khan Younes	346	8.7%	91.3%	0.0%	100.0%	99.7%	0.3%	40.5%	59.5%	36.4%	63.6%	98.8%	1.2%	87.0%	13.0%	88.7%	11.3%	94.2%	5.8%	17	69.5%	20.7%	5.9%	2.0%	2.0%
Rafah	166	4.8%	95.2%	0.0%	100.0%	100.0%	0.0%	39.8%	60.2%	29.5%	70.5%	99.4%	0.6%	63.9%	36.1%	84.9%	15.1%	83.7%	16.3%	15	78.0%	13.0%	4.0%	4.0%	1.0%
Total	1481	10.7%	89.3%	0.6%	99.4%	99.4%	0.6%	41.7%	58.3%	37.7%	62.3%	98.9%	1.1%	85.3%	14.7%	88.6%	11.4%	93.1%	6.9%	16	73.0%	18.2%	3.8%	3.6%	1.4%

In-kind Food Assistance

According to the Food Security Sector, in-kind food assistance increased sharply following the October ceasefire, peaking at 2.13 million people assisted in November 2025 and remaining high through December 2025 and January 2026. However, since January 2026, a decreasing trend is observed with the number of people reached with food parcels decreasing to slightly below 1.5 million people in April and May 2026. This reduction is particularly worrying considering that the vast majority of the Gaza Strip's population remains largely dependent on assistance, has not yet rebuilt sustainable livelihoods, and continues to face high debts and low incomes that make commercial goods largely inaccessible

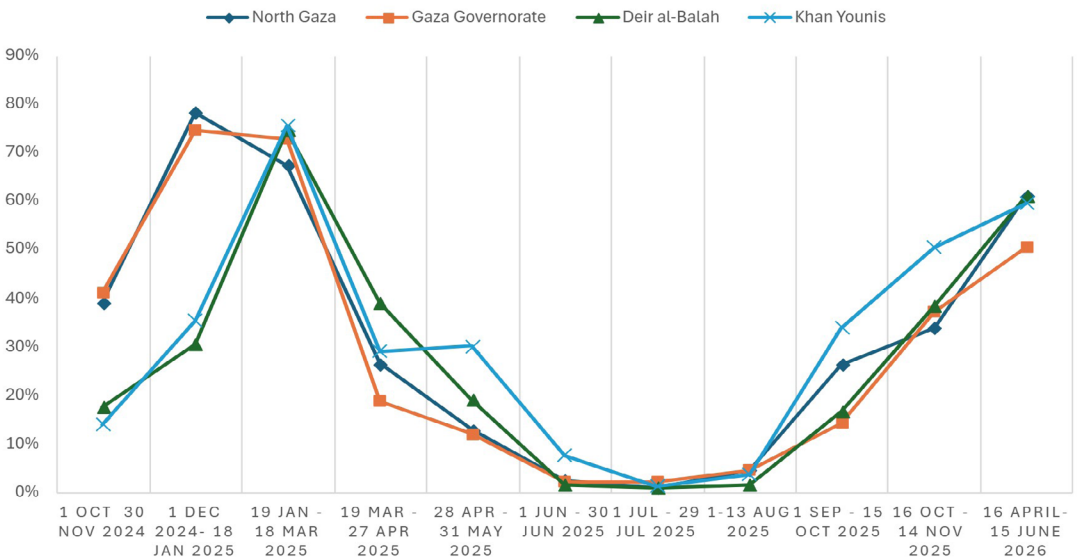
Prices increased further in February in the context of the regional conflict in the Middle East, which has placed sustained pressure on the global humanitarian supply chain - manifesting in higher costs, longer lead times, and cancellations. [lx]

Figure 12. Humanitarian Food Security Assistance (Food Parcels) Oct 2025 - May 2026.



This trend is confirmed by AFI Source #1 data (figure below), which shows a sharp increase in self-declared access to food parcels—from less than 4 percent of the surveyed households reporting access in August 2025 to 58 percent currently reporting access.

Figure 13. Self-reported access to food parcels (1 Oct 2024- 15 June 2026). Source: AFI Source #1.



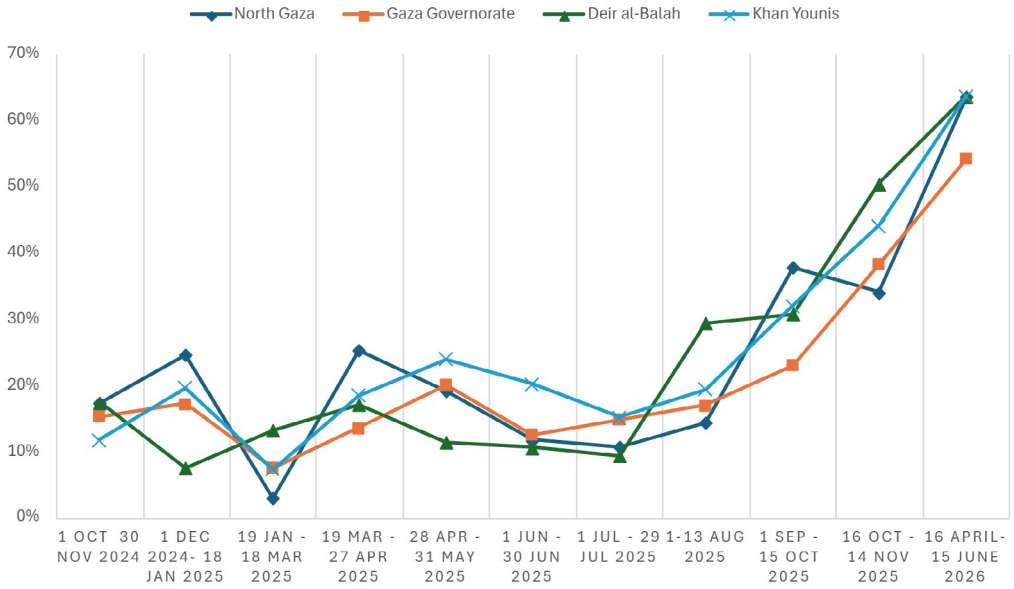
These positive trends are, however, accompanied by significant operational constraints, including increased cargo damage linked to intensified security checks that weaken packaging, slow delivery, and contribute to losses.

Cooked Meals and bread supply

As of 13 May, 1,019,000 meals were prepared and distributed daily by 23 partners through 103 kitchens across 1,758 locations, including 287,000 meals in the north and 732,000 in central and southern Gaza.

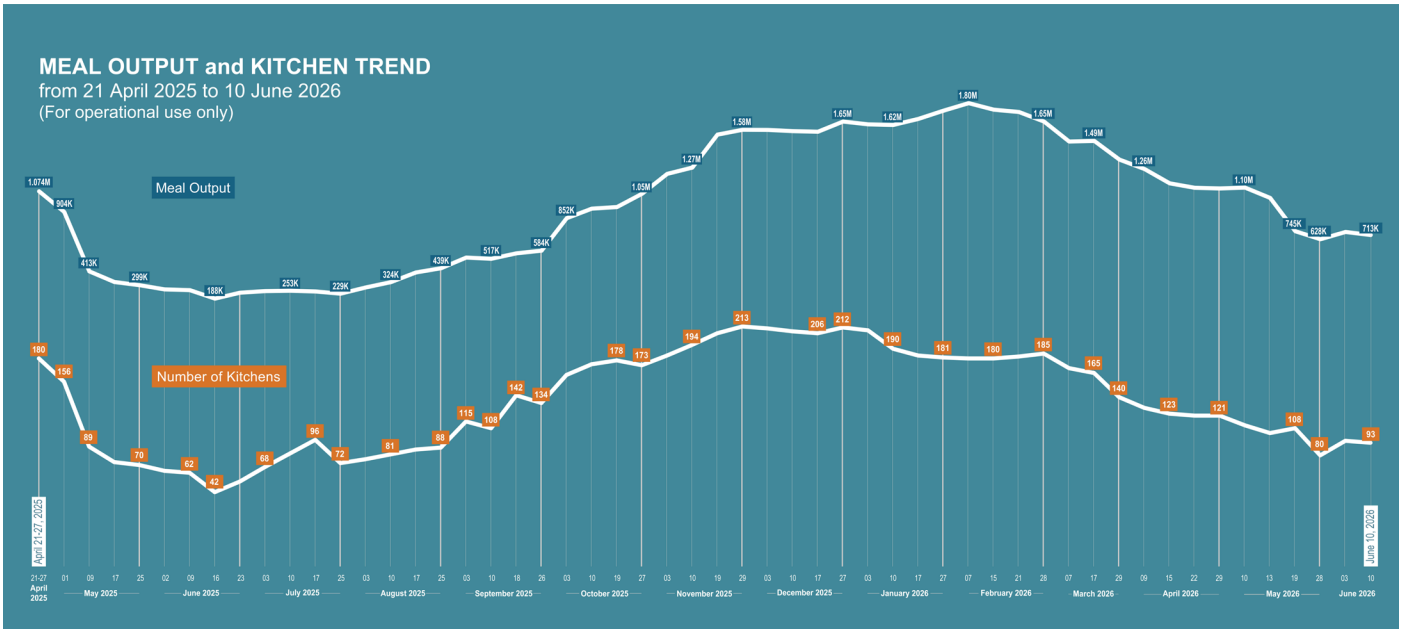
As shown in the figure below, this represents a sharp increase, confirmed by AFI Source #1 data indicating that self-declared access to cooked meals rose from very few households in August 2025 to 62 percent of surveyed households currently reporting access to this type of assistance across the Strip.

Figure 14. Self-reported access to cooked meals (1 Oct 2024 – 15 Jun 2026). Source: AFI Source #1.



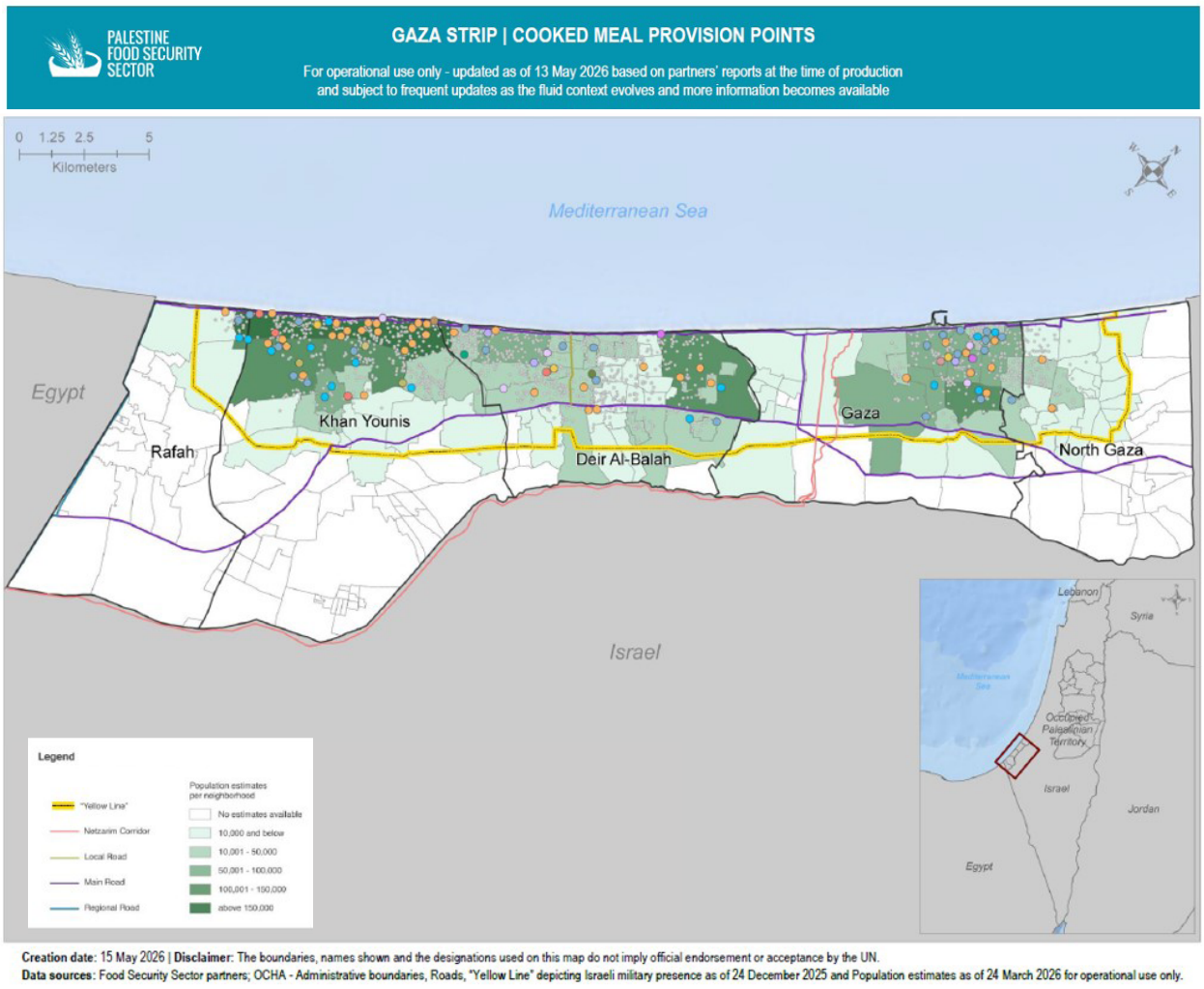
Operational reporting shows the number of kitchens and meal output increasing from mid-2025 and reaching a peak in February 2026 for meal output, with steady decreases each month into June 2026. The number of operational kitchens has also been declining from the peak in December 2025 (212), to less than 100 reported in June 2026.

Figure 15. Cooked meal distributions May 2023 – June 2026. FSC Cluster, June 2026.



The map below provides a visualisation of the coverage of the cooked meal provision points by governorate.

Figure 16. Gaza Strip Cooked Meal Provision Points (13 May 2026). Source: Palestine Food Security Sector.



In parallel, bread production continues through 28 UN-supported bakeries, which produce around 130,000 two-kilogram bundles per day, with one fifth distributed free of charge to over 300 shelters.[lx]

Supply conditions for cooked-meals productions (including food, fuel and cooking gas) remain constrained, as costs have been rising since January and have accelerated further since 28 February.[lxi] Nonetheless, operational partners continue to support several bakeries with fuel to increase the availability of bread. As a result, bread remains accessible and continues to serve as an important food source for populations across the Gaza Strip.

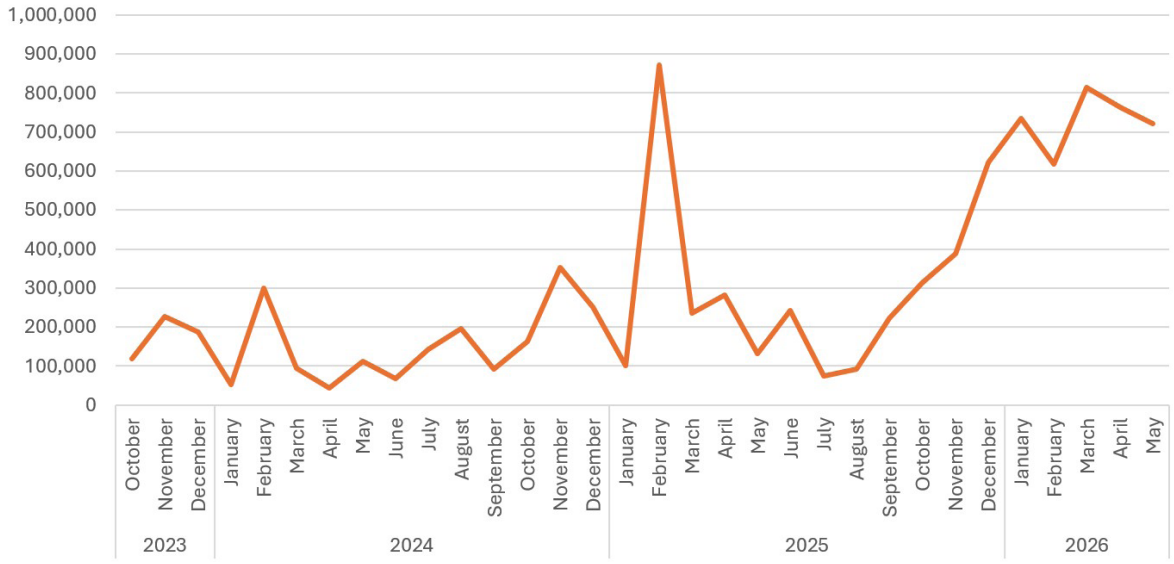
Multi-Purpose Cash Assistance and Other market-based modalities

In addition to food-specific assistance captured through HFSA data, households benefit from Multi-Purpose Cash Assistance (MPCA) and other market-based interventions. MPCA is intended to provide flexible cash support that enables households to meet multiple essential needs, including food, through local markets where they continue to function.

While market-based assistance offers households greater flexibility to prioritise competing needs, its effectiveness remains closely linked to market functionality, commodity availability, purchasing power, liquidity conditions, and access to financial services. Although food-specific assistance remains a primary source of support for many households, market-based interventions provide an important complementary pathway for improving food access and resilience.

As humanitarian partners scaled down in-kind food assistance, they increasingly shifted towards MPCA, substantially expanding its coverage. The graph below shows long-term trends in the number of people reached through MPCA distributions, highlighting a sharp increase after the ceasefire, but also unstable coverage since January 2026. According to the Cash Working Group (CWG) monitoring, between 618,000 and 815,000 people have been reached monthly with MPCA since January 2026, compared with as few as 75,000 people in July 2025 during the previous ceasefire. This expansion has helped address food needs while contributing to overall food security across the Gaza Strip.

Figure 17. Trends of number of people reached with MPCA distributions by month. Source: Cash Working Group.



Social Access

Social support networks, community assistance, borrowing, and informal sharing arrangements continue to support food access for some households. However, after prolonged displacement, repeated shocks, and sustained economic deterioration, the capacity of families and communities to provide support has significantly eroded. As a result, many households have reduced access to traditional social coping mechanisms and increasingly depend on humanitarian assistance and market-based access pathways to meet basic needs. This is well reflected in the Source #1 results, which show that, according to the reduced Coping Strategy Index (rCSI), households across the Gaza Strip are barely relying on borrowing food or seeking help from friends or relatives (only 1 day per week on average). However, the Livelihood Coping Strategy Index (LCS) from the same source indicates far more severe stress: 39 percent of households have sent a family member to live elsewhere, and 89 percent are still borrowing money to cover food needs due to lack of food during the last 30 days.

Gender and Social Access in the Gaza Strip

Female-headed households, widows, and displaced women face higher barriers to food access.

Women often eat last, and the coping strategies they adopt—such as selling assets or reducing their own meals—deepen long-term vulnerability. Women and girls, particularly female-headed households, pregnant and breastfeeding women (PBW), women with disabilities, and adolescent girls, continue to face heightened vulnerabilities to food insecurity due to repeated displacement, loss of livelihoods, and increased protection risks when searching for food.

Already experiencing weakened purchasing power and limited livelihood opportunities, female-headed households are less able to absorb price spikes and market instability. Women caregivers bear the burden of securing food under unpredictable supply conditions, often resorting to unsafe coping strategies such as reducing their own intake, prioritising children, or relying on low-quality imports with poor nutritional value. High debt levels and dependence on community kitchens or cash assistance reflect the acute vulnerability of Female-headed households, whose recovery is further constrained by limited access to agricultural inputs and productive land.

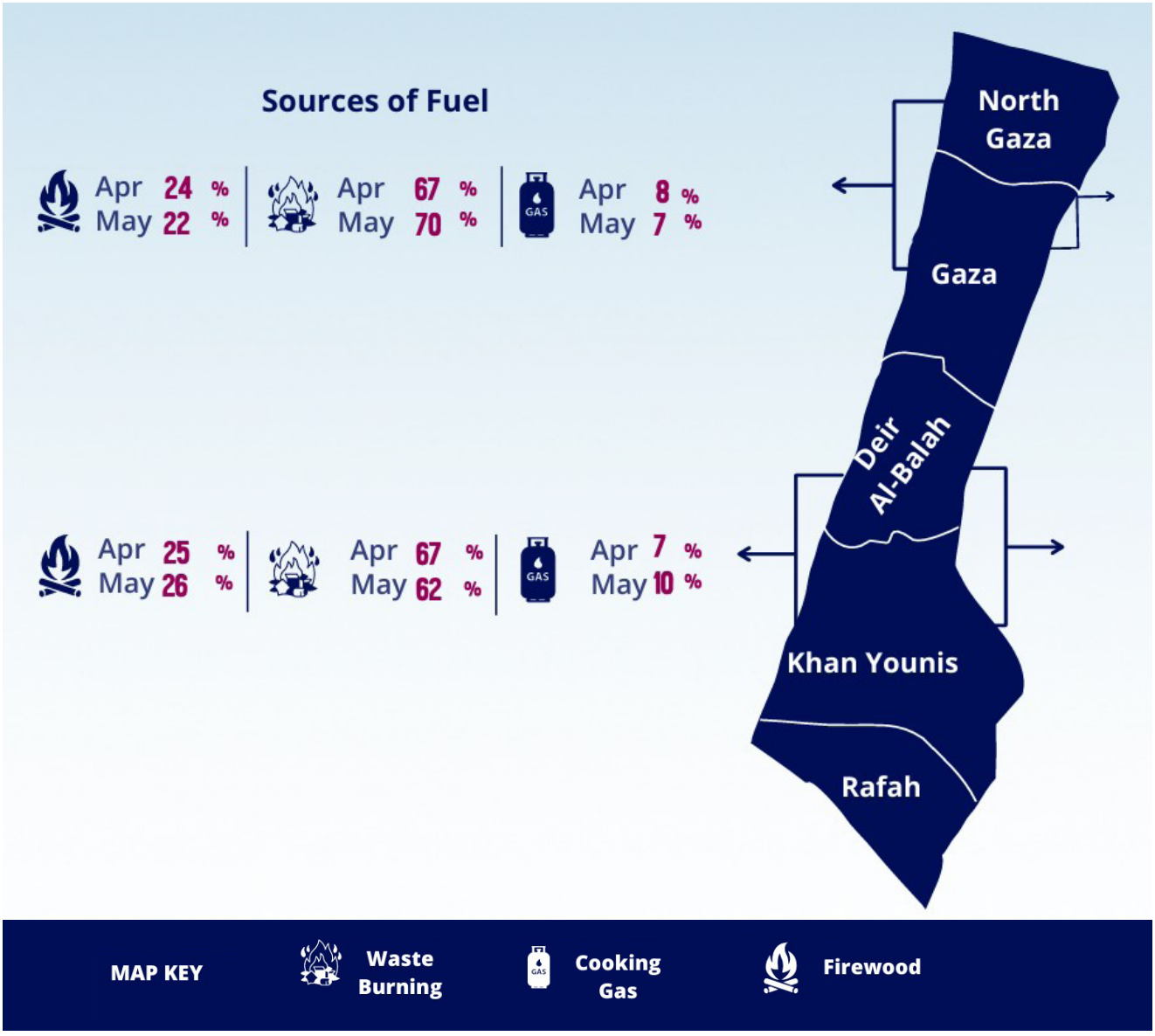
Utilisation

Food utilisation remains constrained across the Gaza Strip due to the combined effects of limited access to safe cooking fuel, inadequate water supply, and widespread sanitation challenges. Households continue to face significant barriers to preparing food safely, with cooking fuel both scarce and expensive.

The Strip has faced a severe shortage of cooking gas since the start of the conflict. Even after the ceasefire and a modest improvement in truck entries, households continue to struggle. Families wait for weeks to receive an 8 kg cylinder sold through official channels at 74 NIS (about USD 24), an amount that lasts less than two weeks. On the informal market, prices soar to 90–120 NIS (about USD 29-39) per kg, making gas unaffordable for most (WFP Market Monitor – June 2026).

An estimated 77 percent of households rely on burning waste as a substitute for cooking gas. The burning of plastic, nylon, and other hazardous materials is an increasing trend, exposing families to toxic smoke, creating serious health risks and restricting the types of food that can be prepared. This reliance on unsafe fuels forces households to prioritise foods requiring minimal cooking, reducing dietary diversity and limiting nutrient intake. The widespread reliance on unsafe fuels has disproportionate impacts on women and girls' health, as they are primarily responsible for food preparation and caregiving.

Figure 18. Main Sources of Fuel – Gaza Strip, June 2026. Source: WFP.



Stability

Per the IPC Analytical Framework, stability underpins other dimensions of food security as a cross-cutting issue. Throughout the Gaza Strip, the volatile operating environment, fluctuating humanitarian access, recurrent and unpredictable restrictions on the movement of goods and people, and the near-complete dependence of the population on external food sources render the food security situation highly unstable. As indicated in this analysis, while the overall context has improved since the ceasefire, those gains are fragile and easily reversible, underscoring the continued lack of food-system stability in Gaza.

Since October 2023, the crisis that unfolded has included periods of extreme food insecurity—including Famine (IPC Phase 5) in the August 2025 IPC analysis—alongside periods of limited or no humanitarian access, intermittent ceasefires and periods of relative calm, major military operations, and extreme variability in food imports. With the potential for some or all of these conditions to recur, stability remains an ongoing concern.

Food availability remains dependent on imports, which are in turn contingent on regular, reliable and predictable access. Imports of humanitarian aid—always inherently unstable, in any crisis context-face delays, fluctuations in volume, damage during inspection processes, and uncertainty regarding approval and entry procedures. Commercial imports represent a crucial source of food supply, and are heavily influenced by market dynamics, high transport costs, irregular inflows, and limited ability to deliver key food commodities. Fuel availability and cold-chain integrity further complicate the stability of supply.

Food access remains highly unstable due to households' heavy reliance on humanitarian assistance, limited livelihood opportunities, and volatile market conditions. Household purchasing power is similarly unstable as income-generating opportunities are largely absent, leaving households exposed to even minor changes in food prices or aid availability. Assistance often falls short of needs and fluctuates with funding levels, operational constraints, and security conditions, while market access is regularly disrupted by movement restrictions, insecurity, liquidity shortages, and transportation challenges. Local food production remains extremely limited due to widespread destruction of agricultural land, restricted access to farming areas and fishing zones, shortages of fuel and agricultural inputs, and continued insecurity.

Food utilisation remains unstable due to uneven access to water, sanitation, hygiene, health, and energy systems. Severe shortages of cooking fuel, hygiene supplies, and sanitation services undermine households' ability to prepare food safely, maintain adequate hygiene, and achieve adequate nutritional outcomes. Unsafe cooking practices, overcrowded shelter conditions, poor food-storage capacity, environmental contamination, and recurring disease outbreaks continue to weaken the body's ability to effectively utilise available food. Any further disruption to water supply systems, fuel availability, waste management services, or health services is likely to rapidly worsen nutritional outcomes.

Finally, given the conditions described above, individuals, households and groups have little to no agency over their food security. The crisis has stripped women of financial security, increasing their reliance on extended family networks and, in some cases, exposing them to coercive or abusive environments. The population's capacity to act independently—to make choices about what they eat, the foods they produce, and how that food is produced, processed, and consumed—remains minimal.

Food Security First-Level Outcomes

Sources of outcomes

Food security outcome originate from two sources, referred to herein as Source #1 and Source #2.

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

Unit of Analysis	Source #1 (FCS, rCSI, HHS, LCS indicative)			Source #2 (FCS, HHS, rCSI)		
	Time period	Sample (n)	Reliability Score	Time period	Sample (n)	Reliability Score
North Gaza	16 April- 15 June 2026	288	R2	N/A		
Gaza city	16 April- 15 June 2026	332	R2	19-20 April 2026	96	R1+
Deir Al-Balah	16 April- 15 June 2026	349	R2	19-20 April 2026	88	R0
Khan Younes	16 April- 15 June 2026	346	R2	19-20 April 2026	77	R0
Rafah	16 April- 15 June 2026	166	R2	N/A		
Total sample		1481				

Source #1: Data were collected using Computer-Assisted Telephone Interviews (CATI) and covered the five governorates: North Gaza, Gaza, Deir al-Balah, Khan Younis and Rafah. The same third-party phone company contracted in previous rounds of data collection was used with ten enumerators and two supervisors collecting the data. Households were randomly selected from the Self registration Assessment (SRA) list (360,000 households, 90 percent of households in the Gaza Strip), including current beneficiaries and non-beneficiaries. The survey included four outcome indicators: Food Consumption Score (FCS), reduced Coping Strategies Index (rCSI), Household Hunger Scale (HHS) and Livelihood Coping Strategies Index (LCS), as well as other contributing factor data. The survey data included in this analysis was collected between 16 April to 15 June 2026. The data provider for Source #1 has been collecting food security data on a continuous basis since late 2023, enabling longitudinal trends analyses of the same food security outcome indicators over time. IPC sample-size requirements were met for all areas, meeting the minimum threshold to receive an R2 score in line with IPC protocols. However, it is important to note that only a limited portion of Rafah is currently accessible, specifically restricted to two areas/communities where most of the remaining population is estimated to be, rather than the entirety of the original Rafah governorate. Results should be interpreted as representative of these inhabited areas only.

Source #2: Several baseline assessments were conducted in accessible areas at the time of data collection in all five governorates. Households were asked if they consented to be re-interviewed in follow-up rounds of data collection. Source #2 refers to the latest round of remote data collected, where 261 surveys were completed between 19-20 April 2026, covering three governorates: Deir al-Balah, Gaza and Khan Younis. However, because of security and access issues, the data collection could not be completed, and the minimum evidence requirements for the analysis was reached only in Gaza Governorate (N=95), with an R1+ reliability score. The survey included three outcome indicators: Food Consumption Score (FCS), reduced Coping Strategy Index (rCSI) and Household Hunger Scale (HHS), as well as other contributing factor data on household's vulnerability. Trends data from Source #2 were analysed from the six separate rounds of data collection conducted.

General considerations on results: While data from both sources were analysed, Source #1 showed a greater convergence of results, based on data from more food security outcome indicators—including FCS, rCSI, HHS and LCS—compared to Source #2, which provided data on only food consumption indicators (FCS, rCSI and HHS) and was representative solely of Gaza Governorate. It is also important to note that Source #1 data have been continuously collected since late 2023, enabling long-term trends analysis that was available during the analysis.

Food Consumption Outcomes

The **Food Consumption Score (FCS)** indicator has a standard threshold of 21/35, except in contexts where the diet typically has a high consumption of sugar and oil, for which there is a higher threshold (28/42). For this reason, in the Gaza Strip analyses, the higher FCS thresholds (28/42) were adopted. While the analysis team used the higher thresholds as per WFP guidance, results from both thresholds were considered, given the variable consumption of sugar and oil since 2023.

According to Source #1, the prevalence of poor food consumption—indicative of IPC Phase 4 or 5—based on the FCS (using the 28/42 cut-offs) is showing similar levels across the five units of analysis. The highest prevalence of poor FCS is observed in Gaza Governorate (9 percent) then North Gaza and Khan Younis Governorates (6 percent), while Deir al-Balah and Rafah Governorates are at 5 percent. According to Source #2, the prevalence of poor FCS with the 28/42 cut-offs across Gaza Governorate is significantly higher at 33 percent, which could be partially explained by the lower sampling.

Looking at standard FCS thresholds (21/35), the percentage of households facing large food gaps (FCS poor) are between 0 to 1 percent—according to Source #1. This is a continuous improvement from the previous analysis when poor FCS was between 6 and 9 percent (and between 55 and 77 percent in the analysis prior to that). According to Source #2, the percentage of households facing large food gaps (FCS poor) using the standard cut-offs was 12 percent in Gaza Governorate. See figures 19-21 below for more details.

An analysis of **Household Hunger Scale (HHS)** data confirms that there has been an improvement in this indicator compared with the two previous analyses. In terms of trends, Source #1 shows the Gaza Strip faced high levels of acute food insecurity in July 2025—indicative of IPC Phase 5 (Catastrophe). HHS peaked at 32 percent overall, reducing to 9 percent in September-October 2025, and again to 2 percent in October-November 2025. According to the latest data, it currently sits at 1 percent. The populations with very severe hunger across all four governorates analysed range from 0-1 percent, while severe hunger (indicative of IPC Phase 4) is between 2 to 3 percent. The low severity converges with Source #2 which shows 0 percent of very severe hunger and 4 percent of severe hunger in Gaza Governorate.

The reduced Coping Strategy Index (rCSI) measures the food-based coping mechanisms adopted when households are confronted with limited food access. Source #1 shows high coping ranges from 54 percent in Gaza Governorate to 61 percent in North Gaza Governorate. In terms of trends, high coping reported by households has steadily decreased from a peak in July 2025. Households across the Gaza Strip report reducing the number of meals per day on four days per week.

The average overall reduction in portion sizes being consumed has reduced from 3.7 days per week in November 2025 to 2.2 in this reporting period. Additionally, adults restrict their consumption for an average of 2.6 days per week to allow children to eat, down from 3.3 days per week in the previous report. Reliance on borrowing food from friends or relatives remains low—around 1.2 days per week—reflecting the persistent and widespread breakdown of social safety nets, which are unable to fill food consumption gaps.

Figure 19. Food Consumption Score (FCS) with the 28/42 cutoff. Source: Data reported by Source #1.

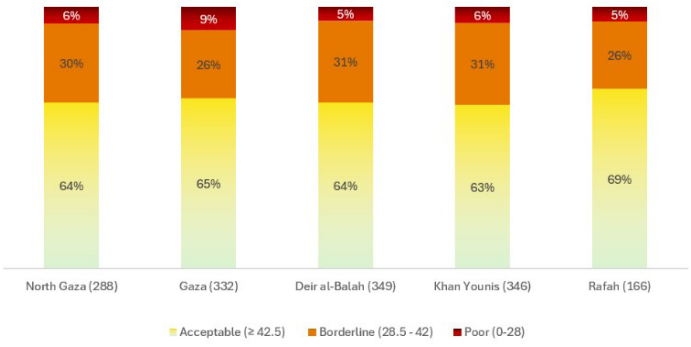


Figure 20. Food Consumption Score (FCS) with the 21/35 cutoff. Source: Data reported by Source #1.



Figure 21. Food Consumption Score (FCS) trends (28/42 cut offs) from 19 Mar 2025 to Jun 2026, by governorate. Source: Source #1.

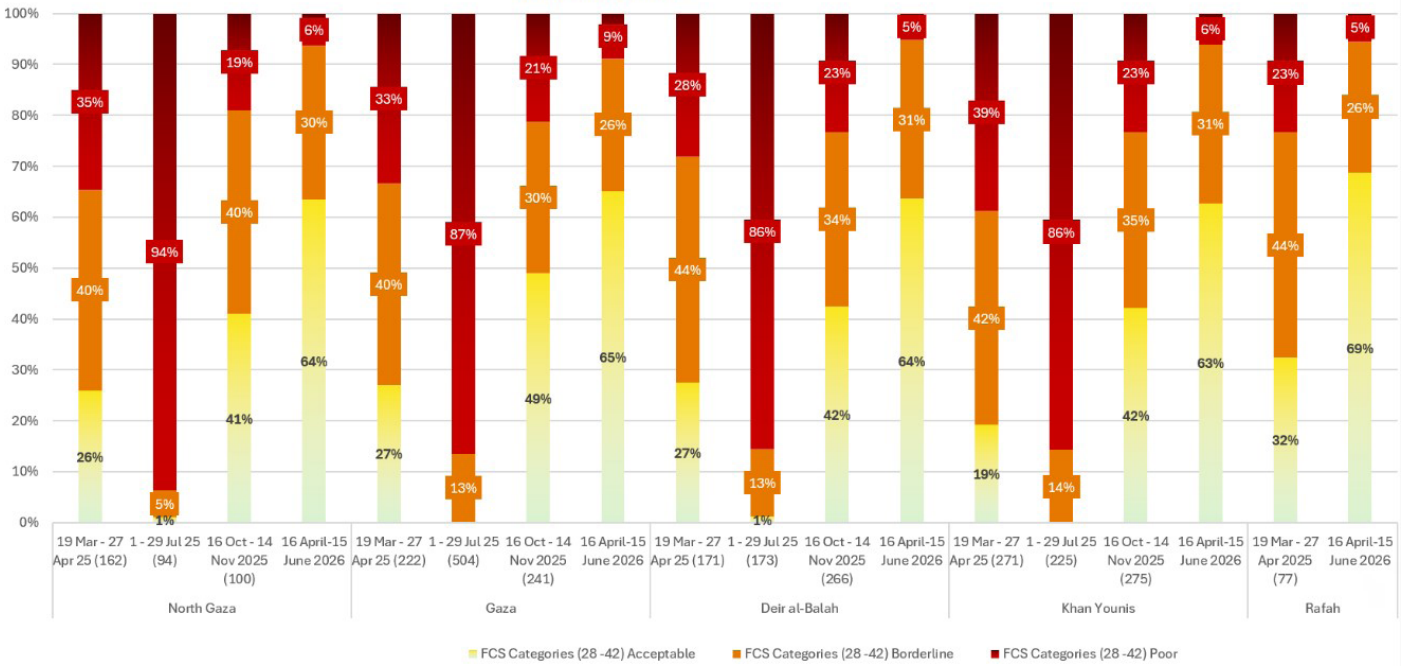


Figure 22. Reduced coping strategies index (rCSI). Source: Source #1.

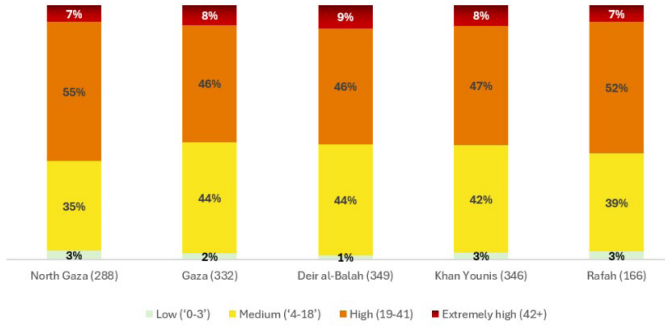


Figure 23. Trends in Reduced Coping Strategy Index (rCSI) from 19 Mar 2025 to 10 May 2026, by governorate. Source: Source #1.

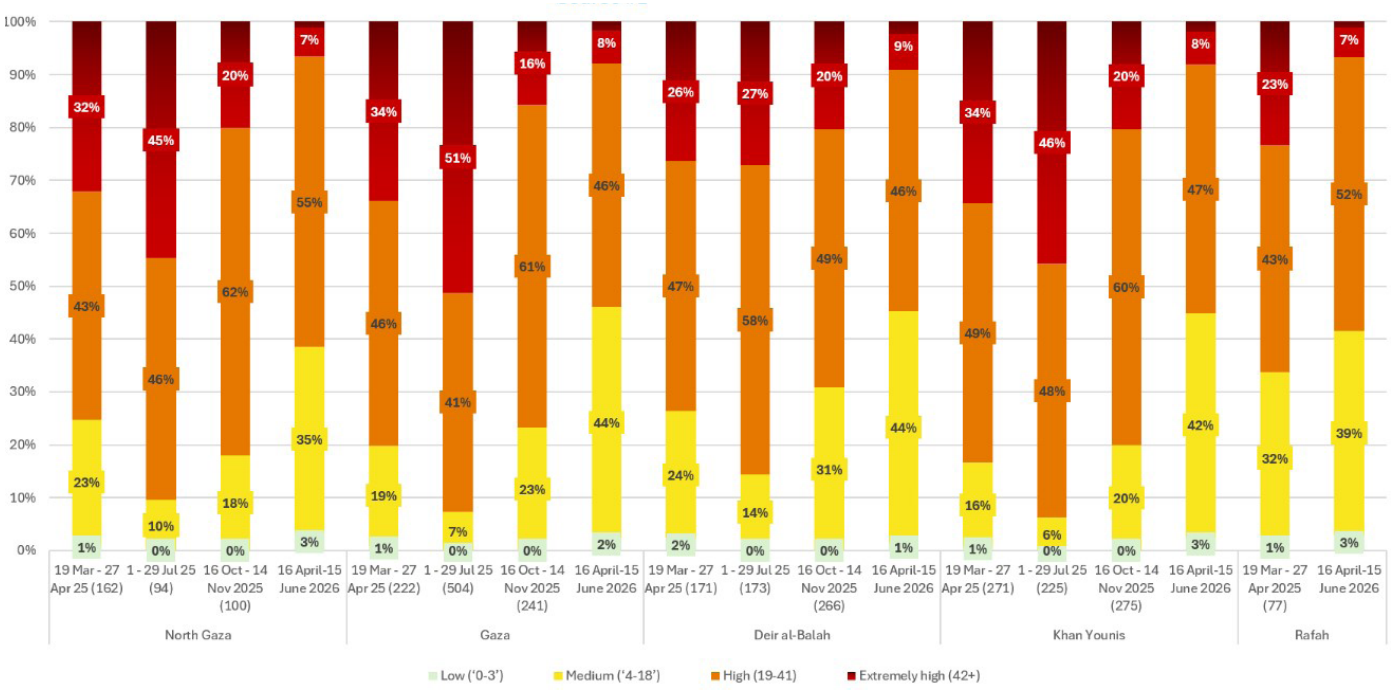


Figure 24. Household Hunger Score (HHS). Source: Source #1.

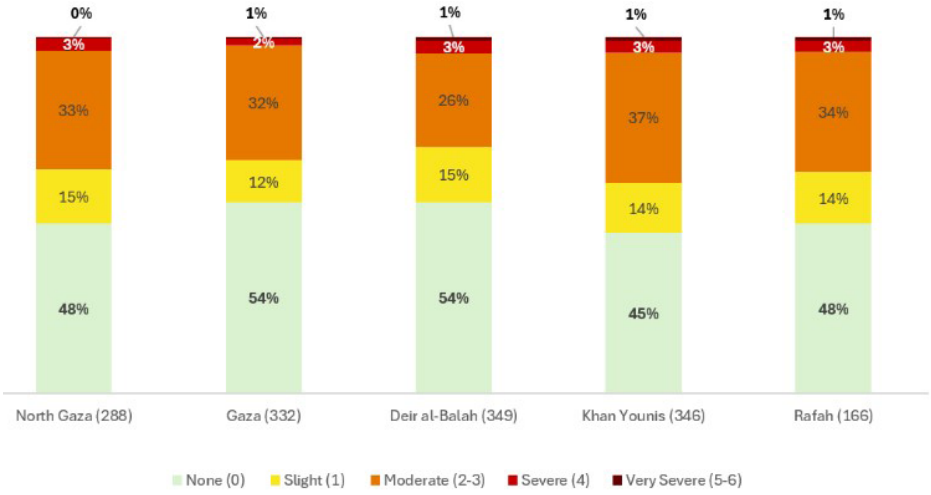
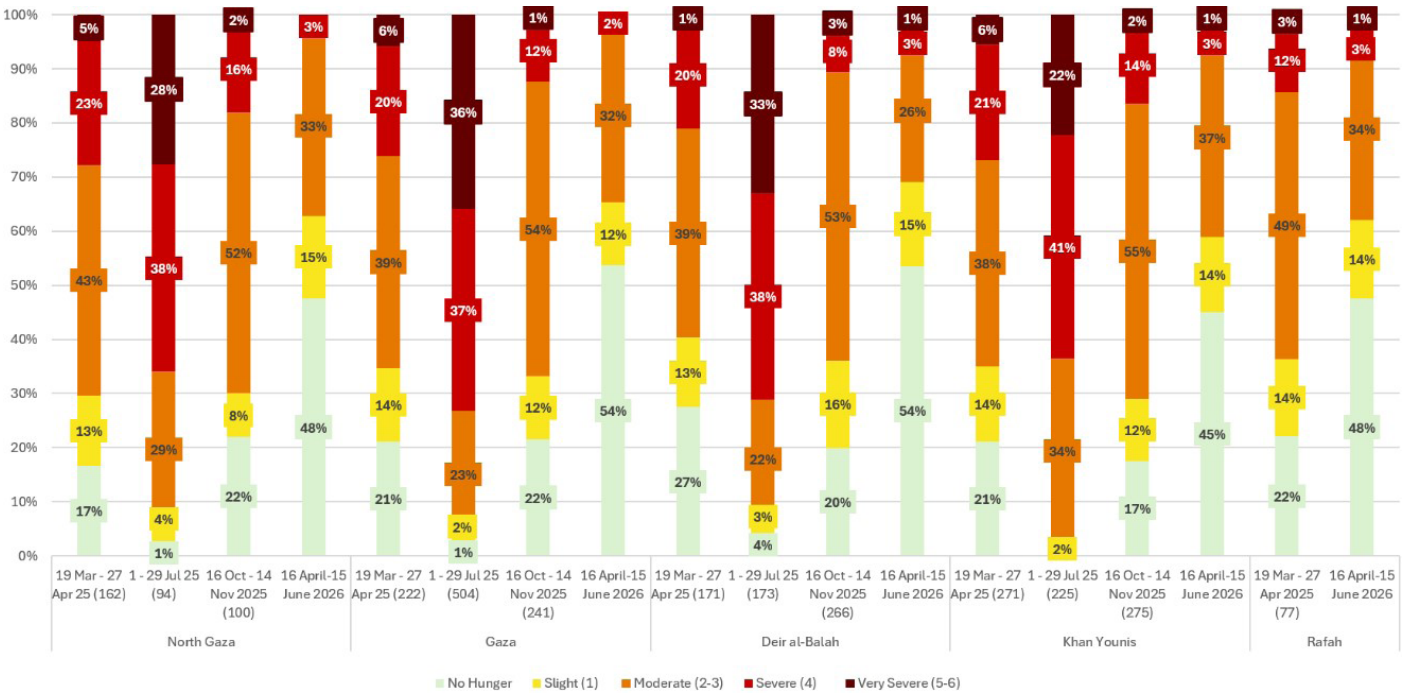


Figure 25. Trends in Household Hunger Score (HHS) from 19 Mar 2025 to 15 Jun 2026, by governorate. Source: Source #1.



Livelihood change Outcomes

The **Livelihood Coping Strategy Index (LCS)** collected by Source #1 shows a severe situation. The proportion of households reporting emergency coping strategies remains high, with a reduction from only 87 to 72 percent across the Strip (indicative of IPC Phase 4 and 5) since the previous IPC analysis. This indicates that although the overall food consumption situation is improving, livelihoods are still fragile, and unable to provide for food needs. Many households are unable to use previously available coping strategies, highlighting exhaustion of available coping options, and erosion of overall coping capacity. Cumulative impacts from prolonged conflict and displacement remain, as food assistance alone cannot stabilise household food consumption patterns and does not have a longer-term impact in terms of rebuilding livelihood capacities.

Table 4. Livelihood Coping Strategy Index (LCS) collected by Source #1.

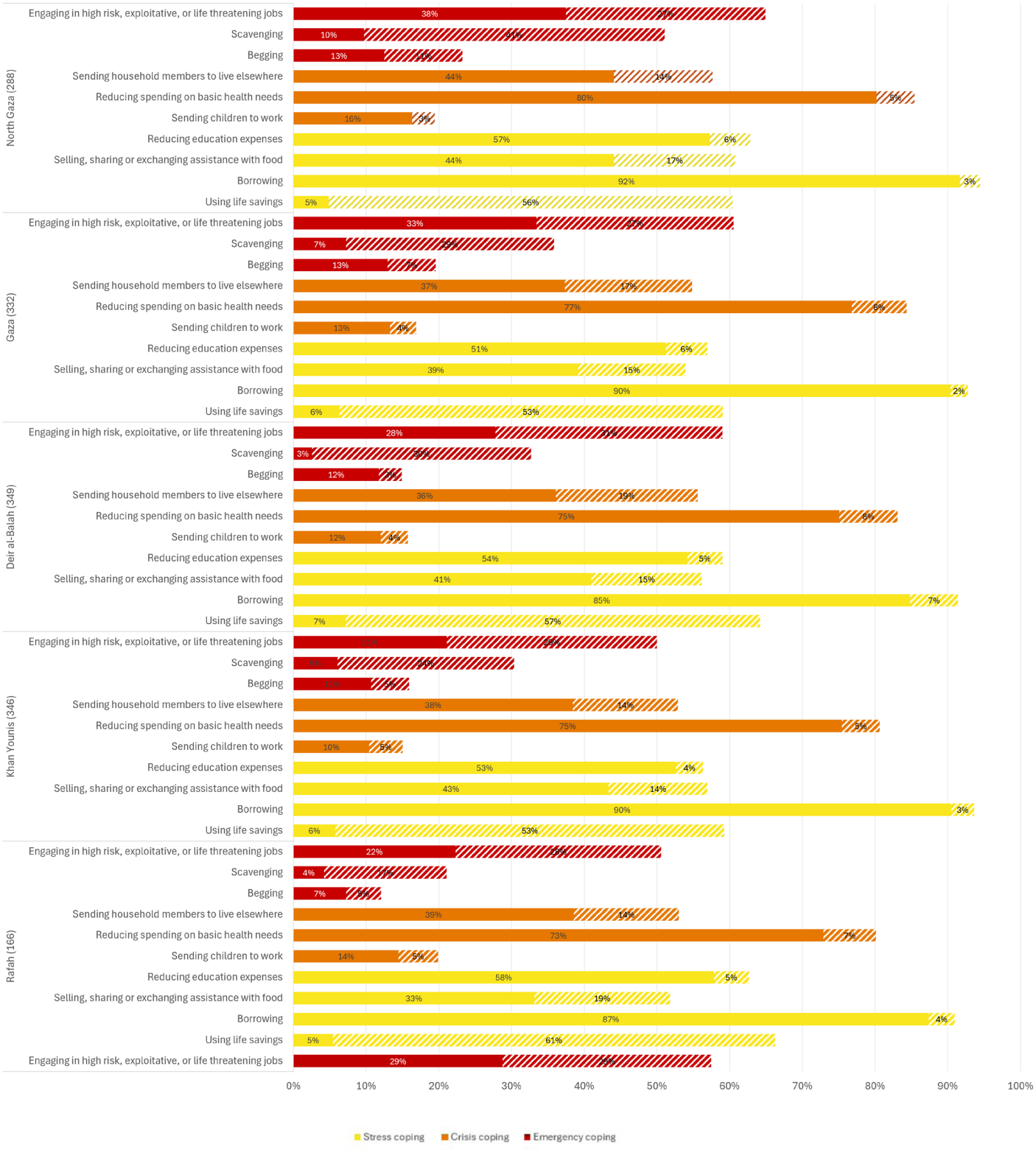
	Begging					Scavenging				Engage in socially degrading, high risk, exploitative, or life threatening jobs			
	Yes	No, because I have used up this strategy in the past 12 months	No, because I don't need to	No because there is no one I can beg from	No because this is not socially unacceptable.	Yes	No, because I have used up this strategy in the past 12 months	No, because I don't need to	No because this is socially unacceptable	Yes	No, because I have used up this strategy in the past 12 months	No, because I don't need to	No because it is not cannot be applicable.
North Gaza (288)	13%	11%	5%	2%	70%	10%	41%	8%	41%	38%	27%	18%	17%
Gaza (332)	13%	7%	5%	2%	73%	7%	29%	8%	56%	33%	27%	21%	18%
Deir al-Balah (349)	12%	3%	7%	2%	76%	3%	30%	9%	58%	28%	31%	19%	21%
Khan Younis (346)	11%	5%	4%	2%	78%	6%	24%	8%	61%	21%	29%	20%	30%
Rafah (166)	7%	5%	6%	1%	81%	4%	17%	11%	67%	22%	28%	24%	25%
Total	11%	6%	6%	2%	75%	6%	29%	9%	56%	29%	29%	20%	22%

Almost two-thirds of households (58 percent) have engaged in high risk, socially degrading, exploitative, or life-threatening tasks due to lack of food or lack of money needed to buy food in recent weeks or have exhausted this strategy in the last year. Meanwhile, the proportion of households who had to search in the garbage or rubble for food in recent weeks or exhausted this strategy in the last year remains high at 35 percent. Despite increases in assistance from previous analysis periods, around 17 percent of households across the Gaza Strip resort to begging to fill large food gaps or have exhausted this strategy in the last year. Overall, the significant adoption of these emergency coping strategies underscores an erosion of livelihoods. This indicates that a substantial share of households has moved beyond reversible coping mechanisms into behaviour that may have long-term, irreversible consequences on their safety, dignity, and resilience.

The chart below shows that households are applying coping strategies across all severity levels. Of significant concern is the widespread use of emergency strategies, while stressed strategies remained highly prevalent across the Gaza Strip in the last 12 months—particularly borrowing (93 percent) and using life savings (61 percent)—and crisis strategies such as reducing spending on basic health needs (83 percent).

Note: LCS is calculated based on the 'yes' and 'no, because I have used this strategy in the past 12 months' responses (indicated here by the lighter colour for the former and darker colour for the latter).

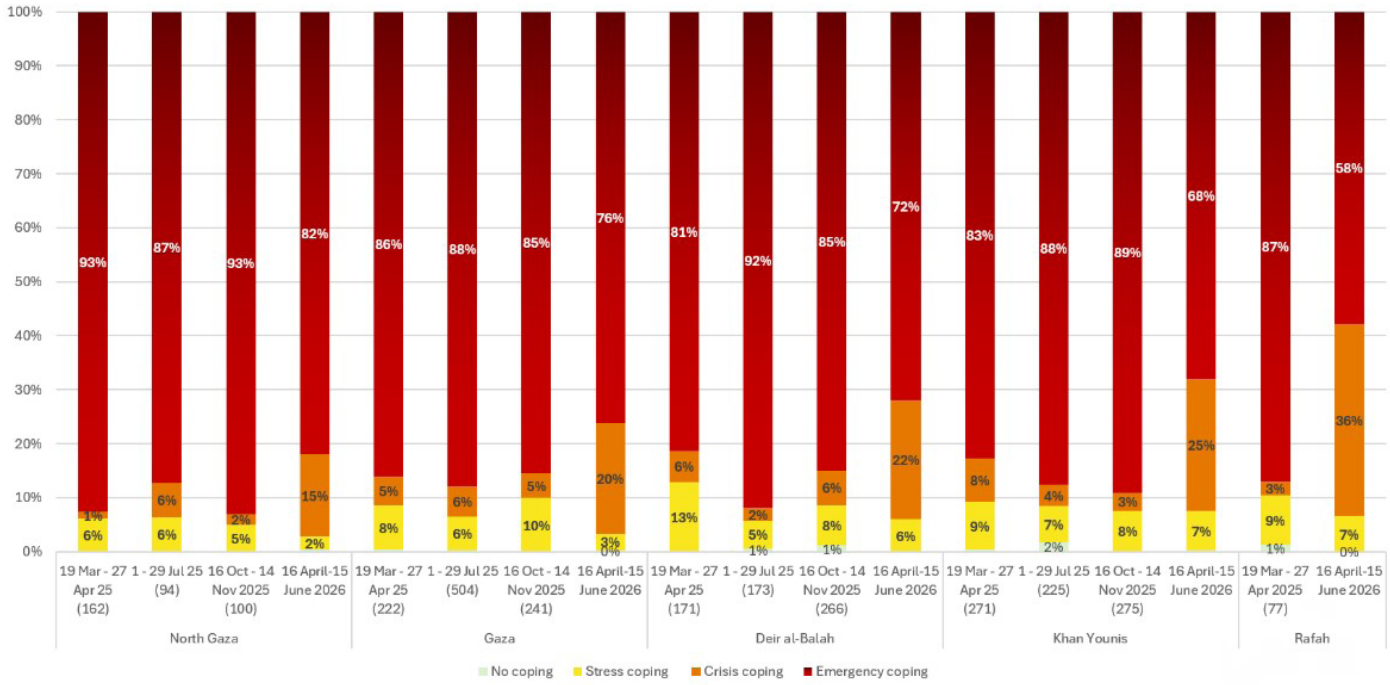
Figure 26. Livelihood Coping Strategy Index (LCS) by governorate and type of strategy. 1 April-15 June 2026. Source #1.



Over time, LCS data indicate a sustained and severe deterioration in household livelihood resilience, with a range of 72 to 88 percent of households across the Gaza Strip indicating a Phase 4 to 5 combined throughout the period Oct 2024 – May 2026. The proportion of households employing emergency or catastrophic livelihood coping strategies to access food increased from 81 percent in October 2024 to peaks of 88 percent in January, June, and July 2025, highlighting widespread reliance on the most severe coping mechanisms. Although this proportion declined to 72 percent in the current reporting period, the share of households in Phase 3 (Crisis Coping Strategies) simultaneously rose sharply to 22 percent.

This suggests a limited movement from Emergency and Catastrophic coping to less severe Crisis-level coping, rather than a genuine recovery in livelihood resilience. Overall, 95 percent of households in the Gaza Strip employs coping strategy of Crisis or worse (IPC Phase 3 or above) for most of the reporting period, reflecting the continued erosion of productive assets and income-generating capacities. This indicates that there are no durable underlying improvements.

Figure 27. Livelihood Coping Strategy Index (LCS) trends from 19 Mar 2025 to May 2026. Source #1.

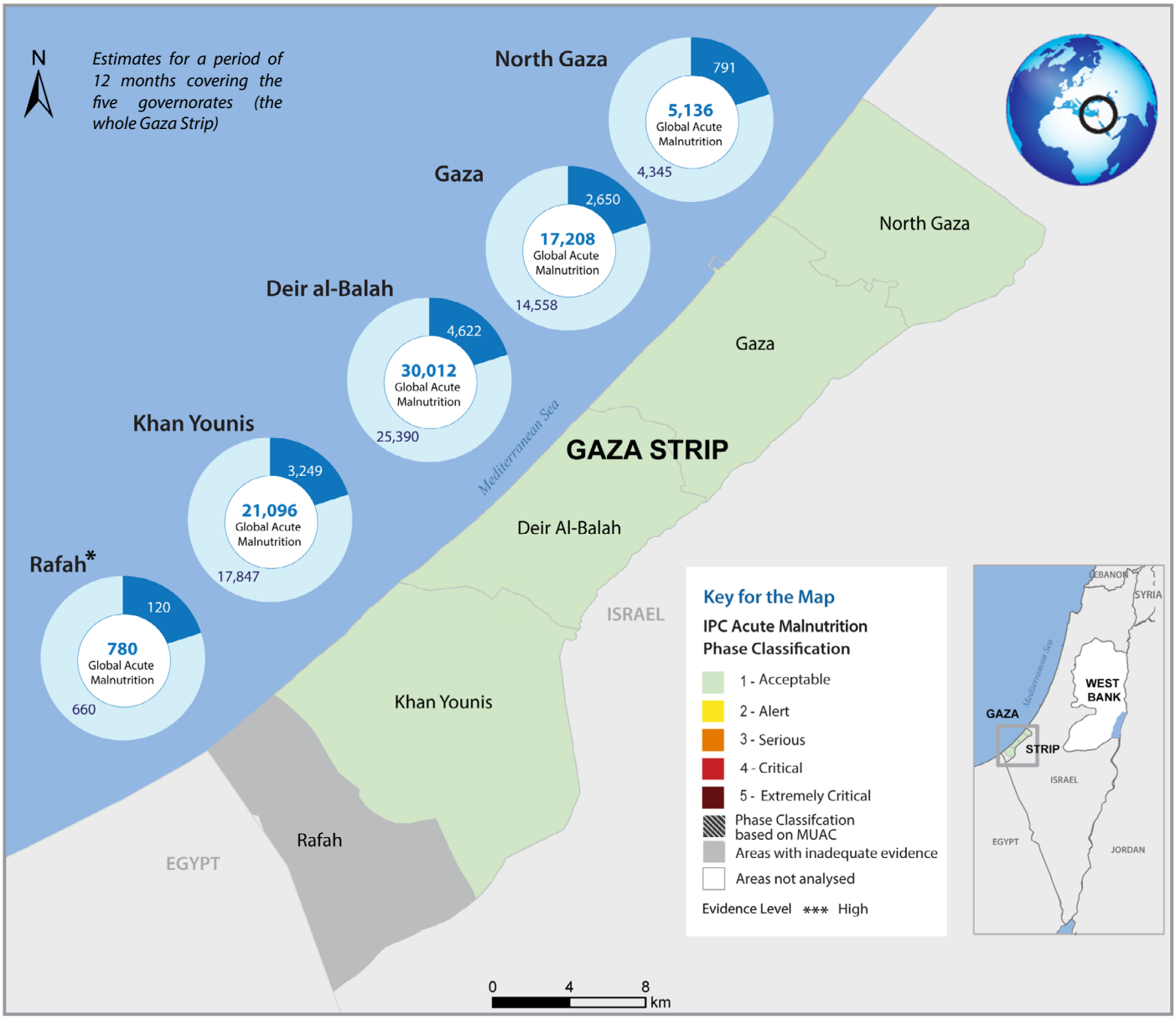


Overall, compared to the previous analysis, food consumption indicators show an improvement from very inadequate levels—indicative of IPC Phase 4—to inadequate levels—indicative of IPC Phase 3. However, insufficient rations and rising non-food needs hinder further improvements in food consumption. While the coverage of HFSA is relatively high —1.5 million people were reached in May 2026 with food parcels—the per capita rations remain insufficient to meet all dietary requirements. Dietary diversity of the rations is poor, with irregular and limited access to critical food groups, like fresh produce, animal-source foods, and other nutrient-rich items. MPCA, intended to also cover food purchases, is reaching a large number of beneficiaries—about 700,000 people in May 2026. However, extremely high prices for medicines and other essential non-food items reduce the share of cash available for food, thereby limiting its impact on household food consumption. In fact, the ongoing restrictions affecting the volume, predictability, and composition of commodities entering Gaza constrain market functionality, leaving food access highly sensitive to fluctuations in both humanitarian and commercial supply of food and other item.

Despite the reduction of food consumption gaps, livelihood change indicators remain consistent with IPC Phase 4, with more than 70 percent of households employing emergency coping strategies, such as begging or scavenging for food. The share of households with income has decreased dramatically, with 83 percent of households reporting having no income. Extensive loss of productive assets and inability to access livelihoods continues to prevent households from resuming economic and agricultural activities, leaving the population heavily dependent on external assistance. Large-scale damage to housing and essential infrastructure continues to disrupt services, livelihoods, and economic activity. Nearly 75 percent of homes and over 70 percent of roads have been damaged or destroyed, displacing families and limiting market access. Agricultural production remains constrained by the inability to access to agricultural areas and assets beyond the Yellow Line, along with high input costs, and low profitability.

Social support mechanisms are largely exhausted, offering only limited short-term relief from food shortages. Persistent pressures on livelihoods and food access continue to impede recovery, leading to sustained food insecurity and limited prospects for improvement.

ACUTE MALNUTRITION CURRENT SITUATION MAP AND OVERVIEW (16 APRIL - 30 JUNE 2026)



**Although Rafah Governorate was not classified, estimates of people in need were developed to support comprehensive nutrition programme planning.*

ACUTE MALNUTRITION CURRENT SITUATION OVERVIEW: 16 APRIL- 30 JUNE 2026

The nutrition situation of children under five has improved considerably since early 2026, with North Gaza, Gaza, Deir al-Balah, and Khan Younis governorates classified in IPC AMN Phase 1 (Acceptable) in the current period. Due to insufficient data, Rafah Governorate was not included in the AMN analysis.

Levels of acute malnutrition among children have declined significantly, driven by the large-scale implementation of prevention and treatment oriented programmes. There was marked scale-up of Blanket Supplementary Feeding Programmes (BSFP) for children aged 6–59 months, covering 60 percent of the needs in May 2026, although uneven across governorates. Coverage more than doubled compared to the same period in 2025, reflecting a substantial increase in both the scale and reach of nutrition programmes (see Figure 35). In addition, the provision of Ready-to-Use Complementary Food (RUCF) for children aged 6-23 months, alongside cash-for-nutrition assistance, played a key role in containing acute malnutrition. RUCF has enabled tens of thousands of young children to access nutrient-dense foods that strengthen nutritional intake and help protect their nutritional status. Coverage of RUCF has remained stable at approximately 17 percent of the target since January 2026. Uneven coverage was observed from 15 percent in Khan Younis and Gaza governorates to 38 percent in North Gaza Governorate (see Figure 37).

The improvement in the acute malnutrition situation is also attributed to a notable improvement in access to health and nutrition services. Notably, there are currently over 200 operational nutrition service points across the Gaza Strip, including a substantial number of facilities that re-opened since mid-October 2025, helping to restore access to essential nutrition services. Despite this expanded service network, needs continue to rise as repeated displacement and the progressive shrinking of humanitarian and civilian space concentrate large populations into increasingly limited accessible areas.

These mitigations, including early case detection and treatment services, have strengthened household resilience and contributed to a measurable reduction in acute malnutrition among children and PBW in the Gaza Strip. Nonetheless, it is important to note that the observed improvement in acute malnutrition could quickly revert to unacceptable levels, unless continued support is sustained to consolidate progress and prevent a further rise in stunting, as underlying vulnerabilities persist.

It is estimated that approximately 74,200 children under five will likely require treatment for acute malnutrition through April 2027.

In contrast to children, adults continue to experience poor nutritional status. For example, approximately 7.2 percent of PBW were acutely malnourished in June 2026, and a total of 24,600 are expected to suffer from acute malnutrition through April 2027. Coverage of PBW reached with Lipid-based Nutrient Supplements (LNS, medium quantity) has remained relatively stable since February 2026, declining from 59 percent in January to 49 percent in May (see Figure 36). Coverage also varied widely, ranging from 17 percent in North Gaza to 67 percent in Deir al-Balah.

Protective household feeding practices, such as prioritising children's food intake over adults, remain deeply embedded in the culture of the Gaza Strip and have helped prevent further deterioration of acute malnutrition among children, despite severe economic hardship and food insecurity. Adults in households with children under five continue reducing their own food intake to prioritise children's consumption for an average of 3.5 days per week. While these practices provide a protective effect for children's nutritional status, they simultaneously underscore the heightened vulnerability of the other household members who struggle to meet their nutritional and essential needs. This dynamic demonstrates that the situation remains fragile and vulnerable to reversal as underlying risks persist.

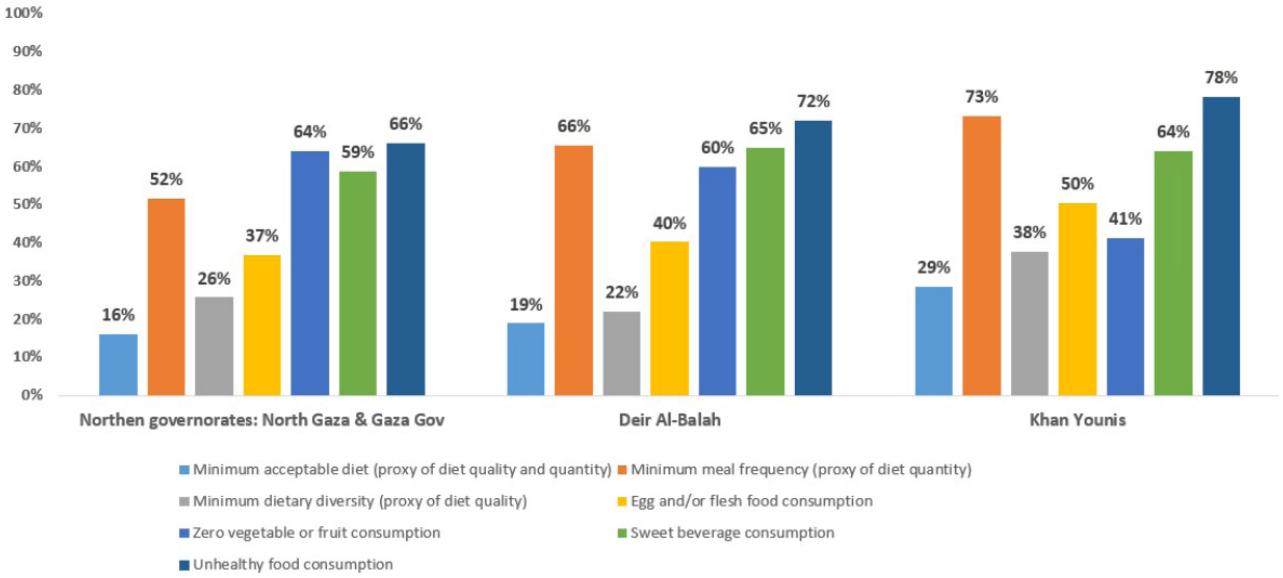
MAIN DRIVERS OF ACUTE MALNUTRITION - VULNERABILITIES OF CHILDREN AND PBW

Individual food intake (Children's Diet)

Complementary feeding practices among children aged 6–23 months remain suboptimal across the governorates included in the analysis (Nutrition Cluster, SMART Survey, June 2026). Minimum Acceptable Diet (MAD), was critically low in all governorates, ranging from 16 percent in Gaza and North Gaza to 19 percent in Deir al-Balah and 29 percent in Khan Younis. This indicates that fewer than one in three children consumed foods from at least five of the eight food groups and received the recommended number of meals per day for their age. Minimum Meal Frequency (MMF) was the strongest-performing indicator, ranging from 52 percent in northern governorates to 66 percent in Deir al-Balah and 73 percent in Khan Younis. In contrast, the Minimum Dietary Diversity (MDD) remained low at 26 percent, 22 percent, and 38 percent, respectively. Compared to other governorates, Khan Younis demonstrated relatively higher percentages of children meeting recommended practices, including the highest consumption of eggs and/or flesh foods (Figure 28).

On the other hand, other child food-consumption indicators reveal concerning and unhealthy feeding patterns. More than half of children aged 6-23 months consumed no fruits or vegetables, particularly in Gaza and North Gaza (64 percent) and Deir al-Balah (60 percent), alongside widespread consumption of unhealthy foods across the governorates (Figure 28). These findings highlight persistent challenges in ensuring adequate and healthy dietary quality for young children despite relatively better performance in meal frequency.

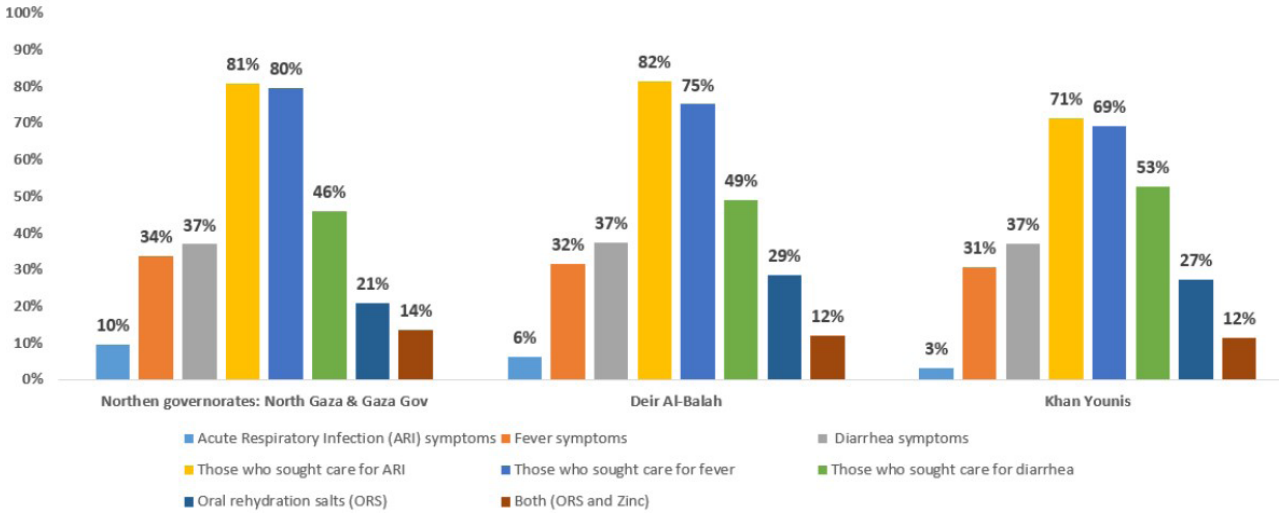
Figure 28. Complementary feeding practices indicators for children between 6-23 months by governorate, Source: Nutrition Cluster, SMART Survey, June 2026.



Health Status (Child diseases: Acute Respiratory Illnesses, Diarrhoea, Other)

Health status and child diseases remain important risk factors to acute malnutrition, particularly among young children. Illnesses such as diarrhoea, fever, and Acute Respiratory Infections (ARI) increase nutrient losses, reduce appetite, and impair nutrient absorption, thereby elevating the risk of acute malnutrition. Findings from the SMART Survey (June 2026) (Figure 29) indicate that child morbidity remained high during the first two weeks of June 2026, with diarrhoea affecting approximately 37 percent of children across all Gaza Strip and fever affecting 31–34 percent. ARI symptoms were less common, ranging from 3 to 10 percent. While care-seeking behaviour was relatively high for fever and ARI (70–82 percent), care-seeking for diarrhoea, which had the highest burden, was substantially lower at 46–53 percent. Furthermore, appropriate management of diarrhoea remained limited, with only 21–29 percent of affected children receiving Oral Rehydration Salts (ORS) and just 12–14 percent receiving the recommended combination of ORS and zinc, highlighting persistent gaps in treatment that may contribute to poor nutritional outcomes.

Figure 29. Child health status and mother health seeking behaviour by governorate, Source: Nutrition Cluster, SMART Survey, June 2026.



Trend data further underscore the continued significance of diarrhoeal disease as a risk factor for acute malnutrition. AFI Source #1 showed a decline in diarrhoea prevalence from 43 percent in October 2025 to a low of 27 percent in February 2026, before increasing steadily to 40 percent in May and reaching 48 percent in June 2026, the highest level recorded during 2026. The community-based sentinel sites data showed a similar pattern, decreasing from 32 percent in January 2026 to 21 percent in April, before rising again to 25 percent in May. The SMART Survey collected during the first two weeks of June 2026 estimated diarrhoea prevalence at 37 percent, confirming a substantial burden of diarrhoea. The recent upward trend in diarrhoea prevalence is particularly concerning given the persistently low levels of Oral Rehydration Salt (ORS) and zinc utilization observed across all governorates.

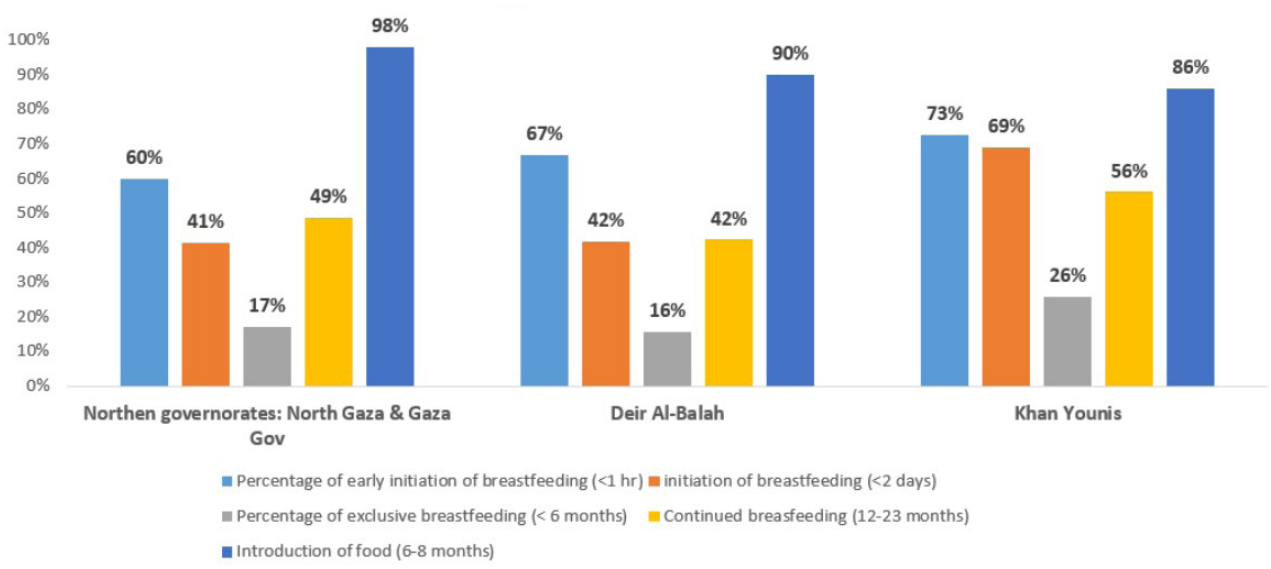
Unlike diarrhoea, which has increased in recent months, Acute Respiratory Infections (ARI) showed a declining trend across available data sources, likely reflecting seasonal patterns. AFI Source #1 reported a substantial reduction from 42 percent in April to 29 percent in May, followed by a slight increase to 32 percent in June. The community-based sentinel sites data showed a similar decline in ARI prevalence, from 40 percent in April to 30 percent in May, while the SMART Survey estimated ARI prevalence at only 6 percent. Surveillance data also showed a notable reduction in reported ARI cases, decreasing by approximately 16 percent between April and May. Although respiratory infections appear to be declining, the persistently high prevalence of diarrhoea and fever, combined with gaps in care-seeking and treatment practices, suggests that morbidity remains a significant driver of acute malnutrition and continues to warrant close monitoring and strengthened public health interventions.

Caring and Feeding Practices

Breastfeeding practices varied across governorates, with Khan Younis generally showing higher rates of early initiation of breastfeeding and continued breastfeeding among children 12–23 months. According to the SMART Survey, early initiation of breastfeeding reached 73 percent in Khan Younis compared to 67 percent in Deir al-Balah and 60 percent in Gaza and North Gaza, while continued breastfeeding was also highest in Khan Younis (56 percent).

Exclusive breastfeeding among infants under six months remained critically low across all governorates, ranging from 16 percent in Deir al-Balah to 26 percent in Khan Younis, far below recommended levels. Low exclusive breastfeeding exposes infants to increased risks of illness and inadequate nutrient intake during a critical period of growth. In addition, bottle feeding was common in all governorates, affecting nearly half of children, which may increase exposure to infection in settings with limited access to safe water and hygiene. Among non-breastfed children, the proportion receiving the minimum recommended milk feeding frequency was particularly low in Khan Younis (36 percent), indicating potential gaps in dietary adequacy. Access to breastfeeding support resources such as breast pumps and milk bags has also been a constraint in providing viable, safe alternatives to artificial milk, while safe storage of expressed breastmilk is most challenging in makeshift shelters. Together, these suboptimal infant and young child feeding practices likely increase children's vulnerability to acute and chronic malnutrition, especially in the context of the ongoing humanitarian crisis. Limited mobility, lack of privacy, and inadequate access to essential maternal and childcare supplies may further undermine optimal caring and feeding practices and increase nutrition risks for both mothers and children.

Figure 30. Breastfeeding practices indicators for children between 6-23 months by governorates, Source: Nutrition Cluster, SMART Survey, June 2026.

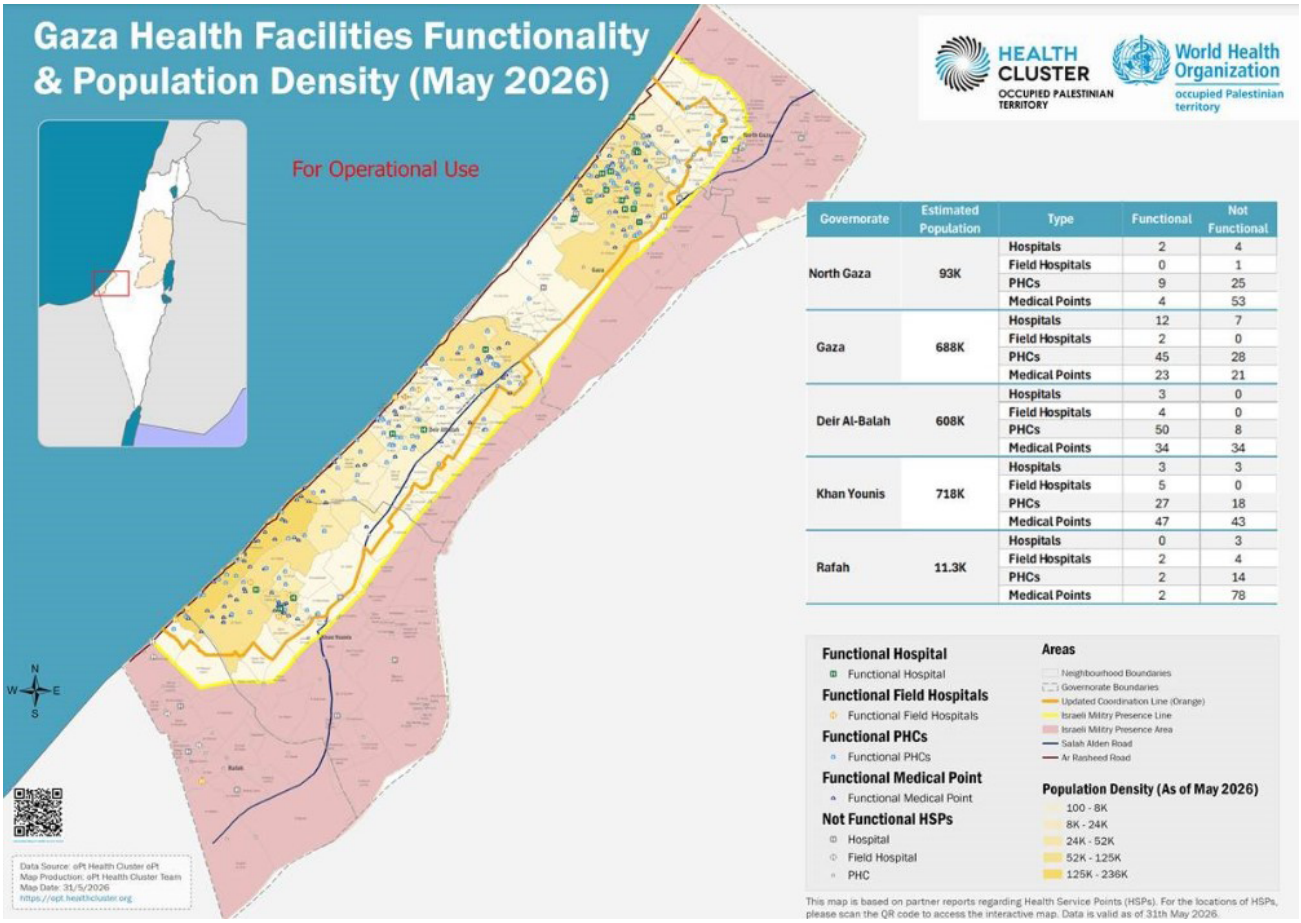


Health Services

Access to health and nutrition services has shown an improvement during the current reporting period (January–June 2026); however, it remains insufficient compared to the population's current and growing needs. Health system functionality continues to be severely constrained, with only 20 out of 37 hospitals classified as partially functional, and the remainder as non-functional as of June 2026. An additional 13 field hospitals remain operational, providing some surge capacity to the system.

Out of a total of 681 health service delivery points, only 34 are fully functional and 268 are partially functional (Figure 31), while the majority remain non-functional (379). This reflects the continued fragility and disruption of the health system. Reported operational service points include 20 hospitals, 13 field hospitals, 140 primary healthcare centres, 107 medical points, and 22 ambulance centres. This continued fragility and disruption of the health system is evident—with functionality remaining highly dependent on partner support, fuel, supplies, staff availability and safe access.

Figure 31. Gaza Health Facilities Functionality and Population Density, May 2026. Source: WHO / Health Cluster oPt.

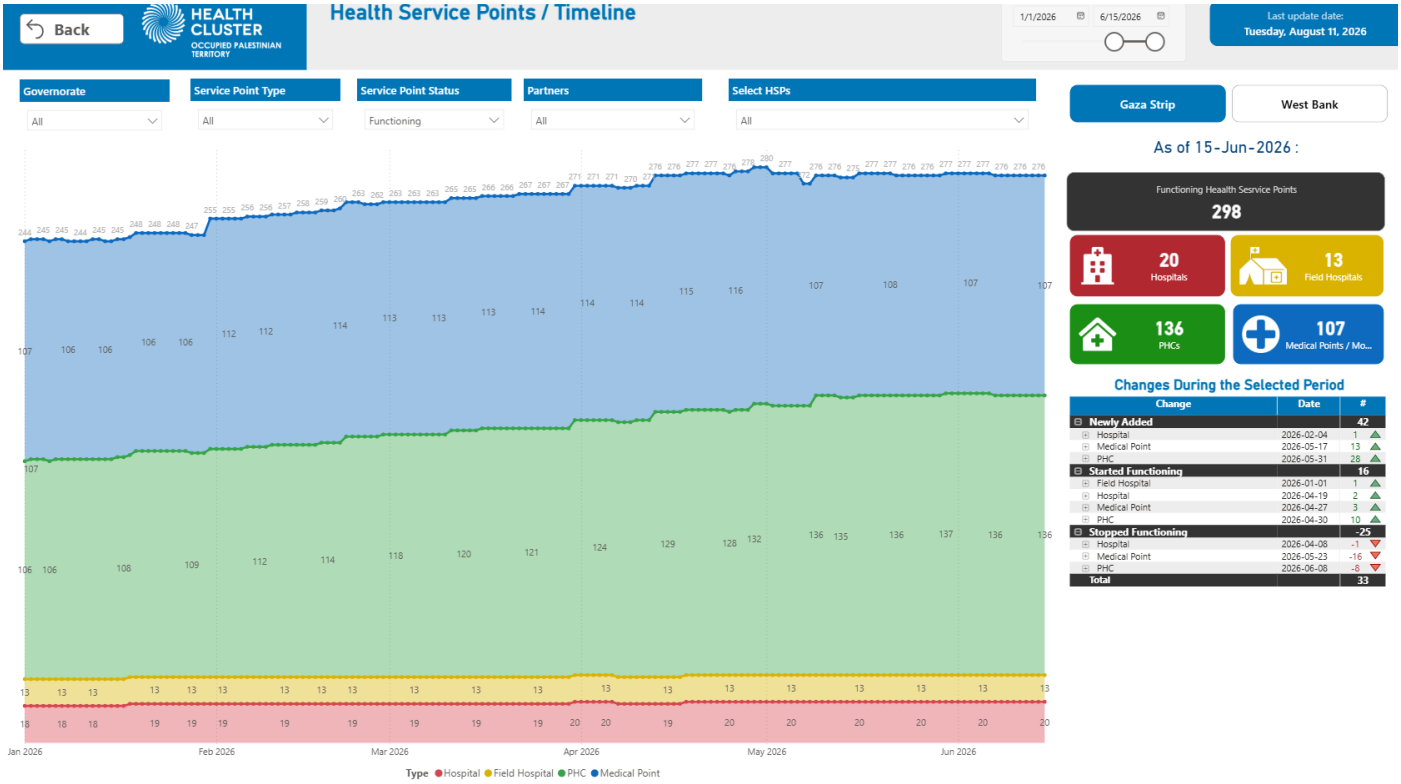


Governorate	Estimated Population	Type	Functional	Not Functional
North Gaza	93K	Hospitals	2	4
		Field Hospitals	0	1
		PHCs	9	25
		Medical Points	4	53
Gaza	688K	Hospitals	12	7
		Field Hospitals	2	0
		PHCs	45	28
		Medical Points	23	21
Deir Al-Balah	608K	Hospitals	3	0
		Field Hospitals	4	0
		PHCs	50	8
		Medical Points	34	34
Khan Younis	718K	Hospitals	3	3
		Field Hospitals	5	0
		PHCs	27	18
		Medical Points	47	43
Rafah	11.3K	Hospitals	0	3
		Field Hospitals	2	4
		PHCs	2	14
		Medical Points	2	78

The Health Cluster functionality and population density map highlights the uneven distribution of functional health service points in relation to population concentration and access constraints (Figure 31). Functional service points are concentrated in Gaza City, Deir al-Balah, and parts of Khan Younis, while North Gaza, Rafah, and areas close to or beyond the Yellow Line and buffer areas have significantly fewer accessible services. This disparity is particularly concerning given the concentration of approximately 2.1 million people within a reduced accessible area, with the area available for civilian movement and service delivery at risk of further contraction.

Even where service points are mapped as functional, this should not be interpreted as full operational capacity or effective access. Services remain constrained by shortages of medicines and medical supplies, lack of trained health personnel, fuel limitations, damaged infrastructure, referral barriers, ambulance movement constraints and insufficient financial support for operational costs. The uneven distribution of services continues to place pressure on remaining hospitals, field hospitals, Primary Health Centres (PHC) and medical points, while limiting outreach, referrals and continuity of care for populations in harder-to-reach areas.

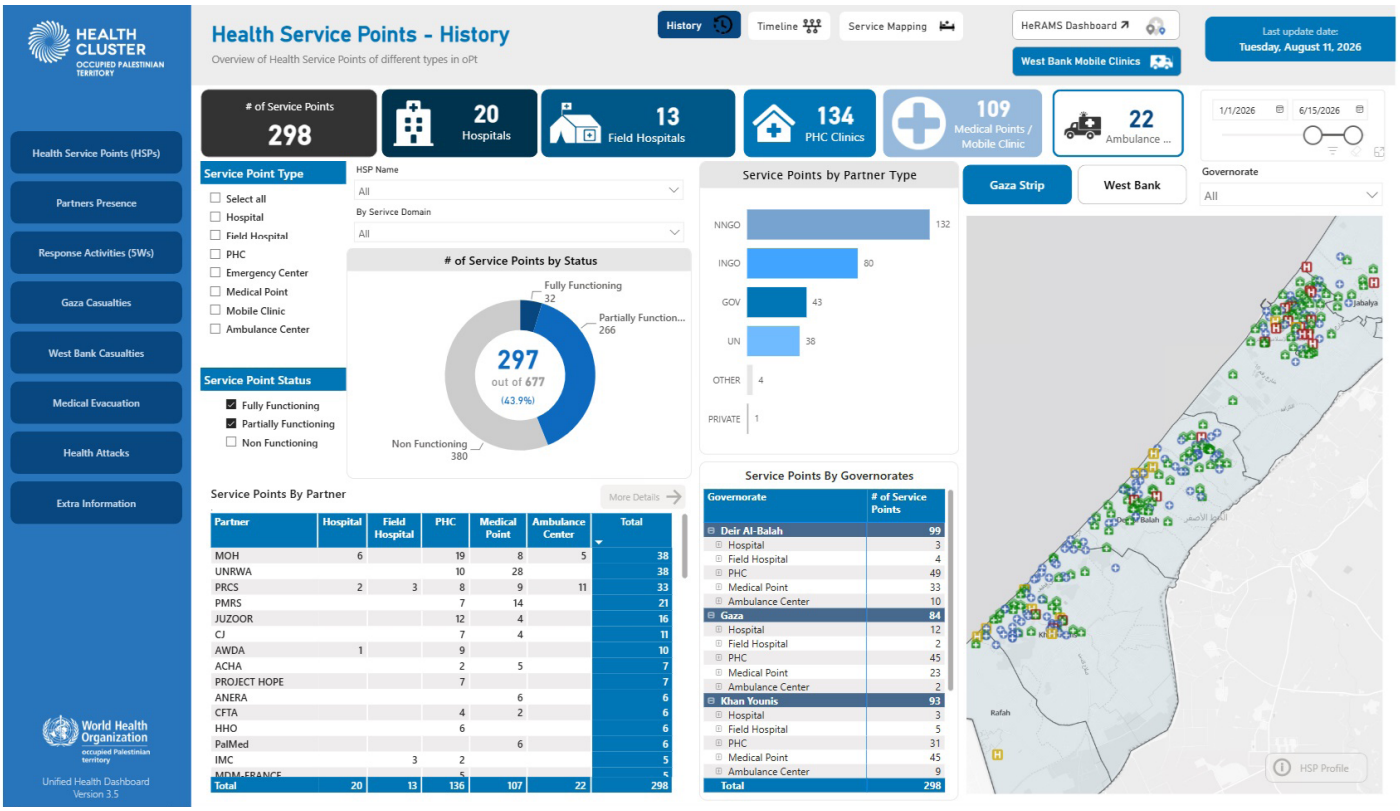
Figure 32. Gaza Health Services Points, June 2026. Source: Health Cluster, Opt.



According to Health Resources and Services Availability Monitoring System (HeRAMS) data, child health services are provided in only eight partially functioning hospitals, of which three have these services partially available. In addition, child health services are available in seven field hospitals, with three of them providing only partial services. This indicates a reduced operational capacity across these health facilities, limiting their ability to adequately meet the demand for essential child health services.

Only six hospitals and field hospitals provide integrated services for Severe Acute Malnutrition (SAM) stabilisation centres, with a total bed capacity of approximately 75. The scale-up of SAM stabilisation services remains constrained by overcrowding in hospitals, limited availability of trained staff, essential supplies, and adequate space within existing health facilities. Additionally, only 66 health centres are providing child health services for children under five of which 22 have the service only partially available. Continued constraints in primary healthcare, referral pathways, vaccination, surveillance and early detection limit the protective effect of expanded service points and maintain vulnerability among children under five, PBW and other high-risk groups.

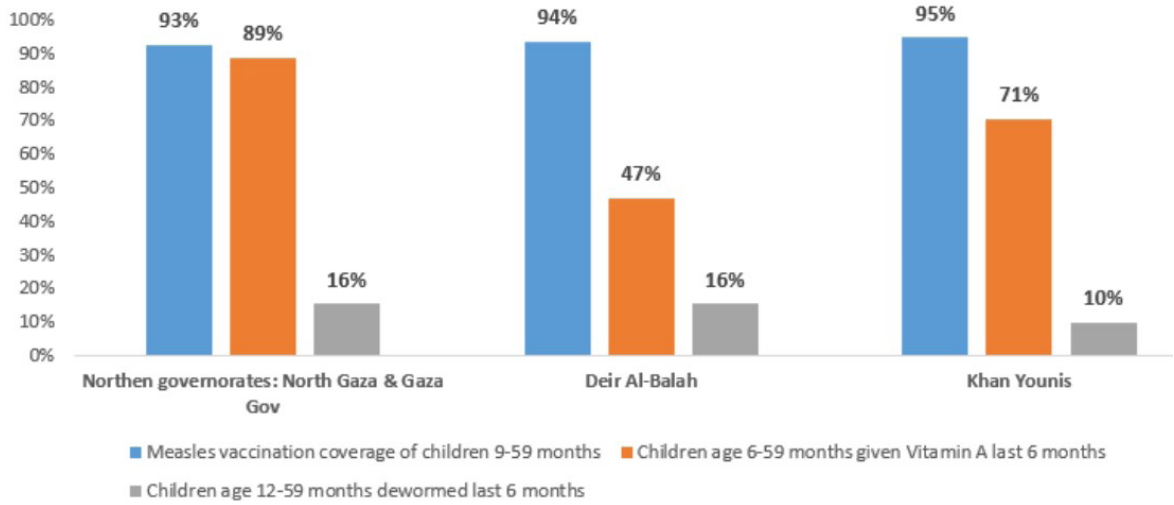
Figure 33. Gaza Health Services Points, June 2026. Source: Health Cluster, Opt.



Paediatric inpatient and stabilisation capacity should therefore be interpreted as a critical bottleneck within the wider health and nutrition response. Even where outpatient screening and treatment coverage improves, children with SAM and complications require safe referral, inpatient paediatric care, therapeutic supplies, antibiotics, laboratory capacity, oxygen, trained staff and reliable transport. Any disruption to referral pathways, fuel, ambulance movement, hospital functionality or supplies can delay treatment for the most vulnerable children and increase the risk of acute malnutrition progressing to severe disease or death.

Furthermore, according to the SMART Survey (Figure 34)—coverage of preventive interventions among children under five showed a mixed picture across the four governorates. Measles vaccination coverage among children aged 9–59 months remained very high in all areas (93–95 percent). In contrast, Vitamin A supplementation coverage ranged from 47 percent in Deir al-Balah to 89 percent in Gaza and North Gaza, while Khan Younis reached 71 percent. Deworming coverage among children aged 12–59 months was low across all governorates (10 –16 percent). These findings indicate that immunisation services have been relatively well maintained, whereas deworming requires further strengthening and expanded coverage.

Figure 34. Nutrition-sensitive and -specific health intervention coverage for children under five by governorates, Source: Nutrition Cluster, SMART Survey, June 2026.



Access to WASH Services

The latest WASH assessment (April 2026)[lxii] revealed that access to WASH services remains a critical issue impacting the public health of the Gaza Strip's population. Specifically, the situation of access to drinking water is more concerning with regard to nutritional wellbeing—63 percent of households cannot access the minimum six litres per person per day, reflecting an increase from August 2025. Approximately half of the households (48 percent) across the Strip (excluding Rafah Governorate) accessed less than 15 litres of water per person per day for drinking and domestic hygiene. This represents almost a two-fold increase compared to the August 2025 assessment in which 25 percent of households experienced this situation. Within-governorate analysis revealed some variations. North Gaza Governorate reported the highest percentage (66 percent), followed by Gaza Governorate (52 percent), Deir al-Balah (47 percent), and Khan Younis (44 percent). The assessment also revealed that 24 percent of households feel unsafe when collecting drinking or domestic water because of fear of being harmed or assaulted. In 17 percent of households, children are the primary water collectors. The most frequently reported barriers to access to water are insufficient water collection and storage containers.

Sanitation remains a critical concern, with more than half of households reporting barriers to latrine use. No households currently have access to safely manage sanitation as defined by the Joint Monitoring Plan definition, due to the absence of any viable wastewater treatment in Gaza. Only about half of households (52 percent) have access to basic sanitation, meaning they have private, improved facilities that safely separate human waste from contact, while the remainder rely on shared, inadequate, or unsafe options, increasing health risks and undermining dignity.

Additionally, 60 percent of the population is exposed to sewage or faecal matter within 10 metres of their homes, posing serious health and environmental risks. More than half of households perceive sanitation facilities as a health hazard, 40 percent report lacking access to clean, safe, and private sanitation, and 20 percent report lacking access to toilets at all times of day and night.

Access to soap has improved significantly compared to the previous assessment round, with 88 percent of households reporting availability at the shelter level. However, important disparities remain among households facing the most severe vulnerabilities. The overwhelming majority of households (96 percent) identified high prices as the main barrier to obtaining hygiene items. Access to bathing facilities remains extremely limited: 64 percent of households cited the lack of shower facilities as their main issue, while one-third (33 percent) reported difficulties accessing a safe and private place to bath. More than half of women (51 percent) reported lacking sufficient menstrual hygiene materials during their last menstrual period, highlighting major unmet menstrual hygiene needs across the Gaza Strip.

Infestations and skin-related health conditions remained highly prevalent. Rodent and pest infestations affected 76 percent of households, sustaining the high levels observed since August 2024. Reports of lice infestations increased from 15 percent in August 2025 to 25 percent in April 2026, while bedbug infestations rose sharply from 13 percent to 38 percent. Skin rashes and scabies also remained alarmingly high, affecting 51 percent of households. Although this reflects a slight decrease from 57 percent in August 2025, it is still a dramatic rise compared with January 2025, when only 3 percent of households reported skin issues.

Mitigating Factors

Nutrition Services and Prevention Programmes. As of May, 153 service delivery points were providing services to treat and prevent malnutrition, representing a substantial increase compared with late 2025. Currently, more than 200 operational nutrition service points are active across the Gaza Strip, including a significant number of facilities that re-opened since mid-October 2025, helping to restore access to essential nutrition services. Despite this expansion, access remains uneven—particularly in North Gaza, Rafah, and areas close to or beyond the Yellow Line and buffer zones. Data from the acute malnutrition treatment programme shown that between January and May 2026, nearly 17,000 children aged 6-59 months were enrolled in treatment for both severe and moderate acute malnutrition (Figure 38), a caseload compareable to the same period last year. The expanded service network continues to face rising demand as repeated displacement and the progressive shrinking of humanitarian and civilian space concentrate large populations into increasingly limited accessible areas.

Functionality of healthcare units for treating SAM with medical complications has improved since the ceasefire, particularly in Gaza Governorate, following the operationalisation of Rantisi SAM centre and relocation of International Medical Corps services to Gaza Governorate. However, service delivery remains fragile and is vulnerable to funding shortages, supply interruptions, reduced partner presence, referral constraints, and operational disruptions. In some areas, fluctuations in admissions may also reflect underreporting or reduced access to services rather than true improvement in nutritional status.

Between January to May 2026, 60 percent of children aged 6-59 months were reached with BSFP, and 49 percent of PBW with Lipid-based Nutrient Supplementation (LNS, medium quantity) (Figure 35 and Figure 36). Coverage more than doubled compared with the same period in 2025, highlighting a significant expansion in both the scale and reach of nutrition interventions. This marked increase is largely attributed to the strategic scale-up of nutrition programming initiated in October 2025, which included expanding the number of cooperating partners from 4 to 11, and increasing service delivery points to approximately 270 across the Gaza Strip. The broader geographic distribution of these sites has significantly improved physical access to services, contributing to enhanced population-level coverage. Additionally, RUCF for children aged 6-23 months has remained stable at approximately 17 percent of the target since January 2026, with uneven coverage ranging from 15 percent in Khan Younis and Gaza governorates to 38 percent in North Gaza (Figure 37).

Between January and May 2026, the number PBW enrolled in the acute malnutrition treatment programme rose sharply compared with the same period in 2025 (Figure 39). By May 2026, 43,000 cases were enrolled, up from just 3,300 in May 2025, a 13-fold increase. This surge reflects the gains from expanded nutrition services following the ceasefire.

In February 2026, nutrition partners introduced cash-for-prevention programme, from malnutrition modality, as a complement to existing Multi-Purpose Cash Assistance (MPCA). Beyond easing financial constraints, this intervention has improved access for PBW and children under five to diverse, nutrient-rich foods, supporting better dietary diversity and reducing malnutrition risks. Between February and April 2026, the programme reached 8,690 children and 9,500 PBW, a total of 18,190 recipients. The combined expansion of in-kind and cash-based interventions reflects a multi-layered, adaptive programming approach that has increased coverage, enhanced dietary quality, strengthened prevention efforts, and improved resilience against acute malnutrition among vulnerable populations.

Nearly 3,200 children and 267,000 PBW received life-saving micronutrient supplementation and promotion of infant and young children nutrition and caring practices interventions to prevent acute malnutrition from January to April 2026. This represents a 38 percent decrease and a 149 percent increase respectively in micronutrient supplementation and promotion of infant and young children nutrition and caring practices coverage compared to the same period in 2025.

Figure 35. Coverage of children 6-59 months reached with BSFP, Jan 2025 – May 2026. Source: Nutrition Cluster.

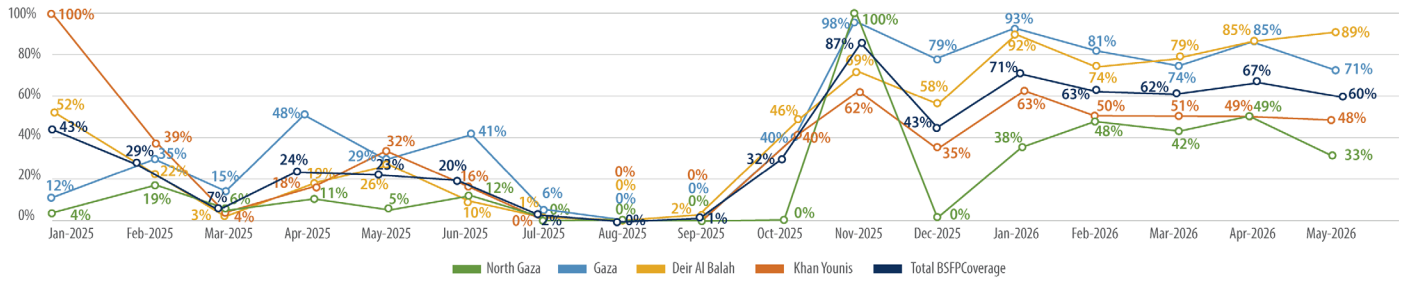


Figure 36. PBW reached with LNS-MQ, Jan 2025 – May 2026. Source: Nutrition Cluster.

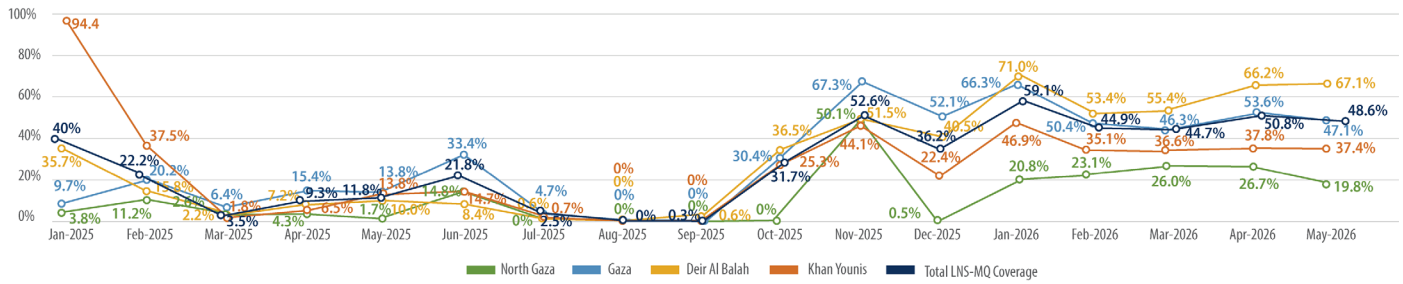


Figure 37. Coverage of children 6-23 months who received RUCF, Jan 2025 – May 2026. Source: Nutrition Cluster.

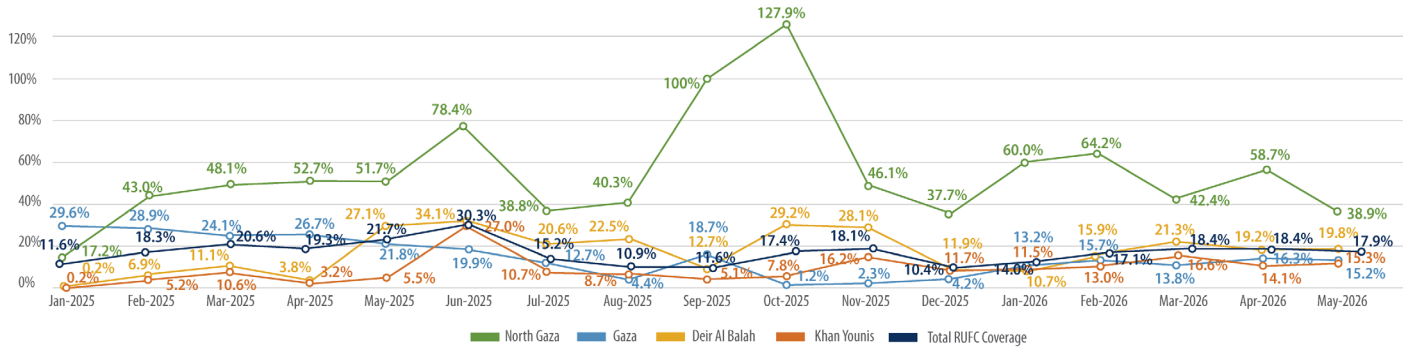


Figure 38. Number of acutely malnourished children enrolled in acute malnutrition treatment programme, Jan 2025 – May 2026. Source: Nutrition Cluster.

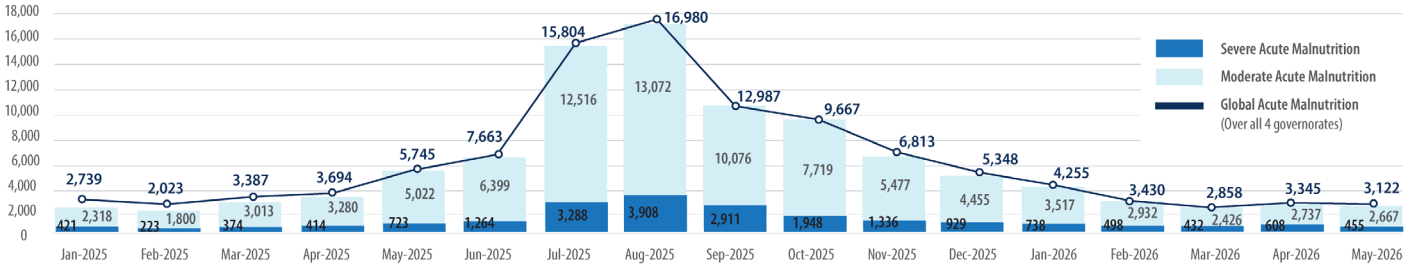
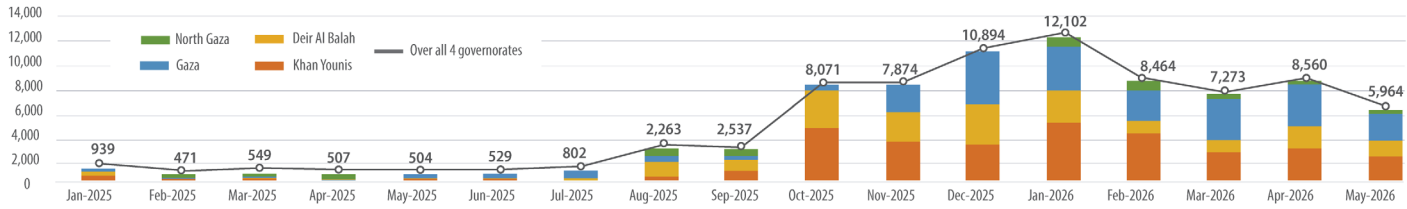


Figure 39. Number of PBWs enrolled in acute malnutrition treatment programme. Jan 2025 - May 2026. Source: Nutrition Cluster.



Nutrition Outcome Data

The prevalence of acute malnutrition among children aged 6-59 months used to inform the analysis was derived from a Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey conducted between 31 May and 15 June 2026. [lxiii] The survey used a two-stage sampling process: first, Primary Sampling Units (PSUs) were randomly selected using probability proportional population size; second, households were chosen through simple random sampling within each PSUs. The survey was designed to generate evidence representative of three domains (rather than each governorate individually), as illustrated in Figure 40. Due to access and security constraints, approximately 17 percent of the population living near the Yellow Line area and Netzarim corridor was excluded from the sampling frame—ranging from 7 percent excluded in Khan Younis to 44 percent in North Gaza (Figure 40 and Figure 41). As a result, the findings may not fully represent conditions in inaccessible areas, where food security and nutrition could be more severe.

Figure 40. SMART survey domains. Source: Nutrition Cluster.



Table 5. Estimates of the population included or excluded from the survey due to access- and security-related impediments. Source: Nutrition Cluster.

Survey Design		GAZA STRIP		Strata 1		Strata 2	Strata 3	
Sampling Universe	Gaza Strip Gov.			North Gaza	Gaza	Deir al-Balah	Khan Yunis	Rafah
	Population estimates	#	%	%	%	%	%	%
Inclusion	Site Population	1,242,981	60%	55%	42%	54%	83%	4%
Inclusion	Non-Site Population	473,396	23%	1%	40%	21%	10%	0%
Exclusion	Red NO GO Zone	71,809	3%	6%	6%	3%	0%	54%
Exclusion	Orange Humanitarian Buffer	87,692	4%	19%	2%	7%	2%	33%
Exclusion	Green Survey Security Buffer	172,110	8%	18%	6%	14%	4%	9%
Exclusion	Netzarim Corridor	26,633	1%	0%	4%	0%	0%	0%
Sampling Universe	**Total Exclusion**	**358,244**	**17%**	**44%**	**17%**	**25%**	**7%**	**96%**
	Total Inclusion (Sampling Frame)	**1,716,377**	**83%**	**56%**	**83%**	**75%**	**93%**	**4%**
	Total Population	**2,074,621**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Figure 41. Areas included in or excluded from the survey. This map should be read in conjunction with the table depicted in previous page. Source: Nutrition Cluster.

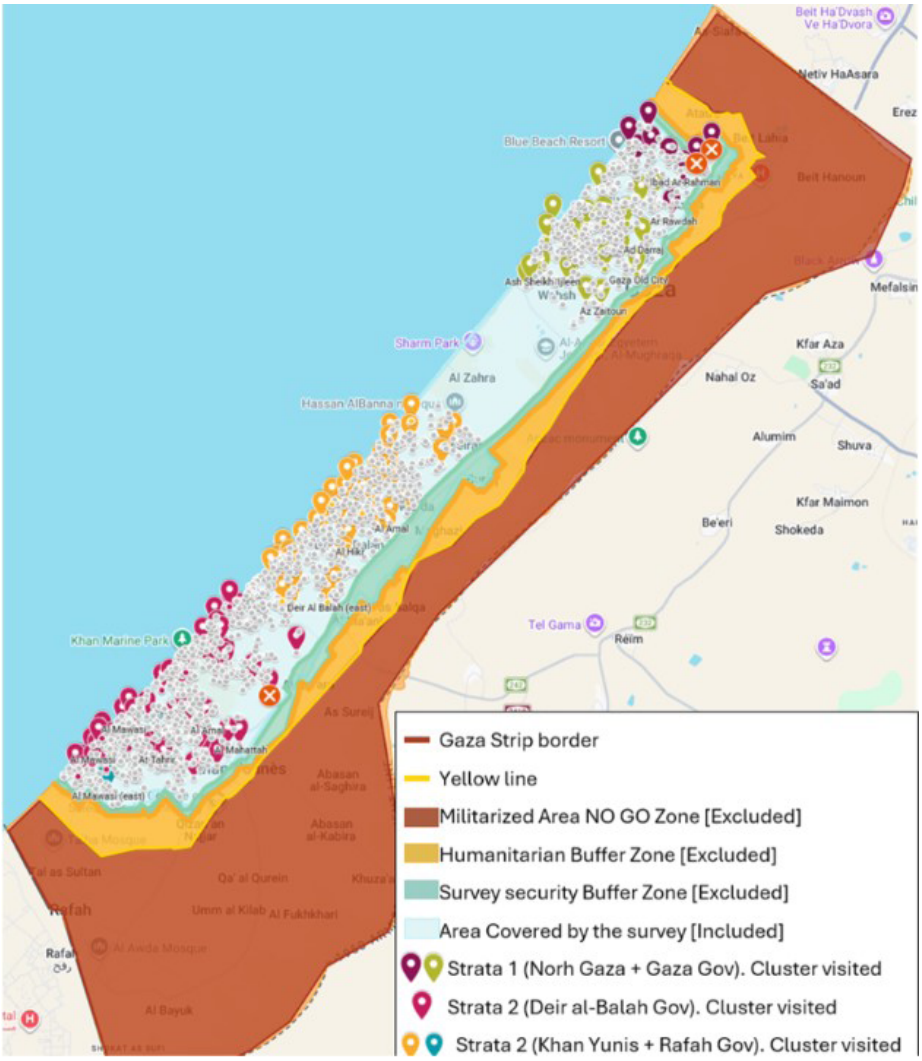


Table 6. Overview of the survey completeness by survey domain. Source: Nutrition Cluster.

Governorate	Number of Clusters			Number of Households					Number of Children 0-59m			
	Planned	Surveyed	%	Planned	Consented	Absent	Refused	%	Planned	Surveyed	Measured	%
Gaza City/North Gaza	50	48	96.0	750	697	21	2	92.9	331	544	518	156.5
Deir Al-Balah	50	50	100.0	750	688	62	0	91.7	331	420	396	119.6
Khan Yunis/Rafa	50	49	98.0	750	704	28	3	93.9	331	447	421	127.2
Total	150	147		2250	2089				993	1411	1335	

Implementation was highly successful, achieving 98% of planned clusters despite operational constraints.

Household response rates exceeded 91% across all domains, with only five refusals recorded.

Non-response resulted from household absence rather than refusal, reflecting population mobility.

The child sample size exceeded targets in all domains, with 1,335 children measured (134% of plan).

High sample achieved coverage exceed minimum requirement for the precision and reliability of survey estimates as per.

Results on the prevalence of acute malnutrition among children aged 0-59 months

Table 7. Prevalence of acute malnutrition based on weight-for-hight z-scores by sex, children 0-59 months, by survey domain and governorate. Source: Nutrition Cluster.

Survey domain	Prevalence of global malnutrition (<, 2 z, score and/or oedema)			Prevalence of moderate malnutrition (<, 2 z, score and >=, 3 z, score, no oedema)			Prevalence of severe malnutrition (<, 3 z, score and/or oedema)		
	All % [95% CI]	Boys % [95% CI]	Girls % [95% CI]	All % [95% CI]	Boys % [95% CI]	Girls % [95% CI]	All % [95% CI]	Boys % [95% CI]	Girls % [95% CI]
Gaza Strip	0.5 [0.2 - 1.0]	0.5 [0.2 - 1.3]	0.5 [0.1 - 1.5]	0.3 [0.1 - 0.7]	0.4 [0.1 - 1.1]	0.2 [0.1 - 0.9]	0.2 [0.0 - 0.7	0.1 [0.0 - 0.9]	0.2 [0.0 - 1.6]
Gaza and North Gaza	0.8 [0.3 - 2.0]	1.6 [0.6 - 4.2]	0.0 [0.0 - 0.0]	0.6 [0.2 - 1.8]	1.2 [0.4 - 3.7]	0.0 [0.0 - 0.0]	0.2 [0.0 - 1.4]	0.4 [0.1 - 2.9]	0.0 [0.0 - 0.0]
Deir Al-Balah	0.5 [0.1 - 2.0]	0.0 [0.0 - 0.0]	1.1 [0.3 - 4.2]	0.5 [0.1 - 2.0]	0.0 [0.0 - 0.0]	1.1 [0.3 - 4.2]	0.0 [0.0 - 0.0]	0.0 [0.0 - 0.0]	0.0 [0.0 - 0.0]
Khan Yunis and Rafah	0.2 [0.0 - 1.8]	0.0 [0.0 - 0.0]	0.5 [0.1 - 3.6]	0.0 [0.0 - 0.0]	0.0 [0.0 - 0.0]	0.0 [0.0 - 0.0]	0.2 [0.0 - 1.8]	0.0 [0.0 - 0.0]	0.5 [0.1 - 3.6]

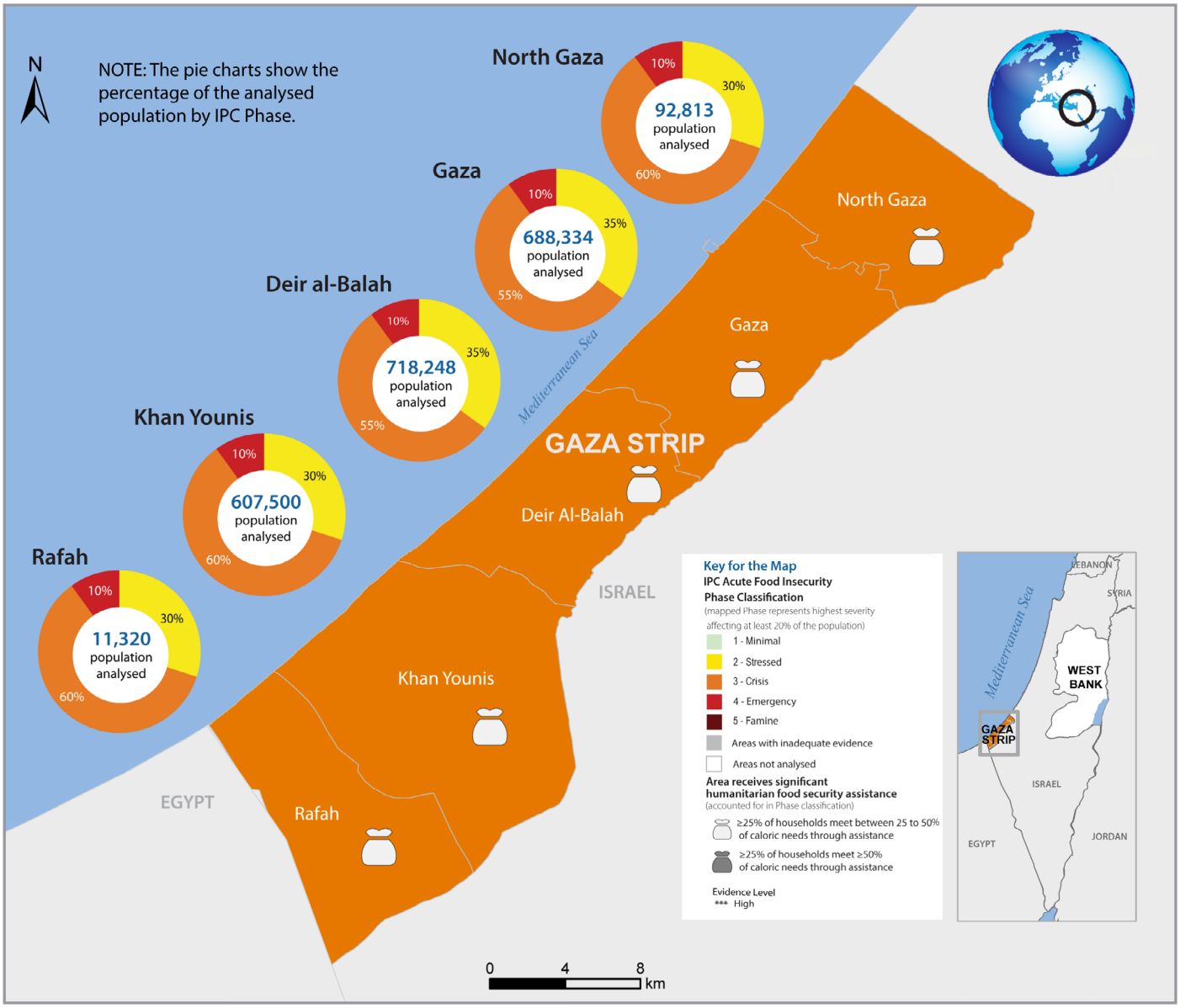
Results on the prevalence of acute malnutrition among children aged 0-59 months

Overall, the findings indicate a substantial burden of acute malnutrition among women of reproductive age across all four governorates, with the most severe situation observed in Deir al-Balah. This suggests that nutritional vulnerability extends beyond PBW and may reflect broader household food insecurity and inadequate dietary intake.

Table 8. Proportion of acute malnutrition among women of childbearing age for non-pregnant, non-lactating, and pregnant and lactating women by region and governorate. Source: Nutrition Cluster.

Survey domain	Non-Pregnant and Non-Lactating Using MUAC < 230mm % [95% CI]	Pregnant and Lactating Women Using MUAC < 230mm % [95% CI]
Gaza Strip	9.4 [8.0-11.0]	7.2 [4.9-10.4]
Gaza and North Gaza	7.6 [5.7-10.2]	6.2 [3.3-11.3]
Deir Al-Balah	10.9 [8.3-14.2]	10.9 [5.9-19.1]
Khan Yunis and Rafah	9.8 [7.5-12.6]	6.2 [2.9-12.8]

PROJECTED ACUTE FOOD INSECURITY SITUATION MAP AND POPULATION TABLE (1 JULY - 31 DECEMBER 2026)



POPULATION TABLE FOR THE PROJECTED SITUATION: 1 JULY - 31 DECEMBER 2026

Governorate	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Deir Al-Balah	718,248	0	0	251,387	35	395,036	55	71,825	10	0	0	3	466,861	65
Gaza	688,334	0	0	240,917	35	378,584	55	68,833	10	0	0	3	447,417	65
Khan Younis	607,500	0	0	182,250	30	364,500	60	60,750	10	0	0	3	425,250	70
North Gaza	92,813	0	0	27,844	30	55,688	60	9,281	10	0	0	3	64,969	70
Rafah	11,320	0	0	3,396	30	6,792	60	1,132	10	0	0	3	7,924	70
Grand Total	**2,118,215**	**0**	**0**	**705,794**	**33**	**1,200,600**	**57**	**211,821**	**10**	**0**	**0**		**1,412,421**	**67**

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

PROJECTED ACUTE FOOD INSECURITY SITUATION OVERVIEW (1 JULY - 31 DECEMBER 2026)

Between July and December 2026, food security in the Gaza Strip is projected to worsen, with more than 1.4 million people (67 percent) expected to face Crisis or worse, including 212,000 people remaining in Emergency (IPC Phase 4)—an increase from the 1.2 million people classified in Crisis or worse in the current period. Although all governorates remain in the same phase between the current and projection periods, the overall prevalence of acute food insecurity is expected to rise—from 59 percent to 67 percent of the population in IPC Phase 3 or above.

In terms of magnitude, Deir al-Balah Governorate is projected to have the highest number of people in IPC Phase 3 or above, with 395,000 (55 percent) in IPC Phase 3 (Crisis), and 71,800 (10 percent) in IPC Phase 4 (Emergency). All governorates have 10 percent of their populations in IPC Phase 4 (Emergency).

Under the most likely scenario, the ceasefire holds but with rising violations and localised escalations. Continued expansion of the Yellow and Orange Lines will likely enlarge militarised zones, further compressing the population into increasingly smaller areas.

Returns to places of origin are expected to remain minimal, limited to accessible areas outside the militarised zone. Barriers include the lack of options for rebuilding homes and restricted access to infrastructure and basic services.

Food availability will be contingent on humanitarian assistance and commercial imports, as local production capacity will remain very limited. Any interruptions in humanitarian and commercial food flows will result in substantial gaps in food availability and dietary diversity. Limited household purchasing power will continue to restrict access to markets, with women disproportionately affected by financial insecurity and indebtedness. As a result, even when and where food is physically available, many households will be unable to afford it, and household food stocks will remain low. The projected deterioration of food security conditions across the Gaza Strip between July and December 2026 will particularly affect women and girls, especially female-headed households and widows, who face heightened barriers to accessing food.

Assumptions for the most likely scenario

Conflict: Military operations will likely intensify but fall short of a large-scale ground and air operation. Drone and airstrikes will likely increase and expand geographically across the western part of the Strip. Discussions on the Gaza Peace Plan may continue but with limited progress on the ground. The Yellow Line will likely expand gradually and continuously, with no reconstruction.

Humanitarian access and delivery: Humanitarian space will likely shrink further. Entry of supplies through crossing points will remain irregular, dependent on local daily negotiations and security conditions. De-registration of INGOs will likely reduce operational response capacity and shift risks to local partners.

Displacement: Current displacement patterns will persist, with only a limited number of people able to return. Returns to northern areas will also proceed slowly, contingent on water provision. Increasing evacuation orders will force further displacement.

Food availability: Agricultural production and livestock activities will remain severely constrained by extensive infrastructure damage, cropland destruction, lack of inputs, and restricted access to agricultural areas. Fishing activities will likely continue to be restricted. Consequently, food availability will remain heavily dependent on humanitarian assistance, commercial flows will remain volatile, and significant gaps in food availability and diversity are expected to persist.

Access to food: Access will remain contingent on households' financial resources. Those with no or very low purchasing power, or in areas with severely degraded supply chains, will continue to rely on social support or Humanitarian Food Security Assistance (HFSA), including hot meal provision at community kitchens. Most households will have exhausted or severely depleted their coping options and many families will be unable to afford food.

Utilisation: Food utilisation and access to essential services are expected to remain severely constrained. Fuel and cooking gas supplies are unlikely to improve, while potential rising prices will further limit affordability and people's access to basic necessities. Some critical services, including health care and water desalination, may partially resume, but only at a limited scale.

IPC ACUTE FOOD INSECURITY TRENDS 2023-2026

Compared with the December 2025 IPC analysis, acute food insecurity has eased in severity. The number of people in IPC Phase 3 or above (Crisis or worse) fell from 1.6 million (77 percent of the Gaza Strip population) at the onset of the ceasefire (October-November 2025) to 1.2 million (59 percent) after a period of relative stability (mid-April-June 2026) and increased inflows of assistance. This marks an improvement from the peak of the conflict in August 2025, when the entire population (2.1 million people) was classified in Phase 3 or above.

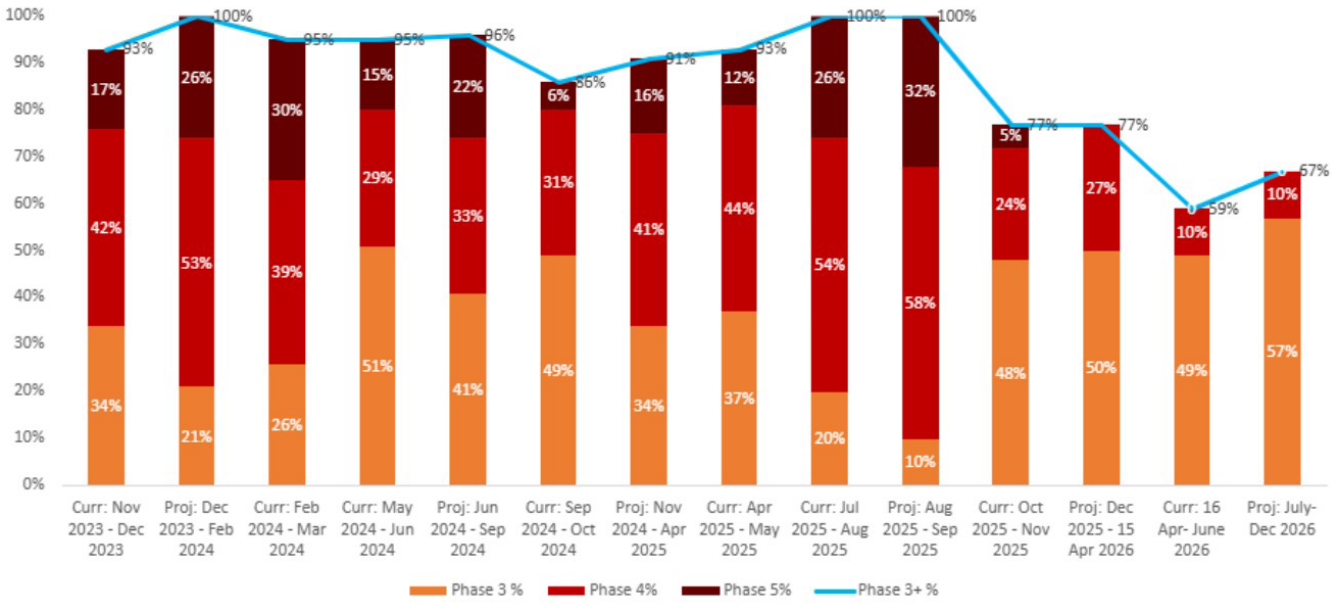
Compared with the previous analysis (December 2025 to mid-April 2026) which projected 1.6 million people in Phase 3 or above, the current situation shows improvement. All five governorates have shifted from a projected Phase 4 area classification to Phase 3 in the current classification.

Although the IPC AFI Phase classifications have improved, a significant share of the population remains in Phase 3 or above. Populations have shifted from Phase 4 to Phase 3, but acute food insecurity persists at high levels. The improvement is largely driven by the expansion of HFSA entering the Gaza Strip since the previous analysis. This scale-up of assistance also prevented the worst-case scenario, a risk of Famine (RoF), from materialising, as critical food gaps were covered by humanitarian assistance. As indicated in the figure below, no populations are identified in IPC Phase 5 (Catastrophe) in either the current or projection period in this analysis.

Nevertheless, nearly 60 percent of the population remain in Phase 3, experiencing food consumption gaps and/or only meeting minimum food needs only by depleting essential livelihood assets, relying on crisis-coping strategies, and remaining heavily dependent on HFSA.

Reviewing overall trends in acute food insecurity from 2024-2026 requires caution. Large-scale population movements and access constraints mean that direct year-on-year comparisons reflect overall prevalence rather than absolute population figures, which have varied significantly across areas and periods.

Figure 42. Percentage of people by IPC Phase for the population analysed (2023-2026).



POPULATION IN NEED OF HUMANITARIAN ASSISTANCE (PINHA)

IPC population estimates for both current and projection periods account for the potential effects of HFSA, recently delivered in the current period and planned, funded, or committed for the projection period. As a result, some households appear in lower IPC phases due to the positive impact of assistance. Importantly, standard IPC population estimates do not capture the total number of people in need of assistance, particularly in contexts of large-scale aid operations such as Gaza.

To support decision-making, IPC has developed additional guidance to estimate the total number of people in need of HFSA (PiNHA). PiNHA is particularly recommended in contexts where assistance is, or is expected to be, highly significant, defined as at least 25 percent of households meeting at least 50 percent of their kilocalorie (kcal) needs through assistance. Given that all five governorates were, or are expected to be, recipients of substantial HFSA, they were identified for PiNHA analysis.

The purpose of the PiNHA analysis is to estimate the share of population classified in IPC Phase 2 (Stressed) because of the assistance they are receiving or expected to receive, but who would likely slide into IPC Phase 3 or above in the absence of assistance. This figure is then added to the population already in Phase 3 or above to determine the total number of people in need of humanitarian food security assistance. These estimates are designed to guide decision-makers in planning HFSA programmes.

Analysis confirmed that a large share of the population in Phase 2 are dependent on assistance, with no alternate sources of income or livelihoods, and would otherwise fall into higher phases of acute food insecurity without assistance. Accordingly, the share of households added to Phase 3 or above in the current period is 25 percent across all governorates, except Deir al-Balah at 30 percent. For the projection period, the additional population in Phase 3 or above is 20 percent in Khan Younis and Rafah, and 25 percent in North Gaza, Gaza and Deir al-Balah. This brings the total population in need of humanitarian assistance to 85-90 percent in the current period and 90-95 percent in the projection period across all governorates. The PiNHA results are presented in the population table below.

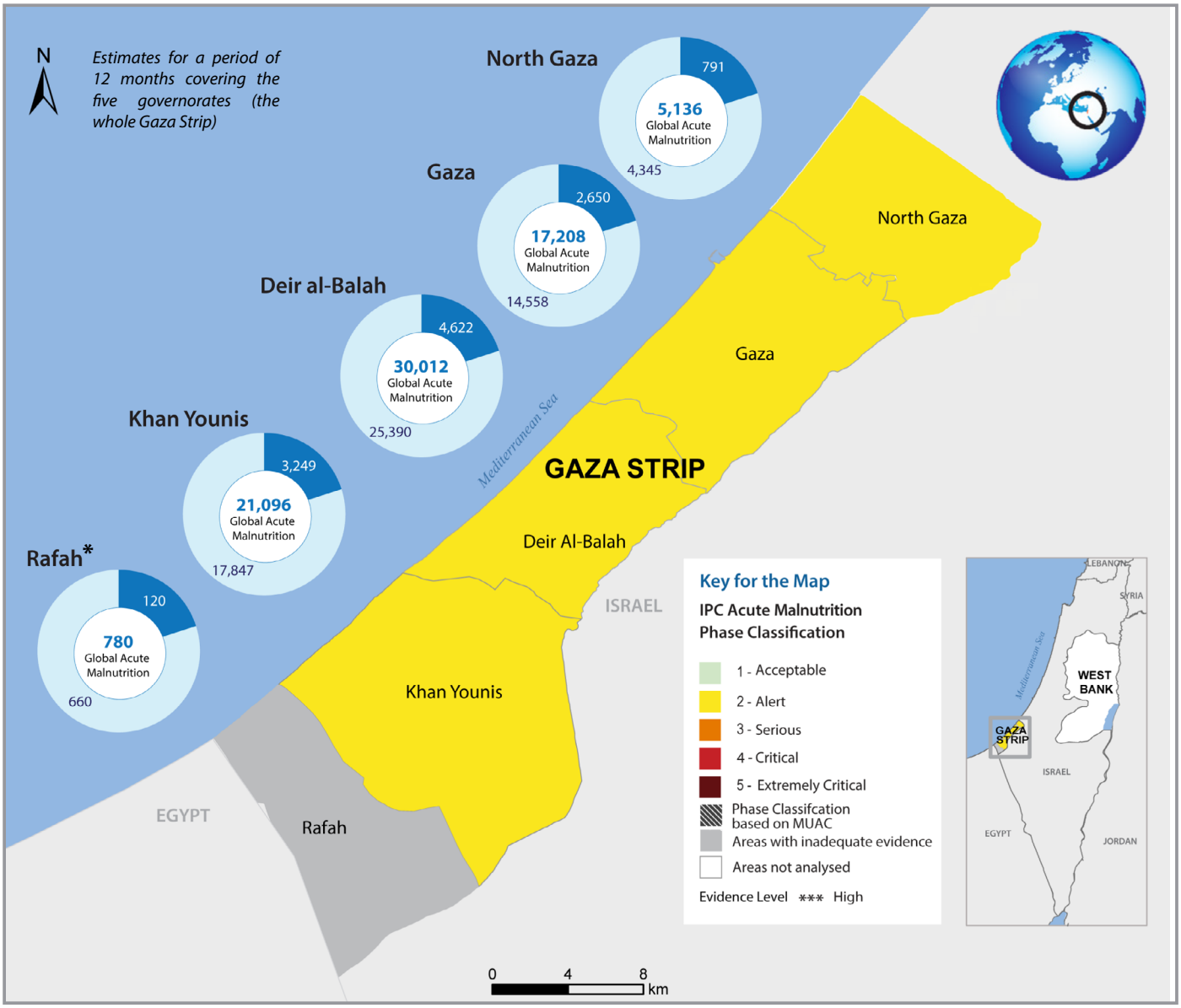
Table 9. People in Need of Humanitarian Assistance (PiNHA) for all five governorates.

Governorate	Population	PINHA %		PINHA #	
		Current	Projection	Current	Projection
North Gaza	92,813	90%	95%	83,532	88,172
Gaza	688,334	85%	90%	585,084	619,501
Deir Al-Balah	718,248	85%	90%	610,511	646,423
Khan Yunis	607,500	85%	90%	516,375	546,750
Rafah	11,320	85%	90%	9,622	10,188
Total	**2,118,215**	**85%**	**90%**	**1,805,123**	**1,911,034**

Further information and guidance on the PINHA analysis can be found on:

https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Guidance-Note-may-2023.pdf

ACUTE MALNUTRITION PROJECTION SITUATION MAP AND OVERVIEW (1 JULY - 31 DECEMBER 2026)



Although Rafah Governorate was not classified, estimates of people in need were developed to support comprehensive nutrition programme planning.

ACUTE MALNUTRITION PROJECTED SITUATION OVERVIEW: 1 JULY - 31 DECEMBER 2026

Between July and December 2026, acute malnutrition is projected to deteriorate to IPC AMN Phase 2 (Alert) across all analysed governorates. While this represents the most-likely scenario, the rapid deterioration and subsequent improvement observed over the past yearhighlights how quickly nutrition outcomes can shift in response to changes in the operating environment. More severe outcomes could emerge if access to food, essential services, or multisector humanitarian assistance deteriorates during the projection period.

The projected deterioration under the most-likely scenario is driven by persistently poor living conditions, displacement, overcrowding, inadequate shelter, limited access to safe water and sanitation, and a high disease burden. Seasonal disease risks, including Acute Watery Diarrhoea (AWD), bloody diarrhoea, skin diseases, and acute respiratory infections, are expected to increase during the summer months, particularly among vulnerable groups living in overcrowded settings. Although health and nutrition service availability has improved, delivery is expected to remain constrained by access restrictions, fuel shortages, funding gaps, insecurity, staffing limitations, and supply disruptions. These challenges are likely to undermine the continuity and coverage of essential health and nutrition interventions, reinforcing the projected deterioration to IPC AMN Phase 2 (Alert) across all governorates between July and December 2026.

Assumptions on the Most-Likely Scenario for Acute Malnutrition

Individual food intake (Children Diet)

Individual food intake is expected to remain inadequate in both quantity and quality throughout the projection period, limiting households' ability to meet their nutritional needs. Food access constraints are expected to persist due to unstable markets, limited availability of diverse and nutritious foods, and continued reliance on humanitarian assistance. Economic constraints are likely to restrict access to sufficient quantities of nutrient-rich foods, particularly among vulnerable households. High debt burdens, low incomes and uneven access to high-quality foods on the market will keep diet quality poor. Consumption of fresh foods, protein-rich items, fruits, and vegetables is likely to remain low, reflecting both limited market availability and the near absense of local agricultural production.

At the same time, high consumption of ultra-processed foods and sweetened beverages is expected to continue, further reducing the overall diet quality. Combined with limited access to fresh and nutrient-rich foods, these dietary patterns are expected to increase vulnerability to acute malnutrition by contributing to inadequate nutrient intake, weakened health status, and poorer growth outcomes among children under five and PBW.

Health Status

During the projection period, overall health status is expected to remain below typical levels and may deteriorate if WASH, shelter and access constraints persist or worsen. Overcrowding, inadequate shelter, insufficient access to safe water, and poor sanitation—combined with projected flood risks during the winter—are likely to sustain elevated incidence of communicable diseases, including AWD, respiratory-tract infections, skin and ectoparasitic conditions, and other environmentally linked illnesses. These risks are expected to disproportionately affect children under five and PBW. Disease surveillance and outbreak response capacity are expected to remain partially functioning, constrained by limited laboratory diagnostic capacity.

Maternal and Child Caring and Feeding Practices

Caring and feeding practices are expected to remain suboptimal during the projection period. Exclusive breastfeeding rates are currently very low, with only 20 percent of children exclusively breastfed for six months (SMART Survey) across the Gaza Strip, while bottle-feeding practices remain common. In the context of continued overcrowding, poor sanitation, and inadequate access to safe and reliable water, these practices are expected to increase children's exposure to contaminated feeding materials and communicable diseases, particularly among infants and young children.

Limited adoption of optimal infant and young child feeding practices, combined with persistent WASH challenges and caregiver stress, associated with prolonged displacement and conflict conditions, are likely to continue negatively affecting children's nutritional status in the projection period. As a result, suboptimal caring and feeding practices are expected to remain an important contributing factor to the deterioration of acute malnutrition among children.

Health and Nutrition Services

Health and nutrition service delivery is expected to remain constrained during the projection period, despite some improvements in health facility functionality and nutrition service availability. Access constraints, supply chain disruptions, referral limitations, staffing challenges, insecurity, and funding gaps are expected to continue affecting the continuity of primary healthcare, vaccination, disease surveillance, nutrition screening, early detection and treatment of acute malnutrition.

Access to services will likely remain uneven across locations. Partial access gains may improve service consistency, but transport constraints, fuel shortages, damaged infrastructure, and economic instability will continue to limit access for patients and health workers, especially in underserved areas and communities near or beyond restricted access areas. Health and nutrition services and supplies may improve slightly in some areas but are expected to remain fragile and uneven. The May 2026 Health Cluster functionality map also illustrates that service availability remains spatially uneven and vulnerable to access constraints, particularly where population density, displacement and proximity to restricted areas increase pressure on partially functional services.

Health system capacity is expected to remain under strain due to continued limited medical evacuations for chronic illness and trauma cases, increasing pressure on already stretched services. Although catch-up vaccination campaigns may improve coverage, periodic vaccine interruptions and service gaps are likely to leave pockets of under-immunised populations vulnerable to outbreaks.

Funding constraints will likely further compound access and supply-related barriers. Where partners are unable to cover operational costs such as fuel, transport, generator maintenance, referral support, staff incentives, monitoring and supply-chain costs, health and nutrition services may be forced to prioritise immediate lifesaving care over preventive, outreach, follow-up, surveillance and early detection activities. This could reduce timely access to child health care, vaccination, nutrition screening, SAM referral and management of common childhood illnesses. As a result, the risk increases that preventable morbidity will contribute to further deterioration in acute malnutrition.

The projected period also carries heightened seasonal risks, including summer-related AWD, bloody diarrhoea and skin diseases under limited WASH and shelter conditions, as well as flood impacts during the winter season. If access, fuel, supplies or partner presence deteriorate, health and nutrition services may be unable to sustain current coverage or respond adequately to increased morbidity. This would reinforce the projected deterioration from IPC AMN Phase 1 to Phase 2.

WASH Services

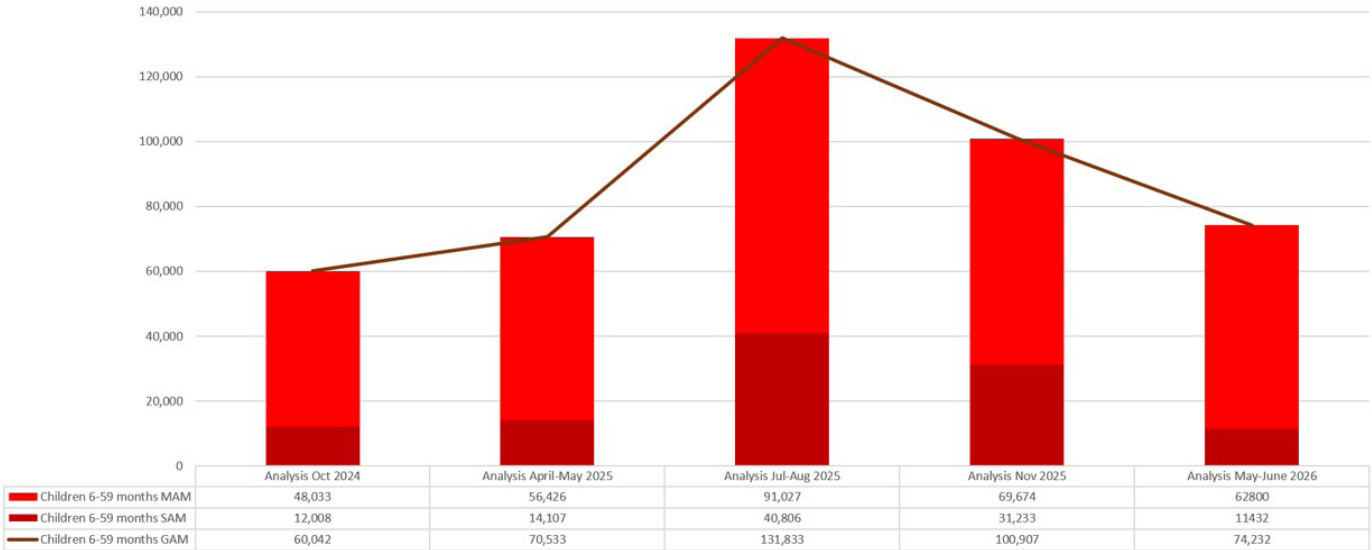
Access to drinking water will likely remain constrained, with continued heavy reliance on water trucking. Some improvement is possible in chlorination and in the quantity of water collection and storage containers. Domestic water will continue to depend on saline groundwater wells, with limited prospects for network repairs. Access to family latrines may improve in IDP and returnee sites but is unlikely to improve in buildings unless residents leave. Access to hygiene and cleaning items may improve, especially if the private sector resumes and market prices fall. Sewage network repairs and diversion away from populated areas are unlikely to improve significantly. Solid waste management will likely continue to rely on temporary dump sites in populated areas in southern Gaza; in North Gaza, dump sites may be decongested and moved to Abu Jarad. Environmental health conditions may improve slightly, but risks of water-borne and water-washed diseases will remain high.

ACUTE MALNUTRITION POPULATION TABLE

Number of cases of children in need of treatment due to acute malnutrition

It is estimated that between May 2026 and April 2027, nearly 74,200 cases of acute malnutrition among children aged 6-59 months will require treatment. Of these, 11,400 cases are expected to be severe acute malnutrition (SAM). Boys are likely to be more affected than girls. Overall, these figures indicate an improvement compared to the November 2025 and July 2025 analyses (Figure 43).

Figure 43. Acute Malnutrition U5 Cases Estimation Updated During Each IPC Excercise (Estimation for the consecutive 12 months period).



	Analysis Oct 2024	Analysis April-May 2025	Analysis Jul-Aug 2025	Analysis Nov 2025	Analysis May-June 2026
Children 6-59 months MAM	48,033	56,426	91,027	69,674	62800
Children 6-59 months SAM	12,008	14,107	40,806	31,233	11432
Children 6-59 months GAM	60,042	70,533	131,833	100,907	74,232

The estimated number of children aged 6–59 months requiring treatment for acute malnutrition (GAM) increased from 60,000 in the October 2024 IPC AMN analysis to 70,500 in April–May 2025, before rising sharply to a peak of 132,000 in July–August 2025. The estimate then declined to 101,000 in November 2025 and further to 74,200 in the May–June 2026 analysis, hough it remained above the October 2024 baseline. Overall, the trend shows a progressive worsening of acute malnutrition through mid-2025, followed by a substantial improvement in late 2025 and the first half of 2026. The latest estimates indicate a much lower burden than the 2025 peak, but still a significant number of children requiring treatment.

The estimated number of cases of children aged 6-59 months requiring treatment for acute malnutrition was derived using a two-step methodological approach. This approach combines data on the previous year's total admissions to treatment programmes, the number of children under five, programme coverage, and the prevalence of acute malnutrition. In the first step, the number of expected admissions was estimated using the following formula.

Step 1: Estimating expected admissions

In the above formula, 'Admission(T0)' is the number of children acutely malnourished admitted to the treatment programme in the previous year. For this calculation, the Nutrition Cluster considered the median admissions of seven months excluding the months when famine was declared in which the cases had spiked markedly. 'Population1' and 'Population0' correspond to the overall projected population of children aged 6-59 months for 2027 and 2026 respectively. Similarly, 'Prevalence1' and 'Prevalence0' represent the prevalence of acute malnutrition observed in 2026 and 2025. To align with the method used to estimate the prevalence in the previous year, the Nutrition Cluster considered using GAM, SAM and MAM by MUAC. Furthermore, given that the IPC projection expects a deterioration in the situation, the upper limit of the 95 percent confidence intervals of the MUAC-based prevalence of acute malnutrition was used. Finally, 'Coverage1' and 'Coverage2' represented the expected programme reach in 2027 and planned in the previous year.

The overall estimate of children in need was then calculated by multiplying the number of expected admissions by the inverse of the expected programme coverage, given by the following formulae:

Table 10. Number of cases of children aged 6-59 months in need o treatment due to acute malnutrition, by governorate. Source: Nutrition Cluster.

Governorate	CMAM Admissions	Under 5 Population		Prevalence		Target		Estimated number of acute malnutrition cases								
								#GAM Cases			#MAM Cases			#SAM Cases		
		Current	Projection	P0 (%)	P1 (%)	T0 (%)	T1 (%)	Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys
North Gaza	379	12,642	12,984	3.68	3.6	80	90	5,136	2,532	2,604	4,345	2,142	2,203	791	390	401
Gaza	1,263	92,067	94,553	3.66	3.6	80	90	17,208	8,484	8,724	14,558	7,177	7,381	2,650	1,306	1,344
Deir Al-Balah	1,214	81,950	84,163	2.41	4.3	80	90	30,012	14,796	15,216	25,390	12,517	12,873	4,622	2,279	2,343
Khan Yunis	1,205	101,436	104,175	1.9	2.4	80	90	21,096	10,400	10,696	17,847	8,799	9,048	3,249	1,602	1,647
Rafah	35	1,697	1,743	1.49	2.4	80	90	780	385	395	660	325	335	120	59	61
Total	**4,096**	**289,793**	**297,617**	**n/a**	**n/a**	**80**	**90**	**74,232**	**36,596**	**37,636**	**62,800**	**30,960**	**31,840**	**11,432**	**5,636**	**5,796**

Number of cases of PBW in need of treatment due to acute malnutrition

It is estimated that around 24,600 PBW will face acute malnutrition between May 2026 and April 2027. This corresponds to a 33 percent reduction compared to the PIN reported in the November 2025 analysis.

Table 11. Number of pregnant and breastfeeding women in need of treatment to due to acute malnutrition by governorate. Source: Nutrition Cluster.

Governorate	Population of PBW	GAM Prevalence (%)	# GAM in Pregnant and Breastfeeding women	# GAM in Pregnant women	#GAM in Breastfeeding women
North Gaza	7,649	11.3	864	432	432
Gaza	55,704	11.3	6,295	3,147	3,147
Deir Al-Balah	49,584	19.1	9,471	4,735	4,735
Khan Yunis	61,374	12.8	7,856	3,928	3,928
Rafah	1,027	12.8	131	66	66
Total	**175,338**		**24,617**	**12,308**	**12,308**

The above estimates were calculated by multiplying the projected population of PBW for 2027 by the prevalence of GAM for this population group. The upper limit of the 95 percent confidence intervals of the prevalence was used by the Nutrition Cluster. Half of the total burden is expected to be of pregnant women and the other half of breastfeeding women.

LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

For the current analysis period covering 16 April to 30 June, a two-phase difference was observed between the AFI and AMN classifications, with AFI showing higher phases. Analysis of this divergence indicates that households continue to employ coping strategies that protect children. Findings from AFI Source #1 indicate that food security outcomes are not homogeneous between households with children and those without. Households with under-five children reported greater reliance on emergency coping strategies: in North Gaza, 85 percent compared with 79 percent of households without children, and in Deir al-Balah, 84 percent compared with 65 percent.

A comparable trend is observed in the use of high-level consumption-based coping strategies, as measured by the reduced Coping Strategies Index (rCSI). Across all analysed areas, households with children under five were substantially more likely to rely on severe food consumption coping mechanisms than households without children. In North Gaza, nearly three-quarters of households with children (73 percent) reported high rCSI levels compared with just over half (52 percent) of households without children. In Gaza Governorate, the figures were 63 percent versus 48 percent; in Deir al-Balah, 69 percent versus 47 percent; and in Khan Younis, 72 percent versus 47 percent (AFI Source #1). Adults in households with children under five also reported reducing their own food intake to prioritise children's consumption for an average of 3.5 days per week. Despite the protective effect that these practices have on children's nutritional status, they simultaneously underscore the heightened vulnerability of the other household members who struggle to meet their nutritional and essential needs.

Several other mitigating factors have collectively contributed to improved nutrition outcomes. The continued scale-up and consistent provision of preventative and treatment oriented nutrition and health services have likely played a key role. Nonetheless, the underlying drivers of vulnerability remain acute, and the projected deterioration across both scales underscores the urgent need for sustained and integrated multisectoral response.

RECOMMENDATIONS FOR ACTION

- **Cease all hostilities:** Hostilities have continued despite the October 2025 ceasefire. A permanent cessation is essential to protect civilians, stabilise conditions for recovery, and prevent further acute food insecurity and malnutrition.
- **Ensure sustained and reliable humanitarian access:** Humanitarian access has improved but remains volatile. Safe, predictable, unhindered entry of humanitarian supplies through all border crossings is essential.
- **Scale up and strengthen humanitarian assistance and services:** Assistance and service delivery remain fragile, with funding levels continuing to decline and remaining highly unpredictable. An immediate scale-up of the response is required to enable the pre-positioning of essential supplies ahead of the winterisation period.
- **Improve commercial access and market stability:** Unpredictable access, high costs, poor quality of imported commodities, and low purchasing power continue to constrain people's access to essential goods and hinder recovery. Expanded flows of essential inputs and higher volumes of commercial imports are needed to restore productive assets and revitalise local food systems.
- **Revive livelihoods and food production:** With agricultural land largely inaccessible, access worsening, and essential inputs extremely scarce, livelihood recovery remains limited. Restoring local production is essential to reduce vulnerability to external supply disruption.
- **Continue to scale up nutrition programmes:** Further expansion of malnutrition prevention and treatment programmes across the territory, alongside improved access to shelter, safe WASH, and health services, remains essential. Strengthened efforts are also needed to enhance children's dietary quality and diversity.

PROCESS AND METHODOLOGY

The joint IPC Acute Food Insecurity and Acute Malnutrition analysis was conducted virtually from 18 to 25 May 2026, involving 61 analysts from 20 organisations across multiple sectors. During report drafting, new nutrition evidence became available. The Analysis Team was reconvened to review the new information and update the IPC analysis, incorporating all relevant data, where feasible, available up to 15 June 2026. To ensure compliance with quality standards around the incorporation of new key evidence, the IPC partnership initiated an external Real Time Quality Review (RTQR). The review was conducted by senior global experts from the IPC partnership, and its recommendations were incorporated into the final analysis.

Given households' extremely high reliance on humanitarian assistance, the Analysis Team also assessed the population in need of humanitarian food assistance (PiNHA), in addition to the standard population estimates by IPC phase. This additional analysis, undertaken following an RTQR recommendation, aims to better capture the extent to which humanitarian food assistance is sustaining food consumption outcomes and helps inform decision-making.

The acute food insecurity analysis covered all five governorates. Food security outcome data were drawn from two sources: Source #1, collected via Computer Assisted Telephone Interviews from 16 April to 15 June 2026 across all governorates; and Source #2, also collected remotely from 19 to 20 April 2026. While the latter covered three governorates, only Gaza Governorate met IPC requirements.

The acute malnutrition analysis covered four governorates. Rafah Governorate was not analysed due to insufficient evidence on acute malnutrition prevalence. The analysis relied on data on GAM prevalence measured by weight-for-height from a SMART survey conducted between 31 May and 15 June 2026, complemented by monthly mid-upper arm circumference (MUAC) screenings for trend analysis, and a wide range of evidence on contributing factors. Due to access and security constraints, around 17 percent of the population living near the Yellow Line and Netzarim Corridor was excluded from the SMART survey sampling frame – ranging from 7 percent excluded in Khan Younis to 44 percent in North Gaza. Findings may therefore not reflect conditions in these inaccessible areas, where acute food insecurity and malnutrition could be more severe.

For both analyses, the evidence level was assessed as "High" across all areas analysed.

Sources

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

Acute Food Insecurity:

- ACLED, Gaza Conflict Monitor. https://acleddata.com/monitor/gaza-conflict-monitor
- AFI Source #1, CATI survey.
- AFI Source #2, Remote survey.
- AFI Source #3, Post Distribution Monitoring Compilation.
- CCCM Cluster, Population Movement Monitoring – Flash Update, 01–15 February 2026.
- DRC, Surviving the Aftermath: The Toll of Explosive Weapons and Gaps in Victim Assistance in Gaza, 19 April 2026.
- FAO, From Survival to Recovery: How Targeted Support Is Reviving Livestock Production in Gaza, May 2026. https://openknowledge.fao.org/items/cce49cea-f42a-4fd1-a55f-c113a41b308f
- FAO, Crops assessment, May 2026.
- FAO UNOSAT, Greenhouse damage assessment, 24 April 2026.
- FAO-UNOSAT, Gaza Shelters Flood and Storm Impact and Exposure Analysis by neighbourhood, January 2026.
- Food Security Sector, Cooking points with hot meal provision mapping, 13 May 2026.
- HeRAMS (Microsoft Power BI), EWARs(EWARS Unified Disease Surveillance Dashboard - The Gaza Strip · Metabase), Health Cluster Dashboard (Microsoft Power BI).
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- Protection Cluster, protection monitoring snapshot, reporting period: 1-30 April 2026.
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- UNRWA, Situation Report #220 on the Humanitarian Crisis in the Gaza Strip and the West Bank, including East Jerusalem, 7 May 2026.
- WFP, Monthly Market Monitor May 2026, Palestine Emergency Response External Situation Report 88 - 1-30 April 2026. https://docs.wfp.org/api/documents/WFP-0000174075/download/

Acute Malnutrition:

- Nutrition cluster, SMART nutrition survey. Data collection undertaken from 31 May to 15 June 2026.
- Nutrition cluster, prevalence of acute malnutrition as assessed by MUAC screenings as of April 2026.
- Nutrition cluster, community-based sentinel sites that provided evidence on levels of child morbidity, child food consumption and WASH.
- Nutrition cluster, nutrition cluster programme achievement, dashboard consulted during the week of 18-22 May 2026. Provided insights on several indicators, including trend of the coverage of blanket supplementary feeding programme.
- Nutrition cluster, CATI data analysis, presented to the partners on 18 May 2026. This telephone-based assessment included modules on child morbidity and child food consumption.
- WHO and Health Sector, dashboard Health Service Point, consulted during the week of 18-22 May 2026.
- WASH Cluster, UNICEF, quarterly face-to-face joint assessment, round 4, with data collection held between 29 March and 9 April 2026. The assessment included modules on child morbidity, water, sanitation, hygiene and environmental health.
- WHO and Health Cluster, trends in disease surveillance as of April 2026.
- Protection Cluster, protection monitoring snapshot, reporting period: 1-30 April 2026.

Limitations of the analysis

For Rafah, while the minimum requirement was met for a classification of the food insecurity situation, it is important to note that only a limited portion of Rafah is currently accessible to the population, specifically restricted to two areas, rather than the entirety of the original Rafah Governorate. Therefore, the data should be considered only representative of the inhabited areas.

However, nutrition data were not sufficient to meet the IPC AMN scale requirements for Rafah Governorate. Any classification, whether through a standard or alternative protocols, could consequently not be undertaken for AMN in Rafah.

The evidence on the prevalence of acute malnutrition among children used in the analysis was derived from a survey that only included accessible areas. Seventeen percent of the population living near the Yellow Line area and Netzarim corridor were excluded due to access constraints, ranging from 7 percent exclusion in Khan Younis, to 44 percent exclusion in North Gaza. Consequently, the AMN findings may not represent conditions in inaccessible areas.

What is the IPC

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

Contact for further Information

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

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Figures

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