

Country: occupied Palestinian territory – The Gaza Strip Data Review and Humanitarian Analysis – Ageing

Prepared by HelpAge International
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Gaza overview

The impact of the 2008/9 war on physical infrastructure, livelihoods and the psychosocial wellbeing of the population, combined with the slow pace of reconstruction, and the continuing blockade on movement of people and goods has resulted in a chronic crisis for the people of the Gaza Strip.

While response to the needs of the affected population in the Gaza Strip is on-going little has been done to thoroughly assess the needs of older people. In response HelpAge has produced this **Data Review and Humanitarian Analysis (DRHA)** on ageing to: highlight the situation of older people in the Gaza Strip; to support the humanitarian community to understand what data gaps exist/need to be filled; and to support inclusion of older people in the planning and implementation of future responses.

As a minimum course of action HelpAge recommends that:

- **Needs assessment** methodologies analyse all vulnerable groups, including older people. Primary and secondary data should be **disaggregated by sex and age** so the specific needs of different gender and age groups can be properly identified.
- Humanitarian sectors including **health & nutrition, livelihoods & food security and protection** take account of the specific needs of older people in all phases of response, adapting them where necessary.

How to use this document

The DRHA on ageing provides a summary of the needs and information gaps related to older people in Gaza. It should be used as a tool to support the planning of assessments which may address information gaps, and for programmes and responses to ensure they are sensitive to the specific needs of older people. It is produced using data from reliable sources together with estimations and projects developed by HelpAge. It is not an exhaustive resource and more information and resources on older people in emergencies can be found on the HelpAge website (www.helpage.org) or by contacting the World Wide Emergencies team in London. The DRHA will be updated by HelpAge as new information becomes available.

Why 50+ not 60+? While the UN and Arab League both use 60 as the point at which old age begins, where possible HelpAge in line with Birzeit University's Institute of Community and Public Health uses 50. The reason being that at 50: the reproductive cycle is over; many people have left the work force often due to injury; and finally due to premature ageing caused by chronic exposure to political violence. As such many of those 50+ suffer the same conditions and vulnerabilities, or have the same needs as those 60+.

Demography and Population:

oPt is a young society. Older people 60+ account for 3.7% of the population in Gaza (56,092).

Total Population oPt: 4 millionⁱ
 Population Gaza: 1,516,000 (37.9%)
 Population WB: 2,484,000 (62.1%)
 Gaza 2012 est: 1,710,257

Refugee Population: 1,895,043ⁱⁱ
 Refugees Gaza: 1,167,572 (62%)
 Refugees WB: 727,471 (38%)

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Gaza population disaggregated by age, gender^{iv}

		Age			
		50-59	60-69	70-79	80+
Gaza Strip 2012 est.	M	3.7% 63,280	1.7% 29,074	1% 17,103	0.3% 5,131
	F	3.8% 64,990	2.3% 39,336	1.5% 25,654	0.4% 6,841

Life expectancy Gaza:^v

Male: 72.48 Female: 75.95 (2012 est.)

Sex ratio Gaza:^{vi}

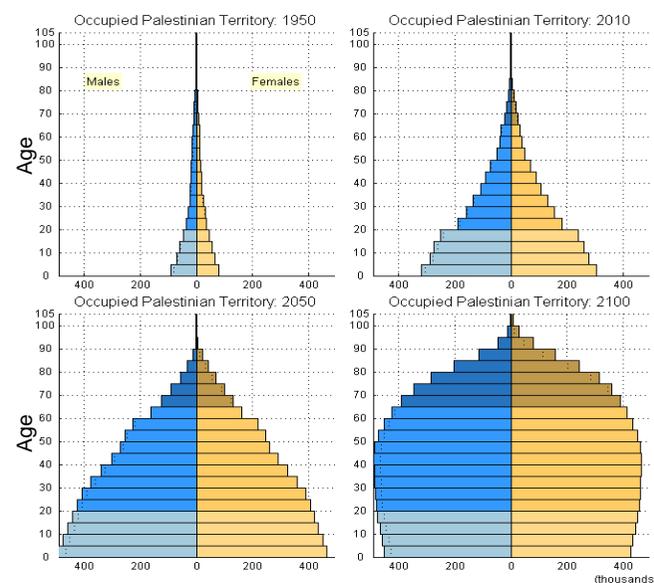
15-64 years: 1.05 male(s)/female

65 years and over: 0.68 male(s)/female

Dependency ratio:^{vii}

80% (Gaza)

Demographic transition in Gaza – history and projections^{viii}



Vulnerabilities of older people in the Gaza Strip

The following categories are consistent with those older people (50+) that HelpAge has found to be most vulnerable in chronic crises and should be identified for priority assistance.

- **Per cent of older people living alone / older headed households (HH):** 7.3% of older people in the Gaza strip live alone, 14.6% of households in oPt are headed by older people (Gaza strip data not available).
- **Numbers of older refugees:** using the data provided above we can estimate there to be 43,200 refugees over 60 in the Gaza strip. The demographic transition in oPt which sees growing number of older people dependent on small numbers of working age people is concerning for the long term dependency of older refugees

- **Older people with disabilities and debilitating Non Communicable Diseases (NCDs):** Large percentages of older people, particularly those 80+ have difficulties with mobility affecting their ability to meet their basic needs. Furthermore, like other middle income countries oPt is undergoing an epidemiological transition with high levels of NCDs and conditions which demand regular treatment.

Social factors and older people's vulnerability

- The mean size of household in Northern Gaza, Gaza and Rafah is 7.1 people.
- In Deir El-Balah and Khan Yunis it is 6.9 people^{ix}

Older people's marital status – Gaza^x

Sex and Marital Status	Separated		Widowed		Divorced	
	Female	Male	Female	Male	Female	Male
Age						
50-59 years	1.2	0.2	15.6	1	2.1	0.2
60 - 69 years	1.7	-	41.5	4.2	3.3	1.2
70 - 79 years	1.2	-	68.3	28.6	1.3	1.3
80 +	-	-	90	35	-	-

The major variation in rates of widows is due to: husbands re-marrying after the death of wives; husbands often marrying younger wives; life expectancy for females is higher than males.

- 7% of households in the Gaza Strip are headed by women (4.2 people per household), 93% by men (7.2 people per household) (**age disaggregated data not available**)
- A 2012 HelpAge survey of North Gaza, Gaza and Deir Al-Balah found of those 55+: 6% of women and 0.9% of men live alone.^{xi}
- 23.8% households in oPt have at least one older person; 7.0% at least two (**no Gaza data**)
- 14.6% of households in oPt are headed by an older person (**no Gaza data**)
- The average size of households headed by older people in oPt is 4.3 individuals compared to 6.6 individuals for households headed by non-older persons (**no Gaza data**)^{xii}

Satisfaction with home-based/family care^{xiii}

- 18.9% of older people living alone or with other family members in oPt indicated their living conditions were not satisfactory. (**Gaza data not available**)
- 12.1% gave cramped living space as the main reason (**Gaza data not available**)
- 15.4% of older people in the Gaza Strip said their sons and daughters did not care for them well.
- 4.3% of older people in the Gaza Strip reported their sons and daughters did not respect them.

Percentage of Individuals (60+) by daily activities (oPt)^{xiv}

The most popular activities for women are all home based (payer 95%, watch TV 62.7%, listen to the radio 58.1%, chores 55% and receive visitors 49.9%). While men have more activities outside the home (praying at the mosque 62.3% and shopping/similar errands 40.2%) the opportunities for both groups are limited impacting on their psychosocial status.

Older people's social relations

A 2012 HelpAge survey of North Gaza, Gaza and Deir Al-Balah found of those 55+: 77.4% believe their relationship with life partner is weak; 78.7% believe their relationships with their children are weak; 65.0% believe their relationships with friends are weak.^{xv}

Health

In the Gaza strip, there are 134 primary health centres run by three main providers: Government: 59; UNRWA: 18; NGOs: 57. There are 24 hospitals (17 general, 5 specialists, 1 maternity, 1 rehabilitation).^{xvi}

- A 2012 HelpAge survey of North Gaza, Gaza, and Deir Al-Balah found of those 55:
 - 78.9% of older people in North Gaza, Gaza and Deir Al-Balah follow up their health needs in UN clinics; 39.8% in governmental clinics; 8.7% in hospitals and 3.8% in medical associations,
 - 82% have health insurance.

Gaps in MoH and UNRWA data

The Palestinian MoH Health provides health data for oPt covering men and women 60+. However there are major data gaps for the Gaza Strip including: leading causes of death; leading causes of infectious disease, cardiovascular disease and diabetes; reported visits to PHC diabetes clinics and reported cancer deaths.^{xvii}

UNRWA screening and surveillance data is disaggregated by gender and only those up to 40 years old

Non-communicable diseases (NCDs)

- 63.2% of older people (60+) in the Gaza Strip suffer from one or more NCD.^{xviii}
- Data on patients attending UNRWA health centres in Gaza in 2010 shows that 39% are 60 years and above; 45% have hypertension; 15% suffer from diabetes.
- A 2012 HelpAge survey of North Gaza, Gaza and Deir Al-Balah found of those 55+: 31.1% suffered from diabetes (12.5% women, 18.6% men); 19.6% from heart disease; 44.0% from hypertension (16.6% men, 27.3% women); and 1.7% from cancer.^{xix}
- Leading causes of morbidity amongst those 60+ in the Gaza Strip – heart disease (30.7%); cardiovascular disease (12.7%); neoplasm (12.5%) and hypertension (9.5%).^{xx}

Percentage of 60+ smokers (oPt).

Smoking is a major contributing factor to levels of NCDs. Men make up the largest percentage of older smokers. 26.8% smoke mostly cigarettes.

Psychosocial status (Gaza Strip)^{xxi}

A 2012 HelpAge survey of North Gaza, Gaza and Dear Albalah found of those 55+.^{xxii}

- 90% had not taken part in any psychosocial intervention
- 40.8% suffer from anxiety of death
- 31.6% suddenly suffer from fear for no reason
- 29.8% of older people think that their satisfaction with sleep is low
- 29.8% of the older people suffering from loss of appetite degree strong
- 28.5% suffer from a strong sense of loneliness
- 26.6% suffer from a strong degree of self-blame
- 20.7% suffer from depression
- 19.8% suffer from anxiety

Medical Referral Outside Gaza

Israel is a member of WHO and recognizes the Right to Health. As an occupying power, Israel also has an obligation, within the means available to it, to maintain the medical establishment and services, public health and hygiene in the Gaza Strip. This entails, as a minimum, that Israel – while entitled to protect its security, does not hamper access to health care for patients in need of it and must allow patients who cannot access health services to leave the Strip in order to receive services outside.

- In 2010 for those 60+: one out of twelve (8%) missed hospital appointments due to delayed permits: about 3% (42 cases) were denied a permit; and 5% were delayed. The Israeli authorities approved 92% of requests from this age group. **(Gender disaggregated data not available).**^{xxiii}

Nutrition^{xxiv}

A study of older people living in Gaza City and North Gaza in 2009 found:

- 50% were at risk of malnutrition and 7.3% were malnourished.
- Women were at higher risk of malnutrition (70.5% of women; 43.5% of men).
- Highest prevalence was amongst those living alone (75.8% of the widows were malnourished compared to 50.7% of married people).
- Low education level raised the risk level (68.2% of illiterate older people were malnourished compared to 35% of university educated people).
- Poverty is the main cause of malnutrition - 66% of older people had an income less than 500 NIS p/m; 68% said their income did not meet their needs. Most could not work, and did not receive any type of assistance. Just 29.7% were receiving food assistance.

Disability^{xxv}

- A 2012 HelpAge survey of North Gaza, Gaza and Deir Al-Balah found of those 55+: 54.3% suffer from vision problems and 42.1% of elderly suffer from movement problems (25.8% women, 16.3% men), 22.8% suffer from hearing problems.^{xxvi}

DEIR AL BALAH: Percentage of the persons with difficulties/disabilities.

Total population: 164,008. Male: 86,487; Female: 77,521. 2007

Age	Male	Female
50 - 59 years	531 (13.1%)	564 (13.1 %)
60 - 69 years	427 (30.4%)	687 (37.3%)
70 - 79 years	466 (40.2%)	756 (44.6%)
80 +	198 (50.3%)	333 (56%)

GAZA CITY: Percentage of the persons with difficulties/disabilities:

Total population: 484,771; Male: 246,590; Female: 238, 181. 2007

Age	Male	Female
50 - 59 years	861 (8.3%)	806 (8.2 %)
60 - 69 years	730 (15.1%)	1072 (18.9%)
70 - 79 years	728 (29.3%)	1014 (31.4%)
80 +	699 (54.36)	1014 (56.4%)

Data is not available for the other three Governorates.

Individuals 60+ in the Gaza Strip, type of disability/difficulties^{xxvii} **(Age disaggregated data not available).** Overall disability levels are marginally higher for men (15.5% vs. 12.7%). The highest reported difficulty is with “understanding communication” (40.5% for men and 57.5% for women); followed by physical difficulties (24.9% for men and 19.2% for women). Visual difficulties are higher for men (16.1% vs. 6.3%). Self-care is a significant concern for both men and women (13.2% and 12.7%)

Protection

In traditional Palestinian society older people live within an extended family. However modernisation, urbanisation and changing values have contributed to a breakdown of community and intergenerational support mechanisms. Combined with mobility concerns, limited freedom of older women to move

outside the home, and increases in chronic disease these trends pose risks for older people’s access to services and support.

- Nuclear families now represent 73% of households in the Gaza strip^{xxviii}
- 7.3% of those 60+ in the Gaza strip live alone^{xxix}
- In 2009 in North and Middle Gaza 6% of people over 55 live alone; 92% are women^{xxx}
- Over 40% of older people care for children or other family members on daily basis.^{xxxi}

Older women’s protection risks

There is a gender imbalance inherent in ageing which is particularly acute in the Gaza strip. Women’s longer life expectancy and often younger age of marriage result in high levels of female widowhood (50-59: 15.6%; 60-69: 41.4%; 70-79: 68.3%; 80+: 90%). For those 65+ there are 0.68 male(s)/female.^{xxxii} These demographic trends translate into increased protection risks for older women, many of whom cannot rely on the same level of family support in later life as men, are often dependent on their son’s for income, and who do not have the same opportunities to re-marry. Older people also report the quality of care they receive from family in the home is not adequate. These factors directly impact on their access to services such as health care and their ability to meet their basic needs as illustrated by the increased risk of food insecurity and malnutrition of older women.

Education

Low levels of education and high levels of illiteracy also pose a risk for older people limiting access to services and employment. Again the risk is particularly acute for older women. Literacy rates for men and women in oPt show considerable differences and increase drastically with age:

- 50+: 4.3% of men and 24.3% of women
- 60+: 29.9% of men and 76.1% of women

Violence against Older People

- Social marginalisation experienced by older people places them at increased risk of abuse and exploitation. The level of violence suffered is closely linked with education level (those with lowest education are more likely to be a victim) and with economic productivity (older people involved in the labour force suffer less abuse than those outside the labour force). Sick older people suffer abuse twice as frequently as those who are not ill because they require more care and financial expenditure.
- The most common form of abuse by a family member for those 65+ are: health ignorance (6.5% men, 10.1% women), psychological abuse (4.1% men, 9.7% women); physical abuse (1.5% men, 2.6% women); and social abuse (0.7% men, 2.8% women)^{xxxiii} **(No age disaggregated data).**
- Evidence also shows that both direct and indirect exposed to political violence results in increases in intimate partner violence^{xxxiv}

Political violence

There is limited data for key protection risks and older people specific to the oPt context. OCHA does not disaggregate data on the direct and indirect injuries and deaths resulting from the Israeli/Palestinian conflict

Food security and Livelihoods

Poverty is a major factor limiting access to services and impacting on older people’s ability to meet their basic needs.

- 75.3% of older people in the Gaza Strip live below the poverty line (39.5% in the West Bank)^{xxxv}
- A 2012 HelpAge survey of North Gaza, Gaza and Deir Al-Balah found of those 55+:
 - 73.7% have no fixed monthly income; 26.3% have a fixed monthly income between USD10 – 1536 (average USD 266); 14.8% have a monthly income less than USD 77.^{xxxvi}

- The most common income sources are: welfare (39.96%); retired (16.24%); Government employee (11.1%); agriculture (5.56%); working (5.34%); and family of a martyr (2.9%).^{xxxvii}
- 94.3% of older people had not benefited from projects aimed at supporting income generation.

UNRWA does not collect data on the role of older people in Gaza's economy.

Food Security

- 52% of Gaza Strip's population are food insecure (821,109 people); 13% are vulnerable to food insecurity, with 16% marginally food secure.
- Levels of food insecurity are highest in South Gaza (Rafah and Khan Younis governorates) at 56%. The Middle Gaza Strip and North Gaza have an even prevalence of food insecurity at 50%.
- 48% of male and 52% of female headed households are food insecure.
- In Gaza non-refugees were more likely to be food insecure than refugees (55 % versus 50 %).

Specific data on older people's food security is not available but many of the characteristics of a food insecure household in the Gaza Strip and the West Bank relate directly to older people:

- Rural households; households with a large number of unemployed female adults, and families with a high number of dependents were more likely to be food insecure.
- Certain household members are at additional risk of food insecurity due to their physiological condition and additional nutritional needs: households headed by females, elderly, disabled, or chronically ill, or households with a high number of dependents.^{xxxviii}
- A 2012 HelpAge survey of North Gaza, Gaza and Deir Al-Balah found of those 55+: 73.9% receive food aid.^{xxxix}

Social Transfers

- 25.1% of older people in the Gaza Strip received no social services such as social care^{xl}
- 70.0% of those not receiving any social services say their first priority is having health insurance.^{xli}

Service availability and satisfaction

- 38.7% of older people in the Gaza Strip expressed dissatisfaction with Government and NGO services.^{xlii}

Recommendations

To fulfil its commitment to the principle of impartiality the assistance community in the Gaza Strip must ensure its response identifies and responds to the needs of all vulnerable groups, including older people.

The needs of older people should be assessed and analysed following the IASC guidance on humanitarian action and older people,^{xliii} ensuring older people have appropriate access to services and that strategies are adapted where necessary, to meet their specific needs. The following recommendations are designed to support this process in Gaza.

Health and nutrition

- Health needs of older people, including treatment for NCDs and support for mobility and vision concerns should be integrated into response,
- Ensure emergency preparedness planning includes the adaptation (where necessary) of emergency medical kits to meet the needs of older people— specifically taking account of the need for continued NCD treatment.
- Older people's access and accessibility should be supported at MoH, UNRWA, and NGO health care facilities – specific considerations include where possible the waiver of fees for primary

and specialist health services (dental included), provision of appropriate drugs, transport to clinics, specific consultation times for older people, and physical accessibility of clinics e.g. ramps for wheel chairs and grab rails. Special attention should be given to households headed by widows 50 years and older.

- Provision of home visits and home based care for the most vulnerable older people (particularly women) who have limited access to or knowledge of health services.
- Information on health services availability should be actively disseminated to older people through community networks, and public communication channels favoured by older people (radio)
- Health and nutrition education should be provided to older people in their homes and through community groups and meetings to help them maintain healthy lifestyles and diets, especially in light of the link between chronic disease and diet.
- Nutritional assessments should analyse GAM and SAM for older people aged 50 and above. HelpAge recommends the following MUAC thresholds to assess older people's nutritional status. 210mm≤ MUAC: check again in 30 days; 185mm≤ MUAC <210mm: moderate malnutrition – refer to supplementary feeding programme and follow up; MUAC <185mm: acute malnutrition – refer to therapeutic feeding programme and follow up; Oedema, ascites - refer to therapeutic feeding programme and follow up.
- Food assistance should take account of the specific nutritional requirements of older people: need for micronutrients, protein rich food, and food that is easy to chew and digest.

Protection

- Needs assessments of affected populations should be disaggregating by sex and age to enhance the protection response by providing an accurate understanding and targeting of the needs of different age and gender groups.
- The growing number and vulnerabilities of older people (particularly women and widows 50+) living alone must be recognised in the development of programmes.
- Older refugees caring for grandchildren and refugee households headed by widows 50+ should be identified early for specific support due to their high levels of vulnerability.
- The growth of nuclear and smaller families has a direct impact on the level of support provided to older people. It should be recognised that while family support may be available older people report that it is not always adequate to meet their needs.
- Steps should be taken to provide older people with social activities outside the home. Social spaces/centres can be established to provide a number of services for older people – social activities, income generating activities, information dissemination and education. For agencies such spaces provide an opportunity to engage with and consult older people on their needs. It is crucial that older people of all ages and capacities are supported to visit centres.
- Older people, particularly men and women 80+ suffer from high levels of disability – both physical and socially related concerns such as understanding communication. These needs should be addressed through the provision of mobility aids and assistive devices and through the design of programmes and information dissemination which take account of older people's literacy and aural capacities.
- Older people must be recognised as both victims and perpetrators of gender based violence. Factors associated with high risks of domestic violence must be integrated into assessments and development of programmes designed to address causes and symptoms of gender violence, particularly in light of on-going exposure to political violence.

Food insecurity and livelihoods:

- Older people's strength and mobility is often reduced restricting their ability to address their own food security needs making them dependent on external support. For the most vulnerable home delivered meals or home support for older people living alone to ensure they can meet their dietary needs.
- Older people play a key role in care of children under five. They should be supported in this role and awareness and training activities aimed at improving child welfare should include them and be adapted to their levels of literacy.

- Older people continue to play a role in household income in many Palestinian homes. It is crucial therefore that older people are included in activities designed to support or re-establish incomes.
- Livelihoods interventions must include vulnerable older people, and those supporting dependants: older headed of households, older widows, and those caring for children.

For more information, please visit: <http://www.helpage.org/>

The European Commission's Humanitarian Aid department funds relief operations for victims of natural disasters and conflicts outside the European Union. Aid is channelled impartially, straight to people in need, regardless of their race, ethnic group, religion, gender, age, nationality or political affiliation

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