Pushed Beyond Their Limits:

The survival of older people in Gaza

HelpAge International

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Displaced civilians in Gaza City, including older people, and women / Shutterstock, Gaza – Survival story, 2025

Executive summary

This report examines how the ongoing humanitarian crisis in Gaza is disproportionately affecting older people - particularly older women, people with disabilities, and those living alone - and why their needs remain critically overlooked in the current humanitarian response.

While the crisis affects the entire civilian population of Gaza, older people face distinct and compounding risks. Many rely on regular medication for chronic conditions, have limited mobility that restricts their ability to flee danger, and require specific support such as assistive products or appropriate nutrition.

In all their diversity, older people face heightened and preventable risks, as pre-existing health and functional needs are compounded by barriers to protection and assistance arising from the conflict, displacement, and collapse of essential services.

Following the attacks carried out by Hamas on 7 October 2023 and the subsequent escalation in hostilities, military operations led by the Israel Defense Force (IDF) have resulted in widespread death and injury, repeated displacement, and the large-scale destruction of civilian infrastructure across Gaza. The civilian population is facing extreme hardship, characterised by famine, deprivation, mass displacement, and the near-total collapse of essential services, undermining fundamental rights to food, health, shelter, and protection from harm.

This assessment reveals a serious and largely undocumented deterioration in the physical, mental and psychosocial wellbeing of older people.

While the ceasefire has provided limited relief, older people's poor diet quality, harmful coping strategies, significant barriers to assistance, and high prevalence of chronic illness point to a highly fragile nutritional and health situation. Without immediate age- gender- and disability-inclusive support, older people face a risk of rapid and preventable deterioration in health and functional capacity (see Box 1 for key findings).

Box 1 - Key findings

Displacement and shelter

- Seventy-nine per cent of older people have been displaced three or more times
- Seventy-six per cent now live in often overcrowded tents

Food access and nutrition

- Eighty-eight per cent face difficulties preparing and eating food
- Eleven per cent of older people often go without food
- Dietary variety is severely limited, with high prices and availability reported as major barriers to accessing food
- Nutritional stress among older people is likely significantly under-estimated

Health and functional needs

- Eighty-one per cent of older people live with chronic disease
- Most live with functional difficulties, including reduced mobility
- Sixty-nine per cent of older people do not have reliable access to essential medicines

Older people in Gaza are absent from nutrition monitoring

Despite the disproportionate risks older people are known to face, they have been largely absent from nutrition surveillance systems and humanitarian planning in Gaza. This assessment sought to address this gap by evaluating the nutritional status, dietary access, health conditions, and functional ability of people aged 60 years and above in four governorates in Gaza City, Deir al-Balah Khan Younis and North Gaza.

A total of 416 older people were interviewed using tools adapted from the Mini Nutritional Assessment (MNA), the Rapid Assessment Method for Older People (RAM-OP), and the Washington Group Short Set. Data collected included demographics, access to food and water, dietary diversity, functional ability, health status, chronic disease management, and anthropometry (i.e. mid-upper arm circumference (MUAC), body-mass index (BMI), and presence of oedema).

Severe, intersecting threats compromise older people's health and wellbeing

Findings show severe and multidimensional needs and challenges, including living conditions and displacement patterns that directly compromise older people's safety, privacy, and ability to meet basic needs with dignity.

Most respondents were unable to meet even basic dietary needs, had been displaced multiple times, lived in overcrowded tents, and experienced significant mobility and functional limitations. Many ate only one or two meals per day and relied on negative coping strategies such as skipping meals, reducing their own intake or giving food to others at their own expense. High reliance on staple foods, together with major physical, financial, and environmental barriers (including high prices, lack of cooking fuel and equipment, and mobility constraints), present additional risks to older people's health and nutrition status.

Older women were more likely than men to report having a disability or health condition, faced more difficulties preparing or cooking food, were more likely to report a lot of weight loss and to experience mental health impacts that affected their appetite or overall health.

Older people with disabilities were less likely to have received assistance than others surveyed, found it more challenging to access medications, and faced more difficulties due to long waits and overcrowding when seeking assistance.

Older people in Gaza face hidden, underlying nutritional and/or medical stress

Although MUAC and BMI indicated a low prevalence of acute malnutrition, these measures have well-recognised limitations in older populations, as no internationally agreed MUAC or BMI standards exist for this age group. In the context of very low dietary intake and a high burden of chronic disease, the presence of bilateral oedema among 17 per cent of respondents suggests underlying nutritional stress that is not captured by standard anthropometric indicators. Frequent interruptions in access to essential medication and widespread mental health impacts, including sadness, anxiety, and insomnia, further compound nutritional risk by directly affecting appetite, intake, and overall wellbeing.

Age-, gender- and disability-inclusive interventions are urgently needed

The effectiveness of the current response in Gaza is fundamentally constrained by restrictions on humanitarian access. The assistance being provided falls far short of the scale of need, exacerbating the long-standing gaps in the humanitarian system's ability to recognise, respond to and protect the rights and needs of older people. The intersecting nutritional, medical, functional, and protection-related needs of older people in Gaza are being neglected, undermining their health, dignity, and prospects of survival.

The lives of displaced Palestinians who are suffering from poor living conditions due to their displacement from their homes and tents, in Khan Yunis city in the southern Gaza Strip / Shutterstock, Anas-Mohammed, 2025

Introduction

Humanitarian crises profoundly disrupt access to food, healthcare, safe water, shelter, and social support, with some population groups affected more than others. Older people in all their diversity are consistently among those most at risk, as crisis-related barriers combine with pre-existing physical, functional, and social factors to limit their access to essential services. This can push older people to adopt harmful coping strategies that may have long-term negative consequences. In protracted and high-intensity emergencies, these intersecting risks can rapidly translate into malnutrition, deteriorating health, loss of independence, and excess mortality among older people.

Since October 2023, the escalation of hostilities in Gaza has had devastating consequences for the civilian population. For older people, the impacts have been especially severe. Many have endured repeated displacement, homelessness, loss of the healthcare services they rely on, separation from family members, and the death or injury of caregivers. This has eroded their ability to meet their most basic needs.[1] For older people living with chronic illnesses, disabilities or mobility issues, the situation is particularly challenging.

Despite facing heightened risks, older people in Gaza remain largely invisible in humanitarian data and analysis. There is a critical lack of sex-, age- and disability- disaggregated data on their health and nutritional status, functional ability and access to assistance. Without this information, it is difficult to understand how food insecurity, lack of healthcare, and social and economic pressures, such as isolation and loss of income, are affecting older people.

Older women and men are affected by humanitarian crises in different ways. Older women are more likely to face barriers to accessing information and assistance, have caregiving responsibilities and live with disabilities or chronic illness, while older men are less likely to proactively seek assistance, may face heightened exposure to injury and loss of livelihoods. The lack of disaggregated data makes it harder for humanitarian actors to design age-, gender- and disability-inclusive interventions that uphold their rights and respond to their different experiences, and this continues to leave many older people excluded from life-saving assistance.

"Life in Beit Lahia has been transformed by war. Once, neighbours cared for each other; now survival consumes everyone. At nearly ninety or perhaps a hundred years old, my knees no longer carry me. The war has stripped away dignity, leaving me dependent and unseen." Sadiqa Al-Barrawi

To help fill this gap, HelpAge International worked with one of its partner organisations in Palestine in November 2025 to examine the nutritional status, dietary access, health conditions, functional ability, and disability status of people aged 60 years and above in four of Gaza's five governorates – Gaza City, Deir al-Balah Khan Younis and North Gaza. Although data collection took place after the October 2025 ceasefire, survey questions were explicitly framed to capture both current conditions and those experienced prior to the ceasefire, enabling analysis of changes in access, risk, and wellbeing over time.

The survey findings highlight critical gaps and risks not captured by routine humanitarian monitoring systems, despite limitations to this assessment (see 'Limitations' section, p. 26). They aim to inform humanitarian programming and advocacy to ensure that older people are systematically included in nutrition, health, protection, and multisectoral responses. This is in-line with the Sphere Handbook, Core Humanitarian Standards and the Humanitarian Inclusion Standards for Older People and People with Disabilities.

Severity of the crisis in Gaza

The severity of the humanitarian crisis in Gaza has reached an unprecedented level. Following the attacks carried out by Hamas on 7 October 2023, which resulted in more than 1,200 people being killed, the large-scale military operations launched by the Israel Defense Force (IDF) have resulted in 70,000 Palestinians being killed and 170,000 more injured[2]. It has also caused extensive destruction of civilian infrastructure, including healthcare facilities, and widespread displacement, loss of livelihoods, and severely constrained humanitarian

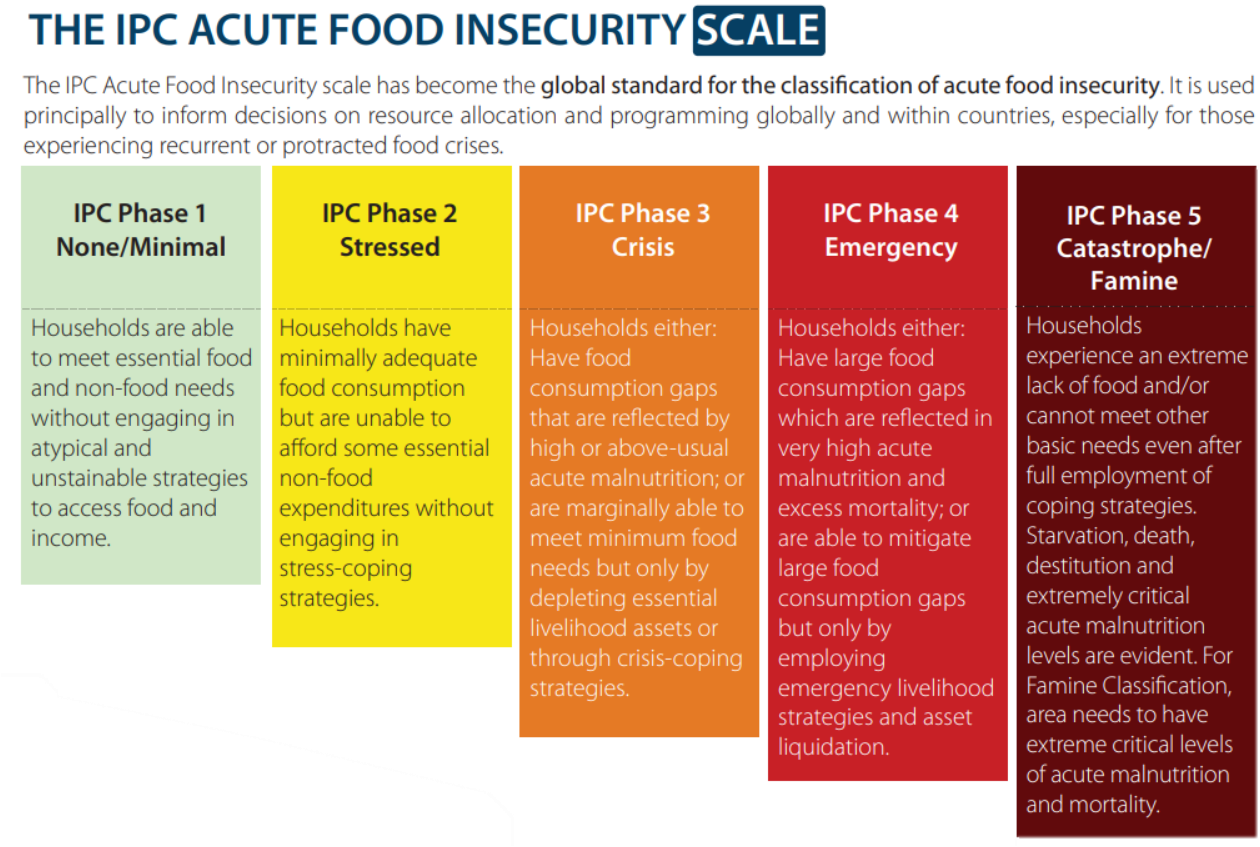
access. These impacts, compounded by a long-standing blockade, have led to the near-total collapse of food systems, health services, water and sanitation infrastructure, and social support networks.

Direct impact of conflict on older people

Older people make up approximately five per cent of the population in Gaza[3] but have been disproportionately represented among those killed throughout the conflict. In the first 19 days, it was reported that older people made up 8.6 per cent of fatalities[4]; in the early phase of a crisis, older people are often unable, or unwilling, to leave areas of active conflict, either due to health and mobility challenges, or a desire to remain in their homes despite the risks. By December 2023, reports indicated that 1,049 older people had been killed; the majority of them were killed under the debris of their homes or in shelters following airstrikes, though some were "targeted in killings and field executions"[5]. In December 2025, the total number of older people reported to have been killed reached 4,800, close to 7 per cent of the total number of deaths. These figures do not take into account indirect deaths due to lack of healthcare, food or water.[6]

Food insecurity and famine

By mid-2025, the people of Gaza were living with catastrophic levels of food insecurity and by August 2025 the Integrated Food Security Phase Classification (IPC) confirmed a state of famine (IPC Phase 5[7], characterised by starvation, destitution, and death) for half a million people in Gaza Governorate. It was projected that famine would extend to Deir al-Balah and Khan Younis by September 2025[8] – thereby affecting one third of Gaza's population. An additional 1.14 million were classified as experiencing a food security emergency (IPC Phase 4 – extreme food shortages, very high malnutrition, and excess mortality); and 396,000 were classified as experiencing a food security crisis (IPC Phase 3 – significant food gaps, high malnutrition, and reduced consumption). Media reports in August 2025 highlighted a shift in starvation-related deaths, from being concentrated among children and infants to increasingly affecting older people.[9] The IPC figures reflected not only food insecurity, but also the erosion of markets, purchasing power, cooking capacity, health services, and the safe living conditions necessary for nutritional wellbeing.



Source:IPC

Acute food insecurity in Gaza remains extremely high despite the October ceasefire and increased humanitarian and commercial food inflows. Although the severity of the worst classifications declined between 16 October and 30 November 2025 - leading the IPC to state that famine was no longer present in any governorate - around 1.6 million people (77 per cent of the population) are still at risk of crisis conditions (IPC 3) or worse through to April 2026, including 571,000 in emergency (IPC 4) and approximately 1,900 in famine (IPC 5).

Interconnected health, nutrition and functional risks

When food availability is constrained and healthcare access is interrupted, older people face heightened susceptibility to malnutrition and nutritional deterioration, particularly in the presence of pre-existing health and functional needs. These include age-related changes in body composition and appetite, a high burden of chronic non-communicable diseases requiring continuous medication, and common sensory, dental, and swallowing impairments. Reduced mobility and functional limitations may further limit access to food and health services. Moreover, the widespread damage to health facilities, frequent shortages of essential medicines, and barriers to physical access have severely disrupted chronic disease management, increasing the risk of nutritional decline, complications, and avoidable mortality among older people.

Obstruction of humanitarian access

The operating environment for humanitarian actors in Gaza is severely restricted, with administrative and bureaucratic impediments limiting or disrupting the movement of goods and humanitarian personnel, critically impacting access to protection and assistance for the civilian population. Recent deregistration of INGOs will further limit humanitarian access and obstruct the provision of assistance.[10] For older people, these restrictions are particularly challenging, given the critical importance of uninterrupted access to healthcare, medication, and other essential services.

In this highly constrained environment, local communities and Palestinian civil society organisations were not only the first to respond but have remained the backbone of the humanitarian response throughout the crisis.

They have sustained life-saving assistance despite extreme restrictions, logistical barriers, and the harsh reality of living through the conflict themselves. Between October 2023 and October 2025, more than 500 aid workers were killed, 99 per cent Palestinians,[11] alongside at least 1,500 health workers.[12] Despite these losses, local organisations continue to deliver assistance and maintain community-level support systems that are essential for reaching those most in need. To sustain this work, they need ongoing support so they can keep delivering life-saving assistance under extraordinary conditions.

Palestinians try to restore their home, city of Rafah, southern Gaza Strip / Shutterstock, Anas-Mohammed, 2025

Key findings

The survey involved 416 respondents (217 women and 199 men) from a range of older age groups: 60–69 years (60 per cent of respondents); 70–79 (32 per cent of respondents); 80 years or older (8 per cent of respondents). The distribution reflects a greater representation of people at the younger end of the older age spectrum. A total of 52 per cent of respondents reported living with disability, of which 60 per cent were women and 40 per cent men. The survey questions addressed multiple aspects of life during and after the ceasefire, including displacement, disability, food insecurity, nutrition, and access to healthcare.

Displacement

Over the two years of the Gaza conflict, at least 90 per cent of homes and civilian infrastructure have been destroyed.[13] Repeated evacuation orders and insecurity have forced many people in Gaza to move multiple times to increasingly insecure and overcrowded areas.[14]

For older people, displacement has been especially challenging; chronic health conditions, disabilities or reduced mobility make it difficult to evacuate quickly and safely, even when caregiver support is available, particularly when transport is limited and the surrounding environment is severely damaged.[15]

Palestinians returning to their homes a few days after the Israeli army withdrew from of Khan Younis, in southern Gaza Strip / Shutterstock, Anas-Mohammed, 2024

Seventy-nine per cent of older people have been displaced three or more times

Before hostilities escalated in October 2023, around half of those surveyed were living in the governorates of North Gaza and Gaza City, a quarter were living in Khan Younis Governorate, and the remainder were living in the governorates of Rafah and Deir-al-Balah. By the time of the survey, multiple evacuation orders had dislocated many respondents, forcing half away from their homes in North Gaza and Gaza City, many to seek refuge in Khan Younis and Deir-al-Balah. Seventy-nine per cent of respondents had been displaced three or more times,

disrupting family support and increasing isolation. This indicates repeated exposure to the safety and security risks associated with travelling across Gaza during intense hostilities.

Furthermore, qualitative interviews conducted by Amnesty International[16] raise concerns about how some older people with impaired mobility experienced displacement, including challenges related to travel during evacuations and repeated relocations. Although the HelpAge survey did not collect detailed data on displacement journeys, these accounts highlight the challenges and protection risks for displaced older people.

Box 2 - Case study

Ageing in displacement: Olfat's story

Olfat, 75, spent most of her life in Al-Shati refugee camp in Gaza City. Widowed early, she raised her son alone and lived independently before the current war. Her son, now 44, lost his income when the conflict escalated.

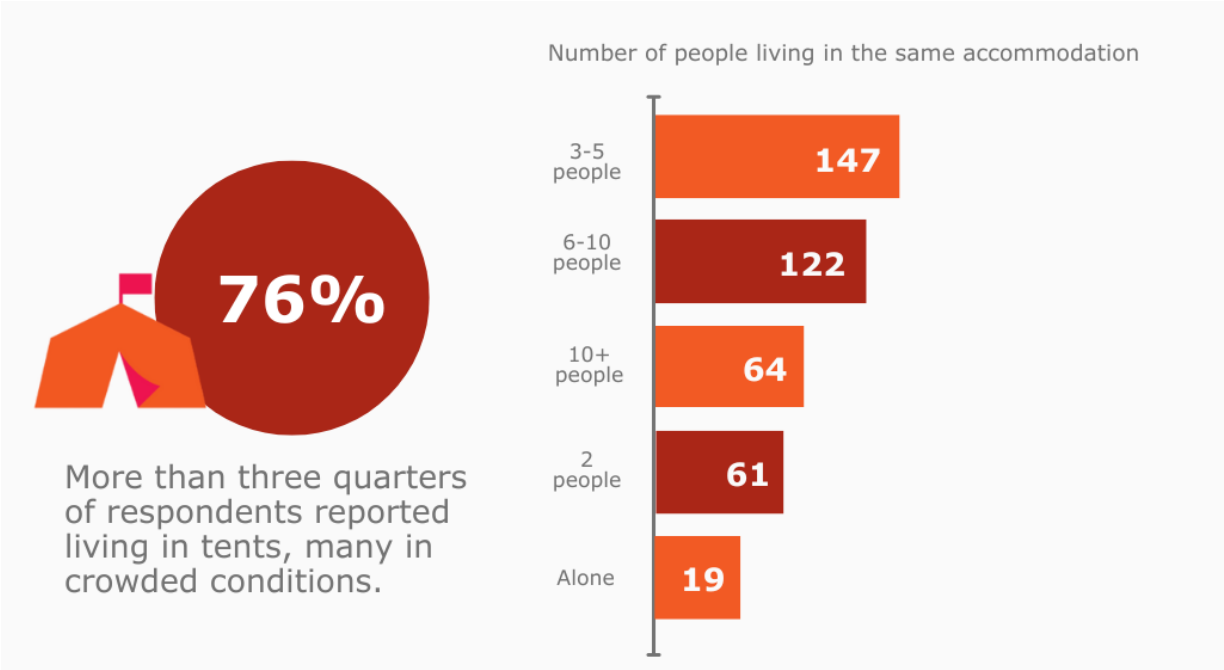
Since October 2023, she has been repeatedly displaced, along with her family. Their home was destroyed, and seven of them now share a small tent in Zawayda IDP camp. Living in such a cramped space offers little protection or privacy. Olfat spends most of her time on a thin mattress and can no longer move independently.

Her health has deteriorated sharply. She has lost significant weight, struggles to sleep and lives with diabetes, high blood pressure, pleural effusion and recurrent infections. While she sometimes receives diabetes medication through aid distributions, other essential medicines are often unavailable or unaffordable. Her cognitive functioning has worsened, and she frequently asks to return to a home that no longer exists. The family relies almost entirely on one daily meal from a communal charity kitchen. Meat, fruit and dairy are unavailable. The cost of Olfat's care falls almost entirely on her relatives, who are already struggling to meet their own basic needs.[17]

More than three quarters of older people now live in (often overcrowded) tents

In the early stage of the crisis, many displaced Gazans moved into emergency shelters, such as former UNRWA schools. These shelters were poorly equipped to meet the needs of older people and people with disabilities, with limited age- and disability-friendly accessibility, lack of privacy, overcrowding and poor facilities.[18] Older women faced heighten risks of violence, abuse and neglect, both while on the move and in communal shelters.[19] Following the ceasefire, these challenges have persisted.

Due to the widespread destruction of civilian infrastructure, large numbers of Gazans now live in tents and makeshift shelters, with more than one million people estimated to be in need of emergency shelter assistance.[20] Seventy-six per cent of survey respondents reported living in tents, many in crowded conditions, and eighty four per cent to report that their current shelter negatively affected their health or privacy. These conditions are particularly challenging for older people with disabilities, older women, and those living alone.



Current winter conditions, including flooding and cold temperatures, have intensified the risks to life and health, particularly for older people. Age-related physiological changes can reduce the body's ability to regulate temperature or respond to infections, particularly when adequate shelter, nutrition and healthcare are lacking. In addition, cold weather can exacerbate existing health conditions;[21] it can raise blood pressure which increases the risk of stroke and heart attack and breathing in cold air can increase the risk of chest infections.[22]

The repeated displacement of the population in Gaza and resulting accommodation in tents and makeshift shelters is a profound protection risk, with intersecting age, gender and disability factors shaping how individuals experience the crisis.

Overcrowded and inadequate shelter conditions, exposure to harsh weather, and poor sanitation increase the risk of infection and exacerbate existing health conditions.

The survey findings highlight the urgent need for shelter and protection interventions that improve the living conditions for older people. This includes provision of shelter-related items that are suitable, safe and accessible for use by older people, targeted support for those with disabilities or living alone, and protection interventions to prevent and respond to violence, abuse and neglect, particularly for older women.

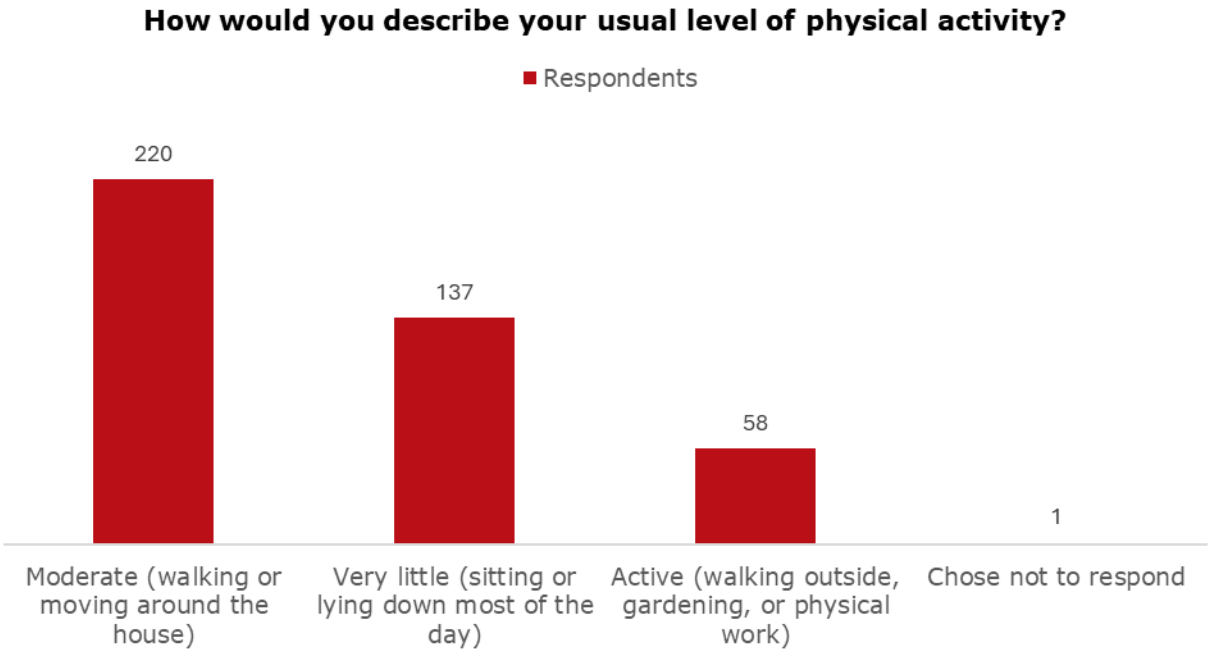
Disability

Understanding the prevalence and nature of disability is essential to supporting older people in humanitarian contexts. Mobility issues can make evacuating from danger and accessing humanitarian aid difficult.[23] Assistive products that support mobility may be lost or damaged, and restrictions on aid entry prevent their replacement, limiting independence and the ability to access services.[24] In Gaza, one study found that 83 per cent of people with disabilities have lost their assistive devices. In addition, older people with disabilities are most likely to be excluded from assistance in crises due to attitudinal, institutional, environmental/physical, and communication barriers.[25]

Displaced civilians in Gaza City, included older people, and people with disabilities / Shutterstock, Gaza – Survival story, 2025

Most older people reported living with functional difficulties

A total of 52 per cent of respondents reported living with disability, of which 60 per cent were women and 40 per cent men. Difficulties performing daily tasks were commonly reported; more than 70 per cent had difficulty walking or climbing steps, 39 per cent reported difficulty seeing (even with glasses), 28 per cent had difficulty with self-care, 24 per cent had difficulty hearing, and 17 per cent had difficulty remembering or concentrating. Physical activity levels were generally quite low for most older people.



The mobility and functional challenges identified significantly shape how older people are experiencing the crisis in Gaza.

Difficulties walking, seeing, hearing, understanding or performing self-care in an environment characterised by insecurity and damaged infrastructure can directly impact the ability to move to new and safer areas, or access food distributions or health services. The barriers are particularly challenging for older women, given the greater prevalence of disabilities among this group.

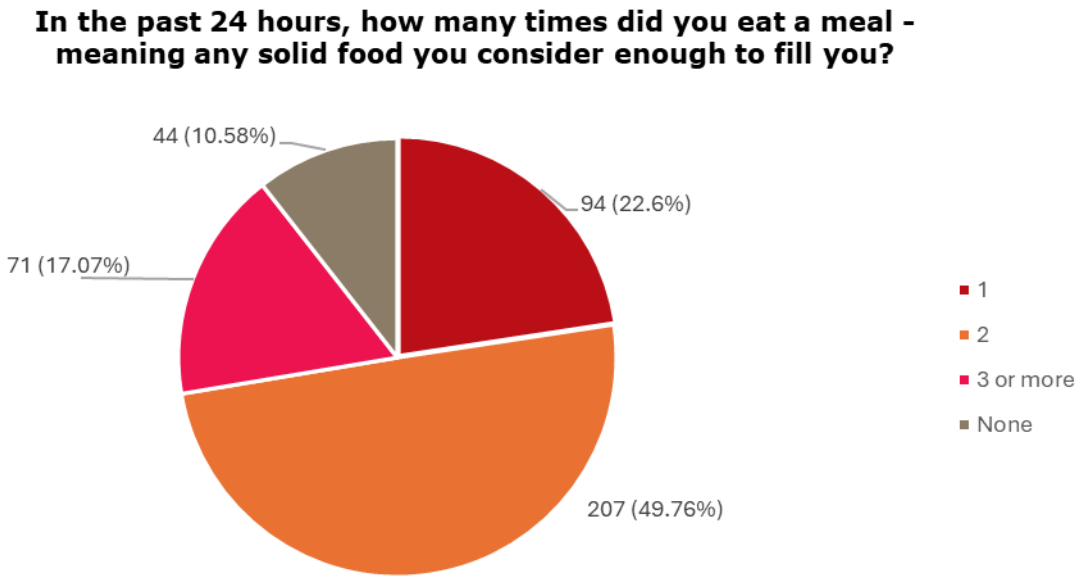
The survey findings underline the urgent need for humanitarian responses that explicitly consider age, gender and disability. Agencies supporting older people must strengthen their understanding of rights-based approaches to disability and ensure their programming reflects this. Targeted adaptations, such as home-based assistance, provision of assistive products, and accessible services and distribution systems, are needed to ensure that older people with disabilities can access the support they need.

Food insecurity

Undernutrition in older people not only increases the risk of mortality and morbidity but also leads to physical decline and poorer health outcomes. Even before the 2023 escalation in hostilities, older people in Gaza were experiencing significant food insecurity. Data collected by local organisation El-Wedad and HelpAge in 2021 during the COVID pandemic indicated that 45 per cent of older people in Gaza were going to bed hungry at least one night a week.[26]

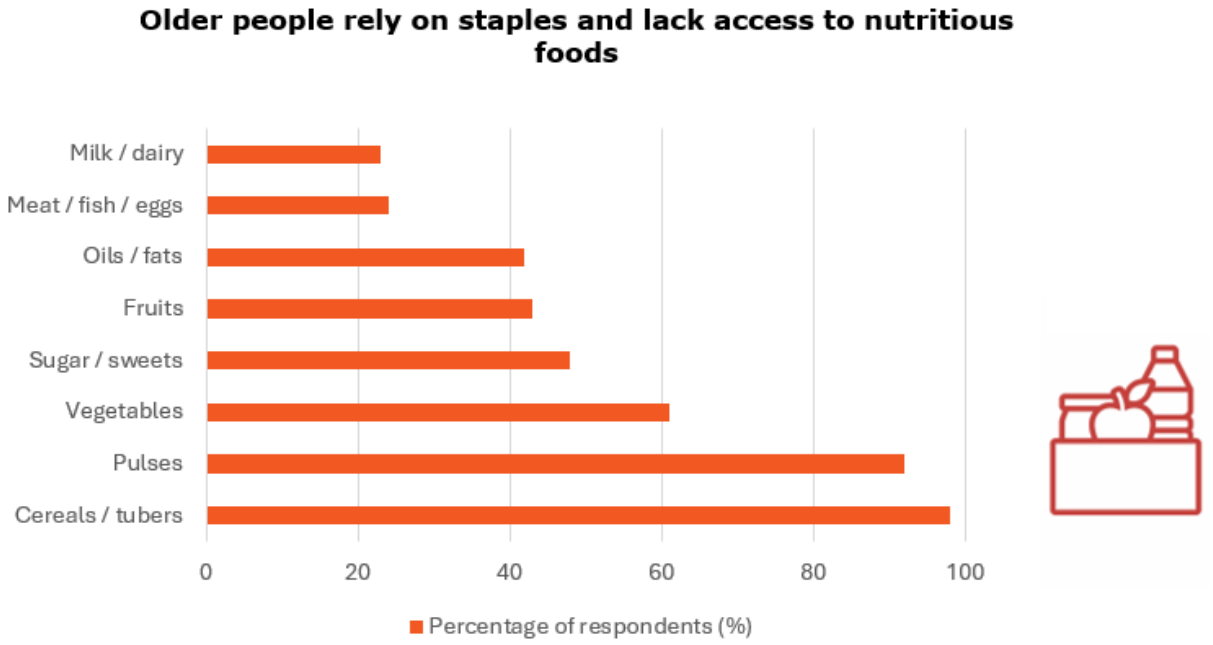
Older people often go without food

Survey findings indicate that food insecurity has dramatically intensified. In the 24 hours before the survey, eleven per cent of respondents reported eating no meals at all, with a further quarter of respondents eating only one meal. Food shortages over the longer term were even more pronounced: in the previous seven days, a quarter of respondents had gone an entire day and night without eating, and forty-eight per cent of respondents had reduced their own intake or given food to others.



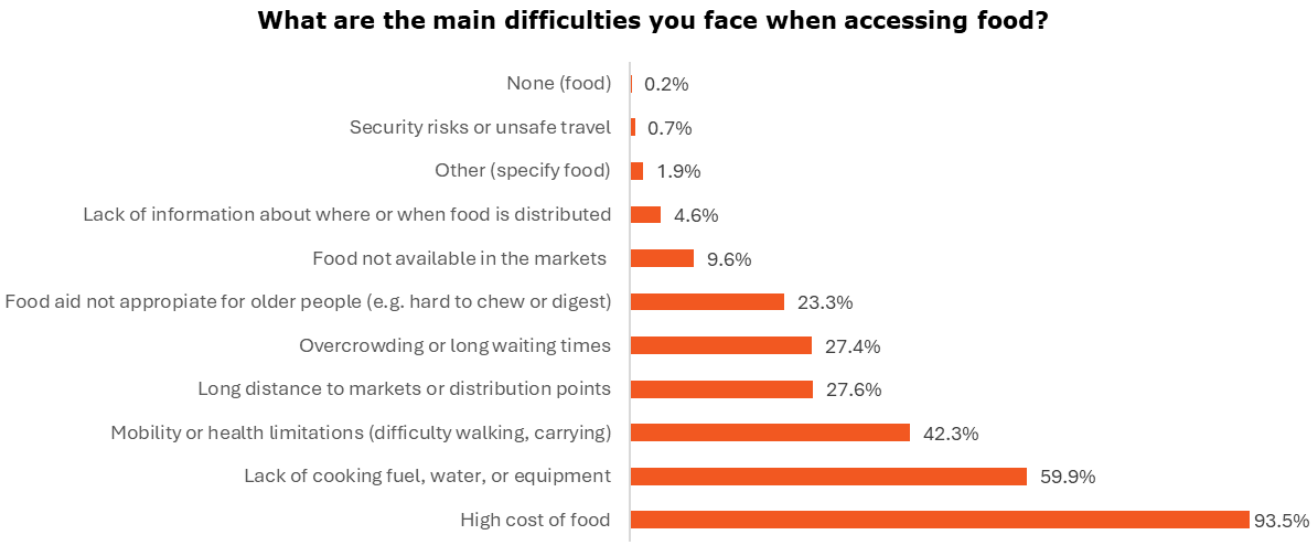
Dietary diversity is limited

Dietary diversity was extremely poor, with a heavy reliance on basic staples. Almost all respondents had consumed cereals or tubers but access to vegetables was limited (61 per cent), and just under half had consumed sugar or sweets, fruits or oils, and fats. Consumption of animal products was particularly low, with only a quarter of respondents reported eating any meat, fish, eggs, milk or other dairy products at least once during the week.



Almost all older people report obstacles to accessing food

Older people faced multiple, intersecting barriers to accessing food. High food prices were the most significant constraint, affecting 94 per cent of respondents. More than half reported a lack of cooking fuel, water or cooking equipment, while 42 per cent cited mobility or health limitations. Around a quarter of respondents said distance to markets or distribution points was a barrier, alongside overcrowding or lengthy queues at these points. Almost one in four respondents said that available food was not appropriate for older people.



The majority of older people face difficulties in eating and cooking

Access constraints were compounded by functional challenges. Most respondents reported difficulties with chewing – more than one third had a lot of difficulty or could not chew food at all. Almost two-thirds had difficulty preparing or cooking food, while one quarter had a lot of difficulty or were unable to cook at all. Of those who faced the greatest difficulty or were unable to cook, 69 per cent were older women and 31 per cent were older men. These factors significantly limit older people's ability to consume food even when it is available.

Taken together, these findings show that many older people in Gaza are eating very little and are resorting to harmful coping strategies such as skipping entire days of meals, reducing their intake, or giving food to others at their own expense. Access to adequate food is constrained by availability, but also by high prices, lack of cooking fuel and equipment, and the unsuitability of foods for nutritional and functional needs.

The post-ceasefire downgrading of the IPC famine classification highlights that increased humanitarian and commercial access could rapidly improve food security. The removal of restrictions on entry, movement and distribution of goods is therefore critical to respond to the continuing scale of unmet needs.

However, improvements in the amount of food entering may not automatically translate to improved nutritional outcomes for all parts of the population.

For older people, increased food availability is not enough to reduce nutritional risks. Ongoing barriers to accessing food and the suitability of available foods for nutritional and functional needs - which require targeted, age-, gender- and disability-inclusive measures – must be addressed.[27] This means collecting and monitoring information on the food security needs of people who may be less visible, such as those who are isolated or unable to leave their shelters; age-appropriate food assistance, with consideration of micronutrient needs; safe, accessible and prioritised distribution mechanisms, with home-based delivery where needed; and support such as cooking fuel and adapted cooking and eating utensils.[28] Without these measures, older people risk being systematically left behind even as overall food availability improves.

Nutrition

Relatively low levels of acute malnutrition were indicated by the anthropometric measures used for the survey. Data on respondents' mid-upper arm circumference (MUAC) measurements showed that the vast majority were within the normal range when using standard people cut-offs, with only 2 per cent displaying severe acute malnutrition (SAM) and 1 per cent moderate acute malnutrition (MAM). Body-mass index (BMI) findings followed a similar pattern, with three quarters of respondents falling within the normal range.

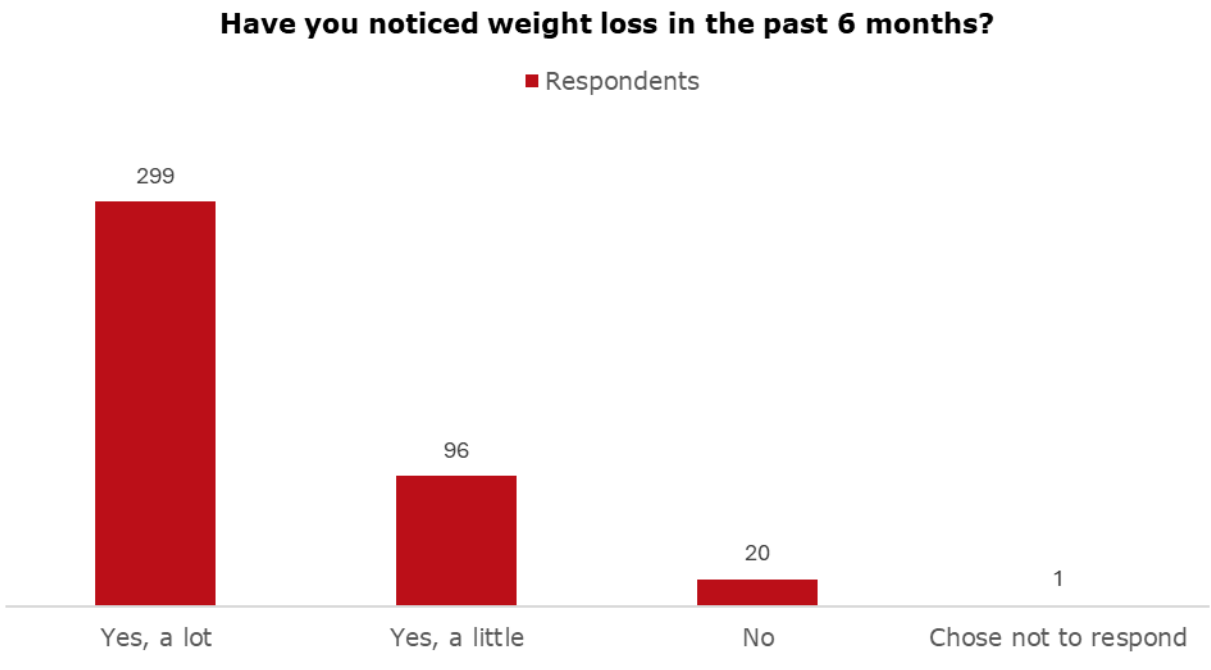
Important additional context was provided, however, by bilateral oedema screening. Oedema refers to visible swelling caused by fluid accumulation, usually in both feet or lower legs, and its presence can indicate acute undernutrition or underlying illness. Oedema may artificially increase body weight or limb circumference, thereby masking underlying nutritional deficits when using standard anthropometric measures. Just over 80 per cent showed no signs of bilateral oedema, while 17 per cent did. Of those with bilateral oedema, most (90 per cent) also reported living with chronic disease but displayed a normal MUAC. Similarly, 84 per cent of those with bilateral oedema had a normal BMI.

These findings illustrate how oedema and chronic illness can mask underlying nutritional compromise when relying on anthropometric indicators alone.

Palestinians receive hot meals from the Rafah Charity Kitchen in the Al-Mawasi area, west of Khan Yunis, in the southern Gaza Strip / Shutterstock, Anas-Mohammed, 2025

Nutritional stress among older Gazans is likely significantly under-estimated

The findings demonstrate that relatively low levels of acute malnutrition should not be interpreted as an absence of nutritional risk among older people. MUAC and BMI indicators have well-documented limitations in older populations and may under-detect malnutrition in contexts of chronic food deprivation, illness, and functional decline. MUAC and BMI reflect only current body status and do not capture the recent or ongoing weight loss reported by respondents, meaning that nutritional deterioration may not be detected by those measures. In the survey, 72 per cent of respondents had noticed a lot of weight lost in the past 6 months; of those 56 per cent were older women and 44 per cent were older men.



Qualitative interviews conducted by Amnesty International further reinforce this concern. Several older people reported substantial unintentional weight loss since the onset of the crisis, in some cases describing losses of up to 25kg. While these accounts are self-reported and cannot be verified or quantified through this assessment, they highlight the risk that significant nutritional deterioration may be occurring without being detected by standard indicators.

Furthermore, the prevalence of bilateral oedema, combined with very low meal frequency, and poor dietary diversity, indicates substantial nutritional stress that is not fully captured by anthropometry alone.

Taken together, the findings indicate that that nutritional vulnerability among older people in Gaza is likely being significantly under-estimated by responding actors, with serious implications for morbidity, functional decline, and mortality.

These findings once again underscore the urgent need for age-, gender- and disability-inclusive approaches to nutritional screening and clinical follow-up. Nutrition assessments must also go beyond standard anthropometry to incorporate dietary intake, weight change, and the interaction between nutrition and chronic disease. At a minimum, nutrition assessment and monitoring tools should be adapted to collect and analyse data disaggregated by sex, age and disability.[29] In addition, nutrition interventions must be integrated with health responses to respond to the needs of older people. There is a risk that unless action is taken, nutritional decline in older people will go unrecognised until it is too late.

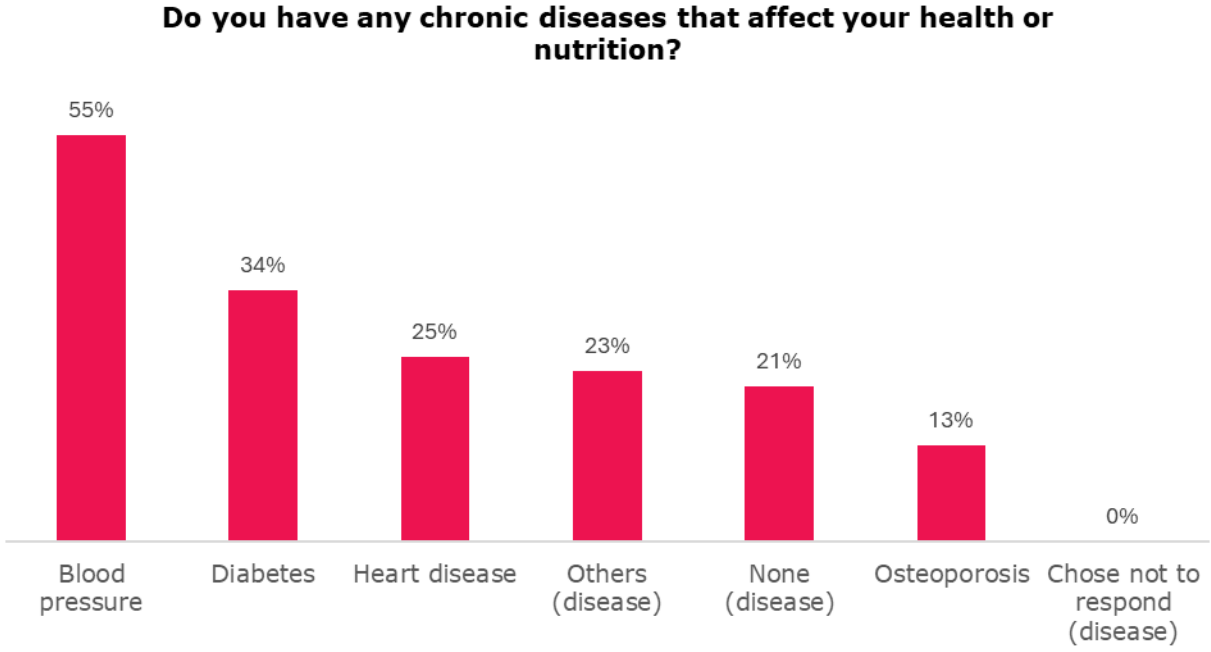
Health and medicine

Gaza's health system is under extreme strain. The repeated targeting of health care facilities and personnel throughout the conflict, combined with critical shortages of medicines and medical supplies, have left hospitals and clinics close to collapse and placed the population at severe risk.

Displaced Palestinians and their lives in shelter schools and on the sidewalks of Deir al-Balah, which are crowded with displaced people, in central Gaza Strip / Shutterstock, Anas-Mohammed, 2024

The vast majority of older Gazans have chronic disease

Approximately 350,000 people in Gaza live with chronic conditions,[30] the management of which has been severely disrupted. The chronic disease burden was particularly high among the older people in the survey, with 81 per cent reporting at least one chronic condition; older women were more likely to have a chronic illness (56 per cent) than older men (44 per cent).



Painful joints, fatigue and mental stress are widespread

The disruption of routine care is having widespread impact. Bone or joint pain was the most frequently reported physical symptom, affecting 87 per cent of respondents, followed by 55 per cent experiencing constant tiredness or fatigue, and 45 per cent reporting numbness or tingling in the hands or feet.

"I am displaced from Um al-Nasr village in northern Gaza. For fourteen years I have lived with kidney failure, brittle bones, and severe muscle weakness, worsened by the lack of treatment and proper nutrition. The two-year war has accelerated my decline — I feel as though I have lost decades of health. Today, I cannot move without my children's help, even to rise from bed. The cost of treatment is far beyond my means, and I entrust my situation to God." Mohammad Bili

Living through active conflict and repeated, prolonged displacement significantly impacts older people's mental health and psychosocial wellbeing. Even prior to the escalation of the crisis, 52 per cent of older people reported feeling depressed all or most of the time, and 78 per cent experienced anxiety.[31] In the current survey, 77 per cent of respondents indicate that their mental state, such as sadness, anxiety, loneliness, or insomnia, was having a significant impact on their appetite or overall health. Of those, 56 per cent were older women and 44 per cent were older men.

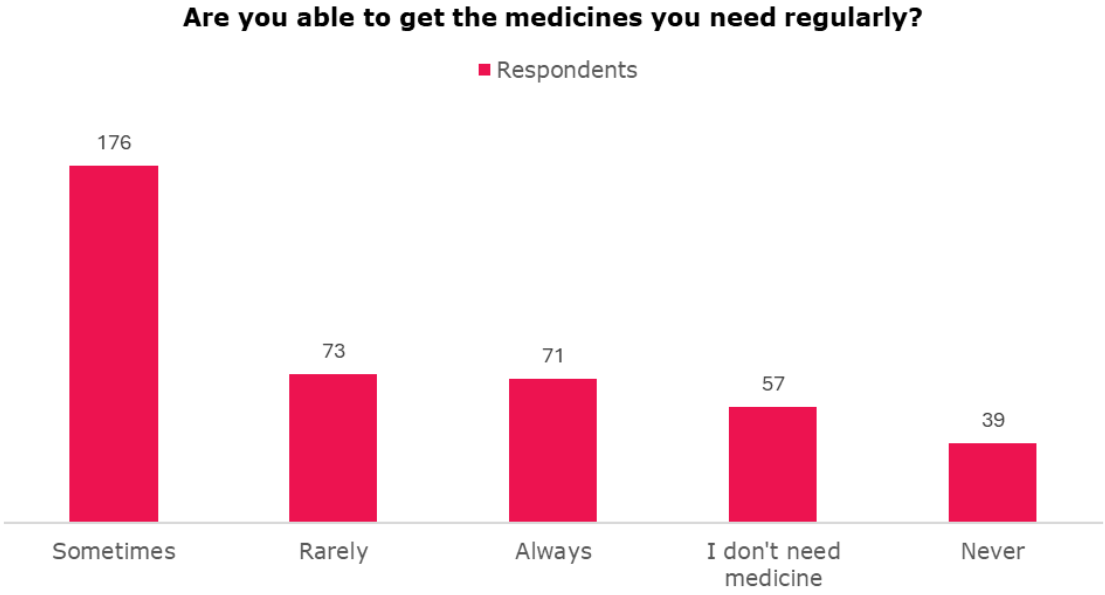
While older people have developed resilience, coping skills and capacities over the course of repeated conflicts, they are now being pushed beyond their limits.

Older people do not have reliable access to essential medicines

In December 2025, Gaza's Ministry of Health reported that over half of essential medicines were unavailable, as well as significant gaps in the availability of medical consumables and

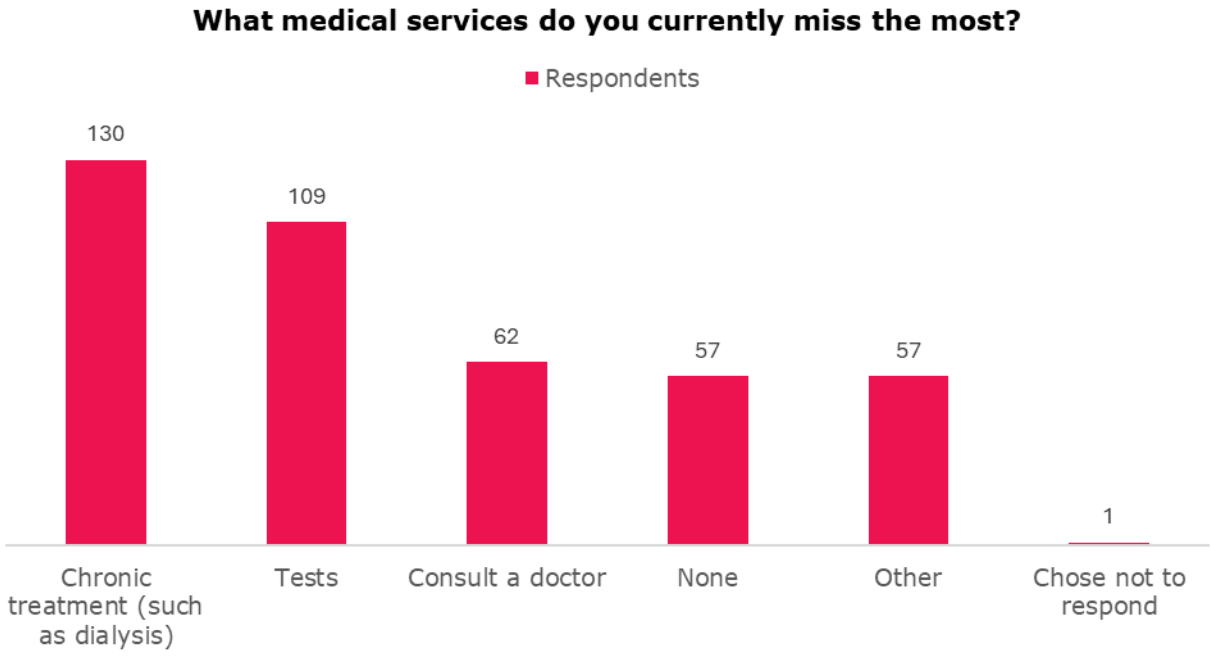
laboratory supplies.[32] These shortages threaten to undermine the delivery of emergency care as well as the continuity of care for people with chronic diseases, heightening the risk of preventable deaths.

Among survey respondents, access to medication was highly inconsistent. Nine per cent reported being unable to access medicines, another 18 per cent were able to access medicines only rarely, and 42 per cent were only able to access medicines sometimes. The situation was most challenging for older people with disabilities and older women. Interruptions in treatment were widespread, with sixty-eight per cent of respondents having to reduce or stop taking their medicines because of unavailability in the previous 30 days.



Hypertension and diabetes treatments are those most often unavailable

Healthcare availability during the two weeks of data collection varied considerably. Only seventeen per cent reported full healthcare availability while over one quarter reported that services were unavailable and just over one third said it was only partially available. When asked about access to routine medical services, thirty-one per cent of respondents reported being unable to obtain treatment for chronic conditions such as hypertension, diabetes and kidney dialysis, as well as delays in accessing routine diagnostic tests and medical consultations.



These findings highlight acute disruption to chronic disease management and access to essential healthcare for older people, driven primarily by interruptions in medication supply, limited availability of diagnostic services, and reduced access to functioning health facilities. The intersection of these challenges with food insecurity and widespread displacement heightens the risk of malnutrition and nutritional deterioration among older people, especially for older women.

Urgent action is required to strengthen continuity of care. This includes ensuring reliable medicine supply chains, restoring accessible, age-inclusive primary healthcare services, and expanding mobile health services to reach those for whom access is challenging. Older people, particularly those at greatest risk, should be included in routine monitoring activities by health actors to help identify their health needs and capacities, and the physical, environmental and attitudinal barriers they may face to accessing services.[33] In addition, psychosocial support for older people must be scaled up to address the mental health impacts of the crisis. Immediate action is critical to avoid the disproportionate and preventable impact on older people's health and wellbeing.

Accessing humanitarian assistance

The humanitarian system in Gaza is operating under unprecedented constraints and is struggling to meet the needs of the civilian population as a whole.

This situation exacerbates the long-standing gaps in the system's ability to identify and respond to the specific needs and protection risks of older people.

Limited collection, analysis, use and reporting of sex-, age- and disability-disaggregated data, inadequate participation of older people in humanitarian decision-making, and insufficient understanding of their diverse experiences, needs, capacities and coping strategies all contribute to the exclusion of older people from response planning and implementation.[34]

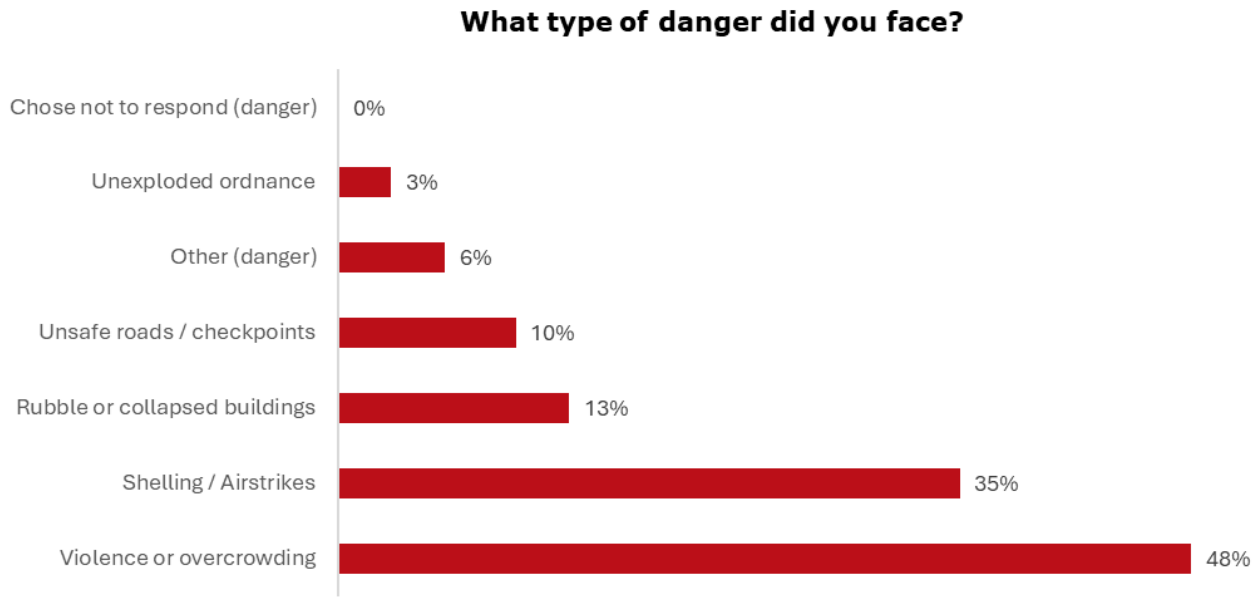
Palestinians receive humanitarian and food aid from the American Center for Humanitarian Aid (GHF), Rafah, southern Gaza Strip / Shutterstock, Anas-Mohammed, 2025

Access to assistance remains severely limited

Less than half of respondents reported receiving humanitarian assistance in the 14 days before the survey. Older people with disabilities were less likely to have received assistance than those without. Those respondents that did report receiving assistance highlighted food baskets, other aid items, vouchers and cash transfers.

Half of respondents said accessing assistance had become easier since the ceasefire, but over one third saw no change and a few felt access had got worse. While 59 per cent perceived an improvement in food availability, 28 per cent reported no improvement, and 13 per cent stated that the situation had deteriorated.

Although exposure to direct danger while accessing assistance has decreased since the ceasefire, with 88 per cent reporting no danger, access remains physically demanding. Long waiting times at distribution points were negatively affecting health, according to 62 per cent of respondents. Among those still reporting security risks, concerns included violence or overcrowding, shelling or airstrikes, rubble or collapsed buildings, unsafe roads or checkpoints.



Even when aid is available, that does not necessarily mean safe or equitable access. Long waits, overcrowding, and distribution processes designed without inclusion in mind pose significant health and protection risks for older people, especially those with chronic illnesses, disabilities, and older women, by causing physical strain, exposure to abuse, or excluding those with limited mobility, strength or support from families or caregivers.

While the ceasefire has reduced direct exposure to security risks, restrictions on humanitarian access mean that assistance remains limited, with persistent gaps continuing to undermine food security and health.

Conclusion

Older people in Gaza are in an exceptionally precarious situation. The survey findings highlight overlapping nutritional, medical, and functional factors that mean that they are disproportionately impacted by the prolonged conflict, mass displacement, severe food insecurity, collapse of essential services and extreme restrictions on humanitarian access. In these circumstances, even relatively minor shocks, such as delays in assistance or worsening weather, could trigger rapid and preventable declines in health and wellbeing.

The impacts of the crisis are not experienced evenly. Older women and older people with disabilities encounter multiple and intersecting barriers to safety and access to assistance. And while older people in Gaza continue to show remarkable resilience and have found ways to cope, their ability to do so is being steadily eroded in the face of prolonged crisis and accumulation of unmet needs.

Local actors have been vital to the delivery of the humanitarian response, often at great personal risk and despite access constraints, logistical barriers, and the loss of colleagues and loved ones. Their leadership and close ties to the affected communities are essential for reaching those most in need and their capacities, adaptations to the circumstances, and examples of best practise must be supported.

However, the effectiveness of any humanitarian response in Gaza remains fundamentally constrained by the broader operating environment. Preventing further loss of life requires a full and lasting ceasefire and an end to all military activity, lifting of the blockade and reopening of all border crossings, and guarantees of full, safe, and unhindered humanitarian access.

This assessment shows that even when humanitarian assistance is reaching Gaza, it does not always reach those who need it most. Inclusive approaches are still treated as an add-on in humanitarian responses, rather than as a core part of life-saving humanitarian assistance. However, when responses are not designed to be accessible and inclusive, they will inevitably fail to reach everyone.

In a context where humanitarian access is so severely restricted, how assistance is delivered matters as much as how much assistance is coming in.

To prevent further deterioration of the situation of older people in Gaza, they must be explicitly prioritised within humanitarian response efforts, including food, health, nutrition, shelter, and protection interventions, using age-, gender- and disability inclusive approaches. Without this shift, older people will continue to bear a disproportionate share of harm to their health dignity and survival in a crisis that has already exacted a massive human cost.

Recommendations

International community and governments:

- Use all diplomatic, legal, and political means to ensure compliance with international humanitarian law, including protection of civilians and humanitarian personnel, and facilitation of full, safe, sustained and unhindered humanitarian access across Gaza. This includes the removal of administrative, bureaucratic, and movement restrictions that continue to delay, limit or disrupt life-saving assistance.
- Ensure that the rights of older people are explicitly prioritised in international advocacy, accountability mechanisms, and policy responses to the Gaza crisis.
- Recognise and support the central role of Palestinian civil society and promote local leadership in the humanitarian response.

Donors:

- Provide predictable, flexible and multi-year funding for integrated health, nutrition, mental health, and long-term care services for older people, recognising the collapse of services and the need for continuity of care. This should include support for mobile and home-based care, rehabilitation, and assistive devices, to enhance dignity, protection, and continuity of care.
- Resource routine health and nutrition monitoring using age-specific tools, strengthened data systems, clear referral pathways where services remain available. Require and support the systematic collection, analysis, use and reporting of sex-, age- (60–69, 70–79, 80–89, 90+), and disability-disaggregated data to ensure older people are visible in programmes, monitoring and decision-making.
- Directly fund and support local Palestinian organisations, recognising their leadership, operational reach and contextual knowledge, and ensuring that funding modalities do not place additional administrative burdens on already overstretched responders.

Humanitarian actors operating in Gaza:

- In conditions of restricted aid flows and limited access, ensure that older people have safe, accessible, prioritised access to life-saving humanitarian assistance, including food, nutrition services, water, health and care-services that address physical, mental and psychosocial health needs, as well as protection services and safe and adequate shelter. Particular attention should be given to older people with disabilities, older women, and those living alone or without a caregiver.
- Ensure the meaningful participation of older people in assessments and programme design and accessible feedback mechanisms that take account of displacement, ill health, mobility challenges, and insecurity.
- Identify, map and proactively follow up with older people at heightened risk, including those with disabilities, chronic illnesses or those living alone or without caregiver, to prevent unmet needs.
- Strengthen continuity of care for older people with chronic conditions through practical measures such as multi-month dispensing of chronic disease medications, mobile health teams, home-based follow up, and community-based services.
- Adapt nutrition assessment and monitoring tools and processes to systematically capture the nutritional status of older people.
- Adapt food assistance and general distribution systems to reduce exposure to risk, including by reducing waiting times, providing sheltered and seated waiting areas, and offering home-based or community-level delivery for the most at risk older people and their caregiver/families.
- Provide age-appropriate and inclusive food assistance for older people, including soft and easy-to-chew foods, ready-to-eat options, and flexible delivery methods. Adhere to the Sphere minimum standards for the treatment of micronutrient deficiencies.[35]

- Integrate mental health and psychosocial support across nutrition, health, and protection programmes, recognising the cumulative psychological impact of displacement, loss and prolonged insecurity on older people.
- Ensure age-, gender- and disability-inclusive programming across all sectors, treating this as a core to quality, effective programming. Include training for staff on rights-based approaches to disability and older age inclusion.

Displaced civilians in Gaza City / Shutterstock, Gaza – Survival story, 2025

Methodology

Study design and sampling

The assessment on which this report is based used a cross-sectional survey targeting older people aged 60 years and above. Insecurity, population movement, and the absence of a reliable sampling frame during the assessment period meant a purposive sampling approach was used to identify locations where older people were most likely to be found. This included community centres, neighbourhoods with a high concentration of displaced families, and households identified through local committees.

During fieldwork, enumerators followed the purposive sampling plan but also applied elements of convenience sampling when multiple older people were present in the same household or immediate vicinity. In some cases, all eligible older individuals were interviewed to maximise coverage given the limited access and timeframe. A total of 416 older people were interviewed across the three governorates, ensuring inclusion of different age cohorts, people with disabilities, and a balance of men and women.

Data collection and analysis

Data were collected between 13–21 November 2025 in the three accessible governorates of the Gaza Strip: Gaza, Deir al-Balah, and Khan Younis (see Figure 1). The survey was halted after interviews with 17 older people in North Gaza due to security concerns, and Rafah was not selected for the survey for the same reason.

Figure 1. The five governorates in Gaza

Data collection was carried out by trained data collectors from HelpAge's local partner in Palestine, who received instruction on the purpose of the assessment, interview techniques, anthropometric measurement procedures, informed consent, and the use of Kobo Toolbox. The data collection team also adhered to institutional safeguarding and protection policies, including respecting the privacy and confidentiality of older people and other at-risk groups, and immediately reporting any identified protection risks, in line with established procedures.

Data were collected using a structured questionnaire that was initially developed in English and then translated into Arabic for field use. The assessment applied tools adapted from the Mini Nutritional Assessment (MNA) and the Rapid Assessment Method for Older People (RAM-OP), alongside the Washington Group Short Set, to generate age-specific, functionally informed evidence. After data collection, responses were translated back into English for analysis and reporting. The tool captured information on basic demographics and living arrangements; food security and access; water access and safety; health status and access to healthcare and medications; functional ability and disability; and anthropometric measurements.

Teams used Android devices to record responses securely and uploaded data when connectivity allowed. Daily data checks were carried out by HelpAge and HelpAge's local partner in Palestine to ensure completeness, accuracy of anthropometric measurements, and to correct skip patterns. Data were analysed and visualised using PowerBI. More details on the results can be found in the dashboard.

Limitations

It is important to recognise the limitations of this assessment. Due to insecurity, population movement, and access constraints, a purposive sampling approach was used. As a result, the findings may not be fully representative of all older people in Gaza. In addition, much of the information was self-reported, which may introduce reporting or recall bias, particularly in a context of prolonged crisis and trauma.

The assessment included a review of basic anthropometric indicators, acknowledging their limitations in older populations. As discussed above, these limitations include that no internationally agreed MUAC or BMI cut-offs exist specifically for older adults. Ageing is associated with changes in body composition, including loss of muscle mass, altered fat distribution, and reductions in height, which can affect the interpretation of these measures.[36]

Bilateral pitting oedema was also assessed, as its presence can indicate acute undernutrition or underlying illness and may artificially increase body weight or limb circumference, thereby masking underlying nutritional deficits. Oedema refers to visible swelling caused by fluid accumulation, usually in both feet or lower legs, and can affect the reliability of anthropometric measurements.

In addition, anthropometric indicators do not capture micronutrient deficiencies, functional decline, or recent unintentional weight loss, all of which are common in older populations. Findings should therefore be interpreted as indicative of nutritional risk rather than diagnostic of nutritional status.

For this assessment, older-age–appropriate thresholds were used to classify nutritional risk:

- Severe acute malnutrition (SAM): MUAC <18.5 cm
- Moderate acute malnutrition (MAM): MUAC 18.5–<21.0 cm
- Normal: MUAC ≥21.0 cm

BMI categories for older people were also calculated to identify those at high, moderate, or mild nutritional risk using these categories:

- <19
- 19 to <21
- 21 to <23
- ≥23

Functional ability and disability

Functional limitations were assessed using the Washington Group Short Set of Questions, covering difficulties with seeing, hearing, walking, remembering, self-care, and communication. Respondents reporting "a lot of difficulty" or "cannot do at all" in at least one domain were classified as having a functional limitation. Proxy interviews were used where needed and recorded accordingly.

Ethical considerations

All participants provided informed consent after being briefed on the purpose of the assessment, confidentiality, and voluntary participation. The survey prioritised privacy and respect, especially for older people with disabilities or communication difficulties. Permission for data collection was granted by relevant local authorities.

Endnotes

[1] OCHA, 2025, *Flash Appeal for the Occupied Palestinian Territory 2026*

[2] OCHA, 2025, *Humanitarian Situation Update #353 | Gaza Strip*

[3] MedGlobal, *Caring for Older Populations in Gaza*

[4] Al Jazeera, *Know their names*, 1 November 2023

[5] Euro-Med Human Rights Monitor, *Shocking testimonies reveal the execution of dozens of elderly people by Israeli army in the Gaza Strip*, 22 December 2023

[6] Khatib, Rasha et al, 2024, *Counting the dead in Gaza: difficult but essential*, The Lancet, Volume 404, Issue 10449, 237 - 238

[7] The IPC classifies an area as Famine (Phase 5) when at least 20 per cent of households face extreme food shortages, 30 per cent of children are acutely malnourished, and death rates exceed two per 10,000 people per day.

[8] IPC, 2025, *Gaza Strip: Acute Food Insecurity Situation for 1 July - 15 August 2025 and Projection for 16 August - 30 September 2025*

[9] Al Jazeera, 2025, *What 'starvation' really means, for the human body and for Gaza*

[10] Joint NGO Statement, 2026, *53 International NGOs warn Israel's recent registration measures will impede critical humanitarian action*

[11] OCHA, 2025, *Humanitarian Situation Update #329 | Gaza Strip*

[12] UNOHCHR, 2025, *Killing of medical professionals in Gaza – UN Human Rights in Occupied Palestinian Territory*

[13] UNRWA, 2025, *Protection Brief: The situation of older persons in Gaza*

[14] United Nations, 2024, *Secretary-General's remarks to the Non-Aligned Movement*

[15] Sky News, 2023, *Gaza evacuation: Why getting people out in less than 24 hours is 'impossible'*

[16] Information shared with HelpAge by Amnesty International

[17] Case study shared with HelpAge International by Amnesty International

[18] UNRWA, 2025, *Protection Brief: The situation of older persons in Gaza*

[19] Protection Cluster, 2025, *Gender-based violence (GBV) snapshot: Gaza, December 2024 - March 2025*

[20] OCHA, 2025, *Humanitarian Situation Update #353 | Gaza Strip*

[21] Age UK, *Keeping warm and well in winter*

[22] Age UK, 2018, Age UK urges older people to claim help with heating costs as more heavy snow and freezing conditions hit the UK

[23] HelpAge International, *Missing millions: How older people with disabilities are excluded from humanitarian response*, 2018

[24] Global Protection Cluster, 2025, *oPt Gaza Protection Analysis Update: Risks and barriers faced by persons with disabilities and older persons*

[25] CBM Australia and The Fred Hollows Foundation, 2025, *The Intersection of Ageism and Ableism in Development and Humanitarian Policy and Practice*

[26] El Weddad, HelpAge International, Age International, 2021, *Gaza: Needs Assessment of older people, 2021*

[27] IPC, 2025, Gaza Strip: Acute Food Insecurity Situation for 16 October - 30 November 2025 and Projection for 1 December 2025 - 15 April 2026 | IPC - Integrated Food Security Phase Classification

[28] ADCAP, 2018, *Humanitarian inclusion standards for older people and people with disabilities*

[29] ADCAP, 2018, *Humanitarian inclusion standards for older people and people with disabilities*

[30] Katchhi MS, Ming LC, 2025, *Continuity of Chronic Disease Care in Gaza: a Commentary on Health System Collapse and Humanitarian Imperatives*. J Epidemiol Glob Health. 2025 Nov 21;15(1):137. doi: 10.1007/s44197-025-00489-5. PMID: 41269459; PMCID: PMC12638478.

[31] El Weddad, HelpAge International, Age International, 2021, *Gaza: Needs Assessment of older people, 2021*

[32] Middle East Monitor, 2025, Gaza Health Ministry warns of severe drug shortages as supplies run critically low

[33] ADCAP, 2018, *Humanitarian inclusion standards for older people and people with disabilities*

[34] HelpAge International, 2024, *"I go to sleep on an empty stomach" Improving the inclusion of older people in humanitarian nutrition planning and response*

[35] SPHERE, 2018, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*

[36] Cashin, K., & Oot, L, 2018, *Guide to anthropometry: A practical tool for program planners, managers, and implementers*. Food and Nutrition Technical Assistance III Project (FANTA)/FHI 360 ; Washington Group on Disability Statistics, 2022, *The Washington Group Short Set on Functioning* (WG-SS)

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

Pushed Beyond Their Limits:

The survival of older people in Gaza

Published by HelpAge International

PO Box 78840
London SE1P 6QR
United Kingdom

Tel +44 (0)20 7278 7778

info@helpage.org
www.helpage.org

Registered charity no. 288180

Written by Nina Firas, independent consultant, with additional content provided by Hester Clark, HelpAge International. Design by Marcelina Castañeda.
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