

Gaza – October 2021

Needs assessment of older people

Context

The Gaza strip has been recently affected by two major crises. Firstly, the impact of COVID-19, which has resulted in increased poverty due to the economic fallout. The pandemic has also most severely affected older people, with 75% of deaths in Palestine among those over 60. Secondly, a recent outbreak of conflict with Israel in May 2021 turned Gaza into a “piece of hell” according to one older person. The conflict exacerbated pre-existing challenges faced by people living Gaza including destruction of vital services, worsening of the existing mental crisis as well as causing in some cases significant injuries and even death.

The purpose of this needs assessment was therefore to provide a snapshot of the multi-sectoral needs of older people within Gaza, with a special focus on COVID-19 and the impact of both this and the recent conflict on wellbeing. The assessment was conducted in August of 2021 by El-Wedad with technical support from HelpAge International. Its intended outcomes are to enable El-Wedad and HelpAge to adapt their programming as well as provide advocacy messages to the humanitarian sector and the national government.

Key findings

Health

80% of older people interviewed reported that they currently use or require medicine or medical items.



COVID-19

Of those who reported not having received a vaccine, **64%** said if a COVID-19 vaccine was offered to them in the coming month, they would be very unlikely to take it (i.e., to go for vaccination).



Food

45% of older people surveyed were going to bed hungry at least one night per week.



WASH

39% of the of older people interviewed face difficulties with accessing and using drinking water, handwashing, or bathing facilities.



Wellbeing

78% of older people surveyed reported that they feel anxious all or most the time while **52%** reported they feel depressed all or most of the time.



Protection

44% older people surveyed stated they are completely dependent on family members/others to meet their basic needs.

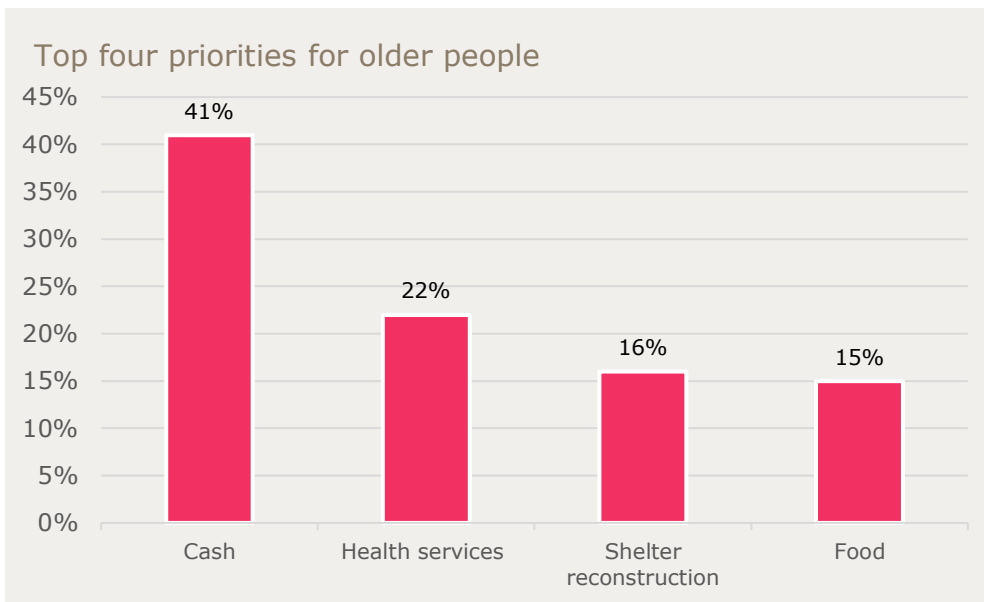


Accountability

98% of older people have not been consulted by humanitarian organizations.



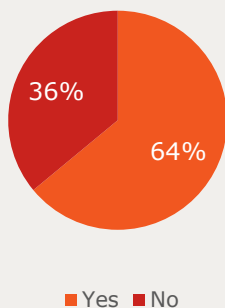
Key charts



97% of older people have at least one health condition

Joint aches and pains: 83%
Blood pressure: 62%
Cataracts: 57%
Diabetes: 40%
Respiratory: 39%
Gastro: 39%
Heart problems: 36%
Skin disease: 29%
Serious injury: 14%
Cancer: 3%

Providing care to others

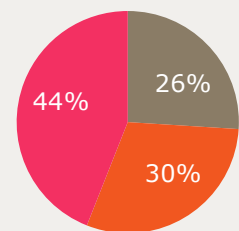


86% of older people have at least one disability

Walking: 84%
Sight: 66%
Self-care: 37%
Hearing: 23%
Remembering and concentrating: 21%
Communication: 20%

Dependent on others to meet basic needs

■ Independent
■ Somewhat dependent
■ Completely dependent



Methodology

Data on adults over 50 was collected within Gaza via face-to-face interviews in the areas of Al-Shati (Beach) camp, Beit Hanoun, Beit Lahia, Jabalia and Jabalia camp. Older people were primarily randomly selected in each location using a list of older people from those areas. As older people in their 80s were at times absent from this list, additional older people were identified through a snowball sampling technique. Therefore, some caution needs to be exercised in generalising the results of this assessment to all older people across Gaza. The data was gathered by El-Wedad and analysed by HelpAge International. In total 511 older people were interviewed (49% older men and 51% older women) between 5 August and 19 August. Of these, 32% were in their 50s, 37% in their 60s, 22% in their 70s and 9% 80+. The data was then disaggregated by gender, age bands and by disabilities. The results of these disaggregations are only reported where the differences are significant. Disability was calculated using the Washington Group questions.

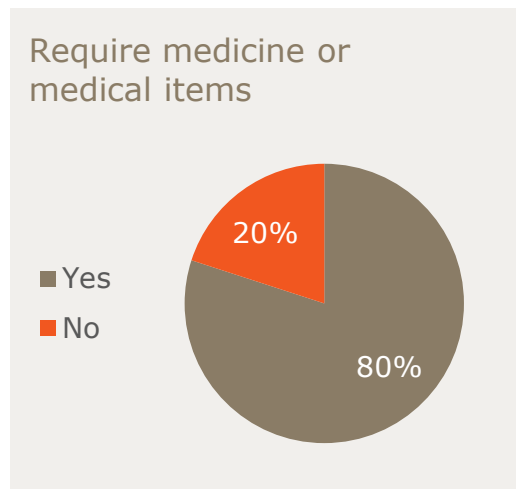
Findings and recommendations

1. Health

In total, nearly all older people (97%) interviewed reported having a health condition, with respondents most commonly having five conditions. Furthermore 37% of respondents answered that they are in pain every day, while 33% reported they are in pain most days.

The most common health conditions reported by both older women and men included: pain in the joints (86% of women and 80% of men), high blood pressure/hypertension (66% of women and 59% of men), and cataracts/eye condition (60% of women and 55% of men). Other common conditions reported by over 30% of older people interviewed, include: diabetes, respiratory problems, digestive problems, and heart disease.

Overall, 80% of respondents stated that they currently use or require medicine or medical items. Older women were more likely to report this than men (84% of women compared to 76% of men).



Health services were identified as the second highest priority among both older women and older men. However, nearly half (46%) of older people interviewed reported not being able to access distribution points independently. This rises significantly with age – from 36% of those aged 50-59 to 70% of those aged over 80. The three main sources of healthcare for older people in Gaza are the government health services (through health insurance) followed by services provided by UNRWA and then civil society. While compared to other countries in the region provision of healthcare coverage is good in Gaza, there remains little to no specific targeted treatment programmes for older people such as for tailored nutrition programmes and osteoporosis support. This is likely due to the lack of medical geriatric specialist within Gaza. In addition, many older people have to pay out of pocket for transport or pay for medicines themselves.

Recommendations

1. Health and care services provided must meet the specific needs of older people, including through the provision of medicines, medical products and assistive products that respond to health conditions and care needs that are most common in older age.
2. More research is needed into the availability and accessibility of health and care services and support for older people, including the extent to which older women and men have access to the medicines and products they report needing.
3. Health and care services must be accessible to older people and outreach services should be provided for those who cannot reach health centres. The provision of support services delivered through collaboration between health centres, pharmacies and community-based organisations and volunteers should be explored to help meet older people's health and care needs.

2. COVID-19

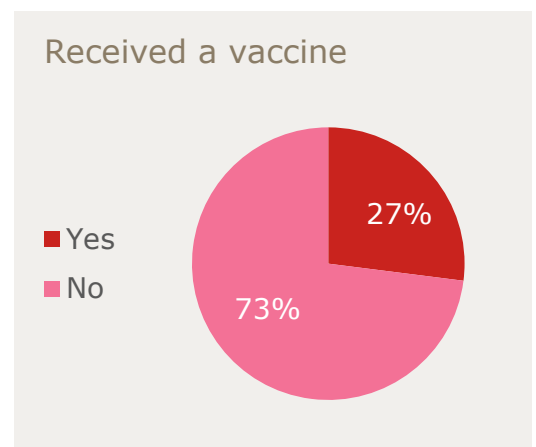
Despite older people having been prioritised by the government in vaccine rollout, almost three quarters (73%) of those interviewed reported that they had not received a COVID-19 vaccine. This was higher for older women than older men (79% compared to 68%). Those in Beit Lahia were more likely to have received a COVID-19 vaccine, with 25 out of 64 respondents reporting this compared to an average across all settings of 27%. The current main vaccines being provided are Sputnik, Pfizer, Sinopharm and AstraZeneca.

Of those who reported not having received a vaccine (375 older people), 64% said if a COVID-19 vaccine was offered to them in the coming month, they would be 'very unlikely' to take it (i.e., to go for vaccination). This rose to 74% of older people in Al-Shati. Across all settings, only 13% of older respondents said they would be 'very likely' to take up an offer of a vaccine.

Despite the risks associated with COVID-19 rising with age, the percentage of those reporting that they would be 'very unlikely' to choose to receive the vaccine if they were offered it, increased with age – from 58 % of 50–59-year-olds, to 66 % of 70–79-year-olds and to 74% of people aged 80 and over. The high rates of those who say they would not choose to get a vaccine if they were offered it is extremely worrying and highlights the urgent need to listen to, understand and act on drivers of vaccine acceptance and uptake among older people.

While most older people (78%) reported being able to take various preventative measures against the risk of COVID-19, nearly one fifth (22%) reported that they were unable to practice one or more of the following: washing their hands thoroughly and regularly with soap and water; avoid touching their face; coughing or sneezing into their elbow or tissue which they then throw away. Men were more likely than women to report they could do all of these things (83% older men compared to 74% older women). Furthermore, due to the high population density within Gaza it remains at times challenging for older people to self-isolate or practice physical distancing.

A fifth (24%) of older people also reported that they could not access hand sanitizer, 15% said they could not access face masks, and 12% could not access soap. Very little differences were found between older women and men.



Recommendations

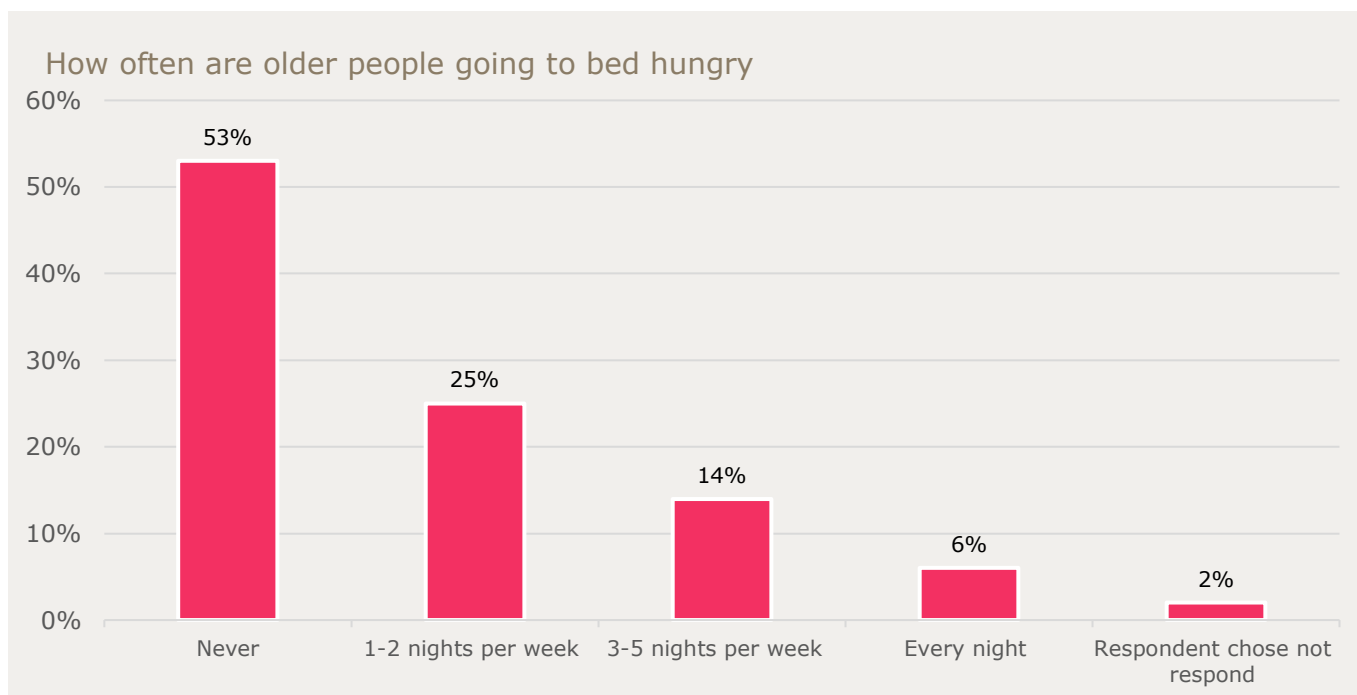
1. Older people must be prioritised in vaccine rollout in practice, not just on paper, with government and service providers ensuring older people are reached first as they are one of the groups most at risk.
2. Older women and men must be engaged in the design, delivery and monitoring of vaccination strategies to strengthen approaches and ensure they respond to the unique barriers older people face in accessing vaccines.
3. Considering the high risk of serious illness and death from COVID-19 for older people, it is critical that all groups are supported to be able to take preventative measures and to access related supplies. Outreach services should provide personal protective equipment alongside sustained information and communication campaigns to raise awareness of COVID-19 and prevention measures (see RCCE below).

4. Risk Communication and Community Engagement (RCCE) strategies must actively engage, inform, and empower older people and their communities, deliver trusted and reliable information on COVID-19 and vaccines tailored to the information and communication needs of different groups, and actively manage misinformation that contributes to vaccine hesitancy. This is critical to older people being able to protect themselves from COVID-19 and make an informed choice about vaccination.

3. Food and Income

Cash has been identified as the highest priority by older people interviewed while food was ranked as their third highest priority. The longer-term, economic downturn in Gaza is having a negative impact, especially on the most marginalised. Older people are particularly at risk of falling into poverty and hardship because of their limited access to income, livelihood opportunities, with only 7% of those over 65 part of the workforce¹. Furthermore, older people often face lack of access to pensions. Across Gaza in 2021 the poverty rate reached 64%². COVID-19 has exacerbated poverty within Gaza with unemployment, increasing from 43% in 2018 to 50% in 2021³.

Levels of poverty are subsequently impacting older peoples' ability to access sufficient food. Of those older people interviewed, 45% of were going to bed hungry at least one night per week and 62% had two or fewer meals a day. There was little variation in food insecurity between older men and women. However, there were some variations between age groups, with those in their 50s experiencing more food insecurity as compared to those in their 80s. This may be explained by the higher care burden which falls on those in their 50s and 60s as compared to those in their 70s and 80s. Despite these high levels of food insecurity, only 17% of older people are receiving food assistance. The only exception to this was Al-Shati (Beach) Camp where 42% of those interviewed were receiving such assistance.



¹ ILO, OPT AN EMPLOYMENT DIAGNOSTIC STUDY, 2018

² OCHA "Occupied Palestinian Territory (oPt) Humanitarian Needs Overview 2021" Dec 2020

³ Gisha, Increase in Gaza's unemployment rate in 2019, March 2018. + World Bank, The Rebuilding of Gaza Amid Dire Conditions: Damage, Losses, and Needs, July 2021

Recommendations

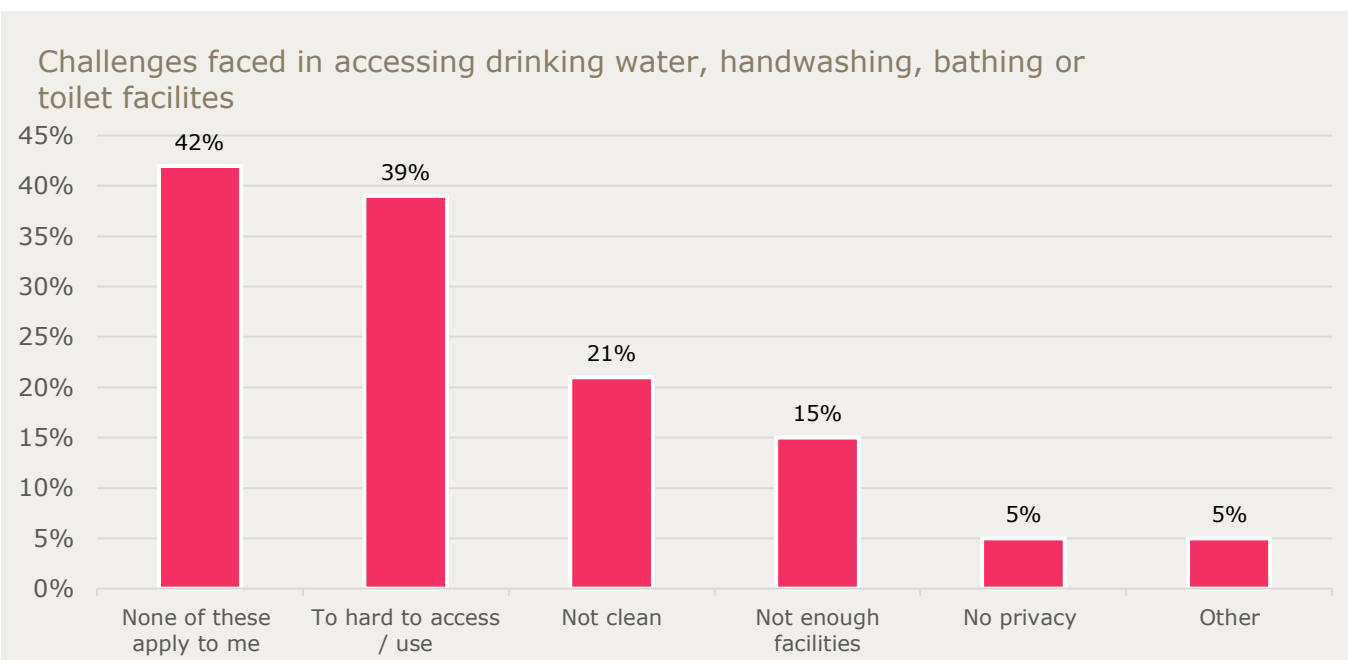
1. Provide unconditional cash payments to older people who face challenges accessing safety nets, and income, particularly those living alone, older women, and those with disabilities.
2. Utilise outreach teams or community volunteers to provide the safe distribution of food packages/items to older people, particularly those older people with a disability or serious health condition and may have difficulty accessing markets.

4. WASH

39% of the older people interviewed face difficulties with accessing and using drinking water, handwashing, or bathing facilities. This becomes a greater challenge as people age. The high prevalence of disabilities related to mobility is likely to be a key factor in this.

Furthermore, 21% of the respondents stated that water is not good, while 16% stated that there are not enough facilities for handwashing, bathing, or for going to the toilet. These findings tend to be worse for those in their 50s and 60s than older people over 70. These highlight the many barriers that older people face in accessing WASH facilities and need to be further explored.

These findings are likely to be symptomatic of the many WASH infrastructural challenges that Gaza faces. For example, the coastal aquifer (Gaza's sole source of natural water) often produces water that is unfit for human consumption. Another example is the recent damage to solid waste infrastructure which is further degrading the environment and become a risk to public health⁴.



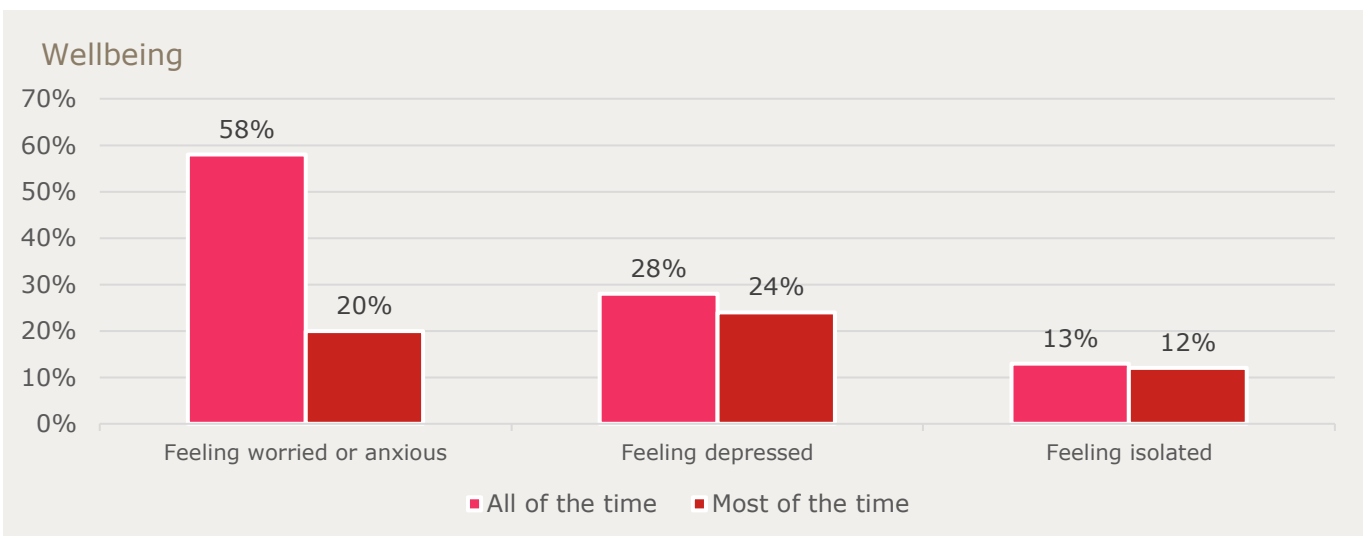
⁴ World Bank "Gaza Rapid Damage and Needs Assessments" June 2021

Recommendations

1. Identify specific barriers older people face in using drinking water, handwashing, bathing or toilet facilities and support older people to ensure that they are more appropriate for those experiencing mobility and self-care difficulties.
2. Provide older people with the chemicals and chlorine to purify their drinking water.
3. In coordination with the Palestinian Authorities, provide support to repair and upgrade critical water and sanitation infrastructure.

5. Wellbeing

The implications of COVID-19 and the escalation of conflict in Gaza in May 2021 when at least 222 people, including 63 children, were killed in Gaza have further exacerbated older people needs and has had a significant impact on their wellbeing. More than 450 buildings in the Gaza Strip were completely destroyed or damaged by missiles during the escalation, according to UN independent human rights experts. The responses to the wellbeing questions of this assessment were particularly alarming. 78% of older respondents said that over the past 2 months they felt worried or anxious 'all or most of the time'. However, over half of older respondents (58%) stated feeling worried or anxious 'all of the time' with more older women (60%) compared to older men (55%) and was highest for older people (66%) in Beit Lahia.



Furthermore, 28% of older respondents reported feeling depressed 'all of the time' and this was higher for older men (33%) compared to older women (24%). Also, it was higher for people over 50 years of age (63%) compared to those in their 80s (48%) which could potentially be linked to higher care burden for those in the 50-age group. Nearly a fifth (24%) of older people reported they are where unable to cope or manage their current situation. Furthermore 36% of older people interviewed (39% women; 34% men) were experiencing increased struggles, disputes, and tension in their relationships with family and or community members 'every or most days' and this was highest amongst the 50 to 69 age cohorts (41%). This can be heightened by living under the constant threat of violence with can result in violence being replicated within home on family members. Another contributing factor to older people's psychosocial and emotional wellbeing is the experience of pain. 37% of older people

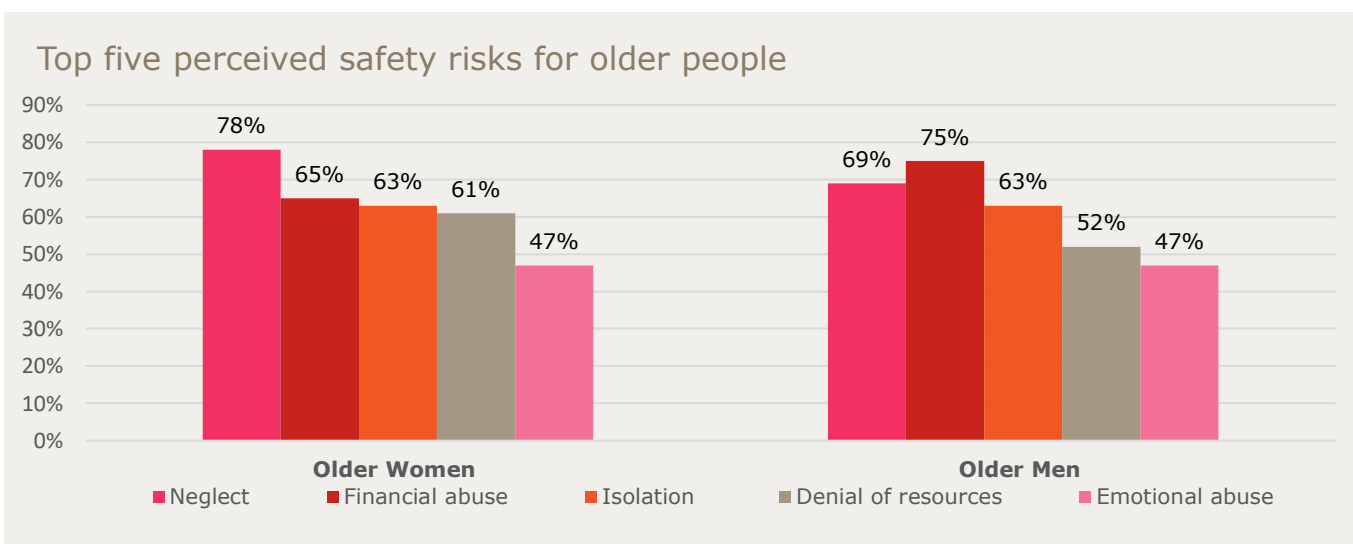
interviewed reported being in pain daily and 33% feeling pain most days which was higher for older women (36%) compared to older men (29%).

Recommendations

1. Provide psychosocial support to older people feeling worried or anxious through group support. Where possible & relevant include other family and/or community members to help improve relationships.
2. Provided one to one psychological support or counselling to older people who have been identified as needing additional support including older people with a disability and those experiencing pain daily.
3. Mobilize and encourage the older people who don't feel isolated or lonely to take on roles as peer supporters to those who do.
4. Share accessible information on other services available and how older people can access them.
5. During the distributions of hygiene kits and food baskets with older people and their families, community volunteers should take the time to listen and talk with older people and suggestions on how they can look after their own emotional wellbeing.

6. Protection

Older people expressed significant concerns about safety risks and were broadly in agreement on what they viewed as the most significant risks facing older people which were financial abuse, neglect, isolation, and denial of resources. The chart below shows some variations in older respondents perceived safety risks for older women and men. The top perceived risk for older men was financial abuse, while for older women it was neglect. However, when disaggregated by gender, 72% of older men interviewed viewed neglect as a higher risk for older men compared to 65% of older women respondents. Both older women (79%) and older men (77%) agreed on their perception of neglect similarly significant for older women. However, for denial of resources 55% of older men interviewed viewed it as a protection risk for older women, but more older women (68%) viewed it as a significant protection risk for older women.



Levels of dependency are also high amongst the older people interviewed with 44% of those interviewed stating they are completely dependent on family members/others to meet their basic needs. This was higher for older men (47%) compared to older women (40%) and increases with age. There are also variations between locations, for example 37% of older respondents living in Beit Lahia are completely dependent on others but this rises to 50% of older respondents living in Jabalia camp.

It's important to recognise that older people also play a vital role in providing care to others with 64% of those interviewed stating they support others such as children, people with disability and other older people. This seemingly was higher for older men (71%) compared to older women (58%). This care responsibility falls the hardest on those in their 50s (82%) and 60s (74%) compared to those in their 70s (39%) and over 80 (19%).

In addition to the challenges older respondents have in meeting their basic needs independently, 46% of those interviewed stated they were also not able to reach aid distribution sites on their own and this was particularly high for older people with disabilities (52%) as well as for those above 70 years of age.

Recommendations

1. Conduct a mapping of services and service providers available and accessible for older people in the different locations.
2. Share information on specialised services available in accessible ways with older people and their families along with information on how they can access these services.
3. Establish or strengthen a community volunteer network for the older people who depend on others to meet their basic needs and also for those unable to reach distribution points.
4. Share the findings and recommendation of the needs assessment with other service providers and advocate for the collection of sex, age, disability disaggregated data and inclusive programme activities recognising the needs and capacities of older people with and without disabilities.

7. Disability

Over 86% of older people interviewed in Gaza in this assessment are living with at least one disability. The rates increased with age with 96% of older people over 80 having a disability as compared to 85% for people in their 50s. In addition, the severity of disabilities increased with age. Furthermore 73% of those with a disability had more than one disability, with 31% having two, 21% having three and 22% have more than four. Recently the Ministry of Social Development has issued a disability ID card for those who live with severe disabilities so they can access health insurance and rehabilitation free of charge or for a nominal fee. However, this only extends to small fraction of those living with disabilities and civil society plays a key role in providing support to many who are not eligible or have fallen through the cracks.

The top two main difficulties for the older people in this survey were with walking and seeing. Of those with a disability, 84% reported they had a walking disability, 66% a sight disability and 37% a disability related to self-care such as washing all over and dressing. Very alarming was the high prevalence of severe disability with 43% of those with a disability unable to walk and 23% unable to

see. Despite the prevalence of mobility disabilities there is no government in-home or residential support by health sever provides for people with a disability.

Table 1: % of older people with a disability, what type of disability

Disability	Older people	Older men	Older women
Walking	84%	84%	85%
Sight	66%	63%	68%
Self-care	37%	37%	37%
Hearing	23%	21%	24%
Communication	21%	22%	21%
Remembering	20%	20%	21%

Another important finding from the assessment was around the need for assistive products. The table below illustrates the most needed assistive products. Other assistive products that older people mentioned they do not have but needed were hearing aids (17%), bath chairs (16%), urine flasks (8%), adult diapers (6%) and bed pans (5%). There was little variation between older men and older women in terms of types of assistive products needed, with the only outlier being that older women had a greater need for crutches as compared to older men. An unsurprising finding was that as older people age the need for assistive products increases apart from the need for glasses which remains constant across all surveyed age groups. While the Ministry of Social Development does provide assistive devices as seen from this survey it does not sufficiently cover needs of older people with disabilities. Therefore, civil society often must fill the gaps, however with a lack coordination between organizations can sometimes lead to duplication of support.

Table 2: % of older people who need assistive products.

	Glasses	Crutches	Wheelchair
Do not have but needs assistive product	48%	16%	13%
Has assistive product but require replacing	25%	12%	6%

Recommendations

1. Identify rehabilitation services to support provision of physiotherapy and access to mobility products, such as crutches and walking canes.
2. Identify eye care and opticians' services to screen older women and men, to provide advice on critical eye care in older age and, where needed, to refer older people to optician services, knowing they are in short supply.
3. Develop plans with community health and social workers to carry out screening programmes for older people who have difficulty seeing, walking, leaving the home or communicating. Plan how to improve their access to healthcare and other essential services.

5. Include occupational therapists and physiotherapists in the plans for designing next steps in project development to focus on improving independent living skills
6. Actively involve older people with disabilities in planning and information sharing for their immediate and longer-term future to make sure their needs are well identified, and relevant services are accessible to them.

8. Accountability and access

Lack of access to humanitarian assistance is also a high risk faced by older people. Of those interviewed 74% reported they receive no humanitarian assistance. This lack of assistance ranged from 71% - 88% across all locations apart from in Al-Shati (Beach) camp where 42% did not receive any humanitarian assistance. It is worth noting here that this alarming figure may have been down to a misunderstanding of the questionnaire by older people, or because while their family may receive assistance, they are not direct recipients. Therefore, this finding is currently being further investigated by El-Wedad. However, what is clear is there is a lack of targeted assistance provided to older people in Gaza which has been corroborated through key informant interviews.

Also, 98% of older people have not been consulted by humanitarian organizations. This highlights general lack of involvement of older people in decision making which applies both to humanitarian organisations as well as the government. Currently there are not bodies or institutions that represent older people. Furthermore, at the government level, there seems to be no official policy that would enhance the participation of the older people in development related issues and national policies.

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