



MIFTAH Policy Paper | May 2026

Elderly Women in Gaza: Systemic Neglect Under Genocidal Conditions

Executive Summary

Elderly women in Gaza represent one of the most vulnerable and least visible populations affected by Israel's ongoing genocide and the collapse of humanitarian conditions. While older women have historically faced structural marginalization, these vulnerabilities have been dramatically intensified since October 2023. The destruction of civilian infrastructure, displacement of populations, and collapse of healthcare and sanitation systems have disproportionately affected elderly women, who rely heavily on continuous care and physical accessibility.

This policy paper draws on testimonies collected by MIFTAH from displaced women aged 54 to 97 across the Gaza Strip. The findings reveal extreme levels of dependency, systemic exclusion from humanitarian aid systems, and severe physical and psychological deterioration.

All women are fully reliant on humanitarian assistance and unable to walk independently. The majority report starvation, lack of access to healthcare, absence of sanitation facilities, and untreated chronic illnesses. These conditions reflect a structural failure in humanitarian protection systems and the absence of age-sensitive response mechanisms.

Effects of Genocide on Elderly Women

1. Physical Health and Displacement Conditions

Forced displacement in Gaza has created living conditions that are fundamentally incompatible with the needs of elderly women. Overcrowded camps, inadequate shelter materials, and exposure to extreme weather conditions have resulted in rapid physical deterioration. Many are forced to sleep on the ground or on insufficient bedding, leading to: severe chronic pain and immobility. worsening of pre-existing health conditions, increased physical exhaustion and dependence.

2. Collapse of Healthcare Access

The destruction of Gaza's healthcare system has had catastrophic consequences for elderly women, who require continuous medical care for chronic conditions. Findings indicate: severe deterioration of untreated illnesses, near-total absence of regular medical follow-up, acute shortage of essential medications, lack of mobility aids such as wheelchairs and walkers.

Access to remaining healthcare facilities is severely limited due to distance, insecurity, and transportation costs. As a result, elderly women are often physically unable to reach medical services and become entirely dependent on caregivers.

3. Inadequate and Inaccessible Sanitation

Sanitation infrastructure in displacement settings is critically insufficient and inaccessible for elderly women. In their testimonies women highlight severe shortage of functional toilets, lack of accessible sanitation facilities near shelters, dependence on others for basic hygiene needs, and the use of makeshift solutions inside tents. These conditions undermine dignity, increase health risks, and further deepen dependency and loss of autonomy.

4. Extreme Dependency and Loss of Autonomy

Elderly women in Gaza have become almost entirely dependent on others for survival. Humanitarian aid distribution systems require mobility, endurance, and long waiting times that are not accessible to this population. This dependency extends to basic functions such as eating, bathing, and using sanitation facilities, all of which require constant assistance.

5. Psychological Impact

The psychological toll on elderly women is profound and cumulative. It is shaped by repeated displacement, loss of family members, destruction of homes, and prolonged exposure to unsafe and undignified living conditions. MIFTAH testimonies highlight severe emotional distress and depression, social isolation and loss of community networks, psychological exhaustion due to constant dependency, and unprocessed grief linked to loss of family and familiar environments. The erosion of dignity and autonomy further intensifies mental health deterioration, particularly among women with limited mobility.

Policy Recommendations

1. Accountability and Protection

Third parties should:

- Ensure immediate and unhindered humanitarian access across Gaza
- Pressure for the opening of border crossings for essential aid delivery
- Support restoration of UN agencies, including UNRWA, and full operational capacity
- Guarantee restoration of essential services, including water, electricity, and healthcare systems
- Ensure protection of Palestinians and Palestinian infrastructure

2. Humanitarian Response Reform

Humanitarian actors should:

- Prioritise entry and distribution of essential medications and mobility aids as primary and not secondary needs
- Integrate age-sensitive and disability-inclusive approaches across all response mechanisms
- Ensure shelters and displacement sites are accessible, safe, and dignified for elderly women
- Expand mobile and home-based services to reach immobile and dependent individuals