



**The rights and needs of older people in the  
occupied Palestinian territories:**  
*A situational analysis*

# **The rights and needs of older people in the occupied Palestinian territories: *A situational analysis***

Submitted to HelpAge International & the Ministry of Social Affairs  
Conducted by: Strategic Management and Planning Consultants - Plan  
October 2015

HelpAge International helps older people claim their rights, challenge discrimination and overcome poverty, so that they can lead dignified, secure and health lives.

HelpAge International would like to express its appreciation to all who made it possible to complete this situation analysis of older people's rights and needs in oPt. We owe special gratitude to the Ministry of Social Affairs in the West Bank for their cooperation in providing data and information for this study in particular Dr. Kawthar Moghrabi and Mr. Ghanem Omar. Special thanks to Niaz Mazarah, a consultant for Plan, and to all colleagues who worked hard to prepare and produce this document. Special appreciation to Lina Qutob and Eyad Al Araj for their guidance and constant supervision, and for their support in completing this report.

Special acknowledgment is also extended to the many Palestinian older people, NGOs, civil societies, Ministries and other actors that have made contributions to enrich this report.

The research was carried out by Plan – Strategic Management and Planning Consultants supported by HelpAge International, and Age International.

Published by HelpAge International  
PO Box 81714, 19 Abu-Madi Street, Beit Hanina, Jerusalem

[info@helpage.org](mailto:info@helpage.org)  
[www.helpage.org](http://www.helpage.org)

Copyright © HelpAge International 2016  
Registered charity no. 288180 (UK)

Cover image: Painted in oil by Ibrahim El-Awadi, born in Jabaliya refugee camp in Gaza in 1976. The painting is a meditation on the reality of life for Gazan older people. It has been exhibited in a solo exhibition at the General Federation of Trade Unions of Palestine and at a number of festivals and group exhibitions. The copyright for this painting is held by the artist.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License, <https://creativecommons.org/licenses/by-nc/4.0>. Excluding the cover image, any parts of this publication may be reproduced without permission for non-profit and educational purposes. Please clearly credit HelpAge International and send us a copy or link.

## Contents

<b>List of acronyms</b> .....	<b>3</b>
<b>Executive summary</b> .....	<b>4</b>
Summary of recommendations .....	5
<b>Introduction</b> .....	<b>7</b>
<b>Report objectives and methodologies</b> .....	<b>9</b>
Report approach .....	9
<b>Part one: Older people in an ageing population</b> .....	<b>10</b>
<b>Part two: Status of older people globally and in the Arab world</b> .....	<b>12</b>
<b>Part three: Older people in the Palestinian context</b> .....	<b>15</b>
<b>Part four: Conclusions and recommendations</b> .....	<b>43</b>
General conclusions.....	43
<b>Recommendations</b> .....	<b>51</b>
<b>Annexes</b> .....	<b>57</b>

## List of acronyms

<b>Acronym</b>	<b>Definition</b>
HWC	Health Work Committees
MOSA	Ministry of Social Affairs
MoH	Ministry of Health
MoL	Ministry of Labour
NCDs	Non-Communicable Diseases
NIS	New Israeli Shekels
NGOs	Non-Governmental Organisations
oPt	Occupied Palestinian Territories
PA	Palestinian National Authority
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
PHIC	Palestinian Health Information Centre (in MoH)
PMRS	Palestinian Medical Relief Society
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
WFP	World Food Programme
WHO	World Health Organization

## Executive summary

Increasing longevity is one of the great achievements of humankind, but the demographic shift towards growing older populations also presents considerable economic, cultural and social challenges to the global community. Individual countries need to respond to population ageing by adopting new approaches to age-related issues and ensuring effective integration of ageing within the national development process.

To encourage a more age-friendly world, in 1991 the United Nations (UN) approved five principles on older persons (independence, participation, care, self-realisation and dignity) and called on governments to incorporate these principles into national policies. In 2002, the UN adopted the Madrid International Plan of Action on Ageing.

Since then, many countries globally and in the Arab world have made considerable advances in this area, with profound and positive impacts on older people. Measures adopted include legislation on pension funds and social security systems, tax breaks on facilities for older people, free health insurance, welfare services, education and training programmes, specialisations in age-related diseases in university faculties, financial support for older people to live in their own homes or with relatives, and awareness and celebration of the International Day of Older Persons.

HelpAge International and the Palestinian Ministry of Social Affairs (MoSA) initiated this report to ascertain the current living conditions experienced by older people in the occupied Palestinian territories (oPt), and to conclude recommendations with practical and realistic applications for future age-related programmes and policy guidelines.

The report adopted a descriptive analytical approach. Research tools included a desk review of the relevant literature, alongside participatory research tools (semi-structured interviews and focus group discussions with older people and government service providers in the MoSA, Ministry of Health (MoH), Ministry of Labour (MoL), the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), and with legislators and policy makers). Demographic data are complemented with analysis of the existing environment and services provided by the MoSA and other ministries, UNRWA and civil society organisations.

The statistical analysis clearly demonstrates that Palestinian society, with a population of 4.68 million people, is still a youthful society with a high dependency ratio. People aged 60 or over constitute 4.5 per cent of the population with a total of 210,000 individuals. Of these, 14.5 per cent participate in the labour force and around two-thirds are married. One sixth of families are headed by an older person. Illiteracy is widespread among older people and women bear a disproportionate burden due to the prevalence of poverty.

The report identifies existing failures to secure full protection for the fundamental human rights of older people in the oPt, or even to adhere to international recommendations such as the United Nations five principles for older persons referred to above. The status of the oPt in HelpAge International's Global AgeWatch Index for 2015 was very low: the West Bank and Gaza Strip were ranked 93 in the general index out of 96 participating countries.

Care providers comprise governmental and civil bodies, the private sector and international organisations. Residential homes or day clubs offer few special services and weaknesses are apparent in the infrastructure of residential centres and institutions, indicating considerable discrepancy between existing services and what older people need. The huge responsibility to

protect the rights of older people requires communication, coordination and follow-up by all stakeholders.

A research centre is needed to conduct specialist studies on older people. Currently no database exists to serve the planning and development process, monitor the status of older people or support their needs in times of crisis and disasters.

Legislation on public health and the health insurance system make no specific references to older people as a specific group. Disruption to the work of the Palestinian Legislative Council has delayed the approval of laws drafted to regulate the status of older people.

Chronic diseases are increasingly widespread and are responsible for the majority of older deaths. From an epidemiological statistical point of view, the spread of these diseases among older people is very high in comparison with other age groups. Medical school curricula do not cover geriatrics and there are no specialist geriatric doctors.

There are no political policies or formal programmes to support participation by older people in development. The Social Security Law and the Pensions Law governing public pensions in the public, civil and military sectors require ratification, and retirement policies for employees in Israel's labour market seem likely to remain dormant.

Sources of income vary among older people, but reliance on family care is common. Residential care homes and day centres care for the homeless, although these facilities are limited in number and capacity. There are no programmes to encourage volunteer work with older people and there are many constraints that restrict engagement in daily activities. Adaptations to houses to assist older people with home-based care are not available.

The conditions faced by older people in the Gaza Strip are particularly dire due to the prevailing political, security and economic problems, and older people are much more vulnerable to acts of abuse and violence than in the West Bank.

## Summary of recommendations

- Establishment of a leadership body such as the Ministry of Social Affairs or the National High Committee for Older Persons to oversee the implementation of work related to the ten priority actions identified in the *Ageing in the Twenty-First Century: A Celebration and a Challenge* report published by UNFPA and HelpAge International.
- A comprehensive mid-term national programme for the care for older people. This programme should take into account cross-cutting challenges, potential responses, and the actions identified by the Arab Plan of Action on Ageing for incorporating the human rights of older people into policy making and planning for social, healthcare and economic aspects.
- The government should accelerate the enactment of a law for older people. Adequate funding must be provided for the activities proposed in existing or current strategic plans for older people and for social protection. The Ministry of Health and the Ministry of Social Affairs should coordinate to provide retirement schemes, free health insurance and workers' allocations.
- All institutions must play an active role in strengthening national capacity on ageing and adopting age-friendly policies.
- From an economic standpoint, plans must be introduced to employ older people and take advantage of their expertise and skills post-retirement. Older people need income security in the form of a pension or financial assistance linked to the cost of living and minimum wages. Also, a relief response must be prepared to meet the emergency needs of older people in the Gaza Strip due to the impact of ongoing wars and violence.
- Take advantage of positive factors such as religious faith, strong family unity and volunteering within communities.
- Determine a standard definition of older people as 60 years or over for the purposes of retirement, studies and the identification of needs.
- Combat age discrimination.

- Discussions between the government and stakeholders to distribute tasks and responsibilities between them.
- Training for employees in health and social services to create professional human resources for older care.
- Healthcare providers need to unify their health programmes and develop standard national protocols.
- The range of services provided needs to be expanded to focus on developmental aspects and the rehabilitation of older people.
- The establishment of services for healthcare and home-based care dedicated to older people and the provision of free health insurance.
- Provide age-friendly physical environments to facilitate access to homes and services in hospitals, banks and public buildings.
- Promote good mental health and counselling services.
- Establish more residential centres, day clubs and leisure activities for older people.
- Promote awareness about older people to eradicate negative attitudes and stereotypes in society.

The challenges faced in the oPt are considerable, but the need for reform is pressing in the face of future demographic shifts and the projected increase in the older population. The recommendations of this report respond to the needs voiced by older people and provide a framework of priority actions for all stakeholders to ensure that ageing issues are incorporated into national development plans and policy directions.

## Introduction

The political, security, economic, social and legal environment in the occupied Palestinian territories has a detrimental impact on the Palestinian population and older people are particularly at risk.

The oppressive policies of the Israeli occupation are manifested in detentions and killings; checkpoints and other closures that restrict movement; the construction of the apartheid wall that cuts Palestinians off from their land; and violence from settlers who destroy crops and trees that are pivotal to livelihoods. The occupation has created instability and economic stagnation evidenced in drastic falls in living standards and the emergence of deep levels of poverty across all sectors of the Palestinian population.

Neglect of the older generation is apparent in the absence of any effective national policies or programmes tailored to meet the special needs of this sector, or even minimal protection of basic rights to safeguard health, wellbeing and dignity. The Palestinian National Authority (PA) has proved unable to execute the National Strategy for Older People of 2010-2015 and has not enacted any age-specific legislation. No research has been conducted on the situation of older people and there is no database of demographic and social data to inform policy relevant to the over 60s. Limited community awareness and the gradual transition from extended to nuclear family structures adds to the neglect of older people. Minimal coordination takes place between civil and governmental institutions working with older people, the services on offer are poor and restricted in availability, and income insecurity is high due to the extremely low pension payments for those who receive them.

Existing care takes the form of relief or services that fail to treat older people as active participants for inclusion within the larger processes of development and who deserve an enabling and supportive environment where their rights are respected. This highlights the urgent need to examine the situation of vulnerable groups, to identify their needs, and find creative and innovative ways to respond to the challenges based on a rights perspective.

This overview of the situation of older people in the oPt includes views expressed directly by older people about their concerns and their satisfaction with current conditions.

**Part one** of the report defines the terms used for older people and presents a general background. **Part two** examines older care globally and in the Arab world. **Part three** analyses the situation of older people in the oPt in five key areas: the legal framework, health, economic issues, and their social and civil rights. **Part four** presents the conclusions of the report and recommendations to guide the future strategies of HelpAge and the MoSA in the best interests of older people.

The report focuses on the services offered by the MoSA and other ministries (Health, Labour, Transportation, Housing), UNRWA and other key actors such as civil society organisations. Detailed information and analysis is provided on the following aspects of older people's lives:

- Health status: physical and mental health; access to healthcare and services; death and fertility rates; NCDs morbidity; health providers; and relevant legislation
- Income security and benefits: the ability of older people to access benefits that contribute to daily living expenses e.g. access to pensions, cash transfers, employment and other financial support; pension laws and social security laws

- Family and social support: the social status of older people; the role played by the family in providing regular supervision over wellbeing and assistance with activities of daily living (ADL); leisure activities; community participation; inclusion; satisfaction with housing and other living conditions; and access to social facilities providing peer companionship and personal security in the community
- The national legal framework and existing gaps in respect to older people's rights
- Results and recommendations covering the following specific areas:
  - Violations of rights and the impact on older people, the causes of violations and groups that are particularly vulnerable
  - Gender mainstreaming, disability, obstacles to securing rights and access to services
  - Comparison of the situation of older people in geographical locations: West Bank and Gaza, including comparison between refugee camps, rural areas and main cities
  - Data disaggregation by age, gender and ability
  - Roles and responsibilities of the duty bearers
  - The legislative, administrative and economic frameworks and current political focus.



## Report objectives and methodologies

### Report objectives

HelpAge and the MoSA commissioned a review of the rights and needs of older people in the oPt to assist in defining HelpAge strategy and to guide MoSA policy responses to demographic ageing.

Both parties seek action-oriented research on existing gaps and on how best to foster older people's rights on the agenda of duty bearers in the oPt. The report evaluates the environment in which care organisations currently operate and identifies ongoing violations of rights, their extent and their causes. This report is a vital tool to ensure that future programmes and projects achieve optimal impact while being based on realistic and practical objectives.

### Report approach

The report is based on descriptive, analytical and participatory methodology and was carried out in conjunction with older people, communities and other stakeholders as follows:

1. The researcher made a desk review of relevant literature from global, regional and national resources including HelpAge, MoSA, MoH, MoL and other NGOs (see Annex). This provided secondary data for analysis and enabled the researcher to prepare for the second step (collecting the primary data) and deciding on the final structure of the report.
2. Primary data were collected using participatory research tools, including semi-structured interviews with all key institutions<sup>1</sup> serving older people and focus group discussions with older people themselves. These interviews and focus group sessions were critical to ascertain the opinions and recommendations of stakeholders and related institutions, to supplement the data and to form the basis for analysis.

The target groups included:

- Government service providers: departments for older people and all related staff at MoSA, MoH and MoL in the West Bank and Gaza
  - UNRWA: the health departments and social affairs departments in Jerusalem and Gaza
  - Legislators and policy-makers: Legislative Council members
  - Care institutions for older people (residential and day care)
  - Palestinian Pensions Authority
  - Older people: selected sample of three focus groups in West Bank and Gaza.
3. Analysis was conducted on stakeholders, diversity or gender, a capacity assessment of duty bearers and key stakeholders, demographic data, health, economic, social and legal aspects before concluding the key results and recommendations.
  4. The report took into consideration global, regional and national contexts. The focus was on analysis of national data disaggregated by sex, region, residence and age.

The report was conducted in the period June to October 2015 and faced several limitations:

- Absence of a national database on older people
- Lack of data on specific issues relating to older people
- No standard age classification is employed for data (e.g. 55-64 years/ 60-65 years/ 65 and above), even for data from the same source
- Equivalent data are not available for the West Bank and Gaza
- Data differ from one source to another (MoSA and MoH data are based on their regular reports, but data from the Palestinian Central Bureau of Statistics (PCBS) are based on surveys and samples)

---

<sup>1</sup> In-depth interviews were held with all relevant stakeholders (in West Bank and Gaza) from the public sector and civil society, as listed in the annexes.

- The retirement age is not the same for all sectors and this exacerbates the definition of older people and thus, the analysis
- Data are not updated on a regular basis
- Some data take into account J1 and/or J2 areas of Jerusalem, which can impact on figures.
- Some interviewees delayed their interviews or failed to attend.

## Part one: Older people in an ageing population

Many people equate ageing with ill health, disability and vulnerability that require a response via health or social services and economic welfare. This is completely misleading because ill health is not an inherent factor in ageing. Many older people live in good health and are able to make a significant contribution to their families and communities. Unfortunately, the positive input and vast potential of this sector is not taken into account when evaluating resources within communities.

The definition of the older generation varies in different societies: The terms older person or people, the elderly or ageing are commonly used as synonyms for the same concept. Following intensive discussions, the terms “older person” or “older people” are considered to broadly reflect the process of growing in age while maintaining good health and continuing to engage in social and economic contribution. The terms “ageing” and “the elderly” can reflect negative connotations about the lives of older people, their health and their role in society.

**In line with global trends, this situation analysis will use the terms “older person” or “older people” in preference over other terms.**

The age threshold at which an individual is considered as an older person varies from one country to another, from region to region, and sometimes by gender. Globally and in the Arab world, an individual is officially considered to be an older person once they reach retirement age. Developed countries have raised the threshold to 60 or over based on the fact that older people are crossing the threshold of 60 in good health and are able to continue working. However, health indicators in poorer countries show fewer possibilities for individuals to reach the age of 60 in good health and still capable of working and contributing to their communities. Therefore, it is clear that the definition depends on the quality of life and the level of wellbeing experienced by a population.

In neighbouring countries to the oPt like Jordan and Egypt, the retirement age for both sexes is 60 years, whereas Israel differentiates between males and females; in Israel the retirement age is 60-65 years for females and 65-70 years for males. There are global disparities. In the US, for example, the retirement age is 65 years, while some European countries set the retirement age at 67. UN institutions consider the retirement age to be 62 years.

In the oPt the official age of retirement is 60 years old for both sexes. The proposed draft law of older persons defines an older person as: “Any Palestinian citizen who has reached the age of 60 calendar years and is unable to comport themselves totally or partially like a normal person to fulfil the basic needs for a normal life due to his or her age, or as a result of a lack of physical, mental or psychological abilities.” The PCBS uses the definition: “Those who reach the age of 60 years and older”. However, PCBS statistical data sometimes classify older people as starting from 65 years and older; this is the case in some MoH statistics.

For the concepts of an “ageing community” and the “old-age dependency ratio”, older people are considered as 65 years and older. The World Health Organization (WHO) defines an ageing community as one in which the proportion of the population aged 60 years or over constitutes 15 per cent or more of the total population.

The UN earmarked 1999 as the International Year of Older Persons with the theme of “a society for all ages”. Four fundamental factors in the lives of older people were emphasized: individual lifelong development; multigenerational relationships; the interrelationship between an ageing population and development; and the situation of older people. This initiative reflects and accentuates a more progressive focus that confirms the concept of the economic, social and health rights of older people amid calls to provide opportunities for older people to continue to contribute socially and through employment.

As participation by older people increases and they are actively involved in their communities, the public perception of older people as dependent individuals is challenged. This is manifested in situations where older people are working as consultants in community and national development plans, working as trainers and teachers of young people in agriculture, and where they offer a role model of active and productive ageing.

Governments must promote and reinforce this process of change alongside the other groups working to enhance the role of older people in society: civil society and non-governmental organisations (NGOs), professional organisations, universities, schools, religious groups, women's organisations, trade unions, UN agencies, families and individuals. This will undoubtedly pose challenges that everyone must be ready and willing to address.

## Part two: Status of older people globally and in the Arab world

### Population ageing - A demographic change with huge socio-economic dimensions

The increase in human life expectancy is one of the great achievements of human development. Population ageing was a major trend in the twentieth century and will continue into the current century in all countries, but is progressing at a faster pace in developing countries. The proportion of the population aged 60 years or over is expected to grow and continue to grow faster than any other age group due to declining fertility rates and high rates of longevity. This demographic shift in the population offers the potential opportunity for contributions by older community residents who are socially and economically active and enjoy income security and health. It also poses cultural, economic and social challenges for individuals, families, societies and the global community.

In 2012, there were 810 million individuals aged 60 years or over, constituting 11.5 per cent of the total world population. It is projected that by 2022, the proportion of people aged 60 years or over will constitute 22 per cent of the world's population,<sup>2</sup> rising to more than two billion people globally by 2050. Currently, two in three people aged 60 or over live in developing countries, but by 2050, four in five will live in developing countries. In 2010-2015, average life expectancy at birth was 78 years in developed regions and 68 years in developing regions; this will rise to 83 years in developed regions and 74 years in developing regions by 2045-2050. Women tend to live longer than men and in 2012 there were 84 men for every 100 women in the 60 or over age group.

In response to population ageing, governments need to ensure income support for older people, provide opportunities to participate in appropriate work, and ensure the provision of social services, including long-term healthcare. In the absence of policies to address such issues, a high percentage of older people will be forced to live in poverty instead of playing an active role economically and socially in families and in local communities.

The tendency for women to live longer into older age than men increases the challenges for policy makers. Women constitute the majority of older people worldwide, but are more vulnerable to discrimination and face limited access to employment and health services. They are particularly at risk of mistreatment and the deprivation of rights such as owning and inheriting property.

Financial security and healthcare are identified as major priorities by older people. Investment in a retirement salary is one means of ensuring economic independence, and minimum wages and social support are vital to combat poverty. In reality, only one third of countries have comprehensive plans for social support, covering 28 per cent of the world population. These schemes are primarily for workers in formal employment, or the equivalent of less than half of the economically active global population.

Demand for healthcare is growing as the number of older people without the means to support themselves increases and is expected to double four-fold in developing countries by 2050. In poor countries, older people are dying from chronic diseases such as heart disease, cancer and diabetes. Poor health can result in older people losing their independence due to impaired mobility, frailty and other problems that affect physical and mental wellbeing. Many older people need some form of long-term care, whether residential care, community care homes, living assistance and care in shelters, or lengthy periods of hospitalisation.

---

<sup>2</sup> Japan is currently the only country with an older population of more than 30 per cent. By 2050, 64 countries are expected to have a population in which 30 per cent are aged 60 or over.

Older people should enjoy full rights to responsive physical and mental healthcare adapted to age-related needs at affordable prices. Ageing populations should be taken into consideration in the design of the physical environment to promote active ageing at a time when people are vulnerable to impaired mobility, audiovisual problems and frailty. It is imperative to ensure adequate housing and to combat discrimination, abuse and violence against older people.

A population is classified as ageing when older people constitute a proportionately larger share of the total population. If the proportion of the population aged less than 15 years constitutes about 35 per cent of the total population, it is termed a young society. However, if the proportion of the population older than 65 years increases to 10 per cent of the total population, it is then considered an ageing society. This classification enables analysis of the dependency ratio in the economy<sup>3</sup> as it reflects the extent of the burden posed by the population in age groups that do not work on working-age groups in society. The higher the dependency ratio, the greater the number of dependents reliant on people of working age, which indicates higher spending and lower savings. This has implications for governments because a high dependency ratio signifies that government revenues will be required for projects to provide food and education rather than spending on infrastructure like water, electricity and road networks.

From 1978 onwards, international organisations started to address the issue of older people. The UN General Assembly held conferences and developed the Vienna International Plan of Action on Ageing. The World Health Organization focused attention on older people. There was also the introduction of an International Day of Older Persons (1 October), a World Elder Abuse Awareness Day (15 June) and an Arab Day for Older People (25 September). In addition, the United Nations developed a set of Principles for Older Persons in 1991.

The 2012 report by HelpAge and the United Nations Fund for Population Activities, *Ageing in the twenty-first century: A celebration and a challenge*, recommended the adoption of ten priority actions by governments to maximise opportunities for older people. These priorities incorporated international human rights into national laws and regulations, and into affirmative measures that challenge age discrimination. The ten priorities comprise:

- engaging all stakeholders
- strong political commitment
- development of support systems
- promotion of healthy habits, education, employment and access to health services
- research on ageing
- integration of ageing into gender policies
- mainstreaming ageing and the needs of older people in national development policies and programmes
- plans to respond to ageing in disaster management
- inclusion of ageing issues in the post-2015 development agenda
- developing a rights-based culture of ageing to change societal attitudes towards older people from welfare recipients to active, contributing members of society.

Older people face age-related discrimination and violation of their rights manifested in stereotyping or prejudice against an individual because of their age. Unfortunately, few governments have policies to address this phenomenon. The following six fundamental rights were identified by the Global Alliance for the Rights of Older People:

1. The right to non-discrimination (on the basis of age, sex, race or nationality)
2. The right to be protected from violence in all its forms
3. The right of access to social security and pension provisions
4. The right of access to health and health services
5. The right of access to employment, participation and education opportunities

---

<sup>3</sup> The dependency ratio measures the number of people not yet of working age plus the number of people of retirement age versus the total number of people of working age. This calculation shows the proportion of dependents per working-age population.

## 6. The right to own property and inheritance.

While the economic, social, cultural, civil and political rights of older people are incorporated into international human rights, these conventions must be ratified by governments and the rights therein translated into domestic legislation and enforced.

The UN recognised five principles adopted in the UN General Assembly Resolution No. 46 of 1991 and called upon governments to integrate these five principles of "independence, participation, care, dignity and self-fulfilment" into national programmes to improve the lives of older people and facilitate their contribution to local communities.

Eight Millennium Development Goals were identified in the wake of the UN Millennium Summit in 2000. All UN member states committed themselves to achieving these goals by 2015, although none of the goals referred to older people specifically. A UN General Assembly meeting in 2010 to review progress towards the Millennium Goals called for progress to be accelerated and identified further development work on the UN agenda after 2015, but, once again, older people were not referred to expressly.

The demographic structure of the Arab world is changing due to declining fertility and mortality rates. The population growth rate is expected to fall to 1.99 per cent in 2025 compared with 2.6 per cent in 2000. The growth rate of the population aged 65 or over is expected to be between 4-5 per cent in 12 Arab countries between 2000-2050, and the total number of people aged 65 and over is projected to reach more than 21 million by 2020. Average life expectancy is expected to reach 73 years in 2025 and 76 years by 2050. Thus, the ageing index<sup>4</sup> will rise dramatically in Arab countries by 2025.

The Arab Plan of Action for older people was drafted in 2012 and focused on the requirements for Arab states to implement the Madrid Plan for older people in its three priority directions:

- development in an ageing world
- the promotion of health and wellbeing in older age
- ensuring a supportive enabling environment for all ages.

Some Arab countries have created specialised departments for older people in ministries and have introduced legislation for pension funds and social security systems, including clubs for older people, free health insurance and welfare services to cover disability caused by ageing. Jordan, Bahrain, Syria, Qatar and Lebanon formulated national policies in response to the Madrid Plan and the PA included older people in its Strategic Action Plan for 2010-2015. Civil society also plays a significant role in social support.

Policy makers in Arab countries are urged to focus on the challenges posed by an ageing population and to formulate policies that will improve the quality of life of older people, enable them to remain active and to live independently in their communities, provide them with the same healthcare and social security as others in the working population, and create formal and informal systems of social support that may include facilitating the care of older people within their families.

---

<sup>4</sup> The ageing index is the number of people aged 65 years or older per 100 people under the age of 15 years.

## Part three: Older people in the Palestinian context

### Background

Living conditions in the oPt are characterised by hardship and a generally negative political and security situation to which there is no imminent resolution. The population face constant violence on the ground in towns, villages and refugee camps (especially in the Gaza Strip); the permanent existence of roadblocks and checkpoints between West Bank cities; the isolation of Jerusalem from the West Bank by the presence of the apartheid wall; land confiscation and the destruction of homes, property and public utilities in both Gaza and West Bank; and the blockade on Gaza. The right of the Palestinian Authority (PA) to transfers of customs and tax revenues is flouted, causing crises in the payment of salaries and the reluctance of donors to provide funding. The dire economic situation looks set to continue and poverty and unemployment rates are high.

Political divisions, government instability and disruptions to the convening of the Palestinian Legislative Council have a negative impact on Palestinian democracy and expose rights to violation due to the lack of legal accountability.

The large deficit in the general budget prevents the government from meeting even the most basic needs of Palestinian society, including older people who require specialist services and who are a growing proportion of the population. The prevailing conditions obstruct the performance of the MoSA, and indeed, those of other ministries; strategies and programmes for older people are implemented in a haphazard and unsystematic manner with scarce financial resources. The political and geographical division between the West Bank and Gaza Strip makes it impossible to develop and implement plans for these areas as one unit.

### Demographic profile

#### Population in the occupied Palestinian territories<sup>5</sup>

The population of the oPt reached 4.68 million in mid-2015: 2.38 million males and 2.3 million females. The population in the West Bank is around 2.68 million (1.45 million males and 1.41 million females), while the population in Gaza is around 1.82 million (925 thousand males and 895 thousand females).<sup>6</sup>

PCBS figures for mid-2015 showed that 39.4 per cent of the Palestinian population were aged 0-14 years: 37.2 per cent in the West Bank and 43 per cent in Gaza, proving that Palestinian society is still youthful, particularly in Gaza.

According to PCBS figures for mid-2015, 73.9 per cent of the population live in urban areas, 16.7 per cent in rural areas and 9.4 per cent in refugee camps. The estimated population density in the Palestinian territories is around 778 individuals per square kilometre, and is particularly high in Gaza at 4986 individuals per square kilometre.

Despite a slight decline from 2011 to 2013, fertility rates remain high at 4.1 births per woman compared with 6.1 births in 1997; Gaza has a higher rate of 4.5 births compared with 3.2 births in the West Bank. Birth and death rates are projected to decrease between 2015 and 2020; crude births are expected to decline from 31.9 births per 1000 population in mid-2015 to 29 births by 2020. Birth rates are falling thanks to strenuous efforts in health and birth control awareness. This is also the result of women pursuing their education and working, leading to a delay in marriage and limiting the number of children they bear.

---

<sup>5</sup> The sources of all data in this section are PCBS statistics unless referenced otherwise.

<sup>6</sup> Press release issued by PCBS and the National Population Committee on the occasion of World Population Day, 11 July 2015.

At the same time, the crude death rate is anticipated to decrease from 3.6 deaths per 1000 population in mid-2015 to 3.4 deaths by 2020 due to primary healthcare initiatives by government and civil health institutions that promote disease awareness and monitoring and healthy lifestyles.

The average household size has decreased from 6.4 individuals in 1997 to 5.4 individuals in 2014. The percentage of households headed by women was 10.6 per cent in 2014, with an average of 3 individuals per household compared with 5.8 individuals per male-headed household.

The labour force participation rate in the Palestinian territories is 45.6 per cent (people aged 15 years and over) according to statistics for the first quarter of 2015. This comprises 18.8 per cent females and 71.7 per cent males. Around a quarter of labour force participants (25.6 per cent) are unemployed: 36.2 per cent female and 22.8 per cent male. The majority of the population are reliant on a small number of workers i.e. a high dependency rate.

According to 2014 statistics, 9.6 per cent of individuals aged 15 years old and over had not finished any educational stage. Female illiteracy was higher than that of males: 5.6 per cent of females and 1.6 per cent of males. This reflects societal trends that favour males over females in education. Around 12.5 per cent of individuals aged 15 and over had completed a university education degree or higher qualification.

According to statistics from 2011, 113,000 individuals had a disability: 2.9 per cent males and 2.5 per cent females. About 56 per cent of them were aged 55 or over.

Monthly consumption patterns for 2011 showed that 25.8 per cent of the population lived below the poverty line (17.8 per cent in the West Bank and 38.8 per cent in Gaza), while 12.9 per cent lived in extreme poverty (7.8 per cent in the West Bank and 21.1 per cent in Gaza). These figures are a reflection of repeated wars and the permanent blockade on the Gaza Strip.

### Demographic profile of older people in oPt

According to data published by the PCBS on the occasion of International Day of Older Persons, 1 October 2015, 4.5 per cent of the population were aged 60 or over: 4.9 per cent in the West Bank and 3.8 per cent in the Gaza Strip, a sex ratio of 82.5 males per 100 females. In addition, 2.9 per cent were aged 65 or over: 3.2 per cent in the West Bank and 2.4 per cent in Gaza.

**Table 1: Estimated number and proportion of older people in oPt by age, sex and region, mid-2015**

Age	oPt			West Bank			Gaza Strip		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
<b>60-64</b>	73,512	36,623	36,889	47,885	23,980	23,905	25,627	12,643	12,984
<b>65-69</b>	52,751	24,649	28,102	35,041	16,496	18,545	17,710	8,153	9,557
<b>70-74</b>	36,325	15,391	20,934	24,973	10,726	14,247	11,352	4,665	6,687
<b>75-79</b>	23,839	9,622	14,217	16,484	6,751	9,733	7,355	2,871	4,484
<b>+80</b>	22,923	9,051	13,872	16,054	6,370	9,684	6,869	2,681	4,188
<b>Total</b>	<b>209,350</b>	<b>95,336</b>	<b>114,014</b>	<b>140,437</b>	<b>64,323</b>	<b>76,114</b>	<b>68,913</b>	<b>31,013</b>	<b>37,900</b>
<b>Per cent of total</b>	<b>4.47%</b> of the total population	<b>45.5%</b> of the older people population	<b>54.6%</b> of the older people population	<b>67%</b> of the older people population	<b>45.8%</b> From the West Bank	<b>54.2%</b> From the West Bank	<b>32.9%</b> of the older people population	<b>45%</b> From the Gaza Strip	<b>55%</b> From the Gaza Strip

Source: PCBS 2015 - estimates based on the final results of the General Census of Population, Housing and Establishments 2007

Although the number of older people is increasing, PCBS projections indicate that the percentage of people aged 60 or over in the total population will remain stable i.e. it will not exceed 4.5 per cent during the current decade, although the figures are projected to increase after 2020. The population as a whole is increasing due to high population growth rates of around 3 per cent and life expectancy has risen by five to seven years over the past two decades from 67 years in 1992 to 73.2 years in mid-2014.



**Table 2: Life expectancy by age, sex and region, mid-2015**

Indicator	Palestinian territories	Region	
		West Bank	Gaza Strip
Life expectancy (both sexes)	73.2	73.6	72.6
Life expectancy (male)	71.8	72.2	71.2
Life expectancy (female)	74.7	75.1	74.1

Source: PCBS 2015- estimates based on the final results of the General Census of Population, Housing and Establishments 2007

The labour force database of 2014 shows that 3.3 per cent of older people had never married, 64.9 per cent were married, and 30.6 per cent were widowed. Women made up 5.8 per cent of those who had never married and men made up the highest proportion of those who were married at 91.3 per cent. (Men in Palestinian society typically remarry upon the illness or death of their wives, but women rarely remarry upon the death of their husbands.) The percentage of widows was 49.0 per cent, much higher than that of widowers at 8.2 per cent.

***Increases in life expectancy and the projected growth in the number of older people after 2020 requires careful planning to meet the challenges that will be presented.***

Older people headed 16.3 per cent of households: 17.7 per cent in the West Bank and 13.5 per cent in the Gaza Strip.<sup>7</sup> By sex, 12.3 per cent were male and 49.8 per cent were female. By location, 16.6 per cent of households headed by older people were in urban areas, 15.7 per cent in rural areas and 15 per cent in refugee camps.

The labour force database for 2014 indicated that one-seventh (14.5 per cent) of older people participated in the labour force: 16.7 per cent in the West Bank and 9.9 per cent in the Gaza Strip. Of these, 14.5 per cent were in urban areas, 18.5 per cent in rural areas and 6.8 per cent in refugee camps. Participation rates were 25.6 per cent for males and 5.3 per cent for females. (Women are heavily involved in informal work and this is indicated by the larger percentage of female heads of households.)

Statistics from the labour force database indicated that more than half (58.7 per cent) of older workers are self-employed: 61.9 per cent in the West Bank and 59.3 per cent in the Gaza Strip, and 59.3 per cent male and 61.6 per cent female. More than one-seventh (13.6 per cent) of older people are employers who own their own business: 12.8 per cent in the West Bank and 13.4 per cent in the Gaza Strip, and 13.4 per cent male and 16.2 per cent female. There are 17.9 per cent of older people in paid employment: 19.7 per cent in the West Bank and 18.3 per cent in the Gaza Strip, and 18.3 per cent male and 21.6 per cent female. In addition, 9.8 per cent of older people are engaged in unpaid family work: 5.6 per cent in the West Bank and 9.0 per cent in the Gaza Strip, and 9.0 per cent male and 0.6 per cent female.

### **Older people as Palestinian refugees in the oPt**

According to the statistical bulletin issued by UNRWA in Amman in July 2015, which includes statistical data on refugees up to 30 June 2015, a total of 2,327,446 refugees were registered as residing in the oPt: 41 per cent in the West Bank and 59 per cent in Gaza. This figure comprised 554,470 families with an average of 4.1 individuals per family: 34 per cent of individuals and 31 per cent of families resided in refugee camps. The male/female ratio of refugees across the oPt is equal.

Individuals aged 60 or over form 11.3 per cent of all refugees in the oPt: 15 per cent of refugees in the West Bank and 9 per cent of all refugees in the Gaza Strip, and 53 per cent male and 47 per cent female.

Seven of every 1,000 refugees in Gaza who receive assistance from the UNRWA Social Safety Net Programme are older people: There are no statistics for the West Bank.

<sup>7</sup>Slight discrepancies were present in the press release by PCBS on 1 October 2015 that stated 17.6 per cent in the West Bank and 13.9 per cent in Gaza.

**Table 3: Distribution of older people among refugees**

District	General population	60 years and above		
	The number of registered refugees	Both sexes	Male	Female
West Bank	957,646	142,632 (15%)	78,515 (55%)	64,117 (45%)
Gaza	1,369,800	121,191 (9%)	60,203 (50%)	60,988 (50%)
Palestinian territories	2,327,446	263,823 (11.3%)	138,718 (53%)	125,105 (47%)

## Mapping of Stakeholders

### The Ministry of Social Affairs (MoSA)

#### Older people's department

The older people's department in the MoSA falls within the General Directorate for Family Affairs and is the official body charged with formulating national policies and plans and coordinating activities for older people. Established in 1994, the department has just one employee, the head of department, although there are job vacancies in the three sections within the department: outpatient care; residential care centres; and activities and programmes. Posts in each of the MoSA directorates for an advisor on older people's issues also lie vacant. These posts were filled in the past, although the employee was responsible for more than one task within the same directorate. Thus, the lack of professional human resources is a major challenge for the MoSA.

Gaza has the same structure of a department for older people with a department head and a number of employees, but the department was frozen in 2010 following a request by the social protection department at the MoSA in Gaza.

The older people's department works with partners to fulfil the following goals:

- Provide protection, care and rehabilitation for older people in poverty or in ill health who lack competent care
- Develop the capacities of teams working with older people (bearing in mind the many posts are vacant as described above)
- Supervision and monitoring of institutions caring for older people in the civil and private sector
- Ensure the rights of older people to enable them to live with dignity.

#### Strategic planning for the department

The MoSA formulated a five-year plan for 2010-2015 that identified its strategic objectives:

- Advocacy and lobbying for a law to protect older people in the oPt and ensure their independence, participation and a decent living
- Encourage and motivate the local community to use its resources and potential to address the issue of older people
- Promote and facilitate the role of Palestinian families in caring for their older relatives
- Provide comprehensive and integrated high-quality services for older people
- Encourage the media to play a prominent role in highlighting issues faced by older people
- Strengthen coordination and networking with the Arab world and globally about the issues faced by older people in the oPt.

The implementation of this strategic plan has been hindered by challenges that include:

- Limited political will (by decision makers) to address the subject of older people at an official level and to make older people a priority
- Limited financial resources at the MoSA
- Limited human resources at the MoSA
- Poor coordination between the relevant ministries and their individual failures to fulfill their responsibilities adequately

- Disruption to the work of the Palestinian Legislative Council that delays discussion and approval of the draft law for older people or regulations for institutions caring for older people.

### **Ajdad House**

The older people’s department runs a residential care centre called Ajdad House, located in Jericho. It is the only government centre linked to the ministry and provides care for people aged 60 or over. The centre’s total capacity is 60 residents, plus 15 older people with disabilities.

Civil associations, private companies and international organisations operate 20 institutions offering residential care and nine institutions providing day care services like day clubs.<sup>8</sup> The older people’s department in the MoSA supervises these institutions and purchases residential care services for older people in rare cases.

### **National High Committee for the Care of Older Persons**

The National High Committee for the Care of Older Persons was founded in 2011 in the West Bank and has 19 members. Headed by the MoSA, members of this committee include representatives of intergovernmental and nongovernmental bodies, the private sector and retirees (from the MoH, Ministry of Education, MoL, Ministry of Finance, the Ministry of Information and Communications, civil organisations and UNRWA). The committee does not include representatives from the Ministry of Transportation or the Ministry of Local Government, or from research bodies or international organisations.

The tasks assigned to the National Committee include lobbying and advocacy, planning, implementation and provision of resources, research and gathering information, consulting and technical support. In fact, the Committee has failed to perform any of these tasks.

### **Assistance programmes in the Ministry of Social Affairs**

The MoSA provides assistance to combat poverty through programmes that target Palestinian families in the West Bank and Gaza, indirectly assisting older people living in these families:

- The Cash Transfer Programme (CTP) pays between NIS750 and NIS1,800 every three months and targets poor families
- Health insurance is paid from the MoSA budget to the MoH
- In-kind assistance from the World Food Programme (WFP): food items or purchase coupons
- A programme to purchase accommodation and services from other institutions providing residential care for older people: The Red Crescent Society, the Women’s Union, the Deir al-Ghusun Society and the Jenin Society.

### **Cash Transfer Programme-CTP**

The one billion shekels of the CTP is funded 55 per cent by MoSA, 2 to 3 per cent by the World Bank, and 40 per cent by the European Union. A decision to accept a family in the CTP is based on specific criteria by which cases of severe poverty and vulnerable cases are defined.

As the table below shows, the CTP offers cash assistance to 123,494 Palestinian families, of whom 36 per cent are in the West Bank and 64 per cent in Gaza; it assists a total of 687,782 family members, 29 per cent in the West Bank and 71 per cent in Gaza.

***The Cash Transfer Programme should be reviewed because the sums paid to individual families are inadequate and are below the minimum wage. The criteria should be adjusted to take into account the circumstances of older people, who have extra expenses for medication and assistive aids.***

The CTP assisted 35,735 families headed by older people (60+ years), equivalent to 29 per cent of all the families benefiting from the CTP: 48 per cent in the West Bank and 52 per cent in Gaza. A

<sup>8</sup> The annexes lists care institutions for older people.

total of 58,484 individuals were in households headed by an older person, equivalent to 8.5 per cent of all CTP recipients: 43 per cent in the West Bank and 57 per cent in Gaza.

**Table 4: Recipients of the Cash Transfer Programme, 2015**

Variables	oPt			West Bank			Gaza Strip		
	Total	Per-centage	Average family size	Total	Per-centage / oPt	Average family size	Total	Per-centage / oPt	Average family size
<b>No. of recipient families</b>	123,494	100%	5.6	44,384	36	4.5	79,110	64	6.1
<b>Total no. of recipient family members</b>	687,782	100%	-	201,835	29	-	485,947	71	-
<b>No. of recipient older families</b>	35,735	29%	1.6	17,197	48	1.3	18,538	52	1.8
<b>Total no. of recipient older family members</b>	58,484	8.5%	-	24,924	43	-	33,560	57	-

Source: CTP database, accessed 5 August 2015

In the oPt the average size of a household headed by an older person is 1.6 individuals: 1.3 in the West Bank and 1.8 in Gaza. This figure includes 10,000 new families who were added to the CTP after the 2014 war on Gaza.

The MoSA received 371 complaints in 2014, of which 47 (12.7 per cent) were from people aged 60 or over. Most complaints related to cash assistance.

## Stakeholders in the care of older people

### Roles

In the oPt, care of older people is undertaken by the government, the civil sector, the private sector and UNRWA; each sector plays a special role in this field.

The following table summarises the roles currently played by the different parties in the care of older people and describes current practice:

Human rights field	Relevant parties	Current situation
Reduce poverty among older people	<ul style="list-style-type: none"> <li>Ministry of Social Affairs</li> <li>UNRWA - Social Affairs Department</li> </ul>	There is no policy targeting older people specifically but they are assisted through cash aid programmes for poor families.
Healthcare for older people	<ul style="list-style-type: none"> <li>Ministry of Health</li> <li>Health NGOs</li> <li>UNRWA - Health Department</li> <li>Military Medical Services</li> </ul>	There is no policy targeting older people specifically. A programme to combat chronic diseases is in place. Healthcare is available to holders of government health insurance and is offered in MoH centres and military medical centres only. Civil institutions do not require the patient to hold government health insurance.
Pensions	<ul style="list-style-type: none"> <li>Ministry of Finance</li> <li>Some Jordanian professional unions</li> </ul>	<p>The pensions available are:</p> <ul style="list-style-type: none"> <li>Public pension funds for civilian and</li> </ul>

		<p>military retirees</p> <ul style="list-style-type: none"> <li>• Pension funds from some Jordanian professional unions</li> </ul>
Illiteracy and education for older people	<ul style="list-style-type: none"> <li>• Ministry of Education</li> <li>• Some civil society organisations</li> </ul>	This may be covered by the national strategy for adult education.
Combat abuse and neglect	<ul style="list-style-type: none"> <li>• Ministry of Social Affairs</li> <li>• Palestinian police and courts</li> </ul>	This issue falls under the ambit of the Penal Code and not as a policy that targets older people in particular.
Care for older people with disabilities	<ul style="list-style-type: none"> <li>• Ministry of Social Affairs</li> <li>• Disabled Persons' Federation</li> <li>• Civil society organisations dedicated to people with disabilities</li> </ul>	Older disabled people receive assistance but not within a policy that targets them as a specific group.
Tax exemptions for older people	<ul style="list-style-type: none"> <li>• Ministry of Finance</li> </ul>	Older disabled people receive assistance but not within a policy that targets older people specifically.

The roles to be played by all partners were defined in the 2010-2015 strategic plan, the executive regulations of the draft law on older people and the executive regulations for residential centres run by the MoSA:

Institutions	Role required
Department for older people in the MoSA	1- Coordinate with the National Committee for Older Persons to plan and implement programmes that provide care for older people by combating discrimination and exclusivity in programmes and projects, educating adults about their rights, promoting research and studies, investing in the experience of older people and creating small businesses for them, and encouraging the private sector to recruit those capable of work.
	2- Coordination with the PCBS to build a database of information, data and statistics on older people that keeps pace with demographic, social and economic changes.
	3- Coordination with the media to make informative programmes that educate families and communities about the rights and need of older people and the difficulties they can face. Awareness-raising talks, press releases, television and radio slots can promote the integration of older people into the community.
	4- Coordination with the Monetary Authority to encourage banks to grant loans to older people at reasonable repayment and interest rates.
Ministry of Local Government	5- Create a suitable physical environment for older people that facilitates access, mobility and safe public areas. Licences could be made dependent on a location being suitable for use by older people.
Ministry of Education and Higher Education	<p>6- Create programmes and curricula that include awareness of ageing as a major component of the syllabus, or as part of any syllabus linked to older people.</p> <p>7- Count volunteering by students at care institutions as credit hours for student social service requirements.</p> <p>8- Combat illiteracy in older people and provide later-life educational opportunities for all ages.</p>
Ministry of Transportation	<p>9- Provide a public bus service appropriate for use by older people.</p> <p>10- Training for drivers on how to help older people use public transportation.</p>
The Ministry of Communications	<p>11- Facilitate the use of the information network.</p> <p>12- Reduce phone bills for older people by a percentage agreed upon with the</p>

and Information Technology	MoSA and in coordination with private telecommunications companies.
Ministry of Health	13- Introduce specialist geriatric and older people's departments in regional health directorates to undertake comprehensive periodic screening for the early detection and treatment of diseases, and to offer services for the physically disabled and health education.
Ministry of Information	14- The delivery of educational and community awareness programmes about respect for the rights of older people.
Ministry of Finance	15- Provide the funds required by various ministries involved in offering services for older people.
Ministry of Labour	16- Encourage the private sector to recruit older people capable of work and provide volunteer opportunities for older people, with token payment of costs.
Residential and day centres for older people	17- Provide social, health, psychological, cultural and recreational services to residents to help them cope with disability, ensure a life of dignity, enjoy decent accommodation and receive treatment for age-related diseases.
Palestinian Legislative Council	18- Enact a law that protects all the rights of older people. 19- Endorse budgets required to implement the law.
NGOs and human rights specialists	20- Monitor respect for the rights of older people by government officials and society and human rights violations. Provide training on the rights and services provided to older people.
PCBS and other research institutes	21- Commission specialised studies on older people. 22- Build a national database specialized in older people in coordination with the MoSA.

There is a considerable gap between the existing situation and the care and support older people have the right to expect in order to live a life of dignity and independence. The responsibility is huge on all parties, whether government institutions, civil society or the community. Improved communications, coordination and follow-up between the stakeholders are paramount.

### Civil institutions for the care of older people

There are 29 civil institutions throughout the West Bank and Gaza engaged in the care of older people: 20 residential homes and nine day-care centres, of which three are in Gaza and only one is residential. Their roles range from the delivery of residential services (medical services, physiotherapy, assistive aids, food, housing or clothing to older people without a family breadwinner) and day-care activities (socio-cultural leisure services and meals for older people). Residential homes house 287<sup>9</sup> older people (71 males and 216 females) according to a MoSA report solely on West Bank centres at the end of August 2015. There is also one residential centre in Gaza belonging to the Al-Wafa Association and serving 34 older people (19 females and 15 males).

***Studies and surveys about OP must be conducted to define their needs clearly for residential care, financial assistance and health services.***

The number of older people in residential homes is relatively low, reflecting the prevailing culture of Arab society that values close communities and family commitment to older people who may be ill and in need of care. Families prefer to keep their older relatives at home even if their economic circumstances are poor. In any case, the capacity of these residential centres is inadequate for the number of older people thought to require such care. No statistics are available on the number of older people in need of care and shelter.

<sup>9</sup> This figure does not include the 35 residents of Ajdad House in Jericho or the residents of the Al Wafa centre in Gaza.

Problems identified by care institutions are:

- health-related (diabetes, heart, blood pressure, impaired mobility, bed sores)
- psychological and social problems (isolation, reclusiveness, phobias, Alzheimer's disease and Parkinson's disease)
- economic problems (lack of any source of income, the absence of a breadwinner)
- poor coordination between duty bearers responsible for the care of older people (family, community, institutions and ministries)
- limited community awareness about geriatric care
- poor and unsuitable housing conditions
- the absence of social security.

The supervisory role of the MoSA is accepted on the proviso that it is based on support and development of these institutions, which welcome greater coordination and interaction for their mutual interests and not as a competitive race for funding. These institutions also seek to expand relationships with local communities on the basis of partnership and integration.

Care institutions advocate an integrated national programme for the care of older people with all stakeholders under one umbrella and an appropriate budget to implement a strategic policy in which services and age are clearly defined. The broad context would be home-based care alongside better communication between institutions and the MoSA, the development of specific and clearly defined programmes rather than random service delivery, the creation of more day clubs and residential facilities, raising awareness of older people's rights, health insurance, especially for older people in institutions, and a social security system.

### Research and statistical data

The PCBS is the only official statistical body that conducts studies related to older people:

- Elderly People in the Palestinian Territory: Facts and Figures, 2005
- Palestinian Family Health Survey 2006, with funding from UNFPA, UNICEF and the League of Arab States
- Palestinian Family Survey 2010, with funding from UNFPA and UNICEF.

Research centres or units located within academic institutions like the Community and Public Health Institute at Birzeit University have conducted a number of relevant studies.

The oPt has no central observatory that gathers data from studies and reports about older people which would be easily accessible to decision-makers, researchers or the public.

### Retirement bodies

1. **The Palestinian Retirement Association** is a legal entity governed by a board of directors and whose chief executive officer holds the rank of minister. It is the official body to manage pension funds for civil servants and military retirees such as retirees of the Legislative Council, ministers, presidents, governors, municipality workers and some universities.<sup>10</sup> There were 12,000 civil retirees and 17,000 military retirees receiving a pension in August 2015 at the time of an interview with the chairman of the Pensions Authority.
2. In 2000, a group of retired PLO officers formed the **Palestinian Retirees Association**. Officially registered with the Ministry of Interior, it has 300 members from the West Bank and 700 members in the Gaza Strip, although officials estimate that around 15,000 retirees exist. The Association's main task is to assist retirees in solving problems with the Palestinian Pensions Authority. It also conducts cultural and political seminars and domestic trips for members. There is more than one pensions authority representing different sectors and operating a variety of systems; attempts by the Association to consolidate them into one body proved unsuccessful.
3. A number of professional associations, such as the Lawyers' Association, act as subsidiaries to parent associations in Jordan and operate pension funds for retired members.

---

<sup>10</sup> Participating universities are Al-Quds, Bethlehem, Hebron and the Al-Quds Open University.

## Legal framework

Domestic legislation has been supplemented over the years by national strategies that constitute conceptual frameworks or planned strategies for implementation within a specified time frame.

### Draft Law for Older People

Specific legislation to protect the rights of older people, meet their needs, maintain their independence, protect their dignity, and ensure the continuity of their contribution and participation, is clearly lacking. In 2012 the MoSA proposed a draft law for older people to regulate individual and institutional care, in collaboration with various partners in the National Committee and funded by UNFPA. The draft law was completed two years ago and was submitted to the Council of Ministers as part of the government's legislative plans. However, the first reading is yet to take place.

This draft law portrays older people as weak and passive, instead of focusing on a non-ageist concept that fosters the vision of contribution, participation and autonomy of older people. Focusing on the families of older people, the draft law aims to "define the rules and principles needed to support care for older people, protect them, protect their dignity within the context of national and family solidarity, and safeguard their rights, including independence, participation, a decent life, and continuous contribution, especially the development of social services for those denied high quality services". The draft law addresses rights and benefits to which older people are entitled (the right to live in the family, health and social care), the moral duties of the government and principles of non-discrimination and care. It calls for a database for older people, the formation of a National Committee for older people, the allocation of adequate funding, and care and protection measures, bolstered by penalties for non-compliance. The executive regulations for this law were also drawn up but will not come into effect until the law itself is enacted. Some MoSA officials believe that this draft law may require a review to define the government's role (the MoSA and MoH) more clearly.

### Amended Basic Law 2005

The Amended Basic Law stipulates the rights of Palestinian citizens, including the following:

- Article 22: Regulations on social and health insurance services, disability and pensions
- Article 23: Every citizen has the right to adequate housing
- Article 25: Every citizen has the right to work
- Article 26: The right to participate in political life
- Article 33: A balanced and clean environment.

### Strategic Frameworks

Strategies related to older people include the strategic planning for older care 2010-2015 referred to earlier, the Social Protection Sector Strategy and the medium-term UNRWA strategy.

#### Social Protection Sector Strategy

In 2010, the MoSA formulated a national strategy for social protection to ensure the minimum requirements of a decent life for Palestinians. Social protection includes the delivery of financial aid, food aid, welfare and rehabilitation services for people with disabilities and older people, childhood care, family and women's services, enabling programmes,<sup>11</sup> medical care and social insurance services.<sup>12</sup>

---

<sup>11</sup> These are developmental programmes rather than relief services and include microfinance and small projects, or vocational and technical training provide by MoSA through the DEEP project and its vocational training centers. There are also employment and temporary job creation programmes offered by MoL, UNRWA and other NGOs.

<sup>12</sup> Public sector employees benefit from such services through the Palestinian Pensions Authority. There are also private sector schemes or provident funds for international organisations, universities and NGOs. The proportion of workers without insurance is high despite ongoing efforts and initiatives to create a comprehensive national pensions law that would include all those not included in other schemes.



The services offered do not go so far as to combat poverty or provide social security for citizens, but four strategic objectives for social protection are identified:

- Relief of poverty among Palestinians
- Care and empowerment of vulnerable and marginalised groups, ex-prisoners and the families of those killed or wounded under the occupation
- Create an integrated social security system accessible to all
- Develop legislative and institutional environments and partnerships to promote social protection.

The social protection strategy refers to the following policies related to older people:

Policy	Policy intervention
<b>The second strategic objective: The care and empowerment of vulnerable and marginalised groups</b>	
<b>The first sub –goal: Strengthen the protection, care and empowerment of older people</b>	
To provide and promote an enabling family environment to care for older people and respect their rights.	<ul style="list-style-type: none"> <li>• Ensure the availability of adequate family care for older people.</li> <li>• Awareness and training for family members in the care of older people.</li> <li>• Adapt housing to make it suitable for older people and the family that sponsors them.</li> <li>• Protect older people from domestic violence.</li> </ul>
To provide local environments appropriate to the care of older people and respect for their rights.	<ul style="list-style-type: none"> <li>• Create local networks to support family and community care.</li> <li>• Support (and encourage the creation of) competent civil society organizations to provide services to older people and promote volunteering.</li> <li>• Awareness and training for stakeholders in civil society organizations and volunteers.</li> </ul>
To provide and promote an enabling legal environment for the care of older people and respect for their rights.	<ul style="list-style-type: none"> <li>• Enact a law that recognises older people’s rights.</li> <li>• Encourage human rights organisations to monitor performance in the field of older people’s rights.</li> </ul>
Introduce comprehensive services for older people with integrated community care teams in all regions.	<ul style="list-style-type: none"> <li>• Ensure the availability of social services to every needy older person.</li> <li>• Provide cash and food support to every needy older person.</li> <li>• Provide specialised healthcare to older people, either at home or in the community.</li> <li>• Provide support for recreational activities and mental stimulation of older people.</li> <li>• Develop a comprehensive national programme accessible to all older people that identifies their needs, and connects them to institutions and services appropriate to their circumstances.</li> </ul>
Develop and improve residential services.	<ul style="list-style-type: none"> <li>• Support (and encourage the creation of) residential institutions suited to older people in all geographical areas.</li> <li>• Training of existing and future professional staff.</li> <li>• Develop safeguards to guarantee adherence to appropriate standards of care for older people.</li> </ul>
<b>The third strategic objective: Create an integrated social security system</b>	
Expand the number of participants in pension schemes	<ul style="list-style-type: none"> <li>• Unify pension schemes in PA institutions as a first step.</li> <li>• Reach an agreement on the pension system with the private sector.</li> <li>• Find ways to incorporate workers in the informal sector into the social security system to take account of older age, injury or other emergencies such as loss of livelihood.</li> <li>• Pay off the government debt owed to PA civilian and military retirees.</li> </ul>
Expand the number of health insurance participants	<ul style="list-style-type: none"> <li>• Expand government insurance coverage by enhancing quality and efficiency, and offering different levels according to need and ability.</li> <li>• Encourage the private sector to expand its health insurance for employees.</li> <li>• Encourage insurance schemes for workers in civil society institutions.</li> </ul>
Expand the framework of insurance coverage for workers	<ul style="list-style-type: none"> <li>• Promote a legal environment that protects workers and insures them against work injuries.</li> <li>• Raise awareness about insurance among contractors, employers and workers.</li> <li>• Establish a national fund for unemployment benefits.</li> </ul>

### UNRWA medium-term strategy

UNRWA defined its priorities and resources in a medium-term strategy (2010-2015) dedicated to human development goals for refugees. Despite funding constraints, UNRWA is charged with assisting large numbers of refugees and providing core services. The MoSA and UNRWA need to coordinate their social protection activities.

## Rehabilitation, employment and empowerment programmes

Empowerment programmes for poor families and vulnerable social groups are implemented by various social protection actors to foster human capital and integrate workers into the labour market. These projects shift the focus from relief to development through training, education, soft loans or grants, and encouragement for small enterprises that promote self-reliance and combat poverty.

## Promoting health and wellbeing throughout life

### Health Laws and Policies

In 2004 the Public Health Act No. 20 was enacted and the cabinet approved the government health insurance scheme. There are no laws or official policies that promote healthy ageing specifically, although older people may be targeted indirectly as part of general services or activities e.g. in campaigns to combat smoking, promote physical exercise and improve the detection of chronic diseases, blood pressure, diabetes or breast cancer.

### Public Health Act No. 20 of 2004

The existing Public Health Law makes no specific references to older people. Article 4 states: “The ministry regards healthcare as a priority for women and children and considers this an integral part of strategic development of the Palestinian National Authority.” This statement does not give older people the same status as women and children and their needs are not targeted directly.

### Government health insurance system

The Palestinian health insurance system does not contain many references to older people. Decision No. 113 of 2004 issued by the cabinet on the health insurance system revealed the following:

- a. Older people were not referred to in the Cabinet decision, apart from a reference to retirees.
- b. A deduction of five per cent is taken from the basic salary of public sector employees and other such groups. The deduction is a minimum of NIS40 and a maximum of NIS75, with an exemption for retired people.
- c. Health insurance will be provided to the father or mother named as the family of the insured provided they are over the age of 60 and do not have an income.
- d. A disabled father under the age of 60 years with dependents (mother and children under 18 years) is eligible for health insurance if he provides a report from the Medical Committee.
- e. Either parent or one of them under the age of 60 can receive health insurance with a report proving a medical disability.

The director of the Palestinian Health Information Centre (PHIC) of the MoH stated that all citizens of the Gaza Strip have free insurance cover under the government health insurance from 2007 to the present day. In the West Bank, 150,464 health insurance cards<sup>13</sup> have been issued, covering 61 per cent of the population. All public sector employees, security services personnel and retired employees have mandatory health insurance.

**Older people should be exempt from fees for medical insurance or medicines.**

The MoSA pays for the health insurance of 24,362 families comprising 79,997 individuals as part of its programme to assist poor households.

Health insurance covers treatment, hospital stays and referral inside and outside oPt in accordance with specific policies and regulations; recipients pay fees for some treatments. All of the interviewees in the Gaza Strip, including the focus group held with older people, called for older people to be exempt from these fees because they are a financial burden. A frequent complaint about the government health insurance is the lack of provision for permanent medications, specifically drugs for chronic diseases and expensive drugs.

<sup>13</sup> In an interview with the PHIC director on 31 August 2015.

### **Services provided by UNRWA and civil health institutions**

UNRWA provides medical health services, hospital accommodation and free medical transfers for all refugees residing inside or outside refugee camps. There are no special policies targeting older people. A community health programme targets families, including older people. UNRWA also treats people with chronic diseases and offers diagnostic tests, medication and technical aids such as oxygen equipment, glucometers for diabetics and glasses for needy cases.

Civil health institutions such as the Palestinian Medical Relief Society, Health Work Committees, Health Care Committees and the Palestinian Red Crescent Society all provide therapeutic and preventive health services to poor and vulnerable communities, especially in rural areas and Area C. These services are provided at nominal cost or, in many cases, free of charge. None of these services target older people specifically.

### **General health trends<sup>14</sup>**

#### **Causes of death**

Ischaemic heart disease is the main cause of death in the oPt and accounts for 29.5 per cent of all reported deaths. The second biggest cause of death is cancer (14.2 per cent), followed by stroke (11.3 per cent) and diabetes (8.9 per cent). Death from “old age” came in tenth place and made up 31 per cent of all deaths.<sup>15</sup> Chronic diseases accounted for 64.1 per cent of all deaths in the oPt in 2014.<sup>16</sup>

#### **Chronic non-communicable diseases**

Chronic non-communicable diseases (NCDs) are the major causes of illness and death in the oPt. They are the result of changes to lifestyle, including trends towards sedentary behaviour or poor eating habits seen elsewhere in developing countries. Rates of cancer, cardiovascular diseases, diabetes and mental disorders are rising and the oPt has the highest rates among developing countries.<sup>17</sup>

Metabolic syndrome refers to a group of factors that raise the risk of heart disease and other health problems when found together in an individual. In the oPt, individuals with three of the factors -- diabetes, high blood pressure and abdominal obesity -- are increasingly being diagnosed with metabolic syndrome, even at a young age. Chronic diseases data from the Palestinian Medical Relief Society (PMRS) record the prevalence of components of metabolic syndrome among individuals aged 30 years or over as 35 per cent with high blood pressure, 12 per cent with diabetes, 25 per cent with excess abdominal fat and 6 per cent at risk of diabetes.<sup>18</sup>

The MoH and other civil health institutions operate programmes targeting individuals with chronic diseases in all age groups. West Bank clinics currently conduct screening for chronic diseases in patients aged 40 or over for referral to specialized clinics according to their particular health needs.<sup>19</sup>

Most patients with chronic diseases face frequent problems obtaining the drugs they require from MoH clinics and medication is very expensive in private clinics. Older people in the Gaza Strip are calling to be exempted from charges for medications.

---

<sup>14</sup> MoH, General Directorate of Planning and Health Polices, National Health Information Centre PHIC, annual health report 2014, July 2015.

<sup>15</sup> This terminology can deter medical staff from diagnosing the real cause of death and is not accepted internationally as a cause of death.

<sup>16</sup> On 27 July 2015, the director general of PHC at the MoH issued a press release on the ministry website stating that NCDs were the cause of 74 per cent of all deaths in the oPt.

<sup>17</sup> Marwan Barghouti, head of Board of Directors of Palestinian Medical Relief Committee.

<sup>18</sup> The PMRS treats older people, especially needy ones, in its medical centres free of charge and with free medicine. The PMRS has adopted the Stanford University model and protocol for its NCDs programme and also operates a foot clinic for diabetics in Gaza.

<sup>19</sup> A pilot project following the WHO PIN approach was started in Salfit district in 2013 and expanded to other districts. It is anticipated to include all MoH clinics in the West Bank by the end of 2015.

Few preventive or treatment programmes target older people specifically. The International Day of Older Persons is used as an opportunity, in cooperation with NGOs, to raise awareness and carry out medical checks on residents of nursing homes (in Salfit and Jericho). Medical staff receive no special training in geriatrics or the care of older people.

The needs of older women (menopause onwards) are neglected in ministry clinics and women are not screened for osteoporosis or advised on nutrition.

The Department of Community Health at the MoH does not run specialized programmes targeting older people. Just six doctors are trained in family medicine, although the needs of older family members are addressed within this sphere.

The Health Work Committees (HWC) runs a chronic diseases programme that covers all age groups. In 2014, 7 per cent of all patients referred to these clinics in the West Bank were aged 60 years and above: 40 per cent were male and 60 per cent were female.

UNRWA manages a chronic disease programme through the Family Protection Department, but has no dedicated policies or regulations targeting older people. This programme delivers oxygen apparatus and devices to check for diabetes. They conduct screening of individuals aged forty or over to enable early detection of chronic diseases. Approximately 5-7 per cent of patients have diabetes (a higher percentage of women) and high blood pressure (about equal rates for both sexes).<sup>20</sup>

***As older people are the largest group affected by NCDs, the MoH should devote special attention to these diseases and their prevalence with a targeted programme of training and qualifications for staff. It is also vital to create common protocols for prevention and treatment and disseminate these to all care providers.***

PCBS data show a very high prevalence of chronic diseases among older people. Around 43.2 per cent of the older population have high blood pressure compared with 7.7 per cent among those aged 18 and over. Rates for these diseases are the same in the West Bank and Gaza and are more prevalent among females. Around 30.2 per cent of older people have diabetes compared with 5.9 per cent in the general population aged 18 and over. Rates are the same in the West Bank and Gaza but show slightly higher prevalence among females. Some 15.2 per cent of older people suffer from cardiovascular disease compared with 2.4 per cent of the general population aged 18 and over. Rates are similar by region and by gender.

**Table 8: Percentage of older people who suffer from chronic diseases by region, 2010**

Disease	Region		
	West Bank	Gaza Strip	Palestinian territories
Hypertension	42.8	44.1	43.2
Diabetes	30.8	30.5	30.2
Ulcer	7.7	4.0	6.7
Cardiac Diseases	16.0	14.0	15.2
Cancer	1.6	1.9	1.2
Renal Disease	2.5	2.7	2.6
Arthritis (rheumatism)	22.6	18.2	21.4
Osteoporosis	8.3	6.4	7.5
Asthma	2.6	3.1	2.8
Chronic Back Pain	10.2	6.9	8.9

<sup>20</sup> Stated by the head of the UNRWA health programme in an interview.

**Table 9: Distribution of older people with chronic diseases by sex, 2010**

Disease	Palestinian Territories		
	Male	Female	Both Sexes
Hypertension	35.1	49.6	43.2
Diabetes	28.5	31.4	30.2
Ulcer	5.5	7.6	6.7
Cardiac Diseases	16.3	14.4	15.2
Cancer	1.2	1.2	1.2
Renal Disease	2.8	2.5	2.6
Arthritis (rheumatism)	15.3	26.2	21.4
Osteoporosis	3.6	10.7	7.5
Asthma	2.9	2.8	2.8
Chronic Back Pain	6.8	10.5	8.9

In the 60 and over age group, 70.7 per cent reported that they suffer from at least one chronic disease: 75.3 per cent female and 64.6 per cent male. Differences by region (West Bank and Gaza) and by location (urban and rural areas or refugee camps) are shown in the tables below.

**Table 10: Percentage of older people (60 or over) who reported at least one chronic disease by sex and age group, 2010**

Age	Palestinian Territories		
	Male	Female	Both Sexes
60-64	60.8	71.2	66.2
65-69	63.7	79.3	72.5
70-74	67.4	77.2	73.1
75-79	75.5	74.9	75.2
+80	62.6	74.9	69.7
Total	64.6	75.3	70.7

Source: PCBS 2015. Palestinian Family Survey 2010.

**Table 11: Percentage of older people (60 or over) who reported at least one chronic disease by region, location and sex, 2010**

	Region			Location			Sex	
	Palestinian territories	West Bank	Gaza Strip	Urban	Rural	Refugee Camp	Male	Female
Suffer from at least one chronic disease	70.7	71.6	68.7	71.4	66.6	72.1	64.6	75.3

Source: PCBS 2015. Palestinian Family Survey 2010.

Given the seriousness of chronic diseases and their significant impact on mortality rates, most major health institutions have adopted specialized programmes to treat and prevent chronic medical conditions. Statistically, the prevalence of chronic diseases increases dramatically in older age groups irrespective of geographical location or sex.

### Mental health

A study<sup>21</sup> conducted in the Gaza Strip targeted a sample of older people to identify the impact of the recent war on mental health. The study aimed specifically at determining exposure to traumatic experiences during the recent war in the Gaza Strip and the suffering experienced by older people; their psychological symptoms were classified by the severity of their psychological problems. The study established that 60 per cent of respondents had been exposed to severely traumatic events (55 per cent female and 65.6 per cent male) and 38.2 per cent had been exposed to moderately traumatic events.

<sup>21</sup> Khalil Abdekarim, Study of the scars of war on the mental health of older people in Gaza. Funded by HelpAge, Oct. 2014. (In Arabic)

<b>Post-traumatic stress</b>	70.% were diagnosed as suffering from post-traumatic stress	13.4% had experienced symptoms of severe post-traumatic stress	77.7% had moderate symptoms of post-traumatic stress (42.3% female and 35.4% male)
------------------------------	-------------------------------------------------------------	----------------------------------------------------------------	------------------------------------------------------------------------------------

<b>Post-trauma symptoms</b>	24.8% did not want to engage in social interaction	21.4% suffered from obsessive compulsive disorder	21.4% suffered from psychosis	20.4% suffered from anxiety attacks	19.7% suffered from anxiety	17.9% suffered from depression	16.2% suffered physical symptoms
-----------------------------	----------------------------------------------------	---------------------------------------------------	-------------------------------	-------------------------------------	-----------------------------	--------------------------------	----------------------------------

<b>Feelings of despair</b>	36.2% had high levels of despair	63.8% had low levels of despair	34.8% of females had high levels of despair	37.8% of males had high levels of despair
----------------------------	----------------------------------	---------------------------------	---------------------------------------------	-------------------------------------------

<b>Loneliness</b>	1.6% felt extremely lonely.	35.6% felt moderately lonely.	62.8% had slight feelings of loneliness
-------------------	-----------------------------	-------------------------------	-----------------------------------------

<b>Mental resilience</b>	68.4% of respondents described themselves as mentally resilient and 96.3% cited religious and spiritual influences	79.1% cited self-control	67.3% cited positive engagement with change and relationships	63.7% cited personal motivation and values of integrity	62.2% believed themselves to be self-confident
--------------------------	--------------------------------------------------------------------------------------------------------------------	--------------------------	---------------------------------------------------------------	---------------------------------------------------------	------------------------------------------------

The war has left lasting scars on the mental health of older people in Gaza, manifested in a variety of symptoms that have both immediate and long-lasting implications. Psychosocial support programmes are needed to address the needs of older people and respond to their psychological distress. This psychosocial support must be delivered in a sustained and consistent manner, taking privacy into consideration and providing support and assistance to older people through home-based care. Coordination and networking between service providers is essential to avoid duplication and inconsistencies in service delivery. This should not diminish the importance of mid-range intervention projects that include diagnostic and therapeutic programmes to detect difficult cases that can benefit from treatment and individual consultations with specialists.

The mental health needs of older people are considerable and will continue to be prevalent as long as the occupation remains and aggression of various forms is repeatedly inflicted on the Palestinian people.

The government health insurance covers chronic mental illnesses such as Alzheimer's and dementia, but there are no specialists in psychiatry with training in geriatrics. With the exception of the study referred to above, which was restricted to the Gaza Strip, few studies have addressed the mental health needs of older people.

### **Older people and disability**

The Palestinian General Union of People with Disability and the National Committees for Rehabilitation work alongside a number of civil organisations to support and defend the rights of disabled people and improve their living conditions. There are no age-specific programmes for older people with disabilities and few mobile clinics for older people who cannot leave their homes.

A survey of people with disabilities by PCBS and the MoSA in 2011 found that 2.7 per cent of the population had a disability according to the narrow definition (2.4 per cent in Gaza and 2.9 per cent in the West Bank, and 2.9 per cent male and 2.5 per cent female). Physical disabilities are the most prevalent type of disability with 1.3 per cent under the narrow definition and 2.9 per cent under the expanded definition. In both cases, rates were higher in the West Bank than in Gaza.

Disability rates increase with age and the highest percentage was among individuals aged 75 years and older at 32.1 per cent (28.9 per cent male and 34.1 per cent female); in the West Bank the rate was 31.4 per cent versus 33.6 per cent in the Gaza Strip. The proportion of individuals with disabilities in the 55-64 years age group was 7.1 per cent (6.6 per cent female and 7.5 per cent male). The rates rose in the 65-74 years age group to 16.8 per cent (20.5 per cent female and 11.9 per cent male).

The survey highlighted the environmental and material constraints that impact the lives of individuals with disabilities, including older people isolating themselves to avoid negative comments, inability to use public transportation because of the lack of infrastructure and difficulties in performing daily activities.

Adaptations to homes such as accessible elevators or visual alarm systems are not available to assist with the use of stairs, bathrooms or kitchens. Individuals with disabilities face problems leaving the home to visit friends and family, attend social events, navigating the local environment, and accessing public services or the workplace.

### **Healthy ageing**

In 2010 15 per cent of the population aged 60 or over described themselves as regular smokers. Females made up 2.7 per cent of smokers across all age groups compared with 30.9 per cent of males. The number of smokers in Gaza was half that in the West Bank and there were no differences by age in the categories 60 years or over.

We did not find any studies that examined health and lifestyle behaviours such as diet, exercise or physical activity in older people.

### **Emergency situations**

There is no national contingency plan for disaster management; emergency strategies are the responsibility of the Palestinian Red Crescent and specific guidelines targeting older people have not been formulated. Programmes for emergency interventions do not include priority rescue and care of older people. In cases of displacement, government, UNRWA or other health and rescue services must assist all groups equally and without discrimination.

### **Training for carers and health workers**

The only courses that offer geriatric nursing are at the School of Medicine at Al-Najah University and Al-Quds University, in addition to some community health courses. Nursing colleges also lack a major in care for older patients, although related courses may be available in the Ibn Sina Nursing Institute. The MoH community health department has six doctors who have been trained in family medicine. UNRWA also offers courses for doctors and nurses on family medicine.

In the Gaza Strip, HelpAge has trained 56 doctors (31 females and 25 males) who now work in the MoH and other bodies such as universities and NGOs to offer guidance on medical care for older people. In addition, a training of trainers' session for 28 trainees (15 females and 13 males) demonstrated skills in medical care for older patients.

Geriatric medicine is not taught as a specialty, it does not feature on the curriculum of medical

colleges and there are no doctors specializing in geriatrics. There are no training programmes for intern doctors on geriatric wards in hospitals. Only HelpAge offers a limited number of training programmes for older people in Gaza. Geriatrics is not included in the family medicine training programmes operated by the MoH and nurses are not trained in care for older patients. The al-Ata Foundation trains workers for nursing homes.

## Voices of older people

### How older people see their health

In a PCBS survey, 3.9 per cent of older people described their health as excellent; this statistic declines in correlation with age as shown in the table below. In addition, 10.8 per cent described their health as very good, 17.1 per cent reported their health as less than good, 43.3 per cent described their health as average and 21.3 per cent described their health as poor.

Adding the percentages of those who described their health as poor or less than good results in a high percentage of 38.4 per cent. This underlines the urgent need to ensure optimal mechanisms for the care of older people, to improve living conditions and provide high quality health services, especially as 70.7 per cent of older people report that they suffer from at least one chronic disease.

In the West Bank, 23.7 per cent of older people described their health as poor compared with 16 per cent in the Gaza Strip. By location, 18.7 per cent of older people in urban areas described their health as poor compared with 27.9 per cent in rural locations and 25.8 per cent in refugee camps. Residents of urban areas were more satisfied with their health, maybe due to higher standards of living and lifestyles. In both rural areas and camps, 3.3 per cent of older people described their health as excellent; this increased slightly to 4.2 per cent in urban areas.

**Table 12: Self-assessment of health by people aged 60 or over by age group, 2010**

Assessment of Health	Age						Total
	60-64	65-69	70-74	75-79	80-84	85+	
Excellent	6.7	2.6	4.4	1.9	0.7	1.1	3.9
Very Good	20.6	15.1	9.4	8.6	7.2	7.9	14
Average	46.7	44.5	42.5	44	37.9	33.1	43.7
Less than good	13.5	18.2	18.3	17.8	23.4	18	17
Poor	12.5	19.6	25.5	27.7	30.7	39.9	21.2
Total	100	100	100	100	100	100	100

Source: PCBS 2015. Palestinian Family Survey 2010.

### Satisfaction of older people with their health

The 2010 PCBS data showed that 6.7 per cent of people aged 60 or over were very satisfied with their health, 64.1 per cent were satisfied, 7.6 per cent had no opinion (not satisfied or dissatisfied), 19.2 per cent were not satisfied and 2.3 per cent were very dissatisfied. Satisfaction was highest in urban areas (66.9 percent) and rural areas (66.6 per cent) compared with 51.8 per cent in the camps. There were no significant differences between the sexes with regard to satisfaction with health.

**Table 13: Satisfaction with health among people aged 60 or over by age group, 2010**

Assessment of Health	Age						Total
	60-64	65-69	70-74	75-79	80-84	85+	
Very satisfied	7.5	4.9	6.9	7.1	5.5	7.8	6.7
Satisfied	67.9	68.7	67	60.7	59.2	55.3	64.1
Neutral	7.7	7.1	7.5	7.3	10.4	11.2	7.6
Unsatisfied	15.2	17	15.4	21.6	22.1	20.1	19.2
Very Unsatisfied	1.8	2.2	3.3	3.4	2.8	5.6	2.3
Total	100	100	100	100	100	100	100

Source: PCBS 2015. Palestinian Family Survey 2010.



## **Income and benefits**

### **Active participation in society and development**

#### **Participation**

The mainstreaming of older people's issues into national policymaking to address their needs in social, cultural, political and economic development has been neglected by the government.

Although civil society organisations offer services to older people, they also fail to encourage active participation by this age group through specific programmes.

#### **Pensions**

The Public Pension Law No. 7 of 2005 regulates pensions. This law defines sixty as the age of mandatory retirement and acquisition of a pension in civil and military institutions of the public sector. The qualifications for retirement are:

- 15 years of actual service for those who reach the age of 60
- 20 years of actual service for those who reach the age of 55
- 25 years of actual service for those who reach the age of 50.

Some government policies encourage early retirement to reduce the salaries budget and the number of public sector employees.

Other laws that govern the retirement process are the Pension Insurance Law No. 8 of 1964, Civil Service Retirement Law No. 34 of 1959 and the Security Forces Law No. 16 of 2004. In 2021, the Public Pension Law will take precedence over these other laws and will be the sole legal source. The Public Pension Law does not differentiate between males and females.

In the private sector, no legal retirement age has yet been adopted. The first draft of the Social Security Law was completed in August 2015, sponsored by the International Labour Organization - Palestine branch, but has not yet been enacted. It will be presented to the Council of Ministers for review and approval by the end of the year. Once approved, it is anticipated to benefit around 350,000<sup>22</sup> workers in the private sector. Pension payments will start after five years, according to studies, but there are fears of non-compliance, as was the case with other laws that were approved and ratified such as the Minimum Wage Law.

Workers in Israel and the settlements are provided for by a specific provision in the Paris Economic Agreement stipulating the creation of a pension fund for these workers under the joint supervision of Israel and the PA. More than 20 years after this Agreement, no action has been taken to put this into effect. Those interviewed about this issue stated that there is no body to supervise deductions of employment tax from Palestinian workers, estimated to be approximately two billion shekels held by the Israeli finance department. Nevertheless, the draft proposals of the Social Security Law stipulate a special pension scheme for workers in Israel.

Thus, the Pension Law governs pensions in the civil and military public sector, the Social Security Law is pending, and workers in Israel and the settlements have been neglected for a long period of time.

The Public Pension Law has faced criticism that the value of pension payments for many jobs does not cover basic needs and leaves many retirees in poverty.

#### **Labour force participation**

Employment data for the oPt indicate that 14.5 per cent of older people (60 or over) participate in the labour force, a low percentage compared with overall public participation of 45.6 per cent. The percentage of older people in the work force is higher in the West Bank than in Gaza, is five times higher for males than for females, and is higher in rural areas than in urban areas or refugee camps.

---

<sup>22</sup> Other data put this figure at only 80,000

**Table 14: Indicators for older people in the labour force (60 years or over), 2014**

Indicator	Region			Location			Sex	
	Palestinian territories	West Bank	Gaza Strip	Urban	Rural	Refugee Camps	Male	Female
Labour force participation rate	14.5	16.7	9.9	14.5	18.5	6.8	25.6	5.3
<b>Relative distribution by employment status</b>								
Business owner	13.6	12.8	13.4	15.2	8.6	6.1	13.4	16.2
Self-employed	58.7	61.9	59.3	57.6	62.7	75.1	59.3	61.6
Employee	17.9	19.7	18.3	19.1	15.3	18.8	18.3	21.6
Unpaid member of family	9.8	5.6	9	8.1	13.4	0	9.0	0.6
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: PCBS 2015. Labour force database, 2014.

Labour force participation comprises 58.7 per cent self-employed, 13.6 per cent business owners, 17.9 per cent employees and 9.8 per cent working as an unpaid family member.

There are no policies that promote continued participation of older people in the labour force, but older people may choose to work to increase their income due to poor economic conditions; to have a sense of participation and contribution; for self-fulfilment; to continue in productive work; to remain independent; and to maintain their status by passing on their skills and experience to others.

Private sector workers can continue working after the age of 60 because no formal age of retirement is stipulated in the Palestinian Labour Law and the Social Security Law that defines the formal retirement age has not yet been approved. The private sector is not included in Public Pension Law No. 7 of 2005.

Older people make up one-third of the labour force; the figures are higher in the West Bank than in Gaza, maybe due to greater job availability, and are higher for males than for females. Approximately three-quarters of participants are either employees or self-employed. Older people are not targeted by policies that encourage work after retirement age.

#### **Access to knowledge, education and training**

Education data indicate that about one-third of older people are illiterate, one-fifth have limited education and one tenth hold a diploma or higher.

**Table 15: Older people (60 years or over) in the oPt by educational status and region, 2014.**

Educational status	Palestinian territories	Region	
		West Bank	Gaza Strip
Illiterate	32.3	28.9	45
Limited education	20.4	20.7	19.1
Elementary	16.1	16.3	15.6
Middle school	12.6	13.3	9.5
Secondary	7.5	8.3	4.1
Diploma	4.8	5.4	2.5
Bachelor degree or higher	6.3	7.1	4.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source: PCBS 2015. Labour Force Survey database, 2014 (Unpublished data)

The table reflects past social tendencies to prioritise the education of males over females, especially at university level. While 81.5% of males and 94.9% of females had completed secondary education, just 4.8% of females held a diploma compared with 6.6% of males. At bachelor degree level or higher, 11.9% of older men and just 1.7% of older women held a certificate.

The illiteracy rate for individuals aged 60 or over was 28.9 per cent in the West Bank and 45 per cent in the Gaza Strip. Illiteracy rates were higher in refugee camps (45.0 per cent) and lowest in

urban areas (28.9 per cent). Females dominated illiteracy rates at 48.2 per cent compared with 12.7 per cent for males; 19.9 per cent of females could read and write compared with 21.1 per cent of males.

The percentage of those who held higher education degrees was 7.1 per cent in the West Bank and 4.2 per cent in the Gaza Strip; the highest rates were in urban and rural areas (7.1 per cent and 4.2 per cent respectively) versus 3.3 per cent in the camps.

**Table 16: Qualifications held by individuals aged 60 or over in oPt by qualification and sex, 2014**

Qualification	Sex		
	Male	Female	Total
Secondary or lower	81.5	94.9	88.9
Diploma	6.6	3.4	4.8
Bachelor degree or higher	11.9	1.7	6.3
Total	100	100	100

Source: PCBS 2015. Labour force database, 2014.

Programmes and vocational training affiliated to the Ministry of Labour are aimed at students and do not target older people; there are no opportunities for the over sixties at all, whether as part of other groups or for their age group.

There are no programmes that encourage later-life learning such as third age universities, although university education is open to all ages. There are also no courses to teach older people how to use communications technology such as how to use a computer.

The national strategy for adult education (in the context of lifelong learning) in the oPt for 2012 - 2015 addresses adult education for individuals aged 15 and older in a positive manner and outlines the challenges and recommendations within a strategic plan. However, the specific needs of older people are not addressed despite the PCBS data that 32.3 per cent of over-sixties are illiterate and 20.4 per cent have limited education. If these percentages are combined, it shows that more than half of older people need to improve their educational abilities. This demands a strategy that allocates greater consideration to adult education for this age group.

## Poverty and social security

### Poverty

A quarter of Palestinian families (25.8 per cent) live in poverty. Rates in Gaza (38.8 per cent) are double those of the West Bank (17.8 per cent) according to data from the PCBS Household Consumption and Expenditure Survey of 2011. Around 12.5 per cent of families live in abject poverty; rates in Gaza are three times higher than in the West Bank.

Poverty is greater in refugee camps than in urban areas, but is lower than in rural areas. Figures for families that live in abject poverty are similar. The percentages of families headed by males or females are almost equal for both poverty (25 per cent) and abject poverty (12 per cent). The rates for poverty and abject poverty are slightly higher among heads of households over the age of 60: 26.6 per cent versus 25.7 per cent for cases of poverty, and 15.6 per cent versus 12.4 per cent for cases of extreme poverty.

More than two-thirds of the heads of poor households participate in the labour force and the other third are outside the labour force. Two-thirds of labour force participants are unemployed despite their inclusion within the labour force. The same applies to families living in abject poverty.

Poor and extremely poor families rely on agriculture for income, followed by work in the private sector, remittances and aid. A small percentage relies on work in Israel and the Palestinian public sector.

Data show that 22 per cent of older people lived in poor families in 2011 (35.5 per cent in the Gaza Strip and 16.5 per cent in the West Bank).

**Table 17: Older people living in poor families by region, 2011**

Indicator	Palestinian territories	Region	
		West Bank	Gaza Strip
Older people living in poor families	22.2	16.5	35.5

Source: PCBS 2015. Household Consumption and Expenditure Survey 2011

Poverty is prevalent, especially in Gaza. Families in refugee camps are much poorer than in urban areas and the least poor live in rural areas. Families headed by females are slightly poorer than those headed by males and families headed by older people are slightly poorer than those headed by people below sixty years of age.

Poverty is related to weak participation in the labour force (whether inside the labour force but unemployed or outside the labour force). A high percentage of poor families work in agriculture and the Palestinian private sector compared with families who have a source of income from work in Israel or the Palestinian public sector.

### Income-generating projects

Income-generating projects (for example, credit schemes) are not available to older people. Although there are no programmes that specifically target older people in rural areas, support exists for agricultural projects and land reclamation programmes implemented by the Ministry of Agriculture, NGOs working in agriculture or the Palestinian Hydrology Group.

Projects implemented to achieve the Millennium Development Goals do not take older people into consideration; especially those dedicated to poverty reduction, healthcare, education and lifelong learning, and awareness campaigns. Also, banks refuse requests from older people for personal loans or small business loans guaranteed by a pension or life insurance.

## Family and social support

### Marital status

**Table 18: Marital status of individuals aged 60 or over, 2014**

Marital status	Palestinian territories	Region		Location			Sex	
		West Bank	Gaza Strip	Urban	Rural	Camp	Male	Female
Never married	3.3	4.2	1.5	3.2	4.4	2.1	0.2	5.8
Married	64.9	63.2	68.5	65.2	65.1	61.8	91.3	43.2
Widowed	30.6	31.4	28.9	30.6	28.9	34	8.2	49
Other	1.2	1.2	1.1	1	1.6	2.1	0.3	2
Total	100	100	100	100	100	100	100	100

Source: PCBS 2015. Labour force database, 2014.

In the oPt, 64.9 per cent of older people were married; this percentage was slightly higher in Gaza than in the West Bank but figures were similar for all residential locations. The survey showed that 91.3 per cent of men were married; almost double the rate of married women at 43.2 per cent. The proportion of older widows was eight times higher than that of older widowers. Traditionally, widows face social restrictions that are not applied to widowers. In addition, Islam permits a man to take more than one wife (four wives in total at the same time).

### Heads of Households

According to PCBS data for 2014, 16.3 per cent of households were headed by an older person. This figure is higher in the West Bank than in Gaza and is similar by location (urban, rural areas or camps). Female-headed households are four times more prevalent than male-headed households.

**Table 19: Percentage of households headed by older people (60 or over), 2014**

Percentage of households headed by an older person	Palestinian territories	Region		Location			Sex	
		West Bank	Gaza Strip	Urban	Rural	Camp	Male	Female
Never married	16.3	17.7	13.5	16.6	15.7	15	12.3	49.8

Source: PCBS 2015. Labour force database, 2014.

As stated earlier, 35,735 families headed by an older person benefit from the MoSA cash transfer programme. If this figure is divided by the total number of older people (209,350), the result is 17 per cent. In other words, 17 per cent of all older people and their families receive cash benefits from MoSA.

### Sources of income

The 2010 PCBS family survey showed that older people have diverse sources of income: 11.6 per cent of individuals aged 60 or over rely on their current work for an income; 59.7 per cent are dependent on help from their sons; 18 per cent have private properties or family income; 14.6 per cent receive help from their daughters; 11.7 per cent receive help from the government; 11.3 per cent rely on income from pensions; and 9.7 per cent depend on social security.

The rates of older people who work as a source of income tend to fall after the age of 60. The percentage of older people who rely on a pension as a source of income also decreases with age and is higher in the West Bank than in Gaza. Rates are similar for rural areas and camps, but remain lower in urban areas.

**Table 20: Sources of income of older people (60 or over) by age group, region and location 2010**

Income Source	Age						Total
	60-64	65-69	70-74	75-79	80-84	85+	
Retirement/ Pension	16.1	13.3	10.6	9.9	10.3	3.9	11.3
Government help	13.2	12.8	12.5	13.1	14.5	17.8	11.7
Social security	6.7	6.4	8.4	6.9	9	8.4	9.7
Non-government help	11.4	12.9	12.5	12.2	12	10.6	6.1
Help from sons	54.3	59.8	65.1	79.8	65.9	69.3	59.7
Help from daughters	11.4	13.2	18.4	20	15.2	22.3	14.6
Current job	14	10.7	4.8	6	2.7	2.2	11.6
Income from private properties or family	14.7	14.3	14.2	13.5	16.6	16.7	18
Others	9.5	7	7.6	4.9	4.5	5	6.9

Source: PCBS 2015. Palestinian Family Survey 2010.

### Dependency of Older People

More than half of older people are dependent on others (58.6 per cent) and the percentage rises with age, as shown in the table below. Approximately 11.7 per cent of older people live independently, a phenomenon that rises gradually with age. A further 29.7 per cent support themselves and others, although this phenomenon gradually decreases with age. Overall, more than half of older people depend on others for support.

**Table 21: Dependency of older people (60 or over) by age, 2010**

Dependency	Age						Total
	60-64	65-69	70-74	75-79	80-84	85+	
Independent	9	11.2	12.3	13.5	17.2	15.6	11.7
Support themselves and others	41.9	30.8	26.1	17.8	15.1	11.7	29.7
Supported by others	49.1	58	61.6	68.7	67.7	72.8	58.6
Total	100	100	100	100	100	100	100

Source: PCBS 2015. Palestinian Family Survey 2010

**Table 22: Dependency of older people (60 or over) by region and location, 2010**

Dependency	Palestinian territories	Region		Location		
		West Bank	Gaza Strip	Urban	Rural	Camp
<b>Independent</b>	11.6	13.3	8.1	11.5	11	13.9
<b>Support themselves and others</b>	29.8	29.1	31.1	31.6	28	20.2
<b>Supported by others</b>	58.6	57.6	60.8	56.9	61	65.9

Source: PCBS 2015. Palestinian Family Survey 2010

Data on older people who care for grandchildren or other relatives are not available. There is a lack of programmes or activities to encourage volunteer work with older people by civil societies, such as visits, chaperoning and household services. There are also no programmes that encourage cohesion between generations through caring for older people, volunteering or hosting older people.

Interviews and focus groups revealed that families do welcome older people into their homes and provide care and supervision when necessary, actually constituting the broadest framework of care. This is due to the prevalence of the extended family in Palestinian society despite the growth in nuclear families. Customs, traditions and religion highlight the importance of respect for parents.

For older people without family or who are homeless, there are twenty homes that provide social and healthcare services. There are currently 365 people (104 males and 252 females) residing in such homes. The government offers free care at Ajdad House. Costs vary from one institution to another and MoSA purchases services from some of these homes in rare cases when the fees are not affordable by the older person. Day care is also provided in nine day clubs, two of which are in Gaza, although the exact number of individuals served is variable. The number of homes is insufficient to meet demands and there is uncertainty about the quality of services on offer.

**Table 23: Homes and day care centres for older people**

	Total	Public/ Government Ownership	Private Ownership	Owned by civil society
<b>Residential homes</b>	20	1	2	17
<b>Day-care centres</b>	9			9

Ministry of Social Affairs

### Daily activities

Data from the PCBS Family Survey in 2010 ranked 14 different activities that older people aged 60 or over engage in:

1. 88% pray in the house
2. 86.6% receive visitors
3. 76.3% watch TV
4. 64.2% visit relatives
5. 49% do household chores
6. 44.2% go shopping
7. 40.2% listen to the radio
8. 37.3% pray in the mosque
9. 15.1% engage in hobbies at home
10. 9.7% work
11. 7.8% have hobbies outside the home
12. 4.5% are volunteers
13. 2.8% frequent coffee shops
14. 0.7% frequent day clubs for older people
15. 3.3% other

Although the percentages for work are low, it does appear in the daily activities of older people, as does volunteering, albeit less frequently than work. The two percentages of work and volunteering combined total 14.2 per cent. This is very close to the labour force participation rate of older people

of 14.5 per cent. Engagement in work gradually decreases with age in line with declining ability to participate in economic activities. Engagement in volunteer work, however, does not decrease in a similar way with age. Labour force participation is higher in the West Bank than in Gaza Strip and is higher in rural and urban areas than in the camps. Regular attendance at day clubs was very low due to the lack of clubs designated for older people.

**Table 24: Proportion of older people (60 years or over) engaged in normal daily activities, 2010**

Daily activity	Age						Total
	60-64	65-69	70-74	75-79	80-84	85+	
Pray at home	88	86.4	88	91.2	88.3	86.7	88
Pray at mosque	44.8	39.2	34.3	29.8	28.6	23.9	37.3
Household chores	58.4	56	47.2	38.1	28.3	20.7	49
Receive visitors	88.6	89.3	86.3	85	82.1	73.2	86.6
Hobbies at home	18.6	16.7	15.6	9	9.7	6.7	15.1
Hobbies outside home	10.3	8.2	7.3	4.7	5.5	1.1	7.8
Watch TV	84.7	79.9	76.1	66.6	63.6	50.6	76.3
Listen to radio	43.2	41	42.4	34.8	34.8	32.4	40.2
Work	14	12	6.2	5.6	4.8	1.7	9.7
Visit relatives	78.2	68.6	61.3	49.1	43.6	34.1	64.2
Shopping	60.3	58.9	38.5	27.5	25.2	9.5	44.2
Attend day club	0.8	0.9	0.3	0.2	0.3	1.1	0.7
Go to the café	3.5	3.1	2.6	2.4	1.7	1.1	2.8
Volunteering	5.8	6	3.4	1.3	2.4	3.4	4.5
Others	3.2	3.2	2.8	3	4.8	5.6	3.3

Source: PCBS 2015. Palestinian Family Survey 2010

### Self-care and daily communication

PCBS statistics indicate that older people (60 or over) may have medical issues that prevent them from undertaking daily activities. In the 2010 Family Survey, 64 per cent of older people had impaired mobility, 58.4 per cent had vision impairments, 38.6 per cent had hearing impairments, 27.2 per cent had memory loss and 10.3 per cent had speech difficulties.

**Table 25: Percentage of older people (60 or over) facing problems that restrict their daily activities by problem and location 2010**

Problem	Palestinian territories	Region		Location		
		West Bank	Gaza Strip	Urban	Rural	Camp
Impaired mobility	64	65	61.4	64.7	61.4	64.6
Speech difficulties	10.3	10.1	10.9	10.8	8.6	11
Memory loss	27.2	28.5	23.7	26.2	25.8	35.4
Hearing impairment	38.6	38.5	39	37.1	41.8	42
Visual impairment	58.4	58.1	59.2	58.4	58.7	58
Other	23.1	27.7	11.3	23.6	26.8	13.4

Source: PCBS 2015. Palestinian Family Survey 2010

The data show an increase in correlation with age, signifying that the relationship between age and the problem is directly proportional.

**Table 26: Percentage of older people (60 or over) facing problems that restrict their daily activities by problem and age 2010**

Daily activity	Age						Total
	60-64	65-69	70-74	75-79	80-84	85+	
Impaired mobility	57.9	62.1	63.2	65.1	77	73.7	64
Speech difficulties	6.6	9.4	9.5	10.7	15.5	21.1	10.3
Memory loss	21.6	23.5	27.7	28.7	34.3	45.4	27.2
Hearing impairment	27.7	32	40.6	43	56.3	62.5	38.6
Visual impairment	53.5	56.3	61	58.8	66.7	63.2	58.4
Other	28.9	24.7	24.2	20.4	12.7	15.1	23.1

Source: PCBS 2015. Palestinian Family Survey 2010

Data show that many older people need help to use the bathroom: 5.9 per cent needed partial help and 4.9 per cent needed full help. For showering, 10.1 per cent needed partial help and 85 per cent needed full help.

For dressing, 85 per cent needed partial help and 6 per cent needed full help. To go to bed, 7.4 per cent needed partial help and 3.6 per cent needed full help. For eating, 3.9 per cent needed partial help and 2.3 per cent needed full help. Also, 18.1 per cent of older people needed partial help to tidy and clean the house, and 41.4 per cent needed full help.

These data indicate the importance of meeting the needs of older people in many aspects of their lives. The government has a responsibility to provide high quality services – especially home services- that are appropriate to the standards of living, culture and society in the oPt.

**Table 27: Distribution of older people (60 or over) by need for assistance in daily activities and by region, 2010**

Daily activity	Palestinian territories			West Bank			Gaza Strip		
	Do not need help	Partial help	Full help	Do not need help	Partial help	Full help	Do not need help	Partial help	Full help
Use of bathroom	89.2	5.9	4.9	91.1	5.1	3.8	85.8	7.4	4.9
Shower	81.9	10.1	8	83.8	8.9	7.2	78.2	12.3	9.5
Dress and undress	85.6	8.5	6	87.5	7.4	5.1	82.0	10.4	7.6
Get into the bed (disabled)	89	7.4	3.6	89.9	7.2	2.8	87.3	7.6	5.1
Eat	93.8	3.9	2.3	94.5	3.7	1.8	92.4	4.5	3.1
Tidying and cleaning the house	40.4	18.1	41.4	40.8	16.8	42.4	39.8	20.6	39.6
Shopping	45.4	18.4	36.3	46.5	19.7	33.8	43.4	15.8	40.9

Source: PCBS 2015. Palestinian Family Survey 2010

### **Neglect, abuse and violence, including physical, psychological or financial abuse**

The WHO considers violence against older people, whether isolated or repeated offenses, as a serious offence that may expose the victims to severe depression and injury. Abuse may take several forms: verbal abuse, humiliation, degradation, physical injury, economic abuse, or medical neglect.

The Penal Code protects victims and ensures that abusers are held accountable for their actions, provided that the victim decides to press charges. The Personal Status Law, which is religious legislation, imposes a duty on sons, daughters or relatives to take care of their older relatives.

No programmes exist at present to deal with the neglect or abuse of older people (for example, legal advice, awareness campaigns, hotline, food and safety for those who have been abused). An awareness campaign was conducted by the al-Qistas Centre in the Gaza Strip.

Existing programmes run by the government and civil organisations support victims of violence from other vulnerable groups like women and children, but do not cater for older people. Residential care is one aspect of protection for older people without homes or shelter, but overall policies and programmes require review.

There are no specialised programmes to train personnel and social workers to uncover cases of elder abuse. Capacity building, professional meetings and workshops for employees in directorates are all that is provided.

A PCBS study in 2011 revealed that people aged 65 or over of both sexes were exposed to different forms of violence to varying degrees. The highest percentage of 17.1 per cent was medical neglect (18.3 per cent female and 15.5 per cent male), followed by psychological abuse for 11.4 per cent (13.2 per cent female and 9.3 per cent male). Percentages were smaller for exposure to violence



from a family member (7.3 per cent), economic violence (3.5 per cent), physical violence (2.8 per cent) and social violence (1.7 per cent).

**Table 28: Older people (aged 65 or over) exposed to violence, 2011**

Indicators	Both sexes	Female	Male
The percentage of older people (65+) in that age group exposed to <b>violence</b> by a family member	7.3	-	-
The percentage of older people (65+) in that age group exposed to <b>physical violence</b> by a family member	2.8	2.7	2.9
The percentage of older people (65+) in that age group exposed to <b>psychological abuse</b> by a family member	11.4	13.2	9.3
The percentage of older people (65+) in that age group exposed to <b>social violence</b> from a family member	1.7	2.1	1.2
The percentage of older people (65+) in that age group exposed to <b>economic abuse</b> by a family member	3.5	3.7	3.3
The percentage of older people (65+) in that age group exposed to <b>medical neglect</b> by a family member	17.1	18.3	15.5

Source: PCBS, Survey of Violence in the Palestinian Community, database 2011

The PCBS family violence survey of 2005-2006 found that about a quarter of older people in the oPt had been subjected to violence; emotional abuse was the most prominent form. It also established that females are more exposed to abuse in all its forms than males.

**Table 29: Abuse of older people by sex and type of abuse, 2005**

Sex	Type of Abuse			
	Physical	Emotional	Economic	Medical neglect
Male	5	15	4.5	7.8
Female	6.2	19.4	6.7	9.2

PCBS family violence survey of 2005

The survey suggested that less educated older people are victims of abuse more frequently than those who are educated: 17.1 per cent of older people with only primary education had been emotionally abused compared with 9.8 per cent of older people with a high school education.

**Table 30: Abuse of older people by type of abuse and educational status, 2005**

Type of abuse	Educational status		
	Elementary and above	Junior stage	High school and above
Emotional abuse	17.7	13	9.8
Physical abuse	5.4	8	2.8
Economic abuse	5.8	8	1.6
Medical neglect	8.7	-	5.2

PCBS family violence survey of 2005

The survey also indicated that older people who were economically active seemed to be less exposed to abuse. Older people who were unemployed reported higher rates of abuse in all its forms than those in employment: 4.3 per cent of unemployed older victims had been exposed to some form of abuse, and 3.2 per cent of employed older people had been exposed to economic abuse. Older people who were employed and unemployed had been exposed to emotional abuse, but those in employment had a lower percentage (11.2 per cent) than the unemployed (17.1 per cent). This draws attention to the importance of pensions and income security. An appropriate social security law must be enacted to provide support to older people and retirees.

Older people in poor health were more vulnerable to abuse: 26.7 per cent of older people with one or more diseases had been exposed to violence compared with 14.4 per cent of older people without any illness.

**Table 31: Percentage exposure of older people to violence and illness 2005**

Exposure to violence	One disease or more	No diseases	Total
Exposed to violence	26.7	14.4	24.7
Never exposed to violence	73.3	85.6	75.3
Total	100	100	100

PCBS family violence survey of 2005

Also, 27.6 per cent of older people with disabilities had been exposed to abuse by a family member compared with 23.1 per cent of older people without a disability.

The survey recommended the creation of psychological support programmes for the carers of older people and support in how to deal with older people, especially those with disabilities.

**Table 32: Exposure of older people to violence and disability 2005**

<b>Exposure to violence</b>	<b>One disability or more</b>	<b>No disability</b>	<b>Total</b>
<b>Exposed to violence</b>	27.6	23.1	24.7
<b>Never exposed to violence</b>	72.4	76.9	75.3
<b>Total</b>	100	100	100

PCBS family violence survey of 2005

### **Housing and living environment**

Government policies and programmes that encourage older people to stay in their homes rather than being admitted to a nursing home have not been introduced, although this is one of the provisions of the draft law that is awaiting approval. Nevertheless, the local culture, religion and traditions ensure that many older people remain in their homes within the extended family.

The physical environment does little to encourage older people to venture outside their homes. Reduced transportation costs, safe roads, public toilets, recreational and social programmes, and easily accessible government buildings could have a positive impact on promoting independence. The Disability Law stipulates that buildings and public facilities must be adapted for the disabled, but these measures have not been implemented on a large scale so far. Tax exemptions for physically disabled people are another form of benefit that could be introduced.

Some modest activities and services have been implemented: these encourage home-based care for older people, promote participation in cultural and recreational activities, encourage attendance at age-friendly clubs or paying social visits, have hot meals delivered, secure social allowances (like benefits from MoSA or charitable aid), give support to renovate homes, and access to emergency aid or mobile clinics.

## Part four: Conclusions and recommendations

The conclusions drawn from this analysis of the situation of older people in the oPt form a framework for recommendations to guide both HelpAge and the MoSA to address ageing issues in the Palestinian population through tailored programmes and intervention models.

### General conclusions

**The rights of older people:** Even minimal protection of the rights of older people is absent and rights are violated in many aspects. These rights can be identified as:

- The right not to be subjected to discrimination (on the basis of age, sex, race, or nationality, etc.)
- The right not to be subjected to any form of violence (physical, verbal, health, financial, inheritance)
- The right to social security and pension provisions
- The right to maintain good health and access to healthcare services
- The right to employment, participation and education opportunities
- The right to own or to inherit property.

**United Nations Principles on Older Persons:** The UN General Assembly adopted Resolution No. 46 of 16 December 1991 calling on governments to incorporate the following five principles into their programmes for older people:

- **The principle of independence:** Access to food, water, shelter, clothing and healthcare through the provision of income, family and social support, promotion of self-care and employment opportunities. This principle also includes an enabling environment and assisting older people to live in their own homes.
- **The principle of participation** in social and political life and to make use of the experience, knowledge and abilities acquired throughout the older people' lifetime.
- **The principle of care:** Family and community care, plus healthcare to maintain sound physical and mental health, and social, legal and other services to safeguard independence and protection.
- **The principle of self-development:** Development opportunities and access to educational, training, cultural and sports activities.
- **Principle to live with dignity:** Ability to live free from exploitation and to enjoy fair treatment without discrimination of any form.

**In the 2015 Global AgeWatch Index,**<sup>23</sup> which ranks countries according to the social and economic wellbeing of older people, the West Bank and Gaza Strip had a very low ranking in the general index, rated at 93 out of the 96 countries participating in the survey. The highest values, based on the regional average, were achieved in the field of an enabling environment, but rankings were low in health status and income security. In the area of capability, the West Bank and Gaza Strip ranked the lowest in the world.

### Population demographics in the oPt

- Palestinian society is a youthful society with a high dependency ratio; the majority of the population (young and older people) rely on a small percentage of workers. Widespread poverty and unemployment place burdens on families and the government.

---

<sup>23</sup>The Global AgeWatch Index evaluates the social and economic wellbeing of older people in all countries. All data cited here are based on the Global AgeWatch Index report no. 7 of Sept. 2015 published by HelpAge International.

This situation will continue unchanged until 2020, when gradual changes will start to take place in the population pyramid.

- The birth rate is projected to fall as a result of intensive efforts to raise awareness about birth control and health issues, while the trend for women to obtain an education and work has led to delayed marriages and greater family planning.
- The death rate is also projected to fall thanks to the availability of primary healthcare from government and civil health institutions that promote health awareness, lifestyle changes and healthcare (diagnoses, treatment and follow-up).

Women bear a heavy burden of dependency because of the poverty and extreme poverty prevailing in Palestinian society. In the Gaza Strip in particular, frequent wars, the imposition of the blockade, the high rates of disabilities (resulting from wars and congenital disabilities) and the death of male relatives and heads of household in wars forces women to assume financial responsibility for their families.

### Older people in the oPt

- By mid-2015, there were around 210 thousand older people constituting 4.5 per cent of the total population. This proportion is projected to stay the same until the end of the decade, when the ratio will begin to rise. Life expectancy is growing steadily and now stands at 73.2 years, although this varies between the West Bank and Gaza, and between males and females; life expectancy is about one year longer in the West Bank and about three years longer for females.
- Two-thirds of older people are married: twice the number of men than women. The other third are widowed, the majority of them women (six times higher among women than men) or never married. About one-sixth of households are headed by an older person; female-headed households are four times more prevalent. There are slightly more households headed by an older person in the West Bank than in Gaza, with similar percentages for rural and urban areas and refugee camps.
- One-seventh of older people participate in the labour force, albeit a small percentage compared with total labour force participation rates. Labour force participation is five times higher among men than women, is higher in the West Bank than in the Gaza Strip, and is higher in rural areas than in urban areas or camps. More than half of older people are self-employed, with similar rates for males and females and between the West Bank and Gaza. More than one-seventh own their business, with similar rates for men and women and by region. Participation rates in paid employment are similar in the West Bank and Gaza, and slightly lower among females than males. Older people working without pay (in the family) are more common in Gaza than in the West Bank and among females.
- Older people constitute two-thirds of the total illiterate population and more than half of them have not completed any educational level, with rates twice as high among females.

### Stakeholders and their roles

- Care is provided by the government, private and civil sectors in the form of residential homes, day clubs or in-kind and cash assistance, but there is little coordination between stakeholders. Not all institutions fulfill their responsibilities adequately and services are frequently of low quality.
- The Ministry of Social Affairs, the ministry mainly responsible for older people, is challenged due to the lack of adequate professional human resources to work in the department for older people and the scarcity of financial resources.

- The Ministry of Health, which is responsible for healthcare, has no dedicated age-specific programmes for older people. The same applies in other ministries, where older people are not even on the agenda.
- Tools for social protection are weak and the delivery of social services is not conducted according to a rights-based approach and defined eligibility. This may be due to failures of targeting criteria, a lack of human resources, or poor or absent supervisory and evaluation systems that lead to a lack of accountability. There are limited data or information systems to archive and document work. Weak financial resources and infrastructure lead to reliance on foreign aid to fund projects and activities.
- Facilities for older people and people with disabilities, especially those with mental disabilities and women subjected to physical abuse, are inadequate and cannot meet the growing demands. They are concentrated in cities, leaving remote rural areas or refugee camps neglected.
- In residential care institutions, there is a substantial shortfall between existing services and the care deserved by older people that respects their rights and empowers them to live with dignity and independence. Government and civil institutions bear a social responsibility towards the older people in their care. Communication, coordination and follow-up by all the relevant stakeholders is critical.
- Residential centres serve relatively small numbers of older people as capacity is limited and demand cannot be met, although there are no statistics on this aspect. The prevailing social culture of community cohesion and family commitment towards older people means that families care for an older relative who may be in ill health and require residential care despite the family's own financial resources being stretched. Community perceptions of residential homes need to be changed and the concept of day clubs for older people should be promoted to enable older people to enjoy some independence even if the family is opposed to sheltered accommodation.
- Institutions caring for older people stress the need for rehabilitation programmes, social and cultural entertainment, volunteering by university students and the formation of support groups for institutions. They also recommend that material support be given to families with older relatives, the renovation of homes belonging to older people, the establishment of small-scale projects for older people capable of managing them, the expansion of services to rural and remote areas and the strengthening of relations with local communities. To turn these recommendations into reality, institutions need to draw up a coordinated plan of joint action.
- The oPt has no central observatory dedicated to older people where data could be gathered for use in studies or reports that would facilitate decision making by officials or to offer information to the public. There are no plans to create a database specialized in older people that would serve future planning, monitor the situation of older people and support their needs in times of crisis or disaster.

### **Health in an ageing population**

- Despite the existence of two laws on public health and health insurance, older people are not referenced as an independent sector requiring special care. Older people are targeted indirectly without taking into consideration their specific needs in the advanced stages of life.
- Non-communicable diseases are the primary cause of death and are increasingly widespread, even in younger age groups (thirties), as a result of changes in lifestyles and livelihoods. Ischaemic heart disease is the primary cause of death in the oPt, followed by cancer, stroke and diabetes. Given the seriousness of these chronic diseases and the number of deaths they cause, all health institutions run specialised programmes for

treatment and prevention, but without targeting older people as a specific category. From a statistical standpoint, these diseases are particularly prevalent among older people residing in all locations and for both males and females.

- Cancer rates are rising (based on data from the past five years), but data on diabetes are not available for consecutive periods. A comparison of 2013 and 2014 data in the MoH report for 2014 indicates a decrease in the number of new cases, although the reasons are unknown. Mental health issues are escalating and look set to rise in the face of the ongoing aggression against the Palestinian people and conditions of dire poverty and hardship.
- Adaptations that would facilitate home-based care, such as accessible elevators or visual alarm systems to assist with the use of stairs, bathrooms or kitchens, are not commonly available. Individuals, especially those with disabilities, face difficulties in performing daily activities outside the home such as visiting friends and family, attending social events, mobility in the local environment, and access to public services or the workplace. The prevalence of disability increases with age among older people.
- No studies of health behaviors or lifestyles regarding diet or physical activity have been conducted, with the exception of statistics on smoking among older people.
- Geriatric medicine is not taught as a specialty, it does not feature on the curriculum of medical colleges and there are no doctors specializing in geriatrics. There are no training programmes for trainee doctors on geriatric wards in hospitals. Geriatrics is not included in the family medicine training programmes operated by the MoH and nurses are not trained in care for older patients. HelpAge is the only organisation to offer training to doctors and professionals in the Gaza Strip on caring for older patients. The al-Atta Foundation trains care home workers.
- Healthcare provision in the oPt is not based on policies that guarantee fair and inclusive access to services, especially for older people who need affordable primary healthcare, free medicines and free transportation to health centres. Community-based organisations and others rarely offer palliative care services in homes, a need that is not addressed in any existing programmes or policies.
- Two-fifths of older people describe their health as less than good and more than a fifth describe their health as poor: these rates increase with age. More than two-thirds of older people reported that they have at least one chronic disease. Overall, more than two-thirds are satisfied with their health, although this indicates acquiescence with the concept that older people should accept poor health.

### **Income security**

- There is no political policy or formal programme in the oPt to stimulate or support economic participation by older people. Older people do not feature in national development policies and are not included on the agenda of Palestinian governments and official bodies. Civil society organizations working with older people are engaged primarily in relief services rather than addressing the human rights dimension.
- The draft social security law stipulates retirement pensions for private sector employees, but has yet to be approved. The wait may be lengthy due to the inability of the Palestinian Legislative Council to convene. The Public Pension Law governs the pensions of public sector and military employees, but payments are too small to ensure a decent living. Retirement payments for employees working in Israel remain frozen.

Many older people are poor, especially as their participation in the labour force is limited. The number of families living in poverty and extreme poverty is high, especially in refugee camps and in female-headed households. In other words, families headed by older people will remain poorer than those headed by younger individuals. Poverty may be due to weak participation in the labour

force (taking into account both those inside the labour force but unemployed and those outside the labour force). Workers in agriculture and in the Palestinian private sector have lower wages and high poverty than families whose income is from work in Israel or the Palestinian public sector, which pays relatively higher income.

- Many older people are illiterate or have limited education (below elementary level). This is a factor in high rates of poverty among these individuals and their families, and is a remnant of cultural preference for male over female education. Educational levels are higher in the West Bank than in Gaza, and higher in urban areas than in rural areas and refugee camps.
- There are few policies to finance income-generating projects for older people, despite the presence of agricultural development projects conducted by NGOs, although these do not target older people specifically.
- Older people are not targeted explicitly in the Millennium Development Goals, nor in the fields of poverty, health and education, although they may benefit from the initiatives proposed in these goals.
- Other local resources, such as banks, have control over the provision of loans to older people.

### **Family and social support**

- A large proportion of older people are married and there are twice as many married males as married females. Almost one-third of older people are widowed and widows outnumber widowers. A significant percentage of households are headed by an older person, with four times as many female heads of households than males. Sources of income vary for older people, but reliance on the family as the source of income is common.
- The family is the foremost form of care for older people. Residential care homes and day clubs are in second place for those who do not have an alternative. No studies or data exist on the role of older people in caring for their grandchildren or other relatives.
- Civil society does not run programmes to encourage volunteer work with older people such as visits, chaperoning or domestic services. Policies that promote cohesion between generations in the form of young adults caring for older people, volunteering and families that host older people are also lacking.
- Engagement in work or volunteering is infrequent and gradually decreases with age. Few people attend clubs for older people on a frequent basis, possibly because of the scarcity of these facilities and the social values that safeguard older people within the family.
- Older people complain of numerous constraints that limit their daily activities, including impaired mobility, visual and hearing impairments, memory loss and speech difficulties, all of which increase with age.
- Policies and programmes that encourage home-based care for older people to stay in their own homes or with their families are non-existent. The physical environment does not facilitate travel outside the home to engage in different activities.

### **Legal framework**

- Existing legislation can form a basic legal framework for policies for older people but there are no provisions that refer to this sector specifically. This reflects the vulnerability of older people in the current Palestinian environment and the neglect of basic rights to dignity, independence and participation for several reasons:
  - Disruption to the work of the Palestinian Legislative Council, the body responsible for approving or amending relevant laws, giving approval for budgets and ensuring

accountability by ministries in the implementation of legislation relevant to older people.

- There is no one law dedicated to older people from which additional legislation could be derived and put into effect. There are no regulations or executive guidelines to ensure oversight of care institutions or enforce standards applicable to their work.
  - Labour laws do not specify a retirement age for the private sector.
  - The draft social security law has not been adopted pending ratification. Even assuming that it is enacted, previous experience does not give room for optimism because provisions in other laws, such as the Minimum Wage Law and the Disabilities Law, have not been put into effect.
  - Although older people can benefit from the provisions in legislation applicable to the population in general or to groups such as the disabled, their specific needs are not addressed.
  - The Penal Code serves to regulate some relationships and limit violations of rights, especially those occurring within the family.
- Laws exist to regulate people's lives and serve their needs. There are also national strategies that create intellectual frameworks or plans for implementation in different fields. These laws and strategies include the amended Basic Law; the Disabilities Law; Palestinian Labour Law; Public Health Law; the health insurance system; the draft social security law; the Social Protection Sector Strategy; the strategic plan for the care of older people; UNRWA's medium-term strategy, and rehabilitation, employment and empowerment programmes. The lack of age-specific legislation and the overdue ratification of the social security law are issues that need to be addressed urgently.
  - The interests of marginalised groups such as children, women and people with disabilities were only taken into account following tireless advocacy and awareness campaigns by NGOs in support of the rights of these groups. The issues faced by older people seem to have been neglected by these organisations and greater pressure and awareness campaigns are required to remind the world of the needs and rights of older people.
  - The institutional framework itself is weak because the relevant institutions do not implement social protection sector legislation such as the Ministry of Social Affairs Law, an old Jordanian law, and other laws related to people with disabilities.

### **Current situation of older people in Gaza Strip**

- Assessments, focus groups and interviews conducted with institutions and residents in the Gaza Strip for this report brought to light the special vulnerability of older people living under very harsh conditions in which abuse and violence are more prevalent than in the West Bank due to the political, security and economic circumstances. There is a lack of legal protection for older people, whether in the Palestinian constitution or in legislation, or policies that protect older people in income security, health insurance and healthcare, and social welfare provisions. As a result, the role of older people in the family and within the community is diminished, with negative impacts on the psyche of older people who see themselves as a burden on others and resort to withdrawal and isolation.
- The rights of older people in Gaza are violated in the following ways:
  - Frequent wars that cause mental health disorders in older people and are of ongoing concern to their relatives.
  - The lack of pensions or age-related allowances for many older people deprives them of financial independence and increases dependence on families already struggling due to the dire economic situation.



- Families are unable to meet the needs of older relatives due to limited finances.
- Programmes do not specifically target older people, with the exception of a few awareness campaigns and healthcare programmes.
- Existing projects to assist older people focus on relief without addressing the root of the problem and resolving it from a human rights dimension.

Older people in Gaza face problems on many fronts:

- Policies aimed at supporting older people are completely absent because the society is preoccupied with political issues and civil work is often scattered and uncoordinated.
- Government institutions ignore the issue of older people, while private institutions address other needs in society.
- Older people are treated as a group of no importance to the younger generation.
- Despite the availability of government health insurance for the entire population of the Gaza Strip and health services provided by UNRWA, the government sector cannot supply all the drugs required at the appropriate time due to financial deficits, especially expensive medication for chronic diseases. Health services do not target older people directly and there are no geriatric specialists. Physiotherapy centers or assistive aids are unavailable, although some civil organisations run externally supported projects. Existing programmes are perceived to be flawed, not inclusive and liable to undue influence from personal relationships.
- Government pensions and assistance provided by the cash transfer programme are the only fixed source of income by which older people can meet their needs, apart from relief situations in which special intervention may occur.
- Many older people lack specific nutrients or suffer from chronic diseases that require a special diet. In dire economic circumstances and the lack of any financial or food allocations, older people may lose weight, become more susceptible to disease and face impaired mobility. Poor health can have a negative impact on mental wellbeing and make older people more isolated and depressed. No studies have been made on the problems caused to older people by poor nutrition.
- The availability of day clubs and leisure activities for older people is clearly inadequate to meet needs. Day clubs reduce isolation and encourage social integration while taking part in beneficial activities. Older people are a source of experience and their professional and life experiences in many fields should be passed on to future generations. This wealth of experience is a vital resource to young people and the transfer of expertise could take the form of employment of older people as experts and advisers. Activities could comprise experiences such as craft sessions in specialist training institutions.
- Some studies have been conducted to evaluate the needs of older people, including a study funded by HelpAge, and a number of institutions run programmes of activities to integrate older and younger people.
- There are no plans for residential homes for older people despite the clear demand by older people without children.
- It was apparent from interviews and focus groups that older people have many abilities and skills that could be contributed to the world of work, and this was demonstrated in the activities in which older people have participated. Older people expressed their desire to work and put forward proposals for sources of livelihood.
- Existing rehabilitation programmes in the Gaza Strip offered tend to provide relief and assistive aids to older people rather than focusing on inclusion and taking advantage of their potential. Rehabilitation activities reduce shelter needs posed by individuals whose families are unable to provide for them.

- Coordination between relevant institutions and the Ministry of Social Affairs does not extend to the exchange of digital information and statistics, despite the clear need for high level coordination and joint planning between the local community, institutions and ministries to assess the needs of older people and formulate programmes and policies that protect their rights and interests.
- Coordination between the NGOs working with older people is very poor or non-existent.

## Recommendations

The following are key priority recommendations proposed to guide and assist the Ministry of Social Affairs and HelpAge to formulate future policies and strategies for older people in the oPt based on rights and social justice.

### Key priority recommendations

Ten key priorities were identified globally for ageing populations and these should be implemented by the Ministry of Social Affairs or the National High Committee for the Care of Older Persons:

- Motivate all stakeholders to fulfill their responsibilities defined for each of them in the specific roadmap for stakeholders referred to at the beginning of the report.
  - Ensure political commitment by government to international conventions and principles, and the rights provided therein, translated into a national framework for implementation through legislation, policies and regulations.
  - Develop support systems for older people at all levels.
  - Promote healthy lifestyles and the right to education, employment, health services and social security.
  - Commitment to the global trend of conducting studies that address ageing.
  - Mainstream ageing into gender policies and gender into ageing policies.
  - Integration of ageing and the needs of older people in national development plans.
  - Inclusion of ageing and the needs of older people in humanitarian responses to disasters and in times of crises.
  - Inclusion of ageing issues in the post-2015 development agenda to achieve sustainable development goals.
  - Develop a culture that embraces the rights of older people and challenges age discrimination and negative attitudes towards older people.
- Positive factors exist that can contribute to age-related strategies and form the foundations for future planning:
    - As a predominantly religious and conservative society, there is cultural pride in the respect bestowed on older members of the community. Relationships in extended families are strong in Palestinian society, despite the trend towards the nuclear family due to the deteriorating economic climate, internal migration and cultural changes
    - Community effort is visible in the work of civil society institutions and through initiatives carried out by young people and communities. This culture of volunteer work inherent within the community should be encouraged and expanded.
  - A common definition of the age of sixty years as a threshold to refer to older people would enable all parties who gather and collate statistical data on older people in the oPt to work from a common starting point and would permit improved statistical analysis.

### Promoting and protecting the rights of older people

- Age-related discrimination is unacceptable; all human rights are acquired by an individual at birth and remain until death. Age discrimination and its negative consequences should be countered by the enactment of legally binding protection with accompanying enforcement and accountability mechanisms. Older women are particularly vulnerable to violations of their rights due to the prevailing patriarchal culture.

- The ratification of international conventions and their translation into national legislation can encourage respect for rights. Stakeholders can play a significant role in implementing outreach and awareness campaigns that deepen understanding of the forms of discrimination experienced by older people and the rights they are entitled to. For this to take place, minimum standards and legal protection procedures must be formally determined and disseminated to form a framework on which advocacy is based. In addition, compliance with relevant international laws and standards must be strengthened and the Madrid Plan and the UN principles for older people must be incorporated into national plans and programmes.
- There must be willingness and preparations to respond robustly to the demands posed by population ageing. National capacity must be strengthened to permit older people to live with dignity and respect as individuals holding a wealth of life experience and knowledge, as per the five UN principles for older people.
- Dialogue between the government and stakeholders must be encouraged to provide clarity for duty bearers on the tasks and responsibilities allocated to them. There should be coordination in policy-making, data collection, the sharing of resources and the compilation and adoption of specific programmes catering to the interests of older people. Training for health service providers and social and judicial authorities should play an integral role. There must be oversight of the private sector and direct coordination with these actors to improve performance. Crucially, accountability policies must be adopted, especially by government, manifested in reporting and accounting systems.

### **A National Programme for Older Care in the oPt**

A comprehensive mid-term national strategy for the care of older people that takes into account the challenges they face and determines measures to overcome them is urgently needed. The following themes identified in the Arab Plan of Action on Ageing and implemented in other Arab countries are probably best placed to serve as the basis for the care of older people in the oPt.

#### **I- Human rights of older people (legislation, policy-making and planning)**

- The PA has not yet adopted a law specifically for older people because this was never on the government's agenda, but the next step must be to accelerate the enactment of a law for older people and allocate funding for its implementation. Regulations must be in place to ensure the enforcement of this law, which will form the structure for appropriate policy development of the form and nature of the services provided to older people. These policies must ensure social and economic independence, participation in all aspects of community life, self-fulfillment and dignity predicated on principles of human rights and development. Advocacy and outreach are essential to convey the significance of this law and its regulations, which must adhere to international principles on the rights of older people and the UN Principles for Older Persons of 1991.
- In 2010, a national strategy was drafted to deal with the issues of older people in oPt. The social protection strategy adopted by the MoSA also took older people into account. These two strategies were not fully implemented due to lack of financial resources and it is clear that funding for proposed activities is of paramount importance. It is not feasible to draft strategies and plans that cannot be implemented due to lack of adequate financial resources.
- The paralysis of the Palestinian Legislative Council has prevented it from reviewing proposed legislation, a role now executed exclusively by the executive, and has eliminated

any opportunities for lobbying by Council members. Under these conditions, coordination between the MoH and the MoSA is imperative to formulate unified policies to be adhered to by all stakeholders.

- The basic elements of social protection need to be provided in a sustainable manner: pensions, health insurance and workers' allocations. To achieve this, planning is required at every level and broad political commitment must be secured, with responsibilities distributed according to the sphere of each ministry. The Ministry of Finance, MoH and MoL can undertake major roles, thereby relieving pressure on the MoSA and partners to develop policies and focus on core programmes. An improved culture of coordination and networking between institutions within a solid legislative and institutional framework will encourage development and positive change.
- Provisions for tax exemptions and reduced payments for basic utilities for older people should be introduced.

## **II- Social activities and healthcare**

The goal is to extend the lives of older people in good health and with a lifestyle that offers them social and psychological wellbeing. It is essential to expand the range of services provided and to include core interventions under the slogan "continuous contribution throughout life".

- Training is required to improve professional capacities in the care of older people. Specialist health and social services must be provided with adequate financial resources to meet the diverse and growing needs of an ageing population.
- There are no national interventions or programmes to monitor discrimination or stereotypical images of older people. Civil organisations also neglect this area, with the exception of occasional community awareness activities conducted on a haphazard basis at national or international events. Activities to monitor and target ageism need to be set up through existing institutions or by a special body created for this task.
- Identification of the existing and emerging needs of older people can be seen as an opportunity to develop services and guarantee integrated care and access to medical and nursing services (curative, preventive and rehabilitative) for older people without discrimination. Careful attention should be paid to reducing factors of disability associated with ageing and preempt its occurrence through preventive and rehabilitative measures.
- It is extremely important to adopt policies that give older people access to social, recreational and cultural activities by encouraging the establishment of clubs and day care centers, and integrating entertainment and educational services offered by ministries with other societies in the field.
- A home-based care policy for older people is vital and requires adequate funding to cover all specific aspects: home renovation, transportation to appointments, specialist personnel.
- Awareness campaigns to disseminate information to the local community can combat the limited community awareness of ageing issues and highlight changes such as the trend in social structure towards the nuclear family. There must be understanding of the circumstances of some relatives who are unable to care for their parents and a home-based care policy could enable older people to stay in their own homes near to their families and their communities.
- Special provisions must be made for older people who are unable to care for themselves or do not have a head of household to rely on. Action could take the form of strengthening the capacity of residential homes, increasing their number and improving the quality of their services. Older people with mental health problems are particularly in need of assistance.

- A detailed database on the status of older people in the oPt should be established to provide basic data for use in planning care and other services.
- There are no up-to-date data about the use of communication technology or social networking such as Facebook, Twitter or Skype by older people and studies should be conducted.

**In the context of health**, healthcare providers need to:

- Create unified health programmes in which standard national protocols are defined and services are expanded horizontally (more recipients and wider geographical areas) and vertically (qualitative service development). This will create a standard service to replace the existing ad hoc arrangement of individual, unconnected providers
- Mainstream older people into health legislation as a specific sector deserving of special care and attention
- Allocation of special programmes for older people to meet their needs and respect their rights
- Guarantee the permanent supply of essential drugs required to treat chronic diseases
- Build health databases that specialise in older people
- Determine a common definition of older people as aged 60 or over
- Train staff in the field of geriatrics
- Coordinate with local universities and colleges to initiate specialties in nursing and geriatrics
- Integrate older people as a special category requiring specific attention in emergency planning and during training for paramedics or rescue teams
- An inclusive approach must be adopted by the MoSA, the MoH and others with cross-cutting programmes linked to each other
- The expansion of mental health services for older people
- Develop awareness units and community-based training on social and nursing care of older people in all age brackets from 60 or over
- Healthcare providers can improve services for older patients by implementing the following:
  - i. A comprehensive policy of services and switching to a multi-sectoral approach that integrates mental, social and physical health services alongside relief and rescue operations during disasters, crises and wars.
  - ii. Policy of training and continuous education of professionals in the field of geriatrics.
  - iii. Policy that empowers the MoH to supervise homes for older people.
  - iv. The MoH should develop specialist clinics for older people and introduce new structures and protocols. Psychiatric treatment and health education should be made available. The MoH should conduct a needs assessment of older people and monitor conditions nationally. A new professional post of health worker for older people should be created.

**In the social context** we recommend the following:

- Initiate discussions on how older people's needs can be met, especially for individuals who express need for full or partial assistance. The government holds a responsibility to meet these needs, especially for domestic services, with high quality and appropriate strategies suited to the standard of living and cultural and social conditions in oPt. Pensions and social security programmes are vital and an appropriate social security law must be enacted, especially to ensure income security through age-related payments.

- Neglect, abuse and violence against older people must be reduced by establishing health and home care services and free health insurance because medical neglect is the main form of abuse faced by older people.
- Attention must be given to the role of the family and improving their awareness of how to treat older people.

### **III- Economic security**

- Plans should be implemented to benefit from the individual experience and skills of older people after retirement and acknowledge the vital contribution they make to society.
- A large proportion of older people are poor and unemployment is increasing; salaries are very low for those in employment. This includes a large proportion of poor households headed by older people. Older people must be given a pension or financial assistance linked to the cost of living index and minimum wages to enable them to have a decent standard of living. The enactment of the draft social security law and a solution to the problem of retirement for workers in Israel are aspects that need to be addressed.
- There must be a relief response to the emergency needs of older people in the Gaza Strip resulting from the impact of ongoing wars and violence.

### **IV- National institutions**

- The mapping of service providers illustrates that various public and civil bodies are engaged in activities to assist older people. These institutions must combine their efforts and provide services based on their individual specialty (social affairs, health, media, financial, legislative, Ministry of Housing, UNRWA, etc.) The needs of older people require concentrated efforts and input far beyond those that the Ministry of Social Affairs can provide alone.
- Clubs and associations for older people should adopt well-defined action plans and programmes with specific goals and development-orientated activities with a human rights vision rather than merely providing relief and services.
- Establish clear and explicit policies on fees with standard regulations across all institutions, ensuring special provisions for needy cases, who are unable to pay.
- Establish volunteering programmes composed of the local community (students, professionals) to contribute to the work of institutions.

### **V- The international and regional context**

- Thoroughly brief participants attending international and Arab events and maximise cooperative efforts by creating advocacy groups in solidarity with older people. Investors and sponsors should be sought to fund programmes and associations for older people in the oPt such as those that exist for women, youth and children.

## **Policy making**

An initial priority is to formulate and approve policies or presidential decrees (in the absence of the Palestinian Legislative Council) to protect older people from abuse, protect their rights and ensure a life with dignity in the following areas:

- Primary (preventive and therapeutic), secondary (hospitalization) and tertiary (rehabilitation) healthcare services with guaranteed free health insurance established by law for older people and family members for whom they act as head of household.

- Income security (pension) for all older people to ensure a decent life for themselves and their families.
- Policies that ensure protection from violence, exclusion and marginalization and that invest in the expertise that older people have to offer.
- Harmonisation of policies on the physical environment for older people to facilitate ease of mobility and services from ministries, banks, hospitals and clinics. This could take the form of placing a location on the ground floor to facilitate access to the service.
- Psychological and social rehabilitation policies for older people entering retirement and finding themselves without work or activities. An individual may feel that they lack any role in society because they are still able to work, but no longer have an opportunity to put that energy to use.
- Policy that encourages the creation of entertainment and recreational day clubs for older people and residential care institutions with a guaranteed standard of services.
- Policy to promote awareness and the dissemination of information about older people in the oPt among social groups such as youth and school students. Families need information about how to care for older relatives and enable them to stay in the family home.
- Dispense financial aid and other supplies, utilities and food supplies to ease the burden on families caring for older people.



## Annexes

### Annex 1: English bibliography

1. HelpAge International, *Strategy to 2020*, unpublished
2. UNFPA/HelpAge International, *Ageing in the Twenty-First Century: A Celebration and A Challenge*, London, 2012
3. HelpAge International, *Ageways Issue 80: Practical issues in ageing and development*, February 2013
4. HelpAge International, Global AgeWatch Index Press Release, 2014
5. Age Demands Action, Irish Aid and Age Action Ireland, *Ageing and development – A guide for development organisations*, January 2012
6. UNFPA, Ageing: Overview, <http://www.unfpa.org/ageing> (14 August 2015)
7. HelpAge International, INPEA, IFA and others, *Strengthening older people's rights: Towards a UN Convention*, A resource for promoting dialogue on creating a new UN Convention on the Rights of Older Persons, 2010
8. Global Action on Aging, Human Rights Literacy and Definitions, <http://globalaging.org/agingwatch/convention/humanrights/definitions.htm#humanrights> (24 June 2015)
9. Marthe Fredvang and Simon Biggs, *Social Policy Working Paper no.16: The rights of older persons*, The Centre for Public Policy, 2012
10. HelpAge International, *Disaster Risk and Age Index*, 2014, [www.helpage.org/disaster-index](http://www.helpage.org/disaster-index) (22 May 2015)
11. Nabil Kronfol, and others, *Ageing in the Arab region: trends, implications and policy options*, report final edition 2013, ESCWA 2014
12. Center for Studies on Aging, *Policy brief issue 2, Pensions: A right long overdue for the older citizens*, CSA, 2009
13. Center for Studies on Aging, *Policy brief issue 3, Chronic disease and aging in the eastern Mediterranean region*, CSA, September 2010
14. Center for Studies on Aging, *Policy brief issue 10, Seniors in emergency*, September 2010 (updated 2013)
15. UNFPA and CSA, *Regional ICPD and MIPAA Review on Aging in the Arab World: A Mapping Tool*, August 2012
16. International Conference on Population Development ICPD, *Development challenges and population dynamics in a challenging Arab world, main findings and future perspective*, Cairo 2014
17. UNFPA, ICPD and MDGs follow up, 1994, <http://www.stateoftheworldsmidwifery.com/public/site/eeca/cache/offonce/pid/11775;jsessionid=589171910E04B6B1C32081240EC0537A.jahia01> (30 June 2015)

18. UNDP, MDG Progress Reports - Arab States, 2013,  
<http://www.undp.org/content/undp/en/home/librarypage/mdg/mdg-reports/arab-states.html> (8 July 2015)
19. HelpAge International, *Needs Assessment: Gaza Strip*, March 2015
20. Palestinian Central Bureau of Statistics (PCBS), IntPopDy2015, Press release,  
<http://www.pcbs.gov.ps/site/512/default.aspx?tabID=512&lang=en&ItemID=1441&mid=3172&wvver=ion=Staging>, 2015
21. Kasturi Sen, *Aging in Palestine: A Situation Analysis*, WHO, 2015, unpublished.
22. Shireen Assaf, *Older Adults in the Palestinian Territory: Situation and Needs*, Policy brief, PWRDC, UNESCO, 2010

### المراجع العربية

1. حقائق مهمة بخصوص الشيخوخة - منظمة الصحة العالمية، موقع منظمة الصحة العالمية <http://www.who.int/ageing/projects/ar>، 30 أيلول/سبتمبر 2014
2. شيخوخة السكان في العالم، موقع العربية <http://www.alarabiya.net/views/2011/07/08/156664.html> 08 يوليو 2011م
3. خليل عبد الكريم، أثر الحرب على الصحة النفسية لكبار السن في قطاع غزة، شركة ساستك للاستشارات والتطوير، 2014
4. المراجعة الاقليمية لخطة عمل مدريد الدولية للتعمير والمؤتمر الدولي للسكان في العالم العربي، صندوق الامم المتحدة للسكان ومركز دراسات كبار السن- لبنان
5. نعيم جمعة ، مرحلة الشيخوخة متطلبات ومتغيرات في الجانب النفسي والبيولوجي، دراسة دكتوراة، غز ، 2008
6. بيوت مسنين ام مراكز ابواء : ورقة سياساتية رقم 5، جامعة بير زيت، 2012
7. التقرير الصحي السنوي 2014 ، وزارة الصحة الفلسطينية ، تموز 2015
8. مؤشرات القوى العاملة الربع الاول 2014 ، وزارة العمل، -25-11-2015 <http://www.mol.pna.ps/index.php/2015-11-25-09-08-02/2016-02-01-10-39-41/82-ehkd-2014>
9. نحو توافق دولي في الاراء حول وضع سياسة عامة بشأن رعاية المسنين، منظمة الصحة العالمية.
10. المدن المراعية للمسنين: دليل، منظمة الصحة العالمية- المكتب الاقليمي لشرق المتوسط، 2009
11. لمحة تاريخية عن تطوّر الاهتمام بكبار السن، وزارة الشؤون الاجتماعية اللبنانية، 20 ايار 2015 <http://www.socialaffairs.gov.lb/MSASubPage.aspx?parm=313&parentID=99>
12. محمد ابراهيم السقا، شيخوخة السكان في العالم، <http://www.alarabiya.net/views/2011/07/08/156664.html> (1 آب 2015)
13. الشيخوخة في القرن 21، HAI & UNFPA، 2012
14. رعاية كبار السن في الوثائق الدولية ، (24 حزيران 2015) <https://www.facebook.com/Successwayacademyeg/posts/352241514978938:0>

15. الشيخوخة في البلدان العربية، [http://www.onfp.nat.tn/cercles/TR4/dossier/chapitre\\_ar\\_4.pdf](http://www.onfp.nat.tn/cercles/TR4/dossier/chapitre_ar_4.pdf) ، (24 حزيران 2015)
16. موقع الامم المتحدة والشيخوخة، <http://www.un.org/arabic/esa/ageing/> ، (28 حزيران 2015)
17. تقرير كبار السن في لبنان - واقع وآفاق ، CSA & UNFPA ، بيروت، 2011
- 18.
- 19.
20. تقارير غير منشورة ، وزارة الشؤون الاجتماعية\ دائرة المسنين :
21. استراتيجية عمل الوزارة ، وزرة الشؤون الاجتماعية الفلسطينية ، 2011
22. استراتيجية الحماية الاجتماعية، وزارة الشؤون الاجتماعية الفلسطينية، 2010
23. الخطة الاستراتيجية لرعاية المسنين 2010-2015، وزارة الشؤون الاجتماعية، 2010
24. تقرير حول اللجنة الوطنية العليا لرعاية المسنين
25. تقرير حول مركز بيت الاجداد لرعاية المسنين
26. قائمة المؤسسات الإيوائية لرعاية المسنين
27. تقرير واقع ملفات ومرشدين المسنين في وزارة الشؤون
28. دراسات الجهاز المركزي للإحصاء الفلسطيني:
29. الجهاز المركزي للإحصاء الفلسطيني، واقع المسنين ومتطلبات رعايتهم 1997-2007، كانون اول 2009
30. الجهاز المركزي للإحصاء الفلسطيني، بيان صحفي بمناسبة اليوم العالمي للمسنين، 2015\10\1
31. الجهاز المركزي للإحصاء الفلسطيني، بيان صحفي بمناسبة اليوم العالمي للمسنين، 2014\10\1
32. الجهاز المركزي للإحصاء الفلسطيني، بيان صحفي بمناسبة يوم الصحة العالمي بالتعاون مع وزارة الصحة، 2015\4\7
33. الجهاز المركزي للإحصاء الفلسطيني، بيان صحفي بمناسبة اليوم العالمي للسكان، 2015\7\11
34. الجهاز المركزي للإحصاء الفلسطيني، مسح العنف في المجتمع الفلسطيني 2011، اذار 2012
35. الجهاز المركزي للإحصاء الفلسطيني، العنف ضد كبار السن - 2005-2006
36. الجهاز المركزي للإحصاء الفلسطيني، تقديرات مبنية على النتائج النهائية لتعداد العام للسكان والمساكن والمنشآت 2007، بيانات غير منشورة 2015
37. الجهاز المركزي للإحصاء الفلسطيني، تقديرات مبنية على النتائج النهائية لتعداد العام للسكان والمساكن والمنشآت 2007، بيانات غير منشورة 2014
38. الجهاز المركزي للإحصاء الفلسطيني، مسح انفاق واستهلاك الاسرة، 2011
39. الجهاز المركزي للإحصاء الفلسطيني، مسح الاسرة الفلسطيني، 2010
40. الجهاز المركزي للإحصاء الفلسطيني، مسح الافراد ذوي الاعاقة، بالتعاون مع وزارة الشؤون الاجتماعية، 2011
41. الجهاز المركزي للإحصاء الفلسطيني، النتائج النهائية لتعداد الافراد ذوي الاعاقة في قطاع غزة 2012
42. الجهاز المركزي للإحصاء الفلسطيني، فلسطين في ارقام 2014، اذار 2015
43. الجهاز المركزي للإحصاء الفلسطيني، الجهاز المركزي للإحصاء الفلسطيني، كتاب فلسطين الاحصائي السنوي 2014، كانون اول 2014
44. الجهاز المركزي للإحصاء الفلسطيني، مسح اثر الحرب والحصار في 2009 على قطاع غزة ، تشرين اول 2009
45. الجهاز المركزي للإحصاء الفلسطيني، قاعدة بيانات مسح القوى العاملة 2014
46. الجهاز المركزي للإحصاء الفلسطيني، قاعدة بيانات مسح القوى العاملة 2015- بيانات غير منشورة
- 47.
48. قوانين وسياسات واستراتيجيات عمل فلسطينية:

49. مشروع قانون كبار السن، رقم ( ) لسنة 2012، وزارة الشؤون الاجتماعية
50. مقترح اللائحة التنفيذية لقانون المسنين، وزارة الشؤون الاجتماعية
51. مقترح اللائحة التنفيذية للمراكز الايوائية لعام 2012، وزارة الشؤون الاجتماعية
52. مقترح- مشروع قانون الضمان الاجتماعي مسودة اخيرة
53. نظام التأمين الصحي الفلسطيني
54. قانون الصحة العامة الفلسطيني
55. القانون الاساسي الفلسطيني المعدل
56. قانون التقاعد العام، الهيئة العامة للتقاعد
57. استراتيجية التشغيل الفلسطينية، وزارة العمل
58. استراتيجية تعليم الكبار - مسودة مقترحة، وزارة التربية والتعليم العالي الفلسطينية

## الملاحق

### قائمة باسماء الذين تمت مقابلتهم في سياق الدراسة

#### مقابلات مع موظفي وزارة الشؤون الاجتماعية والضفة الغربية

1. وزير الشؤون الاجتماعية: السيد شوقي العيسة
2. وكيل وزارة الشؤون الاجتماعية: دكتور محمد ابو حميد
3. وكيل مساعد- وزارة الشؤون الاجتماعية: داؤود الديك
4. وكيل مساعد وزارة الشؤون الاجتماعية : انور حمام
5. مدير عام الاسرة والطفولة- وزارة الشؤون: دكتورة كوثر المغربي
6. مدير دائرة المسنين- أ.غانم عمر
7. مدير عام الشؤون القانونية- وزارة الشؤون الاجتماعية: أ. خلود عبد الخالق
8. دائرة الشكاوي في وزارة الشؤون الاجتماعية
9. مدير مركز بيت الاجداد- اريحا: أ. محمد بشارت
10. مشرف المرشدين- بيت الاجداد- اريحا: أ.عدنان ابو نعمة
11. نائب مدير عام مكافحة الفقر في وزارة الشؤون الاجتماعية: أ. خالد البرغوثي

#### مقابلات مع آخرين من خارج وزارة الشؤون الاجتماعية والضفة الغربية

12. دكتور ماجد الحلو: رئيس هيئة التقاعد الفلسطينية| عضو اللجنة الوطنية للمسنين
13. عبد الكريم ضراغمة: مدير عام التفتيش وحماية العمل - وزارة العمل| عضو اللجنة الوطنية للمسنين
14. نازك عنبتاوي: مديرة دائرة المساعدات الانسانية جمعية الهلال الاحمر الفلسطيني | عضو اللجنة الوطنية للمسنين
15. نورا قرط: رئيسة جمعية العطاء | عضو اللجنة الوطنية للمسنين| حضر المقابلة عادة خوري منسقة البرامج في الجمعية
16. عبد الله حجازي: رئيس هيئة المتقاعدين الفلسطينيين
17. وزارة الصحة الفلسطينية:
  - أ. د. جواد البيطار: مدير مركز المعلومات الصحية الوطني | وزارة الصحة
  - ب. دكتورة نسرين مرجان: مديرة شؤون الصحة العامة ومنسقة شؤون رعاية كبار السن
  - ت. دكتور غديان كمال، مدير دائرة صحة المجتمع
  - ث. الهام شماسنة: مديرة التمريض
18. د. امية الخماش: رئيس البرنامج الصحي | وكالة الغوث د الضفة الغربية
19. د. مصطفى البرغوثي| عضو المجلس التشريعي الفلسطيني
20. أ. حسين الفقهاء| نائب الامين العام لاتحاد نقابات عمال فلسطين
21. أ. منير قليبو | مدير مكتب منظمة العمل الدولية في فلسطين

### مقابلات اجريت في قطاع غزة

22. أ. محمد نجيب أبو عودة مدير مركز الوفاء لرعاية المسنين
23. أ. أحمد صيدم القائم بأعمال المدير التنفيذي لجمعية الوداد لتأهيل المجتمعي
24. د. جميل سلامة رئيس مركز فلسطين للدراسات القانونية والقضائية " القسطاس "
25. د. مجدى خضر الكردي "رئيس مجلس الإدارة" اجمعية وبالوالدين احسانا
26. أ. أحمد جعفر بسيسو "رئيس مجلس الإدارة" اجمعية رعاية كبار السن
27. أ. عطا ماضي "رئيس مجلس الإدارة" اجمعية متقاعدي الموظفين العرب في وكالة الغوث
28. أ. عبد الرحمن شحادة " رئيس حملة مناصرة كبار السن ورئيس اللجنة الاستشارية مع المؤسسة الدولية لكبار السن "
29. أ. عبد الفتاح الاشقر - المدير التنفيذي الهيئة الفلسطينية لتمكين الشباب
30. د. محمد أبو دية مدير برنامج المسنين أ. حسن ابو حسين مدير برنامج المعاقين دائرة الخدمات الاجتماعية في وكالة الغوث

### المجموعات البؤرية المركزة

1. مجموعة بؤرية مركزة مع كبار السن المتقاعدين والاعضاء في هيئة المتقاعدين الفلسطينيين
2. مجموعة بؤرية مركزة مع كبار السن - بيت الاجداد- اريحا
3. مجموعة بؤرية مع كبار السن رواد بين جدودنا- غزة

## قائمة بالمؤسسات الايوائية والاندية النهارية

الموقع	المؤسسة	الرقم
	<b>المؤسسات الايوائية</b>	
البيرة	جمعية الاتحاد النسائي العربي	1.
رام الله	جمعية الاتحاد النسائي العربي	2.
رام الله	فيلا الرفاه	3.
الطيبة/ رام الله	بيت أفرام	4.
بيتونيا	دار الحنان لرعاية المسنات	5.
نابلس	جمعية الهلال الأحمر الفلسطيني	6.
نابلس	الارشالية الخيرية	7.
نابلس	الجمعية الثقافية الاجتماعية / الوثام والمحبة	8.
أريحا	مركز بيت الأجداد لرعاية المسنين	9.
سلفيت	جمعية الوفاء لرعاية المسنين	10.
دير الغصون	بيت الأجداد	11.
جنين	جمعية بيت المسنين والمعوقين الخيرية	12.
القدس	بيت راهبات المخلص	13.
يست جالا	بيت القديس نيكولاس	14.
بيت لحم	الجمعية الانطوائية الخيرية	15.
بيت لحم	ارسالية المحبة	16.
العيزرية	الملجأ الخيري الأرثوذكسي	17.
القدس	بيت سيدة الألم	18.
القدس	بيت الرحمة الاسلامي	19.
الشجاعية/ غزة	مركز الوفاء لرعاية المسنين	20.
	<b>النوادي النهارية</b>	
بير زيت/ رام الله	نادي بير زيت	1.
رام الله	نادي الكاريتاس	2.
البيرة	نادي الوردة البيضاء	3.
بيت لحم	نادي جمعية أهداف	4.
بيت لحم	نادي جمعية النجمة	5.
بيت جالا	نادي جمعية دار الشيوخ	6.
بيت ساحور	نادي المسنين	7.
الرمال/ غزة	جمعية رعاية كبار السن	8.
بيت حانون	مؤسسة تمكين الشباب YEC	9.

**Table of civil society organisations that allocate part of their programs and activities for older people in Gaza**

<b>Governorate</b>	<b>Organisation</b>	<b>Beneficiaries</b>	<b>% of service/older people</b>
<b>North</b>	1. Jabalia Rehabilitation Society	Disabled people	10%
	2. Baituna Society for Community Development	Disabled people	15%
<b>Gaza</b>	3. Balsam Rehabilitation Society	All members of society, especially disabled	20%
	4. ElWafa charitable Society	Older people	40%
	5. Al Wafaq Relief and Development Society	Youth and women	50%
	6. National Center for Community Rehabilitation	Disabled people	20%
	7. Palestinian Medical Relief Society	Underserved population groups	10% when there are special project for them
	8. 10% when there are special project for them	Disabled people	20%
	9. Society of Physically Handicapped People - Gaza strip	Injured and physically disabled	20%
	10. Palestinian Association For Rehabilitation Of Disabled	Disabled people	< %10
	11. Union of Health Care Committees	Low-income and poor people in all parts of the Gaza Strip	%20
	12. El Wedad Society for Community Rehabilitation	All members of society	%25-20
	13. Union of Health Work Committees	All members of society	%20
	14. Public Aid Society	All members of society	%20
	15. Atfaluna Society For Deaf Children	Deaf people	%40
<b>Middle Area</b>	16. Society of Al-Buraij for Community Rehabilitation	Disabled people	20%
	17. Deir Al Balah Rehabilitation Society	Disabled people	20%
<b>Khanyounis</b>	18. Dar Al Kitab Wal Sunna	Vulnerable families, low income families, older people, disabled people	30%
<b>Rafah</b>	19. Al Amal Rehabilitation Society - Rafah	Disabled people	< %10