

Violence Against the Elderly: Palestine

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Introduction

This report showcases the findings of the research conducted in Palestine (West Bank and Gaza Strip) in September - December 2019 on violence against the elderly. The research was conducted by the United Nations Population Fund (UNFPA) – Palestine, in partnership with the Ministry of Social Development. This report is part of a regional study conducted by UNFPA, and the League of Arab States' Arab Women Organization (AWO). Apart from Palestine, the study involves three other Arab countries: Lebanon, Tunisia and Oman. Technical supervision is done by the Lebanese organization KAFA.

This report delves into the causes of violence against the elderly and studies its implications and effects, as well as ways to address and treat it. It also presents recommendations on confronting and reducing violence, raised by all stakeholders, including the elderly themselves, service providers, and decision-makers.

The report methodology is based on qualitative research tools. A number of focus groups has been created that includes elderly people from different environments and backgrounds. Several issues related to their conditions in general, and violence against them in particular, were raised. A series of interviews was conducted with many people specialized in providing care for the elderly, especially daily and social care providers, healthcare workers, in addition to a number of psychological support service providers.

As for the strategies adopted and the reality of fighting violence against the elderly, a number of decision-makers were interviewed on the social, legal and health aspects of the issue of violence. Officials working at the Ministry of Social Development, the Palestinian Ministry of Justice, and a number of Palestinian police officials were interviewed. UNRWA officials were also interviewed to discuss the situation of elderly refugees and the severity of their situation.

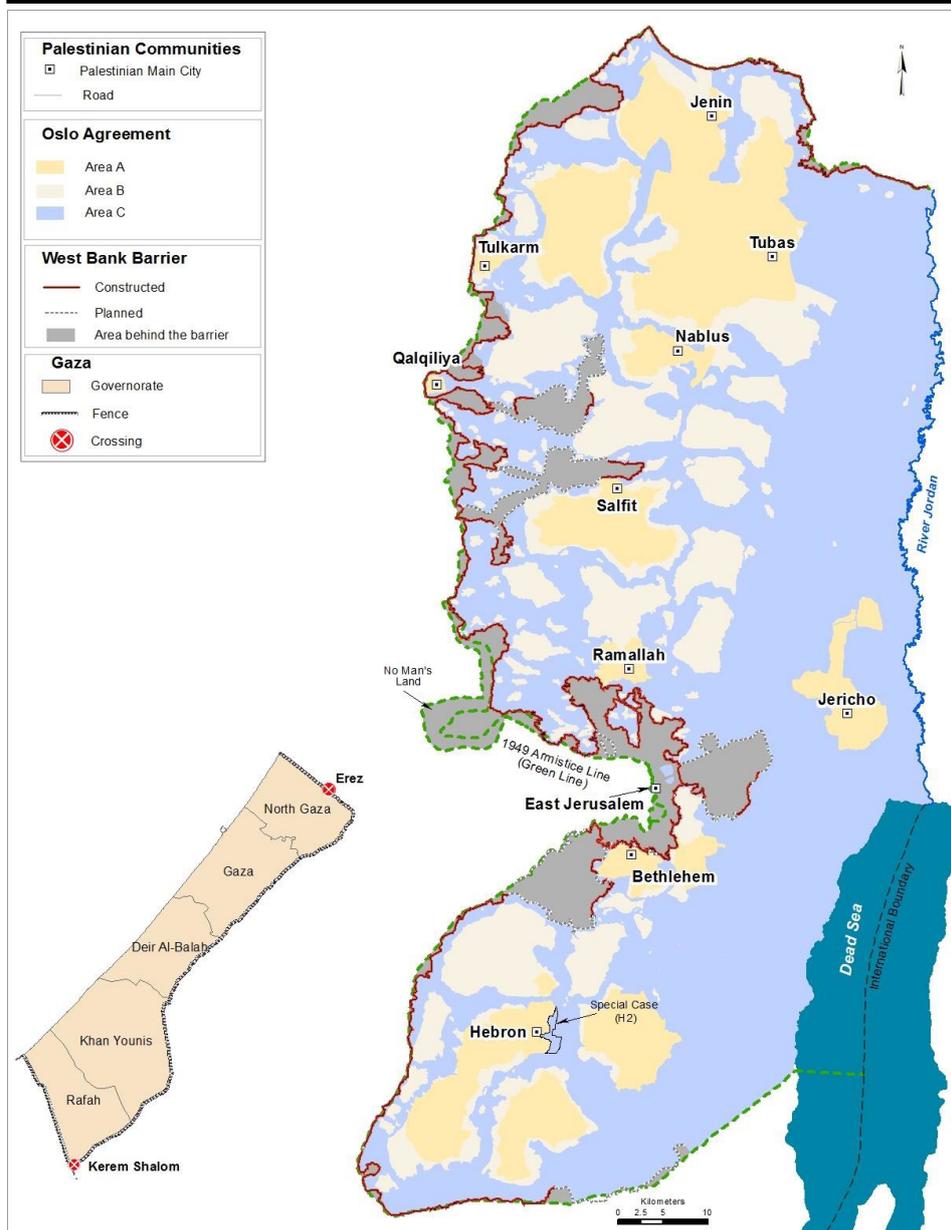
In conclusion, the UNFP - Palestine would like to thank all those who contributed to this report, mainly the Ministry of Social Development, and all the elderly who shared their views and opinions.



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Office for the Coordination of Humanitarian Affairs, occupied Palestinian territory

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— First — The elderly in Palestine

— 1 — Ageing Seen from an International Perspective

The elderly age category is one of the most vulnerable society groups that require special care, not only as a response to their needs but also as a way for the society to show appreciation and recognition for a category that has long contributed to building society and getting it and its people to where they are today.

According to WHO, ageing is the process during which the human being reaches the age of 60 (some definitions set the age of aging at 65 or over). While the world's population is rapidly ageing, the population aged 60 and above is expected to increase from 900 million in 2015 to 2 billion people in 2050 (equivalent to 12% and 22% respectively)¹. According to the data included in the 2019 Review of the World Population Prospects report, by 2050, 16% of the world population (1 in every 6 people in the world) will be older than 65 years, an increase of 7% since 2019 (1 in every 11 individuals). It seems as if 2018 were the first year in history, on a global scale, during which the number of elderly people over the age of 65 has exceeded the number of children under the age of 5. The number of people over the age of 80 is also expected to triple (from 143 million in 2019 to 426 million by 2050).²

In 1991, the United Nations has adopted 5 principles for the elderly³ that aim to create a friendlier world for the elderly. It called upon governments to integrate these principles within national policies and strategies, and to adopt practical steps to concretely implement these principles. These principles are

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- 1 10 Facts on Ageing and Health, WHO 2017. <https://www.who.int/features/factfiles/ageing/en/>
 - 2 Ageing, the United Nations 2019. <https://www.un.org/en/sections/issues-depth/ageing/index.html>
 - 3 United Nations General Assembly Resolution 91/ 46.1991. <https://undocs.org/en/A/RES/46/91>

summarized as follows: Independence, participation, care, self-realization and dignity. The basic rights of the elderly were ratified as follows:

- » The right not to be discriminated against on the basis of age, gender or others.
- » The right not to be exposed to violence in all its forms.
- » The right to social security benefits and pension benefits.
- » The right to health services.
- » The right to employment, community participation and constant education.
- » The right to property and inheritance.

As the number of elderly people in developed and developing societies has increased, societies are witnessing fundamental transformations in family structure. These major transformations provide great social and economic benefits to governments in terms of caring for the elderly and providing them with the basic requirements for life, while ensuring their access to health care and long-term social services.

In the 2012 report issued by HelpAge International and UNFPA⁴ entitled “Ageing in the Twenty-First Century,” recommendations were made to adopt 10 priorities for expanding opportunities for the elderly, including:

- » Preparing all parties, including individuals, families, governments, civil society institutions and other societal bodies, to properly address the increasing number of elderly people. This is made possible by promoting empathy, strengthening local and national capabilities and initiating social, political and economic reforms, to be able to live in a world in which the rate of elderly people is increasing.
- » Ensuring political commitment of governments to seriously engage with the elderly and make their rights and needs a priority for governments, enabling the elderly to live in security and dignity, and have access to basic health and social services.

4 UNFPA and HelpAge International. Ageing in the Twenty-First Century: A Celebration and a Challenge, 2012. <https://www.unfpa.org/sites/default/files/pub-pdf/Ageing%20report.pdf>

- » Developing support systems for the elderly in communities and within families, to ensure that they receive the necessary care, and encouraging active aging.
- » Promoting healthy habits in younger generations and guaranteeing work rights, as well as health and social coverage as the best investment for improving the lives of future elder generations; ensuring job opportunities, education and access to health services.
- » Reinforcing national and international efforts to conduct research studies on the status of the elderly, in order to establish a database of information that helps in setting policies and strategies that reflect the actual reality of the status of the elderly.
- » Incorporating aging into all gender related studies, while taking into account the specific requirements of elderly women and men.
- » Preparing an emergency and disaster response plans that includes the needs of the elderly.
- » Incorporating the needs of the elderly in the national development goals agenda.
- » Developing a culture that embraces the elderly and considers them an active component in society with their valuable contributions and role in improving society, rather than viewing them as a burden.

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Report Methodology

This study unveils the different forms of violence faced by elderly people in Palestine, especially women, and delves into ways to eradicate violence, address its effects, and reduce its psychological and social implications. It also develops a vision that includes governmental institutions, civil society institutions and other parties, through ways of uniting efforts and developing national strategies that can combat violence against the elderly.

The report follows a descriptive and analytical approach regarding the issue of violence against the elderly in Palestinian society. It also follows a method-

ology of participation that was implemented with the participation of the elderly themselves, service providers and stakeholders.

The report uses the focus group method, a systematic methodology of descriptive method used in scientific research. It allows to collect qualitative data on a specific topic from a specific social group who share the same interests, in order to reach a set of perceptions, realizations, or collective agreements on a specific topic or issue. These shared perceptions are capable of establishing a set of alternatives that are useful in making decisions, or reaching specific solutions to problems.

This study was carried out by adopting the following methodology:

1) Desk review for Local, Regional and International Studies on Violence against the Elderly

The reality of the elderly has been recognized, along with the issues facing the elderly, such as health, social and legal issues. Data on the health, legal and social status of the elderly in Palestine has been collected.

2) Focus groups

6 focus groups were held with the elderly in Palestine. The groups were divided between the West Bank and the Gaza Strip, with 3 groups in the West Bank and 3 other groups in the Gaza Strip. The meeting included 42 elderly women and 36 elderly men. The ages of the participants ranged from 60 to 85 year. A number of shelters and day centers was chosen in which the focus groups were held. The reason for holding focus groups in these two types of centers was to obtain a sample that represents various cases of the conditions of the elderly. The residents of the shelters are usually elderly people who lack a family environment that provides care for them, while participants at adult day cares were elderly people who live with their families. This paved the way to tackle different dimensions of the debate on violence against the elderly. People in charge of the selected elderly centers were left to choose the focus group participants, and the researchers did not interfere with the selection process.

The focus groups were distributed according to the following table:

Focus group	Location	Type of Institution	Number and Gender of Elderly Participants	
			Women	Men
Arab Women's Union Association	Al-Bireh - West Bank	Private residential institution	5 women	0 men
Friends Society of the Elderly	Jalazone refugee camp - West Bank	Adult day care - charity	4 women	4 men
Beit Al-Ajdad for Elderly Care	Jericho - West Bank	Governmental residential institution	3 women	2 men
Aged Care Association - Dar Suad Al-Adhami	Rimal - Gaza	Adult day care	20 women	0
Elderly Care Association - Dar Souad Al-Adhami	Rimal - Gaza	Adult day care	0	20 men
El-Wedad Society for Community Rehabilitation	Gaza	Adult day care	10 Women	10 men
Total			42 women	36 men

Most male participants in these groups have not received college education, while most women have not completed elementary school. Moreover, the above table shows that most of them are run by charitable and private organizations and only one is run by the government.

3) Interviews with Decision makers and Elderly Service Providers

12 health, social and protection services providers, including 2 from Gaza Strip, and 8 decision makers, including one from Gaza Strip, were interviewed.

- » Medical staff interviews (with doctors, nurses, physiotherapist, social worker, and counselor).
- » Interviews with residential centers and adult day care managers in the West Bank and Gaza Strip.
- » Interviews with specialists on violence against the elderly (Family Protection Unit within the Palestinian Civil Police, Research and Planning General Department within the Palestinian Police, Gender Unit at the Palestinian Ministry of Justice, Alqistas Center - Gaza).

- » Interviews with decision-makers working at the Palestinian Ministry of Social Development in the West Bank and Gaza Strip, and UNRWA.

4) Analyzing the various information obtained, extracting results and coming up with some recommendations.

Report Challenges

1. Absence of a unified definition of ageing in Palestinian institutions, which leads to disparity in gathering information pertaining to the conditions of the elderly. Some authorities believe that the process of ageing begins upon reaching the age of 60, while others believe it begins at 65 years old.
2. Inability to obtain the same data from the West Bank and Gaza Strip due to political unrest and division.
3. Lack of information on the elderly and their status in Jerusalem.
4. Lack of research and investigation mechanisms pertaining to violence against the elderly, which leads to lack of indicators that may give a closer picture of the reality of violence.
5. Absence of a comprehensive database specific to the elderly, which makes researching specific issues related to the elderly more difficult.
6. Disparity among the variables used in the data in reports on the situation of the elderly from one source to another. The Ministry of Health uses variables that are different from those used by the Palestinian Central Bureau of Statistics (PCBS) and the Ministry of Social Development.

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Demographic Framework

The total population of Palestine has reached 4.78 million, of whom 2.88 million live in the West Bank and 1.90 million in the Gaza Strip, according to the Population, Housing and Establishments Census 2017 preliminary results issued by the PCBS⁵.

With reference to the population distribution according to the age pyramid of selected age groups, it can be noted that 47% of the population in Palestinian society falls within the 0-17 age group, while 24.3% are between 18 and 29 years old, and 5.2% are 60 years old and above.

Palestinian families comprise 5.1 persons on average (5.6 family members in Gaza Strip and 4.8 in the West Bank). The rate of Palestinians who benefit from health coverage has reached 78.3% (65.7% in the West Bank benefit from health insurance, versus 95.4% in the Gaza Strip).

The number of Palestinians classified as people with disabilities has reached 255,244, i.e 5.8% of the total population, of whom 193,690 men (6.2% of the total number of men), and 115,634 women (5.3% of the total number of women).

Unemployed rate has reached 27.2% of the total population, i.e 328,900 people, 96,420 of whom are from the West Bank (13.2%), and 232,480 from Gaza Strip increased (48.2%).

Demographic Scene of the Elderly in Palestinian Society

According to the PCBS statement issued on October 1, 2019⁶, Palestinian society is considered relatively young, as youth constitute have a high share of society, that is, 47% of the total population, while the rate of the elderly is

5 Palestinian Central Bureau of Statistics (PCBS). 2017 Preliminary results of the Population, Housing and Establishments Census. 2018. <http://www.pcbs.gov.ps/Downloads/book2364.pdf>

6 Palestinian Central Bureau of Statistics (PCBS). Press release on World Elderly Day. (October 2019). http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_Ar_ElderlyA2019.pdf

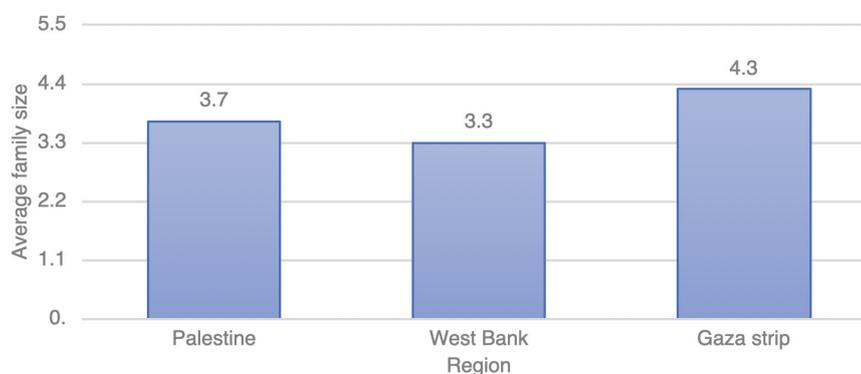
rather low. The number of elderly people in Palestine has reached 257,151 individuals in mid-2019, representing about 5% of the total population. 169,503 elderly people live in the West Bank (6% of the West Bank population), while 87,648 of the population in the Gaza Strip (4% of the Gaza Strip population).

Despite the expected increase in the number of elderly people in Palestine during the upcoming years, their rate is expected to remain low and stable, without exceeding 5% in the current decade. This rate will only begin to increase after reaching half of the next decade.

Palestine has witnessed a significant improvement in survival rates since the beginning of the last decade in the 20th century. In fact, expected survival rate has increased by 6-8 years over the past two decades. The rate for both males and females has increased from 67 years old in 1992 to 72.9 years old for males, and 75.2 years for females in 2019. This rate is expected to further increase in the coming years. The increase in expected survival at birth rate has led to an increase in the numbers of elderly in Palestine, which requires research and studies in on the status of the elderly in Palestine, as well as preparations for the upcoming demographic change in Palestinian society.

The number of male senior citizens in Palestine has reached about 122000 mid 2019, i.e. 5% of the total number of males in Palestine, compared to 135000 females, or 6% of the total number of females (91 males for every 100 females).

The 2017 census data has revealed that 16% of households comprise an elderly person, that is, 17% in the West Bank and 14% in the Gaza Strip. Data has indicated that the average size of households that comprise an elderly person is usually relatively small, whereby a household that includes an elderly person is made of 3.7 persons on average (3.3 persons in the West Bank and 4.3 persons in the Gaza Strip), versus 5.4 individuals for families that do not include an elderly person.

Average household size that include an elderly person, per region, 2017

Source: Palestinian Central Bureau of Statistics (PCBS). Press release on World Elderly Day. (October 2019)

94% of elderly men in Palestine are married, versus 54% for elderly women. In 2017, the rate of elderly widowers reached 5% versus 37% elderly widows, noting that in 2007, this rate was equal to 8% for elderly men, compared to 43% for elderly females.

Status of Education and Literacy Rates among the Elderly

Data indicated that 42% of the elderly in Palestine have not completed any level of education (26% males and 56% females), while the rate of those who completed middle school does not exceed 15%.

Data on the status of education for 2017 also referred to a clear distinction between males and females in educational attainment. The rate of elderly males who have completed middle school or a higher stage in Palestine amounts to 24%, while that of elderly females of the same category goes down to 8%. Moreover, the rate of individuals aged 18 years and above who hold a middle school diploma or a higher educational level in Palestine was 26% of the total population aged 18 years and above (25% males and 27% females).

Data issued by the PCBS in 2019⁷ indicated that the illiteracy rate among the elderly (65 years old and above) has reached 29.7% (47000 illiterate males

⁷ Press release on International Literacy Day. Palestine, 09/08/2019, Palestinian Central Bureau of Statistics (PCBS). http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_Ar_8-9-2019-literacy-ar.pdf

and females) of the total elderly population in 2018, while reaching 3.3% among the 45-64 age category, that is, 19000 illiterate males and females. During the same year, this rate has reached 0.8% among the 30-44 age category, that is, 7000 illiterate males and females, while reaching 0.7% among youth (15-29 years), equivalent to 9.8000 illiterate males and females.

The distribution of illiteracy rates varies among different age groups, whereby people aged 65 years and above claim the highest share of illiterate people.

**Rates and values distribution of illiterate people (15 years and above)
by age groups in 2018**

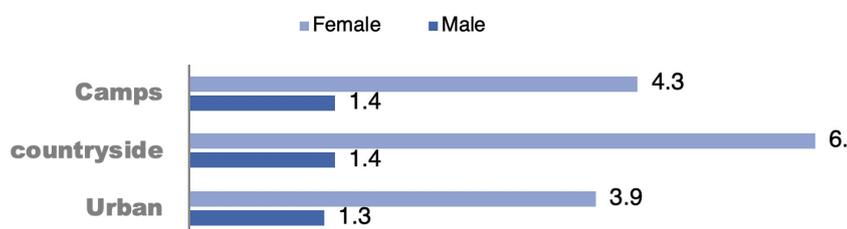
Age group (years)	Rate (%)	Value (thousands)
15-29	11.9	9.8
30-44	8.4	7.0
45-64	22.9	19.0
65 years and above	56.8	47.0
Total	100.0	82.8

Source: Palestinian Central Bureau of Statistics (PCSB), press release on the International Literacy Day. Palestine, 2019

Highest Illiteracy Rates in Rural Compounds Compared to other Compounds

In 2018, illiteracy rates have reached 3.7% in rural communities (18000 illiterate males and females), 2.8% in camps (7000 illiterate males and females) and 2.6% in urban communities (57.7000 illiterate and illiterate). Gender-wise, the highest illiteracy rate was recorded among females in rural communities, followed by camps and urban communities. As for males, no gaps are noted in illiteracy rates according to types of compounds.

Illiteracy rate among individuals (15 years and above) in Palestine, by type of community and sex, 2018



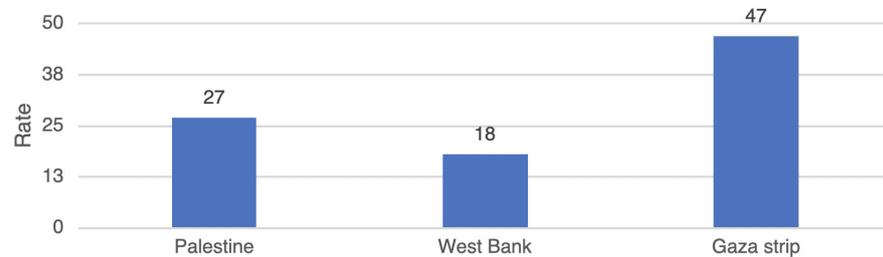
Source: Palestinian Central Bureau of Statistics (PCBS), press release on the International Literacy Day. Palestine, 2019

Participation of the Elderly in the Labor Market

Data revealed that the rate of elderly people (65 years and over) who are part of a workforce was 13% in 2018, of whom 16% are in the West Bank versus 7% in Gaza Strip. This is a clear indication that the elderly in Palestine merely make any economic contribution, which makes them financially dependent of their family breadwinner and increases poverty rates.

Disparity in Poverty Rates among the Elderly between the West Bank and Gaza Strip

In 2017, poverty rates among the elderly have reached 27%. This rate represents about 5% of the total number of Palestinian people living in poverty. A clear disparity is noted between the West Bank and Gaza Strip, whereby the rate of elderly people living in poverty in the West Bank has reached 18%, compared to 47% in Gaza Strip. Poverty rates among the elderly have increased in recent years, although reaching 22% 2011, by 17% in the West Bank and 36% in Gaza Strip. The rate of elderly people living in abject poverty has also reached 16% in 2017, reaching 8% in the West Bank, as opposed to 35% in Gaza Strip.

Poverty rates among the elderly in Palestine 2019 per region

Source: Palestinian Central Bureau of Statistics (PCBS). Press release on World Elderly Day. (October 2019)

How do the Elderly Spend their Time in Palestine?

Time-use survey data for 2012/2013 has indicated that the elderly spend an average of 14 hours and 26 minutes doing self-care activities, such as sleeping, eating and drinking, as well as healthcare activities, self-care, and religious practices. Moreover, they spend approximately 4 hours in socializing and participating in the community, through family visits and attending weddings, while they spend about an hour and 3 minutes on providing community services such as volunteer work.

Demographic Status of refugees in Palestine 2019

The number of registered refugees in Palestine in 2019 has reached 2,618,285 million refugees, according to the UNRWA statistics.⁸ Of these people, 1,047,990 million refugees live in the West Bank (40%), as opposed to 1,570,295 million refugees in Gaza Strip (60%).

According to a press release issued by the PCBS in June 2019⁹ on the status of refugee in Palestine, by the end of 2018, the rate of refugees in the State of Palestine has reached around 41% of the total Palestinian population residing in Palestine. 26% of the population in the West Bank is made of refugees,

⁸ UNRWA in Figures 2018-2019. February 2019.

<https://www.un.org/unispal/document/unrwa-in-figures-2018-factsheet/>

⁹ Palestinian Central Bureau of Statistics: Press release on the reality of Palestinian refugees on the occasion of International Refugee Day 2019

http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_Ar_20-6-2019-ref-en.pdf

while the rate of refugees in Gaza Strip has reached 64%. It can be noted that there are no fundamental differences in the demographic and social characteristics between refugees and non-refugees in general, with the exception of indicators of poverty and unemployment that are due to regional reasons, since about two thirds of the population of the Gaza Strip is made of refugees.

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Laws and Legislations Specific to the Elderly

Palestinian people's lives are regulated by a set of laws that meet their best interest and lay down legal frameworks for conflict resolution. Yet, the elderly in Palestine suffer from the absence of a law that regulates elder care issues and service provision. There are a set of laws and legislations that the elderly can benefit indirectly from as part of this age category, yet it is not sufficient, nor does it provide the minimum requirements to meet the needs of the elderly in Palestine.¹⁰ Some forms of care is provided for the elderly through various other laws such as the Labor Law, the Law on the Rights of the Disabled, and women's laws. The Social Security Law has not yet been passed, and the retirement age has not been determined within the private sector.

Examples of these laws that determine the rights of the elderly, even if they do not address the elderly directly, are the Palestinian Basic Law amended in 2005, which recognizes a set of rights for Palestinian citizen, including:

- » Article 22: The right to social and health security services, as well as disability and old-age pensions.
- » Article 23: The right to adequate housing for every citizen.
- » Article 25: The right to work for every citizen.
- » Article 26: The right to participate in political life.
- » Article 33: Clean, balanced environment.

¹⁰ International Foundation for the Welfare of Older Persons, Ministry of Social Affairs. The Status of the Rights and Needs of Older Persons in Palestine, Descriptive and Analytical Study. 2015

With regard to health care, the Palestinian Authority has passed the Public Health Law of 2004, which regulates the health care process and sets standards and regulations for government health insurance. It can be noted that the law does not specifically mention the elderly, nor does it allocate policies that promote healthy ageing and address their health needs. As for alimony and care related issues, the Sharia judiciary is resorted to according to the Personal Status Law (PSL), which compels the offspring to care for their elderly relatives.

Perpetrators of violence against the elderly are punished in cases of abuse and neglect against the elderly, according to the Penal Code No. (16) of 1960 and its amendments.¹¹ It is a Jordanian law that is still valid in the Palestinian territories for political reasons. The penal articles in this law are not consistent with the societal changes that occurred in the Palestinian society. They do not deal either with the elderly as a separate age category that possess its own right, while the elderly are merely mentioned in any of those legal texts.

In cases of physical violence and abuse against the elderly, penal provisions are resorted to,¹² such as Article 332 and Article 333, which sets an imprisonment term of 10 days to 3 years and a fine not exceeding 25 Jordanian dinars, i.e. 34 USD.

The Palestinian National Authority has not yet adopted a law for the elderly, although the Ministry of Social Development in the West Bank has prepared a relevant draft law in 2012¹³ in order to organize individual and institutional protection and care for the elderly. In this context, this law addresses the full range of rights and privileges that the elderly shall benefit from, such as the right to a decent life, the right to health and social welfare, as well as to take protective measures against violence and to set penalties for the violation of their rights.

The draft law clearly defines an elderly individual as a person who has reached the age of 60, yet this definition remains somewhat short. The concept of the elderly is linked to vulnerability and negativity; it does not include the broader,

11 Penal Code No. (16) of 1960 and its amendments. Law Center, Birzeit University. 2014. <http://lawcenter.birzeit.edu/lawcenter/files/54.pdf>

12 Interview with Mrs. Soha Alyan. Gender Unit. Palestinian Ministry of Justice. 2019.

13 Ministry of Social Development. Draft Law on the Elderly, 2012. State of Palestine. 2012.

positive concept. Moreover, the law focuses on relying on elderly people's relative to provide care for this category, instead of focusing on initiatives and legislation that guarantee their independence.

Another draft law specific to the elderly in Gaza Strip has been prepared,¹⁴ which mainly stipulated the establishment of an independent national public commission for the elderly that would regulate their various concerns, follow up with the cabinet and decide on its budget, and grant its inspectors the status of judicial officers. The draft law adopted the health, social, economic, educational, and cultural rights of the elderly. It mainly included the right to free health insurance or symbolic fees, the right to adequate housing, to properly meet the various needs of the elderly, the right to a separate financial entity, to benefit from an allowance or financial support, and the right to free education in all stages. The draft also included clear texts on the obligations of the State and elderly people's family towards the elderly, as well as provisions for organizing public and private care homes for the elderly and supervising them, in addition to texts on crimes and violations against the elderly and penalties arising thereof.

It is noteworthy that a set of laws that will enforce the legal status of the elderly is currently being passed, including the Family Protection from Violence law and the Law on the Rights of the Disabled. Draft laws specific to elder care in Gaza and the West Bank are expected to be revised and amended if necessary, and consolidated into a single draft law by the end of 2019. The unified law is to be presented in 2020.¹⁵

14 Palestine Center for Legal and Judicial Studies (Alqistas). Draft law for the elderly in Palestine, Gaza. 2018.

15 Interview with Mr. Dawood Al-Deek, Undersecretary of the Ministry of Social Development. Ramallah Palestine. 2019.

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Health Framework

General Health Status in Palestine

The status of health in Palestine is greatly affected by the current political and economic unrest. Administrative, legislative, and political divisions can be seen between the West Bank and the Gaza Strip, and a wall has been built to separate East Jerusalem from the rest of the West Bank. Palestinians living in East Jerusalem have a different legal status and a different identity card from those residing in the rest of the West Bank. This disparity in the status of Palestinians according to the areas of the occupied territory they live in gives them different access to health services, and grants them different levels of freedom of movement. Palestinians who hold an East Jerusalem ID card have access to Israeli health and medical insurance services, yet it is not safe and it requires them to reside or work in Jerusalem. Palestinian “residents” of East Jerusalem are able to move freely within Israel, while the majority of Palestinians in the remainder of the Palestinian territory occupied since 1967 are not. Palestinians living in the occupied Palestinian territory outside of east Jerusalem are not entitled to Israeli health insurance or health services.¹⁶ The Ministry of Health is making great efforts to lay the foundations of health services and provide them to all citizens by establishing health facilities across all regions and governorates. The Ministry of Health also seeks to provide comprehensive preventive, diagnostic and curative services within the framework of the national strategy 2017-2022¹⁷.

Historically, the Palestinian health system has relied on hospitals located in East Jerusalem and Israel to provide specialized care for patients, especially in cases of cancer, due to a chronic shortage of special equipment, supplies and services that require referral to facilities not affiliated with the Palestinian Ministry of Health, including those located in East Jerusalem and Israel. There are no radiotherapy nor nuclear medicine facilities in the occupied Palestinian territory outside East Jerusalem.

16 Health conditions in the Occupied Palestinian Territory, including East Jerusalem, and in the Occupied Syrian Golan. Report by the Director-General. World Health Organization. May 2019. https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_33-en.pdf

17 Palestine Health Annual Report 2018. Palestinian Health Information Center.

In 2018, 71,923 medical cases from the West Bank were referred to facilities not affiliated with the Ministry of Health, 54% of which required obtaining Israeli permits to enter East Jerusalem and Israel. In the Gaza Strip, 30,944 cases were referred by the Ministry of Health, 77% of which required Israeli permits to have access to health care in the West Bank, East Jerusalem and Israel. 92% of patients requesting to leave the Gaza Strip required healthcare funded by the Palestinian Ministry of Health, while 29% were children below the age of 18. 17% of these requests came from people over the age of 60, while 46% were female patients and 28% people in need of cancer tests and treatment.

The need for Palestinian patients to reach hospitals in East Jerusalem and Israel has led to the establishment of a system that controls patients' movements between the West Bank, Gaza, and East Jerusalem, through which Israel issues permits to Palestinian citizens. This movement control extends not only to patients themselves, but also their companions and health workers. All patients and their companions from the Gaza Strip are asked to submit requests to obtain Israeli permits to exit the Gaza Strip in order to reach hospitals in the West Bank, including East Jerusalem, and Israel. Access to these hospitals was a major issue in recent years, as approvals to issue permits for patients have decreased from over 90% in 2012 down to 54% in 2017. In 2018, the WHO recorded the second lowest rate, as only 61% of requests issued by patients were granted approval.

Closing policies and the separation wall have deprived Palestinians of their right to access health services stipulated in all international conventions, which seriously degraded their health conditions.

As for the ongoing financial crisis within the Palestinian National Authority, it affects all aspects of the Palestinian health system, such as the inability to cover the costs of treatment, medications, etc. This has led to a frequent shortage of medicine in clinics and centers of the Palestinian Ministry of Health.

UNRWA is also facing a financial crisis that has led to a significant reduction of the services provided to Palestinian refugees in the West Bank and Gaza Strip.

Leading Causes of Death in Palestinian Society

The 2019 Ministry of Health Annual Report¹⁸ refers to a number of indicators on Palestinian citizens' health. The report reveals that cardiovascular disease is the leading cause of death among Palestinians, accounting for 31.5% of all deaths recorded during 2018. Cancer comes in second place, recording 15.4% of deaths in 2018. As for strokes, it has been referred to as the third leading cause of death in Palestine, accounting for 13% of all deaths, while Conditions in the Perinatal Period for newborns ranked fourth with a death rate of 9.5%. Complications arising from diabetes ranked fifth, at 7.5%. Various types of accidents ranked sixth among the leading causes of death, at 4.0%, while respiratory diseases ranked seventh, at 3.7%. As for congenital anomalies, they ranked eighth, at 3.5%, whereas chronic kidney failure was the ninth cause of death, with a rate of 2.9%, and diseases related to the digestive system and liver ranked tenth, accounting for 2.7% of all death cases reported in 2018.

Chronic diseases account for a large share of leading causes of death in Palestine. Against the backdrop of Palestinians lifestyle changes that have led to less physical activity, increased stress, and bad eating habits, as well as a decrease in the rate of infectious and non-chronic diseases, the rate of chronic diseases is expected to further increase in the coming years. This calls for an urge to start planning for facing the health situation ahead.

Similar to other patients, people with chronic diseases suffer from a near-permanent shortage of treatment drugs in clinics affiliated with the Palestinian Ministry of Health and UNRWA clinics. They also face obstacles in accessing specialized hospitals, a lack of constant awareness and education campaigns on how to deal with chronic diseases, and a low quality of health-care services.

18 Ministry of Health, Palestinian Health Information Center, Annual Health Report, 2018. 2019. http://www.site.moh.ps/Content/Books/8tSc4uNXOn99yKzIDdxba65QJS5JkGRHSnVWkmXv-DOWui4FAM5Pv6v_XIQFOkke87IBPecJznuUEf92Vw1ZATwG1NPX7IAVbGImB5q3fwpIFY.pdf

Health Status of the Elderly in Palestine

Chronic Diseases Prevailing among the Elderly

The 2018 Palestinian Annual Health Report focused on cancer as a prevalent chronic disease in Palestinians. Among 3,102 new cancer cases recorded in 2018, 1,064 cases were attributed to the 64-year-old and above age group, which represents 3.6% of the total population.

Palestinian statistical data indicate a high prevalence of chronic diseases among the elderly. According to the Palestinian Family Survey 2010,¹⁹ the rate of elderly diabetic has reached 30%, as opposed to 6% among those aged 18 years and above. The rate of elderly people suffering from blood pressure has reached around 46%, as opposed to 7.7% among those aged 18 and over. As for cardiovascular diseases, the rate of the elderly has reached 15.2%, while that of people aged 18 years and above has reached 2.4%.

Percentage of chronic diseases among the elderly according to gender

Disease	Female %	Male %	Both sexes %
Blood pressure	49.6	35	43.2
Diabetes	31.4	28.5	30.2
Cardiovascular diseases	14.4	16.3	15.2
Rheumatism	26.2	15.3	21.4
Back pain	10.5	6.8	8.9
Ulcers	7.6	5.5	6.7
Osteoporosis	10.7	3.6	7.5
Crisis	2.8	2.9	2.8
Cancer	1.2	1.2	1.2

Source: Palestinian Central Bureau of Statistics (PCBS). Palestine - Palestinian Family Survey 2010

The rate of patients who stated that they suffer from at least one chronic disease in the age group 60 years and above has reached about 70.7% of the total cases (75.3% females versus 64.6% males).

19 Palestinian Central Bureau of Statistics (PCBS). Palestine - Palestinian Family Survey 2010. <http://pcbs.gov.ps/pcbs-metadata-en-v4.3/index.php/catalog/469>

Available data on the prevalence of chronic diseases in Palestinian society reveals that the epidemiological spread of these diseases is high among the elderly. The Palestinian Ministry of Health and a few other community-based organizations have implemented a chronic disease program that targets people with chronic diseases of all age groups, including the elderly. In West Bank clinics, patients with chronic diseases are examined and each one is referred to a specialized clinic for follow-up. People with chronic diseases, similar to other patients, suffer from a permanent shortage of treatment drugs in the clinics affiliated with the Ministry of Health.

There are no protective or treatment programs specific to the elderly targeting aspects such as awareness, education and care, while clinics affiliated with the Ministry of Health do not provide elderly women with care programs related to women's health such as nutrition and osteoporosis.

Given the severity of these diseases and the large number of deaths resulting from them, it is imperative for health institutions in Palestine to adopt specialized programs for treatment and prevention.

Mental Illnesses among the Elderly

A study was conducted in the Gaza Strip on the impact of the 2014 war on the mental health of the elderly²⁰. A sample of 613 elderly people was selected and a number of psychological tests was conducted, such as the traumatic experiences test, post-traumatic stress test, etc. The sample indicated that 60% of the participants were exposed to severe traumatic experiences, while 38.2% of the respondents experienced moderate traumatic experiences. 55% of elderly females experienced a severe traumatic experience, while the rate among elderly males reached 65.6%. 70.5% of the sample suffered from PTSD, and 77.7% showed moderate symptoms of the same disorder (42.3% females versus 35.4% males). 62.8% of this sample suffer from a low level of loneliness, while 35.6% suffer from a moderate level of loneliness.

20 Khalil Abdul Karim Miqdad, HelpAge International, report on the impact of war on the mental health of the elderly, 2014.

The following table discloses the most prevalent mental illness symptoms, according to results from the sample:

Mental illness symptoms	Rate %
Interactive sensitivity	24.8
Obsessive-compulsive disorder (OCD)	21.4
Psychosis	21.4
Worry	20.4
Anxiety	19.7
Depression	17.9
Physical symptoms	16.2

Source: Khalil Abdul Karim Miqdad, HelpAge International, report on the impacts of war on the mental health of the elderly, 2014.

Moreover, the study indicated that 36.2% of the sample experience a high level of despair, while 63.8% experience it at a low level. 34.8% of elderly people who experience high level of despair are females, while 37.8% of them are males.

62.8% of the people in the sample experience a low level of loneliness, while 35.6% experience it at a moderate level, and 1.6% at an extremely high level.

This study has focused on the effects of the 2014 war on the elderly in Gaza. Although no other studies targeting the elderly in Palestine have been conducted, it can be concluded that the general status in the West Bank and Gaza Strip in Palestine leaves a significant impact on the mental health of the elderly, which requires the provision of psychological and social support programs for intervention and treatment.

Furthermore, government health insurance programs cover chronic mental illnesses such as Alzheimer's and dementia, yet a lack of trained psychiatrists specialized in geriatrics prevails.

Disability Rates among the elderly⁶

The 2017 general census indicated that 84,194 (39%) of the total elderly people in Palestine suffer from at least one physical disability, of which 35% are in the West Bank and 46% in the Gaza Strip. As for the type of disability, a difficulty in movement was the most prevalent (24%) among the elderly in

Palestine (20% in the West Bank and 31% in the Gaza Strip), followed by visual impairment (22% of the total elderly people in Palestine).

Results of the disability survey in the Palestinian society²¹ indicated that the rate of disability increases with age, whereby the highest rate of disability has been recorded among individuals aged 75 and above, that is, 32.1% (34.1% females versus 28.9% males). As for the 55-64 age group, the rate of disabilities has reached 7.1% (6.6% females versus 7.5% males), while that of people within the age group 65-74 has reached 16.8%.

The study indicated that the environmental and material constraints leave an impact on the lives of the elderly. Lack of infrastructure adequate to people with disabilities prevents them from doing daily activities, such as using public transportation, which hinders their social integration. This category of people is also victim of other people's judgments and the way their community deals with them.

Elderly Healthcare Services

The elderly in Palestine receive healthcare services from 3 main sources:

- » Government health services through government health insurance.
- » Health services provided by UNRWA.
- » Civil institutions and organizations.

With regard to governmental health insurance, the Palestinian Ministry of Health 2018 health report¹⁸ indicated that 100% of citizens in the Gaza Strip benefit from government health coverage free of charge. This comes as a result to Presidential Decree No. 2 issued in 2007 that exempted citizens in southern governorates (Gaza Strip) from service fees provided by Palestinian National Authority institutions. In the West Bank, the report revealed that the number of families benefiting from health insurance is at 309,499. Governmental health insurance services cover the costs of treatment and accommodation in governmental hospitals, primary health and referrals inside and outside Palestine, as well as the costs of medications, laboratory tests, x-rays

21 Palestinian Central Bureau of Statistics (PCBS) and the Ministry of Social Affairs, 2011. Disability Survey, 2011, press conference report, Ramallah, Palestine. http://www.pcbs.gov.ps/Portals/_pcbs/PressRelease/disability_e2011.pdf

and other services. The number of elderly insured persons has reached 185,156 (86% of the total number of the elderly), the majority of whom live in Gaza Strip (97%), while the rate of insured elderly people in the West Bank has reached 79%.

UNRWA offers health and preventive services for Palestinian refugees through UNRWA clinics located in the camps across the West Bank and Gaza. UNRWA runs community health and treatment programs for chronic diseases and provides free medical transfers for refugees. It has been adopting the Family Team Approach since 2013, whereby one team of doctors follows an entire family in order to link the complaints raised by the elderly with the family's medical and genetic background²².

Some health NGOs are also available, such as the Palestinian Medical Relief Society (PMRS) and the Health Work Committees (HWC), which provide limited health and preventive services to the poor and marginalized groups, especially in rural and Bedouin (nomadic) communities, at symbolic prices or even free of charge in some cases.

Some charities provide specialized services for the elderly, such as periodic visits and chronic disease checks, as well as some tools, such as crutches and air mattresses, yet these services are limited and do not fully cover those in need²³.

All these services do not target the elderly in particular, who are often forced to bear the financial costs of health insurance, as well as treatment and medication fees. Demands have been increasing to exempt the elderly from paying insurance and medication fees.

Impact of the health system on the elderly

The elderly in Palestine suffer from a complete lack of health professionals specialized in geriatrics, as there are no such specialists in the West Bank and Gaza

²² Interview with Dr. Khalil Hamad - Chronic Disease Officer - UNRWA. Gaza, Palestine 2019.

²³ Interview with Mr. Akram Meshal, Ikram Al Mousen association, Halloul, Hebron, Palestine 2019. Interview with Mr. Moussa Anbar, Friends of the Elderly Society, Jalazoun Camp, Ramallah, Palestine 2019.

Strip. Moreover, the nursing sector also lacks specialized training in the treatment of the elderly, as well as specialized health programs for the elderly, in terms of preventive or educational programs, or mental health programs pertaining to chronic diseases.

The economic crisis strongly affects all health services provided to the elderly, whether through governmental clinics or UNRWA clinics, and leads to a low quality of services. It can be concluded that healthcare is not available in an equitable and fair manner for the elderly in Palestine, due to the absence of healthcare policies exclusive for the elderly that allow access to such services at low costs, such as free medications, free transportation to healthcare centers, and palliative care services.²⁴

6

Social and Family Framework

Elderly Social Support Organizations

The elderly receive social support in Palestinian society from two main sources:

- » Government agencies in the West Bank and Gaza
- » Private and charitable societies

The Ministry of Social Development, represented by the Elderly Department of the General Department of Family Affairs, provides social support in the West Bank. It undertakes setting policies, planning and coordinating activities pertaining to the elderly. The department was established in 1994 and has only one employee, although it requires a larger number in order to be able to carry out its tasks to the fullest.

²⁴ International Foundation for the Welfare of Older Persons, Ministry of Social Development, Status of the Rights and Needs of Older Persons in Palestine, Descriptive and Analytical Study, Palestine 2015.

In Gaza, as Elder Care Department operations have been interrupted due to the current political situation, the Department has been merged into the Disability Department²⁵.

The Elder Care Department works in cooperation with partners on achieving the following goals²⁶:

- » Providing protection, care and rehabilitation for the poor, sick and those in need of care.
- » Providing capacity development for staff working with the elderly in directorates and institutions.
- » Overseeing institutions working in the field of caring for the elderly in the governmental, civil and private sectors.
- » Guaranteeing the right of the elderly to a decent life.

Family represents a broader and larger framework for elder care. It must be supported financially and socially in order to provide optimal care for the elderly. Shelters come in second place, as they embrace elderly people who are stranded and left without any source of support. Adult day cares come in third place, providing social and recreational care for the elderly.

The rate of participation by the elderly in social, political and cultural life is significantly low. Bodies or institutions that represent the elderly, stand out for them and support their demands and rights do not exist. At the government level, there seems to be no official policy orientation that would enhance the participation of the elderly in development related issues, and follow up on national policies on the elderly. Moreover, there are no civil society organizations that deal with the political and developmental aspects of elderly affairs. Most of the existing organizations give relative attention to the elderly by providing services, yet they do not implement policies nor programs that encourage the active participation of the elderly in aspects of joint social development, as well as political, economic and cultural contribution in Palestinian society.

²⁵ Interview with Mr. Ghassan Felfel, - Director of Persons with Disabilities Department, Ministry of Social Development, Gaza, Palestine. 2019.

²⁶ Interview with Mr. Ghanem Omar. Director of the Elderly Care Department, Ministry of Social Development. Palestine 2019.

Furthermore, regular and sustainable national programs that promote inter-generational communication and solidarity do not exist. In fact, civil society does not encourage volunteer work with elderly people, such as visits, company, and domestic service, except through a few initiatives.²⁷ Some voluntary elder care programs led by Palestinian universities involve volunteer visits by students to elderly people. Some NGOs²⁸ carry out social and recreational activities aimed at integrating the elderly in the social life, by providing recreational activities, such as field trips and cultural activities. However, they do not cover the needs of the elderly in Palestine and many elderly people find it difficult to attend such activities due to difficulty of movement.

— 7 —

Economic Framework

A large number of the elderly in Palestine are poor, and many, especially refugees, suffer from extreme poverty. They are among the highest groups suffering from illiteracy and low participation in the labor market. Moreover, the social protection network in Palestine is almost non-existent because the Social Security Act has not been passed yet. Most of the elderly lack independent sources of income, so they rely on their families to provide them with their needs, or depend on the government's aid, such as the Cash Transfer Program allocations offered to poor families by the Ministry of Social Development. It is noteworthy that this program provides a total equivalent to USD 220 per family on a quarterly basis. However, given the living standard and high cost of living in the Palestinian territories, these allocations do not cover the basic needs such as food and housing²⁷.

Up to till now, there is no strategic or policy direction in Palestine to stimulate and support the participation of the elderly in the aspects of economic and social development. The current approach of the government and charitable institutions is strictly service-oriented.

27 Interview with Mr. Asim Khamis, Director of the General Department for Family Affairs, Ministry of Social Development, Palestine. 2019.

28 Interview with Ms. Aline Kassis. Beit Sahour care home. Beit Sahour. Palestine 2019.

Moreover, policies aiming at promoting elderly participation in the economic life are completely missing, and there is no opportunity for anyone reaching retirement age and leaving the labor market to have another source of income. This economic marginalization makes the elderly more vulnerable to exploitation and health and societal negligence because of lacking independent sources of income.

Many of the elderly will remain poor, especially if we take into account their very weak participation in the labor market and the high illiteracy rates in this category. There is a complete absence of policies to fund the income-generating projects for the elderly who are already not targeted by the development goals in the field of combating poverty and continuous education.

Infrastructure and Public Spaces

There are no policies or programs to encourage the elderly to move outside their houses, such as reducing transportation fees and providing infrastructure (streets, sidewalks, and public toilets suitable for the elderly). Suitable cars and recreational and social programs for the elderly are not available, and the public and government buildings are often not suitable for them. There are some associations and day clubs that offer some cultural and recreational activities, which encourage the elderly to participate in the community, but do not cover the needs of the elderly.

Homes also lack the infrastructure to accommodate the needs of the elderly, especially those with physical disabilities. They do not include faucets, bathrooms, kitchens, or visual alarm systems. Moreover, the elderly face difficulties in performing daily activities outside the home, such as going to prayer, visiting family and friends, participating in social events, moving in the local environment, and having access to public services.

— Second —

Focus group results and interviews with service providers

Six focus groups were held in Palestine, three in West Bank and another three in Gaza Strip.

These focus groups were distributed according to the following table:

Focus group	Geographical location	Organization type	Participants by number and gender	
Women's Union Association	Al-Bireh - West Bank	Private residential facility	5 Women	0 men
Aged Association in Jalazone	Jalazone refugee camp - West Bank	Day club – charity	4 women	4 men
Beit Al-Ajdad (Grandparents house) for Elderly Care	Jericho - West Bank	Governmental residential facility	3 women	2 men
Elderly Care Association - Dar Suad Al-Adhami	Al Remal - Gaza	Day club	20 women	0 men
Elderly Care Association - Dar Souad Al-Adhami	Al Remal - Gaza	Day club	0 women	20 men
El-Wedad Society for Community Rehabilitation	Gaza	Day club	10 women	10 men
Total			42 women	36 men

The ages of the participants in these groups ranged between 60 and 85 years. Most participants in these groups did not receive university education; and most participating women did not continue their basic education cycles in particular.

These focus groups offered participants an opportunity to express their concerns and problems, and many of them had really expressed their resentment because of the community's negligence of them and disregard for their expertise and experiences. Some of the participants liked the idea of the focus group for one reason; that it offered them a chance to express which they do not usually find in their daily lives.

Many elderly participants demonstrated a great emotional flexibility when talking about their families because the family remains the bedrock of the elder's life.

The participants gave their opinions clearly and frankly, and thanked the research crew for expressing interest in them and their problems, and many asked the crew to communicate their voice to officials at all levels.

Focus Groups Results

	Summary of results
The health aspect	<ol style="list-style-type: none"> 1. Most of the participants in the focus groups suffer from chronic diseases, especially diabetes and hypertension, which are more common among women than men. Heart disease, clots, rheumatism and knee roughness are also common. 2. At least a quarter of the participants suffer from motor disabilities that make them unable to walk, and a smaller percentage of the participants suffer from vision and hearing problems. 3. All participants in the focus groups receive health care through government health insurance, Ministry of Social Development insurance, or the Relief and Works Agency (UNRWA) clinics if they are refugees. 4. Most of the participants suffer from the lack of regular availability of medication in government or UNRWA clinics, which compels them to buy medicines at their own expense and places an additional financial burden on them and their families; especially that most of the medicines they need are for chronic diseases such as diabetes and blood pressure, which must be provided to them on a monthly basis. 5. Participants also suffer from lack of medical assistive devices such as crutches, hearing aids and prescription glasses. 6. The participants unanimously agreed that the level of health services delivered to the elderly falls short of their needs, as there are no services dedicated for the elderly. Most of the participants in the focus groups also struggle with their clinics and hospitals visits because they have to wait for a long period to receive the treatment. Moreover, these clinics do not include a system to make things easier for the elderly, rather they are treated like other individuals, without taking into account the particularities of the elderly. 7. Most of the participants in the focus groups expressed a degree of relative satisfaction with the treatment of health service providers. Participants in residential facilities have also expressed more satisfaction. This may be due to the permanent residence of health service providers in the facilities, which makes the service delivered more regularly and faster. However, some participants complained that they are sometimes ill-treated by doctors in the government hospitals because of the auditors' pressure, which results in giving them insufficient time to explain their medical problem to the doctor or nursing staff. Participants also often feel that they cannot express their health problems clearly and sufficiently during their visits to health centers.
The psychological health	<ol style="list-style-type: none"> 1. The participants in the focus group expressed feelings of anxiety, fear, loneliness, and isolation. 2. The elderly living in residence facilities expressed frustration and indignation at the community for neglecting them. 3. The elderly suffer from a complete absence of social and psychosocial support services. The refugee participants in the focus groups explained that the reduction of UNRWA services in the recent years has resulted in less social counseling services that UNRWA clinics have been providing.

<p>The societal aspect</p>	<ol style="list-style-type: none"> 1. Most of the participants in the focus groups that were held in the residential facilities are unmarried, and the ones who were previously married have no children. They stay in the residential facilities because they have no close family to deliver them the required care. 2. Most of the focus groups participants who reside in the residential facilities do not have constant contact with the extended family. Visits from relatives are also few and far between. One of the female participants has expatriate children, but they are prevented from entering the Palestinian territories, and that is why she is staying in the residential facility. 3. Most of the participants in the residential facilities have no friends, and their social circle is limited to the other elderly people staying with them, but in most cases these relationships are not strong. 4. The elderly spend their time in the residential facilities watching TV, talking to other elderly, doing some fun activities and learning some hobbies and crafts if available. They occasionally go outside the facility for recreational visits or excursions. 5. The participants in the focus groups, which were held in day clubs, reside in their homes or with their children. They talked about their relationships with their children and grandchildren and how these relationships bring them satisfaction and happiness. 6. The participants in the focus groups, which were held in day clubs, spend their time housekeeping, visiting the day club one or more times a week, performing prayers in the mosque (for men), sleeping in intermittent periods, watching TV, visiting relatives and children, and going to the market to secure home needs. 7. Most of the participants in the focus groups do not possess a mobile phone, and only a few of them use social media. 8. Most of the participants in the focus groups unanimously agreed that they are not receiving adequate respect from the community members, and that the community makes them feel that their role had ended. Nobody listens to their opinions or consults them. 9. The focus groups participants who reside in the residential facilities do not go outside so often, because most of them suffer from motor problems and need to use private and expensive transportation to go out. 10. Most of the participants in the focus groups explained the movement difficulty they face on streets and roads because they are not suitable for those who suffer from difficulty of movement and for the elderly in particular, and because of the lack of public transportation appropriate for them. They also expressed that they have to use the most expensive means of transportation such as taxis, which increases the financial burden on them, and makes them prefer to stay home. Moreover, some of the participants expressed their dissatisfaction with the treatment they get from taxi drivers, who cannot tolerate elders' slowness and inability to move quickly. 11. There is almost complete absence of any attempts to socially integrate the elderly because there are no activities targeting them, and they are not offered any incentives (special offers and discounts for the elderly), which increases their sense of social isolation. 12. Some elders participate with reform committees in their communities (Jalazoun camp).
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The economic aspect	<ol style="list-style-type: none"> 1. Most of the participants in the focus groups, especially women, have not completed their education, and most of them cannot read or write. 2. The majority of the participants in the focus groups do not work. One or two people own a private business that generates some income. 3. Most of the participants in the focus groups do not get a pension, because they were employed in crafts such as carpentry and blacksmithing, and, in Palestine, these occupations are not regulated by contracts and salaries. 4. Most of the participants in the focus groups depend on the family's financial support, and they are not financially independent. 5. Most of the participants in the focus groups do not possess any properties to earn income. 6. About 50% of the participants have the Ministry of Social Affairs card that allows them to receive financial assistance through the Cash Transfer Program, and to obtain free government health insurance. However, these services are insufficient, irregular and not comprehensive for all needs of the elderly.
Violence against the elderly	<ol style="list-style-type: none"> 1. Most of the participants in the focus groups, whether in residential facilities or day clubs, unanimously agreed that psychological violence is the largest source of violence against the elderly; followed by societal and health negligence. 2. The source of this violence is primarily the family circle, i.e. children, spouses, or relatives. 3. Examples of psychological violence that participants talked about include: verbal abuse, shouting at the elderly, sarcasm and mockery. 4. Some of the women participating in the focus groups in day clubs have suffered, and still suffering, from physical violence by their husbands. 5. Violence by the Israeli occupation was a major source of violence against the elderly. Many participants in the focus groups, especially refugees, were exposed to physical violence by the Israeli military forces or settlers. Moreover, many of those participants suffer from the psychological violence caused by the occupation. Some of them have lost their children or relatives in confrontations with the Israeli army. The homes of some of them have been demolished; and two of the female participants have captive children in the prisons of the Israeli authorities. 6. Participants perceived poverty and economic pressures as two of the most important causes of violence against them. In addition, many participants believe that the lack of morals and religious affinities leads to violence against the elderly.
The needs of the elderly	<ol style="list-style-type: none"> 1. The elderly unanimously agreed that they need financial independence. They need a monthly pension from the state. Moreover, many of them talked about the necessity of implementing the social security system. 2. Participants considered providing the elderly with special health services and a comprehensive free health insurance system necessary for all of them. 3. There should be more day clubs and facilities that provide recreational activities for the elderly. 4. Ways to benefit from the experiences of the elderly must be found, and they must be given a role in the community development process.

Results of the interviews with the elder service providers

Service providers (directors of charities and residential facilities)

1. Charity directors work in institutions that were established to cover the deficiencies in care delivery to the elderly in the Palestinian society.
2. Some institutions offer domestic services for the elderly, such as home-based health care for the bedridden elderly. Others offer them free medical supplies and tools (if available).
3. These institutions deal with the poorest and the most vulnerable elderly people in terms of health.
4. Directors of residential facilities (Governmental and private) struggle with a severe shortage of personnel qualified to deal with the elderly, and they also suffer from lack of financial resources, which affect the level and continuity of service delivery to the elderly.
5. The Palestinian community needs much more institutions (residential facilities and day clubs) than currently available.
6. Violence against the elderly in the Palestinian society is due to economic causes in the first place. Families' economic situation often leads to negligence, psychological violence and physical violence in some instances. Other causes of violence against the elderly include the absence of a social protection network, laws for elder protection and social solidarity.
7. In most cases, one of the documented sources of violence against the elderly in Palestine is the family. Community violence (negligence, isolation) comes in the second place. However, cases of violence by service providers are few, due to the presence of deterrence factors.
8. The most common types of violence experienced by the elderly in Palestine are: Psychological violence, verbal violence and Negligence.
9. Elderly women are more vulnerable to violence than men, and they are more psychologically affected, due to their weak social and economic position, which deprives them of the ability to confront violence against them and leads to the continuation and recurrence of violence.

Health service providers

1. Most of the elderly who are being dealt with suffer from chronic diseases, such as diabetes, blood pressure, and heart disease.
 2. The interviewed health service providers unanimously agreed that the elderly they deal with suffer from psychological violence in the first place, and from health and social negligence in the second place, which negatively affects their physical health.
 3. Health service providers were unanimous stating that they inform their departments in case they recognize cases of violence against the elderly, and the administration reports this to the responsible bodies.
 4. UNRWA clinics record cases of violence against the elderly as part of Gender-based violence (GBV) cases. Gender-based violence is integrated into all UNRWA health units, and all the staff is trained to report and record cases. They also have a system for registration and transfer (IMS).
 5. The health services delivered to the elderly in Palestine are not sufficient, regular or comprehensive for all their needs. The lack of health personnel in the health service centers doubles the burden on the service providers, which affects the quality of health services delivered to the elderly.
 6. Health service providers have agreed that those who work with the elderly must be patient, well-mannered, compassionate, and have the power of endurance.
 7. Health service providers unanimously agreed that improving the health status of the elderly requires a major change in health strategies. More health personnel should be trained to deal with the elderly. Moreover, providing the elderly with social support mechanisms, securing their health needs of medicine and medical tools complimentary and permanently, and increasing the financial support for the entire health system in Palestine, will lead to an improvement in the quality and quantity of the health services delivered to the elderly.
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Psychosocial and social service providers

1. The interviewed psychosocial and social service providers work in residential facilities, and therefore they deal with the most vulnerable and fragile groups of the elderly.
2. In the beginning, the elderly who reside in the residential facilities feel a state of denial and non-acceptance of the change that happened to them. Therefore, the psychological and social service providers work on facilitating the elderly transition from the old environment to the new one.
3. The elderly in the residential facilities feel frustration, isolation, loneliness and loss of social value
4. (They see themselves useless and worthless)
5. Although the elderly suffer from major depression, and prevalent chronic mental illnesses, such as Alzheimer's, the psychological treatment services for the elderly are almost nonexistent.
6. The absence of Family Protection Service is the main cause that exposes the elderly to harm. A high proportion of the elderly who have experienced one form of violence or another were unmarried or living alone.
7. Women are more affected by psychological violence and negligence than men, yet no studies or researches examine the reasons of this variation.
8. The interviewed care providers did not deal with the perpetrators of violence, but they attributed the causes of the violence to the increased psychological pressure on community members which is caused by poor economic, political, and social conditions in Palestine. Thus, releasing this pressure comes at the expense of the most fragile parties such as women, children and the elderly.
9. All the interviewed care providers unanimously agreed that the elderly need psychological counseling and constant psychological support. These services should be provided in primary health centers and clinics frequented by the elderly for treatment, and not only in the residential facilities. In cases of violence, psychological treatment must be provided quickly to mitigate the effects of violence on the elderly.

Police officers (internal security)

1. The Family Protection Unit deals with cases of violence against the elderly within the family.
 2. The Palestinian police keep records of violence cases reports according to age and gender.
 3. The magnitude of the problem of violence against the elderly (65+) represents a small part of the overall number of cases of violence within the family. Most of the cases fall under the circle of psychological violence, such as threatening, cursing and swearing, and vilifying.
 4. Physical violence cases are mostly cases of abuse (pushing, kicking, slapping, harming with a sharp object, hand-attacking, and depriving of liberty), in addition to a few cases of violence falling under the economic violence article and most of them are damage cases.
 5. Aggression is mostly practiced by sons, and a proportion of these aggressions are practiced by the elderly husband against the elderly wife. Only in very rare cases does abuse amount to a degree of murder.
 6. Violence cases are dealt with according to specific protocols and in cooperation with partners such as the Ministry of Social Development, the Palestinian Ministry of Health and the Palestinian judiciary.
 7. It is necessary to educate the elderly on the necessity of reporting the cases of violence against them, because the majority of violence cases are not reported, especially if the aggressor is a family member; and in case of reporting, these reports are waived and complaints are preserved by the elderly.
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— Third —

Violence against the elderly in Palestine

— 1 —

Definition of violence and its forms

Cases of elder abuse, whether physical or psychological, increases with the growth of the number of elderly people in the world. At the same time, these cases of elder abuse are not given the same priority as the cases of violence against other groups in society.

The World Health Organization defines elder abuse as follows:²⁹

“Elder abuse is a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.”

Elder abuse includes the following forms:

- 1) Physical violence:** A violent behavior against the body, used to express physical strength, and the victim is often the weakest person.
- 2) Psychological violence:** It is represented in a certain psychological behavior or ill-treatment against people, and through disregarding and disrespecting. It is practiced by using reprimands, insults, and speech; depriving of showing emotions in word and deed; calling humiliating names and nicknames; coercing into doing a specific action against; expulsing from home, or locking in-

²⁹ World Health Organization (WHO). Abuse of the Elderly, 2014.
https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap5.pdf

side the house; intimidating, threatening permanently, and coercing.

3) Sexual violence: A criminal act through which sexual behavior is used to execute sexual assault by force despite the will of the other party.

4) Economic violence: A form of abuse that takes many forms, including: Seizure of a person's property (land, house, pension, financial allocations...) without permission, and destruction of a person's property and private objects.

5) Intentional and unintentional negligence: It is ignoring the needs of a person, whether on the health, psychological or social level.

— 2 —

Violence against the Elderly in Palestine

When examining the phenomenon of violence against the elderly in the Palestinian society, we cannot ignore the particularity of the Palestinian situation which is represented in the existence of the Israeli occupation and its security, political and economic repercussions on the entire Palestinian people in general and the elderly in particular.

Among the major consequences of the Israeli occupation is the deterioration of security and political conditions in West Bank and Gaza Strip, where the Palestinian people come under repeated attacks on their cities, villages and camps, and face the destruction of property and infrastructure. They are also exposed to the geographical separation of the parts of the country that is represented in the isolation of Jerusalem by the apartheid wall, blockade of Gaza, and separation of West Bank parts with ongoing barriers and closures. The Palestinian people also suffer from the instability of the political situation and governments, and the disruption of the Legislative Council. These political conditions lead to a significant deterioration in the economic conditions, a significant rise in poverty and unemployment rates, and an accumulated deficit in the public budget, which leads to the failure of the authorities responsible for providing basic services to all groups of people in general, and to the elderly in particular.

This all leads to increased marginalization of the elderly sector in Palestine; and violation of their fundamental rights of living in dignity and independence, access to appropriate care and services, and protection from violence.

When studying the available information on violence against the elderly in the Palestinian society, information is available from three main sources: The first source is the study of the family violence survey conducted by the Palestinian Central Bureau of Statistics (PCBS) in 2005³⁰. The second source is the study of the violence in Palestinian society survey in 2011³¹. The third source is the study of the Violence Survey in 2019³².

The 2005 study showed that 30.1% of the individuals in the Palestinian society were exposed to political violence against human by Israeli forces or settlers. Also, 15.1% of individuals were exposed to political violence against the residential areas where they reside, and 53.6% of Palestinian families were exposed to violence against property and economy by Israeli forces or settlers. Although these figures are not disaggregated by age, it is reasonable to assume that the elderly, who constitute an integral part of the Palestinian society's fabric, are subject to political violence on a large scale.

According to the same study, 5.7% of the elderly (65 years and above) were exposed to physical violence by a family member during the year 2005, while 17.5% of the elderly (65 years and above) were exposed to emotional/psychological violence by a family member during the same year.

It is noted, of course, that the statistic focused on one source of violence against the elderly, which is domestic violence, without addressing other sources of violence to which the elderly may be exposed. The study was also based on the age of 65 when collecting information, which might imply that the rates of violence may be higher if the age of 60 is taken as the beginning of old age.

The study summarizes the percentage of domestic violence against the elderly (65 years and above) by the form of abuse during the year 2005 in the following table:

30 Palestinian Central Bureau of Statistics. Domestic Violence Survey (December 2005-January 2006). Main Findings 2006. <http://www.pcbs.gov.ps/Downloads/book1268.pdf>

31 Palestinian Central Bureau of Statistics. Violence Survey in the Palestinian Society (2011, main findings). Ramallah, Palestine 2012. <http://www.pcbs.gov.ps/Downloads/book1864.pdf>

32 Palestinian Central Bureau of Statistics. Preliminary results of the Violence Survey in Palestinian Society 2019. Ramallah, Palestine 2019. <http://pcbs.gov.ps/Downloads/book2480.pdf>

Sex	Type of abuse			
	Physical abuse	Emotional abuse	Economic abuse	Intentional negligence
Male	5.0%	15.0%	4.5%	7.8%
female	6.2%	19.4%	6.7%	9.2%

Source: Palestinian Central Bureau of Statistics. Domestic violence Survey. Main Findings (2006).

In the 2011 study, the image of political violence by the occupation and settlers against members of Palestinian society was recurrent, be it for political violence against individuals, society or property and economic activity. The percentage of violence against families and their members amounted to 49.7%, the percentage of political violence against society was 5.2%, and the rate of political violence against properties was 17.9%

The study of the violence survey in the Palestinian society for the year 2011 is summarized as follows:

Gender	The indicator					
	Domestic violence	Physical violence	Psycho-logical violence	Social violence	Economic violence	Health negligence
Both sexes	7.3	2.8	11.4	1.7	3.5	17.1
Male		2.9	9.3	1.2	3.3	15.5
female		2.7	13.2	2.1	3.7	18.3

Source: Palestinian Central Bureau of Statistics (PCBS). Main Findings of Violence Survey in the Palestinian society, 2019. Ramallah, Palestine 2019.

The preliminary results of the 2019 study on violence against the elderly (65+) indicate the following:

- 1) Elderly women were more vulnerable to violence than elderly men.**
- 2)** In the year 2019, 8% of the elderly (65 years and above) in Palestine were exposed to one form of violence by a family member who reside inside or outside the house.
- 3)** 22% of the elderly participating in the survey (65+) reported that health negligence is the most common form of violence that they have been exposed to. (24% of the elderly are women, and 19% are men)

The percentages of violence against the elderly (65+) in the 2019 study:

Social abuse		Economic abuse		Health negligence		Physical abuse		Psychological abuse		The spread of abuse		Region
2019	2011	2019	2011	2019	2011	2019	2011	2019	2011	2019	2011	
0.6	1.7	1.6	3.5	21.6	17.1	1.7	2.8	12.4	11.4	7.6	7.3	Palestine
0.7	1.6	1.5	3.8	21.5	20.9	1.4	3.1	12.5	13.4	7.5	8.5	West Bank
0.2	1.9	1.8	2.8	21.6	8.6	2.2	2.2	12.1	7.3	7.6	4.5	Gaza strip
												Gender
0.2	1.2	1.9	3.3	18.9	15.5	1.4	2.9	10.3	9.3	6.5	6.4	Men
0.9	2.1	1.3	3.7	23.8	18.3	1.9	2.7	14.1	13.2	8.4	7.9	Women

Source: Palestinian Central Bureau of Statistics (PCBS). Main Findings of Violence Survey in the Palestinian society, 2019. Ramallah, Palestine 2019.

— 3 —

Violence of the Israeli Occupation and its Impact on the Elderly

Palestinians living under occupation are subjected to violence in various forms³³. From December 2018 to November 2019, 408 Palestinians were killed and 46,118 were wounded. 84% of deaths and 80% of injuries occurred in the Gaza Strip. Regarding the Palestinians who were injured during the demonstrations that erupted in the Gaza Strip, more than half of them (53%) were transferred to hospitals, and 8730 people were injured by live ammunition, 61% of the injuries were men, 5% of the injuries were women, and 24% of the injuries were children. In the West Bank, 58% of the injuries occurred in the context of demonstrations, 16% of injuries occurred during search and arrest operations, and 10% occurred as a result of settler-related violence.

³³ Occupied Palestinian Territory. Data on casualties. East Jerusalem: United Nations Office for the Coordination of Humanitarian Affairs; 2019. <https://www.ochaopt.org/data/casualties>

Palestinians' mental health is affected by exposure to violence and the conditions of chronic occupation, as mental health is one of the most important challenges facing the public health system. An estimated 210,000 people, or more than one out of every 10 people, suffer from severe or moderate mental health disorders in the Gaza Strip³⁴.

The Israeli occupation causes many types of direct and indirect violence against the elderly:

- 1) Many elderly people suffer from economic violence as a result of preventing them from accessing their lands and fields, which causes a loss of one of the most important sources of income for the elderly in Palestine, which is income from agriculture.
- 2) Many elderly people are unable to access the necessary health care due to the policies of closure and denial of access to East Jerusalem.
- 3) The elderly experience psychological violence as a result of the direct occupation violence against them, their families and their surrounding social circle.
- 4) The elderly are subjected to physical violence as a result of attacks by the Israeli army and settlers.

Dealing with Violence against the Elderly in Palestine

Care is provided to the elderly in the event that they are exposed to violence and officials are held accountable according to the Penal Code in case the elderly file a complaint to the security authorities.

In the case of abuse and neglect, authorities responsible for providing the required care are the Palestinian Ministry of Social Affairs, the Police and the Courts. This is enforced according to the Penal Code in general, and no policy specifically targets the elderly.

Programs that address neglect, violence and abuse of elderly are not available, such as providing legal advice or a hotline to report cases of violence and neg-

³⁴ Humanitarian needs overview 2019. United Nations Office for the Coordination of Humanitarian Affairs; 2018 https://www.ochaopt.org/sites/default/files/humanitarian_needs_overview_2019.pdf

lect. Periodic awareness campaigns on the rights of the elderly are also not available. As in other areas, no specialized training programs for social workers and counselors in relation to adult abuse and its detection are available.

The government and civil society organizations provide programs that support victims of violence from other marginalized groups, such as child and women protection programs. However, there is a distinct lack of programs for the elderly.

Role of the Ministry of Social Development

In the event that an elderly person is subjected to abuse and needs external assistance, the Department of the Elderly and the General Department of the Family in the Ministry of Social Development are responsible for providing the required care for the elderly. They send the Ministry's social workers in each directorate to examine the situation, confirm the status of the elderly and submit a status report to the Department of the Elderly to take a decision on the necessary steps. In most cases, partners such as the Palestinian Police and the Palestinian Ministry of Health are called on to do whatever necessary to provide solutions to remedy the violent situation.

This department suffers from weak human and financial resources. There are 17 social workers for elderly affairs in the governorates directorates in the West Bank only. They work partially on the affairs of the elderly, which disrupts and delays care procedures for the elderly, such as ensuring the safety of the elderly, making periodic visits to monitor and detect cases of abuse, or issuing the Ministry of Development card to them and their families if they need them.

Role of the Palestinian police

The Family Protection Unit of the Palestinian Police handles cases of violence within the family³⁵.

35 Interview: Brigadier Emad Al-Natour, Family Protection Unit, Palestinian Police, Ramallah, Palestine. 2019.

The police are the first responder in cases of family violence, as they work with partners (Public Prosecution, Ministry of Social Development) to find the necessary solutions. There are two aspects to work:

- 1) Protection from risk, where the seriousness of an elderly situation is assessed and an assessment is made of whether the condition warrants a safe haven as soon as possible.
- 2) The legal aspect: Preparing a legal file and referring it to the Palestinian prosecution and judiciary.

The elderly counselor from the Ministry of Social Development is present in the cases of hearing statements and is responsible for managing the case and determining the type of intervention required, such as transfer for psychological counseling, or legal aid and others.

In the event that the elderly is attacked by service providers, complaints usually come from oversight bodies such as the Ministry of Social Development, which is responsible for overseeing shelters and day clubs or from the Palestinian Ministry of Health in the event that the elderly are present in hospital or health clinics. In the case of violence against the elderly, the penalty is more severe if the aggressor is outside the family.

The Palestinian police provided information on the cases it had received about violence against the elderly from within the family for the years 2016, 2017 and 2018³⁶.

36 Interview with Dr. Khawla Abul Fadel, General Administration for Research and Planning. Palestinian police. Palestine. 2019

Distribution of elderly domestic violence complainants, by sex, level of education and address

Year	2016	2017	2018
Sex			
Elderly men	40	28	39
Elderly women	22	21	21
Educational level			
Illiterate	0	0	4
Primary education	55	42	46
Secondary education	4	2	7
University education	3	5	7
Location			
City	25	14	7
Village	34	33	53
Camp	3	2	0

Source: Interview, Dr. Khawla Abul Fadel, General Department for Research and Planning.
Palestinian Police. Palestine .2019

— Fourth —

Strategic Vision to Improve the Situation of the Elderly and Combat Violence

Policymakers in Palestine realize that the population mobility means that the number of elderly people in Palestine will increase, which means that planning for the future has become an urgent necessity that cannot be postponed. Increase in the number of elderly people in Palestine is accompanied by major changes in the lifestyle of the Palestinian family. Extended families disappear and are replaced by nuclear families, which suffers from economic pressures that push its members to work and leave the house, which means an increase in the exclusion and social isolation experienced by the elderly¹⁵.

Decision-makers also recognize that there is a significant lack of data on violence against the elderly, as there is no system to detect violence of all kinds, which makes us believe that the existing estimates of violence against the elderly are much less than the reality. Social norms, system of customs and traditions, and the reluctance of the elderly to file complaints against perpetrators of violence against them, often hinder attempts to monitor the phenomenon of violence in a scientific and accurate manner.

With regard to strategies for caring for the elderly and combating violence against them, a strategic plan for the years 2010-2015 for the elderly in Palestine was launched in 2010, with all its components of a mission, vision, strategic goals, and a set of practical initiatives to face the challenges in the field of care for the elderly. This plan has been revised to show that the achievements are limited to the formation of the National Committee for the Elderly, which is almost paralyzed in its activities, preparation of a draft law on the elderly in Palestine without its approval yet, construction and operation of the Ancestral Home Center for the Care of Senior Citizens in Jericho, Celebration of the International Day of the Elderly, and limited services through the cash transfer program for poor families.

As for the strategic plan for the elderly sector in Palestine prepared by the Ministry of Social Development in the State of Palestine³⁷ Under the slogan “Yes to provide social security and comprehensive health care for the elderly in Palestine” to cover the years 2016-2020, it has not been implemented yet due to the lack of financial and human resources at the Ministry of Social Development and the inactivity in the Legislative Council, which delayed the debate and the adoption of the law on the elderly, thus, approving the executive regulations and monitoring the budgets necessary to implement the stipulated provisions.

The main reason for the gap between strategic plans and on-the-ground reality are weak political will of decision-makers to place this topic on their agenda, lack of financial and human resources to carry out the actual implementation of the proposed activities, weak interest of financiers and lack of horizontal coordination with partners in government and civil society, which leads to dispersal of efforts and resources.

This plan is based on several strategic goals, including creating a legal and legislative environment that guarantees the provision and fulfillment of the rights of the elderly, especially independence, participation and decent living, providing a comprehensive and integrated quality service for the elderly, and building a community that harnesses its capabilities in serving the issues of the elderly.

With regard to violence against the elderly in particular, the plan includes several provisions aimed at reducing this phenomenon, including:

- » Organize a pressure campaign to ensure political adherence to international covenants and the development of a local translation of a set of international values and covenants that guarantee the rights of the elderly.
- » Develop programs that monitor discrimination against the elderly
- » Modernize and develop civil penal laws by incorporating special penal provisions that guarantee the protection of the elderly from family and community violence.
- » Organize a pressure campaign to implement the Social Security Law to ensure economic independence for the elderly.
- » Modernize and develop Public Health Act by incorporating special provisions that take into account the needs and privacy of the elderly.

³⁷ Ministry of Social Development, International Foundation for Older Persons Care. Strategic plan for the elderly sector in Palestine 2016-2020. State of Palestine. 2015.

— Fifth — Recommendations

Recommendations on fighting violence against the elderly in Palestine focus on three main areas:

- » The protective area
- » The therapeutic area
- » The regulatory and legal area

Based on these main areas, these were the recommendations that came out of this report:

Strategic Aspect

- 1)** A leading body - the Ministry of Social Development or the National Committee for the Care of Older Persons, for example - should follow up on the implementation of tasks related to the priorities presented globally and locally to care for the elderly and improve their conditions.
- 2)** A comprehensive, medium-term national program for the care of the elderly must be formulated that takes into account all challenges and plans to overcome them, and adopts themes identified by the Arab Plan of Action on Aging in the legal field of the elderly (legislative, legal, policy-making and planning, and in the field of social and health care and the economic sphere).
- 3)** Promote joint work between related parties, such as the government and civil society institutions, to unite efforts and reach desired goals.
- 4)** Work to provide the basic elements that form the pillars of social protection, such as pension systems, health insurance and workers' allocation. This requires devoting a culture of coordination and networking among institutions within permanent institutional frameworks conducive to development and positive change.
- 5)** Establish a comprehensive and unified database for the elderly in Palestine through which detailed information related to their conditions will be collected, to be used by the various authorities concerned with planning, care and service delivery.

Legal Aspect

- 1) Ratify international covenants, approve local laws that feed on them, raise awareness of all rights of the elderly and define minimum standards.
- 2) Set law of the elderly on the government's agenda, ratify it as soon as possible and provide the necessary funding to implement its provisions on the ground.
- 3) Encourage the elderly to form bodies that defend their rights and take their voices to the public opinion and to the decision-makers.

Educational Aspect

- 1) Conduct community-based awareness-raising campaigns on respecting the rights of the elderly, combat discrimination based on age, exclusion and marginalization and change the negative perception of shelters and care.
- 2) Conduct awareness-raising campaigns among the elderly themselves aimed at informing them of their rights, and encouraging them to report cases of abuse addressed to them, especially in cases of domestic violence.

Social and Service Aspect

- 1) Emphasize that the family is the most important incubating environment for the elderly, and therefore must develop and implement policies that protect the family economically and socially, which makes families able to provide full care to the elderly.
- 2) Expand the basket of services provided to the elderly to include the areas for the development and rehabilitation of the elderly.
- 3) Build the capacities of professional cadres working in the field of elderly care, monitor and control discrimination and violence against the elderly and track the current and emerging needs of the elderly.
- 4) Encourage the establishment of clubs and day care centers that care for the elderly and enhance community participation.
- 5) Adopt and implement a home care policy for the elderly.
- 6) Increase the number of shelters and provide them with the necessary budgets to improve the level and quality of services provided there.

- 7) Establish a shelter for the abused elderly that takes into account the privacy of their condition and provide them with the required care.
- 8) Promote active aging and work to develop and implement integration policies for the elderly.

Health Aspect

- 1) Standardize the definition that determines the age of the elderly for sixty years to be adopted as a basis for retirement and the determination of health and economic needs.
- 2) Unify health programs, expand their geographical and qualitative inclusiveness, combine efforts to provide health service and unify their foundations and standards.
- 3) Work to amend health laws, integrate the elderly into them and allocate health programs for the elderly that meet their needs and respect their rights.
- 4) Provide free health insurance for the elderly and work to provide free medication and medical devices.
- 5) Provide comprehensive psychological and mental health services for free.
- 6) Train medical personnel in the fields of medicine and geriatric nursing.
- 7) Provide psychological and social support services for elderly people who have experienced violence.

Economic Aspect

- 1) Ensure that the elderly obtain pensions and financial assistance in a manner commensurate with the standard of living and link them to the high cost of living scale and minimum wages.
- 2) Work to employ the expertise and capabilities of the elderly after the retirement age, increase the contribution of the elderly to the labor market and provide alternatives to income.
- 3) Apply the Social Security Law and work to provide financial independence for the elderly.

Conclusion

Religious and moral values and human rights system emphasize the need to provide integrated care for the elderly; this should be the duty of individuals, governments and various institutions in Palestinian society.

The elderly have made a lot of contributions to society at all levels. It is our duty to ensure a decent life for them and protect them from harm and abuse.

The concerns and problems of the elderly stem from society neglecting their needs and ignoring their rights. Most of these concerns are centered on fear of the future, anxiety about the deterioration of their health conditions, the inability to care for themselves and the loss of independence.

The number of elderly people is increasing around the world, which calls for paying great importance to the issue of strengthening the services provided to them and supporting protection and prevention programs for this group of the population through initiatives and educational institutions in order to support the daily care programs for the elderly and also to know how to benefit from the experiences that this population possesses and which can be passed on to younger generations to benefit from.

The elderly in Palestine wish first and forever the demise of the occupation. The occupation is the primary source of all their concerns. They lost their lands because of the occupation and turned into refugees. They still want to return and find peace and stability.

Appendices

Appendix 1: Institutions Contributing to the Report

Women's Union Society: A humanitarian charity founded in 1955. Its activities are centered on the management of the convalescent home for elderly women, which is a residential home that provides care for 20 elderly women on a daily and continuous basis. The society depends for its funding on donations and accommodation fees collected from the residents of the association.³⁸

Palestinian Aged Friends Charitable Society - Jalazoun Camp: A voluntary, humanitarian, social and service association founded in 1997 by a number of camp residents. One of its activities is to provide medicine and medical devices for the elderly in the event of their unavailability, to make periodic and daily visits to the elderly in their homes by the society's nurse, especially the patients, according to a pre-set schedule and to establish recreational and educational activities for the elderly such as trips and visits.³⁹

Beit Al-Ajdad for Elderly Care: It is the only governmental accommodation center for the care of the elderly, which is affiliated with the Ministry of Social Development and specializing in the care and rehabilitation of the elderly. The center has a capacity of 60 elderly people, but it now includes only 48 elderly people⁴⁰ because of the lack of cadres and financial resources.

Aged Care Association - Dar S'uad Al-Azamy: A Palestinian non-governmental organization established in Gaza City in 1980 under the license of the Ministry of Interior under No. 1975, by a group of Palestinians who had sought to improve the elderly health and social conditions.

El Wedad Society for Community Rehabilitation: A charity that serves various social groups, such as women and children and allocates part of its activities to the elderly.

Ikram Elderly Charity Association: A charity established in 2018 in the Halhul region, in the south of the West Bank, aims to provide medical assistance to needy elderly people, by conducting periodic visits, and providing medical tools, assistance and medicines.

³⁸ Interview: Mrs. Muntaha Al-Badiri, Director of the Women's Union Society, Al-Bireh, Palestine. 2019.

³⁹ Interview: Mr. Musa Anbar., Director of the Palestinian Aged Friends Charitable Society, Jalazoun Camp, Palestine. 2019

⁴⁰ Interview: Mr. Rakad Shujaiya, Director of the Beit Al-Ajdad for Elderly Care, Jericho, Palestine. 2019.

Appendix 2

Interviews with elderly service providers

Name	Institution	Occupation	Location
Ellen Kassis	Beit-Sahour Day Club for the elderly	Club Director	West Bank
Akram Mashaal	Ikram Elderly Charity Association	Association President	West Bank
Muntaha Al-Badiri	Women's Union Association	Association President	West Bank
Hadeel Zaaiteer	Women's Union Association	Physiotherapist	West Bank
Makboula Al-Hajj	Women's Union Association	General Supervisor	West Bank
Rawan Mohammad	Women's Union Association	Live-in nurse	West Bank
Khawlah Al- Kurd	Dar Al-Raffah	Director and psychologist	West Bank
Mussa Anbar	Palestinian Aged Friends Charitable Society	Director of the association	West Bank
Ola Shaltaf	Palestinian Aged Friends Charitable Society	Nurse	West Bank
Rakad Shajaeia	Beit Al-Ajdad for Elderly Care	Director	West Bank
Social Guide	Beit Al-Ajdad for Elderly Care	Social and psychological counselor	West Bank
Director of Dar Al-Wafaa	Dar Al-Wafaa shelters	Director	Gaza
Dr. Khalil Hamad	Relief Agency (UNRWA)	Chronic diseases officer	Gaza

Appendix 3

Interviews with decision makers at the Palestinian Ministry of Social Development in the West Bank

Name	Occupation	Location
Mr. Dawood Al-Deek	General Secretary of the Ministry of Social Development	West Bank
Mr. Asim Khamis	Director General of the General Department for Family Affairs - Ministry of Social Development	West Bank
Mr. Ghanem Omar	Director of the Elderly Department - Ministry of Social Development	West Bank
Mr. Ghassan Felfel	Director of the Department for Rehabilitation of the Disabled, Ministry of Social Affairs and Development	Gaza

Name	Occupation	Location
Lt. Col. Imad Al-Natour	Family Protection Unit - Palestinian Police	West Bank
Suha Alyan	Director of the Social Gender Department - the Palestinian Ministry of Justice	West Bank
Dr. Khawla Abu Al-Fadl	General Department for Research and Planning - Palestinian Police	West Bank
Dr. Jamil Salameh	Director of Al-Qastas Center for Legal Studies	Gaza

Appendix 4: Research tools used in the report

Questions used in focus groups and interviews

Focus group questions

- Where do you live and with whom?
- How can you describe the atmosphere of your place?
- How can you describe your relationship with your family (partner, children, grandchildren, siblings, etc.), how can you describe the behavior of your family members towards you and do you have any friends?
- How do you spend your days?
- What are your experiences in daily life, outside the home: for example, if you go out alone and you need help on the street, would you find someone to help you?
- What is your relationship with the city: Is it suitable for the elderly?
- How is your financial situation? Do you have any salary, savings or someone (other than state institutions) who take care of your expenses? If so, who is this person? Does this matter have any impact on you?
- Do you have any health problems or chronic diseases? If so, what are the health problems that you suffer from?
- Do you take monthly medicines? If yes, how is it covered? (Social Security, Private Insurance, Other?)
- Do you have a social security? Do you have any private insurance? Who pays you private insurance?
- When you face a health problem, how do you go to health services centers? Is there someone to help you with transportation and organizing the visit, etc.?
- How do care workers treat you? Do they advise you about your preferences and ask you about your needs? In other words, do you feel safe when you go to them? Do you feel embraced and dignified?
- How is the elderly in your community treated?
- What types of violence do elderly people experience in your community?
- In your opinion, who are the mostly neglected groups of the elderly?
- What kind of services can the elderly reach? Is it sufficient? Are you satisfied with it? Please include sexual and reproductive health services in the answer.
- What kind of services do the elderly in your community need?
- Are employees in different service centers equipped to meet your needs?
- Have you ever been exposed to any form of physical violence or psychological harm? If so, do you mind sharing the identity of the aggressor with us?
- Have you ever been subjected to unfair treatment by carers, doctors or nurses; including ignoring your requests, speaking to you in an abusive manner, etc.?
- What are your fears?
- What are your priorities, needs and desires?

Discussion groups with home care providers

- How do you spend your time with the elderly you care for?
- What difficulties and challenges do you face in your work with them?
- What is the fragile aspect of elderly men and women?
- What are their main needs and interests?
- In your opinion, what can the state do to make this stage of life more peaceful and less painful for them?
- What are the happiest moments in their diaries?
- What are the most common forms of violence and abuse that you encountered while working with the elderly?

Discussion group with service providers

- What are the most fragile aspects of elderly men and women?
- What is the extent of violence against the elderly by sex? What are the forms of violence suffered by the elderly?
- Who is committing violence against them? (Individuals, family members, doctors, care workers, etc.)
- What do you think are the causes of violence against the elderly?
- What is the impact of this violence on elderly men and women, and is it different and has a greater impact on women? How and why?
- What challenges do you face in working with the elderly?
- What can be done to prevent, mitigate and respond to violence against elderly people at the individual, community and national levels, and what are the measures to be taken?

NGO representatives

- Why do you work with the elderly?
- What is the nature of your work?
- Do you cover through your work the absence or weakness of the state in interfering with similar issues?
- How do you describe your relationship with state institutions and do you cooperate with them?
- What challenges do you face?
- What are the most common weaknesses among elderly men and women?
- What are the forms of violence suffered by the elderly?
- What are the causes of violence against the elderly?
- What is the impact of this violence on elderly men and women? Is it different and has a greater impact on women? How and why?
- Who is committing violence against them?

Semi-targeted interviews with experts and psychologists

- Can you describe the general psychological state of the elderly? Are there any gender differences?
- What is the psychological explanation for committing violence against the elderly?
- What is the impact of this violence on elderly men and women and is it different and has a greater impact on women? How and why?
- What can be done to reduce violence against the elderly?

Doctors interviewed

- What are the most common health problems experienced by the elderly
- How does the health system work?
- What medical ethics does the doctor have to handle with the elderly?
- What can be done to improve the health system?
- Do you have a protocol to determine if the elderly patient suffers from any form of violence and abuse?

Police personnel interviews (Internal Security)

- Do you have a record of the number of complaints submitted by people over 60 years old that relate specifically to incidents of physical violence (including sexual violence)?
- Do you have a specific way to deal with complaints submitted by the elderly that are related to neglect? Do you have any way to help elderly people who may be neglected by police officers?
- If you do not keep a record of the number of complaints lodged by the elderly, can you provide any information about the prevalence of complaints of violence against adults of the age that you receive?
- From your experience, do elderly people complain against the violence of a family member towards them?
- From your experience, do elderly people complain about violence by a doctor or any specialist or health service provider?

Representatives of the Ministry of Justice (judges, lawyers, etc.)

- What are the laws, policies and practices related to violence against the elderly in your country?
- Do you keep a record of the number of cases brought by older persons against their perpetrators?
- From your experience, what are the main challenges that prevent the taking of necessary legal measures towards practicing violence against the elderly?
- What is the state's plan (Ministry of Justice) to confront violence against the elderly?

Semi-directed interviews with decision-makers (deputies, the Minister of Social Affairs, the Minister of Health, or the Deputy Minister, etc.).

- What are the laws, policies and practices related to the health system?
- What are the laws, policies and practices related to violence against elderly people?
- What steps are needed to include elderly people in gender-based violence strategies?
- What steps or policies does the government take to secure access to health services and fight violence against the elderly?
- What have you achieved with the plan so far?
- How different are policies and projects announced from reality? What are the reasons for this difference? What must be done to reduce violence against the elderly?