

**Country: Republic of Mali**  
**Data Review and Humanitarian Analysis – Ageing**  
 Prepared by HelpAge International  
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**Mali humanitarian overview**

In the coming months, the food crisis in Mali has the potential to affect **3.5 million<sup>i</sup>** in **55 of the country's communes (out of 272)**. The recent offensive of the National Liberation Front of l'Azawad (MNLA) in the Northern regions has made the situation more complex causing the displacement of more than 140,000 people as both Internally Displaced Persons (IDPs) and refugees. In late February 2012, the UN established a Humanitarian Country Team for Mali and activated the **Food Security Cluster** led by WFP and FAO, and the **Nutrition Cluster** led by UNICEF.

As humanitarian partners prepare to respond to these crises, HelpAge has produced this **Data Review and Humanitarian Analysis (DRHA)** on ageing to: highlight the situation of older people in the country; support the humanitarian community to understand what data gaps exist/need to be filled; and to support inclusion of older people in the planning and implementation of responses.

As a minimum course of action HelpAge recommends that:

- **Needs assessment** methodologies analyse all vulnerable groups, including older people. Primary and secondary data should be **disaggregated by sex and age** so the specific needs of different gender and age groups can be properly identified.
- Humanitarian sectors including **nutrition, health, livelihoods and protection** take account of the specific needs of older people in all phases of response, adapting them where necessary.

**How to use this document**

The DRHA on ageing provides a summary of the needs and information gaps related to older people in Mali. It should be used as a tool to support the planning of assessments which may address information gaps, and for programmes and responses to ensure they are sensitive to the specific needs of older people. It is produced using data from reliable sources together with estimations and projects developed by HelpAge. It is not an exhaustive resource and more information and resources on older people in emergencies can be found on the HelpAge website ([www.helpage.org](http://www.helpage.org)) or by contacting the World Wide Emergencies team in London. The DRHA will be updated by HelpAge as new information becomes available.

**Available data on older people in Mali**

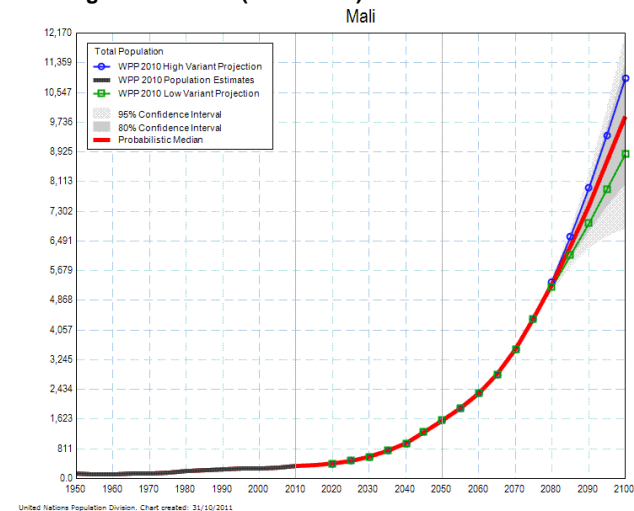
**Demography and Population:<sup>ii</sup>**  
 Estimated total population in Mali (2011): **15,370,000**  
**50+:** **7.8%** (1,198,860 people).  
 Life expectancy: **53 years**  
 Sex ratio 65+: **0.91 male(s)/female**

**Sex and Age Disaggregated Data:**

Age	Male	Female
<b>50 - 59 years</b>	279,000 (1.8%)	349,000 (2.2%)
<b>60 - 69 years</b>	155,000 (1%)	219,000 (1.4%)
<b>70 - 79 years</b>	63,000 (0.4)	91,000 (0.6%)
<b>80 +</b>	22,000 (0.1)	33,000 (0.2%)

**UNDESA**

**Population projection: age 65 and over (thousands):**



**Vulnerabilities of older people in Mali**

The following categories are consistent with those older people that HelpAge has found to be most vulnerable in humanitarian crises and should be identified for priority assistance.

- **per cent caring for grandchildren or other OVC:** A national survey shows that 15.8 per cent of children in Mali aged 0 and 15 years are orphans cared for by members of their extended families.<sup>iii</sup>
- **per cent of older person headed households (HH):** Numbers vary by region. **Kayes:** 55.6 per cent of household heads are 60+; in **Badingara** 36.5 per cent are 60+. In **Kidal** **12.5 per cent** of household heads are 70+.<sup>iv</sup>
- **Numbers of older refugees/IDPs:** Using previous demographic surveys of Northern Malian Regions (Kidal, Gao and Gouma), combined with the total numbers of refugees/IDPs reported by OCHA, we estimate up to **2,617 older people (60+)** have become **IDPs** and **2,696 refugees**. If people 50+ are considered "older" these figures increase to **5,408 IDPs** and **5,573 refugees**.

Initial reports on the population displaced by the current conflict suggest **family members**, including **older people**, are moving together. Many are living with host communities increasing pressure on scarce resources.<sup>v</sup>

Identification and targeting of IDPs and refugees who are traditionally nomadic will be challenging. It should be remembered however that due to disabilities, chronic diseases, or to protect their assets, many older people will remain in their homes and villages with little or no access to aid.

## HelpAge estimations of IDP and refugee populations aged 50 and above

Age	IDPs	Refugees
50 – 59 years (4%)	2,791	2,877
60 - 69 years (2, 4%)	1,675	1,726
70 - 79 years (1%)	698	719
80 + (0, 35%)	244	251

## Main characteristics of the affected population for response planning and design

Region	HoH average age	% HoH 65+	% HoH Widow/er	% illiterate HoH
Kidal	46	12,5	10,7	16,7
Gao	47	5,9	9,4	51,8
Gourma	48	9,8	8,2	62,7

### Health

Despite the Demographic and Health Survey (EDSM-IV, 2006)<sup>vi</sup> for Mali including detailed data on older people, the national health and social programme (PRODESS-2009)<sup>vii</sup> uses 49 years old as its cut-off point for analysis of health needs and does not include any response on chronic diseases.

### Nutrition

Current nutritional surveys and rapid assessments consider children under five years old as the only vulnerable group despite the specific needs nutritional needs of older people (see recommendations).

### Livelihoods<sup>viii</sup>

Older people's livelihood vulnerability is affected by a number of factors. 73.2 per cent of the population lives in rural areas where **literacy rates for women 60+ are as low as 4.5 per cent and 12 per cent for men**. In some regions, **50 per cent of head of households (Kayes)** are older people with widows making up **8-10 per cent**.

### Pension for older persons<sup>ix</sup>

The official retirement age in Mali is **58 years**. Those insured under the INPS (Malian social security) can request the liquidation of their pension at 53.

### Poverty<sup>x</sup>

#### Population aged 60+ living below poverty line (urban/rural)

Urban %: **25.5%** (2006)

Rural%: **57.6 %** (2006)

#### Information gaps on older people in Mali

During the secondary data review for Mali accurate data could not be found for:

- Percentage of older people needing care (fully dependent)
- Percentage of older people living alone
- Percentage of active and inactive 50+ population
- Data on discrimination, abuse, neglect of older persons
- Data on older people's nutritional status and health services uptake

### Recommendations

To fulfil its commitment to the principle of impartiality the humanitarian community in Mali must ensure its response identifies and responds to the needs of all vulnerable groups, including older people. The needs of older people should be assessed and analysed following the IASC guidance on humanitarian action and older people,<sup>xi</sup> ensuring older people have appropriate access to services and that strategies are adapted where necessary, to meet their specific needs. The following recommendations are designed to support this process in Mali.

## Health and nutrition

- Health needs of older people, including treatment for chronic diseases and support for mobility and vision concerns should be integrated into response, including the adaptation of emergency medical kits where necessary.
- Older people's access and accessibility should be supported at MoH or temporary health care facilities – specific considerations include provision of appropriate drugs, transport to clinics, specific consultation times for older people, and physical accessibility of clinics e.g. ramps for wheel chairs and grab rails. Special attention should be given to households headed by widows 60 years and older.
- Nutritional assessments should analyse GAM and SAM for older people aged 50 and above. HelpAge recommends the following MUAC thresholds to assess older people's nutritional status. 210mm≤ MUAC: check again in 30 days; 185mm≤ MUAC <210mm: moderate malnutrition – refer to supplementary feeding programme and follow up; MUAC <185mm: acute malnutrition – refer to therapeutic feeding programme and follow up; Oedema, ascites - refer to therapeutic feeding programme and follow up.
- Food assistance should take account of the specific nutritional requirements of older people: need for micronutrients, protein rich food, and food that is easy to chew and digest.
- Older people's access to food assistance should be ensured. Training on care for malnourished children under five should target older people as many of whom are primary carers. Awareness activities should include them and be adapted to their levels of literacy – distribution of written materials, for example, may be ineffective.

## Protection

### On the displacement/refugee crisis:

- Needs assessments of affected populations should be disaggregating by sex and age to enhance the protection response by providing an accurate understanding and targeting of the needs of different age and gender groups.
- Family tracing and reunification activities should include older people.
- Older IDPs/refugees caring for grandchildren and IDP/refugee households headed by widows 60+ should be identified early for specific support due to their high levels of vulnerability.

### On the food insecurity crisis:

- Older people's strength and mobility is often reduced restricting their ability to access general distributions of food, water and other life-saving services. Their access to distributions should be supported with specific distribution lines for older people or collection of goods by trusted family/friends. Special attention should be paid to households headed by 60+ widows.
- Older people play a key role in care of children under five. They should be supported in this role and awareness and training activities aimed at improving child welfare should include them and be adapted to their levels of literacy.
- Consultation of senior older men and women from communities in the development of awareness raising strategies will ensure inclusion of knowledge of traditional coping strategies, and increase community acceptance of the messages and hence their impact.

## Livelihoods:

- Older people play a key role in households and household income in Mali. It is crucial therefore that older people are included in activities designed to support or re-establish incomes.
- Livelihoods interventions must include vulnerable older people, and those supporting dependants: older headed of households, older widows, and those caring for children.

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## Key background references

- i <http://ochaonline.un.org/rowca/UrgencesEmergencies/Sahel2012/tabid/7773/language/fr-FR/Default.aspx>
- ii <http://www.afristat.org/publication/acces-direct-aux-donnees>  
<http://www.measuredhs.com/pubs/pdf/FR199/FR199.pdf>  
<https://www.cia.gov/library/publications/the-world-factbook/geos/ml.html>
- iii <http://www.measuredhs.com/pubs/pdf/FR199/FR199.pdf>
- iv <http://www.sapmali.net/enquetes.html>
- v <http://www.icrc.org/eng/resources/documents/update/2012/mali-update-2012-02-17.htm>  
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- xi <http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-productsproducts&productcatid=24>

For more information, please visit: <http://www.helpage.org/>

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