Task-Sharing Matrons in Mali

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Demographics

- TFR 6.2
- CPR (modern methods) 6.2
- MMR 464/100,000
- Neonatal mortality 46/1000
- <5 child mortality 191/1000

*Mali DHS 2006
Matrons in Mali

- Matrons = auxiliary midwives
- Work at community health centers
- Malian MoH wants midwives at all centers
  - ½ have them
  - Diema: 1/23 centers have midwives

Diema
Mali: Birth to birth spacing

62% of births in Mali are less than optimally spaced

Source: Mali DHS 2006
N=11,866 births
Supportive environment

- June 2012, MoH proposed to change the PNP (Policies, Norms and Procedures) to allow matrons to insert implants
  - Currently provide OCs DMPA, condoms and spermacides
- Policy framework was already in place for demonstration
Involve Matron Supervisors (Directors of CS-Coms)

- Trained on integrated package AMTSL+ ENC+PPFP
  - Request for LARC training
- LARC training
  - competency-based
  - Skills check-list
  - Each participant inserted >10 implants under supervision
Matron training

- Competency-based training of 30 Matrons
- 2 days classroom & practice on model
- 3-days clinical practicum (199 women received implants)
- Pre-test & post-test (T-F)
  - 10.7/20 & 18.8/20
Supportive Supervision visits 6 weeks after training findings

- Visited 25/30 of the Diema matrons
- They achieved 95% of the check-list during insertion procedure

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District-wide uptake of implant services (All providers, including Matrons)

- Implants only

![Graph showing district-wide implant uptake from 3rd Qtr 2011 to 1st Qtr 2013, with notable increases post-training in May 2012 and August 2012.]

- Training Kita – May 2012
- Training Diema – Aug 2012
Trend in proportion of implant insertions by quarter in the districts of Diéma and Kita: 2011 - 2013