### Behavior Profile: Intermittent Preventive Treatment of Malaria in Pregnancy (IPTp)

**Behavior Goal**
1. Reduce malaria mortality by one-third from 2015 levels in PMI-supported countries, achieving a greater than 80 percent reduction from PMI's original 2000 baseline levels.
2. Reduce malaria morbidity in PMI-supported countries by 40 percent from 2015 levels.

- Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 3 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit
- Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 2 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit

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### Behavior Analysis

<table>
<thead>
<tr>
<th>Steps</th>
<th>Factors</th>
<th>Supporting Actors and Actions</th>
<th>Possible Program Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Steps</strong></td>
<td><strong>Factors</strong></td>
<td><strong>Actors</strong></td>
<td><strong>Strategies</strong></td>
</tr>
<tr>
<td>What steps are needed to practice this behavior?</td>
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<tr>
<td><strong>Behavior</strong></td>
<td>Pregnant women complete a full course of IPTp</td>
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<tr>
<td><strong>Steps</strong></td>
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<tr>
<td>1. Decide to seek ANC care early before the end of the first trimester</td>
<td><strong>Structural</strong></td>
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<td>2. Demand IPTp at each ANC visit, beginning in second trimester</td>
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<td>3. Adhere to provider instructions at each visit, including when to return for the next visit</td>
<td><strong>Social</strong></td>
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### Strategy

- What strategies will best focus our efforts based on this analysis?
- Strategy requires Communication Support

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### Enabling Environment

- Partnerships and Networks: Encourage delivery of ANC and IPTp in non-formal settings, such as through NGOs and by community health workers directly in the community to ensure that ANC is accessible to all women.
- Policies and Governance: Integrate IPTp into reproductive health programs to ensure that all women accessing these services receive IPTp.
- Policies and Governance: Create or leverage the power and influence of existing community leaders and members to advocate for accountability at health facilities.

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### Systems, Products and Services

- Supply Chain: Strengthen commodities and supply chain for Fansidar/SP or IPTp protocol at all levels to ensure adequate stock for the recommended minimum number of doses per expected pregnant woman.
- Quality Improvement: Disseminate clear IPTp guidelines and information to users in counseling women on benefits to ensure that all women are receiving recommended IPTp during ANC.
- Quality Improvement: Expand and promote services offered during ANC to increase women's perceived value of IPTp.
- Quality Improvement: Equip health workers with relevant, locally tailored behavior-centered job aids to provide better IPTp services to women.

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### Demand and Use

- Communication: Use appropriate communication approaches to promote value of preventative services to mother and unborn child.
- Communication: Exploit direct-to-consumer digital tools, such as mobile technologies, interactive voice response (IVR), etc. to reach women directly to convey benefits of and value for IPTp as part of routine ANC visits.