Table 4 Multivariable results of the modified Poisson regression models of providers' determinants of delivery of intermittent preventive therapy for malaria in pregnancy (administered as directly observed therapy) in facilities that claim that this intervention is routinely offered as part of their antenatal care services

Variables	IPTp administered as DOT RR (95% CI)
	N=4,668
Country (Kenya 2010)	Reference
Namibia 2009	**0.23 (0.16-0.33)**
Rwanda 2007	1.16 (0.97-1.39)
Tanzania 2006	**0.67 (0.56-0.80)**
Uganda 2007	**0.83 (0.71-0.97)**
Facilities	
Facility type (Health centre)	Reference
Hospital	1.03 (0.88-1.19)
Health post/Dispensary	**0.82 (0.69-0.98)**
Public facility	**1.22 (1.06-1.41)**
Facility has fee for ANC medicines	**0.75 (0.61-0.92)**
Facility has IPTp guidelines	**1.12 (1.00-1.24)**
SP stocked-out on visit day	**0.41 (0.28-0.61)**
Providers	
Provider is a physician	Reference
Enrolled nurse/Midwife	**3.46 (1.54-7.79)**
Registered nurse/Midwife	**3.53 (1.57-7.95)**
Other	**3.77 (1.65-8.60)**
Supervised in last 6 months	0.99 (0.85-1.14)
Trained for IPTp in last year	**1.21 (1.09-1.35)**
Consultations/Clients	
Primigravidae	1.02 (0.94-1.10)
First visit at facility	**1.53 (1.40-1.67)**
Education (None)	Reference
Primary	0.98 (0.90-1.06)
Secondary/Higher	1.03 (0.93-1.14)
Age (<20 years)	Reference
20-29 years	0.99 (0.90-1.10)
≥30 years	0.93 (0.82-1.05)
Cubic b-spline for weeks of pregnancy (5 degrees of freedom; the grey area represents the 95% confidence intervals)	
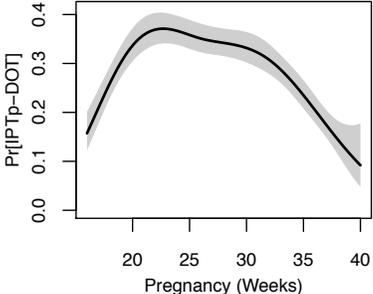
Statistically significant results at the α=0.05 level are bolded; RR (95% CI) = relative risk with 95% confidence intervals; SP = sulphadoxine-pyrimethamine; IPTp = intermittent preventive treatment for malaria in pregnancy; DOT = directly observed therapy; ANC = antenatal care.