**Table S1. Prenatal visiting schedule for community health workers in the intervention group**

|  |  |  |  |
| --- | --- | --- | --- |
| **Visit** | **Gestation age in weeks**  | **What to do/check** | **Messages to be given**  |
| 1 | 8–18  | Recruitment Ask if attended 1st ANC visit | * Value of attending ANC for initial evaluation
* Start counselling on adequate diet for mother
* Value of taking the iron and folate supplements given at the clinic
* Value of tetanus vaccine during pregnancy
 |
| 2 | 19–22  | Remind mother to go for 2nd ANC visit | * Continue counselling on mother’s diet
* Value of attending ANC
 |
| 3 | 23–27  | Ask if attended 2nd ANC visit (24–28 weeks) | Start counselling on * Infant feeding
* Birth plan
* Value of attending ANC
* Continue counselling on maternal nutrition
 |
| 4 | 28–32  | Remind mother to go for 3rd ANC visit (32 weeks) | * Value of attending ANC
* Value of early initiation of breastfeeding
* Continue counselling on mother’s diet
 |
| 5 | 33–35  | Ask if mother attended 3rd ANC visit; check birth plan | * Value and duration of exclusive breastfeeding
* Give messages on child spacing
* Continue counselling on mother’s diet
* Birth plan
 |
| 6 | 36–37 | Remind mother to go for 4th ANC visit at 36 weeks | Review* Early initiation of breastfeeding
* Exclusive breastfeeding
* Birth plans
* How to care for the baby’s cord
* Counsel on maternal nutrition during lactation
 |
| 7 | 38–40  |  | If not delivered, do as in visit 6 |

ANC, antenatal care visit;

**Table S2. Postnatal visiting schedule for community health workers in intervention group**

|  |  |  |  |
| --- | --- | --- | --- |
| **Visit** | **Age of baby** | **What to do/check** | **Messages to be given and action** |
| 1 | 2 – 3 days | How mother and baby are doing is baby breastfeeding well? Did mother get vitamin A supplementation? Did child get polio and BCG vaccination? | * Counsel on exclusive breastfeeding
* Positioning and attachment if mother having difficulty
* Importance of hygiene for mother and baby
* Keep cord clean and dry
* Mother’s diet during breastfeeding
 |
| 2 | 7 days | Condition of baby and cord. Baby is now fully breastfeedingMother’s health and condition of breasts | * To continue exclusive breastfeeding
* Keep cord clean and dry
* Mother’s hygiene and diet
* If baby or mother unwell refer for care at health facility
 |
| 3 | 14 days |  | * Give message on expressing breastmilk
* Review message on child spacing
 |
| 4 | 21 days |
| 5 | 1 month | Baby and mother’s health | * How to maintain exclusive breastfeeding
* Give mother message on expressing breastmilk
* Importance of the six-week checkup for mother and baby
* Immunization
 |
| 6 | 2 months | Check mother baby book for immunization (Polio, Pentavalent, and Pneumococcal at 6, 10 & 14 weeks) and growth monitoring. Has mother started attending a family planning clinic? | * Counsel on how to combine work with exclusive breastfeeding
* Show mother how to express and store breastmilk
 |
| 7 | 3 months |
| 8 | 4 months |
| 9 | 5months |  | * Start discussing complementary feeding
 |
| 10 | 5 & half months | Check immunization – if no missed doses; is baby growing well? | * Continue counselling on complementary feeding: the foods to give, food hygiene, frequency and amounts in the 6th month
* Vitamin A supplementation
 |
| 11 | 6 months | Is baby growing well?Baby due for vitamin A supplementation | * Encourage to continue breastfeeding on demand. Start small amounts of complementary feeds 2 times per day
 |
| 12 | 7 months | Continue checking baby’s growth and healthRemind mother to take baby for measles immunization (9mo); vitamin A (12months) | * Continue breastfeeding on demand
* Gradually increase amounts and frequency; give a variety to meet baby’s needs for adequate growth
 |
| 13 | 8 months |
| 14 | 9 |
| 15 | 10 |
| 16 | 11 |
| 17 | 12 |

BCG, Bacille Calmette Guerin

**Table S3. Predictors of child linear growth using generalized estimating equations**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Variable** | **Coefficient** **( β)** | **SE** | **95% confidence interval** | **P-value** |
| Intercept | -0.87 | 0.121 |  -1.11, -0.64 | <0.001 |
| Study group (ref. Intervention)Control group  | -0.24 | 0.105 |   -0.45, -0.04 |  0.027 |
| Study site (ref. Viwandani)Korogocho | -0.71 | 0.130 | -0.97, -0.46 | 0.001 |
| Child sex (ref. Female)Male child  | -0.54 | 0.104 |  -0.75, -0.33 | <0.001 |
| Full term birth weight (ref. LBW) |  0.71 | 0.267 |  0.19, 1.23 | 0.007 |
| Child is still BF above 1 year old | 1.07 | 0.382 | 0.35, 1.85  | 0.036 |
| aEarly weaning, before 6 months |  -0.40 | 0.813 | -0.55, -0.23 |  0.002 |
| Usual pace of child feeding (ref. Fast)SlowModerate |   0.57 0.89 | 0.2670.258 |  0.44, 1.08 0.39, 1.39 | 0.034<0.001 |
| Child often vomits/regurgitates food (ref. No.) | -0.68 | 0.179 |  -1.03, -0.34 | 0.001 |
| Caregiver washes hands before handling baby food (ref. No) |  0.58 | 0.184 |  0.29, 0.96 | 0.001 |
| Mother’s height (ref.>163cm) <154.5 (<25th Percentile) 154.5-163 (50th Percentile) | -0.63-0.15 | 0.1420.124 |  -0.95, -0.39 -0.41, 0.80 | 0.0010.189 |

LBW, low birth weight; BF, breastfeeding, CF, complementary feeding

aEarly weaning was defined as introduction of complementary foods before 6 months