**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 breastfeeding  Mother’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 health  Remind 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)  Slow  Moderate | 0.57  0.89 | 0.267  0.258 | 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 | 0.142  0.124 | -0.95, -0.39  -0.41, 0.80 | 0.001  0.189 |

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

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