S1A Table. Qualitative data collection of implementation strategies of Reach Up programs

Country	Program Name	ECD systems	Devolved leadership and partnership	Funding	Final Nurturing Care Domains	International Approach to Program Collaboration	Intervention Setting (individual or group)	Dose	Frequency	Design Approach (universal or targeted)	Materials	Number of Implementation Agents	Implementation Agent Caseload	Implementation Agent Qualifications	Personal Contacts and Incentives	Training manuals and protocols	Training	Refresher Trainings	Supervisor Characteristics and Recruitment	Supervisor Training	Number of Supervisors	Caseload Supervisors (number of implementers)	Workforce Membership support of home visitors	Program Data and Reporting
Africa Region																								
Zimbabwe (low income)	Modified Reach Up	This program was piloted following international pressure to implement evidence-based ECD programs in resource-poor settings. This resulting in the initial flexibility that of the intervention in Kingston, Caribbean for centre-based interventions were not readily available however they were non-capacity, and were of higher cost, so home visiting was an optimal approach.	Health services are often the only contact for governmental sector routinely makes with families with young children. This is a key entry point. This resulting in the initial flexibility that of the intervention in Kingston, Caribbean for centre-based interventions were not readily available however they were non-capacity, and were of higher cost, so home visiting was an optimal approach.	Development of the Reach Up program was supported by Grand Challenges Canada	responsive caregiving, nutrition	For responsive caregiving, quality of parental interaction and investment in children were considered, especially in the poorest countries. The intervention included stimulation and nutrition aims. The nutritional supplementation, which was 1 kg milk based formula delivered weekly to homes. The stimulation intervention was affective and the focus of follow-up studies.	Home (individual)	60 minutes	weekly	Initiated growth stunted children in Kingston, Jamaica	**Tags:** Homemade toys to promote childs cognitive language, and psychosocial skills. **Books:** Used, predominantly picture books to encourage literacy, music in mothers. **Other:** Songs, dolls, games.	24	The intervention was developed as paraprofessionals, the home visit model allowed for an interaction approach.	Not reported	Not reported	Manuals were developed to facilitate training and implementation an adaptation and planning guide, a training manual with films, and a manual to train supervisors.	Community health aids (CHAs) received 6-8 weeks of training in maternal and child health. Training in interactive learning workshops about child development and the intervention. Training in interactive learning films are culturally appropriate. A myriad of materials are chosen for the different implementing sites.	5 days 6 months into implementation	2 supervisors in country trained to conduct, observe, and support home visiting activities	2	Supervisor manuals include guidelines for supervisory evaluation checklist for observing home visits, a brief supervisor qualities and responsibilities, and how to conduct a supervisory session. Supervisors maintain a relationship with home visitors. Short scenarios are given as examples of challenges they might encounter. these scenarios are used as practice activity during supervisor training. Supervisors attend the full intervention training with home visitors, but receive additional training on supervisor supervision and how to use supervision checklists. Supervisors reported training was sufficient for home visits but not for their supervisory role.	2 supervisors per 24 ECD teaching assistants	Supervisors spent time helping mediate the home visitors. They held monthly group meetings with all visitors at their own research office to discuss challenges and to share experiences. They also completed the Indecon tool on a per-month.	Home visit supervision checklists are used to monitor the quality of visits, including the relationship of home visitor with mother and child and overall atmosphere of visit. Supervisors would do these observations at home once a month. Supervisors reported home visits were done adequately over 60% of the time.
Madagascar (low income)	Early Stimulation	Families on Aucklin provides existing infrastructure, administrative administration capacities, and local networks to support the scale-up of ECD programming.	University-based researchers partnered with local secondary leaders Families on Aucklin to implement programs.	World Bank Strategic Impact Evaluation Fund	responsive caregiving, nutrition	Intervention delivered through the scaffolding of Families on Aucklin. Trial included nutrition, stimulation, and combination trial arms.	Home (individual)	Not reported	weekly	selection: children of recipient families of Colombia's CCT Families on Aucklin.	**Tags:** low cost and homemade toys designed for learning shapes, physical movement. **Books:** coloring and picture books. **Other:** Materials lent out and exchanged weekly.	144	HVs varied readers. Interventions were required to have basic literacy, time availability, job interest, and be current recipients of Families on Aucklin. Mothers Listeners were on average 10 years older and had one year of education compared to recipient mothers.	50 households	HV's received a $224,000 COP (~$0 USD) monthly stipend for each family they visit (on average about 20 families). Hires as part time staff.	Home visiting curriculum and protocols	2 weeks	1 week refresher training 1-2 months into program implementation	Supervisors had undergraduate degrees in social work or psychology and were trained in child development, home visit and real-with home visitors. Individually every 7-10 weeks, mentored via phone calls, and distributed reminder and reinforcement messages regularly to HVs. Support for implementation agents was provided by a team of ECD coaches. Their characteristics and recruitment was not reported. Mentoring supervision was	Not reported	Not reported	Not reported	ECD coaches led one week of on-site supervisor implementation agents at the beginning of implementation and six months into implementation.	NGO staff supervisors monitored fidelity of home visits through observations and interviews. These supervisors visited implementation sites at a low frequency due to logistic challenges and costs of travel.
Americas Region																								
Jamaica (low income)	Jamaican Home Visiting Program	This program was piloted following international pressure to implement evidence-based ECD programs in resource-poor settings. Many health and nutrition services are constrained, especially in the poorest countries. Overloading these services may reduce their effectiveness. Home visiting programs are considered cost-readily available because they were non-capacity, and were of higher cost, so home visiting was an optimal approach.	Health services are often the only contact for governmental sector routinely makes with families with young children under the age of 5. this is why integrated stimulation interventions may have advantages. This is a key entry point. Home visiting through the health sector, but was not sustained.	Development of the Reach Up program was supported by Grand Challenges Canada	responsive caregiving, nutrition	For responsive caregiving, quality of parental interaction and investment in children were considered, especially in the poorest countries. The intervention included stimulation and nutrition aims. The nutritional supplementation, which was 1 kg milk based formula delivered weekly to homes. The stimulation intervention was affective and the focus of follow-up studies.	Home (individual)	60 minutes	weekly	Initiated growth stunted children in Kingston, Jamaica	**Tags:** Homemade toys to promote childs cognitive language, and psychosocial skills. **Books:** Used, predominantly picture books to encourage literacy, music in mothers. **Other:** Songs, dolls, games.	Not reported	The intervention was developed as paraprofessionals, the home visit model allowed for an interaction approach.	Not reported		Manuals were developed to facilitate training and implementation an adaptation and planning guide, a training manual with films, and a manual to train supervisors.	Community health aids (CHAs) received 6-8 weeks of training in maternal and child health. Training in interactive learning workshops about child development and the intervention. Training in interactive learning films are culturally appropriate. A myriad of materials are chosen for the different implementing sites.	Not reported	Supervisors were part of the research team.	The supervisor training manual guides training.	Not reported	Not reported	Once monthly supervisors visited each implementation agent and offered feedback following observation.	During the monthly visits, supervisors reviewed the records of the implementation agents to assess performance.
Colombia (middle income)	Home-based Early Childhood Development Intervention	The government is committed to addressing poverty through the country's largest national welfare program, the conditional cash transfer program Familias en Acción (Fam). Fam benefits the poorest 20% of families provided that the children provide school and attend health check-ups. Fam was established nearly 15 years ago. Colombia's current GDP per capita is $6.5602 per child up to 5.	University-based researchers partnered with local secondary leaders Families en Acción to implement programs. Families en Acción provides existing infrastructure, administrative capacities, and local networks to support the scale-up of ECD programming.	World Bank Strategic Impact Evaluation Fund	responsive caregiving, nutrition	Intervention delivered through the scaffolding of Families en Acción. Trial included nutrition, stimulation, and combination trial arms.	Home (individual)	Not reported	weekly	selection: children of recipient families of Colombia's CCT Families en Acción.	**Tags:** low cost and homemade toys designed for learning shapes, physical movement. **Books:** coloring and picture books. **Other:** Songs, dolls, games. Materials lent out and exchanged weekly.	144	HVs varied readers. Interventions were required to have basic literacy, time availability, job interest, and be current recipients of Families en Acción. Mothers Listeners were on average 10 years older and had one year of education compared to recipient mothers.	50 households	HV's received a $224,000 COP (~$0 USD) monthly stipend for each family they visit (on average about 20 families). Hires as part time staff.	Home visiting curriculum and protocols	2 weeks	1 week refresher training 1-2 months into program implementation	Supervisors had undergraduate degrees in social work or psychology and were trained in child development, home visit and real-with home visitors. Individually every 7-10 weeks, mentored via phone calls, and distributed reminder and reinforcement messages regularly to HVs. Mentors had an undergraduate degree in psychology in social work, or fieldwork experience with children and families, and were chosen from among the applicants based on their CV and an interview. Suggested that hiring local supervisors would increase responsibly increasing supervisor visits and cutting down on burdensome travel time.	Mentors were trained in child development, home visit, and real-with home visitors. Individually every 7-10 weeks, mentored via phone calls, and distributed reminder and reinforcement messages regularly to HVs. Supervisors had four 1-3 day long refresher training and feedback sessions during the course of the study. These sessions were used to provide the opportunity to discuss experiences,challenges and solutions. Mentors were in regular communication with the field coordinator and the research team, as needed.	6	1 mentor to 24 home visitors (8 teams)	Mentors were responsible for training the home visitors in the intervention and for providing supervision. They visited communities every 7-10 weeks to monitor fidelity and implementation, provide support and solutions to challenges, and to provide feedback on observations of participations, and tests to them home visitors every month to reinforce key advice, and were available to be called by home visitors for advice when necessary.	Data collection began once the first round of training was complete and the home visitors were ready to distribute visits. Home visitors were responsible for filling out forms at the end of each visit to monitor the psychosocial stimulation and micronutrient components.
	Enhanced FAMI	Intervention designed to build upon the government Family, Women and Infancy Program (FAMI). Stakeholders desired a cost-effectiveness evaluation of ECD interventions to inform policy and programming.	Government social services leadership to partnership with academics at the Universidad de Los Andes helped improve the pre-existing integrated ECD intervention.	Bernard van Leer Foundation, Sesame Street and Grand Challenges Canada	early learning, responsive caregiving, nutrition	Intervention delivered at home and local health clinics. Trial included nutrition, stimulation, and combination trial arms.	Home (individual) & Health Center (group ranging from 2-12 mothers baby dyads)	Home visit: 60 minutes; Group: 60 minutes + 30 minutes of snack	Home visit: monthly; Group: weekly	selection: socioeconomically vulnerable children	home made and manufactured toys, nutrition counseling cards, package of supplies	171	recruited from top community members who were majority female, had at least secondary education	Not reported	Unspecified compensation by the government	Home visit curriculum manual with step-by-step instructions and activities Group curriculum manual with structured guidelines on all the activities to be introduced during each group meeting	20 hours over 3.5 weeks. Training skills included weekly stimulation and nutrition.	Not reported	Supervision every 6 weeks	Supervision periods were included in the program	Not reported	Not reported	Supervisors every 6 weeks	Not reported
Brazil (middle income)	Responsive Caregiving and Early Learning Program	Despite increasing government support for ECD, major gaps exist in programs and services for young children. The policy environment favorable towards a potential child towards mandatory early learning. Government family primary health care program (PSF) and Bolsa Família (BF) in 2003 have brought health (difficult to delivery, wide reaching primary health system and integrate responsive caregiving.	Health sector in partnership with academics at Universidade de Sao Paulo and private foundations.	State Cecilia Vidigal Foundation, Open Society Foundations, Bernard van Leer Foundation	responsive caregiving, great health	CHWs who delivered the intervention were part of existing staff of Brazil's Family Health Strategy (second primary health sector). Used primary health care sector to reach families and additional components to delivery.	home (individual)	20-60 minutes	fortnightly	selection: low SES and below national age children in urban settlements Rio and Sao Paulo	used pre-existing CHWs and trained a novel cadre of child development agents (CDAs) with the intervention. Recruited CDAs who were all female.	15	CHWs received a 20% salary increase and CDAs received matching compensation. CDAs were hired as part time, 20 hours worked per time positions.	Not reported	Unspecified compensation by the government	planning and adaptation manual a training manual with 12 months, a 6 month, and a 3 month training manual with demonstration videos, and guidelines for supervisors.	40 hours over 10 days	32 hours over 5 day training 6 months into implementation	Supervisor characteristics and rerecruitment were not reported.	Supervisors were trained using a supervisor manual and guidelines. These materials included qualities of successful supervisors, supervisory responsibilities, supervisor-supervisee relationships and provide constructive feedback.	3	5 (calculated)	Supervisors support implementation agents by troubleshooting challenges. Supervisors visit individual implementation agents once monthly and provide feedback based on the evaluation checklist. Supervisors also conduct focus group discussions with implementation agents to research effects field group conversations about challenges and experiences.	No evaluation checklist is used by supervisors to measure fidelity while observing home visits.
Peru (middle income)	Cuna Más	This program was supported by the Ministries of Education, Health, Women and Vulnerable Populations, and Development. Cuna Más attempted to deliver services to rural, poor areas that have been historically underserved by government services. Programs to support young children and maternal child health have been in place since the mid-2000s in the Ministries of Vulnerable Populations, and Development. While there have been high rates of economic growth and declining rates of child malnutrition and stunting, these gains have not been equally distributed.	Cuna Más was established in 2012 by the Ministry of Development and Social Inclusion, which now implements the program nationally. Intervention was initially piloted and delivered by the government in 2016.	Bernard van Leer Foundation, Open Society Foundations, SUMA Foundation, Jacobs Foundation	responsive caregiving, great health, nutrition, safety and security, opportunities for early learning	Planning program delivers intervention to same population as CCT, but does not coordinate delivery. The program provided comprehensive services to families with children including health, safety, protection, play, and learning needs.	home visits (individual and group)	60 minute individual visits, group visits unspecified length	weekly individual visits, fortnightly group sessions	Universal: universally delivered to all families in participating rural areas with 30% participation rate and ~80% families living in poverty where the national CCT program is active.	**Tags:** used **Books:** activity cards, puzzles, crayons, dolls,	8,838	Local communities nominate volunteer home visitors who are majority women, parents, have completed secondary school, and on average 37 years old.	10 families per home visitor	Home visitors receive a monthly stipend of $100 USD, which is approximately 10 hours of work each week. Hired with one month probation period. Can be terminated up to six months based on performance.	Home visiting guide for technical aspects of home visiting, a home visiting guide for learners, protocol for identifying and referring children, protocol for surveillance of ECD protocol, Accompaniment Protocol for family children & traditional rich embryonic years, protocol for monitoring and evaluation of families, technical guidelines, operation manual	9 days	in-service training	Technical field assistance provided once to two times per year, supervisors attend home visits of each home visitor once a month, and provide ongoing support and quality assurance. Supervisors all had at least some tertiary education and received 5 days per service training as well as in service training. 20 trained Regional Supervisors across the country supervised Supervisors. Supervisors were required to have some tertiary education and received 5 days of pre service training as well as in-service training. The program structure includes regional office staff (technical specialists), supervisors, supervisors, regional field staff (technical specialists), and community actors including facilitators, management committees, and supervisory councils.	60 community actors receive stakeholder training. Supervisors receive technical training every month, and individual technical assistance in the field. (see specific breakdown on pg.S4-S6) Regional offices oversee training and operating technical teams and community actors.	20 trained regional specialists supervised Supervisors throughout the country.	Trainers were responsible for ~60 community actors across square and home visiting. Specialists covered 3,350 families. Technical supervisors were responsible for 1-2 management committees and ~10 facilitators and their 150 families. Facilitators were responsible for ~10 families. Management committees covered 5-12 facilitators (50-120 families) and could compensate 1 or more communities depending on population size.	Each member of the home visiting workforce receives technical assistance and ongoing support from their supervisor. For regional staff trainers and specialists, this could be virtual (by video conference) or in-person throughout the year. Technical assistants were accompanied by trainers at least once a year. Facilitators were accompanied by community actors twice a month and a reflection session would follow each of these visits where the community actor would provide feedback and suggestions. Management committees would receive supervision-technical assistants and specialists as needed.	Regional offices oversaw monitoring and program operations. Participating communities could nominate the home visitors, and the management committee committee to support operations, including administering resources. Communities had the option to form management committees and nominate members to monitor the management committee operations.
Eastern Mediterranean																								
Syria, Lebanon, Jordan (low income)	Modified Reach Up and Learn	The Syrian crisis has led to over 29 million refugees being been displaced since 2011. Lebanon and Jordan have been hosting refugees, and creating populations of refugees. Transportation between and among rent settlements in Jordan and through areas of political instability in Lebanon creates challenges for sensitive program delivery.	Child Protection and Health sector (Jordan), Child Protection sector (Syria), Education sector (Lebanon)	The MacArthur 100&Change Grant	Responsive caregiving	ECI was integrated into established service centers in each country of implementation: Lebanon: Education center Syria: Child protection sector Jordan: Health sector	home (individual)	Lebanon: 60 minutes Syria: 60 minutes Jordan: 30-45 minutes	Lebanon: fortnightly Syria: weekly Jordan: fortnightly, and weekly, depending on area	selection: vulnerable families in vulnerable neighborhoods	**Tags:** Used local/available materials that met by safety criteria, and offered alternatives if usual materials were not available. **Books:** Contained books with little to no text to describe the world/ HV visits for low literacy adults **Other:** Images of family life in Syria and Lebanon refugees' homes. IRC created a set of additional materials to support the intervention with children with disabilities.	103	local community members from various backgrounds	High: more than 3.4 families per home visitor	Approx USD $250-300 monthly	HV training manual was adapted to include information on families with multiple children present, gender-based violence, and the psychosocial support, child protection and safeguarding.	10 days	Not reported	The HVs and supervisors in Lebanon met monthly to discuss challenges.	Training of Trainers lasted for 10 days in Syria and Lebanon. In Jordan, the training was determined by the Ministry of Health. The training included a tailored to health topics. The trainings included technical guidance on curriculum implementation, how to conduct home visits, how to identify families in needs, and especially building the supervisors to conduct home visit observations, quality assessments, and ongoing professional development to support home visitors.	Jordan Child Protection: 3 Home visitor supervisor 1 Home visitor supervisor Jordan Health team: 3 Home visitor supervisor volunteers Lebanon: 3 ECD Parenting Assistants Syria: 2 Child Protection officers	Not reported	Supervisors were required to periodically observe home visitors in action and provide guidance and feedback. Timing of regular supervision and one-on-one coaching was involved in each country by factors such as long distances, lack of affordable transportation, political instability and road blocks, and volatile communities.	Supervisors filled out a checklist to monitor the quality of visits, including the relationship of home visitor with mother and child and overall atmosphere of visit. Supervisors would do these observations at home once a month. In Jordan, the health team used a mobile data collection platform to collect key program monitoring datapoints to track quality and fidelity.
South-East Asia Region																								
Bangladesh (low income)	Integrated psychosocial stimulation and nutrition cash transfer (IcPC)	The government of Bangladesh has set national priorities for early childhood development. Specifically, the Ministry of Women and Children Affairs, Government of Bangladesh (GOB) is an unconditional cash transfer (currently piloted) and with a limited health education awareness program for rural poor mothers to help improving mothers and children's health and wellbeing. Therefore, the intervention should be delivered to children aged 0-24 months. The intervention should be delivered to children of any other cash transfer or relevant safety net program for the poor.	Research team was supported by personnel of Ministry of Women and Children Affairs, Government of Bangladesh (GOB) as well as local leader and representatives of local government.	Saving Brains (Grand Challenges Canada) and support from Government of Bangladesh, Canada, Sweden, and the US	responsive caregiving, security and safety, health	Adapted Reach Up curriculum for psychological stimulation along with unconditional cash transfer (currently piloted) with health awareness program.	Home visits (individual)	40-60 minutes	fortnightly for one year	Indicated, mothers with a child aged 6-18 months and eligible for receiving unconditional cash transfer from the government	**Tags:** play materials as per curriculum made from recycle materials, home made toys	6	Each community health worker conducted three to four sessions every day for six days a week.	Female community health workers with at least completed secondary school and lived in the community of residence in the villages.	Not reported	Reach Up curriculum including traditional and personal hygiene messages for mothers and children translated in Bangla language.	15 days using training curriculum by a female supervisor with masters in psychology	Not reported	A female supervisor to ensure quality of the intervention A male field supervisor to ensure the logistics related to the field.	Female supervisor had a master's in psychology. Male supervisor training was not reported. Not reported training in the methodology for both supervisors	2	Not reported	A female supervisor with master's in psychology supervised to ensure quality of the intervention. The mentoring process and frequency was not reported. A male field supervisor to monitor the field every day to ensure the coverage of pre-planned sessions and check sessions conduction form. In addition, availability of age specific play materials was checked	Check sessions conduction form and coverage of sessions.
	Integrated psychosocial stimulation, maternal mental health, and nutrition (SSMN and food exposure interventions (INMIN)	Supporting caregivers' mental wellbeing and ability to provide psychosocial stimulation, promote early childhood development. Extending the scope of early child development interventions by including pregnancy and the post-childbirth period to include maternal mental health is feasible in a low-resource setting.	Pilot study and randomized trial were led by the research team. Participatory research approach involving local leaders, community members, target population (pregnant and lactating mothers), and community health workers.	IDI and Michiela Gates Foundation	responsive caregiving, nutrition, health, security and safety	Pilot: two additional components were integrated to the adapted Reach Up curriculum was to address mental health and nutrition. Intervention was delivery by community health workers home for the pilotting	group sessions or combined individual home visits and follow up group sessions. Home visits conducted with follow up group sessions (75 minutes).	In the pilot phase, group sessions (90-120 minutes) and home visits (20-25 minutes). In the trial phase, group sessions (20-60 minutes) and home visits (20-25 minutes).	In the pilot phase, 8 group sessions delivered fortnightly, and 2 individual home visits. In the trial phase, 10 group sessions and home visits fortnightly. In the trial phase, there in the group arm received 12 group sessions delivered weekly. In the trial phase, the control received 3 group sessions alternating with 6 individual home visit sessions delivery fortnightly.	indicated, pregnant women in late pregnancy and lactating mothers of children <13 months of age	**Tags:** age appropriated toys **Books:** culturally appropriated picture books. **Other:** Pro-maternal mental health, culturally appropriate, pro-breastfeeding, pro-IYCF, pro-healthy complementary, Pro-health and nutrition, nutritional advice and behavioral recommendations cards (based on the national curriculum). For INMIN adapted from the WASH Benefits intervention. Nutritional supplements and micronutrient powders were provided to all households. For food/meals participants about the harms of feed	2 (pilot phase)	In the trial phase, group session were Four group sessions, each group session lasted for 1 hour. Home visits were conducted twice. Two group sessions and two home visit sessions. In the trial phase, groups: 3-8 pregnant women, and 3-8 lactating women pilot 4pads.	Local women with secondary school living in the target villages. Home visitors were chosen from among professional were used to recruit and select community health workers.	Not reported	integrated intervention curriculum	8 days (pilot) 6 days (trial)	Not reported for the pilot phase. Trial: refresher training included 3 days of refresher and failed intervention training. Refresher training performance were used to recruit and select community health workers.	Trained psychologist. Not reported training in the methodology.	One supervisor in the pilot phase. Not reported the number of supervisors working on the trial phase.	In the pilot phase, 1 supervisor to 2 community health workers. Not reported for the trial phase.	In the pilot phase, a senior psychologist directly observed 25% of the total sessions in both the arm to promote the quality of sessions. In the trial phase, supervisors were chosen for three individual home visits per community health worker was supervised during each 2-week period.	Supervisors filled out session monitoring sheets and provided feedback to community health workers.
	Modified Reach Up	The government has an ECD national plan of action. ECD programs are implemented by the Ministry of Women and Children and community drives throughout the country. This existing infrastructure and local health worker partnerships can be leveraged to implement scalable ECD interventions.	Government health services lead the intervention, with support from the Ministry of Health and Family Welfare.	Saving Brains	responsive caregiving, nutrition	Used existing infrastructure of primary health clinics. Intervention integrated stimulation package into nutrition counseling.	clinic (group sessions of usually two mother-child pairs and up to 5 mother-child pairs)	50 minutes	fortnightly	Indicated, undernourished children (WAZ < 2 SDs) living less within 30 minutes walking distance from the community clinics	**Tags:** developmentally appropriate toys made from local materials **Books:** culturally relevant picture books **Other:** local songs Materials lent out and exchanged weekly	166	Intervention used pre-existing cadre of clinic staff including: maternal educated providers and secondary school educated assistants. Clinic staff were female.	Not reported	Staff received occasional small gifts as incentives for the added work of the stimulation intervention.	curriculum manual	15 days (2 weeks) half day refresher training every 3 months	Supervisors were hired by the research team and had masters degrees.	20 day training	Not reported	3 clinics each with 1-3 implementation agents	Supervisors typically visited clinics twice monthly (minimum once monthly) and provided feedback based on these observations. Implementation agents offering parenting sessions were visited more frequently (twice per week)	Supervisors observed implementers twice monthly to monitor the quality of the intervention fidelity, enabling supervisors to prepare implementation and provide structured guidance.
	Psychosocial Stimulation	Previous child health efforts have focused solely on controlling child malnutrition. Due to the low hospital follow-up of malnourished children, programs conducting home or community-based management of child malnourishment are seen as more feasible and cost-effective.	Partnership between the Department of Women's and Children's Health at Uganda University in Sweden, the International Centre for Diarrheal Disease Research, Bangladesh, Karolinska Institute, University of Dhaka, and other governmental and international bodies.	Primary Funding: Sida/SIMC, Sweden, ICDDR/Bangladesh	responsive caregiving, nutrition	Used existing infrastructure of community nutrition follow up clinics. Trial included nutrition implementation, stimulation, and combination arms.	clinics (individual visits at community nutrition follow up units)	60 minutes	fortnightly	Indicated hospitalized, severely malnourished children (WAZ < 3 SDs) living less within 30 minutes walking distance from the community clinics of child malnutrition	**Tags:** low cost and culturally appropriate **Books:** simple picture books Materials lent out and exchanged weekly	Not reported	New cadre of female health workers with 8-10 years of formal education were hired.	Not reported	Not reported	Not reported	Supervisor characteristics and rerecruitment were not reported.	Not reported	Not reported	Not reported	Supervisors met with implementation agents weekly and reviewed home visiting activities and progress of children's development	Supervisors observed implementation agent home visits monthly to ensure that activities were being conducted. Fidelity was not assessed.
	Modified Jamaican Home Visiting Program	The Bangladesh Integrated Nutrition Program (BINP) was established in 1995 to coordinate and scale-up the implement national surveillance and supplementation programs. The nutrition centers' infrastructure provides opportunity and capacity for implementing ECD activities.	The International Center for Diarrheal Disease Research coordinated the project with cooperation and support from the government nutrition program.	World Bank and Department for International Development	responsive caregiving, nutrition	Trial included nutrition supplementation, stimulation, and combination trial arms. Nutrition sponsored implemented at nutrition centers	Home (individual) & Center (group)	Not reported	Individual home visits: first 10 months: twice weekly last 2 months: weekly Group center-based visits: first 8 months: weekly last 6 months: fortnightly	initiated malnourished children (WAZ < 2 SDs) living community nutrition centers at a sub-district rural state	**Tags:** toys made of recycled material **Books:** low cost picture books **Other:** traditional games and songs. Materials lent out and exchanged weekly	Not reported	"Play leaders" were recruited from female women in each village to deliver stimulation	Not reported	Not reported	Not reported	2 weeks	Not reported	one of the two trained supervisors attended visits regularly to provide feedback and mentorship.	Not reported	2	Not reported	Supervisors attended visits regularly to provide feedback and mentorship.	Collected by study team