S1 File. STROBE Checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No. | Recommendation | Page No. | Relevant text from manuscript |
| **Title and abstract** | 1 | (*a*) Indicate the study’s design with a commonly used term in the title or the abstract | 1 | High Coverage and Utilization of Services and Fortified Take-Home Rations among Children between 6 and 35 Months Provided through the Integrated Child Development Services Program in Telangana, India |
| (*b*) Provide in the abstract an informative and balanced summary of what was done and what was found | 2-3 | Abstract |
| Introduction |  |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | 3-4 | Introduction |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | 4 | Lines 62-67 |
| Methods |  |
| Study design | 4 | Present key elements of study design early in the paper | 1, 5 | Title and lines 76 |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | 5-6 | Lines 76-92 |
| Participants | 6 | (*a*) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up*Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls*Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants | 5-6 | Lines 76-92 |
| (*b*)*Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed*Case-control study*—For matched studies, give matching criteria and the number of controls per case | - | - |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | 6-8 | Lines 101-137 |
| Data sources/ measurement | 8\* | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group | 6-9 | Lines 101-137 and 144-150 |
| Bias | 9 | Describe any efforts to address potential sources of bias | 6 | Lines 88-89 |
| Study size | 10 | Explain how the study size was arrived at | - | - |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | 7-9 | Lines 107-152 |
| Statistical methods | 12 | (*a*) Describe all statistical methods, including those used to control for confounding | 8-9 | Lines 139-152 |
| (*b*) Describe any methods used to examine subgroups and interactions | 8-9 | Lines 139-152 |
| (*c*) Explain how missing data were addressed | 10 | Lines 165 |
| (*d*) *Cohort study*—If applicable, explain how loss to follow-up was addressed*Case-control study*—If applicable, explain how matching of cases and controls was addressed*Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy | 8 | Lines 131-143 |
| (*e*) Describe any sensitivity analyses | - | - |
| Results |
| Participants | 13\* | (a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed | 9-11, 14 | Tables 2, 3 and 4 |
| (b) Give reasons for non-participation at each stage | 9 | Line 155-156 |
| (c) Consider use of a flow diagram | - | - |
| Descriptive data | 14\* | (a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders | 9-11 | Lines 155-176, Tables 2 and 3 |
| (b) Indicate number of participants with missing data for each variable of interest | 9-11 | Tables 2 and 3 |
| (c) *Cohort study*—Summarise follow-up time (eg, average and total amount) | - | - |
| Outcome data | 15\* | *Cohort study*—Report numbers of outcome events or summary measures over time | *-* | *-* |
| *Case-control study—*Report numbers in each exposure category, or summary measures of exposure | *-* | *-* |
| *Cross-sectional study—*Report numbers of outcome events or summary measures | 9-11, 14 | Tables 2, 3, and 4 |
| Main results | 16 | (*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included | 9-11, 14 | Tables 2, 3 and 4 |
| (*b*) Report category boundaries when continuous variables were categorized | 9-11, 14 | Tables 2, 3 and 4 |
| (*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | - | - |
| Other analyses | 17 | Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses | - | - |
| Discussion |
| Key results | 18 | Summarise key results with reference to study objectives | 15 | Lines 235-247 |
| Limitations | 19 | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias | 16 | Lines 268-276 |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | 15 | Lines 248-259 |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | 16-18 | Lines 278-312 |
| Other information |  |
| Funding | 22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based | 20 | Lines 364-365 |

\*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.