

**Supplementary Table 4: Study characteristics, quality appraisal and overview of equity findings**

Authors	Title	Year	Intervention type	Region	Country	Study Type	Quality appraisal	Coverage	MNH behaviour	Neonatal mortality
<b>Quantitative studies</b>										
<i>Home visit interventions</i>										
Baqui, A. H., et al. [32]	NGO facilitation of a government community-based maternal and neonatal health programme in rural India: improvements in equity	2008	Home visits and distribution of medicines by CHWs	South Asia	India	Quasi-experimental	Moderate			
Callaghan-Koru, J.A., et al. [33]	Contribution of community-based newborn health promotion to reducing inequities in healthy newborn care practices and knowledge: evidence of improvement from a three-district pilot program in Malawi	2013	Home visits and distribution of medicines by CHWs	Africa	Malawi	Pre-post	Low			
Kosec, K., et al. [34]	Predictors of essential health and nutrition service delivery in Bihar, India: Results from household and frontline worker surveys	2015	Home visits and distribution of medicines by CHWs	South Asia	India	Cross-sectional	Low			
Quayyum, Z., et al. [41]	Can community level interventions have an impact on equity and utilization of maternal health care - evidence from rural Bangladesh	2013	Home visits and distribution of medicines by CHWs	South Asia	Bangladesh	Pre-post	Moderate			
Rajbhandari, S., et al. [37]	Expanding uterotonic protection following childbirth through community-based distribution of misoprostol: operations research study in Nepal	2010	Home visits and distribution of medicines by CHWs	South Asia	Nepal	Pre-post	Moderate			

Seth, A., et al. [38]	Differential effects of community health worker visits across social and economic groups in Uttar Pradesh, India: a link between social inequities and health disparities	2017	Home visits and distribution of medicines by CHWs	South Asia	India	Cross-sectional	Moderate			
Singh, M. K., et al. [35]	Factors influencing utilization of ASHA services under NRHM in relation to maternal health in rural Lucknow	2010	Home visits and distribution of medicines by CHWs	South Asia	India	Cross-sectional	Low			
<i>Cash transfer interventions facilitated by CHWs</i>										
Nguyen, H. T. H., et al. [39]	Encouraging maternal health service utilization: an evaluation of the Bangladesh voucher program	2012	Cash transfer interventions facilitated by CHWs	South Asia	Bangladesh	Cross-sectional	Moderate			
Powell-Jackson, T., et al. [36]	The impact of Nepal's national incentive programme to promote safe delivery in the district of Makwanpur	2009	Cash transfer interventions facilitated by CHWs	South Asia	Nepal	Cross-sectional	Moderate			
<i>Community group interventions</i>										
Houweling, T. A. J., et al. [28]	The equity impact of participatory women's groups to reduce neonatal mortality in India: secondary analysis of a cluster-randomised trial	2013	Community-based groups	Multiple	India, Nepal, Bangladesh, Malawi	C-RCT	High			
Houweling, T. A.J., et al. [26]	Reaching the poor with health interventions: programme-incidence analysis of seven randomised trials of women's groups to reduce newborn mortality in Asia and Africa	2016	Community-based groups	Multiple	India, Nepal, Bangladesh, Malawi	C-RCT	High			

Houweling, T. A. J., et al. [27]	The equity impact of community women's groups to reduce neonatal mortality: a meta-analysis of four cluster randomized trials	2017	Community-based groups	South Asia	India	C-RCT	High						
Målqvist, M., et al. [31]	Effect of facilitation of local stakeholder groups on equity in neonatal survival; results from the NeoKIP trial in northern Vietnam	2016	Community-based groups	South East Asia	Vietnam	C-RCT	High						
<i>Mixed interventions</i>													
Huq, N. L., et al. [40]	Effect of an integrated maternal health intervention on skilled provider's care for maternal health in remote rural areas of Bangladesh: a pre and post study	2015	Mixed interventions	South Asia	Bangladesh	Pre-post	Moderate						
Sousa, A., et al. [42]	Reducing inequities in neonatal mortality through adequate supply of health workers: evidence from newborn health in Brazil	2013	Mixed interventions	Latin America	Brazil	Cross-sectional	Low						
<b>Qualitative studies</b>													
<i>Home visit interventions</i>													
Gupta, M., et al. [44]	Impact of a multi-strategy community intervention to reduce maternal and child health inequalities in India: a qualitative study in Haryana	2017	Home visits and distribution of medicines by CHWs	South Asia	India	Qualitative	Moderate						
Mumtaz, Z., et al. [45]	The role of social geography on Lady Health Workers' mobility and effectiveness in Pakistan	2013	Home visits and distribution of medicines by CHWs	South Asia	Pakistan	Mixed-methods	High						

<i>Community group interventions</i>										
Duong, D. M., et al. [30]	Exploring the influence of context in a community-based facilitation intervention focusing on neonatal health and survival in Vietnam: A qualitative study	2015	Community-based groups	South East Asia	Vietnam	Qualitative	Moderate	Light Green	Orange	
Morrison, J., et al. [29]	Understanding how women's groups improve maternal and newborn health in Makwanpur, Nepal: a qualitative study	2010	Community-based groups	South Asia	Nepal	Qualitative	Moderate	Light Green		
Rath, S., et al. [25]	Explaining the impact of a women's group led community mobilisation intervention on maternal and newborn health outcomes: the Ekjut trial process evaluation	2010	Community-based groups	South Asia	India	Mixed-methods	High	Light Green	Light Green	Dark Green
<i>Mixed interventions</i>										
Mannah, M. T., et al. [43]	Opportunities and challenges in implementing community based skilled birth attendance strategy in Kenya	2014	Mixed interventions	Africa	Kenya	Qualitative	Moderate		Red	
Mumtaz, Z., et al. [46]	Good on paper: the gap between programme theory and real-world context in Pakistan's community midwife programme	2015	Mixed interventions	South Asia	Pakistan	Qualitative	High	Red		

N.B.: Colour coding in the table shows when and how studies reported levels of equity for coverage, behaviours and mortality outcomes, as follows: (1) dark green for pro-equitable (effects for coverage or outcomes were greater for those with lower socio-economic position than for those with higher); (2) light green for equitable effects (no difference in effects for coverage or outcomes between socio-economic groups); (3) orange for a mix of inequitable and equitable or pro-equitable (effects for coverage or outcomes were greater for lower compared to higher socio-economic groups in some but not other socio-economic position dimensions or outcomes); and (4) red for inequitable effects (all effects for coverage or outcomes were greater for those with higher socio-economic position than for those with lower).