

**Table 1: Summary of the steps in the study and methods of data collection**

<b>Steps</b>	<b>Method of data collection</b>
1. Developing Initial Working Theories (IWTs) of CMO configuration	Literature review Stakeholder consultations
2. Refining IWTs and building of initial thematic programme theory for VHW motivation with empirical data	<b>FGDs (n = 32)</b> Village Health Workers (FGDs) = 8 Service users (FGDs) = 8 Family members of service users (FGDs) = 8 Ward Development Committee (FGD) = 8 <b>IDIs (n = 16)</b> Facility managers (also health workers) (IDI) = 6 Other health workers (IDIs) = 10
3. Testing of programme theories with empirical data	<b>IDIs (n = 9)</b> Village Health Workers (IDIs) = 9

**Table 2. CMO configurations of VHW motivation from realist interview findings**

<p>CMOc 1: Feelings of confidence</p>	<p>In the SURE-P programme, VHWs were trained to be more knowledgeable, equipped with necessary materials (VHW kits) to provide first aid care, and supervised by skilled health workers to ensure they adhered to guidelines (C/R). This made the VHWs feel confident in their capacity to mobilize pregnant women to utilize maternity services from PHCs (M). It also made them believe they were capable of mobilizing pregnant women if they put in good effort (M). This resulted in better and innovative demand creation activities by VHWs, and an increased demand for antenatal and delivery services from PHCs by pregnant women (O).</p>
<p>CMOc 2: Sense of identity and belonging</p>	<p>Providing VHWs with a uniform (crested T-shirts or aprons), equipping them with necessary materials (VHW kits) to provide first aid for pregnant women, and supervision by skilled health workers (C/R) gave VHWs a sense of identity and feeling of acceptance or belonging to the human resource for health (M). Their uniforms and kits earned them respect in the community. This resulted in better performance at mobilizing pregnant women for maternity services offered in PHCs (O)</p>
<p>CMOc 3: Feeling of happiness</p>	<p>VHWs received a monthly stipend/salary (C/R) which made them feel happy (M) to do their work of mobilizing pregnant women from the communities (O). VHWs transferred this happiness to their clients through some of the approaches they used to mobilize pregnant women for ANC. Their clients looked forward to visiting the PHCs and participating in the side attractions provided by VHWs (O).</p>
<p>CMOc 4: Hopefulness / expectations of valued outcomes</p>	<p>VHWs adopted some innovative approaches for mobilizing pregnant women from their communities (C) because they believed (were hopeful) that such approaches would produce more results in terms of increase in demand for maternity services (M). This increased their commitment to mobilize pregnant women (O). The performance of VHWs was monitored using logbooks in which number of pregnant women mobilized was recorded by VHWs and validated by health facility staff, and there was an increase in the number of pregnant women mobilized (O).</p>