Table S1. List of the 28 matched indicators and the corresponding questions used in the community questionnaire, in comparison with those used in the DHS and MICS

| **Indicators** | **China MNCH service validity** | **DHS (round 5 and 6)** | **MICS (round 3)** |
| --- | --- | --- | --- |
| **ANC** |   |   |   |
|  | **First ANC before 12 weeks of gestational age** | How many months pregnant were you when you first received antenatal care for this pregnancy? | How many months pregnant were you when you first received antenatal care for this pregnancy? |   |
|  | **At least 4 ANC visits** | How many times did you receive antenatal care when you were pregnant with [NAME]? | How many times did you receive antenatal care during this pregnancy? |   |
|  | **Weight measurement** | As part of your antenatal care during your pregnancy with [NAME], were any of the following done at least once:Were you weighed? | As part of your antenatal care during this pregnancy, were any of the following done at least once: Were you weighed? (only in round 5) | As part of your antenatal care during this pregnancy, were any of the following done at least once: Were you weighed? |
|  | **Height measurement** | Were you measured for height? |   |   |
|  | **Blood pressure measurement** | Was your blood pressure measured? | Was your blood pressure measured? | Was your blood pressure measured? |
|  | **Blood test** | Did you give a blood sample? | Did you give a blood sample? | Did you give a blood sample? |
|  | **Urine test** | Did you give a urine sample? | Did you give a urine sample? | Did you give a urine sample? |
|  | **Fetal heart rate monitoring** | As part of your antenatal care during your pregnancy with [NAME], were any of the following done at least once:Did the provider hear the heart of the fetus? |   |   |
|  | **Ultra-sound exam** | Did the provider use ultrasound B to examine the fetus? |   |   |
| **STD screening** |   |   |   |
|  | **HIV test** | Did you give a blood sample to test for any of the following: HIV?  | Were you offered a test for the AIDS virus as part of your antenatal care? | I don’t want to know the results, but were you tested for hiv/aids as part of your antenatal care? |
|  | **Hbsag test** | Hepatitis B? |   |   |
| **Congenital malformation screening** |   |   |   |
|  | **Down's Syndrome screening** | Did you give a blood sample to test for any of the following: Down’s syndrome of the fetus |   |   |
|  | **Neural tube defect screening** | Neural tube defect of the fetus |   |   |
|  | **Thalassemia screening** | Thalassemia of the fetus? |   |   |
| **Delivery care** |   |   |   |
|  | **Caesarean section** | Was [NAME] delivered by caesarean section? | Was [NAME] delivered by caesarean section? (round 5)Was (NAME) delivered by caesarean, that is did they cut your belly open to take the baby out? (round 6) |   |
| **Postnatal care** |   |   |   |
|  | **1+ postnatal visit** | Within 42 days after [NAME] was born, did you seek postnatal care for yourself? | After you were discharged, did any health care provider or traditional birth attendant check on your health? (round 5)Did anyone check on your healthafter you left the facility? (round 6) |   |
|  | **Blood pressure** | Did the provider exam any of the following for you: Blood pressure? |   |   |
|  | **Temperature**  | Temperature? |   |   |
|  | **Breast exam** | Breasts? |   |   |
|  | **Uterus exam** | Uterus? |   |   |
|  | **Lochia exam** | Vaginal discharge? |   |   |
|  | **Perineum exam** | Perineum? |   |   |
|  | **Family planning** | Did any health provider discuss contraceptive method and contraceptive use with you? |   |   |
| **Child immunization** |   |   |   |
|  | **BCG vaccine** | Please tell me if [NAME] had any of the following vaccinations:A BCG vaccine injection against tuberculosis?  | Please tell me if [NAME] had any of the following vaccinations:A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | Has [NAME] ever been given a bcg vaccination against tuberculosis – that is, an injection in the arm or shoulder that caused a scar? |
|  | **Polio vaccine** | Polio vaccine, that is, a candy ball formed vaccine for the child to eat? | Polio vaccine, that is, drops in the mouth? | Has [NAME] ever been given any “vaccination drops in the mouth” to protect him/her from getting diseases – that is, polio? |
|  | **HBV vaccine** | A Hepatitis B vaccine injection? |   |   |
|  | **DPT vaccine** | A DPT vaccine injection? | A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops? | Has [NAME] ever been given “dpt vaccination injections” – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria? (sometimes given at the same time as polio) |
|  | **Measles vaccine** | A measles vaccine injection? | A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles? | Has [NAME] ever been given “measles vaccination injections” or MMR – that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles? |