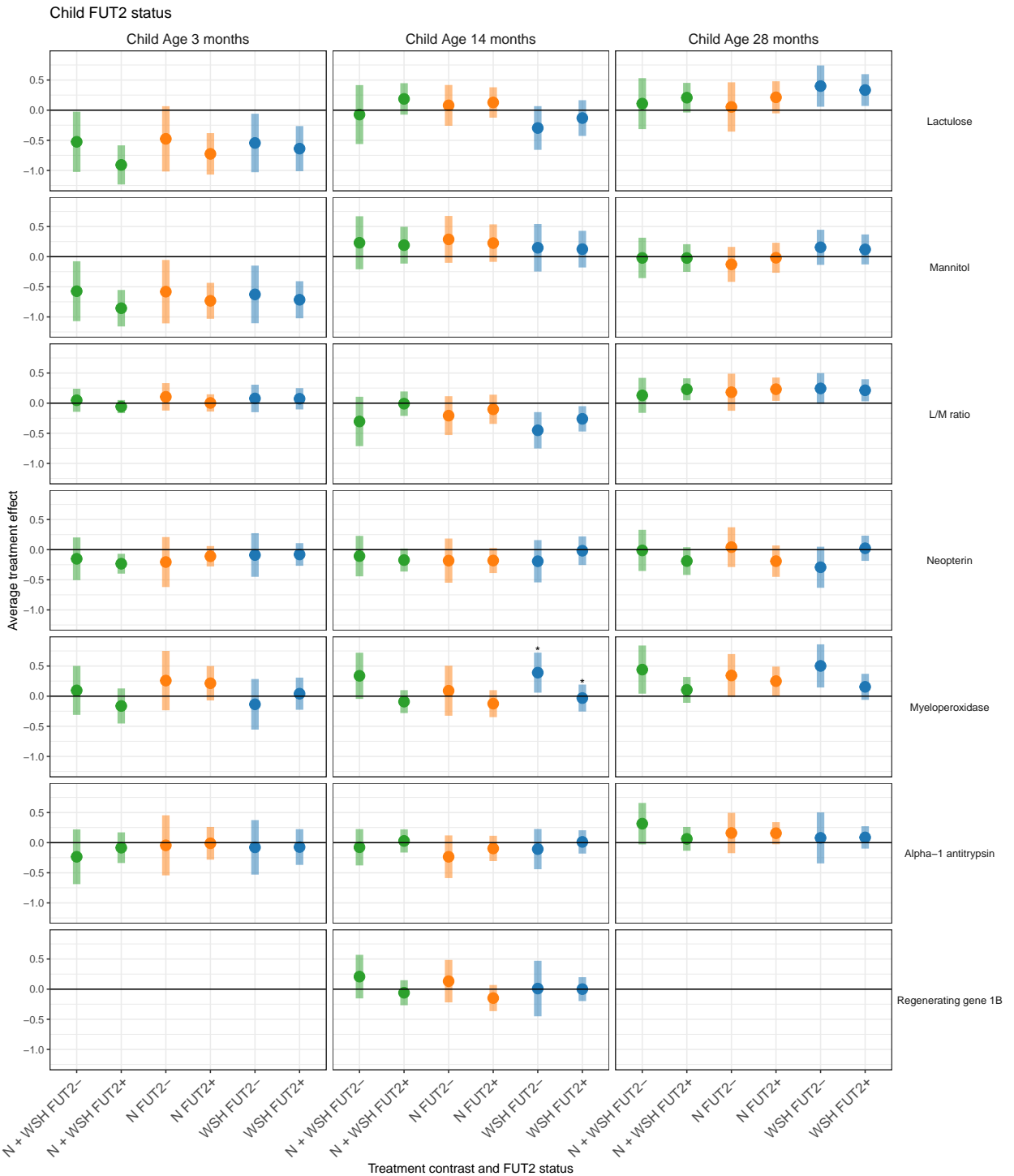


# **Supplementary Figure 2: WASH Benefits intervention effects, stratified by child FUT2 status (FUT2 as an effect modifier)**

Note: stars above the plotted points indicate that the P-value of the interaction term between treatment and FUT2 status is < 0.05.

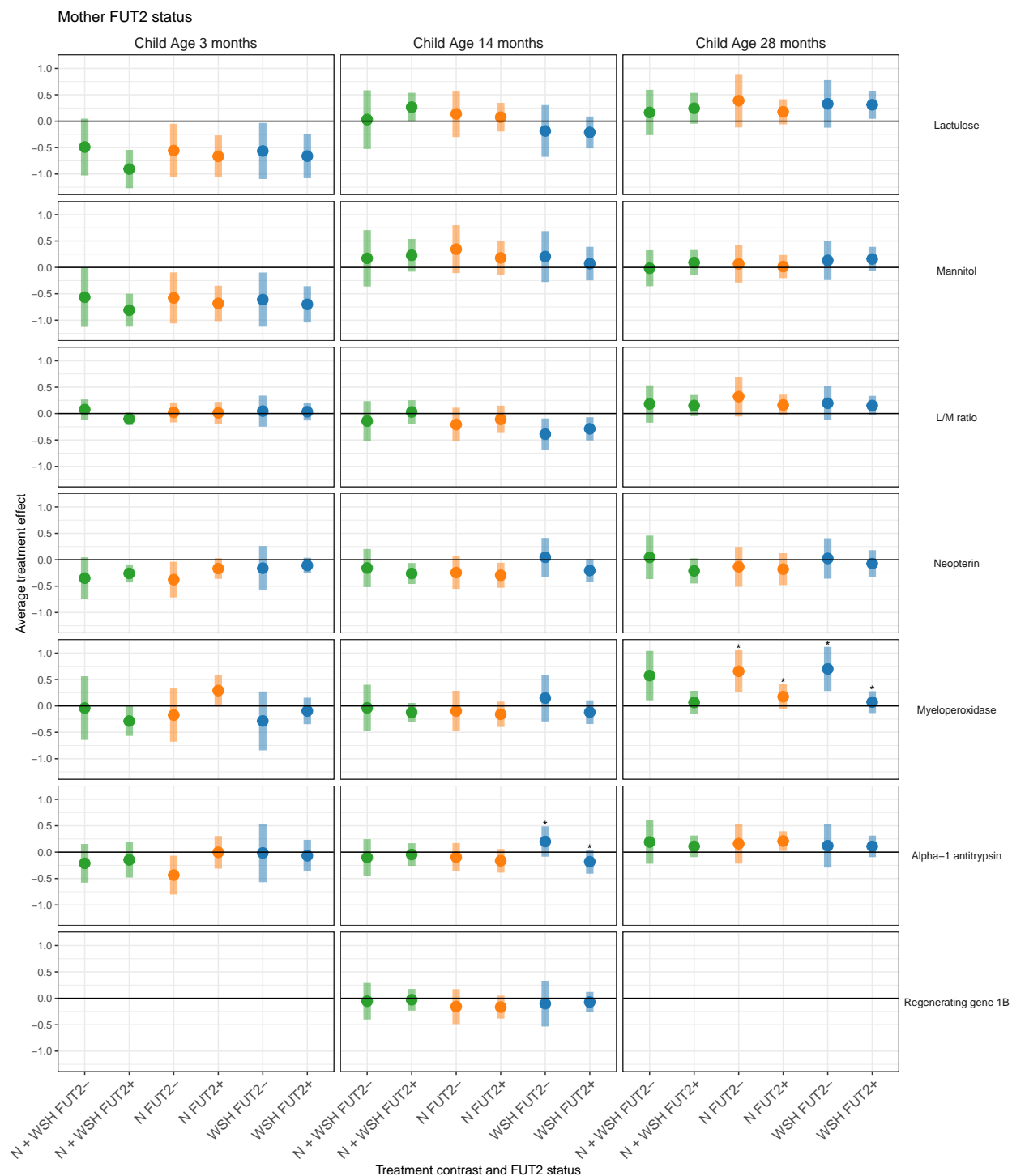
Columns are sampling round, and rows are EED outcomes.



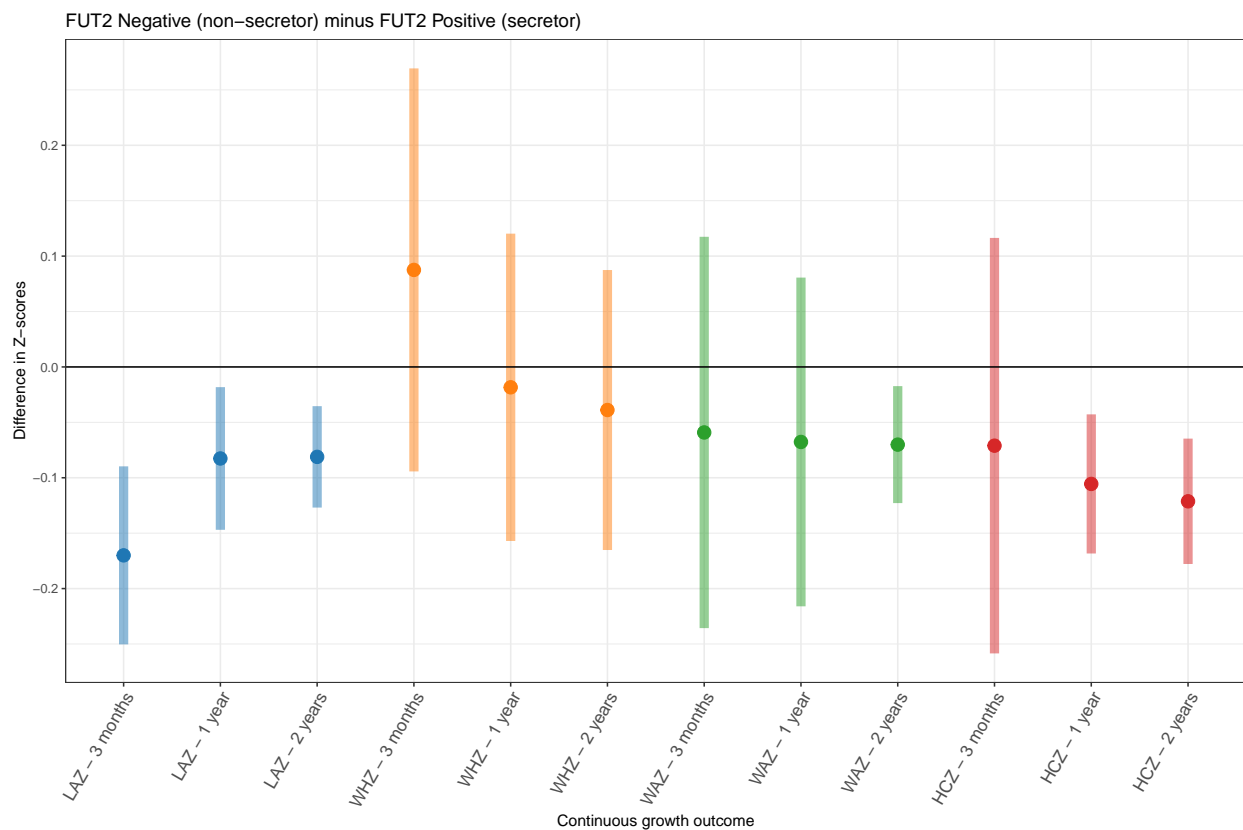
### Supplementary Figure 3: WASH Benefits intervention effects, stratified by maternal FUT2 status (FUT2 as an effect modifier)

Note: stars above the plotted points indicate that the P-value of the interaction term between treatment and FUT2 status is  $< 0.05$ .

Columns are sampling round, and rows are EED outcomes.

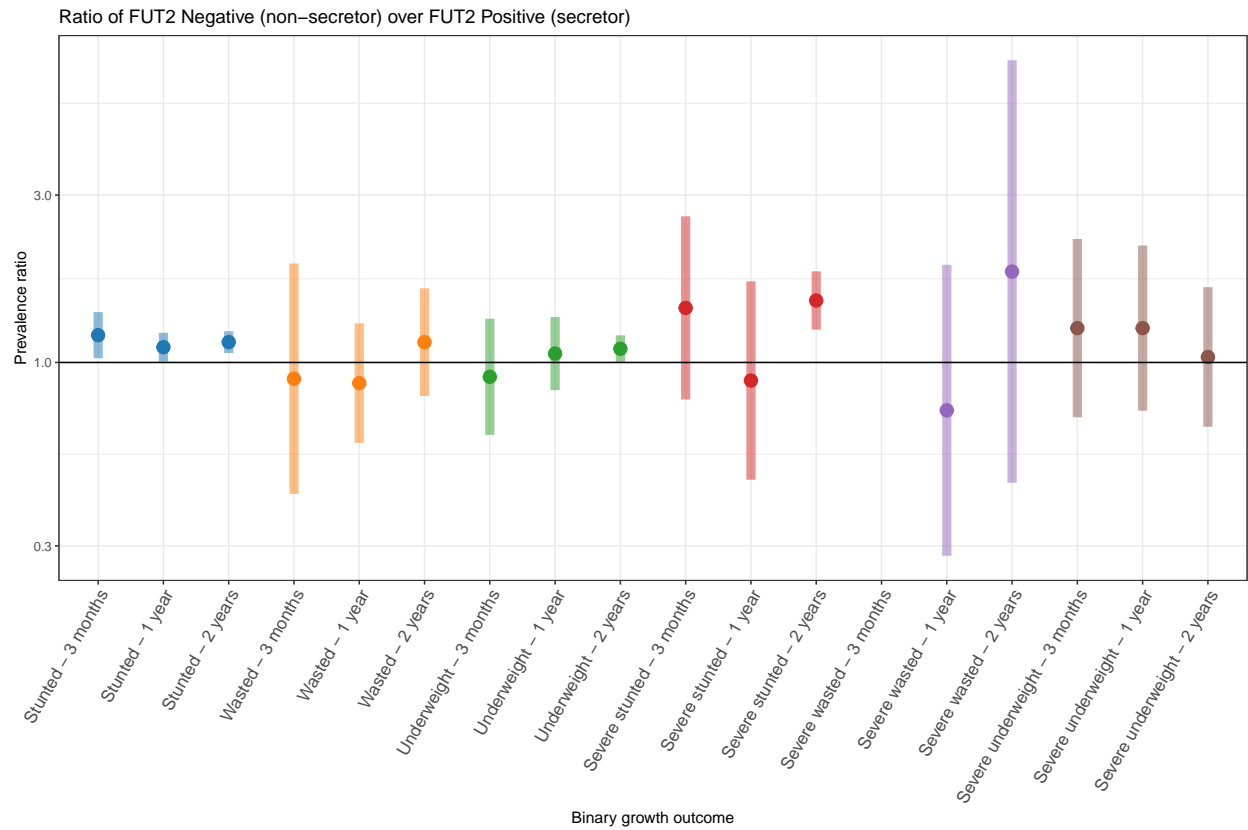


**Supplementary Figure 4: Child FUT2 status effect on continuous growth outcomes, stratified by measurement round**

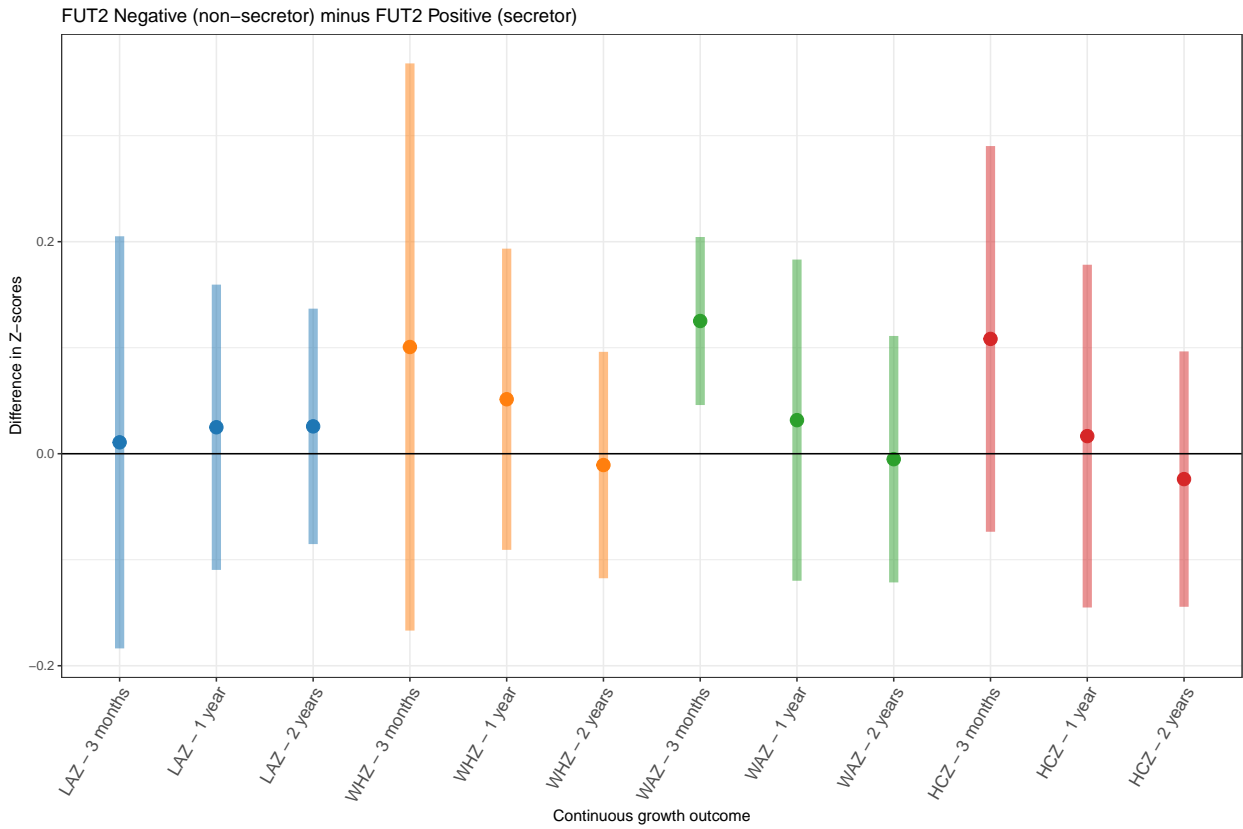


**Supplementary Figure 5: Child FUT2 status effect on binary growth outcomes, stratified by measurement round**

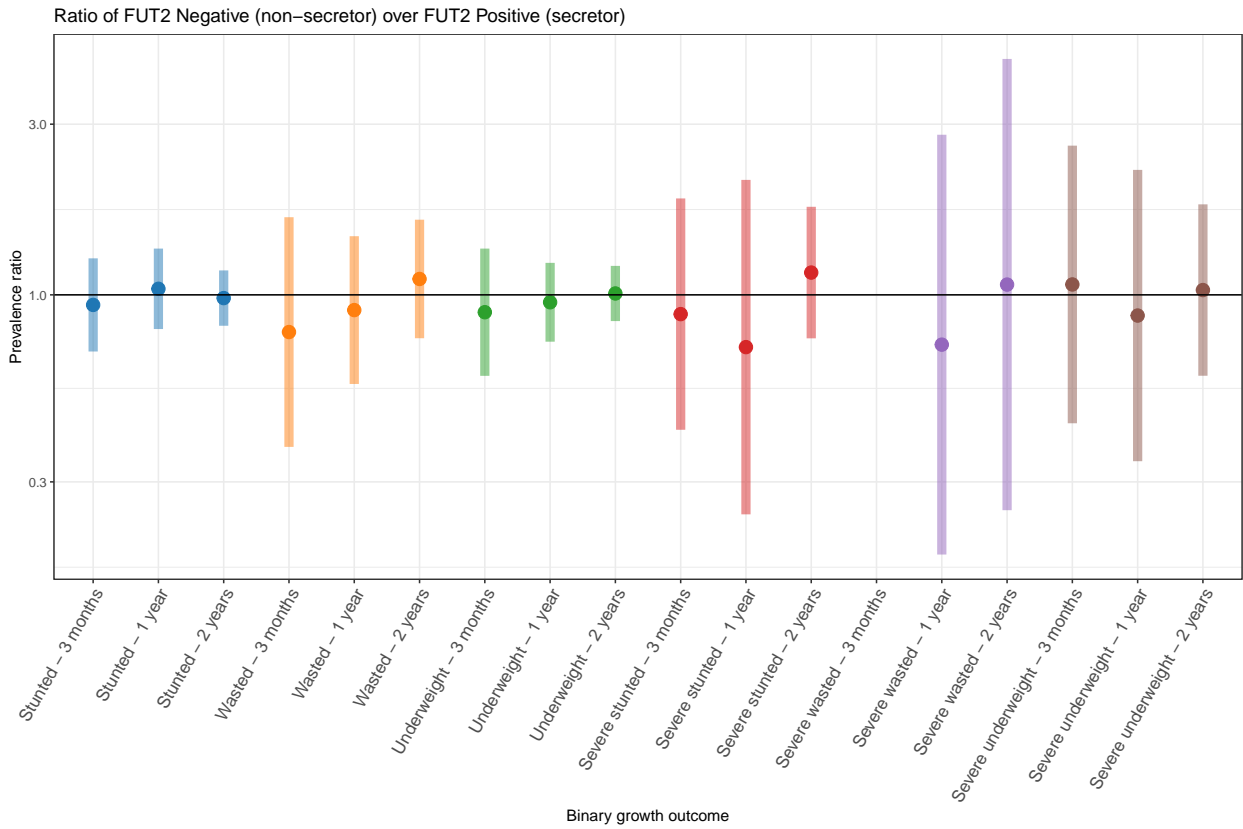
Note that severe wasting is very rare, with only 16 cases at time one and three, and 19 at time two. There are 0 cases of severe wasting among non-secretor at time 1, leading to an unstable, very small prevalence ratio estimate ( $2.32 \times 10^{-08}$ ). This estimate has been excluded from the below figure.



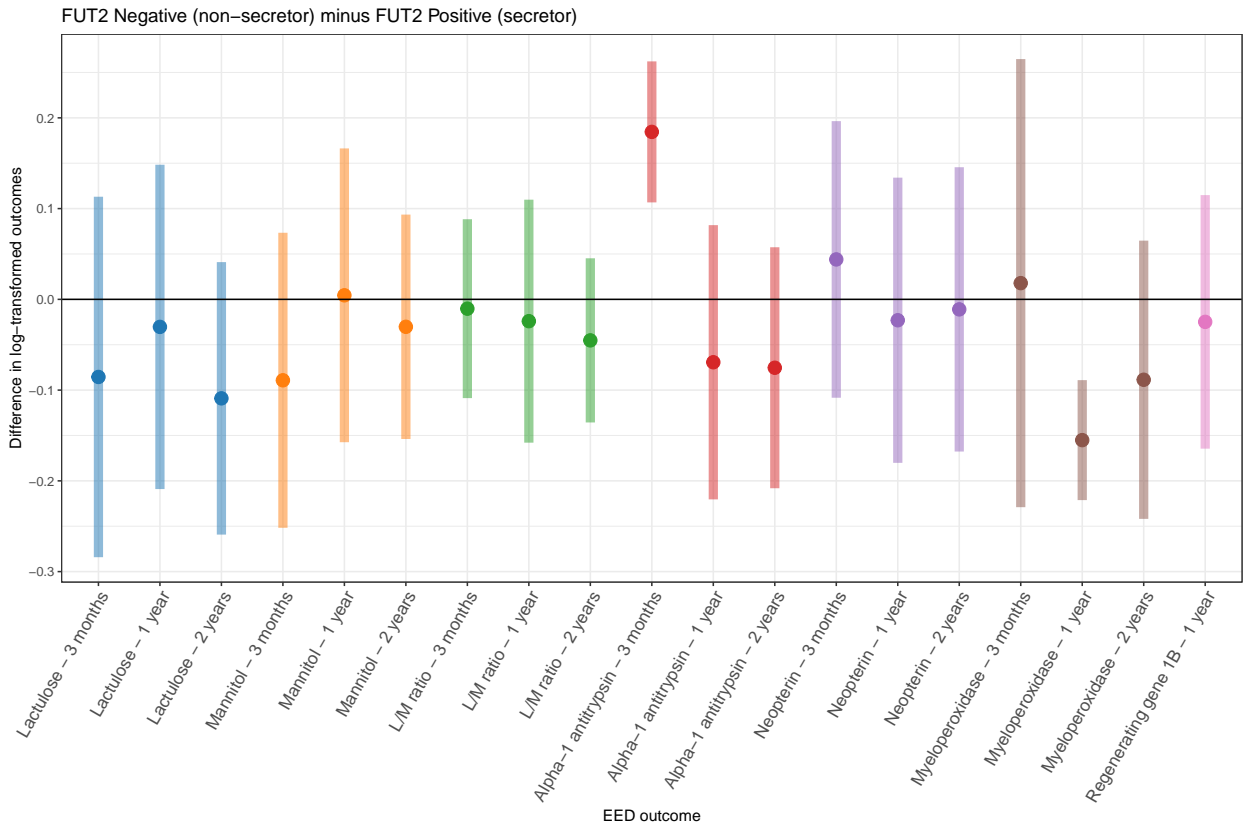
Supplementary Figure 6: Maternal FUT2 status effect on continuous growth outcomes, stratified by measurement round



Supplementary Figure 7: Maternal FUT2 status effect on binary growth outcomes, stratified by measurement round



Supplementary Figure 8: Child FUT2 status effect on EED outcomes, stratified by measurement round



Supplementary Figure 9: Maternal FUT2 status effect on EED outcomes, stratified by measurement round

