

Appendix 4: General analysis principles

1 Participant population

All main analyses will be conducted on individual-level data based on level-1 (HDSS) or level-2 (reinforced-CHW) data collection. Children will be included in the analyses, only if they were registered prior to delivery, born in Oio, Farim or Biombo, did not die or migrate within the first day of life, and (in level-2 clusters) if their mother either gave birth in the village or was discharged directly to the village after giving birth at a health facility. The primary analysis and hence the main conclusion of the trial will be based on this population. The primary analysis will be assessed in an intention-to-treat (ITT) analysis.

Since the cluster-size varies, data will be analysed on individual level. All statistical tests will be 2-tailed and $p \leq 0.05$ considered statistically significant for analyses involving the primary outcome.

2 Multiple testing

P-values will not be corrected for multiple testing. Secondary outcomes are tested to observe if the pattern is similar across other health outcomes. Rather than formal testing and assessing statistical significance for the secondary outcomes, we will examine the robustness of the conclusions across different definitions of outcomes and co-variables. Consequently, $p \leq 0.05$ will not be employed as a threshold for testing statistical significance for the secondary outcomes.

3 Missing data

All analyses will be complete-case analyses.