

## Appendix 1 - Author Reflexivity Statement

### 1. How does this study address local research and policy priorities?

This article addresses the need for documenting the development and implementation process of the MCH Handbook program in a scientific manner. Although there are several recommendations or guides for home-based records, details were seldom documented in scientific journals. Detailed experience of Angola in introducing the MCH Handbook program would address the process of developing and implementing other programs in Angola. Furthermore, it would contribute to other countries in similar settings to develop and implement new programs.

### 2. How were local researchers involved in study design?

The project was originally the idea of the Ministry of Health in Angola where KRF and HRF are based. In their capacities, both researchers are well connected and capable of conducting, leading, and organising local and international research collaborations. There was also a researcher who is currently a migrant in high-income country, but with experience of working as a local researcher within international research collaborations involving high-income country researcher (OOB in Nigeria). In addition, there were high-income country researchers with extensive experience of conducting, leading, or organising international research collaborations involving low- and middle-income countries (MK, KM, TS, SF, MS and KT). Even though many of the authors have diverse cultural heritages originating from low- and middle-income countries, high-income country researchers are over-represented on the list of authors of this article. However, the authors based in high-income countries continued to communicate with researchers from Angola and provided support in writing scientific reports.

### 3. How has funding been used to support the local research team?

There was no funding for writing this manuscript. However, the funding for the projects were mainly used to conduct the MCH Handbook program (i.e., conducting workshops, training, M&S, community awareness raising activities and printing the MCH Handbook and related materials).

### 4. How are research staff who conducted data collection acknowledged?

This study does not include data collection; however, the projects' semi-annual progress reports and final reports were compiled with the decision makers of the MCH Handbook program (i.e., project manager and the project director from the National Directorate of Public Health, Ministry of Health, Angola). They were included as authors as a form of acknowledgement.

### 5. Do all members of the research partnership have access to study data?

All members of the partnership have access to data. Data in this study includes semi-annual progress reports and final reports of the two cooperating projects, training program (Appendix 1), the contents of the MCH Handbook programs etc.

### 6. How was data used to develop analytical skills within the partnership?

KRF and HRF were the implementers and decision makers of the MCH Handbook program in Angola. Several meetings were held between KRF, HRF and MK, KM, TS, SF, MS to interpret findings in context of local settings. The exchange during these meetings provided opportunities to develop analytical skills.

### 7. How have research partners collaborated in interpreting study data?

KRF on Angola side and MK, KM, TS, SF and MS on Japan side had regularly communicated to review the development and implementation process of the MCH Handbook program. Recommendations were extracted

through regular communications and occasional larger meetings included HRF. MK, KM, OOB and KT had four meetings to design the manuscript. Final reviews were done online.

**8. How were research partners supported to develop writing skills?**

The research team on the current manuscript include early, mid and senior level researchers. The early career researchers (MK, SF, and MS) on the authorship team were supported by senior researchers to develop and refine their writing skills. Guidance and support entailed writing style, discussion techniques, language editing and formatting of the manuscript.

**9. How will research products be shared to address local needs?**

The article will be published as open access. Additionally, lessons learned and recommendations were shared with the Angola Ministry of Health, provincial and municipal health officers and local stakeholders involved in the MCH Handbook program.

**10. How is the leadership, contribution and ownership of this work by LMIC researchers recognised within the authorship?**

Authors KRF and HRF contributed as part of the authorship team in developing this manuscript and has been recognised as joint author. We acknowledge, however, that the authorship team is predominantly based in a high-income country.

**11. How have early career researchers across the partnership been included within the authorship team?**

We have included early career researchers (MK, SF and MS) within the authorship team. They contributed to implement the project, write reports with close observation on the field and provided information and insights necessary for the manuscript. MK took an initiative to draft the manuscript with support from mid and senior level authors.

**12. How has gender balance been addressed within the authorship?**

Five authors are female (MK, SF, MS, HRF, and OOB) and four authors male (KM, TS, KRF and KT).

**13. How has the project contributed to training of LMIC researchers?**

Authors from Angola (KRF and HRF) are middle to senior researchers.

**14. How has the project contributed to improvements in local infrastructure?**

This project has not directly contributed to improvements in local infrastructure.

**15. What safeguarding procedures were used to protect local study participants and researchers?**

There was no primary data collection as part of this study, therefore this question is not directly applicable.