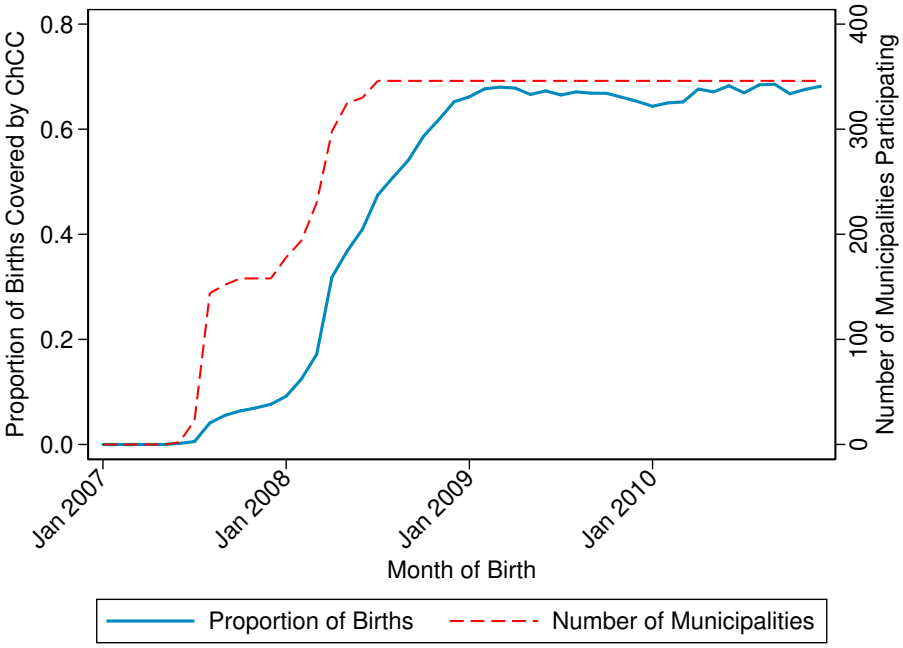
Figure 1: Usage of Gestational Component of ChCC by Month



Notes to Figure 1: Program usage by month and municipality, and proportion of all births covered nation-wide is calculated from administrative data provided by the Ministry of Social Development. This captures the proportion of all mothers giving birth each month who participated in the pre-natal components of ChCC prior to giving birth. The program did not exist prior to 2007. Additional details can be found in section **??** of this paper. Geographic distribution of municipal roll-out is provided in Appendix Figure A1.

Table 1: Rollout of Chile Crece Contigo and Municipal Characteristics

	Early Adopter		Adoption Period	
	(1)	(2)	(3)	(4)
Residents with Treated Tap Water	-0.004**	0.000	-0.026*	-0.001
	[0.002]	[0.002]	[0.014]	[0.014]
Residents Using Public Health Service	-0.114	0.015	-0.869	0.284
	[0.080]	[0.080]	[0.687]	[0.703]
Population Receiving Vulnerability Score	-0.446	-0.968*	-3.983	-8.860*
	[0.545]	[0.537]	[4.422]	[4.582]
Residents Living in Poverty	-0.008**	0.001	-0.049	0.026
	[0.004]	[0.004]	[0.031]	[0.033]
Transfers for Education	-0.001	-0.001	-0.007	0.004
	[0.002]	[0.002]	[0.015]	[0.016]
Births to Teen Mothers	1.269**	0.315	7.191**	0.589
	[0.502]	[0.313]	[3.200]	[2.407]
Vote Share Obtained by Mayor	-0.058	-0.121	-1.241	-1.588
	[0.239]	[0.213]	[1.970]	[1.812]
Mayor Belongs to a Left-Wing Party	0.028	0.007	0.302	0.247
	[0.078]	[0.068]	[0.636]	[0.579]
Mayor Belongs to a Right-Wing Party	0.095	0.080	0.578	0.592
	[0.064]	[0.063]	[0.542]	[0.533]
Mothers with Primary Education	-2.747**	-0.261	-11.220	2.913
	[1.304]	[1.578]	[11.312]	[12.931]
Mothers with Secondary Education	-1.665	-0.601	-3.444	3.656
	[1.116]	[1.251]	[9.587]	[10.211]
Mothers with Tertiary Education	-2.614**	-1.111	-12.246	-4.096
	[1.194]	[1.362]	[10.538]	[11.257]
Constant	2.825***	1.335	17.253*	9.296
	[1.060]	[1.271]	[9.186]	[10.257]
Mean of Dependent Variable	0.408	0.408	6.730	6.730
Observations	341	341	341	341
R-Squared	0.102	0.304	0.073	0.276

Notes to Table 1: Columns 1 and 2 regress each municipality's early enrollment status (binary) on observable municipal characteristics at baseline (2006) using a linear probability model. Columns 3 and 4 regress the amount of months each municipality was enrolled in the program by the time all municipalities had enrolled. Each independent variable is measured as the proportion of respondents in the municipality meeting the indicated condition, a binary variable for the mayor's party, or millions of Chilean pesos when referring to transfers of educational resources from the central government. Columns 2 and 4 additionally control for region fixed effects (for the 15 regions in the country) capturing general geographic dispersion. Municipal-level characteristics are drawn from electoral records, the National Service of Municipal Information (SINIM) and birth records from 2006. Heteroscedasticity-robust standard errors are displayed in parentheses. * $p<0.10$; ** $p<0.05$; *** $p<0.01$.

Table 2: Summary Statistics: Birth and Chile Crece Contigo Data

	N	Mean	Std. Dev.	Min	Max
Proportion Enrolled in ChCC	31842	0.24	0.36	0.00	1.00
Birth Weight (grams)	31805	3346.28	174.44	686.00	4868.00
Low Birth Weight < 2500 grams	31805	0.05	0.07	0.00	1.00
Gestation (weeks)	31806	38.66	0.60	24.00	42.00
Premature < 37 weeks	31806	0.06	0.08	0.00	1.00
Length (cm)	31806	49.47	0.88	30.00	56.00
Number of Births	31842	60.21	93.69	1.00	787.00
Rate of Fetal Deaths/1000 Births	31842	9.56	38.45	0.00	2000.00
Year of Birth	31859	2006.51	2.29	2003.00	2010.00
Mother's Education	31808	10.74	1.50	0.00	19.00
Mother's Age	31833	26.68	2.35	14.00	45.00
Proportion Teen Births	31833	0.18	0.13	0.00	1.00
Number of Children	31842	2.02	0.41	0.67	9.00

Notes to Table 2: Summary Statistics are displayed for municipality by month averages for each month from January 2003 to December 2010. Averages are displayed for each municipality in which there is at least one birth in the given month. The average number of births by municipality and month is displayed above. There are 346 municipalities in Chile, and hence a maximum number of observations of 346 municipalities $\times$ 8 years $\times$ 12 months, or 33,216 municipality $\times$ month observations. The difference between this maximum and the observed number of observations are cases where no births occurred. Uncollapsed micro-data on births consists of 1,917,085 observations between 2003 and 2010. Additional details on this birth data is provided in Appendix **??**. Proportion enrolled in ChCC refers to the average proportion of births in each municipality which were covered by ChCC *in utero* during the entire period of 2003-2010, and so is always zero prior to the implementation of ChCC in 2007/2008.

Table 3: Difference-in-Difference Estimates using Municipal Variation in Coverage

	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature	(6) Fetal Death
Proportion of ChCC coverage	10.092**	-0.002	0.004	0.024	-0.002	-1.530**
	[4.404]	[0.001]	[0.028]	[0.015]	[0.002]	[0.766]
Constant	3351.522***	0.054***	49.479***	38.705***	0.065***	4.892***
	[4.082]	[0.002]	[0.026]	[0.016]	[0.002]	[0.517]
Mean of Dependent Variable	3346.281	0.054	49.475	38.659	0.064	9.563
Observations	31805	31805	31806	31806	31806	31842
R-Squared	0.261	0.051	0.451	0.278	0.095	0.056

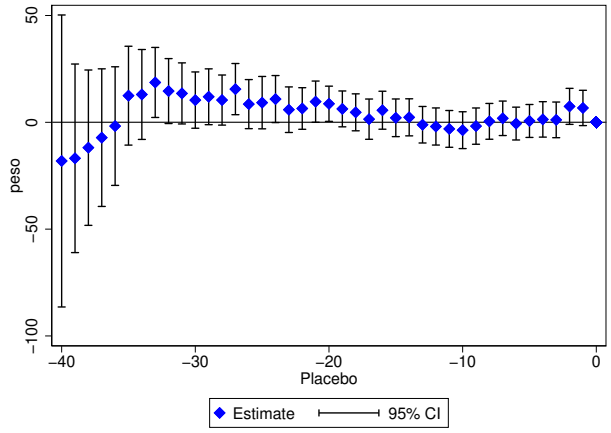
Notes to Table 3: Estimation sample consists of all municipal-level averages for each month between 2003 and 2010 for all women Low birth weight refers to the proportion of births under 2,500 grams, and premature refers to the proportion of births occurring before 37 weeks of gestation. Birth weight is measured in grams, Size is measured in centimetres, and Gestation is measured in weeks. Fetal deaths are measured as the number of fetal deaths per 1,000 live births. Each cell is weighted using the number of births in the municipality and month, and all specifications include municipality and time (Year $\times$ Month) fixed effects. * $p<0.10$; ** $p<0.05$; *** $p<0.01$.

Table 4: Alternative Specifications: Diff-in-diff Estimates of Program Impacts

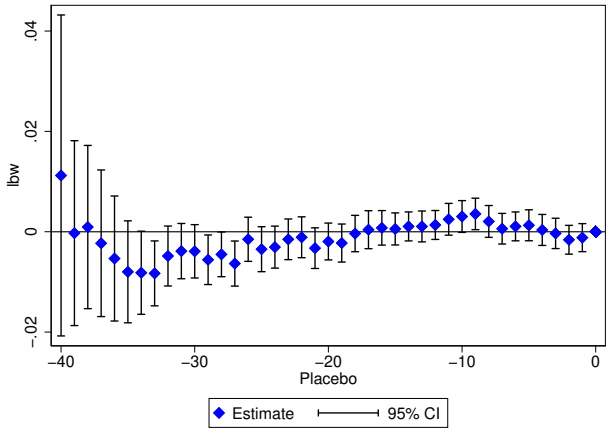
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Panel A: Birth Weight									
[1em] Proportion of ChCC coverage	10.092**	9.354**	9.204**	8.712**	8.088*	7.210	11.817*	9.613*	10.024**
	[4.404]	[4.550]	[4.394]	[4.204]	[4.321]	[5.382]	[6.021]	[5.289]	[4.402]
Panel B: LBW									
[1em] Proportion of ChCC coverage	-0.002	-0.002	-0.002	-0.003*	-0.003*	-0.001	-0.003*	-0.003	-0.002
	[0.001]	[0.002]	[0.002]	[0.002]	[0.002]	[0.002]	[0.002]	[0.002]	[0.001]
Panel C: Size									
[1em] Proportion of ChCC coverage	0.004	0.011	0.014	0.030	0.033	0.022	0.051**	0.048**	0.004
	[0.028]	[0.028]	[0.026]	[0.026]	[0.026]	[0.025]	[0.023]	[0.024]	[0.028]
Panel D: Gestation									
[1em] Proportion of ChCC coverage	0.024	0.026*	0.008	0.018	0.020	0.003	0.017	0.024	0.024
	[0.015]	[0.015]	[0.015]	[0.015]	[0.015]	[0.015]	[0.016]	[0.017]	[0.015]
Panel E: Premature									
[1em] Proportion of ChCC coverage	-0.002	-0.002	-0.000	-0.001	-0.001	0.001	-0.000	-0.000	-0.002
	[0.002]	[0.002]	[0.002]	[0.002]	[0.002]	[0.002]	[0.002]	[0.002]	[0.002]
Panel F: Infant Mortality									
[1em] Proportion of ChCC coverage	-1.530**	-1.593**	-1.203	-0.607	-0.677	-1.943**	-1.109	-0.202	-1.834**
	[0.766]	[0.783]	[0.787]	[0.812]	[0.824]	[0.943]	[0.933]	[0.938]	[0.813]
Municipal and Time FEs	Y	Y	Y	Y	Y	Y	Y	Y	Y
Time-Varying Controls		Y			Y				
Region Time Trends			Y						
Region × Year FEs				Y	Y				
Municipal Linear Trends						Y			
Municipal Quadratic Trends							Y		
Municipal × Year FEs								Y	
Weighting by Pregnancies									Y

Notes to Table 4: Each specification is estimated by DD using municipal-level averages by month, and weights for the number of observations in each cell. Column 1 replicates results from Table 3, and then columns 2-8 include additional controls, time trends, or fixed effects. Column 9 weights by the number of pregnancies, rather than births. Regions in Chile are the second-level administrative district, of which there are 15. Municipalities are within districts (analogous to states and counties in other countries), and there are 346 municipalities in Chile. In each case where time trends are included, these are split for pre- and post-reform periods. The most demanding specification allows for a separate fixed effect for each municipality in each year under study, given that there are twelve observations for each municipality in each year. Time-varying controls are collected from the Government of Chile's National System for Municipal Information, and are available for each municipality in each year. These controls consist of total transfers for education and health, the proportion of each municipality enrolled in the public health system (FONASA), the proportion enrolled in school, a pre-determined poverty index calculated by the government, and the coverage of drinking water. Standard errors are clustered by Municipality. Refer to Table 3 for additional notes.

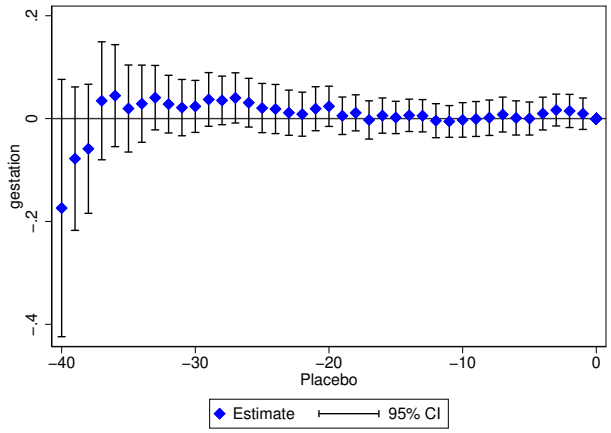
Figure 2: Placebo Tests



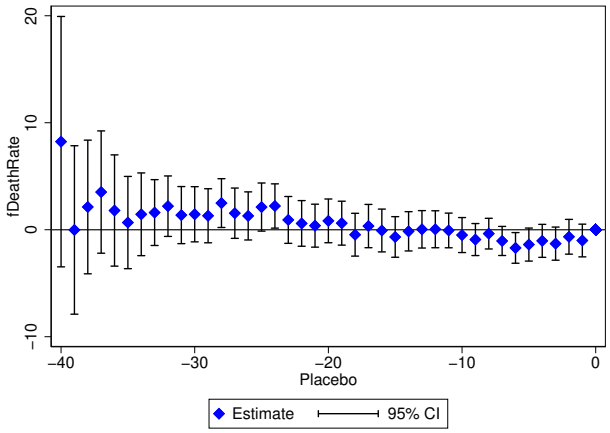
(a) Birth Weight



(b) LBW



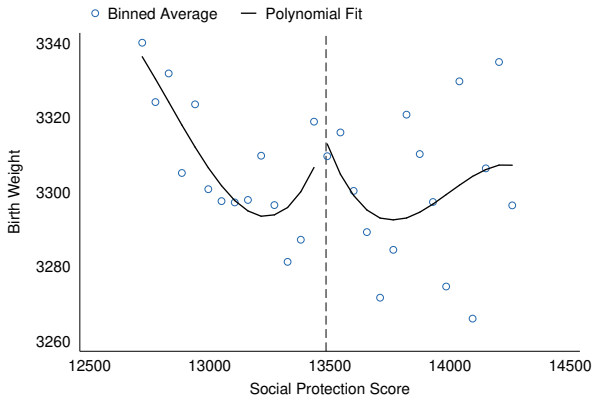
(c) Gestation



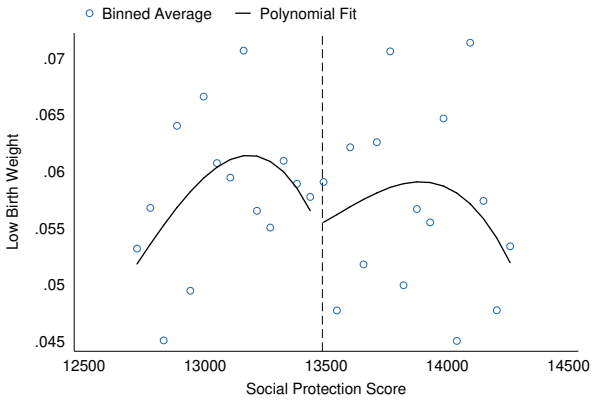
(d) Fetal Deaths

Notes to Figure 2: Each point estimate and resulting confidence interval display the impact of a placebo test where the share of Chile Crece Contigo enrollees is lagged $j \in \{1, \ldots, 40\}$ months, where j is displayed on the horizontal axis. Each placebo test is estimated following the principal specification displayed in Table 3. Additional notes relating to each model can be found in Table 3.

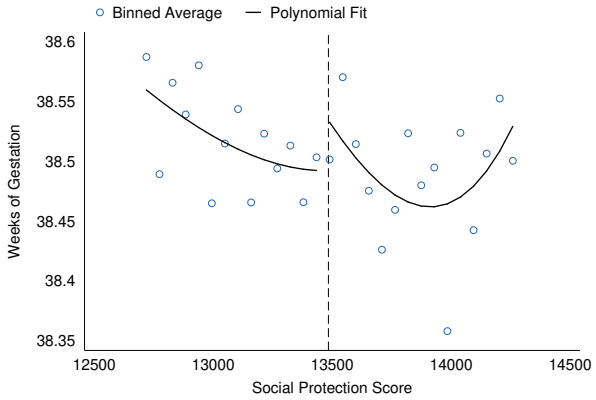
Figure 3: Regression Discontinuity Plots at Vulnerability Score Cut-off



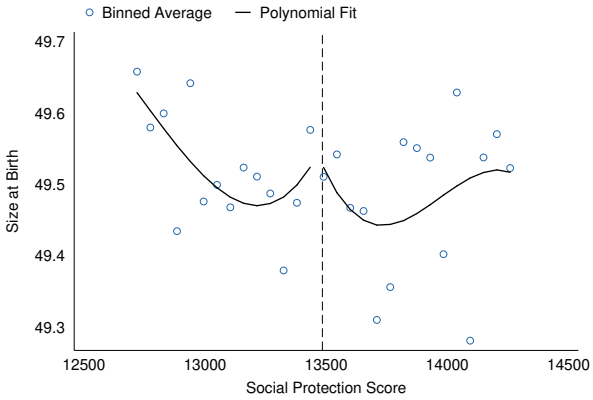
(a) Birth Weight



(b) LBW



(c) Gestation



(d) Size

Notes to Figure 3: Plots documented average health at birth based on the binned Social Protection Score of mothers. The vertical dashed line is drawn at 13,484 points, the cut-off for Chile Crece Contigo preferential services. Circles represent raw averages in bins (bins of 55 points are used), and solid lines represent a polynomial fit of these binned points. Formal tests of regression discontinuity 6 models are provided in Table 6.

Table 5: Impacts by Vulnerability Quintile

	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature
Panel A: Quintile 1 (20% Most Vulnerable)					
Proportion ChCC coverage	16.779*	-0.003	0.033	0.031	-0.004
	[9.125]	[0.002]	[0.048]	[0.029]	[0.003]
Mean of Dependent Variable	3358.668	0.052	49.526	38.719	0.064
Observations	31166	31166	31166	31166	31166
R-Squared	0.251	0.069	0.496	0.284	0.142
Panel B: Quintiles 1-2 (40% Most Vulnerable)					
Proportion ChCC coverage	11.514	-0.000	-0.003	0.006	-0.000
	[8.282]	[0.003]	[0.054]	[0.029]	[0.003]
Mean of Dependent Variable	3354.823	0.053	49.512	38.706	0.063
Observations	31469	31469	31469	31469	31469
R-Squared	0.294	0.075	0.542	0.326	0.157
Panel C: Quintiles 1-3 (60% Most Vulnerable)					
Proportion ChCC coverage	11.282	-0.000	-0.001	0.002	-0.000
	[7.966]	[0.002]	[0.053]	[0.029]	[0.003]
Mean of Dependent Variable	3352.508	0.053	49.504	38.698	0.064
Observations	31558	31558	31558	31558	31558
R-Squared	0.321	0.080	0.568	0.349	0.165
Panel D: Quintile 4+ (Non-targeted)					
Proportion ChCC coverage	-0.723	0.000	-0.113**	-0.019	-0.002
	[8.491]	[0.003]	[0.054]	[0.031]	[0.004]
Mean of Dependent Variable	3323.043	0.056	49.395	38.532	0.066
Observations	27578	27578	27580	27581	27581
R-Squared	0.305	0.074	0.480	0.271	0.096

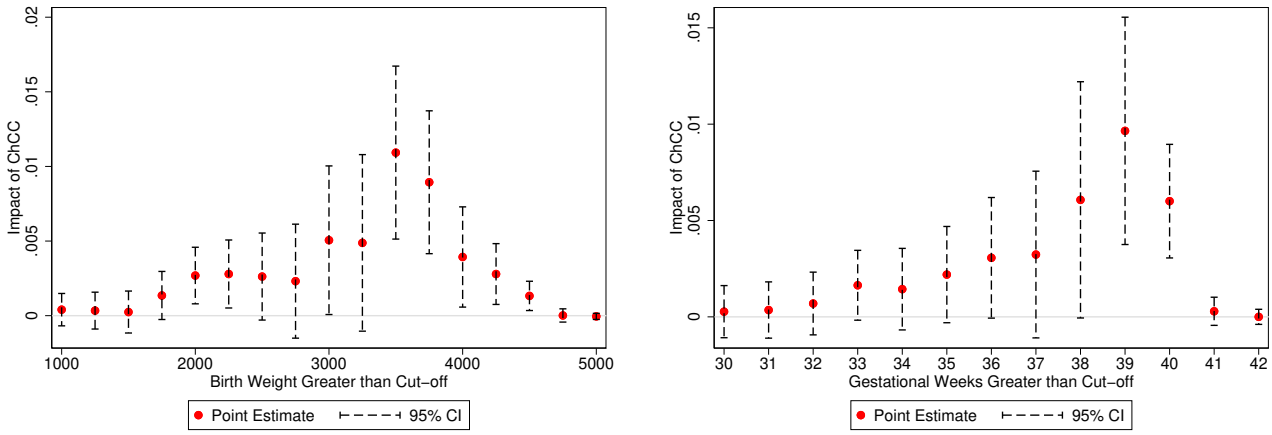
Notes to Table 5: Identical specifications are estimated as in Table 3, however now each model is estimated using *only* observations which meet the criteria defined in panel headings. Classification of the 20%, 40%, and 60% most vulnerable is based on the Government of Chile's official scoring based on the *Ficha de Protección Social* (FPS, or Social Protection Score in English), which is used to classify the degree of benefits received by families in ChCC. The official cut-off for the 20% most vulnerable is a score of 8,500 points or lower on the social protection score, and for the 40% and 60% most vulnerable is a score of 11,734 or 13,484 points or lower (respectively). Any mother with a score above 13,484 (or who has not applied for a score) is not in the targeted group. Additional discussion of the FPS is available in **?**.

Table 6: Regression Discontinuity Estimates of Preferential ChCC Cut-off

	Weight (1)	LBW (2)	Size (3)	Gestation (4)	Prematurity (5)
Panel A: Quadratic Polynomial in Running Variable					
Discontinuity Estimate	-2.751	0.004	0.045	-0.019	0.006
	[9.268]	[0.004]	[0.040]	[0.030]	[0.004]
Mean of Dependent Variable	3337.265	0.056	49.613	38.610	0.069
Observations	592,287	592,287	592,065	591,611	591,611
Panel B: Local Linear with CCT Optimal Bandwidth					
Discontinuity Estimate	-2.237	0.004	0.017	-0.024	0.007
	[10.187]	[0.004]	[0.047]	[0.034]	[0.005]
Mean of Dependent Variable	3302.352	0.058	49.492	38.501	0.067
Observations	38,888	40,457	37,105	36,646	41,264
CCT Bandwidth	773.000	811.685	729.482	718.865	832.108

Notes: Panel A displays regression discontinuity estimates based on intensive margin program participation using a global polynomial estimate with a quadratic fit on either side of cut-off to capture evolution of the running-variable (quadratic is allowed to vary on either side). Panel B displays local linear estimates based on **?**. The optimal bandwidth is displayed at the foot of panel B, along with the number of observations located within this bandwidth of the cut-off. All estimates are based on the Social Protection Score cut-off point of 11,384 points.

Figure 4: Policy Impact Across the Health Distribution



(a) Birth Weight

(b) Gestation

Notes to Figure 4: Point estimates and 95% confidence intervals are presented of the impact of Chile Crece Contigo on birth weight and gestational length at different points of the distribution. Each specification follows equation **??**, however instead of using mean birth weight or gestational length in each municipality, uses the proportion of births exceeding determined cut-points of the distribution (displayed on the horizontal axis) as the dependent variable of interest. Panel 4a displays the estimates when considering birth weight, while panel 4b presents estimate for gestational length. For additional details, refer to notes to Table 3.

Table 7: Scarring versus Selection: Simulating Unselected Birth Outcomes

	5% (1)	10% (2)	25% (3)	50% (4)	60% (5)	70% (6)	80% (7)	90% (8)	100% (9)
Panel A: Low Birth Weight									
[1em] Proportion of ChCC coverage	-0.216	-0.219	-0.227	-0.240	-0.245*	-0.250*	-0.256*	-0.261*	-0.266*
	[0.147]	[0.147]	[0.147]	[0.148]	[0.148]	[0.148]	[0.148]	[0.148]	[0.148]
Mean of Dependent Variable	5.305	5.303	5.295	5.282	5.277	5.271	5.266	5.261	5.255
Observations	31805	31805	31805	31805	31805	31805	31805	31805	31805
R-Squared	0.051	0.051	0.051	0.051	0.051	0.051	0.050	0.050	0.050
Panel B: Prematurity									
[1em] Proportion of ChCC coverage	-0.223	-0.226	-0.234	-0.247	-0.252	-0.257	-0.262*	-0.267*	-0.273*
	[0.158]	[0.158]	[0.158]	[0.158]	[0.158]	[0.158]	[0.158]	[0.158]	[0.158]
Mean of Dependent Variable	6.348	6.345	6.338	6.325	6.319	6.314	6.309	6.304	6.298
Observations	31806	31806	31806	31806	31806	31806	31806	31806	31806
R-Squared	0.095	0.095	0.095	0.095	0.095	0.094	0.094	0.094	0.094

Notes to Table 7: Each regression uses the full sample of birth and fetal death data, however removes a portion of births in the post-ChCC period assumed to be 'selectively surviving' due to ChCC. In each column it is assumed that x% of these selectively surviving births would have been of low birth weight (panel A) or born prematurely (panel B). The percentage assumed to meet this condition is indicated in column headers. In both cases the outcome variable (proportion of low birth weight and proportion of premature births) is multiplied by 100 for ease of visualisation. Means of dependent variables under each assumed counterfactual are indicated at the foot of each panel. All other details follow those in Table 3.

Table 8: Costs and Estimated Impacts of Selected Early-Life Programs

Reference	Estimated Impact	Cost per Participant	Estimated Cost per gram
Supplemental Nutrition Program for Women, Infants and Children (WIC, US)			
Rossin-Slater (2013)	27.30 (7.98)	$405 USD	$14.8
Hoynes et al. (2011)	28.75 (15.13)	$405 USD	$14.1
PANES (Uruguay)			
Amarante et al. (2016)	30.83 (18.44)	$918 USD	$29.8
Supplemental Nutrition Assistance Program (FSP, US)			
Almond et al. (2011)	8.96 (5.05)	$1125 USD	$125.6
	20.27 (6.89)	$1125 USD	$55.5
Earned Income Tax Credit (EITC, US)			
Strully et al. (2010)	15.70 (1.211)	$1558 USD	$99.2
Hoynes et al. (2015)	9.95 (2.05)	$1558 USD	$156.6
Chile Crece Contigo (Chile)			
Our estimates	10.09 (3.37)	$111 USD	$11.0

Notes: Estimates from Hoynes et al. (2015) refer to single women with no more than a high-school education (the "high impact" group, with highest eligibility for policy use). Two estimates are presented for Almond et al. (2011), given that their results are presented by race. The top line refers only to black mothers, while the bottom line refers only to white mothers. Estimates for black mothers are based on the most recent estimates presented by the authors in their Erratum. All US program costs are expressed in US dollars, and non-US program costs (Chile and Uruguay) are denoted in PPP adjusted US dollars. PPP adjusted costs are higher than non-PPP adjusted costs, so this results in a conservative estimates of costs per gram. Similar estimates and additional calculation details are presented in Clarke et al. (2017) for the WIC and FSP only.

Table 9: Partial Test of ChCC Mechanisms

	(1) Base	(2) Home Visits	(3) Supplements	(4) Prenatal Care	(5) Social	(6) C-Section
Proportion of ChCC Coverage	9.630**	9.334**	7.453*	7.350	6.694	6.586
	[4.494]	[4.390]	[4.450]	[4.615]	[4.634]	[4.587]
Prenatal Controls		5.874***	5.928***	5.893***	5.706***	5.216**
		[1.830]	[2.171]	[2.207]	[2.170]	[2.223]
Fortified Milk (New Formula)			1.302	1.276	1.276	1.176
			[1.076]	[1.105]	[1.092]	[1.096]
Fortified Milk (Original)			-0.157	-0.153	0.061	0.153
			[1.849]	[1.851]	[1.784]	[1.791]
Fortified Milk (Trimester 3)			-0.523	-0.523	-0.686	-0.612
			[1.159]	[1.159]	[1.120]	[1.128]
Home Visits				1.692	2.489	1.169
				[10.998]	[10.972]	[10.735]
Social Assistance					0.256	0.281
					[0.242]	[0.241]
Chile Solidario Enrolment					13.514***	13.016***
					[4.865]	[4.869]
Rate of Caesarean Sections						-24.777***
						[5.908]
Constant	3352.311***	3322.046***	3324.733***	3324.903***	3321.509***	3328.037***
	[4.118]	[10.970]	[11.306]	[11.433]	[11.470]	[11.573]
Explained Effect		0.031	0.202	0.014	0.089	0.016
Explained Effect (Cumulative)		0.031	0.226	0.237	0.305	0.316
Mean of Dependent Variable	3345.753	3345.753	3345.753	3345.753	3345.753	3345.753
Observations	30738	30738	30738	30738	30738	30738
R-Squared	0.265	0.265	0.265	0.265	0.266	0.266

Notes to Table 9: Specifications replicate column 1 of Table 3, where birth weight is the dependent variable. All mechanism variables are available for each health service and month. One health service split into two in 2008, meaning that a small number of mechanism variables are not available where lagged measures are used. We consistently esitmate without these observations so each column is comparable. Explained effect refers to the proportion of the baseline impact of ChCC which is explained away when conditioning on a particular mechanism, and the cumulative explained effect refers to the total explained effect summing all mechanisms. Additional details related to mechanisms and measurement are available in section **??**. * p<0.10; ** p<0.05; *** p<0.01.

Online Appendices

A Appendix Tables and Figures

Table A1: Test of FONASA Coverage and ChCC Roll-out

	(1) Women	(2) Men	(3) All
Proportion of ChCC coverage	-1710.965	-2665.317	-4376.359
	[2135.177]	[3063.904]	[5044.565]
Constant	52395.850***	49867.394***	1.02e+05***
	[2354.014]	[3045.407]	[5321.473]
Mean of Dependent Variable	18456.73	17749.62	36206.27
Observations	23502	23502	23502
R-Squared	0.971	0.956	0.965

Notes to Table A1: DD specifications are reported where birth outcomes are replaced by FONASA enrollees as the dependent variable. All remaining details follow specification **??**. FONASA enrollment data is available at the municipal-level from December of 2005 onwards, and so only the December 2005-December 2010 period is available for use in this regression.

Table A2: Difference-in-Difference Estimates using Municipal Variation in Coverage and a Rollout Indicator

	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature	(6) Fetal Death
Proportion of ChCC coverage	10.891**	-0.003	0.002	0.027*	-0.002	-1.214
	[4.471]	[0.002]	[0.031]	[0.016]	[0.002]	[0.795]
ChCC Implemented	-1.817	0.001	0.004	-0.008	0.000	-0.719
	[2.844]	[0.001]	[0.021]	[0.012]	[0.001]	[0.540]
Constant	3351.524***	0.054***	49.479***	38.705***	0.065***	4.893***
	[4.083]	[0.002]	[0.026]	[0.016]	[0.002]	[0.517]
Mean of Dependent Variable	3346.281	0.054	49.475	38.659	0.064	9.563
Observations	31805	31805	31806	31806	31806	31842
R-Squared	0.261	0.051	0.451	0.278	0.095	0.056

Notes to Table A2: All specifications follow Table 3, however now augment each specification to include a binary indicator of each municipality's participation status in Chile Crece Contigo (1 if participating, 0 if not). This switches on in the month $\times$ year period in which the municipality adopts ChCC. All other details follow specifications in Table 3. * p<0.10; ** p<0.05; *** p<0.01.

Table A3: Summary Statistics by Trimester: Birth and Chile Crece Contigo Data

	N	Mean	Std. Dev.	Min	Max
Proportion Enrolled in ChCC	10826	0.26	0.36	0.00	1.00
Birth Weight (grams)	10814	3345.85	128.57	686.00	4868.00
Low Birth Weight < 2500 grams	10814	0.05	0.05	0.00	1.00
Gestation (weeks)	10814	38.66	0.47	24.00	42.00
Premature < 37 weeks	10814	0.06	0.05	0.00	1.00
Length (cm)	10814	49.47	0.69	30.00	55.00
Number of Births	10826	177.08	278.55	1.00	2217.00
Rate of Fetal Deaths/1000 Births	10826	9.20	27.09	0.00	1000.00
Year of Birth	10837	2006.51	2.29	2003.00	2010.00
Mother's Age	10824	26.69	1.72	15.00	44.00
Proportion Teen Births	10824	0.18	0.09	0.00	1.00
Number of Children	10826	2.02	0.32	1.00	8.00

Notes to Table A3: Summary Statistics are displayed for municipality by trimesterly averages for each trimester from January 2003 to December 2010. Trimesters refer to January-March, April-June, July-September, and October-December. For additional notes, refer to Table 2 which provides summary statistics at the municipality by month level.

Table A4: Difference-in-Difference Estimates with Data Collapsed by Trimester

	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature	(6) Fetal Death
Proportion of ChCC coverage	8.990*	-0.002	-0.011	0.015	-0.003	-1.261
	[5.076]	[0.002]	[0.035]	[0.018]	[0.002]	[0.917]
Constant	3351.931***	0.054***	49.481***	38.712***	0.063***	4.801***
	[3.093]	[0.001]	[0.021]	[0.013]	[0.001]	[0.342]
Mean of Dependent Variable	3345.855	0.054	49.470	38.655	0.064	9.201
Observations	10814	10814	10814	10814	10814	10826
R-Squared	0.492	0.125	0.668	0.501	0.225	0.138

Estimation sample consists of all municipal-level averages for each quarter between 2003 and 2010 for all women. Refer to additional notes in table 3, and summary statistics for each variable at the trimester by municipal level in Table A3. * $p<0.10$; ** $p<0.05$; *** $p<0.01$.

Table A5: Difference-in-Difference Estimates Based on the Year Surrounding Roll-out

	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature	(6) Fetal Death
Proportion of ChCC coverage	9.224	-0.001	0.075	-0.008	-0.001	-0.361
	[9.841]	[0.005]	[0.058]	[0.039]	[0.005]	[1.978]
Constant	3317.709***	0.058***	49.301***	38.526***	0.072***	10.451***
	[3.765]	[0.002]	[0.021]	[0.015]	[0.002]	[0.875]
Mean of Dependent Variable	3338.017	0.054	49.335	38.615	0.065	9.705
Observations	3969	3969	3969	3969	3969	3975
R-Squared	0.345	0.116	0.405	0.336	0.176	0.149

Notes to Table A5: All specifications follow Table 3, however now use only the first year surrounding program rollout from June 2007-June 2008. Refer to Table 3 for additional notes. * p<0.10; ** p<0.05; *** p<0.01.

Table A6: Instrumental Variables Estimates Based on the Year Surrounding Roll-out

	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature	(6) Fetal Death
Proportion of ChCC coverage	28.585	-0.011	0.164	-0.030	-0.005	-0.695
	[22.621]	[0.011]	[0.132]	[0.097]	[0.012]	[5.300]
Constant	3374.729***	0.048***	49.294***	38.750***	0.053***	7.906***
	[4.612]	[0.002]	[0.027]	[0.022]	[0.003]	[1.189]
Mean of Dependent Variable	3338.017	0.054	49.335	38.615	0.065	9.705
Observations	3969	3969	3969	3969	3969	3975
R-Squared	0.344	0.114	0.405	0.336	0.175	0.149

Notes to Table A6: Observations consist of municipality by month cells for each municipality in the 12 months surrounding implementation (from June 2007). The participation of respondents enrolled in ChCC is instrumented by whether or not each municipality has begun participating in Chile Crece Contigo. Each cell is weighted using the number of births in the municipality and month, and all specifications include municipality and time (Year $\times$ Month) fixed effects. * $p<0.10$; ** $p<0.05$; *** $p<0.01$.

Table A7: Examining Robustness of Impacts on Birth weight to removal of extreme values

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Panel A: Winsorizing at 1st and 99th Percentiles									
Proportion of ChCC coverage	10.022**	9.275**	9.081**	8.512**	7.868*	7.121	11.668*	9.364*	9.962**
	[4.379]	[4.525]	[4.364]	[4.176]	[4.293]	[5.338]	[5.960]	[5.192]	[4.377]
Panel B: Trimming at 1st and 99th Percentiles									
Proportion of ChCC coverage	10.164**	9.396**	8.980**	8.223**	7.527*	6.808	11.406*	8.844*	10.115**
	[4.368]	[4.520]	[4.355]	[4.166]	[4.288]	[5.342]	[5.965]	[5.142]	[4.366]
Municipal and Time FEs	Y	Y	Y	Y	Y	Y	Y	Y	Y
Time-Varying Controls		Y			Y				
Region Time Trends			Y						
Region × Year FEs				Y	Y				
Municipal Linear Trends						Y			
Municipal Quadratic Trends							Y		
Municipal × Year FEs								Y	
Weighting by Pregnancies									Y

Notes to Table A7: Each specification follows models documented in Panel A of Table 4, however here examining robustness of the birth weight results to outliers. In panel A, average birth weight in each municipality (the outcome of interest) is Winsorized at the 1st and 99th percentiles implying that observations more extreme than these values are replaced with the values of these percentiles. In this case the full sample of 31,805 observations is used. In panel B, the sample is trimmed at the 1st and 99th percentiles, and so observations more extreme than these values are simply removed from the sample. In this case, the estimation sample consists of 31,169 municipality × year cells. In both specifications, average municipal birth weight ranges from a minimum of 2,844 grams, to a maximum of 3,825 grams. Refer to Table 4 for additional notes.

Table A8: Adjusting For Multiple Hypothesis Testing

	Index	Original Variables				
	Anderson Index	Birth Weight	LBW	Birth Size	Weeks Gestation	Premature
Panel A: Municipal-Level Analysis						
p-value (Original)		0.0226	0.1356	0.8940	0.1168	0.1499
p-value (Corrected)	**0.1011**	0.0588	0.3137	0.8235	0.3137	0.3137
Panel B: Individual-Level Analysis						
p-value (Original)		0.0000	0.0839	0.0257	0.0000	0.5553
p-value (Corrected)	**0.0479**	0.0196	0.2745	0.1176	0.0000	0.7059

Notes: Corrected p-values based on original variables are calculated using the **?** technique to control the Family Wise Error Rate of hypothesis tests, implemented by **?**. The **?** index converts the multiple dependent variables into a single dependent variable (index) giving more weight to variables which provide more independent variation. The specification of each regression follows Table 3 (panel A), and Appendix Table D2 (panel B).

Table A9: Difference-in-Difference Estimates using Municipal Program Availability

	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature	(6) Fetal Death
ChCC Availability	1.443	0.000	0.005	0.000	-0.000	-1.098**
	[2.905]	[0.001]	[0.019]	[0.012]	[0.001]	[0.531]
ChCC Availability ($\geq$ 9 months)	3.250	0.001	0.017	-0.003	-0.000	-1.009
	[3.052]	[0.001]	[0.020]	[0.012]	[0.001]	[0.697]
Constant	3351.512***	0.054***	49.479***	38.705***	0.065***	4.894***
	[4.087]	[0.002]	[0.026]	[0.016]	[0.002]	[0.515]
Mean of Dependent Variable	3346.281	0.054	49.475	38.659	0.064	9.563
Observations	31805	31805	31806	31806	31806	31842
R-Squared	0.261	0.051	0.451	0.278	0.095	0.056

Notes to Table 3: Estimation sample consists of all municipal-level averages for each month between 2003 and 2010 for all women Low birth weight refers to the proportion of births under 2,500 grams, and premature refers to the proportion of births occurring before 37 weeks of gestation. Birth weight is measured in grams, Size is measured in centimetres, and Gestation is measured in weeks. Fetal deaths are measured as the number of fetal deaths per 1,000 live births. Each cell is weighted using the number of births in the municipality and month, and all specifications include municipality and time (Year $\times$ Month) fixed effects. * $p<0.10$; ** $p<0.05$; *** $p<0.01$.

Table A10: IV Estimates Using Lagged ChCC Enrollment

	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature	(6) Fetal Death
Second Stage Estimates						
[1em] Proportion of ChCC coverage	9.586	-0.002	-0.027	0.014	-0.004	-1.438
	[5.943]	[0.002]	[0.039]	[0.022]	[0.002]	[1.098]
First Stage Estimates						
[1em] Lagged ChCC coverage	0.701***	0.701***	0.701***	0.701***	0.701***	0.701***
	[0.021]	[0.021]	[0.021]	[0.021]	[0.021]	[0.021]
Observations	31454	31454	31455	31455	31455	31489
AP First Stage (F)	1072.44	1072.44	1072.44	1072.44	1072.44	1071.79
AP First Stage (p)	0.000	0.000	0.000	0.000	0.000	0.000

Notes: Difference-in-difference estimates are presented following the results of Table 3. However, here the Proportion of ChCC Coverage among births in a given month and municipality is instrumented with lagged ChCC coverage from the same municipality. The 2SLS results along with standard errors clustered by municipality are displayed in the top panel of the Table. The second panel documents the first stage results of regression ChCC coverage on its lagged value. The associated first stage F-statistic and its p-value are documented at the foot of the table.

Table A11: Correction for Multiple Hypothesis Testing in Distributional Estimates

Birth Weight			Gestation		
Cut-off	Original p-value	Romano Wolf p-value	Cut-off	Original p-value	Romano Wolf p-value
1000	0.4592	0.6573	30	0.6905	0.7922
1250	0.5786	0.7493	31	0.6245	0.7822
1500	0.7191	0.8492	32	0.3666	0.5315
1750	0.0632	0.0639	33	0.0464	0.0370
2000	0.0014	0.0000	34	0.1695	0.2398
2250	0.0135	0.0060	35	0.0804	0.0739
2500	0.0737	0.0759	36	0.0539	0.0410
2750	0.2736	0.4116	37	0.2337	0.3417
3000	0.1169	0.1299	38	0.2651	0.3596
3250	0.2212	0.3487	39	0.0477	0.0370
3500	0.0056	0.0010	40	0.0005	0.0000
3750	0.0030	0.0000	41	0.5312	0.7493
4000	0.0221	0.0120	42	0.9967	0.9960
4250	0.0167	0.0070			
4500	0.0144	0.0060			
4750	0.9501	0.9281			
5000	0.4313	0.6573			

Notes to Table A11: Un-adjusted and multiple-hypothesis test adjusted p-values are displayed corresponding to the estimates and standard errors displayed in Figure 4. Unadjusted p-values refer to the p-value on ChCC in each regression where the outcome variable is birth weight or gestation exceeding the listed cut-off. Romano Wolf adjusted p-values are based on a null re-sampled distribution as described in **?**. We re-sample using 1000 bootstrap samples.

Table A12: Costs of ChCC Per Participant in Gestational Program

	2007	2008	2009	2010
Panel A: All Amounts in 1000s of Chilean Pesos				
Costs Associated with PADBP	1,969,162	6,116,663	14,231,107	14,444,574
Costs Ministry of Planning	1,001,810	2,529,976	2,604,131	4,197,607
Massive Education Program	20,000	195,640	261,462	196,624
Total Prenatal Development Components	2,990,972	8,842,279	17,096,700	18,838,805
Total Budget (ChCC)	67,903,331	126,446,362	159,660,473	214,505,550
Total Budget/1000 (All Chile)	17,883,154	20,650,579	23,406,879	25,651,970
Total Women Participating during Gestation	47,683	166,900	171,811	171,799
Proportion of all Participants in Pre-natal Care	1	0.449	0.307	0.303
Cost per Pre-Natal Participant	62,726	24,714	30,549	33,116
Panel B: All Amounts in US Dollars				
Costs Associated with PADBP	3,702,025	12,288,376	22,257,451	28,470,255
Costs Ministry of Planning	1,883,403	5,082,722	4,072,861	8,273,483
Massive Education Program	37,600	393,041	408,917	387,546
Total Prenatal Development Components	5,623,027	17,764,139	26,739,239	37,131,285
Total Budget (ChCC)	127,658,262	254,030,741	249,708,980	422,790,439
Total Budget/1000 (All Chile)	33,620,330	41,487,013	36,608,359	50,560,033
Total Women Participating during Gestation	47,683	166,900	171,811	171,799
Proportion of all Participants in Pre-natal Care	1	0.449	0.307	0.303
Cost per Pre-Natal Participant	$118	$50	$48	$65
Cost per Pre-Natal Participant (PPP Adjusted)	$192	$72	$87	$93

Notes to Table A12: Costs per pre-natal participant are calculated by dividing the pro-rata total costs of prenatal development components by the total number of participants in the pre-natal period. Total prenatal development components are calculated as the sum of the costs of the PADBP program, fixed costs assigned to the Ministry of Planning, and the costs of the Massive Education program. Costs are assigned pro-rata to pre-natal versus non pre-natal components using the proportion of all participants which are in the pre-natal period, rather than during years 1-5. In the first year, the program only began in utero, so all costs are assigned to pre-natal development. Budget details are all compiled from the ChCC final reports (**?**), and historic budget laws (for example **?**). Total participants during gestation as well as in the post-natal period are compiled from the Department of Health Statistics and Information from the Ministry of Health. PPP-adjusted costs are based on the World Bank's PPP conversion factor.

Table A13: Impact of Chile Crece Contigo on Pregnancy Inputs

	(1) Home Visits	(2) Supplement +	(3) Supplement	(4) Supplement 3	(5) Prenatal Visits	(6) Social Support	(7) Chile Solidario	(8) C-Section
ChCC Coverage	0.050	2.161***	1.291***	1.402***	0.092***	-1.012*	0.059***	-0.012
	[0.061]	[0.405]	[0.262]	[0.274]	[0.019]	[0.537]	[0.006]	[0.010]
Constant	5.153***	-0.089	2.851***	4.591***	-0.004	8.710***	0.167***	0.192***
	[0.051]	[0.061]	[0.121]	[0.141]	[0.004]	[0.621]	[0.004]	[0.008]
Mean of Dep. Var.	5.900	2.841	7.103	7.266	0.110	6.859	0.306	0.207
Observations	30750	30750	30750	30750	30750	30750	30880	30880
R-Squared	0.914	0.954	0.894	0.878	0.853	0.636	0.619	0.563

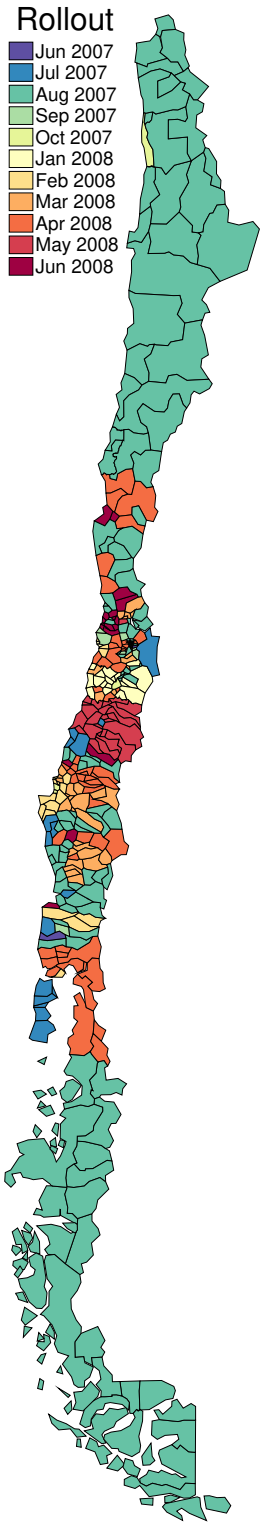
Notes to Table A13: Each regression shows the correlation between ChCC useage and different program components. Each variable with the exception of Chile Solidario refers to the average usage per birth in the 9 months prior to each birth, and is measured at the level of health service and month. One health service split in two in 2008, and hence lags are not available for a small number of areas in this period. Home visits refers to the number of integral visits to expecting mothers by a nurse or midwife, Supplement, Supplement + and Supplement 3 refer to Leche Purita, a fortified powdered milk drink given to pregnant women with an updated formula from 2008 onwards, (+ refers to the new formula, 3 refers to the quantity given during trimester 3 only). Prenatal visits refer to controls with nurses, doctors or midwives at local health centres, Social support refers to all visits with Social Assistants, and Chile Solidario refers to the number of pregnant women giving birth each month who have at any point participated in Chile Solidario, a targeted social welfare program including a cash transfer. * $p<0.10$; ** $p<0.05$; *** $p<0.01$.

Table A14: Gelbach (2016) Decomposition of ChCC Mechanism

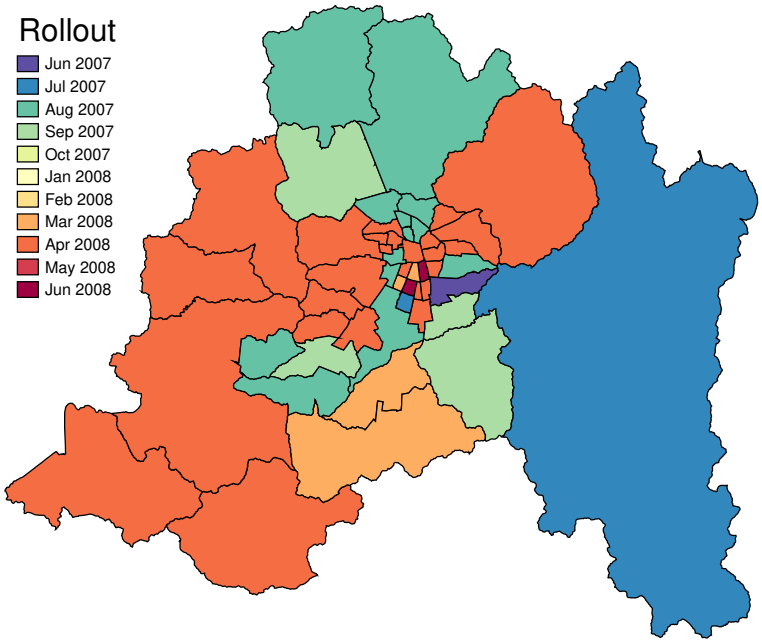
	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature	(6) Fetal Death
Decomposition of Δ ChCC Coverage						
Prenatal Controls	0.263	-0.000	0.002	0.002	-0.000	0.025
	[0.351]	[0.000]	[0.003]	[0.002]	[0.000]	[0.030]
Food Supplementation	1.884	-0.000	0.005	0.009*	-0.002***	0.003
	[1.152]	[0.000]	[0.012]	[0.005]	[0.001]	[0.266]
Home Visits	0.109	0.001*	0.011	-0.007	0.001	0.481**
	[0.983]	[0.000]	[0.007]	[0.005]	[0.000]	[0.216]
Social Safety Net	0.487	0.000	0.002	0.004***	-0.000	0.038
	[0.387]	[0.000]	[0.003]	[0.002]	[0.000]	[0.069]
C-Section Rate	0.301	-0.000	0.003	0.002	-0.000	0.002
	[0.276]	[0.000]	[0.003]	[0.002]	[0.000]	[0.011]
Total Explained Difference	3.045*	0.000	0.023*	0.011	-0.002**	0.548**
	[1.587]	[0.001]	[0.012]	[0.007]	[0.001]	[0.243]
Observations	30738	30738	30738	30738	30738	30750

Notes to Table A14: Each column displays the coefficient change decompisition developed by **?** for a different outcome variable. This decomposition considers the change in the estimated effect of ChCC from the baseline diff-in-diff model compared with that estimated in the full model where all proposed mechanisms are accounted for. The full change is given by , and this is decomposed into the portion owing to each of the four mechanisms discussed in section **??**. Full details of the decomposition and estimation of the variance-covariance matrix is provided by **?**.

Figure A1: Program Roll-out by Date



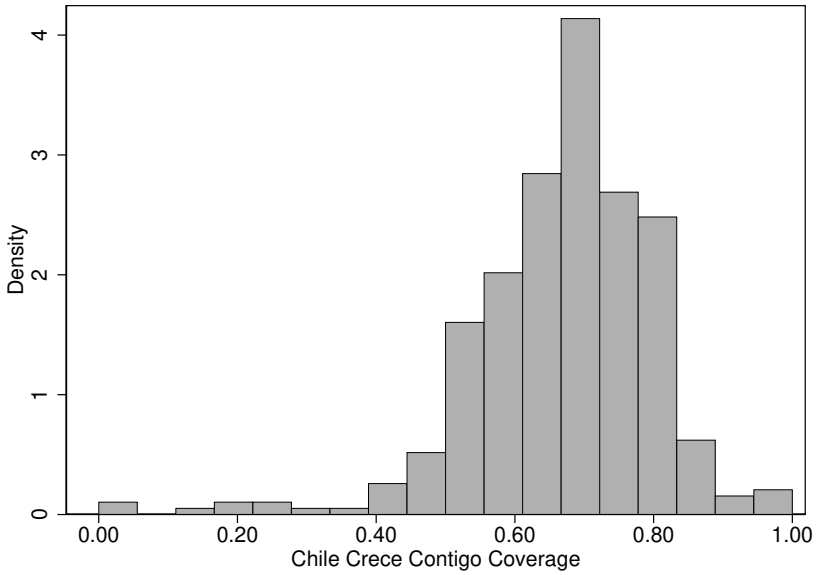
(a) Full Country



(b) Santiago Metropolitan Region

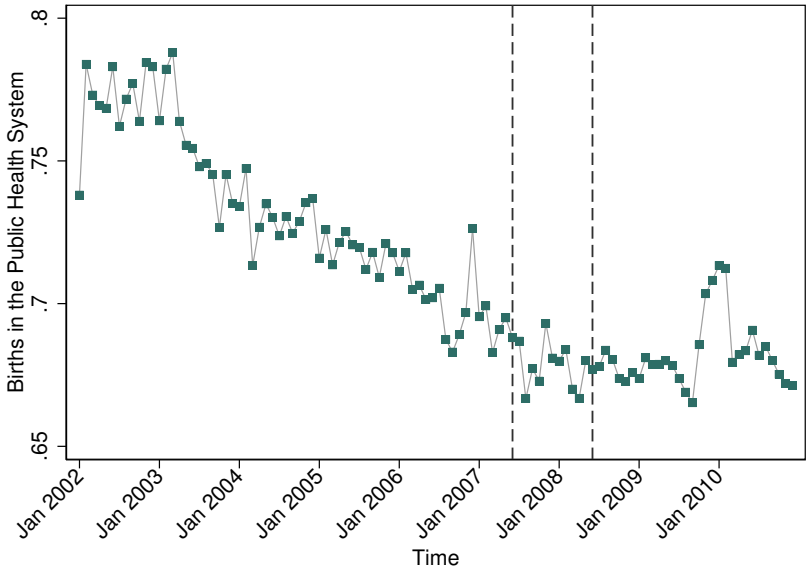
Notes to Figure A1: Chile consists of 346 municipalities ("*comunas*") which are the lowest geographic administrative level with their own political administration. ChCC roll-out started in June 2007, and reached 159 of the 346 municipalities in 2007 (chosen due to the availability of infrastructure) and then was rolled out to the remaining municipalities during 2008. Precise roll-out dates are provided by the Ministry of Social Development of Chile. The full country is displayed in the left-hand panel, and only the Metropolitan Region of Santiago (from the centre of the country) is displayed in the right-hand panel.

Figure A2: ChCC Usage in Post-Implementation Period



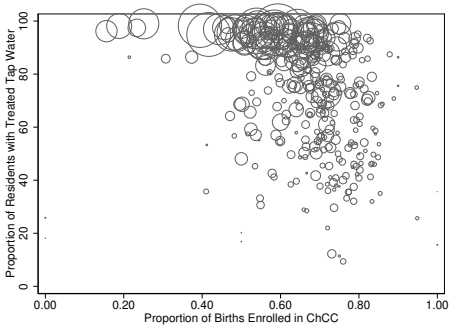
Notes to Figure A2: The density of ChCC usage by municipality over the entire post-treatment period is displayed. Usage refers to the average proportion of all births in each municipality for which ChCC components were accessed by the mother during the gestational period. Usage data comes from The Ministry of Social Development's administrative data on public program use, and is averaged at the level of each municipality. Refer to Figure A4 for additional details regarding municipal level usage of ChCC components and municipal characteristics.

Figure A3: Proportion of Births Attended in the Public Health System

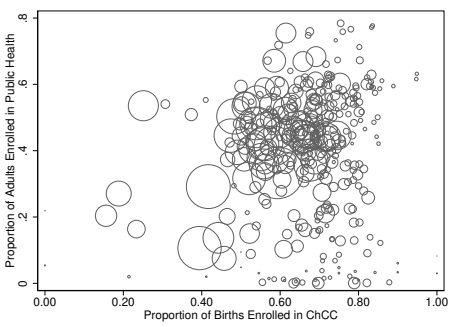


Notes to Figure A3: Figures on the proportion of births in the public health system and all births nation-wide are provided monthly by the Department of Statistics and Health Information (DEIS) of the Ministry of Health of Chile. Monthly proportions are displayed for each month from January 2002 until December 2010. The first vertical dotted line is the beginning of ChCC roll-out, while the second vertical dotted line is when ChCC reached the full country.

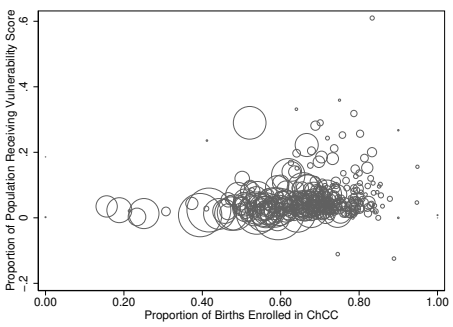
Figure A4: Municipal Characteristics and ChCC Enrollment



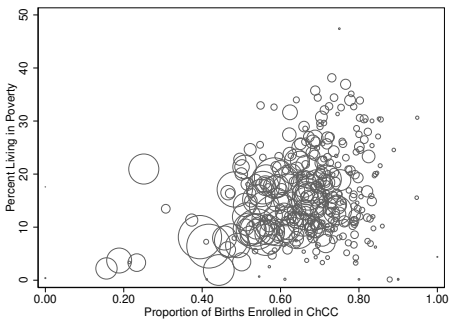
(a) Treated Piped Drinking Water



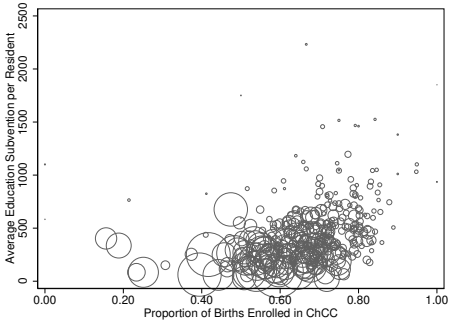
(b) FONASA enrolments



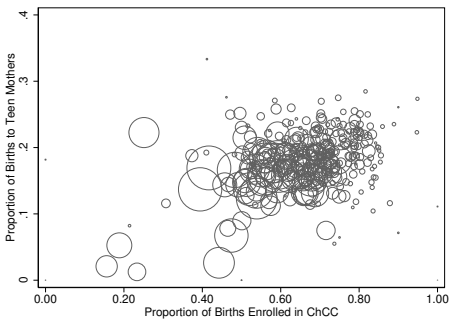
(c) Proportion of FPS per Year



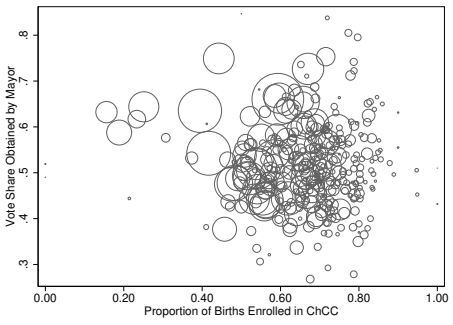
(d) Poverty



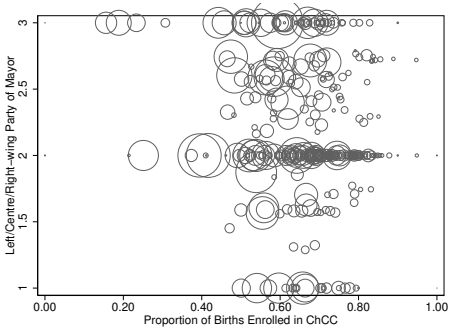
(e) Education Subvention



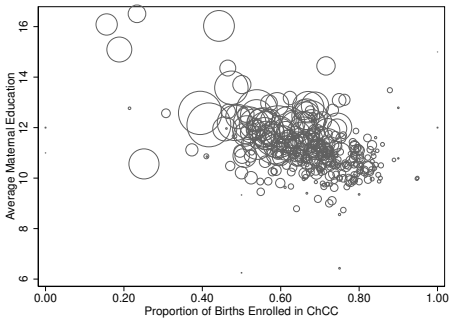
(f) Proportion of Teen Births



(g) Vote Share (Mayor)



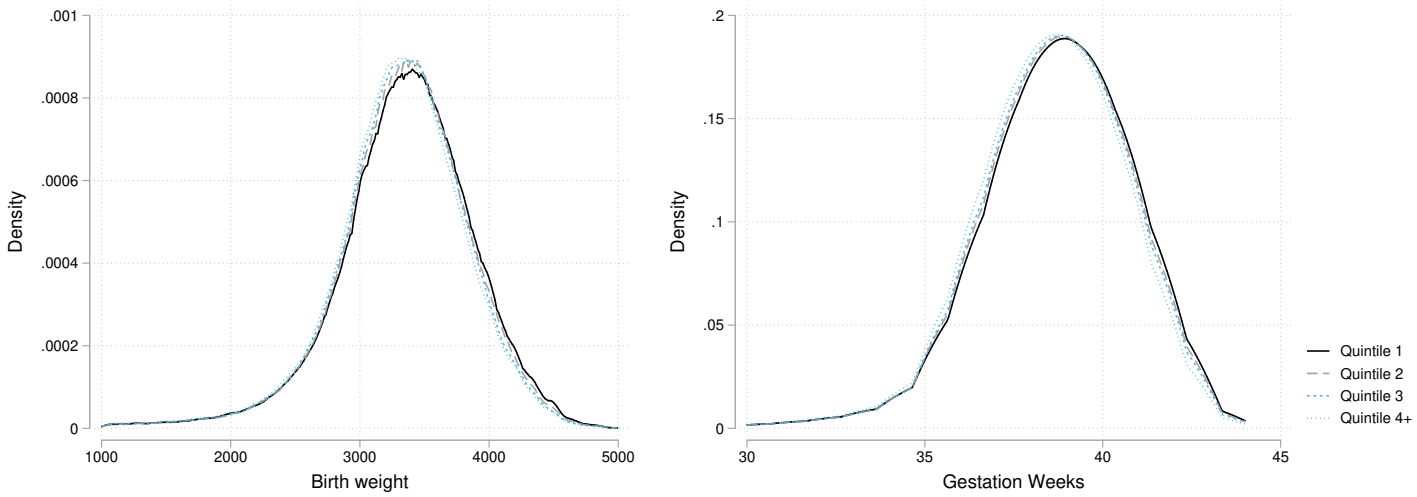
(h) Political Association



(i) Maternal Education

Notes to Figure A4: Each panel presents the proportion of Chile Crece Contigo enrollees in each municipality after the introduction of the program along with municipal level averages in a range of other social or political variables. In each case, ChCC enrollment is displayed on the horizontal axis, and alternative outcomes on the vertical axis.

Figure A5: Socioeconomic Quintiles and Health Distributions at Birth

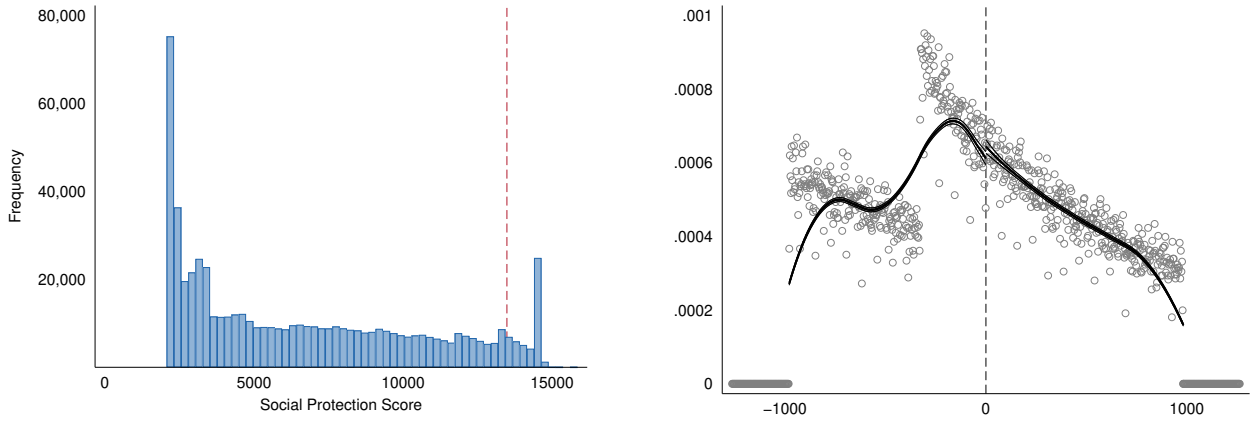


(a) Birth weight

(b) Gestational Period

Notes to Figure A5: Figures provide kernel density plots of birth weight (in grams) and weeks of gestation by quintiles of the Social Vulnerability Score. Quintile 1 is the most vulnerable, and quintiles 4 and above are grouped into a single plot. Means for birth weight are 3350 grams, 3333 grams, 3317 grams and 3298 grams for quintiles 1, 2, 3 and 4+ respectively. Similar means for gestational period are 38.66 weeks, 38.61 weeks, 38.55 weeks, and 38.43 weeks.

Figure A6: Running Variable (FPS) in RDD

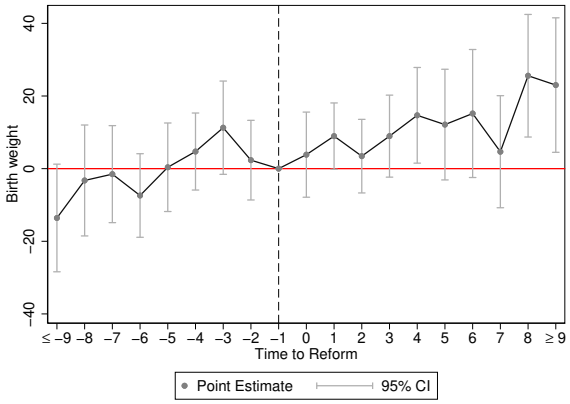


(a) Ficha de Protección Social: Density

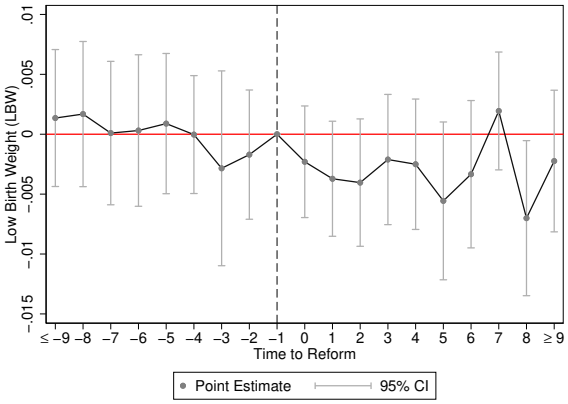
(b) McCrary Density Test

Notes to Figure A6: Left-hand panel provides a histogram of all Social Protection Scores ("Ficha de Protección Social") for mothers matched to their children's birth records. The vertical dashed line indicates 13,484 points, the cut-off point for Chile Crece Contigo's preferential benefits. This is defined as the top-end of the third quintile of vulnerability scores, though these quintiles are defined on all recipients of a score in the country, not just mothers. The right-hand panel documents **?**'s density test around 13,484, documenting the dispersion of observations within 1000 points on either side of the cut-off.

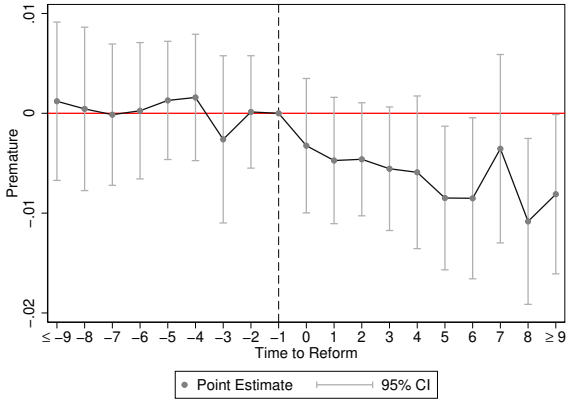
Figure A7: Event Studies



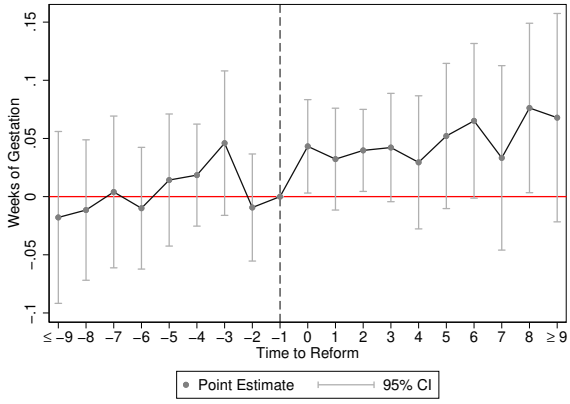
(a) Birth Weight



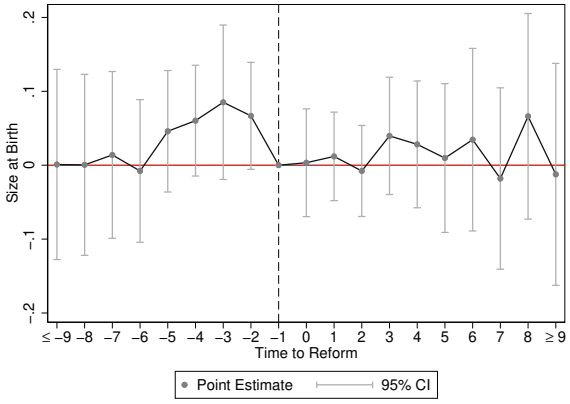
(b) LBW



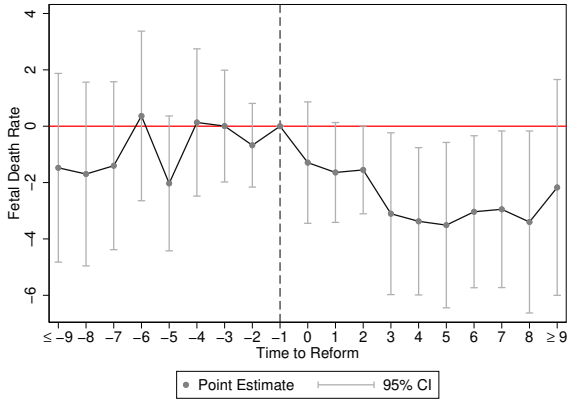
(c) Prematurity



(d) Gestation



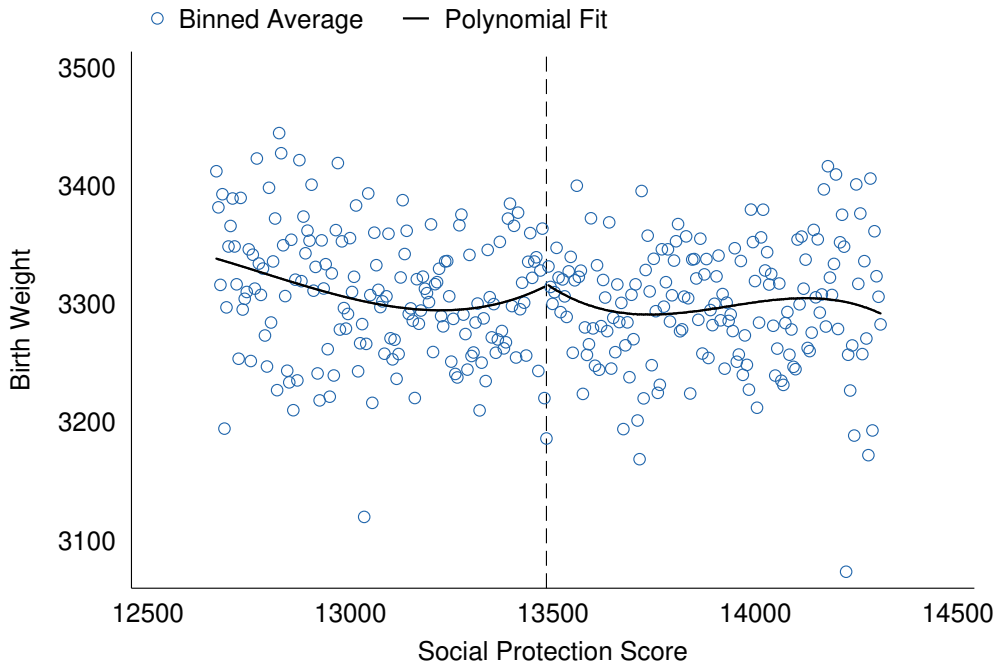
(e) Size at Birth



(f) Fetal Deaths

Notes to Figure A7: Event studies present estimated models interacting ChCC treatment intensity with pre- and post-treatment indicators for each 3 month period pre- and post-reform. Here, the ChCC measure refers to average levels of ChCC use in the entire post-treatment period (to allow a constant treatment intensity for interaction), and this is interacted with indicators for the rollout of the ChCC program to each municipality.

Figure A8: Descriptive RD plot with smaller bins for Social Vulnerability Score (Birth weight)

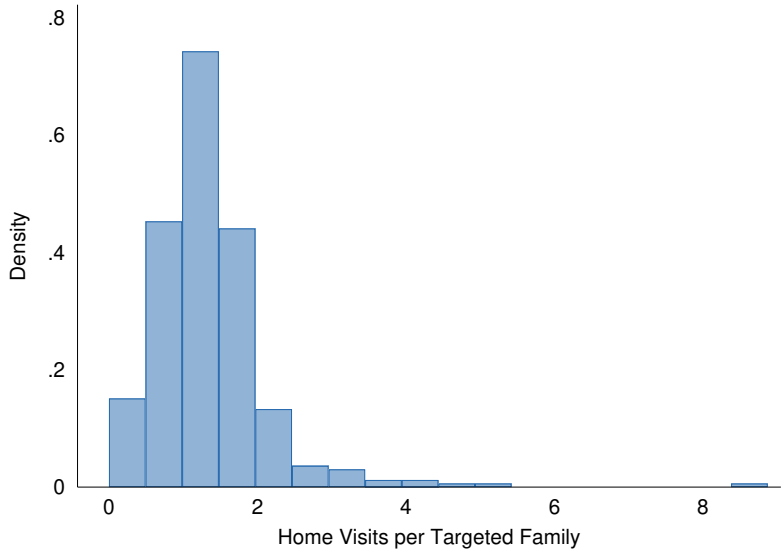


Notes to Figure A8: Descriptive plot displays average birth weight outcomes in 5 point bins of the Social Protection Score, with a separate polynomial fitted on each side of the cut-off. This Figure replicates Figure 3(a), however now using bins of 5 points, rather than 55 points, for the running variable.

Figure A9: Impact of FPS cut-off point on the Probability of ChCC Usage

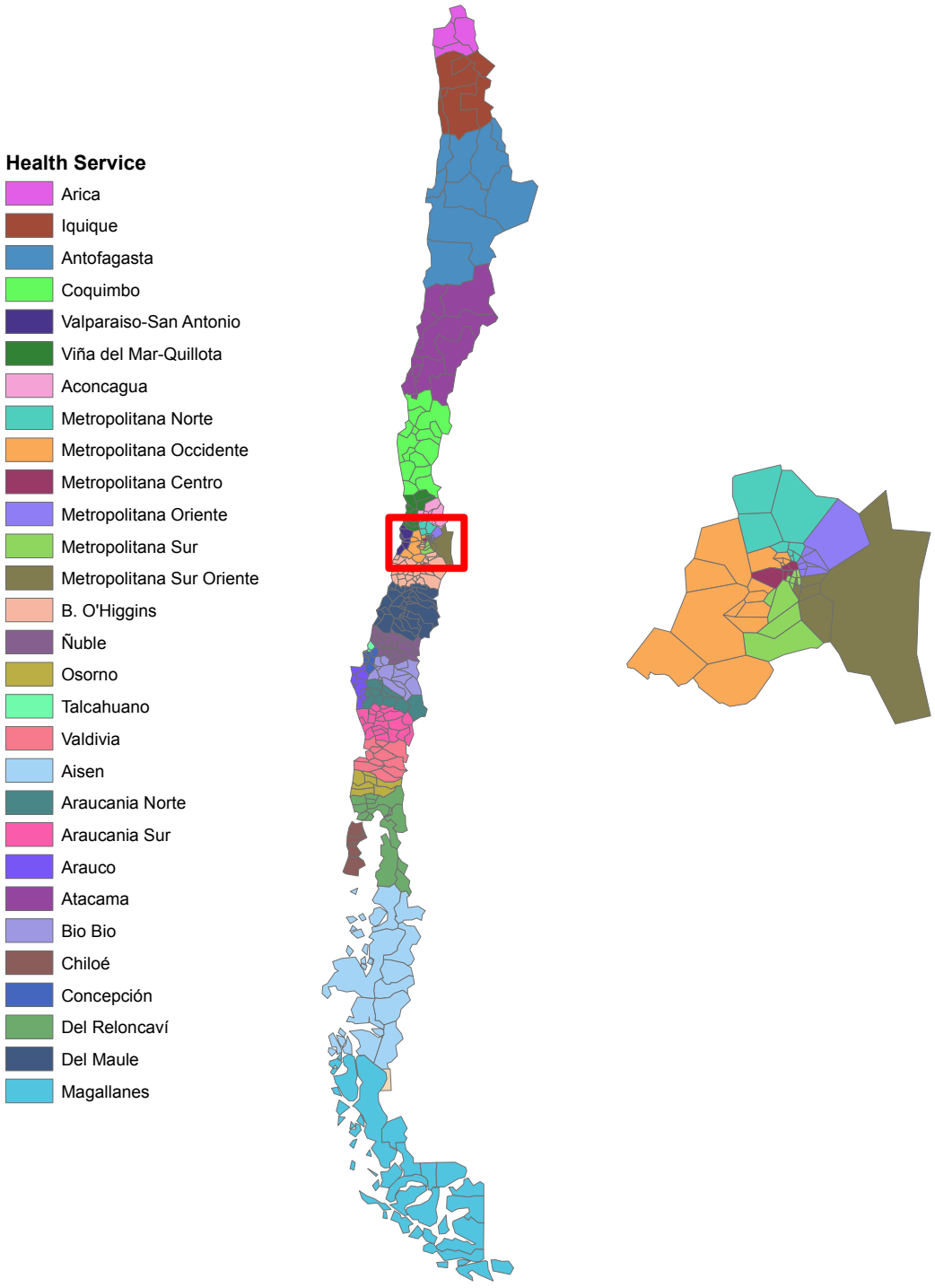
Notes to Figure A9: Descriptive plot documents the probability that mothers are enrolled in the ChCC program around the official cut-off for the receipt of preferential benefits targeted at the bottom three quintiles of recipients of the Social Protection Score. When estimating a regression discontinuity specification in a local linear model with **?**'s optimal bandwidth, the additional likelihood of of participating in ChCC when located just below the cut-off is 0.0065(0.019) (coefficient and standard error).

Figure A10: Variation in Home Visit Intensity by Municipality



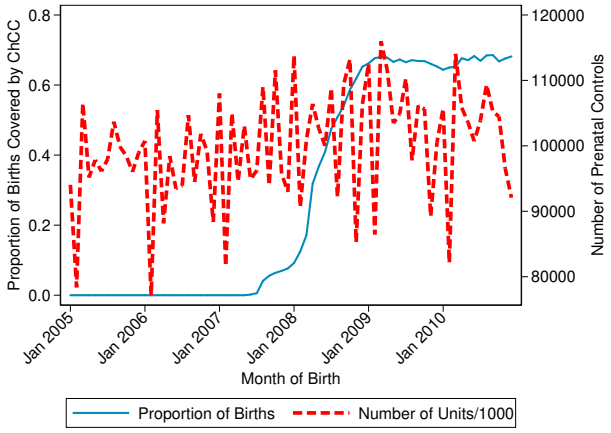
Notes to Figure A10: Histogram documents the average quantity of "Integral Home Visits" received by each targeted family per municipality in Chile in 2013. A value of 1 refers to a situation where (on average) each family flagged to require a visit based on ChCC's administrative criteria receives one visit during the gestational period. These data are averaged for each municipality, and are based on the year 2013 only. These data are released by the Ministry of Health (available at http://chcc.minsal.cl/indicadores/resultados/293) and are not available for earlier years. One small municipality with an average number of visits of 14.5 per flagged family was removed to simplify graphical presentation.

Figure A11: Health Services and Municipalities

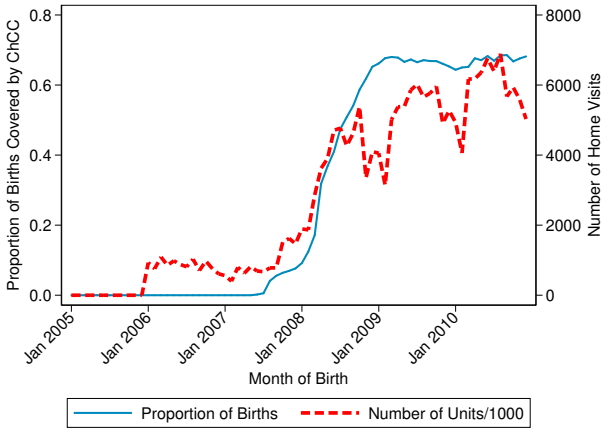


Notes to Figure A11: Municipalities are indicated by municipal boundaries, and health services are indicated by colours. Each of Chile's 346 municipalities belongs to one of 29 Health Services. The entire country is displayed at right, and the densely populated Metropolitan Region of Santiago is displayed at left.

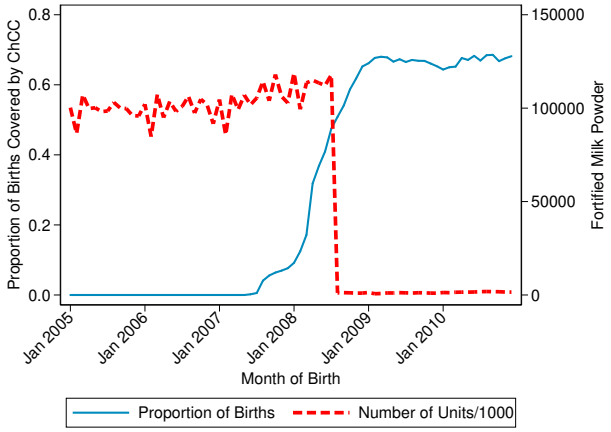
Figure A12: ChCC roll-out and Pregnancy Inputs Disbursed



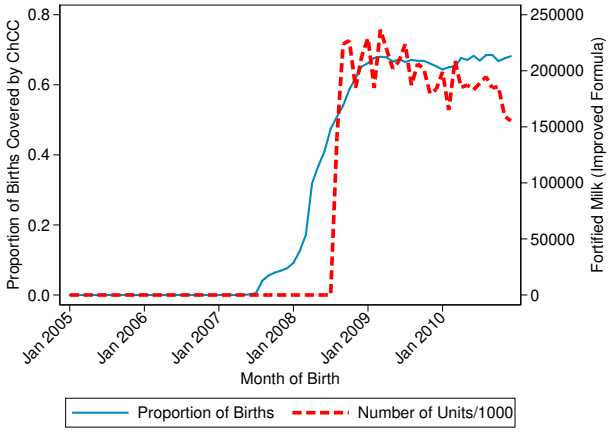
(a) Prenatal Check-Ups



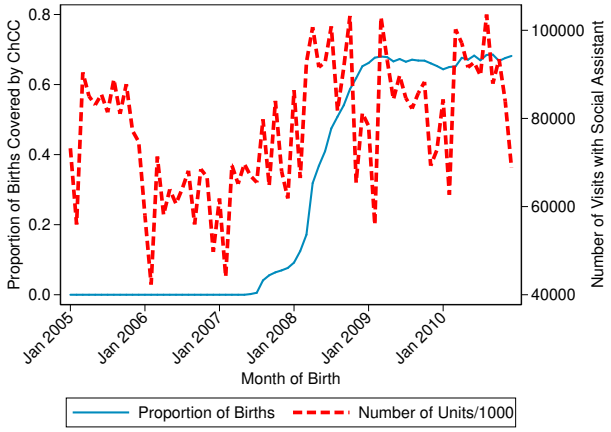
(b) Home Visits



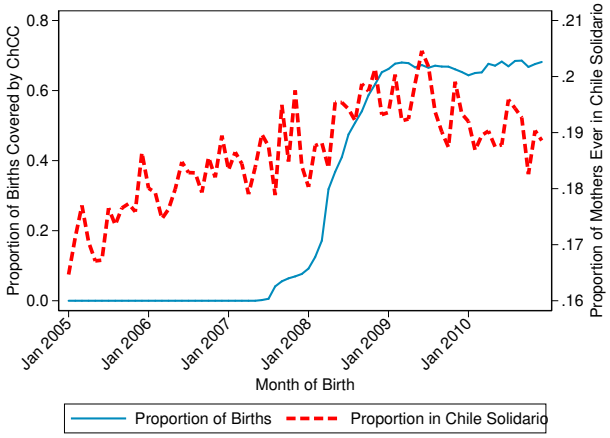
(c) Fortified Milk (Original Formula)



(d) Fortified Milk (Updated Formula)



(e) Social Assistance Appointments



(f) Chile Solidario

Notes to Figure A12: Solid blue line displays the roll-out of ChCC and proportion of coverage of births as in Figure 1. Dotted red lines display the total units of various components of the program disposed over time in whole of Chile. Each panel with the exception of Chile Solidario coverage in panel A12f presents the number of units divided by 1,000. Additional discussion of variables and their measurement is provided in section **??**.

B Maternal Fixed Effects

Table D1: Summary Statistics: Matched Mother, Child and Social Security Data

	N	Mean	Std. Dev.	Min	Max
Panel A: All Mothers					
Birth Weight (grams)	1912573	3327.45	539.30	500.00	5000.00
Low Birth Weight < 2500 grams	1912573	0.06	0.23	0.00	1.00
Gestation (weeks)	1910932	38.59	1.74	25.00	44.00
Premature < 37 weeks	1910932	0.07	0.25	0.00	1.00
Length (cm)	1911391	49.47	2.49	30.00	60.00
Year of Birth	1917085	2006.57	2.30	2003.00	2010.00
Mother's Age	1915322	27.08	6.81	14.00	49.00
Proportion Teen Births	1917085	0.16	0.36	0.00	1.00
Number of Children	1916934	1.96	1.13	0.00	15.00
Panel B: Matched Mothers and Children					
Proportion Ever Enrolled in ChCC	741963	0.38	0.48	0.00	1.00
Birth Weight (grams)	740393	3333.34	541.73	500.00	5000.00
Low Birth Weight < 2500 grams	740393	0.06	0.23	0.00	1.00
Gestation (weeks)	739707	38.64	1.76	25.00	44.00
Premature < 37 weeks	739707	0.07	0.25	0.00	1.00
Length (cm)	739913	49.50	2.50	30.00	60.00
Year of Birth	741963	2006.60	2.29	2003.00	2010.00
Mother's Age	741413	26.91	6.75	14.00	49.00
Proportion Teen Births	741963	0.15	0.36	0.00	1.00
Number of Children	741918	1.96	1.14	0.00	15.00
Panel C: Unmatched Mothers and Children					
Birth Weight (grams)	1172180	3323.73	537.72	500.00	5000.00
Low Birth Weight < 2500 grams	1172180	0.06	0.23	0.00	1.00
Gestation (weeks)	1171225	38.57	1.73	25.00	44.00
Premature < 37 weeks	1171225	0.07	0.26	0.00	1.00
Length (cm)	1171478	49.46	2.48	30.00	60.00
Year of Birth	1175122	2006.55	2.31	2003.00	2010.00
Mother's Age	1173909	27.19	6.84	14.00	49.00
Proportion Teen Births	1175122	0.16	0.37	0.00	1.00
Number of Children	1175016	1.96	1.13	0.00	15.00

Notes to Table D1: Summary statistics are presented for all births matched with the mother's participation in social programs. Summary statistics are presented for all years from 2003-2010. *Chile Crece Contigo* began in June of 2007, and so any mothers having all births prior to this date never participated in ChCC. For additional notes on variable definitions and comparison with the full universe of births (collapsed by municipality) refer to Table 2.

Table D2: Estimated Program Effects with Mother Fixed Effects

	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature
Participated in ChCC	19.395***	0.004*	0.049**	0.090***	-0.001
	[4.534]	[0.002]	[0.022]	[0.016]	[0.002]
Constant	3074.884***	0.090**	48.412***	38.069***	0.124***
	[63.811]	[0.036]	[0.316]	[0.253]	[0.038]
Mean of Dep. Var.	3333.458	0.056	49.499	38.638	0.068
Observations	739811	739811	739332	739126	739126
R-Squared	0.018	0.002	0.022	0.012	0.002

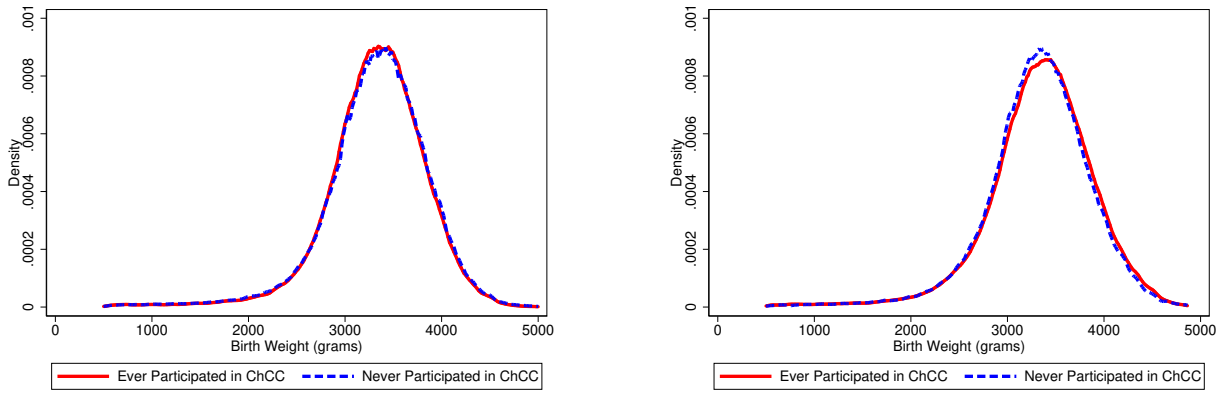
Estimation sample consists of all births where the data link exists between the child and the mother's participation in social programs, including ChCC. Additional details regarding this procedure are provided in Appendix B. In each case mother's fixed effects are included, and full fixed effects for mother's age at birth, child birth order, and child's year of birth are included. Standard errors are clustered by mother. * p<0.10; ** p<0.05; *** p<0.01.

Table D3: Maternal FE Estimates with Additional Controls

	(1) Weight	(2) LBW	(3) Size	(4) Gestation	(5) Premature
Participated in ChCC	19.885***	0.003	0.056**	0.093***	-0.002
	[4.598]	[0.002]	[0.022]	[0.016]	[0.002]
Constant	3078.607***	0.110***	48.100***	37.869***	0.149***
	[72.793]	[0.040]	[0.356]	[0.281]	[0.042]
Mean of Dep. Var.	3333.458	0.056	49.499	38.638	0.068
Observations	739811	739811	739332	739126	739126
R-Squared	0.023	0.006	0.027	0.017	0.006

Refer to notes in table D2. All details of estimated specifications are identical, however we now include year by month fixed effects, and fixed effects for municipality of birth. * p<0.10; ** p<0.05; *** p<0.01.

Figure D1: Birth weight Distributions Pre- and Post-Program Implementation



(a) Birth weights Pre-ChCC

(b) Birth weights Post-ChCC

Notes to Figure D1: Densities are plotted using an Epanechnikov kernel with a bandwidth of 5 grams. Each panel separates distributions by whether the mother *ever* participates in Chile Crece Contigo. Panel (a) displays only pre-ChCC time periods, while panel (b) displays only post-ChCC time periods. In both cases, Kolmogorov-Smirnov tests reject equality of distributions (in different directions).