

Comments to **Can Small Incentives Have Large Payoffs? Health Impacts of a National Conditional Cash Transfer Program in Bolivia** (by Pablo A. Celhay, Julia Johannsen, Sebastian Martinez, Cecilia Vidal)

What the paper does: This very important paper studies the Bono Juana Azurduy-BJA-, a Bolivian program that transfers mothers ~ 1% of a household's per capita consumption (a relatively small transfer and the smallest transfer in LAC). The program requires compliance with prenatal and child care services, and therefore the outcomes under study are: stillbirths, early prenatal care, prenatal visits, skilled birth attendance and children's health check-ups.

How they do it: The authors are innovative as they implement different identification strategies and data sets to study program effects. They use seemingly exogenous variation in program restrictions to instrument enrollment rates across municipalities and time. The program operational features also offers unique opportunities for the identification (such as the available offer of payment centers that allows for an IV strategy, and the specific pay-for-compliance design which allows to disentangle pure income effects).

Main results: the authors show that BJA reduced the rate of stillbirths in 38.8% (and combine administrative data and vital statistics to explore this). Consistently, using Census data, they find that BJA increased the survival rates of cohorts exposed to the program in 18.2%. Using household data and comparing across pregnancies for the same mother, the results show higher rates of early prenatal care (17%), of having four prenatal visits (16%), and skilled birth attendance (15%) among women enrolled. Using a discontinuity on age-eligibility rules they also see an increased utilization of health services for children. Comparisons across siblings show mixed results on final health outcomes.

Points for discussion

A note on the "accounting" of stillbirths and infant mortality: extremely preterm births may be considered a miscarriage or still birth in other countries. You, I understand, consider them as stillbirths if fetus is born dead. But, since survival before or around the cut-off of 28 weeks or under 500 grams is very rare, categorizing these births as live births will inflate reported infant mortality rates is not it? And therefore "deflate" your accounting of stillbirths maybe?

Impacts: Is there any data on the quality of pre-natal and post-natal services provided? That would add to your future research in terms of whether "good" prenatal visits matter more than "bad" ones, and by how much?

Heterogeneity of impacts: In the USA. Infant mortality rates are due entirely, or almost entirely, to high mortality among less advantaged groups. Or, more bluntly, babies born to poor moms in the U.S. are significantly more likely to die in their first year than babies born to wealthier moms. In relation to your impact estimates in Tables 5-Table 14, I see the heterogeneity in the urban-rural dimension, but I believe the indigenous-non-indigenous dimension might be worthwhile exploring, or there is not enough sample to do that cut?

Effectiveness of intervention: Authors state that the the intervention is highly cost-effective, at \$718.8 USD per DALY averted, or 26% of GDP. This seems huge. and would love to see in the paper an appendix with further details on this calculation and, mainly, the assumptions behind it.

Also, it'd be very informative for policy makers to analyze: a simple Cost-Benefit (CB) ratio, and also the checkup specific CB ratio and compare it with other designs (flat, or others). For instance, seeing the CB

of skilled birth attendance being higher than the CB of prenatal visits could be very important for future design tweaks in CCTs.

Minor points

References years for external sources: Something is confusing why you refer to 2008, or 2009, or 2011, I guess it's because of different data sources. I guess you could revise the writing in this sense.

Page 10 and SUMI: Is it really 82% of women not covered by SUMI in 2012? Could be nice to explain why such a large number