Table 2. Prevalence ratios from individual- and district-level analyses

	Individual level analysis		District level analysis	
Mothers	Prevalence ratio (95%CI) $n = 5143$	p	Prevalence ratio (95%CI) $n = 24\,242$	p
Anaemia	0.89 (0.79–1.00)	0.058	1.00 (0.92–1.08)	1.000
Underweight	0.39 (0.18–0.85)	0.018	0.69 (0.46–1.04)	0.079
Overweight	1.06 (0.98–1.15)	0.173	0.94 (0.90–0.98)	<0.001
Children	Prevalence ratio (95%CI) $n = 5083$	p	Prevalence ratio (95%CI) $n = 10\,058$	p
Acute malnutrition	1.19 (0.57–2.46)	0.644	0.49 (0.32–0.73)	0.001
Anaemia	0.93 (0.86–1.00)	0.040	1.09 (1.01–1.17)	0.035
Complications after delivery	0.92 (0.81–1.05)	0.225	0.96 (0.86–1.07)	0.437

(PR = 0.92, 95%CI = 0.81–1.05) or district-level analyses (PR = 0.96, 95%CI = 0.86–1.07, Table 2).

A comparison of data from 2007 for Juntos and non-Juntos districts showed that the difference in overweight among women described above was even greater prior to the implementation of Juntos. Similarly, the observed district-level differences in anaemia in children after Juntos were greater prior to Juntos (Table 3).

The comparison with pre-intervention prevalence provides relevant evidence in support of our results (Table 3). Before the implementation of the programme, there was an absolute difference of 17.6% in the prevalence of childhood anaemia between intervention and non-intervention districts. This difference was reduced to 11.7% after Juntos implementation. For underweight the pre-intervention difference was only 0.2% and in the opposite direction, and went up to only 0.9%, which are small differences compared to anaemia in children. For overweight the difference

went down from only 3.9 to 2.0% (again, with higher prevalences in the non-Juntos districts).

Sensitivity analysis

The introduction in the propensity score model of a grouped variable measuring the prevalence of chronic malnutrition in children in the district before implementation of the programme did not change the point estimates for the main effect by more than 11%. The increase in the width of the confidence intervals can probably be attributed to the reduction in sample size. After restricting the analysis to participants who lived in districts with information on pre-intervention outcomes the sample size was reduced from 24 242 to 4324 records for women, and from 10 058 to 1556 records for children. Moreover, the addition of the prevalence for each indicator before implementation of the programme in the propensity score did not affect the point estimates for the main

Table 3. Characteristics of districts before (2007) and after (2013) implementation of Juntos

	District did not implement Juntos		District implemented Juntos	
	2007	2013	2007	2013
	Prevalence % (95%CI)	Prevalence % (95%CI)	Prevalence % (95%CI)	Prevalence % (95%CI)
Mothers	$n = 108$		$n = 25$	
Anaemia	25.3 (22.8–27.8)	18.9 (16.6–21.1)	29.8 (23.2–36.4)	25.2 (20.0–30.4)
Underweight	1.8 (1.1–2.4)	1.9 (1.4–2.4)	1.6 (0.2–2.9)	1.0 (0.3–1.6)
Overweight	51.3 (48.4–54.1)	58.0 (55.6–60.5)	47.4 (40.5–54.3)	56.0 (51.7–60.3)
Children	$n = 103$		$n = 25$	
Acute malnutrition	2.0 (0.5–3.4)	0.6 (0.2–0.9)	1.2 (0.0–2.5)	0.7 (−0.5–1.9)
Anaemia	36.0 (30.4–41.5)	33.5 (29.8–37.1)	53.6 (43.5–63.6)	45.2 (36.4–54.0)
Complications after delivery	35.3 (31.2–39.4)	32.0 (28.6–35.3)	29.4 (24.0–34.8)	27.4 (21.2–33.7)