

## Nutrition in Emergencies Research Priorities—Presentation and Workshop —Day 2

- Evidence on the Effectiveness of Nutrition Interventions in Humanitarian Settings & Research Gaps (JHU, Elrha—Shannon Doocy)
- A light touch mapping of the current research gaps and priorities in nutrition in emergencies (GNC Technical Alliance, Emergency Nutrition Network—Eilise Brennan)
- Hearing from you—research priorities, challenges translating research to practice, field research support needs





# CONTENTS

- Welcome
- Presentation
  - Methods for literature review and light touch research mapping exercise
  - Findings by thematic area
  - Cumulative evidence base, research gaps and priorities
- Facilitated Breakout Sessions
- Breakout Report Back & Next Steps



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# METHODS

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# METHODS: HUMANITARIAN HEALTH EVIDENCE REVIEW (HHER2)

## Review Aim

- Assess the current quality and depth of evidence for effectiveness of public health interventions in humanitarian crises.
  - Nutrition is one of nine topic areas of focus

## Study Design

- Builds on the first Elrha Humanitarian Health Evidence Review (2015), and using a similar methodology to provide an update on the state of the evidence for nine topics of humanitarian health.
  - Systematic search of key publication databases of peer reviewed literature with dual title and abstract screening
  - Data extraction and risk of bias assessment performed by a single reviewer, and topic area synthesis by two team members and review by a topic area expert

# METHODS: HHER2

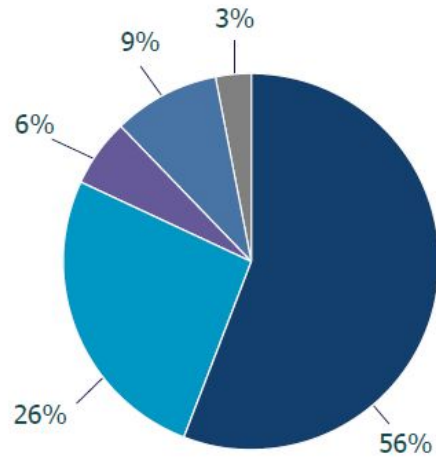
## Inclusion Criteria

- **Population:** emergency-affected non-displaced, internally displaced, refugees
- **Types of Study:** Experimental, quasi-experimental, observational and mixed methods that evaluate intervention effectiveness; economic evaluations
- **Outcomes:** individual and population health indicators, health service/program outputs
- **Publications:** peer-reviewed journal, published in English from 1 May 2013 to 30 April 2021

Overall, 28,236 articles were retrieved in the search and 269 articles were included. Of included publications, 34 focused on nutrition.

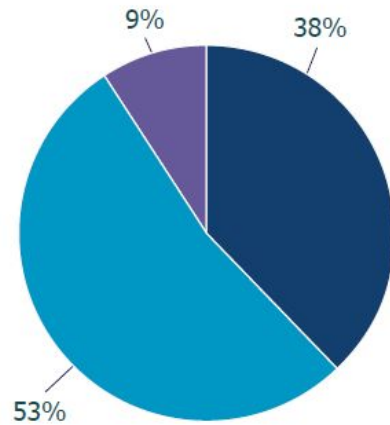


# HHER2: NUTRITION STUDY CHARACTERISTICS



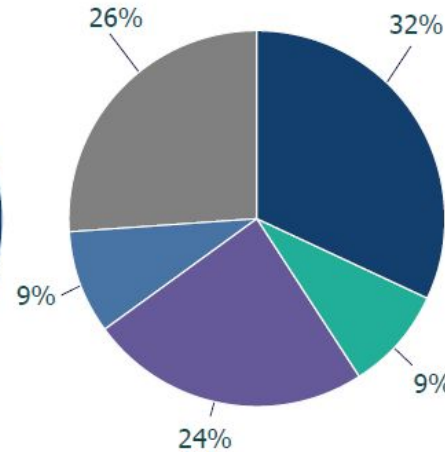
**By region**

- Africa
- Asia
- Latin America and Caribbean
- Middle East
- Multiple regions



**By crisis type**

- Armed conflict
- Environmental disaster
- Multiple crises



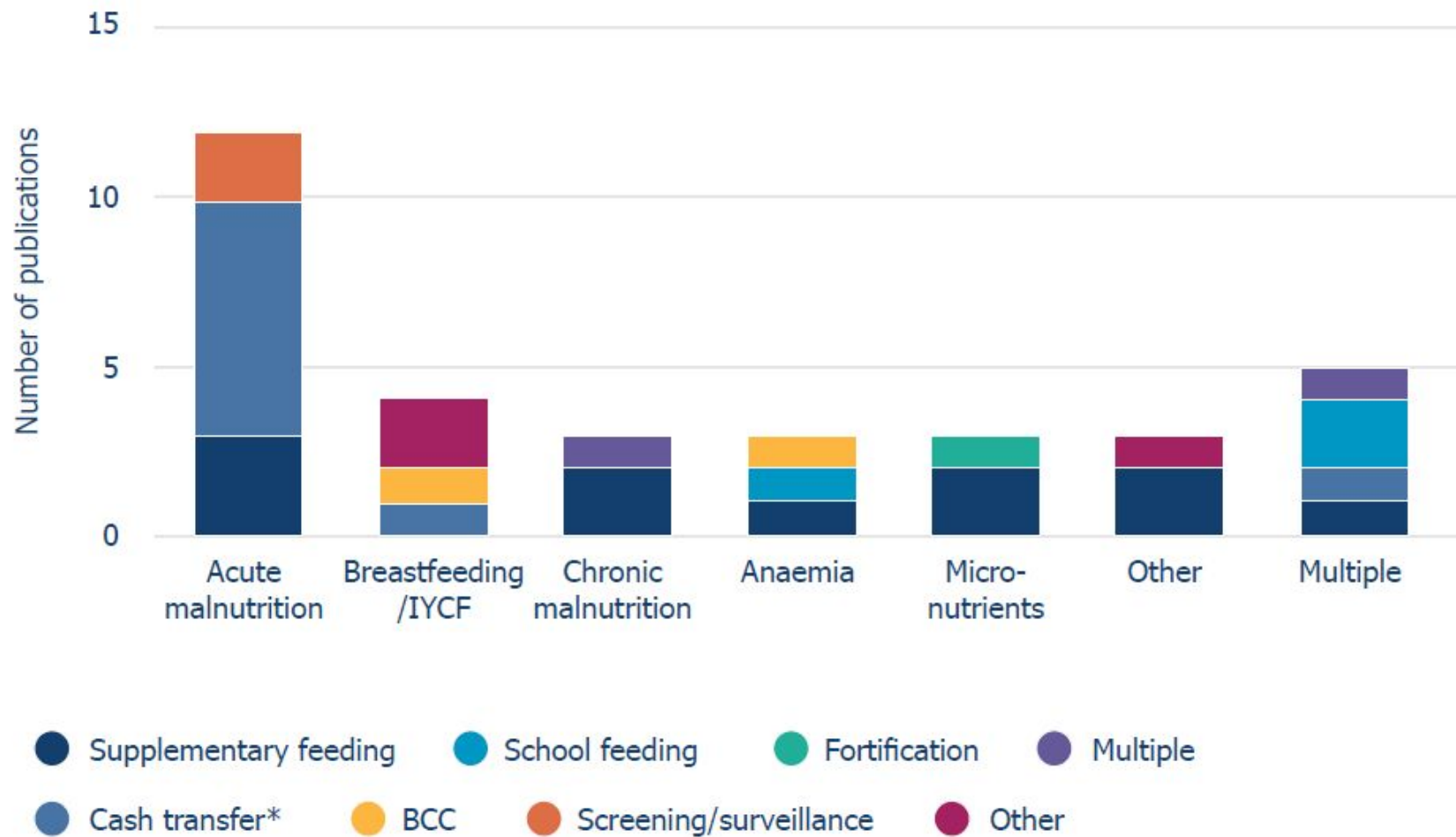
**By population type**

- Affected (non-displaced)
- Internally displaced
- Refugee
- Multiple populations
- Not specified

**Study types:**  
 32% observational  
 26% randomized control trial  
 24% (quasi) experimental  
 9% mixed-methods  
 9% cost-effectiveness

The majority of studies (71%) are from non-camp settings.

# HHER2: TYPES OF INTERVENTIONS OF FOCUS



# METHODS: LIGHT TOUCH RESEARCH MAPPING

## EXERCISE

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The aim was to highlight the key research gaps in:

- Infant and young child feeding in emergencies (IYCF-E)
- Nutrition information systems (NIS)
- Prevention and treatment of wasting
- Management of small and nutritionally at-risk infants u6m and their mothers (MAMI)
- Cash and voucher assistance (CVA) for nutrition outcomes

to help better inform and encourage researchers, non-governmental organisations and donors involved in conducting nutrition in emergencies research.





# METHODS: LIGHT TOUCH RESEARCH MAPPING EXERCISE

## Infant and young child feeding in emergencies (IYCF-E)

### Research priorities for improving infant and young child feeding in humanitarian emergencies

[Claudine Prudhon](#) , [Ali Maclaine](#), [Andrew Hall](#), [Prisca Benelli](#), [Paige Harrigan](#) & [Jacqueline Frize](#)

- Mapped peer-reviewed research conducted since January 2022 in the IYCF-E repository against the 2016 research priorities.
- Explored with IFE Core Group members what they felt were the current key research priorities

“Ask any of us ‘can you show me the data?’ We barely have it”: A qualitative study of research priorities on infant and young child feeding in emergencies

## Management of small and nutritionally at risk infants u6m and their mothers (MAMI)

- Small-scale, non-systematic review of peer-reviewed and grey literature to identify research conducted since 2015 against the identified research priorities

GUIDELINES AND GUIDANCE

Research Priorities to Improve the Management of Acute Malnutrition in Infants Aged Less Than Six Months (MAMI)

Chloe Angood<sup>1</sup>, Marie McGrath<sup>1</sup>, Sagar Mehta<sup>2</sup>, Martha Mwangome<sup>3</sup>, Mary Lung'aho<sup>4</sup>, Dominique Roberfroid<sup>5</sup>, Abigail Perry<sup>6</sup>, Caroline Wilkinson<sup>7</sup>, Anne-Dominique Israel<sup>8</sup>, Cecile Bizouerne<sup>9</sup>, Rukhsana Haider<sup>9</sup>, Andrew Seal<sup>10</sup>, James A. Berkley<sup>11</sup>, Marko Kerac<sup>12,13\*</sup>, MAMI Working Group Collaborators<sup>1</sup>

# METHODS: LIGHT TOUCH RESEARCH MAPPING EXERCISE

## Nutrition information systems (NIS)

- We identified research gaps through a relatively small-scale, non-systematic review
- Members (6) of NIS GTWG ranked these questions in order of priority

## Cash and Voucher Assistance (CVA) for nutrition outcomes

- We identified research gaps through a relatively small-scale, non-systematic review
- Members (5) of CVA GTWG ranked these questions in order of priority

## Wasting

- Summarised research gaps previously identified, articulate any published work that has begun started to address these gaps.





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# FINDINGS BY THEMATIC AREA

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# IYCF: HHER2 FINDINGS

- **Four (12%) of the 34 nutrition articles focused on breastfeeding/IYCF**
- These included studies on a cash transfer intervention, a behaviour change communication (BCC) intervention (nurse home visits for infant feeding- counselling), baby-friendly spaces, and ready-to-use infant formula and baby tents in infant feeding programmes. Two of the four breastfeeding/IYCF articles were observational studies, and the remaining articles reported on a randomized controlled trial (RCT) and a mixed-methods study.
- Three of the breastfeeding/IYCF interventions were in armed conflict contexts and the other followed the 2010 earthquake in Haiti. All breastfeeding/IYCF articles reported on community-based interventions and three were conducted in camp settings.
- All four breastfeeding/IYCF articles reported intervention effectiveness. Breastfeeding practices were measured in three of the four articles and WAZ was the primary outcome in the fourth article. The three articles reporting breastfeeding outcome measures also reported other outcomes, including: psychosocial well-being and support, IYCF knowledge and dietary outcomes.

# IYCF-E: LIGHT TOUCH RESEARCH MAPPING

- What is the effectiveness and cost effectiveness of different complementary feeding interventions?
- To what extent are cash transfers used to buy breastmilk substitutes?
- How to design relactation interventions and how effective/cost effective are they?
- How to effectively link and mainstream IYCF-E interventions?
- What is the long-term effect of IYCF-E interventions?
- When necessary, what is the most effective mechanism for supplying breast milk substitutes and how can it be best managed?
- How to provide effective psychosocial support to caregivers?
- How to calculate the impact of specific IYCF-E programmes on outcomes such mortality?
- When use of infant formula is necessary what are the pros and cons of ready to use infant formula vs powdered infant formula?
- How to determine the number of potential beneficiaries and coverage of IYCF-E programmes?

# WASTING: HHER2 FINDINGS

- **Thirteen (38%) of the 34 nutrition articles focused on wasting**
- Of these, more than half (n=8, 62%) were cash transfer interventions; remaining articles focused on supplementary feeding (n=3, 23%), with one article each on MUAC screening in a polio vaccine campaign and nutrition sentinel site **surveillance. The 13 articles reported findings from 7 unique studies (four reported on Research on Food Assistance for Nutritional Impact (REFANI) studies).**
- Almost **all wasting interventions were** community-based (n=12, 92%) and most (n=7, 54%) were stand-alone interventions and not part of a multi-sector programme. A range of study designs were used including quasi-experimental Studies (n=4), RCTs (n=3), observational studies (n=3), economic evaluations (n=2) and one mixed-methods study (3 reported on cost effectiveness).
- **Intervention effectiveness** outcomes included wasting prevalence/incidence/odds (n=8, 62%); WHZ/WLZ (n=5, 38%); MUAC (n=4, 31%); weight gain (n=2, 15%) and diet (n=4, 31%). Wasting was the only area with enough studies reporting on a common outcomes to warrant summarization of findings.

# WASTING: LIGHT TOUCH RESEARCH MAPPING EXERCISE

## A RESEARCH AGENDA FOR ACUTE MALNUTRITION

A STATEMENT FROM THE COUNCIL OF RESEARCH & TECHNICAL ADVICE ON ACUTE MALNUTRITION (CORTASAM)



## Prevention of child wasting: Results of a Child Health & Nutrition Research Initiative (CHNRI) prioritisation exercise





Severine Frison , Chloe Angood, Tanya Khara, Paluku Bahwere, Robert E. Black, André Briend, Nicki Connell, Bridget Fenn, Sheila Isanaka, Philip James, Marko Kerac, Amy Mayberry, Mark Myatt, Carmel Dolan, on behalf of the wasting prevention Working Group Collaborators

Published: February 12, 2020 • <https://doi.org/10.1371/journal.pone.0228151>



RESEARCH ARTICLE

## Treatment of child wasting: results of a child health and nutrition research initiative (CHNRI) prioritisation exercise [version 1; peer review: 2 approved with reservations]

 Chloe Angood <sup>1</sup>, Marko Kerac <sup>2</sup>, Robert Black<sup>3</sup>, André Briend<sup>4,5</sup>, Kerstin Hanson <sup>6</sup>, Stephen Jarrett<sup>7</sup>, Mark Manary<sup>8</sup>, Marie McGrath<sup>9</sup>, Noël Zagre<sup>10</sup>, Natasha Lelijveld<sup>1</sup>, Amy Mayberry<sup>1</sup>, CHNRI collaborators, Council of Research & Technical Advice on Acute Malnutrition (CORTASAM)

### Key themes:

1. Impact/effectiveness of interventions for the treatment and prevention of wasting
2. Improving detection/targeting for prevention and treatment of wasting
3. Causal pathway for wasting
4. Integration of treatment and prevention of wasting into health system

**Session Title:** Nutrition in Emergencies Research Priorities—Presentation and Workshop

**Date:** 1<sup>st</sup> of Feb 2023



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# CVA: HHER2 FINDINGS

- **Ten (29%) of the 34 nutrition articles focused on cash transfer interventions.**
- Cash transfers were most frequently used in the context of **wasting** programs (n=8 studies), and included both conditional and unconditional cash transfers or a comparison of modalities. Outcomes were most often wasting prevalence and/or change in individual anthropometrics (WHZ, middle-upper arm circumference [MUAC]).
- HHER2 did not summarize findings by intervention type. For cash transfers, this would have been difficult due to the diversity (largely due to the diversity in cash transfer size, duration and aims). In general findings were mixed, with some studies reporting significant differences and others not.
- Cash transfers is a **rapidly growing area of research**—no articles were on cash transfers in HHER1, whereas cash was one of the more common interventions of study in HHER2.
- There is **little quality evidence on the efficiency or effectiveness of cash transfers** and nutrition, with research characterising the effectiveness of cash transfers in terms of anthropometric measurements previously characterised as a critical gap. There have been calls to expand the evidence base for cash and nutrition, particularly given rapidly increasing use of cash transfers and the anticipated continuation of this trend as the result of the humanitarian Grand Bargain.



# CVA: LIGHT TOUCH RESEARCH MAPPING EXERCISE

What are the most promising combinations of cash, voucher and in-kind assistance to prevent malnutrition in different contexts? What are the impact pathways? What modalities are more adequate for the individual feeding component? Are there any differences when targeting young children or pregnant and lactating women and girls?

What are the specific impacts and pathways conferred by complementary interventions to CVA and what are the contexts in which complementary interventions are required to prevent or reduce the risk of developing malnutrition?

How does the timing, frequency, duration, transfer amount, and choice of recipient of CVA impact nutrition outcomes?

Does the programme design impact different types of malnutrition differently?

What is the comparative cost effectiveness of the different assistance modalities and the same modality with different intervention design for preventing malnutrition?

What is the impact of CVA for nutrition outcomes on gender dynamics and decision-making power in the household?

# MAMI: LIGHT TOUCH RESEARCH MAPPING

1. **How should infant <6m with wasting be defined?**
2. What are the key opportunities/timing when infant wasting management can be incorporated with other healthcare programmes?
3. **What are the priority components of a package of care for outpatient treatment of wasted infant?**
4. Having detected wasting in the community, what is the efficacy of providing targeted skilled breastfeeding support to caregivers of stable infants?
5. How can existing tools be adapted and/or linked together to better identify and manage wasted infants <6m?
6. What are the most feasible tools and techniques for assessing treatment programme coverage for wasted infants <6m?
7. **What is the feasibility, effectiveness, cost-effectiveness, and impact of different approaches to promote early initiation and exclusivity of breastfeeding?**
8. What are the main barriers to existing inpatient interventions for wasted infants <6m and how might they be best addressed?
9. What is the effectiveness, cost, and safety of an outpatient-focused treatment model for infants with wasting?
10. Which supervision tools and approaches are most effective towards improving the front-line case management of wasted infants <6m?

*Note: HHER2 did not summarize findings on MAMI specifically (the closest topic area was IYCF/BCC)*

# NIS: LIGHT TOUCH RESEARCH MAPPING EXERCISE

How to design 'good enough' data collection systems where SMART surveys aren't possible?

How to obtain accurate nutrition information in the absence of surveys such as SMART assessments, for example, during COVID-19?

How can mortality and malnutrition estimation be better contextualised across different contexts and countries?

How can we utilise innovations such as digital technologies to provide more accurate, timely and comprehensive nutrition data?

How can we use data on food systems to inform decisions that have an impact on nutrition in emergencies?

How can we improve coverage estimates of nutrition-specific and nutrition-sensitive interventions?

Note: HHER2 did not summarize findings on NIS

# ANAEMIA AND MICRONUTRIENTS: HHER2 FINDINGS

- **Six (18%) of the 34 nutrition articles focused on anaemia and/or micronutrients**
- Anaemia interventions included BCC, school feeding and supplementary feeding. Micronutrient articles reported on supplementary feeding and fortification. Anaemia/micronutrient articles included observational (n=3), RCT (n=2) and mixed-methods studies (n=1).
- Studies were evenly divided between Asia and Africa. The three studies in environmental disasters were conducted outside of camps whereas studies in conflict settings were all conducted in camps (one also included non-camp populations).
- Outcome measures in all three anaemia articles necessarily included prevalence and haemoglobin levels (two articles). The three micronutrient articles reported on very different outcomes: 1) study of micronutrient-fortified flour for pregnant women that reported on small-for-gestational age and preterm birth prevalence; 2) complementary food supplementation in children aged 6–24 months of age, which reported a range of reported anthropometric outcomes; and 3) adherence, and acceptability and consumption of a lipid-based nutrient and micronutrient powder.

# CHRONIC MALNUTRITION: HHER2 FINDINGS

- **Only three (9%) of the 34 nutrition articles focused on stunting**
- Two publications reported on an RCT of a food-assisted maternal and child health and nutrition programme in Guatemala (supplementary feeding); one was an economic evaluation that also examined comparable interventions in Burundi. The third article reported on a quasi-experimental study that evaluated a number of social and economic development, health and water, sanitation and waste management interventions in Angola.
- All stunting articles were community-based and implemented in non-camp settings, two of which were rural and the third was in both urban and rural areas.
- Of the three stunting articles, two reported on intervention effectiveness and one reported on cost effectiveness. The two studies reporting intervention effectiveness both analysed HAZ/LAZ as the primary outcome and one reported stunting prevalence. Outcomes in the economic evaluation included programme costs per beneficiary and costs per percentage point reduction in stunting.



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# CUMULATIVE EVIDENCE BASE, RESEARCH GAPS AND PRIORITIES

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# PROGRESS ON ADDRESSING RESEARCH GAPS: HHER2

## 1<sup>st</sup> Humanitarian Health Evidence Review

- IYCF interventions
- Prevention and management of MAM and stunting
  - Tools for monitoring and evaluation
- Context/population specific interventions
  - Long-term effectiveness/outcomes

## Progress on Addressing Gaps

- There was greater diversity in HHER2 research topics, and breastfeeding/ IYCF and stunting were the second and the third most common topic areas respectively.
- Few of the other areas recommended for future research in HHER1 were represented in HHER2.
- In general, there has been only modest progress towards addressing evidence gaps and more diverse and high quality research is still needed.

# KEY FINDINGS, GAPS AND PRIORITIES: HHER2

## Evidence base

- Diverse, with a focus on general populations affected by conflict or natural disasters, mostly in Africa.
- Wasting was the most frequent outcome of focus, and the most common interventions of study were supplementary feeding and cash transfers.

## Recommendations

- Wasting remains a justifiable priority area—evidence from non-humanitarian contexts is considerable and should be consulted to inform research priorities when considering priorities and gaps in humanitarian settings.
- Other priority areas include the impact of cash transfers as well as interventions to improve breastfeeding, breast milk substitutes, re-lactation, complementary feeding, nutrition education, and multi-sectoral interventions.
- Consider persistent evidence gaps including targeting of people with disabilities and older adults, service delivery, and long-term effects of interventions. Align research with wasting burden and focus more on Asia.
- With respect to measurement and reporting in future research, use of standard definitions and common nutrition outcome indicators, use of control/comparison groups and a focus on long-term effects of interventions should be prioritised to better enable comparison of results across studies and an understanding of the longer-term benefits and effectiveness of interventions.



# KEY FINDINGS, GAPS AND PRIORITIES: LIGHT TOUCH RESEARCH MAPPING



- **Knowledge gaps:**
  - Lack of research on NIS and impact of CVA on children’s and women/girls’ nutritional status in emergency contexts.
  - Need for more research on interventions to improve the identification and management of small/nutritionally at-risk infants and their mothers, prevention of wasting including through improving preconception nutrition, the need to further understand and identify children most at risk of adverse outcomes associated with wasting, management of breastmilk substitutes, re-lactation and complementary feeding.
- A **critical challenge** is the lack of high-quality research
- Research need to be designed to answer practical questions that exist on intervention design, feasibility and cost-effectiveness.
- Consensus on the most important gaps need to be better articulated by practitioners and be more visible to researchers looking to conduct research in emergency settings.



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**THANK YOU!**  
**QUESTIONS?**

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# REFERENCES

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# BREAKOUT SESSIONS

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# THEMATIC AREAS



Infant and young child feeding in emergencies (IYCF-E)



Management of small and nutritionally at-risk infants under 6 months and their mothers (MAMI)



Wasting



Cash and Voucher Assistance (CVA) for nutrition outcomes



Micronutrients and stunting (no breakout room)



Nutrition Information Systems (NIS)



Coordination (breakout room with NIS only)

# BREAKOUT SESSIONS



- **Room 1: Management of Small and Nutritionally At-Risk Infants**
  - Rapporteur Clive, Note-Taker Yaritza
- **Room 2: Infant and Young Child Feeding in Emergencies**
  - Rapporteur Sarah, Note-Taker Karin
- **Room 3: Wasting**
  - Rapporteur Freya, Note-Taker Alfred
- **Room 4: Cash & Voucher Assistance in Nutrition in Emergencies**
  - Rapporteur Tonia, Note-Taker Courtney
- **Room 5: Coordination & Nutrition Information Systems**
  - Rapporteur Georgia, Note-Taker Annie

# BREAKOUT ROOM QUESTIONS—MAMI, IYCF-E, WASTING, CVA

- Are these the right research priorities in the particular thematic area? What research priorities in this thematic area are missing? How should these priority questions be prioritized? (e.g., what's most urgent? Most impactful? Most neglected?)
- There have been previous research priority setting exercises in the past, but why aren't these research areas moving forward? What can be done to increase the likelihood that these gaps will be addressed and policy/practice changed?
- What are the gaps between research and implementation? What are some strategies to improve the research to practice pipeline?

# BREAKOUT ROOM QUESTIONS— COORDINATION

- What are the gaps that we have in the understanding of good coordination?
- How can coordination help to facilitate and implement research in early stage response? Any good examples of coordination supporting an enabling environment for early response research? What can we learn from this?
- Are these the right research priorities in the particular thematic area (NIS)? What research priorities in this thematic area are missing? How should these priority questions be prioritized? (e.g., what's most urgent? Most impactful? Most neglected?)
- What are the gaps between research and implementation? What are some strategies to improve the research to practice pipeline?





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# BREAKOUT SESSIONS - REPORTING BACK

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# BREAKOUT SESSIONS—REPORTING BACK



- **Room 1: Management of Small and Nutritionally At-Risk Infants**
  - Rapporteur Clive
- **Room 2: Infant and Young Child Feeding in Emergencies**
  - Rapporteur Sarah
- **Room 3: Wasting**
  - Rapporteur Freya
- **Room 4: Cash & Voucher Assistance in Nutrition in Emergencies**
  - Rapporteur Tonia
- **Room 5: Coordination & Nutrition Information Systems**
  - Rapporteur Georgia



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# NEXT STEPS AND CLOSING

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# HHER2

## Summary of Wasting Related Findings

Author, Location, Comparison groups & Intervention Type		Results		
Bliss (2018) Niger Cash transfer	Two group comparison Children 6-24 months Cash (Ca) vs. control (Co)	Odds of Wasting aOR <i>0.04 (0.2-0.12), p&lt;0.001</i>	Mean WHZ Ca: 0.3 ± 1.0 Co: -1.2 ± 1.0 <i>aDiD: 1.82, p&lt;0.001</i>	Mean MUAC Ca: 1.42cm ± 0.10 Co: 1.37cm ± 0.10 <i>aDiD: 0.7cm, p&lt;0.001</i>
Doocy (2020a) Somalia Cash transfer	Two group comparison Pregnant + lactating women Vouchers vs. mixed transfers	Wasting Prevalence V: 2.9% (-0.4-6.1%) M: 0.0% (0.0-1.4%) aDiD: -2.9%, p=0.086		Mean MUAC (aDiD) V: 0.9cm (0.6-1.3) M: 1.3cm (1.1-1.5) aDiD: 0.4cm, p=0.086
Doocy (2020b) Somalia Cash transfer	Two group comparison Children 6-59 months Vouchers vs. mixed transfers	Wasting Prevalence V: 0.7% (-13.1-24%) M: -4.8% (-12.0-6.4%) aDiD: -5.5%, p=.58		Mean MUAC (cm) V: 0.5 cm (0.0-0.8) M: 0.1 cm (-0.2-0.4) aDiD: -0.4 cm, p=0.13
Fenn (2017) Pakistan Cash Transfer	Three group randomized trial Children 6-48 months Single cash (SC), double cash (DC), fresh food voucher (FV)	Odds of Wasting aOR SC= 1.1 (0.7-1.7), p=.66 DC= 0.80 (0.5-1.2), p=0.32 FV= 1.2 (0.8-1.8), p=0.50;	Mean WHZ SC=-0.1 (-0.2-0.0) DC=0.0 (-0.1-0.1) FV=0.0 (-0.1-1)	
Fabiansen(2016) Burkina Faso Sup. Feeding	Two group comparison Children 6-23 mos. w/ MAM Length <67cm vs. >67cm		No significant difference in weight gain velocity	MUAC Increase: 6% across groups, no significant
Grijalva-Eternod (2018) Somalia Cash transfer	Two group comparison Children 6-59 months Cash (Ca) vs. control (Co)	Wasting Prevalence Ca: -5.2 (-9.1—1.3) Co: -6.3 (-11.8—0.8) DiD: 1.1 (-5.6-7.8)	Mean WHZ Ca: 0.3 (0.0-0.5) Co: 0.5 (0.4-0.6) DiD: -0.2 (-0.5-0.5)	Mean MUAC (cm) Ca: 0.4 (0.2-0.6) Co: 0.4 (0.1-0.6) DiD: -0.1 (-0.4-0.2)
Leroy (2016a) Burundi Sup. Feeding	Four group randomized trial Children 6-24 months Preg →18 mos (P18), Preg→24 months (P24), Birth → 24 mos (B24) vs. controls	Wasting prevalence (DiD) P18: -4.5%, p<0.01 P24: -1.6%, NS B24: -2.6%, NS		
Sibson (2018) Niger Cash transfer	Two group randomized trial Children 6-24 months 6 mos. vs. 4 mos. transfers	GAM prevalence aOR 1.1 (0.8-1.6), p=.63		MUAC<12.5cm aOR 0.9 (0.4-2), p=0.77

\*aDiD = adjusted difference in difference; aOR = adjusted odds ratio; *italic* indicates statistically significant difference