Online Supplementary Document

Bliss et al. An emergency cash transfer program promotes weight gain and reduces acute malnutrition risk among children 6-24 months old during a food crisis in Niger

J Glob Health 2018;8:010409

SUPPLEMENTARY TABLE 1 Anthropometric and dietary indicators of children in households receiving cash transfers (n=150) and those in comparison households (n=138) at baseline, midline, and endline¹ (Conservative sample: n=150 cash households, n=138 comparison households)

Variable	Baselin	e measure		Midline measure			Endline measure			
	Cash	Comp	P ²	Cash	Comp	Р	Cash	Comp	Р	
Age ³ (mo.)	13.6±5	13.7±5	0.96	14.9 ± 5.0	14.9±4.7	0.97	15.7 ± 5.0	15.8 ± 4.7		
Age category										
6-8 mo.	33 (22)	21 (15)		22 (15)	15 (11)		12 (8)	7 (5)		
9-12 mo.	31 (21)	31 (23)		25 (17)	20 (15)		27 (18)	19 (14)		
13-24 mo.	86 (57)	86 (62)	0.34	95 (63)	97 (70		100 (67)	104 (75)		
Sex (female)	75 (50)	63 (46)	0.46	8 (5)	6 (4)	0.64	11 (7)	8 (6)	0.43	
Weight (kg)	7.9±1.0	8.2±1.0	0.02	9.5±1.5	8.8±1.2	< 0.01	9.7±1.5	8.7±1.2	< 0.01	
WHZ ⁴	-1.5 ±	-1.0 ±	< 0.01	0.3 ± 1.0	-0.7±1.0	< 0.01	0.3±0.9	-1.2±1.0	< 0.01	
	1.1	1.1								
MUAC ⁵ (mm)	137 ± 8	139 ±9	0.02	136±9	139±10	0.04	141±9	138±10	< 0.01	
Breastfed 6 (%)	124 (83)	120 (87)	0.30	120 (80)	111 (80)	0.93	118 (79)	107 (78)	0.84	
Meal frequency	4 ± 2	4 ± 2	0.33	4±2	3±2	< 0.01	5±2	4±2	< 0.01	
Diet diversity ⁸	3 ± 2	2 ± 2	0.16	3±1	2±1	< 0.01	4±1	3±1	< 0.01	
CMAM ⁹ (%)	0 (0)	0 (0)	-	6 (4)	1(1)	0.07	15 (10)	12 (9)	0.69	
Recently ill ¹⁰ (%)	77 (51)	56 (41)	0.07	91 (60)	90 (65)	0.43	87 (58)	91 (66)	0.17	
Days passed ¹¹	-	-	-	39±4	38±3	< 0.01	64±3	63±2	<0.01	

¹ Values are mean ± standard deviation or n (%) as appropriate. ² P-values are reported for t-tests comparing means of continuous variables or Chi-squared tests comparing frequencies of categorical variables. ³ Age was determined by looking at birth certificates when available (n=134) or estimated by mothers. ⁴ Weight-for-height Z score. ⁵ Mid-upper arm circumference. ⁶Any breastfeeding in the last 24 hours. ⁷ Number of meals in the last 24 hours, not including breast milk feeding. ⁸ Number of food groups consumed according to the World Health Organization guidelines for infant and child feeding, which considers 7 groups (grains, legumes, fruits and vegetables rich in Vitamin A, eggs, animal flesh foods, dairy, and other fruits or vegetables). ⁹ Child currently enrolled in Community-based Management of Acute Malnutrition (CMAM) and receiving supplementary foods. ¹⁰ Presence of diarrhea, fever, difficulty breathing, cough, or any other illness in the last 2 weeks, as reported by the mother. ¹¹ Days passed between surveys.

SUPPLEMENTARY TABLE 2. Difference in difference estimations between children in households receiving cash transfers (n=150) and those in comparison households (n=138) at three intervals¹ (Conservative sample: n=150 cash households, n=138 comparison households)

Variable							
	Baseline to	Midline	Midline to	Endline	Baseline to Endline		
	DID ²	Р 3	DID	Р	DID	Р	
Weight (kg)	0.90	< 0.001	0.32	0.17	1.22	< 0.001	
WHZ ⁴	1.44	< 0.001	0.48	0.003	1.92	< 0.001	
MUAC ⁵ (mm)	0.14	0.93	5.6	< 0.001	5.7	< 0.001	
Breastfed 6 (%)	5	0.47	1	.90	6	0.40	
Meal frequency 7	1	0.002	0	0.81	1	0.002	
Diet diversity ⁸	1	0.001	0	0.63	1	< 0.001	
CMAM ⁹ (%)	3	0.06	-2	0.61	1	0.71	
Recently ill ¹⁰ (%)	-16	0.05	-3.4	0.68	-19	0.02	

¹Values are mean ± standard deviation or n (%) as appropriate. ² Difference in differences (double difference). ³P-values are reported for difference in difference estimations. ⁴Weight-for-height Z score. ⁵ Mid-upper arm circumference. ⁶Any breastfeeding in the last 24 hours. ⁷ Number of meals in the last 24 hours, not including breast milk feeding. ⁸Number of food groups consumed according to the World Health Organization guidelines for infant and child feeding, which considers 7 groups (grains, legumes, fruits and vegetables rich in Vitamin A, eggs, animal flesh foods, dairy, and other fruits or vegetables). ⁹Child currently enrolled in Community-based Management of Acute Malnutrition (CMAM) and receiving supplementary foods. ¹⁰ Presence of diarrhea, fever, difficulty breathing, cough, or any other illness in the last 2 weeks, as reported by the mother.

Supplementary Table 3. Weight gain velocity of children in households receiving cash transfers (n=150) and those in comparison households (n=138) at three intervals¹ (Conservative sample: n=150 cash households, n=138 comparison households)

Variable	Baseline to Midline			Midline to Endline			Baseline to Endline		
	Cash	Comp	P ²	Cash	Comp	Р	Cash	Comp	Р
Weight gain velocity ³(g/kg/d)	5.3±4.5	2.5±4.3	<0.001	0.9±0.5	-0.5±2.3	<0.001	3.7±2.7	1.3±2.6	<0.001
Age category									
6-8 mo.	2.7±4.6	1.±5	0.28	1.0 ± 0.2	-1.1±1.7	< 0.001	2.1±2.9	0.2±3.1	0.03
9-12 mo.	5.4±4.1	3.0 ± 4.7	0.04	0.8±0.6	-0.3±2.0	< 0.01	3.7±2.4	1.6 ± 2.7	< 0.01
13-24 mo.	6.3±4.2	2.6±3.9	< 0.001	0.9±0.6	-0.4±2.5	< 0.001	4.2±2.5	1.4 ± 2.4	< 0.001

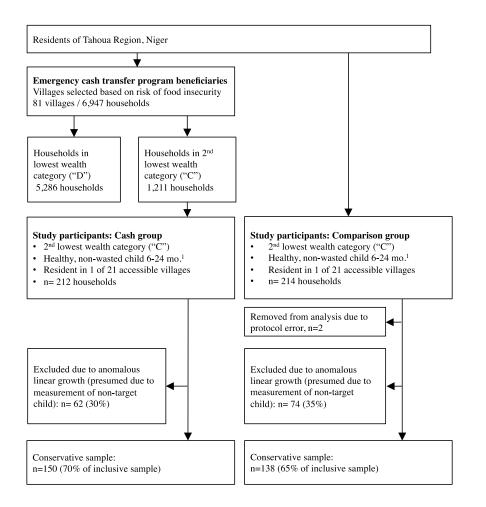
¹Values are mean ± standard deviation. ² P-values are reported for t-tests comparing mean weight gain velocity for each interval. ³Grams gained per kilogram of body weight per day, using the body weight at the beginning of each respective interval.

	Weight	CI ²	P ²	WHZ ³	CI	Р	Odds of AM 4	CI	Р
Effect of cash									
Baseline-Midline	0.92	0.68-1.17	< 0.001	1.43	1.17-1.71	< 0.001	0.23	0.09-0.67	0.01
Baseline-Endline	1.23	0.99-1.49	< 0.001	1.91	1.65-2.19	< 0.001	0.05	0.02-0.16	< 0.001
Baseline WHZ	0.22	0.15-0.31	< 0.001	0.43	0.37-0.5	< 0.001	0.34	0.26-0.47	< 0.001
Age 5 (mo)	0.13	0.12-0.16	< 0.001	0.02	0.01-0.04	0.04	0.98	0.93-1.04	0.38
Sex (f)	-0.32	-0.510.15	< 0.001	0.06	-0.09-0.2	0.43	0.67	0.41-1.13	0.13
Breastfed ⁶	-0.49	-0.680.32	< 0.001	-0.04	-0.22-0.13	0.61	1.24	0.66-2.36	0.50
Recently ill 7	-0.08	-0.21-0.05	0.21	-0.07	-0.2-0.05	0.24	1.38	0.87-2.22	0.18
Vaccinated (Penta)									
8	0.05	-0.09-0.2	0.48	-0.01	-0.15-0.13	0.89	0.87	0.52-1.45	0.59
CMAM ⁹	-0.24	-0.56-0.09	0.15	-0.09	-0.41-0.23	0.58	4.04	1.41-11.64	0.01

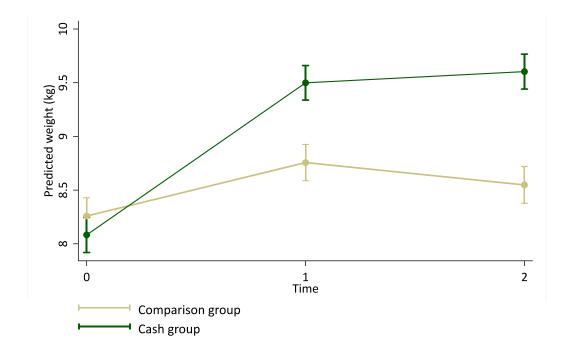
Supplementary Table 4. Associations between cash transfer intervention and child weight, weight-for-height Z scores, and the odds of acute malnutrition (Conservative sample: n=150 cash households, n=138 comparison households)

¹ Coefficients produced by a multilevel mixed-effects linear regression model predicting changes in child weight (N=863). ² 95% confidence interval and P values associated with each model coefficient. ³ Coefficients produced by a multilevel mixed-effects linear regression model predicting changes in child WHZ (weight-for-height Z score) (N=863). ⁴ Coefficients are odds ratios produced by a mixed effects logistic regression model predicting the odds of acute malnutrition in children in households receiving cash relative to those in comparison households (N=864). ⁵Age was determined by looking at birth certificates when available (n=134) or estimated by mothers. ⁶Any breastfeeding in the last 24 hours. ⁷ Presence of diarrhea, fever, difficulty breathing, cough, or any other illness in the last 2 weeks, as reported by the mother. ⁷ Child had the Penta 3 vaccination. ⁸Child currently enrolled in Community-based Management of Acute Malnutrition (CMAM) and receiving supplementary foods.

Supplemental Figure 1- Participant Flow (Conservative sample)



Supplemental Figure 2



Supplemental Figure 2. Predicted weight of children in households receiving cash (n=150) and those in comparison households (n=138) at baseline, midline, and endline. Weight was predicted by a multilevel mixed effects linear regression model, adjusting for child sex (male or female), age (continuous), breastfeeding status, recent illness, baseline weight-for-height Z score, Penta vaccination history, and current enrollment in a therapeutic or supplementary feeding program (N=863).