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higher probability of living in poverty.<sup>1</sup> Stunted children are also at an increased risk of morbidity and childhood mortality from infectious diseases.<sup>2</sup> In this brief, Innovations for Poverty Action's Path-to-Scale Research team has compiled evidence from interventions to improve child growth and nutritional status<sup>3</sup> in low and middle-income countries (LMICs).

Based on the research, the following are key lessons to consider<sup>4</sup>:

 Consumption of small-quantity lipid-based nutrient supplements improves linear growth and nutritional status.	 Micronutrient supplementation for children under the age of two reduces the risk of anemia but does not improve growth.
 Cash transfers combined with social and behavior change communication can facilitate improved child growth.	 Maternal supplementation during pregnancy improves birth and infant outcomes.
 Home-based growth monitoring by caregivers can support improved child growth.	 Complementary feeding education alone can improve feeding practices but not growth.
 Increased consumption of animal-source foods can benefit child growth in some contexts.	 Nutrition-sensitive agricultural interventions have mixed effects on child growth.
	 Water, sanitation and hygiene interventions (WASH) are insufficient for improving child growth.

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# Improving Child Growth and Nutrition: Lessons from Rigorous Evidence

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