World Vision

Ethiopia SPIR II Community-Based Participatory Nutrition Promotion (CPNP) learning brief

SPIR II teaches mothers like Elili how to correctly monitor their children's malnutrition with MUAC bands from home.

Early detection and timely management of malnutrition by caregivers can improve child health outcomes, prevent the progression of acute malnutrition, and reduce the costs associated with treatment. Strengthening caregiver knowledge and skills is therefore an important component of community-based approaches to addressing childhood malnutrition.

The Community-Based Participatory Nutrition Promotion (CPNP) program is a two-week, learning-by-doing initiative that engages caregivers in cooking and active feeding demonstrations to rehabilitate malnourished children using locally available and affordable foods. It is designed to bridge the gap between infant and young child feeding (IYCF) promotion and community-based management of acute malnutrition (CMAM).

Who participates in CPNP?

CPNP targets mildly to severely underweight children as well as children with moderately acute malnutrition (MAM) identified through growth monitoring at the community level and nutrition screening at home using the Family MUAC (mid-upper arm circumference) approach. Family MUAC enables early, caregiver-led screening using color-coded MUAC tapes at home, allowing caregivers to self-refer children for timely support.

- **Yellow (MAM):** Children enrolled in the CPNP program.
- **Red (SAM):** Children referred to the nearest health facility for treatment of severe acute malnutrition.
- **Children discharged from Outpatient Therapeutic Programs (OTP):** Enrolled in CPNP sessions to prevent relapse into malnutrition.
- **Growth monitoring:** Children with underweight of below -1 z-score are enrolled in CPNP.

How CPNP works

The CPNP model builds the technical and facilitation capacity of frontline health workers, strengthens community-based screening and referral systems, and promotes sustainable behavior change through hands-on nutrition education and household follow-up visits. Its effectiveness has been rigorously tested through a randomized controlled trial supported by Johns Hopkins Bloomberg School of Public Health.[1]

The meals prepared and fed to children during CPNP sessions include USDA commodities such as sorghum, yellow split peas, and fortified vegetable oil—nutritious products grown by American farmers and provided through U.S. food assistance programs. These ingredients form the foundation of community-based rehabilitation meals that teach families how to prepare balanced diets using both local and supplemental foods.

Meals contain wheat flour, split peas, carrot, tomato, vegetable oil, eggs, and potato; dry-season meals contain maize, sorghum, and chickpea flours, eggs, carrot, vegetable oil, whole milk, and papaya. Each 250g meal contains 600-700 kcal, 100% of protein needs, and more than 50% of vitamin A, iron, and zinc requirements.

1 Kang Y, Kim S, Sinamo S, Christian P. Effectiveness of a community-based nutrition programme to improve child growth in rural Ethiopia: a cluster randomized trial. Maternal Child Nutrition 2016. doi: 10.1111/mcn. 12349.

CPNP in SPIR II

World Vision has been implementing CPNP in Ethiopia for more than a decade. Through the Strengthen Productive Safety Net Program (PSNP) Institutions and Resilience (SPIR) II project, funded by the U.S. Department of State, CPNP has been championed as part of an integrated approach to improving child nutrition and household resilience.

As part of the broader SPIR II integrated nutrition, agriculture, and livelihoods model, CPNP connects caregiver education and child nutrition rehabilitation with efforts to strengthen household resilience and improve access to nutritious foods. Families supported with poultry kits have improved egg production and increased children's egg consumption, while home gardens supply nutrient-rich vegetables—such as kale, cabbage, and sweet potatoes—to enrich children's diets.

CPNP IMPLEMENTATION RESULTS IN SPIR II (2023–2025)

Through the SPIR II project, World Vision expanded implementation of CPNP across target communities in Ethiopia, reaching thousands of children through community-based screening, referral, and nutrition rehabilitation.

- More than **100,000 children were screened for underweight**, with more than 40,000 identified as having low weight-for-age and approximately 35,000 enrolled in CPNP sessions.
- More than **94% of children discharged from CPNP** by gaining at least 200g over two weeks.
- At three-month follow-up, **29,105 children (86%) sustained weight gain**; of these **26,509 (91%) who graduated from follow-up had returned to a healthy weight**.

Figure 1 – CPNP enrollment and graduation 2023-2025 by region

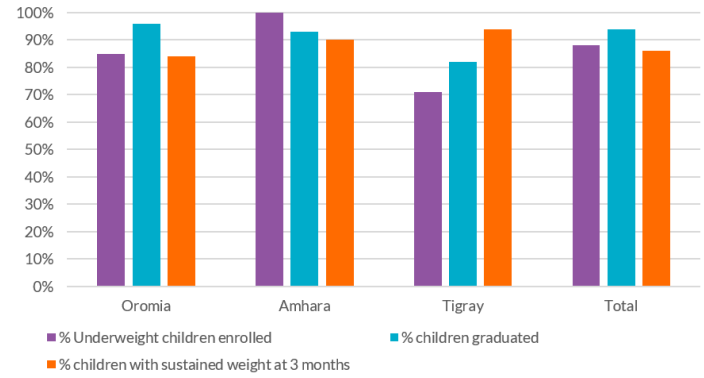
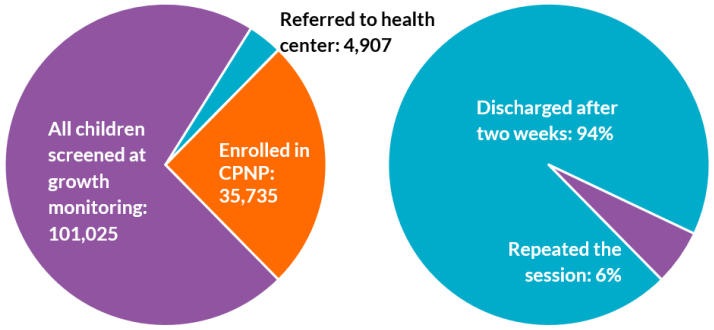


Figure 2: Total CPNP enrollment and graduation 2023-2025



Conclusion

These combined efforts—sustained by local participation and supported through contributions from U.S. farmers and government food assistance programs—demonstrate how collaboration across communities and continents can create lasting improvements in child health and household resilience.

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