

COMMUNITY-BASED PARTICIPATORY NUTRITION PROMOTION (CPNP): A SPIR II CORE NUTRITION INTERVENTION MODEL

This information sheet explains how the SPIR II project used CPNP to empower caregivers to prepare nutritious diets and rehabilitate underweight children aged 6–59 months through a learning-by-doing, two-week session.

WHAT IS THE CPNP MODEL?

CPNP is a practical, locally driven solution for rehabilitating malnourished children using affordable, locally available foods. Caregivers participate in two weeks of group sessions where they learn how to prepare nutrient-rich meals, monitor child growth, and practise active and responsive feeding and hygiene. They then continue these practices at home to support sustained child growth.

The CPNP model focuses on the rapid rehabilitation of malnourished children, sustaining weight gain, and preventing future wasting and stunting.

WHAT PROBLEMS DOES CPNP ADDRESS?

Despite significant investment by the Government of Ethiopia and its partners, undernutrition remains a major public health challenge. National data indicate that 39% of children under five are stunted, 22% are underweight, and 11% are wasted, with particularly high prevalence in Amhara, Oromia, and Tigray.

Many nutrition programmes focus on knowledge transfer but fail to build practical skills. While caregivers may understand recommended feeding practices, they often lack hands-on experience. In many cases, programmes treat caregivers as passive recipients rather than active partners, limiting their ability to take ownership of their children's nutritional status.

Nutrition interventions also often overlook the local context, including the specific drivers of malnutrition, existing community capacities, and local strengths. As a result, interventions may be poorly aligned with actual needs. Approaches such as the Community-based Management of Acute Malnutrition (CMAM) rely heavily on external inputs; once programmes end, resources diminish and outcomes decline.

Facility-based rehabilitation limits access for caregivers in remote areas and lacks sustained support through local systems. In addition, the Infant and Young Child Feeding (IYCF) programme has limited opportunities for hands-on learning, while CMAM primarily focuses on the treatment of Severe and Moderate Acute Malnutrition (SAM/MAM), with limited emphasis on prevention.



ABOUT SPIR II

Strengthen PSNP Institutions and Resilience (SPIR II) is a five-year Resilience Food Security Activity (RFSA) implemented by a consortium of partners led by World Vision that includes CARE, ORDA Ethiopia, and learning partner IFPRI. It is powered by funding from the U.S government, which focuses on enhancing livelihoods and resilience to shocks and improving food security and nutrition for rural households in Ethiopia's Amhara, Oromia, and Tigray regions through interventions aligned with the government's Productive Safety Net Programme (PSNP).



The effectiveness of the CPNP model was rigorously tested through a Randomised Controlled Trial (RCT) conducted by World Vision (WV) and Johns Hopkins University (JHU) in food-insecure rural areas of Ethiopia. Findings showed that, compared with standard government programmes, the CPNP model significantly reduced the prevalence of stunting by 8.1% and underweight by 6.3%. In addition, meal frequency, dietary diversity, and child growth indicators all improved after one year of follow-up¹.

To address gaps in nutrition interventions, SPIR II implemented a scalable, community-driven solution that is effectively integrated into the Productive Safety Net Programme (PSNP). This integration is designed to empower caregivers with the skills required to address child undernutrition at home using available resources.

HOW SPIR II USED CPNP TO IMPROVE NUTRITION OUTCOMES

The CPNP approach complements government-led initiatives such as IYCF and CMAM by addressing key implementation gaps through practical learning and preventive action. The process begins with a community analysis to identify the burden of malnutrition and available local resources. Based on this analysis, low-cost, nutrient-dense menus are developed using locally available foods and food composition tables.

These menus are delivered through intensive, two-week learning-by-doing cooking and feeding sessions involving groups of 12 mother-child pairs. The sessions reinforce appropriate practices both during the programme and at home, enabling caregivers to establish sustainable child-feeding behaviours.

Frontline health workers and volunteers receive training in facilitation skills, allowing them to lead sessions, conduct regular Growth Monitoring and Promotion (GMP), and ensure timely screening and referral of malnourished children. Integration with Family MUAC supports early detection and self-referral to CPNP sessions.

Sustainability is further strengthened through regular follow-up by Health Extension Workers (HEWs) and Health Development Army Leaders (HDALs), ensuring the consistent adoption and maintenance of new behaviours. CPNP also promotes nutrition-sensitive practices such as vegetable gardening, poultry production, and the use of mixed flour. These initiatives increase access to and consumption of nutrient-rich foods, embedding resilience within communities and fostering long-term, transformative impact.

REACH AND IMPACT OF CPNP UNDER SPIR II

Implemented across 21 districts in Oromia, Amhara, and Tigray, the CPNP intervention achieved notable improvements in caregiver practices and child nutrition outcomes:

- Caregiver capacity: Improved skills in preparing nutrient-rich meals, increased knowledge of food groups, and enhanced child diets with eggs and vegetables.
- Improved active feeding practices and child stimulation by caregivers.
- Increased involvement of husbands and grandmothers in child care and feeding.
- Diet quality: Increased meal frequency and dietary diversity.
- Active caregiver participation, including contributions of food ingredients and materials.

CPNP Enrolment Over the Past Four Years

- Over 100,000 children screened, with 40,000 identified as underweight.
- 35,723 children (17,937 girls) enrolled in two-week intensive group sessions.
- 33,224 children (16,678 girls), representing over 91%, discharged after achieving a weight gain of at least 200gm.

Sustained Impact

At the three-month follow-up, 95.4% of discharged children maintained their progress, with an average weight gain of at least 900 g.

1 [1] Kang, Y., Suh, Y. K., Debele, L., Juon, H. S., & Christian, P. (2016). Effectiveness of a Community-based Participatory Nutrition Promotion (CPNP) program on child feeding and hygiene practices among caregivers in rural Eastern Ethiopia. *Public Health Nutrition*, 20(8), 1461. <https://doi.org/10.1017/S1368980016003347>

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