

Increasing Access to Quality Nutrition and Protection Services for Vulnerable Populations

Second Interim Report

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Introduction & Background

This report details the implementation of the project *"Increasing Access to Quality Nutrition and Protection Services for Vulnerable Populations, including Women and Children in Omaheke, Khomas, and Kunene Regions"*, a collaborative effort between NAFSAN and the World Health Organization (WHO), supported by the Government of Japan, which runs from May to November 2024.

The project aimed to support Namibia's Ministry of Health and Social Services (MHSS), and partially also contracted civil society organizations, in increasing access to quality nutrition services for vulnerable populations, particularly women and children, in the target regions. By enhancing nutrition knowledge and interventions, the project sought to reduce illness, preventable deaths, and inequities related to malnutrition.

NAFSAN's focus within this project is to strengthen the capacity of Community Healthcare Workers (CHWs) to address critical malnutrition issues faced by women and children in these regions. This is achieved through a unique training program based on the highly participatory "Nutrition-for-Health" (N4H) approach (www.nafsan.org/n4h). This approach equips CHWs to effectively educate communities in various settings, from large group gatherings to individual house-to-house visits. Additionally, NAFSAN started collaborating with the MHSS to explore integrating this approach into the updated CHW curriculum currently being developed.

A total of six trainings were conducted across the three target regions, reaching 138 CHWs primarily from government and a selected few from CSOs that are active in those regions.¹ Each 3-days training included an immersive "Nutrition-for-Health" experience, followed by a dedicated day focusing on facilitation skills and applying the learned content in community settings.



Following the training, each CHW received a copy of the Nutrition-for-Health Facilitators' Manual and access to a complete set of training materials for future use.² This, along with access to a dedicated "Nutrition Hotline" that offers ongoing support and guidance on N4H, empowers CHWs to effectively educate families and individuals on crucial nutrition practices within their communities.



¹ Original Attendance Lists have been provided to WHO Namibia immediately after each workshop.

² Due to a delay in printing with some of the materials, only the manuals and handouts were given to participants at the time of the training, while the sets of FlipCharts (A2, including carry bags) and the Food Group Exercise cards are currently being delivered to them through MHSS and respective CSOs.

Workshop Topics and Schedule

The content was derived from the "Nutrition for Health" facilitators' manual, which provided a comprehensive guide to various aspects of nutrition and healthy food practices. The topics covered at every workshop/training were 1. Nutrition and Malnutrition, 2. Food Groups and Healthy diets, 3. The Right Start for our Children and lastly 4. Food Systems and Cycles.

No.	Date	Region	Town	Venue
1.	05-07 August	Kunene	Opuwo	District Hospital
2.	12-14 August	Omaheke	Gobabis	Kalahari Convention Centre
3.	19-21 August	Omaheke	Otjinene	Otjinene Youth Centre
4.	27-29 August	Khomas	Windhoek	National Health Training Centre
5.	2-4 September	Khomas	Windhoek	National Health Training Centre
6.	5-7 September	Khomas	Windhoek	National Health Training Centre

Number of participants attending Nutrition for Health Trainings

Town	Sex		MOHSS	CSO	Sub Total
	Male	Female			
Opuwo	14	13	25	2	27
Gobabis	2	19	17	4	21
Otjinene	12	11	21	2	23
Windhoek 1	5	17	14	8	22
Windhoek 2	9	15	16	8	24
Windhoek 3	4	17	16	5	21
	46	92	109	29	138
Total: Overall No. of Participants from all 3 Regions					

Baseline Assessment Exercise

To gauge the initial knowledge and understanding of nutrition among the participating Community Health Workers (CHWs), a baseline assessment exercise was conducted at the start of each training session. This exercise involved presenting a series of statements related to various nutrition topics, such as food groups, malnutrition, and healthy eating practices. CHWs were asked to indicate their agreement, disagreement, or uncertainty with each statement.



The results of this exercise were tabulated and visualized in graphical form to provide a clear overview of the CHWs' existing knowledge levels. This data served as a valuable benchmark to measure the effectiveness of the training program and identify areas where targeted instruction was needed.

Unfortunately we did not do the baseline assessment exercise at the first workshop in Opuwo, due to circumstances at the time. While this oversight may have limited our ability to accurately gauge the initial knowledge levels of participants in the first workshop, it did not significantly impact the overall effectiveness of the training program.

Question/ Statement:	Key aspects to listen for/comments:
1) A well-balanced diet and healthy eating can prevent some diseases and even assist treatment.	YES – healthy eating habits (= a 'balanced diet') have significant proven health benefits as it strengthens your immune system, and it can help with treatment and recovery from a wide variety of diseases.
2) Malnutrition only happens when people don't have enough to eat.	NO – over-nutrition (eating too much and being overweight or even obese) is also a form of malnutrition, with high risk of Diabetes, high blood pressure, liver/kidney failures, heart diseases, arthritis etc., which shorten people's lifespan and increases medical costs for individuals and society. There is also what is called "hidden hunger" = (Micro-nutrient Deficiency) whereby the food that one eats doesn't contain all the nutrients needed.
3) Even a bit of smoking and alcohol during pregnancy is a risk to the baby's health.	YES, babies in the tummy may have deformities, can be born early/ prematurely, and their body/brain will be less developed, with effects lasting for a lifetime.
4) It is good to give babies thin mahangu or maize porridge after the first 2-3 months.	NO – exclusive breastfeeding for 6 months! After that, babies should receive their first foods (= complimentary feeding) while breastfeeding continues until 2+ years of age.
5) Meat is the best and only source of protein.	NO – besides eggs, milk, yogurt, and cheese there are also beans, lentils, groundnuts (incl. peanuts), tofu etc.
6) Some of the food that I eat comes from my own garden or field.	Great, way to go! Encourage participants to do more.
7) I know how to preserve and conserve food.	Important to see how many participants have such a knowledge already, when we come to this part later.
8) I have a compost at home.	Interesting to see – more info will also be shared.
9) Namibia is easily able to feed its own people in the next ten years.	NO – Namibia still has a long way to go, with over 60% of our food in 2021 having to be imported.

Gobabis

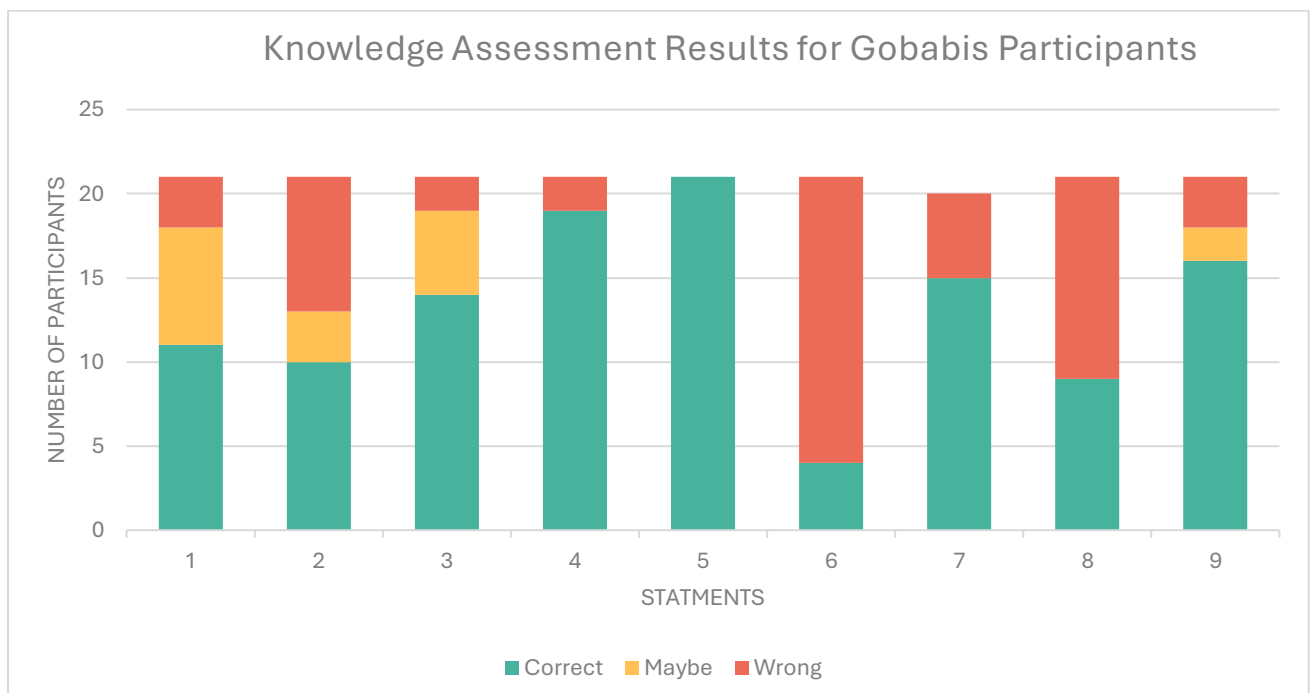


Fig 1: Shows that the CHWs of Gobabis have basic knowledge on nutrition. However, majority do not have gardens or fields from which some of their food come. Meaning most of the food they eat they have to buy.

Otjinene

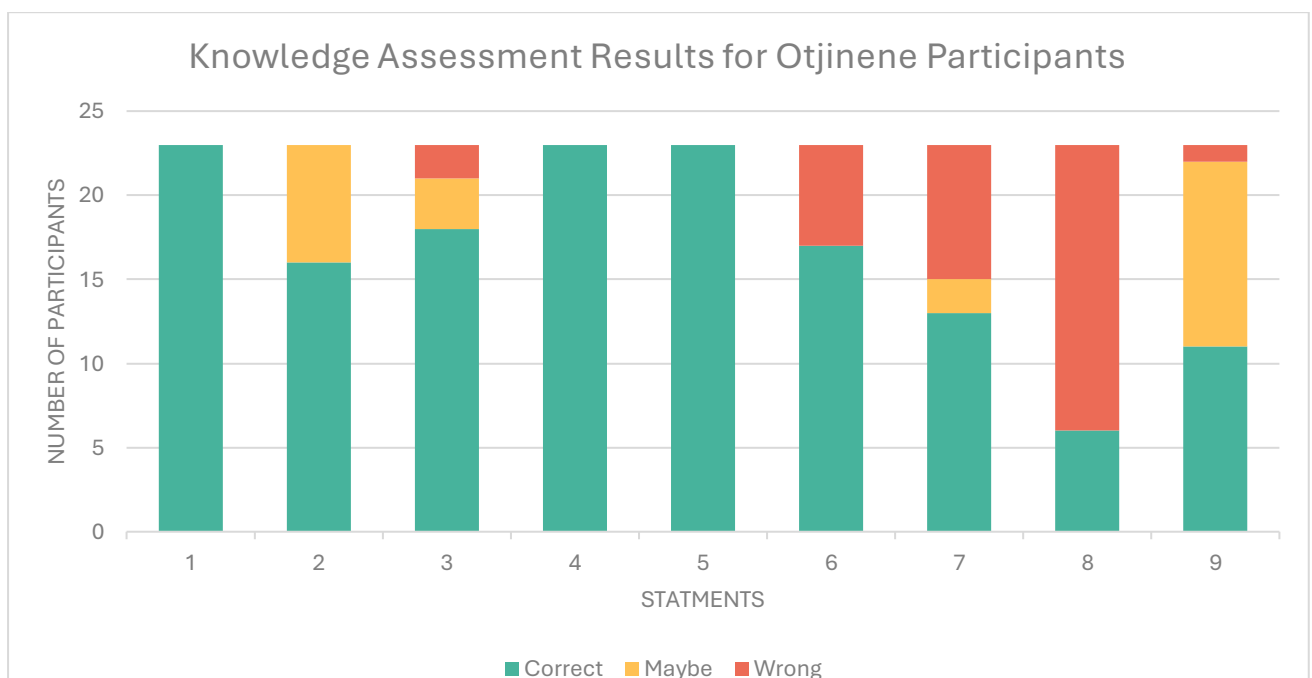


Fig 2: Shows that the CHWs of Otjinene are knowledgeable about nutrition. Majority grow their own food but do not have a compost pits (after the training they received information on how to start their own compost, hopefully they will apply the knowledge).

Windhoek – Group/Session 1

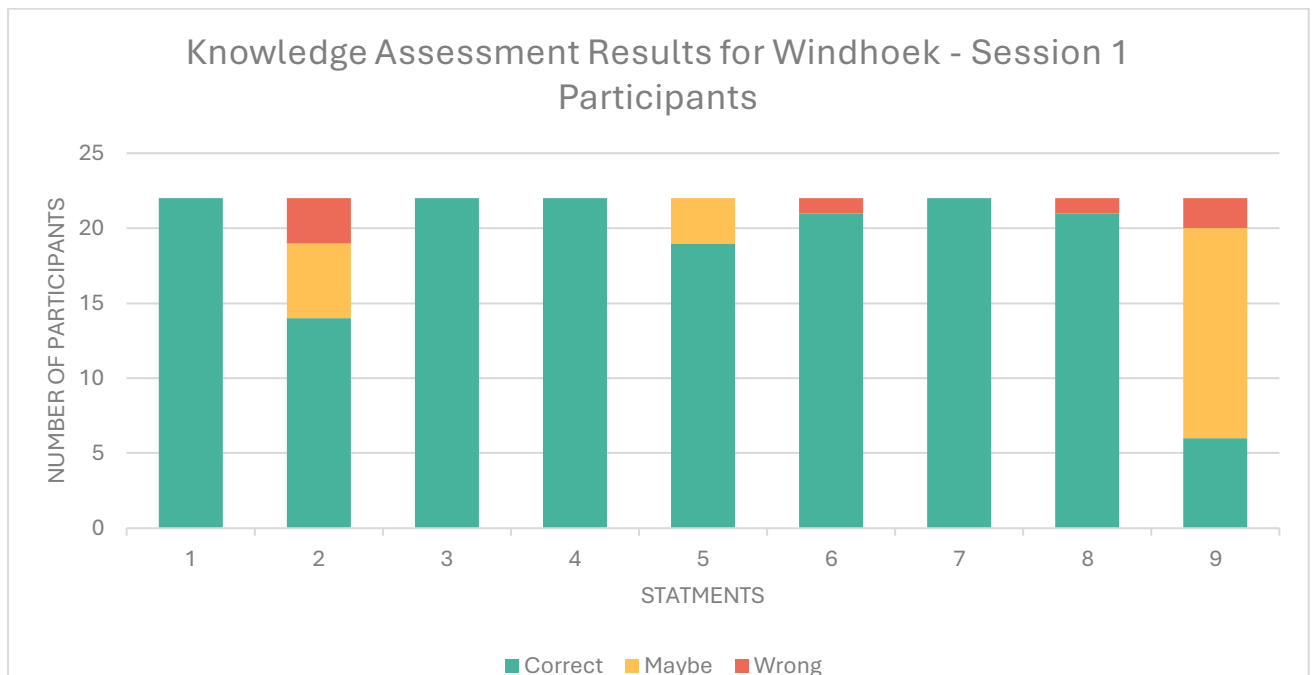


Fig 3: Shows that the CHWs of Khomas (Group 1) are well verse when it comes to nutrition. Majority of these participants are not sure whether Namibia will be able to feed its own people in the next 10 years.

Windhoek – Group/Session 2

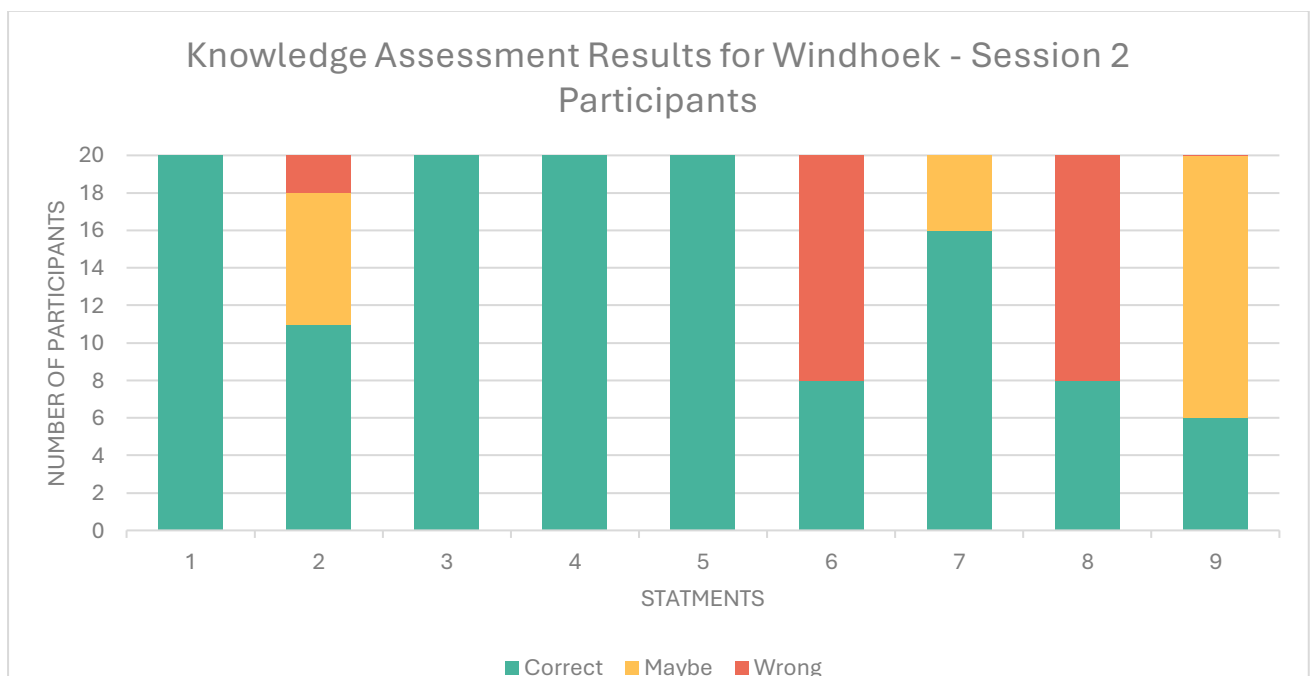


Fig 4: Shows that the CHWs of Khomas (Group 2) are knowledgeable on nutrition. However majority do not have gardens or fields from which some of their food come. Meaning most of the food they eat they have to buy. And majority are not sure whether Namibia will be able to feed its own people in the next 10 years.

Windhoek – Group/Session 3

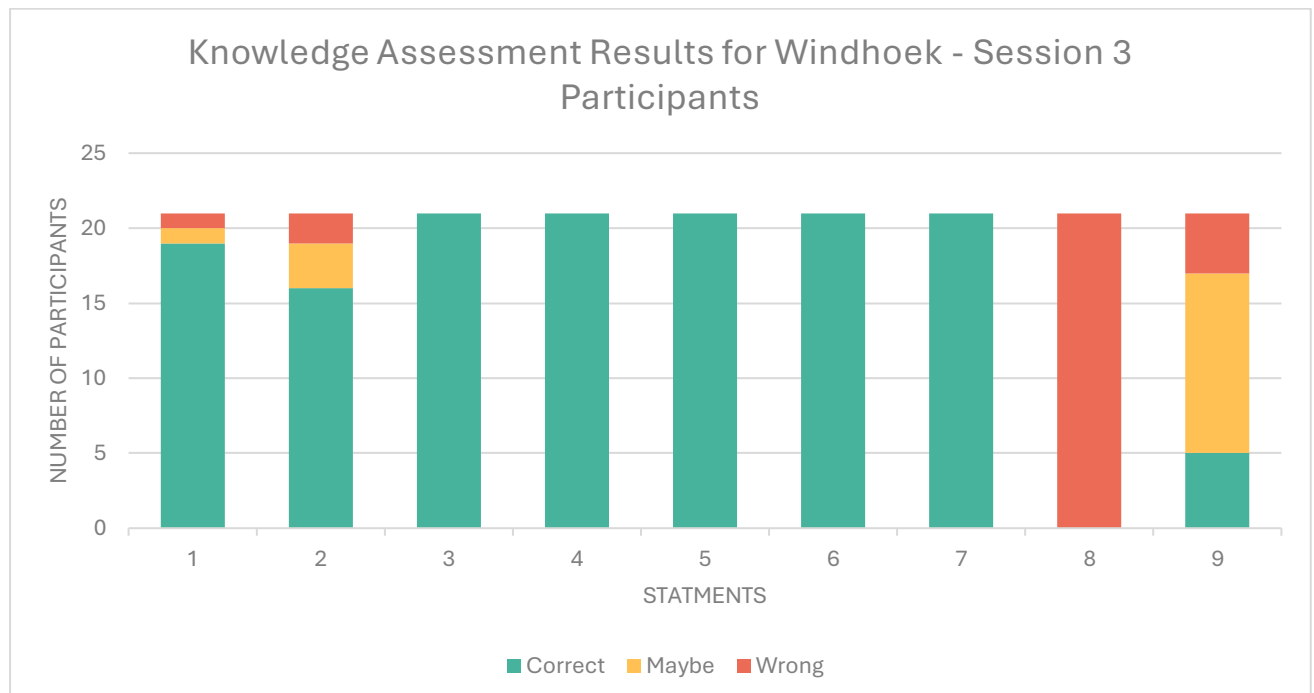


Fig 5: Shows that the CHWs of Khomas (Group 3) are knowledgeable on nutrition. However, no one has a compost pit, but they all have gardens or fields from which their food come. Meaning everyone did not know what to do with their kitchen scrapes before the training. However, after the compost information hopefully they will make their own compost. And majority are not sure whether Namibia will be able to feed its own people in the next 10 years.

Overall Assessment:

The above baseline exercise data shows high agreement rates across all groups/sessions which suggests that participants already had a good understanding of nutrition concepts.

Please note, the N4H-training approach does not use exactly the same questions before and after the workshop. Instead, it uses a deliberate qualitative feedback approach at the end.

In this particular case (i.e. training of CHWs) an additional feedback form was added, to compare prior nutrition trainings received with this specific N4H-training approach. It was used as from the first training in Omaheke.



Overall Experiences by Facilitators:

As a team of facilitators, we found the Nutrition for Health trainings to be highly rewarding, eye-opening and personally fulfilling. The experience was a significant learning curve for all of us, as we got exposed to the reality of the people at grassroot level. However, we have grown and developed significantly throughout the series.

One of the most positive aspects of the experience was the team dynamics. Despite encountering challenges, we could always rely on each other for support and guidance.



Key Insights and Lessons Learned

- **Facilitator Development:** We have grown as facilitators, learning the importance of creating an inclusive and supportive environment for participants.
- **Participant-Centered Approach:** Effective facilitation involved not only imparting knowledge but also actively listening to and learning from participants.
- **Cultural Sensitivity:** Recognizing the diverse backgrounds and experiences of participants was essential for successful training.
- **Adapting Our Approach:** To enhance participant engagement and understanding, we made deliberate adjustments to our facilitation style. This included:
 - **Simplifying Language:** We used clear and concise language, avoiding technical jargon that might be unfamiliar to participants.
 - **Providing Practical Examples:** We incorporated real-life examples and scenarios to illustrate key concepts and make the training more relatable.
 - **Facilitating in Local Languages:** When appropriate, we allowed participants to facilitate or practice in their own languages, fostering a more inclusive and comfortable learning environment.



Participants' Perceptions:

The trainings were well-received by participants, who appreciated the practical information and relevance of the topics. Many participants expressed positive feedback, highlighting the clarity of the presentations, the engaging nature of the workshops, and the value of the practical skills learned. All of Participant's feedback was captured and is provides as from page 10 below.

Key Challenges:

- **Cultural Practices:** Cultural practices and beliefs can influence participants' understanding of nutrition and their willingness to adopt new behaviors.
- **Resource Constraints:** Participants mentioned challenges that they personally face and what they observe relating to access to healthy food, water, and financial resources.

Recommendations:

- **Tailor Training to Cultural Context:** Incorporate culturally relevant examples and approaches to address local needs and beliefs.
- **Address Resource Constraints:** Collaborate with community partners to address issues related to access to healthy food, water, and financial resources.



Quotes from CHWs

- **Lavina:** "This was the first training that I could fully understand from the start to end."
- **Rusalía:** "This was an eye-opening training for me."
- **Kleopas:** "I thought nutritional information was mainly targeted at white audiences."

These quotes highlight the positive impact of the trainings on participants' understanding and knowledge of nutrition.



Evaluation Findings

What participants liked:

Based on the provided feedback, several key themes emerged:

Workshop Content and Delivery

- **Informative and Engaging:** Participants appreciated the clarity, relevance, and practical nature of the information presented.
- **Comprehensive Coverage:** The topics covered, including malnutrition, food groups, infant and young child feeding, and food systems, were deemed comprehensive and valuable.
- **Practical Tips:** Participants found the practical tips and recommendations, such as meal planning, food preservation, and BMI calculation, to be particularly helpful.
- **Clear Explanations:** The facilitators were praised for their ability to explain complex concepts in a clear and understandable manner.
- **Interactive Approach:** The use of exercises, quizzes, and group discussions was appreciated for making the workshops more engaging and interactive.



Facilitator Performance

- **Knowledgeable and Engaging:** The facilitators were described as knowledgeable, enthusiastic, and approachable.
- **Supportive and Helpful:** Participants appreciated the facilitators' willingness to answer questions and provide support.
- **Inclusive and Respectful:** The facilitators were praised for creating a welcoming and inclusive learning environment.

Personal Impact

- **Increased Knowledge:** Participants reported gaining a better understanding of nutrition, healthy eating practices, and the prevention of malnutrition.
- **Positive Changes:** Many participants expressed their intention to apply the learned knowledge in their personal lives and communities.
- **Improved Confidence:** The workshops boosted participants' confidence in their ability to provide nutrition education to others.

Additional Positive Comments

- **Food:** Participants appreciated the quality of food provided during the workshops.
- **Venue:** The venues were found to be suitable and comfortable.
- **Organization:** The workshops were well-organized and efficiently managed.

What participants did not like:

Based on the provided feedback, several areas of concern emerged:

Logistics and Organization

- **Venue:** Some participants expressed dissatisfaction with the venue, citing issues such as cleanliness, lack of amenities (e.g., toilets, WiFi), and uncomfortable seating arrangements.
- **Time Management:** Delays between sessions and the overall duration of the workshops were mentioned as areas for improvement.
- **Organization:** Issues with the setup (e.g., lack of tables) and communication (e.g., transport arrangements) were raised.



Catering

- **Food Quality:** Participants complained about the quality and variety of the food served, with comments about dryness, sweetness, and lack of taste.
- **Quantity:** Insufficient quantities of food and beverages were a common concern.



Training Delivery

- **Facilitator Responses:** Some participants felt that the facilitators' responses were vague or incomplete.

Additional Negative Comments

- **Scheduling:** Some participants expressed preference for weekdays over weekends for the workshops.
- **Content Familiarity:** A few participants mentioned that some of the information was already familiar to them.

Recommendations for future workshops

- Key Themes and Suggestions -

Training Duration and Frequency

- **Extend Training:** Participants generally favored longer training durations, with many suggesting a week or even five days instead of three days.
- **Regular Training:** The need for recurring training sessions every 4 months was emphasized to reinforce learning and address evolving needs.



Training Scope

- **Expanded Audience:** Include all health assistants, not just a select few.
- **School Integration:** Incorporate nutrition education into school curricula.
- **Practical Skills:** Focus on practical skills like home gardening and meal preparation.
- **Community Outreach:** Emphasize community-based nutrition education and health promotion.

Content and Presentation

- **Comprehensive Coverage:** Provide in-depth information on nutrition, including recent statistics and case studies.
- **Hands-On Learning:** Incorporate more practical exercises and demonstrations.
- **Participant Engagement:** Encourage active participation through discussions, questions, and group work.
- **Visual Aids:** Utilize projectors for big groups for effective presentation.



Materials and Resources

- **Practical Tools:** Offer resources like seeds, compost, and cooking utensils.
- **Community Resources:** Explore opportunities to connect participants with local resources like gardening programs or nutrition support services.

Logistics and Organization

- **Improved Venue:** Consider alternative venues with better facilities and amenities.
- **Enhanced Organization:** Ensure timely communication, efficient logistics, and well-organized seating arrangements.
- **Catering:** Select a catering company that provides high-quality, nutritious food.



Previous Nutrition Training Experiences

Overall, the data suggests that a significant portion of the CHWs had prior experience with nutrition training, primarily within the past year. The most common providers were **MOHSS** and **WHO**.

Similarities and Differences

When comparing the current Nutrition-for-Health training to previous experiences, the CHWs highlighted several similarities and differences:

Similarities:

- **Core Topics:** Many participants noted that topics such as nutrition for pregnant and breastfeeding women, infant and young child feeding, and balanced diets were covered in both past and present trainings.



- **Key Concepts:** Concepts like the 1000 Days, triple L and triple G, and food hygiene were commonly mentioned as shared elements.

Differences:

- **Depth and Breadth:** The current training was perceived as more comprehensive, covering a wider range of topics and providing greater depth of information.
- **Practical Applications:** The current training emphasized practical skills like meal planning, food preparation, and home gardening.
- **Community Engagement:** The current training included components focused on community engagement and nutrition promotion.

Additional Insights

- **Knowledge Gaps:** Some CHWs identified specific areas where they felt their previous training was lacking, such as food preservation, composting, and the calculation of BMI.
- **Positive Impact:** Many participants expressed the belief that the current training would have a positive impact on their communities by equipping them with new knowledge and skills.
- **Training Recommendations:** Some CHWs suggested areas for improvement in future trainings, such as longer duration, more practical exercises, and greater focus on specific target groups.

In conclusion, while many CHWs had prior nutrition training, the current Nutrition-for-Health program offered valuable new insights and practical skills. The feedback from participants suggests that the training is well-aligned with their needs and has the potential to make a significant impact on community health and nutrition outcomes.

Discussion and Conclusion of the Nutrition for Health Workshops

Key Findings:

- **Positive Participant Feedback:** Participants generally expressed satisfaction with the content, delivery, and relevance of the workshops.
- **Knowledge Gain:** The workshops effectively increased participants' understanding of nutrition concepts, including balanced diets, food safety, infant and young child feeding, and community-based nutrition promotion.



- **Areas for Improvement:** While the workshops were successful overall, there is room for improvement in terms of in-depth discussions, hands-on activities, and targeted training for specific groups.

Specific Observations:

- **Regional Variations:** The workshops in different regions (Kunene, Omaheke, and Khomas) demonstrated similar positive outcomes, indicating the effectiveness of the training approach across various settings.
- **Prior Nutrition Training:** Many participants had previous exposure to nutrition education, highlighting the need for ongoing training to reinforce and update knowledge.

- **Cultural Context:** The workshops successfully integrated cultural considerations and tailored the content to the specific needs and contexts of each region.

Recommendations:

- **Incorporate More Interactive Elements:** Consider incorporating more hands-on activities (esp. on maternal nutrition), group discussions and case studies to enhance participants' engagement and active learning processes.
- **Offer Targeted Training:** Develop specialized workshops for specific groups, e.g. school children, pregnant women, or caregivers of young children.
- **Provide Follow-Up Support:** Offer ongoing resources and support to participants to help them implement their new knowledge and skills in their communities.
- **Evaluate and Adapt:** Continuously evaluate the effectiveness of the workshops and make necessary adjustments to ensure they remain relevant and impactful.



Overall, the Nutrition for Health workshops have been a valuable initiative in promoting nutrition education and improving community health outcomes. By addressing the identified areas for improvement and building upon the successes of these workshops, future efforts can continue to make a positive impact on the health and well-being of the target population.



Annex 1

Baseline exercise results

Gobabis

Yes									
M					F				
1. 0	2. 0	3. 0	4. 2	5. 0	1. 11	2. 8	3. 0	4. 17	5. 0
6. 0	7. 0	8. 0	9. 1		6. 4	7. 15	8. 9	9. 2	

Maybe									
M					F				
1. 2	2. 0	3. 0	4. 0	5. 0	1. 5	2. 3	3. 5	4. 0	5. 0
6. 0	7. 0	8. 0	9. 0		6. 0	7. 0	8. 0	9. 2	

No									
M					F				
1. 0	2. 2	3. 2	4. 0	5. 2	1. 3	2. 8	3. 14	4. 2	5. 19
6. 2	7. 2	8. 2	9. 1		6. 15	7. 3	8. 10	9. 15	

Otjinene

Yes									
M					F				
1. 12	2. 0	3. 7	4. 0	5. 0	1. 11	2. 0	3. 11	4. 0	5. 0
6. 9	7. 5	8. 4	9. 0		6. 8	7. 8	8. 2	9. 1	

Maybe									
M					F				
1. 0	2. 3	3. 3	4. 0	5. 0	1. 0	2. 4	3. 0	4. 0	5. 0
6. 0	7. 2	8. 0	9. 5		6. 0	7. 0	8. 0	9. 6	

No									
M					F				
1. 0	2. 9	3. 2	4. 12	5. 12	1. 0	2. 7	3. 0	4. 11	5. 11
6. 3	7. 5	8. 8	9. 7		6. 3	7. 3	8. 9	9. 4	

Windhoek Session 1

Yes									
M					F				
1. 5	2. 2	3. 5	4. 0	5. 0	1. 17	2. 1	3. 17	4. 0	5. 0
6. 5	7. 5	8. 5	9. 0		6. 16	7. 17	8. 16	9. 2	

Maybe									
M					F				
1. 0	2. 0	3. 0	4. 0	5. 1	1. 0	2. 4	3. 0	4. 0	5. 0
6. 0	7. 0	8. 0	9. 3		6. 0	7. 0	8. 0	9. 11	

No									
M					F				
1. 0	2. 1	3. 0	4. 5	5. 2	1. 0	2. 12	3. 0	4. 17	5. 17
6. 0	7. 0	8. 0	9. 0		6. 1	7. 0	8. 1	9. 4	

Windhoek Session 2

Yes									
M					F				
1. 9	2. 4	3. 9	4. 0	5. 0	1. 15	2. 2	3. 15	4. 0	5. 0
6. 6	7. 4	8. 2	9. 1		6. 9	7. 12	8. 5	9. 3	

Maybe									
M					F				
1. 0	2. 2	3. 0	4. 0	5. 1	1. 0	2. 3	3. 0	4. 0	5. 0
6. 0	7. 5	8. 0	9. 6		6. 0	7. 0	8. 0	9. 7	

No									
M					F				
1. 0	2. 1	3. 0	4. 9	5. 7	1. 0	2. 8	3. 0	4. 15	5. 15
6. 3	7. 0	8. 7	9. 2		6. 5	7. 2	8. 9	9. 4	

Windhoek session 3

Yes									
M					F				
1. 3	2. 1	3. 4	4. 0	5. 0	1. 16	2. 1	3. 17	4. 0	5. 0
6. 4	7. 4	8. 0	9. 1		6. 17	7. 17	8. 0	9. 3	

Maybe									
M					F				
1. 1	2. 2	3. 0	4. 0	5. 0	1. 0	2. 1	3. 0	4. 0	5. 0
6. 0	7. 0	8. 0	9. 2		6. 0	7. 0	8. 0	9. 9	

No									
M					F				
1. 0	2. 1	3. 0	4. 4	5. 4	1. 1	2. 14	3. 0	4. 17	5. 17
6. 0	7. 0	8. 4	9. 1		6. 0	7. 0	8. 17	9. 4	

Annex 2

2.1 Participants Feedback - Opuwo

What I Liked: What was interesting, new, and/ or important for me, and why?

- Malnutrition because I understand it specially the sign marasmus and kwashiorkor and I have children who are having malnutrition on my community.
- Malnutrition because I understand the signs of the malnutrition marasmus kwashiorkor.
- Storing food; to keep food safe for further usage.
- Calculate body mass; To know how big is and long, and know body mass.
- The facilitators were very humble cos they teach and ask where you don't understand. They were doing exercise or activity whereby we all take part.
- Compost; safe store or food because I always waste egg shell and cartons now, I use it for compost to put in the garden.
- The recommendation of daily sugar. 0-2 years, no sugar. 2-18 years, teaspoon added sugar. 18 years and elder 10 teaspoon per day because I never knew how to use the sugar per day.
- Food born illnesses (the long term) and what to do when have food poisoning. Traditional ways of pressuring food and what to compost and what not, because these are the things which was new to me and I found it available.

- Stunting- I learned that malnourished one can also be independent by being stunting and not only by measuring a mid-upper arm.
- Sugar- I didn't know the level of sugar I must take into my food and the numbers of teaspoon of sugar to different ages.
- I like the way they are teaching because they are more confidential, and they are speaking too round.
- Over weight because before I was not know how to calculate my weight and also on how to use sugar.
- Important things it was for me new things food group no alcohol for pregnant mother and no sugar for 0-2 years child important for drink water per day.
- Fetal alcohol syndrome, recommended sugar in take per ages. Visor cycle & growth chats.
- We compost that important in garden waste. Cardboard paper & learned most in workshop.
- To have balanced diet because it is very important to know the different types of foods and to know nutrition.
- Food storage method because learner about container keep food and calculation body mass to know about your weight.
- Recommendation for daily added sugar intake
- Signs of obesity.
- I t was so interesting cause it was my first time to hear that it was important to know how to detect obesity.
- Food groups, meal planning, food hygiene; interesting for to reduce the risk of nutritional.
- The most interesting was the presentation, everything was clear.
- I really enjoyed it.
- They where also provide with exercise/quiz that make us to study easily.
- I understand very nice because my trainer was very open to answer question when I ask and I just answer in time.
- The way our facilitators were active and loud and clear. It's melted my heart and I wish to work with you in the future.
- The presentation was excellent from the 2 facilitators, fluent English, they were giving chances for questions.
- They were on topic, helping each other, so well-done guys.
- The important thing is that all our facilitators give us good message and productive message and more expert.
- What I liked was to know new things that I never knew before.
- The facilitator they really teach us nice, I really enjoyed the session they were having enough tools to share with us.
- It was a good workshop, our NAFSAN facilitator were all equip with full of information on all the topic they presented to us.

What I didn't like: What was not so valuable for me for the whole group, and why?

- Everything was fine.
- Workshop day was too short.
- The problem they were having fewer booklets and I was forced to move around.
- Not applicable for I liked everything.
- Please as please try to organize other catering when you are coming next time.
- No desk; because workshop was all about practical.
- It was short workshop.
- Nothing, is very fantastic.
- Nothing, everything was so interesting and fantastic.
- Nothing all the topics were good.
- No table for writing.
- Everything was well performed, facilitators were loud, prepared, the manual was well designed and distributed well.
- Only food that we are eating good for as you didn't have varieties of different food.
- Rice for today but reason was clear everyone was finding a chance.
- Food wasn't cooked well.
- The reason was not reflecting on the screen of the wall.
- There was dust on the hand outs and somehow was not interesting.
- The marasmus/kwashiorkor pictures were for black people. Obesity pictures are for whites.
- Some of the information was familiar to me already.
- I didn't like the catering that we had during the workshop. It was not having nice food.

Recommendations: What to be aware of or change for future nutrition trainings?

- They must use a projector so we can see well.
- Should be or a week not 3 days.
- Should be for all H/A.
- Everything was fine about the nutrition training except for the food, that catering company does not know how to cook.
- Use a television maybe so we can see well.
- Take pictures of local people, to make the community focus interest if they see a picture of a local person instead of white people as they are Namibians.
- To be provided with seeds to grow our own fruits/vegetables of different nutrition's, it will make a huge change.
- For you to give us a manual to go and read at home because some of us are slow learners.
- For training to have practical with physical aid.

- Give health promotion on nutrition screen, grow monitoring refer when it's a problem, provide health on small gardening for them to have all the food that contain balance diet.
- Give health education to my community.
- For all health assistants, 11 people not 2 only.
- To give more information on nutrition.
- You must have less activities per day.
- Just give us another workshop for more and more information.
- Another workshop in this year.
- We want you to come and train us, how to prepare the small garden in the community.
- Provide transport money and a notebook.
- Do not go for this catering again.
- To give the same training to the schools especially primary schools.
- As a community health work we need much help from NAFSAN to donate us with some material that we can help our community with.

2.2 Participants Feedback - Gobabis

What I Liked: What was interesting, new, and/ or important for me, and why?

- Hidden sugar and fats.
- Agri-nutrition linkages.
- Amount of sugar we must consume per day for adults, for small child 0-2 years, no sugar.
- Dangers of alcohol and damage it can cause to the unborn child.
- The different food which is stable, protein, carbohydrate and fat.
- The sugar intake.
- Nutrition topics
- Food preservation and consumption.
- Food bone illness
- Introduction on the modern techniques.
- The consumption of sugar and oil
- Meal planning and hygiene.
- Step by step for our garden.
- Overweight, the food that has protein and fats in it.
- Learned about the 4 groups meaning.
- Body max index.
- Marasmus; lack of energy.
- 1000 days
- Sugar recommendation.
- We should not give sugar to the children of 0-2 years.

- Food groups and healthy eating.
- Fecal oral route.
- Triple food groups.
- Benefits of water.

What I didn't like: What was not so valuable for me for the whole group, and why?

- It's a recap, I loved it.
- Everything was valuable for me.
- Nothing
- That was not valuable is on ORS.
- Everything was nice to me.
- All well-presented and excellent.
- I liked everything and enjoyed the workshop and meeting new faces.
- Training was interesting.

Recommendations: What to be aware of or change for future nutrition trainings?

- You can give more training about nutrition because our community mostly suffer from malnutrition, and lack of nutritious.
- Handover the material to us first.
- We also want to read from the handbook, not only the facilitator talking whole day because we become sleepy.
- More visit to the field.
- Teaching the community about nutrition and healthy habits in the community.
- Come up with more information of nutrition, excluding what we have learned in 2 days.
- Training should be given to school level education also.
- I hope your organization will come back.
- More refreshments at the workshop.
- For you to equip us with other nutrition information.
- The environment of the workshop.
- Tables to take proper notes.
- I think the VHC should get trainings also because they are our eyes and ears in the community.
- Make more practice group works than writing.
- Give opportunities to people to open up and give ideas.
- Train people to teach them about nutrition.
- Bring fruits for us to taste them.

2.2.1 Specific reflections for CHWs on Nutrition-for-health

Did you previously receive training on nutrition?

Yes	No
19	2

If yes, when, for how long, and offered by who?

- September, 2022, WHO
- Last year, 5 days, WFP/WFO
- Last year, a week, long, MOHSS
- Last year, 5 days
- September, 2023, 5 days, World food organization
- September, 2022, WHO
- September 2022, 2 days, WHO
- September, 2022, WHO
- In February 2024, 1 day, GIZ And MOHSS
- MOHSS
- October, 2023, 3 days, MOHSS
- Last year, 3 days, UNICEF and MOHSS
- Last years, 3 days, UNICEF
- 2023, 3 days, UNICEF
- Mekee from UNICEF
- 3 days, WHO, September, 2022
- Last year, Ministry of Health
- September, 2022, HELC

What was similar?

- ✓ Nutrition to the pregnant mothers.
- ✓ Nothing
- ✓ The topics
- ✓ The presentations.
- ✓ The training
- ✓ 1000 days
- ✓ Breastfeeding children.
- ✓ Triple L and the triple G and fats.
- ✓ Meal planning and food hygiene

- ✓ First steps of a child
- ✓ Importance of breastfeeding
- ✓ Nutrition during pregnant and breastfeeding.
- ✓ Sugar intake
- ✓ Alcohol intake by pregnant women.

What was different?

- The training ended with lunging nutritional campaign and community engagement.
- Food presentation
- Food storage
- Sugar intake per day
- How to make own compost through the left overs food.
- That was just one topic training which was on nutrition during pregnancy.
- Learned on child health and safety and the nutrition of a child.
- The garden maintenance
- Food groups, malnutrition, obese children
- Emphasizing deep
- Not to give sugar to children under the age of 2 years.
- Healthy food preparation.
- BMI
- The hand outs and questions were different
- The room/environment
- The presentation was different.

Any other experiences and/or opinions regarding Nutrition-for-health compared to previously received nutrition training?

- we will try eating the full plate
- sugar intake levels
- encourage the community on family better healthy life style
- keep on refreshing us
- almost the same
- doesn't differ much
- trainers must visit at our communities' duties to see/view if we implemented the skill to our communities

2.3 Participants feedback - Otjinene

What I Liked: What was interesting, new, and/ or important for me, and why?

- The signs that kids have/developed when parents consume alcohol during pregnancy
- The circle of standing
- Nutrition challenges: the BMI calculation underweight for adults below 18.5.
- Obesity causes and food borne diseases
- Good facilitators, understandable
- The way they teach everything
- Every topic was clear
- The workshop was presentable and understandable.
- the interesting thing was how they were standing, holding the flipchart and communicating as well as distributing of flyers every time.
- Importance of the balance diet, because you have to eat different food/variety of nutrients of the 4 food groups.
- The meaning of the 1000 day
- The calculation of BMI as well as the sugar in different foods
- The food system and the cycle
- The fact that we were allowed to ask questions
- The way you taught was friendly.
- The exercises of writing between lessons
- The small hand books
- The composed pit
- Stunting cycle

What I didn't like: What was not so valuable for me for the whole group, and why?

- Lunch: it was not presentable and not up to standard. We understand the issue of limited budget but yet you can have the best with the little.
- Giving lesson without a projector
- The food was not satisfactory
- The flipchart was too small, I couldn't see.
- The training being held at Kalahari because of the shortage of food and even the toilet paper in the toilets.
- What to compost, and what not cardboard paper. I disagree. Please do explain more what do we get from the cardboard.
- The communication of calling us about the transport money.
- The set up of chairs and could not take notes well.

Recommendations: What to be aware of or change for future nutrition trainings?

- We need enough flipchart.
- Organize such other trainings just to refresh or add to what we already know.
- Bring materials like seeds and compost.
- Try to bring along a projector with slides to accommodate everyone.
- To book us next time.
- The training venue.
- To be clear next time.
- This kind of training should continue around every 4 months in order to keep programs alive.
- Do PowerPoint presentation.
- At least have 2/3 nutrition training because Omaheke high rate of malnutrition, obesity, lack of knowledge, and food storage don't have back yard garden.
- Bring for us height sales nuts the storage is not at the hospital or clinics.
- Find a better catering company next time.
- To add more nutritional topics in training for us to learn more.
- Make the training a bit longer.
- Add days so that it can be five days training in the future.

2.3.1 Specific reflections for CHWs on Nutrition-for-health

Did you previously receive training on nutrition?

No	Yes
0	21

If yes, when, for how long, and offered by who?

- 30 November 2023, 5 days, MOHSS
- Last year, WHO and MOHSS
- One week, WHO and MOHSS
- 1000 days, MOHSS/WHO/NAFSAN/Food security: Ben
- 30 October 2023, 5 days, MOHSS & WHO
- 30 October 2023, 4 days, MOHSS & WHO
- Last year, November 2023, WHO & MOHSS
- 30 October 2023, 4 days, MOHSS & WHO & WFO
- 30 October, MOHSS, 4 days
- Last year 2023, 1 week, WHO & WFO

- 2023, 3 days, WHO
- 3 days, Mr Matsuib
- 2023, 1 week, WHO
- 2023, COHENA
- 2023
- 2023, 1 hour, COHENA
- Last year, 3 days, MOHSS
- Last year, MOHSS, 3 days
- 2023, 3 days, MOHSS
- Last year, 3 days, MOHSS

What was similar?

- ✓ Different food groups
- ✓ Breastfeeding
- ✓ 1000 days
- ✓ Malnutrition and BMI, type of diseases causes by malnutrition.
- ✓ Nothing
- ✓ Nutrients chart
- ✓ Backyard garden
- ✓ Nutritional food
- ✓ Food safety and foodborne illnesses
- ✓ Balance diet information

What was different?

- This session was different because we learned more explanations.
- The way you present it.
- The hidden sugar and fats
- Pit compost
- Compost: step by step guide your own garden.
- Low fat, limit and lost fast.
- Nutrition food cycle
- Sugat intake
- Food system and cycle
- 100 days, BMI, storage food
- The whole training topics topic is different except malnutrition.

Any other experiences and/or opinions regarding Nutrition-for-Health compared to previously received nutrition training?

- The first training was not well explained.
- Last training was not that clear explanations were poor but now I understand.
- Eating of fruits and vegetables.
- The workshop should have been for a week.
- Kids growth affected by breast milk and eat nutritional food.
- How to go conduct group or individual in the community, family and nation at large.
- It is kind of refreshing training, and improve our skills, motivated more.
- They taught us more about nutritional foods, to go and teach the community.
- Materials are not the same
- A lot and simple (basic information) were shared in today's workshop/best added information also like pit compost.
- Simple English by the facilitators for us to understand all, big five to them.
- This group was active and had teamwork.

2.4 Participant's feedback - Windhoek 1

What I Liked: What was interesting, new, and/ or important for me, and why?

- Different ways to conserve/preserve food in other traditions.
- How to calculate the BMI
- 1000 days from conceptions till 2 years.
- Balance diet
- Food safety
- Make your own garden
- Marasmus
- Presented loud enough
- Drinking water because we don't know what water do in our body plus the blood plate.
- Identifying children with FAS
- Which fat food to avoid and that we need to consume enough water at least 65%
- How breast milk benefits the mother and the baby.
- A choice of eating healthy food.
- Sugar because I was not aware how many % each drink contains.
- Hidden sugar was new to me.
- The plate should have different color of food and vegetables.
- How to reduce overweight.
- Consuming too much of anything is unhealthy especially too much sugar and fat.

- Treat and avoid obesity.
- Malnourish was very interesting which cover under nutrition and over nutrition.
- They were alive energetic
- The most important thing was to drink aloe of water

What I didn't like: What was not so valuable for me for the whole group, and why?

- The delay in between the sessions.
- It was very informant, learned a lot and wouldn't take anything away or add on it.
- Catering needs to improve and the container of the water was too small.
- The salad was having a lot of sugar and spice and the bottle of water was too small.
We sat for a long time and needed more water for us not sleep and food for digestion.
- Not enough water.

Recommendations: What to be aware of or change for future nutrition trainings?

- Facilitators were active. Knowing how to share information to others.
- In future, let us have the training with pregnant mothers and breastfeeding mothers.
- Let us all the food group at site so we get familiar with them.
- Come and teach communities by targeting pregnant and breast-feeding women.
- Practice exercise on how to make a compost pit, demonstration out in the backyard.
- Be aware that nutrition is the key to our life with no nutrition we will have a lot of diseases which will lead to death.
- More training on nutrition so that every community be aware of danger of good on nutrition.
- Practice exercises
- Provide us with seedling
- Provide us with T-shirts and cups next time.
- Teach cooking classes to help people prepare healthy meals from scratch, reducing reliance on processed food.
- Keep the training as it is.
- Available water, since water is important and workshop entailed drinking more water.
- Next time more water please

2.4.1 Specific Reflections for CHWs on Nutrition-for-Health

Did you previously receive training on nutrition?

No	Yes
8	14

If yes, when, for how long, and offered by who?

- Last year, 1 week, MOHSS
- 2021, 2 days, MOHSS
- 2021, 2 days, MOHSS
- 2023, 5 days, MOHSS
- 2021, 5 days, MOHSS
- 2021
- 2021, 2 days, Right start
- 5 days, Right start & MOHSS
- 5 days, MOHSS
- 2021/2022, 1-week, Right start
- 2021/2022, Right start
- GIZ
- 2021/2022, 1-week, Right start
- 2022, 1-week, Right start

What was similar?

- ✓ Basic nutrition
- ✓ Maternal health
- ✓ Vitamin supplements
- ✓ Different food groups
- ✓ Importance of exclusive breastfeeding
- ✓ Malnutrition
- ✓ Right start
- ✓ Child nutrition
- ✓ Compost
- ✓ Agri-nutrition linkage
- ✓ Importance of drinking water
- ✓ Balance diet
- ✓ Underweight and obesity
- ✓ BMI

What was different?

- Food safety
- different storage method
- different cooking method traditional

- by using MUAC tape to monitoring malnutrition.
- There were no extra materials to take home for future reference.
- Right start included a lot of immunization schedule and this one had a lot of different activities and presentations were we all participated.
- We didn't do MUAC now, scale, height, weight and present how to do it(practicing) including practicing positioning when breastfeeding.
- Gardening was not part
- Malnourish (underweight, overweight)
- Practical session cooking demonstrated

Any other experiences and/or opinions regarding Nutrition-for-Health compared to previously received nutrition training?

- To eat from different food groups.
- How to present, store and waste reduction.
- If you don't drink a lot of water, you can lose weight.
- Not to overcook your vegetables.
- How to compost.
- Sugar intake of kids, and adults.
- Types fats e.g. fats to love, fats to limit and fats to lose.
- I gained more about nutrition than the previous one.
- 1000 days
- Backyard gardening
- Malnutrition among the children

2.5 Participants feedback - Windhoek 2

What I Liked: What was interesting, new, and/ or important for me, and why?

- Letting small children to eat sugar until they are ready for it.
- I liked all the facilitators the way they trained us. The topic was very important it will have a positive effect on my family.
- Added and hidden sugar, and the importance of eating a healthier plate, I know which one to lower, limit and loose it.
- BMI calculation, and the amount of sugar consumption for different age groups.
- Two types of malnutrition, three types of fats, danger of sugar intakes.
- 1000 days of children.
- The facilitators were very inclusive and there were clear explanations.
- The presenter's energy was very good, the topics were important, I learned a lot about Nutrition.

- The food was delicious, Appreciate the taxi fare.
- The discussion on sugar in food and breastfeeding up to 6 months was new. The post-natal topics were new to me. The discussion on food groups was also very insightful, perhaps just add different diseases associated with nutrition deficiencies.
- The information on nutrition was great, I am going to share it with my family and community.
- Learned about the different groups of food and how to prepare it.
- The new start in the life of a child and types of nutrition.
- The fact that the attendees were engaging and were giving their inputs.
- Facilitators are relatable despite the age, race, and social difference.

What I didn't like: What was not so valuable for me for the whole group, and why?

- Inconvenient venue, dirty and non-functional bathrooms.
- Late arrival and poor-quality prepared food.
- Sitting arrangement was not the best.
- Some responses were vague from facilitators and sometimes the facilitators would proceed to the next point without actually answering the question.
- The rice had no taste and it was dry.
- The food wasn't healthy because it was always cold.
- There was no WIFI, and no table just writing on legs.
- The meat was just bones.
- The catering wasn't good at all.
- There were no chairs, we were standing.

Recommendations: What to be aware of or change for future nutrition trainings?

- We should be aware of teaching our children on how to practice good things that are useful in their future and also to teach the community at large about nutrients and how to make their own garden.
- Continue giving the trainings.
- Change your venue next time.
- Organize seats and tables for everyone.
- Projector.
- Please have toilet paper and soap for the hands.
- We should give limited time to participants when they ask questions or answer them.
- Choose a better catering.
- Training at least for a week.
- Try to bring physical nutrition foods in the classes as possible for demonstration purposes.

- I recommend the NAFSAN to do more of this training.
- More training is needed. Make it a bit more practical.
- Just add recent statistics to explain malnutrition, 1000 days campaign and right start.
- Just maybe address question or comments from attendees before moving.

2.5.1 Specific Reflections for CHWs on Nutrition-for-Health

Did you previously receive training on nutrition?

No	Yes
7	16

If yes, when for how long, and offered by who?

- By MOHSS, 2023, for 1 week
- By MOHSS, 1 week
- 1 week, January 2023
- 1 week
- MOHSS
- 2022, 2023, 1 week, MOHSS
- MOHSS
- COHENA
- 2023
- MOHSS, 2023
- 2023, National level
- 2023, 1 week, MOHSS
- 5 days
- MOHSS, 2023, 1 WEEK
- 2 DAYS, MOHSS

What was similar?

- ✓ The content, the materials and food.
- ✓ How to prepare the meals.
- ✓ Food type and groups.
- ✓ Under nutrition
- ✓ balance diet
- ✓ the traditional food
- ✓ Marasmus disease and it's symptoms in children.
- ✓ Importance of water

- ✓ Importance of breastfeeding
- ✓ Nutrients and malnutrition topics.

What was different?

- They didn't go deeper on malnutrition and BMI
- Food storage methods
- Types of undernutrition
- Making compost
- Different types of sugar and different food with their joules.
- Hiv/Aids on pregnant ladies.
- Preservation of food
- Stunting
- Food poisoning

Any other experiences and/ or opinions regarding Nutrition-FOR-Health to previously received nutrition training?

- BMI
- How to use sugar
- Seeds/seedling must be provided to the community health workers to establish gardens in the community.
- Composed pit
- 1000 days more in details.
- Pep and prep prophylaxes
- Stunting growth and disadvantages
- Stalling food and cooking
- More information on meal planning and hygiene

2.6 Participants Feedback - Windhoek 3

What I Liked: What was interesting, new, and/ or important for me, and why?

- Good as we come from different background or traditional learn different thing really motivating.
- The way you guys were explaining.
- Child nutrition.
- Eat balance diet.
- It was very informative.
- BMI calculation
- Child growth, like stunting children

- The presentation was done well
- Make compost
- Consume sugar
- The time management
- Balance diet
- Breast Milk is the best
- Growth monitoring of children.
- Decomposing process
- I liked the fact that the presenters were active and audible.
- The presenters were polite & informative
- The food was nice on the second day.
- Nutrition and healthy food.
- The way how you were facilitating.

What I didn't like: What was not so valuable for me for the whole group, and why?

- There is no toilet paper in the toilets since yesterday.
- Coming on Saturdays because we don't work on weekends.
- The breakfast for today was not good.
- The way we were sitting without tables to put our bonus.
- The food was too sweet
- Too much sweet chili
- Projector slides
- Time
- One bottle of water isn't enough
- I didn't like it when we had to eat while standing.

Recommendations: What to be aware of or change for future nutrition trainings?

- Namibian men need to take care of their pregnant ladies by giving support financially and assisting where necessary.
- Extend the training to the community leaders as well.
- I expected to be catered a balance diet, no coldrink, first carbohydrates and a lot of vegetables.
- I recommend you bring along a projector especially when it time to do the energizer to we see clearly and learn from that person.
- You should offer more training.
- No training on Saturday.
- Balance diet
- Provide more water to keep us awake.
- Catering service to improve.
- Please provide tables

2.6.1 Specific Reflections for CHWs on Nutrition-for-Health

Did you previously receive training on nutrition?

No	Yes
5	15

If yes, when, for how long, and offered by who?

- 2022, MOHSS, 1 week
- 2015, 2021, by MOHSS
- 2022, by MOHSS, 7 days
- 2020, 1 week
- Last year, 1 week maybe 3 days, MOHSS
- 2015, 2021, MOHSS
- 2016, MOHSS
- 1 week, MOHSS
- Last years, 1 weekly, NAC'S program
- NACS PROGRAM
- 2023, 1 week, NACS program
- NACS training at Avani Hotel, 1 week
- 2016, MOHSS
- 2023, MOHSS

What was similar?

- ✓ Yes, nutrition and malnutrition
- ✓ Nutrition's
- ✓ Balance diet
- ✓ Child growth
- ✓ Stunting, over weight and underweight
- ✓ Food security
- ✓ 1000 days of life
- ✓ Importance of living of a healthy life style, and also mention the importance of breastfeed
- ✓ Weighing of children, weights for age, heights/length
- ✓ Food group
- ✓ Gardening
- ✓ Malnutrition
- ✓ EBF, child health
- ✓ Marasmus

What was different?

- I didn't know how to calculate.
- 1000 days
- No junk food stories
- Making our own garden.
- Importance of water and its use.
- Children feeding
- BMI
- Only how the disease the weight
- Make own compost
- Gardening
- HIV infection from mother to child.
- Decomposer

Any other experiences and/or opinions regarding Nutrition-for-health compared to previously received nutrition training?

- Everything was clear
- I would like to have a training on gender-based violence.
- Its very important to cut on sugar
- Presenter explained well
- How to measure mid-upper arm circumference growing your own food in your own garden.
- I liked the deep go about handling the processed food like canned food.
- Not to use more sugar in food we eat.