Final Report:

Essential support to the piloting of an innovative and collaborative malnutrition prevention and post-discharge strategy in Omaheke region

Implementation Period: May 2024 - June 2025

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June 2025

…following the Nutrition Training Report (Oct.'24) and the 1st Interim Report (Nov. '24)

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Summary of Project Achievements

This project set out to introduce and strengthen community-based solutions for providing nutritious meals and other forms of support to malnourished children under five in Omaheke (mainly in Gobabis) in preparation of a future Post-Discharge Strategy that is currently being developed by NAFSAN for the Namibian Ministry of Health and Social Services (MoHSS).

The project was successfully implemented over a one-year period, from May 2024 until June 2025, slightly longer than initially intended (March - September 2024). This was due to several unforeseen delays as well as flexible project adjustments and dynamic improvements of the approach. Hence, the flexibility provided by the FirstRand in this regard is highly appreciated.

In terms of numbers (quantitative data) the project overachieved its targets, by managing to **feed over 57 children** (target: 45) daily over a period of six months with diverse and nutritious yet affordable meals through two selected soup kitchens in Gobabis informal settlements, and to **educate over 200 parents/caregivers** (target: 60).

From a qualitative perspective, the project enabled NAFSAN to provide capacity building for 25 staff and volunteers from eight Soup Kitchen and Early Childhood Development (ECD) Centers using the *Nutrition-for-Health* (www.nafsan.org/n4h) approach, with all training and information materials freely provided by NAFSAN, including MUAC-tapes from the MoHSS via UNICEF. Nutritionists from NAFSAN were responsible for conducting and overseeing growth monitoring of children through anthropometric measurements, i.e. weight, height, and Mid-Upper Arm Circumference (MUAC). In addition, Advanced Community Health Care Services Namibia (CoHeNa, a long-established local non-profit) supported the tracking of parents from children who had been discharged from hospital, as this posed substantial logistical difficulties in the beginning of the project implementation. In addition to providing food items, MegaSave Gobabis also provided delivery of the selected food items to the participating soup kitchens at no additional costs, and they furthermore provided a 2% discount that was re-invested.

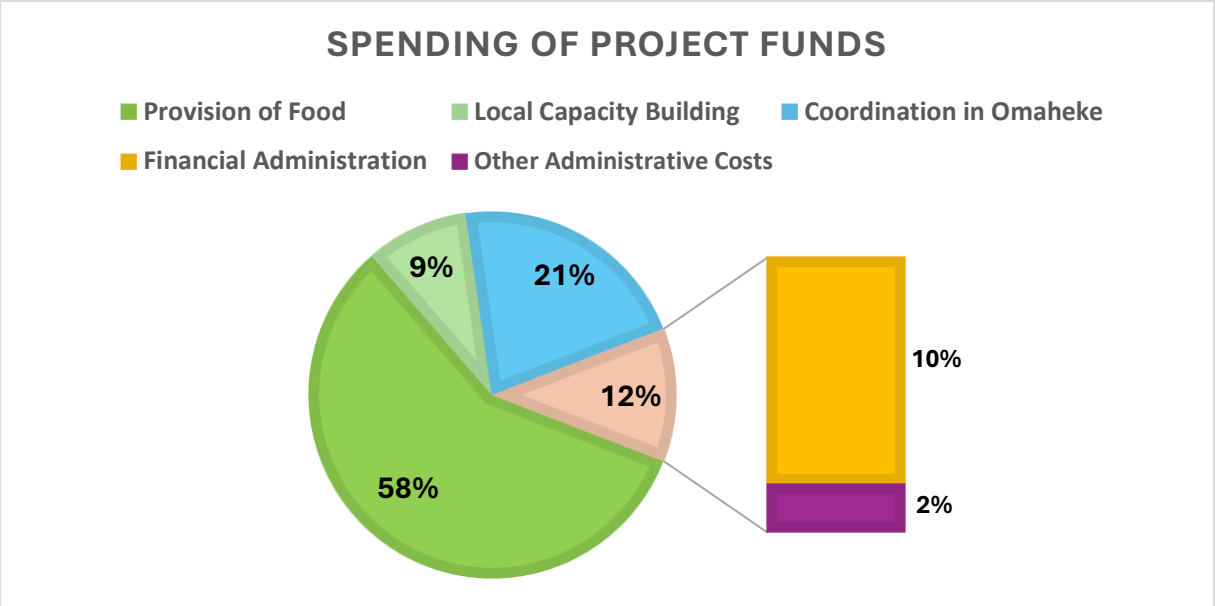
All of the above enabled the **piloting of an innovative and more comprehensive approach** for soup kitchens/centers to deliver more nutritious foods and valuable additional services, such as nutrition education to parents/caregivers to prevent cases of severe malnutrition through early detection, as well as timely intervention and referrals. Through such early detection, not only the traceable 24 children discharged from hospital but 33 moderately to severely malnourished children could be identified and included into this project, hereby preventing further deterioration into severe acute malnutrition, possible hospitalizations, or even deaths.

An additional positive outcome of this project were improved relations among key regional stakeholders, synergies across different interventions and overall improved coordination, as mentioned in NAFSAN's recent Newsletter (www.nafsan.org/our-newsletter) - special edition on Omaheke: https://mailchi.mp/nafsan/omaheke-malnutrition-journey.

Lastly, the project allowed for expanded collaboration with other stakeholders, such as Palms for Life Namibia to ensure continued support for these children and their families beyond the project implementation period.

Financial Reporting on Project Expenditures

The **N$ 300,000 provided by the FirstRand Foundation** was spent as follows:



No.	Budget Line	N$ - budgeted	N$ - spent
1.	Provision of Food (procurement)	160,000.00	175,410.11
2.1	Capacity Building Workshops (refreshments)	35,827.00	23,827.50
2.2	Transport (Windhoek - Gobabis - Windhoek)	5,000.00	3,340.00
2.3	Communication (airtime for Nutri)	870.00	290.00
3.	Omaheke - Local Coordinator (part-time contract)	65,000.00	65,000.00
4.1	Financial Administrator (10% of her staff time)	27,101.12	29,359.77
4.2	Indirect/Administrative Costs (± 2%)	6,201.88	6,201.88
Total Expenditure / Investment		**300,000.00**	**303,429.26**

Savings from some budget lines (= overall N$ 11,980.85) were reallocated in mid-June 2025 towards additional food items for the beneficiaries (children under five) to ensure they will receive enhanced (nutritious/balanced) food items until end of June, including ten additional children in need who were referred to this project by the Governor's Office in May 2025.

Negotiations with MegaSave Gobabis (= local service provider of food items, incl. delivery), resulted in a 2% discount on the purchased food items, namely an additional N$ 3,429.26.

→ ***A detailed Financial Report, including all supporting documents, is available on request.***

Background

Malnutrition in Omaheke is an acute crisis, as highlighted by a **joint Report by NPC from 2024**.

As mentioned in our **Interim Report** in November 2024, approval for piloting an innovative and collaborative malnutrition prevention and post-discharge strategy in Omaheke by the Ministry of Health and Social Services (MoHSS) is still pending. However, generous support of N$ 300,000 by the FirstRand Namibia Foundation in May 2024 allowed NAFSAN - in close collaboration with Civil Society Organizations (CSOs) in the Omaheke region and colleagues from the regional government and Omaheke's Malnutrition Task Force - to provide critical support to children in Gobabis affected by or at risk of severe acute malnutrition (SAM).

While NAFSAN continues working with MoHSS on national level to finalize the Malnutrition Post-Discharge Strategy (PDS), this intervention already commenced in May 2024 and forms a crucial building block for the future piloting and subsequent implementation of such a PDS.

Soup Kitchens and Early Childhood Development (ECD) centers based in informal settlements, and other less privileged communities provide essential services for children under 5 years. However, the food they usually offer is often very basic and not sufficiently nutritious, while the supply is also not constant but dependent on donations by various stakeholders.

Hence, this project allowed for testing out how providing more balanced and diversified yet affordable meals for children at those soup kitchens and centers could look like, and how malnutrition education, prevention and detection measures can be easily integrated into the services that are offered at these places/centers.

Improving the type of support children affected by or at risk of malnutrition receive in communities is an essential corner stone of community-based resources that need to be strengthened if we want to overcome malnutrition, which over the last years has gotten worse and requires genuinely collaborative thinking and multi-sectoral interventions.

Project Implementation

Capacity Building

As part of the upcoming post-discharge strategy, the project targeted children who had been hospitalized multiple times due to Severe Acute Malnutrition (SAM), with the goal of making sure they are able to recover fully without relapsing and being re-admitted again.

The first measures aimed at capacitating those working in soup kitchens and ECD centers in Gobabis' informal settlements, with **25 staff and volunteers** from eight (8) different facilities having been **trained on NAFSAN's *Nutrition-for-Health*** approach in Sept.-Oct. 2024. As part of this training, sets of materials (printed with support from Capricorn Foundation, European Union, WHO Namibia and the Government of Japan) were provided to all these centers for educating the children and their parents/care-givers on malnutrition and healthy nutrition. In addition, basic training on the use of MUAC-tapes (to detect malnutrition in children under 5) was provided together with the tapes themselves and referral system via the Community Healthcare Workers employed by government and CSOs.

> → *See our comprehensive **Nutrition Training Report**, submitted in October 2024.*

Coordination

Another key element of this project was to ensure **coordination** between the hospital (where children receive malnutrition treatment) and the needed support services in the communities they live in. This had been identified as a major gap during the Multi-Stakeholder Malnutrition Intervention in February 2024, see the report by the National Planning Commission (NPC).

Hence, NAFSAN employed Ms. Belinda Thanises as experienced Omaheke-based Coordinator for this project on a part-time basis to ensure implementation of all activities, communication and coordination among stakeholders in the region, provision of diversified food items, and identification of beneficiaries, i.e. children released from hospital and other children at risk.

No. of Children Supported

Initially the program **aimed** to support the **full recovery of 45 children** who were hospitalized multiple times. By the time the project started, over 50 children were on the list provided by the Gobabis state hospital as having been released after repeated treatment for malnutrition.

However, issues around incomplete data (names, home addresses, contact numbers etc.) and limited access to hospital records resulted in difficulties tracing all the children under five who previously received malnutrition treatment in hospital. In addition, some of these children came from outside Gobabis and therefore fell outside the scope and reach of this project.

Hence, only 24 children who were released from hospital could be traced to take part in this project, where they received 1 balanced meal a day at one of two selected centers in Gobabis, namely: *Val en Opstaan* ('Rise and Shine') and *Light for the Children*.

Continuous efforts by the coordinator in collaboration with regional stakeholders through community engagements and radio announcements, followed by nutritional assessments, lead to 33 additional children being identified, whose anthropometric measurements were concerning, i.e. showing signs of moderate to severe malnutrition. They were therefore also added to the list of recipients, bringing the **total number of benefiting children to 57**.

→ *Measuring the impact on their recovery is reported under "Progress Monitoring"*

No. of Parents Educated

About 120 parents (mostly mothers but also some fathers) who regularly come to the two selected centers, both of which are feeding 650+ children on a daily basis, received nutrition education, based on the training provided in September/October 2024. Staff from the other six ECD-centers who have participated in this training also provided nutritional education to parents and caregivers coming to their centers.

As their information sharing around nutrition is rather informal and sometimes spontaneous with individual parents or small groups of parents dropping off their children at the centers, it was not possible to count exactly how many parents were reached with nutrition education.

Hence, the total number of **200+ parents who received nutrition education** is an estimate based on feedback from the 25 Educarers who received the full nutrition training in 2024.

Food Distribution & Healthier Meals

Table 1: Profiles of two Participating ECD-Centres / Soup Kitchens

Summary		
Since January 2025, Val en Opstaan and Light for the Children (LFC) provided one meal a day to 57 children under this project (= 24 at LFTC and 33 at Val en Opstaan).		
ECD Profiles		
Information	***Light for the Children***	***Val en Opstaan (Rise and Shine)***
Location	*Freedom Square*	*Tueriyandjera*
Established	*In 1998*	*In 2016*
Management structure	*Founder: Pastor Henk Olewage*	*Founder: Mrs. Johanna Nakale*
No. of Employees	*3 Cooks, 5 Cleaners, 12 Teachers and 5 Managers (mostly staff)*	*3 Cooks, 2 Cleaners and 2 Teachers (mostly volunteers)*
No. of Beneficiaries	*± 500 learners are catered for* ***24 under this project***	*± 150 learners from the community are catered for, some school-going* ***33 under this project***
Funding and support	*International and local partners, local businesses*	*Governor's office, local partners and businesses, own funds*

After extensive on-site consultations and engagements with regional stakeholders (incl. Palms for Life Fund Namibia), a comprehensive procurement agreement with Megasave Gobabis was finalized in November 2024, which secured the regular purchase and delivery of selected food items for this project. Initial commencement of food distribution was planned for late November yet was delayed due to school closures and unforeseen holiday-related dynamics, i.e. many Gobabis-based children were sent to or traveling with their parents to other parts of the region during the long summer holidays.

Hence, this part of the project only commenced in January 2025, starting with nutritional assessments (anthropometric measurements: height, weight and MUAC)[1], while the first food parcels were delivered on 23 January 2025. This ensured that baseline anthropometric data was collected for all participating children prior to the start of the direct nutritional support. Ongoing measurements were taken in regular intervals (once at the end of every month) to monitor the physical impact of the provision of healthier food items on participating children.

In total, the project was catering for 57 children in Gobabis' informal settlements (24 at *Light for The Children* and 33 at *Val en Opstaaan*), who received one meal a day at the respective soup kitchens for almost six months. In addition to the meals, these children receive a cup of *Genesis*[2] (a high protein porridge meal) every morning, as part of a sponsored program through the Office of the Governor.

[1] MUAC (Mid-Upper Arm Circumference) tape measurements are a way for detecting severe malnutrition.
[2] A high-protein nutritional supplement, introduced to Omaheke in 2024: https://genesisnutrition.co.za

The food was delivered on a bi-monthly basis with ‘week one’ deliveries including cosmetics (i.e. hygiene products) and food items and ‘week two’ deliveries containing food items only. These hygiene products were added as a recommendation from the hospital staff, suggesting that food and nutrition security alone was not the only issue, but that proper hygiene (incl. sanitation and food safety) is a further contributing factor to cases of malnutrition.

As these meals are only provided from Mondays to Fridays and parents struggle to find food for their children over the weekends, additional provision was made for parents to receive instant porridge, oats, tea and small amounts of sugar to cater for the weekends.

Image 1: Parents from one with the soup kitchens with their weekend packs.

The provision of food items was initially assumed and estimated to last until end of March, yet through efficient purchasing and management there were remaining funds to first extend until 31 May 2025, with further extension of food item provision until end of June through reallocation of the remaining project budget.

List of Food Items Supplied

Table 2: List of food items contained delivered to the soup kitchens on a bi-monthly basis.

Week One (beginning of the month)	**Week Two** (middle of the month)
Top Score Maize Meal Sifted (10kg) Sunpick Oil Sunflower (5l) Nice Rice Parboiled (10kg) Polana Pasta Macaroni (5kg) Knorrox Soya Mince (400g) Instant Soup, beef (400g) Assorted Fresh Vegie Packs (large) Pilchards in tomato sauce 400g) CreeMee Dairy Blend (1lt) <u>Take-home items:</u> Jungle Oats (1kg) Marathon Sugar White (1kg) **+ <u>Essential Cosmetics:</u>** Reef W/Powder 2-in-1 (500g) Sona Bath Soap (300g) Nolene Petroleum Jelly (100ml) Aqua fresh toothpaste (75ml)	Top Score Maize Meal sifted Sunpick Oil Sunflower (5l) Nice Rice Parboiled (10kg) Polana Pasta Macaroni (5kg) Knorrox Soya Mince (400g) Instant Soup, beef (400g) Fresh Vegie Packs (large) CreeMee Dairy Blend (1lt) Pilchards in tomato sauce 400g <u>Take-home:</u> Instant porridge (1kg)

Images 2 & 3: Food Take Home Parcels for weekends, incl. cosmetics

Progress Monitoring

Quality of Food & Food Preparations:

Food parcels were distributed directly to the ECD centers, where nutritious meals consisting of a balanced combination of starch, vegetables, and protein are prepared and served daily.

Knowledge around the safe preparation of healthier meals derived from nutrition education through the Nutrition-for-Health (www.nafsan.org.n4h) approach. Trained Educarers then also passed this knowledge on to the parents (± 200) who came to the centres, for instance, while they waited for their or their children's

Images 4 & 5: Examples of more nutritious yet still affordable meals prepared at ECD centres

Interim Results of Nutritional Assessments:

Baseline data was collected on January 20, 2025, and follow-up assessments were scheduled for the end of January, February and March to track progress. Endline data was collected on 30 April 2025. Weekly monitoring was also conducted to assess ongoing changes in the children's nutritional status. Although the feeding continues till end of June, data from the first four months of the project will be used to assess and determine any changes/progress.

Images 6-8: Conducting of baseline anthropometric assessments

Results

NAFSAN staff (BA Human Nutrition Graduates from NUST) oversaw the implementation of the project and conducted/supervised the anthropometric measurements of the children.

Complete anthropometric measures were only taken from 70% (40 of 57) of the children who benefitted from this project, as others only joined slightly later after the food distribution had begun. Reasons for the delay were difficulties in tracing some of those children who were discharged from hospital or late identification of moderately to severly malnourished children who came to the centres during this project.

Table 3: Locations within Gobabis informal settlements in which Children reside

LOCATION	NUMBER OF CHILDREN
Kanaan C	11
Kanaan A	10
Kanaan B	9
Tueriyandjera	5
Kanaan U	4
Freedom Square	1

Table 3 shows where children live within Gobabis informal settlements – see detailed drawn **map of Gobabis' informal settlements** attached, on **page 21**.

Most children come from the Kanaan areas—Kanaan C (11), Kanaan A (10), and Kanaan B (9). Together, these three areas make up about 70% of the total. Tueriyandjera (5 children) and Kanaan U (4 children) have fewer, while Freedom Square has the least, with just 1 child.

The sample size was 57 children, with 21 of them being female and 19 male.

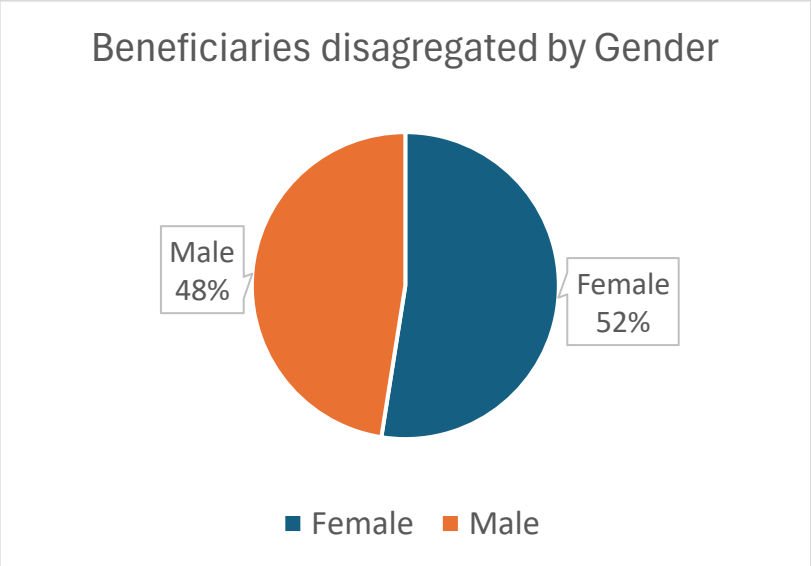


Table 4: Baseline and Endline Averages

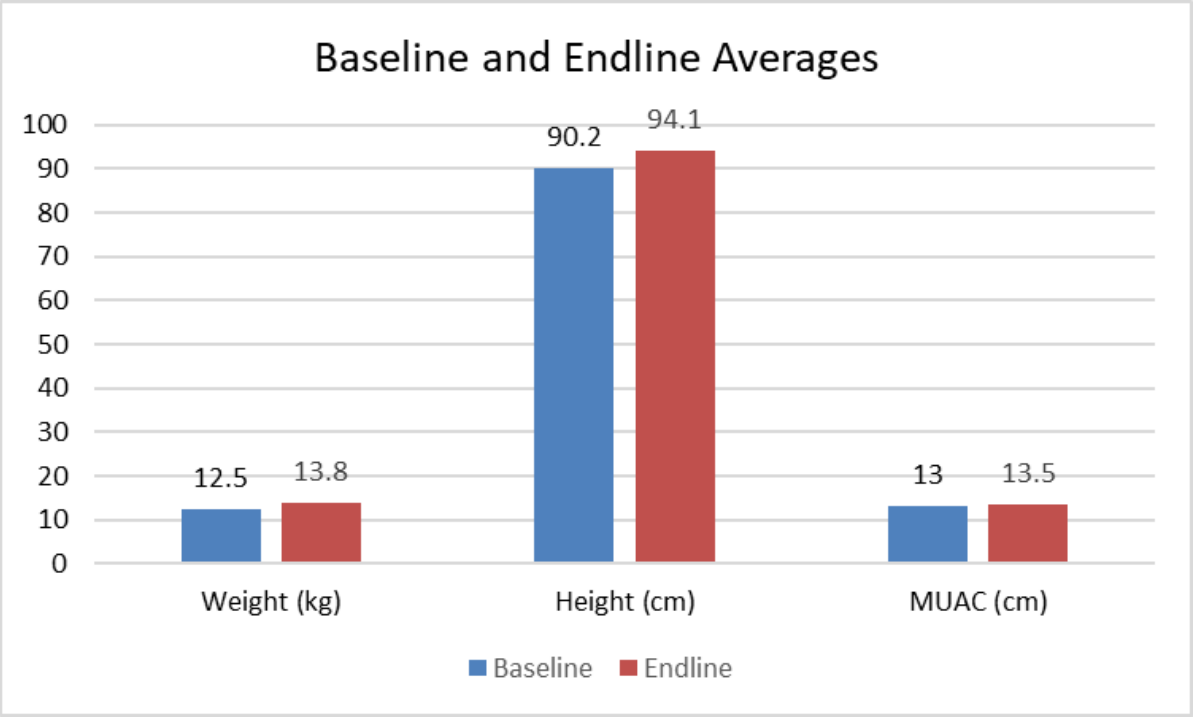


Table 4 shows the average anthropometric measurements of children at baseline (before the intervention – 20.01.2025) and at endline (after the intervention – 30.04.2025), with an **average weight increase of 1.3 kg**, indicating improved nutritional intake, while the **average height increased by 3.9 cm**, reflects steady physical growth over the project period. Additionally, **MUAC** (Mid-Upper Arm Circumference) improved from **13.0 cm to 13.5 cm**.

All three are key nutrition indicators and show the positive impact of this intervention.

Table 5: Comparison of Baseline and Endline weight per child.

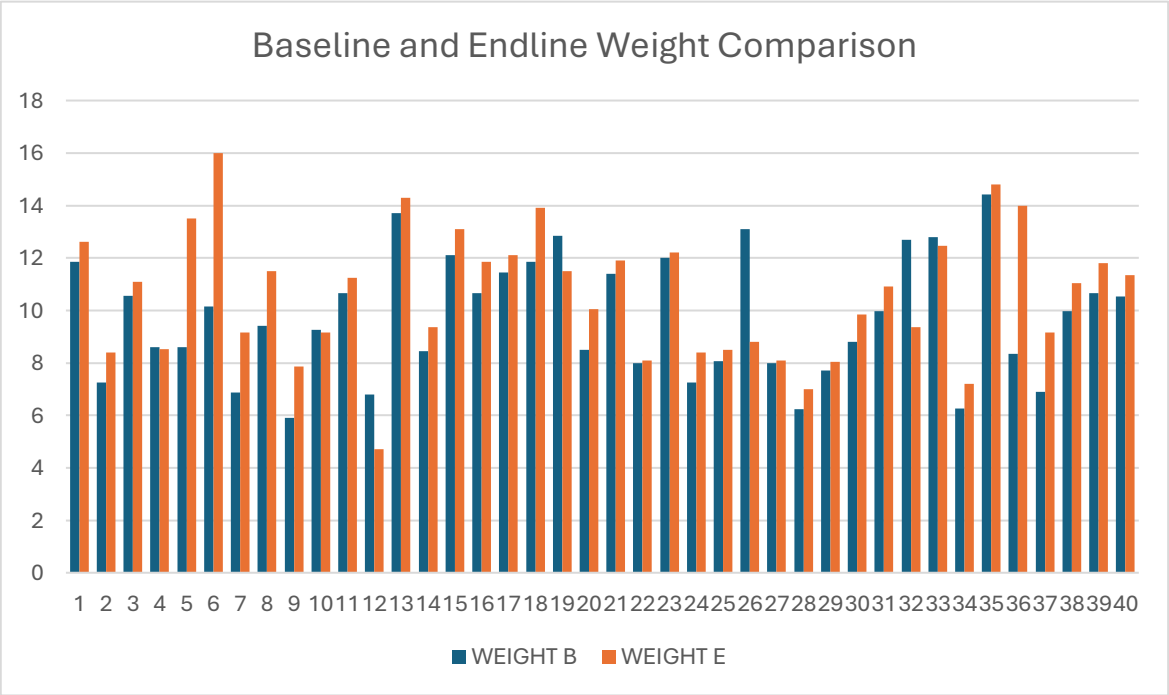


Table 5 (<u>detailed baseline and endline weight comparison)</u> shows that the majority of the children (around **75%**) show an **increase in weight** from baseline to endline, which reflects **positive progress** and suggests the nutritional support did indeed have an impact.

Table 6: Average Change in Weight by Age and Gender

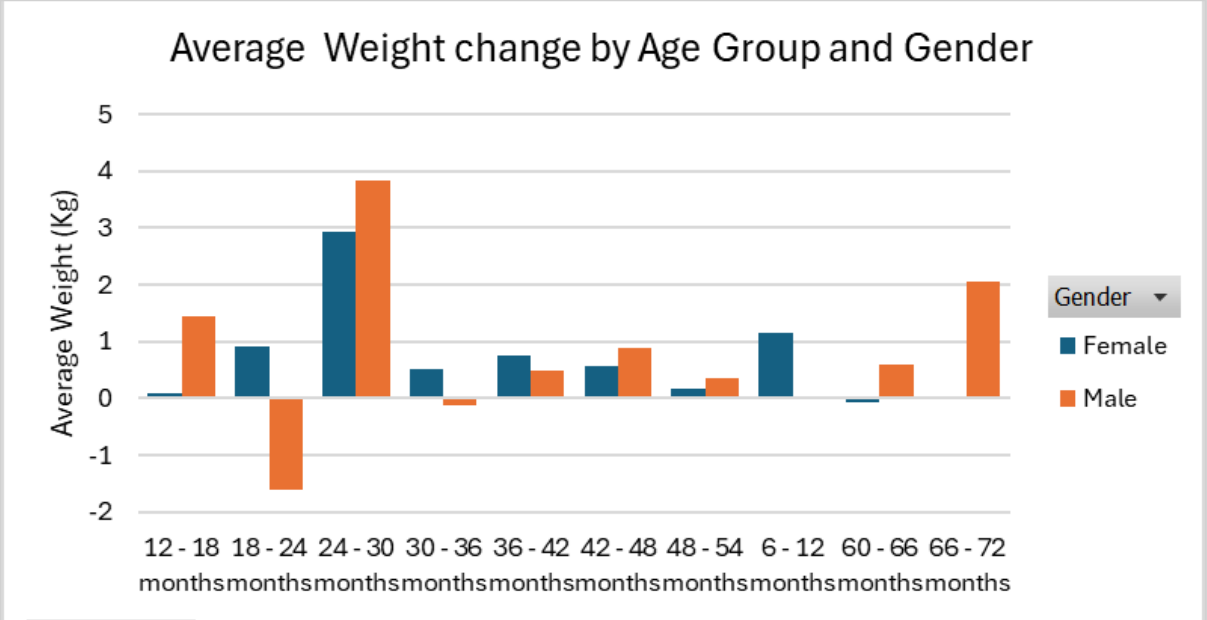


Table 6 shows the average weight change by age and gender.

Most children gained weight during the intervention. Boys aged 24–30 months had the highest average gain, while girls showed steady improvement across all age groups. In contrast, boys had more mixed results, with some even losing weight in the 18–24 and 30–36 months groups. This was most likely due to irregular feeding, as mentioned under "Key Challenges" below on the next page.

Key Challenges

The implementation of this initiative to provide healthier and more nutrient-dense yet affordable food to children recovering from or risking severe acute malnutrition yielded positive outcomes but was not without challenges. These are important to acknowledge, understand and incorporate respective lessons learned into future programming and design of any further interventions.

- Despite the provision for weekly attendance records, consistent daily participation of parents at the soup kitchens proved challenging for reasons related to their own personal situations at household level. This obviously impacted the intended daily nutritional intake for some children.

  In addition, geographical distance presented yet another significant barrier to daily attendance at the soup kitchens for some parents, again limiting the frequency and consistency of healthy meal consumption for these children.
- Occasional distributions of drought relief food or grant disbursements created temporary disruptions to beneficiaries' otherwise consistent engagement with the soup kitchens, leading to temporary fluctuations in attendance and potentially impacting the regularity of nutritional intake.
- Following the baseline data collection in January, 14 children were lost over time and follow-ups revealed that their families relocated from Gobabis to nearby farms, precluding their continued participation in the project.
- The absence of proper monitoring instruments such as stadiometers ('height boards') at the project's inception resulted in delays in the monitoring process.

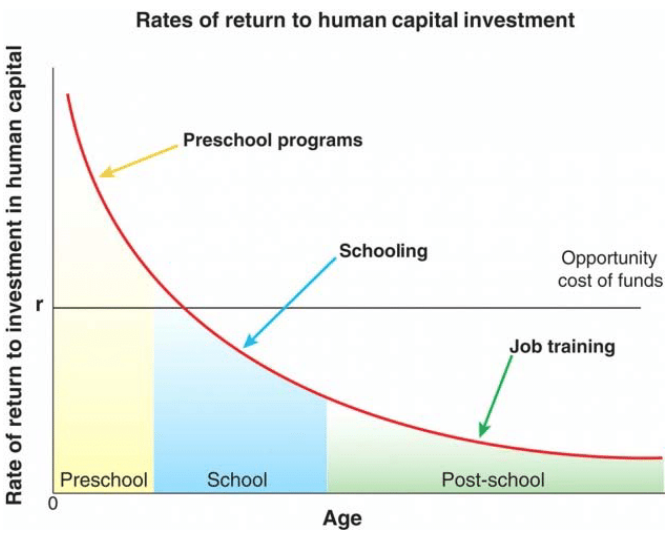
  The digital smart-scale (tool used to assess the children) provided through the Genesis program was not fully accurate, leading to a recorded 'decrease in height' of some children, as the scale is linked to an application that stores data, i.e. once details of a child are entered and they step onto the scale, it automatically generates the height and helps determine the malnutrition status of a child.

  → NAFSAN will closely monitor assessment tools to ensure future results are accurate.
- The lack of refrigeration facilities at Val en Opstaan limited storage of fresh produce, compromising nutritional value and variety of the meals provided. Alternative storage solutions are to be explored, or more frequent deliveries of fresh produce are needed.
- Availability of firewood for cooking was also a challenge for Val en Opstaan. Hence, solar cooking options (which would also better preserve nutrients in the process) were explored, yet the high number of children to be catered for makes solar cooking unfortunately not an option at this scale for now. Investing in a gas-stove may be something to be explored and considered as a future option, especially with the growing scarcity of firewood in Omaheke in mind.

Understanding these challenges thoroughly will inform any future nutritional initiatives for vulnerable children, including the **post-discharge strategy** that is currently being developed.

Conclusion

This intervention, generously funded by the FirstRand Namibia Foundation, successfully tackled acute malnutrition affecting 57 identified children in the Omaheke Region by providing healthier yet affordable meals. In addition, it was combined with practical nutrition education and improved detection, prevention and referral services at community level.



The nutritional assessments provided clear evidence of a significant positive impact on these children's health, with the most serious forms of malnutrition no longer present among the children who participated.

Even when only looking at these short-term effects, this was already a good and worthwhile investment, as shown in by this graph that outlines the return of investments into children based on their respective age groups.

However, the **long-term objective** of this project was and still is to not only pilot affordable options for provision of healthier meals to children in need across Namibia, but to also explore how more comprehensive and jointly provided services in and for communities could look like that use and build on existing community resources, like soup kitchens and ECD centers.

Multi-sectoral partnerships between grassroots initiatives, civil society organizations, government agencies, development partners and the private sector are hereby of essence.

Only by working together and investing in coordination can we find synergies and effective ways to prevent and overcome the triple burden of malnutrition, i.e. undernutrition occurring alongside overnutrition and 'hidden hunger' (= micronutrient deficiencies). According to the Namibian Cost of Hunger (COHA) Study (NPC, 2022) the costs to Namibia's socio-economic development are at least NAD 11 billion per year (= 5.22% GDP in 2016). Similarly, the costs of overweight and obesity (for the treatment of a variety of non-communicable diseases, such a high cholesterol, type-2 diabetes, chronic fatigue, inflammation, and cancer) may even be as high as NAD 19.4 billion per year (± 8.8% GDP).

Hence, this is a problem that needs joint commitment to tackle these inter-generational problems with real long-term collaborative thinking and **inter-generational solutions**.

Sustainability & Way Forward

Despite initial delays, the project can be seen as success, yet sustainability is key.

In terms of short-term sustainability, NAFSAN has secured semi-formalized commitment from Palms for Life Namibia to contribute at least N$ 180,000 in food donations similar to how it was done during this project, targeting the same soup-kitchens/ECD centers and children with similar cases. Hence, this would secure a continuation of this intervention until the end of this year, even without the active involvement of the coordinator.

NAFSAN continues supporting nutrition-related coordination efforts in the Omaheke region, as outlined in our Newsletter: http://mailchi.mp/nafsan/omaheke-malnutrition-journey and short documentary: www.youtube.com/watch?v=i0qdOC0tg-s&t=28s through two Hub-CSOs, namely CoHeNa and Light for the Children. Although major funding from the European Union in this regard has come to an end in May 2025, good working relationships have been established, also with the Chairperson of the Omaheke region's Malnutrition Taskforce as a key coordinating body that also aims to strengthen synergies across multiple stakeholders.

On national level, NAFSAN will continue supporting the Ministry of Health and Social Services on the development of a Post-Discharge Strategy that is to be piloted in the Omaheke region. As part of it, a Memorandum of Understanding (MoU) between NAFSAN and MoHSS will be developed that aims at further strengthening collaboration on joint implementation and coordination between government and civil society organizations.

In addition, NAFSAN will continue engaging international donors and development partners as well as the Namibian private sector in ways that fosters a more systemic and coordinated approach to tackling food and nutrition security issues in communities and on national level.

With regard to the private sector engagement, a deliberate Think Tank is in the process of being established, see recently finalized Concept Note (2025): https://www.nafsan.org/wp-content/uploads/2025/03/ConceptNote_FNS-PrivateSector-ThinkTank_March25.pdf

The NAFSAN team, member organizations and regional stakeholders remain committed to concerted efforts towards overcoming the various challenges and ensure more coordinated and integrated approaches, such as the one piloted in this project, which serves as a crucial steppingstone towards such multi-sectoral multi-stakeholder-based solutions.

Hence, this initiative not only significantly contributed to improving the nutritional status of highly vulnerable children in the Omaheke Region but it is likely to have a much more long-term impact on malnutrition-interventions in Namibia at large.

We therefore deeply appreciate the ongoing support and partnership from the First Rand Foundation and look forward to possibly continuing this journey together.

Annex

Detailed Nutritional Status Data

Table 7: Prevalence of Acute Malnutrition by Age (Baseline vs. Endline)

Age (months)	Survey	Total	Severe Wasting (%)	Moderate Wasting (%)	Normal (%)	Oedema (%)
6–17	Baseline	6	0.0%	0.0%	100.0%	0.0%
	Endline	4	0.0%	0.0%	100.0%	0.0%
18–29	Baseline	9	0.0%	11.1%	88.9%	0.0%
	Endline	9	0.0%	0.0%	100.0%	0.0%
30–41	Baseline	12	8.3%	16.7%	75.0%	0.0%
	Endline	10	0.0%	10.0%	90.0%	0.0%
42–53	Baseline	10	10.0%	30.0%	60.0%	0.0%
	Endline	10	0.0%	20.0%	80.0%	0.0%
54–59	Baseline	0	—	—	—	—
	Endline	0	—	—	—	—
Total	Baseline	37	5.4%	16.2%	78.4%	0.0%
	Endline	33	0.0%	9.1%	90.9%	0.0%

Interpretation of Nutritional Status Changes:

The data reveals a positive shift in the overall nutritional status of the children.

The proportion of children classified as having normal weight-for-height increased from 78.4% at baseline to 90.9% at the endline assessment, indicating an improvement in the population's (= children's) nutritional well-being.

Severe wasting decreased from 5.4% at baseline to 0.0% at endline, while moderate wasting declined from 16.2% to 9.1%. These reductions suggest a successful impact of interventions.

Table 8: Weight and Height Changes Over 4 Months.

Child ID	Gender	Baseline Weight	Baseline Height	Endline Weight	Endline Height	Weight Change	Height Change
1	Male	11.85	90	12.62	86.3	0.77	-3.7
2	Female	7.26	69.9	8.4	70.6	1.14	0.7
3	Male	10.55	85	11.1	82.3	0.55	-2.7
4	Female	8.6	81	8.53	81.1	-0.07	0.1
5	Male	8.6	76.6	13.5	71	4.9	-5.6
6	Male	10.14	81	16	81	5.86	0
7	Male	6.86	75.5	9.15	75	2.29	-0.5
8	Female	9.4	83	11.5	79	2.1	-4
9	Male	5.9	65	7.85	46.3	1.95	-18.7
10	Female	9.25	76.8	9.15	51.2	-0.1	-25.6
11	Male	10.65	83.5	11.25	53.3	0.6	-30.2
12	Female	6.8	70	4.7	45.2	-2.1	-24.8
13	Male	13.7	104.5	14.3	60.5	0.6	-44
14	Female	8.45	76	9.35	71	0.9	-5
15	Female	12.1	97	13.1	91.5	1	-5.5
16	Male	10.65	92.5	11.85	86	1.2	-6.5
17	Female	11.45	93.5	12.1	55.4	0.65	-38.1
18	Male	11.85	101.5	13.9	101.5	2.05	0
19	Female	12.85	93.6	11.5	93.6	-1.35	0
20	Female	8.5	84	10.05	84	1.55	0
21	Female	11.4	85	11.9	85	0.5	0
22	Male	8	75	8.1	70	0.1	-5
23	Female	12	81.9	12.2	89.5	0.2	7.6
24	Female	7.26	69.9	8.4	70.6	1.14	0.7
25	Male	8.07	71.2	8.5	71.8	0.43	0.6
26	Male	13.1	80.8	8.8	73.3	-4.3	-7.5
27	Male	7.98	76.3	8.1	76.6	0.12	0.3
28	Male	6.23	66	7	68	0.77	2
29	Male	7.71	79.1	8.05	78.3	0.34	-0.8
30	Female	8.8	83.9	9.85	84.1	1.05	0.2
31	Female	9.98	92	10.9	91.9	0.92	-0.1
32	Male	12.7	80.2	9.35	77.9	-3.35	-2.3
33	Female	12.79	90.2	12.45	90.9	-0.34	0.7
34	Male	6.26	66.9	7.2	64	0.94	-2.9
35	Male	14.42	88.7	14.8	87	0.38	-1.7
36	Female	8.35	77.4	14	78	5.65	0.6
37	Female	6.89	68.9	9.15	68.9	2.26	0
38	Female	9.98	78.2	11.05	78.5	1.07	0.3
39	Female	10.65	82	11.8	82	1.15	0
40	Female	10.52	80.2	11.35	80.7	0.83	0.5

Interpretation of Changes:

In summary, this table provides a snapshot of individual changes in weight and height over a period of four months (20 January – 30 April 2025). The green indicates an increase in overall nutrition status (weight and height), while the red indicates a decrease.

The decrease can be attributed to illnesses, or irregular/inconsistent feeding patterns, as mentioned above, e.g. under “Key Challenges” (p. 14).

Reflections by the Regional Coordinator

"I would like to extend my appreciation to the FirstRand Namibia Foundation for the support provided to the Post Discharge Pre-Pilot project under NAFSAN in Omaheke. Working on the project has been a great privilege, as we have built sound relationships and have seen wonderful changes in our patients. I also want to express a heartfelt appreciation to CoHeNa, especially to the Community Health Extension workers assigned to Val en Opstaan and Light for the Children, and who were always available when needed. My special gratitude and respect go to Mrs. Johanna Nakale the founder of the Val en Opstaan soup kitchen and her dedicated staff as well as the Management and staff at Light for the Children Soup Kitchen. These people were ready with warm meals for our patients each day come rain, come shine and keeping a welcoming door open for the mother's, we appreciate your loving efforts.

The support from the Governor's Office through their Genesis distribution program has been highly valuable as it has provided a nutritious breakfast each day. Patient monitoring was a collaborative effort, and I appreciate the timely support from the Governor's Office team and the Malnutrition Task Force. Also, the Matrons at the Paediatric Ward in Gobabis provided feedback and information on readmissions. I am forever grateful for your time and dedication.

I must give high praise to the dedicated mothers of our patients who walked long distances each day to ensure that the children can attend the feeding stations well within time. Despite issues with health, other motherly and social responsibilities these mothers have shown that FirstRand Namibia Foundation has invested into a community that appreciated the trust and support. I am honoured to have met the mother's holding hands and making a difference in the lives of their children as well as Omaheke as a whole.

In reflection, I would recommend a longer period for soup kitchen programs to support malnourished children as it really does make a difference in the lives of these children.

To the partners, I would like to let you know that the 57 children under this project have received a lifeline and are looking forward to a daily meal, please let's keep that hope burning in those little hearts.

Let's continue to support the project and hold their hands as long as possible. To the NAFSAN team, continue with the good work as you always do."

Belinda Thanises, PDS Coordinator – Omaheke

Testimonies from Parents

Image 9: Maria Mathys and her son Vetumbuavi.

"Since my son started at the feeding station, he has gained weight and his movements have improved. We were admitted to the hospital due to spinal tuberculosis and when we were discharged, I did not know where to start because I am unemployed, therefore the feeding station has been a lifeline for us. We are grateful."

Image 10: Lucia Eises and her son Sandiago Eiseb.

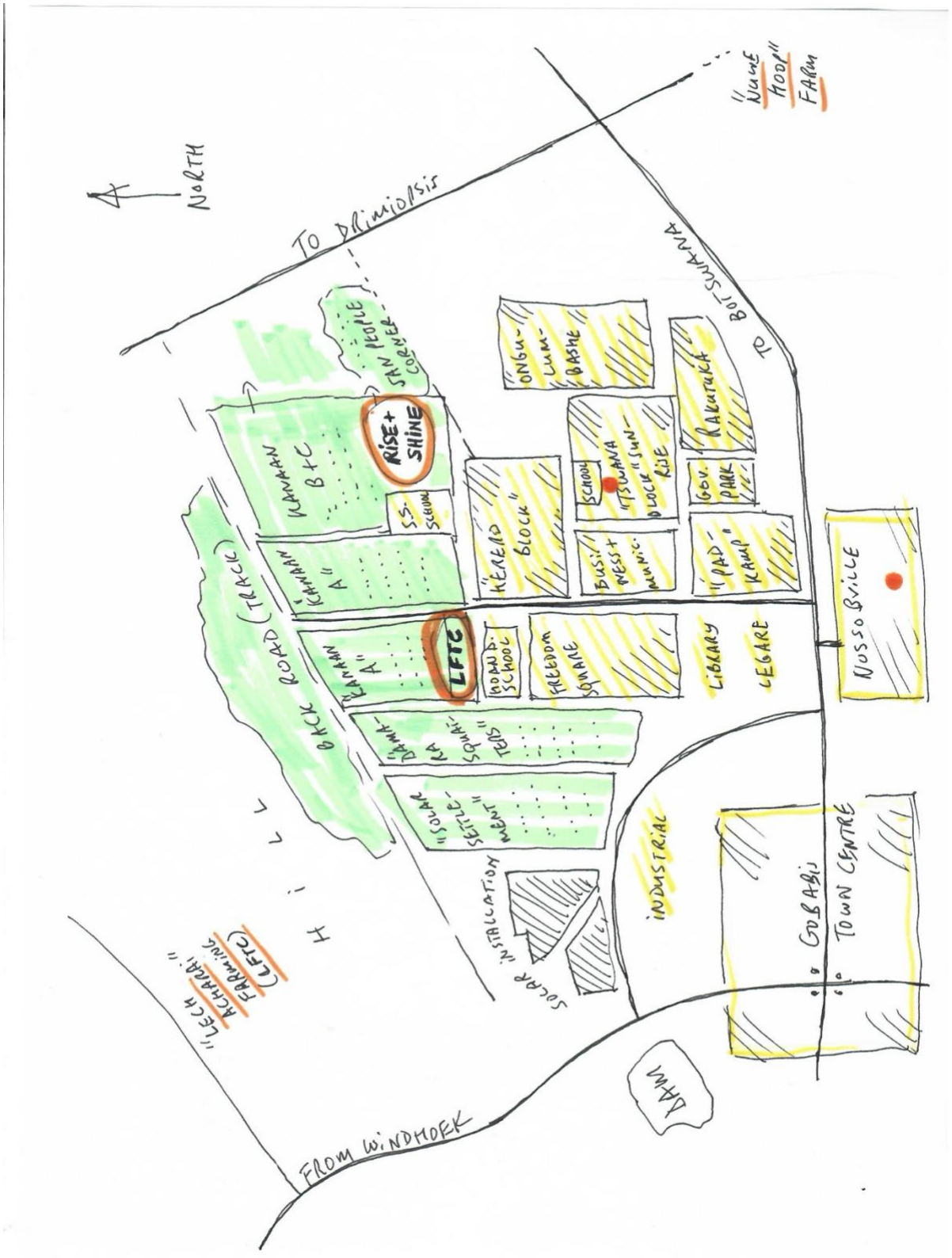
"My son had been admitted in the hospital due to his malnutrition and TB-related illnesses. Since we started at Val en Opstaan ECD feeding station, we have been in the hospital only once in the last 3 months. The feeding station has been very helpful because my son looks better and can also play with other children as he has more energy now. As an unemployed mother, the feeding station provides a much-needed meal per day, and I have been bringing my son every day since we started."

Image 11: Aletha Rooi and her daughter Salome Rooi.

"I am happy to see my child having a plate to eat every day. We walk from Freedom Square each day, sometimes while it rains, but we never miss a day. This is because I know my child needs the support to grow strong. I can see positive changes in her and I am happy to see her smile again. Please continue to support our children."

Map of Gobabis & Informal Settlements

This map was drawn in June 2025 by Pastor Emeritus Henk Olwage, Light for the Children.



* ***'RISE + SHINE'*** = ***'Val En Opstaan'*** (Soup Kitchen and ECD Center)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