COMMUNITY NEEDS ASSESSMENT REPORT FOR MTIMA VILLAGE IN ZOMBA

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1. INTRODUCTION

United Voices for Global Impact (UVGI) is a duly registered International Organization based in America. The Organization was founded on the principle that creating a prosperous world for both present and future generations requires the inclusion of all individuals, particularly those in underserved and marginalized communities. UVGI is dedicated to promote sustainable development goals as the pathway to a better future for all and it recognizes the critical need for empowering women and girls and active involvement of the youth to truly achieve sustainability and reach social equality.

The Organization aims at transforming lives worldwide and making positive impact through: empowering women and girls to reach their full potential, educating and heightening awareness, amplifying voices often go unheard, promoting health and well-being through prevention and advocacy, mentoring the youth, fostering sustainable development, proactive community engagement, supporting humanitarian efforts for people of greatest needs.

2. BACKGROUND TO THE COMMUNITY NEEDS ASSESSMENT

In order to achieve its objectives and attain its vision UVGI would like to implement programs and projects in Malawi, a country in Sub Saharan Africa. However before implementing the programs and projects a community needs assessment was needed to identify gaps and inefficiencies in existing services so as to improve service delivery, understand community concerns in order to develop effective programs, and develop targeted interventions.

The needs Community needs assessment exercise was conducted on 15th October, 2024 in Mtima Village in Tradition Authority Nkagula in Zomba District in Malawi.

3. METHODOLOGY USED IN THE COMMUNITY NEEDS ASSESSMENT

In order to get first-hand information, the following methodologies of data collection were used:
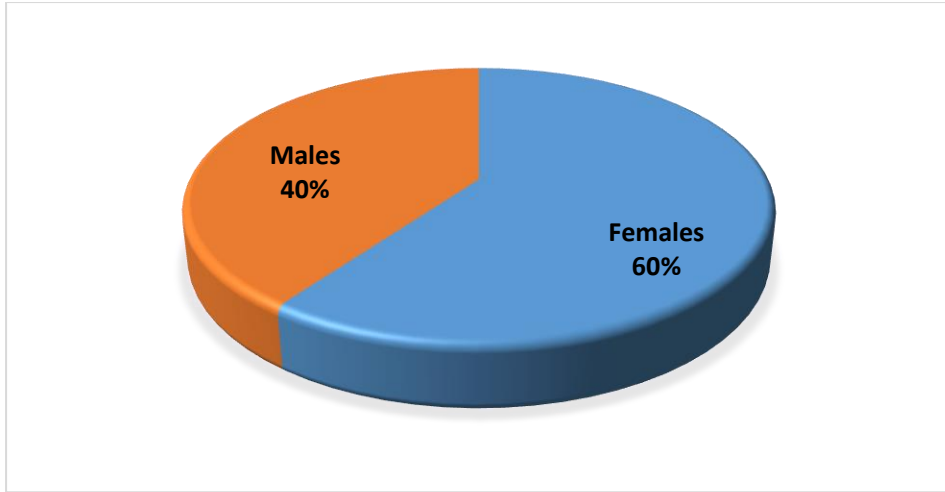
- Focus group discussion
- Observations
- Visits to individual homes

4.0 DEMOGRAPHIC DATA OF THE PARTICIPANTS

In order to understand the participants, the following demographic data was captured.
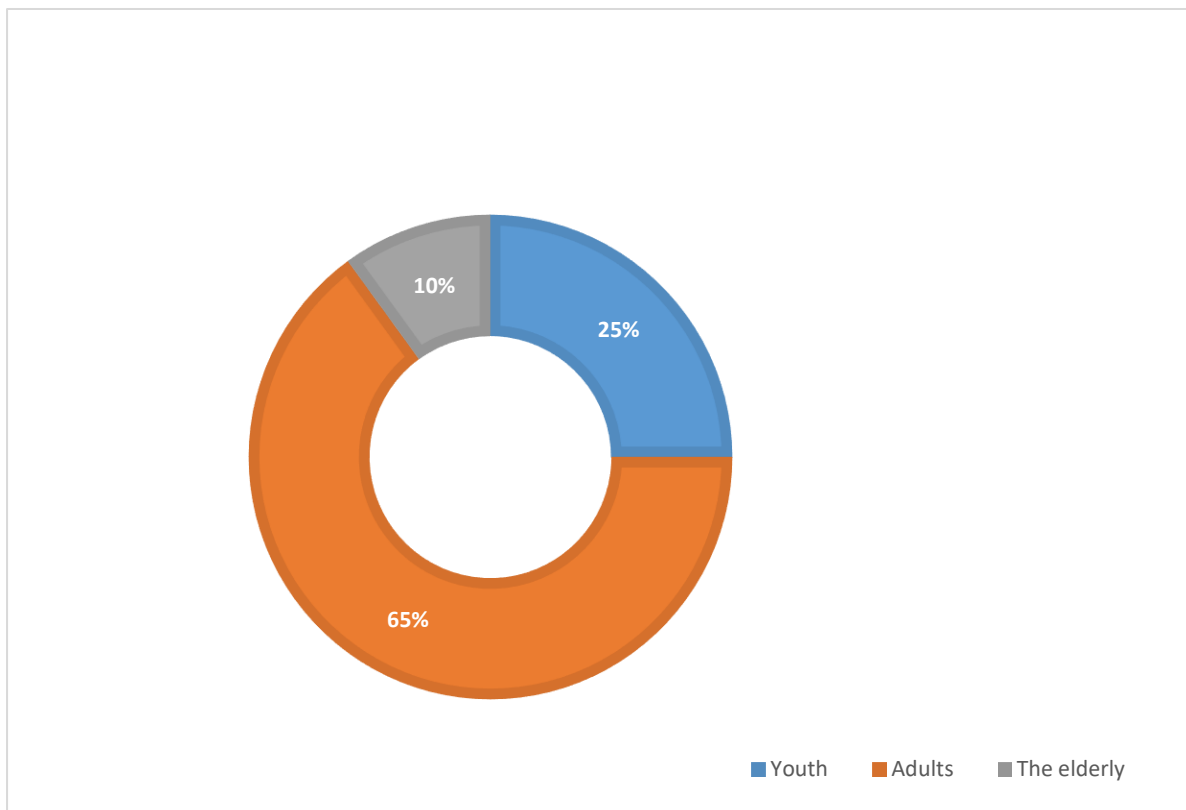
4.1 Sex of the Respondents

20 participants took part in the focus group discussions of which 8 were males and 12 were females. This shows that from the total number of participants 40 % were males while 60 % of the participants were females

Pie chart showing the sex of the participants

## 4.2   Composition of the Participants

Out of the 20 participants that took part in the Focus Group Discussions, 5 people representing 25 % were the youth while 13 participants representing 65 % were adults and 2 of the participants representing 10 % were the elderly. This shows that the majority of the participants were the adults.

A pie chart showing the aggregation of youth, adults and the elderly

4.3 Age Ranges of the respondents

The following graph below shows the age ranges of the participants
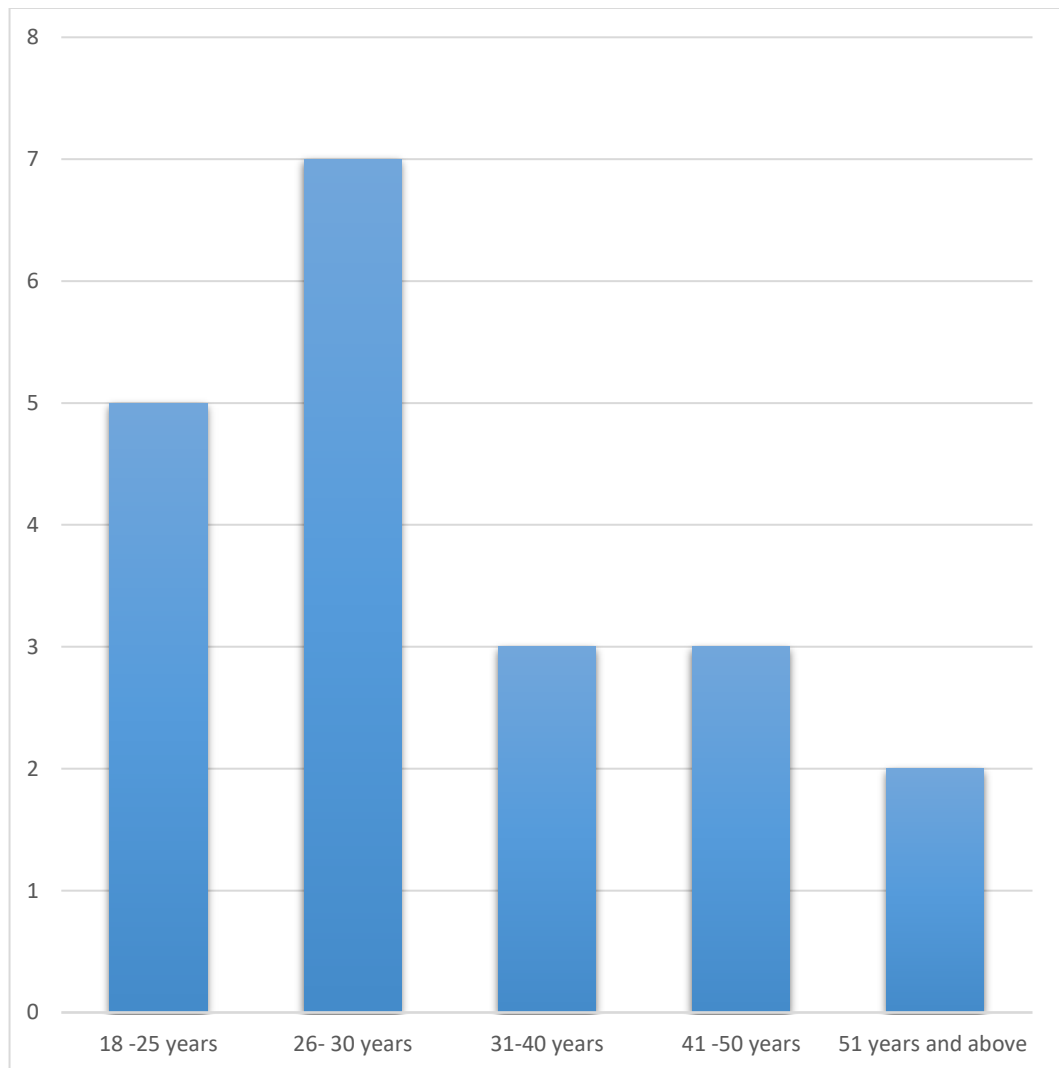
Bar graph showing age ranges of the participants

25 % of the participants were aged between 18 and 25 years, 35 % were aged between 26 and 30 years. Those that were aged between 31 and 40 years as well as between 41 and 50 years represented 15 respectively where as those who were aged 51 years and above represented 10 %. This show that the majority of the respondents were those who aged 26 and 30 years followed by those who were the youth aged between 18 and 25 years.

4. 4 Education Background of the participants
Below is a bar graph showing the education background of the focus group discussions
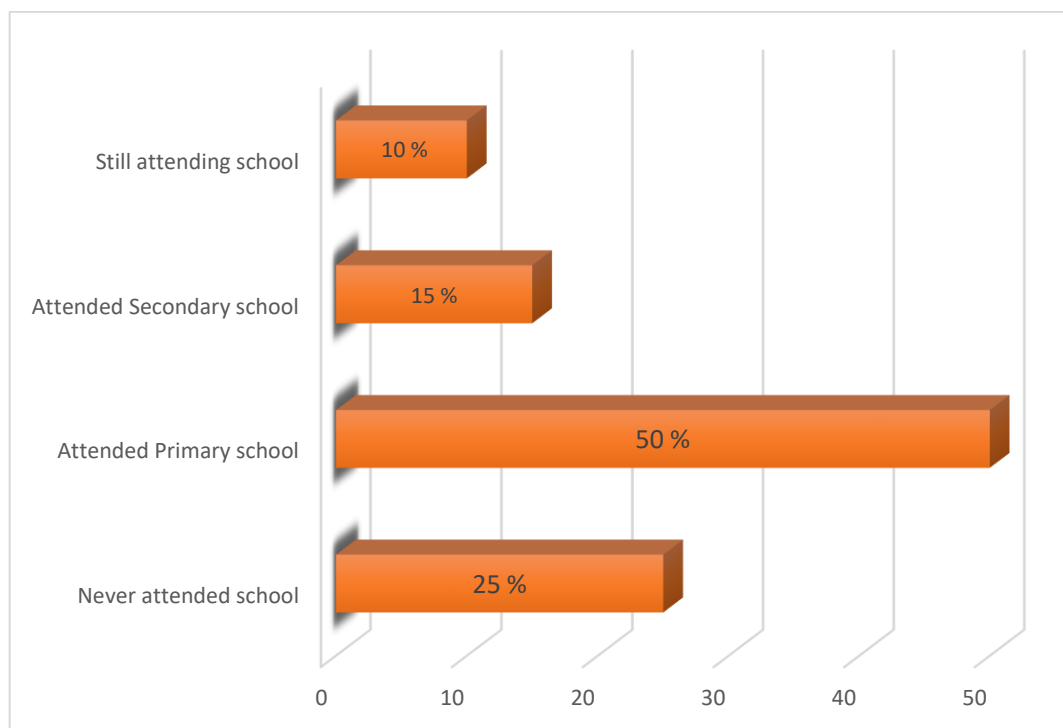
A bar graph showing the education background of the participants

The data obtained shows that 10 % of the respondents were still attending to school, 15 % attended secondary school, 50 % attended primary school while 25 % never attended school. This analysis shows that the majority of the participants had attended primary school and and the 10 % that

5.0 FOCUS GROUP DISCUSSIONS OUTCOMES
During the focus group discussions several issues affecting the community were exhaustively discussed. The issues ranged from sexual reproductive health, alcohol, substance and drug

abuse, high incidences of abortions, more divorce cases, gender-based violence and food insecurity.

The participants raised and brainstormed the issues affecting them in their community, discussed their roots causes and the factors that escalate them.

Below is the detailed outcomes of the focus group discussions

5.1 Sexual Reproductive Health
i.   Lack of comprehensive sex education
ii.   Limited access to contraceptives
iii.   Stigma surrounding STIs and HIV/AIDS
iv.   Cultural/religious barriers to sexual reproductive health discussions
v.   Unmet need for family planning services
vi.   Lack of access to youth friendly SRI services in the community
vii.   Community putting much value in having many children but not proper caring
viii.   High incidences of abortions: Unintended pregnancies due to lack of contraception; Stigma surrounding abortion; Limited access to safe abortion services.
ix.   Lack of education on reproductive health rights
x.   Poverty and economic instability
xi.   High school dropout rates

5.2 Alcohol and Drug Abuse
i.   Easy accessibility of substances
ii.   Peer pressure and social norms
iii.   Lack of support groups/rehabilitation services
iv.   Mental health issues (depression, anxiety)
v.   Economic stress and unemployment

5.3 Gender-Based Violence (GBV)
i.   Cultural norms perpetuating patriarchy
ii.   Lack of reporting mechanisms/support services (unavailability of referral system i.e. hospital, police, justice)
iii.   Economic dependence on perpetrators
iv.   Stigma surrounding GBV
v.   Limited access to justice/legal aid

5.4 Food Insecurity
i.   Poverty and unemployment
ii.   Limited access to affordable nutrition

iii.   Climate change/ environmental degradation

iv.   Lack of agricultural support/services

v.   Cultural/ social barriers to food assistance

5.5 High Cases of Divorces

i.   Communication breakdown

ii.   Infidelity

iii.   Financial stress

iv.   Lack of conflict resolution skills

v.   Changing social norms/values

6. Common Themes

i.   Lack of education and awareness

ii.   Limited access to resources/services

iii.   Cultural/social barriers

iv.   Economic instability

v.   Stigma surrounding sensitive topics

Some of the youth that took part in the focus group discussion

Some of the women during the focus group discussion

The elderly women were also part of the focus group discussion

Front view photo of some of the women who participated in the focus group discussion

Some of the youth pose for a photo together with a community nurse

7. RECOMMENDATIONS

    i.   Comprehensive sex education programs
   ii.   Increased access to contraceptives and SRH services
  iii.   Substance abuse prevention/intervention programs
  iv.   Support services for GBV survivors
   v.   Food assistance programs/sustainable agriculture initiatives
  vi.   Marriage counselling/conflict resolution services
 vii.   Community-based initiatives addressing social norms
viii.   Policy changes addressing economic instability

8.   ACTION PLAN
   i.   Conduct awareness campaigns
   ii.   Establish community support groups
   iii. Provide training for healthcare providers
   iv.   Advocate for policy changes
   v.   Collaborate with local organizations
   vi.   Monitor and evaluate program effectiveness

9.   CONCLUSION

These results highlight the complex interconnections between these issues and emphasize the need for a multifaceted approach addressing education, access to resources, cultural norms, and economic instability.