



Leveraging Male Champions Through the Barbershop Toolkit to Promote Family Planning and Sexual and Reproductive Health in Malawi

Abstract ID : ICFP20253261

04th November 2025, Bogota - Colombia

PRESENTER:

ANDREW BISHOP MKANDAWIRE, FAMILY PLANNING ASSOCIATION OF MALAWI (FPAM) SBCC LEAD
EMAIL: amkandawire@fpamalawi.org alt: abdeevado@gmail.com

CO-WORKERS: TAZIRWA CHIPETA, FPAM DOP; TIWONGE GONDWE, FPAM MTU FP/RH TECHNICAL LEAD; AND EYA MWENIFUMBO GONDWE, AMREF HEALTH AFRICA MALAWI TECHNICAL LEAD - MNCH/FP/RH

OBJECTIVE

□ To share the best practice(s) of FPAM through Momentum Tikweze Umoyo, USAID funded project, in using Barbershop Toolkit in engaging men as promoters of community access to SRH services including modern family planning in Chitipa, Karonga, Nkhotakota, Salima, and Kasungu districts in 2024



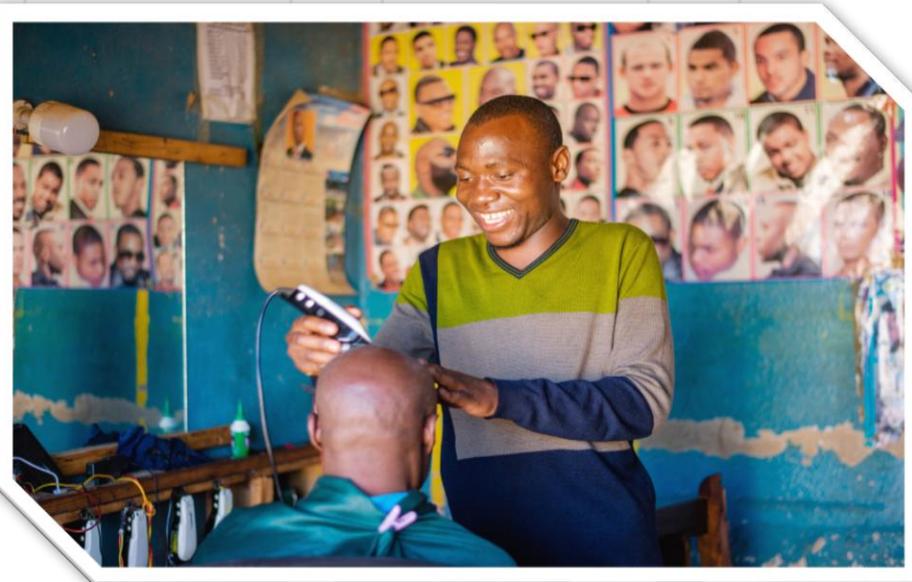
Sungani (L) and Saidi (R) showcasing collected box of condoms after meeting health worker at the Foundation for Community and Capacity Development (FOCCAD) in partnership with Nkhotakota DHO under Youth Friendly Health Services Office

CONTENTS

1. Significance/Background
2. Program Intervention/Activity Tested
3. Methodology
4. Results/Key Findings
5. Program Implications/Lessons Learned
6. Plenary



Kaimfa and Chunga mobilisers from Nkhotakota: Men and women need to have free contraception choices



Barber Brian Silwimba engaging into an FP discussion with a customer in Chitipa

1. SIGNIFICANCE/BACKGROUND

- ❑ **USAID Momentum Tikweze Umoyo (MTU) project – 2022 to 2027, but was called off in January 2025 through WSO**
- ❑ **Led by Amref Health Africa in a consortium: WaterAid – WASH, D-tree – Digital Health, Family Health Services (FHS) – SBCC, Emanuel International – Malaria, Youth Wave – Youth inclusion, and Family Planning Association of Malawi (FPAM) – Sexual Reproductive Health/Family Planning**
- ❑ **Implemented in Chitipa, Karonga, Nkhotakota, Kasungu and Salima districts through a local.**
- ❑ **Identified ABYMs, AGYWs and Chief who were oriented as FP mobilisers.**
- ❑ **ABYMs and AGYWs were taught correct FP messages, condom distribution work, facilitating IPC meetings and community mobilizations activities, referring clients to SDPs, collecting and reporting demand creation data through M&E tool.**
- ❑ **SDPs included CHWs like Health Surveillance Assistants and MoH/MTU Mobile Clinics.**

1. CONT;

- ❑ The cause responded **to cultural norms** projected in patriarchy societies as health decision makers – including Malawi
- ❑ Men who **do not have FP/SRH knowledge** and who do **not appreciate the benefits of FP** abuse their decision-making prowess eventually limiting women's autonomy in accessing FP/SRH services.
- ❑ Engaging **oriented** men in FP and SRH is crucial to achieving gender equity and improving health outcomes.



Mkandawire (L) and supervisor Lonard Mwabi Mwachimba Assistant HPO at Karonga DHO collecting barbers' FP mobilization periodic reports at Nyungwe in the district.

2. PROGRAM INTERVENTION/ACTIVITY TESTED

- ❑ Train male champions as peer mobilisers **sourced from** barbershops, fishing shores, betting venues, taxi ranks, and saloons to promote FP/SRH.
- ❑ Conduct **sports and edutainment** youth led Targeted Outreaches through district council Youth Networks
- ❑ Conduct **quarterly monitoring** of male champions referrals and demand creation data in FP and SGBV
- ❑ **Note:** the program aimed to **increase male involvement by normalizing FP/SRH discussions**, enhancing knowledge, improving partner communication and community FP acceptance



Part of a Sport Bonanza in Kasungu alongside a Youth Targeted Outreach day

3. METHODOLOGY

How were MC equipped, supervised and monitored?

Trained 308 male champions through a 2-day intensive orientation on modern FP, GBV prevention, and IPC skills – May to Sept 2023

MC operate in male-dominated community spaces to engage clients in FP/SRH discussions, distribute condoms, and refer clients for FP & GBV services

MC were monitored through activity monthly reports consolidated by HSAs, **quarterly mentorship and supportive supervision and Bi-annual review meetings** by MTU-MoH team

MC used IEC material and data collection and reporting forms to monitor activities and outcomes

An **evaluative qualitative feedback from review meetings and monthly reports informed** a forthcoming formal evaluation survey assess men's FP/SRH knowledge, information sources, and impact on contraceptive uptake

- ❑ Chitipa 44 (44 M)
- ❑ Nkhosvota 19 (19 M)
- ❑ Salima 63 (61 M, 2 F)
- ❑ Kasungu 100 (85 M, 15 F)
- ❑ Karonga 82 (56 M, 28 F).

4. RESULTS/KEY FINDINGS

- ❑ Men with **no or adequate FP knowledge perpetrate SGBV, and resist FP use** due myths and misconceptions and stigma and discrimination.
- ❑ The **orientation and training improved** men's understanding of FP benefits.
- ❑ Feedback from **review meetings showed** increased male cooperation with partners on contraception decisions, a significant cultural shift and facilitator to reduced GBV and improved spousal FP communication.
- ❑ MC **disseminated FP/SRH information, distributed condoms, and referred clients to SDPs demonstrating promising early outcomes in normalizing FP discussions** within male social networks



Mwale engaging on family planning discussion with this client in Nkhotakota

4. CONT;

□ Contributin of MC on Progress Performance on Family Planning Indicators

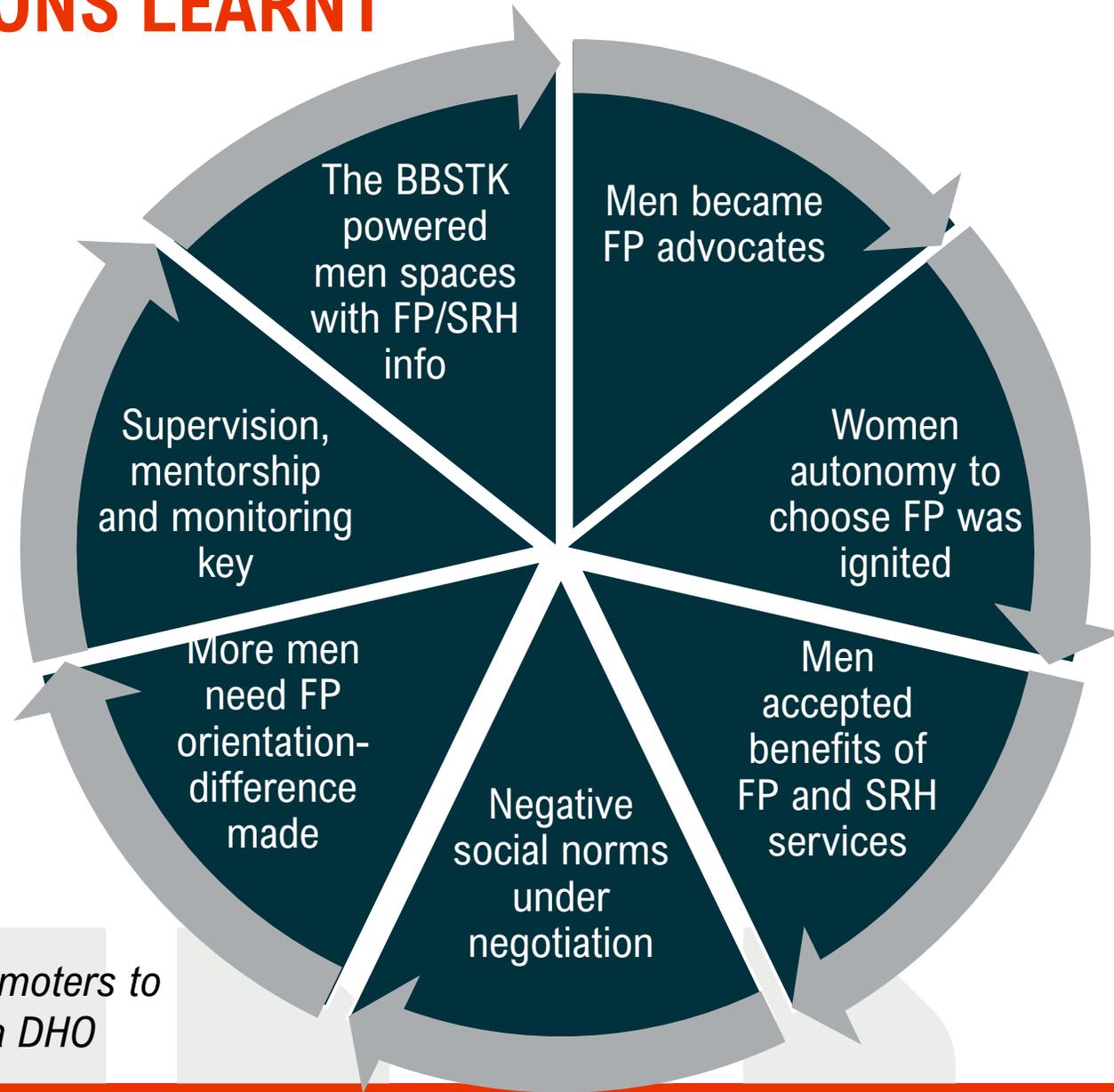
Indicators	Annual Target	Quarterly Target	Q1	Q2	Q3	Achieved To Date	Q3 % Achieved
HL.7.1-1: Couple Years protection in USG supported programs.	26,339	7,245	5,890	5,960	7,173	19,023	99%
HL.7.1-2 : Percent of USG-assisted service delivery sites providing family planning counseling and/or services.	100%	100%	98%	93%	100%	100%	100%
HL.7.2-2: # of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals, and/or services during the year.	1,832	1,832	1,463	1,320	1,269	1,463	69%
HL.7.2-3: # of individuals in the target population exposed to USG funded Family Planning (FP) messages through/on radio, television, electronic platforms, community group dialogue, interpersonal communication or in print (by channel/# of channels).	206,726	61,729	47,638	35,630	51,429	134,697	83%

5. PROGRAM IMPLICATIONS/ LESSONS LEARNT

□ What made the difference?



“Women accepted to use FP by their husbands are main FP promoters to their peers,” Tamandani Juma Community Health Nurse, Chitipa DHO



6. PLENARY

THANK YOU!

☐ End of Presentation!



One of Male Champion orientation class, Chamama, Kasungu district



GVH Kamtunda welcoming Judith Ofesi from Nkhotakota DHO for a mobile clinic in his area