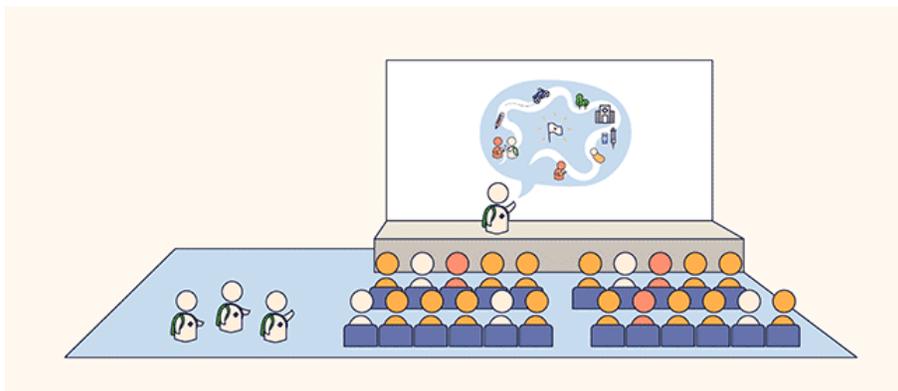


# ADVOCACY TRAINING FOR COMMUNITY HEALTH WORKERS

A mobile course to elevate the voices of frontline workers



## Course Development and Evaluation

Community health workers (CHWs) are the most proximal and trusted care providers for millions of people around the world. Despite their demonstrated impact, CHWs have historically been excluded from decision-making that influences their work and communities. Studies show that CHWs with advocacy training are 2 to 4 times more likely to themselves engage in advocacy at the workplace, civic, and political levels.

The Community Health Impact Coalition partnered with the Stanford Center for Health Education's Digital Medic initiative and a team of 25 CHW advisors to co-create a free digital training that equips CHWs with the advocacy and storytelling skills to address the issues that matter most to CHWs and their communities. We hosted a series of content advisory workshops with the CHW team over the development of the course, as well as endline focus groups once they had finished the course, to ensure that all content is relevant, actionable, and reflective of CHWs' realities (*see learnings on next page*).

Since launching in June 2021, hundreds of learners have enrolled in the course. Meanwhile, the CHWs and CHW supervisors involved in the course's creation are actively collaborating through WhatsApp and other platforms to engage their peers and apply what they've learned.

**Phase I (Complete):** Advisory workshops with CHWs from Kenya, Uganda, Liberia, South Africa, Sierra Leone, Malawi, and Guatemala to inform content development

**Phase II (Complete):** Mobile app distribution pilot and endline focus groups with CHWs

**Phase III (In progress):** Scaling distribution: translating course and providing content through additional platforms

**Phase IV (Planned):** Testing of support mechanisms to improve effectiveness of training

**Key Questions:** • What is the impact of virtual training on knowledge, attitudes, and practices of CHWs? • What is the engagement with the app and content? • What was the learning experience across participants? • What are delivery mechanisms or intervention modifications that can improve effectiveness of training?

We're just getting started. Our goal is to get this course into the hands of as many CHWs as possible. We plan to launch the course in additional languages, starting with French and Spanish, and to make the content accessible through additional technology platforms.

## Learnings from CHW Advisory Workshops

When we first spoke with CHWs in December 2020, their myriad of challenges – transport, training, stigma, and lack of incentives – was at the forefront of the discussion. Some CHWs reported having to commute between 20 to 30 kilometers on bicycle to care for individuals. Many said they are viewed as volunteers and receive little to no pay or incentives for their work. Since the onset of COVID-19, many CHWs said affording personal protective equipment (PPE) and simple treatment options for patients have been challenging or impossible.

“We are defined in the community as caregivers and bread givers and medication givers,” a CHW shared. “Sometimes we failed them. We help them with medication but we cannot afford all that they are expecting from us.”

Despite playing a crucial role in maintaining the health of their communities, the 25 CHWs who

participated in the workshop series shared the sense that they were not viewed as equals to other health workers by leaders and other community members.

“Some people are not recognizing us as health workers. You can find that we are not being given that priority as some other health workers,” one CHW said, and explained how many CHWs experienced severe delays in procuring adequate PPE in contrast to facility-based health workers.

Though excluded from important decision making in their own field, CHWs agreed they were best positioned to serve as advocates for health and wellbeing in their communities.

## Learnings from CHW Endline Focus Groups

CHWs emerged from the pilot course with a significantly different notion of advocacy and their work. In endline surveys, CHWs, for the first time, viewed themselves as the

ideal candidates to advocate not just for the well-being of those they care for, but also for themselves.

Although they recognized the challenges navigating bureaucracy and different power structures, CHWs’ desire to advocate for their own welfare marked a clear and positive change in mindset.

When CHWs began the course, they were confident and convinced that they were engaged in decision-making surrounding their work. However, at the end of the course, CHWs realized that there are much higher levels of involvement they could reach and are now inspired to aim for them.

One CHW advisor, and new advocate, said: “If maybe we can make [CHWs] feel like they are very important in the society and on the ground, they will come up. They will stand up. They will pull up their socks and they will start fighting for their rights.”

Learn more at: [chwadvocates.com/advocacycourse](http://chwadvocates.com/advocacycourse)

CHWs articulate barriers to reaching the 8th level of the “Ladder of Participation” as lack of confidence resulting from low levels of education and training as well as lack of exposure, opportunities to speak, training and support, and acknowledgement.

Exposure to the different levels illuminated their need for more growth and involvement in decision-making. CHWs saw this course as a needed in-service training tool for fellow CHWs.



*“I have a voice to speak because I have been on all these programmes and I have found out my rights as a CHW.” - CHW advisor & advocate*