



Community Health Worker Competency List for Nutrition Social and Behavior Change

This resource identifies 38 competencies that are important for community health workers (CHWs) to demonstrate in order to carry out high-quality social and behavior change (SBC) activities for improved nutrition. Nutrition project managers and Ministries of Health can use this list as a starting point for assessing, developing, and evaluating CHW SBC skills.

This CHW Competency List for SBC is a companion to the resource, [Defining Social and Behavior Change Competencies for Multi-Sectoral Nutrition: A List for Assessing, Developing, and Evaluating Staff Skills](#), which identifies 52 competencies relevant to program staff who design, implement, and evaluate multi-sectoral nutrition programs. Together, the resources are references for program managers, SBC practitioners, and others who seek to strengthen SBC capacity across different roles in a nutrition program.

Background

High-quality SBC is a key element in effective nutrition programs, particularly at the community level. Trusted and influential members of their communities, CHWs are often effective agents for SBC because of their understanding of the community's structures, cultures, and challenges. CHWs, whether professional staff or volunteers such as care group leaders, provide a critical link to health and nutrition services sustained through household-level relationships. They guide community members to adopt essential health practices, including adopting healthy diets and exclusive breastfeeding, by thoughtfully and skillfully facilitating sensitive discussions with community groups, mobilizing collective action, and responding to social norms to foster equitable health and nutrition outcomes.

Given the complexity of this role, CHWs need a strong set of competencies—knowledge, skills, and attitudes—to conduct effective, sustained SBC to improve nutrition.

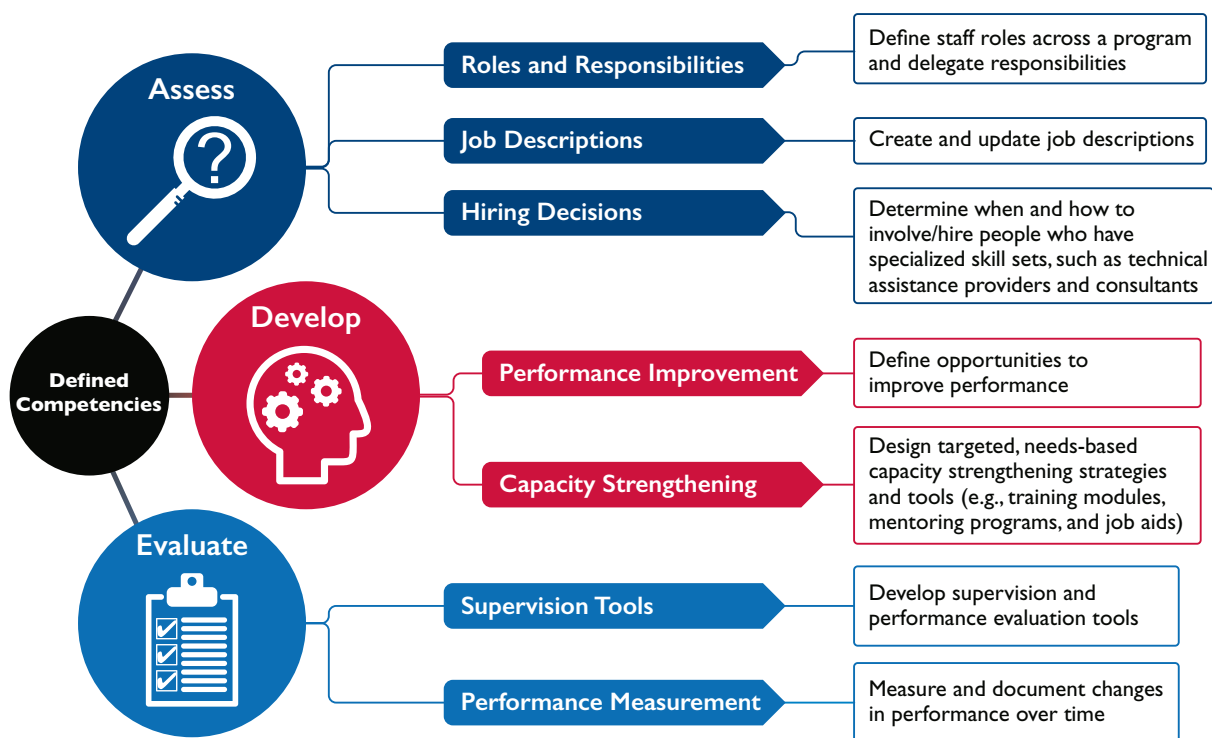
This resource provides a list of key SBC competencies for different capacity-related purposes. It begins with context about how to define and use competencies, including considerations for how to select or prioritize the competencies from which to design activities to assess, develop, and evaluate SBC skills.

Defining and Using Competencies

Competencies are a set of measurable, observable, and clearly defined knowledge, skills, and attitudes that are critical to job performance and serve as a basis for assessing, developing, and evaluating staff. (USAID and HRH2030, 2018).

Figure 1 depicts different ways to use a defined set of competencies, including guiding hiring and performance decisions, developing targeted, needs-based capacity strengthening strategies, and setting clear performance standards to measure over time. In the context of this list, the figure denotes how nutrition project managers and Ministries of Health might use SBC competencies to assess, develop, and evaluate CHW skills.

Figure 1. How to Use Competencies



Source: USAID Advancing Nutrition, 2020

Using This Competency List

Individuals responsible for overseeing CHW performance may use this list for a variety of purposes:

- **Developing or updating the SBC components of a CHW job description.** The list may help users articulate the important knowledge, skills, and attitudes important to enable SBC performance in that role.
- **Defining CHW SBC capacity strengthening priorities.** Users can select the competencies most relevant to the SBC-related objectives of the program and incorporate them into a tool to assess strengths and opportunities for growth. Users can then create an actionable, measurable plan for skills development based on the identified priority areas.
- **Reviewing and revising the SBC modules of a CHW training program.** Comparing the list with the SBC competencies in a CHW training program can highlight important gaps to address.
- **Developing CHW supervision tools and mentoring strategies.** The list can help users identify the competencies that a CHW must demonstrate and then integrate them into supervision checklists, performance evaluation tools for supervisors, and strategies to develop skills through activities such as one-on-one mentoring and peer-to-peer exchange.



(Photo: Kate Holt/MCSP and Jhpiego)

Prioritizing Competencies

It is unrealistic to expect a single CHW to demonstrate every competency on this list. Users are instead encouraged to prioritize the competencies that are most relevant to their SBC program, the context in which it is implemented, and specific CHW capacity strengthening needs.

The number of competencies users should focus on depends on what they seek to accomplish. Selecting too many competencies for one purpose may dilute its effectiveness. For example, if revising a CHW training curriculum, a user may want to select about 10 SBC competencies that a) relate to their program focus, and b) they have identified as areas that require skills strengthening. A curriculum attempting to cover many more SBC competencies would necessitate significant time and resources in order to strengthen skills in all areas. For the same reason, when developing a CHW job description, the user may want to include only the 5 to 7 competencies most essential to achieving their specific program's objectives. If the user seeks to create a CHW capacity strengthening plan for a one-year period, they might only designate three competencies from which to design skills-building activities.




To help users prioritize the competencies that CHWs may need, this list differentiates between basic and specialized competencies:


- **Basic competencies** refer to the *core knowledge, attitudes, and skills* that are often necessary for effective community-based nutrition SBC. Ideally, most CHW cadres—including volunteers—are able to demonstrate basic competencies as part of most nutrition programs that have SBC components.
- **Specialized competencies** are *advanced or highly technical knowledge and skills* that may be relevant to only certain SBC nutrition programs. They include, for example, skills required to carry out complex SBC activities and to perform tasks requiring significant engagement with actors across the health system. Typically, the CHWs who are expected to demonstrate specialized competencies include cadres with higher levels of SBC training or professional development, and/or those with a formalized role within the health system.¹

¹ However, users may find it appropriate/desirable to train less-skilled CHWs, including volunteer cadres, to develop specialized competencies if they are relevant within that specific program and context.

The CHW Competency List for Nutrition SBC


This list categorizes competencies under five headings that roughly follow a social ecological model: foundational competencies for nutrition SBC, individual and family communication and activities, group facilitation and engagement, community leadership and mobilization, and supporting access to resources. It includes subheadings for categories that include many competencies.

 FOUNDATIONAL COMPETENCIES FOR NUTRITION SBC			
#	Competency	Basic	Specialized
 NUTRITION AND PROGRAMMATIC KNOWLEDGE			
1	Understands the nutrition behavior change goals of the program and the role and responsibilities of the CHW within that program	x	
2	Knows the underlying causes of malnutrition in their community and relevant nutrition-specific and/or nutrition-sensitive behaviors to address them	x	
3	Understands individual and community factors influencing access to adequate nutrition and health services (e.g., beliefs, attitudes, concerns, priorities, health conditions, power differentials, social and physical environment)	x	
4	Recognizes different expectations and beliefs about men, women, boys, and girls , and how they impact nutrition	x	
 BASIC INTERPERSONAL COMMUNICATION SKILLS			
5	Ability to adapt communication style and content to the audience	x	
6	Demonstrates key listening techniques to understand perspectives, clarify meaning, and establish rapport (e.g., gives the speaker full attention, provides affirmation through verbal and nonverbal cues, does not interrupt, repeats/confirms what the speaker has said)	x	
7	Uses visual and written tools to complement or reinforce verbal communication	x	
8	Effectively presents information to individuals and groups (e.g., speaks slowly, clearly and confidently, maintains context-appropriate body language, asks open-ended questions, presents content in a logical order)	x	
9	Engenders trust and develops rapport (e.g., creates an environment for confidential discussion, shows appropriate concern, avoids negative interpersonal behaviors, such as impatience, aloofness, and insincerity)	x	
10	Remains neutral without projecting own beliefs, attitudes, and life experiences during interactions	x	
11	Builds confidence and gives frequent and substantive praise to reinforce nutrition behaviors	x	

#	Competency	Basic	Specialized
 EMPATHY, RESPECT, AND WORKING WITH DIFFERENCES			
12	Expresses empathy and responds productively and professionally	x	
13	Demonstrates awareness and respect in locally-appropriate ways, especially in the context of social, cultural, and religious differences	x	
14	Applies ethical standards, including respecting privacy and confidentiality (e.g., with mothers during counseling on feeding)	x	

 BUILDING RELATIONSHIPS AND PARTNERSHIPS			
15	Establishes and maintains relationships with individuals, families, community-based organizations, and/or health providers to promote nutrition services, care, education, capacity, and/or advocacy	x	
16	Builds partnerships with community groups, organizations, networks, and/or health providers to improve nutrition through team-building, negotiation, and group facilitation		x
17	Effectively communicates with health providers and service organizations to help them understand community and individual conditions, culture, and behaviors to improve the effectiveness of services they provide		x
18	Shares nutrition data and/or feedback with communities and health providers related to nutrition SBC		x

INDIVIDUAL AND FAMILY COMMUNICATION AND ACTIVITIES

 COUNSELING SKILLS			
19	Holds bi-directional conversations with individuals and family members, including influential figures, to discuss key nutrition behaviors, help them overcome barriers, and adopt small, doable actions that progressively lead to the desired behavior change	x	
20	Understands household dynamics and decision-making factors that influence behavior adoption and maintenance (e.g., resource allocation for food, health care, and support), and integrates them into the discussion	x	
21	Applies the principles of effective counseling on various nutrition topics (e.g., uses the GATHER method to greet, ask, tell, help, explain, reassure ²)		x
22	Adjusts the level and structure of the counseling session to the individual's needs, such as the age of the child, the stage of pregnancy, or the individual's immediate concerns		x
23	Understands factors affecting counseling outcomes , such as quality of counseling and client situations		x
24	Effectively uses counseling materials and resources (e.g., infant and young child feeding counseling cards)		x

2 Counseling approaches will vary by context and program.

#	Competency	Basic	Specialized
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HOME VISITS

25	Understands the purpose of a home visit for nutritional support³ (e.g., to know community members better; to show respect for what they are doing well in their own homes; to learn more about the context in which key nutrition behaviors will be practiced; to check for practice of a behavior (e.g., hand-washing with soap); to provide tailored, hands-on problem-solving)	X	
26	Effectively performs the steps of a home visit⁴ (e.g., greet the person or family, ask how things are going, learn about their experience and concerns, discuss obstacles, recommend action, make a follow-up appointment)	X	



GROUP FACILITATION AND ENGAGEMENT

27	Forms and convenes community groups , including facilitating discussion about the rules and standards governing group behavior		X
28	Effectively facilitates participant dialogue (e.g., communicates respectfully, encourages participation, provides sufficient time, summarizes key points)	X	
29	Ensures all perspectives are represented and discussed respectfully in group discussions	X	
30	Encourages sharing and teamwork , making group members feel comfortable to share their personal experiences	X	
31	Effectively manages disagreement , helps resolve conflict, and supports the group to reach consensus if needed		X
32	Effectively facilitates and/or implements activities with groups (e.g., cooking demonstrations, cross-site visits, testimonials, skits, storytelling, role-modeling) to improve knowledge, share experiences, encourage peer support, and help address health and nutrition concerns for themselves, their family members, and their communities		X




COMMUNITY ACTION AND MOBILIZATION

33	Uses outreach methods to engage individuals and groups in diverse settings to build community awareness and commitment to act on nutrition (e.g., community dialogue, context-appropriate media, linkages to community resources, social marketing)	X	
34	Understands the purpose and goals of community mobilization , including actors, principles, and relevant steps (e.g., planning, raising awareness, building coalition, taking appropriate action, and monitoring and evaluation)		X
35	Develops a community action plan with community members to measure progress of activities and/or toward objectives, and supports them to implement it		X

3 Home visit objectives vary by context and program.

4 The steps of a home visit vary by context and program.

#	Competency	Basic	Specialized
 SUPPORTING ACCESS TO RESOURCES			
36	Makes referrals and connections to community health and nutrition resources to enable individuals and families meet basic social, health, and nutritional needs (e.g., health resources, treatment, insurance, cash transfer, food transfer)	x	
37	Supports the completion of referrals and confirming appropriate follow-up	x	
38	Identifies and shares appropriate information, materials, contacts, and resources to help individuals, families, groups, and organizations meet their needs (e.g., to get food supplies and access)		x

Further Reading on CHW Capacity Strengthening

In addition to the references listed below, the following resources highlight key approaches and considerations for CHW capacity strengthening for nutrition and SBC. They may be useful complements to this list.

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(Photo: Mercy Corps)



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