



**Partnership**

To End Malaria

**Community Health Worker Malaria  
Social and Behaviour Change Toolkit**

**Module 6: Supportive Supervision of  
Community Health Workers' Social  
and Behaviour Change Activities**

**Social and Behaviour Change Working Group**

# Module 6: Supportive Supervision of Community Health Workers' Social and Behavior Change Activities

## Module Objectives



- Understand the importance of assessing and improving interpersonal communication skills among community health care workers (CHWs) for their social and behaviour change (SBC) activities and overall quality of care.
- Describe a minimum set of elements supervisors can incorporate into their supervision activities to assess CHWs' interpersonal communication.
- Provide a practical checklist CHW supervisors can incorporate into their regular supervisory activities.

## Focus on Interpersonal Communication Skills

As more national programs use CHWs to manage malaria at the community level, it is essential to properly train CHWs and equip them to conduct effective SBC and service communication activities. Interpersonal communication with neighbours and clients is a core CHW activity. It allows them to deliver correct and appropriate information with empathy to motivate behaviour change. Periodically assessing and reinforcing CHWs' interpersonal communication skills can help these essential workers end malaria in their communities.

It is important that CHW supervisors systematically evaluate CHWs as they conduct SBC activities and then provide feedback to help CHWs strengthen their skills in engaging with clients and their community. Supervising CHW SBC skills is easily integrated into any planned supportive supervision activities.

This module provides clear and practical indications of how CHWs' SBC skills related to interpersonal communication can be assessed during routine supportive supervision activities. It also includes a straightforward interpersonal communication skills checklist to integrate into existing supervision tools.

RESOURCE



### Facilitator's Guide for Training on Interpersonal Communication Skills to Promote Key Behaviors for Zika Prevention

*"The guide provides step-by-step instructions on how to implement the training to their field teams. Each session includes the learning objectives, methodology, and activities, along with educational materials, practical exercises, and readings for the participants."*

<https://thecompassforsbc.org/project-examples/facilitators-guide-training-interpersonal-communication-skills>

# What is Supportive Supervision?

**Supportive supervision** involves overseeing how personnel perform their assigned activities to verify whether they have the knowledge and skills to fulfil their roles and responsibilities, as well as providing feedback and training as necessary. The purpose of this module is not to explain how to conduct supportive supervision; many existing resources already provide that information. Rather, this module describes how SBC activities conducted by CHWs can be assessed by incorporating a few key elements into already planned supportive supervision programs.

## What Opportunities Already Exist for CHW Supervisors to Assess the Quality of their SBC Activities?

Any supportive supervision activity involving CHWs is an opportunity to assess their interpersonal communication skills and the quality of implementation of SBC activities. Wherever possible, supportive supervision should be done in collaboration with health facility staff and local officials. **Two commonly used methods for supervising the SBC activities of CHWs include:**

- Directly observing CHW SBC activities, especially interactions with community members. This approach provides the best insight into CHWs' interpersonal communication skills.
- Reviewing CHW SBC activity plans and documentation.



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### Direct Observation of CHW Activities

One of the most important methods supervisors can use to assess the quality of SBC activities implemented by CHWs is direct observation. Direct observation can include assessing CHW's service and counselling provision in real time, reviewing how CHWs collect or record data using registers or other data collection tools, or even systematically observing a small sample of CHWs or community members. These approaches can be easily incorporated as a standard element of regularly scheduled supportive supervision visits to the CHW, and the observations can help supervisors and CHW program managers improve the quality of SBC implementation across the CHW program.

**During planned supportive supervision visits, supervisors can directly observe how CHWs interact with community members and clients by:**

1. **Accompanying** a CHW on an activity, such as a household visit, a community dialogue, one-on-one delivery of health services in the village or clinic, or a group health talk in a health facility. Note: Before any private interaction with community members, obtain the client's consent for the supervisor to observe the interaction.
2. **Allowing** the CHW to lead the activity and to introduce the supervisor to their clients.
3. **Silently observing** the CHWs interactions without interrupting or intervening.
4. **Taking notes** on the interaction and completing a supportive supervision checklist to capture the elements of high-quality interactions, focusing on interpersonal communication.
5. **Engaging** with the CHW in private afterwards to provide feedback, reinforce what they did well, and share suggestions for improvement.

# Use the GATHER Checklist to Assess CHW Skills During Direct Observation

**GATHER** is a mnemonic for greet, ask, tell, help, explain, and return: the essential elements of effective interpersonal communication. It has been used for decades to guide health care providers and CHWs in providing quality and comprehensive interpersonal communication on health topics. Research has shown higher levels of client satisfaction when more GATHER elements are used during counselling. CHWs can be trained to use GATHER to structure their interpersonal communication activities (e.g., home visits), to engage meaningfully with clients, and to reinforce behaviour change. As noted, GATHER stands for:

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**G**

**GREET** the person in a friendly and respectful way and create a connection. Use an icebreaker to establish rapport, ask for a private place to engage everyone together if appropriate, and make everyone feel comfortable.

**A**

**ASK** about everyone, including their needs and concerns about malaria. Then, listen attentively. Do not lecture. Practice empathy and ask open-ended questions.

**T**

**TELL** them about the health behaviours and changes they can make. Provide accurate, tailored, and personalised information, and use understandable phrases. Do not scold or judge.

**H**

**HELP** them make decisions and find a solution. Listen to the barriers, then solve the problem together. Clarify any misunderstanding, and explain the benefits of the behaviour. Identify motivators of change, and help them make a commitment.

**E**

**EXPLAIN** the behaviour by demonstrating how to do it, step by step. Give everyone an opportunity to practise the behaviour, and build their confidence in doing so.

**R**

**REVIEW** to what was discussed, and ask the client to summarise what was decided. If applicable, indicate when you will return for a follow-up visit.

During direct observation, a supervisor can record whether the CHW conducts each element of GATHER (see the sample checklist on the next page).

**RESOURCE**



## GATHER Guide to Counseling

*“All 6 GATHER elements are explained briefly on pages 16 and 17. Also, each GATHER element has its own set of pages. These pages can be pulled out and used separately.”*

<https://fpoptions.org/wp-content/uploads/GATHER-guide-counseling-JHUCCP-1998.pdf>

# GATHER Guide for Supervision of CHWs in Conducting Interpersonal Communication Activities

*Adapted from the Facilitator's Guide for Training on Interpersonal Communication Skills to Promote Key Behaviors for Zika Prevention*

General Information				
<b>Health area:</b>	<b>District:</b>	<b>Community:</b>		
<b>Health service:</b>				
<b>Name of CHW:</b>		<b>Position:</b>		
<b>Person conducting observation:</b>				
<b>Date:</b>				
<b>Type of activity observed:</b>	<b>Home visit</b>	<b>Community dialogue</b>	<b>Health facility talk</b>	<b>Other</b>
<b>Name of CHW:</b>	<b>Start time:</b>	<b>Total minutes:</b>		
	<b>End time:</b>			

People with whom the CHW Interacted (Check all that Apply)			
	<b>Pregnant woman</b>		<b>Adolescents</b>
	<b>Husband or partner of pregnant woman</b>		<b>Other family members</b>
	<b>Female caretaker of child(ren) under 5</b>		<b>Other (specify):</b>

**Instructions for supervisors:** While you observe the CHW, review the items below and write a check mark for each item observed and a 0 for each one not observed. If for any reason an item cannot be observed, mark it not applicable (NA). Afterwards, during a private feedback session, congratulate the CHW for the items with a check mark and make commitments to improve the items marked 0 using the “Commitments for improvement” table below.

Items to Observe		Observation
<b>CHW Preparation</b>		
	Brought proper identification (e.g., uniform, ID).	
	Brought necessary SBC materials (e.g., flipchart, discussion guide).	
	Brought register or other reporting forms.	
<b>G</b>	<b>Greeted person in a friendly and respectful way</b>	
<b>1</b>	Introduced themselves with kindness and respect.	
<b>2</b>	Presented themselves appropriately (e.g., name, project/institution).	
<b>3</b>	Explained the purpose of the visit.	
<b>4</b>	Invited other members of the household to be present.	
<b>A</b>	<b>Asked about their needs regarding malaria behaviours</b>	
<b>5</b>	Asked open-ended questions to understand the situation (e.g., obstacles, motivations).	
<b>6</b>	Listened with attention and interest (e.g., eye contact).	
<b>7</b>	Avoided scolding.	
<b>8</b>	Used simple and appropriate language.	
<b>9</b>	Used appropriate non-verbal communication.	
<b>T</b>	<b>Tell them what they can do to prevent malaria</b>	
<b>10</b>	Informed participant about relevant behaviours to try.	
<b>11</b>	Used communications materials properly to support explanations.	
<b>12</b>	Verified understanding by asking questions.	
<b>13</b>	Correctly handled message content.	
<b>14</b>	Clarified myths, incorrect information, and beliefs.	
<b>H</b>	<b>Helped find solutions</b>	
<b>15</b>	Identified solutions to obstacles and offered steps to adopt the behaviour.	

16	Talked about the benefit of adopting the behaviour.	
17	Allowed participants to say what they can or want to try to do.	
E	Explained by demonstrating practice step by step and why	
18	Demonstrated how to do the chosen behaviours.	
19	Asked participants to explain and perform the behaviour to verify understanding.	
20	Directed participants to make a commitment about what they are going to do.	
21	Wrote down commitments.	
R	Returned to what was discussed and scheduled a return visit	
22	Reviewed the essential points discussed and agreed upon during the visit.	
23	Verified participants understood what was agreed upon by asking questions.	
24	Scheduled the next visit.	
25	Congratulated and thanked participants for their time and effort.	
<b>Total number of check marks</b>		
<b>Total number of Os</b>		

**Commitments for Improvement:** Write down up to three commitments the supervisor discussed and agreed upon with the CHW.

<b>Commitments for Improvement:</b> Write down the commitments agreed upon with the CHW (no more than 3).		
<b>Commitment 1</b>	<b>Commitment 2</b>	<b>Commitment 3</b>

# Review of CHW's SBC Activity Plans and Documentation

Another method CHW supervisors can use to evaluate SBC activities is to review CHWs' SBC activity plans and documentation during supportive supervision visits. SBC activity plans are time-bound work plans CHWs develop jointly with their supervisors. These work plans list the type and quantity of activities the CHW will implement in their community during a specified time period. For example, an SBC activity plan for a CHW might include:

- Visiting the household of each pregnant woman in the community once a month and referring her to antenatal care.
- Conducting community dialogues on a different topic once a month.
- Visiting the local school to talk with students about malaria prevention.
- Participating in a local radio broadcast to promote malaria prevention and prompt care seeking.

Each activity in the work plan should specify the number of times it will be implemented in a given period, the number of people to be reached, and dates for implementation.

In addition to SBC activity plans, CHWs may use other types of documentation to plan and track their work. During supportive supervision, the supervisor can review the CHW's documentation and assess the following

- **Community maps:** How completely have the CHWs mapped their community?
- **SBC activity plans:** Does the CHW have a plan for conducting SBC activities, such as home visits and community dialogues? Are there goals for the quantity of SBC activities in a given time period? Are the plans realistic, and will they achieve the SBC goals? For example, are the numbers of planned household visits, community dialogues, or other activities appropriate?
- **CHW registers and monitoring forms:** Are CHWs documenting their SBC activities within their reporting activities, such as on registers or monitoring forms? Do these registers have space for CHWs to record the quantity of SBC activities conducted, numbers of people reached, notes about what was discussed, and follow-up actions?
- **Supplies of SBC materials:** Does the CHW have adequate types and quantities of materials (e.g., flipcharts) to support their SBC activities?

If a supervisor finds that a CHW has not developed an SBC activity plan or their plan is outdated, they can support the CHW to develop or update their plans and then review them at the next supervisory visit.

## Giving Feedback to Community Health Workers

Immediately after observing a CHW in action during a supervision visit, supervisors should provide feedback privately and in a place where the CHW feels comfortable, without interruptions or distractions. They can discuss each score on the GATHER checklist, noting whether each item was done properly, and why or why not.

Supervisors can follow the following key principles for giving feedback, adapted from the Facilitator's Guide for Training on Interpersonal Communication Skills:

- Make **positive comments** about what was done well, such as "I like it," "It was good," "That helps," "That was excellent," and "Did you create that?"
- Ensure you are being **constructive and positive**. Do not use a threatening or complaining manner. Give feedback in a kind and gentle manner to avoid embarrassing the person or making them feel bad. If the performance was poor, emphasise improvements and positive changes observed since the last supportive supervision visit. Then, ask how they can continue to improve in other areas.



- For CHWs' weaker areas, **first ask how they feel about it**. Allow them to identify their own mistakes and reflect on them, and give them the opportunity to reflect on how they are doing. These particular aspects can be followed up on the next visit. For example, ask, "How do you think it went with ...? What did you do to improve? Did you practise any of the techniques we learned ...? What other things can you do? How do you feel about this or that aspect? What can you do to improve further?"
- Ask **why they think there has been a lack of progress** on the specific aspects observed during the supportive supervision visit (compared to past supervision, if applicable). Their responses will help to identify potential solutions and whether more training, practice, job aids, or reminders are needed to perform better.
- Strike a **balance between positive and negative feedback**. People who also discuss what they did well rather than focusing solely on what they did wrong are more likely to improve their performance.
- Agree on a **commitment to improve performance** and put it in writing. For example, ask, "Shall I come back next month to see if you incorporated this or that element? Do you agree to spend time improving this?"
- Close the feedback session by **asking them to summarise the parts of the visit that went well and where improvement is required**. Their responses will help them commit to what they need to do better the next time.

## Recognizing CHWs for SBC Accomplishments

It is common for CHW programs to include a system to recognize high-performing CHWs. CHWs are often volunteers and community members chosen by their neighbours to provide lifesaving health services and information. Regular recognition of CHWs, especially when based on metrics from collected data, can be a powerful motivator for CHWs to continue and strengthen their work. Public appreciation from community leaders also attracts new CHWs and helps retain current ones.

CHWs working on malaria are typically recognized for the quality and timeliness of their reporting and their length of service. Supervision data on CHW performance in SBC activities also should be considered when recognizing the highest performers. **Adding SBC to the recognition categories reinforces the importance of delivering consistent, clear, and correct malaria messages, treating community members with respect, and ultimately changing ways of thinking and behaviours.**

Supervisors can provide recognition by reviewing their written observations during supportive supervision or other documentation. These observations can be used to identify CHWs conducting high-quality interpersonal communication and, importantly, CHWs who have improved these skills over multiple supervision visits. Supervisors can then recognize these CHWs accordingly.



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## ACTIVITY



### What is the GATHER checklist?

*During a supervisor training, hand out copies of the GATHER checklist and ask the group to stand in a circle. Ask one person to start by reading the first item listed, then ask the person to their right to read the next item, and so on. Pause after all items under “GREET” have been read aloud. Ask the group to reflect on the items and how they would observe that item during supervision. Clarify anything that is unclear. Then, continue the exercise by asking the next person in the circle to read the items under “ASK,” pausing to discuss once all items under “ASK” have been read aloud. Repeat the exercise until all items on the checklist have been read and discussed. In the space below, write down notes from the discussion.*