

## Introduction to Local Level Staff Competencies



### What is this document?

Competencies summarise the skills, knowledge, attitudes and behaviours required to perform effectively in a given job, role or situation. This document provides information and guidance on the ICD competencies and their use, to help staff:

- increase their understanding
- make decisions and plans
- adapt and make changes
- prepare to orientate and train others
- design internal communications about the ICD competencies.

### Who is it for?

This document is primarily intended for use by colleagues involved in contributing to the recruitment, management and development of local level staff applying WV's Development Programme Approach.

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# Introduction

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The Integrated Competency Development (ICD) Resources are a suite of guidance, tools and resources available to support national offices as they strengthen the competencies of programme teams implementing World Vision's (WV) Development Programme Approach.

In line with best practice in capacity building across many fields, WV uses a competency-based approach. To support this approach competencies have been written for programme teams applying WV's Development Programme Approach, as well as staff at cluster (or zonal) level who support individual programmes.

This document provides information and guidance on the ICD competencies and their use, to help staff:

- increase their understanding of the ICD competencies
- make decisions and plans about the ICD competencies and their use in their national office and programme teams
- adapt and make changes to the ICD competencies for the local context
- prepare to orientate and train others on the ICD competencies and their use
- design internal communication about the ICD competencies.

It is primarily intended for use by colleagues involved in contributing to the recruitment, management and development of local level staff applying WV's Development Programme Approach. These may include:

- People & Culture (HR) staff in national and regional offices
- ministry quality or programme effectiveness staff in national and regional offices
- programme team leaders
- national office operations staff (regional operations directors, zonal or cluster level staff)
- other functional area staff at in national and regional offices (such as Finance).

Other colleagues interested in, or who play a role in, supporting local level staff and teams will also find this guidance helpful. These may include: support office country programme officers and managers and Global Centre staff (such as Integrated Ministry, People & Culture and Finance).

## **Tip for national office staff**

This document is not the only source of information and guidance available to national offices wishing to use ICD competencies. To use the competencies or to learn more about ICD then please contact a member of the regional People & Culture team or a member the Global Programme Effectiveness Team (GPET). There will also short introductory videos on the ICD competencies that will be made available through the regional colleagues.

# What are ‘competencies’ and how can they be used?

This section provides basic knowledge about competencies and their use, including the reasons why WV promotes a competency-based approach.

## What are competencies?

There are many definitions of the term ‘competencies’<sup>1</sup>. The *ICD Resources* use the following definition adapted from People in Aid:<sup>2</sup>

**Competencies summarise the skills, knowledge, attitudes and behaviours required to perform effectively in a given job, role or situation.**

The term ‘capability’ is also used in WV in the Core Capability Framework (CCF). The terms ‘capabilities’ and ‘competencies’ are often used interchangeably because when referring to individual capacity, they share the same meaning.

The CCF describes the underlying personal abilities associated with effectiveness in the WV context and applies to **all** WV staff at all levels. The ICD competencies describe the technical abilities required for specific **programme job roles** and describe what the core capabilities look like when applied in these roles. In this way, the CCF and ICD competencies complement each other. For further explanation of the relationship between ICD and CCF competencies see page 15.

## Why use ‘competencies’?

ICD competencies are important because they focus on the specific behaviours, skills, knowledge, and attitudes needed to facilitate effective programming, build a learning culture, and strengthen organisational ability to meet future challenges.

The application of WV’s Development Programme Approach requires changes in how local level staff members work. In most contexts, it involves moving away from direct implementation towards playing a facilitatory role with local partners in designing and implementing mutually-agreed upon, shared projects to improve child well-being. This means staff members need to think and act differently; focusing more on the behaviours needed to work successfully with key community stakeholders and local partners.

Just like WV’s core capabilities, ICD job-specific competencies can be used to:

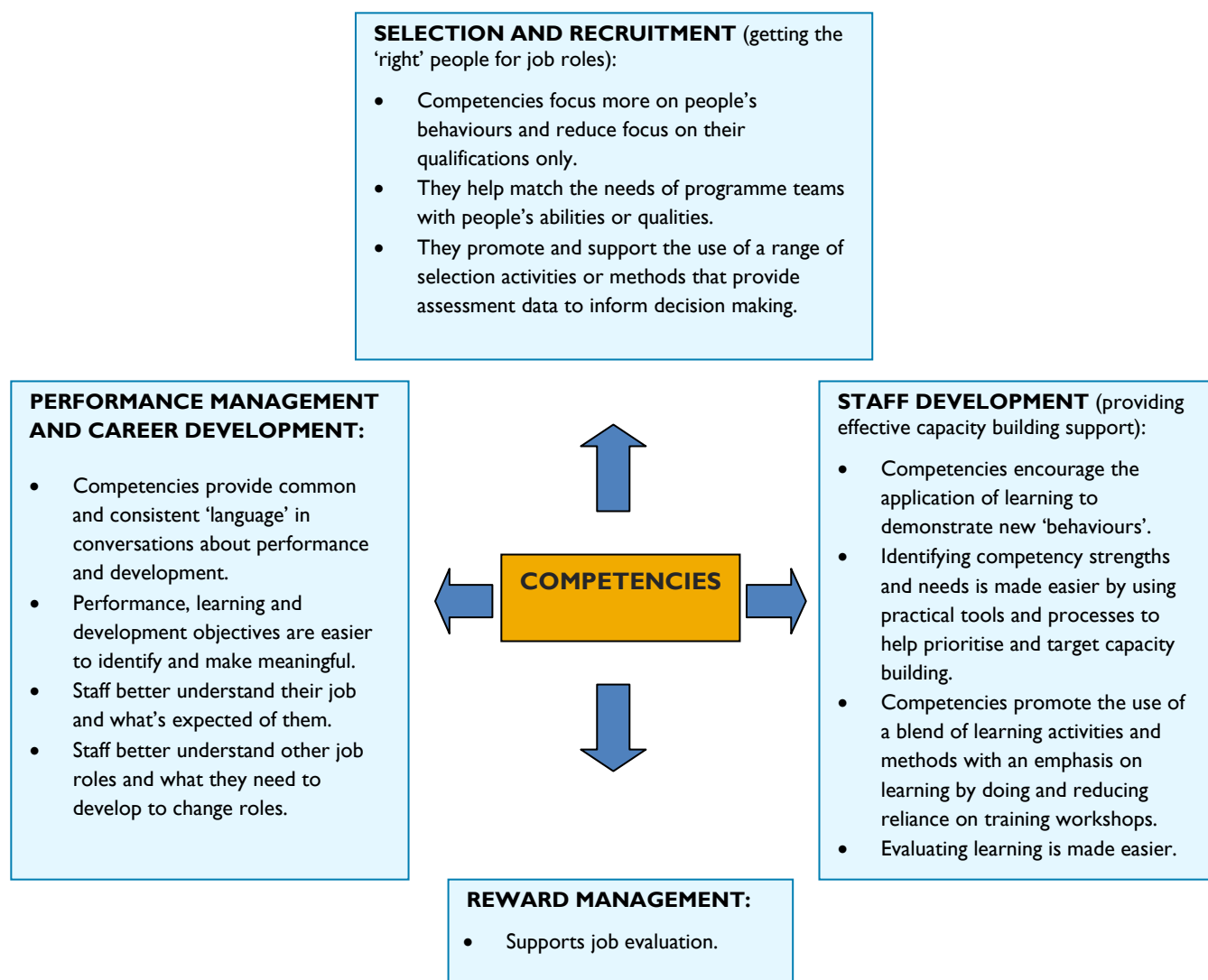
- improve recruitment processes to select the right staff
- help staff understand their job better and what they need to be able to do
- help identify staff learning needs and guide staff development
- provide a common language for monitoring and evaluating staff performance.

<sup>1</sup> The term ‘competencies’ is used widely in WV and in other international non-governmental organisations (INGO) and in collaborative humanitarian inter-agency capacity building efforts.

<sup>2</sup> People in Aid is a global network of development and humanitarian assistance agencies which helps organisations whose goal is the relief of poverty and suffering to enhance the impact they make through better management and support of staff and volunteers.

The range of ways in which competencies can be used is often referred to as a ‘competency-based approach’ to staff recruitment, development and management. The diagram below summarises the benefits of using competencies.

**Figure 1: Benefits of using competencies**



## What are the ICD competencies?

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ICD competencies apply to programme teams applying WV's Development Programme Approach as well as staff at a cluster (or zonal) level who support individual programmes. The full list of competencies can be found in 'Table 1'. Also, 'Table 2' and 'Appendix 1' list suggested competency profiles for specific job roles that are part of the approach.

Before studying the full range of ICD competencies, it's important to consider the following key points to help understand the potential benefits of their use.

### Important points and issues

When first studying the ICD competencies they can appear overwhelming. Some may think there are too many for local level staff or that they contain too much detail. It is important to consider the following points.

**Not all staff members within a programme team need to have all of the competencies because most programme teams function as a group.**

Not all staff members within a programme team need to acquire all of the competencies. Certain staff may take on particular roles due to their strengths and the needs of the programme. For example, within a team, there might be one or two staff who specialise in facilitating children's groups or in brokering partnerships. In other words, the competencies can be used to build competency profiles for different job roles. These individual competency profiles should, when looked at all together, cover all the competencies that the team needs as a whole to implement the programme effectively.

**Competency development is a journey over time.**

All local level staff will already possess some or many of the competencies. They will have developed and demonstrated these in previous jobs or contexts. This means it is vital that competency assessments are used to help individuals and teams to identify both existing strengths and areas needing improvement. These can then be prioritised according to the requirements and demands of their job role and the programme context.

It is important to communicate that staff are not expected to have or to develop all of the competencies immediately. Competency development is a journey over time. Staff should focus on a maximum of one to three priority competencies to develop over a one-year period.

**The details (such as the behaviours, skills, knowledge and attitudes) described in each competency helps make capacity building more effective.**

The feedback from field-testing so far indicates that staff members appreciate the level of detail because it helps them understand their job better and what's expected of them. It can be used to help identify competency strengths and learning needs. It can act as guidance when coaching staff and giving feedback on progress and performance.



### Competencies can be adapted and changed for the local context.

It is important for the competencies to be used in practical ways with local staff and for staff to understand them and their uses and benefits. Staff should be able to effectively apply a competency-based approach. Programmes are therefore free to make changes to the competencies so they are appropriate for the local context (see page 12 for more information).

### For recruitment, focus on the most essential competencies.

For recruitment and selection processes, a focus on the most essential competencies for a job role that candidates either need to possess, or have the potential to develop, is recommended. For example, when recruiting for a development facilitator role it may be determined that ‘facilitation’, ‘critical thinking’, ‘personal learning’, ‘communicating with and building relationships with community stakeholders’ and ‘team effectiveness’ competencies are vital. In addition to the CCF, the competencies can be used to develop selection assessment tools, and may encourage the use of selection activities such as facilitation workshops, community visits, simulations or behavioural interviews where candidates have to demonstrate their skills.

## ICD competencies

ICD competencies are based on analysis of WV’s Development Programme Approach and programme team roles, to enable the integration of competencies relevant to all aspects of WV’s ministry into one coherent framework.

To help structure and present the ICD competencies, five broad ‘competency families’ have been identified and coded.

<b>REL</b>	Reflection and learning
<b>CEP</b>	Community engagement and partnering
<b>TA</b>	Technical areas – for example: TAP – peacebuilding and conflict sensitivity, TAS – sponsorship, TAD – design, monitoring and evaluation (DME)
<b>LSM</b>	Leadership and staff management
<b>PFM</b>	Programme and financial management

The following table lists all the ICD competencies. Use this as an overview to help understand the entire ICD competency framework and how it relates to programme teams.

**Key:** DF – development facilitator; TL – team leader; TS – technical specialist (those in programme teams and at the cluster or zonal level); SS – sponsorship specialist; FO – finance officer

**Table 1: ICD competencies**

CODE	COMPETENCY NAME	SUGGESTED ROLE
<b>REFLECTION AND LEARNING</b>		
REL 01	Apply critical thinking and reflection in daily work	DF, TS, SS, FO
REL 02	Engage in personal learning and development	DF, TS, SS, FO
REL 03	Support team effectiveness	DF, TS, SS, FO
REL 04	Lead programmatic reflection and learning	TL
<b>COMMUNITY ENGAGEMENT AND PARTNERING</b>		
CEP 01	Build and maintain relationships with community stakeholders	DF, TS, SS, FO
CEP 02	Facilitate community engagement through group processes	DF, TS, SS, FO
CEP 03	Facilitate the engagement of children	DF, TS, SS
CEP 04	Facilitate and support training for community stakeholders	DF, TS, SS, FO
CEP 05	Build capacity using a coaching approach	DF, TS, SS, FO
CEP 06	Support child focused programming	DF, TS, SS
CEP 07	Build collaborations for child well-being (local partnering)	DF, TS, SS, FO
CEP 08	Facilitate local advocacy	DF
<b>LEADERSHIP AND STAFF MANAGEMENT</b>		
LSM 01	Provide strategic programme leadership	TL
LSM 02	Manage strategic relationships and partnerships	TL
LSM 03	Ensure team effectiveness	TL
LSM 04	Manage staff performance and development	TL
LSM 05	Lead staff care, security and spiritual nurture	TL
LSM 06	Lead personal transformation	TL
<b>PROGRAMME AND FINANCIAL MANAGEMENT</b>		
PFM 01	Apply basic project management skills	DF, TS, SS, FO
PFM 02	Manage projects effectively	DF, TS
PFM 03	Comply with donor requirement	FO
PFM 04	Maintain financial records	FO
PFM 05	Support partner financial capability	FO
PFM 06	Process payment documentation	FO
PFM 07	Manage cash	FO
PFM 08	Prepare and review financial reports	FO
PFM 09	Prepare and review operational budgets	FO
PFM 10	Manage programme operations	TL
PFM 11	Manage programme financial resources and assets	TL
<b>TECHNICAL AREAS (such as DME, sponsorship, peacebuilding and conflict sensitivity)</b>		
TAD 01	Facilitate DME processes at community level	DF, TS, SS
TAD 02	Ensure integrity of DME processes	TS for DME
TAD 03	Plan data collection processes	TS for DME
TAD 04	Manage data collection processes	TS for DME
TAD 05	Analyse data	TS for DME
TAD 06	Use data in programme or project design and redesign	TS for DME
TAD 07	Manage DME processes at programme level	TL
TAP 01	Promote peacebuilding and conflict sensitivity	DF, TS, SS
TAS 01	Facilitate child sponsorship activities and processes	DF, SS
TAS 02	Coordinate child sponsorship activities and processes	SS
TAS 03	Establish and coordinate volunteer programme	SS
TAS 04	Manage sponsorship integration	TL



## Competency profiles for job roles

The use of ‘competency profiles’ for job roles is encouraged. These profiles list the competencies needed for a specific job role. They can be used in many ways, including job descriptions. The following is an example for a development facilitator. ‘Appendix I’ shows examples of other common programme team roles.

Please note that these ‘competency profiles’ are only suggestions. Relevant national office staff will need to adapt these profiles or if they wish, build their own profiles. In adapting or building competency profiles, it is important that this is done with reference to the national office context, the programme and the programme team and its competency strengths and gaps, to ensure the team has an appropriate level and mix of competencies.

**Table 2: Development facilitator competencies**

<b>DEVELOPMENT FACILITATOR</b>	
<b>REFLECTION AND LEARNING</b>	
REL 01	Apply critical thinking and reflection in daily work
REL 02	Engage in personal learning and development
REL 03	Support team effectiveness
<b>COMMUNITY ENGAGEMENT AND PARTNERING</b>	
CEP 01	Build and maintain relationships with community stakeholders
CEP 02	Facilitate community engagement through group processes
CEP 03	Facilitate the engagement of children
CEP 04	Facilitate and support training for community stakeholders
CEP 05	Build capacity using a coaching approach
CEP 06	Support child focused programming
CEP 07	Build collaborations for child wellbeing (local partnering)
CEP 08	Facilitate local advocacy
<b>PROGRAMME AND FINANCIAL MANAGEMENT</b>	
PFM 01	Apply basic project management skills
PFM 02	Manage projects effectively
<b>TECHNICAL AREAS (such as DME, sponsorship, peacebuilding and conflict sensitivity)</b>	
TAD 01	Facilitate DME processes at community level
TAP 01	Promote peacebuilding and conflict sensitivity
TAS 01	Facilitate child sponsorship activities and processes

# What are the benefits of using ICD competencies?

## 1. Support more effective planning and coordination

When local level staff competencies are clearly defined, capacity building practitioners can more effectively plan and deliver coordinated competency development opportunities, avoiding duplication and repetition. For example:

- All local level staff members need to be able to 'Build and maintain relationships with community stakeholders'. If this is identified as a competency that needs strengthening, planning can be coordinated with the involvement of all key staff such as programme managers, team leaders, DME specialists and sectoral technical specialists.
- If technical specialists are confident this competency is present for local level staff, they can focus their capacity building efforts on specific technical areas.

## 2. Promote application of learning

Because competencies define 'behaviours' or indicators of effective performance, they can encourage the use of learning activities (such as on-the-job training, coaching and mentoring) that involve 'learning by doing'. Acquiring or enhancing skills, knowledge and attitudes is important, but successful learning is demonstrated by the application of these in everyday work, resulting in behaviour change and improved work performance.

The use of consistent 'behaviours' makes it easier to monitor and evaluate the application of learning.

The application of learning in daily work means that workplace performance can improve. This needs to be intentionally planned for and supported.

## 3. Promote consistency

Competencies define what WV staff need to be able to do (learning outcomes) and the skills, knowledge and attitudes that staff need to possess and apply to achieve this. This can help ensure that curricula developed within WV, or in partnership with external providers, will have the same learning outcomes and address the same essential skills, knowledge and attitudes. This will also help promote more efficient sharing of resources, reducing the need to keep designing new materials. A shared and consistent understanding of effective performance, and what is expected of staff within a programme team, can also help in the conversations between staff and managers.

## 4. Promote flexibility

Competencies encourage the flexible use of a wide range of learning activities. This is important given the diversity of contexts and individual learning styles across WV. It means that while there is consistency in learning outcomes (how staff demonstrate competency through their behaviour), the way in which they develop competency can, and will, vary. For example, some staff may develop a competency through training and self-study and others will develop it from coaching support and peer mentoring. In this way, learning opportunities and resources can be tailored to the local context and staff needs, while the outcome of their learning will be consistent.

# What does an ICD competency look like?

Each competency summarises the skills, knowledge, attitudes, and behaviours that staff need to effectively perform specific major work tasks.

Each competency is presented in a standard template that covers two pages and includes different sections. Each of these pages and its sections are explained below.

Figure 2: Page 1 of competency template

REL 01: Reflection and Learning

Apply critical thinking and reflection in daily work

This competency describes the ability to effectively reflect on and think critically about your daily work, improving work practices and performance, supporting your own personal learning and development, and learning about the programme and community context.

ELEMENT	BEHAVIOURS
1. Use reflective practice and promote its use	1.1 Explain what <i>reflective practice</i> is and its importance. 1.2 Identify and explain a range of ways to engage in reflective practice. 1.3 Ensure time and space for <i>critical thinking</i> and reflect on plans and schedules. 1.4 Use <i>appropriate tools and methods</i> that enable analysis and challenges in daily work and help draw out key learnings. 1.5 Share personal insights and learning with others to support learning about the programme and local context. 1.6 Encourage and support others to critically reflect on experiences and challenges in daily work through open-ended questions.
2. Use critical thinking and analysis	2.1 Explain the value of curiosity and asking questions at work. 2.2 Use questions to <i>challenge one's own thinking</i> and to reflect on experiences. 2.3 Ask questions of others in <i>appropriate ways</i> to seek to understand. 2.4 Take responsibility for providing thoughtful answers to others, showing an openness and willingness to share. 2.5 Share difficulties and learning to build critically reflective practice.

This section is the title of the competency and usually describes a major job task or area of work.

This section describes the content of the competency and its use and importance.

**Elements** are the 'building blocks' of the competency and describe what staff members need to be able to do. They can also be called 'learning outcomes'.

**Behaviours** are examples or illustrations of how an individual would show that they have achieved the competency through their behaviour or actions.

Figure 3: Page 2 of competency template

KEY WORDS

**Appropriate ways:** May include questions that are constructive and non-threatening.

**Critical thinking and reflection:** To explore a situation as exhaustively as possible from many different angles and through many different lenses, in order to question assumptions and gain new insights and knowledge to help in one's work.

**Reflective practice:** To critically reflect on various aspects of work in order to identify strengths and weaknesses, and develop strategies for addressing gaps.

**Key words** are definitions or explanations for those words in bold italics in the **Behaviours** section.

Enabling SKILLS	Enabling KNOWLEDGE	Enabling ATTITUDES
<ul style="list-style-type: none"> <li>Ability to think analytically</li> <li>Use of communication skills, including the ability to ask effective questions</li> <li>Use of listening skills</li> <li>Use of planning skills and time management</li> </ul>	<ul style="list-style-type: none"> <li>Understanding of World Vision systems and activities</li> <li>Understanding of critical thinking and reflective practice</li> <li>Understanding of different audiences</li> </ul>	<ul style="list-style-type: none"> <li>Have a commitment to open mindedness and flexibility</li> <li>Be curious and motivated to improve work</li> <li>Have a willingness to explore unfamiliar ground and learn new things</li> </ul>

These are the skills, knowledge and attitudes that someone needs to have and apply to achieve the competency.

# How have the ICD competencies been designed and how can they be adapted?

## Designing the competencies

The competencies have been designed within WV through a process led and coordinated by the Integrated Programming Effectiveness unit in close collaboration with Global People & Culture.

This has involved:

- analysing job descriptions for local level staff
- facilitating workshops and interviews with staff and other key stakeholders to reflect on and identify competency requirements of job roles
- reviewing external competency frameworks
- describing how WV's Core Capabilities look when applied in local level job roles
- seeking input and reviews by technical and functional area specialists.

The design and use of ICD competencies to support the application of WV's Development Programme Approach is an important and challenging process. Therefore, the competencies will be reviewed and improved, based on learning and feedback on an annual basis during this initial phase of introducing the ICD Resources.

### What about other competency models?

WV has been promoting a competency-based approach for many years. The HEA Humanitarian Competencies Project is one example. Many INGOs and inter-agency projects are also promoting a competency-based approach. This work includes the design of frameworks such as the Core Humanitarian competency framework<sup>3</sup> and a Child Protection in Emergencies competency framework.<sup>4</sup>

The learning from these frameworks has been used in developing the ICD competencies. Furthermore, the definitions, language and approach used in the ICD Resources are consistent with those used in these humanitarian sector-wide initiatives.

## Changing and translating the competencies

It is important that these competencies can be used with staff members. This resource includes simple tools and guidance to help staff make effective use of them in practical everyday work. Please feel free to make changes so they are appropriate for the local context.

In order to maintain the meaning and essence of the current competencies, consider making these types of modifications when needed:

- add skills, knowledge and attitudes which are not included but are important in the local context
- re-word difficult terms using words with similar meaning which are more easily understood or more culturally sensitive
- add further information or words to make the competencies easier to understand
- re-write 'behaviour' statements to help staff more easily understand their meaning
  - remove 'behaviour' statements that seem unnecessary or inappropriate for the local context or which make the competencies difficult to understand for some staff.

Translating competencies meaningfully into other languages is challenging because of the behavioural concepts used. The use of locally-accepted terminology will help in the use, ownership and embedding of the framework in national offices. The competencies will also be available in Spanish and French.

<sup>3</sup> Red, R. and Tufts University (ELRHA, 2010), *Professionalising the Humanitarian Sector: A Scoping Study*.

<sup>4</sup> Interagency Initiative of the Child Protection Working Group (2010), *Child Protection in Emergencies (CPIE) competency framework*.

## What is the relationship between the ICD competencies and the Core Capability Framework?

The ICD competencies complement the Core Capability Framework (CCF) – they do not replace it.

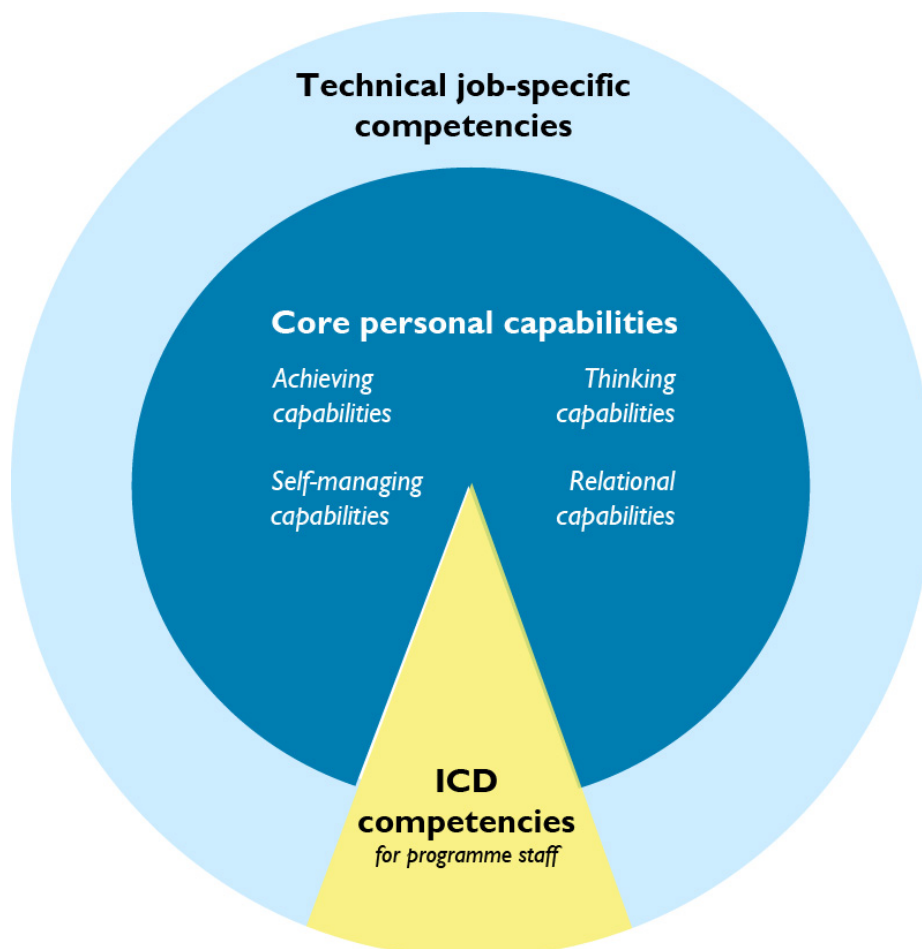
The CCF is, and will remain, WV's Partnership-endorsed capability framework. It describes the core personal skills, knowledge and behaviours WV wants to see in **all** employees at all levels. The CCF focuses on the key foundational thinking, achievement, self-management and relational capabilities. It **does not** define technical competencies required for specific job roles.

The WV Partnership CCF document states that:

***“Both the core capabilities and the job-specific technical skills and knowledge are required to get the job done and get it done right.”***

To respond to this statement and establish a comprehensive competency or capability framework for **staff at the programme level**, the ICD competencies cover technical abilities needed in specific job roles. They also describe what the application of some core capabilities looks like in specific job roles. The competencies have been written based on analysis of programme staff roles, using the CCF as a lens through which to view their role, and what they need to be able to do.

**Figure 4: ICD competencies and the CCF**



Within most of the ICD competencies there is a combination of job-specific technical abilities and job-specific personal abilities. This is because the competencies reflect what is expected of staff in their effective performance of major job tasks.

Benefits of using the ICD job-specific competencies include:

- They can be used together with the CCF in staff recruitment, performance management and staff development.
- They bring some of the core capabilities to life by adapting and extending some of the 'Indicators' to show what their application looks like in specific job roles. This helps make the core capabilities more meaningful for local level staff and therefore encourages their greater use.

To further explain the relationship and benefits of the ICD job-specific competencies, see this extract from an ICD competency called '**CEP 02: Facilitate community engagement through group processes**'.

The 'Indicators' in the Core Capabilities are reflected directly in the ICD competency 'Behaviours'. The wording is different because the 'Behaviours' have been adapted and written to reflect the specific work of a development facilitator.

**Table 3: Example link between CCF 'Indicators' and ICD 'Behaviours'**

CCF 'Indicators'	ICD 'Behaviours' for 'CEP 02: Facilitate community engagement through group processes'
Communicate information effectively	<b>3.1</b> Follow local meeting protocols. <b>3.2</b> Create a sense of safety and openness using effective communication skills. <b>3.3</b> Actively listen to participants and show respect, interest and empathy for all their contributions. <b>3.8</b> Use flipcharts and other visual resources that help participants understand the meeting content or activities and use to record meeting notes.
Practicing gender and cultural diversity	<b>3.1</b> Follow local meeting protocols. <b>3.3</b> Actively listen to participants and show respect, interest and empathy for all their contributions.
Thinking deeply, clearly and broadly	<b>3.5</b> Ask questions in different ways when participants don't understand them.
Build collaborative relationships	<b>3.6</b> Encourage respect for and listening to each other's ideas and views.



## How can national offices use the ICD competencies?

The ICD competencies are designed to support local level staff in applying WV's Development Programme Approach.

### Understanding the ICD competencies

Before making decisions about using the ICD competencies, take time to first to understand them and how they can be used. See the page 16 for tips. It is also important to take into account that the competencies can be adapted for each context. See page 12 for details.

The following guidance is offered to help national offices in planning how they use the ICD competencies:

- Remember that the use of the ICD competencies is highly recommended, however the use of the CCF remains mandatory.
- Use the ICD competencies to design activities and curricula for staff development practices.
- Integrate the ICD competencies within the national office People & Culture (HR) practices. National offices can choose an approach that serves their own priorities and needs, and reflects their current readiness and capacity.

For practical examples of how the competencies can be used in 'staff development' see the series of five guidance documents on the 'competency development cycle'. These are designed to help staff identify competency needs, plan to develop them, support and monitor the progress, and evaluate the results.

## Recruitment and selection

Here are some practical examples of how the competencies, together with the CCF, can be used in recruitment and selection:

- Build 'competency profiles' (see page 9) when designing a job role and add this to job descriptions to help applicants better understand the job and its competency requirements.
- When preparing for selection activities for a specific job role, identify three to four important ICD competencies required for the job. From each of these competencies, select three to five 'behaviours' regarded as essential for the role to be effective in the local context. A job candidate does not need to demonstrate they have the full competency but they do need to show they have certain skills, knowledge and attitudes. These 'behaviours' can then be used as a focus when assessing the candidates and making decisions.
- When designing selection activities, identify ways of effectively assessing these 'behaviours'. In addition to traditional interviews, this may require using practical activities that enable the candidates to be observed in action. For example, role plays, community visits, workshops and simulations will help when looking for these behaviours in their performance.

## How can a national office get started in using the ICD competencies?

Here are some tips and ideas to help get started in using the ICD competencies.

**Tip 1: *Identify one or more staff members in the national office able to take a lead in helping others understand the ICD competencies, and in helping the national office decide how to use the ICD competencies.***

Having a 'lead-person' will help ensure an effective process of learning about the ICD competencies, in making decisions about their use and then implementing a plan to support their use. It will be vital that this person becomes very familiar with the ICD competencies and this introductory guidance.

**Tip 2: *Facilitate a session for key national office staff on introducing and exploring the ICD competencies and their uses.***

Within the *Introducing the Competency Development Cycle* guidance there is a session plan and facilitation guidance available for introducing the ICD competencies to programme staff. This can be updated when planning a session for a group of key leaders and managers in a national office. The 'lead-person' might also be the facilitator of this session.

**Tip 3: *If needed, seek support from regional colleagues.***

The regional programme effectiveness and P&C teams are a good source of advice and support on the ICD Resources. They can also seek support from Global Centre staff members who have led the design of the resources.

**Tip 4: *Develop a simple plan to guide the introduction and use of ICD competencies.***

Devise a plan to help implement the decisions made about using the ICD competencies.

## What if a national office already has, or is designing a set of competencies?

A few national offices have already prepared, or are in the process of preparing, competency frameworks that include technical competencies, and which apply to all their staff. This is a promising trend that reflects the growing recognition of the value of the competency-based approach. However, it is important to highlight the following points and guidance:

- If national offices are designing local competency frameworks, it is important these align with, and complement the CCF. The ICD competencies provide an example of how this can be done.
- If national offices are designing or reviewing local job-specific competency frameworks, it is recommended that the ICD competencies are used as a resource to ensure these frameworks reflect the competency requirements for applying WV's Development Programme Approach.

To support consistency and quality across the organisation it is also recommended that:

- The ICD competency language and style of writing job-specific competencies are used to promote consistency across WV. This includes writing 'behaviours' that are specific and practical enough to have meaning to staff and which can be easily observed and measured.
- The format of each ICD competency, or an adapted version, is used to promote consistency when presenting technical and job-specific competencies, where appropriate.

## Appendix I: Suggested competency profiles

### SPONSORSHIP SPECIALIST

#### REFLECTION AND LEARNING

REL 01	Apply critical thinking and reflection in daily work
REL 02	Engage in personal learning and development
REL 03	Support team effectiveness

#### COMMUNITY ENGAGEMENT AND PARTNERING

CEP 01	Build and maintain relationships with community stakeholders
CEP 02	Facilitate community engagement through group processes
CEP 03	Facilitate the engagement of children
CEP 04	Facilitate and support training for community stakeholders
CEP 05	Build capacity using a coaching approach
CEP 06	Support child focused programming
CEP 07	Build collaborations for child well-being (local partnering)

#### PROGRAMME AND FINANCIAL MANAGEMENT

PFM 01	Apply basic project management skills
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#### TECHNICAL AREAS (such as DME, sponsorship, peacebuilding and conflict sensitivity)

TAD 01	Facilitate DME processes at community level
TAP 01	Promote peacebuilding and conflict sensitivity
TAS 01	Facilitate child sponsorship activities and processes
TAS 02	Coordinate child sponsorship activities and processes
TAS 03	Establish and coordinate volunteer programme

### DME SPECIALIST

#### REFLECTION AND LEARNING

REL 01	Apply critical thinking and reflection in daily work
REL 02	Engage in personal learning and development
REL 03	Support team effectiveness

#### COMMUNITY ENGAGEMENT AND PARTNERING

CEP 01	Build and maintain relationships with community stakeholders
CEP 02	Facilitate community engagement through group processes
CEP 03	Facilitate the engagement of children
CEP 04	Facilitate and support training for community stakeholders
CEP 05	Build capacity using a coaching approach
CEP 06	Support child focused programming
CEP 07	Build collaborations for child well-being (local partnering)

#### PROGRAMME AND FINANCIAL MANAGEMENT

PFM 01	Apply basic project management skills
PFM 02	Manage projects effectively

#### TECHNICAL AREAS (such as DME, sponsorship, peacebuilding and conflict sensitivity)

TAD 02	Ensure integrity of DME processes
TAD 03	Plan data collection processes
TAD 04	Manage data collection processes
TAD 05	Analyse data
TAD 06	Use data in programme and project design or redesign

## FINANCE OFFICER

### REFLECTION AND LEARNING

REL 01	Apply critical thinking and reflection in daily work
REL 02	Engage in personal learning and development
REL 03	Support team effectiveness

### COMMUNITY ENGAGEMENT AND PARTNERING

CEP 01	Build and maintain relationships with community stakeholders
CEP 02	Facilitate community engagement through group processes
CEP 04	Facilitate and support training for community stakeholders
CEP 05	Build capacity using a coaching approach
CEP 07	Build collaborations for child well-being (local partnering)

### PROGRAMME AND FINANCIAL MANAGEMENT

PFM 01	Apply basic project management skills
PFM 03	Comply with donor requirement
PFM 04	Maintain financial records
PFM 05	Support partner financial capability
PFM 06	Process payment documentation
PFM 07	Manage cash
PFM 08	Prepare and review financial reports
PFM 09	Prepare and review operational budgets

## PROGRAMME TEAM LEADER

### REFLECTION AND LEARNING

REL 04	Lead programmatic reflection and learning
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### LEADERSHIP AND STAFF MANAGEMENT

LSM 01	Provide strategic programme leadership
LSM 02	Manage strategic relationships and partnerships
LSM 03	Ensure team effectiveness
LSM 04	Manage staff performance and development
LSM 05	Lead staff care and spiritual nurture
LSM 06	Lead personal transformation

### PROGRAMME AND FINANCIAL MANAGEMENT

PFM 10	Manage programme operations
PFM 11	Manage programme financial resources and assets

### TECHNICAL AREAS (such as DME, sponsorship, peacebuilding and conflict sensitivity)

TAD 07	Manage DME processes at programme level
TAS 04	Manage sponsorship integration

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