

Procedures for Introducing, Revising or Replacing Items in the Program Quality and Learning Digital Library (PQDL)

Purpose

The main purpose of the PQDL is to make accessible to CARE staff basic resource materials that relate to learning about and promoting program quality and effectiveness.

Definitions¹

The PQDL has four major sections, each serving specific purposes, with different procedures required for introducing, revising or replacing documents:

1. **Core:** Official policies, principles and cross-cutting standards that are required of all programming in CARE. The Program Division Core Management Team (CMT) has ultimate authority for officially designating resources as “core” for CARE USA; the Programme Working Group (PWG) has ultimate authority for officially designating resources as “core” for CARE International.
2. **Practice:** Organizationally-vetted good practice guidelines for implementing program policies, principles and standards. Practice resource materials can be proposed by any Sponsor; inclusion in the PQDL Practice section is subject to approval by the PQDL Committee.
3. **Cutting Edge:** Current knowledge that promotes the flow of ideas on debates and innovations in CARE. This section of the PQDL provides a space between Global Exchange and Practice; it includes documents that Sponsors consider worthy of broader consideration as potential additions to the Practice guidelines.
4. **Global Exchange:** An unregulated space where CARE staff can post interesting ideas, provide input and seek feedback on topic they believe relate to program quality and learning. There will two sections within Global Exchange: a) current ideas and b) an archive of previous postings deemed worthy of potential access by interested persons in the future.

Principles Followed

1. Any digital archive is only as good as the human behaviors and procedures which make it useful. This applies to the creation and approval of relevant resource materials; it also applies to the application of these resources in practice.
2. The weak and slow internet connections of many countries must be taken seriously. Though the PQDL takes advantage of technologies offered by the Internet, alternative means of making resources accessible to CARE staff will also be used.
3. Any CARE staff can challenge existing core policies and practice guidance, and contribute to needed changes.

Roles and Responsibilities

A. New Teams Required

1. **Program Quality Digital Library Committee.** The PQDL Committee will have primary responsibility for administering the PQDL, including determining what should be included in the Practice section, and recommending for CMT² approval what should be included in Core. It will review suggestions from staff for resources to be include or changed, commission pieces to cover gaps, and decide when policy and/or practice needs to be updated or replaced. The Committee will consist of: The Directors of the Integrated Program Framework Team (IPFT) and the Impact Measurement & Learning Team (IMLT), the Coordinator of Design, Monitoring, and Evaluation for Accountability and Learning (DMEAL), plus one representative appointed by each Regional Management Unit (RMU).³ There will also be ad-hoc or rotating members, e.g. from EHAU or PRL, depending upon the particular practice or policy under review.
2. **Program Quality Digital Library Advisory Group.** This will be a wider group of CARE volunteers with a variety of perspectives who wish to provide advice, input, and feedback to the PQDL Committee.

¹ These are described in more detail in the PQDL framework proposal.

² And/or the CI PWG, if/when that body PWG decides to include the PQDL within its mandate.

³ If/when the CI PWG decides to include the PQDL within its mandate, CI Members will also be given the opportunity to appoint their own representatives to the Committee.

B. New Job Description Responsibilities Required

1. Each Region will need to incorporate into the job description of one DRD the role of PQDL Submission Sponsor. The Sponsor will play an important screening and quality control function for submitting/approving documents to be posted in Cutting Edge, plus making suggestions regarding proposed changes to core program policy and expected practice guidelines.
2. The EHAU will need to incorporate into at least one JD the role of Sponsor, as described above.
3. Every PRL sector/sub-sector or cross-cutting theme group will need to incorporate into at least one JD the role of Sponsor, as described in #1.
4. PQDL Library Administrator (or, more simply, Librarian): Twenty percent of one IMLT Program Assistant's time will need to be allocated to administering the PQDL, including posting documents in the correct folders with requisite properties, responding to requests for sending CD ROM versions of the PQDL, etc.

C. Budget Implications

There are going to be recurrent costs to the PQDL. They will include:

1. **Translation.** We will need to translate into CARE's four official languages all "Core" and "Practice" items. The cost of this will be, of course, high at the start and gradually taper off over the course of a couple of years. Estimated FY07 investment: _____.
2. **Content Consultants.** We will find it more efficient at times to hire an outside consultant to create the final products for inclusion in the "Core" and "Practice" sections. We will also find it useful, down the road, to have content consultants work on broad scans/analysis work, thinking that will help us make sure that both "Core" and "Practice" documents are world class, at a level where CARE will be proud to have this material open to the public. Estimated yearly investment: \$25,000.
3. **Quality Formatting/Desktop Publishing.** For certain items – items of deep and lasting value and which we will wish to use for outside marketing/program audiences – we will want to professionally produce their digital files. Estimated yearly investment: _____.
4. **CD-ROM Production/Mailing.** Plans call for the complete digital library to be copied twice/year onto CD-ROM and mailed to all country offices. This will help ensure distribution/knowledge/access to this material. Estimated yearly investment: \$5,000.

More specific steps for future incorporation of materials to the PQDL

Decision by Key Role Inter-activity Estimated Frequency of Changes	CORE Program Division Core Management Team (CMT) COMPLIANCE VERY LOW	PRACTICE Program Quality Digital Library Committee ACCOUNTABILITY LOW	CUTTING EDGE Any Sponsor CHALLENGE MODERATE	GALLERY ⁴ Any CARE Staff can post INCUBATE HIGH
	QUITE INFREQUENT	PROBABLY SOME CHANGES EVERY YEAR, ALTHOUGH STILL NOT FREQUENT	MONTHLY MOVEMENTS	DAILY MOVEMENT
Step 1	Any part of CARE or any staff member identifies a gap or need and proposes how it should be filled/met.	Any part of CARE vets a document or other resource material (e.g. guideline or tool) that relates to applying elements of the “Core” into practice.	Any part of CARE vets a cutting edge practice or idea	Any CARE staff member identifies or develops a promising resource and sends to Library Administrator to upload to PQDL.
Step 2	The proposal ⁵ goes to the Program Quality Digital Library Committee . The Committee approves or tables the idea. ⁶	The practice is submitted to any Sponsor in CARE. The Sponsor either approves or tables the idea. ⁷	The practice is submitted to any Sponsor. The sponsor approves or tables the idea.	Library administrator ensures completion of attributes card for file
Step 3	If approved: The proposal is submitted to CARE USA’s Core Management Team ⁸ . The CMT approves or tables the development of the idea.	If Approved: The Sponsor submits to the PQDL Committee with an explanation of how the practice has been ground-truthed.	If Approved: The sponsor submits the file to the Library administrator	Library administrator posts to the Gallery section of the digital library.
Step 4	If approved: the Program Quality Digital Library Committee organizes an element development team .	The Committee reviews and decides about inclusion twice a year	Library administrator ensures completion of attributes card for file	

⁴ There will actually be two sections within Global Gallery: 1) current ideas, individually-uploaded documents for sharing, etc. 2) archives of past documents that may be searchable for future reference.

⁵ We will need to develop the basic format for such a submission.

⁶ We will need to develop criteria which the Committee will use to make such decisions.

⁷ Without going into detail here, it is assumed that the Sponsor’s group/stakeholders (whether Sector, Region, Emergency Group, whatever) would have gone through an appropriate and thorough process of developing resource materials intended for inclusion in the Practice guidance, testing them and getting buy-in with relevant stakeholders.

⁸ The CARE USA CMT consists of the SVP Program, VP International Operations, VP Program Resources and Learning, and VP Policy Advocacy.

- Step 5 The element development **team** develops the element/component as per the plan/budget, ensuring adequate staff feedback/input. Included documents are sent to the **Library administrator** who ensures completion of attributes card for file. **Library administrator** posts to digital library.
- Step 6 a. The product is submitted to the PQDL Committee for approval; if/when approved
 b) The final product is submitted to the **CMT** for approval. **Library administrator** posts to digital library
 There will be required and inevitable feedback and revision loops during this process
- Step 7 When approved: the new element is given to the **PQDL Librarian** who ensures completion of an attributes card for the document
- Step 8 **Librarian** posts to online Digital Library
- Step 9 **CMT** develops and oversees implementation of a plan for disseminating new policy (Core element), orienting and training staff
- Step 10 **Library administrator** burns and disseminates library CD ROMs for all COs twice a year
- Step 11 The **CMT** ensures a formative evaluation of the quality and impact of the new element within 18 months of its inclusion

Future Revision or Replacement

Decision for entry: Key Role Estimated Frequency of Changes Inter-activity	CORE Program Division Core Management Team COMPLIANCE	PRACTICE Program Quality Digital Library Committee ACCOUNTABILITY	CUTTING EDGE Any Sponsor CHALLENGE	GALLERY Any CARE Staff can post INCUBATE
	QUITE INFREQUENT	PROBABLY SOME CHANGES EVERY YEAR, ALTHOUGH STILL NOT FREQUENT	MONTHLY MOVEMENTS	DAILY MOVEMENT
	VERY LOW	LOW	MODERATE	HIGH
Step 1	Any part of CARE or any staff member identifies need to revise, update, or replace a document in the Core.	Any part of CARE vets an improved/revise practice relating to the “Core”	By default documents submitted to Cutting Edge will expire in 18 months, unless Sponsor deems a piece worthy of extended life.	Postings to current Gallery Exchange expire after 18 months unless author asks and/or PQL Library Administrator deems that it should be preserved in Archives.
Step 2	a) The proposal goes first to a Sponsor or member of the PQDL Advisory Group. b) Upon recommendation, the idea then to the PQDL Committee . The Committee approves or tables the idea.	The argument is submitted to any PRL, EHAU, or RMU staff who has the formal role of Sponsor in their JD. The Sponsor either approves or tables the idea.		
Step 3	If approved: the proposal is submitted to CARE USA’s Core Management Team . The CMT approves or tables the idea to revise/update/replace the document.	The Sponsor determines who would be the most appropriate person(s) to develop the revised version or replacement of the practice guidelines/document. ⁹		
Step 4	If approved for revision or replacement the PQDL Committee organizes an element revision team .	When the new document is ready, and has been field tested, the Sponsor submits to the PQLC with an explanation of how the revised practice has been ground-truthed and presents the revised document to the PQLC for approval.		
Step 5	The team revises the element/component,	The Committee reviews and		

⁹ As with the initial inclusion of documents to the Practice section, it is assumed that the Sponsor’s group/stakeholders (whether Sector, Region, Emergency Group, network, whatever) would go through an appropriate and thorough process of agreeing to the changes in the Practice guidance, testing them and getting buy-in with relevant stakeholders..

- ensuring adequate staff feedback/input.
- Step 6 a. The revised product is submitted to the PQDL Committee for approval; if/when approved
 b. The final product is submitted to the **CMT** for approval.
 There will be needed and inevitable feedback and revision loops here
- Step 7 When approved: **Library administrator** completes attributes card.
- Step 8 **Library administrator** posts to digital library and removes outdated elements.
- Step 9 **CMT** develops and oversees implementation of a plan for disseminating new element, orienting and training staff
- Step 10 **Library administrator** burns and disseminates library CD ROMs for all COs twice a year
- decides about inclusion twice a year
- If Approved: Library administrator** posts to digital library and removes old file