

K4Health Guide for Building Collaborative Toolkits

This guide is based on K4Health's experience in building collaborative toolkits. It describes one process model of the project's lessons learned to date. We realize that other models may be just as effective and are open to your feedback about the steps outlined here.

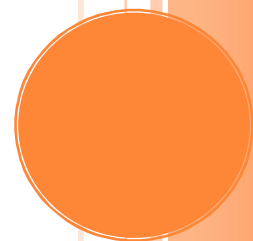
Baltimore, Maryland

Knowledge for Health (K4Health) Project

Center for Communication Programs

Johns Hopkins Bloomberg School of Public Health

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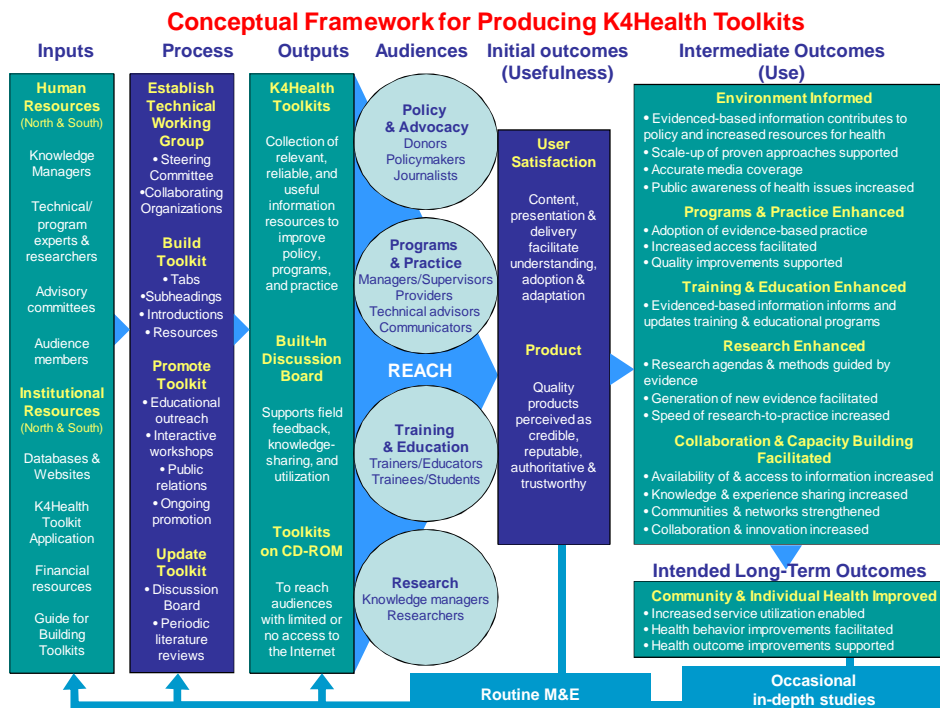


INTRODUCTION

K4Health Toolkits are collections of carefully selected information resources for health policy makers, program managers, and service providers. K4Health Toolkits span across a wide range of health topics, including family planning/reproductive health, HIV/AIDS, child health, and population and environment. Partners with expertise and experience in the topic join together in a Technical Working Group to develop the toolkits collaboratively. The Technical Working Group uses a unique web-based collaborative tool developed by K4Health—the Toolkit Application—to facilitate the online development, review, and publication of the toolkits. This easy-to-use tool functions as a private workspace allowing Technical Working Group members to contribute and discuss resources as the toolkit is being developed. The Toolkit Application makes it easy to post the toolkit online once the Technical Working Group decides it is ready for public viewing and feedback.

This Guide provides a general framework that can help Technical Working Groups build toolkits (see figure below). The framework centers around five main activities in the toolkit-building process:

1. Establish Technical Working Group
2. Build Toolkit
3. Promote Toolkit
4. Update Toolkit
5. Monitor & Evaluate its use and usefulness



ESTABLISH TECHNICAL WORKING GROUP

A key feature of K4Health Toolkits is their collaborative nature. A **Technical Working Group**, composed of various international and local health organizations with expertise, experience, and interest in the topic, collaboratively select and review the information resources included in the toolkit. This participatory approach guarantees that the toolkits are reliable, relevant, and usable for key audiences of policy makers, program managers, and service providers in low- and middle-income countries. It also helps to ensure ownership, maintenance, and sustainable use of the toolkits among a wide range of audiences.

Technical Working Group Structure and Roles

The Technical Working Group is typically composed of a Steering Committee and a larger group of Collaborating Organizations. Any organization(s) with demonstrated expertise in a particular health topic or area can approach K4Health to create a Steering Committee to start the development of a toolkit on that topic. To initiate development of a new toolkit, please contact the K4Health team at toolkits@k4health.org. Other key organizations with demonstrated expertise on that topic should be invited to join either the Steering Committee or the larger Technical Working Group as a Collaborating Organization, depending on their level of interest, expertise, and resources that they are willing and able to commit.

The **Steering Committee** is a small group of collaborating organizations who set overall parameters and provide strategic guidance for the development of the toolkit. Key roles of the Steering Committee are to:

- Provide technical leadership in conceptualizing and developing the toolkit.
- Arrange the order of business for the larger Technical Working Group, convening meetings (virtual and/or physical) when needed.
- Establish criteria for inclusion of resources in the toolkit.
- Contribute to the development of new resources to fill identified information gaps.
- Set and review milestones.
- Ensure tasks are completed.
- Decide when the toolkit is ready to be posted with collective input from all members of the Technical Working Group.
- Work with the K4Health team to develop a strategic plan for disseminating and promoting the toolkit.
- Moderate the posted toolkit's discussion board.
- Maintain and update the toolkit regularly.

Other **Collaborating Organizations** are invited by the Steering Committee to participate in the larger Technical Working Group. Their key roles are to:

- Provide technical input on the organization and content of the toolkit.
- Participate in virtual or face-to-face technical meetings.
- Contribute to the development of new resources to fill identified information gaps.
- Provide input to the Steering Committee on when the toolkit is ready to be posted.
- Assist in disseminating and promoting the toolkit.
- Participate in the posted toolkit's discussion board.
- Help to update the toolkit.

Number of Collaborating Organizations

There are no exact rules dictating how many organizations should make up the Steering Committee. Generally, two to five organizations seems to work well. This ensures that there are enough organizations to spread the work among different people with complementary skills while maintaining a clear sense of responsibility, authority, and accountability among the organizations.

The number of collaborating organizations making up the larger Technical Working Group can be expanded to ensure inclusiveness of other organizations that have expertise and interest in contributing to the toolkit.

Type of Collaborating Organizations

To ensure holistic treatment of the toolkit topic, the Steering Committee should invite organizations with a wide spectrum of expertise and experience to participate in the Technical Working Group. These include organizations with capacity, for example, in policy and advocacy, service delivery, program management, logistics, training, communication, and research. The Steering Committee is encouraged to involve local organizations in the Technical Working Group to help ensure that the toolkit is relevant and useful to the field.

It is also recommended to invite representatives from donor organizations to participate in the Technical Working Group. (Often, donors are the initiators of the toolkits and, because of their in-house expertise, have a seat on the Steering Committee.) Donors that have a vested interest in the topic can provide important technical expertise to bear in addition to funding. Experience has shown that when donors are involved early in the toolkit development process, they are more likely to advocate and support the inclusion of toolkit activities in the respective work plans of Technical Working Group members. They also can help the Steering Committee to encourage other Collaborating Organizations to participate in the Technical Working Group.

Reaching Out to Collaborating Organizations

Tapping existing thematic communities of practice, working groups, and networks facilitates the development of toolkits. Such existing groups usually encompass a wide range of partners, helping to ensure comprehensive treatment, breadth, and depth of toolkits. For example, the IUD Toolkit was developed under the auspices of USAID's Maximizing Access and Quality (MAQ) Initiative. Organizations that were part of the MAQ Initiative and were working to revitalize use of the IUD formed the MAQ IUD Subcommittee to develop the IUD Toolkit collaboratively. The MAQ IUD Subcommittee is analogous to the toolkit's Technical Working Group, as outlined in this Guide, and the MAQ IUD Subcommittee Secretariat, composed of EngenderHealth, Family Health International, and the U.S. Agency for International Development (USAID), to the Steering Committee.

Similarly, the Implants Toolkit was spearheaded under a Steering Committee composed of USAID, EngenderHealth's RESPOND Project, Family Health International, and Johns Hopkins' Center for Communication Programs. This Steering Committee tapped into the RESPOND Project's Long-Acting and Permanent Methods (LA/PM) Community of Practice to form the toolkit's larger Technical Working Group.

Existing working groups and communities of practice can be identified and reached through the Implementing Best Practices (IBP) Knowledge Gateway (<http://www.ibpinitiative.org>). The Knowledge Gateway is an electronic communication tool designed to share experiences on effective practices, success stories, lessons learned, and issues and concerns in reproductive health. As of November 2009 over 15,200 health care professionals were part of this free resource created by the World Health Organization and partners of the IBP Initiative.

Additionally, a broad literature search relevant to the toolkit topic will reveal many of the key players in that particular field, both as authors and publishers of seminal articles and documents. To ensure representation of local organizations, field offices of the Steering Committee and other Collaborating Organizations can be invited to participate—either to help develop the toolkit as a whole or to contribute to defined tasks. For example, they can identify local information resources to add to the toolkit or review the selection of resources for a particular tab.

Motivating Involvement of Collaborating Organizations

In general members of toolkit Steering Committees have added a toolkit activity to their respective project work plans to ensure sufficient time and resources are devoted to planning, implementing, and maintaining this activity. Efforts should be made to equitably share responsibility for planning and implementing toolkit-related activities, such as convening meetings. The level of effort required by Steering Committee members is more intense during the toolkit-building stage and is notably reduced once the toolkit is published.

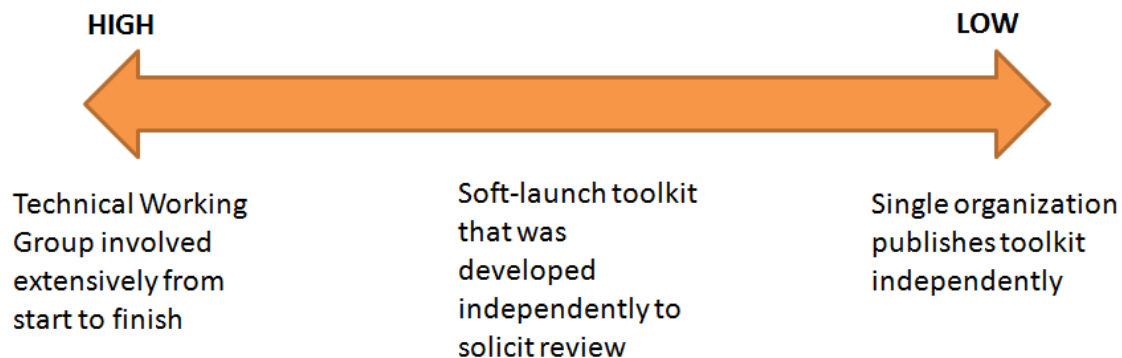
Considerably less time and effort are required of other Collaborating Organizations from the Technical Working Group. Thus, many or most of these Collaborating Organizations volunteer to contribute to the toolkit in their “spare” time. These organizations have a strong and shared dedication to strengthening public health programs by enabling health professionals to access and use quality information resources.

Members of the Technical Working Group benefit from participation in K4Health Toolkits by having access to a platform for disseminating and promoting the knowledge resources of their own organizations. Once the toolkit is made public, they also have the opportunity to receive feedback from the field about their resources through the toolkit’s built-in discussion board. K4Health will provide periodic web statistic reports to publishers of resources included in toolkits, highlighting toolkit users’ access to the resources. Also, the work of Collaborating Organizations will be acknowledged on the toolkit’s About page, providing further credibility and authoritativeness to the toolkit.

The Collaboration Continuum

Experience has shown that the early involvement of a wide range of Collaborating Organizations in the development of a toolkit, the more successful the toolkit is, in terms of scope, ownership, promotion, and use. Such a high level of collaborative participation takes time, effort, and resources. In practice, the level of collaborative participation in toolkit development, including its conceptualization, structure, and content, ranges on a continuum from extensive involvement of a wide range of organizations to a single or small group of organizations publishing a toolkit independently. In the middle of the continuum, a single or small group of organizations will have the option to “soft-launch” a toolkit online through a password-protected space and solicit review of the toolkit from other organizations before officially publishing the toolkit.

Level of Toolkit Collaboration



Recognizing Participation of Organizations

To motivate and acknowledge the efforts of all organizations involved in the development of a toolkit, collaborators’ contributions will be duly recognized. This visible recognition also provides credence and authority to the toolkit for the end users.

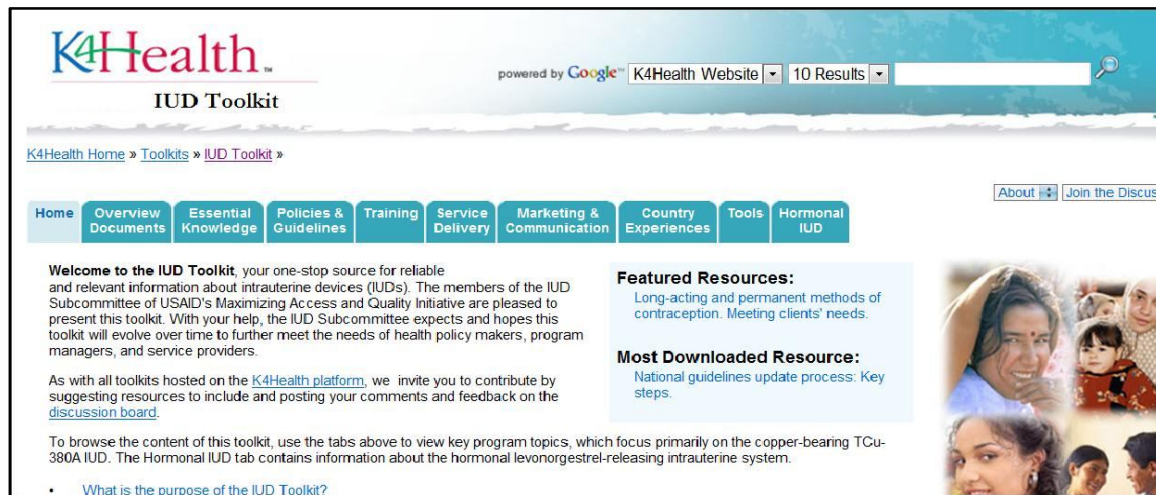
Different levels of recognition accommodate the levels of effort involved in developing toolkits:

- Logos of the organizations forming the **Steering Committee** are located in the **footer** of the toolkit.
- All organizations contributing to the development of the toolkit are listed on the **About** page of the toolkit, including:
 - Organizations forming the **Steering Committee**
 - **Collaborating Organizations** forming the larger Technical Working Group and/or **Reviewers** of draft toolkits
 - **Publishers** of resources included in the toolkit

BUILD TOOLKIT

The basic units of a toolkit are key information resources pertinent to a particular topic. The resources are grouped into broad categories, represented as tabs across the toolkit, and into sub-categories, represented as subheadings on each tab page (see screenshot below). Each tab page is introduced with a short paragraph that sets the stage of the toolkit topic, explains why it is important to programming, and gives an indication of the types of resources included in that tab.

To build a toolkit, the Technical Working Group must identify and select information resources, organize those resources into logical categories, identify any knowledge gaps, develop new resources to fill those gaps, as appropriate, and develop introductory paragraphs for each toolkit page. The Steering Committee and the Technical Working Group as a whole can employ various approaches, techniques, and tools both to identify pertinent resources and to help group them into logical categories.



K4Health
IUD Toolkit

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Home Overview Documents Essential Knowledge Policies & Guidelines Training Service Delivery Marketing & Communication Country Experiences Tools Hormonal IUD

About Join the Discuss

Welcome to the IUD Toolkit, your one-stop source for reliable and relevant information about intrauterine devices (IUDs). The members of the IUD Subcommittee of USAID's Maximizing Access and Quality Initiative are pleased to present this toolkit. With your help, the IUD Subcommittee expects and hopes this toolkit will evolve over time to further meet the needs of health policy makers, program managers, and service providers.

As with all toolkits hosted on the [K4Health platform](#), we invite you to contribute by suggesting resources to include and posting your comments and feedback on the [discussion board](#).

To browse the content of this toolkit, use the tabs above to view key program topics, which focus primarily on the copper-bearing TCu-380A IUD. The Hormonal IUD tab contains information about the hormonal levonorgestrel-releasing intrauterine system.

Featured Resources:
Long-acting and permanent methods of contraception. Meeting clients' needs.

Most Downloaded Resource:
National guidelines update process: Key steps.

• [What is the purpose of the IUD Toolkit?](#)

Decide on Scope of Toolkit

Deciding on the scope of the toolkit is one of the first steps that the Steering Committee will undertake to help inform the structure and content of the toolkit. Generally, the Steering Committee should attempt to strike a balance between casting a wide net and maintaining a focused scope. Consider the:

- **Needs of the intended toolkit audiences.** What do the intended audiences of the toolkit need in order to perform their jobs? If the scope is too narrow, audiences will be forced to go to other toolkits or other sites to find the information that they need. If the scope is too broad, the resources included in the toolkit may not be practical and relevant to their daily work.
- **Expected size of the toolkit collection.** There is no set standard for the size of a toolkit collection. It depends on the nature of the topic and on the intended audiences. So far, we have found that 8 to 10 broad categories, or tabs, is a practical number and that about 20 documents per category seem to offer a fair degree of

depth. This translates to an average of about 200 documents per toolkit. We know that some toolkits will require many more documents and some will require fewer.

- **Purpose of the toolkit.** Conventionally, the purpose of a toolkit is to provide audiences with a range of quality resources from various organizations. However, sometimes a project-specific toolkit might be needed either as a project begins or when a project comes to a close. The K4Health Toolkit Application can be used to house an existing resource center of a country or an organization. It can also be used to repackage and repurpose existing toolkits offering a new format and an additional dissemination channel to reach new and larger audiences.

Develop Criteria for Selecting Resources

The Steering Committee should develop a list of criteria to help guide the selection of resources to include in the toolkit. For example, toolkit resources should be:

- Relevant, reliable, and useful for key audiences. For example, a review of seminal journal articles on a particular topic may be more practical and useful to program managers than direct access to the journal articles themselves.
- Up-to-date
- Evidence-based and accurate
- Exemplary program and country cases that highlight several topics addressed in the toolkit
- Easy to understand (not overly technical)
- Freely available (full-text) online
- Adaptable to various local contexts, whenever appropriate

Identify Relevant Resources

An obvious starting point to identify relevant resources is to tap the expertise and knowledge base of members of the Technical Working Group. These experts will be familiar with key resources that could be included in the toolkit, both from within and outside of their own organizations. Additional resources can also be identified from the bibliographies of selected resources.

To cast a wide net, however, the Technical Working Group can search websites and databases for relevant content to include in the toolkit. Some databases, such as Pubmed, Medline, and SCOPUS, concentrate on providing access to journal articles, excluding other practical resources or grey literature, such as handbooks, guides, fact sheets, tools, and other job aids. Databases and websites that provide grey literature that will probably be more relevant for purposes of the toolkit include:

K4Health Databases and Gateways

(www.k4health.org/resources/databasesandgateways)

- **POPLine.** The world's largest database on reproductive health, providing access to more than 367,000 records related to the world's population, family planning, and reproductive health literature, and adding tens of thousands of records annually. The database contains evidence-based knowledge for researchers, scholars, teachers, and students, as well as valuable knowledge acquired from the field that enable health policy makers, program managers, and service providers to improve the quality and outcome of their work. Many documents—including scientific, technical, and programmatic publications as well as unpublished documents and project reports—are unique to the collection and are unavailable elsewhere.
- **HIVLine.** Based on the successful POPLine model, HIVLine consists of some 40,000 records covering HIV/AIDS topics in international public health settings. It houses information about HIV prevention, treatment, care and support, including integration with family planning services.
- **Photoshare.** A leading editorial photograph collection showcasing international health programs in action and the people they serve. Developed exclusively for nonprofit educational use, Photoshare's collection of over 17,000 images are available upon request and free-of-charge. A collection of photos relevant to the toolkit can be provided to help program managers and communication specialists to develop communication materials. Photos also can be used to provide a visual element on toolkit pages themselves.
- **Reproductive Health Gateway.** Provides users the ability to search numerous websites from one location, eliminating the need to conduct extensive searches on multiple sites. The 140+ websites included in the Reproductive Health Gateway are authoritative sources of relevant information on reproductive health. The collection of websites includes the United Nations, World Bank, World Health Organization, the Pan American Health Organization, and the Global Health Council to name a few.
- **HIV/AIDS Gateway.** Similar to the Reproductive Health Gateway, the HIV/AIDS Gateway allows users to search 250+ carefully selected websites that are authoritative sources of relevant information on HIV/AIDS.

Other Databases and Websites

- USAID's Development Experience Clearinghouse (DEC) (<http://dec.usaid.gov/>), the largest online resource for USAID-funded technical and program documentation, with over 70,000 documents available for electronic download.
- Websites of HIPNet (Health Information and Publications Network) members (<http://info.k4health.org/hipnet/members.shtml>). HIPNet is mission-driven partnership that addresses the need for access to technical health information and innovative information technologies that strengthen the performance and sustainability of health care programs, organizations, and services around the world.
- Websites of other key organizations

- Other K4Health Toolkits (www.k4health.org/toolkits/)

Identify Concepts

Resources selected for the toolkit must be organized into logical categories. Categories can be topic-specific (for example, policy, service delivery, communication) or audience-specific (for example, policy makers, program managers, service providers, communication specialists).

Experience so far has shown that topic-specific categories generally work better than audience-specific categories because different audiences may want to access the same types of materials. For instance, the primary audience of job aids is service providers. However, program managers are secondary audiences because they incorporate the job aids into providers' work flow and train and encourage providers to use them.

To identify these concepts, the Technical Working Group and/or the Steering Committee brainstorm about "big-picture" concepts that the toolkit should address, which translate into the overall structure of the toolkit (tabs and subheadings). The Technical Working Group then fills in this framework with selected resources.

Alternatively, the Technical Working Group can use a bottom-up approach by first identifying the resources that will be included in the toolkit. Then, based on the content of those resources, the group can decide on the overall structure of the toolkit.

Card sorting, affinity diagrams, and qualitative data analysis software are tools that can help organize content in a meaningful way (see Appendix).

Develop Technical Consensus

The Toolkit Application integrates feedback mechanisms into each toolkit to facilitate the collaborative review of resources selected for the toolkit and of the toolkit overall. These built-in collaboration features reduce, and sometimes replace, the need for frequent face-to-face meetings, thereby speeding up the development of toolkits and minimizing needed resources. Collaboration features include:

- **Audio- and video-conferencing.** Technical Working Group collaborators can convene audio or video conferences to discuss and develop consensus about toolkit-related issues.
- **Text chatting.** A collaborator can send messages to another collaborator or group of collaborators via instant text messaging.
- **Add comments about individual resources and other toolkit text.** Collaborators

Reaching Audiences with Diverse Languages

Technical Working Groups are encouraged to provide toolkit users with access to foreign-language versions of resources whenever possible. Multiple versions of a resource (for example, English, French, and Spanish) can be added to the resource record so that toolkit users can access all language versions easily from the same location.

can post a comment about individual resources and introductory text to the toolkit pages, which is viewable by all other toolkit collaborators.

PROMOTE TOOLKIT

As the Technical Working Group develops the toolkit, members should begin to think about how to actively disseminate the toolkit to audiences once it is made available to the public. Passive dissemination often has little or no effect on practice. K4Health will work with the Steering Committee to develop a strategic dissemination plan to increase audience's awareness of the toolkit, provide information about how to access the toolkit, and promote use of the toolkit. Below are some strategies that have been shown to facilitate the research-to-practice process, as well as conventional dissemination strategies to promote awareness of a product or service.

Educational outreach. Collaborators from the Technical Working Group can use their networks and influence with their respective organizations' field offices to educate their colleagues in the field about the toolkit and encourage use of the toolkit. Contact with field office staff can be made through internal organizational listservs, personal e-mail messages, and face-to-face interactions, as appropriate.

Interactive workshops. The toolkit can be incorporated into country and regional workshops related to the toolkit topic. This gives workshop participants the opportunity to explore the toolkit, discuss issues, brainstorm solutions, and identify ways to use the toolkit in practice then and there.

Public relations. K4Health and the Technical Working Group can promote the toolkit at local, regional, and global conferences. The toolkit can also be shared with other organizations through face-to-face and virtual meetings.

Ongoing promotion. K4Health will work with the Technical Working Group to promote the toolkit through relevant listservs, e-newsletters, and links from other websites. The toolkit also can be promoted in locally distributed journals and newsletters that reach program managers and service providers.

Reaching Audiences with Limited or No Access to Online Technology

Online K4Health Toolkits can be downloaded to CD-ROMs and distributed to audiences with limited Internet connectivity. K4Health will work with Technical Working Groups interested in CD-ROM distribution to develop a plan to burn the toolkits onto CD-ROMs, distribute them, and identify in-country intermediaries to burn and distribute the CD-ROMs in-country.

UPDATE TOOLKIT

K4Health Toolkits are built on a continuous publishing principle that encourages continuing evolution after they are made public. K4Health Toolkits are continually updated to capture

additional quality resources, identify and fill remaining information gaps, and avoid obsolescence. Technical Working Groups are encouraged to employ several methods to ensure toolkits are kept up-to-date.

Toolkit Discussion Board

An interactive discussion board is built into each toolkit. The purpose is for field-based and other toolkit audiences to provide continuous feedback and share information with each other about how they use the toolkit. In addition, the discussion board is a place for audiences to suggest additional resources to include in the toolkit and/or suggest the removal of less useful ones. This helps the Technical Working Group update the toolkit on a continual basis.

One or more members of the Technical Working Group should be assigned the responsibility to moderate the discussion board—to review comments added by toolkit users, approve them, and post them to the discussion board when deemed appropriate. When toolkit users suggest new resources, the Steering Committee and/or the Technical Working Group must review the suggestions and decide whether they meet the criteria for inclusion in the toolkit. They can post new resources to the published toolkit on a continuous basis, using the same features when they built the toolkit during the developmental phase.

How to increase participation. To encourage toolkit audiences to participate in the discussion board, the discussion board moderator can apply lessons learned from other social networking sites. For example, rather than the moderator posting several questions on the discussion board at one time, he/she should spread out the questions over a period of time. This gives users the opportunity to focus on and address one issue at a time.

Asking direct and focused questions improves participation. For instance, instead of asking “Do you have any additional resources that you think should be included in this toolkit?”, the moderator can ask a more pointed question about a specific topic: “We are lacking reports of country experiences regarding the introduction of contraceptive implants into a country’s contraceptive method mix. Do you have experiences that you can share with us?”

To make toolkit audiences aware of new questions posted to the discussion board, announcements can be sent to targeted listservs or communities of practice, as appropriate. K4Health will also send out such announcements on its periodic “What’s New” e-newsletter to its extensive list of registered subscribers and send announcements to relevant IBP communities of practice when appropriate.

Periodic Literature Reviews

While the discussion board is viewed as a mechanism for direct input from toolkit audiences, especially from the field, the Steering Committee should commit to conducting a more formal scan of the literature related to the toolkit topic on a periodic basis. For example, once every year, the Steering Committee can conduct a literature search for new resources published since the toolkit was made public. K4Health can facilitate searches on K4Health databases for toolkit updates. The Steering Committee should review the search results to identify relevant resources that meet the criteria for inclusion.

New Resources from the Technical Working Group

Organizations forming the Technical Working Group will inevitably develop new materials or update existing materials related to the toolkit topic. These organizations can suggest their new resources for inclusion through the integrated discussion board, or by contacting the Steering Committee directly. They also have the responsibility of updating their resources already included in the toolkit with the latest versions as they are released.

MONITOR AND EVALUATE

To evaluate the contribution of toolkits to improving health programs and outcomes, K4Health will work with toolkit Steering Committees to develop appropriate techniques and indicators to measure the reach, usefulness, use, and outcome of toolkit use on programs and services. Drawing on HIPNet's *Guide to Monitoring and Evaluating Health Information Products and Services*, K4Health will employ various M&E data collection methods, such as web use statistics, surveys, and case studies, and will focus on both process and outcomes. K4Health will share results with Technical Working Groups periodically to increase the use and usefulness of the toolkits.

How K4Health Can Help Toolkit Technical Working Groups

In addition to providing organizations with access to the Toolkit Application, K4Health can help Toolkit Technical Working Groups in a number of other ways:

- Virtual training on how to build toolkits and on how to use the Toolkit Application
- Ongoing technical support with the Toolkit Application
- Research support to identify relevant resources
- Ongoing technical support with managing toolkit discussion boards
- Ongoing promotion of toolkits
- Periodic web statistic reports on users' access to toolkit resources
- Monitoring and evaluating the contribution of toolkits

APPENDIX. TOOLS TO HELP ORGANIZE CONTENT

Card Sorting

A card sort can be used to inform or guide how to organize the content of the toolkit (in tabs and subheadings), including what to label the tabs and subheadings. In a card sorting session, participants are asked to organize content in a way that makes sense to them. In terms of toolkits, the participants would identify concepts that the toolkit should cover and group those concepts into categories that they label.

There are two types of card sorts: open and closed. In an open card sort, participants are asked to organize cards into groups that make sense to them and then name each group. In a closed card sort, participants are asked to sort items into pre-defined categories. An open card sort would be helpful in structuring the entire toolkit—that is, to define both the tabs and subheadings. A closed card sort would be used when the toolkit tabs are known, but more guidance is needed on how to organize the subheadings underneath those tabs.

To conduct an open card sort to help define your toolkit tabs and subheadings, use the following process.

1. Give participants a set of index cards. Each card should include one concept related to the toolkit topic (for example, training curricula, performance improvement, international guidelines, policies, program management, supervision, monitoring and evaluation, client-centered care). Alternatively, you can ask the participants to “free-list” all the concepts associated with the toolkit topic that should be covered in the toolkit. Participants should write each concept on a separate card. This may be necessary in the early stages of development of the toolkit when concrete concepts and ideas have not yet been formed.
2. Ask the participants to sort the cards into groups that make sense to them. If participants feel that a particular card belongs in more than one location, they should place the card in the *best* location where they think it fits. However, they can also make duplicate cards for that concept and place the cards in multiple locations.
3. Once the participants have sorted their cards into groups of cards, they then need to name each group. Ask them how they would describe the cards in each of the piles. These names may become the tabs of the toolkit (while the other cards may become the subheadings). It is better to keep names of tabs and subheadings to a single word or short phrase.

Online tools are available that allow you to conduct remote card sorting online:

- WebCAT, from the National Institute of Standards and Technology (NIST), may be downloaded and used for free (<http://zing.ncsl.gov/WebTools/WebCAT/overview.html>).
- WebSort can be used to create a free study with 10 participants (www.websort.net).

For more information about card sorting and links to additional online card sorting tools, see:

- Usability.gov, “Perform Card Sorting.” <http://www.usability.gov/design/cardsort.html>
- Usability & User Experience, Society for Technical Communication, “Card Sorting.” <http://www.stcsig.org/usability/topics/cardsorting.html>
- Usability Net, “Card Sorting.” <http://www.usabilitynet.org/tools/cardsorting.htm>

Affinity Diagrams

If conducting a card sort exercise with a group of people, you can use an **affinity diagram** to help identify the patterns that emerge from all participants’ card sorts and develop consensus. The two techniques are similar. However, card sorting finds common patterns in the way different people group information, while affinity diagramming obtains a consensus result among a group of people. To conduct an affinity diagram exercise, follow these steps:

1. Give participants a set of index cards. Ask the participants to “free-list” all the concepts associated with the toolkit topic that should be covered in the toolkit. Participants should write each concept on a separate card.
2. Tape all participants’ cards to a wall in no particular order.

Tip: Tape flip chart paper on the walls first to make the cards portable to another location after the meeting is over.

3. Everyone reads all the cards and helps to sort the cards into distinct groups. If someone disagrees with the way a group has been set up, he/she can simply move the cards. (Alternatively, do not allow participants to move each other’s cards without their agreement. Discussion may indicate that that participant meant to articulate a different concept.) In particular, look for large groups that could be subdivided and small groups that have the same theme. This step continues until all the cards are placed in a group and no one is making further changes to the groups.
4. Name each group. The name should reflect the theme of the group. Each participant has the opportunity to name each group, and each group can have more than one group name card. Also name subgroups if necessary.
5. Everyone votes for the most important group names that they think should form the toolkit tabs. Participants can place an X on the cards that they want to vote for.
6. Rank the most important groups by tallying up the number of votes each group received. Discuss the results with the group to ensure that there is consensus. Discuss any dissenting views.

For more information about affinity diagramming, see:

- Spool, J. The KJ-Technique: A group process for establishing priorities. User Interface Engineering, 2004. http://www.uie.com/articles/kj_technique/
- Gaffney, G. Affinity diagramming. (Usability Techniques series) Information & Design, 1999. <http://www.infodesign.com/au/usabilityresources/affinitydiagramming>

- Snyder, C. *Paper prototyping: The fast and easy way to design and refine user interfaces*. San Francisco: Morgan Kaufmann, 2003.
<http://www.paperprototyping.com/>

Qualitative Data Analysis Software

Several companies offer software designed to analyze qualitative data, including text, images, audio, and video. The software allows users to explore the complex concepts contained within a body of data and extract the key themes. For example, the software can help to classify, sort, and arrange the information contained in the resources selected for a toolkit, and facilitate analysis of the information and identification of themes. Those themes could be the toolkit tabs and subheadings.

Some examples of qualitative data analysis software are:

- AnSWR (www.cdc.gov/hiv/software/answr/ver3d.htm), from the Centers for Disease Control. Provides analysis of primarily text. Free.
- ATLAS.ti (www.atlasti.com). Provides analysis of text, images, audio, and video. Free trial download available.
- NVivo 8 (www.qsrinternational.com). Analysis of text, images, audio, and video. Free trial download available.