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K4Health™

Knowledge for Health



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Year 4
Mid-Year Review and Progress Report
July 1, 2011 – December 31, 2011

Knowledge for Health (K4Health)
www.k4health.org
Leader with Associate Cooperative Agreement Award
GPO-A-OO-08-0000 6-00

March 16, 2012

(Updated and resubmitted responding to the USAID comments on the February 10 report)



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Executive Summary

The first half of Year 4 has been a time of renewal, transformation, and innovation for the Knowledge for Health (K4Health) project. Across its portfolio, with new leadership, applications, product platforms, and documentation of results, the project is demonstrating the vibrancy and importance of knowledge management and exchange to advance the practice of international public health. During its first three years, the project made significant progress and learned important lessons. In the first half of Year 4, K4Health continued to produce high-quality work and evolved further by spearheading innovative strategies for disseminating information to—and exchanging knowledge with—K4Health target audiences. K4Health also raised its profile and provided leadership in a number of knowledge management (KM) forums, including serving as the chair organization for the KM Working Group and its various task teams, encouraging new directions for the mHealth Working Group, and demonstrating leadership in innovative platforms such as the SHARE portal; the upgraded K4Health Blog, Photoshare and Knowledge Gateway sites; and plans for new Affiliate Site platform.¹ And all of this has been done while staying on task, time, and budget with our workplan.

K4Health has produced numerous products and services during Year 4, including eight new eToolkits and five new eLearning courses that focus primarily on family planning/reproductive health (FP/RH) technical priority areas. In November 2011, the project broke ground in the field of programming and interactive communication when it launched the Application for Contraceptive Eligibility (ACE), a mobile application for Android OS based on *Family Planning: A Global Handbook for Providers*. K4Health also published an upgraded, collaborative, and redesigned blog on its website featuring regular and guest commentators, and it finalized a guide for conducting health information needs assessments. In addition, the project updated other products and services with new content or redesigned them with additional features based on user feedback.

In the first half of Year 4, K4Health advanced its field-support effort on different fronts, including launching SHARE (Southern Africa HIV/AIDS Regional Exchange) (<http://www.hivsharespace.net/>); starting the KM support project in Bangladesh; and disseminating final needs assessment reports in Peru and Senegal. In Malawi, the project team finalized evaluation activities for the demonstration project that is now completely in the hands of the Malawian people. K4Health also continued to respond to the health information needs of its key audiences through appropriate technology and delivery vehicles. Findings from needs assessments, routine monitoring data, and user surveys were incorporated into the work of the project to improve products and services. For example, results from the online user survey were used to inform the information architecture and enhancements to the website. The project will use data from additional in-depth interviews and online surveys to make recommendations for improving the Global Health eLearning Center.

Data collected during this Mid-Year Review indicate that the K4Health team is making excellent progress toward meeting annual targets; in some areas, the project will exceed established goals. This review has been a valuable exercise for the K4Health team, and we are using review findings and lessons learned to inform development of our Year 5 work plan.

¹ Added examples as per USAID request.

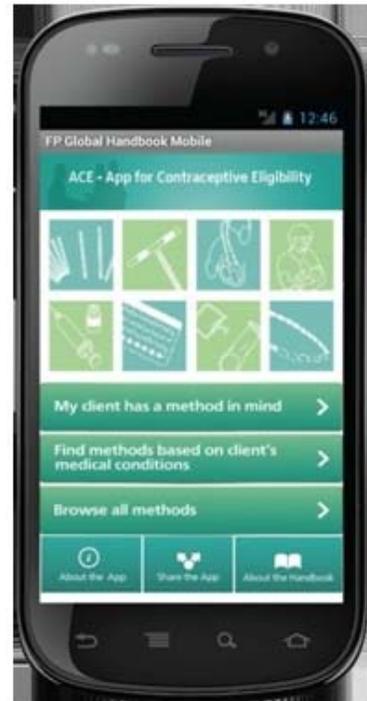
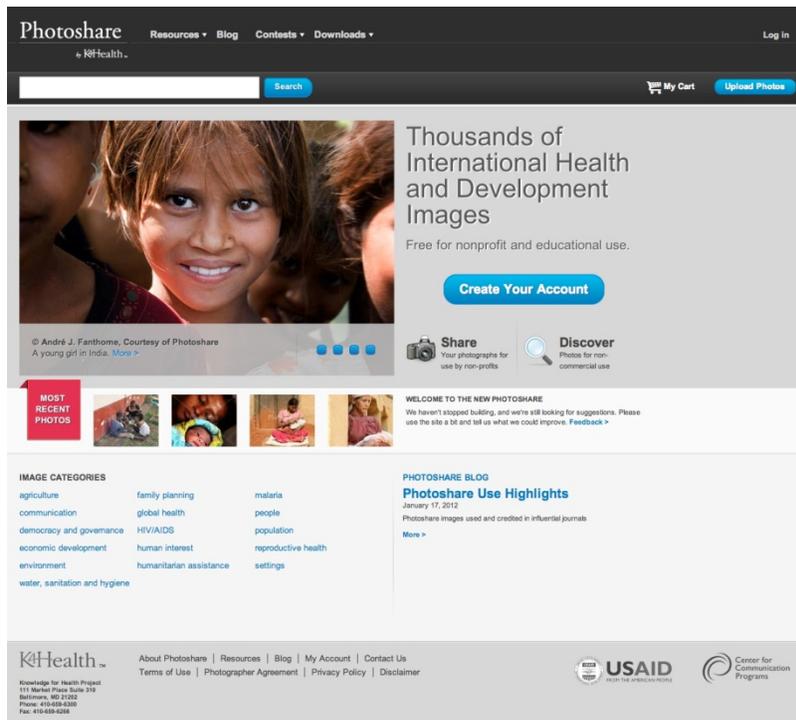
Mid-Year Review Process

The purpose of this mid-year review was to:

- Assess progress made in implementing activities and achieving targets during the first half of Year 4 (7/1/11 to 12/31/11).
- Determine whether each proposed Year 4 activity has sound strategies and adequate resources, and whether adjustments are needed in the rest of Year 4 (1/1/12 to 6/30/12) to adapt to new conditions (e.g., priority shifts or unexpected challenges).
- Identify specific issues/findings that will inform the Year 5 work plan proposal.

The Project Result (PR), Field Support (FS), Promotion and Dissemination (P&D), and Monitoring and Evaluation (M&E) teams:

- Reviewed activities proposed for Q1 and Q2 (7/1/11 – 12/31/11) in the final Year 4 work plan proposal.
- Assessed achievement toward Year 4 targets among applicable indicators, by collecting available data as of 12/31/11.



(left) The new Photoshare website, launched in September 2011, delivers a range of new features and interactions for users requesting Photoshare images, and for photographers sharing their work for nonprofit educational use.

(right) The new ACE app for Android mobile phones helps health care workers determine whether their clients are medically eligible to start using certain contraceptive methods.

Mid-Year Review Progress Highlights and Future Priorities

Project Result 1

Knowledge Needs of Audience Identified

PR1 Year 4 Mid-Year Progress Highlights (7/1/2011 – 12/31/2011):

- Demonstrated leadership in knowledge management by serving as the organizational chair for the Knowledge Management Working Group (KM WG).
 - Hosted the October 2011 meeting at the CCP office and led a discussion about the group's strategic direction.
 - Supported and hosted each of the KM WG Communities of Practice (CoP) (the overall KM WG, the Advisory Committee, and the various task teams).
 - Launched several new task teams per discussions from the October 2011 KM WG meeting: KM Strategy, KM Case Studies, and KM Advocacy.
 - Continued the M&E task team's work on the *Guide to Monitoring and Evaluating KM Programs for Health and Development* (tentative title).
 - Began discussing components of a KM strategy, under the KM Strategy task team, and ways to link USAID's work to the strategy.
 - Submitted a panel proposal to the International Communication Association (ICA) Conference and received acceptance, under the KM Advocacy task team.
 - Began compiling examples of KM implementation, under the KM Case Studies task team, which will be added to the KM for Health and Development Toolkit. (For more on the KM WG, see PR4 highlights on p. 9, M&E highlights on p. 14, and stats in the PR1 PMP section on p. 17.)
- Launched the KM for Health and Development Toolkit in July 2011, building on the knowledge sharing activities of the KM WG. Geared toward a global community of healthcare professionals, the toolkit provides vetted KM resources from a variety of international public health and development organizations (see PR1 PMP on p. 17 for user stats).
- Organized a webinar for the KM WG in January 2012, in which Bill Lester (Executive Director of NPOKI) presented on "Successful Virtual Meetings."
- Presented needs assessment results from India, Senegal, and Malawi during a panel at the 2011 International Conference on Family Planning in Dakar, Senegal (also see field support highlights on p. 12).
- Completed the *K4Health Guide for Conducting Health Information Needs Assessments*, posted it on K4Health.org, and announced the publication on relevant listservs.
- Planned and held dissemination workshops in Peru and Senegal; posted final needs assessment reports for Peru and Senegal on K4Health.org.
- Produced a report of the Ethiopia needs assessment/Net-Map results and sent to USAID/Ethiopia for comments. Abstracts accepted by the 13th World Congress on Public Health in Addis Ababa, Ethiopia, and by the 5th Annual NIH Conference on the Science of Dissemination and Implementation in Bethesda, MD.²

² The abstract for the conference in Addis Ababa was shared with USAID/Ethiopia on March 12.

- Coordinated *Journal of Health Communication* supplement on “Meeting the Information Needs of Health Care Providers, Program Managers, and Policy Makers in Low- and Middle-Income Countries.” Working with co-editors Neil Pakenham-Walsh (HIFA 2015) and Symphrose Ouma (AHILA, Kenya), wrote introduction; submitted three research articles on results from health care information needs assessments in India, Malawi, and Senegal; and coordinated submission of three commentary pieces representing donor, librarian, and health care provider perspectives.
- Began setting foundations for the new *Global Health: Science and Practice* journal, including soliciting candidates for a new Managing Editor position, suggesting Editorial Board candidates, developing an informational fact sheet for the journal, setting up new journal email accounts, creating the peer-review policy, and drafting a proposal for the journal publisher.

PR1 Priority Areas for the Rest of Year 4 (1/1/2012 – 6/30/2012):

- Plan and hold the dissemination workshop for Ethiopia in Q4. Post final reports on the K4Health website for all countries.
- Complete supplement for *Journal of Health Communication*.
- Finalize *Guide to Monitoring and Evaluating KM Programs for Health and Development* (tentative title).
- Plan the next face-to-face meeting of the KM WG, which will be held at MSH offices on March 14th.
- Host another KM WG webinar, potentially on the topic of “Outcome Mapping.”
- Finalize KM case studies and add to KM for Health and Development Toolkit.
- Submit abstracts on findings from needs assessments to additional conferences (e.g., APHA, GHC).
- Maintain/update KM for Health and Development Toolkit.
- Continue to disseminate KM findings through additional venues (e.g., 5th Annual NIH Conference on the Science of Dissemination and Implementation, 13th World Congress on Public Health, etc.).
- Add “lessons learned” from dissemination workshops to the *K4Health Guide for Conducting Health Information Needs Assessments*.
- Prepare for launching the journal in the summer/fall of 2012, including hiring the Managing Editor, finalizing contract with selected journal publisher and setting up the necessary manuscript management and publishing systems, finalizing the Editorial Board, developing a database of peer reviewers, and soliciting articles for the first issue and getting them peer reviewed and edited.

Project Result 2

Reliable, High-Quality Information Synthesized and Produced in User-Friendly Formats

PR2 Year 4 Mid-Year Progress Highlights (7/1/2011 – 12/31/2011):

- **Cross-product / Cross-PR processes:**
 - Began revising, streamlining, and documenting editorial/quality assurance processes, beginning with blog editorial flow as proof-of-concept (also see P&D highlights on p. 11).
 - Established product team structure to bring cross-PR expertise into Web product management process (also see PR3 highlights on p. 8).

- **K4Health.org**
 - Began implementing holistic Web products portfolio review and enhancement process, building on strategic work begun by SRA/Touchstone/Watershed team in April 2011 (also see PR3 highlights on p. 8).
 - Determined aesthetic direction for portfolio enhancements process (using the blog as a starting point); developed vision and roadmap for website enhancements; defined user profiles for entire Web product portfolio; contracted with Aten Design Group for Drupal development (also see PR3 highlights on p. 8).
 - Launched new K4Health multi-contributor blog platform. In its first month (12/22/2011-1/21/2012), the new blog has received 4,504 page views, compared with 1,593 page views the previous month (also see PR3 highlights on p. 8, P&D highlights on p. 11, and **Appendix L** on p. 60).
 - Developed initial protocols, processes, and systems for “affiliate sites” platform to support partner programs within the K4Health Web portfolio.

- **eToolkit Application**
 - Hosted a webinar with seven participants (including Cultural Practice/IGWG and CCP Tanzania)³ in September 2011 to demonstrate how to apply the new customization features in the 2.0 release of the eToolkit Application (launched at the end of Year 3). Five published toolkits have switched to the new toolkit design; many toolkits currently in development have chosen the new design (see **Appendix C** on pp. 45-46).
 - Promoted the eToolkit Application at various conferences and meetings, including at the Global Health Mini-University (Tech Café presentation) and APHA (oral and poster presentations).
 - Developed requirements for eToolkit Application 2.1 features, based on user feedback from the webinar and other channels, including: more options for sorting resources in the manager/admin view; displaying three resources rather than one resource in the “Most Downloaded” block; streamlined and simpler options for displaying content blocks; and several improvements to the resource record display and color options (also see PR3 highlights on p. 8).

³ Added the number of participants and details as per USAID request.

- Began product development process for Toolkits 3.0 (in Drupal 7) (also see PR3 highlights on p. 8).
- **K4Health eToolkits**
 - Received over 87,650 visits to K4Health eToolkits, averaging about 14,500 visits each month.⁴ Toolkits were the most popular entrance into K4Health.org, as in previous years. While most Toolkit visitors came from the U.S., visitors from Asia (India, Indonesia, Pakistan, and the Philippines) and sub-Saharan Africa (Kenya and Uganda) also fell into the top 10 countries. Toolkits also received many visitors from Ethiopia, Nigeria, South Africa, and Tanzania (see **Appendix D** on pp. 47-48).
 - Initiated many country-specific eToolkits: seven were spearheaded by colleagues from HCP Uganda on topics ranging from HIV to family planning to youth; three toolkits focused on HIV Prevention in Botswana, Zambia, and Zimbabwe; and a “how-to” toolkit based on the India experience with the ‘Happy Dampatti’ campaign of the Urban Health Initiative (UHI) in collaboration with CCP (see **Appendix B** on p. 44).
- **POPLINE**
 - Increased total visits to the POPLINE website by 84% over the previous reporting period. Visits from all traffic sources (Search, Referring, and Direct) increased; however, the biggest impact was from Google search results. Beginning in Spring 2011, Google began indexing and caching POPLINE records, increasing access to the information contained in the database. Searching POPLINE via the K4Health website also increased to 20% of all K4Health searches (also see PR2 PMP on p. 20 and pp. 24-25).
- **Photoshare**
 - Launched upgraded site in September 2011; immediately saw dividends in terms of numbers of images requested and orders fulfilled. Since the launch of the new site, the number of fulfilled orders increased by 45% over the same period last year. The new site also contributed to improvements in website analytics, with a 75% increase in average time on the site and pages per visit (see PR2 PMP on p. 20 and **Appendix F** on p. 51).
- **Global Handbook and Wall Chart**
 - Received requests for 65,596 copies of the 2011 English edition of *Family Planning: A Global Handbook for Providers* and the updated *Do You Know Your Family Planning Choices?* Wall Chart in English. Requests came from 67

⁴ This number represents the data from 7/1/12 to 12/31/12 (the first half of Year 4). As stated, the monthly average during this 6-month period was 14,500—just slightly higher than last year’s monthly average of 14,400. According to our previous data and broader industry data, web visits go down noticeably during November and December. Therefore, while the data look flatlined at this point, we expect that there will be a steady increase in the number of visits during the second half of Year 4 and the target (10% increase from Year 3) will be met.

countries. Also received requests for 4,000 copies of the French 2011 edition of both the Handbook and the Wall Chart (also see PR2 PMP on p. 19).

- Expanded access to/reach of Global Handbook content by:
 - Uploading MS Word versions of the Handbook in English, French, and Spanish to www.fphandbook.org, allowing for easier local adaptation of the content.
 - Creating the Application for Contraceptive Eligibility (ACE), a mobile application for Android OS, based on the Handbook. Working with PR3 and Forum One, we reviewed accuracy of technical content, edited content, managed usability testing contract, and performed quality assurance testing (also see PR3 highlights on p. 8).
 - Offering ePub and Kindle versions of the Handbook in English and
 - ~~Providing~~ **Providing** new print editions as well as ePub and Android App versions at a special auxiliary event of the Global Conference on Family Planning in Dakar, in November 2011.
- **Training Resource Package for Family Planning (TRP)**
 - Conducted usability testing on beta site to evaluate mechanics of using the TRP in a developing-country setting. Produced and submitted report of usability testing findings to USAID, WHO, and UNFPA, with recommendations to improve the overall structure of the site, Home page design, module pages, and other areas of concern for future iteration of the website.
- **High Impact Practices in Family Planning (HIPs)**
 - Copyedited and designed two 8-page HIPs briefs; copyedited, designed, and launched online survey instrument for HIPs mapping activity; selected appropriate mapping software based on product requirements and conducted quality assurance testing on beta versions of the map; developed and launched HIPs Web pages on K4Health.org.

PR2 Priority Areas for Rest of Year 4 (1/1/2012 – 6/30/2012):

- Make enhancements to main K4Health.org website and eToolkits.
- Develop a new version of the eToolkit Application in Drupal 7, expected to be completed in May 2011. The new product will include similar functionality to the current application. However, features that have not been used will be removed and some new features will be added, such as integration of Google Analytics and Google Translate (also see the PR3 section on p. 8).
- Begin development on the redesigned POPLINE website⁵ and addition of new features, such as exporting search results, my documents, and subscribing to RSS feeds of search results and canned queries (also see the PR3 section on p. 8).
- Proceed with next round of upgrades to Photoshare (including contest functionality, batch upload for contributors, and integrations with social media for importing content).

⁵ We will include this item in the agenda for the March 23 USAID/K4Health face-to-face meeting.

- Revisit and improve process for delivering offline versions of Toolkits (also see the PR3 section on p. 8 and the field support section on p. 13).
- Define and implement improved Customer Service model (clarifying points of contact and appropriate responses for inquiries received by telephone and over the website).
- Promote the HIPs mapping survey, finalize design and structure of map website, and launch the HIPs map after populating it with sufficient data.
- Work with M&E to design an in-depth evaluation of user experience of Toolkits (also see the M&E section on p. 15).
- Update the POPLINE Keyword Guide and Subject Scope focusing on making core subject areas more explicit, deleting outdated/unused terms, and adding terms for new subject areas such as health systems strengthening, mHealth, and KM.

Project Result 3

Effective and Appropriate Information Delivery Systems Used

PR3 Year 4 Mid-Year Progress Highlights (7/1/2011 – 12/31/2011):

- Maintained servers at peak efficiency, with an up time of over 99.89% for www.K4Health.org.
- Published the Application for Contraceptive Eligibility (ACE), a mobile application built on the Android OS, to help providers check their clients' medical eligibility to start using contraceptive methods (also see PR2 highlights on p. 6).
- Released eToolkits version 2.1, which included enhanced administrative features and minor improvements to the user interface (also see PR2 highlights on p. 4).
- Supported the development, integration, and launch of the new Drupal 7 K4Health blog site (blog.k4health.org) and Photoshare site (photoshare.org) (also see PR2 highlights on pp. 5-6 and P&D highlights on p. 11).
- Developed beta version of the HIP map (also see PR2 highlights on p. 7).
- Improved source code management and quality assurance by deploying the version control system used on drupal.org (git), which is quickly becoming the industry standard used by Drupal developers.
- Strengthened participation on the IT Governance Board by defining the purpose and procedures of the board when reviewing IT investment and strategy and setting priorities for K4Health IT resources.

PR3 Priority Areas for Rest of Year 4 (1/1/2012 – 6/30/2012):

- Provide IT leadership on K4Health Web Product Teams for Toolkits, Affiliate Sites, the new K4Health.org Web Portal, POPLINE, and Mobile Applications.
- Upgrade K4Health websites and applications from Drupal 6 to 7, including separating Domain Access sites such as IYWG from the K4Health portal and moving them to the new Drupal 7 platform (also see PR2 section on p. 7).
- Increase Drupal 7 developer capacity through training and guidance from industry experts, including Aten Design Group and others.

- Increase involvement in mHealth working groups (internal as well as external) and build the capacity of K4Health staff developers in mobile technologies (also see the PR4 section on p. 10).
- Upgrade the POPLINE website, bringing it into the Drupal 7 content management system. Bringing POPLINE into Drupal will allow for new customized features and make the POPLINE content accessible to search engines (also see the PR2 section on p. 7).
- Replace the Google Search Appliance with Apache Solr, for a more native integration with Drupal and more consistent control over indexing and searching of Drupal databases.
- Refine methods for making toolkits portable both online, though the use of Web Services, and offline, though the use of existing tools such as Google Docs or Adobe PDF (also see the PR2 section on p. 7).
- Finalize functionality and design of HIP map and website (also see the PR2 section on p. 7).

Project Result 4

Information and Knowledge Exchange Forums Supported and Expanded

PR4 Year 4 Mid-Year Progress Highlights (7/1/2011 – 12/31/2011):

- Supported face-to-face knowledge exchange events, including the KM Working Group, which has proved to be a vehicle for raising the profile of KM. Supported and hosted each of the Communities of Practice (CoP) (the overall KM Working Group, the Advisory Committee, and the task teams). As of December 31, 2011, there were four active task teams: KM Strategy, KM Advocacy, KM Case Studies, and KM M&E. The Business Case and KM Toolkit task teams disbanded once they met their deliverables (“Making the Case for KM” document and KM for Health and Development Toolkit, respectively) (also see PR1 highlights on p. 3).
- Continued developing new eLearning courses for USAID’s Global Health eLearning (GHeL) Center, PEPFAR, and Census. Published three new courses during the first half of Year 4 (one the GHeL Center and two for PEPFAR). Managed 49 published courses and started development of new courses and revisions to selected courses see **Appendix I** on pp. 55-56 for full list and PR4 PMP on pp. 28-31). In September 2011, a celebratory event was held with USAID HQ and field staff to recognize the milestone of 100,000 certificates earned by GHeL users.
- Implemented the first comprehensive, phased evaluation of GHeL to determine the reach, use, and usefulness of eLearning, to improve collection and analysis of data, and to enhance the GHeL user experience. Evaluation phases included a literature review; expert interviews; analysis of user data from October 2005 to April 2010; an online survey with 1,822 respondents; and 26 in-depth user interviews.
- Organized and facilitated six discussion forums (three in English and three in French) leading up to the family planning conference in Dakar: (1) FP progress at the national level since the 2009 International Conference on FP, (2) rapidly growing youth populations and implications for FP, and (3) national strategies for contraceptive security

and financing. More than 650 people participated in the discussions and advanced the dialogue on a number of common themes before the conference started.

- Drafted eLearning strategy for PEPFAR and received approval to develop Leadership Track.
- Continued maintaining and supporting the IBP Knowledge Gateway (KG), including supporting the launch of the new platform in December 2011. Provided training and guidance to FP/RH community leaders. Introduced new platform to IBP members in Dakar during the International Conference on FP in November 2011 and at the annual IBP meetings in December 2011.
- Supported the transition of the IBP chair from JHU-CCP to MSH by organizing handover meetings and KG trainings.
- Managed online and onsite registration of 1,199 participants for the annual Global Health Mini-University in September 2011. Provided other logistical support, including the implementation of a new mobile polling service to allow participants to vote for the best “pearl of knowledge” at the end of the event.
- Provided leadership and guidance to the mHealth Working Group. Collaborated with mHealth Working Group co-founders to develop advisory board, identify collaborative outputs for group members to advance knowledge in the field, and strengthen mHealth Working Group goals and procedures. Supported the mHealth Working Group by providing logistical support for the meetings, identifying and coordinating presentations, documenting meeting outcomes, and communicating these through the continually updated mHealth Toolkit and listserv.
- Continued to support an internal K4Health mHealth Working Group to share K4Health experiences with mHealth, track monitoring of mHealth activities and applications, coordinate efforts across K4Health, and identify appropriate channels for sharing.
- Published paper on evaluating online forums/CoPs in the *Journal of KM and eLearning* in December 2011 (titled “Six years of lessons learned in monitoring and evaluating online discussion forums”); presented poster on CoPs at the annual APHA meeting in October 2011.
- Provided guidance on experiences with CoPs to others including two different projects within Catholic Relief Services.
- Attended and participated in the mHealth Summit in Washington DC in December 2011, including hosting a booth to promote K4Health’s mHealth activities, including the mHealth Working Group, mHealth Toolkit, and ACE app.

PR4 Priority Areas for Rest of Year 4 (1/1/2012 – 6/30/2012):

- Provide leadership and support to knowledge exchange and virtual CoPs.
- Provide technical assistance to the IBP Knowledge Gateway global administrator and guide leaders of FP/RH CoPs through the process of developing and sustaining a CoP.
- Organize and facilitate online forum discussion on Healthy Timing and Spacing of Pregnancy (HTSP).
- Develop the capacity of in-country partners and other organizations in instructional design and development of eLearning courses.
- Support a number of USAID priority topics by publishing new eLearning courses (see **Appendix I** on pp. 55-56).

- Continue to promote and use new interactive technologies and software (including Rapid Intake, occasionally connected delivery methods, and SMS messaging) to increase the range of high-quality eLearning options, for example, adding a feature to send text messages to people who take eLearning courses and deploying a mobile version of one of the K4Health courses.⁶
- Test the deployment of a K4Health eLearning course on a mobile phone platform.
- Develop synthesis products associated with the GHeL enhanced evaluation.
- Finalize eLearning Development 101 course.
- Continue to promote and share experiences with CoPs and eLearning.
- Integrate and coordinate online communities and eLearning programs with content from PR2, the overall K4Health website, and country-based programs. (For example, the HTSP eToolkit and course were promoted via the online forum on HTSP.)⁷
- Present an already-accepted-panel at the ICA 2012 Conference in May 2012 on virtual communities of practice.
- Present at the Mobile Health Summit in Cape Town in May/June 2012.

Promotion and Dissemination

P&D Year 4 Mid-Year Progress Highlights (7/1/2011 – 12/31/2011):

- Improved strategies to increase visibility of K4Health and K4Health products among our target audiences. P&D staff developed form letters for booth staff to use, as well as a strategy for following up with visitors to the K4Health booth, to increase the frequency of our outreach and ultimately expand our reach. Participated in 11 conferences (see Appendix J on p. 54) where K4Health delivered presentations, disseminated K4Health materials at our booth, tweeted conference proceedings, and blogged on important FP/RH topics covered at the conferences.
- Managed K4Health presence at the International Family Planning Conference in Dakar, Senegal, in November 2011. Activities included the K4Health booth, mHealth panel, presentations on Kenya and Senegal Toolkits, and panel on the Malawi Demonstration Project. K4Health partner MSH also premiered its video about the Malawi mHealth Demonstration Project at the conference. A highlight of the conference for K4Health was the launch of the ACE app and promotion of *Family Planning: A Global Handbook for Providers*.
- Enhanced the K4Health blog platform, Photoshare website, and affiliate site template to improve usability and overall look. These updates ensure a unified theme among all K4Health-related sites, as well as the newsletter (also see PR2 and PR3 highlights on pp. 5-8).
- Streamlined process for blog publishing, which has increased the number of blog posts, improved the quality of posts, and encouraged guest contributors. Due to these

⁶ Added detail as per USAID request.

⁷ Added detail as per USAID request.

improvements, the mid-year target for blog posts has already been surpassed by 20 (for a total of 56 blogs for this period). K4Health blogs continue to be picked up through social media and cross-promoted by other partners and agencies, adding to K4Health's visibility and improving the reach of K4Health products (see **Appendix L** on p. 60 for data on blog views).

- Formed the Social Media M&E Taskforce, in response to a growing need for better metrics around social media in public health and international development organizations identified during a session at the 2011 Global Health Mini-University. This group meets every other month and includes private, non-profit, international, and government agencies (also see M&E highlights on page 14).
- Managed K4Health booth and associated promotional activities at the Washington DC mHealth Summit.

P&D Priority Areas for Rest of Year 4 (1/1/2012 – 6/30/2012):

- Cultivate K4Health's new look and brand to reach more users in the field. We will specifically target field audiences through collaboration with partner organizations, USAID missions, and current contacts.
- Re-launch K4Health's products and services once redesigned K4Health website is complete. The improved site design will reinforce K4Health's reputation in the international community as the top resource for knowledge management, reproductive health, and family planning.
- Hire full-time Communications Manager to coordinate and lead K4Health P&D efforts.
- Continue to convene Social Media M&E Taskforce to share lessons learned and best practices.
- Begin to update K4Health promotional materials in preparation for busy conference spring and summer season.
- Begin planning for AIDS 2012 and Global Health Conference.

Field Support

FS Year 4 Mid-Year Progress Highlights (7/1/2011 – 12/31/2011):

- **Core-Funded Activities**
 - Finalized evaluation activities for the Malawi Demonstration Project, including documenting elements and benefits of a comprehensive KM system. Presented results to USAID and to the global health community at the International Family Planning Conference in Dakar, Senegal (also see PR1 highlights on p. 3).
 - Created a documentary video for the Malawi Demonstration Project.
 - Published two country-based toolkits in collaboration with technical working groups in Kenya and Senegal and transferred their ownership to the Ministry of Health.
 - Finalized report of Ethiopia Net-Map study (also see PR1 highlights on p. 3).

- **Field Support-Funded Activities**

- Implemented a number of activities in collaboration with regional and national partners to strengthen knowledge sharing and communication for HIV prevention in Southern Africa, including the launch of SHARE (Southern Africa HIV/AIDS Regional Exchange), a regional Web-based commons for capturing and promoting knowledge exchange on HIV/AIDS.
- Established a comprehensive KM support project for Ministry of Health in Bangladesh, including hiring a full-time KM advisor. Began recruiting dedicated advisors to support Nutrition and Reproductive Health units.

FS Priority Areas for Rest of Year 4 (1/1/2012 – 6/30/2012):

- **Core-Funded Activities**

- Focus on obtaining user feedback on KM tools and products, especially on innovations such as the ACE mobile application and SHARE (see PR2 highlights on p. 6 and PR3 highlights on p. 8 for more information on ACE).
- Support country-based programs to develop Web-based and offline versions of eToolkits as an inventory resource and coordinating tool for MOH working groups (also see PR2 section on p. 7 and PR3 section on p. 8).

- **Field Support-Funded Activities**

- Finalize country and regional support activities in Southern Africa Region, including eLearning courses, country-based eToolkits to support Ministries of Health, and information resource centers in Lesotho and Swaziland.
- Continue to manage and promote SHARE to foster a vibrant, collaborative online community of practice for HIV/AIDS prevention and related areas—and an effective space for long-distance working groups.

Monitoring and Evaluation

M&E Year 4 Mid-Year Progress Highlights (7/1/2011 – 12/31/2011):

- **Routine Monitoring**

- Continued to coordinate periodic reviews of project activities; document progress, achievements, and key findings; and meet reporting requirements, including:
 - Year 3 Annual Review and Progress Report—submission of the original in July 2011 and the revision as requested from USAID in August 2011.
 - PRH Results Reviews for FY11—submission in October 2011 (including three results put forward as part of USAID’s UltraFabs).
- Continued to implement the project-wide Performance Management Plan (PMP). Made the following enhancements:

- Added a new set of indicators on KM leadership under PR1.
 - Clarified and defined terms [e.g., offline mediums under PR3 PMP (see p. 27) and open rate under P&D PMP (see p. 32)].
- Conducted a thorough analysis of PMPs developed and used by in-country projects (Bangladesh, Malawi, Nigeria, Southern Africa), and identified common themes and unique aspects. The aim was to identify gaps and to share ideas and suggest indicators that could be useful in other in-country settings.
- Continued to lead the K4Health internal M&E Working Group to streamline various M&E activities. Maintained and enhanced a number of M&E tools, including:
 - PMP system (consolidated and documented revisions made since the beginning of project in Excel)
 - Toolkit monitoring tool (migrated into a Web-based system)
 - Kudos database (migrated into a Web-based system)
 - Google Analytics (held quarterly reviews of Web analytics on the K4Health website⁸ and other key products (see pp. 22-23 for the summary of findings)
- **Systemic guidance for KM project design and M&E**
 - Continued to play a lead role for the M&E task team under the KM Working Group, and hosted periodic meetings (see PR1 highlights on p. 3 and PR4 highlights on p. 9 for more on the KM Working Group).
 - Completed external review of the KME (Knowledge Management and Exchange) Logic Model and revised it based on feedback from five external reviewers.
 - Collected KM indicators from collaborating agencies and literature reviews, and started organizing and consolidating the indicators using the KME Logic Model elements.
 - Presented the draft version of the KME Logic Model during the annual conference of the American Evaluation Association in November 2011 at a session titled “The Value of Knowledge Management in Evaluation.”⁹
 - Developed production timeline and outline for the *Guide to Monitoring and Evaluating KM Programs for Health and Development* (tentative title).
 - Delivered a presentation on social media monitoring and evaluation at the 2011 Global Health Mini-University, focusing mostly on monitoring and evaluation best practices and some measurements on social media at K4Health. Session attendees reported struggling with social media M&E and discussed the need for better metrics among public health and international development organizations. Formed the Social Media M&E Taskforce in December 2011 in response to this need, bringing together individuals from private, non-profit, international, and government public health organizations with strong social media campaigns (such as NAACHO, NCI, Pathfinder, PSI, JSI, Johns Hopkins University, FHI 360,

⁸ We plan to have the next quarterly review of web analytics in April and would like to invite you. We will include this item in the agenda for the March 23 USAID/K4Health face-to-face meeting so that we can select the appropriate date.

⁹ The PPT and abstract were shared with USAID on March 16 along with the Y4MYR progress report revision.

Global Health Council, and IAVI). The group shares lessons learned and best practices around social media metrics (also see P&D highlights on p. 11).

- **Assessment of user experience with K4Health products/services**
 - Drafted the summary report of the end-line evaluation of the Malawi Demonstration Project conducted in May and June, 2011. The report presents the analysis of the planning, implementation, and outcomes of the Project. It also makes recommendations for future knowledge sharing programs. It focuses on findings and results of the Leadership Development Program, the Net-Mapping Information Flows at National and District Levels, use of the Malawi Health Toolkits, District Learning Centers, and the SMS Network in Nkhotakota and Salima (also see field support highlights on p. 12).
 - Developed a concept paper detailing user assessment methodologies, including the following elements:
 - Systematic and more rigorous sampling of both current users and non-users
 - Mixed methods: qualitative, quantitative, systematic case study
 - Level: both global and in-country (India confirmed; will also include one country from sub-Saharan Africa)
 - Primary focus: usability, accessibility, usefulness, profiling of audience
 - Secondary focus (where applicable, e.g., via case study): use, performance improvement, capacity building
 - Pre-/post-element where applicable, e.g., current and new K4Health website designs.
 - Building upon the concept paper, started drafting research plans and data collection instruments.

M&E Priority Areas for Rest of Year 4 (1/1/2012 – 6/30/2012):

- Continue to strategize and refine the use of Web analytics.
- Pre-test key elements of the current Logic Model via the user experience assessment.
- Complete drafting chapters of the *Guide to Monitoring and Evaluating KM Programs for Health and Development*, conduct internal and external reviews of the chapters, and finalize the design and layout for printing (see also PR1 section on p. 4).
- Start designing the P&D and M&E strategies for the *Guide to Monitoring and Evaluating KM Programs for Health and Development*.
- Disseminate results from the Malawi Demonstration Project evaluation.
- Implement the user experience assessment: Qualitative assessment in India and at the global level will start in February 2012; assessment in a country in sub-Saharan Africa (TBD: possibly Kenya) will follow. Complete data collection and preliminary analysis.

PMP Indicators, Data, and Trends

Project Result 1 Knowledge Needs of Audience Identified

PR1 Indicators, Year 4 Targets and Mid-Year Data

PR1 PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
Number of countries where FP/RH knowledge needs assessments among K4Health audiences are conducted	N/A	N/A
Number and type of instances that findings on audience knowledge needs are communicated to audiences	15 Include 3 peer-reviewed journal articles	8 Senegal presentations (3), Peru report, Peru dissemination event, Senegal report, Senegal dissemination event, AEA meeting
Findings on audience knowledge needs being used to inform the design, production, and dissemination of products and services by K4Health and other audiences	Yes	(Appendix A)
Number and type of user feedback mechanism used (<i>also M&E</i>)	4 e.g., in-country user experience assessment/audience profile tools, success	6 Malawi (1. interview guide for national level taskforce members, 2. interview guide for DLC coordinators, 3. FGD guide for district taskforce team members, 4. FGD checklist for users)

PR1 PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
	story template	eLearning interview guide Success story template ¹⁰
Number and type of KM WG events/activities held	4 KM WG meetings (2 face-to-face and 2 webinar)	1 face-to-face, 1 webinar
Number and type of KM WG members	150	136 members from 22 countries
Number and type of KM case studies collected, developed, & disseminated	6	Not available yet
Number of organizations that are actively involved in review or maintenance of KM Toolkit	6 organizations	6 organizations
Percent of resources downloaded in KM Toolkit ¹¹	Baseline	54%
Number of visits to KM Toolkit per year ¹²	Baseline	3,988 visits

¹⁰ Shared with USAID on March 16 along with the Y4MYR progress report revision.

¹¹ Our toolkit update protocols state: “Explore statistics on downloaded resources (<http://www.k4health.org/reporting>). Some key indicators to explore include the percentage of toolkit resources that are downloaded at least one time; total number of downloads; and the top downloaded resources. Are users downloading what you regard as key resources? Are there ways to draw attention to those key resources?” We don’t have a specific protocol for un-downloaded resources, but we appreciate the suggestion. We will amend our protocols to have toolkit managers review un-downloaded resources to assess their value, and then either delete them or promote them.

¹² Added “per year” as suggested to be more specific as per USAID request.

PR1 PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
Number of absolute unique visitors to KM Toolkit per year ¹³	Baseline	2,870 unique visitors (32.4% repeat visitors) ¹⁴

Selected PR1 Data on Trends

PR1 PMP Indicator	Data				Notes
	Y1	Y2	Y3	Y4	
Number of countries where FP/RH knowledge needs assessments among K4Health audiences are conducted	2	9 (11)	3 (14)	1 (15)	Malawi Net-Map (endline)
Number and type of instances that findings on audience knowledge needs are communicated to audiences	3	18 (21)	16 (37)	8 (45)	Senegal presentations (3), Peru report, Peru dissemination event, Senegal report, Senegal dissemination event, AEA meeting
Number and type of user feedback mechanisms used	N/A	6	3 (9)	1 (10)	Success story template

Note: Numbers in parenthesis show cumulative numbers.

¹³ Same as above.

¹⁴ Added as per USAID request.

Project Result 2

Reliable, High-Quality Information Synthesized and Produced in User-Friendly Formats

PR2 Indicators, Year 4 Targets and Mid-Year Data

PR2 PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
Global Handbook and Wall Chart		
Number and % increase of the Global Handbook and Wall Chart distribution (as a set)	42,500 English; 15,000 French; 7,500 Spanish	65,596 English; 4,103 French; 289 Spanish 69,988 total 62% increase from Year 3 ¹⁵ 187 downloads of ACE
Toolkits		
Number of organizations that are actively involved in development, review, or maintenance of toolkits (either initiated or posted)	15 additional	9 (Appendix B)
Number of K4Health Toolkits initiated	10 global 3 in-country	21 (Appendix C)
Number of K4Health Toolkits posted	20	8 (Appendix C)
Number of K4Health Toolkits updated	15	7
Percent of resources downloaded in Toolkits	90% downloaded	80% (Appendix F)
Number of visits to Toolkits	10% increase (from 173,140)	87,654 ¹⁶
Number of absolute unique visitors to Toolkits	10% increase (from 144,093)	72,539 (16.52% repeat visitors, up from 12.22% over the previous 6 months)

¹⁵ Added “% increase” as per USAID request.

¹⁶ Please see the footnote 1 on page 6.

PR2 PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
K4Health managed websites		
Number/percent of visits to K4Health managed websites, disaggregated by search engines, referring sites, direct traffic	10% increase (from 576,435)	337,512 (Appendix F)
Photoshare		
Number of requests for images fulfilled	800	550
Number of photos cataloged	2,000	400 ¹⁷
Number of contributors added ** Altered indicator: the new Photoshare site allows for account creation, which was not possible in the old system.	250	600 users / 125 contributors
POPLINE		
Number of records added	5,500	3,521
Number of document delivery requests	4,000	1,525 ¹⁸
Number of online database searches **New indicator	150,000	1,076,573 (See pp. 22-24 for explanation)
Feedback on information products/services		
Percentage of audience members who perceive K4Health products and services as trustworthy, reputable, accurate, useful, and easy to-read, use and adapt	Baseline from Year 3 data	Data will be collected as part of the assessment of user experience.
Percentage of audience members who are satisfied with K4Health products and services (topic, format or presentation, content)		

¹⁷ Though this mid-year mark is less than half of our Year 4 target, we expect to exceed the target given the remaining feature enhancements (batch upload and Flickr integration) and nascent partnerships with USAID-Kenya and the MLE project.

¹⁸ We are watching this number with interest. We believe that the reduction in document delivery requests is a positive development, as it may reflect improving infrastructure—higher bandwidths and more widespread connectivity—i.e., fewer people need to request hard copy documents, because they have the increased bandwidth needed to download digital copies. Also, POPLINE records now include DOI (Digital Object Identifier) numbers, which connect users to other potential document sources. POPLINE’s redesign will come at the end of Year 4; increasing document delivery is not a driver of the redesign.

PR2 PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
Percentage of audience members who report knowledge gained from a product or service		
Percentage of audience members using information and knowledge gained to inform policy and advocacy or to enhance programs		

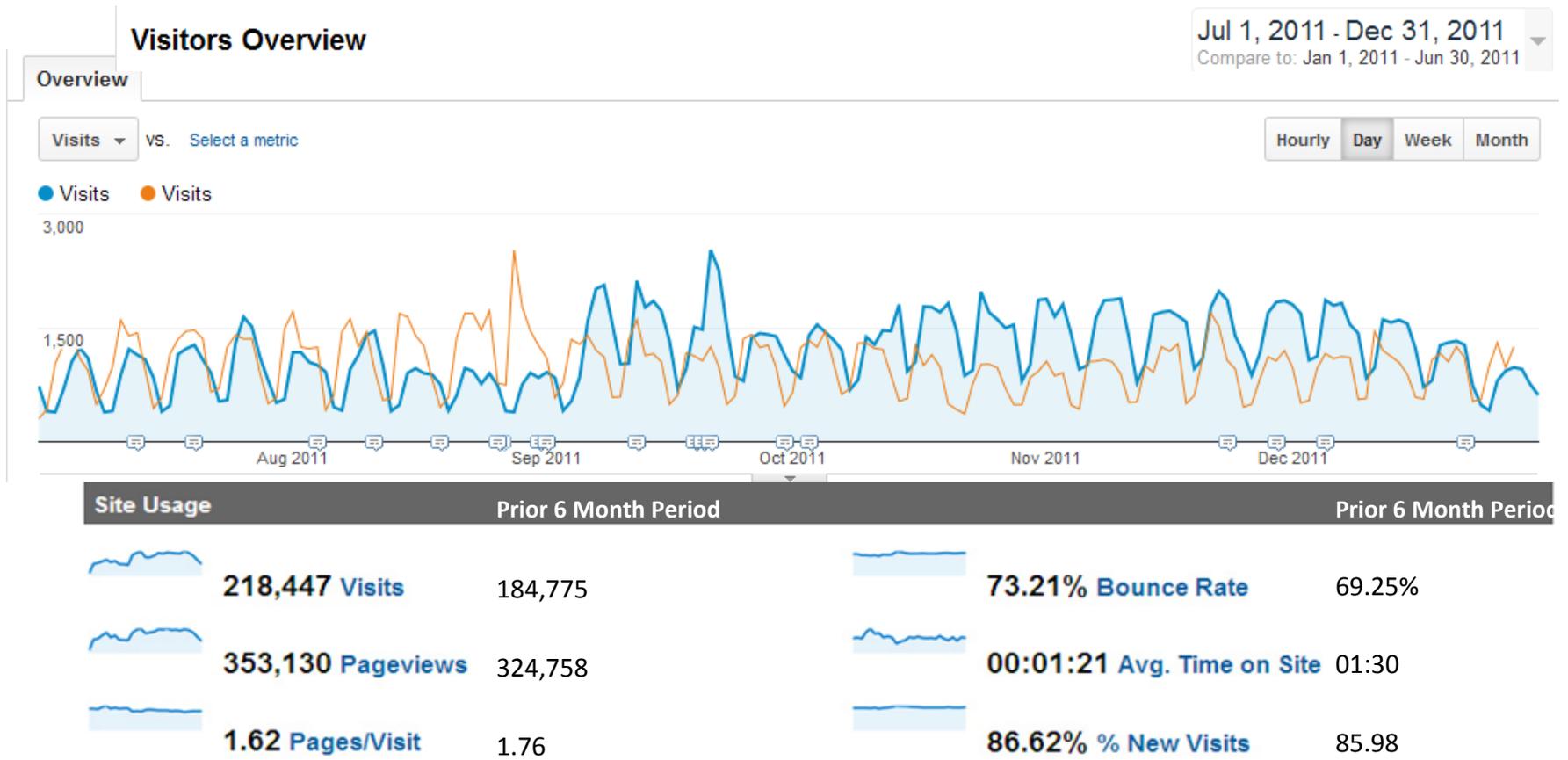
Selected PR2 Data on Trends

PR2 PMP Indicator	Data				Notes
	Y1	Y2	Y3	Y4MY	
Number of organizations that are actively involved in development, review, or maintenance of Toolkits (either initiated or posted)	1	62 (63)	22 (85)	8 (93) ¹⁹	e.g., HCP Uganda, Health Policy Project, Southern African Development Community (SADC)
Number of K4Health Toolkits initiated	4	36 (40)	27 (67)	21 (88)	e.g., Botswana HIV Prevention, Human Resources in Health, Maternal Infant Young Child Nutrition – Family Planning
Number of K4Health Toolkits posted	4	9 (13)	29 (42)	8 (50)	e.g., Postpartum Hemorrhage, Pre-Service Education, Pre-Eclampsia/Eclampsia, Knowledge Management, M&E, Kenya Health

Note: Numbers in parenthesis show cumulative numbers.

¹⁹ Examples of what constitutes “active” involvement are participating in virtual or face-to-face toolkit meetings; helping to develop the toolkit structure; identifying content to include in the toolkit; creating new materials for the toolkit to fill information gaps; reviewing new materials created for the toolkit; and helping with promotional efforts.

K4Health Website Trends (July 1, 2011 – December 31, 2011)²⁰



Visits/visitors:

- Highest traffic during the fall months.
- As expected, higher visits during the week, with drops on weekends; lower visits in the summer and a drop around the winter holidays.

²⁰ Revised as per USAID request by adding more details.

- Sharpest spike occurred with the launch of the KM 101 Course disseminated through Constant Contact on September 21st.
- Another spike in September occurred with a Facebook campaign focused on the new Photoshare website (September 12th).

Most frequently used keywords:

1. “K4Health”-related words, including knowledge for health, k4health.org, www.k4health.org, k4health toolkit
2. Family planning/family planning methods, reproductive health, health (in general)
3. “Jadelle”-related words, including Jadelle implant, Jadelle insertion, Jadelle contraceptive. This trend from Year 3 continues into Year 4.
4. “Teen pregnancy”-related words, including teenage pregnancy, teenage pregnancy sex education, teenage pregnancy in south Africa

Visiting countries:

- Top visiting countries:
 - United States (always 1st at 32% of site visits total, on average)
 - **India** (7% of total site visits) **and Philippines** (nearly 4.5% of total site visits)
 - United Kingdom
 - **Pakistan, Kenya, Indonesia, South Africa**
 - Canada - #9 (falling in the list from previous 4th and 5th spot)
 - Then, followed by Nigeria, Uganda, Ethiopia, Mexico, and Brazil
- Indonesia continues to land in the top 10 countries in the first half of Year 4 through the consistent and healthy traffic to the Indonesia Adolescent Reproductive Health Toolkit.
- Among those countries, Mexico and the Philippines have the highest bounce rate (86%) and the lowest number of pages per visit (1.2). For Mexico, this could be attributed to the fact that there is less Spanish content on the site. For the Philippines, the current situation of reproductive rights and the reproductive health bill occurring in the country could be bringing traffic to the K4Health website, but users leave soon after because they don’t find pertinent information that meets their needs.

Top content/popular entrance paths:

- K4Health home page, eToolkit landing page, Pakistan Relief Toolkit, eLearning Courses landing page.
- Pakistan Relief Toolkit²¹ continues to land in the top viewed pages, with 92% of pageviews coming from Pakistan and the heaviest traffic coming during September 2011.
- eLearning Courses landing page landed as the 4th most viewed page compared with the 13th during the period of July 1, 2010 – December 31, 2010. Popular toolkits: Pakistan Relief, Population Health & Environment, Knowledge Management, and Pre-Service Education.²²

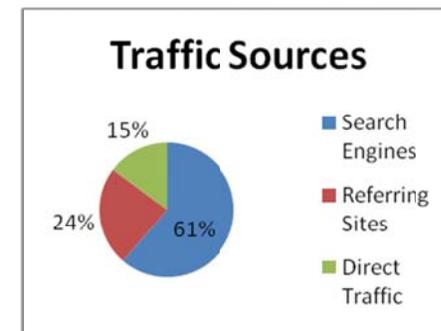
²¹ The primary audience for this toolkit is people in Pakistan, particularly from the cities of Lahore, Karachi, and Islamabad. Pakistan is also #5 in the top 10 countries that are visiting K4Health overall.

POPLINE Website Trends (July 1, 2011 – December 31, 2011)

Total visits to the POPLINE website increased 84% over the previous reporting period. With the exception of August 2011 (3,885 visits), POPLINE saw a steady monthly increase in visits to the website. Visits nearly doubled from 4,360 visits in July 2011 to 8,566 visits in November 2011.



While the number of visits almost doubled, pageviews increased only slightly by 11%. This means that visitors viewed fewer pages per visit, 18.23/visit compared to 30.34/visit for the previous six months. Also, time on the site decreased from 4:18 minutes to 2:18. Traffic from Search engines increased from 44% to 61% while traffic from both Referring sites and Direct traffic decreased.

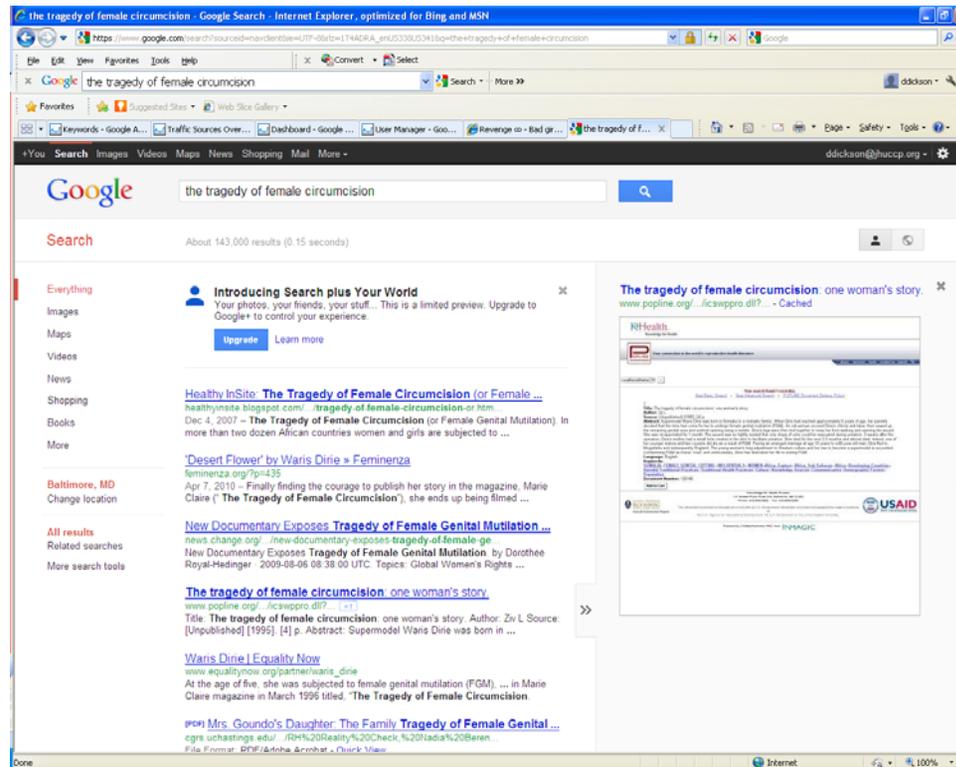


One factor for the increase in visits could be the return to a regular website update schedule. However, visits

²² We have little audience information beyond their country of origin. The top five countries of origin for popular toolkits are Population Health & Environment—U.S., India, Philippines, U.K., Pakistan; KM Toolkit: U.S., India, U.K., Nigeria, and Canada; Pre-Service Education—U.S., Philippines, U.K., India, Nigeria.

coming directly from Google contribute even more to the increase, at 23,027 visits compared with 8,624 for the previous six months.

Beginning in April 2011, Google, and we suspect others, began indexing the POPLINE database.²³ Database searches increased from an average of 20,000 per month to 400,000 in the month of December. Query logs show that searches of the database are being made in ways that are not possible via the search interface. A review of Google Analytics keywords found individual POPLINE records now coming up in the first page of Google search results, something that wasn't occurring previously (see image below). This increase in exposure to POPLINE records is bringing new users to the site. Users going directly to records that match their Google search and not spending the time searching and viewing pages of search results have somewhat changed POPLINE's site usage metrics.



²³ As far as we know, the indexing of the POPLINE database by Google or other bots (e.g., bing.com, baidu.com, disconverengine.com) was not a result of something we did. It seems that they learned they syntax to write canned queries to the database and are indexing it that way.

Top Visiting Developing Countries to POPLINE:

- India
- Brazil
- South Africa
- Nigeria
- Philippines
- Ethiopia
- Pakistan
- Kenya
- Mexico
- Thailand

Top Visiting Countries to POPLINE:²⁴

- U.S.
- U.K.
- India
- Canada
- Brazil
- Australia
- Netherlands
- South Africa
- Nigeria
- Philippines

²⁴ Added as per USAID request.

Project Result 3
Effective and Appropriate Information Delivery Systems Used

PR3 Indicators, Year 4 Targets and Mid-Year Data

PR3 PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
Number of off-line delivery mediums ²⁵ for dissemination of K4Health content implemented other than the Internet and print (e.g., flash drive, CD-ROM, cell phone, eBook, audio)	5 (CD-ROM, DVD, flash drive, eReader, netbooks)	6 (CD-ROM, DVD, flash drive, eReader, netbooks, phone apps)
Number of FP/RH websites supported	13	13 (Appendix H)
K4Health server up time kept at least 96%	Yes	Yes
YSlow grades for selected pages (http://developer.yahoo.com/yslow)	Home = 85 Toolkit = 85 About = 86	Home = 82 Toolkit = 83 About = 83
K4Health page response time maximum	2.5 Seconds	3.2 Seconds (average) ²⁶
Number of organizations using K4Health software offerings, including toolkits, "child sites," clones, eLearning, toolkits, search, and databases	9 7 from Year 3 plus 2	8 (Appendix H)

²⁵ Do not count different "formats," i.e., ePub and Kindle under eReader, Android and iPhone under phone apps.

²⁶ This is an average page load speed at the time that Google did their periodic test. The most recent test, March 12th 2012, has us at 2.7 seconds, as an average speed of the pages they tested. The Google report says that this faster than 55% of sites on the Web. We monitor the server and sites constantly and many variables contribute to this number including traffic. In February we blocked the Chinese search engine, Baidu, from submitting queries through our site search this change could contribute to a page load speed increase—fewer requests, faster response. This indicator helps us monitor trends and with additional measures taken we should be able to meet the goal.

Project Result 4
Information and Knowledge Exchange Forums Supported and Expanded

PR4 Indicators, Year 4 Targets and Mid-Year Data

PR4 PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
eForums		
Number of forums developed and supported	6 forums Inc. webinars	6
Number of registered participants in forums and % of registered participants from less developed countries	50% increase (n=561) 25% from LDCs	664 participants ²⁷ 63% from LDCs
Number of contributions (contributions made by participants and experts)	25% increase (n=306)	255 contributions
Number of registered participants who made a contribution(s) and % of contributors from less developed countries	25% increase (n=138) 40% from LDCs	117 participants 80% from LDCs
Number of forums in which at least 80% of participants are satisfied with the content of discussion and the amount of information exchange	6	6

²⁷ Response to USAID’s question “since we’ve met our yearly target for forums, why were the targets not met for participants and contributions?”: This is most likely due to the fact that the audience for the FP-conference was the same group of conference attendees and each forum in the series was promoted in similar ways. Getting people to contribute is often challenging. The level of participant satisfaction was high overall.

PR4 PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
Audience members' intended use of information and knowledge gained to inform decision-making or to enhance programs	Yes	Yes
Face-to-face events		
Number of face-to-face events and meetings (e.g., GH Mini University, HIPNet) supported	4 (plus 2 to 3 virtual training)	3
GHeL Center		
Number of eLearning courses published	9 5 GHeL 4 PEPFAR	2 1 GHeL 1 PEPFAR
Number of eLearning courses in development	7 5 GHeL 2 PEPFAR	14 13GHeL 1 PEPFAR
Number of GHeL eLearning course authors trained	4	8
Number of registered learners in GHeL (cumulative from the inception)	10% increase (n=90,193)	4% increase (n=93,843)
Number of GHeL certificates earned (must score 85% or above to earn certificate)	10% increase (n=108,145)	19% increase (n=128,915)
Audience members' intended use of information and knowledge gained to inform decision-making or to enhance programs	Yes	Yes

PR4 PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
Number of offline courses supported <i>Includes financial and/or human resource support for QATs and general management of offline process</i>	11 courses	11 courses
K4Health eLearning		
Number of K4Health eLearning courses published this year	1 (CoP relaunched)	2 (KM 101 and CoP relaunched)
Number of K4Health eLearning courses in development	N/A	1 (eLearning basics)
Number of visits and unique visitors to the K4Health eLearning website	10% increase 2227 page views 1193 unique views 274 page views	Target information not currently available (447 people enrolled on www.k4healthlearning.org)
Number of K4Health certificates earned (must score 85% or above to earn certificate)	150% increase (n=31)	24 (pending relaunch of new certificate monitoring function)
Audience members' use of information and knowledge gained to inform decision-making or to enhance programs	Yes	Yes
Number of organizations trained in eLearning strategy development, course development, and course implementation and evaluation	2	3 SAfAIDS retrained Nigeria – Associate Award funds Bangladesh

What learners say about eLearning:

One learner in the KM 101 course reported the following:

- *The KM 101 course was more comprehensive than I expected...it was appealing and by the end I realized I [had] read so much about KM.*

Learners from Global Health eLearning courses reported that they would use knowledge gained from the courses in their work in the following ways:

- *I will do a step-down training to the community health workers who are in constant contact with the community members, constantly meet nutritional deficiency problems in the community yet have very limited information to help in addressing the same. This is expected to improve the maternal and child mortality in the communities where I work.* (learner from Republic of Korea after taking Nutrition- An Introduction)
- *With the nation-wide on-going discussions on the passage of the RH Bill in this Catholic-dominated country, it is easier to explain to local chief executives that FP/HSTP is indeed a health intervention. Orientation of partners on HSTP, which is actually one of the government's current thrust, is the first step. Partners' modification of their approach to achieving MDGs utilizing the HSTP as reflected in their existing FP-MCH plans will be the next logical step.* (Learner from Philippines after taking Healthy Timing and Spacing of Pregnancy)
- *I will ensure that when I start working with an USAID program, I now know the legal requirements for HIV programs. For condom advocacy programs, it is very important to let the public know about the health benefits as well as the failure rates of condom use. Family planning programs and HIV/AIDS programs have to follow their own unique legislation requirements.* (Learner from Kenya after taking HIV/AIDS Legal Requirements)
- *With the knowledge from the course, I would have a more integrated family planning practice knowing that every contact is a potential opportunity to offer family planning advice.* (Learner from Nigeria after taking Postpartum Family Planning)

Selected PR4 Data on Trends

PR4 PMP Indicator	Data				Notes
	Y1	Y2	Y3	Y4	
Number of face-to-face events and meetings (e.g., GH Mini-University, HIPNet) supported	5	5	7	3	Mini-U (Sept 2011) KM HIPNet
Number of eLearning courses published	29	12 (41)	8 (49)	3 (52)	42 GHeL 10 PEPFAR

Number/% increase of registered learners in GHeL	35,150	56,072 (60%↑)	81,994 (130%↑)	93,843	Non-USAID=84%
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Note: Numbers in parenthesis show either cumulative numbers or % increase

Promotion and Dissemination

P&D Indicators, Year 4 Targets and Mid-Year Data²⁸

P&D PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
Number of fans and followers on social media accounts (Twitter, Facebook, and LinkedIn)	25% increase 6,804 (Last Year)	15% Increase 7,828 Total Followers
Number of visits on K4Health.org from Twitter, Facebook, and LinkedIn	10% increase 2,267 (Last Year)	1,120 total referrals
Number of eNewsletters published per year	10 12 (Last Year)	5
% of recipients who open the newsletter (=open rate)	15% (2,000 Opens)	Average Open Rate: 11.1%
Number of blog posts published on K4Health.org blog	70	56
Number of media mentions from promotion	80	39 mentions from 9 outlets (Appendix K)

²⁸ Becca Simon, the new P&D manager joined in the team on March 13. We will look into USAID’s suggestion to think about some additional indicators in the future for social media that would measure interaction and get back to you by the end of March—this will also be added in the agenda for our face-to-face meeting in April.

P&D PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
<p>Number of events/conferences participated in by K4Health</p> <p><i>Events/conferences do not include CoP and working group meetings</i></p> <p><i>Participation includes: dissemination of promotional materials, presentation of posters and papers, panel discussions, attendance at major conferences, live blogs, etc.</i></p>	20	11 (Appendix J)
<p>Number of K4Health offline devices distributed (e.g., flash drives, CD-ROMS, eReaders, mobile apps)</p>	Flash drive: 2,548 ↓ ²⁹ CD-ROM: 2,440 ↓ DVD: baseline Other mediums: baseline	Flash drive: 435 (Appendix G) CD-ROM: 883 (Appendix G) DVD: N/A ACE App: 187 Downloads eReaders/ePub Handbook: N/A
<p>Number of referring sites to K4Health products from other websites</p>	Maintain 23,398 (Last year)	26,782 ³⁰

²⁹ The down arrow indicates that we aim to reduce the distribution numbers for both flash drives and CD-ROMs this year.

³⁰ We looked at the data for both time periods and realized that there were errors in the numbers original reported. We are providing corrected numbers and apologize for the mistake.

K4Health Strategic Objective and Indicators

Strategic Objective

Highest quality information, knowledge, and best practices for FP/RH and other health programs are synthesized and made accessible to multiple audiences

SO PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
Tools, protocols, procedures, systems, methodologies, guides, curricula, indices and/or key actionable findings incorporated into the work of other organizations (<i>USAID PRH IR. 1.1</i>)	8 7 from Year 3 plus mobile apps (ACE)	8 1. Toolkits 2. Online Forums 3. eLearning 4. Websites 5. Offline products (CD-ROM, flash drive) 6. Working groups (e.g., KM working group and mHealth working group—led by K4Health) 7. Global Handbook/ Wall Chart 8. ACE application
Resources leveraged globally for FP/RH activities from non-USAID sources by core or FS funds (<i>USAID PRH IR. 1.2</i>) <i>Includes resources leveraged to meet cost-share requirements</i>	8 7 from Year 3 plus 1 check with partners	7 1. Peace Corps 2. IBP Knowledge Gateway 3. Non-USAID partners (e.g., SADC, Marie Stopes International ³¹) 4. Frontline SMS (Malawi) 5. Open source software (e.g., Drupal)

³¹ Removed this example as per USAID request. It is a USAID partner now.

SO PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
		and Google Apps) 6. Google AdWords 7. Nikon
Number of partnerships with organizations that do not traditionally focus on FP/RH (USAID PRH IR. 1.3) <i>To be counted here, the partnership must have led to incorporation of tools, etc. (1.1) and/or leveraged resources (1.2) stemming from use of core funds or action by PRH staff</i> <i>Organizations are defined to include other sectors of USAID, other USG agencies, international organizations, foundations</i>	6 Sustain the effort AFP Indonesia partners (Year 5)	6 1. SHARE 2. SAfAIDS 3. Peace Corps 4. Swaziland NAC 5. Lesotho NAC 6. RIATT
Key actionable findings and experiences identified, generated, pooled, summarized and their lessons extracted (USAID PRH IR 2.2) – e.g., number of knowledge tools	N/A Will aggregate the number from other indicators	32 # of eToolkit posted = 8 # of eLearning published = 2 # of forums conducted = 6 # of websites managed = 8 # of offline products developed = 3 # of working groups managed = 2* # of print products published = 2** # of mobile applications published=1*** *KM and mHealth **Handbook and Wall Chart ***ACE

SO PMP Indicator	Year 4 Target	Year 4 Mid-Year Data (Quantitative data if available)
<p>Audiences reached with tools, protocols, procedures, systems, methodologies, guides, curricula, indices, and/or key actionable findings (<i>USAID PRH IR 2.3</i>) – e.g., number of audiences reached with products/services managed by K4Health</p>	<p>N/A</p> <p>Will aggregate the number from other indicators</p>	<p>370,098</p> <p># of web unique visitors = 191,294 # of K4Health registered users = 5,600 # of forum participants (IBP KG) = 664 # of IBP KG Global Community members = 5,456 # of GHeL eLearning registered learners = 93,843 # of offline product recipients = 2,118 # of working group participants = 761* # of print product recipients = 70,175** # of mobile application downloads = 187***</p> <p>*KM and mHealth **Handbook and Wall Chart ***ACE</p>

Appendices

Appendix A	K4Health PR/Area Use of Needs Assessment and M&E Data
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Appendix A

K4Health PR/Area Use of Needs Assessment and M&E Data

Illustrative Examples

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
PR 1		
Senegal needs assessment report	Need for a central repository for information on FP/RH	Used to inform the creation of a national website
PR2		
User survey	Users reported that content difficult to find, particularly about K4Health’s country-specific work, and that search functionality was confusing	Survey results directly informed information architecture and feature selection of planned K4Health.org enhancements.
Web statistics	Very few people responding to homepage poll	Eliminated homepage poll based on low usage.
Toolkits (user survey)	Survey respondents indicated that one of the most useful features of toolkits over resources such as databases is that toolkits provide a smaller set	This prompted renewed efforts to streamline existing toolkits to ensure that resources included in them were essential and added value so that users have a more manageable set of resources to explore.

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
	of resources.	
Toolkit Application Webinar oral feedback from participants	Participants in the webinar indicated that the Most Downloaded block was not useful for them in its current state because it listed only one resource in the block.	Unanimously participants were interested in displaying more than one resource in their Most Downloaded block, so we implemented that change.
Toolkit Application Webinar survey feedback from participants	100% of surveyed participants showed interest in participating in future webinars	We have planned additional webinars (pending Toolkits enhancements).
POPLINE: Website survey	71% of survey respondents reported that they came to the K4Health website looking for research/journal articles. Respondents' top job function was researcher/evaluator and organization type was academic/research institution. Along with FP/RH methods and	Survey results support an upgrade to the POPLINE website, providing better search and retrieval features on both K4Health and POPLINE, and featuring POPLINE more prominently on the K4Health site. User topic interest will help to inform an update to POPLINE

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
	<p>programs, survey respondents reported a strong interest in HIV/AIDS (60%) and MCH (59%) topics.</p>	<p>Subject Scope guidelines and K4Health content topics.</p>
PR3		
<p>K4Health.org website user poll asked: What type of mobile phone do you primarily use?</p>	<p>58% of users who completed the polls said that they use a Smart Phone (Android, Blackberry, iPhone, Windows Mobile).</p> <p>Google Analytics from Jan. 1, 2011 to Jun. 30, 2011 on www.k4health.org showed Android was the top mobile platform accessing k4health.</p> <p>Number of visits by type of Smart Phone:</p> <ul style="list-style-type: none"> • Android - 1,326 visits • iPhone - 1, 087 visits • iPad - 478 visits • iPod - 231 visits • BlackBerry - 204 visits • SymbianOs - 171 visits • Nokia 85 - visits 	<p>The decision was made to develop for the Android Operating System. Our statistics along with industry research confirmed that Android was the most rapidly growing smart phone worldwide.</p> <p>From eWeek.com:</p> <p>Android operating system continued its steady march up the worldwide smart phone charts in the third quarter, reaching 52.5 percent, according to Gartner.</p> <p>Android, which more than doubled its smartphone pie from Q3 2010, took share from all of its rivals.</p>

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
Apache error logs, query logs	autotag.functions.inc: wrapped "foreach(\$_POST[files])" in hook_nodeapi with a check on if \$_POST[files] is not empty to avoid errors when no file is added to the node	Query and logic fixes to solve errors: <ul style="list-style-type: none"> • updated query for subheadings to update in og_toolkits_pathsrc to include no more than we can update on one go, and be more efficient • split previous query and the query for term data up to be more efficient and to solve an subquery issue (more than one result returned) • changed check of \$count against \$max_bulk_update to work correctly (<), instead of using !=, which skips the step if less than but not equal to • added 2 checks for is_array() to \$these_terms to bypass issue with non-arrays hitting it • added a check for identical entry in og_toolkits_pathsrc before adding it (was getting multiple entries for same path)

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
drush queries initially and custom vhost-info script (for aggregation and extra information processing)	Configuration file, Virtual host name and any aliases, Document root of the website, Directory size, Drupal presence and Version, Database name, host, status, and size.	<p>It was determined that many sites use common modules and the management and maintenance could be streamlined by moving to a Drupal multisite configuration (not to be confused with a multi-domain, Domain Access site).</p> <p>As a result, several sites have been moved into multisite configurations, including nurhi.org, repositioningfp.org, and networksmalaria.org. With multiple sites sharing core software components but using separate databases in a Drupal multisite configuration, there is no risk of changes to one site impacting others because software changes happen in each site's own modules/custom directory.</p> <p>The result is a sharing of resources without exposing vulnerabilities.</p>
PR4		
Post-forum surveys from discussions held on the Knowledge Gateway, in-depth interviews with discussion participants, and surveys among subject matter experts	Analysis of 26 online forums showed that we are reaching a broad network of health practitioners.	<p>Data used to produce paper on "Six Years of Lessons Learned in Monitoring and Evaluating Online Discussion Forums."</p> <p>Using data to inform future evaluation of forums.</p>

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
In-depth interviews, online survey	Data on GHeL user experiences are rich with information that can be used to modify course content and delivery, make improvements to the platform, update evaluations, etc.	Data will be used to prepare reports and briefs and will feed into future recommendations for enhancements to the GHeL Center.

Appendix B

Organizations Involved in Development, Review, or Maintenance of K4Health eToolkits Year 4 Mid-Year

Note: Output for the first PR2 indicator is counted by organization
 New collaborative organizations = 8
 National partners = 6 (marked with asterisks)

No.	Organization	eToolkits
1.	HCP Uganda*	Uganda Couples HIV Counseling & Testing Uganda FP Communication Uganda Pediatric HIV Communication & Training Uganda Positive Living Communication Uganda Radio Distance Learning Uganda Safe Male Circumcision Communication Uganda Young Empowered and Healthy
2.	Health Policy Project	SEAPACOH
3.	K4Health – Bangladesh Project*	Bangladesh PHN for CHWs & Program Managers
4.	MIYCN-FP Working Group	Maternal Infant Young Child Nutrition – Family Planning (MIYCN-FP)
5.	SAfAIDS*	HIV and Gender, HIV and Traditional Leadership
6.	Southern African Development Community (SADC)*	HIV Prevention and SADC
7.	Urban Health Initiative (UHI)*	‘Happy Dampatti’: Using Community Activation for SBCC
8.	USAID Regional HIV/AIDS Program (RHAP)*	Human Resources in Health (HRH)

Appendix C

K4Health eToolkits Status Table Year 4 Mid-Year Review

Initiated in Year 4 = 21

Posted in Year 4 = 8

Currently in development = 33

Country-based toolkits = 19 (2 launched and 17 in development; marked with asterisks)

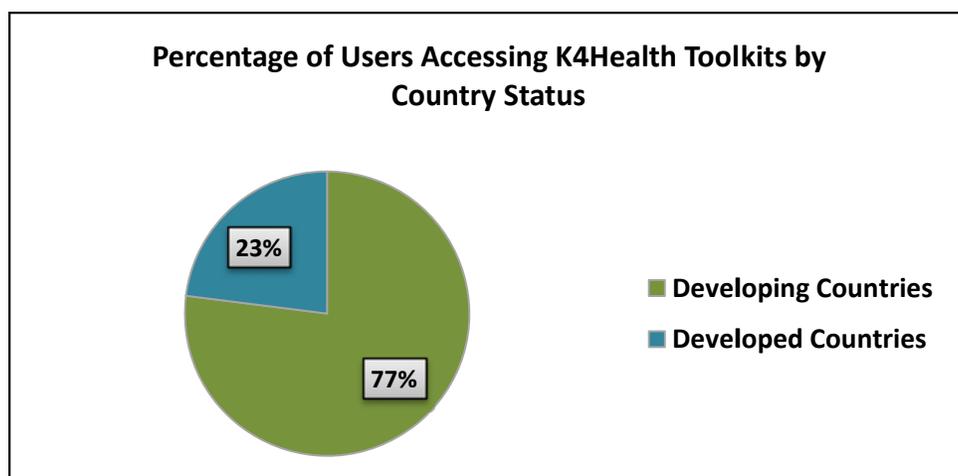
No.	eToolkit	Date Initiated	Date Launched
1.	Adele Reproductive Health Foundation*	3/17/11	8/26/11
2.	Bangladesh Population, Health, and Nutrition for CHWs*	5/25/11	In development
3.	Bangladesh Population, Health, and Nutrition for Program Managers*	5/25/11	In development
4.	Botswana HIV Prevention*	10/11/11	In development
5.	Essential Obstetric and Newborn Care	12/8/11	In development
6.	ExpandNet--Scaling Up Health Innovation Tools	3/13/11	In development
7.	FP/MNCH/Nutrition Integration	3/3/11	In development
8.	Guatemala: Legacy Resources for Integrating SDM and CycleBeads Methods Into Programs*	6/8/11	In development
9.	'Happy Dampatti': Using Community Activation for SBCC*	8/4/11	In development
10.	HIV/AIDS – Young People in Cote d'Ivoire*	1/24/11	In development
11.	HIV and Gender	10/11/11	In development
12.	HIV and Traditional Leadership	10/11/11	In development
13.	HIV Prevention and SADC*	10/11/11	In development
14.	Human Resources in Health	8/26/11	In development
15.	Infertility	7/11/11	In development
16.	Kenya Health*	9/15/10	11/23/11
17.	Knowledge Management	9/4/10	7/20/11
18.	Maternal, Infant, and Young Child Nutrition – Family Planning	12/14/11	In development
19.	Microbicides ¹	10/1/10	In development
20.	Monitoring & Evaluation	11/20/09	8/26/11
21.	Peace Corps – Neglected Tropical Diseases	6/30/11	9/23/11

No.	eToolkit	Date Initiated	Date Launched
22.	Permanent Methods	8/17/10	In development
23.	Measure DHS	7/5/11	In development
24.	Postpartum Hemorrhage	8/16/10	12/21/11
25.	Preeclampsia/Eclampsia	8/16/10	12/20/11
26.	Pre-Service Education	1/24/11	8/9/11
27.	Primary Eye Care	8/18/10	In development
28.	Research Utilization ¹	8/1/10	In development
29.	SEAPACOH	8/31/11	In development
30.	Senegal*	10/13/10	In development
31.	Tips & Tools for Strengthening the Effectiveness and Sustainability of Contraceptive Security Committees	11/3/11	In development
32.	TwoDay Method	3/2/11	In development
33.	Uganda Couples HIV Counseling and Testing*	11/9/11	In development
34.	Uganda Family Planning Communication*	11/9/11	In development
35.	Uganda Pediatric HIV Communication & Training*	11/9/11	In development
36.	Uganda Positive Living Communication*	11/9/11	In development
37.	Uganda Radio Distance Learning*	11/9/11	In development
38.	Uganda Safe Male Circumcision Communication*	11/9/11	In development
39.	Uganda Young Empowered and Healthy*	11/9/11	In development
40.	Zambia HIV Prevention*	10/11/11	In development
41.	Zimbabwe HIV Prevention*	10/11/11	In development

¹ The date initiated for the Microbicides and Research Utilization Toolkits are estimates of when FHI began developing the Toolkit offline (it has not yet been opened in the Toolkit Application).

Appendix D

Visits from Developing Countries to eToolkits Year 4 Mid-Year Review



Developing Country	# of Visits
Indonesia	5,392
India	4,910
Pakistan	4,093
Philippines	3,103
Kenya	2,791
Uganda	1,658
South Africa	1,614
Ethiopia	1,610
Nigeria	1,305
Tanzania	896
Nepal	712
Ghana	608
Bangladesh	535
Mexico	505
Malawi	503
Malaysia	389
Egypt	377
Zambia	363
Thailand	353
Argentina	309
Senegal	299
Zimbabwe	286
Iran	286
Vietnam	275
Rwanda	263
Brazil	259

Developing Country	# of Visits
Colombia	243
Botswana	242
Saudi Arabia	229
China	226
Cambodia	225
Sri Lanka	203
Jamaica	199
Peru	190
Turkey	171
Guatemala	166
Cameroon	165
Cote d'Ivoire	154
Haiti	150
Mozambique	146
Mozambique	282
Namibia	137
Sudan	133
Ecuador	127
Madagascar	125
Chile	124
Trinidad and Tobago	116
Jordan	107
Djibouti	105
Bolivia	100
Romania	98
Myanmar [Burma]	88

Developing Country	# of Visits
Fiji	87
Ukraine	83
Swaziland	82
Laos	81
Russia	79
Lesotho	74
Panama	74
Morocco	73
Afghanistan	62
Dominican Republic	60
Poland	60
Yemen	60
Nicaragua	59
Burkina Faso	59
El Salvador	57
Yemen	94
Somalia	55
Venezuela	50
Costa Rica	48
Lebanon	45
Sierra Leone	45
Mali	45
Tunisia	44
Iraq	42
Georgia	41
Oman	41
Congo [DRC]	41
Paraguay	41
Honduras	40
Serbia	40
Bulgaria	40
Uruguay	39
Togo	38
Burundi	37
Hungary	35
Czech Republic	35
Liberia	34
Guyana	34
Papua New Guinea	32
Albania	31
Macedonia [FYROM]	31
Gambia	31
Mongolia	31
Lithuania	29
Belize	28
Mauritius	26
Slovenia	26
Kazakhstan	24
Armenia	24

Developing Country	# of Visits
Niger	23
Algeria	23
Maldives	20
Croatia	20
Uzbekistan	20
Slovakia	19
Timor-Leste	19
Tajikistan	18
Guinea	16
Dominica	15
Suriname	15
Benin	15
Bhutan	14
Latvia	14
Angola	14
Libya	10
Bosnia and Herzegovina	10
Kyrgyzstan	10
Azerbaijan	10
Estonia	10
Syria	9
Eritrea	8
Gabon	8
Mauritania	8
Cape Verde	8
Moldova	8
Solomon Islands	7
Kiribati	6
Turks and Caicos Islands	5
Saint Vincent and the Grenadines	5
U.S. Virgin Islands	4
Réunion	4
Vanuatu	3
Nauru	3
Comoros	3
Northern Mariana Islands	2
Saint Lucia	2
Belarus	2
Cuba	2
Montenegro	2
Tonga	2
Guadeloupe	2
Central African Republic	2
Grenada	1
Cook Islands	1
Samoa	1
Micronesia	1

Appendix E

Published eToolkit Status as of December 2011

	eToolkit	Published	# of Resources	# of Downloaded Resources	Total Downloads	# of Pageviews
1.	ALHIV	2/28/2011	93	86	92%	3,683
2.	CBA2I	6/30/2011	105	91	87%	5,232
3.	CBFP	5/19/2010	364	308	85%	7,328
4.	Condom Use	9/13/2010	112	66	59%	3,663
5.	Elements of FP	10/21/2009	390	247	63%	3,582
6.	FP/HIV Integration	2/25/2010	145	106	73%	3,869
7.	Go Girls	5/24/2011	15	10	67%	1,170
8.	Haiti Relief	1/21/2010	457	440	96%	2,940
9.	HTSP	5/3/2011	84	77	92%	2,358
10.	IGWG Gender and Health	10/6/2010	421	349	83%	11,277
11.	Implants	5/6/2010	190	141	74%	8,154
12.	INFO Project Publications	4/19/2011	224	219	98%	4,535
13.	Injectables	10/21/2009	175	143	82%	3,080
14.	IUD	10/20/2009	219	169	77%	9,496
15.	Knowledge Management	7/20/2011	138	74	54%	11,577
16.	Lactational Amenorrhea Method	5/5/2010	51	45	88%	650
17.	Leadership & Management	3/30/2011	102	66	65%	2,835
18.	Malawi FP	8/20/2010	121	102	84%	1,902
19.	Malawi HIV/AIDS	2/7/2011	367	247	67%	1,192
20.	Malawi Maternal/Neonatal	8/20/2010	42	36	86%	2,331
21.	Malawi Young RH	8/20/2010	14	13	93%	361
22.	Monitoring & Evaluation	8/26/2011	107	57	53%	8,298

23.	MCP	12/2/2009	87	46	53%	2,473
24.	mHealth	6/16/2010	162	139	86%	7,295
25.	Oral Contraceptives	12/20/2010	101	62	61%	3,096
26.	Pakistan Relief	8/27/2010	264	175	66%	5,137
27.	Peace Corps - Behav Change	8/9/2010	35	33	94%	1,529
28.	Peace Corps - Food Security	8/9/2010	45	43	96%	505
29.	Peace Corps - HIV/AIDS	8/9/2010	86	83	97%	819
30.	Peace Corps - Malaria	7/13/2010	31	28	90%	570
31.	Peace Corps - MNCH	8/9/2010	61	59	97%	1,615
32.	Peace Corps - NTD	9/23/2011	65	33	51%	1,333
33.	Peace Corps - NCD	2/25/2011	66	56	85%	676
34.	Peace Corps - Nutrition	7/13/2010	59	53	90%	1,094
35.	Peace Corps - SRH	8/9/2010	58	55	95%	485
36.	Peace Corps - Improved Stoves	7/13/2010	27	21	78%	583
37.	Peace Corps - WSH	1/21/2011	69	61	88%	1,838
38.	Peace Corps - Women	7/13/2010	33	32	97%	573
39.	PHE	12/13/2009	231	187	81%	8,598
40.	PMTCT	12/1/2009	184	104	57%	3,739
41.	PPFP	2/22/2010	187	185	99%	3,488
42.	Postpartum Hemorrhage	12/21/2011	68	18	26%	7
43.	Pre-Eclampsia/Eclampsia	12/20/2011	56	32	57%	113
44.	Pre-Service Education	8/9/2011	66	38	58%	10,902
45.	Reproductive Health Indonesia	1/12/2011	33	18	55%	10,096
46.	SDM	8/2/2010	147	128	87%	1,205
47.	Tanzania ACE Mentoring Pgm	6/15/2011	45	12	27%	313
48.	Youth Policy	5/9/2011	235	188	80%	2,484

Notes:

- Internal (CCP) activity is excluded for Web analytics, but not for downloads.
- Many eToolkit resources have multiple links and language versions. Each download is counted separately.

Appendix F

Website Statistics – July 1, 2011 – December 31, 2011									
Websites*	Visits	Unique Visitors	Referring Sites	Pageviews	Unique Pageviews	Visits from Search Engines	Visits from Direct Traffic	Visits from Referring Sites	Avg. Time on Site
K4Health	218,447	191,294	2,072	353,130	307,128	95,286 (44%)	96,157 (44%)	26,781 (12%)	1:21
➤ eToolkits	87,654	72,539	838	194,522	156,323	41,840 (48%)	38,463 (44%)	7,183 (8%)	2:13
POPLINE**	38,394	31,679	812	700,094	69,059	23,559 (61%)	5,716 (15%)	9,119 (24%)	2:18
Photoshare	73,960	65,151	479	206,527	160,194	59,251 (80%)	7,881 (11%)	6,828 (9%)	1:18
Global Handbook	6,711	5,455	233	19,834	14,975	2,231 (33%)	2,005 (30%)	2,474 (37%)	2:54
Total	337,512	293,579	3,596	1,279,585	551,356	180,327 (53%)	111,759 (33%)	45,202 (14%)	

*The websites listed above are mutually exclusive except eToolkits, which falls under K4Health as marked (e.g., INFO stats are not part of K4Health).

**Does not include database searches

Definitions:

Visit – A period of interaction between a visitor's browser and a particular website, ending when the browser is closed or shut down, or when the user has been inactive on that site for a specified period of time. For the purpose of Google Analytics reports, a session is considered to have ended if the user has been inactive on the site for 30 minutes.

Unique Visitor/ Absolute Unique Visitor – Unique Visitors represents the number of unduplicated (counted only once) visitors to your website over the course of a specified time period. A Unique Visitor is determined using cookies.

Referring Sites - A referral occurs when any hyperlink is clicked that takes a user to a new page of file in any website - the originating site is the referrer. When a user arrives at your site, referral information is captured, which includes the referrer URL if available, any search terms that were used, time and date information, and more.

Pageviews - A pageview is an instance of a page being loaded by a browser. Google Analytics logs a pageview each time the tracking code is executed. This can be an HTML or similar page with tracking code being loaded by a browser that is created to simulate a pageview in Analytics reports.

Unique Pageviews - Unique pageviews are the visits to a specific page; however, the number at the top is derived by adding up all the unique pageviews for every page in the report and are not de-duplicated if a single person views more than 1 page. In other words "Unique Pageviews" are equivalent to "Visits" only when looking at a single page.

Average Time on Site - Length of visits is a measure of visit quality. A large number of lengthy visits suggests that visitors interact more extensively with a website. It is important to look at the entire distribution of visits instead of simply the 'average time on site' across all visits. For example, 'average time on site' can be skewed by visitors leaving their browser windows open when they are not viewing or using the site. Distribution of visits can show whether a few visits are skewing the average time on site upward or whether most visits to the site have a high average time.

Appendix G

Distribution of eToolkits on Portable Devices (Flash Drives and CD-ROMs) by Region Year 4 Mid-Year Review (July – December 2011)

Flash Drives

Region	Number
Sub-Saharan Africa	801
North America*	433
Latin America & Caribbean	0
Asia	1
Europe	0
Middle East and North Africa	0
Total	1235

CD-ROMS

Region	Number
Sub-Saharan Africa	66
North America*	769
Latin America & Caribbean	0
Asia	48
Europe	0
Middle East and North Africa	0
Total	883

* Most orders originating in North America were ultimately for end distribution in-country at specific workshops and meetings.

Appendix H

FP/RH Websites Supported/Managed through K4Health Funds

1. Eureka!	http://eureka.k4health.org
2. Global Handbook for Providers	http://www.globalhandbook.org
3. Health Information and Publications Network	http://www.hipnet.org
4. HIV/AIDS and SRU Integration	http://www.hivandsrh.org
5. Interagency Youth Working Group	http://www.iywg.org
6. Jim Shelton's Pearls	http://pearls.k4health.org
7. Knowledge for Health	http://www.k4health.org
8. K4Health Blog	http://blog.k4health.org/
9. Photoshare by K4Health	http://www.photoshare.org
10. POPLINE	http://www.poline.org
11. Postabortion Care	http://www.postabortioncare.org
12. Repositioning Family Planning	http://www.repositioningfp.org
13. High Impact Practices	http://hip.k4health.org

Other Websites Using K4Health Technologies but Funded by External Organizations

1. Advance Family Planning	http://www.advancefamilyplanning.org
2. Health Communication Partnership	http://hccpartnership.org
3. JHSPH Center for Communication Programs	http://www.jhuccp.org
4. Male and Female Condom Resource Center	http://condoms.k4health.org
5. Media / Materials Clearinghouse	http://www.m-mc.org
6. Nigerian Urban Reproductive Health Initiative	http://www.nurhi.org
7. RIATT	http://www.riatt-esa.org
8. Measurement, Learning & Evaluation (MLE)	http://www.urbanreproductivehealth.org

Appendix I

Published GHeL Courses As of December 2011

	Published Courses	Date Published	Notes
1.	IUD	Sep-05	
2.	Standard Days Method	Sep-05	
3.	Preventing Postpartum Hemorrhage	Sep-05	
4.	Antenatal Care	Oct-05	
5.	Logistics for Health Commodities	Nov-05	
6.	M&E Fundamentals	Mar-06	
7.	HIV Basics	Apr-06	
8.	Malaria	Aug-06	
9.	Youth Reproductive Health	Aug-06	
10.	Essential Newborn Care	Aug-06	
11.	Postpartum Care	Nov-06	
12.	FP Legislative & Policy Requirements	May-07	
13.	Family Planning Counseling	May-07	
14.	Fostering Change in Health Services	May-07	
15.	Diarrheal Disease	Jun-07	
16.	Family Planning 101	Oct-07	
17.	Emergency Obstetric and Newborn Care	Oct-07	
18.	Mother-to-Child Transmission of HIV	Nov-07	
19.	Population, Health, and Environment	Nov-07	
20.	Maternal Survival--Programming Issues	Mar-08	
21.	Pneumonia	Aug-08	
22.	Immunization Essentials	Sep-08	
23.	Hormonal Methods of Contraception	Sep-08	
24.	Female Genital Mutilation/Cutting	Oct-08	
25.	Postpartum Family Planning	Nov-08	
26.	Tuberculosis Basics (updated)	Dec-08	
27.	Family Planning Programming--Elements	Dec-08	
28.	Tuberculosis--Advanced Concepts	Jan-09	
29.	Human Resources for Health (HRH) Basics	Aug-09	Published in Y2
30.	Newborn Sepsis	Aug-09	Published in Y2
31.	FP/RH for People Living with HIV	Dec-09	Published in Y2
32.	Community-Based Family Planning	Apr-10	Published in Y2
33.	Gender and Reproductive Health 101	Apr-10	Published in Y2
34.	Commercial Private Health Sector Basics	May-10	Published in Y2
35.	<i>HIV Surveillance</i>	May-10	Published in Y2
36.	<i>Data Quality</i>	May-10	Published in Y2

	Published Courses	Date Published	Notes
37.	<i>M&E Frameworks</i>	May-10	Published in Y2
38.	Cervical Cancer Prevention	May-10	Published in Y2
39.	Anti-Microbial Resistance I	May-10	Published in Y2
40.	HIV Stigma and Discrimination	May-10	Published in Y2
41.	DHS	Nov 2010	Published in Y3
42.	Healthy Businesses	Dec 2010	Published in Y3
43.	<i>Data Use for Program Managers</i>	Jan 2011	Published in Y3
44.	<i>Economic Evaluation Basics</i>	Jan 2011	Published in Y3
45.	<i>Geographic Approaches to Global Health</i>	Jan 2011	Published in Y3
46.	<i>PEPFAR Next Generation Indicator Guidance</i>	Jan 2011	Published in Y3
47.	Male Circumcision: Policy and Programming	February 2011	Published in Y3
48.	Healthy Timing and Spacing of Pregnancy	May 2011	Published in Y3
49.	Nutrition (An Introduction)	Oct 2011	Published in Y4
50.	<i>Mortality Surveillance Methods & Strategies</i>	Dec 2011	Published in Y4

Courses in italics are PEPFAR courses

GHeL Courses in Development

1.	<i>HIV/AIDS Legal Requirements</i>
2.	Malaria in Pregnancy*
3.	Social and Behavior Change Communication
4.	Postabortion Care
5.	Antimicrobial Resistance II
6.	Long Acting and Permanent Methods
7.	Pharmaceutical Management
8.	Poverty and Equity
9.	Health Systems
10.	Maternal Survival - Programming Issues*
11.	FP Legislative Requirements*
12.	Youth Reproductive Health*
13.	Standard Days Method*
14.	Logistics for Health Commodities*

Course in italics are PEPFAR courses

**Courses in revision*

Appendix J

Event/Conference Attendance

Year 4 Mid-Year (July 1, 2011 – December 31, 2011)

1. Social Good Summit, September 2011
2. USAID 11th Annual Global Health Mini-University, September 2011
3. Usability Professionals Association Conference, September 2011
4. CORE Group, October 2011
5. American Evaluation Association (AEA) Annual Conference, November 2011
6. KM World, November 2011
7. APHA, November 2011
8. EE5, November 2011
9. 2011 International Conference on Family Planning, November-December 2011
10. ICASA, December 2011
11. mHealth Summit, December 2011

Appendix K

K4Health Media Mentions Mid-Year 4

AllAfrica.com:

- [Nigeria: Lab Science Regulators Rally Against Malpractice, Misdiagnosis](#)

CCMC Push Journal: Links are not provided because it is a daily mail journal that does not have an archive.

- USAID Reminds US Why We Should Invest In Women
- New Study Suggests HIV Risk with Hormonal Contraceptives: What It Means for Family Planning Policy and Programs
- A Look at Child Marriage

FHI360 Degrees Blog:

- [Gender is Important. So What? The Complexities of Measuring it](#)
- [Mobilizing Critical Family Planning Content](#)

Global Health Impact Blog - MSH:

- [Countering the Counterfeiters with mHealth Technology](#)
- [The Power of Film: Spreading Family Planning Messages in Malawi](#)

Global Health Magazine:

- [Moving Toward Zero New HIV Infections in 9 Years](#)

2011 International Conference on Family Planning: No link because site was taken down after conference

- Knowledge for Health: Availability Yes - But Ultimately Knowledge
- Knowledge for Health: Gender Is Important. So What? The Complexities of Measuring It.
- Collaboration and Knowledge Sharing to Improve Family Planning and Reproductive Health
- Accessing actionable information: a crucial component of FP/RH programs
- Postabortion Care Shows Unmet Family Planning Needs
- Mobilizing Critical Family Planning Content
- The Power of Film: Spreading Family Planning Messages in Malawi

UNFPA Conversations for a Better World

- [Honoring Humanitarians on World Humanitarian Day](#)
- [Social Good Summit: Changing the World Through New Technology](#)
- [Empowering Women and Girls Through Media and Communication](#)

Zunia.org:

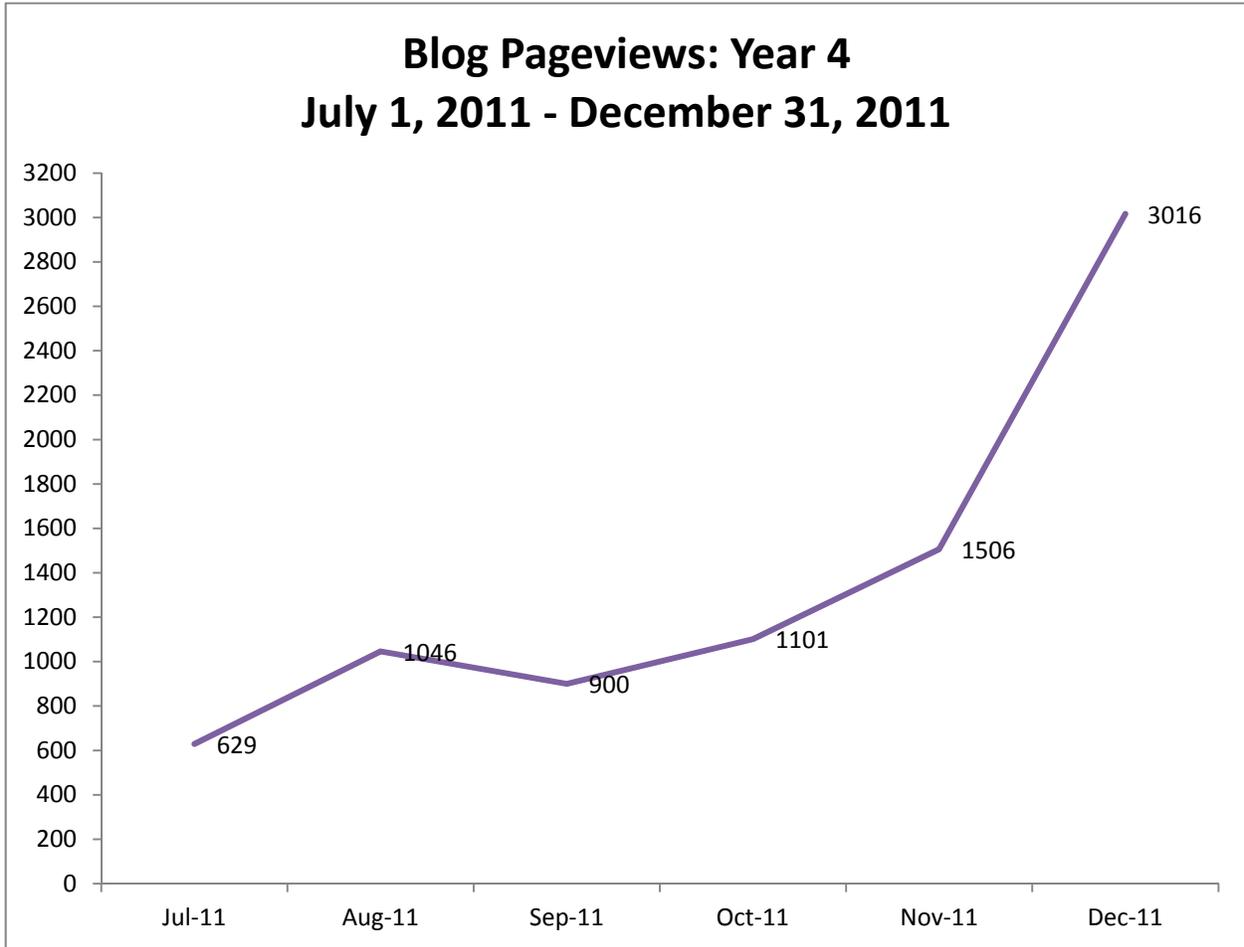
- [Blog: The Importance of Educating Health Workers for Improving Maternal Health](#)
- [Cost of Violence: USAID Funds Study in Bangladesh](#)
- [Photoshare by K4Health Launches New Website](#)
- [K4Health Blog: Social Good Summit: Changing the World Through New Technology](#)
- [Empowering Women and Girls Through Media and Communication](#)
- [An Integrated Approach to Addressing Millennium Development Goals](#)
- [Girls Grow: A Vital Force in Rural Economies](#)
- [Reducing Obstetric Fistula: Improving Physical, Social and Economic Strains on women](#)
- [The Forgotten 3 Billion](#)
- [Blog: USAID Reminds Us Why We Should Invest In Women](#)
- [New Couple Years of Protection \(CYP\) Conversion Factors Reflect Advances in Family Planning](#)
- [Six Years of Learning: Online Discussion Forum Monitoring & Evaluation](#)
- [New Momentum for Frontline Health Workers](#)

General Coverage

- Christian Connections for International Health: [Article on Dr. Peter Okaalet, links to Blog](#)
- Health Secrets: Health Tips for Everyone: [K4Health Malawi](#)
- Next Billion Blog: Best Ideas of 2011: [Innovating Life New, Frontiers for Development Communications](#)
- RH Reality Check: [New Study Suggests HIV Risk with Hormonal Contraceptives: What It Means for Family Planning Policy and Programs](#)
- The Communication Initiative Network: [Knowledge for Health \(K4Health\) Youth Policy Toolkit](#)
- The Daily Star Online (Dhaka, Bangladesh): [The Daily Star Leadership Colloquium begins today](#)
- Interagency Youth Working Group (IYWG) Blog: [A Look at Child Marriage](#)

Appendix L

Blog Pageviews



Note: The new blog page was launched on December 22, 2011.