© 2010 Lynn M. Van Lith , Courtesy of Photoshare

Year 3
Annual Progress Report
July 1, 2010 – June 30, 2011

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

September 2, 2011
(Updated and resubmitted responding to the USAID comments)

Table of Contents

Executive Summary……...……1

Annual Progress Report Process……....2

Summary of Progress Highlights……..……3
- Project Result 1
- Project Result 2
- Project Result 3
- Project Result 4
- Promotion and Dissemination
- Field Services
- Monitoring and Evaluation

PMP Indicators, Data, and Trends……....16
- Project Result 1
- Project Result 2
- Project Result 3
- Project Result 4
- Promotion and Dissemination
- Strategic Objective

Appendices..…… 38

District health officials and NGO representatives in Salima district conducting a Net-Mapping exercise as part of the evaluation of the Malawi demonstration project.

Photo credit: Natalie Campbell, 2011

Executive Summary

Building upon the progress made and lessons learned in Year 1 and Year 2, Knowledge for Health (K4Health) continued to make significant strides as a flagship knowledge management and exchange project during Year 3, providing leadership to the family planning and reproductive health (FP/RH) community in this field. K4Health initiated and led a series of knowledge management (KM) activities including the revival of the KM Working Group and the launch of its sub-groups. In close collaboration with its many partner organizations, K4health also developed a KM-focused Toolkit and KM logic model.

Using findings from needs assessment activities and routine monitoring data, K4Health effectively responded to its key audiences' health information needs and published numerous KM products and services. These outputs include 29 new eToolkits and 8 new eLearning courses which focus primarily on FP/RH technical priority areas. Other K4Health products and services were updated with new content or redesigned with additional features based on user feedback. K4Health continued to expand its outreach-base, combining new and traditional communication approaches with an emphasis on appropriate technology and delivery mechanisms to develop, promote, and disseminate various KM products and services.

In Year 3, K4Health advanced its field support effort on different fronts, including creating country pages and eToolits that meet specific contexts and needs as well as offering training to both developers and end users in how to use and adapt these resources for selected priority countries. In Malawi, the project team successfully implemented all of the planned interventions in a timely manner, systematically monitored and evaluated the achievement throughout the course of demonstration project, and documented proven practices.

K4Health reached out to key audiences in order to get their feedback via two online surveys – one for the Global Health eLearning (GHeL) Center and PEPFAR e-Learning courses, and the other for the K4Health website and other Web-based products and services, such as eToolkits and Search function. In addition, other feedback mechanisms were implemented including enhanced eLearning course evaluation forms and opinion polls posted on the K4Health website.

In terms of achieving the Year 3 targets set for the indicators in the Performance Management Plan (PMP), there were a few minor areas in which the project fell short. These situations are discreet instances that represent mid-course strategy shifts (i.e., 2 discussion forums being carried over to Year 4) or challenges in migrating out of legacy admin systems (i.e., POPLINE's document delivery and Photoshare's image request). Overall, K4Health met or exceeded the majority of its targets and had another very productive year as it entered the latter half of the K4Health project cycle.

K4Health Year 3 Annual Progress Report Process

Each Project Result (PR) team and the Field Support (FS), Promotion and Dissemination (P&D), and Monitoring and Evaluation (M&E) teams conducted a review of activities proposed for Project Year 3 (7/1/10 – 6/30/11) during the course of the Year 3 work plan modification and the Year 4 work plan development.

The purpose of the review was as follows:

- To assess progress made in implementing activities and achieving targets.
- To identify specific issues/findings that will inform Year 4 activities.

This report presents key findings from our assessment on progress made in implementing activities and achieving targets.

Bureau chiefs in the DRH/MOH working with heads of local groups like IntraHealth and other government agencies to develop and write content for sub-branches within the new Senegalese RH website, which was drafted in a two-day workshop involving the national RH task force.

Photo credit: Elizabeth T. Robinson, 2010

Summary of Progress Highlights

Project Result 1
Knowledge Needs of Audience Identified

PR 1 Year 3 Progress Highlights:

- Demonstrated leadership in knowledge management (KM) by convening and launching the KM Working Group in collaboration with WHO/IBP, USAID/PRH, and Public Health Institute (PHI). As a result of the first meeting in October 2010, a Steering Committee and three sub-groups (Business Case, Toolkit, and M&E) were created. From this work, a KM Toolkit was created; documents on making the case for KM were captured, organized, and synthesized; and a draft "Knowledge Management and Exchange Logic Model" and accompanying description were developed (also see PR4 highlights on p. 8 and M&E highlights on p. 13).
- Completed needs assessment data collection and analysis, including the Net-Map components (in Ethiopia and Peru). The Net-Map component provided insight about: the types of FP/RH actors in the country, the size of the organizations, the nature of relationships/linkages among the actors, the focuses/goals of each organization, the level of influence of the different actors, the related challenges and possible solutions.
    - In Ethiopia[1], the study sought to: explore the current FP/RH knowledge management system in Ethiopia; examine the available resources and opportunities at different levels of the health system; identify areas for improvement; and provide informed suggestions. A total of 17 individual interviews and 6 FGDs were conducted.
    - In Peru, the study focused on analyzing information management in family planning/reproductive health (FP/RH); it was conducted through 29 interviews and 10 focus group discussions (FGDs) in four regions of Peru.
- Submitted two manuscripts in response to call for submissions for a Special Edition of the *Journal of Health Communication*: Measurement and Evaluation Outcomes for mHealth:
    - "Is mHealth a silver bullet to improve maternal and child health in rural Uttar Pradesh, India? Results of a health information needs assessment"[2]
    - "Measuring mHealth in Malawi: Baseline Assessment of a Pilot mHealth Intervention"
- Presented paper titled: "Applying mobile technologies to improve maternal and infant health in rural Uttar Pradesh, India" at *Seamlessly Mobile?:* Mobile Communication @ a Crossroads, 2011 International Communication Association (ICA) Preconference Workshop.
- Pilot tested targeted e-mail outreach in sub-Saharan Africa on emerging "hot-topics" identified via media and listserv monitoring and analysis of search terms used on the K4Health website. We monitored regional online newspapers and listservs, as well as those in Kenya and Uganda; we also used Google Analytics to determine which

[1] K4Health sent the Ethiopia Needs Assessment report (draft) to USAID on 8/22/2011.
[2] The India UP mHealth manuscript was not accepted.

keywords users entered in order to access K4Health eToolkits and which ones they visited. This effort was rolled into the broader P&D strategy.

PR1 Priority Areas for Year 4:

- Plan and hold the results dissemination workshops for Peru in Y4Q1 (complete in July 2011) and for Ethiopia and Senegal in Y4Q2. Post final reports on the K4Health website for all countries by Y4Q2.
- Co-edit a supplement of the *Journal of Health Communication* with Healthcare Information for All by 2015 (HIFA 2015) and the Association for Health Information and Libraries in Africa (AHILA) to promote and disseminate results of the needs assessment and similar research efforts (given that the K4Health information needs assessment represents one of the only large-scale research efforts to capture health information needs).
- Assume the role of chair for the KM Working Group Steering Committee, along with other KM sub-groups, to promote knowledge sharing and advance KM practice. Plan bi-annual meetings that address cutting-edge issues to the working group (e.g., Outcome Mapping).
- Complete the needs assessment guide – a tool to demonstrate how to conduct a health information needs assessment and to share K4Health's results and lessons learned. An additional aim of the guide is to increase capacity among health care professionals to conduct health information needs assessment activities and reduce costs and duplication of effort among others interested in doing similar assessments.
- Continue to promote and document the use of needs assessment findings to design and implement K4Health activities.
- Write a white paper, fact sheet, and article (for peer review) examining the methods used in the K4Health Malawi KM Demonstration Project, making the case that transforming data into useful knowledge is critical to health systems strengthening (HSS) and important for project design, implementation, and achievement of results.

Project Result 2

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

PR2 Year 3 Progress Highlights:

- **K4Health.org**
  - Launched a new website design in September 2010, which focused on helping users quickly locate the information they need with fewer steps. New enhancements included: a new, more visually appealing home page design that clearly describes K4Health's key products and services; new navigation menu with fewer pages to click through; foreign-language links for users to access K4Health Web pages in Arabic, French, or Spanish; easier-to-locate login links; and a redesigned eToolkits landing page to help users browse for toolkits more easily.

- **eToolkit Application**
  - Launched the 2.0 release of the eToolkit Application (see PR3 highlights for more detail and **Appendix B** for announcement). Based on user feedback collected in Year 2 and the first part of Year 3, the PR2 team decided which new features to include in the 2.0 release and developed the vision and concepts to address expressed user needs. We communicated these concepts to the PR3 team through product requirements and conducted quality assurance testing of the new features before they were released to Toolkit Managers.
  - Increased effective collaboration among technical experts – via the eToolkit Application – to organize and produce authoritative FP/RH and other knowledge resources. 85 projects and organizations have used the eToolkit Application to collaborate on and launch 42 toolkits (29 were launched in Year 3, exceeding our target), with an additional 18 currently in development. K4Health partnered with 22 new organizations, far exceeding our Year 3 target of 7 collaborative partnerships. We continued to diversify our partnerships in terms of new topic areas, such as maternal and child health (MCHIP). In addition, we had 10 new national partners from Brazil, Cameroon, Indonesia, Kenya, Malawi, and Senegal, and worked with these national partners to strengthen their capacity to capture, organize, and disseminate locally relevant information using the eToolkit Application. 5 country-based toolkits were launched, with 7 others in development.
- **K4Health eToolkits**
  - Received over 170,000 visits to K4Health eToolkits, averaging about 14,000 visits each month. Toolkits were the most popular entrance into K4Health.org, and served to greatly increase the visibility of the website. While the US had the most visitors accessing toolkits, visitors from Asia and sub-Saharan Africa also fell into the top 10 countries (including those from India, Indonesia, Kenya, Pakistan, the Philippines, and South Africa). Toolkits also received many visitors from Ethiopia, Mexico, Nigeria, and Uganda (see **Appendix L**)[3].
  - Packaged and distributed the toolkits on portable devices – such as flash drives and CD-ROMs – to facilitate access to toolkits in places with limited or no Internet access. In Year 3, K4Health fulfilled orders for portable devices for 67 countries. Some of these requests were for bulk orders to distribute to target audiences at in-country workshops and meetings, driving the number of portable devices distributed to nearly 5,000 (2,548 flash drives and 2,440 CD-ROMs) (see **Appendix G**).
  - Systematized the website/software development process in coordination with the PR3 team, including using a more robust trouble ticket system (implemented by PR3), and establishing regular coordination meetings between the PR2 and PR3 teams.
  - Developed a K4Health eToolkits Update Process document and a brief that explains the different toolkit-building process models (for external partners). In addition, PR2 developed a "toolkit dissemination kit," with suggested promotion and dissemination activities and sample promotional materials and templates, and

[3] A new appendix was added as per USAID request for web visits stats to eToolkits.

a "toolkit builders' training kit" to guide new Toolkit Managers and Collaborators through the first steps of using the eToolkit Application.

- **K4Health Website Online Survey**
  - Conducted an online survey toward the end of Year 3, in close collaboration with the M&E team[4]; it was completed by 300 participants from 34 countries. Results showed the following:
    - Job functions of respondents match closely with key K4Health audiences: program managers (15%), service providers (14%), researchers/evaluators (16%), teachers/trainers (14%), and technical advisors (12%).
    - Three-quarters of the survey participants indicated that they had used the K4Health website before.
    - About half of respondents said they used K4Health Toolkits weekly or monthly.
    - More than two-thirds (over 70%) perceived K4Health products and services as complete, timely, reputable, accurate, useful, and easy to use. About 80% of respondents found what they were looking for when they last visited our site; another 9% found something else of interest.
    - More than three quarters (about 80%) of respondents recommended the K4Health website to other colleagues.
    - Nearly three-quarters (about 72%) used the information obtained from the K4Health website to improve their knowledge.
    - One-quarter reported using information from the K4Health website to develop or improve policy or national service delivery guidelines.
    - Open-ended comments from the survey include: "The website as a whole is well structured and very useful;" "I think there is a lot of important content on the site;" "The website and toolkits have been very useful. Thank you for making these resources available;" "eToolkit: So easy to locate the stuff we need;" "I am a toolkits enthusiast;" "toolkits—they are concise;" and "Like the breadth of information, relevancy, and enjoy looking through new toolkits."
- **POPLINE and Photoshare**[5]
  - Improved the effectiveness and efficiency of the POPLINE database system by segmenting the database into two separate collections. The POPLINE website now consists of documents published from 1990 to the present. A separate archive was created to provide users a way to search the historical collection. POPLINE also revised its Acquisition Guidelines and updated the User's Guide to POPLINE Keywords.
  - Via POPLINE, continued to be a leading source of information on FP/RH. Average time spent on the POPLINE website increased from 3:53 minutes/visit in Y2 to 4:37 minutes/visit in Y3. The average pages/visit increased from 3.53 to 19.75. In the last six months, database searches increased from an average of 11,000 searches/month to 25,000/month (see **Appendix E)**.

[4] K4Health will share a draft summary report with USAID by mid-September.
[5] POPLINE and Photoshare targets, technical challenges and future plans are discussed in the PMP section (p. 20 and 19 respectively).

- Provided three ways to access information in the POPLINE database (Basic, Advanced, and Instant Searches) to suit users' different information-seeking behaviors. 44% of searches were performed using Basic search, 19% using Advanced search, and 36% of searches were from users clicking on one of the 40+ Instant searches, indicating a strong user preference for content browsing to complement search functionality.[6]
- Initiated collaboration with colleagues from USAID, including from the Office of Population and Reproductive Health and EGAT, as well as with *FrontLines* magazine and other cooperating agencies (CAs) to develop the scope of requirements for a new Photoshare platform. Obtaining user input and collaborating across agencies were key to prioritizing features of the new platform, which we implemented in its Beta version in the second half of Year 3. The Beta version includes user profiles, expanded search features, new administrative controls, and a user image submission form.

- **Global Handbook and Wall Chart**[7]
  - Distributed 43,047 copies of the 2011 English edition of *Family Planning: A Global Handbook for* Providers and 57,541 copies of the updated *Do You Know Your Family Planning Choices?* Wall Chart in English and 7 other languages to 67 countries.
  - Translated the 2011 English edition of Handbook to Spanish.

PR2 Priority Areas for Year 4:

- Engage additional local organizations to use the eToolkit Application as a solution for their specific KM needs on the ground.
- Promote the 2.0 release of the eToolkit Application among new and existing Toolkit Managers, and train Toolkit Managers on how to use the new features. In collaboration with PR3, continue guiding future releases, with a special emphasis on implementing enhancements to help end users find the information they need.
- Provide new content on the main K4Health.org website that synthesizes priority FP/RH topics. The new pages will organize products by topic and include succinct syntheses of key issues related to those topics. This will provide the backbone to reorganize the K4Health website by content – rather than by K4Health product offerings – which will make it easier for users to find the information they need.
- Develop and release new POPLINE website to better serve users' information gathering and search needs. Add new features, such as: an interactive Thesaurus that will help users build their keyword searches more effectively, the ability to export records in a variety of expected formats, a browsable concept map of canned searches, and RSS feeds.
- Launch and promote the new Photoshare website. Finalize Phase II of the new website, including a directory of photographers, photo contest workflows, and linkages with other photo collections. Expand and revise Photoshare content related to informed consent and development photography ethics.

[6] Recognizing that our users find canned queries useful, K4Health plans to incorporate more robust queries into the POPLINE upgrade as well as throughout the K4Health website and other relevant web-based products.
[7] New bullets.

- Work with M&E to conduct in-depth evaluation of user experience of the K4Health website and Web-based products.
- Translate the 2011 English edition of Handbook to French.[8]

Project Result 3
Effective and Appropriate Information Delivery Systems Used

PR3 Year 3 Progress Highlights:

- Maintained servers at peak efficiency, allowing for a total transfer averaging over 1 terabyte of outbound data per month, with an up time of over 99.5%.
- Launched the 2.0 release of the eToolkit Application, allowing for more customization of eToolkits. The new release offers Toolkit Managers an alternate Toolkit design option, with a vertical navigation menu, custom logos in the header, multiple color combinations, and a selection of content blocks. By providing a customizable design that is not limited to the K4Health brand, the eToolkit Application now provides the flexibility of a "do-it-yourself" toolkit publishing platform. The 2.0 release also includes several new features to improve usability of toolkits among end users, such as an automatically generated Site Map, a 'Last Updated' line in the footer of toolkits, and displaying the number of resources next to linked subheadings.
- Created an iPhone application for the K4Health blog and a mobile theme for the K4Health website, which contains automatic device detection that allows users to choose either the mobile or standard theme. Also developed a prototype Android application for selected content from the *Global Handbook for Providers,* which provides basic information on each contraceptive method and a decision-making tool for providers.[9]
- Facilitated and supported monthly meetings of the mHealth Working Group – a collaborative forum for sharing and synthesizing knowledge on mHealth. Its membership included more than 100 organizations and 350 individuals. K4Health participated in the 2010 mHealth Summit in Washington as well as the 2011 Cape Town mHealth Summit and the earlier 2010 Accra mHealth Summit (also see PR4 highlights on p.9).
- Conducted thorough internal IT process reviews and strategic planning with the assistance of industry leaders, and established the K4Health IT Governance Board.
- Created and launched the "Eureka! Discover and Discuss New Research" platform. This unique website facilitates communication among experts around the world by providing web-to-mail and mail–to-web communication. Users can subscribe from the website to receive all website content via email, and add content to the website by simply replying to the email messages.

[8] New bullet.
[9] When the App is live in late 2011, K4Health will provide info for USAID to promote internally.

PR3 Priority Areas for Year 4:

- Resolve usability issues discovered through polls, surveys, and usability testing.
- Work with Watershed Strategy, Touchstone Consulting Group, Inc., and other industry experts to enhance K4Health Web-based products. Deploy state-of-the-art systems architecture making them replicable, scalable, and easily deployed.
- Launch iBook and Kindle versions of the *Global Handbook* and related Android application.
- Continue to research and develop innovative mobile applications, which can reach growing audiences who primarily connect to the Internet via mobile devices.
- Continue to facilitate and support the mHealth Working Group.

Project Result 4

Information and Knowledge Exchange Forums Supported and Expanded

PR4 Year 3 Progress Highlights:

- Supported face-to-face knowledge exchange events, including the revival of the KM Working Group, which has proved to be a synergetic vehicle for raising the profile of KM and invigorating related discussions. K4Health supported and hosted each of the Communities of Practice (CoP): the overall KM Working Group, the Steering Committee, and three sub-groups (Business Case, Toolkit, and M&E) (also see PR1 highlights on p. 3).
- Continued developing new eLearning courses for USAID's Global Health eLearning (GHeL) Center, PEPFAR, and Census. Published 8 new courses (4 GHeL and 4 PEPFAR) and an additional 14 courses were in development as of the end of Year 3. Published or began developing courses that cover USAID priority areas, including HTSP, PAC, LAPMs, and Poverty and Equity (see **Appendix I** for full list).
- Published courses in the FP/RH certificate track on CD-ROM to pilot in Uganda.[10]
- Implemented enhanced evaluation of GHeL and PEPFAR eLearning courses.
- Published audio files for the CoP eLearning course in multiple languages.
- Conducted discussion forums on developing and sustaining CoPs and measuring CoP success. The first forum in January/February 2011, "If I Build It, Will They Come? Sustaining Active CoPs," included 302 participants from 48 countries with 87 total contributions. A subsequent forum on "Looking Beyond Numbers: Measuring the Value of CoPs for Global Health!" occurred in April 2011 and included 371 participants from 56 countries with a total of 142 contributions.
- Developed a report on eLearning accreditation to assist organizations in developing their own processes for accreditation.
- Continued maintenance and support of the IBP Knowledge Gateway and provided guidance to FP/RH community leaders.
- Supported CCP in the role of IBP chair by organizing IBP Consortium and Steering Committee meetings with the IBP Secretariat and partners.

[10] K4Health will share a full report on Uganda CD-ROM courses by mid-September.

- Continued to manage registration and logistics for the annual Global Health Mini-University.
- Upgraded the mHealth Toolkit and supported the mHealth Working Group, providing logistical support for the meetings, identifying and coordinating presentations, documenting meeting outcomes, and communicating these through the mHealth Toolkit and listserv (also see PR3 highlights on p.8).
- Established the Internal K4Health mHealth Working Group to share K4Health experiences with mHealth, coordinate efforts across the project, and identify appropriate channels for sharing.

PR4 Priority Areas for Year 4:

- 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 discussions on Family Planning/Maternal Child Health (FP/MCH) Integration, Repositioning FP in sub-Saharan Africa, and other priority areas such as 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 (e.g., HTSP, Healthy Business, Male Circumcision, Demographic and Health Survey Use) by publishing new eLearning courses.
- Continue to test, 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.
- Document and disseminate lessons learned from managing and using CoPs and the enhanced evaluation of USAID's GHeL Center and PEPFAR eLearning activities.
- Integrate and coordinate online communities and eLearning programs with content from PR2, the overall website, and our country-based programs.

Promotion and Dissemination

P&D Year 3 Progress Highlights:

- Participated in a variety of summits and conferences on public health, human rights, and global issues, which provided key opportunities for promotion and dissemination (P&D). In particular, P&D found wide success and exposure at the United Nations Summit on the MDGs as a content producer at the Digital Media Lounge, hosted by the United Nations Foundation in Partnership with Mashable and 92Y. The coverage during the week of the summit (September 20-24, 2010) led to an exponential increase in Web traffic to K4Health.org and its subpages, withthe number of visitors to the site remaining constant thereafter.

- Increased Web traffic by approximately 260% during the first six months of Year 3 compared with Year 2. These numbers plateaued during the latter part of Year 3.[11]
- Garnered over 100 media mentions in Year 3 through live-blogging at conferences and events, general blogging, and ad hoc announcements. Coverage included (but was not limited to) seven articles published on Global Health Magazine's website, one article in RH Reality Check, three articles on AllAfrica.com, one post in The Peace Corps blog, three pieces in the Kaiser Daily Global Health Policy Report, two in Humanitarian News, four in UNFPA's Conversations for a Better World, and one in the mHealth Journal.
- Increased awareness, credibility, and use of K4Health products at the regional and country levels. For example, the K4Health Malawi Pilot Project was covered by a variety of high-circulation press outlets and at a range of high-level conferences. Furthermore, K4Health products continued to be widely referenced and used at the global level, as well as among US audiences.
- Tailored bundles of relevant products (e.g., eToolkits, eLearning courses, needs assessment data, online forums) to key audiences, both domestic and international, for example, through online user monitoring of "hot topics" (also see PR1 highlights on p. 3).

P&D Priority Areas for Year 4:

- Grow K4Health target audiences and users by increasing frequency of promotion of products (e.g., eToolkits, POPLINE, Photoshare) via social media platforms (i.e., Facebook, Twitter, LinkedIn, blogs, eNewsletters, eBulletins, announcements, ad campaigns, and Google Ads).
- Increase search engine optimization (SEO) ranking by increasing the number of websites linking to K4Health (i.e., identify and engage relevant websites to incorporate K4Health widget and links to eLearning, needs assessment, or other website pages) through targeted email outreach to identified organizations.
- Systematically approach USAID-supported projects (e.g., AIDSTAR-One), CAs, and potential partners in countries to use the K4Health widget or link to the K4Health website.
- Increase mentions of K4Health in the media through the following means: live-blogging at conferences and events, general blogging, and ad hoc announcements. Coordinate with all PRs in order to write and submit articles to Global Health magazine, MedPedia, IPPF Medical Bulletin, WHO Bulletin, IT journals, etc., on K4Health products, results, and innovations.
- Implement road shows/brown bags highlighting bundles or specific K4Health products and services. These events will be held at dissemination workshops, USAID SOTA meetings, and at the offices of relevant organizations (including USAID/W country teams, USAID working groups, and donors interested in ICTs and health information).

[11] K4Health will share the P&D strategy with USAID by late September. This updated paper will include specific plans for how to regularly promote the website, its content, eToolkits, and other resources to regularly add new content and resources, draw traffic and improve numbers.

Field Support

FS Year 3 Progress Highlights:

- **Core Funded Activities**
  - Successfully implemented all planned interventions for the Malawi Pilot Project. Also captured monitoring, baseline, and endline data, and started working with the MOH to sustain the KM interventions (with reduced project funds to be phased out by December 2011). To date, the KM Malawi Pilot Project has resulted in: (1) Improved promptness in responses to emergencies (e.g., high-risk pregnancies) and outbreaks (e.g., measles) and subsequently saving lives; (2) Higher-quality clinical sharing resulting in improved health practices and case management; (3) Significant cost reduction in travel for those with phones; and (4) Reduced stock outs made possible through more regular reporting through the SMS system. Preliminary endline data show that information flows have dramatically improved at the district level (from baseline to endline).
  - Developed country Web pages for Malawi and Indonesia, as well as training tools for Toolkit developers and end users. K4Health has conducted virtual trainings with teams from Côte d'Ivoire, Indonesia, and Kenya.
  - Published four country-based toolkits in collaboration with the FP and HIV/AIDS technical working groups in Malawi:
    - Malawi HIV/AIDS Toolkit
    - Malawi Family Planning Toolkit
    - Malawi Maternal and Neonatal Health Toolkit
    - Malawi Young People and Reproductive Health Toolkit
- **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 creation of SHARE (Southern Africa HIV AIDS Resource Exchange), a regional Web-based commons for capturing and promoting knowledge exchange on HIV/AIDS.
  - Completed the Emergency Response Council on HIV and AIDS (NERCHA) Info Centre website in Swaziland in March 2011, and held a launch event during which several government ministries and the NERCHA Director pledged their support for increased information and knowledge access and sharing.
  - Conducted a Net-Mapping exercise in Lesotho in 2011, building upon the results of the 2009 rapid needs assessment with an aim to inform the design of KM activities. In consultation with the National AIDS Commission (NAC), K4Health identified and trained two local consultants to conduct Net-Maps at three levels of the health system: national, regional, and community. K4Health worked closely with NAC and the consultants to select Net-Map session participants, to analyze the results of the Net-Maps, and to draft a report combining findings from the three Net-Map sessions and the original needs assessment.

FS Priority Areas for Year 4:

- **Core Funded Activities**
  - Focus on further documenting and promoting FS activities. Specifically, FS will create a video documentary for the Malawi project and will create/enhance country Web pages for in-country KM programs (i.e., Bangladesh; Malawi; and Southern Africa, including Lesotho and Swaziland), needs assessment countries (e.g., Ethiopia, India, and Peru), and country toolkits (e.g., Kenya, Senegal).
  - Continue to conduct trainings, enhance training tools for in-country groups developing and/or maintaining toolkits, and help maintain toolkits in Côte d'Ivoire, Indonesia, Kenya, Malawi, and Senegal.
  - Continue phase-out and M&E efforts for the Malawi pilot project. K4Health is working with the MOH to ensure a smooth handover of activities and is conducting endline and post-project data collection to capture information on project impact and early measures of sustainability. In addition, K4Health will continue to promote and disseminate the success stories of the project.
- **Field Support Funded Activities**
  - Continue to manage and promote the SHARE online private platform offering features such as community libraries, online discussions, events calendars, and community announcements, as well as desktop sharing, video, and voice conferencing, so that virtual meetings for those working in HIV/AIDS prevention and related areas have a more collaborative space for long-distance working groups.
  - Create regional collections of expert-vetted resources (i.e., eToolkits) on key HIV-related topics in southern Africa.
  - Support the development of 3 eLearning courses for a regional audience, and conduct 3 regional expert-moderated eForums on key HIV-related topics in southern Africa.
  - Convene Country-based Knowledge Sharing Working Groups for strategic planning workshops in 3 countries: Botswana, Zambia, and Zimbabwe. In addition, develop a national eToolkit in each of these three countries.
  - In Lesotho and Swaziland, develop national eToolkits on priority HIV prevention topics, train experts to conduct eForums/eLearning activities, and open community information kiosks.
  - In Bangladesh, launch a comprehensive KM initiative to include interventions at national, district, and community levels (e.g., KM capacity strengthening; BCC and PHN Integration Toolkits; eLearning; and mHealth).

Monitoring and Evaluation

M&E Year 3 Progress Highlights:

- Continued to implement the project-wide Performance Management Plan (PMP), which was revised at the beginning of Year 3 based on the outcomes of a thorough PMP review conducted by the M&E team and activity managers in order to streamline the indicators across PRs . The team made several improvements to the PMP, including adding a new set of indicators on software performance and user experience, and a separate set of indicators for POPLINE and Photoshare. In addition, M&E staff developed a list of definitions for selected terminologies in PMP (e.g., audience vs. active user, # resources downloaded vs. % resources downloaded).
- Continued to lead the K4Health internal M&E working group, which held monthly meetings to coordinate and streamline various M&E activities across PRs and partners. Maintained and enhanced a number of M&E tools such as:
    - PMP system (e.g., annual and mid-year review templates)
    - Google Analytics
    - Drupal toolkit downloads tracking sheet
    - Toolkit monitoring tool
    - Repository of survey questions (QBank)
    - Integrated M&E calendar
- Continued to guide the effort to systematically review project activities semi-annually and presented key findings in progress reports (including the USAID/PRH results report) in a timely manner.
- Undertook various initiatives with the KM/M&E Working Group, with the goal of revising the current Guide to Monitoring and Evaluating Health Information Products. Produced the following specific deliverables :
    - Knowledge Management and Exchange Logic Model
    - Accompanying document describing different key components of the Model
    - Preliminary list of KM indicators used by CAs (received from 6 organizations thus far)
- Held preliminary discussions with KM and information/communication experts from various organizations to contribute to the theoretical foundations of KM, and link KM to proven BCC methods.
- Conducted the first annual K4Health online user survey from May 24, 2011 to June 30, 2011. A total of 300 respondents participated in the survey (key findings presented in the PR2 section, pp. 5-6).

M&E Priority Areas for Year 4:

- Complete data analysis and develop report for the K4Health website user survey (during Q1 and 2).
- Design and conduct an in-depth assessment of user experiences such as usefulness and perceived quality with the K4Health website and Web-based products and services at the global and country level. As a follow-up to the user survey, the in-depth assessment will

employ both quantitative and qualitative approaches. The intention of this assessment is to determine the extent to which K4Health products and services offered through the K4Health website (e.g., eToolkits, POPLINE, Photoshare) are perceived as accessible, usable, and useful by intermediary and primary audiences. It also examines user response to features such as: content (balance of synthesized/unsynthesized information), navigation, and appearance (when applicable).

- Continue to work with the KM/M&E Working Group to draft, design, publish, and disseminate the Guide to Monitoring and Evaluating KM Programs for Health, which includes systematic guidance for KM project design and M&E (e.g., models, indicators, and methods). Extend its collaboration to a wider KM community via various promotional efforts (e.g., webinars).

PMP Indicators, Data, and Trends

Project Result 1
Knowledge Needs of Audience Identified

PR1 Indicators, Year 3 Targets and Data

PR1 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of countries where FP/RH knowledge needs assessments among K4Health audiences are conducted	2	**3** Ethiopia, Senegal, Peru
Number and type of instances that findings on audience knowledge needs are communicated to audiences	12	**16** APHA, AEA, Senegal, AHILA (2), KM conference, SA reports (7) Ethiopia report (draft) , Peru report (draft), ICA pre-conference
Findings on audience knowledge needs being used to inform the design, production, and dissemination of products and services by K4Health and other audiences	Yes Qualitative	**Yes** Qualitative data tracked in a spreadsheet **(Appendix A)**
Number and type of user feedback mechanism used ***(also M&E)***	2 additional	**3** eLearning survey, website survey, opinion poll

Selected PR1 Data on Trends

PR1 PMP Indicator	Data			Notes
	Y1	Y2	Y3	
Number of countries where FP/RH knowledge needs assessments among K4Health audiences are conducted	2	9 (11)	3 (14)	Ethiopia, Senegal, and Peru
Number and type of instances that findings on audience knowledge needs are communicated to audiences	3	18 (21)	16 (37)	APHA, AEA, Senegal, AHILA (2), KM conference, SA reports (7), Ethiopia report (draft) , Peru report (draft), ICA pre-conference workshop
Number and type of user feedback mechanism used	N/A	6	3 (9)	eLearning survey, website survey, opinion poll

Note: Numbers in parenthesis show cumulative numbers.

Project Result 2

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

PR2 Indicators, Year 3 Targets and Data

PR2 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Toolkits		
Number of organizations that are actively involved in development, review, or maintenance of toolkits (either initiated or posted)	7 additional	**22** organizations **(Appendix C)**

PR2 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of K4Health toolkits initiated	25 additional	**27** toolkits **(Appendix D)**
Number of K4Health toolkits posted	26 additional	**29** toolkits **(Appendix D)**
Number of K4Health toolkits updated *New indicator from Y3	10	**7** toolkits 1. IUD 2. Elements of FP Success 3. Injectables 4. PHE 5. Haiti Relief 6. LAM 7. mHealth
Percent of resources downloaded in toolkits [12]	10% increase* (73% of resources) (*from baseline of 66% downloaded in Y2)	**28%** increase **85%** of toolkit resources downloaded (See **Appendix E** for additional data)
Number of downloads in toolkits *New indicator from Y3	Baseline	**36,449** downloads PDF: 23,898, DOC: 2,508 PPT: 2,363, Outgoing Links: 5,680

[12] This indicator aims to measure improvements made over time in toolkits (e.g., if we are including/offering resources that meet audience needs). As we move forward, we will also report the number of downloads.

PR2 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of visits to toolkits	Baseline	**173,140** visits
Number of absolute unique visitors to toolkits	Baseline	**144,093** visitors
K4Health managed websites		
Number/percent of visits to K4Health managed websites, disaggregated by search engines, referring sites, direct traffic	Baseline	**576,435** visits Search Engines:238,811(49%) Direct Traffic: 208,478 (36%) Referring Sites: 84,126 (15%) **Note:** Due to a change in Web stats due to the server migration of POPLINE, we will use the Year 3 data as a baseline number to set the targets from this point.
Photoshare[13]		
Number of requests for images fulfilled	800	**647** requests filled
Number of photos cataloged	5% increase (from Year 2: 2,100)	**745** new images cataloged **Note:** We ran two smaller contests. World Pneumonia Day and internal CCP field offices contest

[13] Photoshare's aging systems and website have had some challenges related to performance and functionality, including a six month time in which contributed images could not be added to the collection due to a legacy script error and 7 brief interruptions to the order form due to problems with the INFO server. The new Photoshare site now sits on a cloud server which should offer a secure host for the site and eliminate problems with accessing images and services. K4Health plans to hold the Annual International Photo Contest in Year 4 and expects that Year 4 numbers for all of these indicators go back to the previous level in Year 2.

PR2 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of contributors added	250	**132** new contributors
POPLINE[14]		
Number of records added	5,500 (15% increase)	**4,692**
Number of document delivery requests	4,500	**2,533** **Note:** We plan to promote POPLINE to both existing and new audiences in Y4.[15]
Number of online database searches **New indicator	130,000	**150,759** **Note:** There are an additional 110,314 searches that were for individual Document Numbers however they were not counted as they do not seem to be individual users. We will look into finding out who/what is searching POPLINE in this manner.

[14] Popline did not reach its targets due to problems with the INFO server which have since been resolved. Shopping cart became unavailable on two occasions--both caused by problems with the INFO server (6 weeks in Aug-Sep 2010 and several weeks in Dec 2010). We resolved the issue by moving the e-mail functionality from the INFO server to the K4Health server, and since then we have not had any problem with the shopping cart.

[15] The number of requests has not fully gone back to the previous level before the shopping cart problem. Therefore as stated, we plan to focus more on the promotional effort.

PR2 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Global Handbook and Wall Chart[16]		
Number and % increase of the Global Handbook and Wall Chart distribution **New indicator	Baseline	**43,047** Handbooks (including 35,000 in India) **57,541** Wall Charts (including 35,000 in India)
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	Preliminary findings from Year 3 survey (% who agree): • Complete: 78% • Timely: 75% • Reputable: 84% • Accurate: 79% • Useful: 85% • Easy to use: 70%
Percentage of audience members who are satisfied with K4Health products and services (topic, format or presentation, content)		• 79% found what they were looking for • 9% found something else of interest • 79% recommended K4Health website to other colleagues
Percentage of audience members who report knowledge gained from a product or service		72% used information from the K4Health website to improve their knowledge
Percentage of audience members using information and knowledge gained to inform policy and advocacy or to enhance programs		25% used information from the K4Health website to develop or improve policy or national service delivery guidelines

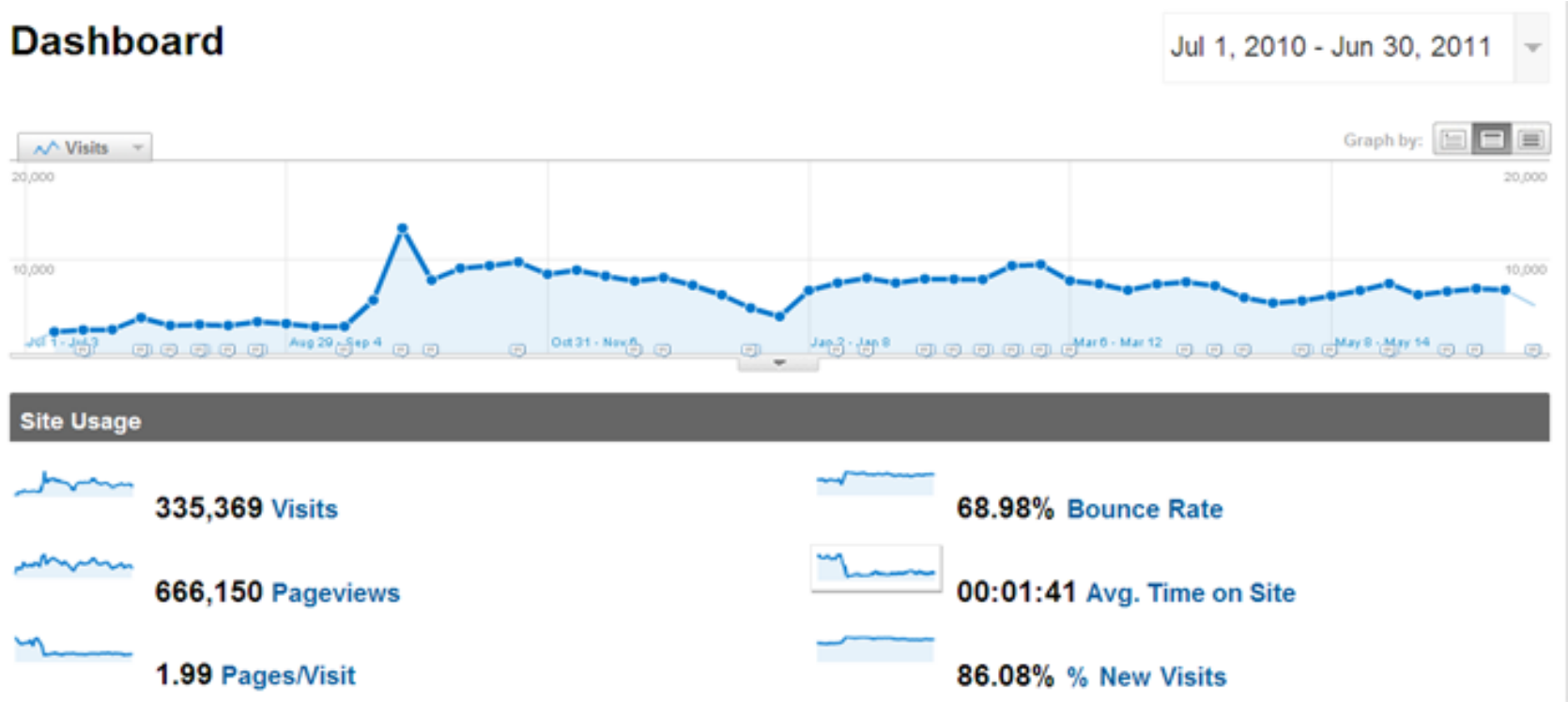
[16] New indicator added. We plan to disaggregate the data by country and language for each of the Handbook and Wall Chart in Year 4.

Selected PR2 Data on Trends

PR2 PMP Indicator	Data			Notes
	Y1	Y2	Y3	
Number of organizations that are actively involved in development, review, or maintenance of toolkits (either initiated or posted)	1	62 (63)	22 (85)	E.g., Indonesia RH Toolkit (BKKBN, PP IBI, PKBI, others), Postpartum Hemorrhage (MCHIP), HTSP (ESD Project)
Number of K4Health toolkits initiated	4	36 (40)	27 (67)	ALHIV, Bangladesh, HTSP, KM, OCs, TDM
Number of K4Health toolkits posted	4	9 (13)	29 (42)	CBA2I, Gender, Malawi Tookits, SDM, Youth Policy

Note: Numbers in parenthesis show cumulative numbers.

K4Health Website Trends in Year 3



Visits/visitors:

- Overall plateaued (highest in September and October 2011, slightly downward and then upward) trend throughout the year.[17]
- As expected, higher visits during the week, with drops on weekends; lower visits in winter/holiday months (lowest in December).
- Sharpest spike occurred with the launch of new K4Health website in September 2010.

[17] We saw the highest number of visits right after the launch of the new website due to focused promotion efforts in September and October 2010. We assume that the number of visits rather stabilized at the current level afterwards. We anticipate that the number of visits will increase throughout Year 4 with the implementation of the new P&D strategy, and plan to closely monitor the web stats.

- Spike seen at the end of February 2011 due to call for new country eToolkits and promotion of widget that was sent on February 26th.
- Spike seen at the end of May 2011 due to the K4Health website survey, which launched on May 24th.

Most frequently used keywords:

1. "K4Health" related words including knowledge for health, k4health.org, www.k4health.org, k4health toolkit
2. Family planning, reproductive health, health (in general)
3. "Jadelle" related words including Jadelle implant, Jadelle insertion, Jadelle contraceptive. This is a new trend in Year 3
4. Haiti and Pakistan due to eToolkits for emergency response

Some preliminary investigation about Jadelle ranking exceptionally high in keywords, top content, and traffic sources:

- Popularity higher in the first 6 months and then declined slightly in the last 6 months
- Spike seen on October 10th 2010
- The majority of the visits were from New Zealand where Jadelle was subsidized in August 2010 (source: http://en.wikipedia.org/wiki/Norplant). 93% of the visits came to the site using the Google search.[18]

Visiting countries:

- Top visiting countries:
  - United States (always 1st at 42% of site visits total on average)
  - **India, Philippines, Pakistan** (frequently ranked as the 2nd and 3rd countries)
  - United Kingdom and Canada (frequently ranked as the 4th and 5th countries)
  - **Indonesia, Kenya, South Africa, Nigeria** (frequently ranked as the 6th and 7th countries)
  - Then, followed by Uganda, Ethiopia, Mexico
- Indonesia was not in the top ten countries in the first half of Year 2. The launch and promotion of Indonesia eToolkits may have drawn more traffic into the site.
- Among those countries, Mexico has the highest bounce rate (86%) and the lowest number of pages per visit (1.3). This could be attributed to the fact that there is less Spanish content on the site. Similar trends seen in other Spanish speaking countries such as Spain, Argentina, and Peru.

[18] Corrected the previous statement about Colombia drawing the majority of visits, based on further investigation in Google Analytics and Google results as described.

Top content/popular entrance paths:

- K4Health home page, eToolkit landing page, eToolkit FAQ.
- Pakistan Relief Toolkit was ranked as the 1st for both top content and popular entrance paths in September 2010. Since then, traffic has declined but it still ranked as the 5th content overall in Year 3 even though it was not heavily promoted.
- Widget- linking to embed widget: 1st widget link for IGWG, 2nd for mHealth. This is a new trend in the past 6 months. Some promotion of widget done through demos.
- PHE made an effort to drive traffic as well—ranked as the 8th content overall in Year 3.
- Popular toolkits: Pakistan, PHE, Implants, IUD, mHealth, IGWG.
- mHealth Toolkit shows spikes around dates of working group meetings and announcements.

Project Result 3

Effective and Appropriate Information Delivery Systems Used

PR3 Indicators, Year 3 Targets and Data

PR3 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of off-line delivery mechanisms for dissemination of K4Health content implemented other than the Internet and print (e.g., flash drive, CD-ROM, cell phone, eBook, audio)	3	**3** Toolkits on Flash drive, CD-ROM & DVD
Number of FP/RH websites supported	~~20~~ (N/A)	**13**[19] **(Appendix H)**
K4Health server up time kept at least 96%	Yes	**Yes** (99.5)
YSlow grades for selected pages (http://developer.yahoo.com/yslow)	Home = 85 Toolkit = 85 About = 86	Home = **82** Toolkit = **83** About = **84**

[19] Updated the number from 20 to 15 by separating the websites into two groups as per USAID guidance: 1) FP/RH website supported/managed through K4Health funds (n=13) and 2) other websites using K4Health technologies but funded by eternal organizations (n=7).

PR3 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
K4Health page response time maximum	2.5 Seconds	Home = **1.8** About = **2.1** Toolkits = **1.6** Toolkits/iud = **2.8** Toolkits/condoms = **1.5** Toolkits/igwg-gender = **1.8**
Number of organizations using K4Health software offerings, including toolkits, "child sites", clones, eLearning, toolkits, search, and databases	5	**7** AFP=Toolkit NURHI=Affiliated Site Peace Corps=Toolkits Youth (FHI)=Affiliated Site MLE=Affiliated Site RIATT=Affiliated Site PHE=Toolkits

Project Result 4

Information and Knowledge Exchange Forums Supported and Expanded

PR4 Indicators, Year 3 Targets and Data

PR4 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
eForums		
Number of forums developed and supported	4	**2**
Number of registered participants in forums and % of registered participants from less developed countries	N/A	Total of registered participants: **374*** **23.5%** are from LDCs

PR4 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
		CoP (Jan) 302 participants from 48 countries CoP (Apr) 371 participants from 54 countries **Note:** Participants in both forums conducted as a series and therefore the original target was incomparable.
Number of contributions (contributions made by participants and experts)	10% increase From 102	**140%** increase Total contributions: **245** CoP (Jan) 97 (87 participant & 10 expert contributions) CoP (Apr) 148 (142 participant & 6 expert contributions)
Number of registered participants who made a contribution(s) and % of contributors from less developed countries	10% increase From 36	**200%** increase Total: 110 CoP (Jan) 54 (39% LDC) CoP (Apr) 56 (48% LDC)

PR4 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of forums in which at least 80% of participants are satisfied with the content of discussion and the amount of information exchange	4	**2**
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	**7** 1. GH Mini-U (Oct 2010) 2. IBP (Nov 2010) 3. KMWG (Oct 2010) 4. KMWG (Nov 2010) 5. KMWG (March 2011) 6. IBP (March 2011) 7. IBP (June 2011)
GHeL Center		
Number of eLearning courses published	12 7 GHeL 5PEPFAR	**8** 4 GHeL 4 PEPFAR **(Appendix I)**
Number of eLearning courses in development	8 5 GHeL 3 PEPFAR	**14** **12** GHeL **2** PEPFAR **(Appendix I)**

PR4 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of GHeL eLearning course authors trained	4	**5**
Number of registered learners in GHeL (cumulative from the inception)	10% increase (from Year 2: 56,072)	81,994 (**46%** increase)
Number of GHeL certificates earned (must score 85% or above to earn certificate)	10% increase (from Year 2: 27,290)	39,717 (**46%** increase)
Audience members' intended use of information and knowledge gained to inform decision-making or to enhance programs	Yes	**Yes** (See examples below)
Number of offline courses supported *Includes financial and/or human resource support for QATs and general management of offline process*	Baseline	**16** courses (FP/RH certificate program)
K4Health eLearning[20]		
Number of K4Health eLearning courses published this year	2 KM course eLearning course	**2** **Note:** Both courses were developed and underwent review and quality assurance testing at the end of Year 3 but will be officially published in Y4/Q1.
Number of eLearning courses in development	Baseline	**0**
Number of visits and unique visitors to the K4Health eLearning Website	Baseline	www.k4health.org/ghelc 2,025 Pageviews 1,857 Unique Views www.k4health.org/e-learning/communities-of-practice 249 Pageviews 249 Unique Views

[20] The CoP course has been moved over to Rapid Intake. We plan to re-launch and re-promote the CoP course in conjunction with the KM course and eLearning Development course, all on Rapid Intake, which provides us with all the features we need cost effectively. Reported satisfaction with the CoP course has been high.

PR4 PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of K4Health certificates earned (must score 85% or above to earn certificate)	Baseline	**21** (from CoP course)
Audience members' use of information and knowledge gained to inform decision-making or to enhance programs	Baseline	**Yes** (See examples below)
Number of organizations trained in eLearning strategy development, course development, and course implementation and evaluation	2 (e.g., Nigeria, Malawi)	**1** (Continued TA and collaboration with US Census)

What learners say about eLearning:

Learners in the K4Health Communities of Practice (CoP) course reported that they would use knowledge gained from the course in their work in the following ways:

- Supporting eForums
- Actively encouraging CoPs in different areas
- Nurturing community technology stewards
- Developing a new CoP in an organization
- Forming professional networks with colleagues with similar interests
- Supporting others to use a new online sharing platform to engage in virtual discussions
- Enhancing individual performance in contributing to health improvement in developing countries

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

- Ensuring to record all necessary information on the provided forms; organize a step-down training for other junior staff
- Designing a questionnaire that is reliable, valid, and precise that will serve as a benchmark for monitoring adolescent risk behaviors in a community
- Supporting development of a Logistics Management Information System for malaria commodities
- Tracking program outputs more effectively
- Building capacity of service providers in HIV care & treatment sites in conducting DQAs and utilizing the findings for improvement

Selected PR4 Data on Trends

PR4 PMP Indicator	Data			Notes
	Y1	Y2	Y3	
Number of face-to-face events and meetings (e.g., GH Mini-University, HIPNet) supported	5	5	7	Mini-U (Oct 2010) IBP (Nov 2010 & Mar & Jun 2011) KM (Oct & Nov 2010 & Mar 2011)
Number of eLearning courses published	29	12 (41)	8 (49)	- 41 GHeL - 8 PEPFAR
Number/% increase of registered learners in GHeL	35,150	56,072 (60%↑)	81,994 (130%↑)	Non-USAID=80%

Note: Numbers in parenthesis show either cumulative numbers or % increase

Promotion and Dissemination

P&D Indicators, Year 3 Targets and Data

P&D PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of fans and followers on social media accounts (Twitter, Facebook, and LinkedIn)	100% increase (from Year 2: 1,599)	**6,804 total** 324% increase Facebook (4,886) Twitter (1,826) LinkedIn (92)
Number of visits on K4Health.org from Twitter, Facebook, and LinkedIn	100% increase (from Year 2: 929)	**2,267 total** 144% increase Facebook (1,721) Twitter (546)
Number of eNewsletters published per year	12	**12**
Number of people who receive/open the K4Health eNewsletter	50% increase (from Year 2: 1,597)	**16,000 receive, around 2,000 open**
Number of blog posts published on K4Health.org blog	50% increase (from Year 2: 48)	**63** **31%** increase

P&D PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of media mentions from promotion	25% increase (from Year 2: 63)	**71** **13%** increase **(Appendix K)**
Number of events/conferences participated in by K4Health *Events/conferences do not include CoP and working group meetings* *Participation includes: dissemination of promotional materials, presentation of posters and papers, panel discussions, attendance at major conferences, live blogs, etc.*	20	**23** **(Appendix J)**
Number of K4Health offline devices distributed (e.g., flash drives, CD-ROMS, eReaders, mobile phones)	100% increase (from Year 2: 700)	**600**% increase 2,548 flash drives 2,440 CD-ROMs **Note:** Sent out at meetings, conferences, face to face, and to requests from end users.
Number of referring sites to K4Health products from other websites	Baseline	**2,834**

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 3 Target	Year 3 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 ***(USAID PRH IR. 1.1)***	**4** 1. Toolkits 2. Online Forums 3. eLearning 4. Websites	**7** 1. Toolkits 2. Online Forums 3. eLearning 4. Websites 5. Offline products (CD-ROM, flash drive, DVD) 6. Working groups (e.g., KM working group and mHealth working group—led by K4Health) 7. Global Handbook/ Wall Chart[21]
Resources leveraged globally for FP/RH activities from non-USAID sources by core or FS funds ***(USAID PRH IR. 1.2)*** *Includes resources leveraged to meet cost-share requirements*	**3**	**7** 1. Peace Corps 2. IBP Knowledge Gateway 3. Non-USAID partners (e.g., SADC, Marie Stopes International) 4. Frontline SMS (Malawi) 5. Open source software (e.g., Drupal and Google Apps) 6. Google AdWords 7. Nikon

[21] Baseline numbers are available on p. 21.

SO PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
Number of partnerships with organizations that do not traditionally focus on FP/RH ***(USAID PRH IR. 1.3)*** *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* *Organizations are defined to include other sectors of USAID, other USG agencies, international organizations, foundations*	**9** 5 from Y2 plus 4	**6** 1. SHARE 2. SAfAIDS 3. Peace Corps 4. Swaziland NAC 5. Lesotho NAC 6. RIATT ~~7. Census Bureau eLearning~~[22]
Key actionable findings and experiences identified, generated, pooled, summarized and their lessons extracted ***(USAID PRH IR 2.2)*** – e.g., number of knowledge tools	30	**66** # of eToolkit posted = 29 # of eLearning published = 8 # of forums conducted = 2 # of websites managed = 20 # of offline products developed = 3 # of working groups managed = 2* # of print products published = 2** *KM and mHealth **Handbook and Wall chart
Audiences reached with tools, protocols, procedures, systems, methodologies, guides, curricula, indices, and/or key actionable findings ***(USAID PRH IR 2.3)*** – e.g., number of audiences reached with products/services managed by K4Health	N/A	**708,623** # of web unique visitors* = 505,276 # of K4Health registered users = 4,417 # of forum participants (IBP KG) = 374

[22] Removed. Census Bureau focuses on FP/RH and therefore does not qualify for the indicator. Updated the Year 3 number from 7 to 6.

SO PMP Indicator	Year 3 Target	Year 3 Data (Quantitative data if available)
		# of IBP KG Global Community members = 5,398 # of GHeL eLearning registered learners = 81,994 # of offline product recipients = 4,988 # of working group participants = 600** # of print product recipients = 105,576 *See **Annex E** for unique visitors breakdowns ** See additional information about working group memberships below
Contraceptive methods, tools, protocols, procedures, systems, methodologies, guides, curricula, indices, and/or key actionable findings incorporated into mission or country programs ***(USAID PRH IR 3.1)*** *Incorporation may be core or FS-funded, bilateral, HC gov't or other donor funded) or adopted/applied by other CAs*	**2** (Sustain the effort)	**4** 1. K4HSA-RHAP program 2. Swaziland program 3. Lesotho program 4. Malawi demo project
~~Ratio of field support to core funding within centrally funded projects designed to support the field, disaggregated by pop FS/pop core and all FS/all core ***(USAID PRH IR 3.5)***~~[23]	~~N/A~~	~~FS*/pop core = 1,150,000/19,097,000 = 6%~~ ~~FS*/all core = 1,150,000/20,739,000 = 5.5%~~ ~~*See the FS funding breakdown below.~~

[23] Removed. This indicator will not be reported as part of PMP from this point forward.

Additional information about the working groups:

- **KM WG**: 120 members from over 55 different organizations representing 17 countries (97 individuals are from the US; the rest come from Colombia, Ecuador, Ethiopia, France, India, Ireland, Italy, Kenya, Malaysia, Nepal, Nigeria, Portugal, Swaziland, Switzerland, the UK, and Zambia)

- **mHealth WG**: 480 members from over 174 different organizations representing 28 countries (391 individuals are from the US; the rest come from Austria, Bangladesh, Belgium, Bosnia and Herzegovina, Canada, Egypt, Ethiopia, Finland, France, Ghana, India, Kenya, Malawi, Mozambique, Netherlands, New Zealand, Nigeria, Peru, Sierra Leone, South Africa, Spain, Switzerland, Tanzania, Thailand, Uganda, the UK, and Zambia)

[24] These breakdowns will not be reported as the financial indicator has been removed as per USAID instruction.

Appendices

Appendix A	K4Health PR/Area Use of Needs Assessment and M&E Data
Appendix B	New Release of K4Health eToolkit Application: Options to Customize eToolkits
Appendix C	Organizations Involved in Development, Review, or Maintenance of K4Health eToolkits
Appendix D	K4Health eToolkits Status
Appendix E	Website Statistics July 1, 2010 to June 30, 2011
Appendix F*	Published eToolkit Status
Appendix G	Distribution of eToolkits on Portable Devices (Flash Drives and CD-ROMs) by Region
Appendix H*	FP/RH Websites Supported/Managed
Appendix I	GHeL Courses Published/In Development
Appendix J	Event/Conference Attendance
Appendix K	K4Health Media Coverage
Appendix L**	Visits from Developing Countries to eToolkits

Note:

*Appendices updated
**Appendices added

Appendix A

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

Result/data	Source (e.g. web statistics, Needs Assessment report, survey, etc.)	How data/information was used
	Field support	
Too much information not centrally organized	Needs assessment reports	Worked with TWGs in Indonesia, Malawi, Swaziland, Lesotho, Senegal, Kenya, etc. to create eToolkits focusing on FP/RH and HIV/AIDS topics.
Lack of space to access up-to-date information, especially at district level and below, and lack of skills to use computers	Malawi needs assessment report	Created District Learning Centers (DLCs) in Nkhotakota and Salima and conducted computer and basic Internet trainings at DLCs.
Mobile phones common among health managers and providers to share short instructional information; however, lack of up-to-date relevant information, especially for CHWs	Malawi needs assessment report	Mobile phone pilot project with CHWs using Frontline SMS.
	PR 1	
Information needs, barriers to access and use, preferred communication channels	Needs assessment reports	Shared results and implications for K4Health with project teams and partners to inform the development of products and services.
Needs assessment process (KIIs and FGDs vs. Net-Map)	Needs assessment reports	Looked at the two approaches and drew from both, in order to target our audience and better understand the health information system in countries.

Result/data	Source (e.g. web statistics, Needs Assessment report, survey, etc.)	How data/information was used
	PR2	
Too much information not centrally organized	Needs assessment reports	• Developed eToolkit Application, which facilitates the synthesis of knowledge by providing public health professionals a way to create an electronic library of information resources on a particular topic without the need for specialized IT skills. • Developed 47 toolkits (29 launched in Year 3), which allow users to access a filtered set of important resources on a particular topic without having to sift through too much information.
Meeting the need for locally relevant content	Needs assessment reports	• Working with multiple country teams to create country-specific eToolkits (e.g. Malawi, Indonesia, Kenya, etc.). • Included many Creole resources in the Haiti Relief Toolkit.
Lack of materials; few books, journals, guidelines, handbooks, or other print materials on hand; materials frequently out of date; lack of access to grey literature	Needs assessment reports	• POPLINE provides links to full-text resources when freely available or sends electronic versions upon request from developing-country users. • Via eToolkits, we provide access to journal articles either through article abstracts or through "Essential Knowledge" documents, which are summaries of the evidence base on a particular topic, with references to key journal articles.
Top four FP/RH information needs: • Adolescent RH • FP/MCH Integration • CBFP • FP/HIV Integration	Global Online Survey	• eToolkits published on CBFP and CBA2i; eToolkit published on FP/HIV Integration. • FP/MCH eToolkit in development.

Result/data	Source (e.g. web statistics, Needs Assessment report, survey, etc.)	How data/information was used
	PR3	
Lack of access to the Internet and delivery of information varies by country (i.e., there is a preference for flash drives in some countries and for CD-ROMs in others)	Needs assessment reports Routine monitoring (user e-mails; listserv monitoring)	Provided published eToolkits on flash drives and CD-ROMs.
Types of browsers and operating systems	Global Online Survey	Designed web-based products that are compatible and suitable to the types of browsers and operating systems commonly used by audiences with Internet access.
	PR4	
Timely practical information	Needs assessment reports and GHeL evaluation data	Created courses with the most up-to date information; they can be updated as frequently as needed (PEPFAR, FP Legislative, HIV Stigma).
Busy Schedule/little time	Needs assessment reports and GHeL evaluation data	Designed courses for mid-level professionals who have little time to spend learning. Courses are divided into sessions that build on each other and can be started/stopped at any point and as frequently as needed.
Use of professional networks to found be a "very useful" form of interpersonal communication	Global Online Survey	• Continued focus on CoPs and online forums through the IBP Knowledge Gateway. • Beginning stages of discussion forums and boards associated with eLearning courses (KM and PEPFAR courses).
Collaborative learning platforms, including CoPs, a key KM component in organization	Knowledge Management Survey (October 2010)	The KM Working Group is organizing a forum on the Implementing Best Practices (IBP) Knowledge Gateway about the use of CoPs.
No common understanding/definition of KM	Knowledge Management Survey (October 2010)	The first KM Working Group Meeting focused on reaching a common understanding of "Knowledge Management." This will be built upon in the upcoming KM course.

Appendix B

New Release of K4Health eToolkit Application: Options to Customize eToolkits

The **Knowledge for Health (K4Health) Project** is pleased to inform Toolkit Managers of new features in the eToolkit Application, which are available immediately for customizing the look and feel of toolkits.

K4Health will host a webinar for Toolkit Managers in August to demonstrate how to apply the new features to existing and future toolkits. Stay tuned for an invitation to the webinar!

In response to requests for greater differentiation among toolkits several new features in this 2.0 beta release of the eToolkit Application provide greater flexibility in design and functionality.

- **Custom header and footer.** The eToolkit platform is designed to be a neutral platform where USAID Cooperating Agencies and other international public health organizations can collaborate together to deliver essential health information to programs and practitioners in the field. To enhance the neutrality, we removed the K4Health logo from the header and replaced it with a small text line in the footer that indicates the site is powered by K4Health with support from USAID. Toolkit Managers can now place any logo, icon, or image in their header—or just the toolkit title without a graphic. Additional logos also can be added in the footer--as with the standard K4Health toolkit design.

- **Vertical navigation menu.** The new design incorporates a vertical navigation menu in contrast to the horizontal navigation tabs in the standard K4Health toolkit design.

- **Custom information blocks.** Add up to six types of information blocks in the right pane of the toolkit, in both the new and standard designs. Display:
    1. The five **most recently added** resources
    2. **Most downloaded** resource
    3. **Featured** resources selected by Toolkit Managers
    4. **Image** for the home page
    5. Links to articles from **news feeds**
    6. **Anything else**! (text, images, links, etc.)

- **Color picker.** Choose from a set of six new color options in the new design (or use the turquoise color in the standard design). During this beta release, K4Health staff will implement the color choice on behalf of Toolkit Managers.

Autumn	Blue	Dark Blue & Red
Green	**Purple & Orange**	**Red**

- **New treatment for "About" and "Join the Discussion."** In both the new and standard designs, "About" and "Join the Discussion" are now links instead of tabs and are better integrated into the toolkit layout.

- **Site Map.** Automatically generated, the new Site Map on the new and standard designs includes, on one page, a list of all the tabs, subheadings, and resources included in the toolkit.

- **Last Updated.** The eToolkit Application now automatically generates a "Last Updated" line in the footer of toolkits in the new and standard designs. The date of the last update is based on the most recent date that Toolkit Managers either add a resource or add new or edit existing introductory text.

- **Number of resources next to linked subheadings.** The number of resources on a linked subheading page is now displayed in parentheses after the linked subheading.

- **User ratings of toolkit resources.** Toolkit users now have the ability to rate individual toolkit resources, based on a simple 5-star rating system. User ratings give other users an indication of the usefulness of resources. They also give Toolkit Managers feedback about the most and least useful resources, which can help inform future toolkit updates.

During the upcoming webinar, staff from the K4Health Toolkit team will demonstrate how to add a graphic to the header, choose a color palette, add different types of custom information blocks, and answer any questions from Toolkit Managers.

We hope you enjoy the new features! Please keep in mind that this is a beta release. If you run into any bugs or problems with the new features, contact the K4Health Toolkit Team at toolkits@k4health.org.

Appendix C

Organizations Involved in Development, Review, or Maintenance of eK4Health eToolkits Year 3

Note: Output for the first PR2 indicator is counted by organization
New collaborative organizations = 22
National partners = 10 (Marked with asterisks)

No.	Organization	eToolkits
1.	Adele RH Foundation (Cameroon)*	Adele RH Foundation site[25]
2.	Baylor International Pediatric AIDS Initiative (BIPAI)	ALHIV
3.	BEMFAM/Brazil*	Oral Contraceptives
4.	BKkbN*	Indonesia Reproductive Health
5.	ChildFund	Knowledge Management
6.	Clinton Health Access Initiative	ALHIV
7.	Elizabeth Glaser Pediatric AIDS Foundation	ALHIV
8.	ExpandNet	Scaling Up Health Innovation Tools
9.	Fred Hollows Foundation	Primary Eye Care[26]
10.	International Agency for Blindness Prevention	Primary Eye Care
11.	International Center for AIDS Care and Treatment Programs	ALHIV
12.	Kemenkes*	Indonesia Reproductive Health
13.	Kenya National Family Planning Working Group at the Ministry of Health's Dept of RH (DRH)*	Kenya Health
14.	Malawi National AIDS Commission*	Malawi HIV/AIDS
15.	Measure Evaluation	Research Utilization
16.	Muhammadiyah*	Indonesia Reproductive Health
17.	PP IBI*	Indonesia Reproductive Health
18.	PKBI*	Indonesia Reproductive Health
19.	Senegalese Ministry of Health and Prevention Division of Reproductive Health*	Senegal
20.	UNAIDS	Malawi HIV/AIDS
21.	UNICEF	ALHIV
22.	WHO	ALHIV, KM

[25] The organization is using the Toolkit Application to transfer their existing website contents and materials.
[26] It is in development and listed as 40 in Appendix D (page 45).

Appendix D

K4Health eToolkits Status Table
Year 3

Initiated in Year 3 = 27
Posted in Year 3 = 29
Currently in development =18
Country based toolkits = 12 (5 launched and 7 in development) (Marked with asterisks)

No.	eToolkit	Date Initiated	Date Launched
1.	Adele Reproductive Health Foundation*	3/17/11	In development
2.	Adolescents Living with HIV (ALHIV)	12/17/10	2/28/11
3.	Bangladesh Population, Health, and Nutrition*	5/25/11	In development
4.	Community-based Access to Injectables (CBA2I)	11/4/10	6/30/11
5.	Condom Use	9/9/09	9/13/10
6.	ExpandNet--Scaling Up Health Innovation Tools	3/13/11	In development
7.	FP/MNCH/Nutrition Integration	3/3/11	In development
8.	Go Girls	5/19/11	5/24/11
9.	Guatemala: Legacy Resources for Integrating SDM and CycleBeads Methods Into Programs*	6/8/11	In development
10.	HIV/AIDS – Young People in Cote d'Ivoire	1/24/11	In development
11.	Healthy Timing and Spacing of Pregnancy (HTSP)	10/5/10	5/3/11
12.	IGWG Gender & Health	3/8/10	10/6/10
13.	INFO Project Publications	2/14/11	4/19/11
14.	Kenya Health*	9/15/10	In development
15.	Knowledge Management	9/4/10	In development
16.	Leadership and Management	3/29/10	3/30/11
17.	Malawi FP*	4/28/10	8/20/10
18.	Malawi HIV/AIDS*	1/21/10	2/7/11
19.	Malawi MNH*	4/28/10	8/20/10
20.	Malawi YPRH*	4/28/10	8/20/10
21.	Microbicides	10/1/10	In development
22.	Oral Contraceptives	9/1/10	12/20/10
23.	Pakistan Relief*	8/20/10	8/27/10
24.	PC-BCC	3/22/10	8/9/10
25.	PC- Food Security	3/11/10	8/9/10
26.	PC- HIV/AIDS	2/2/10	8/9/10
27.	PC-Malaria	3/11/10	7/13/10

28.	PC-MNCH	4/21/10	**8/9/10**
29.	PC-Non-communicable Diseases	3/11/10	**2/25/11**
30.	PC-Nutrition	2/2/10	**7/13/10**
31.	PC-SRH	3/11/10	**8/9/10**
32.	PC- Stoves	3/11/10	**7/13/10**
33.	PC- WSH	3/11/10	**7/13/10**
34.	PC - Women/Gender	3/11/10	**1/21/11**
35.	Permanent Methods	**8/17/10**	In development
36.	Population-based Survey Development	**7/22/10**	In development
37.	Postpartum Hemorrhage	**8/16/10**	In development
38.	Preeclampsia/Eclampsia	**8/16/10**	In development
39.	Pre-Service Education	**1/24/11**	In development
40.	Primary Eye Care	**8/18/10**	In development
41.	Reproductive Health Indonesia*	**10/14/10**	**1/12/11**
42.	Research Utilization	**8/1/10**	In development
43.	Senegal*	**10/13/10**	In development
44.	Standard Days Method	3/10/10	**8/2/10**
45.	Tanzania ACE Mentoring Programme*	**5/24/11**	**6/15/11**
46.	Two Day Method	**3/2/11**	In development
47.	Youth Policy	5/12/10	**5/9/11**

[1] Date initiated is defined as the date that the toolkit was opened in the Toolkit Application. However, some toolkit working groups began discussions about their toolkits and started developing their toolkits offline prior to opening them in the Toolkit Application. Conversely, other toolkit working groups did not start working on their toolkits for some time after they were opened in the Toolkit Application.
[2] 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 E

Website Statistics – July 1, 2010 – June 30, 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	335,369	290,222	2,347	666,150	537,746	109,755 (33%)	179,339 (53%)	46,273 (14%)	1:41
➢ **eToolkit**	173,140	144,093	1,479	412,808	317,466	65,021 (38%)	89,194 (52%)	18,922 (11%)	2:22
POPLINE	35,491	25,774	1,135	701,009	91,923	13,706 (39%)	8,288 (23%)	13,480 (38%)	4:37
Photoshare	192,621	177,990	797	497,395	401,642	154,054 (80%)	16,530 (9%)	22,037 (11%)	1:03
INFO**	4,771	4,286	206	7,149	4,776	438 (9%)	3,259 (68%)	1,073 (22%)	0:58
HIV/SRH Integration	8,183	7,004	180	15,803	11,538	5,858 (72%)	1,062 (13%)	1,263 (15%)	1:17
Total	576,435	505,276	4,665	1,887,506	1,047,625	238,811 (49%)	208,478 (36%)	84,126 (15%)	

***The websites listed above are mutually exclusive except eToolkits that fall under K4Health as marked (e.g., INFO stats are not part of K4Health).**
****Legacy sites currently included under INFO until the migration is completed:**

- *Global Handbook*
- Jim Sheldon's Pearls
- PAC

*****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 F

Published eToolkit Status as of June 2011

	eToolkit	Published	# of Resources	# of Downloaded Resources	Total Downloads	# of Pageviews	# of Searches via GSA
1.	ALHIV	2/28/2011	87	82	94%	3140	3
2.	CBA2I	6/30/2011	96	n/a	n/a		6
3.	CBFP	5/19/2010	317	269	85%	21368	100
4.	Condom Use	9/13/2010	134	105	78%	7778	24
5.	Elements of FP	10/21/2009	385	247	64%	12409	56
6.	FP/HIV Integration	2/25/2010	186	160	86%	6962	15
7.	Go Girls	5/24/2011	All resources were uploaded to pages; no download statistics			453	1
8.	Haiti Relief	1/21/2010	451	440	98%	12855	44
9.	HTSP	5/3/2011	80	75	94%	4713	4
10.	IGWG Gender and Health	10/6/2010	451	433	96%	24138	4
11.	Implants	5/6/2010	178	139	78%	24370	29
12.	INFO Project Publications	4/19/2011	223	219	98%	995	0
13.	Injectables	10/21/2009	194	194	88%	9333	16
14.	IUD	10/20/2009	142	142	78%	35342	77
15.	Lacational Amenorrhea Method	5/5/2010[27]	48	44	92%	1519	4
16.	Leadership & Management	3/30/2011[28]	101	66	65%	3416[29]	8
17.	Malawi FP	8/20/2010	120	81	68%	4944	0
18.	Malawi HIV/AIDS	2/7/2011	365	247	68%	2269	1

[27] Corrected.
[28] Corrected.
[29] Added.

19.	Malawi Maternal/Neonatal	8/20/2010	41	36	88%	5580	24
20.	Malawi Young RH	8/20/2010	13	12	92%	2127	7
21.	MCP	12/2/2009	48	43	90%	3670	5
22.	mHealth	6/16/2010	124	112	90%	15872	83
23.	Oral Contraceptives	12/20/2010	105	89	85%	2039	14
24.	Pakistan Relief	8/27/2010	263	175	67%	12187	100
25.	Peace Corps - Behav Change	8/9/2010	31	30	97%	4121	15
26.	Peace Corps - Food Security	8/9/2010	44	43	98%	2413	3
27.	Peace Corps - HIV/AIDS	8/9/2010	85	83	98%	2774	8
28.	Peace Corps - Malaria	7/13/2010	30	28	93%	2442	9
29.	Peace Corps - MNCH	8/9/2010	59	58	98%	3128	35
30.	Peace Corps - NCD	2/25/2011	65	56	86%	1987	3
31.	Peace Corps - Nutrition	7/13/2010	56	51	91%	4774	5
32.	Peace Corps - SRH	8/9/2010	56	54	96%	1929	9
33.	Peace Corps - Improved Stoves	7/13/2010	26	18	69%	2986	3
34.	Peace Corps - WSH	1/21/2011	66	60	91%	6398	17
35.	Peace Corps - Women	7/13/2010	32	32	100%	1802	0
36.	PHE	12/13/2009	209	178	85%	15576	269
37.	PMTCT	12/1/2009	109	100	92%	7491	15
38.	PPFP	2/22/2010	182	181	99%	8209	51
39.	Reproductive Health Indonesia	1/12/2011	18	18	100%	7100	3
40.	SDM	8/2/2010	143	125	87%	2802	8
41.	Tanzania ACE Mentoring Pgm	6/15/2011	26	5	19%	159	0
42.	Youth Policy	5/9/2011	205	188	92%	1240	0

Notes:

- Internal (CCP) activity is excluded for Web analytics, but for downloads it is not.
- Mateny eToolkit resources have multiple links and language versions. Each download is counted separately.
- Toolkit profiles were set up in October 2010; Web analytics before that are under estimated.
- Google searches are from November 1, 2010 – June 30, 2011.

Appendix G

Distribution of eToolkits on Portable Devices (Flash Drives and CD-ROMs) by Region Year 3

Flash Drives

Region	Number
Sub-Saharan Africa	763
North America*	595
Latin America & Caribbean	264
Asia	843
Europe	64
Middle East and North Africa	19
Total	2548

CD-ROMS

Region	Number
Sub-Saharan Africa	945
North America*	887
Latin America & Caribbean	264
Asia	261
Europe	64
Middle East and North Africa	19
Total	2440

* 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[30]

1. End Violence Against Women	http://www.endvaw.org
2. Eureka!	http://eureka.k4health.org
3. *Global Handbook for Providers*	http://www.globalhandbook.org
4. Health Information and Publications Network	http://www.hipnet.org
5. HIV/AIDS and SRU Integration	http://www.hivandsrh.org
6. Indaba	http://indaba.k4health.org
7. Interagency Youth Working Group	http://www.iywg.org
8. Jim Shelton's Pearls	http://pearls.k4health.org
9. Knowledge for Health	http://www.k4health.org
10. Male and Female Condom Resource Center	http://condoms.k4health.org
11. Photoshare by K4Health	http://www.photoshare.org
12. POPLINE	http://www.popline.org
13. Post abortion Care	http://www.postabortioncare.org

Other Websites using K4Health Technologies but Funded by External Organizations

1. Advance Family Planning	http://www.advancefamilyplanning.org
2. Health Communication Partnership	http://hcpartnership.org
3. JHSPH Center for Communication Programs	http://www.jhuccp.org
4. Media / Materials Clearinghouse	http://www.m-mc.org
5. Nigerian Urban Reproductive Health Initiative	http://www.nurhi.org
6. RIATT	http://www.riatt-esa.org
7. The Urban Reproductive Health Initiative	http://www.urbanreproductivehealth.org

[30] Adjusted the number from 20 to 13 in PMP.

Appendix I

Published GHeL Courses
As of June 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.	Malaria in Pregnancy	Apr-09	
30.	Human Resources for Health (HRH) Basics	Aug-09	Published in Y2
31.	Newborn Sepsis	Aug-09	Published in Y2
32.	FP/RH for People Living with HIV	Dec-09	Published in Y2
33.	Community-Based Family Planning	Apr-10	Published in Y2
34.	Gender and Reproductive Health 101	Apr-10	Published in Y2
35.	Commercial Private Health Sector Basics	May-10	Published in Y2
36.	*HIV Surveillance*	May-10	Published in Y2

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

Courses in italics are PEPFAR courses

GHeL Courses in Development

	Course in Development	Date Created	Notes
1.	Social and Behavior Change Communication		
2.	Postabortion Care		
3.	Antimicrobial Resistance II		
4.	Male Circumcision (2)		
5.	Long Acting and Permanent Methods		
6.	*Mortality Surveillance*		
7.	Nutrition		
8.	Pharmaceutical Management		
9.	Poverty and Equity		
10.	Health Systems		
11.	*HIV Legal Requirements*		
12.	Maternal Survival - Programming Issues*		
13.	FP Legislative Requirements*		
14.	Youth Reproductive Health*		

Course in italics are PEPFAR courses
**Courses in revision*

Appendix J

Event/Conference Attendance
Year 3

1. Acquia Drupal Theme Development Training
2. American Evaluation Conference
3. American Public Health Association Annual Meeting
4. Association for Health Information and Libraries in Africa
5. Center for Communication Programs Worldwide Meeting 2011
6. CORE Group meeting
7. Drupalcon Chicago
8. Drupalcon Copenhagen
9. eLearning Africa Conference
10. Global Health Council Conference
11. Global Health Mini-University
12. International AIDS Conference
13. International Communication Association (ICA) 2011, Pre-Conference Workshop, Seamlessly Mobile?: Mobile Communication @ a Crossroads
14. JHSPH's Mid Atlantic Public Health Training Center
15. KM Impact Challenge unConference
16. KM World
17. mHealth Africa Summit (November 2010)
18. mHealth Summit Cape Town (June 2011)
19. Online Information Conference
20. OpenGovDoc
21. Social Good Summit
22. Society for Applied Learning Technology
23. Unite for Sight

Appendix K

K4Health Media Coverage
Year 3

Global Health Magazine:

- On the Road to Vienna and Integration
- The MDGs, Social Media and Humanity, Coming Together at the Social Good Summit
- The Cloud, the Crowd, the Community: Coming Together to Effectively Respond to Disasters
- Elevating the Cause for Women and Children, a Race Against Time

UNFPA's Conversations for a Better World:

- The MDGs, Social Media and Humanity, Coming Together at the Social Good Summit
- The Cloud, the Crowd, the Community: Coming Together to Effectively Respond to Disasters
- Elevating the Cause for Women and Children, a Race Against Time
- Water rights for women and children are essential to the MDGs

Kabissa.org:

Promoted to front page:

- The Institute for Reproductive Health Launches Web-Based Standard Days Method Toolkit
- Pakistan Relief Toolkit: Providing Essential Knowledge and Resources for Relief Efforts
- Blog Action Day 2010: Blogging About Water for Women and Children
- K4Health: The Link Between Knowledge and Effective Decision-Making and Health Policy Development
- Celebrating the Past and Looking to the Future During World AIDS Day

Zunia.org:

Promoted to front page:

- The Standard Days Method® (SDM) Toolkit: Reliable and Relevant Web-Based Information and Resources about the SDM

KMAfrica KnowledgeHub:

- The Standard Days Method® (SDM) Toolkit: Reliable and Relevant Web-Based Information and Resources about the SDM
- Pakistan Relief Toolkit: Providing Essential Knowledge and Resources for Relief Efforts
- Blog Action Day 2010: Blogging About Water for Women and Children

Insight LIVE: Covering Health & Development:

International AIDS Conference 2010:

- On the Road to Vienna and Integration
- Missing the Forest for the Trees: Viewing Integration from a Broader Perspective
- What Does Harm Reduction Have to do With Integration?
- Integrating Local Services Without Reinventing the Wheel

Kaiser Daily Global Health Policy Report

- Blogs Address Secretary Clinton's Remarks On GHI
- Examination of the U.N. Millennium Development Goals (MDGs) summit

APHA 138th Annual Meeting & Expo

- APHA Conference blog: Listed on their blog roll
- APHA's International Health Section listed K4Health Blog as resource

General Coverage

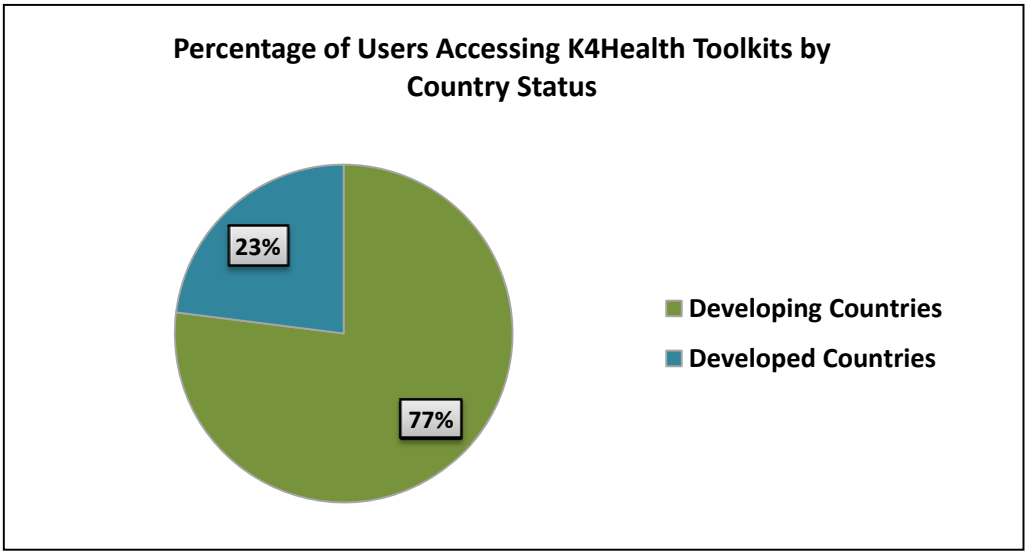
- **Haiti Connect:** The Cloud, the Crowd, the Community: Coming Together to Effectively Respond to Disasters
- **Health 2.0:** The MDGs, Social Media and Humanity, Coming Together at the Social Good Summit
- **eHealth Daily Report:** MDGs, Social Media and Humanity, Coming Together at the Social Good Summit
- **Global Health Daily:** Elevating the Cause for Women and Children, a Race against Time
- HIFA2015: Picked up Tara's post "Empowering Women to Empower Societies to Achieve the MDGs"
- HIFA2015: Picked up Chris's post, "K4Health: The Link Between Knowledge and Effective Decision-Making and Health Policy Development"
- HIFA2015: Picked up Tara and Vanessa's post "Perspectives from APHA: Fulfilling the Right to Access and Use Health Information"
- Medical News Today
  Global Health Initiative
- Learning Haitian Creole (Blog)
- Flat Maggie's St. Joseph Hospital Blog: Haiti Relief Toolkit
- Eldis Community
  K4Health Launch Three Malawi-Specific eToolkits
- WHO: Partnership for Maternal, Newborn & Child Health
- GHDonline: Improving Health Care Delivery Through Global Collaboration
- Global Health Council: K4Health Pakistan Relief Toolkit
- CapacityPLUS
  Helping Health Workers Respond to Relief Efforts in Haiti
- Peopleinaid.org/Haiti: Links to Haiti Relief Toolkit
- Listed in John Snow International's blog "The Pump"

- Center for Health Policy and Innovation blog: Picked up Cassie's post, "On the Road to Vienna and Integration"
- Institute for Reproductive Health Press Release
  K4Health Toolkit on LAM Launched
- IntraHealth's Global Health Blog
  "Caught Our Eye"
- AIDSportal release: New eLearning Course on HIV Stigma and Discrimination Released
- Canadian Women's Health Network
  Gender and Health eToolkit on K4Health.org
- A Global Network of Population Information Professionals: APLIC Blog
  What are the health information needs of key audiences?
- Nikon Press Center
  Nikon Announces the Judges for the 33rd Nikon Photo Contest International
- The Global Health Daily: IGWG Gender and Health Toolkit
- World News: "Water and Sanitation a Partnership for Change: Peace Corps K4Health Toolkit
- Peace Corps University: K4Health and Peace Corps Toolkits
- Health in Africa:
  Picked up The K4Health Monthly
  Explore the New and Improved K4Health eToolkits Web Page
  Oral Contraceptive Use and Mortality: Setting the Record Straight
- The Global Health Daily:
  The K4Health Monthly & The CBFP Mobile Services discussion highlighted
- IntraHealth:
  Helping Health Workers Respond to Relief Efforts in Haiti
- The Mobileactive Daily
- Allafrica.com:
  K4Health: The Link Between Knowledge and Effective Decision-Making and Health Policy Development
- United Nations Foundation News Section
- Practical Action: Listed Haiti Toolkit in "Emergency Relief" section
- People in AID lists Haiti Relief Toolkit in Resource Sheet
- White Ribbon Alliance:
  Lists mHealth and IGWG toolkits in announcements
  List Standard Days Method Toolkit in announcement
- COREgroup lists mHealth Toolkit in mHealth resource list
- Launch video published on World News
- PAHO/WHO highlighted Haiti Relief Toolkit on their homepage
- Listed in UN report on the DPI/NGO Conference, titled "Global Health: Achieve the MDGs"
- American Academy of Pediatrics listed Haiti Relief Toolkit in "Orientation and Resource list for those going to Haiti"
- RightHealth.com listed K4Health

- NIH Disaster Information Management Research Center listed Pakistan Relief Toolkit on their featured site section
- NIH John E. Forgarty International Center for Advanced Study in the Health Sciences listed mHealth toolkit in their mobile health resources
- Peace Corps blog, "Preserving More than Just Memories" links to toolkit
- Center for Health Market Innovations, "A Whole New World of Widgets"

Appendix L

Visits from Developing Countries to eToolkits
Year 3



Developing Country	# of Visits
India	7,870
Pakistan	6,690
Indonesia	5,381
Kenya	3,882
Philippines	3,847
South Africa	2,861
Nigeria	2,331
Ethiopia	2,111
Uganda	1,918
Mexico	1,296
Tanzania	1,084
Ghana	971
Malawi	939
Nepal	885
Egypt	843
Peru	739
Bangladesh	668
Malaysia	608
Argentina	588
Zimbabwe	587
Thailand	583
Colombia	564
Zambia	564

Brazil	478
Ecuador	465
China	460
Chile	457
Guatemala	442
Iran	419
Cambodia	387
Haiti	387
Rwanda	383
Vietnam	379
Sri Lanka	359
Jamaica	348
Botswana	341
Senegal	329
Sudan	314
Jordan	314
Saudi Arabia	305
Mozambique	282
Namibia	265
Cameroon	253
Madagascar	249
Bolivia	237
Ukraine	216
Russia	199
Venezuela	196
Myanmar [Burma]	189
Turkey	179
Trinidad and Tobago	165
Mali	164
El Salvador	157
Morocco	152
Nicaragua	149
Fiji	138
Poland	115
Afghanistan	111
Romania	110
Lebanon	108
Dominican Republic	108
Albania	106
Costa Rica	105
Laos	105
Cote d'Ivoire	104
Djibouti	97
Panama	96
Yemen	94
Lesotho	93

Paraguay	93
Burkina Faso	93
Lithuania	85
Somalia	84
Congo [DRC]	76
Serbia	74
Papua New Guinea	72
Algeria	70
Iraq	69
Oman	68
Angola	67
Georgia	65
Hungary	64
Uruguay	64
Liberia	64
Swaziland	61
Tunisia	61
Honduras	61
Vanuatu	59
Czech Republic	57
Bhutan	57
Mauritius	55
Tajikistan	54
Guyana	54
Kazakhstan	52
Suriname	51
Belize	48
Niger	48
Saint Vincent and the Grenadines	48
Sierra Leone	47
Azerbaijan	47
Bulgaria	45
Mongolia	41
Burundi	41
Gambia	40
Croatia	40
Kyrgyzstan	39
Maldives	39
Togo	36
Guinea-Bissau	36
Benin	36
Timor-Leste	33
Slovakia	30
Armenia	30
Moldova	26
Macedonia [FYROM]	22

Slovenia	20
Syria	17
Estonia	16
Solomon Islands	16
Cape Verde	15
Guinea	15
Latvia	13
Kiribati	12
Mauritania	12
Dominica	10
Saint Lucia	10
Jersey	10
Bosnia and Herzegovina	9
Libya	8
Turkmenistan	7
Uzbekistan	6
Micronesia	6
Eritrea	5
Cuba	5
Congo [Republic]	4
Monaco	4
U.S. Virgin Islands	4
Belarus	4
British Virgin Islands	4
Guadeloupe	3
Saint Kitts and Nevis	3
Seychelles	3
Gabon	3
Samoa	3
Réunion	3
Tonga	2
Northern Mariana Islands	2
Cook Islands	2
Chad	2
Tuvalu	2
Equatorial Guinea	1
French Guiana	1
Martinique	1
Grenada	1
Anguilla	1
Comoros	1
Guernsey	1
Gibraltar	1
American Samoa	1
Central African Republic	1