



**USAID**  
FROM THE AMERICAN PEOPLE

**K4Health**<sup>TM</sup>

Knowledge for Health



© 2009 Virginia Lamprecht, Courtesy of Photoshare

**Year 3**  
**Mid Year Review and Progress Report**  
**July 1, 2010 – December 31, 2010**

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

**February 11, 2011**



## Table of Contents

<b>Mid Year Review Process .....</b>	<b>1</b>
<b>Summary of Mid Year Reviews and Progresses .....</b>	<b>2</b>
Project Result 1	
Project Result 2	
Project Result 3	
Project Result 4	
Promotion and Dissemination	
Field Services	
Monitoring and Evaluation	
<b>Assessment of Activity Status .....</b>	<b>8</b>
Project Result 1	
Project Result 2	
Project Result 3	
Project Result 4	
Promotion and Dissemination	
Field Services	
Monitoring and Evaluation	
<b>Mid Year Assessment on PMP Indicators and Trends .....</b>	<b>35</b>
Project Result 1	
Project Result 2	
Project Result 3	
Project Result 4	
Promotion and Dissemination	
Strategic Objective	
<b>Appendices .....</b>	<b>51</b>

## Mid Year Review Process

The purpose of the mid-year review was as follows:

- To assess progress made in implementing activities and achieving targets during the first half of Year 3 (7/1/10 to 12/31/10).
- To determine whether or not each of the proposed activities has sound strategies and adequate resources, and if it is necessary to make adjustments to adapt to new conditions (e.g., priority shift, unexpected challenge, etc.) for the rest of Year 3 (1/1/11 to 6/30/11).
- To identify specific issues/findings that will inform the Year 4 work plan proposal.

Each PR, Field Support (FS), Promotion and Dissemination (P&D), and Monitoring and Evaluation (M&E) team conducted the review of:

- Activities proposed for Q1 and Q2 (7/1/10 – 12/31/10) in the final Year 3 work plan proposal, and
- Indicators applicable and targets specified for Year 3 by collecting the data as of 12/31/10 if available.

This progress report presents major issues and key findings from the mid-year review. For the status of each activity area, we used a common set of criteria as shown in the table below (see pp. 8 to 33):

Criteria	Definition and Example
Completed	Activities having come to end or concluded with specific deliverables
Continual	Activities recurring regularly or frequently without specific end date
Early stage	Activities in preparation/planning or just started,
Middle stage	Activities being implemented or ongoing,
Final stage	Activities nearly completed,
Pending	Activities being put on hold or delayed for specific reasons,
Strategy shifted	Activities adopted alternative strategy
Q3/Q4* (see below)	Activities not proposed to start until Q3/Q4.

**\*Note:** In the report, any write-ups on Q3 and Q4 activities are shown in grey, because Q1 and Q2 activities were the main focus of this review exercise.

## Summary of Mid Year Reviews and Progresses

---

### Project Result 1

#### Knowledge Needs of Audience Identified

---

##### PR 1 Progress Highlights:

- K4Health is demonstrating its leadership in knowledge management by convening and launching the knowledge management working group in collaboration with IBP, USAID and PHI. As a result of the first meeting, three working groups (Business Case, Toolkit, and M&E) and a Steering Committee were created. K4Health is overseeing the Steering Committee and leading both the Toolkit and M&E WGs.
- Needs assessment work, including a net map component (in Peru and Ethiopia), is in the middle and final stages with reports and dissemination workshops to be implemented in the next quarter.
- K4Health participated in World Environment Day events in Nigeria, Indonesia, and Malawi, bringing attention to key FP/RH issues and renewing commitment to FP/RH and related development issues.

##### PR1 Priority Areas for the Rest of Year 3:

- Continue to lead the KM Working Group Steering Committee along with other KM sub-groups to promote knowledge sharing and advance KM practice.
- Complete the needs assessment guide-- allowing K4Health to share what we have learned in our assessments, and reduce costs and duplication of effort among others interested in doing similar assessments.
- Continue to promote and disseminate results of the needs assessment results through KM networks (e.g., K4Dev, SID), conferences, brown bags, meetings, and peer-review paper submissions.
- Continue to promote the use of needs assessment findings to design and implement K4Health activities.

---

### Project Result 2

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

---

##### PR2 Progress Highlights:

- K4Health has continued to increase our collaborative partnerships, adding 20 new collaborating organizations working on various toolkits in the first half of Year 3 (see **Appendix A**). We continue to diversify our partnerships in terms of new topic areas, such as maternal and child health (MCHIP). In addition, we have eight new national partners from Indonesia, Kenya, and Senegal.

- K4Health is making good progress on the number of new toolkits initiated and posted in Year 3, already fulfilling three-quarters of the Year 3 targets. See **Appendix B** for specific status updates on toolkits initiated and posted in Year 3.
- K4Health Toolkits have received nearly 75,000 visits--about half as many visits as the K4Health website overall. Toolkits are the most popular entrance to the K4Health website.
- To gain more in-depth knowledge about our audiences' use of toolkits and the K4Health website overall beyond web usage statistics, K4Health will implement an online user survey around March 2011 and follow-up with telephone interviews or focus groups and usability testing.
- Preliminary analysis of data on POPLINE database searches indicates that POPLINE continues to be a leading source of information on FP/RH. In just the past month and a half, POPLINE users have conducted 31,000 searches of the database. In comparison, under the INFO Project, POPLINE averaged 11,000 searches each month. In addition, POPLINE has a low bounce rate and users spend about five minutes on the site (see **Appendix C**).
- Photoshare 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 CAs to develop the scope of requirements for a new Photoshare platform. Obtaining user input and collaborating across agencies was a key to prioritizing features of the new platform, which will be implemented in its beta version in the second half of Year 3.
- The PR2 team implemented several new systems to improve workflow and better communicate processes both internally and to external partners. For example, the team has taken steps to systematize the website/software development process in coordination with the PR3 team, including using a more robust trouble ticket system that PR3 implemented, and establishing regular coordination meetings between the PR2 and PR3 teams (**Appendix E**). For external partners, the PR2 team developed a K4Health Toolkits Update Process document and a brief that explains the different toolkit-building process models (see **Appendix F**).

### **PR2 Priority Areas for the Rest of Year 3**

- Work with M&E to develop the instrument for the online user survey to obtain feedback about K4Health products and services, including K4Health Toolkits and the website. In addition, the PR2 team will develop instruments for automated usability testing and for moderated usability testing of the website, Search, registration, toolkits, and the Toolkit App.
- Work with PR3 to implement new Search filtering features that will allow users to filter search results by Collection, Topic, Date, and Region/Country.
- The PR2 team has identified several new features or enhancements that need to be made to the Toolkit Application, taking into account user feedback, technical support questions, and internal testing. PR2 will work with PR3 to implement these high priority issues by the end of Year 3, which include customization/theming and improvements to the resource record and display.

---

### Project Result 3

#### Effective and Appropriate Information Delivery Systems Used

---

##### PR3 Progress Highlights:

- K4Health successfully implemented a redesign of its website with multilingual capability.
- K4Health created four sub-sites: [nurhi.org](http://nurhi.org), [networksmalaria.org](http://networksmalaria.org), [youthwg.org](http://youthwg.org), and coming soon, [hivandsrh.k4health.org](http://hivandsrh.k4health.org).
- K4Health facilitated single sign-on capability between [k4health.org](http://k4health.org) and [eureka.k4health.org](http://eureka.k4health.org) to allow for seamless transition between the two sites.
- The PR3 team substantially improved the page load performance of its website, cutting most page load times down by 50-60 percent, and in some cases by 75 percent.
- K4Health implemented and launched its multilingual eLearning system. There are currently two courses in active use on the website, with more planned: Online Communities of Practice & eToolkit Feature Tour. The system will be used within the census project in the second half of Year 3.
- The PR3 team improved its toolkit reporting system, increasing the overall system speed by more than 75% using Drupal API<sup>1</sup> functions.

##### PR3 Priority Areas for the Rest of Year 3:

- Move all remaining legacy websites and services to K4Health servers and the Drupal content management system (CMS) to make them easier to maintain, update and upgrade with additional features.
- Create mobile applications for delivery of K4Health web content in order to increase traffic and accessibility via several devices including the Nokia OS phones, Android and iPhone devices.
- Refine search engine functionality to include post-search filtering options and improved results display (e.g., a faceted search using the topics and region and country taxonomies and content types such as documents, photos or media materials). These features will provide the user with greater control by allowing them to browse and narrow their query results by clicking on the filter links.

---

### Project Result 4

#### Information and Knowledge Exchange Forums Supported and Expanded

---

##### PR4 Progress Highlights:

- K4Health supported four face-to-face knowledge exchange events; this includes the revival of the KM working group, which has proven to be a synergetic vehicle for raising the profile and discussions around KM.

---

<sup>1</sup> An application programming interface (API) is an interface implemented by a software program to enable interaction with other software.

- K4Health explored using new technologies to enhance the accessibility and interactivity of GHeL and K4Health eLearning, and made a decision to move forward in a relationship with Rapid Intake<sup>2</sup>.
- K4Health published all the courses in the FP/RH certificate track on CD-ROM, and the offline versions are now being piloted in Uganda.
- The PR4 team has been researching material for the development of the two new K4Health courses, while continuing to support the development of GHeL, PEPFAR, and Census courses.

### **PR4 Priority Areas for the Rest of Year 3:**

- Test the new interactive technology offered by Rapid Intake in the development of the two new eLearning courses – eLearning Development 101 and KM: Basics and Strategies.
- Schedule and conduct 4 eForums. One on nurturing CoPs is scheduled for Jan 24-Feb 7. A follow-on eForum that will focus on measuring CoPs success will be scheduled for late March/early April. PR4 has heard from Gates Institute and USAID’s HTSP champion regarding their interest in participating in two potential forums before the end of June.
- Work with PR3, MSH, and IBP to implement a single sign-on feature.
- Implement the enhanced evaluation of GHeL and PEPFAR courses.
- Continue partnership with MSH to introduce and pilot new interactive functionality on the GHeL platform.
- Continue partnerships with Census, PEPFAR, and other CAs to author and publish eLearning courses.

---

## **Promotion and Dissemination**

---

### **P&D Progress Highlights:**

- K4Health participated 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 garnered during the week subsequently increased web traffic to K4Health.org and its products and services exponentially, and the number of visitors to the site has remained constant. In total, compared with Year 2, K4Health saw an approximately 260% increase in traffic during the first six months of Year 3.
- K4Health has garnered 75 media mentions thus far in Year 3 through live-blogging at conferences and events, general blogging, and ad hoc announcements. Coverage included, but was not limited to, six articles published on Global Health Magazine’s website, one article in RH Reality Check, two articles in AllAfrica.com, one post in Peace Corps’s blog, three pieces in 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.

---

<sup>2</sup> Rapid Intake is course authoring software and LMS that allows K4H to reach higher levels of instructional design and delivery method for eLearning offerings

### **P&D Priority Areas for the Rest of Year 3:**

- Increase awareness, credibility and use of K4Health products at the regional and country levels while continuing to do so at the US and global level.
- Focus on tailoring bundles of relevant products (e.g., eToolkits, eLearning courses, needs assessment data, online forums) to key audiences, both domestic and international: USAID Washington; Partner CAs; Other.

---

## **Field Support**

---

### **FS Progress Highlights:**

- K4Health's Malawi Demonstration project has been making steady and significant progress rolling out all interventions, capturing data, and strengthening monitoring and evaluation systems. To date the intervention has resulted in (1) Improved promptness in responses to emergencies (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.
- K4Health developed country web pages for Malawi and Indonesia and will continue to develop training tools for toolkit developers and end users.

### **FS Priority Areas for the Rest of Year 3:**

- Moving forward, FS will focus on further enhancing and developing trainings and training tools for in-country groups developing and maintaining toolkits in Malawi, Indonesia, Senegal, Kenya, and Cote d'Ivoire.
- The Malawi demonstration project will continue to focus its efforts on refining the implementation of the various interventions and data collection efforts so the project runs smoothly and project outcomes are captured. In addition, the K4Health team (headed by MSH) will continue to promote and disseminate the success stories of the project and will continue to seek continued funding to extend this activity.

---

## **Monitoring and Evaluation**

---

### **M&E Progress Highlights:**

- The M&E team and activity managers conducted a thorough review of the K4Health Performance Monitoring Plan (PMP) as a group in order to streamline the indicators across PRs. K4Health made a number of improvements on the PMP accordingly, e.g., added a new set of indicators under PR3 to better measure software performance and user

experience, included a separate set of indicators for POPLINE and Photoshare, and clearly defined some of the terminologies.

- The K4Health internal M&E working group continued to meet once a month to effectively coordinate various M&E activities. The group created/enhanced a number of M&E tools, such as the Toolkit Monitoring Tool in Excel and the Drupal download report on Toolkit resources on the web, and also started planning to integrate other tools such as the kudos/success stories database and GSA search logs.
- K4Health has been leading various initiatives undertaken by the KM/M&E working group, to revise the current M&E Guide on Health Information Products and Services, including the conceptual framework. The group has met several times and agreed upon the process, key tasks, and schedule. To facilitate the process of updating the guide and conceptual framework, the group has approached members of HIPNet, IBP, and other relevant organizations to collect indicators and frameworks currently in use.

### **M&E Priority Areas for the Rest of Year 3:**

- Conduct the first annual online user survey on the K4Health Website and Toolkits (March to April 2011) and complete the data analysis and report writing (May and June 2011). The survey will have 5 main sections: Web site, Toolkits, registration, search, and social media.
- Continue to collaborate with the KM/M&E Working Group to start drafting different sections of the Guide to Monitoring and Evaluating KM Programs for Health (i.e., new edition of the HIPNet M&E guide) and to update/finalize the conceptual framework.
- Initiate dialogue with senior BCC researchers to link KM to proven BCC methods, aiming to contribute to the theoretical foundations of KM.
- Design a few models of the outcome evaluation plan for the Malawi demonstration project, taking into account its future direction (e.g., extension/no extension, scale-up/scale-down) and available funding (e.g., full, partial or no mission buy-in).
- Start designing qualitative studies to measure outcomes of selected KM products and services (e.g., eToolkit and eLearning) developed and used in the field. (This plan will be finalized and implemented in Year 4).

## Assessment of Activity Status

### Project Result 1

#### Knowledge Needs of Audience Identified

#### Activity 1: Dissemination of in-country needs assessment results (Technical Priority: R-FP)

Description	Status
Continue to disseminate needs assessment findings in countries where they were conducted in Year 2 (e.g., Ethiopia, Peru, and Senegal).	<b>Final stage:</b> Senegal and Ethiopia <b>Middle stage:</b> Peru - data collection near completion.
Analyze needs assessment results and disseminate findings to all country programs, USAID Missions, USAID/Washington, USAID CAs, and other key groups (see also Promotion and Dissemination Activity 2).	<b>Early stage:</b> Senegal, Ethiopia and Peru dissemination workshops planned for upcoming quarter.
Use in-country dissemination workshops to further explore the possibility of conducting pilot knowledge management (KM) projects (see also Field Support Activity 3).	

#### Activity 2: Situation analysis in priority countries

Description	Status
Conduct situation analysis, including participatory action research methods (e.g. net mapping) with key FP/RH stakeholders in USAID priority countries (e.g., First Tier Intensive Focus Countries, Global Health Initiative priority countries) as part of global commemorative events (e.g., World Population Day, World Contraception Day) to quickly determine the FP/RH health information needs and current KM capacity	<b>Completed:</b> Nigeria, Indonesia, Malawi, Kenya, Ethiopia (as part of World Population Day events and World Contraceptive Day)
Write and disseminate country reports of situation analysis results focusing on USAID PRH priority countries.	<b>Early stage:</b> Presented poster at APHA and Senegal results at AHILA meeting. Senegal and Ethiopia reports drafted.

Description	Status
Disseminate results of situation analysis to key in-country stakeholders in tandem with in-country commemorative events demonstrating how to use and maintain K4Health KM solutions (e.g., toolkits, country web pages) (see also Field Support Activity 1).	Q3/Q4

**Activity 3: Networking and collaboration support**

Description	Status
Support collaboration and communication among health care professionals globally, regionally, and locally by hosting a directory of registered users on the K4Health Web site (see also PR3 Activity 11).	<b>Strategy shifted:</b> To avoid duplications, K4Health has chosen to use IBP as its networking platform and promote it to registered users.
Use Linked In as our Networking platform, in conjunction with our own directory of registered users.	<b>Early stage:</b> Analyzing strategy—will assess demand for LinkedIn through survey (P&D will lead this activity).

**Note:** K4Health has chosen to use IBP as its networking platform and promote it to registered users for information sharing and collaboration on specific FP/RH topics. In the spring the K4Health and IBP sites will be linked, by using a single user sign on (one login, one password), thus making it easier for users to seamlessly use IBP as their networking platform. K4Health recommends using IBP as its networking platform and assess user demand for use of Linked In as a networking platform through a user survey. Link In could then be promoted in the same way as Facebook if there is a demand.

**Activity 4: In-country networking services and activities (Technical Priority: R-FP)**

Description	Status
Map baseline information for a social network analysis (SNA) study in demonstration countries (e.g., Senegal, Malawi, India) identified in Year 2. This data provides a baseline against which the project can plan and prioritize interventions to improve the social connections and knowledge flows within a group.	<b>Completed:</b> Malawi
Conduct end-line analysis to determine how information and knowledge exchange changed within the study group based on the project’s interventions.	<b>Early stage:</b> Malawi (planned for Y3-Q4)

Description	Status
Disseminate findings to country programs, USAID Missions, USAID/Washington, and other key groups.	<b>Early stage:</b> Malawi (planned for Y4-Q1)

**Activity 5: Online user monitoring**

Description	Status
Develop a system to aggregate user data, using analytic approaches and data sources in order to stay abreast of user needs and emerging hot topics, including: Google Analytics and Drupal software to capture user data (e.g., user visits, user location, user downloads, user searches) (see also PR3 Activity 4; M&E Activity 1).	<b>Completed:</b> System to aggregate user data. <b>Continual:</b> Reports contain recommendations from findings with regard to Activity 7 (see below).
Creating customized alerts/reports on spikes in user patterns (e.g., increase in use of a search term from a specific country).	<b>Continual:</b> Nov & Dec 2010 reports complete.
Monitoring 40+ listservs to learn about emerging hot topics.	<b>Continual</b>
Monitoring news resources to learn about emerging hot topics by country.	<b>Continual:</b> Analyzed news sources in Kenya, Uganda and Senegal.
Seeking information on emerging topics from in-country networks, country correspondents, and field offices.	<b>Continual</b>
Create a map showing where topics cluster from the aggregated data sources.	<b>Continual:</b> First map will be created in Y3-Q3.
Feed information into targeted network outreach through tailored information packages (branded e-mails - see PR1 Activity 7).	<b>Continual:</b> November online user monitoring report recommendation on condoms was sent out Jan 10 <sup>th</sup> (see Activity 7).

### Activity 6: In-country user monitoring

Description	Status
Collect data using qualitative and quantitative methods on the reach, use, ease of use, and usefulness of K4Health KM products, services	<b>Continual: Malawi</b>
Collect data using the same methods from USAID PHN officers and technical working groups at the national level and from users of district learning centers at the district level to determine the success of K4Health demonstration projects that aim to adapt K4Health products and resources developed at the global level (see also M&E Activity 3, PR2 Activity 4, PR3 Activity 3).	
Disseminate findings through meetings, dissemination workshops, conferences, and papers (see also PR1 Activity 12).	

### Activity 7: Targeted network outreach through tailored information packages

Description	Status
Develop an evidence-based, topic specific information package (a branded email) using existing information resources and distribute it to K4Health users, champions, and other relevant stakeholders in that country or region.	<b>Continual: Sent branded e-mail on the Condoms Use Toolkit to 4500+ targeted individuals in Africa.</b>
Provide a succinct summary of the issue, highlight and link to relevant toolkit pages on the K4Health Web site, link to balanced local or international news articles that provide context, link to a “canned” POPLINE search on that topic, and provide an invitation to join a relevant eForum (see also P&D Activity 2).	<b>Early stage</b>
Provide targeted, timely, evidence-based information to local stakeholders and authorities in a user-friendly format (see also PR1 Activity 5).	<b>Continual: On a monthly basis.</b>

**Activity 8: Health information needs assessment guide**

Description	Status
Develop needs assessment guide that includes a full description of the methodology for conducting the needs assessment at the global and country levels, as well as guides and training materials used to implement the needs assessment based on experience developing and using methods in Year 2 globally and in-country.	<b>Early stage:</b> Draft in process.
Disseminate needs assessment manual to K4Health partner field offices, USAID missions, USAID/W, USAID CAs, schools of public health, and other interested groups.	<b>Early stage:</b> Once guide completed.

**Activity 9: Knowledge management working group**

Description	Status
Open up a dialogue about how KM can be used to improve work in multiple topic areas by: Identifying and/or convening a KM expert working group (in partnership with the IBP KM working group, HIPNET and USAID) to collaborate on the development of an online KM Toolkit (see PR2 Activity 2).	<b>Continual:</b> Met in October and November, 2010. Next meeting in conjunction with IBP meeting in spring.
Organizing and leading an eForum on a KM topic with the goal of identifying and sharing how health professionals are applying KM approaches to improve outcomes in technical areas within FP/RH and HIV/AIDS, such as health systems strengthening, and scaling up evidence-based programs (see also PR4 Activity 3).	<b>Early stage:</b> See PR4 CoP discussion forum completed in January 2011)
Initiating discussion of a practical guidebook on the analytical and operational KM steps necessary to facilitate the uptake of evidence-based knowledge in programs. The guidebook will provide links to useful resources and diagnostic tools to guide health programs in applying and adapting KM approaches for their particular context. It will include a focus on a gender perspective and needs of USAID priority countries (see also PR1 Activity 11).	<b>Early stage:</b> Toolkit Working Group will be precursor to guidebook.

**Activity 10: Knowledge management for health and development guidebook design**

Description	Status
Identify participants with relevant field experience and from priority countries to outline a concept paper for a KM guidebook to be initiated in Year 3 and completed in Year 4 (see also PR1 Activity 9). Participants will be drawn from organizations such as the Department for International Development (DFID), the World Bank, K4Health partners, and representatives from partner field offices in priority and other countries (CCP, FHI, and MSH).	Q3/Q4
Contact the Rockefeller Foundation and submit a concept/request for support for a one-week conference involving developing country experts (including those who could advise on KM issues related to gender and needs of USAID priority countries) at the Bellagio Conference Center to further validate and develop the content of the proposed guidebook.	Q3/Q4

**Activity 11: Global dissemination and peer-review publishing of needs assessment and evaluation findings (Technical Priority: R-FP)**

Description	Status
Publish up to three peer-reviewed journal articles reporting the results of the multi-country needs assessment activities (e.g., Malawi, India [UP], Senegal) and report the findings of evaluations conducted in country-level demonstration projects (see also M&E Activity 3).	<b>Early stage:</b> Senegal – Drafts journal article in Q3/Q4 India - Journal article currently being drafted for presentation at ICA pre-conference in May 2011.
Disseminate findings through at least three each of CA meetings, in-country dissemination workshops, and conferences (see also PR1 Activity 1; M&E Activity 3).	<b>Continual:</b> Results presented at APHA, AHILA, and CCP brown bag.

**Activity 12: Health systems strengthening using KM brief**

Description	Status
<p>Analyze 2-3 countries demonstrating how the process of synthesizing and simplifying data to form useful information and knowledge for improved project design and implementation will increase the probability of achieving, through health systems strengthening, greater health outcomes. Analysis will include identification of the appropriate types of useful data and information, data collection methods, mechanisms for storage and retrieval, quality of information, the synthesis and application process which informs decision making (i.e. on program design).</p>	<p><b>Early stage:</b> MSH HSS expert plans to travel to Malawi in March 2011 to start work.</p>
<p>Examine the methods used in the Malawi Demonstration Project (such as the push and pull of information) to determine which methods are immediately applicable to the KM process described above and where additional innovation would be helpful to further develop our thinking and methods of knowledge management for health outcomes through health systems strengthening.</p>	<p><b>Early stage:</b> More information on this after March TDY.</p>
<p>Develop white paper and fact sheet for dissemination to USAID/W, USAID missions, CAs, and others.</p>	<p>Q3/Q4</p>
<p>Author publication analyzing the critical role of transforming data into knowledge for strengthening health systems for greater health impact.</p>	<p>Q3/Q4</p>

**Project Result 2**

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

**Activity 1: Maintenance for existing K4Health Toolkits**

Description	Status
Assist working groups and partners in reviewing, revising, updating, maintaining, and promoting K4Health Toolkits that were posted or will be posted in Years 1 and 2 (these include mHealth (see also PR3 Activity 3), and USAID priority areas such as LAPM, FP/HIV integration, gender, community-based family planning advocacy/repositioning).	<b>Continual</b>
Provided maintenance support to BALANCED Project Toolkits (see also PR3 Activity 15).	<b>Continual</b>

**Activity 2: New K4Health Toolkits**

Description	Status
Establish K4Health Toolkits for Year 3 priority topics. Proposed topics include: faith-based FP, PAC, EC, research to practice, population-based survey development, microbicides, leadership and management, BCC, poverty and equity, KM (see also PR1 Activity, and possibly healthy timing and spacing, and FP/MCH Integration.)	<b>Continual</b>
Identify additional toolkit topics for Year 4 and support unsolicited topics that are proposed by K4Health audiences through the website or other avenues.	<b>Continual</b>
Continue to update the "K4Health Guide for Building Collaborative Toolkits."	<b>Final stage</b>
Collaborate with other PRs to contribute to KM leadership activities including a KM Toolkit (see also PR1 activity 10, PR4 activity 3).	<b>Continual</b>
Creation and distribution of fact sheets for each Toolkit.	<b>Continual</b>

**Activity 3: K4Health Toolkit framework for multi-language adaptations**

Description	Status
Work with PR3 to integrate feedback mechanism into Toolkit application to request translated resources from original authors.	<b>Strategy shifted:</b> Will be exploring use of the Google Translate tool to provide users access to our website, toolkits, and toolkit resources in multiple languages.
Translate frameworks and introductory text posted in Years 1 and 2 into French, Spanish and Arabic.	<b>Early stage</b>

**Activity 4: Information architecture and navigation of K4Health Web site tested and improved**

Description	Status
Provide continuous quality control of K4Health website products and services. Develop strategy for establishing priorities, suggesting enhancements, and monitoring and reporting ongoing problems to PR3.	<b>Continual</b>
In coordination with PR1, conduct Phase II assessment/usability testing of K4Health website among audience members (Phase I consisted of testing with internal staff) using various low-cost techniques, such as observations and surveys (see PR1, Activity 6).	<b>Middle stage</b>
In coordination with PR 1, monitor Toolkit Application and conduct usability testing among Toolkit Application users using various low-cost techniques, such as observations and surveys (See PR1, Activity 6).	<b>Middle stage</b>
Work with PR3 to fine-tune and continue to improve Toolkit Application (e.g., add functionality to customize look (see also PR3 Activity 1).	<b>Continual</b>
Identify existing news aggregating sources and work with PR3 to include news on the website.	<b>Middle stage:</b> Identified high-quality news aggregators and are currently planning the workflow and how and where to implement it on the site.
Work with PR3 to refine Google search mechanism and provide user-friendly online help (see also PR3 Activity 1).	<b>Middle stage:</b> Working on filtered search results display that will allow the user to drill down by Collection/Source, Topic, Date, Region, & Country.

**Activity 5: Toolkits/K4Health product dissemination and promotion**

Description	Status
Work with all PR teams to refine targeted dissemination and promotion plan for existing and new content (see also P&D Activity 1).	<b>Completed</b>
In collaboration with PR3, develop workflow for producing K4Health Website and Toolkits on CD-ROMs and flash drives (see also PR3 Activity 7).	<b>Final stage:</b> Process for creating toolkits on CD & flash drives has been documented and staff has been trained.
Refine networking features to allow users to connect with other K4Health clients with similar interests (see also PR1 Activity 3 and PR3 Activity 11).	<b>Strategy shifted:</b> To avoid duplications, K4Health has chosen to use IBP as its networking platform and promote it to registered users.
Work with PR3 to create K4Health user-friendly web widgets, such as Google Search box and Toolkit Application for use by other websites (see also PR3 Activity 1).	<b>Completed:</b> Toolkit Widget, iFrame for Toolkits, Google Gadget Toolkit Window for iGoogle page, and GSA search box.
Represent K4Health at meetings such as HIPNet, GLP working groups and technical working groups.	<b>Continual</b>
Continue to develop and implement strategy for encouraging use of toolkit discussion boards, working with PR 3 and PR4 and K4Health’s marketing and outreach team.	<b>Strategy shifted:</b> PR2 posed questions on some discussion boards. We then reached out to toolkit collaborators to respond to the questions so that we could kick-start a discussion that we could then promote to our general audience. After getting very little feedback from our collaborators, PR2 has decided to discontinue further efforts at promoting the discussion boards as there is little to no demand for them.
Work with K4Health’s in-country working groups to participate in global toolkit discussion boards.	

### Activity 6: Global Handbook and wall chart

Description	Status
Create working group to investigate revising the Global Handbook and wall chart, develop SOW, determine what format(s) to provide (e.g., CD-ROM, flash drive, eBook).	<b>Completed</b>
Review Global Handbook and wall chart to determine what information/sections need updating.	<b>Completed</b>
Work with PR3 to make wall chart available in an easily adaptable format.	Q3/Q4
Print and distribute updated wall chart in various languages to be determined.	Q3/Q4
Translate revised portions of the Global Handbook and wall chart into various languages to be determined.	Q3/Q4

### Activity 7: POPLINE

Description	Status
Identify, acquire, and include FP/RH articles and documents	<b>Continual</b>
Update POPLINE weekly.	<b>Continual</b>
Identify, annotate, and integrate selected POPLINE resources into individual K4Health collections.	<b>Continual</b>
Provide electronic document delivery services to clients in low-and middle-income countries.	<b>Continual</b>
Acquire best practices materials to support K4Health database "Lines" - (e.g. HIVLine).	<b>Continual</b>
Explore the opportunity to include POPLINE metadata in the Online Computer Library Center's (OCLC) WorldCat catalog, the world's largest online collection of library content and services.	<b>Completed:</b> Investigated WorldCat & Microsoft's Academic Search and decided we didn't want to sign over our content (they require a contract) to these services as their user base wasn't K4Health's target audience. POPLINE is part of MetLib, a federated search service that enables an end-user to search multiple resources in one interface. These searches can be captured and counted on our site.
Add additional topic searches for K4Health Toolkit and GH/PRH global leadership priority areas.	<b>Continual</b>

### Activity 8: Photoshare

Description	Status
Continue maintaining and hosting Photoshare.	<b>Continual:</b> Continued to increase the number of visitors to site as a result of search engine traffic.
Develop and release a beta version of the new website, while maintaining and expanding Photoshare products and services.	<b>Early stage:</b> Project under development. This activity was postponed until Q3/Q4 to account for additional collaboration. The initial investment in obtaining user input and agency collaboration was important in developing and prioritizing the features.
Integrate login with K4Health platform (see also PR3 Activity 1).	<b>Early stage:</b> Dependent on installation of the new Photoshare platform.
Create user interface with regional theme display.	<b>Final stage:</b> Photoshare Country Pages for the 13 Priority countries have been developed and will be published and linked to existing Browse and Search functions. Links will be added to relevant K4Health Country Pages as they are finalized.
Expand and tailor Photo Topic Pages for K4Health Toolkits and GH/PRH global leadership priority areas for Toolkit Application users.	<b>Completed:</b> Photo Topic pages were updated with toolkit widgets related to that topic. A link back has been incorporated into some published Toolkits.
Plan and launch Annual Photoshare Photo Contest and Award on the new website.	<b>Early stage:</b> Photoshare annual contest will launch in Q3 building on existing sponsorship and collaboration.

### Activity 9: Other legacy and knowledge services

Description	Status
Continue discussion with IPPF about creating a Toolkit with content from the Myths and Misperceptions Database (see PR3, Activity 2).	<b>Strategy shifted:</b> We've contacted IPPF to explore the possibility of making linkages between toolkits & Myths and Misperceptions database results.

**Activity 10: Content Management Support for Eureka**

<b>Description</b>	<b>Status</b>
Work with PR3 and USAID to ensure the new Eureka! Platform meets the content management needs of users and usability standards (see PR3, Activity 1).	<b>Final stage</b>
Provide content management support to Eureka! Users (i.e. Archimedean).	<b>Pending:</b> Eureka! is currently in the pre-testing stage.
Monitor comments posted to Eureka! And remove inappropriate ones	<b>Strategy shifted:</b> Jim Shelton and other Archimedean will do the monitoring.
Aggregate data from Google Analytics and Drupal software to capture Eureka! User data.	<b>Pending</b>
Disseminate regular reports on Eureka! User data to USAID.	<b>Pending</b>

**Activity 11: Create database of concise, user-friendly FP/RH messages**

<b>Description</b>	<b>Status</b>
Continue conversations with Google Africa about providing content for SMS messages.	<b>Early stage:</b> Emails between K4Health director and Google about possibilities.
Create database to store messages.	<b>Pending</b>
Identify and store messages in database.	<b>Pending</b>
Reach out to other CAs about incorporating future messages into the database.	<b>Pending</b>

**Project Result 3**

Effective and Appropriate Information delivery Systems Used

**Activity 1: K4Health Web site maintenance and enhancements, various PR activities supported**

<b>Description</b>	<b>Status</b>
Manage and support K4Health hardware and software for ongoing Web-based development, hosting and distribution of K4Health products and services, including backups and data archiving.	<b>Continual</b>
Implement a Content Delivery Network to ensure website performance for users in remote locations.	<b>Early stage:</b> Looking at cost/benefit.
Work with PR4 on feature enhancement and modifications to the K4Health eLearning system.	<b>Final stage</b>
Create, within the K4Health Website, a system (Eureka) which allows selected user to post important article abstracts with insights as to why the article is important. Allow other users to comment on the articles via email. The Eureka system will allow users to subscribe to email and RSS feeds of new content. The Eureka collection will be organized by topic and searchable. User profiles for the authors of posts will be displayed in the system.	<b>Final stage</b>

**Activity 2: Integration of INFO products**

<b>Description</b>	<b>Status</b>
Migrate content from INFO to K4Health servers.	<b>Middle stage</b>

**Activity 3: Develop and implement mobile technology applications**

<b>Description</b>	<b>Status</b>
Participate in the development of the mHealth toolkit (see also PR2 Activity 1).	<b>Continual</b>
Participate in mHealth conferences and working groups.	<b>Continual</b>
Document recommendations for use of mHealth by K4Health based on experience.	<b>Early stage</b>

<b>Description</b>	<b>Status</b>
Develop practical applications for mobile users in the Malawi Country pilot.	<b>Final stage</b>
Work with PR1 & M&E to evaluate the success of mobile technologies in Malawi.	Q3/Q4
Report tangible results to both for profit and not for profit arms of Google (Enterprise and Foundation).	Q3/Q4
Develop Android Apps for K4Health Web content.	Q3/Q4
Create database of content for SMS messaging for Google Africa.	Q3/Q4

#### **Activity 4: Web analytics and reporting**

<b>Description</b>	<b>Status</b>
Work with PR1 to collect and report on traffic and user activity.	<b>Continual</b>

#### **Activity 5: Resource relevancy ranking**

<b>Description</b>	<b>Status</b>
Implement relevancy ranking.	<b>Pending:</b> Push to Q3 and Q4
Provide view for highly ranked documents.	

#### **Activity 6: Web site feedback**

<b>Description</b>	<b>Status</b>
Create and implement a mechanism for soliciting contextual feedback.	<b>Pending:</b> Move to Q3 and Q4. PR managers have been using survey and other tools for gathering feedback.
Provide feedback to PR managers so that it influences decisions about content.	

**Activity 7: Web flash drive**

Description	Status
Create toolkit constructions kits on flash drives.	<b>Strategy shifted:</b> This activity will require a lot of development time and resources. It has been replaced with a much simpler option of providing a spreadsheet and possibly Google tools for collaborative publishing.

**Activity 8: K4Health audio files**

Description	Status
Provide podcasts and audio files for download and streaming on the web.	<b>Middle stage:</b> Submitted audio files to Apple for the K4health eLearning CoP course. The will be accessible for iPod users as soon as approved by apple.

**Activity 9: Non-public workspaces**

Description	Status
Provide private workspaces similar to toolkit application.	<b>Middle stage</b>

**Activity 10: Single sign-on system**

Description	Status
Evaluate options for single sign-on.	<b>Final stage</b>
Negotiate with other parties to implement the best possible SSO option for each.	Q3/Q4
Implement Single Sign-on.	Q3/Q4

**Activity 11: Directory of user profiles**

Description	Status
Add Opt-in checkbox on profile page.	<b>Strategy shifted:</b> This activity has not been officially discontinued but we are still examining the importance of a tool like this for networking as we are linked to Facebook, LinkedIn and IBP Knowledge Gateway.
Develop/Implement directory pages.	Q3/Q4
Develop/Implement means for user to contact each other	Q3/Q4

**Activity 12: K4Health chat rooms**

Description	Status
Evaluate Red 5 vs. Hosted Flash Media server.	<b>Early stage:</b> This is for the avchat functionality. Red 5 is more than adequate since this feature seldom get use.
Implement and maintain chat rooms on K4Health.	<b>Early stage:</b> Related to the activity above.

**Activity 13: Maintenance of first tier intensive focus and first tier country Web pages**

<No description/sub-activity under Activity 13>	Status
	<b>Continual</b>

**Activity 14: MyK4Health home page**

Description	Status
Create content filters based on user selected parameters.	Q3/Q4
Develop/Implement user selectable theme options.	Q3/Q4

**Activity 15: Toolkit Phase 2 Software and Population Health and Environment Extended Web functionality**

Description	Status
Develop and extend the functionality of the PHE pages.	<b>Early stage</b>
Develop requirements of toolkits phase 2 with input from PHE.	<b>Final stage</b>
Support PHE's use of the toolkit application.	<b>Continual</b>

---

**Project Result 4**

Information and Knowledge Exchange Forums Supported and Expanded

---

**Activity 1: Forum interactivity enhancements**

Description	Status
Use new tools, such as a chat room feature, to increase the interactivity of eForums on the K4Health Web site.	<b>Pending:</b> Waiting to assess after the new interface is launched, and currently and conducting some preliminary research to see if this is desired from IBP members.
Introduce new tools that are external to the IBP Knowledge Gateway to increase the interactivity of eForums on the IBP Knowledge Gateway site. Include external links to tools/programs such as video chat, whiteboards, and screen-sharing, among others.	<b>Continual</b>
Evaluate learner feedback and revise as needed (see also PR3 Activity 6).	<b>Pending:</b> Dependent on the new release, the IBP strategy, and PR3's priorities.
Work with PR3 to evaluate the best method for accomplishing single sign-on for K4Health and IBP Knowledge Gateway users (see also PR3 Activity 10).	Q3/Q4

**Activity 2: IBP Knowledge Gateway maintenance and support**

Description	Status
Act as Global Administrator for FP/RH communities.	<b>Continual</b>
Serve as a backstop for WHO for non-FP/RH communities on the IBP Knowledge Gateway.	<b>Continual</b>
Serve as a technical advisor to other IBP Knowledge Gateway users interested in online discussion forums.	<b>Continual</b>

**Activity 3: Discussion forums**

Description	Status
Organize four discussion forums using the IBP Knowledge Gateway, the K4Health Web portal, or another more appropriate platform for the topic and audience.	<b>Early stage:</b> 3 are scheduled for the next 3 months.

**Activity 4: IBP Consortium chair**

<b>Description</b>	<b>Status</b>
Chair the Implementing Best Practices (IBP) Consortium.	<b>Continual</b>
Work with the IBP Secretariats and partners to organize Fall 2010 meeting.	<b>Completed</b>
Work with the IBP Secretariats and partners to organize Spring 2011 meeting.	Q3/Q4

**Activity 5: HIPNet participation**

<b>Description</b>	<b>Status</b>
Organize HIPNet's combined shipments of CA print materials and CD-ROMs to libraries and resource centers in low- and middle-income countries, thereby keeping postage costs to a minimum.	<b>Continual</b>
Support face-to face HIPNet meetings which includes helping HIPNet co-chairs organize meeting, taking notes and disseminating them post-meeting.	<b>Continual</b>
Send K4Health staff to every HIPNet meeting to ensure that K4Health activities are well-coordinated with the activities of other organizations.	<b>Continual</b>
Present K4Health findings, new tools, etc. at HIPNet meetings when appropriate.	<b>Continual</b>

**Activity 6: Offline version of eLearning courses in GHeL's FP/RH track**

<b>Description</b>	<b>Status</b>
Transfer electronic course content to offline version.	<b>Completed</b>
Pilot test offline version and revise as needed.	Q3/Q4

### Activity 7: eLearning interactivity enhancements

Description	Status
Use new tools to increase the interactivity of eLearning courses, which may include evaluation feedback loops, whiteboards to enhance instructor-to-learner, learner-to-instructor and learner-to-learner connections, SMS, and other delivery methods.	<b>Early stage:</b> In December 2010, purchased the interactive, rapid eLearning software, Rapid Intake – will use a number of interactivity features with development of K4Health courses.
Evaluate learner feedback and revise as needed.	<b>Early stage:</b> This refers to the early stage of the evaluation and accessing learners’ needs/desires for greater interactivity and other modes of delivery.
Work with PR3 to evaluate the best method for accomplishing single sign-on for K4Health and Global Health eLearning users (see also PR3 Activity 10).	<b>Early stage:</b> PR3 presented a solution to MSH last month.

### Activity 8: Audio delivery of eLearning course

Description	Status
Write script for Communities of Practice eLearning Course.	<b>Completed</b>
Create audio files.	<b>Middle stage:</b> All of the audio files have been created in Spanish and French; currently, completing the English version.
Work with PR3 to post audio files on K4Health Web site for download (see PR3 Activity 8).	Q4

### Activity 9: eLearning accreditation

Description	Status
Based on assessed audience demand for eLearning accreditation completed in Year 2, implement accreditation process.	<b>Middle stage:</b> Research complete, report on accreditation process and K4Health strategy being created.

### Activity 10: Branched Learning Options

Description	Status
Implement branched-learning in development of K4Health, Global Health eLearning, and/or PEPFAR courses	Q3/Q4

**Activity 11: eLearning courses on GHeL platform**

<b>Description</b>	<b>Status</b>
Train new course authors using GHeL Course Author Manual developed in Year 2.	<b>Continual</b>
Provide technical assistance to authors in the creation of new courses.	<b>Continual</b>
Manage all published courses (33 courses as of Feb. 1 2010) and courses in development (13 as of Feb. 1 2010).	<b>Continual</b>
Manage graphics creation for courses.	<b>Continual</b>
Conduct final quality assurance testing before publishing.	<b>Continual</b>
Publish courses (based on our experience with GHeL in the last five years and given the status of courses currently in development, we estimate that approximately 5 courses will be published in Year 3).	<b>Continual</b>

**Activity 12: K4H eLearning courses**

<b>Description</b>	<b>Status</b>
Develop content for one K4Health eLearning courses focused on FP/RH information for community health workers (the first of a series of FP/RH eLearning courses for CHWs).	<b>Strategy shifted:</b> eLearning Development 101 course will replace this.
Develop foreign-language version of this course.	<b>Pending:</b> One foreign language version of the eLearning course will be made available.
Pilot test and revise foreign-language version of course.	Q4
Post on K4Health portal.	Q4
Develop online tutorial for maintaining country pages (see also Field Support Activity 1).	<b>Strategy shifted</b> (see note below)
Develop one K4Health eLearning course on KM (see also PR1 Activity 10).	Q3/Q4
Provide technical support to US Census on development on two eLearning courses as begun in year 2 based on the K4Health eLearning model.	<b>Continual</b>

**Note:** Since the role of community health workers (CHWs) in FP/RH is specific to each country context, the development of a global course that was still relevant to CHWs proved impractical. In addition, a local partnership would need to be in place to not only adapt the global level course to the legal environment of a specific country but also ensure that CHWs had access to the course. As a result, PR4 has discontinued the development of a series of FP/RH eLearning courses for CHWs and replaced it with an eLearning Development 101 course, which will be made available in one foreign language. In addition, PR4 met with PR2 and the field support group to discuss the online tutorial for maintaining country pages. It was decided that this is unnecessary as the YouTube videos that PR2 created for using the eToolkit application provide the information necessary for creating and maintaining country pages.

**Activity 13: Sponsor a local NGO to join LINGOS**

Description	Status
Continue discussions with LINGOS about the possibility of sponsoring a local NGO to join. This is not a common practice within LINGOS, so CCP’s relationship with them needs to be solidified first.	<b>Early stage</b>

**Activity 14: PEPFAR eLearning courses (funded by OHA)**

Description	Status
Support maintenance of existing courses that have been transferred to and published on the Global Health eLearning platform.	<b>Continual</b>
Continue development of new courses on this platform, as directed by USAID.	<b>Continual</b>
Create the course outline, write all course content, liaise with OGAC/USAID/CDC subject matter experts throughout the course development process, create graphics for the courses, work on technical issues related to the platform, manage the extensive OGAC/USAID/CDC review process and consolidate reviewer comments, conduct final quality assurance testing, and launch and promote the courses when approved by USAID/OGAC/CDC.	<b>Continual</b>
Work with MSH to enhance the interactivity and features available on the GHeL platform.	<b>Continual</b>

**Note:** This course is funded by the Office of HIV/AIDS with the support of the Office of Population and K4Health AOTR.

**Activity 15: Global Health Mini University**

Description	Status
Manage registration and logistics for the annual Global Health Mini-University.	<b>Completed</b>
Videotape selected Mini-U sessions.	<b>Completed</b>

**Promotion and Dissemination**

**Activity 1: K4Health P&D strategies developed**

Description	Status
Update K4Health P&D strategies based on PR needs.	<b>Completed</b>
Implement tactics for project's products and services.	<b>Continual</b>
Develop & implement strategy to promote PR3 Activity 3.	<b>Middle stage</b>

**Note:** As K4Health’s IT strategy evolved based on the experiences in Year 3, the implementation of a P&D strategy focusing on PR3’s products was put on hold. Now that the IT strategy is firmly in place, P&D will conduct a SWOT analysis of PR3 and develop a promotion strategy that is in line with the goals of the IT team and K4Health in general. As part of this activity, P&D in collaboration with PR3 will develop fact sheets that describe our IT products and explain how they can be used by other organizations. The team will also work with PR3 to develop and implement cross-promotion banners so users of one product will see others that might be relevant.

**Activity 2: Online outreach**

Description	Status
Identify & engage relevant communities online.	<b>Continual</b>
Participate in an online promotional partnership.	<b>Continual</b>
Provide real-time coverage of three top tier conferences.	<b>Continual</b>
Increase number of social media followers/fans.	<b>Continual</b>

Description	Status
Promote K4Health LinkedIn account	<b>Early stage:</b> The account will serve as K4Health's professional network – an activity that was moved from PR1 and PR3 to P&D.
Ad campaign on Facebook.	<b>Continual</b>
Create & disseminate monthly eNewsletter.	<b>Continual</b>
Develop cross-promotional banners on K4Health.	<b>Early stage</b>

### Activity 3: Traditional outreach (ongoing)

Description	Status
Develop fact sheet about K4Health's usage of Drupal.	<b>Early stage</b>
Edit/develop 4-pagers for PR1 Activity 1&2.	<b>Continual</b>
Print & disseminate marketing materials.	<b>Continual</b>

### Activity 4: Promotional events (ongoing)

Description	Status
Provide P&D support at high profile conferences.	<b>Continual</b>
Provide support for targeted USAID/CA/Working group visits.	<b>Continual</b>
P&D product bundles on CD-ROM/Flash drives.	<b>Continual</b>

---

## Field Support

---

### Activity 1: KM solutions for USAID focus countries (Technical Priority: R-FP)

Description	Status
Upgrade and update country pages on the K4Health global site (including USAID priority countries) (see also PR3 Activity 13).	<b>Early stage:</b> Developed pages for Malawi and Indonesia – appending change in design of pages with a Drupal module of panels. Priority country pages were put on hold until this flexible feature is ready.

Description	Status
Continue to populate each country page with relevant K4Health resources currently available and tagged by country (see also PR3 Activity 13).	<b>Early stage:</b> Current pages will continue to be populated until the panels design is ready – resources will then be automatically pulled to that page.
Develop a virtual training package for in-country champions/fireballs on how to use and maintain the country Web pages, products, and services (see also PR 3 Activity 13, PR4 Activity 12).	<b>Early stage:</b> In the process of developing training packages on flash drives to assist toolkit builders in country.
Train champions/fireballs (7-10) identified by in-country partners (CCP, MSH, FHI).	<b>Early stage:</b> Training as needed in Malawi, Indonesia, Kenya, Cote D'Ivoire, and Senegal
Trained champions/fireballs introduce the country Web page to local missions and partners on the ground through one/half day workshops/seminars.	

### Activity 2: Malawi demonstration project follow-up

Description	Status
Write final report including lessons learned and recommendations.	Q3/Q4
Disseminate the results to the mission and local partners.	Q3/Q4
Disseminate Malawi results and country model approach to other 28 missions (see also PR1 Activity 6: M&E Activity 3).	Q3/Q4

### Activity 3: Country model roll-out in three additional countries

Description	Status
Identify three country prospects to implement the K4Health country model (e.g., India, Senegal, Peru, Ethiopia).	<b>Early stage:</b> Senegal, Kenya, Ethiopia, Cote D'Ivoire <b>Middle stage:</b> Indonesia
Conduct field visits to develop country proposal.	<b>Early stage</b>
Negotiate and finalize field support mechanism with missions.	Q3/Q4
Initiate in-country activities.	Q3/Q4
Using above activities, secure three additional mission buy-ins to implement country model.	Q3/Q4

---

**Monitoring and Evaluation**

---

**Activity 1: Routine Monitoring**

Description	Status
Continue to implement the project-wide Performance Management Plan (PMP).	<b>Continual</b>
Lead the internal M&E working group (formalized during Year 2) to coordinate and streamline various M&E activities across PRs and partners.	<b>Continual:</b> M&E WG has a variety of staff represented from all PR and support areas as well as partners and continues to meet once a month.
Maintain and enhance M&E tools and systems (developed during Year 2) such as PMP system, integrated M&E calendar, repository of survey questions, and Google Analytics/Drupal Web statistics tracking sheet (see also PR1 Activity 5, PR3 Activity 6).	<b>Continual</b>
Lead the effort to systematically review project activities semi-annually and present key findings in progress reports including the USAID/PRH results report.	<b>Continual</b>

**Activity 2: Systematic guidance for project design and M&E**

Description	Status
Continue to identify and investigate emerging technologies and cross-cutting issues (e.g., gender) that will influence M&E and KM approach.	<b>Continual</b>
Research and review existing publications and tools that are relevant and can be adapted for K4Health.	<b>Continual</b>
Make recommendations or develop standard protocols to guide the design of K4Health products and services.	<b>Early stage</b>

Description	Status
Periodically measure and document the activity outcomes and present findings and lessons learned to CA communities and other relevant agencies (e.g., HIPNet).	<b>Early stage</b>
As the opportunity arises, collaborate with relevant groups, e.g., HIPNet, USAID GH CAs M&E Working Group, to jointly develop guidelines that would benefit a wider M&E community.	<b>Continual</b>
Conduct workshop with senior BCC researchers to link KM to proven BCC methods (from Y2 ramp up).	Q3/Q4

**Note:** With the inception of the KM M&E Working Group and its initiative to revise the current M&E Guide and conceptual framework, moving forward, Activity 2 will be linked directly to that effort in the second half of Year 3 and Year 4.

**Activity 3: Impact evaluation (field and global) (Technical Priority: R-FP)**

Description	Status
Continue to design and implement systematic and rigorous methodology for assessing project progress and impact at the field level (see also PR1 Activity 6).	<b>Early stage</b>
Collect and analyze the data on selected key variables (e.g., use and adaptation) from the country Web pages to assess use and maintenance activities performed by local partners.	<b>Early stage</b>
Present results of impact evaluations at conferences or publish peer-reviewed journal articles (see also PR1 Activity 11).	<b>Pending:</b> We have not had a chance to conduct any impact/outcome evaluation, and therefore this activity to publish peer-reviewed journal articles is pending and will be carried over to Year 4.

**Note:** The M&E team has worked closely with MSH to compile the implementation plan on the Malawi demonstration project which addresses different components of M&E from input to outcome levels. Because of the 6 month extension, the Malawi demonstration project will run through until June 2011 and therefore we plan to develop and finalize an evaluation plan in the coming months.

## Mid Year Assessment on PMP Indicators and Trends

### Project Result 1

#### Knowledge Needs of Audience Identified

#### PR1 Indicators, Year 3 Targets and Year 3 Mid Year Data

PR1 PMP Indicator	Year 3 Target	Year 3 Mid Year Data <sup>3</sup> (Quantitative data if available)
Number of countries where FP/RH knowledge needs assessments among K4Health audiences are conducted	2	<b>2</b> Met the target
Number and type of instances that findings on audience knowledge needs are communicated to audiences	12	<b>13</b> Exceeded the target
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	<b>Yes</b> Qualitative data tracked in a spreadsheet
Number and type of user feedback mechanism used	2 additional	<b>2</b> in development

<sup>3</sup> Unless indicated, the numbers presented covers the 6 month period from 7/1/10 to 12/31/10.

### Selected PR1 Data on Trends

PR1 PMP Indicator	Data			Notes
	Y1	Y2	Y3 MY	
Number of countries where FP/RH knowledge needs assessments among K4Health audiences are conducted	2	9 (11)	2 (13)	Ethiopia, Senegal and Peru to be complete in Y3-Q3
Number and type of instances that findings on audience knowledge needs are communicated to audiences	3	18 (21)	13 (34)	APHA, AEA, Senegal, AHILA (2), KM conference, SA reports (7)
Number and type of user feedback mechanism used	N/A	6	0 (6)	A few feedback forms in development (Toolkit and Website)

**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 Year 3 Mid Year Data

PR2 PMP Indicator	Year 3 Target	Year 3 Mid Year Data <sup>4</sup> (Quantitative data if available)
<b>Toolkits</b>		
Number of organizations that are actively involved in development, review, or maintenance of Toolkits (either initiated or posted)	7 additional	<b>20 organizations</b> Exceeded the target <b>(Appendix A)</b>

<sup>4</sup> Unless indicated, the numbers presented covers the 6 month period from 7/1/10 to 12/31/10.

PR2 PMP Indicator	Year 3 Target	Year 3 Mid Year Data <sup>4</sup> (Quantitative data if available)
Number of K4Health Toolkits initiated	25 additional	<b>14 Toolkits</b> Making good progress <b>(Appendix B)</b>
Number of K4Health Toolkits posted	26 additional	<b>17 Toolkits</b> Making good progress <b>(Appendix B)</b>
Percent of resources downloaded in Toolkits	10% increase  (from baseline of 66% of Toolkit resources downloaded at the end of Y2)	<b>48%</b> of toolkit resources downloaded (as of Feb. 1, 2011)  <b>Note:</b> We have identified that under the current “public” system of counting downloads, whereby counting is handled by the web server, some downloads were not being counted. In the last week, we moved to a “private” system, whereby downloads are counted by the Drupal CMS, which captures all downloads accurately. We expect these figures to rise substantially in the future.  (See <b>Appendix D</b> for additional data)
Number of visits to Toolkits	Baseline	<b>74,331</b> visits
Number of absolute unique visitors to Toolkits	Baseline	<b>60,437</b> visitors
<b>K4Health managed websites</b>		
Number/percent of visits to K4Health managed websites, disaggregated by search engines, referring sites, direct traffic	20% increase	<b>273,047</b> visits (w/POPLINE - projected 40% decrease from YR2) <b>258,389</b> visits (without POPLINE - projected increase)

PR2 PMP Indicator	Year 3 Target	Year 3 Mid Year Data <sup>4</sup> (Quantitative data if available)
		<p style="text-align: center;">of 40%) (Appendix C)</p> <p><b>Note:</b> POPLINE web stats changed when we moved to the new server at JHSPH. At that time our URL changed from db.jhuccp.org/popline to popline.org and our IP changed as well. Query logs suggest we were heavily indexed by bots or other search engines on the old server because a good majority of our searches were by individual document number.</p>
<b>Photoshare</b>		
Number of requests for images fulfilled	800 (maintain)	<b>375</b> requests filled
Number of photos cataloged	5% increase (from Year 2: 2,100)	<p style="text-align: center;"><b>500</b> new images cataloged.</p> <p><b>Note:</b> Given that the contest start date has shifted in Year 3, the majority of new photos will now be in the second half of the year.</p>
Number of contributors added	250 (maintain)	<p style="text-align: center;"><b>25</b> new contributors.</p> <p><b>Note:</b> Given that the contest start date has shifted in Year 3, the majority of new contributors will now be in the second half of the year.</p>
<b>POPLINE</b>		
Number of records added	5,500 (15% increase)	<p style="text-align: center;"><b>2,421</b> (44% of target)</p>

PR2 PMP Indicator	Year 3 Target	Year 3 Mid Year Data <sup>4</sup> (Quantitative data if available)
Number of document delivery requests	4,500	<p style="text-align: center;"><b>1,236</b></p> <p><b>Note:</b> Shopping cart was broken on 2 separate occasions when there were problems with INFO server.</p>
Number of online database searches **New indicator	130,000	<p style="text-align: center;"><b>N/A</b></p> <p><b>Note:</b> Just started collecting this data as of 12/13/2010. Website visits for 12/13/10 - 1/26/11 are 2969. Database searches are 31,521. 11,000 searches/month was an average under the INFO project and therefore used as a baseline.</p>
<b>Feedback on information products/services</b>		
Percentage of audience members who perceive K4Health products and services as trustworthy, reputable, accurate, useful, and easy-to-read, use and adapt	Baseline	<p style="text-align: center;"><b>N/A</b></p> <p><b>Note:</b> Annual online survey and feedback form targeting website and Toolkit users are being developed.</p>
Percentage of audience members who are satisfied with K4Health products and services (topic, format or presentation, content)		
Percentage of audience members who report knowledge gained from a product or service		
Percentage of audience members using information and knowledge gained to inform policy and advocacy or to enhance programs		

### Selected PR2 Data on Trends

PR2 PMP Indicator	Data			Notes
	Y1	Y2	Y3 MY	
Number of organizations that are actively involved in development, review, or maintenance of Toolkits (either initiated or posted)	1	62 (63)	20 (83)	E.g., Indonesia RH Toolkit (BKKBN, PP IBI, PKBI, others), Postpartum Hemorrhage (MCHIP), HTSP (ESD Project)
Number of K4Health Toolkits initiated	4	36 (40)	14 (54)	
Number of K4Health Toolkits posted	4	9 (13)	17 (30)	E.g., Pakistan Relief and Oral Contraceptives

**Note:** Numbers in parenthesis show cumulative numbers.

### K4Health Web Site Trends (July to December, 2010)

**Visits/visitors:** Please see the P&D section on page 46 describing the trends on Web visit and visitor numbers and providing possible explanations.

**Average time on site:**

- It was initially higher (4 ½ minutes) before decreasing to 2 minutes in mid-September. In contrast, the number of new visitors increased in mid-September (from 70% to 90%) due to focused promotion efforts.
- This seems like an expected phenomenon (i.e., many new visitors come to check out the site but don't necessarily spend a long time on their first visit).

**Most frequently used keywords:**

1. "Jadelle" related words including Jadelle implant, Jadelle insertion, Jadelle contraceptive: This is a new trend in Year 3.
2. "K4Health" related words including knowledge for health, k4health.org, www.k4health.org, k4health toolkit: Previously in Year 2, this K4Health group ranked as the top keyword group.

3. Family planning, reproductive health, health (in general).

**Visiting countries:**

- Top ten visiting countries:
  - United States (always 1<sup>st</sup> at 42% of site total on average)
  - **India, Philippines, Pakistan** (frequently ranked as the 2<sup>nd</sup> and 3<sup>rd</sup> countries)
  - United Kingdom and Canada (frequently ranked as the 4<sup>th</sup> and 5<sup>th</sup> countries)
  - **South Africa, Kenya, Nigeria, Uganda** (frequently ranked as the 6<sup>th</sup> and 7<sup>th</sup> countries)
- In addition to the countries mentioned above, New Zealand (4<sup>th</sup> in December) and **Mexico** (7<sup>th</sup> in August and October) have appeared from month to month.
- Among those countries, Mexico has the highest bounce rate (85%) 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.

**Top content/popular entrance paths:**

- K4Health home page, Toolkit landing page, Toolkit FAQ
- Pakistan Relief Toolkit was ranked as the 1<sup>st</sup> for both top content and popular entrance paths in September, 2010.
- Other popular Toolkits according to the Web stats include: IUD, IGWG/Gender and Health, PHE, Implants, Haiti Relief.

### Project Result 3

#### Effective and Appropriate Information delivery Systems Used

#### PR3 Indicators, Year 3 Targets and Year 3 Mid Year Data

PR3 PMP Indicator	Year 3 Target	Year 3 Mid Year Data (Quantitative data if available) <sup>5</sup>
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	<b>2</b> <b>(Flash drive and CD-ROM)</b> Making a good progress
Number of FP/RH websites supported	20	<b>19</b> <b>(See Appendix G)</b>
K4Health server up time kept at least 96%	Yes	99.4 (Acquia Network Monitoring)
YSlow grades for selected pages ( <a href="http://developer.yahoo.com/yslow">http://developer.yahoo.com/yslow</a> )	Home =85 Toolkit = 85 About = 86	Home=84 Toolkit=83 About=84
K4Health page response time maximum	2.5 Seconds	Home = 2.005sec, About = 2.15sec, Toolkits = 1.868sec, Toolkits/iud = 1.5sec, Toolkits/condoms = 2.101sec, Toolkits/igwg-gender = 2.46sec
Number of organizations using K4Health software offerings, including toolkits, "child sites", clones, eLearning, toolkits, search, and databases	5	<b>4</b> AFP=Toolkit NURHI=Child Peace Corps=Toolkit Youth (FHI)=Child

<sup>5</sup> Unless indicated, the numbers presented covers the 6 month period from 7/1/10 to 12/31/10.

**Project Result 4**  
Information and Knowledge Exchange Forums Supported and Expanded

**PR4 Indicators, Year 3 Targets and Year 3 Mid Year Data**

<b>PR4 PMP Indicator</b>	<b>Year 3 Target</b>	<b>Year 3 Mid Year Data<sup>6</sup> (Quantitative data if available)</b>
<b>eForums</b>		
Number of forums developed and supported	4	0
Number of registered participants in forums and % of registered participants from less developed countries	10% increase	N/A
Number of contributions (contributions made by participants and experts)	10% increase	N/A
Number of registered participants who made a contribution(s) and % of contributors from less developed countries	10% increase	N/A
Number of forums in which at least 80% of participants are satisfied with the content of discussion and the amount of information exchange	4	N/A
Audience members' intended use of information and knowledge gained to inform decision-making or to enhance programs	Yes	N/A
<b>Face-to-face events</b>		
Number of face-to-face events and meetings (e.g., GH Mini-University, HIPNet) supported	4	<b>4</b> 1. GH Mini-U (Oct 2010) 2. IBP (Nov 2011) 3. KMWG (Oct 2010) 4. KMWG (Nov 2010)

<sup>6</sup> Unless indicated, the numbers presented covers the 6 month period from 7/1/10 to 12/31/10.

PR4 PMP Indicator	Year 3 Target	Year 3 Mid Year Data <sup>6</sup> (Quantitative data if available)
<b>GHeL Center</b>		
Number of eLearning courses published	12 7 GHeL 5PEPFAR	2 new published 2 GHeL 0 PEPFAR <b>(Appendix H)</b>
Number of eLearning courses in development	8 5 GHeL 3 PEPFAR	<b>16</b> 10 GHeL 6 PEPFAR <b>(Appendix H)</b>
Number of GHeL eLearning course authors trained	4	<b>4</b>
Number of registered learners in GHeL (cumulative from the inception)	10% increase (from Year 2: 56,072)	<b>67,774</b> (20% increase – already exceeded the target)
Number of GHeL certificates earned (must score 85% or above to earn certificate)	10% increase (from Year 2: 27,290)	<b>21,912</b> Making a good progress
Audience members' intended use of information and knowledge gained to inform decision-making or to enhance programs	Yes	<b>Note:</b> With current evaluation, collect intended use. Plan to roll out an enhanced evaluation strategy to obtain more on use.
Number of offline courses supported <i>Includes financial and/or human resource support for QATs and general management of offline process</i>	Baseline	<b>16</b> courses (FP/RH certificate track)
<b>K4Health eLearning</b>		
Number of K4Health eLearning courses published this year	2 KM course eLearning course	0
Number of eLearning courses in development	Baseline	<b>2</b> KM: Basics and Strategies course eLearning Development 101 course

PR4 PMP Indicator	Year 3 Target	Year 3 Mid Year Data <sup>6</sup> (Quantitative data if available)
Number of visits and unique visitors to the K4Health eLearning Website	Baseline	N/A
Number of K4Health certificates earned (must score 85% or above to earn certificate)	Baseline	N/A
Audience members' use of information and knowledge gained to inform decision-making or to enhance programs	Baseline	N/A
Number of organizations trained in eLearning strategy development, course development, and course implementation and evaluation	2 (e.g., Nigeria, Malawi)	<b>1</b> (Continued TA and collaboration with US Census)

#### What learners say about eLearning:

- “Clear, concise information that I could access during my free time (in the middle of the night)....I am too busy during the day to focus on learning key data collection issues.” - *Learner from Nigeria*
- “Good to spend the short period of time to get knowledge from this web access.” - *Learner from Cambodia*
- “Acquisition of certificate within hours.” – *Learner from Uganda*

#### Selected PR4 Data on Trends

PR4 PMP Indicator	Data			Notes
	Y1	Y2	Y3 MY	
Number of face-to-face events and meetings (e.g., GH Mini-University, HIPNet) supported	5	5	4	Mini-U (Oct 2010) IBP (Nov 2011) KM (Oct and Nov 2010)
Number of eLearning courses published	29	12 (41)	2 (43)	- 40 GHeL - 3 PEPFAR
Number/% increase of registered learners in GHeL	35,150	56,072 (60%↑)	67,774 (20%↑)	Non-USAID=80%

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

**Promotion and Dissemination**

**P&D Indicators, Year 3 Targets and Year 3 Mid Year Data**

<b>P&amp;D PMP Indicator</b>	<b>Year 3 Target</b>	<b>Year 3 Mid Year Data<sup>7</sup> (Quantitative data if available)</b>
Number of fans and followers on social media accounts (Twitter, Facebook, and LinkedIn)	100% increase (from Year 2: 1,599)	<b>4,110 Total</b> 156% increase Exceeded the target  Facebook (3586) Twitter (502) LinkedIn (22)
Number of visits on K4Health.org from Twitter, Facebook, and LinkedIn	100% increase (from Year 2: 929)	<b>1613</b> 74% increase Making good progress
Number of eNewsletters published per year	12	<b>6</b>
Number of people who open the K4Health eNewsletter	50% increase (from Year 2: 11,597)	<b>14, 944</b> 29% increase Making good progress
Number of blog posts published on K4Health.org blog	50% increase (from Year 2: 48)	<b>32</b> 44% of the target number of 72 Making good progress
Number of media mentions from promotion	25% increase (from Year 2: 63)	<b>75</b> 95% of the target number of 79 Making good progress <b>(Appendix J)</b>

<sup>7</sup> Unless indicated, the numbers presented covers the 6 month period from 7/1/10 to 12/31/10.

P&D PMP Indicator	Year 3 Target	Year 3 Mid Year Data <sup>7</sup> (Quantitative data if available)
Number of events/conferences participated in by K4Health  <i>Events/conferences do not include CoP and working group meetings</i>  <i>Participation includes: dissemination of promotional materials, presentation of posters and papers, panel discussions, attendance at major conferences, live blogs, etc.</i>	20	<p style="text-align: center;"><b>14</b> Making good progress <b>(Appendix I)</b></p>
Number of K4Health offline devices distributed (e.g., flash drives, CD-ROMS, eReaders, mobile phones)	100% increase (from Year 2: 700)	<p style="text-align: center;"><b>1,000 flash drives</b> 43% increase Making good progress</p> 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	<p style="text-align: center;"><b>172</b></p> Year 3 data will be the baseline b/c we just filtered out links to INFO.

**Selected P&D Data on Trends**

**Visits to the K4Health site**



★	10/15/2010	Blog Action Day 2010: Blogging About Water for Women and Children."	<a href="#">edit</a>	C.brottler@gmail.com	▲
★	10/06/2010	IGWG Gender and Health toolkit launched and promoted.	<a href="#">edit</a>	C.brottler@gmail.com	
★	09/29/2010	Tara's blog post picked up by HIF A2015	<a href="#">edit</a>	C.brottler@gmail.com	
★	09/28/2010	Sent out September issue of eNewsletter.	<a href="#">edit</a>	C.brottler@gmail.com	
★	09/25/2010	New website launched and promoted.	<a href="#">edit</a>	C.brottler@gmail.com	
★	09/24/2010	Peace Corps Stoves and Ovens toolkit highlighted in Global Health Daily.	<a href="#">edit</a>	C.brottler@gmail.com	
★	09/24/2010	Kaiser Daily Global Health Policy Report wrote about and linked to my series in Global Health Magazine.	<a href="#">edit</a>	C.brottler@gmail.com	
★	09/23/2010	Blog posts picked up and published in global-health Daily, Conversations for a Better World (UNFPA) and global health mag again.	<a href="#">edit</a>	C.brottler@gmail.com	
★	09/22/2010	Global Health Council sent out MDG blogs with K4Health post included to their list.	<a href="#">edit</a>	C.brottler@gmail.com	
★	09/22/2010	Posted and pushed out new blog about UN session on maternal and child health. Sent to Global Health Mag and other pubs.	<a href="#">edit</a>	C.brottler@gmail.com	
★	09/21/2010	Blog post published in Global Health Magazine, UNFPA Blog, Haiti Connect Daily, The health-2-0 Daily, and eHealth Global Health Daily.	<a href="#">edit</a>	C.brottler@gmail.com	
★	09/20/2010	Beginning of blog and social media coverage of Social Good Summit and UN Summit on MDGs.	<a href="#">edit</a>	C.brottler@gmail.com	▼

The week of September 20<sup>th</sup> – 26<sup>th</sup>, K4Health provided live blog and social media coverage during the UN Summit on the Millennium Development Goals at the “[UN Week Digital Media Lounge](#),” which was organized by the United Nations Foundation in partnership with Mashable and 92Y. The goals of the Digital Media Lounge included:

- Bring together the collective of traditional and new media in one venue
- Present rare opportunities to view presentations, discuss and meet face-to-face with key leaders on important global issues
- Provide unique content and discussions held outside of the United Nations
- Broadcast major MDG Summit/UN Week presentations directly to 92Y
- Raise awareness of the Millennium Development Goals (MDGs)
- Discover and encourage solutions for the MDGs by engaging with on-line communities
- Showcase solutions and innovative approaches

As a content producer, K4Health was able to leverage the promotion outlets of the Media Lounge itself and publications following the events throughout the week. As noted above in the Google annotations, K4Health’s blogs were picked up by a number of online publications and blogs, as well as disseminated via the social media accounts of organizations, journalists and bloggers participating in the event. Fortunately, the event coincided with the launch of K4Health’s redesigned website, which was also promoted. As a result, K4Health’s traffic has increased exponentially and, although there was a dip during the holiday season, has been sustained around 35,000 visits monthly, compared to about 12,000 prior to the event.

## 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 Mid Year Data <sup>8</sup> (Quantitative data if available)
Tools, protocols, procedures, systems, methodologies, guides, curricula, indices and/or key actionable findings incorporated into the work of other organizations ( <i>USAID PRH IR. 1.1</i> )	<b>4</b> 1. Toolkits 2. online Forums 3. eLearning 4. Websites	<b>4</b> 1. Toolkits 2. Online Forums 3. eLearning 4. Websites  In addition, scale-up reach and tailoring through i-frames, flash drives/CDs, alternative delivery methods- eLearning, and bundling
Resources leveraged globally for FP/RH activities from non-USAID sources by core or FS funds ( <i>USAID PRH IR. 1.2</i> )  <i>Includes resources leveraged to meet cost-share requirements</i>	<b>3</b>	<b>3</b> 1. NURHI 2. AFP 3. UNC MLE
Number of partnerships with organizations that do not traditionally focus on FP/RH ( <i>USAID PRH IR. 1.3</i> )  <i>To be counted here, the partnership must have led to incorporation of tools, etc. (1.1) and/or leveraged resources (1.2) stemming from use of core funds or action by PRH staff</i>	<b>9</b> 5 from Year 2 plus 4	<b>12</b> 1. HIVSA.info 2. SAfAIDS 3. Peace Corps 4. Swaziland NAC 5. Lesotho NAC

<sup>8</sup> Unless indicated, the numbers presented covers the 6 month period from 7/1/10 to 12/31/10.

SO PMP Indicator	Year 3 Target	Year 3 Mid Year Data <sup>8</sup> (Quantitative data if available)
<i>Organizations are defined to include other sectors of USAID, other USG agencies, international organizations, foundations</i>		6. Networks Malaria 7. RIATT 8. Healthy Babies B' more 9. Helping Babies Breath 10. Census Bureau eLearning 11. Tobacco 12. URC- HSS
Key actionable findings and experiences identified, generated, pooled, summarized and their lessons extracted ( <b>USAID PRH IR 2.2</b> ) – e.g., number of knowledge tools	30	<b>38</b> # of Toolkit = 17 posted # of eLearning courses = 2 published # of forums = 0 conducted # of Web sites = 19 managed
Audiences reached with tools, protocols, procedures, systems, methodologies, guides, curricula, indices, and/or key actionable findings ( <b>USAID PRH IR 2.3</b> ) – e.g., number of audiences reached with products/services managed by K4Health	20% increase (from Year 2: 823,239)	Will report at the end of Year 3 May need to adjust the target due to the change in POPLINE Web statistics.
Contraceptive methods, tools, protocols, procedures, systems, methodologies, guides, curricula, indices, and/or key actionable findings incorporated into mission or country programs ( <b>USAID PRH IR 3.1</b> )  <i>Incorporation may be core or FS-funded, bilateral, HC gov't or other donor funded) or adopted/applied by other CAs</i>	<b>2</b> (Sustain the effort)	<b>2</b> 1. K4HSA-RHAP program 2. 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 ( <b>USAID PRH IR 3.5</b> )	N/A	Will report at the end of Year 3 Funds currently in pipeline and Scott's work will commence in S.A. in mid-February 2011.

## Appendices

<b>Appendix A</b>	Organizations involved in development, review, or maintenance of K4Health eToolkits during the first half of Year 3 (July to December, 2010)
<b>Appendix B</b>	K4Health eToolkits Status Table Year 3 (as of January 2011)
<b>Appendix C</b>	Website statistics July 1, 2010 to December 31, 2010
<b>Appendix D</b>	Published eToolkit status as of December 2010
<b>Appendix E</b>	Process for updating K4Health eToolkits
<b>Appendix F</b>	eToolkit model brochure sample
<b>Appendix G</b>	FP/RH Web sites supported/managed
<b>Appendix H</b>	GHeL courses published/in development as of December 31, 2010
<b>Appendix I</b>	Event/conference attendance
<b>Appendix J</b>	K4Health media coverage

## Appendix A

### Organizations Involved in Development, Review, or Maintenance of eK4Health eToolkits during the first half of Year 3 (July to December, 2010)

**Note:** Output for the first PR2 indicator is counted by organization  
New collaborative organizations = 20

<b>Organization</b>	<b>eToolkits</b>
UNICEF	ALHIV
WHO	ALHIV, KM
Baylor International Pediatric AIDS Initiative (BIPAI)	ALHIV
Elizabeth Glaser Pediatric AIDS Foundation	ALHIV
International Center for AIDS Care and Treatment Programs	ALHIV
Clinton Health Access Initiative	ALHIV
BKkbN	Indonesia Reproductive Health
PP IBI	Indonesia Reproductive Health
PKBI	Indonesia Reproductive Health
Kemenkes	Indonesia Reproductive Health
Muhammadiyah	Indonesia Reproductive Health
Fred Hollows Foundation	Primary Eye Care
International Agency for Blindness Prevention	Primary Eye Care
Soul City Institute for Health and Development Communication	MCP-Southern Africa
Soul Beat Africa	MCP-Southern Africa
Kenya National Family Planning Working Group at the Ministry of Health's Dept of RH (DRH)	Kenya Health
ChildFund	Knowledge Management
BEMFAM/Brazil	Oral Contraceptives
Measure Evaluation	Research Utilization
Senegalese Ministry of Health and Prevention Division of Reproductive Health	Senegal

## Appendix B

### K4Health eToolkits Status Table Year 3 (as of January, 2011)

**Initiated in Year 3, Q 1 and 2 = 14 and Posted in Year 3, Q1 and 2 = 17**

No.	eToolkit	Date Initiated	Date Launched
	Adolescents Living with HIV (ALHIV)	<b>12/17/10</b>	In development
	Community-based Access to Injectables (CBA2I)	<b>11/4/10</b>	In development
	Condom Use	9/9/09	<b>9/13/10</b>
	HIV/AIDS – Young People in Cote d’Ivoire	1/24/11	
	Healthy Timing and Spacing of Pregnancy (HTSP)	<b>10/5/10</b>	In development
	IGWG Gender & Health	3/8/10	<b>10/6/10</b>
	Kenya Health	<b>9/15/10</b>	In development
	Knowledge Management	<b>9/4/10</b>	In development
	Malawi FP	4/28/10	<b>8/20/10</b>
	Malawi MNH	4/28/10	<b>8/20/10</b>
	Malawi YPRH	4/28/10	<b>8/20/10</b>
	Microbicides		In development
	Oral Contraceptives	<b>9/1/10</b>	<b>12/20/10</b>
	Pakistan Relief	<b>8/20/10</b>	<b>8/27/10</b>
	PC- Food Security	3/11/10	<b>8/9/10</b>
	PC- HIV/AIDS	2/2/10	<b>8/9/10</b>
	PC-Malaria	3/11/10	<b>7/13/10</b>
	PC-MNCH	4/21/10	<b>8/9/10</b>
	PC-Nutrition	2/2/10	<b>7/13/10</b>
	PC-Social and Behavior	3/11/10	<b>8/9/10</b>
	PC-SRH	3/11/10	<b>8/9/10</b>
	PC- Stoves	3/11/10	<b>7/13/10</b>
	PC- WSH	3/11/10	<b>7/13/10</b>
	PC – Women/Gender	3/11/10	1/21/11
	Permanent Methods	<b>8/17/10</b>	In development
	Population-based Survey Development	<b>7/22/10</b>	In development
	Postpartum Hemorrhage	<b>8/16/10</b>	In development
	Preeclampsia/Eclampsia	<b>8/16/10</b>	In development
	Pre-Service Education	1/24/11	In development
	Primary Eye Care	<b>8/18/10</b>	In development
	Reproductive Health Indonesia	<b>10/14/10</b>	1/12/11
	Research Utilization		In development
	Senegal	<b>10/13/10</b>	In development
	Standard Days Method	3/10/10	<b>8/2/10</b>

<sup>1</sup> 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 until some time after they were opened in the Toolkit Application.

<sup>2</sup> The date initiated for the Microbicides and Research Utilization Toolkits is an estimate of when FHI began developing the Toolkit offline because it has not yet been opened in the Toolkit Application.

## Appendix C

Website Statistics – July 1, 2010 – December 31, 2010										
Websites*	Visits	Unique Visitors	Referring Sites	Pageviews	Unique Pageviews	Visits from Search Engines	Visits from Direct Traffic	Visits from Referring Sites	Bounce Rate	Avg. Time on Site
<b>K4Health</b>	150,594	131,182	1,644	341,392	257,785	49,335 (33%)	77,859 (52%)	23,398 (15%)	68.65%	1:54
➤ <b>eToolkit</b>	74,331	60,437	1,030	200,417	144,568	27,877 (37%)	36,187 (49%)	10,264 (14%)	57.76%	2:48
<b>POPLINE</b>	14,658***	10,446	762	68,859***	40,313	4,465 (30%)	3,769 (26%)	6,408 (44%)	44.92%	5:04
<b>Photoshare</b>	100,104	93,128	571	258,260	206,873	81,231 (81%)	8,440 (9%)	10,433 (10%)	68.18%	1:05
<b>INFO**</b>	258	213	12	534	389	129 (50%)	105 (41%)	24 (9%)	58.91%	1:31
<b>HIV/SRH Integration</b>	7,433	6,385	167	14,597	10,590	5,474 (73%)	868 (12%)	1,091 (15%)	67.09%	1:38
<b>Total</b>	273,047	241,354	3156	683,642	515 950	140,634 (52%)	91,041 (33%)	41,354 (15%)	61.55% (avg)	2:24 (avg)

\*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
- Population Reports
- 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.

**Bounce Rate** - The percentage of single-page visits (i.e. visits in which the person left your site from the entrance page). Bounce rate is a measure of visit quality and a high bounce rate generally indicates that site entrance (landing) pages are not relevant to visitors.

**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 Web site. 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 D

### Published eToolkit Status as of December 2010

K4Health Public eToolkits						
eToolkit	Published	# of Resources	# of Downloaded Resources	Total Downloads	# of Pageviews	# of Searches via GSA
CBFP	5/19/2010	314	138	8030	12,842	23
Condom Use	9/13/2010	140	107	3285	3641	8
Elements of FP	10/21/2009	260	228	16,975	7222	16
FP/HIV Integration	2/25/2010	181	129	13,334	7557	5
Haiti Relief	1/21/2010	449	357	51,750	17,587	22
IGWG Gender	10/6/2010	442	49	1171	11,159	N/A
Implants	5/6/2010	176	73	4938	17,469	9
Injectables	10/21/2009	218	183	14,899	7861	4
IUD	10/20/2009	174	118	5312	35,151	10
LAM	5/5/2010	46	9	564	1439	0
Malawi FP	8/20/2010	119	25	1386	1454	1
Malawi MNH	8/20/2010	41	1	37	1783	1
Malawi Young RH	8/20/2010	13	1	3	1017	1
MCP	12/2/2009	53	35	5382	4066	0
mHealth	6/16/2010	165	115	3567	6610	2
Pakistan Relief	8/27/2010	263	156	2308	7039	23
OCs	12/14/2010	N/A	N/A	N/A	N/A	N/A
PC – BCC	8/9/2010	31	1	103	1306	1-3
PC – Food Security	8/9/2010	45	9	241	1103	1-3

PC – HIV/AIDS	8/9/2010	81	8	426	1344	1-3
PC – Malaria	7/13/2010	26	4	160	1333	1-3
PC – MNCH	8/9/2010	56	6	56	885	1-3
PC – Nutrition	7/13/2010	56	9	245	2534	1-3
PC – SRH	8/9/2010	51	2	50	978	1-3
PC – Stoves	7/13/2010	27	11	478	1936	1-3
PC – WSH	7/13/2010	62	26	1041	3673	1-3
PHE	12/13/2009	158	91	9702	10,529	63
PMTCT	12/1/2009	110	74	14,179	6889	0
PPFP	2/22/2010	180	5	894	7892	10
SDM	8/2/2010	143	6	172	1728	4

**Note:**

- Internal (CCP) activity is excluded for web analytics, for downloads it is not.
- Many 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.

# Appendix E

## Process for Updating K4Health eToolkits

Last Updated: January 5, 2011

K4Health eToolkits are guided by a continuous publishing principle that ensures we identify and make accessible new information resources as they become available. Our goals are to fill remaining information gaps and keep toolkits up-to-date so that health care professionals have access to the information they need to develop policies, design programs, and make health care decisions based on evidence and experience.

As products of collaborative efforts between K4Health and partner organizations around the world, the process for both building toolkits and maintaining and updating them after they are published requires collaboration between K4Health and the respective Toolkit Technical Working Groups (TWGs). Provided below are the roles of K4Health and TWGs to ensure that toolkits remain up-to-date, relevant, and useful.

### Frequency

In order to ensure that the full range of new resources is captured and that the toolkit remains relevant, K4Health recommends that TWGs and K4Health undertake a literature search and a full review of the toolkit at least **once each year**, but more often if new literature is published that is likely to impact the role of health care professionals.

In between these formal toolkit reviews, TWGs can add new information resources that are relevant to their toolkits as they become available. TWG members assigned the role of “toolkit manager” should use their discretion to add important new resources without the need to vet every addition among the entire TWG. For example, new guidance from WHO or USAID would obviously be included in the toolkit.

### Strategies

The continuous publishing principle of toolkits encompasses four key components: (1) capturing new resources that are published after the toolkit is published; (2) reviewing existing toolkit content; (3) soliciting new content from toolkit users; and (4) analyzing and disseminating website usage statistics.

#### 1. Capture New Resources

- **POPLINE Literature Search.** K4Health will create a new Web interface to allow TWGs to generate search results from POPLINE on their specific toolkit topics. From a simple drop-down menu interface, the TWGs can select a toolkit of interest and set desired date limits, for example to limit the search results to new resources published within one year since the last toolkit update. Toolkit managers will review and vet the search results with the TWGs, as appropriate, to identify whether any important new resources should be added to the toolkits. Toolkit managers can also review the search results for new research findings that should be added to the “Essential Knowledge” documents included in their toolkits, if applicable. (Essential Knowledge documents provide succinct summaries of the key evidence on that toolkit topic. For example, see [“Essential Knowledge About Hormonal Implants.”](#))
- **TWG and Publisher Recommendations.** On an ongoing basis, toolkit managers will reach out to the larger TWGs as well as to publishers of resources already included in the toolkit to identify any new resources that their respective organizations have published or whether they are aware of new

resources published by other organizations. In addition, the TWGs may be able to identify information gaps for which new materials should be developed. As a potential ‘incentive’ for these organizations to contribute additional new materials to the toolkit, the toolkit manager can send out usage statistics on the toolkit with the call for new materials. If use of the toolkit is low, the manager can also make a call for the organizations to help promote the toolkit, for example, by placing the toolkit widget on their sites, forwarding e-mail alerts to their contacts, etc.

## **2. Review Existing Toolkit Content**

Given sufficient time and resources, Steering Committees should take the opportunity to review the existing toolkit content, including the selected resources, Home page text, and introductory text for the other tabs, keeping the following questions in mind:

- Are there any resources currently included in the toolkit that are outdated and need to be removed or updated?
- Are there any new or emerging hot topics that were not previously covered in the toolkit?
- Does the toolkit structure (e.g., tabs and subheadings) still make sense? Are there improvements that could be made? See other K4Health Toolkits for ideas.
- Review introductory text for each tab/subheading. Can they be improved? Do they need to be updated?

## **3. Evaluate Feedback from Toolkit Users**

The built-in discussion boards provide an opportunity for toolkit users to provide their feedback about the toolkits and to suggest new resources. Steering Committees should review these suggestions and decide whether the suggested resources should be included in the toolkit. K4Health can also work with the Steering Committees to proactively reach out to toolkit users, for example, by sending out a call for suggestions and feedback on the discussion board as well as through relevant listservs, through the K4Health Facebook and Twitter accounts, to our field offices, to recipients of toolkit flash drives and CD-ROMs, and to other relevant sources of field contacts.

## **4. Analyze Website Usage Statistics**

Website usage statistics provided by K4Health can give TWGs with some insight about dissemination and promotion efforts over time as well as about the content and structure of the toolkit. Key website usage indicators to analyze include:

- **Trends in number of visitors.** How has the number of visitors to your toolkit compare over time, from month-to-month, year-to-year? Is the TWG satisfied with traffic to the toolkit? Is there a need to implement new promotional activities to increase traffic?
- **Percentage of new versus return visitors.** While both new and return visitors are important, achieving a high percentage of return visitors is particularly important because it suggests how useful the toolkit is as a “go-to” resource among our audiences.
- **Geographic location of visitors.** Are we reaching our target audience of developing-country users? Are there specific promotional activities we can implement to increase traffic from particular countries or regions?
- **Top search terms.** Exploring toolkit users’ top search terms may give an indication of what topics are popular among user, which in turn may give the TWG a sense of what sections of the toolkit to focus. It could also help inform future promotional activities, for example, what topics to focus on in e-forums. The top search terms may also be indicative of users’ difficulty with finding resources on that topic through the browsing navigation system (i.e. tabs and

subheadings). This is especially true if the top search terms are broad categories, such as “training” or “supervision,” compared with more specific terms, such as the title of a document. Is there a need to add a new tab or subheading to the toolkit on these broad topics or to highlight the topic in some other way?

- **Downloaded resources.** K4Health provides a tool on our website that lets TWGs generate a report of the number of times resources have been downloaded from K4Health Toolkits since the time of their publication (<http://www.k4health.org/reporting>). TWGs can view reports for their specific toolkits or for any other K4Health Toolkit. Some key indicators to explore include the percentage of toolkit resources that are downloaded at least one time; total number of downloads; and the top downloaded resources. Are users downloading what you regard as key resources? Are there ways to draw attention to those key resources?

# Appendix F

## eToolkit Model Brochure Sample<sup>9</sup>

# K4Health eToolkits

## TECHNICAL BRIEF

October 2010

### Three Process Models to Meet the Needs and Interests of Our Partners

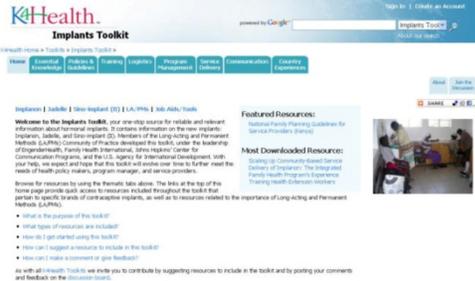
K4Health eToolkits provide health policy makers, program managers, and service providers quick and easy access to an electronic library of relevant and reliable resources on a specific health topic that are reviewed by technical experts. The resources are available in one convenient location, accessible through our website as well as on CD-ROMs and flash drives, which we distribute periodically. Covering a wide range of priority health topics, these toolkits are products of collaborative efforts between K4Health and partner organizations around the world.

Limited access to information remains a barrier to evidence-based health care in developing countries. We encourage organizations to join our network of partners to respond to this challenge by using K4Health's unique eToolkit Application to share key information resources with health care professionals. (For more information about the Toolkit Application, see box, p. 4.)

Recognizing that our partners have varied needs and interests, we have defined three models to develop toolkits. The three models reflect the varied processes used to develop toolkits, based on the level of collaboration involved (see Figure 1, p. 2). This brief provides a summary of these models with case studies demonstrating how our partners have put the models into practice. With this information, new and existing K4Health partners can learn from each other and identify a model that appeals to them.

#### Model 1: Fast-Track eToolkits

This model involves the least level of formal collaboration and generally produces toolkits more quickly. K4Health encourages organizations to develop toolkits in collaboration with other partners. However, toolkits built independently by one or a few organizations may be appropriate in the following situations: when an organization needs to respond quickly to an information need; when an existing collection of resources is available; when the content of a website needs to be repurposed into a toolkit format; when a project coming to an end needs an avenue to capture and continue to make its resources available; or for specialty topics in which one particular organization has expertise (see Case



Study: Fast-Track eToolkits). To counterbalance the limited level of collaboration with this model, fast-track toolkit developers should make a concerted effort to seek and obtain input from others through the built-in discussion board and other appropriate means following publication.

#### Model 2: Expert-Reviewed eToolkits

Toward the middle of the collaboration continuum, this model provides a balance between developing a toolkit quickly and obtaining input and feedback from expert organizations. With expert-reviewed toolkits, one or a few organizations take the lead on developing the toolkit, similar to fast-track toolkits, but, in this case, they solicit review of the toolkit from a larger group of experts, usually before it is made public (see Case Study: Expert Reviewed eToolkits). Reviewers are generally asked to provide their feedback about a defined set of issues and within a defined time period.

#### Model 3: Consensus-Driven eToolkits

Under this model, a Technical Working Group collaboratively develops a toolkit, usually under the guidance of a Steering Committee, with each organization contributing its specific capabilities to select individual resources for the toolkit, develop the structure, and write any new materials to fill information gaps. This model is appropriate when a number of organizations are interested in and/or have a mandate to work on a given topic, such as contraceptive methods (see Case Study: Consensus-Driven eToolkits). While consensus-driven toolkits take time to develop, working in collaborative partnerships can offer greater credibility, new approaches, and greater access to resources and skills and to targeted audiences.



<sup>9</sup> Only the first page is presented as a sample.

## Appendix G

### FP/RH Web sites supported/managed

1. Knowledge for Health [www.k4health.org](http://www.k4health.org)
2. Health Communication Partnership <http://hccpartnership.org>
3. JHSPH Center for Communication Programs <http://www.jhuccp.org>
4. Eureka! <http://eureka.k4health.org>
5. Health Information and Publications Network <http://www.hipnet.org>
6. Indaba <http://indaba.k4health.org>
7. The Urban Reproductive Health Initiative [www.urbanreproductivehealth.org](http://www.urbanreproductivehealth.org)
8. Media / Materials Clearinghouse [www.m-mc.org](http://www.m-mc.org)
9. Interagency Youth Working Group [www.iywg.org](http://www.iywg.org)
10. Nigerian Urban Reproductive Health Initiative [www.nurhi.org](http://www.nurhi.org)
11. Advance Family Planning [www.advancefamilyplanning.org](http://www.advancefamilyplanning.org)
12. HIV/AIDS and SRU Integration [www.hivandsrh.org](http://www.hivandsrh.org)
13. Male and Female Condom Resource Center <http://info.k4health.org/condoms>
14. Photoshare by K4Health [www.photoshare.org](http://www.photoshare.org)
15. Maximizing Access and Quality [www.maqweb.org](http://www.maqweb.org)
16. End Violence Against Women <http://info.k4health.org/endvaw>
17. Global Handbook for Providers <http://info.k4health.org/globalhandbook>
18. Post abortion Care <http://info.k4health.org/pac/>
19. Population Reports [www.populationreports.org](http://www.populationreports.org)

## Appendix H

### Published GHeL Courses As of December 31, 2010

	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.	<i>HIV Surveillance</i>	May-10	Published in Y2
37.	<i>Data Quality</i>	May-10	Published in Y2

38.	<i>M&amp;E Frameworks</i>	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
<b>42.</b>	<b>DHS</b>	<b>Nov 2010</b>	<b>Published in Y3</b>
<b>43.</b>	<b>Healthy Businesses</b>	<b>Dec 2010</b>	<b>Published in Y3</b>
44.			
45.			
46.			
47.			

*Courses in italics are PEPFAR courses*

### GHeL Courses in Development

	<b>Course in Development</b>	<b>Date Created</b>	<b>Notes</b>
1.	Social and Behavior Change		
2.	Postabortion Care		
3.	Antimicrobial Resistance II		
4.	Male Circumcision (2)		
5.	Long Acting and Permanent Methods		
6.	Healthy Timing and Spacing of Pregnancy		
7.	<i>Mortality Surveillance</i>		
8.	Nutrition		
9.	Pharmaceutical Management		
10.	Poverty and Equity		
11.	Health Systems		
12.	<i>HIV Legal Requirements</i>		
13.	<i>Data Use for Program Managers</i>		Published in Jan 2011
14.	<i>Economic Evaluation Basics</i>		Published in Jan 2011
15.	<i>Geographic Approaches to Global Health</i>		Published in Jan 2011
16.	<i>PEPFAR Next Generation Indicator</i>		Published in Jan 2011

*Course in italics are PEPFAR courses*

## Appendix I

### Event/Conference Attendance

1. Drupalcon Copenhagen
2. mHealth conference
3. Usability Professionals Association (UPA) DC Metro Chapter Conference.
4. Acquia Drupal Theme Development training
5. International AIDS Conference
6. Online Information Conference
7. Society for Applied Learning Technology
8. CORE Group meeting
9. APHA
10. Global Health Mini-University
11. KM World
12. American Evaluation Conference
13. JHSPH's Mid Atlantic Public Health Training Center
14. Association for Health Information and Libraries in Africa

## Appendix J

### K4Health Media Coverage

#### 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 138<sup>th</sup> 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 33<sup>rd</sup> 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”](#)