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Year 5

**Mid-Year Review and Progress Report
July 1, 2012 – December 31, 2012**

Knowledge for Health (K4Health)

www.k4health.org

Leader with Associate Cooperative Agreement Award

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Executive Summary

During the first half of the final year of the Knowledge for Health (K4Health) Project, we have built on the innovations, platforms, and knowledge generated during the previous four years of the project. While the past six months have brought transitions in leadership, the K4Health staff remains productive and continues to meet its goal of using knowledge management (KM) and exchange to advance the practice of family planning and reproductive health (FP/RH) and other key areas of international public health.

K4Health continues to raise its profile through a strong web presence, including our blog platform, eLearning courses, Toolkits, Photoshare, and POPLINE. K4Health's multi-author blog platform continued to draw traffic to the website, and allowed K4Health staff to contribute to the dialogue with the public health community during important international events (e.g., the London Summit on Family Planning, the International AIDS Conference). The project also responded to its target audience through constant, user-driven updates to project platforms (e.g., POPLINE, Toolkits, and Photoshare). K4Health continued to demonstrate its leadership in KM by chairing the Global Health Knowledge Collaborative (GHKC) and its various task teams, encouraging new directions for the mHealth Working Group, and spearheading the Social Media Working Group.

K4Health produced and improved numerous products, services, and resources during the first half of Year 5. For example, we migrated all K4Health Toolkits from Drupal 6 to Drupal 7, and developed new features in direct response to audience demand and feedback. In addition, we facilitated development of six **new Toolkits**, four of which are country-specific Toolkits on topics identified by on-the-ground working groups. We also helped produce two **new eLearning courses**, which focus on KM and FP/RH technical priority areas. K4Health has continued to get positive feedback on the groundbreaking Application for Contraceptive Eligibility (ACE)—a **mobile application** for Android OS based on *Family Planning: A Global Handbook for Providers*—and IT staff is currently updating it and preparing for the next version of the application. Major improvements to the **POPLINE website**—the first platform upgrade in 10 years—are now complete. The **Photoshare** photography contest helped add 2,500 images to the collection in less than two months.

In Year 5, K4Health continued its **field-support effort** on different fronts, including SHARE (Southern Africa HIV/AIDS Regional Exchange at <http://www.hivsharespace.net/>), the Bangladesh Knowledge Management Initiative (BKMI), and launching the Improving Contraceptive Method Mix (ICMM) project in Indonesia, which focuses on evidence-based advocacy and KM.

K4Health has continued to **respond to the health information needs of its key audiences** through appropriate technology and delivery vehicles. Specifically, findings from the user assessment conducted at the global and country levels have been shared with toolkit and website managers to inform future updates of these products. In addition, a more in-depth study has commenced to better understand the factors that contribute to producing good-quality and highly accessed toolkits.

In Year 5, we will also publish the first issue of *Global Health: Science and Practice (GHSP)*; we received high-quality submissions for the first issue that covered a range of important public health topics. We are currently planning a formal launch event during March 2013 to coincide with publication of the first issue. The journal will fill a gap in the literature on global public health,

focusing on the practical application and implementation of public health programs, which complements K4Health's mission to extend access to best practices and to the latest research.

Data collected for this Mid-Year Report indicate that the K4Health team made steady progress toward meeting targets. As part of this review, the K4Health team will use findings and lessons learned to inform implementation of the remaining Year 5 activities. As we complete Year 5 and move toward the remaining three months of the project, the K4Health team will continue to carry out cutting-edge KM activities while simultaneously sharing lessons learned and best practices discovered over the course of this innovative project.



The new POPLINE website includes multiple export options, a mobile-friendly interface, a customizable advanced search, and many other improvements.

Mid-Year Review Process

The purpose of this mid-year review was to:

- Assess progress made in implementing activities and achieving targets during the first half of Year 5 (7/1/12 to 12/31/12).
- Determine whether each proposed Year 5 activity has sound strategies and adequate resources, and whether adjustments are needed in the rest of Year 5 (1/1/13 to 6/30/13) to adapt to new conditions (e.g., priority shifts or unexpected challenges).
- Identify specific issues/findings that will inform our activities in Year 6.

The Project Result (PR), Field Support (FS), Promotion and Dissemination (P&D), Monitoring and Evaluation (M&E), and the *Global Health: Science and Practice* Journal (GHSP) teams:

- Reviewed activities proposed for Q1 and Q2 (7/1/12 – 12/31/12) in the final Year 5 work plan proposal.
- Assessed achievement toward Year 5 targets among applicable indicators, by collecting available data as of 12/31/12.



Members discuss "Open Space" sessions during the October 2012 meeting of the Global Health Knowledge Collaborative (GHKC), hosted by JHU-CCP.

Mid-Year Review Progress Highlights and Future Priorities

Project Result 1

Knowledge Needs of Audience Identified

PR1 Year 5 Mid-Year Progress Highlights (7/1/2012 – 12/31/2012):

- **Global Health Knowledge Collaborative (GHKC)**
 - Demonstrated leadership in KM by serving as the organizational chair for the Global Health Knowledge Collaborative, or GHKC (formerly called the Knowledge Management Working Group, or KM WG).
 - Hosted the October 2012 meeting at the CCP office and led a discussion about the group's strategic direction.
 - Hosted the first webinar in the "GHKC Knowledge Café webinar series," with speaker Shruti Sinha of RDA Corporation presenting on "Planning Your Organization's Intranet." Webinar slides and recording are available offline in the library of the GHKC's Knowledge Gateway site: <http://knowledge-gateway.org/ghkc/library>.
 - Planned the second webinar for the Knowledge Café series, on "Best Practices for Creating and Sustaining Communities of Practice for Global Health," which was held in January 2013.
 - Supported and hosted each of the GHKC Communities of Practice (CoPs): the overall GHKC, the Advisory Committee, and the task teams (Advocacy, Case Studies, M&E, and KM Toolkit).
 - Continued the M&E task team's work on the *Guide to Monitoring and Evaluating KM Programs for Health and Development* (tentative title).
 - Led the KM Case Studies task team and posted four case studies to the KM for Health and Development Toolkit.
(For more on the GHKC, see PR4 highlights on pp. 11-12, M&E highlights on pp. 19-20, and stats in the PR1 PMP section on p. 24.)
- **KM for Health and Development Toolkit**
 - Relaunched the KM for Health and Development Toolkit in August 2012 in the new K4Health platform, which included new features and an improved design for easier navigation. Promoted the revised site via email announcements, which prompted a spike in traffic to the site (between August 20th and August 22nd). Coordinated with the GHKC toolkit task team to update the KM Toolkit quarterly with the latest evidence-based KM resources while maintaining the practical focus of the toolkit.
 - Achieved a total of 8,727 page views for the reporting period, making it one of K4Health's most popular toolkits. (See PR1 PMP on p. 24 for user stats on the toolkit.)
- **Journals, papers, and presentations**
 - Set up systems and solicited and reviewed articles for *Global Health: Science and Practice* (GHSP) Journal (also see GHSP Journal highlights on pp. 21-22).

- Presented at the 2012 American Public Health Association Annual Meeting (Ethiopia Net-Map Results, India “Actionability” Framework, the Malawi documentary, and Senegal and Kenya Websites).
- Presented at the Symposium on Health Systems Research in Beijing in October 2012, including a poster highlighting the Malawi example as a KM project that improved health systems and a panel presentation describing how mobile technology empowers frontline health workers.
- Completed white paper titled: “[The Intersection of Knowledge Management and Health Systems Strengthening: Implications from the Malawi Knowledge for Health Demonstration Project](#)”
(For full list of conference presentations and published journal articles, see Appendix M.)

PR1 Priority Areas for the Rest of Year 5 (1/1/2013 – 6/30/2013):

- Continue to serve as chair of the GHKC, facilitating exchange of best practices and lessons learned among KM practitioners. Contribute to the field by capturing or creating KM strategic planning documents, improving measurement, and capturing and organizing this body of knowledge.
 - Co-convene KM Share Fair with other established KM groups (e.g., SID KM Group).
 - Plan the next face-to-face meeting of the GHKC, which will be held at the JSI office in Arlington, VA, on February 20, 2013.
 - Finalize *Guide to Monitoring and Evaluating KM Programs for Health and Development* (tentative title); promote, disseminate, and monitor use of the guide (see M&E section on p. 20).
 - Conduct additional webinars on KM topics.
 - Conduct one KM forum (see PR4 section on p. 12).
 - Add final KM case studies to KM for Health and Development Toolkit; maintain and enhance KM case study collection.
 - Maintain/update KM for Health and Development Toolkit.
 - Convene GHKC task teams.
 - Create website presence for GHKC
- Continue to disseminate KM findings through additional venues (CA meetings, in-country dissemination workshops, conferences, K4Health website, including blog posts, and other P&D efforts).
- Write/publish articles in peer-reviewed journals on K4Health Net-Map findings in Ethiopia and results from K4Health Malawi activities focusing on the use of Net-Map in the pre-/post-data collection design.

Project Result 2

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

PR2 Year 5 Mid-Year Progress Highlights (7/1/2012 – 12/31/2012):

- **Global Handbook and Wall Chart**
 - Launched new website in July 2012, expanding access to and reach of the Global Handbook content: site visits increased by **more than 270%**—from 3,379 visits in the July-December 2011 period to 12,598 during July-December 2012.
- **ACE Mobile Application** (also see PR3 highlights on p. 9)
 - Developed usability testing plan, including timeline and testing instruments, to identify usability problems with the app and explore additional features that would make the app more useful to family planning providers.
 - Pretested instruments with two K4Health staff members and refined the instrument based on pretesting findings.
 - Trained K4Health staff on how to facilitate usability test sessions.
- **Training Resource Package for Family Planning (TRP)**
 - Worked with Pathfinder team to complete new Training Resource Package for Family Planning (TRP) website on the Sites4Dev platform in time for launch at the October 2012 International Federation of Gynecology and Obstetrics (FIGO) Conference in Rome.
- **High Impact Practices in Family Planning (HIPs)** (also see PR3 highlights on p. 9)

Copyedited, designed, and published online five High Impact Practice (HIP) briefs: Community Health Workers, Postabortion Family Planning, Health Communication, Supply Chain Management, and Social Marketing. Continued to manage HIPs website content and data entry for the HIPs map.
- **Toolkit Application** (also see PR3 highlights on p. 9)
 - Finalized the redesigned Toolkits platform in Drupal 7 and migrated existing toolkits into the new website.
 - Developed new toolkit training materials, help text, and an orientation video based on the functionalities of the redesigned platform (<https://www.k4health.org/k4health-toolkit-orientation>).
 - Added link-checking functionality to the Toolkit Application that allows toolkit managers to review and fix broken links through an easy-to-use report.
 - Added integrated Google Analytics to each individual toolkit so toolkit managers can review the traffic coming to their toolkit.
- **K4Health Toolkits**
 - Developed an online toolkit user survey instrument (using FluidSurveys) to compare user feedback about, and usability of, “synthesized” toolkits versus “library” toolkits.
 - Received over 61,000 visits to more than 70 public K4Health Toolkits with nearly 187,000 pageviews. Toolkits were a top entrance into K4Health.org, as in previous years. While most Toolkit visitors came from the U.S., visitors from Asia (Indonesia, Pakistan, India, and the Philippines) and sub-Saharan Africa (Kenya and Uganda) also were in the top 10 countries. Toolkits also received many visitors from South Africa, Ethiopia, Nigeria, and Mexico (see Appendix E).

- Initiated and/or published many country-specific Toolkits: Avian and Pandemic Influenza Resources for Indonesia; two Zambia toolkits on BCC and HIV Prevention; a HCP-initiated toolkit from Jordan; and several Uganda-specific toolkits focused on malaria and trachoma (see Appendix C).
- Initiated and/or published several family planning Toolkits: Family Planning – Immunization Integration, Family Planning Advocacy, and Forecasting for New and Underused Methods of Family Planning.
(See Appendix F for status of published toolkits.)
- **POPLINE** (also see PR3 highlights on p. 9)
 - Finalized and launched the first major upgrade to the POPLINE website in over 10 years. New features include:
 - Multiple export options
 - Mobile-friendly interface
 - Customizable Advanced Search
 - Saved searches and My Documents
 - Over 400-pre-coordinated instant searches
 - User profiles and updated document request process
 - Filter search results by Keyword, Country, Language, and Year
 - 745 active user accounts have been set up since July 2012.
 - Since the launch of the new site, the total number of visits increased 17%—from 38,394 to 44,914—over the previous reporting period.¹ (See POPLINE Website Trends on pp. 33-35.)
 - Visits from Africa and Asia comprise 29% of all visits this reporting period (with 9,119 visits from Asia and 3,901 visits from Africa). Of those, 766 visits clicked on 1,786 full-text links, viewed an average of 35 pages, and spent, on average, 21 minutes on the site.
- **Photoshare**
 - Ran a photography contest, which built the collection by more than 2,500 images in less than two months.
 - Continued contest partnership with HIFA2015 focused on Healthcare Providers.
 - Worked with PR3 and outside developers on batch upload, Flickr integration, and other advanced user functionalities.
 - Produced and distributed high-quality Photoshare 2013 calendar to Photoshare contributors, photo contest winners, USAID, partner field offices (JHU-CCP, FHI 360, MSH), as well as at meetings and conferences. The coveted calendar features award-winning images and highlights Photoshare’s impact while promoting the K4Health Project.
 - Implemented survey using 4Qsuite platform to evaluate site experience, impact, and user satisfaction; utilized data to inform future iterative developments.
 - Presented Photoshare website at Global Health Mini-U Tech Café.

¹ However, visits during November-December increased 75% over the same time last year. This is directly related to Google Scholar’s re-indexing of the new POPLINE site in October 2012 and the increase in visits from Search traffic.

- Increased the number of fulfilled orders (from 507 to 650) with the new site over the same period the previous year, and more than 2,850 images were added by 485 contributing photographers.
- Worked on developing potential partnerships with the mHealth Alliance to support a Photoshare API, and working toward an agreement with BSR's HERproject Toolbuilder for inclusion of Photoshare images in their DIY poster/flipchart tool.
- **K4Health.org**
 - Shifted into maintenance mode following launch of new site in April 2012, by continuing to keep site content updated (including featuring other product updates and key events on the homepage), making incremental usability improvements, and creating more cross-links between the website, the blog, and the K4Health Newsletter.
 - Improved visit quality indicators substantially compared with the same period from 2011: greater proportion of returning visitors, longer visits, and more pages viewed per visit. Overall site visits declined—partly due to the dramatic reduction in the number of pages on the site, and partly as a result of changes to the way Toolkits analytics are tracked.

PR2 Priority Areas for Rest of Year 5 (1/1/2013 – 6/30/2013):

- Create extensive documentation and training materials (screenshot video and manuals) across web portfolio.
- Upgrade the HIPs website to the Sites4Dev platform, and provide a custom solution to support specialized HIP map features.
- Develop promotional materials for the HIPs project, including a branded folder for the briefs and other marketing collateral, such as a postcard. Continue to provide copyediting and design support for new HIP briefs.
- Work with M&E, PR3, and PR4 to implement unified analytics approach across all web products.
- Launch Drupal 7 site for Inter-agency Youth Working Group (IYWG).
- Launch Sites4Dev websites for partners and working groups including Global Health Knowledge Collaborative, HIPNet, and Repositioning Family Planning.
- Continue to improve process for delivering offline versions of Toolkits.
- Implement alerts for new content and additional search limits on POPLINE.
- On Photoshare, promote just-completed batch upload and Flickr integration features; complete functionality for contributors to have download authority for their own images.
- Focus on cross-linkages between existing content (e.g., cross-linking Toolkit resources to Topic pages on K4Health.org).
- Conduct usability testing on the ACE mobile app and use the feedback to inform design of app updates.
- Synthesize experiences with K4Health Toolkits, including an in-depth analysis of Toolkit web statistics, to document elements of successful Toolkit models that facilitate increased use of Toolkits.

Project Result 3**Effective and Appropriate Information Delivery Systems Used**

PR3 Year 5 Mid-Year Progress Highlights (7/1/2012 – 12/31/2012):

- **Cross-product / Cross-PR processes:**
 - Maintained servers at peak efficiency with an up time of over 99.5%.
- **High Impact Practices in Family Planning (HIPs)** (also see PR2 highlights on p. 6)
 - Maintained and supported the Drupal website. Performed regular necessary updates to contributed modules and core distribution.
- **ACE Application** (also see PR2 highlights on p. 6)
 - Evaluated mobile publishing platforms (PhoneGap and Titanium Mobile) and decided to use PhoneGap for future iterations of ACE because of its ability to publish to multiple “native” formats. Built a proof-of-concept ACE application using PhoneGap.
- **Toolkit Application** (also see PR2 highlights on p. 6)
 - Created and implemented link-checking feature for toolkit managers and contributed the code back to Drupal.org as the OG Linkchecker Module.
 - Migrated all toolkits from Drupal 6 (archive.k4health.org) to Drupal 7.
 - Created and implemented the Google Analytics feature for toolkits, which will later be released to Drupal.org as the OG Analytics Module.
 - Created a feature that remembers the tab that a user is on while paging through toolkits.
 - Created the Toolkits Public module, which automatically sets the toolkit configuration for public launch.
 - Collaborated with Aten Design Group to integrate new toolkit code with the k4health.org website. Resolved workflow, cascading style sheets, and configuration issues.
 - Added FluidSurveys to eight toolkits (M&E, KM, LAM, MIYCN-FP, Adolescents Living with HIV, MCP, Implants and Injectables).
 - Fixed issues with the Toolkit admin toolbar and added it to all resources pages.
- **POPLINE** (also see PR2 highlights on p. 7)
 - Launched the new POPLINE website, including improved search, document management, further automation of the order process, saved searches, and multi-format record export. After the launch, provided bi-weekly Agile sprints, feature improvements, bug fixes, and administrative updates.
- **Photoshare** (also see PR2 highlights on p. 7)
 - Maintained and supported Drupal website.
- **Sites4Dev**
 - Supported multiple sites by the Sites4Dev code in a single Drupal multisite install.²

² Live sites include: mini-u.k4health.org, www.fptraining.org, www.mhealthworkinggroup.org. Imminent: HIPNet, Bangladesh Behavior Change Working Group, HC3. In development: High-Impact Practices in Family Planning, Global Health Knowledge Collaborative, Repositioning Family Planning.

- **GHSP Journal**

- Created the jobs.ghsphjournal.org website, which is 75% complete and with an expected launch date in the spring.

PR3 Priority Areas for Rest of Year 5 (1/1/2013 – 6/30/2013):

- Provide IT leadership on K4Health Web Product Teams for Toolkits, Sites4Dev, K4Health.org, POPLINE, Photoshare, mobile applications, Global Health eLearning (GHeL), mHealth Evidence, and HIPs website.
- Set up hosting and launch the new GHeL website.
- Provide maintenance and support of K4Health hardware and software for ongoing web-based development, hosting, and distribution of K4Health products and services, including backups and data archiving for K4Health websites. Provide feature enhancements to K4Health websites.
- Continue to test and apply updates to all Drupal code, both core and contributed, to ensure security and continuous compatibility.
- Implement usability findings in the next version of the ACE application, using PhoneGap to publish the application to multiple platforms.
- Create a toolkit feature for Drupal websites, which would allow toolkits to be installed on any Drupal 7 website.
- Create a way to share content between toolkits on different sites.
- Create a more automatic way to provide offline toolkits.
- Ensure sustainability by creating the K4Health Technical Guide, which will document all aspects of the K4Health systems, hardware, software, and configuration.³

³ In this guide, we plan to provide as much detail as possible for the overall environment, systems, hardware, and software used, as well as our lessons learned about the best configuration and procedures for development and maintenance. We also will describe how we created all the features in each product. Once ready, a refined table of contents will be shared with USAID (an initial draft was shared with USAID on September 4, 2012).

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

PR4 Year 5 Mid-Year Progress Highlights (7/1/2012 – 12/31/2012):

- **Knowledge exchange events and communities**
 - Supported face-to-face knowledge exchange events, including the GHKC. Supported and hosted each of the Communities of Practice (CoPs) (the overall GHKC, the Advisory Committee, and the task teams) via Knowledge Gateway; also chaired the Advocacy Task Team. (For more on the GHKC, see PR1 highlights on p. 4.)
 - Provided leadership and support for knowledge exchange forums and virtual CoPs. For example, the PR4 team provided guidance to the Measurement, Learning & Evaluating (MLE) project team on creating, facilitating, and measuring their first online forum.
 - Managed both online and onsite registration of 1,600 participants for the annual Global Health Mini-University in September 2012, and supported USAID in coordinating technical sessions and the overall conference. Used SitesforDev to create, at no cost, a more dynamic website for the event, which will reduce MiniU costs by nearly \$8,000 per year.
- **eLearning**
 - Published two revised and completely revamped eLearning courses, Logistics for Health Commodities and Standard Days Method, for USAID's GHeL Center. Managed all published courses, trained 10 new authors, and began or continued to support development of an additional 11 courses for GHeL and PEPFAR eLearning Initiative. (See Appendix K on pp. 71-73 for full list and PR4 PMP on pp. 39-40).
 - Continued leading the GHeL Center redesign effort, including interfacing with developers on both overall site design and instructional design methodology to ensure the new platform is more robust and user-friendly. Continued managing course and user data and user testing, and incorporated feedback from USAID after two reviews.
 - Continued to collaborate on the LINGOs/USAID transfer of courses to the LINGOs platform.
- **Discussion forums**
 - Organized and facilitated one four-day online discussion forum on M&E in conjunction with the MLE Project, with 304 participants and 36 contributions.⁴
- **IBP Knowledge Gateway (KG)**
 - Continued maintaining and supporting the KG, including mentoring the new IBP liaison at Pathfinder.
 - Provided training and guidance to FP/RH community leaders.
- **mHealth**
 - Provided overall leadership and guidance to the mHealth Working Group, including: participating in mHealth Working Group advisory board; identifying collaborative outputs for group members to advance knowledge in the field and strengthen Working Group goals and procedures; providing logistical support for meetings;

⁴ This is a deliverable for both K4Health and MLE, as we conducted this forum jointly.

- identifying and coordinating presentations; and documenting and sharing meeting outcomes through the mHealth Toolkit, website, and listserv.
- Continued to support an internal K4Health mHealth Working Group to share K4Health experiences with mHealth, track monitoring of mHealth activities and applications, coordinate efforts across K4Health, and identify appropriate channels for sharing K4Health experiences.
 - Participated in committee to organize the first ever global health track for the 2012 mHealth Summit.
 - Drafted HIPs-like brief on mHealth for USAID meeting in Tanzania in November 2012.
 - Started development of three key mHealth resources: mHealth 101 eLearning course, mHealth Implementation Guide, and mHealth Evidence Database.
 - Participated in the mHealth Summit in Washington, DC, in December 2012, including hosting a booth to promote K4Health's mHealth activities, the mHealth Working Group booth, an auxiliary session on implementation issues in mHealth, and a coordination meeting between the mHealth Alliance Evidence Working Group and the mHealth Working Group.
 - **Papers and presentations**
 - Published a journal article in the September 2012 issue of *Knowledge Management & E-Learning: An International Journal*, titled "Utilizing eLearning to strengthen the capacity of global health practitioners and institutions around the world."⁵
 - Presented at the 2012 Interactive Technologies SALT Conference, including sessions on "Global Health eLearning Evaluation: Research Findings and Recommendations," "Lessons Learned for Monitoring and Evaluating Online Communities of Practice," "New Learning Tools" (panel presentation).
- (For full list of conference presentations and published journal articles, see Appendix M.)

PR4 Priority Areas for Rest of Year 5 (1/1/2013 – 6/30/2013):

- Provide leadership and support to knowledge exchange forums and virtual CoPs.
- Provide technical assistance to the IBP KG global administrator and leaders of FP/RH CoPs about the process of developing and sustaining a CoP.
- Develop and implement a transition plan for the IBP KG Global Administrator activities.
- Organize and facilitate online forums and webinars on a variety of KM and/or FP/RH topics.
- Launch updated GHeL platform, build and roll out new community functionality, and help promote new site to USAID and CA audiences.
- Facilitate development of new GHeL courses, with an emphasis on using new functionality, and maintain existing courses. Train new and existing authors on use of the new platform and more flexible course design.
- Document and promote USAID's support of an open-source Learning Management System (LMS).

⁵ This was not a planned deliverable specifically, but it did fall under our intention to document and disseminate our work in eLearning to wider audiences. USAID and K4Health are both acknowledged in the paper.

- Publish mHealth 101 and KM 101 courses on GHeL platform.
- Document and disseminate best practices, methodologies, and success stories about eLearning and CoPs.⁶
- Host two mHealth Deep Dive meetings to explore implementation issues and other mHealth technical issues in depth.
- Host online discussion forum on mHealth implementation issues in January 2012.
- Complete mHealth Implementation Guide.
- Launch mHealth Evidence Database.
- Follow-up on coordination between the mHealth Alliance Evidence Working Group and the Advisory Board of the mHealth Working Group.

Promotion and Dissemination

P&D Year 5 Mid-Year Progress Highlights (7/1/2012 – 12/31/2012):

- **Blog**
 - Added eight new contributors to the blog platform in Year 5—four K4Health staff members and four guest contributors. (As of December 31, 2012, there are 46 blog contributors, 28 of which are K4Health staff, and 18 guest contributors.)
 - Published the first in an informal series of posts by authors at the Health Care Improvement Project and MEASURE DHS.
 - Published 28 blog posts in July 2012, the highest number of blogs in a single month, which coincided with the London Family Planning Summit, resulting more than 5,000 blog pageviews that month.
 - Had at least four blog posts picked up by other blog platforms, including one on the Kaiser Family Foundation blog (“[Knowledge management can help improve health systems](#)”) and three on the FHI 360 blog (“[More mobile phones than toilets?](#)”; “[Integrating gender into health projects – New collection of tools available](#)”; and “[Follow-up to the 2012 London Summit on Family Planning](#)”).
 - Distributed business card-sized materials to selected potential guest bloggers, directing them with a link and QR code to the guest contributor guidelines page, which received 20 visits from the business card.
 - Recorded spikes in blog pageviews on:
 - July 12, after the first of several posts on the London Summit on Family Planning;
 - July 19, after several posts on the London Summit on Family Planning and a guest post on training journalists to use health data;

⁶ For eLearning, we plan to include 1-2 pagers on best practices (for posting on the GHeL and K4Health websites), write-ups on a completely open-source eLearning environment, and authoring guides for the new GHeL Center as well as the PEPFAR-funded blended learning guide.

- August 1, after posts on the Lancet series on Family Planning, Emergency Contraceptive Pills, mHealth, and a video embedded in a post about the 2012 PRB World Population Data Sheet;
- August 27, after a post by Jim Shelton on the new *Global Health: Science and Practice* Journal;
- September 26, after several posts about World Contraception Day; and
- December 12, after several posts on mHealth.
- Continued to see posts picked up through social media and cross-promoted by other partners and agencies, adding to K4Health’s visibility and improving the reach of K4Health products.
- **Newsletters**
 - Published 6 e-newsletters in the first half of Year 5, each sent to 14,880 people. Each newsletter is opened on average by 12.63% of recipients (industry standard for non-profit entities with over 1,000 members is 15.8%, with government at 11.2% and education at 8.2%). We have stopped adding subscribers who do not explicitly sign up for the newsletter (to ensure relevancy for audiences), and have instead begun advertising the newsletter through our social media channels. We are now gathering more detailed information about what recipients are accessing and will tailor the content appropriately, in an effort to increase the open rate.
 - Developed “Focus on mHealth” special supplement to the K4Health Newsletter to fill the gap for mHealth updates in global health. The first edition will go out in January 2013.
- **Social media**
 - Continued leadership in social media via the Social Media Working Group, in response to a growing need for better metrics and a venue to share lessons learned around social media in public health and international development.
 - Facilitated a Social Media Working Group meeting on October 25, 2012, at FHI 360, with guest speaker Beth Kanter presenting on measuring social media. Based on her presentation and guidance, K4Health began setting up a benchmarking study to compare metrics across organizations, which will take place in the second half of YR5.
 - Moderated several conversations on the Social Media Working Group’s IBP KG site, including discussions on the science of hashtags, hashtag tracking tools, recruitment via social media, and Social Media Week events.
 - Developed and distributed business card-size materials for distribution about the Social Media Working Group.
- **Events and conferences**
 - Participated in 10 conferences (see Appendices L, M, and P), delivering presentations, disseminating K4Health materials, tweeting conference proceedings, and blogging on important FP/RH topics.⁷
 - Developed interactive gate-fold K4Health brochure that highlights Global Health eLearning, POPLINE, the Global Handbook, Toolkits, Photoshare, and the K4Health website. Brochure includes QR codes for all products and also has QR codes for

⁷ Please see Appendix O for an analysis of the cost/benefit for K4Health of attending these events/conferences.

- eForums, the *Global Health: Science and Practice* journal, the K4Health Newsletter, the K4Health Twitter feed, and the K4Health Facebook page.
- Developed “Focus on mHealth” eight-panel brochure, using the same template as the K4Health gate-fold brochure. The brochure uses Photoshare images and includes QR codes that direct users to the K4Health website, the K4Health Twitter feed, and the K4Health Facebook page.
 - Provided guidance for development of mHealth Working Group business cards and half-page flyers.
 - Developed half-page flyer for the newly updated IGWG Gender and Health Toolkit.
 - Created POPLINE tabletop tents that are shipped with every Global Handbook order, as well as POPLINE business card-size materials.
 - Created ACE die-cut cards in the shape of an Android phone to promote ACE and the Global Handbook.
 - Managed K4Health and mHealth Working Group booths at mHealth Summit, where ACE, Toolkits, the mHealth Working Group, and the K4Health website were highlighted.

P&D Priority Areas for Rest of Year 5 (1/1/2013 – 6/30/2013):

- Promote K4Health’s mHealth expertise via the newsletter supplement, which we will also send to partner lists.
- Gather and share examples of K4Health’s KM activities in the field.
- Plan and execute End-of-Project activities that showcase the accomplishments of the K4Health project over its lifetime.
- Co-convene KM Share Fair with other established KM groups (e.g., SID KM Group).
- Promote K4Health’s products and services as they are launched.
- Continue to explore and implement tools and tactics for improving engagement with the K4Health social media community.
- Continue to convene the Social Media Working Group to share lessons learned and best practices and promote these through broader venues.
- Update and create as necessary K4Health promotional materials in preparation for conferences. Attend conferences for promotional activities as relevant.
- Increase blog cross-posting and commenting by all K4Health staff.

Field Support

FS Year 5 Mid-Year Progress Highlights (7/1/2012 – 12/31/2012):

- **Core-funded activities**
 - Reinvigorated Field Support Working Group to facilitate internal sharing of lessons learned in management and implementation of KM practices across K4Health country projects.

- Conducted usability testing of K4Health ACE application in Nigeria (see M&E highlights on p. 20).
- Enhanced country page descriptions on the K4Health website.
- Planned for Voices from the Field activity to capture and share KM stories from the field.
- Consulted with and guided USAID-supported country programs on developing Toolkits to address local KM needs. Country-specific toolkits were published in Guatemala, Indonesia, Zambia, and Zimbabwe (see Appendix C). Additional toolkits were initiated in Ethiopia, Jordan, Swaziland, Uganda, and Zambia (see PR2 PMP on p. 26).
- Published the Kenya website case study on the KM Toolkit. (For more on the GHKC case studies, see PR1 highlights on p. 4.)
- Drafted “mHealth: Emerging High-Impact Practices” brief for USAID meeting in Tanzania in November 2012.
- Sent informational updates to K4Health listserv of nearly 15,000 users and partner organization networks, in collaboration with the P&D team, to highlight materials and encourage field-based participation in events. (See P&D highlights on p. 13-14.)
- **Field support-funded activities**
 - **Southern Africa Regional HIV/AIDS Program**
 - Implemented knowledge management and exchange activities, in collaboration with regional and national partners including SAFAIDS, the Southern African Development Community (SADC), the National Emergency Response Council on HIV and AIDS (NERCHA), Phela, and National AIDS committees in Botswana, Lesotho, Swaziland, Zambia, and Zimbabwe, to strengthen knowledge sharing and communication for HIV prevention in Southern Africa.
 - Promoted eLearning courses and toolkits on topics designed to support the response to HIV/AIDS in Southern Africa.
 - Continuously upgraded the functionality of SHARE (Southern Africa HIV/AIDS Regional Exchange), a regional web-based commons for capturing and promoting knowledge exchange on HIV and AIDS. Regional partners including USAID, PSI, resource centers, and NGOs have published content on SHARE, written blogs, and used it as a site to host toolkits and resource collections.
 - Supported the launch of the Senakangoeli HIV and AIDS Resource Center in Maseru, Lesotho.
 - Presented work on building eLearning capacity for HIV/AIDS programming in Southern Africa at the 19th International AIDS Conference, highlighting how the K4Health project enabled SAFAIDS to develop technically accurate, regionally appropriate, interactive eLearning courses for public health professionals in the Southern Africa region.
 - Supported capacity strengthening of resource centers in the Southern Africa region, which included assistance in collection, design, database management, monitoring and evaluation, outreach, and promotion.
 - **Bangladesh**
 - Provided comprehensive KM support and capacity building to the Ministry of Health (MOH) in Bangladesh, including monitoring capacity indicators defined in the Bangladesh project PMP (number of toolkits collaboratively developed; number of

- eLearning course users certified; and documentation that a strategic process was followed in the development of behavior change communication materials).
- Developed MOH capacity in the area of communication and social media.
 - Held Communication Implementation Framework Alignment Workshop in November 2012 for 60 attendees to create a shared vision for coordinating health, population, and nutrition (HPN) communication in Bangladesh, and identified the common strengths, weaknesses, opportunities, and threats for achieving this vision. A draft roadmap for creating the communication framework was developed that coordinates activities across partners in support of the Bangladesh Ministry of Health and Family Welfare's Health, Population and Nutrition Sector Development Programme (HPNSDP) 2011-2016.
 - Made significant progress on development of the eight eLearning courses on Family Planning (FP), Maternal, Newborn and Child Health (MNCH), Nutrition, Integrated Messaging, and Interpersonal Communication and Counseling (IPCC) for frontline workers.
 - Developed and vetted content for national-level HPN Toolkit, expected to launch in early 2013.
 - Submitted the eHealth pilot Institutional Review Board (IRB) submission to JHU and the Bangladesh Medical Research Council (BMRC) for approval.
 - Selected vendor and procured netbooks for eHealth pilot launch in early 2013.

Indonesia

- Began implementation of the Improving Contraceptive Method Mix (ICMM) project, an innovative operations research project that will investigate the impact of using KM and exchange principles to support targeted advocacy activities to improve contraceptive method mix in two Indonesian provinces.
- Submitted Year 1 Workplan and PMP to USAID and AusAID.
- Consulted with the MOH, BKKBN (National Family Planning Coordinating Board), and USAID/Indonesia to finalize provinces (East Java and West Nusa Tenggara [NTB]). Finalized district selection in East Java.⁸
- Completed subawards for two local organizations (Cipta Cara Padu Foundation and the Center for Health Research, University of Indonesia).
- Developed study instruments, including survey questionnaire and interview/focus discussion group (FGD) guidelines. Submitted the research clearance application to Ministry of Home Affairs and the ethics application to the Ethics Committee Faculty of Public Health, University of Indonesia.
- Worked with the MOH to plan for a consultative meeting, to be held in early February 2013, at which time the ICMM team will solicit feedback from key stakeholders on the study instruments.
- Selected candidates for Provincial PO positions; began recruiting for research coordinators/interviewers.
- Drafted MOU between the Indonesian MOH and JHU-CCP.

⁸ This project will be conducted in Jakarta (national) plus the Kediri, Tuban, and Lumajang districts in East Java and the three additional districts in NTB (TBD). There are also six comparison/control districts (three in East Java and three in NTB). Selection of districts has been in consultation with the MOH and other stakeholders on the basis of comparable LAPM contraceptive use and socio-demographic characteristics of the districts at project initiation.

- In-country staff traveled to East Java province with USAID and AusAID for stakeholder meetings and site visits. Prepared for Baltimore TA visit and additional field visits to East Java and NTB (in January 2013).

FS Priority Areas for Rest of Year 5 (1/1/2013 – 6/30/2013):

- **Core-funded activities**

- Strengthen participation of users from developing countries within the K4Health project by supporting field-based programs to initiate knowledge updates and program highlights. For example, we plan to include more use of multi-media features and “Voices from the Field” segments on the field activities section of K4Health.org.
- Develop written case studies illustrating how country programs have used K4Health KM and exchange models and tools to capture, organize, and share data and information in response to expressed local needs. Explore the feasibility of presenting and displaying this documentation in other formats, such as verbal testimonials, short videos, or slideshows, on the K4Health website.

- **Field support-funded activities**

- Conclude country and regional support activities in Southern Africa Region, including finalizing eLearning courses, completing topical and country-based Toolkits, and ensuring enduring capacity to maintain information resource centers in Lesotho, Swaziland, and Zimbabwe.⁹
- Identify a local partner organization to manage and promote SHARE to foster a vibrant, collaborative online CoP for HIV/AIDS prevention and related health areas.
- Expand interaction between communities and the MOH in Bangladesh on priority HPN topics through the use of ICTs to build a thriving, health-knowledgeable society.
- Implement and evaluate eHealth pilot in Bangladesh.
- Implement data gathering, KM, and advocacy activities in Indonesia to improve the contraceptive method mix available in two underserved provinces.
- Finalize ICMM district selection in NTB, in consultation with USAID, AusAID, and the Indonesian MOH.
- Hold a consultative meeting for ICMM, finalize study questionnaire, and begin collecting data for qualitative and quantitative studies.
- Plan and implement ICMM advocacy activities: Establish District Working Groups (DWGs) in all six study districts, revitalize Core Working Group (CWG) at the national level, and conduct advocacy workshops (including cost projection, Net-Map, and Spitfire Smart Chart training).
- Plan and implement ICMM KM activities, based on findings from qualitative study and advocacy workshops.

⁹ Activities are scheduled to conclude in the region by the end of June 2013, with a gradual reduction of K4Health technical assistance from January 2013 onwards.

Monitoring and Evaluation

M&E Year 5 Mid-Year Progress Highlights (7/1/2012 – 12/31/2012):

- **Routine monitoring**
 - Conducted periodic reviews of project activities, documented progress, achievements, key findings, and met reporting requirements, including:
 - Year 4 Annual Review and Progress Report (original report submitted in August 2012 and two revisions made in September and October 2012).
 - PRH Results Review for FY12 in October 2012 (submitted four results as part of USAID’s UltraFabs, including: (1) leadership in the Drupal open source community (OpenAid), (2) POPLINE inclusion in Google Scholar, (3) GHSP journal development, and (4) country-specific RH resources (toolkits) in Kenya and Indonesia).
 - Continued to implement the project-wide Performance Management Plan (PMP) and monitored the Year 5 targets for the K4Health core activities and in-country projects (Bangladesh, Nigeria, and Southern Africa). Developed PMP for Indonesia.
 - Formed a few task-oriented M&E teams in lieu of monthly K4Health internal M&E working group meetings (see below for web analytics enhancement and social media M&E).
 - Continued to maintain and/or improve M&E tools, including:
 - PMP system (Excel)
 - Toolkit monitoring tools (Excel and Web-based)
 - P&D monitoring tools (Excel and Web-based)
 - K4Health quick stats (Word and Excel)
- **Systemic guidance for KM project design and M&E**
 - *Guide to Monitoring and Evaluating KM Programs for Health and Development* (tentative title)
 - Shared progress updates periodically with the M&E task team of the GHKC at meetings and via e-mail.
 - Revised timeline to complete the guide and shared it with USAID.
 - Presented the KME Logic Model during the annual conference of the American Evaluation Association in November 2012 at a session titled, “Evaluation Strategies and Frameworks for Health Knowledge Transfer, Knowledge Management, and Dissemination.” Presentation focused on the evolution of the model and discussed challenges and benefits in the context of the conference theme of “Evaluation in Complex Ecologies: Relationships, Responsibilities, and Relevance.”
 - Mapped and finalized the list of indicators under Processes, Outputs (Reach and Usefulness), and Initial Outcomes.
 - Identified writers and started drafting chapters and appendices. Topics covered in the appendices include: web analytics, online communities, social media, usability testing, and mHealth.
 - Enhanced the graphic design of the logic model diagram.

- Documentation of K4Health experience and M&E guidance
 - Formed web analytics enhancement team to streamline efforts across products, design effective web-based indicator strategies beyond tracking of a set of basic indicators, and capture key lessons learned and best practices.
 - Formed toolkit model case study team (joint work by CCP and MSH) to identify the best context and successful elements for developing and using toolkits. Study design will use the following methods: (1) interview with toolkit builders; (2) survey with toolkit users; (3) analysis of web indicators; and (4) development of rubrics regarding collaboration, promotion, and usability.

(Also see PR1 highlights on p. 4.)

- **Assessment of user experience with K4Health products/services**
 - Assisted with finalizing the usability testing instrument for the ACE app and developed recruitment letter. Completed three sessions with the FP providers in Nigeria. (Also see Field Support highlights on p. 16.)
 - Held a meeting among K4Health product owners to review common findings from the K4Health Assessment of User Experience and documented implications and action items in an internal document.

M&E Priority Areas for Rest of Year 5 (1/1/2013 – 6/30/2013):

- Complete the *Guide to Monitoring and Evaluating KM Programs for Health and Development*. Conduct internal and external reviews of the chapters, finalize the design and layout for printing, and develop the P&D and M&E strategies. The intended audiences include program managers, M&E officers, and information/KM professionals working in global health (primary) and other related international development fields, such as education, water, governance, etc. (secondary).
- Conduct a webinar on the KM logic model for similar audiences as the above. We intend to promote it to a wide range of relevant communities in both KM and M&E for the field of global health and development. We hope to have roughly 50–100 participants for the live webinar and reach out to more people by promoting the recorded and archived webinar.
- Write a journal article on the KM logic model.
- Design and implement the second phase (post-test) of the user experience assessment at the global level, in India, and in sub-Saharan Africa.
- Consolidate results from three user assessments and two phases (pre- and post-), and write a summary report.

Global Health: Science and Practice (GHSP) Journal

GHSP Journal Year 5 Mid-Year Progress Highlights (7/1/2012 – 12/31/2012):

- **Management and infrastructure**
 - Invited and confirmed 16 Editorial Board members.
 - Revised guidance documents (e.g., author guidelines, peer review policy, manuscript review workflow).
 - Researched and selected final vendor that will provide composition and XML conversion services (Charlesworth).
 - Established routine of, and facilitated, weekly editorial and monthly advisory group meetings.
 - Registered for ISSN number and related CrossRef services.
 - Joined Society for Scholarly Publishing, a relevant professional organization.
 - Joined area support group of Editorial Manager users to exchange knowledge and experiences about journal publishing.
- **Manuscript management, production, publishing**
 - Configured and launched online manuscript submission and peer review management system (Editorial Manager) and uploaded over 50 manuscripts and associated peer reviews that had been submitted manually as of 11/30/12. Approximately 60 manuscripts were submitted in total by the end of the year.
 - Managed article submission process for solicited and unsolicited articles both manually and automatically (through Editorial Manager) and facilitated editorial decision-making among the management team.
 - Accepted approximately 25% of submissions received to date and began copyediting some of the accepted submissions. Lower acceptance rates tend to imply a more highly selective journal, with rates ranging from as low as 8% to as high as 70% among APA journals.
 - Worked with Charlesworth to design article style and determine XML tagging.
 - Worked with Highwire to design journal website and started beta test.
 - Identified and developed first iteration of Recruiter module of Drupal to post job opportunities on journal website with support from PR3.
 - Attended Highwire annual meeting in Washington, DC to learn more about journal publishing.
- **Reviewers**
 - Invited approximately 90 experts to peer review submitted manuscripts.
 - Solicited approximately 135 volunteer reviewers, who will be asked to review selected manuscripts along with invited reviews and evaluated to determine fitness as reviewer.
- **Promotion**
 - Distributed approximately 1,500 postcards to individuals and at conferences (e.g., AIDS 2012) announcing call for submissions.
 - Promoted journal through almost 20 email distribution lists, newsletters, blogs, and web pages, reaching a minimum of 180,000 subscribers.

- Verbally promoted journal at various meetings and organizations, e.g., AIDS Conference, USAID Mini-University, CORE Group, Jhpiego, MCHIP, and CCP research and program teams.
- Established social media presence on Facebook and Twitter.
- Attracted more than 900 subscribers to receive updates about the journal.

GHSP Journal Priority Areas for the Rest of Year 5 (1/1/2013 – 6/30/2013):

- Publish journal
 - Launch first issue and journal website, March 2013.
 - Publish second issue of journal, June 2013.
 - Build pipeline of 15-30 publishable manuscripts.
- Continue to improve journal management infrastructure
 - Finalize guidance documents (e.g., author guidelines, peer review policy, retraction policy, etc.).
 - Expand editorial board to 20-24 members.
 - Hold meeting of editorial board.
- Develop a formal M&E plan for the journal.
- Promote journal
 - Continue to add to list of email distribution lists, newsletters, and blogs and promote journal. In particular, focus on broader range of global health issues.
 - Promote global health job listings site to recruiters and job seekers in an effort to attract visitors to our site.
 - Host event at National Press Club to launch first issue.
- Continue to refine journal website
 - Work with Highwire to add additional features to the journal website, such as supplementary files and article commenting.

PMP Indicators, Data, and Trends

Project Result 1

Knowledge Needs of Audience Identified

PR1 Indicators, Year 5 Targets and Mid-Year Data

PR1 PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
Number of countries where user assessment/usability testing among K4Health audiences are conducted (<i>also M&E</i>) Note: the counts also include geographic focuses such as the global level	3	1 ACE App: Nigeria
Number and type of instances that findings on audience knowledge needs are communicated to audiences	6 Includes up to 4 conference presentations and up to 2 peer-reviewed journal articles.	7 (APHA: oral presentation, poster presentations [2], Malawi video; Global Symposium on Health Systems Research [Beijing]: panel presentation and poster presentation: KM logic model presentation at AEA)
Findings on audience knowledge needs being used to inform the design, production, and dissemination of products and services by K4Health and other audiences	Yes	Yes (Appendix A)
Number and type of user feedback mechanism used (<i>also M&E</i>)	4	2 ACE App testing, Photoshare feedback (4QSuite)

PR1 PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
Number and type of GHKC (formerly KM WG) events/activities held	7 GHKC meetings (3 face-to-face, 3 webinars, and 1 online forum)	2 1 face-to-face meeting, 1 webinar
Number and type of GHKC (formerly KM WG) members	225	215 representing 27 countries
Number and type of KM case studies collected, developed, & disseminated	3	4 case studies added to KM Toolkit (2 more case studies have been drafted need to be finalized and added to the Toolkit)
Number of organizations that are actively involved in review or maintenance of KM Toolkit	6 organizations	6 organizations
Number of visits to KM Toolkit per year	3,200 ¹⁰	1,586
Number of absolute unique visitors to KM Toolkit per year	3,000 ¹¹	1,447

¹⁰ This target was set based on the Year 5 mid-year data. Due to changes to the Toolkits during the Drupal 6 to Drupal 7 upgrades and reconfiguration of Toolkit web analytics, we noticed a significant drop in the volume of web traffic (e.g., page views, visits, visitors) and the past year data became invalid to establish the target for this year.

¹¹ Same as above: the target revised.

Selected PR1 Data on Trends

PR1 PMP Indicator	Data					Notes
	Y1	Y2	Y3	Y4	Y5MY	
Number of countries where FP/RH knowledge needs assessments among K4Health audiences are conducted	2	9 (11)	3 (14)	1 (15)	0	This activity is complete.
Number and type of instances that findings on audience knowledge needs are communicated to audiences	3	18 (21)	16 (37)	17 (54)	7 (61)	APHA presentations: 1) Malawi video; 2) Ethiopia oral presentation; 3) India poster; 4) Kenya/Senegal poster. Global Symposium on Health Systems Research [Beijing] presentations: 1)KM/HSS poster; 2) KM/HSS mHealth panel presentation: AEA presentation
Number and type of user feedback mechanisms used	N/A	6	3 (9)	8 (17)	2 (19)	ACE App testing Photoshare feedback (4QSuite)

Note: Numbers in parenthesis show cumulative numbers.

Project Result 2

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

PR2 Indicators, Year 5 Targets and Mid-Year Data

PR2 PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
Global Handbook and Wall Chart		
Number and % increase of the Global Handbook and Wall Chart distribution (as a set)	85,000 English; 15,000 French; 10,000 Spanish (110,000 total) 10% Increase of ACE Downloads 500 Downloads	46,999 English; 1,000 French; 1,200 Spanish; (49,199 total) 265 ACE Downloads
Toolkits		
Number of organizations that are actively involved in development, review, or maintenance of toolkits (either initiated or posted)	5 additional	16 (Appendix B)
Number of K4Health Toolkits initiated	6 global	16 total (8 global ¹² and 8 country-based ¹³) (Appendix C)
Number of K4Health Toolkits posted	20	6 (Appendix C)
Number of K4Health Toolkits updated	10	16

¹² Global toolkits initiated: 1) Continuous Distribution of LLINs for Malaria Control; 2) Disaster Relief; 3) Family Planning – Immunization Integration; 4) Family Planning Advocacy; 5) Forecasting for New and Underused Methods of Family Planning; 6) Guide to Fostering Change to Scale Up Effective Health Services; 7) Public Health Integration; 8) Ressources et experiences de la Méthode des Jours Fixes [SDM].

¹³ Country-based toolkits initiated: 1) BCC Toolkit for District and Community Levels in Zambia; 2) ENGINE Nutrition Project; 3) Jordan Health Communication Partnership; 4) Swaziland HIV Prevention; 5) Uganda AFFORD Project; 6) Uganda Stop Malaria Project; 7) Uganda Trachoma Prevention Toolkit for F and E; 8) Zambia HIV Prevention.

PR2 PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
		(Appendix D)
Percent of resources downloaded in Toolkits ¹⁴	85%	84.7%
Number of visits to Toolkits	210,000	61,198
Number of absolute unique visitors to Toolkits	170,000	45,110
Average time spent on Toolkits ¹⁵	2.22 (Y4 baseline)	3.49 (Appendix G)
Percent of return visitors ¹⁶	16.5% (Y4 baseline)	16.9%
K4Health managed websites		
Number/percent of visits to K4Health managed websites	60,000	294,973 (Appendix G)
Average time spent on K4Health managed websites ¹⁷	2.40 ¹⁸	2.38 (Appendix G)
Photoshare		
Number of requests for images fulfilled	1,200	650
Number of photos cataloged	3,000	2,850
Number of users and contributors ¹⁹ / Number of contributors added ** Altered indicator: the new Photoshare site allows for	1750 users / 300 contributors	1,014 / 550 contributors

¹⁴ External links are not included in this number. We do not have percentages, but Google Analytics reports: Outgoing links – 6,978 events, 4,937 unique events. External links are a relatively small proportion of Toolkit resources, but we do not know the exact proportion.

¹⁵ New indicator to address web traffic quality.

¹⁶ Same as above.

¹⁷ Same as above.

¹⁸ Same as above: Target established based on the Y5 mid-year data.

¹⁹ Altered indicator from the “number of contributors added.” The new Photoshare site allows for account creation, which was not possible in the old system.

PR2 PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
account creation, which was not possible in the old system.		
POPLINE		
Number of records added	7,500	3,353
Number of document delivery requests delivered	3,500	1,198
Number of full-text links clicked **New indicator (began collecting Mar 16, 2012)	3,000	4,818 clicks by 2,235 unique visitors 3,623 Doc URLs, 1,195 DOIs
Number of online database searches **New indicator	120,000	64,204 ²⁰
Feedback on information products/services		
Percentage of audience members who perceive K4Health products and services as trustworthy, reputable, accurate, useful, and easy to-read, use and adapt	N/A ²¹	Collecting the data in the 3 rd quarter
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		

²⁰ Previously InMagic search logs were used to calculate this indicator. Now we are using Google Analytics.

²¹ These criteria are covered by the toolkit success model study and AB test. Therefore we will have equivalent data, however not comparable to the baseline collected by the 2010 K4Health website and toolkit survey.

Selected PR2 Data on Trends

PR2 PMP Indicator	Data					Notes
	Y1	Y2	Y3	Y4	Y5MY	
Number of organizations that are actively involved in development, review, or maintenance of Toolkits (either initiated or posted)	1	62 (63)	22 (85)	15 (100) ²²	16 (116)	Examples: UN Foundation, National AIDS Council (Zambia), General Board of Church and Society (Healthy Families Healthy Planet)
Number of K4Health Toolkits initiated	4	36 (40)	27 (67)	27 (94)	16 (110)	Examples: Family Planning – Immunization Integration, Guide to Fostering Change to Scale Up Effective Health Services, Uganda AFFORD Project
Number of K4Health Toolkits posted	4	9 (13)	29 (42)	27 (69)	6 (75)	Examples: Zambia HIV Prevention, Tips & Tools for Strengthening the Effectiveness and Sustainability of Contraceptive Security Committees, Forecasting for New and Underused Methods of Family Planning

Note: Numbers in parenthesis show cumulative numbers.

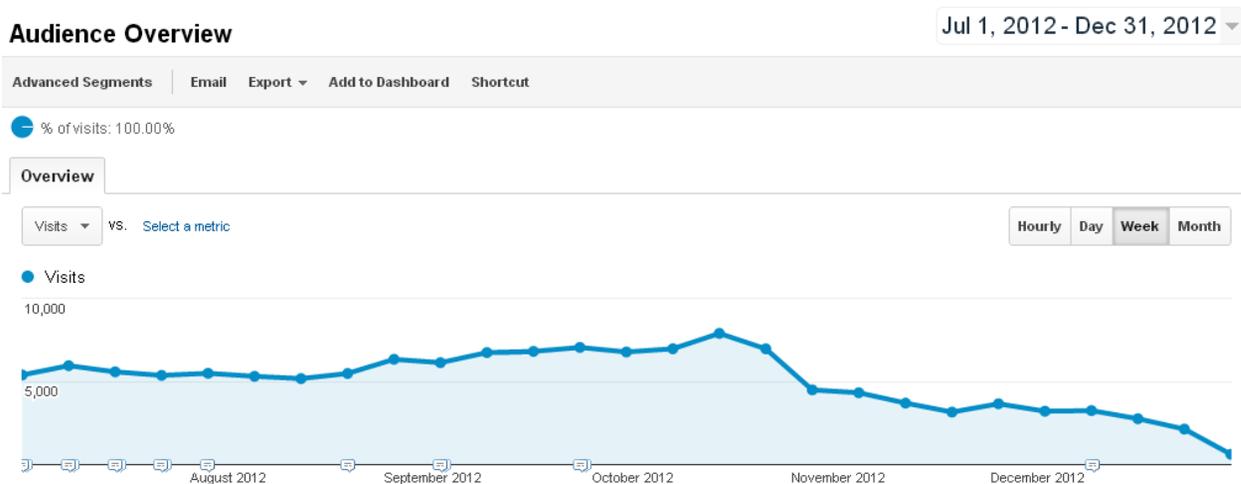
²² Examples of what constitutes “active” involvement are participating in virtual or face-to-face toolkit meetings; helping to develop the toolkit structure; identifying content to include in the toolkit; creating new materials for the toolkit to fill information gaps; reviewing new materials created for the toolkit; and helping with promotional efforts.

K4Health Website Trends (July 1, 2012 – December 31, 2012)²³

Important note about the decline of web traffic (i.e., page views, visitors, visits) to the toolkits.

The apparent drop after October 2012 is a complex issue that is still under investigation. Nearly half of the K4Health.org contents are Toolkit pages according to the web traffic stats. We believe it results from changes in the way toolkit analytics are configured, and in changes to the toolkits during the Drupal 6 to Drupal 7 upgrades. Simply put, we are not looking at apples to apples from previous reports. The prior analytics setup appears to have been counting toolkit visitors twice—once on the K4Health side and once following a redirect. In addition, the profiles for two toolkits were misconfigured (PHE and mHealth), ballooning their numbers out of proportion. Once the configuration errors were discovered, these toolkits’ traffic dropped to what the toolkit manager characterizes as “more normal” levels. Based on our preliminary investigation, we think that toolkit web analytics are now more stable and providing a better picture of web traffic.

Therefore, we decided not to compare the 2012 data with the 2011 data on K4Health.org this time as previously done.



²³ These trends are only for K4Health.org.

Indicator	Jul-Dec 2012
Visits	136,619
Unique Visitors	108,081
Pageviews	321,991
Pages/Visit	2.36
Avg. Visit Duration	00:02:34
Bounce Rate	64.87%
% New Visits	77.57%

Visits/visitors:

- 50% of all visits to K4Health are from users in developing countries.
- During this reporting period, a number of quality metrics increased to include:
 - Returning visitors increased from 12.10% to 21.59%;
 - Visitors returning 10+ times increased from 2541 to 9235, a **263% increase**
 - Time on site increased from 1:21 to 2:34
- Indonesia continues to land in the top 10 countries in Year 5 through the consistent and healthy traffic to the Adolescent Reproductive Health Indonesia Toolkit.

Traffic Sources

- 56.64% Search, 24.78% Referral, 18.48% Direct.
- Top referring sites: WHO 7%; Division of Reproductive Health/Kenya 3%, Measure DHS 3%, JHUCCP 2%
- Visits via social referral 2,208. Of those visits, 28% Facebook, 23% LiveJournal, 15% Twitter, 5% LinkedIn

Top Content/Popular Entrance Paths

- [K4Health Home](#), [Toolkit Home](#), [Publications & Resources](#), [Products & Services](#), [eLearning Product](#) page.
- Popular Toolkits: [Pakistan Relief](#), [mHealth](#), [IUD Toolkit](#), [DHS](#), [Kenya Health](#), & [Knowledge Management for Health and Development](#)

Most Frequent Search-engine Keywords (excluding K4Health related words)

- Teen pregnancy and other youth/health-related words
- mHealth-related terms, including mHealth, mHealth Working Group, mHealth Toolkit
- Family planning/family planning methods, reproductive health, health, & women’s health

- Unicef-various searches for ‘Unicef’ are bringing people to the [UNICEF Toolkit Collaborator](#) page
- “IUD”-related terms, specifically “IUD FAQ” in both English and Spanish searches
- Various searches on Pakistan including ‘earthquake in pakistan’ & ‘ptv’

Mobile

- 9,017 visits (6.6%) were via mobile devices
- 45% used Apple iPhone, iPad, or iPod Touch. 30% Android devices. 22% not set. 3% Blackberry

Top Visiting Countries:

- | | |
|-------------------|-----------------|
| 1. United States | 6. Indonesia |
| 2. India | 7. Kenya |
| 3. United Kingdom | 8. Canada |
| 4. Philippines | 9. South Africa |
| 5. Pakistan | 10. Australia |

Top Visiting Developing Countries:

- | | |
|----------------|-----------------|
| 1. India | 6. South Africa |
| 2. Philippines | 7. Uganda |
| 3. Pakistan | 8. Mexico |
| 4. Indonesia | 9. Ethiopia |
| 5. Kenya | 10. Nigeria |

POPLINE Website Trends (July 1, 2012 – December 31, 2012)

Audience Overview

Jul 1, 2012 - Dec 31, 2012
Compare to: Jul 1, 2011 - Dec 31, 2011

Advanced Segments | Email | Export ▾ | Add to Dashboard | Shortcut BETA

change in % of visits: +0.00%

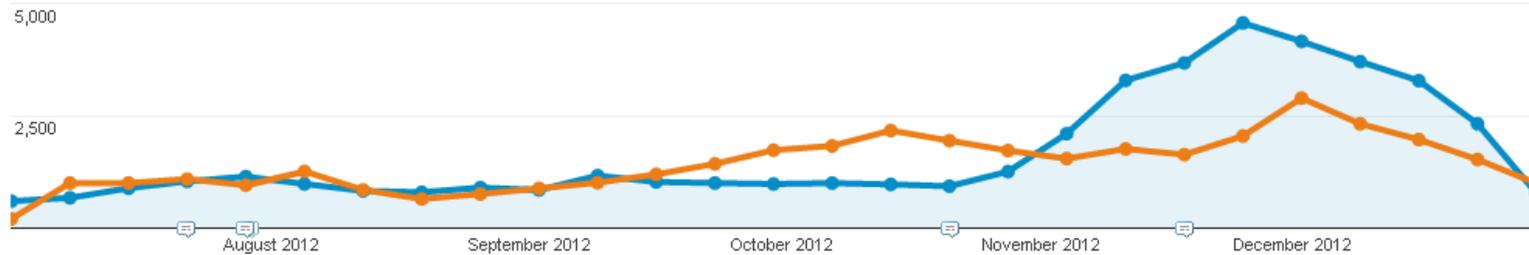
Overview

Visits ▾ vs. Select a metric

Hourly | Day | **Week** | Month

Jul 1, 2012 - Dec 31, 2012: ● Visits

Jul 1, 2011 - Dec 31, 2011: ● Visits



POPLINE Website Trends Overview		
Indicator	Jul-Dec 2011	Jul-Dec 2012
Visits	38,394	44,914
Unique Visitors	31,679	34,511
Pageviews	700,094	361,327
Pages/Visit	18.23	8.04
Avg. Visit Duration	2:18	3:14
Bounce Rate	61.73%	3.28% *
% Visits Returning Visitor	19.19%	21.69%
% Visits New Visitor	80.81%	78.31%

* **Bounce Rate:** There is a known issue with Google Analytics event tracking (which we are using to track clicks on URLs & DOIs) that results in a low bounce rate. We are looking into ways to resolve this.

Visits/visitors:

- Visits from Asia comprised 20% of total visits. Of those, 466 visits clicked on 1063 full-text links, viewed an average of 35.47 pages, and spent 20:03 minutes.
- Visits from Africa comprised 9% of total visits. Of those, 300 visits clicked on 723 full-text links, viewed an average of 35.33 pages, and spent 23:07 minutes.
- Overall, total visits to POPLINE increased 17% over the previous reporting period (Jul-Dec 2011). However, visits during November-December increased 75% over the same time last year. This is directly related to Google Scholar re-indexing POPLINE.
- While the number of visits increased, pageviews decreased by nearly 50%. There are a few factors that may explain this change:
 - Indexing by Google was not taking place on the new site until mid-late October.
 - New features such as filtered search results and multiple export options have changed the way users interact with the site. They no longer have to peruse the search results page by page and can instead refine their search directly from search results or export records for later review.

Traffic Sources

- 57.49% Search, 25.76% Referral, 16.75 Direct. 97% of search traffic comes from Google.
- Top referring sites: 15% k4health.org, 7% Wikipedia, and 2% London School of Hygiene & Tropical Medicine.

Content

- [Maternal and Child Health](#), [Adolescent Reproductive Health](#), and [Family Planning Methods](#) are the most popular [Subject](#) pages
- [Population Law and Policy](#) is the least popular Subject page.
- [Female Genital Cutting \(FGC\)](#), [Maternal Mortality](#), and [Antenatal Care](#) are the most accessed canned searches”—those which POPLINE staff has pre-configured to save users the trouble of entering a long series of terms into the Advanced Search interface.

Mobile

- The new POPLINE website supports a responsive web design that makes it easy to navigate on a range of mobile devices.
- 3,228 visits (7.19%) were via mobile devices, an increase from the 712 visits (1.85%) during the previous reporting period.
- 57% used Apple iPhone, iPad, or iPod Touch. 13% Samsung devices. 11% not set. 5% Blackberry

Top Visiting Countries to POPLINE:

- | | |
|-------------------|----------------|
| 1. United States | 5. Canada |
| 2. United Kingdom | 6. Netherlands |
| 3. India | 7. Australia |
| 4. Brazil | 8. Nigeria |

9. Philippines

10. Germany

Top Visiting Developing Countries to POPLINE:

- Visits from Africa & Asia comprise 29% of all visits.

1. India
2. Brazil
3. Nigeria
4. Philippines
5. Thailand

6. Indonesia
7. South Africa
8. Ethiopia
9. Mexico
10. Pakistan

Project Result 3

Effective and Appropriate Information Delivery Systems Used

PR3 Indicators, Year 5 Targets and Mid-Year Data

PR3 PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
Number of off-line delivery mediums ²⁴ for dissemination of K4Health content implemented, other than the Internet and print (e.g., flash drive, CD-ROM, cell phone, eBook, audio)	4 (CD-ROM, flash drive, eReader, netbooks)	6 (flash drive, CD-ROM, netbooks ²⁵ , eReader, ACE for Android, ACE for Kindle)
Number of FP/RH websites supported	13	14 (Appendix J)
K4Health server up time kept at least 96%	Yes (96%)	Yes (96%)
YSlow grades for selected pages (http://developer.yahoo.com/yslow)	Home = 83 Toolkit = 83 About = 83	Home = 83 Toolkits = 81 About = 83
K4Health page response time maximum Page Speed Insights Score	3.2 Seconds 92+	Google Webmasters Tools no longer provide page speed data. They now refer users to another Google tool called Page Speed Insights, which scores k4health.org at 92/100. ²⁶

²⁴ This does not count different "formats" (i.e., ePub and Kindle under eReader, Android and iPhone under phone apps).

²⁵ Netbooks were set up as an off-line delivery medium for K4Health during this reporting period; they are being distributed in the second half of Year 5.

²⁶ The PageSpeed Insights Score indicates how much faster a page could be. A high score indicates little room for improvement, while a lower score indicates more room for improvement. The PageSpeed Score does not measure the time it takes for a page to load. This is a developer tool, not an industry benchmarking tool. The first suggestion provided by the tool is to minify JavaScript. This will be improved with the release of Drupal 8, which will use the Symfony JavaScript framework.

Number of organizations using Sites4Dev ²⁷	5	11
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Project Result 4

Information and Knowledge Exchange Forums Supported and Expanded

PR4 Indicators, Year 5 Targets and Mid-Year Data

PR4 PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
eForums		
Number of forums developed and supported	4 forums Inc. webinars and microblog	1
Number of registered participants in forums	50% increase (from n=1116)	304
Percentage of registered participants from less developed countries	25% from LDCs	31% from LDC

²⁷ Replaced the old indicator “Number of organizations using K4Health software offerings, including "child sites," clones, eLearning, search, and databases (not including toolkits).”

PR4 PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
Number of contributions (contributions made by participants and experts)	80	36
Number of registered participants who made a contribution(s)	40	8
Percentage of contributors from less developed countries	40% from LDCs	63% from LDCs
Number of forums in which at least 80% of participants are satisfied with the content of discussion and the amount of information exchange	4	0 (this forum had a 67% satisfaction rate)
Audience members' intended use of information and knowledge gained to inform decision-making or to enhance programs	Yes	Yes
Face-to-face events		
Number of face-to-face events and meetings (e.g., GH Mini University, HIPNet) supported	4	6 1) Aug.16, 2012: mHealth WG Meeting; 2) Oct. 23, 2012 mHealth WG Meeting; 3) Dec. 3, 2012: mHealth WG Meeting; 4) Dec. 3, 2012: mHealth Alliance Evidence Auxiliary Event during mHealth Summit; 5) Dec.5, 2012: Implementation Issues Auxiliary Event during mHealth Summit; 6) Sept. 14, 2012: HIPNet Meeting.

PR4 PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
GHeL Center		
Number of eLearning courses published	12 6 GHeL (inc. 1 K4Health authored) 6 PEPFAR	2 GHeL (Appendix K)
Number of eLearning courses in development	5 5 GHeL 0 PEPFAR	23 11 GHeL 12 PEPFAR
Number of GHeL eLearning course authors trained	10	6
Number of registered learners in GHeL (cumulative from the inception)	10% increase (from n=72,172)	20% increase 86,488
Number of GHeL certificates earned (must score 85% or above to earn certificate)	10% increase (from n=155,440)	18% increase 182,774
K4Health eLearning		
Number of K4Health certificates earned (must score 85% or above to earn certificate)	50% increase (n=50)	51% increase 103
Audience members' use of information and knowledge gained to inform decision-making or to enhance programs	Yes	Yes
Number of organizations trained in eLearning strategy development, course development, and course implementation and evaluation	1	0

Selected PR4 Data on Trends

PR4 PMP Indicator	Data					Notes
	Y1	Y2	Y3	Y4	Y5MY	
Number of face-to-face events and meetings (e.g., GH Mini-University, HIPNet) supported per year	5	5	7	5	6	MiniU Sept 2012 4 mHealth WG meetings (Aug, Oct, Dec(2)) HIPNet Meeting Sept 2012
Number of eLearning courses published	29	12 (41)	8 (49)	4 (53)	2	Logistics in Health Commodities and Standard Days Method revisions were published. Revisions consisted of a complete overhaul of course content.
Number/% increase of registered learners in GHeL	35,150	56,072 (60%↑)	81,994 (46%↑)	72,172 (↓12%) ²⁸	86,488 (20%↑)	

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

²⁸ Due to the database cleanse.

Promotion and Dissemination

P&D Indicators, Year 5 Targets and Mid-Year Data

P&D PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
Number of fans and followers on social media accounts (Twitter, Facebook, and LinkedIn)	10,000	5,458 Facebook 4,882 Twitter 369 LinkedIn 10,709 Total
Number of visits on K4Health.org from Twitter, Facebook, and LinkedIn	2,000	622 Facebook 325 Twitter 103 LinkedIn 1,050 Total
Number of eNewsletters published per year	12	6
% of recipients who open the newsletter (=open rate)	12%	12.63%
Number of blog posts published on K4Health.org blog	150	86
Number of media mentions from promotion	50	19 (Appendix N)

P&D PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
<p>Number of events/conferences participated in by K4Health</p> <p><i>Events/conferences do not include CoP and working group meetings</i></p> <p><i>Participation includes: dissemination of promotional materials, presentation of posters and papers, panel discussions, attendance at major conferences, live blogs, etc.</i></p>	15	10 (Appendices L, M, and P)
<p>Number of K4Health offline devices distributed (e.g., flash drives, CD-ROMS, eReaders, mobile apps)</p>	Flash drive: 200 ↓ CD-ROM: 1,500↓ ACE App: 500 Downloads eReaders/ePub Handbook: 300 Downloads	Flash drives: 35 CD-ROM: 800 ACE Downloads: 265 eReaders/ePubs Handbook: 209 (Appendix H)
<p>Number of referring sites to K4Health products from other websites</p>	30,000	33,861

Selected P&D Data on Trends

P&D PMP Indicator	Data					Notes
	Y1	Y2	Y3	Y4	Y5MY	
<p>Number of fans and followers on social media accounts (Twitter, Facebook, and LinkedIn)</p>	N/A	N/A	6,804	8,812	10,709	

Number of blog posts published on K4Health.org blog	N/A	N/A	63	115	86	
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Global Health: Science and Practice (GHSP) Journal

P&D Indicators, Year 5 Targets and Mid-Year Data

GHSP PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
Number of issues published	Baseline	
Number of articles published per issue	Baseline	
Number of submissions received	120	60
Percent of unsolicited submissions accepted (acceptance rate)	20	25
Time (in weeks) from submission to first decision	8	
Time (in weeks) from submission to publication (if accepted)	16	
Time (in weeks) from acceptance to publication	Baseline	
Number of subscribers to e-mail alerts	2000	971
Number of recipients who open the TOC alert via email	Baseline	
Number of unique visitors to website	10,000	4,348
Article downloads	Baseline	
Percent of return visitors	30%	29.17%

GHSP PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
Number of job postings	Baseline	
Number of visitors to job search page	Baseline	
Number of referring sites to www.ghspjournal.org from other websites	Baseline	
Number of followers on Twitter	Baseline	70
Number of likes (fans) on Facebook	Baseline	7
Percent of first authors from developing countries	Baseline	

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 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
Tools, protocols, procedures, systems, methodologies, guides, curricula, indices and/or key actionable findings incorporated into the work of other organizations (<i>USAID PRH IR. 1.1</i>)	8	<p style="text-align: center;">8</p> <ol style="list-style-type: none"> 1. Toolkits 2. Online Forums 3. eLearning 4. Websites 5. Offline products (e.g., CD-ROM, flash drive) 6. Working groups (e.g., HIPNET, GHKC, mHealth, and Social Media Working Groups—led by K4Health) 7. Global Handbook/Wall Chart 8. ACE application
Resources leveraged globally for FP/RH activities from non-USAID sources by core or FS funds (<i>USAID PRH IR. 1.2</i>) <i>Includes resources leveraged to meet cost-share requirements</i>	8	<p style="text-align: center;">5</p> <ol style="list-style-type: none"> 1. IBP Knowledge Gateway 2. Non-USAID partners (e.g., SADC) 3. Open source software (e.g., Drupal and Google Apps) 4. Google AdWords 5. AusAID

SO PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
<p>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> <i>Organizations are defined to include other sectors of USAID, other USG agencies, international organizations, foundations</i></p>	6	<p style="text-align: center;">8</p> <ol style="list-style-type: none"> 1. SHARE 2. SAfAIDS 3. Peace Corps 4. Swaziland NAC 5. Lesotho NAC 6. HIFA2015 7. Government of Bangladesh Bureau of Health Education/Nutrition Unit 8. Bangladesh BCC Working Group
<p>Key actionable findings and experiences identified, generated, pooled, summarized and their lessons extracted (<i>USAID PRH IR 2.2</i>) – e.g., number of knowledge tools</p>	<p style="text-align: center;">N/A</p> <p>Will aggregate the number from other indicators</p>	<p style="text-align: center;">35</p> <p># of Toolkits posted = 6 # of eLearning courses published = 2 # of forums conducted = 1 # of websites managed = 14 # of offline products developed (not counting mobile applications) = 4* # of working groups managed = 4** # of print products published = 2*** # of mobile applications published=2****</p> <p>* Flash drive, CD-ROM, netbooks, and eReader/ePub **GHKC, mHealth, Social Media, HIPNET ***Global Handbook and Wall Chart ****ACE for Android, ACE for Kindle</p>

SO PMP Indicator	Year 5 Target	Year 5 Mid-Year Data (Quantitative data if available)
<p>Audiences reached with tools, protocols, procedures, systems, methodologies, guides, curricula, indices, and/or key actionable findings (<i>USAID PRH IR 2.3</i>) – e.g., number of audiences reached with products/services managed by K4Health</p>	<p>N/A</p> <p>Will aggregate the number from other indicators</p>	<p>284,052</p> <p># of web unique visitors = 108,081 # of forum participants (IBP KG) = 304 # of IBP KG Global Community members = 37,234 # of GHeL eLearning registered learners = 86,488 # of offline product recipients = 209 # of working group participants = 2272 # of print product recipients = 49,199*** # of mobile application downloads = 265****</p> <p>*Flash drive, CD-ROM, and eReader/ePub (no netbooks distributed in Year 5) **GHKC, mHealth, and Social Media, HIPNET ***Global Handbook and Wall Chart ****ACE</p>

Appendices

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

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

Illustrative Examples

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
PR 1		
Senegal needs assessment report	Need for a central repository for information on FP/RH.	Used to inform the creation of a national website.
Ethiopia Dissemination workshop, Ethiopia World Congress, Ethiopia report	Need for a central repository for information on FP/RH; need for FP/RH resource centers.	Used to propose additional follow-on activities in Ethiopia, namely: 1) creation of a national web portal and 2) the addition of FP/RH materials at existing resource centers. ²⁹
Ethiopia Net-Map presentation at the NIH Science of Dissemination and Implementation Conference and the APHA Annual Meeting	Net-Map is a useful methodology for looking at information sharing among FP/RH organizations.	During both panels, a number of questions were asked about using the methodology for different health topics and among different cohorts of health care professionals.
User Assessment- Global, India and Sub-Saharan Africa	Combination of findings from the in-depth interviews and usability tests provided better understandings of variables that influence satisfaction.	These variables/criteria were reviewed and will be used to inform the design of one of the Year 5 M&E activities to systematically document K4Health Toolkit models and

²⁹ A budget for follow-on activities was submitted to USAID/Ethiopia in June 2012; staff from the NARC (the K4Health point of contact in Ethiopia) reported in November 2012 that USAID/Ethiopia was still interested in a potential Associate Award and requested a written proposal (which K4Health promptly submitted). As of February 7, 2012, K4Health has not received an official notification or response from USAID/Ethiopia.

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
	and use of web products.	elements of success.
Malawi final evaluation	Integrated KM pilot demonstrated great benefits and savings, but requires additional resources for sustainability.	<p>The lessons learned from the mobile health component influenced the design of a small follow-on mHealth project in Salima funded by MSH.³⁰</p> <p>The results have been presented at various international conferences, such as the mHealth Summit and the eHealth Africa Conference, and written up in several articles including the Exchange on HIV and AIDS, Sexuality and Gender.</p> <p>The results have also shaped the development of the Guide for Designing and Developing an Integrated Knowledge Management Project as well as the mHealth 101 course by FHI 360.</p> <p>Results have been used to publish a white paper and to present how KM contributes to HSS using Malawi as a case study.</p>

³⁰ From February – June 2012, MSH’s Innovation Challenge Fund financed a small mobile learning program in the district of Salima, designed to test response rate and learning gains by capitalizing on the resources left in place from the Knowledge for Health project, including mobile phones and the Frontline SMS system, and also introducing the use of airtime as incentive for participation. The program found that while the Community Health Workers responded regularly to the surveys and reported that the program increased their knowledge, the infrastructure within the Salima District Health Management Team is insufficient to maintain or continue the program.

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
PR2		
Photoshare user feedback	Users indicated that having to upload one photo at a time was a barrier to contribution.	This user feedback directly informed the July specifications for the batch upload and Flickr integration functionalities. 90% of the development of these functionalities (soft-launched at this writing) was completed during the reporting period.
Direct feedback from Toolkit builders	Many requests from toolkit working groups for regular web statistics reports on their toolkits.	Integrated Google Analytics report in the Toolkit Application that toolkit builders will be able to access. ³¹
Direct feedback from Toolkit builders	Several requests from toolkit working groups for an easier method to check for broken links.	Integrated a Link Checker report for toolkit managers to access within their toolkit – allows them to review broken links and an easy access point to edit the link.
POPLINE: Website survey	71% of survey respondents reported that they came to the K4Health website looking for research/journal articles. Respondents' top job function was researcher/evaluator and organization type was academic/research institution.	Identified 7 new developing country journals not previously indexed for POPLINE input. (See Appendix I.)

³¹ We developed the prototype on the Drupal 6 platform, but we decided it would be rolled out with the redesigned application. This should be coming in the first part of Year 5, so no one has used it yet.

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
Direct feedback from POPLINE users	The new POPLINE export feature was well received. Users requested an increase in the number of records exported.	Increased the number of records exported from 500 to 1000. Will investigate increasing that number.
PR3		
K4Health.org website user poll asked: What type of mobile phone do you primarily use?	<p>58% of users who completed the polls said that they use a Smart Phone (Android, Blackberry, iPhone, Windows Mobile).</p> <p>Google Analytics from Jan. 1, 2011 to Jun. 30, 2011 on www.k4health.org showed Android was the top mobile platform accessing K4Health.</p> <p>Number of visits by type of Smart Phone:</p> <ul style="list-style-type: none"> • Android - 1,326 visits • iPhone - 1, 087 visits • iPad - 478 visits • iPod - 231 visits • BlackBerry - 204 visits • SymbianOs - 171 visits • Nokia 85 - visits 	<p>The decision was made to develop a K4Health app for the Android Operating System. Our statistics along with industry research confirmed that Android was the most rapidly growing smart phone worldwide.</p> <p>From eWeek.com:</p> <p>Android operating system continued its steady march up the worldwide smart phone charts in the third quarter, reaching 52.5 percent, according to Gartner.</p> <p>Android, which more than doubled its smartphone pie from Q3 2010, took share from all of its rivals.</p>

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

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
<p>Drush queries initially and custom vhost-info script (for aggregation and extra information processing)</p>	<p>Configuration file, Virtual host name and any aliases, Document root of the website, Directory size, Drupal presence and Version, Database name, host, status, and size.</p>	<p>It was determined that many sites use common modules and the management and maintenance could be streamlined by moving to a Drupal multisite configuration (not to be confused with a multi-domain, Domain Access site).</p> <p>As a result, several sites have been moved into multisite configurations, including nurhi.org, repositioningfp.org, and networksmalaria.org. With multiple sites sharing core software components but using separate databases in a Drupal multisite configuration, there is no risk of changes to one site impacting others because software changes happen in each site's own modules/custom directory.</p> <p>The result is a sharing of resources without exposing vulnerabilities.</p>

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
<p>Using data and other metrics to guide the administration of K4Health Web servers involves monitoring and evaluation of performance and resource usage information, such as: Disk space, CPU time, HTTP requests, Database size and configuration, as well as load on the servers. This is particularly useful when performing large and important operations on the servers, such as migrating sites from one server to another, or even from Drupal 6 to Drupal 7, or importing data into the databases. To monitor this information, we use a combination of Unix tools such as ps, top, df, du, and others, as well as custom shell scripts implemented in bash, perl, or php, and some specific tools for working with Drupal on the command line, most notably: drush. We also employ Nagios, the industry standard for IT infrastructure monitoring, as a system to notify us of excessive usage of resources, allowing us to remedy issues as quickly as possible.</p>	<p>For example on 8/1/2012 the load average on the K4Health server shot up to as high as .68. The normal load average is .37 to .45. Nagios issues a warning for high load average when the average reaches 5. It issues a warning for critical load average at 10. Data Point, our hosting provider for the K4Health server, calls us when the load average reaches 20.</p>	<p>In response to the load average issue on the K4Health server on 8/1/2012, K4Health System Administrators ran top on the servers and found that there were an extremely large number of http processes running.</p> <p>To get more information, the system administrators ran a custom bash script that looks at the Apache logs and provides IP addresses and the number of processes attached to those addresses. This can tell us if one entity is hitting our server very hard, which happens on occasion with search engines.</p> <p>The system administrator found nothing out of the ordinary in terms of requests from the same IP. A decision was made to restart the Web server. Once the Web server was restarted, the load average normalized.</p> <p>The conclusion reached through analyzing the data was that the Apache Web server was not releasing processes appropriately. Instead of processes being killed and released after a certain amount of inactivity, they continued to run and cause an increased load on the server.</p> <p>Having these constant monitoring and alerting systems in place allows us to act quickly and respond to issues before they are noticed by our users.</p>

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
PR4		
Post-forum surveys from discussions held on the Knowledge Gateway, in-depth interviews with discussion participants, and surveys among subject matter experts	Analysis of 26 online forums showed that we are reaching a broad network of health practitioners.	<p>Data used to produce paper on “Six Years of Lessons Learned in Monitoring and Evaluating Online Discussion Forums.” Sharing the findings in other venues such as in presentations and a future webinar.</p> <p>Using data to inform design and evaluation of online forums.</p>
GHeL in-depth interviews, online survey	Data on GHeL user experiences are rich with information that can be used to modify course content and delivery, make improvements to the platform, update evaluations, etc.	<p>Data used to prepare reports and briefs and fed into recommendations for enhancements to the GHeL Center. For example, users desire the ability to have two-way communication, a cleaner user interface, and the ability to download content.</p> <p>Data also informed design of Nigeria and Bangladesh eLearning activities.</p> <p>Data used to produce journal article published in the September 2012 issue of <i>Knowledge Management & E-Learning: An International Journal</i>: “Utilizing eLearning to strengthen the capacity of global health practitioners and institutions around the world.”</p>

Appendix B

Organizations Involved in Development, Review, or Maintenance of K4Health Toolkits Year 5 Mid-Year Report

Note: Output for the first PR2 indicator is counted by organization

New collaborative organizations = 16

National partners = 11 (marked with asterisks)

No.	Organization	Toolkits
1.	Zambia Integrated Services and Systems Project (ZISSP)*	Zambia HIV Prevention
2.	Zambia-led HIV Prevention Initiative*	Zambia HIV Prevention
3.	Zambia Ministry of Health*	Zambia HIV Prevention
4.	Zambia Library Service *	Zambia HIV Prevention
5.	Zambia Defence Force*	Zambia HIV Prevention
6.	Network of Zambian People Living with HIV and AIDS (NZP+)*	Zambia HIV Prevention
7.	National Food and Nutrition Commission, Zambia*	Zambia HIV Prevention
8.	National AIDS Council, Zambia*	Zambia HIV Prevention
9.	Zambia Communications Support for Health Project*	Zambia HIV Prevention
10.	Central Statistics Office, Zambia*	Zambia HIV Prevention
11.	Afya Mzuri*	Zambia HIV Prevention
12.	Sightsavers	Uganda Trachoma Prevention for F and E
13.	PCI Global	Public Health Integration
14.	UN Foundation	Family Planning Advocacy
15.	General Board of Church and Society (Healthy Families Healthy Planet)	Family Planning Advocacy
16.	Christian Connections for International Health	Family Planning Advocacy

Appendix C³²

K4Health Toolkits Status Table Year 5 Mid-Year Report

Initiated in Year 5 = 16

Posted in Year 5 = 6

Currently in development = 30

Country-based toolkits = 17 (4 launched and 13 in development; marked with asterisks)

No.	Toolkit	Date Initiated	Date Launched
1.	Avian and Pandemic Influenza Resources for Indonesia*	3/2/12	10/9/12
2.	Bangladesh Population, Health, and Nutrition for CHWs*	5/25/11	In development
3.	Bangladesh Population, Health, and Nutrition for Program Managers*	5/25/11	In development
4.	BCC Toolkit for District and Community Levels in Zambia*	8/3/12	In development
5.	Combination Prevention of HIV for Key Populations	1/6/12	In development
6.	Continuous Distribution of LLINs for Malaria Control	8/3/12	In development
7.	Demographic and Health Surveys Toolkit	7/5/11	In development
8.	Disaster Relief (not country-specific and replacing Haiti & Pakistan)	7/24/12	In development
9.	ENGINE Nutrition Project*	7/24/12	In development
10.	Essential Obstetric and Newborn Care	12/8/11	In development
11.	Family Planning – Immunization Integration	11/15/12	In development
12.	Family Planning Advocacy	11/15/12	In development
13.	Forecasting for New and Underused Methods of Family Planning	7/24/12	9/6/12
14.	Guatemala: Legacy Resources for Integrating SDM and CycleBeads Methods Into Programs*	6/8/11	10/22/12
15.	Guide to Fostering Change to Scale Up Effective Health Services	10/22/12	In development
16.	‘Happy Dampatti’: Using Community Activation for SBCC*	8/4/11	In development
17.	HIV Information Package for Tertiary Students in	6/25/12	In development

³² Please see Appendix D for a list of Toolkits updated in Year 4. This appendix is just for Toolkits initiated and/or in development during Year 4.

Swaziland*		
18. Infertility	7/11/11	In development
19. Information Resources from SADC's HIV and AIDS Unit*	6/22/12	In development
20. Integrated Anemia Prevention and Control	2/16/12	In development
21. Jordan Health Communication Partnership*	12/19/12	In development (as of 1/7/13 it was published)
22. Microbicides ¹	10/1/10	In development
23. Permanent Methods	8/17/10	In development
24. Public Health Integration	11/5/12	In development
25. Primary Eye Care	8/18/10	In development
26. Research Utilization ¹	8/1/10	In development
27. Ressources et experiences de la Méthode des Jours Fixes [SDM]	7/24/12	In development
28. Rwanda Social Marketing Behavior Change*	6/27/12	In development
29. Swaziland HIV Prevention*	7/24/12	In development
30. Tips & Tools for Strengthening the Effectiveness and Sustainability of Contraceptive Security Committees	11/3/11	9/24/2012
31. Tools for SBCC	1/10/12	In development
32. Uganda AFFORD Project*	12/17/12	In development
33. Uganda Stop Malaria Project*	12/17/12	In development
34. Uganda Trachoma Prevention Toolkit for F and E*	10/4/12	In development
35. Zambia HIV Prevention*	8/9/12	11/28/12
36. Zimbabwe HIV Prevention*	10/11/11	9/11/12

¹ The date initiated for the Microbicides and Research Utilization Toolkits are estimates of when FHI 360 began developing the Toolkit offline (it has not yet been opened in the Toolkit Application).

Appendix D

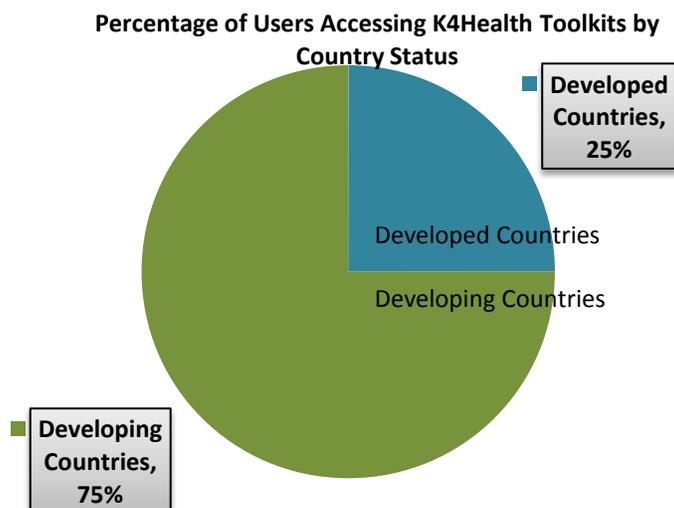
K4Health Toolkits* Updated in Year 5

1. Community-Based Access to Injectable Contraceptives
2. Community-Based Family Planning
3. Condom Use
4. Elements of Family Planning Success
5. IGWG Gender and Health
6. Knowledge Management
7. Monitoring & Evaluation
8. Multiple Concurrent Partnerships
9. Oral Contraceptives
10. Pre-Eclampsia/Eclampsia
11. Pre-Service Education
12. Postpartum Family Planning
13. Postpartum Hemorrhage
14. Implants
15. mHealth
16. Leadership and Management

*These toolkits were updated with the direct coordination of the K4Health Toolkits Team.

Appendix E

Visits from Developing Countries to Toolkits Year 5 Mid-Year Report



Developing Country	# of Visits
Indonesia	4,164
Pakistan	3,259
Kenya	2,626
India	2,588
Philippines	2,368
Uganda	1,187
South Africa	1,137
Ethiopia	1,031
Nigeria	765
Mexico	759
Bangladesh	609
Tanzania	597
Nepal	581
Malawi	403
Zimbabwe	387
Ghana	333
Colombia	315
Malaysia	294
Argentina	285
Thailand	281
Zambia	272
Peru	256
Brazil	251
Egypt	242
Cambodia	233

Developing Country	# of Visits
Saudi Arabia	228
Chile	207
Cote d'Ivoire	205
Turkey	203
Vietnam	203
Botswana	200
Rwanda	195
China	169
Iran	159
Poland	139
Czech Republic	138
Senegal	136
Swaziland	126
Guatemala	121
Sri Lanka	116
Romania	105
Jordan	104
Myanmar [Burma]	100
Ecuador	95
Namibia	95
Cameroon	94
Mozambique	92
Venezuela	87
Lesotho	84
Trinidad and Tobago	79

Developing Country	# of Visits
Haiti	77
Jamaica	74
Russia	72
Sudan	68
Nicaragua	65
Panama	65
Congo [DRC]	63
Morocco	62
Slovenia	61
Bolivia	57
Madagascar	55
Afghanistan	54
Dominican Republic	50
Lebanon	49
Costa Rica	48
Hungary	47
Laos	46
Honduras	44
Ukraine	44
Burkina Faso	41
Mali	41
Sierra Leone	41
Somalia	40
Bulgaria	36
Kyrgyzstan	36
Togo	36
Fiji	34
Belize	33
Yemen	33
Georgia	32
Paraguay	31
Iraq	30
Slovakia	30
El Salvador	30
Serbia	27
Burundi	26
Liberia	26
Mongolia	26
Armenia	25
Algeria	24
Lithuania	24
Moldova	24
Papua New Guinea	23
Tunisia	23
Bhutan	22
Guyana	19
Mauritius	18
Niger	18
Albania	17

Developing Country	# of Visits
Uruguay	17
Bosnia and Herzegovina	16
Gambia	16
Maldives	16
Estonia	15
Croatia	15
Macedonia	15
Timor-Leste	15
Kazakhstan	14
Angola	13
Azerbaijan	13
Saint Vincent and the Grenadines	13
Benin	12
Uzbekistan	10
Dominica	9
Latvia	9
Libya	9
Mauritania	9
Vanuatu	9
Belarus	8
Djibouti	7
Gabon	5
Saint Lucia	5
Réunion	5
Suriname	5
Syria	5
Cuba	4
Cape Verde	4
Solomon Islands	4
Seychelles	4
Tajikistan	4
Anguilla	3
Congo [Republic]	3
Montenegro	3
Turks and Caicos Islands	3
Micronesia	2
Saint Kitts and Nevis	2
Central African Republic	1
Cook Islands	1
Grenada	1
French Guiana	1
Guernsey	1
Gibraltar	1
Guadeloupe	1
Kiribati	1
Marshall Islands	1
Saint Helena	1
Tuvalu	1

Appendix F

Published Toolkit Status as of December 2012

	Toolkit	Published	# of Pageviews	# of Events (Includes Downloads & Outgoing Link Clicks)
1.	mHealth	6/16/2010	119,936	3,316
2.	IUD	10/20/2009	11,650	634
3.	Reproductive Health Indonesia	1/12/2011	9,885	534
4.	Knowledge Management	7/20/2011	8,727	895
5.	CBFP	5/19/2010	7,920	692
6.	Implants	5/6/2010	7,721	1,355
7.	Pre-Service Education	8/9/2011	5,564	503
8.	Kenya Health	11/23/2011	4,796	992
9.	IGWG Gender and Health	10/6/2010	4,629	663
10.	DHS	9/4/2012	4,357	429
11.	INFO Project Publications	4/19/2011	3,981	1,212
12.	MIYCN-FP	5/4/2012	3,953	467
13.	PHE	12/13/2009	3,902	517
14.	CBA2I	6/30/2011	3,126	445
15.	Elements of FP	10/21/2009	2,937	198
16.	PPFP	2/22/2010	2,515	326
17.	Condom Use	9/13/2010	2,262	482
18.	Pre-Eclampsia/Eclampsia	12/20/2011	2,204	402
19.	Oral Contraceptives	12/20/2010	2,119	304
20.	Monitoring & Evaluation	8/26/2011	2,113	317
21.	Forecasting for New and Underused Methods of Family Planning	9/6/2012	2,008	283

22.	Postpartum Hemorrhage	12/21/2011	2,004	392
23.	Avian and Pandemic Influenza Resources for Indonesia	10/9/2012	2,001	179
24.	MCP	12/2/2009	1,979	144
25.	PMTCT	12/1/2009	1,933	114
26.	Leadership & Management	3/30/2011	1,931	294
27.	ALHIV	2/28/2011	1,923	221
28.	Malawi Maternal/Neonatal	8/20/2010	1,902	273
29.	FP/HIV Integration	2/25/2010	1,893	564
30.	Uganda HCP	5/7/2012	1,886	649
31.	HTSP	5/3/2011	1,830	162
32.	Youth Policy	5/9/2011	1,757	170
33.	Uganda Male Circumcision	5/7/2012	1,619	292
34.	Injectables	10/21/2009	1,463	186
35.	Human Resources in Health	2/27/2012	1,361	194
36.	Peace Corps - WSH	1/21/2011	1,285	424
37.	Malawi FP	8/20/2010	1,277	189
38.	SDM	8/2/2010	1,179	316
39.	Centre de Documentation Electronique –Cote d’Ivoire	5/3/2012	1,099	141
40.	Go Girls	5/24/2011	1,049	337
41.	Integrating RH into Youth Programs	6/20/2012	1,048	196
42.	Tanzania ACE Mentoring Pgm	6/15/2011	953	124
43.	Zimbabwe HIV Prevention	9/11/2012	839	55
44.	Lactational Amenorrhea Method	5/5/2010	792	397
45.	Uganda HIV Counseling	5/7/2012	788	172
46.	Peace Corps - HIV/AIDS	8/9/2010	788	153
47.	Male Circumcision – Swaziland	5/14/2012	784	34

48.	Tips & Tools for Strengthening the Effectiveness and Sustainability of Contraceptive Security	9/24/2012	740	8
49.	HIV/AIDS – Swaziland Teachers	5/7/2012	712	14
50.	Malawi HIV/AIDS	2/7/2011	704	167
51.	Peace Corps - MNCH	8/9/2010	694	193
52.	Uganda Pediatric HIV/AIDS	5/7/2012	682	162
53.	Peace Corps - Nutrition	7/13/2010	661	213
54.	Uganda FP Communication	5/7/2012	653	218
55.	LGBTI	5/11/2012	634	17
56.	Uganda Positive Living	5/7/2012	576	180
57.	Peace Corps - Behav Change	8/9/2010	574	331
58.	Peace Corps - NTD	9/23/2011	517	76
59.	Engaging Traditional Leaders	3/23/2012	491	29
60.	Guatemala Fertility Awareness Methods	10/22/2012	473	7
61.	United Against Malaria	5/4/2012	462	101
62.	Uganda Radio Distance Learning	5/7/2012	378	63
63.	Peace Corps - Women	7/13/2010	361	106
64.	Peace Corps - Improved Stoves	7/13/2010	306	70
65.	Peace Corps - SRH	8/9/2010	290	131
66.	TwoDay Method	4/24/2012	279	70
67.	Peace Corps - Food Security	8/9/2010	263	143
68.	Malawi Young RH	8/20/2010	258	75
69.	Peace Corps - Malaria	7/13/2010	255	70
70.	Peace Corps - NCD	2/25/2011	249	102
71.	ExpandNet	1/24/2012	237	144
72.	Uganda Health Hotline	5/7/2012	228	69
73.	Zambia HIV Prevention	11/28/2012	129	5

Appendix G

Website Statistics – July 1, 2012 – December 31, 2012									
Websites*	Visits	Unique Visitors	Referring Sites	Pageviews	Unique Pageviews	Visits from Search Engines ³³	Visits from Direct Traffic	Visits from Referring Sites	Avg. Time on Site
K4Health	136,619	108,081	2,071	321,991	246,625	77,385 (57%)	33,861 (18%)	25,251 (25%)	2:34
➤ Toolkits	61,198 ³⁴	45,110	919 ³⁵	186,672	130,528	34,958 (57%)	10,626 (18%)	15,558 (25%)	3:49 ³⁶
POPLINE**	44,914	34,511	1,129	361,327	131,383	25,823 (57%)	7,521 (17%)	11,570 (26%)	3:14
Photoshare	100,842	100,842	1,143	291,033	218,456	90,452 (77%)	14,239 (12%)	13,356 (11%)	1:34
Global Handbook	12,598	10,532	260	34,474	24,901	6,793 (54%) ³⁷	2,581 (20%) ³⁸	3,221 (26%)	3:10
Total	294,973	253,966	5,522	1,008,825	621,365	200,453 (64%)	58,202 (19%)	53,398 (17%)	2:38

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

**Does not include database searches

³³ In addition to three types of visits (i.e., search engines, direct traffic, and referring sites), we have added a fourth category starting in Year 5 (“campaign”) to capture visits coming directly from K4Health newsletters. Because the number/percent is low (i.e. less than 0.1%), we decided not to add a new column.

³⁴ There is a significant drop in toolkit web traffic as mentioned on p. 33; however, other quality measures—time on site, pages viewed per visit—have gone up.

³⁵ This drop is attributable to the migration; links on other sites would have broken, and take time to be updated.

³⁶ This increased nearly a minute and a half (from 2:22 to 3:49) from Year 4.

³⁷ This number has increased greatly and reflects the search engine optimization approach to the new information architecture.

³⁸ This drop is attributable to redesign; individuals’ bookmarks would have broken.

Definitions:

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

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

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

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

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

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

Appendix H

Distribution of Toolkits on Portable Devices By Region Year 5 Mid-Year Report

CD-ROMS

Region	Number
Africa, North	2
Africa, Sub-Saharan	159
Asia	129
Central America and the Caribbean	18
Total	308

Appendix I

Developing Country Journals Contributing Articles to POPLINE (not previously indexed) Year 5

1. Brazilian Journal of Oral Sciences (2 articles)
2. Indian Journal of Innovations and Developments (1 article)
3. Indian Journal of Perinatology and Reproductive Biology (1 article)
4. Indonesia and the Malay World (1 article)
5. Iranian Journal of Basic Medical Sciences (1 article)
6. Revista Colombia Médica (17 articles)
7. Revista de Psiquiatria y Salud Mental (1 article)

Appendix J

FP/RH Websites Supported/Managed through K4Health Funds

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

Other Websites Using K4Health Technologies but Funded by External Organizations

1. Health Communication Partnership	http://hccpartnership.org
2. JHSPH Center for Communication Programs	http://www.jhuccp.org
3. Male and Female Condom Resource Center	http://condoms.k4health.org
4. Media / Materials Clearinghouse	http://www.m-mc.org
5. Nigerian Urban Reproductive Health Initiative	http://www.nurhi.org
6. Measurement, Learning & Evaluation (MLE)	http://www.urbanreproductivehealth.org
7. Healthcare Improvement Project	http://www.hciproject.org
8. Healthcare Improvement Project	http://chwcentral.org
9. Global Health Science and Practice Journal	http://ghspjournal.org
10. Malaria Free Future	http://malariafreefuture.org
11. Networks Malaria	http://networksmalaria.org
12. mHealth Working Group website	http://www.mhealthworkinggroup.org/
13. mHealth Working Group toolkit	http://www.k4health.org/toolkits/mhealth

Appendix K

Published GHeL Courses As of December 2012

	Published Courses	Date Published	Notes
1.	IUD	Sep-05	
2.	Standard Days Method	Sep-05	Updated Oct-12
3.	Preventing Postpartum Hemorrhage	Sep-05	
4.	Antenatal Care	Oct-05	
5.	Logistics for Health Commodities	Nov-05	Updated Sept-12
6.	M&E Fundamentals	Mar-06	
7.	HIV Basics	Apr-06	Updated Jan-12
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	Updated Jan-09
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	Updated Mar-12
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	Updated Jan-2012
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

	Published Courses	Date Published	Notes
37.	<i>Data Quality</i>	May-10	Published in Y2
38.	<i>M&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
42.	DHS	Nov 2010	Published in Y3
43.	Healthy Businesses	Dec 2010	Published in Y3
44.	<i>Data Use for Program Managers</i>	Jan 2011	Published in Y3
45.	<i>Economic Evaluation Basics</i>	Jan 2011	Published in Y3
46.	<i>Geographic Approaches to Global Health</i>	Jan 2011	Published in Y3
47.	<i>PEPFAR Next Generation Indicator Guidance</i>	Jan 2011	Published in Y3
48.	Male Circumcision: Policy and Programming	February 2011	Published in Y3
49.	Healthy Timing and Spacing of Pregnancy	May 2011	Published in Y3
50.	Nutrition (An Introduction)	Oct 2011	Published in Y4
51.	<i>Mortality Surveillance Methods & Strategies</i>	Dec 2011	Published in Y4
52.	<i>Legal Requirements for HIV/AIDS Activities</i>	Dec 2011	Published in Y4
53.	LA/PMs A Smart FP/RH Program Investment	June 2012	Published in Y4

Courses in italics are PEPFAR courses

GHeL Courses in Development

1.	Health Systems – Structures and Functions
2.	Social and Behavior Change Communication
3.	Postabortion Care
4.	Antimicrobial Resistance II
5.	mHealth
6.	Pharmaceutical Management
7.	Poverty and Equity
8.	Young People Most at Risk for HIV
9.	Introduction to Youth Development
10.	Community Involvement and Adolescent Health
11.	Improving the Productivity of Health Workers
12.	<i>From Dependency to Partnership: Leading Change</i>
13.	<i>M&E Guidelines for SWs, MSM, & TG-National Level</i>
14.	<i>M&E Guidelines for SWs, MSM, & TG-Service Delivery</i>
15.	<i>From Dependency to Partnership: It's About Change</i>

16.	<i>Introduction to Country Ownership (technically complete – stalled at OGAC)</i>
17.	<i>Designing Prevention Programs for Key Populations</i>
18.	<i>Early Childhood Development (6 courses)</i>
19.	<i>From Dependency to Partnership: It's About Change</i>
20.	HIV Basics*
21.	Mother to Child Transmission*
22.	FP Legislative Requirements*
23.	Youth Reproductive Health*

Course in italics are PEPFAR courses

**Courses in revision*

Appendix L³⁹

Event/Conference Attendance

Year 5 Mid-Year Report (July 1, 2012 – December 31, 2012)

1. International AIDS Conference, Washington, DC, July 22-27 2012
2. Interactive Technologies SALT Conference, Reston, VA, August 15-17, 2012
3. Global Health Mini University, Washington, DC, September 14, 2012
4. Medicine 2.0, Boston, MA, September 15-16, 2012
5. Social Good Summit, New York City, NY, September 22-24, 2012
6. mLearning DevCon, Philadelphia, PA, October 3-5, 2012
7. American Evaluation Association, Minneapolis, MN, October 24-27, 2012
8. American Public Health Association, San Francisco, CA, October 27-31, 2012
9. 2nd Global Symposium on Health Systems Research, Beijing, China, Oct 31-Nov 3, 2012
10. mHealth Summit, Washington, DC, December 3-5, 2012

³⁹ Please see Appendix O for an analysis of the cost/benefit for K4Health of attending these events/conferences.

Appendix M

Conference Presentations and Published Journal Articles⁴⁰

Year 5 Annual Report (July 1, 2012 – December 31, 2012)

Conference Presentations

1. Oral Presentation: “Global Health eLearning Evaluation: Research Findings and Recommendations”, 2012 Interactive Technologies SALT Conference August 2012, Reston, VA.
2. Oral Presentation: “Lessons Learned for Monitoring and Evaluating Online Communities of Practice” 2012 Interactive Technologies SALT Conference August 2012, Reston, VA.
3. Panel Presentation: “New Learning Tools” at the 2012 Interactive Technologies SALT Conference. August 2012, Reston, VA.
4. Oral Presentation: “K4Health Portfolio Updates and Highlights,” USAID Office of Population and Reproductive Health Open Staff Meeting, August 23, 2012, Washington, DC.
5. Oral Presentation: “Building virtual communities and social networking applications for health professionals,” Medicine 2.0, September 2012, Boston, MA
6. Oral Presentation: “Global Health and Social Media: How do you like that tweet?” Global Health Mini-University, September 2012, Washington, DC.
7. Oral Presentation: “Beyond Organizational Learning: the role of evaluators and collaborative effort increase relevance of indicators for knowledge management as public health intervention,” American Evaluation Association, October 2012, Minneapolis, MN.
8. Poster Presentation: “The Critical Role of Knowledge Management Approaches in Overall Health Systems Strengthening: A case study from Malawi,” 2nd Global Symposium on Health Systems Research, October 2012, Beijing, China.
9. Oral Presentation: “Empowering Frontline Health Workers with Mobile Technology.” Presented at the Second Global Symposium on Health Systems Research, Beijing, China, November 2012.
10. Poster Presentation: “Making information more meaningful: ‘Actionability’ framework for information,” Poster presentation at the American Public Health Association 140th Annual Meeting. San Francisco, CA, November 2012.
11. Oral Presentation: “Using existing social networks to improve knowledge exchange among family planning and reproductive health professionals in Ethiopia,” American Public Health Association, October 2012, San Francisco, CA.

⁴⁰ There were no published journal articles in Y5 to date.

12. Poster Presentation: “Enhancing Access to Information on Reproductive Health and Family Planning in Kenya and Senegal,” American Public Health Association, October 2012, San Francisco, CA.
13. Oral Presentation: “Net-mapping: A participatory tool for monitoring and evaluation with community health workers in Malawi,” American Public Health Association, October 2012, San Francisco, CA.
14. Oral Presentation: Overview of K4Health product upgrades, Chemonics, November 14, 2012, Washington, DC.
15. Oral Presentation/Participatory Workshop: mHealth Working Group Advisory Board and mHealth Evidence Working Group participatory workshop to discuss collaboration on an mHealth evidence database, mHealth Summit, December 2012, Washington, DC.
16. Oral Presentation/Participatory Workshop: “mHealth Implementation Opportunities, Issues, and Challenges,” mHealth Summit, December 2012, Washington, DC.

Appendix N

K4Health Media Mentions Year 5 Mid-Year Report

CCMC Push Journal:⁴¹

- Blog: Rio+Social: Social Media and the Trail to Sustainable Development
- Blog: A Global Commitment to Family Planning – The London Summit
- Blog: New Medical and Service Delivery Guidelines on Emergency Contraceptive Pills Released
- Blog: How Would My Life Be Different Without Contraception? A reflection on World Contraception Day

General Coverage

- JHUCCP: [The Knowledge for Health Project Announces Special Issue of the Journal of Health Communication](#)
- HIFA2015: [Knowledge for Health \(K4Health\) and HIFA2015 announce a special issue of the Journal of Health Communication](#)
- Caribbean Health Communication: [Journal of Health Communication Special Supplement Now Available](#)
- MEASURE Evaluation Blog: [Launch of the New POPLINE Website](#)
- PAHO: [Knowledge Management for Health and Development Toolkit](#)
- Africa Health: [The starter pack to a fountain of knowledge](#)
- Interagency Youth Working Group: [National Geographic's Stephanie Sinclair Documents the True Price of Child Marriage](#)
- Interagency Youth Working Group: [How Would My Life Be Different Without Contraception? A Reflection on World Contraception Day](#)
- Management Sciences for Health Blog Global Impact: [World Contraception Day: Unmet Need and the Numbers](#)
- News Medical: [Blogs Recognize World Contraception Day](#)
- Kaiser Daily Global Health Policy Report: [Knowledge Management Can Help Improve Health Systems](#)
- News Medical: [Knowledge Management Can Help Improve Health Systems](#)
- Maternal Health Task Force: [The Intersection of Knowledge Management and Health Systems Strengthening in Malawi](#)
- Individual.com: [Religion and Culture Central to Ending GBV](#)
- Social Butterfly Blog: [Forming the Social Media for Global Health Working Group](#)

⁴¹ Links are not provided because it is a daily mail journal that does not have an archive.

Appendix O

K4Health Event/Conference Attendance in Year 5 (July 1, 2012 – December 31, 2012) Cost/Benefit Analysis

K4Health carefully considers all conference opportunities and makes thoughtful decisions about which events will demonstrate the highest return on investment for presenting and promoting project results. Each event must provide opportunities for the project to reach our audience and fulfill our role as the facilitators of global health knowledge management. We carefully weigh the resources necessary to attend any event with all outcomes in mind. As such, we research other attendees, presenters, and exhibitors; themes identified by conference organizers; necessary materials to have a presence with impact; and other opportunities. Additionally, our breadth of partnerships allows us to fulfill our mandate of Promotion and Dissemination in creatively effective ways. When possible, we engage our partners to promote K4Health at events where a project presenter or attendance is not prudent – for instance, at the AIDS2012 conference, K4Health provided brochures on the Southern Africa Regional HIV/AIDS Exchange (SHARE) to our partners at Southern African Development Community (SADC) for distribution at their booth. In Year 5, K4Health attended the following conferences and events:

	Conference	Presence	Outputs	Approx. Cost
1.	International AIDS Conference, Washington, DC, July 22-27 2012	1 paid attendee 2 no-cost media attendees	Attended country ownership sessions to learn the latest approaches to HIV/AIDS prevention, treatment, and care from experts, and shared relevant K4Health expertise. Provided K4Health materials (general materials and SHARE postcards) for the Southern African Development Community (SADC) table in the expo.	\$785/registration
2.	Interactive Technologies SALT Conference, Reston, VA, August 15-17, 2012	2 attendees	Presented sessions on Global Health eLearning Evaluation Findings, New Learning Tools and M&E for Online CoPs. Brought back ideas on cutting edge mobile learning, M&E of mobile learning, learner engagement, and merging trends and best practices in eLearning. Networked with multiple new organizations as potential	Free registration \$325/travel

	Conference	Presence	Outputs	Approx. Cost
			sources of content as well as promoters of K4Health work.	
3.	Global Health Mini University, Washington, DC, September 14, 2012	10 attendees	Supported K4Health's role in managing Mini-U. Presented interactive session on social media in global health. Also held discussions at two tables in the Tech Café: one for K4Health and one for the mHealth Working Group.	N/A
4.	Medicine 2.0, Boston, MA, September 15-16, 2012	1 presenter	Facilitated panel on the role of social networks in global health; shared K4Health's experience with the IBP Knowledge Gateway. Learned state-of-the-art practices for social media, mobile apps, and Internet/Web 2.0 in health and medicine. Blogged for K4Health	\$395/registration \$875/travel
5.	Social Good Summit, New York City, NY, September 22-24, 2012	1 attendee	Learned about innovations in technology and social media. Promoted K4Health and the Social Media Working Group. Produced and disseminated one blog.	Free registration \$1200/travel
6.	mLearning DevCon, Philadelphia, PA, October 3-5, 2012	1 attendee	Learned the latest developments in mLearning in areas of healthcare, Pharma, retail, consulting, education, trucking, insurance, human resources and sales. Brought back relevant resources and newly acquired skills to develop mLearning strategies. Promoted work of K4Health including the ACE app and eLearning courses.	\$649/registration \$172/travel
7.	American Evaluation Association, Minneapolis, MN, October 24-27, 2012	1 presenter	Presented in the session on "Evaluation Strategies and Frameworks for Health Knowledge Transfer, Knowledge Management, and Dissemination" and received feedback on the KM Logic Model under development by the GHKC M&E Task Team. Participated in a full-day workshop on logic model designs. Brought back relevant resources/tools and newly acquired skills to help refine the KM Logic Model. Promoted work of GHKC, including the KM Toolkit.	\$400/registration \$1300/travel
8.	Global Symposium on Health Systems Research, Beijing, China, Oct 31-Nov 3, 2012	1 presenter	Delivered two presentations: "Empowering Frontline Health Workers with Mobile Technology" and "The Critical Role of Knowledge Management in Overall Health Systems Strengthening: A case study from	\$987/registration \$2151/travel

	Conference	Presence	Outputs	Approx. Cost
			Malawi”. Produced one blog and disseminated related working paper that looks at link between KM/HSS.	
9.	American Public Health Association, San Francisco, CA, October 27-31, 2012	1 attendee 2 presenters	Delivered oral presentation on results from the Net-Map study in Ethiopia; participated in panel discussion about international family planning and reproductive health. Also delivered two poster presentations: One on the Toolkit development process in Kenya and Senegal, and the other on the "Actionability Framework" that was developed based on the K4Health needs assessment results in India.	\$650/registration/membership \$1600/travel
10.	mHealth Summit, Washington, DC, December 3-5, 2012	2 no-cost presenters 2 paid attendees 2 no-cost media attendees	K4Health was part of a small task force to help plan the new, cross-cutting Global Health Track at the mHealth Summit. Learned state-of-the-art advances in scaling-up, sustainable financing, and health workforce capacity development from leaders in government, the private sector, industry, academia, providers, and not-for-profit organizations. Promotion and dissemination of K4Health products, learned about latest developments in mobile health, and blogged for K4Health. The mHealth Working Group sponsored a closed session with the mHealth Alliance-led Evidence Working Group to discuss the development of an mHealth Evidence Database with over 30 participants from 22 organizations. The mHealth Working Group also led a session on implementation issues titled “mHealth Opportunities, Issues, and Challenges Related to FP/RH” and was based on the research from the mHealth Implementation Guide and the draft mHealth Emerging Best Practices for Family Planning brief. Over 50 people attended the participatory workshop, which focused on five areas in mHealth: planning and design, technological considerations, sustainability, scale-up, and evaluation.	\$400/registration \$2,300 booth