



USAID
FROM THE AMERICAN PEOPLE

K4Health™

Knowledge for Health



© 2011 Tanzeel Ur Rehman / Cover Asia Press, Courtesy of Photoshare

Year 5
Annual Progress Report
July 1, 2012 – June 30, 2013

Knowledge for Health (K4Health)
www.k4health.org

Leader with Associate Cooperative Agreement Award
GPO-A-OO-08-0000 6-00

August 20, 2013



Table of Contents

Executive Summary	1
Process: Creating this Report	4
Annual Progress: Highlights and Future Priorities	5
Project Result 1	5
Project Result 2	8
Project Result 3	13
Project Result 4	15
Promotion and Dissemination	17
Field Support	20
Monitoring and Evaluation	24
Global Health: Science and Practice (GHSP) Journal	25
Performance Monitoring Plan (PMP): Indicators, Data, and Trends	28
Project Result 1	28
Project Result 2	32
Project Result 3	43
Project Result 4	44
Promotion and Dissemination	48
Global Health: Science and Practice (GHSP) Journal	50
K4Health Strategic Objective and Indicators	52
Appendices	55
Appendix A - K4Health PR/Area Use of Needs Assessment and M&E Data	56
Appendix B - Orgs Involved in Development, Review, or Maintenance of K4Health Toolkits	64
Appendix C - K4Health Toolkits Status Table	65
Appendix D - K4Health Toolkits Updated in Year 5	67
Appendix E - Visits from Low- and Middle-Income Countries to Toolkits	68
Appendix F - Published Toolkit Status as of June 2013	71
Appendix G - Website Statistics – July 1, 2012 – June 30, 2013	74
Appendix H - Distribution of Toolkits on Portable Devices by Region	76
Appendix I - Low- and Middle-Income Country Journals Contributing Articles to POPLINE	77
Appendix J - FP/RH Websites Supported/Managed through K4Health Funds	78
Appendix K - GHeL Courses Published/In Development	79
Appendix L - Event/Conference Attendance	82
Appendix M - Conference Presentations and Published Journal Articles	83
Appendix N - K4Health Media Mentions and Blog Cross-Post Details	85
Appendix O - K4Health Event/Conference Attendance in Year 5: Outputs and Cost	88
Appendix P - POPLINE User Survey Findings	93
Appendix Q - Photoshare User Survey Findings	96
Appendix R - Paired Toolkits Study Findings	100
Appendix S - Technical Assistance Provided to USAID/Ghana	103

Executive Summary

The final full year of the Knowledge for Health (K4Health) Project was marked by a series of high-profile accomplishments, fueled by the enormous momentum of the K4Health brand and portfolio. We built on the innovations, platforms, and knowledge generated during the previous four years of the project and its predecessors, continuing to increase the accessibility and quality of K4Health's many products and services. Despite the challenges of leadership transitions, the K4Health staff remained productive and focused on our goal of using knowledge management (KM) and exchange to advance family planning and reproductive health (FP/RH) and other key areas of international public health.

Demonstrating **leadership in KM**, K4Health continues to make valuable contributions to the fields of global health, KM, mHealth, social media, and eLearning through the organization of inter-agency working groups, publication of journal articles, conference presentations, webinars, and other venues.

K4Health has continued its work chairing the Global Health Knowledge Collaborative (GHKC). In April 2013, the GHKC hosted an interactive 200-person **KM Share Fair**. The event was well-received, and showcased innovative KM techniques such as audience polling, world café, social media, peer assists, a marketplace, and graphic facilitation.

In addition to the GHKC, K4Health has continued its leadership with additional working groups as well: It has organized the Social Media for Global Health working group (SM4GH) from the ground up; co-chaired, facilitated, and supported the web presence of HIPNet; and forged new directions with the mHealth Working Group. In addition, K4Health has made significant contributions to the **mHealth** conversation in global health by participating in the organization of the first ever global health track of the mHealth Summit, as well as a highly regarded Deep Dive. We also now send out a bimonthly mHealth newsletter to over 18,000 subscribers.



16 April 2013 | Washington, D.C.
Global Health Knowledge Collaborative
Graphic facilitation by *depict* | depict.org | research4health.org

Detail from the "Knowledge Wall" graphic facilitation from the GHKC KM Share Fair

K4Health further raised its profile in the global health and development community through an ever widening **web presence**. For example, K4Health's multi-author **blog platform** continued to draw traffic to the K4Health 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). We now have 60 contributors to the K4Health blog, nearly half of whom are guest contributors. We had the highest number of posts in July 2012 and see continuous spikes in page views when new content is posted. During Year 5, K4Health blog posts were picked up through social media and cross-promoted by other partners and agencies, raising K4Health's visibility and improving access to K4Health products. Through additional online products—for example, eLearning courses, Toolkits, Photoshare, Family Planning Handbook, and POPLINE—we reach diverse global audiences, and we continue to respond to these groups through regular, user-driven updates to these project platforms.

In March 2013, we were pleased to launch a brand-new, much heralded and highly selective journal—*Global Health: Science and Practice (GHSP)*. The first issue, which featured fifteen high-quality articles, editorials, and commentaries covering a range of important public health topics, was formally presented to the world at a launch event attended by more than 100 people. The journal fills a gap in the literature on global public health, focusing on the practical application and implementation of public health programs, and complements K4Health’s mission to extend access to best practices and to the latest research.



GHSP Journal launch: Ariel Pablos-Mendez (USAID), Mike Klag (JHSPH) and Lynn Goldman (GWU SPHHS) offered remarks; the Co-Editors in-Chief offered a compelling overview of the journal and its mission; and authors Roy Jacobstein (EngenderHealth), Steve Hodgins (Save the Children) and Marya Plotkin (Jhpiego) presented key messages from their papers.

K4Health continued to **create, synthesize, and disseminate high quality content** in user-friendly formats throughout Year 5. We launched the first major website upgrade for **POPLINE** in more than ten years. We also developed an all-new companion website for *Family Planning: A Global Handbook for Providers*, which in its first year received 330% more visits than the previous site had in its final year. Year 5 was a high-visibility year for **Photoshare**, including a contest that built the collection by more than 10% in just three months, a sought-after promotional calendar, new batch upload and Flickr integration functionalities, and a new partnership with the Business for Social Responsibility’s HERproject Toolbuilder. K4Health migrated all toolkits to a new system, saw a 10% increase in the proportion of return visitors to toolkits compared to Year 4, rolled out well-received new tools for toolkit managers, and completed the bulk of a focused study on the relative usability of various toolkit-building approaches. We facilitated development and posting of eighteen **new toolkits**, seven of which are country-specific toolkits on topics identified by on-the-ground working groups. Furthermore, K4Health provided content strategy, management, support, and implementation for several groups and initiatives, including the Family Planning Training Resource Package (FPTRP), the Global Health Knowledge Collaborative (GHKC), HIPNet, USAID’s Family Planning High Impact Practices (HIPs), and the Inter-Agency Youth Working Group (IYWG).

K4Health also launched the redesigned **Global Health eLearning Center**—the culmination of over a year of analyzing data on user feedback, designing and developing a flexible learning platform, and launching it to the wide user base. K4Health also helped produce four **new eLearning courses**, which focus on KM and FP/RH technical priority areas. K4Health continues 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 this year, IT staff created the Ace App Version 2 in Android and iOS platforms (pending clearance from JHU to release it formally).



The redesigned Global Health eLearning Center website, www.globalhealthlearning.org

K4Health continued to support efforts in our **field projects** in Africa and Asia. In Bangladesh, where the team provided KM support and capacity building to the Ministry of Health, eight eLearning courses and a toolkit were finalized and placed on netbooks that are part of a recently launched eHealth Pilot. The pilot will assess health worker skills and behavioral intentions of clients. Southern Africa activities included the launch of a new HIV and AIDS resource center in Maseru, Lesotho and enhancements to SHARE (the Southern Africa HIV/AIDS Regional Exchange, which serves as a commons for capturing and promoting knowledge exchange on HIV and AIDS). In Indonesia, where the Improving Contraceptive Method Mix (ICMM) project began implementation, baseline data collection was completed and district-level working groups were formed.



Throughout the entire project, K4Health has **responded to the health information needs of its key audiences** through appropriate technology and delivery platforms. 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, the monitoring and evaluation team worked with the toolkit team to assess usefulness, use, and effectiveness of the new design and to better understand the factors that contribute to producing good-quality and highly used toolkits, for example, whether a synthesized approach works better than a library model, and how promotion affects web traffic and visit quality.

The K4Health team has made steady progress toward meeting targets. As we complete the final set of activities and deliverables for the K4Health Project, the K4Health team will continue to carry out cutting-edge KM activities while sharing lessons learned and best practices discovered over the course of this innovative project.

Process: Creating this Report

Production of this report was, as always, a full team effort: the Project Result (PR) teams, as well as Field Support (FS), Promotion and Dissemination (P&D), Monitoring and Evaluation (M&E), and Global Health: Science and Practice Journal (GHSP) all contributed. All teams reviewed activities proposed for Project Year 5 (7/1/12 – 6/30/13) during the course of the Year 5 work plan modification and the Year 6 work plan development processes.

The purpose of the review was to:

- Assess progress made in implementing activities and achieving targets
- Identify specific issues/findings that will inform remaining project activities

This report presents progress made in implementing activities and achieving our targets.

Annual Progress: Highlights and Future Priorities

Project Result 1

Knowledge Needs of Audience Identified

Highlights (7/1/2012 – 6/30/2013)

- **Global Health Knowledge Collaborative (GHKC)**
 - Demonstrated leadership in knowledge management (KM) by serving as the organizational chair for the Global Health Knowledge Collaborative (GHKC) for the second year in a row.
 - As GHKC chair, hosted the Global Health Knowledge Management Share Fair in April 2013.
 - The nearly 200-person interactive event brought together KM practitioners from the global health, food security, agriculture, and microfinance fields to share tools and approaches, discuss a definition of KM for global health, and foster a community of KM professionals. The event showcased a range of innovative KM techniques, including audience polling, social media, live Tweeting, graphic facilitation, world cafés, peer assists, and a marketplace, to strengthen interaction and engagement. The event was very well received; participant feedback particularly praised the substantive and dynamic event design.
 - In the spirit of KM principle of learning *before, during and after*, the event planning was a highly collaborative participatory design that fostered learning and reflection throughout the event, and the *learning after* continues to this day via blog posts, sharing of the graphic “Knowledge Wall,” presentations about both format and content, and continued discussion of key questions that emerged—for example, at a subsequent GHKC meeting and online during a USAID’s Learning Lab event (see P&D highlights on p. 19).
 - Planned and facilitated three face-to-face GHKC meetings (October 2012 at the CCP office; February 2013 at the JSI office in Washington, DC; and June 2013 at the CCP office).
 - Began the “GHKC Knowledge Café webinar series” and conducted five webinars during the reporting period. Slides and recordings are available in the library of the GHKC’s Knowledge Gateway site (<http://knowledge-gateway.org/ghkc/library>).
Webinar topics:
 - Planning Your Organization’s Intranet
 - Best Practices for Creating and Sustaining Communities of Practice for Global Health
 - Disseminating Global Health Program Learning
 - Social Media for Global Health
 - How to Design and Deliver Meaningful Knowledge Management Events

- Supported 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 for Global Health* (tentative title) (see M&E highlights on p. 24).
- Led the KM Case Studies task team, posted four case studies to the KM for Health and Development Toolkit, and prepared four additional case studies to be published in July/August 2013. The titles of the four published case studies are:¹
 - “Applying KM Techniques to Promote Learning: the Uganda National Quality Improvement Conference”
 - “Health Care Providers Gain Access to Up-To-Date Guidelines”
 - “The New Partners Initiative Timesheet Module: E-Learning to Support Knowledge Management”
 - “Using Knowledge Management to Improve the Performance of Global Fund Recipients: The Grants Management Solutions Project”
- Developed and launched the Global Health Knowledge Collaborative (GHKC) website (www.globalhealthknowledge.org) in April 2013. The site serves as a collaborative online space for GHKC members to post blogs, find GHKC products and resources, and share news and events. Between April 8, 2013 and June 30, 2013, there were 839 visitors and 1,411 page views, and the average time on the site was 4:11. Since its launch, there have been 26 posts to the blog by 18 different authors.
- Increased social media presence of GHKC via Twitter and Facebook accounts; used accounts to promote GHKC blog posts and share KM materials or events.
- Delivered a presentation in August 2012 for the USAID KM Reference Group: K4Health staff explained the updated Toolkit platform, presented the re-launched KM Toolkit, and provided information about the GHKC.
(Also see PR4 highlights on p. 15, M&E highlights on p. 24, and the PR1 PMP on p. 29.)
- **KM for Health and Development Toolkit**
 - Promoted the revised toolkit via email announcements
 - 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.
 - Received a total of 15,555 page views for the reporting period, making it one of K4Health’s most popular toolkits (see PR1 PMP on pp. 29-30).
- **Ghana Technical Assistance in KM**
 - Provided KM technical assistance to the USAID Mission in Ghana, to respond to its request to ensure that the data that they collect from their partners is being adequately captured, organized, synthesized, communicated, and shared strategically.
 - There were three main activities undertaken to support USAID/Ghana: 1) development of communication guidelines; 2) development of a series of communication briefs and spotlights; and 3) a knowledge needs assessment to ascertain what source material existed, how it was shared and used and where there might be opportunities to improve knowledge capture and use.
(For more information about these activities, see Appendix S.)

¹ Two additional case studies were published in July 2013: “Applying KM Lessons Learned from an Online Discussion Forum” and “Using Knowledge Management to Maximize the Impact of a Film.”

- **Journals, papers, and presentations**
 - 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.
 - Presented on the KM logic model during the annual conference of the American Evaluation Association in November 2012.
 - Presented on the mHealth aspects of Malawi demonstration project at the Consortium of Universities for Global Health (CUGH) conference in March 2013.
 - Completed and disseminated online white paper entitled “The Intersection of Knowledge Management and Health Systems Strengthening: Implications from the Malawi Knowledge for Health Demonstration Project.”
 - Completed and submitted paper on K4Health Net-Map findings in Ethiopia for September 2013 issue of *KM4Dev Journal* (accepted for publication after submission of abstract).
 - Completed and submitted K4Health Net-Map findings in Malawi and K4Health overall evaluation findings in Malawi to *GHSP Journal*.
 - Published “Is mHealth a Silver Bullet to Improve Maternal And Child Health in Rural Uttar Pradesh, India? Results of a Health Information Needs Assessment” in *Mobile Media Practices, Presence and Politics: The Challenge of Being Seamlessly Mobile* edited by Kathleen M. Cumiskey & Larissa Hjorth.
- (For a full list of conference presentations and journal articles, see Appendix M.)

PR1 Priority Areas for Year 6 (7/1/2013 – 9/23/2013)

- 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.
 - Publish, promote, and monitor the use of the *Guide to Monitoring and Evaluating KM for Global Health* (tentative title) (see M&E section on p. 25).
 - Create report that captures and disseminates best practices and lessons learned from the GHKC.
 - Conduct additional GHKC webinars on KM topics (e.g., blending learning, M&E of KM in global health programs).
 - Complete final KM case studies and add to the KM for Health and Development Toolkit.
 - Maintain/update KM for Health and Development Toolkit and GHKC website.
- Publish articles in peer-reviewed journals on K4Health Net-Map findings in Ethiopia and 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

Highlights (7/1/2012 – 6/30/2013)

- **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 330%**—from 7,270 visits in the July 1, 2011-June 30, 2012 period to 31,347 for July 1, 2012-June 30, 2013.
- **ACE Mobile Application** (also see PR3 highlights on p. 13)
 - 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 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)**
 - Launched new website, www.fptraining.org, in October 2012.
 - Performed two major rounds of updates (implementing new modules, modifying resource architecture, and updating key content) in April 2013 and June 2013.
 - Created promotional postcard for USAID’s dissemination and promotional needs.
 - Implemented FluidSurveys data collection tool for user feedback in June 2013
- **High Impact Practices in Family Planning (HIPs)** (also see PR3 highlights on p. 13)
 - Copyedited, designed, and published online five High Impact Practice (HIPs) briefs: Community Health Workers, Postabortion Family Planning, Health Communication, Supply Chain Management, and Social Marketing.
 - Updated the HIPs List, a 2-page brief providing descriptions of all HIPs identified by the Technical Advisory Group (TAG).
 - Continued to manage HIPs website content and data entry for the HIPs map.
 - Managed development process of new mapping and streamlined workflow functionalities to include interactive map, improved browsing of HIP projects, and export of HIP data.
 - New map and migrated HIPs website were in beta testing phase as of June 2013, and expected to launch July 2013.
 - Created branded folder for HIPs briefs and other dissemination materials for distribution by USAID.
 - Supplied 100 HIP Brief CDs for dissemination at Women Deliver 2013.
- **Toolkit Application** (also see PR3 highlights on p. 13)
 - 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, allowing 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.
- Created series of guidance materials for toolkit managers and working groups covering topics such as: Developing a user-friendly toolkit, Promoting and disseminating your toolkit, and Monitoring and evaluating use and usefulness of your toolkit.
- Developed RFP for streamlined offline toolkits functionality, and managed implementation. Functionality has been delivered by the developers and is being tested by K4Health staff as of the end of the reporting period.
- **K4Health Toolkits**
 - Received nearly 143,000 visits to 60+ public K4Health Toolkits with over 420,000 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, India, Pakistan, 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, Mexico and Bangladesh (see Appendix E). Year 5 also saw an improvement in the average time spent in K4Health Toolkits – from 2:22 to 3:34 and our return user base increased by 10%, when compared to Year 4.
 - Developed an online toolkit user survey instrument (using FluidSurveys) to compare user feedback about, and usability of, “synthesized” toolkits versus “library” toolkits and collected data on eight toolkits (see Appendix R for survey summary).
 - Initiated and/or published nine country-specific toolkits, including: Avian and Pandemic Influenza Resources for Indonesia; HIV prevention toolkits from Botswana, Swaziland and Zambia; a HCP-initiated toolkit from Jordan; and several Uganda-specific toolkits focused on malaria and trachoma (see Appendix C).
 - Initiated and/or published several new family planning toolkits: Family Planning – Immunization Integration, Family Planning Advocacy, Forecasting for New and Underused Methods of Family Planning, Microbicides (see Appendix F for status of published toolkits).
 - Published the guidance document *Social Media for Family Planning Advocacy*, in collaboration with the UN Foundation, FHI 360, and Christian Connections for International Health. This guidance document is available in the new Family Planning Advocacy Toolkit and has already been used by partner organizations (specifically FHI 360) to draft implementation plans and country-specific guidance for using social media for health promotion.
 - Organized and hosted a Family Planning Advocacy Tweetchat on July 11, 2013², to mark World Population Day, spark a discussion about family planning advocacy, and officially launch and promote the new Family Planning Advocacy Toolkit. The chat encompassed more than 1,400 tweets and 152 Twitter handles, or organizations— it was a lively discussion with many enthusiastic participants, and we received a number of personal messages of thanks from partner organizations after the event. Overall visits from social media to the main K4Health website were up nearly 80

² Though the Tweetchat itself took place just outside the reporting period, the toolkit was completed and preparations for the Tweetchat were made during the reporting period. This activity is noteworthy as a successful integration of social media and web-based content.

- percent during the week of the chat as compared to previous weeks. The day of the chat marked the highest daily engagement with our site in the past year.
- Forged new collaborative relationships with UNFPA, FP 2020, the UN Foundation, Christian Connections for International Health, and other organizations, and strengthened existing partnerships, particularly with the Health Policy Project, during the development and dissemination process for the Family Planning Advocacy Toolkit.
 - **POPLINE** (also see PR3 highlights on pp. 13-14)
 - 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
 - Since the launch of the new site in July 2012, the total number of visits increased 193%—from 75,432 to 221,284—over the previous reporting period (see POPLINE Website Trends on pp. 40-42).
 - Visits from Africa and Asia comprise 29% of all visits this reporting period (with 48,556 visits from Asia and 20,348 visits from Africa). Of those, 3,337 visitors clicked on 5,483 full-text links.
 - Implemented website survey using FluidSurveys platform to evaluate user experience and satisfaction. Results from Feb. 2013 to present include 578 responses from 89 countries, of which 60 are low- and middle-income countries (see Appendix P for full report).
 - Presented “POPLINE: A tool for searching the world’s reproductive health literature” at APLIC 2013 46th Annual Conference in New Orleans.
 - POPLINE Manager (Debbie Dickson) elected Vice President of APLIC, a global network of population information professionals.
 - Presented POPLINE website at Global Health Mini-U Tech Café (see PR4 highlights on p. 15 for more details).
 - Produced and disseminated POPLINE promotional package to 29 Public Health Universities in Africa.
 - Produced tri-fold promotional card promoting POPLINE to users and contributors.
 - **Photoshare**
 - Hosted the 2012 Photoshare Photo Contest, which built the collection by more than 2,500 images in less than three 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 (now called iPerceptions) to evaluate site experience, impact, and user satisfaction; utilized data to inform future iterative developments. Photoshare was cited as being an easy-to-navigate website, with a functioning search tool and comprehensive categorization. Users commented positively on the ability to access free content and to submit content freely (10.62%). However, a small fraction of respondents commented on their negative experiences with Photoshare. Less than ten percent had difficulty accessing the website or downloading specific content, while other users simply did not find what they were looking for (7%). (See Appendix Q for more details of survey results.)
- Presented Photoshare website at Global Health Mini-U Tech Café (see PR4 highlights on p. 15).
- Presented Photoshare website and provided training for informed consent and fair use of editorial photography at FHI 360 and MSH.
- Increased the number of fulfilled orders by 22% with the new site over the same period the previous year, and more than 2,850 images were added by 485 contributing photographers.
- Successfully partnered with BSR's HER project Toolbuilder to provide Photoshare images to an online tool for creating training materials.
- Continued to work toward partnership with the mHealth Alliance to support a Photoshare API (Application Programming Interface, a tool which allows automated sharing of content between websites and applications).
- **K4Health Website**
 - 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.
 - Though most content effort was focused on the blog, we also created new content pages on Contraceptive Methods and Ten Essentials of Family Planning Success.
 - Indicators of visit **quality** improved substantially compared with the same period from 2011-2012: 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 following the April 2012 redesign, and partly as a result of changes to the way toolkit analytics were tracked.
- **Client Websites**
 - Provided web content management, site architecture support and implementation, and content management training to several groups in support of their KM needs, including:
 - Family Planning Training Resource Package: New Site4Dev launched in October 2012; major content updates in April and June 2013; promotional postcard produced in June 2013.
 - Inter-Agency Youth Working Group (IYWG): New Drupal 7 site launched in May 2013.

- Global Health Knowledge Collaborative (GHKC): New Site4Dev launched in April 2013; followed up with search engine optimization (SEO) activities to move GHKC up in Google results (from below-the-fold first page and second-page results on Google just after launch to the top four slots in less than two months). Tactics included using Google’s webmaster tools to request a fresh crawl of the globalhealthknowledge.org domain, and consistently formatting links to the GHKC site from K4Health.org.
- HIPNet: Site4Dev launched in April 2013.
- Repositioning Family Planning: Initial Sites4Dev configuration completed June 2013; content is being added as of July 2013.

PR2 Priority Areas for Year 6 (7/1/2013 – 9/23/2013)

- Continue to manage and update POPLINE and Photoshare websites.
- Update K4Health Topic pages:
 - “Evaluating Health KM Programs” page based on updated edition of M&E Guide
 - “Knowledge Management for Public Health” page based on Social KM concept
 - “mHealth” page based on mHealth Implementation Guide and HIP brief
 - Expand “High-Impact Practices in FP” page to include short summaries of each HIP
- Complete initial version of Photoshare Photographer Directory.
- Continue working on offline versions of toolkits: The new functionality for creating offline toolkits has been delivered, and is in testing. The functionality creates a new offline file whenever changes are made to a specific toolkit. The file can be delivered electronically or put onto CD-ROM or flash drive upon request. We will continue to explore other media options for dissemination and usability (e.g., SD cards for mobile devices).
- 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 (see M&E section on pp. 24-25).
- Finish building, launch, and promote and disseminate FP-Immunization Integration Toolkit.
- Carry out comprehensive update to Youth Policy Toolkit, followed by promotion and dissemination.
- Finish building, launch, and promote and disseminate FP/RH in Humanitarian Settings Toolkit.
- Continue ongoing updates to other toolkits in portfolio.
- Write, revise based on review process, launch, and promote and disseminate the mHealth Implementation Guide (on Toolkit platform).
- Promote the HIPs site and map, including developing a promotional postcard.
- Complete copyediting and production of at least 5 HIP briefs:
 - Drug Shops and Pharmacies: Sources for Family Planning Commodities and Information;
 - Family Planning and Immunization Integration: Reaching Postpartum Women with Family Planning Services;
 - mHealth: A Technology to Strengthen Family Planning Programs
 - A Family Planning Policy Brief, working title TBD; and
 - A Brief on Financing Family Planning, working title TBD.

- Create a CD-ROM of all published HIPs briefs for distribution at the FP Conference in November.
- Continue to manage HIPs website content and data entry for the HIPs map. Add TAG content.
- Continue to manage and update Training Resource Package website.
- Finish implementation of Site4Dev for Repositioning Family Planning, and continue to provide content support for HIPNet, IYWG, FPTRP, and other partner sites.

Project Result 3

Effective and Appropriate Information Delivery Systems Used

Highlights (7/1/2012 – 6/30/2013)

- **Cross-Product / Cross-PR Processes** (the infrastructure that hosts all of K4Health's web products)
 - 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. 8)
 - Upgraded HIPS site to Sites4Dev platform.
- **ACE Application** (also see PR2 highlights on p. 8)
 - Created the ACE (Application for Contraceptive Eligibility) App Version 2 in Android and iOS platforms using Phone Gap. This version is currently in initial testing; the Android Version 2 will be released in August 2013.
- **Toolkit Application** (also see PR2 highlights on pp. 8-9)
 - Collaborated with Funny Monkey to produce the software necessary to create offline toolkit files in ePub format.
 - Created a link checking feature that monitors, highlights, and reports on broken links in each toolkit. This module was contributed back to drupal.org, and is also in use on K4Health.org and Sites4Dev.
 - Created a toolkits feature that can be installed on Sites4Dev or any other Drupal 7 website.
- **Bangladesh Netbooks**
 - Created an offline version of three Bangladesh-related toolkits and eLearning courses, with user tracking capability, a fully configured netbook disk image, which was installed and rolled out on 300 netbooks and given to community health workers in two districts in Bangladesh as part of a pilot program (also see Field Support highlights on p. 21).
- **Content API**
 - Created and exposed the content API for k4health.org (<http://www.k4health.org/api/content>). An API, or Application Programming Interface, is a protocol which allows web-based applications to share content through an automated process. This makes all K4Health content accessible via web services queries, allowing content to be easily ported from K4Health to other websites.
- **POPLINE and Photoshare** (also see PR2 highlights on pp. 10-11)
 - Maintained and supported Drupal websites.

- **Sites4Dev**
 - Supported multiple sites using the Sites4Dev code in a single Drupal multisite install, in which many sites share the same code base while each site has its own database. This configuration can make code management more efficient.³
- **GHSP Journal**
 - Launched, hosted, and maintained the jobs.ghsphjournal.org website.
- **mHealth Evidence Database**
 - Created and launched www.mhealthevidence.org
 - Used the POPLINE website as a model when creating the mhealthevidence.org website
 - Created an automated import of PubMed records that runs periodically and imports the latest PubMed records that match the mhealthevidence.org query.
- **K4Health Technical Guide**
 - Created online documentation and PDF for all K4Health software and technical procedures. This documentation describes any custom software or scripts that have been created for the K4Health Project. It states the purpose of the software and other related information, such as location, dependencies, permissions, etc. It is available at: <http://dokuwiki.k4hdev.org/> (accessible to individuals with appropriate credentials).

PR3 Priority Areas for Year 6 (7/1/2013 – 9/23/2013)

- Create use case examples and documentation to encourage use of K4Health content API.
- 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.
- Continue to test and apply updates to all Drupal code, both core and contributed, to ensure security and continuous compatibility.
- Continue to document all aspects of the K4Health systems, hardware, software, and configuration.⁴

³ Live sites include: mini-u.k4health.org, www.fptraining.org, www.mhealthworkinggroup.org, HIPNet, Bangladesh Behavior Change Working Group, healthcommcapacity.org, collection.healthcommcapacity.org, fphighimpactpractices.org, globalhealthknowledge.org. In development: Repositioning Family Planning.

⁴ 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

Highlights (7/1/2012 – 6/30/2013)

- **Knowledge Exchange Events and Communities**
 - Supported face-to-face knowledge exchange events. For the Global Health Knowledge Collaborated (GHKC), K4Health supported the overall GHKC, the Advisory Committee, and the task teams via Knowledge Gateway; also chaired the Advocacy Task Team and contributed to the GHKC Knowledge Management Share Fair (for more on the GHKC, see PR1 highlights on p. 5).
 - Provided leadership and support for knowledge exchange forums and virtual communities of practice (CoPs). For example, the PR4 team provided guidance to the Measurement, Learning & Evaluating (MLE) project team on creating, facilitating, and measuring its first online forum.
 - Managed both online and onsite registration of 1,600 participants for the annual Global Health Mini-University (Mini-U) in September 2012, and supported USAID in coordinating technical sessions and the overall conference. Used Sites4Dev to create, at minimal expense, a more dynamic website (mini-u.k4health.org), which will reduce Mini-U costs by nearly \$8,000 per year. Transferred files and strategic planning information for 2014 Mini-U to Social Impact, which will manage the 2014 Mini-U.
- **eLearning**
 - Published three completely reworked eLearning courses: *Logistics for Health Commodities*, *US Abortion and Family Planning Requirements – 2013*, and *Standard Days Method*, for USAID’s GHeL Center. In addition, 4 PEPFAR eLearning courses were published. Managed all published courses, trained 11 new authors, and began or continued to support development of an additional 21 courses for GHeL and seven PEPFAR eLearning Initiatives (see Appendix K on p. 79 for full list and PR4 PMP on pp. 46-47).
 - Led 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. Managed course and user data and user testing, and incorporated feedback from USAID after two reviews. Continued troubleshooting of new platform and worked to fix initial glitches. Re-trained course authors on use of site.
 - Completed collaboration with LINGOs to transfer ten GHeL courses onto the LINGOs platform. Courses are not yet live to members, but the complete transfer has been made.
 - Helped to promote the GHeL Blended Learning Guide within USAID and implementing partners.

- **Discussion Forums** (see PR4 PMP on p. 44-45)
 - Organized and facilitated one four-day online discussion forum on M&E in conjunction with the MLE Project, with 304 participants and 36 contributions.⁵
 - Organized and facilitated two online discussion forums on mHealth in support of the mHealth Working Group. The first took place in January 2013 and covered “mHealth Implementation: Opportunities, Issues and Challenges.” It received 52 contributions from 37 participants representing 12 countries. The second forum, which took place in March 2013, was co-sponsored with the mHealth Alliance and addressed “Sustainability of mHealth Programs.” The discussion followed the Skoll World Forum debate series on “Moving beyond Pilotitis” and received 30 contributions from 22 participants representing seven countries.
- **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: mHealth Working Group Advisory Board participation; identifying ways for group members to collaborate and advance knowledge in the field; providing logistical support for meetings; identifying and coordinating presentations; and documenting and sharing meeting outcomes through the mHealth Toolkit, website, and listserv.
 - Continued support of internal mHealth Working Group at K4Health to share experiences, track monitoring of mHealth activities and applications, and coordinate efforts.
 - Participated in committee to organize the first-ever global health track for the 2012 mHealth Summit.
 - Drafted an emerging practice brief (similar to the HIPs briefs) on mHealth for USAID meeting in Tanzania in November 2012.
 - Began development of mHealth 101 eLearning course, mHealth Implementation Guide, and mHealth Evidence Database.
 - Participated in the mHealth Summit in Washington, DC, in December 2012: Hosted K4Health and mHealth Working Group booths, ran auxiliary session on implementation issues, and organized coordination meeting with mHealth Alliance Evidence Working Group and mHealth Working Group.
 - Supported mHealth Working Group to host mHealth Deep Dive in April 2013 on best practices for developing mobile health information for clients. The Deep Dive included hands-on experience with content development and mobile health messaging.
- **Papers and Presentations**
 - In the September 2012 issue of *Knowledge Management & E-Learning: An International Journal*, published article: “Utilizing eLearning to strengthen the capacity of global health practitioners and institutions around the world.”⁶

⁵ This is a deliverable for both K4Health and MLE, as we conducted this forum jointly.

⁶ This was not a planned deliverable, 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.

- Presented at the 2012 Interactive Technologies SkyBridge Alternatives (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).
- Submitted pre-accepted journal article “Collaborative Learning and Stakeholder Engagement: Lessons and Implication from the Revitalization of the Continuing Professional Development Policy for Health Workers in Nigeria” for the KM4Dev journal special issue, “Facilitating multi-stakeholder processes: balancing internal dynamics and institutional politics.” Expected publication date is December 2013.
- Presented at DrupalCon2013. “Drupal based Learning System for Global Health Providers in Developing Countries” (oral presentation).

(For a full list of conference presentations and journal articles, see Appendix M.)

PR4 Priority Areas for Year 6 (7/1/2013 – 9/23/2013)

- Continue to provide leadership and support to knowledge exchange forums and virtual communities of practice (CoPs) that K4Health supports.
- Transition management of the IBP Knowledge Gateway to the IBP KG global Secretariat
- Complete transition plan for the IBP KG Global Administrator activities.
- Continue to support development of GHeL courses. Work to place emphasis on using new functionality within 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).
- Publish mHealth 101 and KM 101 courses on GHeL platform.
- Complete mHealth Implementation Guide.
- Launch and mHealth Evidence Database (now in beta).

Promotion and Dissemination

Highlights (7/1/2012 – 6/30/2013)

- **Blog**
 - Added 17 new blog contributors. As of June 30, 2013, there are 60 blog contributors: 34 K4Health staff members and 26 guest contributors.
 - Published serial blog posts from other projects, including MEASURE Demographic and Health Surveys (DHS), the USAID Health Care Improvement Project (HCI), the USAID Maternal and Child Health Integrated Program (MCHIP), and the Electronic Information for Libraries (EIFL) Public Library Innovation Programme (PLIP).
 - Contributed original content to or was mentioned by the USAID Impact Blog four times and by USAID LearningLab’s LabNotes five times (see Appendix N for titles and details).

- Cross-posted several posts from the Global Health Knowledge Collaborative (GHKC)'s new blog, particularly surrounding the April 2013 Share Fair (see PR1 highlights on p. 5).
- Cross-posted relevant material from other websites, including the Health Communications Capacity Collaborative (HC3), the Southern Africa Regional HIV and AIDS Exchange (SHARE), the Maternal and Child Health Integrated Program (MCHIP), USAID's LearningLab, the GSMA mHealth Blog, and the Frontline Health Workers Coalition.
- Published 28 blog posts in July 2012, coinciding with the London Family Planning Summit, resulting in more than 5,000 blog pageviews that month.
- Continued to see posts picked up on other platforms and through social media and cross-promoted by other partners and agencies, adding to K4Health's visibility and improving the reach of K4Health products (see Appendix N).
- **Newsletters**
 - Published 12 issues of K4Health News, each sent to over 14,000 people. Each newsletter was opened on average by 12.6% of recipients⁷
 - Developed bimonthly "Focus on mHealth" special supplement to the K4Health Newsletter to fill the gap for mHealth updates in global health. The first edition was published in January 2013, with subsequent editions published in March and May. The supplement was delivered to K4Health's subscriber list of over 14,000 people and an additional 4,200 subscribers through FHI 360. Open rates averaged 12%. (See Field Support highlights on p. 20.)
- **Social Media**
 - Continued leadership in social media via the Social Media for Global Health working group (SM4GH), which now has over 200 members from all over the world.
 - Co-hosted, with FHI 360 TechLab, a Social Media Week event on February 22, 2013 in Washington, DC, drawing 40 participants to discuss the preliminary results of a benchmarking survey on social media use by global health and development organizations.
 - Drafted a scholarly article on the state of social media in the global health and development world and possible next steps for the future of social media (to be submitted to a peer-reviewed journal by September 2013).
 - Facilitated an SM4GH meeting on October 25, 2012, at FHI 360, with guest speaker Beth Kanter presenting on measuring social media. Ms. Kanter's presentation was the impetus for the benchmarking survey mentioned above.
 - Moderated several conversations on SM4GH's IBP Knowledge Gateway 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 to promote SM4GH.
- **Events and Conferences**
 - Planned and hosted the GHKC Knowledge Management Share Fair on April 16, 2013. This full-day symposium attracted nearly 200 participants, and response was

⁷ Industry standard for non-profit entities with over 1,000 members is 15.8%, with government at 11.2% and education at 8.2% according to MailChimp.

- overwhelmingly positive. (See PR1 section on p. 5 for more information on the Share Fair.)
- Participated in 17 conferences (see Appendices L, M, and P), delivering presentations, disseminating K4Health materials, tweeting conference proceedings, and blogging on important FP/RH topics.⁸
 - Provided an overview of Photoshare during a brown bag at USAID, reviewing resources and demonstrating new contribution features (batch upload and Flickr import).
 - Presented a brown bag with MSH for USAID, “Using KM to Improve Communications & Training Activities,” on June 27, which discussed tools used to carry out a knowledge needs assessment in Ghana.
 - Recorded video for “Voices from the Field” feature in June 2013. These brief, first-person videos will highlight personal stories on K4Health topics (knowledge management, family planning, reproductive health, HIV/AIDS, and global public health). (Also see Field Support section on p. 20 and p. 23.)
 - Exhibited and participated in the USAID Knowledge Management Share Fair in February 2013 (hosted by the USAID Knowledge Services Center).
 - Developed and disseminated a variety of materials oriented to various audiences: interactive gate-fold K4Health brochure; “Focus on mHealth” brochure; half-page flyer for the newly updated IYWG Gender and Health Toolkit; POPLINE tabletop tents and business card-size materials; ACE die-cut cards in the shape of an Android phone to promote ACE and the Global Handbook. Provided guidance for development of mHealth Working Group business cards and half-page flyers.
 - Managed K4Health and mHealth Working Group booths at mHealth Summit.

P&D Priority Areas for Year 6 (7/1/2013 – 9/23/2013)

- Publish social media benchmarking paper (same as article mentioned above).
- Promote K4Health’s mHealth expertise via the newsletter supplement, which we will also send to partner lists.
- Gather and share lessons learned from K4Health’s KM activities in the field.
- Plan and execute modest End-of-Project activities that showcase the accomplishments of the K4Health project over its lifetime.
- Continue to promote K4Health products and services as they are launched, and update materials as necessary for relevant conferences.
- Continue to explore and implement tools and tactics for improving engagement among K4Health’s social media followers.
- Continue to convene the SM4GH working group to share lessons learned and best practices, including results of the benchmarking study, and promote these through broader venues.

⁸ Please see Appendix O for an analysis of the cost/benefit for K4Health of attending these events/conferences.

Field Support

Highlights (7/1/2012 – 6/30/2013)

- **Core-Funded Activities**

- Continued to convene K4Health 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.
- Enhanced country page descriptions and posted blogs about country program activities on the K4Health website.
- Started “Voices from the Field” activity to capture and share KM stories from the field (see P&D section on p. 19).
- Consulted with and guided USAID-supported country programs on developing toolkits to address local KM needs. Country-specific toolkits were published in Bangladesh, Guatemala, Indonesia, Jordan, Swaziland, Zambia, and Zimbabwe (see Appendix C). Additional toolkits were initiated in Ethiopia, Zambia, Botswana, Swaziland, Rwanda, India, and Uganda (see PR2 PMP on pp. 32-33).
- Published the Kenya website case study on the KM Toolkit.
- Finalized “mHealth: Emerging High-Impact Practices” brief for USAID meeting in Tanzania in November 2012.
- Sent informational updates to K4Health subscriber list of over 14,000 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. 18).

- **Field Support-Funded Activities**

- **Southern Africa Regional HIV/AIDS Program**

- Implemented knowledge management (KM) and exchange activities, in collaboration with regional and national partners in a number of countries, including 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 on December 6, 2012.

- Presented work on building eLearning capacity for HIV/AIDS programming in Southern Africa at the 19th International AIDS Conference in July 2012, 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.
- Provided technical assistance to strengthen capacity 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 Performance Management Plan (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 via technical assistance to units within the Directorate General of Family Planning and Directorate General of Health Services..
- Conducted monitoring and evaluation workshop in April 2012 to build capacity of NGOs and Government of Bangladesh to evaluate BCC and KM projects.
- 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. Developed a draft roadmap for coordinating 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.
- Finalized, published, and uploaded to netbooks 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.
- Launched national-level Health, Population, and Nutrition (HPN) Toolkit.
- Launched the eHealth Pilot in two districts of Bangladesh to disseminate toolkit and eLearning courses to community and facility-based workers through netbooks and existing PCs. The pilot will assess health worker knowledge and skills and behavioral intentions of clients.

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 (East Java and West Nusa Tenggara [NTB]).

- Completed project start-up activities, including: finalization of study provinces and districts⁹; submission of Year 1 Workplan and PMP to USAID and AusAID; establishment of sub-awards for two local organizations (Cipta Cara Padu Foundation and the Center for Health Research, University of Indonesia); and development of study instruments (survey questionnaire and interview/focus discussion group (FGD) guidelines). Obtained research clearance approval from the Ministry of Home Affairs, the University of Indonesia, and Johns Hopkins University. Drafted Memorandum of Understanding between the Indonesian Ministry of Health and JHU-CCP.
- Held an initial consultative meeting in February 2013; solicited feedback from key national-level stakeholders and finalized the study instruments.
- Hired provincial Program Officers (POs); hired and trained research staff (including field coordinators, enumerators, and data entry staff).
- Traveled to Jakarta and the two study provinces to provide technical assistance. Baltimore staff traveled to Jakarta and East Java to provide project start-up assistance. In-country staff traveled to East Java and NTB for stakeholder meetings, site visits, and preparation of advocacy activities. Staff from the University of Indonesia traveled to the two provinces for research activities.
- Conducted data collection for qualitative and quantitative components of the ICMM baseline study. Completed initial analysis of quantitative findings, presented to district working groups (DWGs) in all six study districts; also submitted to USAID and AusAID.
- Implemented all research listing activities. Hired staff and prepared for quarterly research monitoring activities in each study district.
- Formed district working groups (DWGs), held DWG launch meetings, and conducted advocacy trainings (including cost projection, Net-Map, and Spitfire Smart Chart training) in all six intervention districts. With the signing of the Decree by the Districts' Chief for each DWG, the DWGs in all intervention districts have begun implementing activities.
- Refined and finalized DWG advocacy workplans based on initial qualitative study results. Two meetings to finalize annual DWG advocacy workplans were held (one in each province). These meetings were attended by the ICMM Team and DWG leaders (2 per district) and several representatives from the provincial level.
- Held regular DWG coordination meeting in one study district (Kediri, East Java) on June 27; the ICMM PO shared the approved DWG workplan.
- Maintained regular communication between CCP/Indonesia, CCP/Baltimore, Cipta, Provincial Program Officers, and University of Indonesia staff. Ensured that USAID, AusAID, and all partners are regularly kept informed of all project activities.
- Responded to Associate Award RFP from USAID/Indonesia; submitted proposal on June 27, 2013.

⁹ This project will be conducted in Jakarta (national) plus the Kediri, Tuban, and Lumajang districts in East Java and the Sumbawa, Lombok Timur, and Lombok Barat districts in West Nusa Tenggara (NTB). There are also six comparison/control districts (three in East Java and three in NTB). Selection of districts was done in consultation with the MOH, BKKBN (National Population and Family Planning Board) and other stakeholders on the basis of comparable LAPM contraceptive use and socio-demographic characteristics of the districts at project initiation.

FS Priority Areas for Year 6 (7/1/2013 – 9/23/2013)

- **Core-Funded Activities**
 - Finalize and promote “Voices from the Field” multi-media segments to share KM stories from the field (also see P&D section on p.19).
 - 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**
 - **Southern Africa Regional HIV/AIDS Program**
 - 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.
 - Build capacity of MSH Building Local Capacity project to manage and promote SHARE to foster a vibrant, collaborative online community of practice (CoP) for HIV/AIDS prevention and related health areas.
 - Transfer management of SHARE to MSH’s Building Local Capacity (BLC) team.
 - Implement Data Days with the Resource Center in Swaziland to allow for exchange on HIV/AIDS topics
 - **Bangladesh**
 - Expand interaction between communities and the MOH in Bangladesh on priority HPN topics through the use of information and communication technologies (ICTs) to build a thriving, health-knowledgeable society.
 - Implement and evaluate eHealth Pilot in Bangladesh.
 - Launch Program Manager Toolkit in Bangladesh.
 - Conduct endline capacity assessments in three units in Bangladesh to determine if improvements were made in KM.
 - **Indonesia**
 - Hold DWG coordination meetings in remaining five ICMM districts; begin implementing advocacy workplans in all districts.
 - Continue data analysis for ICMM baseline qualitative study.
 - Begin (and complete) data entry for ICMM quantitative baseline study.
 - Work on paper writing and distribution of ICMM baseline study results.
 - Complete monitoring activities (part of the research component) in all 12 districts (6 intervention and 6 control)
 - Implement KM activities for ICMM, based on initial baseline study findings and Net-Map results.

Monitoring and Evaluation

Highlights (7/1/2012 – 6/30/2013)

- **Routine K4Health Monitoring**
 - Conducted periodic reviews of project activities, documented progress, achievements, key findings, and met reporting requirements, including:
 - Year 4 Annual Review and Progress Report
 - PRH Results Review for FY12. Four results put forward as part of USAID's results reporting ("UltraFabs").
 - 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, Southern Africa, and Indonesia).
 - Developed and regularly updated internal K4Health Fact Sheet for staff, so that they were informed of current products, services, and field activities.
 - Continued to maintain and update M&E tools, including:
 - PMP system (Excel)
 - Toolkit monitoring tools (Excel and Intranet)
 - P&D monitoring tools (Excel and Intranet)
 - K4Health quick stats (Word and Intranet)
 - Kudos database (Intranet)
 - Consolidated and analyzed PMP indicators for the past 5 years of the project. Examined trends over the course of K4Health, such as visits to the website and the number of registered users. Illustrated some of these trends using data visualization tools (interactive infograms, and timeline).
- **Systemic Guidance for General KM Project Design and M&E**
 - *Guide to Monitoring and Evaluating KM for Global Health* (tentative title)
 - Presented the KM Logic Model during the annual conference of the American Evaluation Association in November 2012 and the KM Share Fair in April 2013.
 - Circulated the list of KM indicators to the GHKC M&E task team members and finalized it based on their feedback.
 - Completed the first draft of the Guide, including five main chapters and appendices, and conducted external review with experts in KM, M&E, and/or international health and development.
 - Documentation of K4Health experience and M&E guidance
 - Formed web analytics enhancement team to streamline efforts across products, design effective web-based indicator strategies, and capture key lessons learned and best practices. Conducted a thorough review of advanced web analytics data to select a core set of web indicators and develop the guidance.
 - Completed data collection and analysis of the toolkit study (joint work by CCP and MSH) to identify the best context and successful elements for developing and using toolkits. Study included 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.

- **Assessment of User Experience with K4Health Products/Services**
 - Convened K4Health product owners to review preliminary findings from the first phase (pre-test in Year 4) of the user experience assessment and documented implications and action items.
 - Conducted the second phase (post-test) of the user experience assessment with participants at the global level and country-level in India starting in May 2013. Carried out about 15 interviews at each level to evaluate the usability of the website and user opinions of web products and services. Designed and launched a global online survey to assess usefulness, use, and effectiveness of the new website design (some of the preliminary results are presented in the PR2 PMP). The survey also included specific questions targeting users of mobile phone and/or social media.

M&E Priority Areas for Year 6 (7/1/2013 – 9/23/2013)

- Complete the *Guide to Monitoring and Evaluating KM for Global Health*: Finalize the design and layout, develop promotion and dissemination and M&E strategies, and publish the guide online and in print.
- Conduct a webinar (or a series of mini-webinars) on the KM M&E guide as part of the GHKC webinar series.
- Write a journal article on the KM logic model.
- Write a summary report of findings from the K4Health toolkit study, which will be used to update and enhance the guidance document for toolkit development and management (also see PR2 section).
- Analyze data and prepare a set of reports on the user experience assessment (post-phase): India interviews, global interviews, online survey, and usability testing.
- Consolidate, analyze, and report on results of the user experience assessment from two phases (pre- and post-).
- Draft K4Health end of project report.

Global Health: Science and Practice (GHSP) Journal

Highlights (7/1/2012 – 6/30/2013)

- **Management and Infrastructure**
 - Established routine of, and facilitated, weekly editorial and monthly advisory group meetings.
 - Researched and selected vendor to provide manuscript submission system (Aries, Editorial Manager).

- Researched and selected vendor to provide composition and XML conversion services (Charlesworth).
- Restructured editorial team to include: Editor-in-Chief Jim Shelton (with no co-Editor-in-Chief) and 2 new associate editors, Victor Barbiero, PhD, George Washington University, and Bruce Cogill, PhD, Bioversity.
- Invited and confirmed 18 Editorial Board members.
- Revised guidance documents (e.g., author guidelines, peer review policy, manuscript review workflow).
- Developed article correction policy and procedure.
- Registered for ISSN number and related CrossRef services.
- Joined Council of Scientific Editors and Society for Scholarly Publishing, relevant professional organizations, and attended annual meetings in May and June respectively.
- Joined area support group of Editorial Manager users to exchange knowledge and experiences about journal publishing and attended annual user group meeting in June 2013.
- Attended two Highwire publisher meetings (October 2012, June 2013).
- **Manuscript Management, Production, Publishing**
 - Configured and launched online manuscript submission and peer review management system (Editorial Manager) and received over 150 submissions.
 - Managed article submission process for solicited and unsolicited articles both manually and automatically (through Editorial Manager). Facilitated editorial decision-making among the management team and processed accepted papers through the publication process (copyediting, author approvals, graphic design/composition, and online publication).
 - Worked with Charlesworth to design article style and templates and to determine XML tagging.
 - Worked with Highwire to design journal website.
 - Worked with PR3 team to develop Job Opportunities site using Recruiter module of Drupal to post job opportunities on journal website.
 - Published first issue of journal on March 26, 2013 on Highwire platform.
- **Reviewers**
 - Invited approximately 250 experts to peer review submitted manuscripts.
 - Solicited approximately 175 volunteer reviewers to supplement invited-reviewer pool, and evaluated volunteers to determine suitability as reviewers.
- **Promotion**
 - Hosted event at the National Press Club to launch journal's first issue in March 2013. Keynote speakers were Ariel Pablos-Méndez, Dean Michael Klag (Johns Hopkins Bloomberg School of Public Health), and Dean Lynn Goldman (The George Washington University's School of Public Health and Health Services). Approximately 120 people attended the event in person. There were more than 6,700 unique visitors to the journal website from the day the site went online (3/21/13) to a week after the launch event (4/1/13). The event was promoted via numerous listservs and mentioned in a number of blogs including Dr. Layla McCay's on the Huffington Post.

- Distributed approximately 1,500 promotional postcards to individuals and at conferences (e.g., AIDS 2012) announcing call for submissions.
- Promoted journal through almost 30 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, MSH, and UNICEF.
- Established social media presence on Facebook, Twitter, and LinkedIn.
- Attracted more than 1,500 subscribers to receive updates about the journal.

GHSP Journal Priority Areas for Year 6 (7/1/2013 – 9/23/2013)

- Publish journal
 - Publish 2nd issue.
 - 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.
 - Engage readers more regularly on our social media platforms.
 - Promote global health job listings site to recruiters and job seekers in an effort to attract visitors to our site.
 - Support development and promotion of Global Health Pearls from Editor-in-Chief.
- Continue to refine journal website.
 - Work with Highwire to add additional features to the journal website, including mobile site and article commenting.

Performance Monitoring Plan (PMP): Indicators, Data, and Trends

Project Result 1

Knowledge Needs of Audience Identified

PR1 Indicators, Year 5 Targets, and Annual Data

PR1 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
<p>Number of countries where user assessment/usability testing among K4Health audiences are conducted (<i>also M&E</i>)</p> <p>Note: the counts also include geographic focuses such as the global level</p>	3	3 ACE App: Nigeria K4Health website (global and India) Toolkits (global)
<p>Number and type of instances that findings on audience knowledge needs are communicated to audiences</p>	6 Includes up to 4 conference presentations and up to 2 peer-reviewed journal articles.	10 APHA: oral presentation, poster presentations [2], Malawi video; Global Symposium on Health Systems Research [Beijing]: panel presentation and poster presentation; AEA: KM logic model presentation at AEA, Malawi mHealth at CUGH; InterAction: presentation on blended learning, book chapter on mHealth in India (See Appendix M for more on conference presentations and published journal articles)

PR1 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
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	7 ACE App testing, Photoshare feedback (4QSuite), pop-up user feedback form for toolkits, HIPs, POPLINE, and FPTRP (FluidSurveys), Post-test of user experience assessment
Number and type of GHKC (formerly KM WG) events/activities held	7 GHKC meetings (3 face-to-face, 3 webinars ¹⁰)	9 3 face-to-face meetings, 5 webinars
Number and type of GHKC (formerly KM WG) members	225	324 representing 34 countries
Number and type of KM case studies collected, developed, & disseminated	3	4 case studies added to KM Toolkit (4 more case studies will be finalized and added in Year 6)
Number of organizations that are actively involved in review or maintenance of KM Toolkit	6 organizations	6 organizations

¹⁰ We had adjusted Year 5 workplan to remove the online forum for GHKC, replacing it with additional webinars (responding to audience preferences). We adjusted the Year 5 target accordingly.

PR1 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
Number of visits to KM Toolkit per year	3,200 ¹¹	3,750
Number of absolute unique visitors to KM Toolkit per year	3,000 ¹²	3,057 unique visitors 17,928 pageviews

Selected PR1 Data on Trends

PR1 PMP Indicator	Data					Notes
	Y1	Y2	Y3	Y4	Y5	
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 where findings on audience knowledge needs are communicated to audiences	3	18 (21)	16 (37)	17 (54)	10 (64)	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; Malawi mHealth at CUGH; InterAction presentation;

¹¹ 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.

¹² Same as above: the target revised.

PR1 PMP Indicator	Data					Notes
	Y1	Y2	Y3	Y4	Y5	
						book chapter on mHealth in India
Number and type of user feedback mechanisms used	N/A	6	3 (9)	8 (17)	7 (24)	ACE App testing, Photoshare feedback (4QSuite), pop-up user feedback form for toolkits, HIPs, FPTRP, and POPLINE (FluidSurveys), Post-test of user experience assessment

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 Annual Data

PR2 PMP Indicator	Year 5 Target	Year 5 Annual 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)	69,758 English; ¹³ 3,369 French; 2,385 Spanish; 523 ACE downloads (15% increase in downloads)
Toolkits		
Number of organizations that are actively involved in development, review, or maintenance of toolkits (either initiated or posted)	5 additional	22 additional (Appendix B)
Number of toolkits initiated	6 global	26 total (17 global and 9 country-based) (Appendix C)
Number of toolkits posted	20	18 (Appendix C)
Number of toolkits updated	10	19 (Appendix D)

¹³ The Year 5 Target was set based on the number of Handbooks remaining in stock. However, **over a million copies** of the Handbook (and its predecessor) and Wall Chart have been distributed prior to Year 5. We believe the number of requests is lower due to large number of Handbooks and Wall Charts distributed in previous years.

PR2 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
Percent of resources downloaded in toolkits ¹⁴	85%	84.7%
Number of visits to toolkits	210,000	142,851 ¹⁵
Number of absolute unique visitors to toolkits	170,000	104,414 ¹⁷
Average time spent on toolkits ¹⁶	2:22 (Y4 baseline)	3:34 (Appendix G)
Percent of return visitors ¹⁷	16.5% (Y4 baseline)	26%
K4Health managed websites		
Number/percent of visits to K4Health managed websites	600,000	776,154 ¹⁸ (Appendix G)
Average time spent on K4Health managed websites ¹⁹	2:40 ²⁰	2:33 (Appendix G)
Photoshare		
Number of requests for images fulfilled	1,200	1,239 requests for images 5,808 images shared
Number of photos cataloged	3,000	2,526 images added ²¹

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 These targets were set before the discovery of the mis-configuration of toolkit analytics profiles in approximately November of 2012; changes were implemented in December 2012 to fix the errors. Analytics results are not apples-to-apples compared to previous years. See more detailed explanation under “K4Health Website Trends” on pp. 37-39.

¹⁶ New indicator to address web traffic quality.

¹⁷ Same as above.

¹⁸ This goal was exceeded in large part due to the 400% increase in POPLINE visits over the last 6 months compared to the mid-year data.

¹⁹ Same as above.

²⁰ Same as above: Target established based on the Y5 mid-year data.

²¹ Batch upload and Flickr import functionalities were deployed later in the year than we anticipated when we set this PMP target.

PR2 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
Number of users and contributors ²² / Number of contributors added ** Altered indicator: the new Photoshare site allows for account creation, which was not possible in the old system.	1750 users added 300 contributors	3,850 user accounts created 800 contributors
POPLINE		
Number of records added	7,500	7,163
Number of document delivery requests delivered	3,500	1,548 ²³
Number of full-text links clicked **New indicator (began collecting Mar 16, 2012)	3,000	14,182 clicks by 8,886 unique visitors 11,632 Doc URLs; 2,550 DOIs
Number of online database searches **New indicator	120,000	287,113 ²⁴
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	Y3 survey data Strongly agree/agree: <ul style="list-style-type: none"> • Complete: 78% • Reputable: 84% • Accurate: 79% • Useful: 85% • Easy to use: 70% 	Y5 survey data (preliminary) Strongly agree/agree: <ul style="list-style-type: none"> • Complete: 79% • Reputable: 84% • Accurate: 79% • Useful: 86% • Easy to use: 77%
Percentage of audience members who are satisfied with K4Health products and services (topic, format or presentation, content)	<ul style="list-style-type: none"> • 79% found what they were looking for • 9% found something else of interest 	<ul style="list-style-type: none"> • 79% found what they were looking for • 13% found something else of interest

²² Altered indicator from the “number of contributors added.” The new Photoshare site allows for account creation, which was not possible in the old system.

²³ The document delivery requests delivered number is low, due to a huge increase in full-text links on POPLINE. There is a direct inverse relationship between the number of requests for full-text documents and the addition of links to full-text in POPLINE records. While we have been steadily decreasing the PMP targets for documents delivered each year over the 5-year project based on this trend., we didn’t decrease the target enough to fully accommodate the number of full-text links. As you can see in the following indicator (Number of full-text links clicked) we surpassed our estimate of 3,000 by over 300%.

²⁴ Previously InMagic search logs were used to calculate this indicator. Now we are using a Google Analytics segment. When a user clicks on a facet in the search results, a new search is recorded.

PR2 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
Feedback on information products/services	Y3 survey data	Y5 survey data (preliminary)
Percentage of audience members who report knowledge gained from a product or service	72% used information from the K4Health website to improve their knowledge	77% used information from the K4Health website to improve their knowledge
Percentage of audience members using information and knowledge gained to inform policy and advocacy or to enhance programs	25% used information from the K4Health website to develop or improve policy or national service delivery guidelines	50% used information from the K4Health website to develop or improve policy or national service delivery guidelines

Selected PR2 Data on Trends

PR2 PMP Indicator	Data					Notes
	Y1	Y2	Y3	Y4	Y5	
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) ²⁵	22 (122)	Examples: UN Foundation, National AIDS Council (Zambia), General Board of Church and Society (Healthy Families Healthy Planet)
Number of toolkits initiated	4	36 (40)	27 (67)	27 (94)	26 (120)	Examples: Family Planning – Immunization Integration, Family Planning Advocacy, Botswana HIV Prevention, Country Experiences for CHW Programs
Number of toolkits posted	4	9 (13)	29 (42)	27 (69)	18 (87)	Examples: Guide to Fostering Change to Scale Up Effective Health Services, Research Utilization, Microbicides, Respectful Maternity Care

Note: Numbers in parenthesis show cumulative numbers.

²⁵ 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 – June 30, 2013)²⁶

Important note about the “trough and recovery”, Oct. 2012-Jan. 2013 The “trough” in web traffic below—roughly October 2012-January 2013—was a complex issue related to the mis-configuration of toolkit analytics profiles, and secondarily to the migration of toolkits from Drupal 6 into Drupal 7. 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 (PHE and mHealth) were misconfigured, ballooning their numbers out of proportion.

Specifically, from July to mid-December 2012 (5.5 months), the mHealth toolkit logged approximately 37,500 visits and 5,600 visits in the 6.5 months after the profile was fixed. Thus, the analytics profile error resulted in our overestimating the total toolkit visits target by nearly 32,000 visits. For the PHE toolkit, 39,000 visits were logged prior to the fix and 2,700 after it. Thus, the PHE toolkit error led us to overestimate by approximately 36,000 visits. Together, the PHE and mHealth toolkits led us to overestimate our target by approximately 68,000 visits, which is the difference between the Y5 target and achieved result (210,000 vs 142,000).

The toolkits migration also affected direct traffic (e.g., from bookmarks and browser histories), which simply needed time to recover. Based on our preliminary investigation and the consistency of analytics since early 2013, we believe that analytics are more stable and providing a better picture of web traffic. Simply put, we are not looking at apples from previous reports. Therefore, we decided not to compare the 2012-2013 data to prior data in this report.

Audience Overview

Jul 1, 2012 - Jun 30, 2013

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

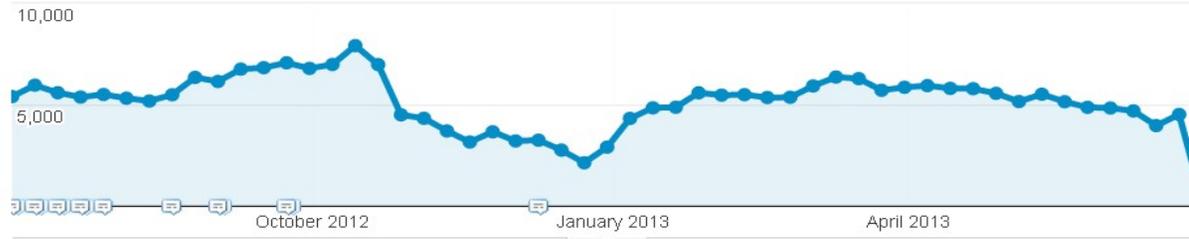
% of visits: 100.00%

Overview

Visits vs. Select a metric

Hourly | Day | Week | Month

Visits



This is not a major traffic fall-off—it is an incomplete week (“June 30-June 30”)

²⁶ These trends are only for K4Health.org; other K4Health web portfolio products are reported on separately below.

Indicator	Jul 2013-Jun 2013
Visits	272,187
Unique Visitors	208,754
Pageviews	680,682
Pages/Visit	2.5
Avg. Visit Duration	00:02:47
Bounce Rate	64.02%
% New Visits	75.85%

Visits/visitors:

- Over 50% of all visits to K4Health are from users in low- and middle-income countries.
- During this reporting period, a number of **quality** metrics improved:
 - Returning visitors increased from 21.59% at Year 5 mid-point to 23.2% (up strongly from the previous year’s 13.3%).
 - Visitors returning nine or more times increased from 8,468 in Year 4 to 19,811 in Year 5—a **233% increase**.²⁷
 - Time on site increased from 2:34 to 2:47.
- 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

- 57% Search, 23% Referral, 20% Direct.
- Top referring sites: WHO 9%; Division of Reproductive Health/Kenya 4%, Measure DHS 3%, Global Health eLearning Center 3%, JHUCCP 2%
- Visits via social media referral: 4,547. Of those visits, 28% came from Facebook, 19% from Twitter, 19% LiveJournal, and 7% from LinkedIn

²⁷ In prior reporting periods, we have reported this as visitors returning ten or more times, but Google Analytics now tracks return visits in more granular groupings, so this is not a direct comparison to prior reports.

Top Content/Popular Entrance Paths

- K4Health Home, Toolkits Home, Publications & Resources, Toolkits Product page, eLearning Product page.
- Popular toolkits: Indonesia, Implants, IUD, mHealth, Knowledge Management for Health and Development, and Community-Based Family Planning.

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

- Most popular: mHealth, birth spacing, IUD, implants, standard precautions, avian influenza, family planning, vasectomy, fostering change, population reports

Mobile

- 16,348 visits (6%) were via mobile devices
- 44% used Apple iPhone, iPad, or iPod Touch. 14% Samsung devices (primarily Android). 19% not set. 5% Blackberry. 4% Nokia devices.

Top Visiting Countries:

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

Top Visiting Low- and Middle-Income Countries:

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

POPLINE Website Trends (July 1, 2012 – June 30, 2013)

Audience Overview

Jul 1, 2012 - Jun 30, 2013

Compare to: Jul 2, 2011 - Jun 30, 2012

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

change in % of visits: +0.00%

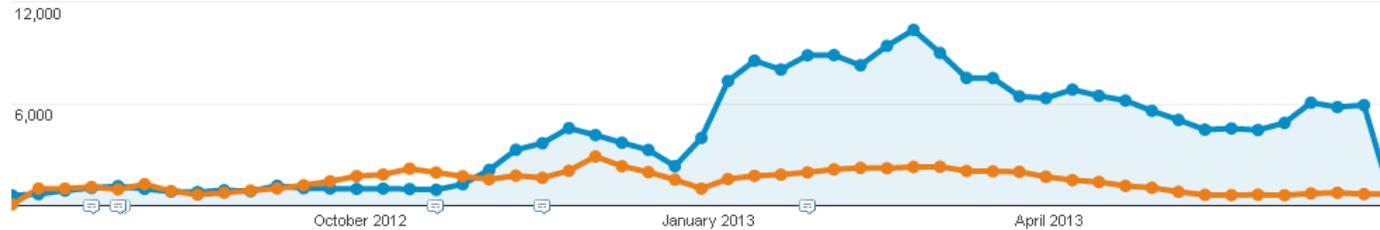
Overview

Visits vs. Select a metric

Hourly | Day | Week | Month

Jul 1, 2012 - Jun 30, 2013: Visits

Jul 2, 2011 - Jun 30, 2012: Visits



POPLINE Website Trends Overview		
Indicator	Jul 2011- Jun 2012	Jul 2012-Jun 2013
Visits	75,432	221,284
Unique Visitors	61,506	169,596
Pageviews	1,457,358	898,590
Pages/Visit	19.32	4:06
Avg. Visit Duration	2:20	1:51
Bounce Rate	58.19%	77.87% ²⁸
% Visits Returning Visitor	19.5%	16.6%
% Visits New Visitor	80.5%	83.4%

²⁸ * **Bounce Rate:** There was an issue with Google Analytics event tracking (which we are using to track clicks on URLs & DOIs) that resulted in a low bounce rate <5% for most of YR5. This was resolved in Apr 2013 and the rate displayed is for Apr-Jun 2013.

Visits/visitors:

- Total visits to POPLINE increased 193% (221,284 vs. 75,432) over the previous reporting period (Jul 2011-Jun 2012). This is directly related to Google Scholar re-indexing POPLINE beginning November 2012.
- At the same time, pageviews decreased by nearly 40%. There are a few factors that may explain this change:
 - 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.
 - Users coming directly from Google are typically searching a particular document title and land on individual records. If there is a link to full-text, they follow the link.
- During this reporting period, a number of quality metrics increased over the previous year to include:
 - New visitor visits increased from 60,738 to 184,564
 - Returning visitor visits increased from 14,694 to 36,720
 - Visitors returning 10+ times increased from 2,810 to 7,549, a **372% increase**
- Visits from Asia accounted for 22% (48,556) of total visits, viewing an average 3.65 pages/visit. 1,906 visitors clicked on 3,080 full-text links.
- Visits from Africa accounted for 9% (20,348) of total visits, viewing an average 4.52 pages/visit. 1,431 visitors clicked on 2403 full-text links.

Content

- Began tracking how often the export feature is being used beginning May 2013. Users have exported their search results 174 times (RIS: 103, TXT: 44, CSV: 27); records from My Documents 261 times (TXT: 154; CSV: 55; RIS: 52)
- Maternal and Child Health, Adolescent Reproductive Health, and Family Planning Methods are the most popular Subject pages
- Sexually Transmitted Infections is the least popular Subject page.
- Maternal Mortality, Female Genital Cutting (FGC), 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.

Traffic Sources

- 76% Search, 13% Direct, 11% Referral. 98% of search traffic comes from Google.
 - Search traffic spends the least time on the site. Users are typically finding a specific document and moving on.
- Top referring sites: 9% k4health.org, 7% Wikipedia, and 2% London School of Hygiene & Tropical Medicine.
 - Referred traffic spends the most time on the site, averaging 4:03 min/visit

Mobile

- The new POPLINE website supports a responsive web design that makes it easy to navigate on a range of mobile devices.
- 18,410 visits (8.3%) were via mobile devices and 7,330 via tablet (3%); an increase from the 1,367 mobile and 467 tablet visits during the previous reporting period.
 - Africa: 741 visits via mobile; 525 visits via tablet
 - Asia: 3234 visits via mobile; 1419 visits via tablet
 - Apple iPad & iPhone were most popular devices for both Africa & Asia

Top Visiting Countries to POPLINE:

- | | |
|-------------------|------------------|
| 1. United States | 6. Brazil |
| 2. United Kingdom | 7. Australia |
| 3. India | 8. Nigeria |
| 4. Canada | 9. Germany |
| 5. Philippines | 10. South Africa |

Top Visiting Low- and Middle-Income Countries to POPLINE:

Visits from Africa & Asia comprise 31% of all visits.

- | | |
|-----------------|--------------|
| 1. India | 6. Indonesia |
| 2. Philippines | 7. Pakistan |
| 3. Brazil | 8. Thailand |
| 4. Nigeria | 9. Ethiopia |
| 5. South Africa | 10. Malaysia |

Project Result 3

Effective and Appropriate Information Delivery Systems Used

PR3 Indicators, Year 5 Targets, and Annual Data

PR3 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
Number of offline delivery mediums ²⁹ 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, eReader, ACE for Android, ACE for Kindle)
Number of FP/RH websites supported	13	17 (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 Toolkits = 83 About = 83	Home = 81 Toolkits = 78 About = 81
K4Health page response time maximum Page Speed Score	3.2 Seconds ³⁰ 92+	Page Speed 93/100
Number of organizations using Sites4Dev ³¹	5	11

²⁹ This does not count different "formats" (i.e., ePub and Kindle under eReader, Android under phone apps).

³⁰ We are now using Google Page Speed Insights to score page response time.

³¹ Replaced the old indicator "Number of organizations using K4Health software offerings, including 'child sites,' clones, eLearning, search, and databases (not including toolkits)."

Project Result 4

Information and Knowledge Exchange Forums Supported and Expanded

PR4 Indicators, Year 5 Targets, and Annual Data

PR4 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
eForums³²		
Number of forums developed and supported	4 forums, including webinars and microblog	3 (One MLE forum and two mHealth forums) ³³
Number of registered participants per forum (revised in Y5)	100 per forum	304 in the MLE forum; 975 in the 1 st mHealth forum; 1173 in the 2 nd mHealth forum
Percentage of registered participants from low- and middle-income countries per forum (revised in Year 5)	25%	31% in the MLE forum 52% in the two mHealth forums
Number of experts involved per forum (revised in Year 5)	2 per forum	19 altogether (7 in the MLE forum; 3 in the 1 st mHealth forum; 9 in the 2 nd mHealth forum)

³² Most of the eForum indicators have been revised (by adding “per forum”) and new targets have been set for Year 5 in response to USAID’s suggestion at the meeting on February 22, 2013.

³³ There are no additional mHealth forums planned per USAID’s request and due to the organic nature of the discussion that has occurred outside of the forums.

PR4 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
Percentage of registered participants who made a contribution(s) per forum (revised in Year 5)	8% per forum	2.6% in the MLE forum 4% in the first mHealth forum 2% in the second mHealth forum
Percentage of contributors from low- and middle-income countries per forum (revised in Year 5)	40%	63% in the MLE forum 58% in the first mHealth forum 71% in the second mHealth forum
Percentage of participants who are satisfied with the content of discussion and the amount of information exchange per forum (revised in Year 5)	80% per forum	67% in the MLE forum 75% in the first mHealth forum 83% in the second mHealth forum
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., Global Health Mini University, HIPNet) supported	4	13 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. 7) Sept. 2012 Mini-University 8) January 17, 2013, HIPNet Meeting 9) April 17, 2013, HIPNet Meeting

PR4 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
		10) April 26, 2013 mHealth Deep Dive 11) Feb 12, 2013, mHealth WG Meeting 12) April 4, 2013, mHealth WG Meeting 13) June 24 2013, mHealth WG Meeting
GHeL Center		
Number of eLearning courses published	12 6 GHeL (incl. 1 K4Health authored) 6 PEPFAR	7 3 GHeL 4 PEPFAR (Appendix K)
Number of eLearning courses in development	9 5 GHeL 4 PEPFAR ³⁴	28 21 GHeL (4 in review) 7 PEPFAR
Number of GHeL eLearning course authors trained	10	11
Number of registered learners in GHeL (cumulative from the inception)	10% increase (from n=72,172)	42% increase 102,737
Number of GHeL certificates earned (must score 85% or above to earn certificate)	10% increase (from n=155,440)	28% increase 199,334
K4Health eLearning		
Number of K4Health certificates earned (must score 85% or above to earn certificate)	50% increase (n=50)	154% increase 127
Audience members' use of information and knowledge gained to inform decision-making or to enhance programs	Yes	Yes

³⁴ Target revised from 0 to 4 in response to USAID's comment at the meeting on February 22, 2013.

PR4 PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
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	Y5	
Number of face-to-face events and meetings (e.g., Global Health Mini-University, HIPNet) supported per year	5	5	7	5	13	(See above for full list)
Number of eLearning courses published	29	12 (41)	8 (49)	4 (53)	7 (60)	Logistics in Health Commodities, FP Legislative Requirements and Standard Days Method complete revisions were published. Four PEPFAR eLearning courses were also published.
Number % increase of registered learners in GHeL	35,150	56,072 (60%↑)	81,994 (46%↑)	72,172 (↓12%) ³⁵	102,737 (42%↑)	

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

³⁵ Due to the database cleanse.

Promotion and Dissemination

P&D Indicators, Year 5 Targets, and Annual Data

P&D PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
Number of fans and followers on social media accounts (Twitter, Facebook, and LinkedIn)	10,000	5,728 Facebook 6,955 Twitter 415 LinkedIn 13,098 Total
Number of visits on K4Health.org from Twitter, Facebook, and LinkedIn	2,000	1,073 Facebook 868 Twitter 265 LinkedIn 3,966 Total (including visits from other social media outlets)
Number of eNewsletters published per year	12	12 issues of K4Health News; 3 issues of mHealth Supplement
% of recipients who open the newsletter (=open rate)	12%	12%
Number of blog posts published on K4Health.org blog	150	176
Number of media mentions from promotion	50	52 (Appendix N)

P&D PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
Number of events/conferences participated in by K4Health <i>Events/conferences do not include CoP and working group meetings. "Participation" includes dissemination of promotional materials, presentation of posters and papers, panel discussions, attendance at major conferences, and live blogs..</i>	15	17 (Appendices L, M, and P)
Number of K4Health offline devices distributed (e.g., flash drives, CD-ROMS, eReaders, mobile apps)	Flash drive: 200 ↓ CD-ROM: 1,500↓ ACE App: 500 Downloads eReaders/ePub Handbook: 300 Downloads	Flash drives: 180 CD-ROM: 940 ACE Downloads: 523 eReaders/ePubs Handbook: 342 (Appendix H)
Number of referring sites to K4Health products from other websites	30,000	49,013

Selected P&D Data on Trends

P&D PMP Indicator	Data					Notes
	Y1	Y2	Y3	Y4	Y5	
Number of fans and followers on social media accounts (Twitter, Facebook, and LinkedIn)	N/A	N/A	6,804	8,812 (30%)	13,098 (50%)	
Number of blog posts published on K4Health.org blog	N/A	N/A	63	115 (178)	176 (354)	

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

Global Health: Science and Practice (GHSP) Journal

GHSP Indicators, Year 5 Targets, and Annual Data

GHSP PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
Number of issues published	Baseline	1
Number of articles published per issue	Baseline	15
Number of submissions received ³⁶	Baseline	157
Percent of unsolicited submissions accepted (acceptance rate) ³⁷	Baseline	19.7%
Average time from submission to first ACCEPT decision ¹	Baseline	15.4 weeks ³⁸
Average time (in weeks) from submission to first REJECT decision ¹	Baseline	1.4
Average time (in weeks) from submission to first REVISE decision ¹	Baseline	4.5
Average time (in weeks) from submission to publication (if accepted) ³⁹	Baseline	25.9
Average time (in weeks) from acceptance to publication ³	Baseline	11.2

³⁶ Source: Aries Journal Accountability report

³⁷ Source: Manual calculation based on number of articles accepted by June 30 (31) divided by total number of articles received (157).

³⁸ This includes peer review and revisions. The number of weeks is likely skewed to the high side because we had a lot of submissions in mid-2012 that couldn't be accepted until December or later because we had to set up the manuscript submission software.

³⁹ Source: Manual calculation from article publication history

GHSP PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
Number of subscribers to e-mail alerts ⁴⁰	Baseline	1,622
Number of visitors who accessed the site from an email alert	Baseline	N/A
Number of unique visitors to website ⁴¹	Baseline	18,894
Percent of return visitors ⁵	Baseline	33.25%
Article downloads (HTML) ⁴²	Baseline	9,119
Article downloads (PDF) ⁶	Baseline	7,312
Number of referring sites to www.ghspjournal.org from other websites ⁵	Baseline	588
Number of followers on Twitter ⁴³	Baseline	398
Number of likes (fans) on Facebook ⁴⁴	Baseline	255
Percent of registered authors from low- and middle-income countries ⁴⁵	Baseline	40%
Number of job postings ⁴⁶	Baseline	51
Number of unique visitors to job search page ⁴⁷	Baseline	1,360

⁴⁰ Source: Highwire eTOC and CiteTrack Alert Statistics report

⁴¹ Source: Google analytics for www.ghspjournal.org for period July 1, 2012-June 30, 2013 (includes temporary site in place prior to launch in March)

⁴² Source: Highwire Year-to-Date Usage Summary

⁴³ Source: Twitter account page

⁴⁴ Source: Facebook account page

⁴⁵ Source: Estimated from Editorial Manager people search (378 authors only [not author/reviewer]; 150 from middle or low income country)

⁴⁶ Source: jobs.ghspjournal.org

⁴⁷ Source: Google analytics for jobs.ghspjournal.org for period March 18, 2013-June 30, 2013

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 Annual 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	8 <ol style="list-style-type: none"> 1. Toolkits 2. Online Forums 3. eLearning 4. Websites 5. Offline products (e.g., CD-ROMs, flash drives) 6. Working groups (e.g., HIPNET, GHKC, mHealth, and SM4GH—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	5 <ol style="list-style-type: none"> 1. IBP Knowledge Gateway 2. Non-USAID partners (e.g., Southern African Development Community) 3. Open source software (e.g., Drupal and Google Apps) 4. Google AdWords 5. AusAID 6. Gates Funded Work (AFP)

SO PMP Indicator	Year 5 Target	Year 5 Annual Data (Quantitative data if available)
<p>Number of partnerships with organizations that do not traditionally focus on FP/RH (USAID PRH IR. 1.3) <i>To be counted here, the partnership must have led to incorporation of tools, etc. (1.1) and/or leveraged resources (1.2) stemming from use of core funds or action by PRH staff</i> <i>Organizations are defined to include other sectors of USAID, other USG agencies, international organizations, foundations</i></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 9. GWU – Journal Work 10. Nigeria Lab Scientists
<p>Key actionable findings and experiences identified, generated, pooled, summarized and their lessons extracted (USAID PRH IR 2.2) – 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;">54</p> <p># of toolkits posted = 18 # of eLearning courses published = 7 # of forums conducted = 3 # 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, SM4GH, HIPNET ***Global Handbook and Wall Chart ****ACE for Android, ACE for Kindle</p>

SO PMP Indicator	Year 5 Target	Year 5 Annual 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>845, 083</p> <p># of web unique visitors = 616,853 # of forum participants (IBP KG) = 1,477 # of IBP KG Global Community members = 43,367 # of GHeL eLearning registered learners = 102,737 # of offline product recipients = 1,762 # of working group participants = 2,852 # of print product recipients = 75,512*** # of mobile application downloads = 523****</p> <p>*Flash drives, CD-ROMs, and eReaders/ePubs, and netbooks **GHKC, mHealth, SM4GH, HIPNET ***Global Handbook and Wall Chart ****ACE for Android, ACE for Kindle</p>

Appendices

Appendix A	K4Health PR/Area Use of Needs Assessment and M&E Data
Appendix B	Organizations Involved in Development, Review, or Maintenance of K4Health Toolkits
Appendix C	K4Health Toolkits Status Table
Appendix D	K4Health Toolkits Updated in Year 5
Appendix E	Visits from Low- and Middle-Income Countries to Toolkits
Appendix F	Published Toolkit Status as of June 2013
Appendix G	Website Statistics – July 1, 2012 – June 30, 2013
Appendix H	Distribution of Toolkits on Portable Devices by Region
Appendix I	Low- and Middle-Income Country Journals Contributing Articles to POPLINE (not previously indexed)
Appendix J	FP/RH Websites Supported/Managed through K4Health Funds
Appendix K	GHeL Courses Published/In Development
Appendix L	Event/Conference Attendance
Appendix M	Conference Presentations and Published Journal Articles
Appendix N	K4Health Media Mentions and Blog Cross-Post Details
Appendix O	K4Health Event/Conference Attendance in Year 5: Outputs and Cost
Appendix P	POPLINE User Survey Findings
Appendix Q	Photoshare User Survey Results
Appendix R	Paired Toolkits Study Findings
Appendix S	Technical Assistance Provided to USAID/Ghana

Appendix A

K4Health Project Result/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
Project Result 1		
Senegal needs assessment report	Need for a central repository of 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 of 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. ⁴⁸
Ethiopia Net-Map presentation at the NIH Science of Dissemination and Implementation Conference and the APHA Annual Meeting; Ethiopia manuscript for the KM4Dev Journal (September 2013 issue)	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. The paper is forthcoming, so no data on use is available.
User Assessment: Global, India and Sub-Saharan Africa	Combination of findings from the in-depth interviews and usability tests provided better understandings of	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

⁴⁸ 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). K4Health has still not received an official response from USAID/Ethiopia.

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
	variables that influence satisfaction 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.⁴⁹</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>

⁴⁹ 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
Knowledge needs assessment (KNA) for USAID/Ghana	After conducting the KNA, the following constraints to KM were identified: 1) poor information management within the project; and 2) limited human resources.	The KNA resulted in a report that provided recommendations for improved flow and use of materials to support the strategic aims of the Health Team. Communications materials were developed, and the USAID/Ghana Mission is planning to use these communications materials in the future. There is also some interest in conducting further KNAs in Ghana to help improve systems outside Ghana.
Project Result 2		
Photoshare user feedback	Users indicated that having to upload one photo at a time was a major barrier to contribution.	This user feedback directly informed the July 2012 specifications for the batch upload and Flickr integration functionalities, which were completed and launched in February 2013.
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, directly accessible to toolkit builders.
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	Identified 7 new low- and middle-income country journals not previously indexed for POPLINE input. (See Appendix I.)

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
	function was researcher/evaluator and organization type was academic/research institution.	
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.
Project Result 3		
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 	<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
	<ul style="list-style-type: none"> • BlackBerry - 204 visits • SymbianOs - 171 visits • Nokia - 85 visits 	
Apache error logs, query logs	<p>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>	<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, migrating 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.</p> <p>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
Project Result 4		
<p>Post-forum surveys from discussions held on the Knowledge Gateway, in-depth interviews with discussion participants, and surveys among subject matter experts</p>	<p>Analysis of online forums shows that we reach a broad network of health practitioners.</p>	<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>Continually using data to inform design and evaluation of online forums and webinars.</p>
<p>GHeL in-depth interviews, online survey</p>	<p>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>	<p>Data used to prepare reports and briefs and fed into recommendations for GHeL Center enhancements. For example, users desire two-way communication, a cleaner user interface, and the ability to download content.</p> <p>Data continues to inform implementation 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> <p>Post launch GHeL survey assessed learner’s satisfaction with new site and ease in navigation. Results informed if immediate changes needed to be made. Positive results on survey indicate a successful launch.</p>

Appendix B

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

Note: Output for the first PR2 indicator is counted by organization
New collaborative organizations = 22
National partners = 14 (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	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
17.	IBP Initiative	Guide to Fostering Change
18.	Malaria Consortium	Communication for Malaria Diagnostic Testing
19.	President's Malaria Initiative (PMI)	Communication for Malaria Diagnostic Testing
20.	Uganda Health Marketing Group (UHMG)*	Communication for Malaria Diagnostic Testing
21.	Uganda Ministry of Health*	Communication for Malaria Diagnostic Testing
22.	Communication for Development Foundation Uganda (CDFU)*	Communication for Malaria Diagnostic Testing

Appendix C⁵⁰

K4Health Toolkits Status Table Year 5 Annual Report

Initiated in Year 5 = 26

Posted in Year 5 = 18

Currently in development = 24

Country-based toolkits = 16 (7 launched and 9 in development; marked with asterisks)

No.	Toolkit	Date Initiated	Date Launched
1.	Alianzas Neonatales	6/13/13	In development
2.	Avian and Pandemic Influenza Resources for Indonesia*	3/2/12	10/9/12*
3.	Bangladesh Population, Health, and Nutrition for CHWs*	5/25/11	5/30/13*
4.	BCC Toolkit for District and Community Levels in Zambia*	8/3/12	In development
5.	Botswana HIV Prevention*	5/10/13	In development
6.	Care and Repair of Mosquito Nets	1/10/13	1/28/13*
7.	Combination Prevention of HIV for Key Populations	1/6/12	In development
8.	Communication for Malaria Diagnostic Testing	2/11/13	In development
9.	Continuous Distribution of LLINs for Malaria Control	8/3/12	1/28/13*
10.	Country Experiences with CHW Programs	3/4/13	In development
11.	Decision Making Tool for CHW Programs	3/4/13	In development
12.	Demographic and Health Surveys Toolkit	7/5/11	9/4/12
13.	Disaster Relief (not country-specific and replacing Haiti & Pakistan)	7/24/12	In development
14.	ENGINE Nutrition Project*	7/24/12	In development
15.	Essential Obstetric and Newborn Care	12/8/11	2/15/13
16.	Family Planning – Immunization Integration	11/15/12	In development
17.	Family Planning Advocacy	11/15/12	Near completion as of end of reporting period; launched 7/11/13
18.	Forecasting for New and Underused Methods of Family	7/24/12	9/6/12

⁵⁰ Please see Appendix D for a list of toolkits updated in Year 5. This appendix is for toolkits initiated and/or in development during Year 5.

*Toolkit is in public mode and can be reached by someone with the URL or through a Google search but it is not listed on our toolkits page due to audience preference or K4Health topic criteria.

Planning		
19. Guatemala: Legacy Resources for Integrating SDM and CycleBeads Methods Into Programs*	6/8/11	10/22/12
20. Guide to Fostering Change to Scale Up Effective Health Services	10/22/12	6/7/13
21. 'Happy Dampatti': Using Community Activation for SBCC*	8/4/11	In development
22. HIV in the Workplace Wellness Program	4/23/13	In development
23. HIV Information Package for Tertiary Students in Swaziland*	6/25/12	In development
24. Integrated Anemia Prevention and Control	2/16/12	In development
25. Jordan Health Communication Partnership*	12/19/12	1/7/13*
26. Microbicides	10/1/10	6/21/13
27. Neonatal Alliances	6/13/13	In development
28. Permanent Methods	8/17/10	In development
29. Public Health Integration	11/5/12	In development
30. Research Utilization	8/1/10	6/12/13
31. Respectful Maternity Care	5/21/13	5/28/13
32. Ressources et experiences de la Méthode des Jours Fixes [SDM]	7/24/12	5/6/13
33. Rwanda Social Marketing Behavior Change*	6/27/12	In development
34. Standard Days Method Integration in India*	6/13/13	In development
35. Swaziland HIV Prevention*	7/24/12	4/2/13
36. Tips & Tools for Strengthening the Effectiveness and Sustainability of Contraceptive Security Committees	11/3/11	9/24/2012
37. Tools for SBCC	1/10/12	In development
38. Trachoma Prevention Toolkit for F and E	10/4/12	In development
39. Uganda AFFORD Project*	12/17/12	In development
40. Uganda Stop Malaria Project*	12/17/12	In development
41. Zambia HIV Prevention*	8/9/12	11/28/12
42. Zimbabwe HIV Prevention*	10/11/11	9/11/12

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. Family Planning and HIV Integration Services
6. IGWG Gender and Health
7. Injectables
8. Knowledge Management
9. Monitoring & Evaluation
10. Multiple Concurrent Partnerships
11. Oral Contraceptives
12. Pre-Eclampsia/Eclampsia
13. Pre-Service Education
14. Prevention of Mother-to-Child Transmission
15. Postpartum Family Planning
16. Postpartum Hemorrhage
17. Implants
18. mHealth
19. Leadership and Management

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

Appendix E

Visits from Low- and Middle-Income Countries to Toolkits Year 5 Annual Report

Country	# of Visits
Indonesia	19,940
India	5,856
Kenya	5,209
Pakistan	4,363
Philippines	4,328
Uganda	2,786
South Africa	2,506
Ethiopia	2,164
Nigeria	1,790
Mexico	1,744
Bangladesh	1,714
Tanzania	1,283
Nepal	1,232
Malaysia	885
Zimbabwe	811
Zambia	798
Ghana	731
Malawi	695
Argentina	586
Colombia	581
Egypt	576
Thailand	565
Peru	541

Country	# of Visits
Cambodia	538
Cote d'Ivoire	510
Chile	431
China	426
Saudi Arabia	423
Rwanda	405
Brazil	404
Botswana	377
Swaziland	371
Vietnam	343
Iran	335
Turkey	335
Senegal	334
Jordan	310
Guatemala	282
Sri Lanka	265
Venezuela	252
Ecuador	232
Cameroon	219
Trinidad and Tobago	201
Russia	197
Jamaica	195
Myanmar [Burma]	193

Country	# of Visits
Poland	191
Czech Republic	184
Mozambique	184
Namibia	182
Haiti	177
Sudan	162
Romania	158
Morocco	157
Lesotho	155
Yemen	155
Bolivia	151
Afghanistan	138
Madagascar	123
Congo [DRC]	111
Panama	111
Burkina Faso	107
Lebanon	100
Liberia	96
Nicaragua	96
Fiji	90
Dominican Republic	89
Sierra Leone	87
Ukraine	85
Iraq	82
Costa Rica	81
Laos	81
Somalia	81
El Salvador	79
Honduras	77
Slovenia	75
Papua New Guinea	73
Algeria	70
Hungary	67
Mali	65
Mongolia	65
Togo	65
Timor-Leste	64
Palestine	63
Tajikistan	61
Burundi	59
Georgia	59
Slovakia	57
Tunisia	57
Mauritius	56
Bulgaria	55
Benin	55
Serbia	51
Angola	49

Country	# of Visits
Oman	47
Paraguay	47
Albania	46
Gambia	46
Kyrgyzstan	46
Uruguay	44
Niger	43
Belize	42
Moldova	41
Armenia	39
Guyana	38
Lithuania	38
Croatia	35
Azerbaijan	34
Bosnia and Herzegovina	34
Bhutan	31
Kazakhstan	29
Macedonia	28
Saint Vincent and the Grenadines	26
Maldives	23
Mauritania	21
Estonia	20
South Sudan	20
Suriname	19
Belarus	18
Uzbekistan	17
Djibouti	15
Latvia	14
Libya	12
Réunion	12
Vanuatu	12
Cuba	11
Dominica	11
Guinea	11
Cape Verde	8
Gabon	8
Solomon Islands	8
Syria	8
Congo [Republic]	7
Saint Lucia	7
Anguilla	6
Equatorial Guinea	6
Jersey	6
Seychelles	6
Micronesia	5
Montenegro	5
Guinea-Bissau	4
Saint Kitts and Nevis	4

Country	# of Visits
Samoa	4
Kiribati	3
Guadeloupe	3
Chad	3
Turkmenistan	3
Kosovo	3
Turks and Caicos Islands	3
Central African Republic	2
Cook Islands	2
Grenada	2
Marshall Islands	2
Martinique	2
Nauru	2
Tonga	2
U.S. Virgin Islands	2
Curacao	1
French Guiana	1
Guernsey	1
Gibraltar	1
Northern Mariana Islands	1
Norfolk Island	1
Palau	1
Saint Helena	1
Sao Tome and Principe	1
Saint Maarten	1
Tuvalu	1
British Virgin Islands	1

Appendix F

Published Toolkit Status as of June 2013

	Toolkit	Published	# of Pageviews	# of Events (Includes Downloads & Outgoing Link Clicks)
1.	Reproductive Health Indonesia	1/12/2011	39,079	1,983
2.	mHealth	6/16/2010	24,145	5,197
3.	IUD	10/20/2009	23,481	1,435
4.	Implants	5/6/2010	20,744	3,492
5.	Knowledge Management	7/20/2011	17,928	1,829
6.	CBFP	5/19/2010	13,346	1,224
7.	Pre-Service Education	8/9/2011	11,960	931
8.	PPFP	2/22/2010	9,844	1,179
9.	DHS	9/4/2012	9,711	1,505
10.	PHE	12/13/2009	8,824	2,883
11.	IGWG Gender and Health	10/6/2010	8,721	1,253
12.	INFO Project Publications	4/19/2011	8,561	2,365
13.	PMTCT	12/1/2009	7,129	461
14.	Elements of FP	10/21/2009	7,091	650
15.	MIYCN-FP	5/4/2012	6,790	771
16.	CBA2I	6/30/2011	6,367	870
17.	Monitoring & Evaluation	8/26/2011	6,145	897
18.	Youth Policy	5/9/2011	5,357	533
19.	Leadership & Management	3/30/2011	5,203	668
20.	Condom Use	9/13/2010	5,183	1,309
21.	FP/HIV Integration	2/25/2010	4,942	1,287
22.	ALHIV	2/28/2011	4,654	405
23.	Pre-Eclampsia/Eclampsia	12/20/2011	4,392	739

24.	Oral Contraceptives	12/20/2010	4,168	692
25.	Postpartum Hemorrhage	12/21/2011	4,118	802
26.	Injectables	10/21/2009	3,860	466
27.	HTSP	5/3/2011	3,802	351
28.	Forecasting for New and Underused Methods of Family Planning	9/6/2012	3,494	752
29.	MCP	12/2/2009	3,479	259
30.	Uganda HCP	5/7/2012	3,316	1,165
31.	Uganda Male Circumcision	5/7/2012	3,226	691
32.	Human Resources in Health	2/27/2012	2,956	402
33.	SDM	8/2/2010	2,736	641
34.	Centre de Documentation Electronique –Cote d’Ivoire	5/3/2012	2,614	244
35.	Essential Obstetric and Newborn Care	2/15/2013	2,553	689
36.	Go Girls	5/24/2011	2,100	805
37.	Uganda Pediatric HIV/AIDS	5/7/2012	2,070	482
38.	Lactational Amenorrhea Method	5/5/2010	1,875	1,027
39.	Male Circumcision – Swaziland	5/14/2012	1,869	119
40.	Integrating RH into Youth Programs	6/20/2012	1,698	336
41.	Uganda HIV Counseling	5/7/2012	1,596	378
42.	Zimbabwe HIV Prevention	9/11/2012	1,535	100
43.	Uganda FP Communication	5/7/2012	1,488	463
44.	Respectful Maternity Care	5/28/2013	1,342	122
45.	HIV/AIDS – Swaziland Teachers	5/7/2012	1,282	73
46.	Engaging Traditional Leaders	3/23/2012	1,264	103
47.	LGBTI	5/11/2012	1,261	70
48.	Swaziland HIV Prevention	4/2/2013	1,205	171
49.	Uganda Positive Living	5/7/2012	1,188	387

50.	Guatemala Fertility Awareness Methods	10/22/2012	1,101	82
51.	Uganda Radio Distance Learning	5/7/2012	1,070	223
52.	Tips & Tools for Strengthening the Effectiveness and Sustainability of Contraceptive Security	9/24/2012	1,016	219
53.	Zambia HIV Prevention	11/28/2012	999	146
54.	Guide to Fostering Change to Scale Up Effective Health Services	6/7/2013	703	37
55.	TwoDay Method	4/24/2012	622	207
56.	Microbicides	6/21/2013	540	51
57.	Research Utilization	6/12/2013	513	169
58.	ExpandNet	1/24/2012	470	554
59.	Uganda Health Hotline	5/7/2012	347	94
60.	Ressources et experiences de la Méthode des Jours Fixes	5/6/2013	342	48

Appendix G

Website Statistics – July 1, 2012 – June 30, 2013									
Websites*	Visits	Unique Visitors	Referring Sites	Pageviews	Unique Pageviews	Visits from Search Engines ⁵¹	Visits from Direct Traffic	Visits from Referring Sites	Avg. Time on Site
K4Health	272,187	208,754	2,967	680,682	520,358	154,543 (57%)	53,730 (20%)	63,754 (23%)	2:47
➤ Toolkits	142,851 ⁵²	104,414	1,385 ⁵³	420,965	302,893	88,020 (62%)	26,245 (18%)	28,521 (20%)	3:34 ⁵⁴
POPLINE	221,284	169,596	1,800	898,590	422,107	167,063 (76%)	28,841 (13%)	25,380 (11%)	1:51 ⁵⁵
Photoshare	251,336	211,810	1,568	702,020	523,547	191,109 (76%)	32,833 (13%)	27,312 (11%)	1:37
Global Handbook	31,347	26,693	385	78,035	56,359	17,151 (54%) ⁵⁶	7,278 (23%) ⁵⁷	6,915 (22%)	3:03
Total	776,154	616,853	6,720	2,359,327	1,522,371	529,866 (68%)	122,682 (16%)	123,261 (16%)	2:33

*The websites listed above are mutually exclusive except toolkits; toolkits traffic falls under K4Health as marked.

⁵¹ 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.

⁵² There is a significant drop in toolkit web traffic as mentioned on p. 37; however, other quality measures—time on site, pages viewed per visit—have gone up.

⁵³ This drop is attributable to the migration; links on other sites would have broken, and take time to be updated.

⁵⁴ This increased over a minute (from 2:22 to 3:34) from Year 4.

⁵⁵ This decrease from previous years can be attributed to the spike in visits from search engines; a result of the Google Scholar indexing; avg. time Direct 3:00; Referring 4:03

⁵⁶ This number has increased greatly and reflects the search engine optimization approach to the new information architecture.

⁵⁷ This drop is attributable to redesign; individuals’ bookmarks and browser history links 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 Annual Report

Region	Number
Africa, North	2
Africa, Sub-Saharan	269
Asia	159
Central America and the Caribbean	18
Total	448

Appendix I

Low- and Middle-Income Country Journals Contributing Articles to POPLINE 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. Journal of Nepal Public Health Association (1 article)
7. Revista Colombia Médica (17 articles)
8. Revista de Psiquiatria y Salud Mental (1 article)
9. South African Journal of Information Management (2 articles)

Appendix J

FP/RH Websites Supported/Managed through K4Health Funds

1. Bangladesh Behavior Change Working Group	http://bdbccgroup.org
2. Eureka!	http://eureka.k4health.org
3. Global Handbook for Providers	http://www.globalhandbook.org , http://www.fphandbook.org
4. Health Information and Publications Network	http://www.hipnet.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://www.k4health.org/toolkits
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://www.fphighimpactpractices.org
14. Family Planning Training Resource Package	http://www.fptraining.org/
15. mHealth Evidence Database	http://www.mhealthevidence.org
16. GHSP Journal Jobs Site	http://jobs.ghspjournal.org
17. Global Health Knowledge Collaborative	http://www.globalhealthknowledge.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. Media / Materials Clearinghouse	http://www.m-mc.org
4. Nigerian Urban Reproductive Health Initiative	http://www.nurhi.org
5. Measurement, Learning & Evaluation (MLE)	http://www.urbanreproductivehealth.org
6. Healthcare Improvement Project	http://www.hciproject.org
7. Healthcare Improvement Project	http://chwcentral.org
8. Global Health Science and Practice Journal	http://ghspjournal.org
9. Global mHealth Initiative (JHU)	http://www.jhumhealth.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
14. Health Communication Capacity Collaborative	http://www.healthcommcapacity.org/
15. Health Compass	http://collection.healthcommcapacity.org/

Appendix K

Published Global Health eLearning Courses As of June 2013

	Published Courses	Date Published	Notes
1.	IUD	Sep-05	
2.	Standard Days Method	Sep-05	Updated Oct-12 (Y5)
3.	Preventing Postpartum Hemorrhage	Sep-05	
4.	Antenatal Care	Oct-05	
5.	Logistics for Health Commodities	Nov-05	Updated Sept-12 (Y5)
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 and June 2013 (Y5)
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

	Published Courses	Date Published	Notes
35.	Commercial Private Health Sector Basics	May-10	Published in Y2
36.	<i>HIV Surveillance</i>	May-10	Published in Y2
37.	<i>Data Quality</i>	May-10	Published in Y2
38.	<i>M&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
54.	<i>M&E Guidelines for SWs, MSM, & TG-National Level</i>	May 2013	Published in Y5
55.	<i>Designing HIV Prevention Programs for Key Populations</i>	May 2013	Published in Y5
56.	<i>From Dependency to Partnership: It's About Change</i>	March 2013	Published in Y5
57.	<i>From Dependency to Partnership: Leading Change</i>	March 2013	Published in Y5

Courses in italics are PEPFAR courses

Courses in bold were revised in Year 5

GHeL Courses in Development

1.	Antimicrobial Resistance (Part 2)
2.	Community Involvement and Adolescent Health
3.	Gender and HSS
4.	Gender and M&E
5.	Good Governance in Pharmaceutical Systems
6.	Health Systems - Structures and Functions
7.	Household Air Pollution
8.	Improving the Productivity of Health Workers
9.	Knowledge Management for Global Health
10.	Introduction to Youth Development
11.	mHealth
12.	Postabortion Care
13.	Poverty and Equity
14.	Social and Behavioral Change Communications
15.	Social Franchising
16.	Total Market Approach
17.	Young People Most at Risk for HIV
18.	<i>M&E Guidelines for SWs, MSM, & TG-Service Delivery</i>
19.	<i>Introduction to Country Ownership (technically complete – stalled at OGAC)**</i>
20.	<i>Early Childhood Development (6 courses)</i>
21.	HIV Basics*
22.	Mother to Child Transmission*
23.	Youth Reproductive Health*
24.	Gender and Sexual and Reproductive Health*

Course in italics are PEPFAR courses

**Courses in revision*

***not included in PMP counts*

Appendix L⁵⁸

Event/Conference Attendance

Year 5 Mid-Year Report (July 1, 2012 – June 30, 2013)

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
11. GetHealth Summit, New York, NY, Feb 6-7, 2013
12. Consortium of Universities for Global Health, Washington, DC, March 14-16, 2013
13. APLIC, New Orleans, LA, April 8-10, 2013
14. Population Association of America, New Orleans, LA, April 11-13, 2013
15. Global Health and Innovation Conference, New Haven, CT, April 13-14, 2013
16. SwitchPoint, Saxapahaw, NC, April 19-20, 2013
17. CORE Group Spring Meeting, Baltimore, MD, April 23-26, 2013
18. InterAction Forum, Washington, DC, April 28-May 1, 2013
19. DrupalCon, Portland, OR, May 20-24, 2013
20. Christian Connections for International Health, Arlington, VA, June 7-10, 2013

⁵⁸ Please see Appendix O for an analysis of the outputs/cost of attending these events/conferences.

Appendix M

Conference Presentations and Published Journal Articles⁵⁹ Year 5 Annual Report (July 1, 2012 – June 30, 2013)

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,” 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,” Second Global Symposium on Health Systems Research, November 2012, Beijing, China.
10. Poster Presentation: “Making information more meaningful: ‘Actionability’ framework for information,” American Public Health Association 140th Annual Meeting, November 2012, San Francisco, CA.
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.
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.

⁵⁹ There were no published journal articles in Y5 to date.

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.
17. Panel Presentation: “Empowering Frontline Health Workers with Mobile Technology,” Consortium of Universities for Global Health, March 2013, Washington, DC.
18. Oral Presentation: “POPLINE: A tool for searching the world’s reproductive health literature,” APLIC, April 2013, New Orleans, LA.
19. Oral Presentation: “eLearning as a Tool for Continuing Professional Development (CPD),” Global Health and Innovation Conference, April 2013, New Haven, CT.
20. Focus Group Discussion: “Family Planning Advocacy Toolkit,” CORE Group Spring Meeting, April 2013, Baltimore, MD.
21. Oral Presentation: “Harnessing the Power of E-Learning – What is on the Horizon,” InterAction Forum, May 2013, Washington, DC.
22. Oral Presentation: “Drupal Based Learning System for Global Health Providers in Developing Countries,” DrupalCon, May 2013, Portland, OR.
23. Panel Presentation: “Faith-Based Organizations and the Power of Stories,” Christian Connections for International Health Annual Conference, June 2013, Arlington, VA.
24. Book Chapter: “Is mHealth a Silver Bullet to Improve Maternal and Child Health in Rural Uttar Pradesh, India? Results of a Health Information Needs Assessment” in *Mobile Media Practices, Presence and Politics: The Challenge of Being Seamlessly Mobile* edited by Kathleen M. Cumiskey & Larissa Hjorth.

Appendix N

K4Health Media Mentions and Blog Cross-Post Details Year 5 Annual Report

CCMC Push Journal:⁶⁰

- 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

- JHU-CCP: [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](#)
- MSH Global Health Impact Blog: [Unexpected Results: Health System Improvements through Knowledge Management Interventions](#)
- 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](#)

⁶⁰ Links are not provided because it is a daily mail journal that does not have an archive.

- Global Health Knowledge Collaborative: [Collaborating, Learning and Adapting: Making Knowledge Valuable](#)
- Global Health Knowledge Collaborative: [Updated Version of K4Health's Needs Assessment Guide Now Available](#)
- Global Health Knowledge Collaborative: [Putting people at the heart of KM](#)
- Global Health Knowledge Collaborative: [Global Health Knowledge Management Share Fair: Catalyzing conversations](#)
- Global Health Knowledge Collaborative: [Intermediaries and Public Private Partnerships a Foundation for Success](#)
- Global Health Knowledge Collaborative: [Blended Learning: A new way to train health workers](#)
- Global Health Knowledge Collaborative: [Putting Learning at the Forefront of KM](#)
- Global Health Knowledge Collaborative: [Bangladesh Knowledge Management Initiative: Access on the frontlines](#)
- Global Health Knowledge Collaborative: [Facilitating information sharing in Indonesia: The Avian & Pandemic Influenza online toolkit](#)
- Global Health Knowledge Collaborative: [Beyond Outputs: Evaluating social media for outcomes](#)
- Social Butterfly Blog: [Forming the Social Media for Global Health Working Group](#)
- Aten Design Group Blog: [2012 Highlights](#)
- MSH Impact Blog: [Social Media Survey: How Does My Organization Stand Up in the World of Global Health and Development?](#)
- MCHIP Blog: [K4Health Posts MCHIP Blog on PPIUD Benefits and Related Brief](#)
- MCHIP Blog: [This Valentine's Day, Improve Your Condom Knowledge with Eight Fast Facts](#)
- The CEDARS Center/SHOUT Group Blog: [Bringing Method to 'Transitioning' - Looking across Sectors](#)
- Advance Family Planning Project Newsletter: [Improving Contraceptive Methods Mix Project Launches in Indonesia](#)
- GSMA Blog: [Scale-up and Sustainability of mHealth Programs: Online Discussion Forum March 18-22](#)
- Maternal Health Task Force: [First issue of Global Health: Science and Practice features new research on factors contributing to maternal deaths in Uttar Pradesh, India](#)
- Everyday Ambassador: [Can Social Media Change the World?](#)
- Zunia Knowledge Exchange: [New Articles in Global Health: Science and Practice](#)
- Interagency Youth Working Group: [Coming soon... an even better blog from the IYWG!](#)
- Johns Hopkins Bloomberg School of Public Health Center for Communication Programs: [K4Health Launches the Improving Contraceptive Method Mix Project in Indonesia](#)
- USAID PRH Connect Newsletter: [Improving Contraceptive Method Mix Project in Indonesia](#)
- USAID Impact Blog: [Saving Lives of Mothers and Babies through Family Planning](#)
- USAID Impact Blog: ["How to Work with USAID" 101](#)

- USAID LearningLab Lab Notes: [How to Design and Deliver Meaningful Knowledge Management Events](#)
- USAID LearningLab Newsletter: [Reflections from the Global Health KM Share Fair](#)
- MSH Global Health Impact Blog: [The Best of Both Worlds: Training Using Live and Virtual Tools](#)
- USAID Impact Blog: [MCHIP's Respectful Maternity Care Toolkit Promotes Positive Attitudes in the Care of Women and Newborns](#)
- USAID Impact Blog: [Health Education in Malawi: Helping Create Safer Advancing Behaviors](#)
- USAID Impact Blog: [Where the Rubber Hits the Road: Evidence Informing Impact for Global Health](#)
- GHDonline: [Guide to Conducting Needs Assessments: K4Health updated edition](#)

Blog Re-Posts, Original Contributions, and Mentions

USAID Impact Blog:

- “MCHIP’s Respectful Maternity Care Toolkit Promotes Positive Attitudes in the Care of Women and Newborns”
- “Saving Lives of Mothers and Babies through Family Planning”
- “Netbooks Empower Community Health Workers to Improve Health in Bangladesh’s Poorest Communities”
- “How to Work with USAID’ 101”

USAID LearningLab’s Lab Notes:

- “How to Design and Deliver Meaningful Knowledge Management Events”
- “How to Design and Deliver Meaningful Knowledge Management Events”
- “Global Health Knowledge Management Share Fair: Catalyzing Conversations”
- “Reflections on the KM Share Fair”
- “Thoughts and Reflections from the Global Health Knowledge Management Share Fair”

Kaiser Family Foundation blog:

- “Knowledge Management Can Help Improve Health Systems”

FHI 360 blog:

- “More Mobile Phones Than Toilets?”
- “Integrating Gender into Health Projects – New Collection of Tools Available”
- “Follow-up to the 2012 London Summit on Family Planning”

Appendix O

K4Health Event/Conference Attendance in Year 5 (July 1, 2012 – June 30, 2013) Outputs and Costs

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
11.	CUGH, Washington, DC, March 14-16, 2013	1 no-cost presenter	To deliver presentation on mHealth aspects of Malawi demonstration project as part of larger panel on mHealth:	Free Registration \$550/travel

	Conference	Presence	Outputs	Approx. Cost
			<u>Extending the Reach of the Health System: The Promise</u> <u>\$0/of mHealth</u>	
12.	APLIC, New Orleans, LA, April 8-10, 2013	1 Presenter	Presented "POPLINE: A tool for searching the world's reproductive health literature." Attended annual meeting.	\$275/registration \$720/travel
13.	Population Association of America, New Orleans, LA, April 11-13, 2013	2 Attendees	Distributed materials at K4Health booth.	\$1800/registration/booth \$720/travel
14.	Global Health and Innovation Conference, New Haven, CT, April 13-14, 2013	1 Presenter	To deliver a social innovation pitch on Nigeria work: "eLearning as a Tool for Continuing Professional Development (CPD)" to leaders, changemakers, and participants from all sectors of global health, international development, and social entrepreneurship. Learned about latest innovations in global health and promoted K4Health.	\$150/Registration \$570/Travel
15.	SwitchPoint, Saxapahaw, NC, April 19-20, 2013	3 Attendees	Explore partnerships and collaboration with IntraHealth and other developing world technologists and innovation hubs. The gathering takes place at the award-winning Haw River Ballroom in Saxapahaw, North Carolina, where innovators and big thinkers in the fields of technology, media, communications, development, global health, the arts, and business will come together with one goal in mind: to find new ways to spark innovations that will save lives in the developing world.	\$275/registration \$300/travel (for one person)
16.	CORE Group Spring Meeting, Baltimore, MD, April 23-26, 2013	1 Presenter 2 Attendees	K4Health facilitated a focus group discussion on the Family Planning Advocacy Toolkit. K4Health also displayed a table in the plenary room.	\$1000/Bronze sponsorship
17.	InterAction Forum, Washington, DC, April 28-May 1, 2013	1 Presenter	Delivered presentation on Global Health eLearning Center Blended Learning as part of workshop: "Harnessing the Power of E-Learning – What is on the Horizon" to nonprofit professionals with an international focus (including InterAction member staff), representatives from the government, corporate and philanthropic sectors, and the general public.	N/A

	Conference	Presence	Outputs	Approx. Cost
18.	DrupalCon, Portland, OR, May 20-24, 2013	3 Presenters	Presented on the newly designed GHeL Center, “Drupal Based Learning System for Global Health Providers in Developing Countries,” and talk about its use of Drupal. Learned about the newest and greatest things in the Drupal Community, networked with other Drupal users.	\$400/registration \$1000/travel
19.	Christian Connections for International Health, Arlington, VA, June 7-10, 2013	1 Presenter	Panel presentation: “Faith-Based Organizations and the Power of Stories.”	N/A

Appendix P

POPLINE Website Redesign and User Experience Survey

Background

POPLINE launched its redesigned website on July 23, 2012. Initially, we posted an email link on the home page requesting feedback to five questions from users. After a month's time, we had not received a single response. We moved the survey into SurveyMonkey, hoping that anonymity would encourage user to participate. In 5 ½ months, we received only three responses. In mid-February 2013, we began using **FluidSurveys**, which creates a minimally-intrusive pop-up inviting users to take a survey once they have completed their POPLINE visit. This approach has been successful in gathering information about POPLINE and other K4Health web products.

Survey Questions

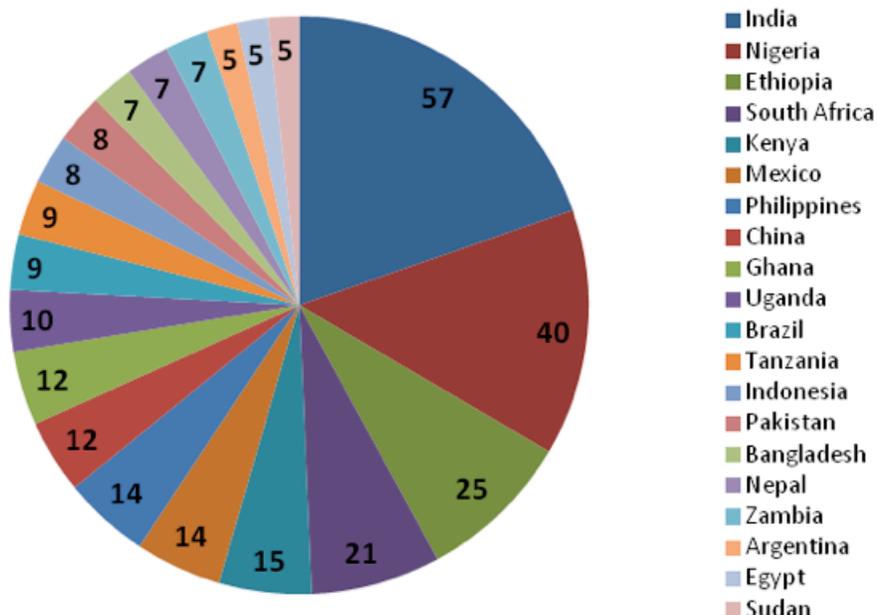
- Which country do you live in?
- What is the purpose of your visit to the POPLINE website today?
- Were you able to complete your task today?
- If you answered No above, please explain:
- Which of the following best describes how often you visit our website?
- Based on today's visit, how would you rate your experience overall?
- What do you value most about the POPLINE website?
- Please provide additional comments or questions about the new design or features.

Overall Findings

The survey collected 578 responses between February 15, 2013 - July 31, 2013. Overall, survey respondents rated their POPLINE visit favorably; 58% Good; 32% Fair; 10% Bad.

Responses came from 89 countries; including 60 low- and middle-income countries. 425 users were 1st time visitors; 120 were return visitors (60: first visit in last 6 months; 35: 2-5 visits in last 3 months; and 25: 6+ visits in last 3 months).

Which Country Do You Live In? Responses from Top 20 Low- and Middle-Income Countries



Nearly 70% of respondents said the purpose of their visit was for research purposes.

Purpose of Visit	# of Responses	# Low- and Middle-Income Countries	# Developed Country
General research for academic or work purposes	226	156	70
Research a specific topic	171	111	60
To retrieve a specific article or citation	94	47	47
No response	51	38	13
Curiosity/general interest	19	12	7
Random visit	13	6	7

Forty-four percent (n=280) of respondents said they were not able to complete their task. Of those, only 16% rated their visit as Bad. Reasons given for inability to complete a task were: research could not be completed in one visit/will be using additional resources; expectation of immediate full-text access/full-text required payment; and could not find any/enough information on their topic.

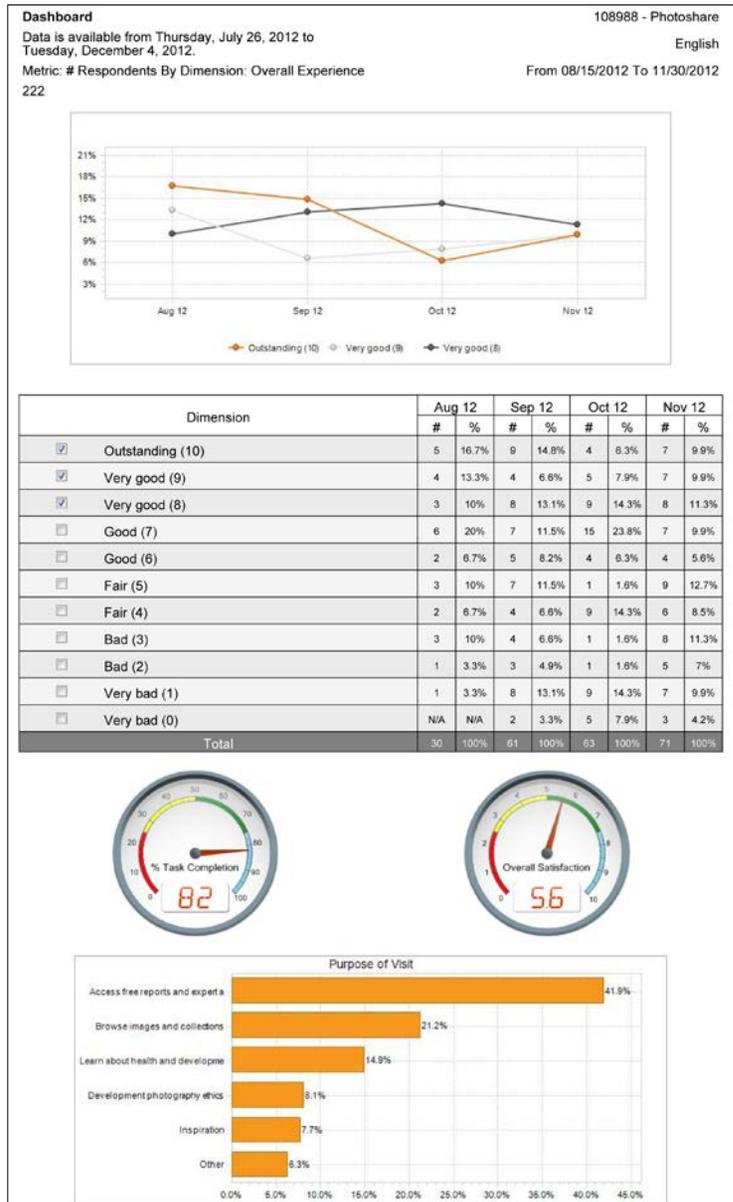
Nearly 50% of low- and middle-income country respondents, who were not able to complete their task, cited lack of information in the POPLINE record or inability to view the full text as the reason. While it was not always clear whether they were aware of POPLINE's document delivery service, this finding was of particular interest and indicates a need to clarify to our low- and middle-income country users how to request full-text documents from POPLINE. We have begun to address this through prominent POPLINE homepage content and a marquee item on K4Health.org.

Fifty-one percent of respondents answered the question "What do you value most about the POPLINE website?" The majority of the responses fell into the following categories:

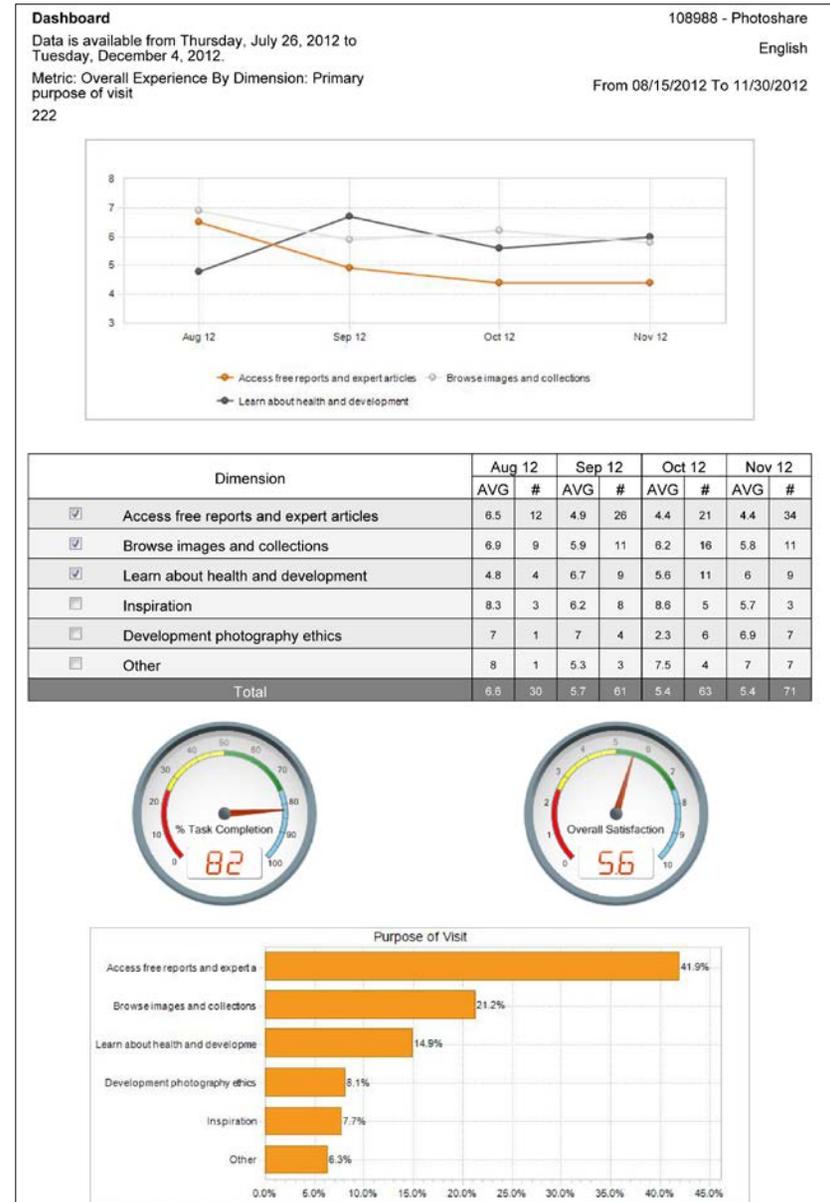
- Breadth and quality of the collection
 - *"Depth of resources available (so many spanning so many years), ease of use."*
 - *"I got all I was looking for and i hope that in future i will also find the information am looking for."*
- Links/access to full-text
 - *"I am very thankful to Popline for providing me the printed copies of the documents, which is very helpful for me and my students."*
- Gray/programmatic literature not in PubMed or Google Scholar
 - *"At least I can see what is not being done in projects - Pubmed had many articles on diabetes in pregnancy in developing countries but not clearly describing the interventions from USAID-funded projects."*
 - *"The fact that your staff finds and links to gray literature sources along with peer reviewed research. Gray literature is so hard to find so this feature is invaluable."*
- Free!
 - *"I think it one of the best website especially for junior researchers like I."*

Photoshare Survey Dashboard Screenshots

Overall Experience



Overall Experience and Primary Purpose of Visit



PHOTOSHARE SUREVY QUESTIONS

Q1. *Based on today's visit, how would you rate your site experience overall?*

Very bad		Bad		Fair		Good		Very good		Outstanding
0	1	2	3	4	5	6	7	8	9	10

Q2. *Which of the following best describes the primary purpose of your visit?*

- 1. Access free photos
- 2. Browse photo collection
- 3. Find information on development photography ethics
- 4. Inspiration
- 5. Learn about health and development activities
- 6. Other, please specify

Q3. *Were you able to complete the purpose of your visit today?*

- 1. Yes
- 2. No

Q4. What do you value most about the Photoshare website?

--

Q5. Please tell us why you were not able to fully complete the purpose of your visit today?

--

Q6. Which of the following best describes how often you visit this website?

1. This is my first visit ever
2. First visit in last 3 months
3. 2 - 5 visits in the last 3 months
4. 6 + visits in the last 3 months

Appendix R

Paired Toolkits Survey Findings

Background

In developing guidance for new working groups interested in building Toolkits, the K4Health team has been hampered by a lack of data about how the overall approach to Toolkit-building affects use. Prior to this data collection activity, the Toolkits Team hypothesized that users likely favor a synthesized toolkit (i.e., one that provides thorough guidance and a more scaled-down set of the best resources) over a “library-style”, less-synthesized toolkit (i.e., one that contains little guidance, and consists primarily of a long list of available resources on a given topic). To test this hypothesis, we compared four pairs of toolkits (eight toolkits total). Four of the toolkits were categorized as “more synthesized” and four as “less synthesized.” The toolkits were chosen and paired up based on similar audiences and/or topic.

Toolkit Pairings	
More Synthesized Toolkits (A)	Less Synthesized Toolkits (B)
Injectables	Implants
Multiple & Concurrent Partnerships	Adolescents Living with HIV
Maternal Infant Young Child Nutrition – FP Integration	Lactational Amenorrhea Method
Knowledge Management	Monitoring & Evaluation

During a normal web visit to one of the eight selected toolkits, users were invited to answer a simple pop-up survey to indicate their impressions on the content itself, amount of content, ease of use, intended use and future use, and to provide suggestions for improvement (see survey questions below).

Survey Questions

Please rate the content of the toolkit.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Content on home page makes me want to explore the toolkit further.	<input type="radio"/>				
Screens/pages have too much information	<input type="radio"/>				
Screens/pages have too little information	<input type="radio"/>				
This toolkit has too many resources.	<input type="radio"/>				
This toolkit does not have enough resources.	<input type="radio"/>				
Information is easy to read.	<input type="radio"/>				
Information is relevant to my professional needs.	<input type="radio"/>				

It was easy for me to figure out how to access the information and/or publications I wanted.

I intend to use information and resources I found in this toolkit.

Would you return to this toolkit?

- Yes
- No

Why or why not? [Comment box]

If you could make one significant change to the toolkit, what would it be? [Comment box]

What country do you live in? [Drop-down list]

Findings

The pop-up surveys were open from January 3 to May 2, 2013. Altogether, 99 responses were collected. While our goal was to collect at least ten responses for each of the toolkits, four out of eight toolkits did not meet the goal despite targeted outreach via K4Health social media and newsletter in the last two months.

Toolkits	# of Responses
Injectables Toolkit (A)	7
Implants Toolkit (B)	26
Multiple Concurrent Partnerships Toolkit (A)	4
Adolescents Living with HIV Toolkit (B)	7
Maternal Infant Young Child Nutrition and Family Planning Integration Toolkit (A)	10
Lactational Amenorrhea Method Toolkit (B)	6
Knowledge Management Toolkit (A)	23
Monitoring & Evaluation Toolkit (B)	16

Because the toolkits received a varied amount of responses, a scoring system was used to normalize, analyze and compare the data between the “A” versus “B” toolkits. The data indicated that there is relatively little significant difference between the impressions of “A” toolkit users and “B” toolkit users.

However, some findings include:

- More participants in the M&E Toolkit (B) survey find the content to be too much, too little or aesthetically overwhelming, when compared to the KM Toolkit survey (A).
- The MIYCN-FP and LAM Toolkit surveys report that 100% of respondents would return to the toolkits, despite respondents suggesting many changes to the LAM Toolkit (B) but no changes to the MIYCN-FP Toolkit (A).

- Seventy-five percent of MCP Toolkit (A) survey respondents reported that there was *too little* information in the toolkit while 29% of ALHIV Toolkit survey respondents reported that there was *too much* information in the toolkit.
- The Implants Toolkit (B) survey received four times as many responses as the Injectables Toolkit (A) survey but also received more suggestions for significant changes to its content.

In a comparison of the four “A” toolkits versus the four “B” toolkits, the “A” toolkits had a higher score than its “B” pair 24 times compared to “B” toolkits getting a higher score 16 times. In one case, a “B” toolkit, Implants, did overall better than its counterpart—the Injectables Toolkit.

Lessons Learned

While the findings do not conclusively support our hypothesis that users prefer more synthesized toolkits over less synthesized toolkits, we have captured some clear indications that users are satisfied with more synthesized content overall. Recognizing some of the limitations in this particular data collection method and pop-up surveys in general, future activities that aim to examine differences in user outcomes between more synthesized and less synthesized toolkits can consider the following two recommendations.

- 1) **Increase data quality by minimizing sampling bias and collecting compatible data:** Unfortunately we were not convinced that we collected data that could be used to draw comparisons this time—it was a voluntary survey, and as a result the number of respondents for each of the eight toolkits differed considerably, i.e., from the lowest (n=4) to the highest (n=26). In addition, we did not know much about the characteristics of the survey respondents and could not tell whether or not people who rated the “A” Toolkits were comparable to people who rated the “B” Toolkits. In the future, potential participants can be screened with an initial set of questions to determine if they are qualified. Then each of the selected participants can be asked to rate two toolkits— “A” and “B” in the predetermined pair. Furthermore, qualitative data collection (e.g., interviews) and/or interactive usability assessments can be considered in place of surveys.
- 2) **Incorporate questions to examine relevancy of subject matters/contents to users:** The impressions and satisfaction among users can be greatly influenced by actual toolkit topics—whether or not users think a particular toolkit offers subject matters/contents relevant to their professional needs. We were not able to examine it this time. However in the future, data collection instruments should include a few questions to determine the relevance of a topic so that the data can be thoroughly analyzed.

This activity has given us a good opportunity to try to examine how the impressions and satisfaction among toolkit users are influenced by the presentation/organization of toolkit contents. We have designed and tested a new data collection method, which could be refined further as described above. The simple survey questions have worked well, and should be used in the future data collection activities for toolkits and other K4Health web products.

Appendix S

Technical Assistance Provided to USAID/Ghana

In 2012, the USAID/Ghana health team renewed its commitment to health data and information for decision making with the addition of a new communications position for the team. The focus on interventions that increase local demand for information and facilitate its use is intended to enhance evidence-based decision making and to help make health systems more effective. As a result, the USAID/Ghana Mission requested assistance from K4Health to ensure that the data that they have collected from their partners is being adequately captured, organized, synthesized, communicated, and shared in a strategic way that tells the story of USAID's contribution in the fight against HIV/AIDS in Ghana as well as with other USAID Missions in the region and donors.

There were three main activities undertaken by K4Health to support USAID/Ghana:

- 1) Development of communications guidelines
- 2) Development of a series of communications briefs and spotlights
- 3) A knowledge needs assessment (KNA) to ascertain what source material existed, how it was shared and used, and where there might be opportunities to improve knowledge capture and use.

The communications support resulted in completed guidelines to help regularize the use of best practices, as well as edited versions of the USAID/Ghana communications pieces, including the HPNO brief; the issue brief on policy & capacity; and the three spotlights (on HIV & gender, HIV & mHealth, and PLHIV). All of these are now in Word documents that can be easily updated by the Mission.

The KNA was developed to suit the organizational context of USAID/Ghana's Health Team. To fully realize the results generated by the projects and share them with appropriate audiences quickly and efficiently, an operations-oriented approach was undertaken for the needs assessment to focus efforts on near-term, attainable approaches and tools for immediate use. The KNA was conducted over four days, equally divided between meetings, interviews, and research at USAID/Ghana and site visits to partner offices and local beneficiary sites. The KNA field work resulted in a technical document with annexes to capture the tools and processes used. The report provided recommendations for improved flow and use of materials to support the strategic aims of the Health Team.

The KNA identified the following main barriers to knowledge flow: 1) poor information management within the project and 2) limited human resources.

Achievements Beyond the Plan

What had been termed a general "communications process document" in the original scope grew to fill a more formal role as Communications Guidance for the Health Team. This shift may reflect the Mission's growing recognition of the value of communicating what is working and what has been

learned from the Ghana programs. The communications materials were also formatted for easy use by the Mission in subsequent writing efforts to share the value of the initial investment in communications support with subsequent technical and professional stakeholders.

The KNA was abbreviated due to weather delays yet still accomplished all the required tasks. The final report included recommendations as well as background methodologies in the annexes to support re-use of the methods as the program continues to mature.

Challenges, Lessons Learned, and Strategic Opportunities

Sharing the writing responsibilities between USAID/Ghana and MSH headquarters offices for communications products resulted in a degree of integration that was challenging to maintain.

Both the communications guidance and KNA had a larger audience than the immediate USAID Mission. The Global Health Bureau had an interest in building capacity at the field level and Knowledge for Health was interested in generalizing the methods for use by other Missions – as well as the USAID/Ghana Mission needs. It may have raised the overall visibility and usefulness of the final products if there was a process from the outset to integrate these three audiences more intentionally. As it stands, there is interest in the approach to communications and a KNA outside Ghana and the USAID/Ghana Mission is planning to use the communications materials in the future. The likelihood of adopting of the recommendations from the KNA is less clear.

Based on reviewer comments, it does seem there are opportunities to broaden the use of the communications guidelines and the KNA approach for other USAID Missions.