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

Knowledge for Health



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**Year 4  
Annual Progress Report  
July 1, 2011 – June 30, 2012**

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

August 10, 2012



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Launched in April 2012, the new K4Health website features a global navigation bar to access key products easily, a “new visitors” block, dynamically-driven topics and field activities pages, and a revised publications and resources page.

## Executive Summary

Year 4 of the Knowledge for Health (K4Health) Project was its strongest one yet. It was a time of renewal, transformation, and innovation, and a year in which K4Health's profile was raised significantly. Across its portfolio, with new leadership, applications, product platforms, and documentation of results, the project has been demonstrating the vibrancy and importance of knowledge management and exchange to advance the practice of family planning and reproductive health (FP/RH) and other key areas of international public health. In Year 4, K4Health continued to produce the high-quality work that it started during its first three years, and the project evolved further by spearheading **innovative strategies for disseminating information to—and exchanging knowledge with**—K4Health target audiences, such as the six discussion forums leading up to the family conference in Senegal, the Mother's Day TweetChat, and the Knowledge Management for Global Health course taught through Johns Hopkins University. K4Health also raised its profile and provided **leadership in a number of knowledge management (KM) forums**, including serving as the chair organization for the Global Health Knowledge Collaborative and its various task teams, encouraging new directions for the mHealth Working Group, and demonstrating leadership in innovative platforms such as the SHARE portal; the upgraded K4Health website, blog, Photoshare, POPLINE, Global Handbook and Knowledge Gateway sites; and the new Sites4Dev Platform.

K4Health produced numerous products and services during Year 4 in response to audience demand and feedback. For example, **27 new Toolkits** and **4 new eLearning courses** were produced, most of which focus primarily on KM and FP/RH technical priority areas. The project broke ground in the field of programming and interactive communication when it launched the Application for Contraceptive Eligibility (ACE), a **mobile application** for Android OS based on *Family Planning: A Global Handbook for Providers*. K4Health also published an upgraded **multi-author blog** featuring regular and guest commentators; finalized a **guide for conducting health information needs assessments**; and guest edited and produced a **Special Issue of the *Journal of Health Communication***: "Meeting the Information Needs of Health Care Providers, Program Managers, and Policy Makers in Low- and Middle-Income Countries." K4Health **launched its new website** in April, and the **new Toolkit platform** made its debut in June with the re-launch of the mHealth Toolkit. Improvements to the **POPLINE website**—the first major upgrade since 2003—was 90% complete by the end of Year 4, and at this writing, the updated website had just been launched.

In Year 4, K4Health advanced its **field-support effort** on different fronts, including launching SHARE (Southern Africa HIV/AIDS Regional Exchange at <http://www.hivsharespace.net/>); starting the KM support project in Bangladesh; disseminating final needs assessment reports in Ethiopia, Peru, and Senegal; and participating in Africa-based mHealth events. In Malawi, the project team finalized evaluation activities for the demonstration project that is now completely in the hands of the Malawian people.

K4Health also continued to **respond to the health information needs of its key audiences** through appropriate technology and delivery vehicles. Findings from needs assessments, routine monitoring, usability testing, and user surveys were incorporated into the work of the project to improve products and services. For example, results from the online user survey were used to inform the information architecture and enhancements to the K4Health website. Moving forward, the project will use data from additional in-depth interviews and online surveys to make recommendations for improving the



Global Health eLearning Center. K4Health also conducted a user assessment at the global and country levels, which will inform future updates to products and services.

Year 4 also brought a unique opportunity to the K4Health Project to help lead the conceptualization, launch, and management of a new peer-reviewed journal on global health. ***Global Health: Science and Practice (GHSP)*** will focus on the practical application and implementation of public health programs, and will thus complement K4Health's mission to extend access to best practices and to the latest research. We see our role in the journal as an acknowledgement of our leadership role in Knowledge Management and Exchange for public health.

Data collected for this Annual Report indicate that the K4Health team made excellent progress toward meeting annual targets; in some areas, the project even exceeded established goals. This review has been a valuable exercise for the K4Health team, and we are using review findings and lessons learned to inform the implementation of Year 5 activities. Looking ahead to Year 5, the K4Health team will embark on a series of cutting-edge KM activities while simultaneously maintaining and upgrading existing products and services and sharing lessons learned and best practices discovered over the course of this ground-breaking project.



Participants ask questions during the K4Health Network Mapping (Net-Map) dissemination workshop in Addis Ababa, Ethiopia, in May 2012. (Photo credit: Mekonnen Tilaye)

## K4Health Year 4 Annual Progress Report Process

Each Project Result (PR) team, as well as the Field Support (FS), Promotion and Dissemination (P&D), Monitoring and Evaluation (M&E), and Global Health: Science and Practice Journal (GHSP) teams, reviewed activities proposed for Project Year 4 (7/1/11 – 6/30/12) during the course of the Year 4 work plan modification and the Year 5 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 Year 5 activities

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



In June 2012, K4Health unveiled the updated mHealth Toolkit—the pilot toolkit for the new Drupal 7 Toolkit Application.

During Year 4 of the K4Health project, ePub and Kindle versions of *Family Planning: A Global Handbook for Providers* were developed, in both English and French.



## Annual Review Progress Highlights and Future Priorities

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### Project Result 1

#### Knowledge Needs of Audience Identified

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#### PR1 Year 4 Annual Progress Highlights (7/1/2011 – 6/30/2012):

- **Global Health Knowledge Collaborative (GHKC)**
  - Demonstrated leadership in KM by serving as the organizational chair for the Global Health Knowledge Collaborative, or GHKC (formerly called the Knowledge Management Working Group, or KM WG).
  - Hosted the October 2011 meeting at the CCP office and led a discussion about the group's strategic direction. Also planned and facilitated face-to-face GHKC meetings in March 2012 (at the MSH office in Arlington, VA) and May 2012 (at the FHI 360 office in Washington, DC).
  - Organized two webinars for the GHKC: In January 2012, Bill Lester, Executive Director of NonProfit Organizations Knowledge Initiative (NPOKI), presented on "Successful virtual meetings." In June 2012, Dr. Paul Duignan, international outcomes expert, presented on "Using visual models for knowledge management in public health and international development."
  - Supported and hosted each of the GHKC Communities of Practice (CoPs): the overall GHKC, the Advisory Committee, and the task teams. Launched several new task teams per discussions from the October 2011 meeting: KM Strategy, KM Case Studies, and KM Advocacy. (These three were formed in addition to the existing KM Toolkit task team and the KM M&E task team.)
  - Continued the M&E task team's work on the *Guide to Monitoring and Evaluating KM Programs for Health and Development* (tentative title).
  - Began discussing components of a KM strategy, under the KM Strategy task team, and ways to link USAID's work to the strategy.
  - Presented a panel titled "Best Practices in Creating and Sustaining Communities of Practice for Global Health" at the International Communication Association (ICA) Conference, under the KM Advocacy task team.
  - Led the KM Case Studies task team, whose members drafted 7 case examples of KM implementation, which will be added to the KM for Health and Development Toolkit.

(For more on the GHKC, see PR4 highlights on p. 13, M&E highlights on p. 22, and stats in the PR1 PMP section on p. 26.)
- **KM for Health and Development Toolkit**
  - Launched the toolkit in July 2011, building on the knowledge sharing activities of the larger working group. Geared toward a global community of health care professionals, the toolkit provides vetted KM resources from a variety of international public health and development organizations (see PR1 PMP on pp. 26-27 for user stats).

- Managed the toolkit, disseminated email missives to the wider GHKC, and identified KM toolkit tab champions (experts who could review and recommend KM resources to ensure the practical focus of the toolkit).
- Updated the KM Toolkit quarterly by uploading the latest peer reviewed, evidence-based KM-related resources, based on recommendations from the tab champions.
- Achieved a total of 19,682 page views for the year, making it one of K4Health's most popular toolkits.
- **Needs assessments**
  - Completed the *K4Health Guide for Conducting Health Information Needs Assessments*, posted it on K4Health.org, and announced the publication on relevant listservs.
  - Planned and held dissemination workshops in Ethiopia, Peru, and Senegal; posted final needs assessment reports (both full reports and summary reports) for all three countries on K4Health.org.
- **Journals, papers, and presentations**
  - Published and promoted (via press release, blog post, and listserv announcements) *Journal of Health Communication* supplement on “Meeting the Information Needs of Health Care Providers, Program Managers, and Policy Makers in Low- and Middle-Income Countries.” Working with co-editors Neil Pakenham-Walsh (HIFA 2015) and Symphrose Ouma (AHILA, Kenya), wrote introduction; submitted three research articles on results from health care information needs assessments in India, Malawi, and Senegal; and coordinated submission of three commentary pieces representing donor, librarian, and health care provider perspectives.
  - Presented needs assessment results from India, Malawi, and Senegal during a panel at the 2011 International Conference on Family Planning in Dakar, Senegal. Presented results from the Ethiopia needs assessment/Net-Map at the 13<sup>th</sup> World Congress on Public Health in Addis Ababa, Ethiopia, and the 5th Annual NIH Conference on the Science of Dissemination and Implementation in Bethesda, MD.
  - Presented Kenya and Senegal Toolkits during a panel at the 2011 International Conference on Family Planning in Dakar, Senegal.
  - Began setting foundations for the new *Global Health: Science and Practice* (GHSP) Journal (also see GHSP Journal highlights on pp. 23-24).
  - Submitted and received acceptance for four presentations for the 2012 American Public Health Association Annual Meeting (Ethiopia Net Map Results, India “Actionability” Framework, the Malawi documentary, and Senegal and Kenya Websites).
  - Submitted draft paper titled “Putting Knowledge into Action for Stronger Health Systems and Health Results” to USAID for review. Poster presentation highlighting the Malawi example as a KM project that improved health systems accepted for the second Symposium on Health Systems Research to be held in Beijing in October 2012.

- 6 months after the conclusion of the K4Health Malawi Demonstration project, a local consultant conducted an evaluation to understand how well components of the KM project had been sustained by the MOH. K4Health submitted the paper: “Post Project Evaluation Findings: Knowledge for Health, Malawi.
- Submitted the draft “Knowledge for Health Project Guide” which outlines how to establish an in-country KM project, using Malawi as a case example.
- Published paper in Special Issue to *Journal of Health Communication* titled: Reaching Remote Health Workers in Malawi: Baseline Assessment of a Pilot mHealth Intervention.

(For full list of conference presentations and published journal articles, see Appendix L.)

**PR1 Priority Areas for the Beginning of Year 5 (7/1/2012 – 12/31/2012):**

- Continue to serve as chair of the GHKC, facilitating exchange of best practices and lessons learned among KM practitioners. Contribute to the field by better capturing or creating KM strategic planning documents, improving measurement, and capturing and organizing this body of knowledge.
  - Co-convene KM meeting with other established KM groups (e.g., KM4Dev).
  - Plan the next face-to-face meeting of the GHKC, which will be held at JHU-CCP office in October 2012.
  - Finalize *Guide to Monitoring and Evaluating KM Programs for Health and Development* (tentative title); promote, disseminate, and monitor use of the guide (see M&E section on pp. 22-23).
  - Conduct additional webinars on KM topics.
  - Conduct one KM forum (see PR4 section on p. 16).
  - Add final KM case studies to KM for Health and Development Toolkit; maintain and enhance KM case study collection.
  - Maintain/update KM for Health and Development Toolkit.
  - Convene GHKC task teams.
- Continue to disseminate KM findings through additional venues (CA meetings, in-country dissemination workshops, conferences, K4Health website, including blog posts, and other P&D efforts).
- Globally disseminate K4Health KM findings on needs, gaps, and opportunities in priority countries gathered from multiple health system levels (e.g., APHA 2012, Mini-U 2012).
- Write/publish articles in peer-reviewed journals on K4Health Net-Map findings (in Ethiopia and Malawi) and evaluation findings (in Malawi).
- Complete white paper titled: “Putting Knowledge into Action for Stronger Health Systems and Health Results”



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**Project Result 2**

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

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**PR2 Year 4 Annual Progress Highlights (7/1/2011 – 6/31/2012):**

- **Cross-product / Cross-PR processes:**
  - Revised, streamlined, and documented editorial quality assurance processes, beginning with blog editorial flow as proof-of-concept (also see P&D highlights on pp. 16-17); continued to implement for blog, website, and newsletter.
  - Established product team structure to bring cross-PR expertise into Web product management process (also see PR3 highlights on pp. 11-12).
  - Revised structure of IT Governance Board (ITGB) to be a cross-PR body; validated ITGB charter and processes; undertook a comprehensive process of reviewing metrics and analytics across the whole product portfolio (also see PR3 highlights on pp. 11-12).
- **K4Health.org**
  - Implemented complete Web products portfolio review and enhancement process, carrying through on strategic work begun by SRA/Touchstone/Watershed team in April 2011 (also see PR3 highlights on p. 12).
  - Determined aesthetic direction for portfolio enhancements process; developed vision and roadmap for website enhancements; defined user profiles for entire Web product portfolio; contracted with Aten Design Group for Drupal development (also see PR3 highlights on p. 12).
  - Launched new K4Health blog platform in December 2011. In its first month (December 22, 2011 – January 22, 2012), it received 4,536 page views, compared with 1,948 blog page views during the previous month (November 21, 2011 – December 21, 2011). (For more on the blog, see PR3 highlights on p. 12, P&D highlights on p. 17, and Appendix N on p. 80.)
  - Launched enhanced K4Health.org website in April 2012. Enhancements included user-centric design (less “About Us”, more focus on core content), clarification of K4Health’s entire Web products portfolio; field activities pages and topic pages with dynamically-driven integration of relevant resources, blog posts, and Toolkits. Feedback has been uniformly positive.
  - Visits to K4Health.org from July 1, 2011-June 30 2012 were up by more than 25% over the previous year (also see PR2 PMP on p. 30 and pp. 33-35, P&D highlights on p. 17, and Appendix G on pp. 67-68).
  - Developed initial protocols, processes, and systems for the Sites4Dev platform (formerly “Affiliate Website Platform”): a set of modular website features that allows K4Health to deploy a new site quickly for programs, organizations, working groups, or communities of practice whose focus areas relate to K4Health’s mission (also see PR3 highlights on p. 12). Live examples of the platform can be seen at mhealthworkinggroup.org and k4health.mini-u.org; nine more sites are in development (launch dates not yet set).

- **Toolkit Application**
  - Hosted a webinar with seven participants (including Cultural Practice/IGWG and CCP Tanzania) in September 2011 to demonstrate how to apply the new customization features in the 2.0 release of the Toolkit Application (launched at the end of Year 3).
  - Promoted the Toolkit Application at various conferences and meetings, including at the Global Health Mini-U (Tech Café presentation), APHA (oral and poster presentations), and the 2011 International Conference on Family Planning in Dakar, Senegal (oral presentation). (For full list of conference presentations, see Appendix L.)
  - Developed requirements for Toolkit Application 2.1 features, based on user feedback from the webinar and other channels, including: more options for sorting resources in the manager/admin view; displaying three resources rather than one resource in the “Most Downloaded” block; streamlined and simpler options for displaying content blocks; and several improvements to the resource record display and color options (also see PR3 highlights on p. 12).
  - Implemented product development process for the 3.0 release of the Toolkit Application (in Drupal 7) (also see PR3 highlights on p. 12).
- **K4Health Toolkits**
  - Received nearly 208,000 visits to K4Health Toolkits, exceeding our performance target for the year by more than 17,000 visits (average monthly visits are more than 17,000).<sup>1</sup> Toolkits were the most popular entrance into K4Health.org, as in previous years. While most Toolkit visitors came from the U.S., visitors from Asia (India, Indonesia, Pakistan, and the Philippines) and sub-Saharan Africa (Kenya and Uganda) also were in the top 10 countries. Toolkits also received many visitors from Ethiopia, Mexico, Nigeria, and South Africa (see Appendix E).
  - Initiated and/or published many country-specific Toolkits: seven were spearheaded by colleagues from HCP Uganda on HIV, family planning, youth, and other topics to document and continue to share project learning; three toolkits focused on HIV Prevention in Swaziland and Zimbabwe; and one was a “how-to” toolkit based on the India experience with the ‘Happy Dampatti’ campaign of the Urban Health Initiative (UHI) in collaboration with CCP (see Appendix B).
  - Revisited and improved process for delivering offline versions of Toolkits; reduced production time by more than 50%, from two business days down to less than one full business day (also see the field support section on p. 21).
  - Launched new mHealth Toolkit (in Drupal 7) at the end of May; additional Toolkits are being migrated into the new system in the first part of Year 5. (See Appendix F for status of published toolkits.)
- **POPLINE**
  - Re-affirmed POPLINE’s unique value by focusing on identifying developing-country journal articles not indexed by PubMed or Scopus.

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<sup>1</sup> Target was 190,454; actual number of visits was 207,835.

- Exceeded Year 4 performance target for new records entered by more than 33% (from 5,500 in Year 3 to 7,373 in Year 4). The hiring of a PR2 lead in August 2011, combined with the rollout of new product owner roles, shifted responsibility of Toolkits and the K4Health website to other PR2 staff. This allowed the POPLINE Manager more time to focus on POPLINE activities. (Also see PR2 PMP on pp. 30-31 and POPLINE Website Trends on pp. 36-37).
- Developed requirements and managed process for POPLINE website redesign based on user feedback, analysis of search logs, and research needs, to include: multiple export options, customizable Advanced Search, Saved Search and My Documents, filtering search results, mobile-friendly interface, user profiles, and updated document request process.
- Increased total visits to the POPLINE website by more than 110% over the previous reporting period.
- Beginning in March 2012, started capturing a new indicator—the number of times users clicked on a full-text link—to explore how online full-text access and hard-copy document delivery complement each other. Over the last quarter, more than 3,000 resources were accessed through full-text links (see also PR2 PMP on p. 30-31).
- Refined POPLINE Keyword Guide, making core subject areas more explicit by deleting over 250 outdated/unused terms; also added terms for new subject areas, such as mHealth.
- POPLINE Manager elected to APLIC Board of Directors for 2015. APLIC is a global network of population information professionals.
- **Photoshare**
  - Launched upgraded Photoshare site in September 2011; immediately saw dividends in terms of numbers of images requested and orders fulfilled as well as interest in Photoshare as a photo repository for USAID and other cooperating agencies.
  - Presented and promoted new Photoshare website at several venues, including at the Development Information Workgroup Event hosted by Bread for the World in September 2011, HIPNET in January 2012, USAID in February 2012, ICF International and MEASURE DHS in March 2012, MCHIP in April 2012, and the Humanitarian Photography Interest Group of the CORE Group in May 2012.
  - Since the launch of the new site, the number of fulfilled orders increased by 56% (from 647 to 1,015) over the same period the previous year, and the fulfillment process was dramatically streamlined—delivery of images is now possible in hours (sometimes in minutes) rather than days. The new design also contributed to improvements in website analytics, with a 28% increase in average time on the site (from 1:03 to 1:31) (see PR2 PMP on p. 30 and Appendix G on pp. 67-68). Round two upgrades are underway, including batch photo upload for contributors, integrations with social media (i.e., Flickr) for importing content, a photographer directory, and contest functionality.
  - Began developing potential partnerships for the acquisition of rich image collections from USAID-Kenya USAID's Bureau for Economic Growth and

Trade (EGAT), the President's Malaria Initiative (PMI), and the Measurement, Learning & Evaluation (MLE) project.

- **Global Handbook and Wall Chart**
  - Received requests from 81 countries for 72,344 copies of the 2011 English edition of *Family Planning: A Global Handbook for Providers* and the updated *Do You Know Your Family Planning Choices?* Wall Chart in English. Also received requests for 5,325 copies of the French 2011 edition of both the Handbook and the Wall Chart (also see PR2 PMP on p. 29).
  - Expanded access to/reach of Global Handbook content by:
    - Uploading MS Word versions of the Handbook in English, French, and Spanish to [www.fphandbook.org](http://www.fphandbook.org), allowing for easier local adaptation of the content.
    - Creating the Application for Contraceptive Eligibility (ACE), a mobile application for Android OS, based on the Handbook. Working with PR3 and Forum One, we reviewed accuracy of technical content, edited content, managed usability testing contract, and performed quality assurance testing (also see PR3 highlights on p. 12).
    - Developed ePub and Kindle versions of the Handbook in English and French.
    - Promoted new print editions as well as ePub and Android App versions at a special auxiliary event of the 2011 International Conference on Family Planning in Dakar.
  - Updated development roadmap for Global Handbook website ([fphandbook.org](http://fphandbook.org)); contracted with developer; completed initial information architecture and design comps in June 2012; launch of new site expected by the end of July 2012.
- **Training Resource Package for Family Planning (TRP)**
  - Conducted usability testing on beta site to evaluate mechanics of using the TRP in a developing-country setting. Produced and submitted report of usability testing findings to USAID, WHO, and UNFPA, which included recommendations to improve: the overall structure of the site, Home page design, module pages, and other areas of concern for future iteration of the website.
  - Began the process of moving TRP onto the Sites4Dev Platform; initial architecture analysis and content support discussion are underway.
- **High Impact Practices in Family Planning (HIPs)**
  - Designed template for HIPs briefs; provided copyediting support for five HIPs briefs; copyedited, designed, and launched online survey instrument for HIPs mapping activity; selected appropriate mapping software based on product requirements and conducted quality assurance testing on beta versions of the map; developed and launched HIPs Web pages on [K4Health.org](http://K4Health.org); promoted HIPs pages through social media and K4Health Blog; and supported continuing data entry and web content management.



## **PR2 Priority Areas for Beginning of Year 5 (7/1/2012 – 12/31/2012):**

As the current round of major enhancements comes to a close, PR2 efforts will shift from development to maintenance, ongoing/incremental improvement, documentation, training, promotion, and partnership-building across the portfolio.

- Refine and implement cross-portfolio Web analytics approach.
- Intensify focus on cross-PR product team processes and communication.
- Continue to implement and document improved Customer Service model (clarifying points of contact and appropriate responses for inquiries received by telephone and over the website).
- Launch redesigned POPLINE website (also see the PR3 section on pp. 12-13), and continue to improve keyword guide by adding terms for new subject areas such as health systems strengthening.
- Launch redesigned website for Global Handbook.
- Complete migration of Toolkits from Drupal 6 into Drupal 7; gather user feedback; update product roadmap; continue to improve process for delivering offline versions of Toolkits.
- Complete Round Two upgrades to Photoshare (including batch upload for contributors, integrations with social media for importing content, and contest functionality).
- Focus on building up core content in FP/RH on K4Health.org.
- Conduct usability testing of the ACE mobile app and use the feedback to inform design of app updates.
- Develop roadmap for HIP website enhancements in collaboration with the USAID HIPs team. Edit, lay out, publish, and post new HIP briefs.
- Design and launch the TRP website on the Sites4Dev platform.
- 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.

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### **Project Result 3**

#### **Effective and Appropriate Information Delivery Systems Used**

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## **PR3 Year 4 Annual Progress Highlights (7/1/2011 – 6/30/2012):**

- **Cross-product / Cross-PR processes:**
  - Maintained servers at peak efficiency with an up time of over 99.5%.
  - Worked with industry-leading IT strategists to design and implement the new K4Health ITGB, define K4Health products and teams, and implement latest releases of products (also see PR2 highlights on p. 7).
  - Implemented the Git Version Control System to manage the development and deployment of K4Health Web products. Git has enabled us to collaborate more easily with outside developers on the revamped K4Health.org site and other

projects, and it has given us the ability to easily push updates from development to production.

- **High Impact Practices in Family Planning (HIPs)**
  - Created and launched the new HIPs website ([hips.k4health.org](http://hips.k4health.org)), incorporating geographic mapping of HIPs used in programs worldwide (also see PR2 highlights on p. 10).
- **ACE Application**
  - Created and published versions 1 and 2 of the ACE mobile application on the Android marketplace, Google play. The ACE mobile application is based on the revised 2011 update of *Family Planning: A Global Handbook for Providers*, and provides mobile access to the Medical Eligibility Criteria for Contraceptive Use (also see PR2 highlights on p. 10).
- **Toolkit Application**
  - Launched v2.1 of the K4Health Toolkit Application. This release included the new “All Resources” page for managers, which allows sorting by tab and by subheading as well as by organization. Version 2.1 also included user interface improvements like simplification of toolkit block visibility (limiting choices to all pages and toolkit homepage) and Content Delivery Network-friendly code changes to take advantage of the power of our CDN for images and other static files (also see PR2 highlights on p. 8).
  - Launched the 3.0 release of the K4Health Toolkit Application (in Drupal 7). Created the automated toolkit migration process and migrated the mHealth Toolkit (also see PR2 highlights on p. 8).
- **Photoshare**
  - Launched the new Drupal 7 Photoshare website with an updated look and feel, improved user interface, and more automatic ordering process (also see PR2 highlights on p. 9).
- **POPLINE**
  - Developed and completed 90% of the new POPLINE website, which offers improved search, document management, ordering, and POPLINE user features, such as an updated design, saved searches, and multiple-format document export (also see PR2 highlights on pp. 8-9).
- **Sites4Dev**
  - Launched the new K4Health Affiliated Websites platform, now called Sites4Dev, in a Drupal 7 multisite installation. The K4Health Sites4Dev software distribution is now available on [Drupal.org](http://drupal.org) under the name OpenAid at <http://drupal.org/project/openaid> (also see PR2 highlights on p. 7).
- **GHSP Journal**
  - Developed and launched interim GHSP web page (also see GHSP highlights on pp. 23-24).

**PR3 Priority Areas for Beginning of Year 5 (7/1/2012 – 12/31/2012):**

- Provide IT leadership on K4Health Web Product Teams for Toolkits, Sites4Dev, K4Health.org, POPLINE, Photoshare, mobile applications, and HIPs website.

- Replace the Google Search Appliance with Apache Solr, for a more native integration with Drupal and more consistent control over indexing and searching of Drupal databases.
- Provide maintenance and support of K4Health hardware and software for ongoing Web-based development, hosting, and distribution of K4Health products and services, including backups and data archiving for K4Health websites. Provide feature enhancements to K4Health websites.
- Maintain and enhance the ACE mobile application based on usability testing. Provide features for user feedback and to offer tips on the use of the application.
- Increase involvement in mHealth working groups (internal as well as external) (also see the PR4 section on p. 15) and build the capacity of K4Health staff developers in mobile technologies.
- Maintain and enhance performance, design, and usability of the Toolkit Application 3.0 release to increase accessibility and ease of user experience.
- Ensure sustainability by creating the K4Health Technical Guide, which will document all aspects of the K4Health systems, hardware, software, and configuration.

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#### **Project Result 4**

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

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#### **PR4 Year 4 Annual Progress Highlights (7/1/2011 – 6/30/2012):**

- **Knowledge exchange events and communities**
  - Supported face-to-face knowledge exchange events, including the GHKC, which has proven to be a vehicle for raising the profile of KM and, in turn, the work of K4Health. Supported and hosted each of the Communities of Practice (CoPs) (the overall GHKC, the Advisory Committee, and the task teams<sup>2</sup>) via Knowledge Gateway; also chaired the Advocacy Task Team. (For more on the GHKC, see PR1 highlights on p. 4.)
  - Provided leadership and support for knowledge exchange forums and virtual CoPs. For example, the PR4 team provided guidance on experiences with CoPs to others, including two different projects at Catholic Relief Services and a contractor from the Africa Bureau investigating the potential use of CoPs for professionals working to combat violent extremism.
  - Managed both online and onsite registration of 1,199 participants for the annual Global Health Mini-University in September 2011. Provided additional logistical support, including the implementation of a new mobile polling service to allow participants to vote for the best “pearl of knowledge” at the end of the event.

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<sup>2</sup> As of June 30, 2012, there were five active task teams: KM Strategy, KM Advocacy, KM Case Studies, KM M&E, and KM Toolkit.

- **eLearning**

- Continued developing new eLearning courses for USAID’s Global Health eLearning (GHeL) Center, PEPFAR, and Census Bureau. Published four new courses during Year 4: two GHeL courses (Nutrition: An Introduction and LA/PMs: A Smart FP/RH Program Investment) and two PEPFAR courses on the GHeL Center (Mortality Surveillance Methods & Strategies and Legal Requirements for HIV/AIDS Activities). Managed 50+ published courses and revisions of selected courses. Started development of a number of new courses (see Appendix J on pp. 71-73 for full list and PR4 PMP on pp. 40-42).
- Held a celebratory event in September 2011 with USAID HQ and field staff to recognize the milestone of 100,000 certificates earned by GHeL users.
- Began updating and transitioning GHeL onto an open-source platform identified through a competitive bidding process that will allow for greater design flexibility, incorporate the latest developments in instructional design, encourage user feedback and interaction, and generate more user-friendly reports. The project brings together a leading developer in the field of instructional design with user-interface web design experts.
- Completed the last phase of the three-phase evaluation of GHeL to determine the reach, use, and usefulness of eLearning; improve collection and analysis of data; and enhance the GHeL user experience. Phase three consisted of 26 in-depth interviews conducted among a sample of learners that successfully completed a course. Interviews occurred in August and September 2011 and explored practical applications and uptake of new information. Also developed synthesis products with findings from all three phases of the GHeL enhanced evaluation.
- Finalized the eLearning Basics course and launched it along with a re-launch of the Online Communities of Practice and the KM 101 courses (as a suite of KM-related courses).
- Tested the deployment of a mobile phone version of a K4Health eLearning course (Session 3 of the KM 101 course, titled “The Value of KM”).
- Developed the capacity of in-country partners and other organizations (for example, Bangladesh, Nigeria, SAFAIDS, MSH, and MEASURE Evaluation) in instructional design and development of eLearning courses.
- Drafted eLearning strategy for PEPFAR and received approval to develop Certificate Track on Leadership, comprised of three courses: (1) Country Ownership: An Introduction, (2) Change Management, and (3) Effective Leadership.

- **Discussion forums**

- Organized and facilitated six discussion forums (three in English and three in French) leading up to the family planning conference in Dakar: (1) FP progress at the national level since the 2009 International Conference on FP, (2) rapidly growing youth populations and implications for FP, and (3) national strategies for contraceptive security and financing. More than 650 people participated in the discussions and advanced the dialogue on a number of common themes before the conference started. The team also organized and



facilitated an English discussion forum on Healthy Timing and Spacing of Pregnancy (HTSP) in January 2012, which attracted over 450 participants.

- **IBP Knowledge Gateway (KG)**
  - Continued maintaining and supporting the KG, including supporting the new platform launch in December 2011 and developing content for the public website. Provided training and guidance to FP/RH community leaders. Introduced new platform to IBP members in Dakar during the International Conference on FP in November 2011 and at the annual IBP meetings in December 2011 and June 2012.
  - Transitioned IBP chair responsibilities from JHU-CCP to MSH by organizing handover meetings and KG trainings.
- **mHealth**
  - Provided overall leadership and guidance to the mHealth Working Group. Collaborated with mHealth Working Group co-founders to develop an advisory board, identify collaborative outputs for group members to advance knowledge in the field, and strengthen mHealth Working Group goals and procedures. Provided logistical support for meetings, identified and coordinated presentations, documented and shared meeting outcomes through the continually updated mHealth Toolkit and listserv.
  - Convened a meeting with USAID staff in January 2012 titled “Mobile Technology for Health: Common Challenges and Collaborative Solutions for USAID Programs,” on behalf of the mHealth Working Group Advisory Board. Advisory Board representatives reviewed their USAID-funded projects in mHealth, with joint presentations by Abt Associates, Catholic Relief Services, FHI 360, Georgetown University Institute, Jhpiego, JHU-CCP, John Snow Inc., MSH, PSI, and Save the Children.
  - Convened meeting with USAID Office of HIV/AIDS staff in June 2012 titled “Mobile Technology for HIV/AIDS: A Review of Projects and Issues.” Advisory Board representatives reviewed their USAID-funded HIV/AIDS projects in mHealth, with joint presentations by Abt Associates, FHI 360, Jhpiego, John Snow Inc., Management Sciences for Health, and PSI.
  - Continued to support an internal K4Health mHealth Working Group to share K4Health experiences with mHealth, track monitoring of mHealth activities and applications, coordinate efforts across K4Health, and identify appropriate channels for sharing K4Health experiences.
  - Attended and participated in the mHealth Summit in Washington, DC in December 2011, including hosting a booth to promote K4Health’s mHealth activities, including the mHealth Working Group, mHealth Toolkit, and the ACE mobile application.
  - Upgraded the mHealth Toolkit to the new toolkit platform and included additional resources in May 2012, which resulted in doubling the number of resources in the toolkit.
  - Provided platform and content for the mHealth Working Group website, which was launched in May 2012.

- Continued to collaborate with mHealth Alliance and others to develop a mHealth Commons.
  - **Papers and presentations**
    - Published a journal article, titled “Six years of lessons learned in monitoring and evaluating online discussion forums” in the *International Journal of KM and eLearning* in December 2011.
    - Presented poster presentation on CoPs at the annual APHA meeting in October 2011.
    - Presented "Knowledge for Health: Building eLearning Capacity” at the 2011 Interactive Technologies SALT Conference.
    - Presented at the Mobile Learning Conference and Expo on the topic of Mobile Phones Enable Learning for Front-line Health Workers in Malawi.
    - Presented on a panel to discuss Achieving the Millennium Development Goals at the Mobile Health Summit in Cape Town in May/June 2012.
- (For full list of conference presentations and published journal articles, see Appendix L.)

**PR4 Priority Areas for Beginning of Year 5 (7/1/2012 – 12/31/2012):**

- Provide leadership and support to knowledge exchange forums and virtual CoPs.
- Provide technical assistance to the IBP Knowledge Gateway global administrator and guide leaders of FP/RH CoPs through the process of developing and sustaining a CoP.
- Develop and implement a transition plan for the IBP KG Global Administrator activities.
- Organize and facilitate online forums and webinars on a variety of KM and/or FP/RH topics (also see PR1 section on p. 6).
- Launch updated GHeL platform and implement new features.
- Facilitate development of new GHeL courses and maintain existing courses.
- Develop the capacity of in-country partners and other organizations in instructional design and development of eLearning courses.
- Continue to promote and use new interactive technologies and software (including Rapid Intake, occasionally connected delivery methods, and SMS messaging).
- Document and disseminate best practices, methodologies, and success stories about eLearning and CoPs.

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## Promotion and Dissemination

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### P&D Year 4 Annual Progress Highlights (7/1/2011 – 6/30/2012):

- **Blog**
  - Participated in the process to enhance the K4Health blog platform, Photoshare website, and affiliate site template to improve usability and overall look. These updates ensure a unified theme among all K4Health-related sites, as well as the newsletter (also see PR2 highlights on p. 7).
  - Developed guidelines for guest bloggers, including topic focus, ideal length of posts, and new requirements to submit a brief bio and photo. These new guidelines and requirements have improved the quality of blog submissions and encouraged guest bloggers to continue submitting posts. Added six guest bloggers in May and June 2012.<sup>3</sup>
  - Produced and distributed business card-sized materials with a link and QR code directing potential guest bloggers to the guest blogger guidelines.
  - Streamlined process for blog editing and publishing, as well as internal tracking of blog post statuses, which has increased the number of blog posts, and improved the quality of posts. Due to these improvements, the annual target for blog posts (70) was surpassed by 45 (for a total of 115 blog posts for this period, up from 63 in Year 3). K4Health blogs continue to be picked up through social media and cross-promoted by other partners and agencies, adding to K4Health's visibility and improving the reach of K4Health products. The blog achieved all-time high visibility in June 2012, with over 7,800 pageviews (see Appendix N for data on blog views).
- **Newsletters**
  - K4Health published 11 newsletters in YR4, surpassing our goal of 10. The newsletter is sent electronically to over 15,000 people, and is opened on average by 11% of recipients (also see field support highlights on p. 19).
- **Social media**
  - Demonstrated leadership in the social media field, and also increased our own social media presence. K4Health monitors cutting-edge social media engagement strategies and metrics and applies them whenever possible.
  - Led and participated in social media meetings for relevant topic areas, including a Mother's Day TweetChat and Rio+20 Summit social media live tweeting (#RioPlusSocial). As a result of these activities, K4Health continued to gain Twitter and Facebook followers. For example, the week after the Rio+20 Summit social media live tweeting, K4Health gained 220 additional followers on Twitter.

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<sup>3</sup> The guest bloggers were: Dana Hovig, Chief Executive Officer, Marie Stopes International; Jim Shelton, Science Advisor, USAID Bureau of Global Health; Lauren VanEnk, Program Officer, Georgetown University Institute for Reproductive Health; Jean Fairbairn, Public Library Innovation Programme Coordinator, Electronic Information for Libraries; Libby Skolnik, Knowledge Management Manager, MLE Project for the Urban Reproductive Health Initiative, JHU-CCP; and Erica Nybro, Senior Research Associate, MEASURE DHS, JHU-CCP.

- Analyzed the impact of product announcements and blog posts on volume and engagement of social media followers. Initial analysis indicates that more frequent product announcements and blogs, along with higher profile announcements, increase social media followers. For instance, the week K4Health announced the project-sponsored Special Supplement in the *Journal of Health Communication*, the K4Health Twitter account received 200 additional followers. Additionally, visitors to the K4Health website who follow links from social media stay nearly twice as long as visitors who arrive from other locations.
- Formed the Social Media Working Group, in response to a growing need for better metrics and a venue to share lessons learned around social media in public health and international development organizations. This group meets quarterly and includes private, non-profit, international, and government agencies (also see M&E highlights on pp. 21-22). The June 2012 meeting far exceeded expectations, with nearly 40 people attending in person and via phone. The CoP on the IBP Knowledge Gateway has about 60 participants from over 30 organizations, who have been participating actively and sharing resources since the June 2012 meeting.
- **Events and conferences**
  - Participated in 21 conferences (see Appendix K) where K4Health delivered presentations, disseminated K4Health materials, tweeted conference proceedings, and blogged on important FP/RH topics.
  - Developed form letters for booth staff to use at conferences, as well as a strategy for following up with visitors to the K4Health booth, to increase the frequency of our outreach and ultimately expand our reach.
  - Managed K4Health presence at the International Family Planning Conference in Dakar, Senegal, in November 2011. Activities included the K4Health booth, mHealth panel, presentations on Kenya and Senegal Toolkits, a panel on the health information needs assessment results in India, Malawi, and Senegal, and a panel on the Malawi Demonstration Project. K4Health partner MSH also premiered its video about the Malawi mHealth Demonstration Project at the conference. A highlight of the conference for K4Health was the launch of the ACE mobile application and promotion of *Family Planning: A Global Handbook for Providers*.
  - Managed K4Health booth and associated promotional activities at the Washington, DC mHealth Summit and the International Communications Association in Phoenix, AZ. Also managed K4Health promotional activities at the Unite for Sight Conference in New Haven, CT.
  - Created promotional materials for the launch of the Maternal, Infant, Young Child Nutrition – Family Planning (MIYCN-FP) Integration Toolkit at the CORE Group meeting in May 2012.



**P&D Priority Areas for Beginning of Year 5 (7/1/2012 – 12/31/2012):**

- Cultivate K4Health’s new look and brand to reach more users in the field, specifically targeting field audiences through collaboration with partner organizations, USAID missions, and current contacts.
- Promote K4Health’s products and services as they are launched.
- Continue to explore and implement tools and tactics for improving engagement with the K4Health social media community.
- Continue to convene the Social Media Working Group to share lessons learned and best practices and promote these through broader venues, including an eForum and a Social Media Toolkit.
- Update and create as necessary K4Health promotional materials in preparation for conferences. Attend conferences for promotional activities as relevant.
- Increase blog cross-posting and commenting by all K4Health staff.
- Plan and execute End-of-Project activities.

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**Field Support**

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**FS Year 4 Annual Progress Highlights (7/1/2011 – 6/30/2012):**

- **Core-funded activities**
  - Finalized Kenya Toolkit and website for Ministry of Health (MOH) Division of RH, which contains links to policy documents, guidelines, strategies, and other Kenya-specific publications. Supported a launch event on March 7, 2012 to publicize the new website, in collaboration with the MOH. .
  - Submitted Ethiopia Net-Map report to USAID/Ethiopia and Washington, revised and finalized based on feedback, and posted online. Dissemination event held for partners (48 attendees representing more than 25 organizations) in Addis Ababa in May 2012 (also see PR1 highlights on p. 5).
  - Conducted user experience assessments of K4Health products in Ethiopia, India, Swaziland, and Zimbabwe to inform product upgrades and user needs. (For more details on this activity, see M&E highlights on pp. 21-22).
  - Sent informational updates to K4Health listserv of over 15,000 users and partner organization networks, in collaboration with the P&D team, to highlight materials and encourage field-based participation in events (also see P&D highlights on p. 17).
  - Added enhanced country page descriptions to the K4Health.org website redesign to inform the global public health community about local KM needs and K4Health solutions.
  - Finalized evaluation activities for the Malawi Demonstration Project, including documenting elements and benefits of a comprehensive KM system. Presented results to USAID and to the global health community at the 2011 International Family Planning Conference in Dakar, Senegal.

- Developed a preliminary draft of a guide on “How to Develop a Country-Based KM Program” using case studies from the Malawi Demonstration Project.
- Supported country programs in the development of Toolkits to address local KM needs, including in India, Swaziland, Uganda, and Zimbabwe. (Also see PR2 highlights on p. 8).
- Participated in Africa-based mHealth knowledge sharing events, including participation in the eHealth Conference in Nairobi, Kenya, in April 2012 and at the mHealth Summit in Cape Town, South Africa, in June 2012. These events included participation on panel sessions, meetings with local mHealth implementers including the USAID-supported MAMA project, and promotion of the mHealth Working Group resources hosted on K4Health.org. (For more on mHealth, see PR4 highlights on p. 15; for more on events and conferences, see P&D highlights on p. 18).
- **Field support-funded activities**
  - Implemented a number of activities, in collaboration with regional and national partners, to strengthen knowledge sharing and communication for HIV prevention in Southern Africa. Examples include: developing eLearning courses, building Toolkits, and hosting discussion forums.
  - 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. SHARE reached its initial target of 500 registered users within 6 months of its launch date.
  - Supported the capacity strengthening of resource centers in the Southern Africa region, which included assistance in collection design, database management, monitoring and evaluation, outreach, and promotion. Also assisted resource centers in the digitization of collections and the development and maintenance of online searchable collections in Lesotho (Phela), Swaziland (NERCHA), Botswana (SADC), and Zimbabwe (SAfAIDS).
  - Provided comprehensive KM support to the Ministry of Health in Bangladesh, including hiring four full-time KM advisors to sit in Ministry of Health and Ministry of Family Planning units. KM Assessments have been conducted, and capacity building has started. Integrated messaging around FP/RH, Maternal and Child Health, and Nutrition has been collected and reviewed, and will be shared through Bangla-version Toolkits and eLearning courses.
  - Planned for the implementation of an innovative operations research project in Indonesia that will investigate the impact of using KM and exchange principles to support targeted advocacy activities to improve contraceptive method mix in two provinces.

**FS Priority Areas for Beginning of Year 5 (7/1/2012 – 12/31/2012):**

- **Core-funded activities**
  - Focus on obtaining user feedback on KM tools and products, especially on innovations such as the ACE mobile application and SHARE (see PR2 highlights on p.10 and PR3 highlights on p. 12 for more information on ACE).

- Support country-based programs to develop Web-based and offline versions of Toolkits as an inventory resource and coordinating tool for MOH working groups (also see PR2 section on p. 11).
- Strengthen participation of users from developing countries within the K4Health project through support of knowledge updates and program highlights initiated by field-based programs. For example, we plan to include more use of multi-media features and “voices from the field” segments on the field activities section of K4Health.org.
- Document 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.
- **Field support-funded activities**
  - Conclude country and regional support activities in Southern Africa Region, including finalizing eLearning courses, completing topical and country-based Toolkits, and ensuring enduring capacity to maintain information resource centers in Lesotho, Swaziland, and Zimbabwe.
  - Identify a local partner organization to manage and promote SHARE to foster a vibrant, collaborative online community of practice for HIV/AIDS prevention and related areas.
  - Expand interaction between communities and the Ministry of Health in Bangladesh on FP/RH topics through the use of ICTs to build a thriving, health-knowledgeable society.
  - Implement data gathering, KM, and advocacy activities in Indonesia to improve the contraceptive method mix available in two underserved provinces.

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## Monitoring and Evaluation

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### M&E Year 4 Annual Progress Highlights (7/1/2011 – 6/30/2012):

- **Routine monitoring**
  - Conducted periodic reviews of project activities, documented progress, achievements, and key findings, and met reporting requirements, including:
    - Year 3 Annual Review and Progress Report—submitted the original report in July 2011 and the revised report in August 2011.
    - PRH Results Review for FY11 in October 2011: Three results put forward as part of USAID’s UltraFabs.
    - Year 4 Mid-year Review and Progress Report – submitted the original report in February 2012 and the revised report in March 2012.
  - Implemented the project-wide Performance Management Plan (PMP) and monitored the Year 4 targets for the K4Health core activities and in-country projects (Bangladesh, Malawi, Nigeria, and Southern Africa).
  - Held K4Health internal M&E Working Group meetings to streamline various M&E activities. Maintained and enhanced a number of M&E tools, including:

- PMP system (Excel)
  - Toolkit monitoring tools (Excel and Web-based)
  - Kudos database (Web-based)
  - P&D monitoring tools (Excel and Web-based)
- Held quarterly reviews of Web analytics for the K4Health website and other key products including POPLINE, Photoshare, and social media; improved Web analytics by including new approaches (e.g., in-page analytics and advanced segments); and coordinated with the ITGB on performance metrics for Web products. (For more about the ITGB, see PR2 highlights on p. 7 and PR3 highlights on p. 11.)
- **Systemic guidance for KM project design and M&E**
  - Led the M&E task team under the Global Health Knowledge Collaborative (GHKC), and hosted periodic meetings. (For more on the GHKC, see PR1 highlights on p. 4.)
  - Presented/conducted reviews of KM logic model with five external reviewers, as well as during GHKC meetings and other relevant venues. Revised the model based on feedback.
  - Collected original KM indicators from collaborating agencies and literature reviews, and organized and consolidated them using the KM logic model elements. Created a master list of common KM indicators ready for review.
  - Developed the timeline and outline of the *Guide to Monitoring and Evaluating KM Programs for Health and Development* (tentative title) (also see PR1 highlights on p. 4).
- **Assessment of user experience with K4Health products/services**
  - Developed a concept paper, research plan, and data collection instruments for qualitative user assessment, and obtained IRB approval.
  - Compiled resource materials and trained five K4Health/JHU-CCP staff members and one MSH staff member to build their skills in interviewing, taking notes, transcribing, and conducting usability testing sessions.
  - Completed data collection with global-level audiences (n=29) as well as among audiences in India (n=23) and sub-Saharan Africa (n=12); transcribed interviews.
  - Wrote two preliminary reports for internal use:
    - Global-level audience (MPH capstone paper by a student employee)—focusing on access, usefulness, intention to use/use, and sharing.
    - India (by a local researcher)—focusing on intention to use/use and social media.

**M&E Priority Areas for Beginning of Year 5 (7/1/2012 – 12/31/2012):**

- Complete Year 4 Activities shifted into Year 5.
  - Write chapters of the *Guide to Monitoring and Evaluating KM Programs for Health and Development*, conduct internal and external reviews of the chapters, finalize the design and layout for printing, and develop the P&D and M&E strategies.
  - Plan to conduct a webinar on the KM logic model.



- Start drafting a journal article on the KM logic model.
- Complete coding and thorough analysis of the user assessment, and compile a comprehensive report.
- Continue to design effective Web-based indicator strategies, document strategy implementation processes, and share key lessons learned and best practices.
- Assist with designing and conducting usability testing of products being developed or improved (e.g., ACE) (also see PR2 section on p. 11 and PR3 section on pp. 12-13).
- Synthesize K4Health's approaches and experiences with Toolkit development and document elements of successful Toolkit models (also see PR2 section on p. 11).

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### **Global Health: Science and Practice (GHSP) Journal**

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#### **GHSP Journal Year 4 Annual Progress Highlights (7/1/2011 – 6/30/2012):**

- **Management and infrastructure**
  - Established management team and solidified team member roles (editorial roles, advisory team role). The management team includes: Natalie Culbertson, Managing Editor; Ruwaida Salem, Associate Managing Editor; Jim Shelton (USAID), Co-Editor-in-Chief; Ron Waldman (GWU), Co-Editor-in-Chief; and Sarah Harbison (USAID), Associate Editor.
  - Developed list of potential Editorial Board candidates and confirmed initial list of approximately 10 members.
  - Developed draft guidance documents (e.g., author guidelines, peer review policy, manuscript review workflow).
  - Researched and selected vendors to provide submission and peer review management software (Aries' Editorial Manager) and web design and hosting services (Stanford's Highwire). Researched vendors to provide composition and XML conversion services.
- **Manuscript management**
  - Developed interim article tracking system in Excel.
  - Managed article submission process for solicited and unsolicited articles and facilitated editorial decision-making among the management team.
- **Promotion**
  - Initiated promotion of journal. Developed an informational (interim) web page, email accounts, and subscription form. Developed journal's logo and fact sheet and designed and printed postcard announcing Call for Manuscripts.
  - Verbally promoted journal at various meetings, e.g., IBP.

#### **GHSP Journal Priority Areas for the Beginning of Year 5 (7/1/2012 – 12/31/2012):**

- Finalize journal management infrastructure:
  - Select vendor to provide composition and XML conversion services.

- Configure and launch peer review management software for manuscript submission.
- Design and launch journal website with first issue.
- Finalize guidance documents (e.g., author guidelines, peer review policy, retraction policy, etc.).
- Register for relevant services (e.g., CrossRef, ISSN).
- Research relevant aggregators and their requirements (e.g., PubMed, ISI, Scopus, Ovid, Ebsco, Proquest).
- Join relevant professional organizations (e.g., Society for Scholarly Publishing, Association of American Publishers).
- Promote journal:
  - Compile comprehensive list of listservs, newsletters, and blogs and promote the journal via these sources.
  - Establish social media presence on Facebook, Twitter, and other relevant platforms.
  - Represent and promote journal at various conferences and meetings (e.g., IAC, July 22-27; Women Deliver, May 2013; Mini-U, September 2012).
- Continue managing solicited and unsolicited manuscript submissions in preparation for future journal issues, with each issue including 4-5 commentaries and 5-6 original papers. Publish additional web features.
- Develop monitoring and evaluation plan and report on indicators (e.g., registered subscribers, article downloads, geographic spread of articles and readers, acceptance/rejection rates, etc.).

## PMP Indicators, Data, and Trends

### Project Result 1

#### Knowledge Needs of Audience Identified

#### PR1 Indicators, Year 4 Targets and Annual Data

PR1 PMP Indicator	Year 4 Target	Year 4 Annual Data (Quantitative data if available)
Number of countries where FP/RH knowledge needs assessments among K4Health audiences are conducted	N/A	3 India user assessment (three protocols developed; conducted interviews at global level, in India, and in sub-Saharan Africa)
Number and type of instances that findings on audience knowledge needs are communicated to audiences	15  Include 3 peer-reviewed journal articles	17 Senegal presentations (4), Peru report, Peru dissemination event, Senegal report, Senegal dissemination event, AEA meeting, NIH presentation (Ethiopia), Ethiopia report, Ethiopia dissemination meeting, Kenya dissemination meeting, JHC Supplement (3), mHealth baseline results
Findings on audience knowledge needs being used to inform the design, production, and dissemination of products and services by K4Health and other audiences	Yes	<b>(Appendix A)</b>
Number and type of user feedback mechanism used ( <i>also M&amp;E</i> )	4  e.g., in-country user experience	8 Malawi (1. interview guide for national level taskforce members, 2. interview guide for DLC coordinators, 3. FGD

PR1 PMP Indicator	Year 4 Target	Year 4 Annual Data (Quantitative data if available)
	assessment/audience profile tools, success story template	guide for district taskforce team members, 4. FGD checklist for users) 5. eLearning interview guide 6. KM case study template <sup>4</sup> 7. Global user assessment 8. India user assessment
Number and type of GHKC (formerly KM WG) events/activities held	4 meetings (2 face-to-face and 2 webinar)	6 meetings (3 face-to-face, 1 teleconference, and 2 webinar)
Number and type of GHKC (formerly KM WG) members	150	174 members from 23 countries
Number and type of KM case studies collected, developed, & disseminated	6	7 have been collected (not yet published); 4 to be published in July 2012, and 3 more to be published by mid-August 2012
Number of organizations that are actively involved in review or maintenance of KM Toolkit	6 organizations	7 organizations <sup>5</sup>
Percent of resources downloaded in KM Toolkit <sup>6</sup>	Baseline	61%

<sup>4</sup> Shared with USAID on March 16, 2012, along with the Y4MYR progress report revision.

<sup>5</sup> These organizations are: JSI, Jhpiego, USAID, IntraHealth, Pathfinder International, FHI 360, and JHU-CCP.

<sup>6</sup> Our toolkit update protocols state: “Explore statistics on downloaded resources (<http://www.k4health.org/reporting>). Some key indicators to explore include the percentage of toolkit resources that are downloaded at least one time; total number of downloads; and the top downloaded resources. Are users downloading what you regard as key resources? Are there ways to draw attention to those key resources?” We don’t have a specific protocol on what to do with resources that are not downloaded, but we appreciate the suggestion. We will amend our protocols to have toolkit managers review resources that are not downloaded to assess their value, and then either delete them or promote them.

PR1 PMP Indicator	Year 4 Target	Year 4 Annual Data (Quantitative data if available)
Number of visits to KM Toolkit per year <sup>7</sup>	Baseline	6,542 visits
Number of absolute unique visitors to KM Toolkit per year <sup>8</sup>	Baseline	<b>4,796</b> unique visitors (29.3% repeat visitors)

### Selected PR1 Data on Trends

PR1 PMP Indicator	Data				Notes
	Y1	Y2	Y3	Y4	
Number of countries where FP/RH knowledge needs assessments among K4Health audiences are conducted	2	9 (11)	3 (14)	1 (15)	Malawi Net-Map (endline)
Number and type of instances that findings on audience knowledge needs are communicated to audiences	3	18 (21)	16 (37)	17 (54)	Senegal presentations (4), Peru report, Peru dissemination event, Senegal report, Senegal dissemination event, AEA meeting, NIH presentation (Ethiopia), Ethiopia report, Ethiopia dissemination meeting, Kenya dissemination meeting, JHC Supplement (3), mHealth baseline results

<sup>7</sup> Added “per year” as suggested to be more specific as per USAID request.

<sup>8</sup> Same as above.



PR1 PMP Indicator	Data				Notes
	Y1	Y2	Y3	Y4	
Number and type of user feedback mechanisms used	N/A	6	3 (9)	8 (17)	Malawi (1. interview guide for national level taskforce members, 2. interview guide for DLC coordinators, 3. FGD guide for district taskforce team members, 4. FGD checklist for users) eLearning interview guide KM case study template <sup>9</sup> Global user assessment India user assessment

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

<sup>9</sup> Shared with USAID on March 16, 2012, along with the Y4MYR progress report revision.

## Project Result 2

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

### PR2 Indicators, Year 4 Targets and Annual Data

PR2 PMP Indicator	Year 4 Target	Year 4 Annual Data (Quantitative data if available)
<b>Global Handbook and Wall Chart</b>		
Number and % increase of the Global Handbook and Wall Chart distribution (as a set)	42,500 English; 15,000 French; 7,500 Spanish	72,344 English; 5,325 French; 504 Spanish <sup>10</sup> 78,173 total 80% increase from Year 3 <sup>11</sup> 452 downloads of ACE
<b>Toolkits</b>		
Number of organizations that are actively involved in development, review, or maintenance of toolkits (either initiated or posted)	15 additional	15 <b>(Appendix B)</b>
Number of K4Health Toolkits initiated	10 global 3 in-country	27 total (10 global; 17 in-country) <b>(Appendix C)</b>
Number of K4Health Toolkits posted	20	27 <b>(Appendix C)</b>
Number of K4Health Toolkits updated	15	20 <b>(Appendix D)</b>
Percent of resources downloaded in Toolkits	90% downloaded	81% <sup>12</sup>

<sup>10</sup> During Year 4, there was a lower-than-expected demand for French and Spanish versions of the Global Handbook and Wall Chart.

<sup>11</sup> Added “% increase” as per USAID request.

<sup>12</sup> The method of measuring resources downloaded has been improved, in order to increase accuracy. The old system may have been overestimating downloads, so the targets we originally set for downloads are now harder to reach. Also, there were a large number of toolkits published in Year 4, and with more resources, the amount of resources downloaded, proportionally, has decreased.

<b>PR2 PMP Indicator</b>	<b>Year 4 Target</b>	<b>Year 4 Annual Data (Quantitative data if available)</b>
Number of visits to Toolkits	10% increase (from 173,140)	20% increase 207,835
Number of absolute unique visitors to Toolkits	10% increase (from 144,093)	18% increase 169,393 (16.51% repeat visitors, up from 14.05% over the previous year)
<b>K4Health managed websites</b>		
Number/percent of visits to K4Health managed websites, disaggregated by search engines, referring sites, direct traffic	10% increase (from 576,435)	25% increase 720,546 <b>(Appendix G)</b>
<b>Photoshare</b>		
Number of requests for images fulfilled	800	1,015
Number of photos cataloged	2,000	992 <sup>13</sup>
Number of contributors added ** Altered indicator: the new Photoshare site allows for account creation, which was not possible in the old system.	250	1,587 users / 262 contributors
<b>POPLINE</b>		
Number of records added	5,500	7,373
Number of document delivery requests delivered	4,000	3,944 <sup>14</sup>
Number of full-text links clicked		2,527

<sup>13</sup> Though this year total is less than our Year 4 target, we expect to greatly exceed the target in Year 5 given the remaining feature enhancements (batch upload and Flickr integration) and nascent partnerships with USAID-Kenya, EGAT, PMI, and the MLE project. We had included Kenya photo projections in Year 4, but development was shifted to the first quarter of Year 5. Discussions with Kenya have been slower to progress than we hoped, and these projections may have been a reflection of anticipated gains in acquisitions related to batch photo upload.

<sup>14</sup> There was a rebound in document requests in the last quarter of YR4 due in part to a large literature review by various in-country Gates staff. Also, POPLINE records now include both DOI (Digital Object Identifier) numbers or full-text URLs, which connect users to other potential document sources. POPLINE's redesign will come at the end of Year 4/beginning of Year 5; increasing document delivery is not a driver of the redesign.

PR2 PMP Indicator	Year 4 Target	Year 4 Annual Data (Quantitative data if available)
**New indicator (began collecting Mar 16, 2012)		DOI links clicked = 699 URL links clicked = 1,826
Number of online database searches **New indicator	150,000	2,176,666 <sup>15</sup>
<b>Feedback on information products/services</b>		
Percentage of audience members who perceive K4Health products and services as trustworthy, reputable, accurate, useful, and easy to-read, use and adapt	Baseline from Year 3 data	N/A <sup>16</sup>
Percentage of audience members who are satisfied with K4Health products and services (topic, format or presentation, content)		
Percentage of audience members who report knowledge gained from a product or service		
Percentage of audience members using information and knowledge gained to inform policy and advocacy or to enhance programs		

<sup>15</sup> In mid-2011, Google, and we suspect others, began indexing the POPLINE database. Database searches increased monthly from an average of 20,000 per month to 400,000 in the month of December 2011.

<sup>16</sup> These were measured qualitatively with the user assessment. The summary report is forthcoming. Please see the M&E narrative section on pp. 21-22 for more information.

### Selected PR2 Data on Trends

PR2 PMP Indicator	Data				Notes
	Y1	Y2	Y3	Y4	
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) <sup>17</sup>	Examples: HCP Uganda, E2A Project, Southern African Development Community (SADC), International Youth Foundation
Number of K4Health Toolkits initiated	4	36 (40)	27 (67)	27 (94)	Examples: LGBTI Populations and HIV Prevention, Human Resources in Health, Maternal, Infant, Young Child Nutrition – Family Planning Integration
Number of K4Health Toolkits posted	4	9 (13)	29 (42)	27 (69)	Examples: Traditional Leaders, Swaziland HIV/AIDS Toolkit for Teachers, Integrating RH into Youth Programs, Uganda Toolkits

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

<sup>17</sup> Examples of what constitutes “active” involvement are participating in virtual or face-to-face toolkit meetings; helping to develop the toolkit structure; identifying content to include in the toolkit; creating new materials for the toolkit to fill information gaps; reviewing new materials created for the toolkit; and helping with promotional efforts.



**K4Health Website Trends (July 1, 2011 – June 30, 2012)**

**Visitors Overview**

Jul 1, 2011 - Jun 30, 2012

Compare to: Jun 30, 2010 - Jun 30, 2011

Advanced Segments | Email | Export | Add to Dashboard

change in % of visits: +0.00%

Overview

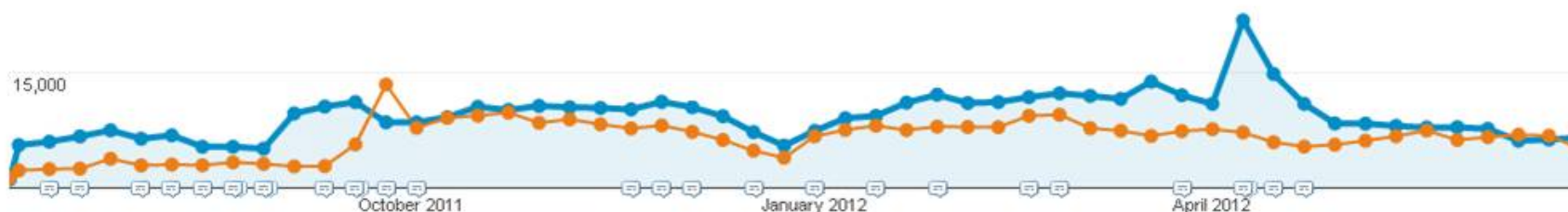
Visits vs. Select a metric

Hourly | Day | **Week** | Month

Visits Visits

30,000

15,000



Indicator	Site Usage	Prior 1 Year Period
Visits	487,157	335,840
Unique Visitors	417,884	290,524
Pageviews	832,147	667,955
Pages/Visit	1.71	1.99
Avg. Visit Duration	1:29	1:41
Bounce Rate	72.76%	68.96%
% New Visits	85.30%	86.06%

**Visits/visitors:**

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

- Sharpest spike occurred with the launch of the redesigned K4Health website on April 10, 2012.<sup>18</sup>
- Other large spikes can be attributed to: the KM 101 Course dissemination through Constant Contact on September 21<sup>st</sup> and a Facebook campaign focused on the new Photoshare website (September 12<sup>th</sup>).

#### Most frequently used keywords:

1. “K4Health”-related words, including: k4health, knowledge for health, k4health.org, [www.k4health.org](http://www.k4health.org), k4health toolkits
2. Family planning/family planning methods, reproductive health, health (in general)
3. “Jadelle”-related words, including Jadelle implant, Jadelle insertion, Jadelle contraceptive. This trend from Year 3 continues into Year 4.
4. “IUD”-related terms, specifically “IUD FAQ” in both English and Spanish searches
5. Phrases in Bahasa that lead to the Adolescent Reproductive in Indonesia Toolkit, including kesehatan reproduksi remaja (adolescent reproductive health), masalah kesehatan reproduksi remaja (adolescent reproductive health issues), and pelayanan kesehatan reproduksi (reproductive health services)
6. Searches related to “bemonc” or “basic emergency obstetric and newborn care”
7. “Teen pregnancy”-related words, including teenage pregnancy, teenage pregnancy sex education, teenage pregnancy in south Africa

#### Visiting countries:

- Top visiting countries:
  - United States (always 1<sup>st</sup> at 29% of site visits total, on average)
  - **India** (7% of total site visits)
  - United Kingdom

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<sup>18</sup> After the initial spike in visits in April when the website was relaunched, average monthly visits declined from 40,000 during the nine months preceding the launch (July 2011 – March 2012) to 32,000 during May-June 2012. This drop is largely because the new site contains fewer pages than the previous site, which reduces overall number of visits, as expected. For example, POPLINE Drupal records have been removed from the database of the new K4Health site, which has reduced direct visits to K4Health.org as well as visits from Google search engine indexing. The Toolkit widget page and individual GHeL course pages, which contributed to visits to the old website, also have been removed from the new website. In addition, access to the Toolkits login page for Toolkit builders has dropped during the Toolkit redesign and migration process (builders were instructed to temporarily stop building new toolkits). Furthermore, old INFO content such as Pop Reports pages have now been removed, resulting in less traffic to the K4Health.org site.

Taking a closer look at core K4Health content indicates that average monthly visits to the K4Health Blog have jumped by 150%—from an average of 650 visits/month during the nine months preceding the launch to 1,600 visits/month during May-June 2012. Direct visits to the K4Health Home page also have increased by 30%—from an average of about 5,600 visits/month to about 7,300 visits/month. Average monthly visits to Toolkits have remained steady at about 17,000 visits/month.

- **Indonesia, Philippines, Pakistan, Kenya, Mexico**
- Canada - #10
- Then, followed by South Africa, Uganda, Nigeria, and Ethiopia
- Indonesia continues to land in the top 10 countries in Year 4 through the consistent and healthy traffic to the Adolescent Reproductive Health Indonesia Toolkit.
- Among those countries, Mexico and the Philippines have the highest bounce rate (84%) and the lowest number of pages per visit (1.3). For Mexico, this could be attributed to the fact that there is less Spanish content on the site. For the Philippines, the current situation of reproductive rights and the reproductive health bill occurring in the country could be bringing traffic to the K4Health website, but users leave soon after because they don't find pertinent information that meets their information needs specific to their country.

**Top content/popular entrance paths:**

- K4Health home page, Toolkit landing page, IUD Toolkit - Frequently Asked Questions pages in English & Spanish, home pages of the Pakistan Relief & PHE Toolkits, eLearning Courses landing page.
- IUD FAQ pages have top visitors from US, Mexico, Spain, Argentina, Chile, and Colombia – possibly linked to Mirena
- Popular landing pages in toolkits: IUD, Pakistan Relief, PHE, Adolescent RH Indonesia, Implants, KM, Pre-Service Education, and mHealth

**POPLINE Website Trends (July 1, 2011 – June 30, 2012)**

**Visitors Overview**

Jul 1, 2011 - Jun 30, 2012  
Compare to: Jun 30, 2010 - Jun 30, 2011

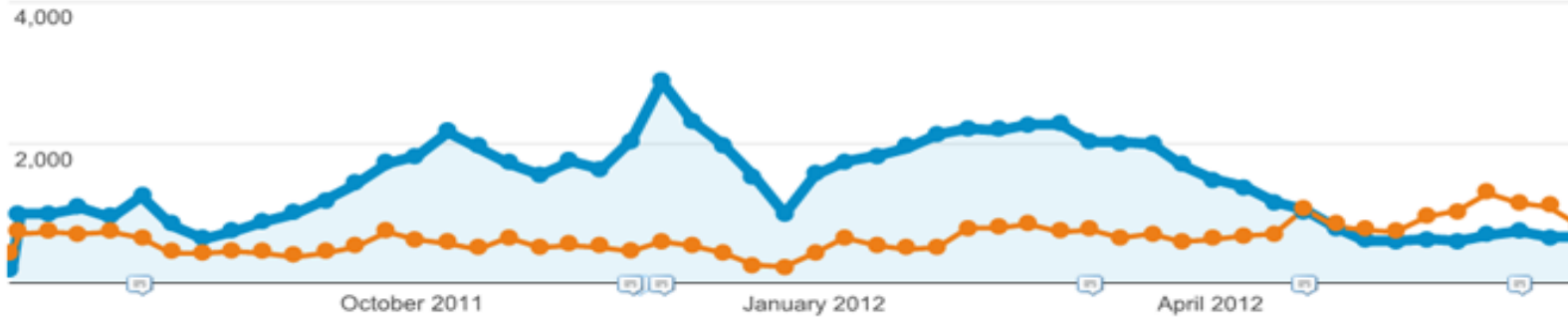
change in % of visits: +0.00%

Overview

Visits VS. Select a metric

Hourly Day Week Month

Visits Visits



POPLINE Website Trends Overview		
Indicator	Site Usage	Prior 1 Year Period
Visits	75,561	35,491
Unique Visitors	61,603	25,774
Pageviews	1,461,953	701,009
Pages/Visit	19.35	19.75
Avg. Visit Duration	2:20 *	4:37
Bounce Rate	58.19% *	45.76
% New Visits	80.69% *	71.08

\* Decreases attributed to indexing by Google & other search engines

**Visits/visitors:**

- The drop in visits from April – June 2012 compared with the same period last year can be linked to indexing from Google and other search engines that began in April 2011. During March 2012, indexing by external search sites was so frequent that the POPLINE site was crashing nearly every day. Measures were put in place to stop the indexing until the site could be moved into the Drupal platform.
- Visits from Africa & Asia account for 32% of all visits.
- 1,834 visits were via mobile devices. 56% used Apple iPad, iPhone, or iPod Touch.
- New visitors increased by 140% compared with the same period last year. Top countries with new visitors are the same as ‘Top Visiting Countries’ below.

**Top Visiting Countries to POPLINE:**

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

**Top Visiting Developing Countries to POPLINE:**

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



### Project Result 3

#### Effective and Appropriate Information Delivery Systems Used

#### PR3 Indicators, Year 4 Targets and Annual Data

PR3 PMP Indicator	Year 4 Target	Year 4 Annual Data (Quantitative data if available)
Number of off-line delivery mediums <sup>19</sup> for dissemination of K4Health content implemented, other than the Internet and print (e.g., flash drive, CD-ROM, cell phone, eBook, audio)	5 (CD-ROM, DVD, flash drive, eReader, netbooks)	6 (CD-ROM, DVD, flash drive, eReader, netbooks, phone apps)
Number of FP/RH websites supported	13	13 <b>(Appendix I)</b>
K4Health server up time kept at least 96%	Yes	Yes (99.5%)
YSlow grades for selected pages ( <a href="http://developer.yahoo.com/yslow">http://developer.yahoo.com/yslow</a> )	Home = 85 Toolkit = 85 About = 86	Home = 83 Toolkit = 84 About = 85
K4Health page response time maximum (Google Webmasters Tools)	2.5 Seconds	3.5 Seconds (average) <sup>20</sup>
Number of organizations using K4Health software offerings, including "child sites," clones, eLearning, search, and databases (not including toolkits)	9  7 from Year 3 plus 2	9  <b>(Appendix I)</b>

<sup>19</sup> This does not count different "formats" (i.e., ePub and Kindle under eReader, Android and iPhone under phone apps).

<sup>20</sup> This is an average page load speed at the time that Google did their periodic test. Note that this software is still in beta and that the Google Page Speed module gives us a 97/100 page speed rating.

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

**PR4 Indicators, Year 4 Targets and Annual Data**

PR4 PMP Indicator	Year 4 Target	Year 4 Annual Data (Quantitative data if available)
<b>eForums</b>		
Number of forums developed and supported	6 forums Inc. webinars	7
Number of registered participants in forums and % of registered participants from less developed countries	50% increase (n=561)  25% from LDCs	198% increase 1116 participants  62% from LDCs
Number of contributions (contributions made by participants and experts)	25% increase (n=306)	15% increase <sup>21</sup> 281 contributions
Number of registered participants who made a contribution(s) and % of contributors from less developed countries	25% increase (n=138)  40% from LDCs	30% increase 143 participants  72% from LDCs
Number of forums in which at least 80% of participants are satisfied with the content of discussion and the amount of information exchange	6	6

<sup>21</sup> Response to USAID’s question, “Since we’ve met our yearly target for forums, why were the targets not met for participants and contributions?”: This is most likely due to the fact that the audience for the 2011 International FP Conference forums was the same group of people who attended the conference participated in each forum in the series. Getting the same people to contribute regularly is often challenging. However, the level of participant satisfaction was high overall.

<b>PR4 PMP Indicator</b>	<b>Year 4 Target</b>	<b>Year 4 Annual Data (Quantitative data if available)</b>
Audience members' intended use of information and knowledge gained to inform decision-making or to enhance programs	Yes	Yes
<b>Face-to-face events</b>		
Number of face-to-face events and meetings (e.g., GH Mini University, HIPNet) supported	4 (plus 2 to 3 virtual training)	5 (1 Mini-U, 4 HIPNet) (plus 2 webinars- 1 for GHKC and 1 for CRS/Wash)
<b>GHeL Center</b>		
Number of eLearning courses published	9 5 GHeL 4 PEPFAR	4 <sup>22</sup> 2 GHeL 2 PEPFAR <b>(Appendix J)</b>
Number of eLearning courses in development	7 5 GHeL 2 PEPFAR	21 15GHeL 6 PEPFAR
Number of GHeL eLearning course authors trained	4	8
Number of registered learners in GHeL (cumulative from the inception)	10% increase (n=90,193)	12% decrease (n=72,172)* Database cleanse in May 2012 removed 34,648 non-valid accounts
Number of GHeL certificates earned (must score 85% or above to earn certificate)	10% increase (n=108,145)	44% increase (n=155,440)

<sup>22</sup> A number of courses are in development (see next indicator) and in queue for review by USAID. Also, we rely on project and course authors to complete new content and course revisions.

<b>PR4 PMP Indicator</b>	<b>Year 4 Target</b>	<b>Year 4 Annual Data (Quantitative data if available)</b>
Audience members' intended use of information and knowledge gained to inform decision-making or to enhance programs	Yes	Yes
Number of offline courses supported <i>Includes financial and/or human resource support for QATs and general management of offline process</i>	11 courses	11 courses
<b>K4Health eLearning</b>		
Number of K4Health eLearning courses published this year	1 (CoP relaunched)	3 (KM 101 and CoP relaunched, eLearning Basics launched)
Number of K4Health eLearning courses in development	N/A	N/A <sup>23</sup>
Number of visits and unique visitors to the K4Health eLearning website	10% increase 2227 page views 1193 unique views 274 page views	Data not currently available <sup>24</sup> (728 people enrolled on www.k4healthLearning.org)
Number of K4Health certificates earned (must score 85% or above to earn certificate)	150% increase (n=31)	50
Audience members' use of information and knowledge gained to inform decision-making or to enhance programs	Yes	Yes
Number of organizations trained in eLearning strategy development, course development, and course implementation and evaluation	2	3 SAfAIDS retrained Nigeria – Associate Award funds Bangladesh

<sup>23</sup> We completed the 3 listed (in the indicator above) and were advised by USAID not to do any additional courses at this point.

<sup>24</sup> We do not have Google Analytics for www.k4healthLearning.org since it is hosted by Rapid Intake; with the K4Health website upgrade, the eLearning pages from the K4Health website are non-existent.

### What learners say about eLearning:

One learner in the KM 101 course reported the following:

- *“I enjoyed the format and the various concepts that were covered ....”*

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

- *Apply it in delivering quality services to my clients and as a useful source of knowledge to deliver to my students when training LAPM sessions. I will also use the information as a resource in discussions during stakeholders meetings.* (Learner from Tanzania after taking the course on LA/PM: A Smart FP/RH Program Investment)
- *I am involved in program planning, implementation and monitoring. The information in this course will help me to work better and to be confident in my current work and for future.* (Learner from Thailand after taking Malaria (Updated) course)
- *This course has helped to clear up a number of issues I have come across. I have paid specialists to conduct surveys as a pre requisite for partner funding but not really mastering the methodology myself. It is clear to me the methodology and even the areas that need to be included in budget estimates for DHS. From now on I will have the confidence and to support further DHS and to follow up the use of the findings to guide decision making in my area of work.* (Learner from Uganda after taking Demographic and Health Surveys course)

### Selected PR4 Data on Trends

PR4 PMP Indicator	Data				Notes
	Y1	Y2	Y3	Y4	
Number of face-to-face events and meetings (e.g., GH Mini-University, HIPNet) supported per year	5	5	7	5	Mini-U (Sept 2011) HIPNet (Sept 2011, Jan 2012, Mar 2012 and June 2012)
Number of eLearning courses published	29	12 (41)	8 (49)	4 (53)	43 GHeL 10 PEPFAR
Number/% increase of registered learners in GHeL	35,150	56,072 (60%↑)	81,994 (130%↑)	72,172 (↓12%)	Database cleanse in May 2012 removed 34,648 non-valid accounts

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



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**Promotion and Dissemination**

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**P&D Indicators, Year 4 Targets and Annual Data**

P&D PMP Indicator	Year 4 Target	Year 4 Annual Data (Quantitative data if available)
Number of fans and followers on social media accounts (Twitter, Facebook, and LinkedIn)	25% increase 6,804 (Last Year)	29.5% Increase 8,812 Total Followers
Number of visits on K4Health.org from Twitter, Facebook, and LinkedIn	10% increase 2,267 (Last Year)	2,244 total referrals
Number of eNewsletters published per year	10 12 (Last Year)	11
% of recipients who open the newsletter (=open rate)	15% (2,000 Opens)	Average Open Rate: 11.05%
Number of blog posts published on K4Health.org blog	70	115
Number of media mentions from promotion	80	76 mentions from 36 outlets <sup>25</sup> <b>(Appendix M)</b>

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<sup>25</sup> Outlets include newspapers, websites, and other sources that mentioned K4Health. The higher ratio of mentions to outlets indicates that some outlets mention us more than once, thereby reinforcing our reliability as a source of trusted FP/RH information.

P&D PMP Indicator	Year 4 Target	Year 4 Annual Data (Quantitative data if available)
<p>Number of events/conferences participated in by K4Health</p> <p><i>Events/conferences do not include CoP and working group meetings</i></p> <p><i>Participation includes: dissemination of promotional materials, presentation of posters and papers, panel discussions, attendance at major conferences, live blogs, etc.</i></p>	20	21 <b>(Appendix K)</b>
<p>Number of K4Health offline devices distributed (e.g., flash drives, CD-ROMS, eReaders, mobile apps)</p>	<p>Flash drive: 2,548 ↓<sup>26</sup></p> <p>CD-ROM: 2,440 ↓</p> <p>DVD: baseline</p> <p>Other mediums: baseline</p>	<p>Flash drive: 2,992<sup>27</sup> <b>(Appendix H)</b></p> <p>CD-ROM: 1,006 <b>(Appendix H)</b></p> <p>DVD: N/A</p> <p>ACE App: 452 Downloads</p> <p>eReaders/ePub Handbook: 223 Downloads<sup>28</sup></p>
<p>Number of referring sites to K4Health products from other websites</p>	<p>Maintain 23,398 (Last year)</p>	53,020 <sup>29</sup>

<sup>26</sup> The down arrow indicates that we aim to reduce the distribution numbers for both flash drives and CD-ROMs this year.

<sup>27</sup> Our target was to reduce the number of flash drives in Year 4; however, we were still trying to meet demand from requests prior to the decision to reduce distribution of flash drives, so we went over our target.

<sup>28</sup> This number includes 208 Lulu downloads and 15 Kindle downloads (12 in English, 2 in French, and 1 in Spanish).

<sup>29</sup> After looking more closely at the data for both Year 3 and Year 4, we realized that there were errors in the Year 3 numbers originally reported. The number of *visits* from non-K4Health product websites in Year 3 was actually 34,794. The Year 4 figure of 53,020 reflects the number of *visits* to [www.k4health.org](http://www.k4health.org) from referring sites, excluding K4Health sites (POPLINE, Photoshare, etc.). In terms of actual external *domains* referring to [www.k4health.org](http://www.k4health.org), in Year 4, 3,130 domains referred to us compared with 2,319 domains in Year 3, an increase of nearly 35%.

## K4Health Strategic Objective and Indicators

### Strategic Objective

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

SO PMP Indicator	Year 4 Target	Year 4 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  7 from Year 3 plus mobile apps (ACE)	8  1. Toolkits 2. Online Forums 3. eLearning 4. Websites 5. Offline products (CD-ROM, flash drive) 6. Working groups (e.g., GHKC, mHealth, and Social Media Working Groups—led by K4Health) 7. Global Handbook/ Wall Chart 8. ACE application
Resources leveraged globally for FP/RH activities from non-USAID sources by core or FS funds ( <i>USAID PRH IR. 1.2</i> ) <i>Includes resources leveraged to meet cost-share requirements</i>	8  7 from Year 3 plus 1	8  1. Peace Corps 2. IBP Knowledge Gateway 3. Non-USAID partners (e.g., SADC) 4. Frontline SMS (Malawi) 5. Open source software (e.g., Drupal and Google Apps) 6. Google AdWords 7. GSMA (MDI guidance and input) 8. Nikon

SO PMP Indicator	Year 4 Target	Year 4 Annual Data (Quantitative data if available)
<p>Number of partnerships with organizations that do not traditionally focus on FP/RH (<b>USAID PRH IR. 1.3</b>)  <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>	<p>6</p> <p>Sustain the effort AFP Indonesia partners (Year 5)</p>	<p>7</p> <ol style="list-style-type: none"> <li>1. SHARE</li> <li>2. SAfAIDS</li> <li>3. Peace Corps</li> <li>4. Swaziland NAC</li> <li>5. Lesotho NAC</li> <li>6. RIATT</li> <li>7. Government of Bangladesh Bureau of Health Education/Nutrition Unit</li> </ol>
<p>Key actionable findings and experiences identified, generated, pooled, summarized and their lessons extracted (<b>USAID PRH IR 2.2</b>) – e.g., number of knowledge tools</p>	<p>N/A</p> <p>Will aggregate the number from other indicators</p>	<p>60</p> <p># of Toolkits posted = 27  # of eLearning published = 4  # of forums conducted = 7  # of websites managed = 13  # of offline products developed = 3*  # of working groups managed = 3**  # of print products published = 2***  # of mobile applications published=1****</p> <p>* Flash drive, CD-ROM, and eReader/ePub  **GHKC, mHealth, and Social Media  ***Global Handbook and Wall Chart  ****ACE</p>

SO PMP Indicator	Year 4 Target	Year 4 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><b>587,351</b></p> <p># of web unique visitors = 417,884  # of K4Health registered users = 6,333<sup>30</sup>  # of forum participants (IBP KG) = 1,116  # of IBP KG Global Community members = 5,504  # of GHeL eLearning registered learners = 72,172  # of offline product recipients = 4,673*  # of working group participants = 1,044**  # of print product recipients = 78,173***  # of mobile application downloads = 452****</p> <p>*Flash drive, CD-ROM, and eReader/ePub  **GHKC, mHealth, and Social Media  ***Global Handbook and Wall Chart  ****ACE</p>

<sup>30</sup> As of June 30, 2012, there were 5,705 registered users on the new k4health.org and 6,277 registered users on the old site (archive.k4health.org). Most users on the new site were migrated over from the old site. Only 56 users on the new site were not on the old site. Since this is a transition period, we added these 56 users to the 6,277 users from the old site (archive.k4health.org) to find the total number of registered users. For the next reporting period, we will switch over to reporting only the number of registered users on the new site.

## Appendices

<b>Appendix A</b>	K4Health PR/Area Use of Needs Assessment and M&E Data
<b>Appendix B</b>	Organizations Involved in Development, Review, or Maintenance of K4Health Toolkits
<b>Appendix C</b>	K4Health Toolkits Status Table
<b>Appendix D</b>	K4Health Toolkits Updated in Year 4
<b>Appendix E</b>	Visits from Developing Countries to Toolkits
<b>Appendix F</b>	Published Toolkit Status as of June 2012
<b>Appendix G</b>	Website Statistics – July 1, 2011 - June 30, 2012
<b>Appendix H</b>	Distribution of Toolkits on Portable Devices by Region
<b>Appendix I</b>	FP/RH Websites Supported/Managed through K4Health Funds
<b>Appendix J</b>	GHeL Courses Published/In Development
<b>Appendix K</b>	Event/Conference Attendance
<b>Appendix L</b>	Conference Presentations and Published Journal Articles
<b>Appendix M</b>	K4Health Media Mentions
<b>Appendix N</b>	Blog Pageviews

## Appendix A

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

#### Illustrative Examples

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
<b>PR 1</b>		
Senegal needs assessment report	Need for a central repository for information on FP/RH	Used to inform the creation of a national website
Ethiopia Dissemination workshop, Ethiopia World Congress, Ethiopia report	Need for a central repository for information on FP/RH; need for FP/RH resource centers.	Used to propose additional follow-on activities in Ethiopia, namely: 1) creation of a national web portal and 2) the addition of FP/RH materials at existing resource centers.
Ethiopia Net-Map presentation at the NIH Science of Dissemination and Implementation Conference	Net-Map is a useful methodology for looking at information sharing among FP/RH organizations	During the panel, a number of questions were asked about using the methodology for different health topics and among different cohorts of health care professionals.
User Assessment- Global, India and Sub-Saharan Africa	Combination of findings from the in-depth interviews and usability tests provided better understandings of variables that influence satisfaction and use of web products.	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 elements of success.



Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
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 m-health project in Salima funded by MSH.</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>
<b>PR2</b>		
User survey	<p>Users reported that:</p> <ul style="list-style-type: none"> <li>• content difficult to find, particularly about K4Health’s country-specific work</li> <li>• search functionality was confusing</li> <li>• layout was not aesthetically pleasing</li> <li>• there was too much text per page</li> <li>• site structure is not easy to</li> </ul>	<p>Survey results directly informed information architecture and feature selection of K4Health.org enhancements. For example:</p> <ul style="list-style-type: none"> <li>• added Field Activities pages that compile all the work that we are doing worldwide</li> <li>• simplified search functionality and added filtering capabilities</li> <li>• incorporated a more modern design</li> <li>• rewrote the pages to facilitate easy scanning (shorter text, boldfaced keywords, bulleted lists, headings, etc)</li> <li>• header bar gets users quickly from the main website to</li> </ul>

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
	navigate	K4Health's other web products; other features on the home page and navigation menus provide more flexibility to organize information in a more streamlined way.
Web statistics	Very few people responding to homepage poll	Eliminated homepage poll based on low usage.
Toolkits (user survey)	Survey respondents indicated that one of the most useful features of toolkits over resources such as databases is that toolkits provide a smaller set of resources.	This prompted renewed efforts to streamline existing toolkits to ensure that resources included in them were essential and added value so that users have a more manageable set of resources to explore.
Toolkit Application Webinar oral feedback from participants	Participants in the webinar indicated that the Most Downloaded block was not useful for them in its current state because it listed only one resource in the block.	Unanimously participants were interested in displaying more than one resource in their Most Downloaded block, so we implemented that change.
Toolkit Application Webinar survey feedback from participants	100% of surveyed participants showed interest in participating in future webinars	We have planned additional webinars (pending Toolkits enhancements).

<b>Source (e.g. Web statistics, NA report, survey, etc.)</b>	<b>Result/data</b>	<b>How data/information was used</b>
Direct feedback from Toolkit users and builders	Several requests by different groups to make the toolkits more distinguishable from each other	Added limited customizable options to Toolkit Application 2.1 release and expanded options in Toolkit App 3.0 release (e.g., color picker)
Direct feedback from Toolkit builders	Many requests from toolkit working groups for regular web statistics reports on their toolkits	Integrated Google Analytics report in the Toolkit Application that toolkit builders will be able to access
POPLINE: Website survey	<p>71% of survey respondents reported that they came to the K4Health website looking for research/journal articles. Respondents' top job function was researcher/evaluator and organization type was academic/research institution.</p> <p>Along with FP/RH methods and programs, survey respondents reported a strong interest in HIV/AIDS (60%) and MCH (59%) topics.</p>	<p>Survey results support an upgrade to the POPLINE website, providing better search and retrieval features on both K4Health and POPLINE, and featuring POPLINE more prominently on the K4Health site.</p> <p>Identified 8 new developing country journals not previously indexed for POPLINE input.</p> <p>User topic interest will help to inform an update to POPLINE Subject Scope guidelines and K4Health content topics.</p>
POPLINE Web Statistics	POPLINE search logs indicated that more than 30% of searches were from users clicking on one of the Instant Search links.	Included a browsable concept map of 12 topic categories with more than 400 pre-coordinated searches in the redesigned POPLINE site.

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
<b>PR3</b>		
<p>K4Health.org website user poll asked: What type of mobile phone do you primarily use?</p>	<p>58% of users who completed the polls said that they use a Smart Phone (Android, Blackberry, iPhone, Windows Mobile).</p> <p>Google Analytics from Jan. 1, 2011 to Jun. 30, 2011 on www.k4health.org showed Android was the top mobile platform accessing K4Health.</p> <p>Number of visits by type of Smart Phone:</p> <ul style="list-style-type: none"> <li>• Android - 1,326 visits</li> <li>• iPhone - 1, 087 visits</li> <li>• iPad - 478 visits</li> <li>• iPod - 231 visits</li> <li>• BlackBerry - 204 visits</li> <li>• SymbianOs - 171 visits</li> <li>• Nokia 85 - visits</li> </ul>	<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>
<p>Apache error logs, query logs</p>	<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</p>	<p>Query and logic fixes to solve errors:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• split previous query and the query for term data up</li> </ul>

Source (e.g. Web statistics, NA report, survey, etc.)	Result/data	How data/information was used
	node	<p>to be more efficient and to solve a subquery issue (more than one result returned)</p> <ul style="list-style-type: none"> <li>• changed check of \$count against \$max_bulk_update to work correctly (&lt;), instead of using !=, which skips the step if less than but not equal to</li> <li>• added 2 checks for is_array() to \$these_terms to bypass issue with non-arrays hitting it</li> <li>• added a check for identical entry in og_toolkits_pathsrc before adding it (was getting multiple entries for same path)</li> </ul>
drush queries initially and custom vhost-info script (for aggregation and extra information processing)	Configuration file, Virtual host name and any aliases, Document root of the website, Directory size, Drupal presence and Version, Database name, host, status, and size.	<p>It was determined that many sites use common modules and the management and maintenance could be streamlined by moving to a Drupal multisite configuration (not to be confused with a multi-domain, Domain Access site).</p> <p>As a result, several sites have been moved into multisite configurations, including nurhi.org, repositioningfp.org, and networksmalaria.org. With multiple sites sharing core software components but using separate databases in a Drupal multisite configuration, there is no risk of changes to one site impacting others because software changes happen in each site's own modules/custom directory.</p> <p>The result is a sharing of resources without exposing vulnerabilities.</p>

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

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



## Appendix B

### Organizations Involved in Development, Review, or Maintenance of K4Health Toolkits Year 4 Annual Report

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

New collaborative organizations = 15

National partners = 8 (marked with asterisks)

No.	Organization	Toolkits
1.	Centre for Development and Population Activities (CEDPA)	Maternal Infant Young Child Nutrition – Family Planning (MIYCN-FP)
2.	Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A) Project	Maternal Infant Young Child Nutrition – Family Planning (MIYCN-FP)
3.	HCP Uganda*	Uganda Couples HIV Counseling & Testing Uganda FP Communication Uganda Pediatric HIV Communication & Training Uganda Positive Living Communication Uganda Radio Distance Learning Uganda Safe Male Circumcision Communication Uganda Young Empowered and Healthy
4.	Health Policy Project	SEAPACOH
5.	International Youth Foundation	Integrating Reproductive Health Into Youth Development Programs
6.	K4Health – Bangladesh Project*	Bangladesh PHN for CHWs & Program Managers
7.	Matchboxolgy*	Male Circumcision (Swaziland's Accelerated Initiative)
8.	MIYCN-FP Working Group	Maternal Infant Young Child Nutrition – Family Planning (MIYCN-FP)
9.	National HIV & AIDS Information and Training Centre (Info Centre)*	HIV and AIDS Toolkit for Teachers and Schools in Swaziland
10.	SAfAIDS*	HIV and Gender, HIV and

		Traditional Leadership
11.	Southern African Development Community (SADC)*	HIV Prevention and SADC
12.	Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING)	Maternal Infant Young Child Nutrition – Family Planning (MIYCN-FP)
13.	Supply Chain Management System (SCMS)	Male Circumcision (Swaziland’s Accelerated Initiative)
14.	Urban Health Initiative (UHI)*	‘Happy Dampatti’: Using Community Activation for Social and Behavior Change Communication (SBCC)
15.	USAID Regional HIV/AIDS Program (RHAP)*	Human Resources in Health (HRH)

## Appendix C

### K4Health Toolkits Status Table Year 4 Annual Report

**Initiated in Year 4 = 27**

**Posted in Year 4 = 27**

**Currently in development = 21**

**Country-based toolkits = 23 (13 launched and 10 in development; marked with asterisks)**

No.	Toolkit	Date Initiated	Date Launched
1.	Adele Reproductive Health Foundation*	3/17/11	8/26/11
2.	Bangladesh Population, Health, and Nutrition for CHWs*	5/25/11	In development
3.	Bangladesh Population, Health, and Nutrition for Program Managers*	5/25/11	In development
4.	Centre de Documentation Electronique – HIV/sida – Cote d’Ivoire*	1/24/11	5/3/12
5.	Combination Prevention of HIV for Key Populations	1/6/12	In development
6.	Demographic and Health Surveys Toolkit	7/5/11	In development
7.	Engaging Traditional Leaders in the Prevention of HIV and Gender-Based Violence	10/11/11	3/23/12
8.	Essential Obstetric and Newborn Care	12/8/11	In development
9.	ExpandNet--Scaling Up Health Innovation Tools	3/13/11	1/24/12
10.	Guatemala: Legacy Resources for Integrating SDM and CycleBeads Methods Into Programs*	6/8/11	In development
11.	‘Happy Dampatti’: Using Community Activation for SBCC*	8/4/11	In development
12.	HIV and AIDS eToolkit for Teachers and Students in Swaziland*	1/20/12	5/7/12
13.	HIV Information Package for Tertiary Students in Swaziland*	6/25/12	In development
14.	Human Resources in Health	8/26/11	2/27/12
15.	Infertility	7/11/11	In development
16.	Information Resources from SADC’s HIV and AIDS Unit*	6/22/12	In development
17.	Integrated Anemia Prevention and Control	2/16/12	In development
18.	Integrating Reproductive Health Into Youth Development Programs	6/13/12	6/20/12
19.	Kenya Health*	9/15/10	11/23/11
20.	Knowledge Management	9/4/10	7/20/11

21.	LGBTI Populations and HIV Prevention	10/11/11	5/11/12
22.	Male Circumcision (Swaziland's Accelerated Initiative)*	3/12/12	5/14/12
23.	Maternal, Infant, and Young Child Nutrition – Family Planning	12/14/11	5/4/12
24.	Microbicides <sup>1</sup>	10/1/10	In development
25.	Monitoring & Evaluation	11/20/09	8/26/11
26.	Peace Corps – Neglected Tropical Diseases	6/30/11	9/23/11
27.	Permanent Methods	8/17/10	In development
28.	Postpartum Hemorrhage	8/16/10	12/21/11
29.	Preeclampsia/Eclampsia	8/16/10	12/20/11
30.	Pre-Service Education	1/24/11	8/9/11
31.	Primary Eye Care	8/18/10	In development
32.	Research Utilization <sup>1</sup>	8/1/10	In development
33.	Rwanda Social Marketing Behavior Change*	6/27/12	In development
34.	Senegal*	10/13/10	In development
35.	Tips & Tools for Strengthening the Effectiveness and Sustainability of Contraceptive Security Committees	11/3/11	In development
36.	Tools for SBCC	1/10/12	In development
37.	TwoDay Method	3/2/11	4/24/12
38.	Uganda Couples HIV Counseling and Testing*	11/9/11	5/7/12
39.	Uganda Family Planning Communication*	11/9/11	5/7/12
40.	Uganda Health Communication Partnership (HCP)*	12/6/11	5/7/12
41.	Uganda National Health Hotline*	2/29/12	5/7/12
42.	Uganda Pediatric HIV Communication & Training*	11/9/11	5/7/12
43.	Uganda Positive Living Communication*	11/9/11	5/7/12
44.	Uganda Radio Distance Learning*	11/9/11	5/7/12
45.	Uganda Safe Male Circumcision Communication*	11/9/11	5/7/12
46.	United Against Malaria: A Toolkit for the Private Sector	1/5/11	5/4/12
47.	Zambia HIV Prevention*	10/11/11	In development
48.	Zimbabwe HIV Prevention*	10/11/11	In development

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

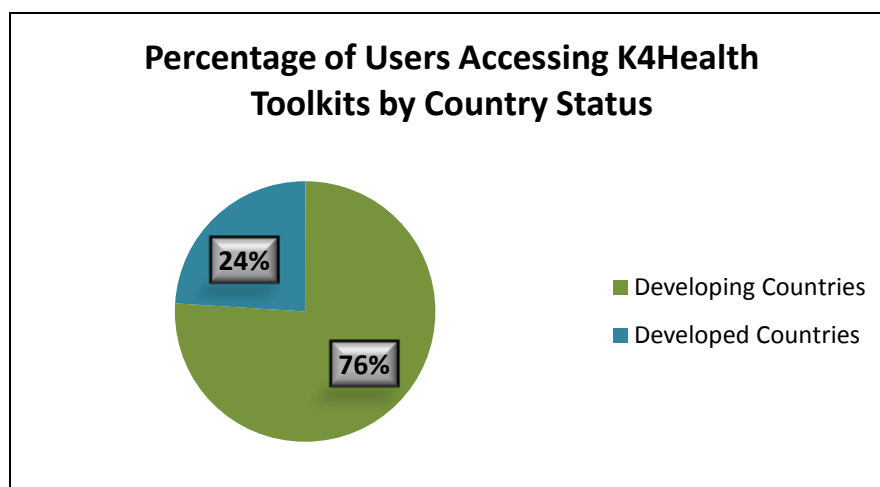
## Appendix D

### K4Health Toolkits Updated in Year 4

1. Adolescents Living with HIV
2. Community-Based Access to Injectable Contraceptives
3. Community-Based Family Planning
4. Condom Use
5. Elements of FP Success
6. Family Planning and HIV Services Integration
7. Healthy Timing and Spacing of Pregnancy
8. Interagency Gender Working Group (IGWG) Gender and Health
9. Injectables
10. IUD
11. Kenya Health
12. Knowledge Management for Health and Development
13. Lactational Amenorrhea Method (LAM)
14. Leadership and Management
15. Malawi HIV/AIDS
16. Malawi Maternal and Neonatal Health
17. mHealth
18. Oral Contraceptives
19. Population, Health and Environment
20. Postpartum Family Planning

## Appendix E

### Visits from Developing Countries to Toolkits Year 4 Annual Report



Developing Country	# of Visits
Indonesia	16,895
India	10,698
Pakistan	9,660
Philippines	6,630
Kenya	6,359
Uganda	4,025
South Africa	3,962
Mexico	3,570
Ethiopia	3,432
Nigeria	2,770
Nepal	1,959
Tanzania	1,884
Argentina	1,374
Bangladesh	1,366
Colombia	1,288
Malawi	1,227
Ghana	1,188
Chile	1,044
Malaysia	990
Cote d'Ivoire	849
Egypt	839
Iran	829
Zimbabwe	803
Zambia	799
Thailand	755
Saudi Arabia	704

Developing Country	# of Visits
Vietnam	625
Peru	616
Brazil	588
Rwanda	538
Botswana	529
Venezuela	526
Cambodia	490
Senegal	469
Sri Lanka	461
China	452
Guatemala	411
Jamaica	400
Turkey	356
Swaziland	349
Ecuador	341
Sudan	323
Cameroon	313
Haiti	311
Bolivia	281
Mozambique	264
Namibia	262
Trinidad and Tobago	252
Jordan	232
Myanmar [Burma]	225
Morocco	224
Romania	205

<b>Developing Country</b>	<b># of Visits</b>
Russia	203
Madagascar	202
Dominican Republic	193
Lesotho	185
El Salvador	174
Panama	173
Nicaragua	169
Costa Rica	159
Ukraine	155
Yemen	155
Laos	154
Fiji	148
Poland	144
Somalia	142
Lebanon	136
Uruguay	136
Burkina Faso	135
Djibouti	122
Honduras	122
Tunisia	116
Mali	112
Afghanistan	110
Iraq	108
Georgia	102
Mauritius	101
Oman	99
Sierra Leone	97
Algeria	94
Paraguay	93
Congo [DRC]	88
Serbia	80
Guyana	79
Hungary	79
Bulgaria	78
Mongolia	77
Liberia	74
Papa New Guinea	73
Czech Republic	71
Togo	70
Gambia	68
Belize	66
Albania	63
Benin	62
Burundi	61
Lithuania	61
Bosnia and Herzegovina	56
Armenia	55
Macedonia [FYROM]	54
Croatia	51

<b>Developing Country</b>	<b># of Visits</b>
Slovakia	50
Timor-Leste	49
Maldives	48
Kazakhstan	44
Slovenia	43
Tajikistan	43
Azerbaijan	38
Bhutan	37
Latvia	36
Dominica	35
Moldova	30
Kyrgyzstan	29
Niger	29
Uzbekistan	28
Suriname	26
Angola	25
Libya	25
Estonia	23
Solomon Islands	22
Saint Vincent and the Grenadines	22
Mauritania	19
Syria	18
Gabon	17
Belarus	16
Cuba	16
Guinea	16
Saint Lucia	16
Vanuatu	15
Cape Verde	14
Réunion	12
Eritrea	11
Kiribati	10
Guadeloupe	8
Turks and Caicos Islands	8
Central African Republic	7
Guernsey	5
Seychelles	5
Tonga	5
British Virgin Islands	5
Comoros	4
Nauru	4
U.S. Virgin Islands	4
Anguilla	3
Micronesia	3
Jersey	3
Montenegro	3
Northern Mariana Islands	3
Congo [Republic]	2
Grenada	2



<b>Developing Country</b>	<b># of Visits</b>
French Guiana	2
Saint Kitts and Nevis	2
Martinique	2
Palau	2
Samoa	2
Cook Islands	1
Gibraltar	1
Marshall Islands	1
Turkmenistan	1

## Appendix F

### Published Toolkit Status as of June 2012

	Toolkit	Published	# of Resources	# of Downloaded Resources	Total Downloads	# of Pageviews
1.	<a href="#">ALHIV</a>	2/28/2011	93	87	93%	6,590
2.	<a href="#">Centre de Documentation Electronique –Cote d'Ivoire</a>	5/3/2012	49	21	43%	500
3.	<a href="#">CBA2I</a>	6/30/2011	108	94	87%	9,711
4.	<a href="#">CBFP</a>	5/19/2010	366	309	84%	15,841
5.	<a href="#">Condom Use</a>	9/13/2010	114	69	60%	5,518
6.	<a href="#">Elements of FP</a>	10/21/2009	325	215	66%	10,094
7.	<a href="#">Engaging Traditional Leaders</a>	3/23/2012	48	44	92%	1,084
8.	<a href="#">ExpandNet</a>	1/24/2012	n/a	n/a	n/a	674
6.	<a href="#">FP/HIV Integration</a>	2/25/2010	147	111	75%	6,417
7.	<a href="#">Go Girls</a>	5/24/2011	15	10	67%	2,774
8.	<a href="#">Haiti Relief</a>	1/21/2010	458	444	97%	6,420
9.	<a href="#">HTSP</a>	5/3/2011	86	77	89%	4,798
10.	<a href="#">HIV/AIDS – Swaziland Teachers</a>	5/7/2012	61	57	93%	311
11.	<a href="#">Human Resources in Health</a>	2/27/2012	176	155	88%	3,429
12.	<a href="#">IGWG Gender and Health</a>	10/6/2010	432	360	83%	24,068
13.	<a href="#">Implants</a>	5/6/2010	193	147	76%	18,932
14.	<a href="#">INFO Project Publications</a>	4/19/2011	225	220	98%	10,165
15.	<a href="#">Injectables</a>	10/21/2009	176	145	82%	5,327
16.	<a href="#">Integrating RH into Youth Programs</a>	6/20/2012	23	18	78%	305
17.	<a href="#">IUD</a>	10/20/2009	223	173	78%	41,156
18.	<a href="#">Kenya Health</a>	11/23/2011	99	73	73%	5,568
18.	<a href="#">Knowledge Management</a>	7/20/2011	150	91	61%	19,682
19.	<a href="#">Lactational Amenorrhea Method</a>	5/5/2010	52	43	83%	1,941
20.	<a href="#">Leadership &amp; Management</a>	3/30/2011	119	78	65%	6,984
21.	<a href="#">LGBTI</a>	5/11/2012	104	101	97%	403
22.	<a href="#">Malawi FP</a>	8/20/2010	121	102	84%	4,789
23.	<a href="#">Malawi HIV/AIDS</a>	2/7/2011	367	247	67%	2,552
24.	<a href="#">Malawi Maternal/Neonatal</a>	8/20/2010	42	36	86%	5,857
25.	<a href="#">Malawi Young RH</a>	8/20/2010	14	13	93%	970
26.	<a href="#">Male Circumcision – Swaziland</a>	5/14/2012	44	36	82%	302
27.	<a href="#">MIYCN-FP</a>	5/4/2012	114	100	88%	2,203
28.	<a href="#">Monitoring &amp; Evaluation</a>	8/26/2011	110	58	53%	12,141
29.	<a href="#">MCP</a>	12/2/2009	87	57	65%	3,691

30.	<a href="#">mHealth</a>	6/16/2010	261	214	82%	7,295
31.	<a href="#">Oral Contraceptives</a>	12/20/2010	104	68	65%	4,578
32.	<a href="#">Pakistan Relief</a>	8/27/2010	264	180	68%	11,490
33.	<a href="#">Peace Corps - Behav Change</a>	8/9/2010	35	33	94%	2,993
34.	<a href="#">Peace Corps - Food Security</a>	8/9/2010	45	43	96%	1,098
35.	<a href="#">Peace Corps - HIV/AIDS</a>	8/9/2010	86	83	97%	2,230
36.	<a href="#">Peace Corps - Malaria</a>	7/13/2010	31	28	90%	1,086
37.	<a href="#">Peace Corps - MNCH</a>	8/9/2010	61	58	95%	3,176
38.	<a href="#">Peace Corps - NTD</a>	9/23/2011	65	35	54%	2,975
39.	<a href="#">Peace Corps - NCD</a>	2/25/2011	66	56	85%	1,220
40.	<a href="#">Peace Corps - Nutrition</a>	7/13/2010	59	53	90%	2,445
41.	<a href="#">Peace Corps - SRH</a>	8/9/2010	58	55	95%	954
42.	<a href="#">Peace Corps - Improved Stoves</a>	7/13/2010	27	21	78%	1,163
43.	<a href="#">Peace Corps - WSH</a>	1/21/2011	69	61	88%	4,139
44.	<a href="#">Peace Corps - Women</a>	7/13/2010	33	32	97%	1,289
45.	<a href="#">PHE</a>	12/13/2009	267	220	82%	16,487
46.	<a href="#">PMTCT</a>	12/1/2009	187	113	60%	7,454
47.	<a href="#">PPFP</a>	2/22/2010	85	80	94%	8,371
48.	<a href="#">Postpartum Hemorrhage</a>	12/21/2011	69	62	90%	2,623
49.	<a href="#">Pre-Eclampsia/Eclampsia</a>	12/20/2011	58	50	86%	3,138
50.	<a href="#">Pre-Service Education</a>	8/9/2011	67	38	57%	17,976
51.	<a href="#">Reproductive Health Indonesia</a>	1/12/2011	33	18	55%	31,995
52.	<a href="#">SDM</a>	8/2/2010	152	133	87%	2,809
53.	<a href="#">Tanzania ACE Mentoring Pgm</a>	6/15/2011	68	32	47%	1,097
54.	<a href="#">TwoDay Method</a>	4/24/2012	34	29	85%	452
55.	<a href="#">Uganda HIV Counseling</a>	5/7/2012	43	36	84%	327
56.	<a href="#">Uganda FP Communication</a>	5/7/2012	46	34	74%	349
57.	<a href="#">Uganda HCP</a>	5/7/2012	83	77	93%	1,109
58.	<a href="#">Uganda Health Hotline</a>	5/7/2012	14	10	71%	201
59.	<a href="#">Uganda Pediatric HIV/AIDS</a>	5/7/2012	53	49	92%	699
60.	<a href="#">Uganda Positive Living</a>	5/7/2012	46	38	83%	375
61.	<a href="#">Uganda Radio Distance Learning</a>	5/7/2012	31	23	74%	213
62.	<a href="#">Uganda Male Circumcision</a>	5/7/2012	42	28	67%	606
63.	<a href="#">United Against Malaria</a>	5/4/2012	41	24	58%	371
64.	<a href="#">Youth Policy</a>	5/9/2011	237	189	80%	5,554

**Notes:**

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

## Appendix G

Website Statistics – July 1, 2011 – June 30, 2012									
Websites*	Visits	Unique Visitors	Referring Sites	Pageviews	Unique Pageviews	Visits from Search Engines	Visits from Direct Traffic	Visits from Referring Sites	Avg. Time on Site
<b>K4Health</b>	487,157	417,884	3,175	832,147	699,722	257,363 (53%)	169,364 (35%)	60,073 (12%)	1:29
➤ <b>Toolkits</b>	207,835	169,393	1,319	458,910	358,644	119,318 (57%)	69,399 (33%)	18,904 (9%)	2:22
<b>POPLINE**</b>	75,560	61,603	1,129	1,461,953	135,750	45,750 (61%)	11,111 (15%)	18,691 (25%)	2:20
<b>Photoshare</b>	147,572	127,529	626	415,217	315,997	119,050 (81%)	15,674 (11%)	12,848 (9%)	1:31
<b>Global Handbook</b>	10,257	7,956	293	33,156	24,946	2,996 (29%)	3,433 (33%)	3,827 (37%)	3:21
<b>Total</b>	720,546	614,972	5,223	2,742,473	1,176,415	425,159 (59%)	199,582 (28%)	95,439 (13%)	

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

\*\*Does not include database searches

## **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 (Flash Drives and CD-ROMs) by Region Year 4 Annual Report (July 2011 – June 2012)

#### Flash Drives

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<b>Region</b>	<b>Number</b>
Sub-Saharan Africa	824
North America*	759
Latin America & Caribbean	1
Asia	1408
Europe	0
Middle East and North Africa	0
<b>Total</b>	<b>2992</b>

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#### CD-ROMS

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<b>Region</b>	<b>Number</b>
Sub-Saharan Africa	151
North America*	777
Latin America & Caribbean	1
Asia	53
Europe	0
Middle East and North Africa	4
Oceania	20
<b>Total</b>	<b>1006</b>

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

## Appendix I

### FP/RH Websites Supported/Managed through K4Health Funds

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

### Other Websites Using K4Health Technologies but Funded by External Organizations

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



## Appendix J

### Published GHeL Courses As of June 2012

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

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

*Courses in italics are PEPFAR courses*

### **GHeL Courses in Development**

1.	Adolescent Development
2.	Health Systems – Structures and Functions
3.	Social and Behavior Change Communication
4.	Postabortion Care
5.	Antimicrobial Resistance II
6.	mHealth
7.	Pharmaceutical Management
8.	Poverty and Equity
9.	Most at Risk Adolescents
10.	<i>Effective Leadership Skills for Country Ownership</i>
11.	<i>M&amp;E Guidelines for SWs, MSM, &amp; TG-National Level</i>
12.	<i>M&amp;E Guidelines for SWs, MSM, &amp; TG-Service Delivery</i>
13.	<i>Managing Organizational Change for Country Ownership</i>
14.	<i>Introduction to Country Ownership</i>
15.	<i>Designing and Implementing a Package of Comprehensive Services for Key</i>

16.	HIV Basics*
17.	Mother to Child Transmission*
18.	FP Legislative Requirements*
19.	Youth Reproductive Health*
20.	Standard Days Method*
21.	Logistics for Health Commodities*

*Course in italics are PEPFAR courses*

*\*Courses in revision*

## **Appendix K**

### **Event/Conference Attendance**

#### **Year 4 Annual Report (July 1, 2011 – June 30, 2012)**

1. Social Good Summit, September 2011
2. USAID 11<sup>th</sup> Annual Global Health Mini-University, September 2011
3. Usability Professionals Association Conference, September 2011
4. CORE Group, October 2011
5. American Evaluation Association (AEA) Annual Conference, November 2011
6. KM World, November 2011
7. APHA, November 2011
8. EE5, November 2011
9. 2011 International Conference on Family Planning, November-December 2011
10. ICASA, December 2011
11. mHealth Summit, December 2011
12. DrupalCon, March 2012
13. NIH Conference on the Science of Dissemination and Implementation, March 2012
14. Switchpoint, April 2012
15. CORE Group, April 2012
16. Unite for Site, GHIC 2012, April 2012
17. World Congress on Public Health, April 2012
18. eHealth Africa Conference, April 2012
19. APLIC Conference, April-May 2012
20. GSMA Mobile Health Summit, May 2012
21. International Communication Association (ICA) Annual Conference, May 2012

## Appendix L

### Conference Presentations and Published Journal Articles

#### Year 4 Annual Report (July 1, 2011 – June 30, 2012)

##### Conference Presentations

1. Oral presentation: "Knowledge for Health: Building eLearning Capacity," 2011 Interactive Technologies SALT Conference, August 2011, Reston, VA.
2. Oral presentation: "Don't Get Lost in the Knowledge Gap: Social Network Mapping," USAID Global Health Mini-University, September 2011, Washington, DC.
3. Oral presentation: "Are Friends a Dime a Dozen? Establishing Social Media M&E," USAID Global Health Mini-University, September 2011, Washington, DC.
4. Oral presentation (Tech Café): "K4Health eToolkit Application: How Fast Can You Build a Website," USAID Global Health Mini-University, September 2011, Washington, DC.
5. Oral presentation: "Power of an easy-to-use, web-based tool to deliver essential information to health professionals in developing countries," APHA Annual Meeting, October 2011, Washington, DC.
6. Poster presentation: "Scaling up use of high-quality health information in developing countries through a global partnership between Peace Corps and Johns Hopkins University," APHA Annual Meeting, October 2011, Washington, DC.
7. Poster presentation: "Global Health through Online Communities of Practice," APHA Annual Meeting, October 2011, Washington, DC.
8. Poster presentation: "Increasing Access to High-Quality Health Information in Developing Countries through a Global Partnership between Peace Corps and Johns Hopkins University," APHA Annual Meeting, October 2011, Washington, DC.
9. Oral presentation: "K4Health eToolkit Application: Delivering Essential Information to Health Professionals," APHA Annual Meeting, October 2011, Washington, DC.
10. Oral presentation: "The Value of Knowledge Management in Evaluation: A Research Perspective," American Evaluation Association (AEA) Annual Conference, November 2011.
11. Panel presentation: "Meeting Health Information Needs in Family Planning and Reproductive Health: A Multi-Country Assessment" (included three separate K4Health presentations, from India, Senegal, and Malawi), 2011 International Conference on Family Planning, December 2011, Dakar, Senegal.
12. Oral presentation: "mHealth Improves Family Planning in Malawi," 2011 International Conference on Family Planning, December 2011, Dakar, Senegal.
13. Oral presentation: "Enhancing Access to Evidence-based Family Planning and Reproductive Health Information," 2011 International Conference on Family Planning, December 2011, Dakar, Senegal.

14. Film presentation: "K4Health Malawi Demonstration Project: Implementing a System Wide Family Planning/Reproductive Health and HIV Knowledge Management Program to Meet Information Needs of Health Professionals in Malawi," 2011 International Conference on Family Planning, December 2011, Dakar, Senegal.
15. Poster presentation: "Using Mobile Phones to Improve Family Planning Services in Malawi," mHealth Summit, December 2011, National Harbor, MD.
16. Oral presentation: "Using Network-Mapping to Examine Information Dissemination and Implementation within Ethiopia's Family Planning and Reproductive Health System," 5th Annual NIH Conference on the Science of Dissemination and Implementation, March 2012, Bethesda, MD.
17. Poster presentation: "Using Network-Mapping to Strengthen Knowledge Exchange Among Ethiopia's Family Planning and Reproductive Health Organizations," 13<sup>th</sup> World Congress on Public Health, April 2012, Addis Ababa, Ethiopia.
18. Panel presentation: "Best Practices in Creating and Sustaining Communities of Practice for Global Health," International Communication Association (ICA) Conference, May 2012, Phoenix, AZ. (K4Health organized and moderated this panel, which also included Jhpiego, MSH, and UNC. K4Health staff also presented on "Communities of practice to enhance conference participation.")
19. Oral presentation: "The Case for Integrating Nutrition and Family Planning" CORE Group Spring Meeting, May 2012, Wilmington, DE.
20. Oral presentation: "Achieving the Millennium Development Goals: Using Mobile Phones to Improve FP/RH and HIV/AIDS Knowledge Sharing in Malawi," Mobile Health Summit, May/June 2012, Cape Town, South Africa.
21. Oral presentation: "Mobile Phones Enable Learning for Front-line Health Workers in Malawi," Mobile Learning Conference and Expo, June 2012, San Jose, CA.

## Journal Articles

1. "Six years of lessons learned in monitoring and evaluating online discussion forums," *International Journal of KM and eLearning*, December 2011.
2. "Reaching Remote Health Workers in Malawi: Baseline Assessment of a Pilot mHealth Intervention," *Journal of Health Communication*, Supplement 1, May 2012.
3. Special Issue on "Meeting the Information Needs of Health Care Providers, Program Managers, and Policy Makers in Low- and Middle-Income Countries," *Journal of Health Communication*, Supplement 2, June 2012. (K4Health staff co-authored introduction; submitted three research articles on results from health care information needs assessments in India, Malawi, and Senegal; and co-authored commentary piece representing donor perspective.)

## Appendix M

### K4Health Media Mentions Year 4 Annual Report

#### AllAfrica.com:

- [Nigeria: Lab Science Regulators Rally Against Malpractice, Misdiagnosis](#)
- [Nigeria: License for Lab Scientists Hangs on Test Scores](#)

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

- USAID Reminds US Why We Should Invest In Women
- New Study Suggests HIV Risk with Hormonal Contraceptives: What It Means for Family Planning Policy and Programs
- A Look at Child Marriage
- WHO Upholds Guidance on Hormonal Contraceptive Use and HIV Risk
- USAID Reminds Us Why We Should Invest In Women
- Supporting Safe Disclosure for Children & What Does it mean to be a Woman in 2012?
- Rio+Social: Social Media and the Trail to Sustainable Development

#### FHI360 Degrees Blog:

- [Gender is Important. So What? The Complexities of Measuring it](#)
- [Mobilizing Critical Family Planning Content](#)
- [“A product that pretty much sells itself”: Packaging our field experience so it’s irresistible](#)

#### Global Health Impact Blog - MSH:

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

#### Global Health Magazine:

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

#### 2011 International Conference on Family Planning:

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

- [The Power of Film: Spreading Family Planning Messages in Malawi](#)

## **UNFPA Conversations for a Better World**

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

## **Zunia.org:**

- [Blog: The Importance of Educating Health Workers for Improving Maternal Health](#)
- [Cost of Violence: USAID Funds Study in Bangladesh](#)
- [Photoshare by K4Health Launches New Website](#)
- [K4Health Blog: Social Good Summit: Changing the World Through New Technology](#)
- [Empowering Women and Girls Through Media and Communication](#)
- [An Integrated Approach to Addressing Millennium Development Goals](#)
- [Girls Grow: A Vital Force in Rural Economies](#)
- [Reducing Obstetric Fistula: Improving Physical, Social and Economic Strains on women](#)
- [The Forgotten 3 Billion](#)
- [Blog: USAID Reminds Us Why We Should Invest In Women](#)
- [New Couple Years of Protection \(CYP\) Conversion Factors Reflect Advances in Family Planning](#)
- [Six Years of Learning: Online Discussion Forum Monitoring & Evaluation](#)
- [New Momentum for Frontline Health Workers](#)
- [Blog: USAID Reminds Us Why We Should Invest In Women](#)
- [The Forgotten 3 Billion](#)
- [New Couple Years of Protection \(CYP\) Conversion Factors Reflect Advances in Family Planning](#)
- [Six Years of Learning: Online Discussion Forum Monitoring & Evaluation](#)
- [New Momentum for Frontline Health Workers](#)
- [Mobile Data Collection: A Leapfrog Technology for Health Improvement](#)
- [WHO Upholds Guidance on Hormonal Contraceptive Use and HIV Risk](#)
- [Scientists as Peer-Educators: Building eLearning Skills in Nigeria](#)
- [Supporting Safe Disclosure for Children](#)

## **General Coverage**

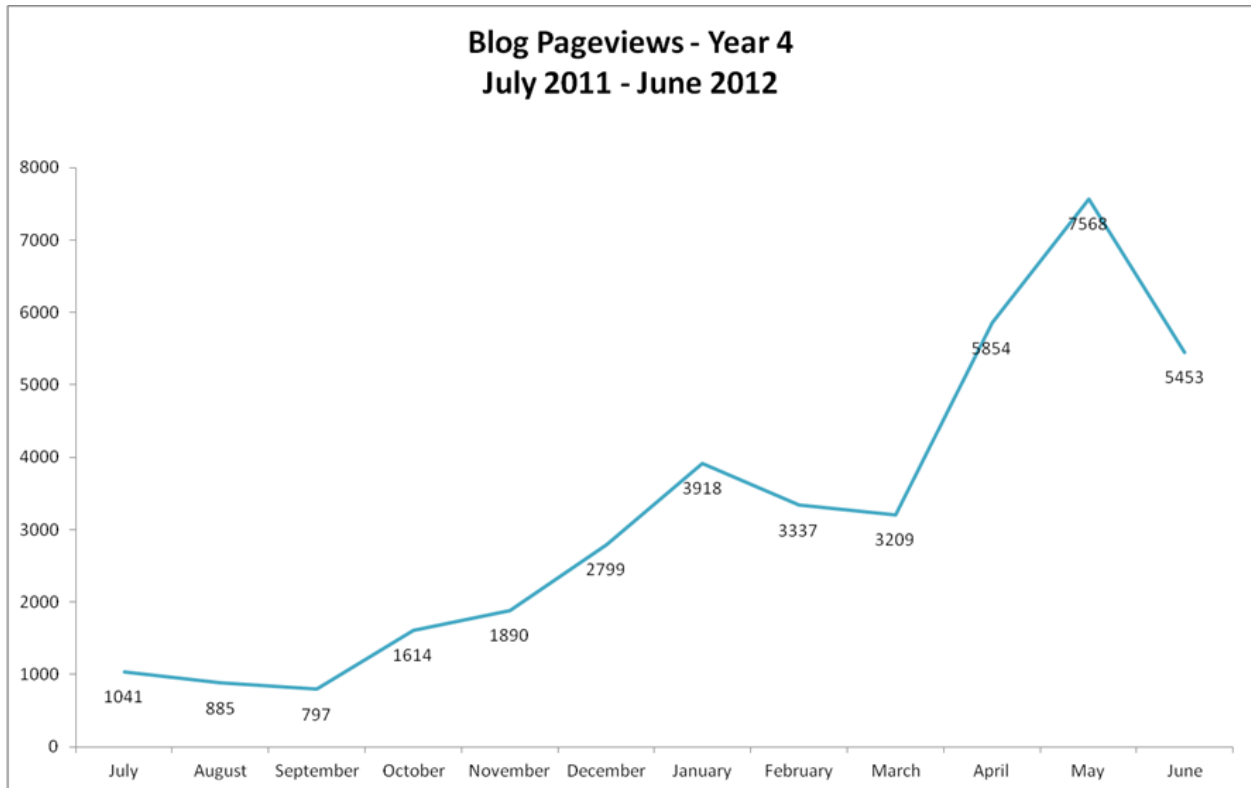
- Christian Connections for International Health: [Article on Dr. Peter Okaalet, links to Blog](#)
- Health Secrets: Health Tips for Everyone: [K4Health Malawi](#)
- Next Billion Blog: Best Ideas of 2011: [Innovating Life New, Frontiers for Development Communications](#)
- RH Reality Check: [New Study Suggests HIV Risk with Hormonal Contraceptives: What It Means for Family Planning Policy and Programs](#)



- The Communication Initiative Network: [Knowledge for Health \(K4Health\) Youth Policy Toolkit](#)
- The Daily Star Online (Dhaka, Bangladesh): [The Daily Star Leadership Colloquium begins today](#)
- Interagency Youth Working Group (IYWG) Blog: [A Look at Child Marriage](#)
- [Aten Design Group – K4Health](#)
- WHO Reproductive Health Essentials Medicines – [K4Health eToolkits on Family Planning](#)
- Aten’s Blog: OpenAid: [A Drupal Distribution for NGOs and Non-Profits](#)
- Next Billion 2.0: development through enterprise: [Best Ideas of 2011: Innovating for Life New, Frontiers for Development Communications](#)
- Cominit: ICT for Development Network – [Knowledge for Health mHealth Toolkit](#)
- eDaily Star: [Monitoring and evaluation made easy](#)
- HIFA2015: [Knowledge for Health \(K4Health\) and HIFA2015 announce a special issue of the Journal of Health Communication](#)
- Current News And Events In Medical Lab. Science: [Terror In Delta: Medical Laboratory Scientists Sacked For Upholding Professional Ethics](#)
- Daily Trust: [Lab science regulators rally against malpractice, misdiagnosis](#)
- Daily Trust: [License for lab scientists hangs on test scores](#)
- Library of Resources: [K4Health](#)
- PUNCH: [John Hopkins varsity, USAID to develop programme for lab scientists](#)
- LEADERSHIP: [Before You Blame the Doctor](#)
- Maternal Health Task Force: [Understanding the Flow of Reproductive Health Knowledge in Ethiopia](#)
- Africa PHE Updates Newsletter
- AFP Newsletter
- JHSPH Magazine: [mHealth Can You Hear Me Now](#)
- Swazi Observer: [Nkamanzi Info Centre launch, Good news for Nkamanzi folks](#)
- The Lancet: [All Watched Over By Machines of Loving Grace](#)
- Times of Swaziland: [‘All citizens have right to information’](#)
- Welch Library Blog: [Special Merit to JHU-Center for Communication Programs](#)
- USAID Impact blog: [Nkamanzi Community Info Centre: The First of Its Kind in Swaziland](#)

## Appendix N

### Blog Pageviews<sup>31,32</sup>



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<sup>31</sup> The new blog was launched on December 22, 2011.

<sup>32</sup> A number of guest bloggers wrote for the blog during May; this could have led to the large peak in pageviews during that month. The dip that followed (in June 2012) was to be expected, as pageviews typically decrease during the summer months.