

2011 Interim Report¹ for Hewlett Foundation Grant # 2009-4796 to the University of Michigan
“2010-11 African Health OER Network”

Contact: Ted Hanss, Chief Information Officer, University of Michigan Medical School

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Description

The African Health OER Network aims to strengthen the intellectual and policy infrastructure within and between African institutions. Founding members of the Network are University of Michigan (U-M), OER Africa (OERA), Kwame Nkrumah University of Science and Technology (KNUST), University of Ghana (UG), University of Cape Town (UCT), and University of the Western Cape (UWC). Our objective is to systematically draw in more African and, eventually, global participants to create, adapt, share, and use Open Educational Resources (OER) to advance health education in Africa, while developing models of collaboration and sustainability that can be replicated in other regions of the world.

Activities and Outputs

1. Network building

- a. In May 2011, U-M and OERA completed case studies of the health OER initiatives at KNUST and UG.² Case studies for UCT and UWC are in progress.
- b. In January, OERA launched an OER Request Facility to manage requests and responses for OER on specific health topics.³ To date, U-M and OERA have received and responded to 5 requests.
- c. UWC Dentistry withdrew from the project due to limited staff capacity. In their place, U-M and OERA have engaged with the Higher Education Alliance for Leadership Through Health (HEALTH Alliance),⁴ which consists of seven East African schools of public health. In November 2011, OERA and U-M facilitated a project-planning workshop with HEALTH Alliance members for an OER framework to support their goal of a standardized curriculum for a Masters in Public Health.
- d. From 16-18 May 2011, OERA hosted an OER Convening in Nairobi, Kenya.⁵ The convening showcased OER projects in teacher education, agriculture, and health. On 18 May, OERA and U-M facilitated a dedicated session for health, which was attended by 21 people.
- e. U-M and OERA continued to partner with the U.S. National Institutes of Health (NIH) Medical Education Partnership Initiative (MEPI).⁶ Examples of our collaborations in 2011 included an OER workshop co-hosted by U-M and OERA at the MEPI grantees inaugural meeting in March, a representative from the MEPI coordinating center attended the OERA Convening, and U-M and OERA regularly liaise with MEPI to promote OER through their monthly webinars and newsletters.
- f. As part of a strategy to form partnerships with existing health consortia, OERA have engaged with the African Medical Schools Association (AMSA). OERA offered to support a web presence for AMSA, who remains interested but has been slow to respond.
- g. U-M and OERA supported three mailing lists and corresponding periodic community calls to encourage cross-institutional communication: a health OER partners forum to engage senior leadership,⁷ a dScribe forum to discuss copyright clearance and student engagement,⁸ and a

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² <http://open.umich.edu/blog/2011/06/24/ghana-case-studies/>

³ <http://www.oerafrica.org/healthoer/RequestOER/tabid/1865/Default.aspx>

⁴ <http://halliance.org>

⁵ <http://www.oerafrica.org/OEREvents/OERAfricaConvening/tabid/1853/Default.aspx>

⁶ http://www.fic.nih.gov/programs/training_grants/mepi/awards.htm

⁷ <http://lists.nbserver.co.za/cgi-bin/mailman/listinfo/healthpartnersforum>

⁸ <http://groups.google.com/group/oer-dScribe/>

- health OER tech form to connect individuals involved in technology and multimedia support for OER.⁹
- h. In May 2011, U-M distributed 200 sampler DVDs containing OER from the Network to the PEPFAR annual meeting in Johannesburg of 500 mid- to high-level reps from U.S. government development agencies.
2. Advocacy
 - a. KNUST passed a landmark institutional OER policy in August 2010 and finalized the text for it in May 2011.¹⁰
 - b. UG experienced a change in vice chancellor, which stalled the OER policy initiated in 2009. The draft policy is currently at the third and final stage of review with the academic board.
 - c. At the OERA Convening, OERA, U-M, and biennial meeting participants advised on UNESCO OER draft guidelines.¹¹
 3. Institutional Engagement
 - a. U-M and OERA provided ongoing mentorship on OER production to KNUST, UG, UWC, and UCT through onsite consultation, guides, email, and Skype or teleconference calls.
 - b. KNUST, UG, and UCT have strong health OER initiatives with processes and some part-time and full-time staff in place. UWC is in the process of a large curriculum review, of which OER is a core component. All but UG have public-facing institutional OER websites. UG has struggled to secure appropriate bandwidth for a public server from their Korle Bu campus.
 - c. In October – November 2011, U-M partnered with UG and KNUST to produce new short videos that feature interviews with faculty, staff, and students involved in OER activities at UG. The UG videos have been posted on YouTube.¹² The KNUST videos are in progress.
 - d. From 27-28 October, Kathleen Omollo (U-M) facilitated a joint OER production and support workshop in Kumasi, Ghana.¹³ The workshop included six attendees from KNUST, five from UG, two from the Advanced Information Technology Institute – Kofi Annan Centre of Excellence (AITI-KACE), and the facilitator. The workshop has initiated conversations around more coordinated OER efforts across institutions in Ghana.¹⁴
 - e. OERA continued its engagement with the University of Malawi (UNIMA) Kamuzu College of Nursing to create OER modules on effective counseling techniques.
 - f. In February 2011, Adam Rahman (KNUST) completed a 6-month research fellowship at U-M for OER, instructional design, and interactive design.¹⁵
 4. dScribe Process Development
 - a. U-M has drafted a paper with lessons learned from dScribe activities at U-M from 2006 to present. The paper is still in progress.
 - b. U-M packaged its OERca open source software for wider use, including creating a Source Forge page, authoring updated info sheets, and creating screencasts.¹⁶
 - c. U-M led a dScribe training session as part of the October 2011 joint workshop in Ghana.
 5. dScribe Services
 - a. U-M continued to provide dScribe support to the Ghana Emergency Medicine

⁹ <http://groups.google.com/group/oer-tech/>

¹⁰ <https://creativecommons.org/weblog/entry/27355>

¹¹ <http://oerworkshop.weebly.com/guidelines-for-oer-in-higher-education.html>

¹² <http://www.youtube.com/playlist?list=PLF4EC45F2B54D6112>

¹³ <http://www.slideshare.net/tag/oerghana>

¹⁴ <http://groups.google.com/group/oer-ghana/>

¹⁵ Rahman (2011). KNUST OER instructional Design Framework. <http://www.youtube.com/watch?v=-fGBoacMRxE>.

¹⁶ <https://open.umich.edu/wiki/OERca>

- Collaborative.¹⁷
- b. U-M and OERA developed a services list, which included dScribe services, to present to potential partners and funders.¹⁸
6. Search and Discovery
- a. U-M released its open source OER publishing platform, entitled OERbit,¹⁹ which conforms to metadata and syndication standards of many search facilities. U-M also released a beta Learning Registry plug-in for OERbit/Drupal.²⁰
 - a. In early 2011, U-M and OERA put together a guide with recommended practices for packaging and distributing OER.”²¹
 - b. U-M created a narrated presentation explaining the distribution flow for the Network and highlighting analytics used to monitor usage.²²
 - c. U-M uploaded dozens of Health OER Network videos to YouTube, Blip.tv, and Internet Archive. A collection of microbiology videos from KNUST has received nearly 150,000 views after 11 months.²³
 - d. In October – November 2011, U-M and UG converted and piloted an OER module for mobile distribution.²⁴
7. Evaluation and Impact Analysis
- a. U-M and OERA drafted a comprehensive impact research plan, which outlined anticipated outcomes and associated indicators and timelines.²⁵
 - b. Ken Harley published a paper in the August 2011 issue of Distance Education journal based on his 2010 health OER evaluation.²⁶
 - c. U-M and UCT are working on a book chapter about collaboration between institutions for OER production. The book, coordinated by Athabasca University, is due out in early 2012.
 - d. U-M, KNUST, and UG are working on a book chapter about rationale and processes for local production of OER. The book, coordinated by COL and UNESCO, is due out in early 2012.
 - e. In May 2011, Peter Donkor (KNUST) published a reflective piece about OER at KNUST in Digital Learning Resources online journal.²⁷

Progress toward intermediate and ultimate outcomes

See chart below.

Major Changes

In June 2011, Erik Hofer became the new Director of the Office of Enabling Technologies at U-M. Ted Hanss and Omollo continued in their roles as PI and project manager at U-M, respectively. In December 2010, Sarah Hoosen went on maternity leave. In her place, Monica Mawoyo stepped in as the new Health OER coordinator for OERA.

¹⁷ <http://www.med.umich.edu/em/education/ghana/ghanacollaborative.htm>

¹⁸ <http://www.oerafrica.org/healthoer/Home/AboutUs/tabid/1870/Default.aspx>

¹⁹ <https://open.umich.edu/wiki/OERbit>

²⁰ http://github.com/openmichigan/lr_publish

²¹ <http://open.umich.edu/education/med/oernetwork/guides/distrib-guidelines/2011>

²² <http://www.youtube.com/watch?v=qMiObNC3KYI>

²³ <http://www.youtube.com/playlist?list=PLCE2448E87C0F6BFD>

²⁴ <http://www.umich.edu/~kludewig/oer-mobile/index.html>, <https://open.umich.edu/wiki/Media:Ob-gyn-intro-mobile.zip>

²⁵ http://open.umich.edu/wiki/Media:2011.05.09_Health_OER_Network_ImpactResearchPlan_v5.doc

²⁶ <http://www.tandfonline.com/doi/abs/10.1080/01587919.2011.584848>

²⁷ <https://edutechdebate.org/digital-learning-resources/developing-and-using-open-educational-resources-at-knust/>.

Lessons Learned

The major lessons learned were documented in the aforementioned publications. Additionally, U-M and OERA were invited by the OpenCourseWare Consortium to author a guest blog entry on advice for facilitating collaborative projects involving developed and developing countries.²⁸

Dissemination

U-M and OERA have disseminated most of what we have learned through the OERA²⁹ and Open.Michigan websites.³⁰

Notes on the Interim Financial Report

In April 2011, U-M requested and received a no-cost extension through November 16, 2012. U-M submitted its 2011 interim financial report on November 14. Having now spent over 100% of year one funds, U-M requests the release of year two funds. There were some 2011 expenses that had not cleared when the interim financial report was submitted, including: the Year Two payments for UWC-SOPH and HEALTH Alliance,³¹ travel and workshop expenses in Ghana for Omollo in October – November 2011; and travel expenses for Hanss for Uganda in November 2011. U-M contributed a portion of its management effort (20% effort for Hanss and 5% for Karen Kost). Wire transfer fees in the amount of \$15 were charged to the grant for each of the institutional subcontracts.

Program Chart

CATEGORY	INDICATORS	BASELINES	TARGETS AND TARGET DATES	PROGRESS
Activities/ Outputs				
◆ Advocacy	<ul style="list-style-type: none"> ◆ Policy review workshops held ◆ Policy review reports shared ◆ Policy review strategies in place 	<ul style="list-style-type: none"> ◆ Policy reviews held by core institutions in 2009 	<ul style="list-style-type: none"> ◆ Policy review workshops and reports with at least 4 new institutions by Dec. 2011 ◆ Strategies to establish OER policies at 2 institutions by Dec. 2011. 	<ul style="list-style-type: none"> ◆ KNUST policy passed in 2010; published in 2011. ◆ UG policy is at third and final committee. ◆ Provided feedback on OER UNESCO guidelines
◆ Network building	<ul style="list-style-type: none"> ◆ Number of registered participants ◆ Signatures on the Statement of Commitment ◆ Number of tagged and uploaded OERs ◆ User profile facility ◆ Peer feedback facility ◆ Global repository links ◆ 2nd annual meeting ◆ Metrics of web use ◆ Published toolkit ◆ Publications ◆ Faculty recruitment mechanisms 	<ul style="list-style-type: none"> ◆ Core institutions, guests at first annual meeting ◆ OER pilot materials created during design phase ◆ Websites: oerafrica.org/health project open.umich.edu ◆ First annual meeting 	<ul style="list-style-type: none"> ◆ Preliminary business case for potential donors by Jan. 2010 ◆ Two case studies by Dec. 2011. ◆ 300 participants by Dec. 2011 ◆ 150 individual and 10 faculties signed Declaration by Dec. 2011 ◆ 100 tagged OERs on OERA site by Dec. 2011. ◆ Apr. 2010: User profile registry ◆ Jul. 2010: Peer feedback facility ◆ Dec. 2011: Global repository integration ◆ Sept 2010: 2nd annual meeting ◆ Dec. 2010: Jointly submitted publications 	<ul style="list-style-type: none"> ◆ Published case studies for UG, KNUST, UNIMA. Case studies for UCT and UWC in progress. ◆ Over 280 OER hosted on Network website ◆ 89 individuals and 19 organizations signed declaration of support. ◆ Facilitated dedicated health session at OERA convening in May 2011. ◆ Joint publications shared by OERA, U-M UCT, UG, KNUST.

²⁸ <http://openmi.ch/ocwc-guest-post>

²⁹ <http://www.oerafrica.org/healthoer>

³⁰ <http://open.umich.edu/education/med/oernetwork/>

³¹ The subcontract and money transfer process is still in progress for these two partners.

<ul style="list-style-type: none"> ◆ Institutional Nurturing 	<ul style="list-style-type: none"> ◆ Dedicated institutional staff (academic or support) in place ◆ Number of OERs created per institution ◆ Use of OERs within institutions ◆ New/revised OER policies 	<ul style="list-style-type: none"> ◆ Early adopter staff (and national service workers in Ghana) ◆ OER created during design phase ◆ Initial policy workshops and analysis 	<ul style="list-style-type: none"> ◆ Staff named by April 2010 ◆ At least 15 OERs published per institution each year ◆ OER in use by Dec. 2010 ◆ New/revised policies in place at four core institutions by Dec. 2011 	<ul style="list-style-type: none"> ◆ New OER created by faculty and distributed to students at KNUST, UWC, UCT, UG, UNIMA. ◆ Part- and full-time staff in place at KNUST, UG, UWC, and UCT. At UG, OER support staff are 60% internally funded.
<ul style="list-style-type: none"> ◆ dScribe Process Development 	<ul style="list-style-type: none"> ◆ Updated dScribe processes ◆ Number of people trained ◆ Installation of OERca outside U-M 	<ul style="list-style-type: none"> ◆ Current dScribe process ◆ Current dScribes ◆ OERca U-M instance 	<ul style="list-style-type: none"> ◆ Localized and updated dScribe processes by July 2011 ◆ 1+ dScribe trained per institution by Dec. 2011 ◆ 1+ African-based installation of OERca by Dec. 2011 	<ul style="list-style-type: none"> ◆ dScribe paper in progress. ◆ dScribe mailing list and conference call ◆ UCT, UWC, UG, KNUST, and OERA all trained in dScribe.
<ul style="list-style-type: none"> ◆ dScribe Services 	<ul style="list-style-type: none"> ◆ African sites offering dScribe services ◆ Sites subscribing to dScribe services ◆ Subscribing sites transitioned to self-sufficiency ◆ Fee-based services 	<ul style="list-style-type: none"> ◆ Current dScribe process 	<ul style="list-style-type: none"> ◆ 1+ African institution offering external dScribe services by July 2010 ◆ 3+ Network participants using dScribe service by Dec, 2010 ◆ 3+ Network participants transitioned to self-sufficiency by Dec. 2011 ◆ Business model for fee-based dScribe services by Dec. 2011 	<ul style="list-style-type: none"> ◆ Provided dScribe services to Ghana Emergency Medicine Collaborative. ◆ Experimented with dScribe as a service with Mount Sinai School of Medicine. ◆ Developed services list.
<ul style="list-style-type: none"> ◆ Search and discovery 	<ul style="list-style-type: none"> ◆ Tagged OERs ◆ Health OER DiscoverEd instance ◆ Inbound searches 	<ul style="list-style-type: none"> ◆ None 	<ul style="list-style-type: none"> ◆ All OERs with metadata when published on OERA site ◆ Health OER DiscoverEd instance by Dec. 2010 ◆ Growth in search traffic measured 	<ul style="list-style-type: none"> ◆ OER promoted on Blip.Tv, YouTube, Internet Archive, OER Commons, GLOBE, and more. ◆ Traffic monitored using Google Analytics
<ul style="list-style-type: none"> ◆ Evaluation and Impact analysis 	<ul style="list-style-type: none"> ◆ OERA selects evaluator from Africa ◆ Evaluator meets with grant participants to understand the long-term goals ◆ Metrics (qualitative and quantitative) are agreed upon that will measure the goals ◆ Studies of faculty, students, and patient care ◆ Addressing socio-technical issues related to intra- and inter-institutional collaboration 	<ul style="list-style-type: none"> ◆ Formative program evaluation done in 2009 ◆ Framework for research evaluation done in 2009 ◆ Pilot socio-technical collaboration analysis done in 2009 	<ul style="list-style-type: none"> ◆ Program evaluations done mid—project (by Dec.2010) and at completion (by Dec. 2011) ◆ Case studies from 2009 Design Phase published by Dec. 2010. ◆ Research-based evaluation of OER deployment studied in 2010 and submitted for publication by July 2011 ◆ Pilot socio-technical analysis published by July 2010 ◆ Broader sociotechnical analysis field work completed by July 2011 and submitted for publication by Dec. 2011 	<ul style="list-style-type: none"> ◆ 2010 evaluation completed ◆ 2011 evaluation in progress ◆ Comprehensive, long-term impact research plan drafted ◆ Socio-technical analysis published in 2010.

Intermediate Outcomes				
<ul style="list-style-type: none"> ◆ Highly used community of practice web site that augments and highlights institutional and global repositories 	<ul style="list-style-type: none"> ◆ Best practices materials covering institutional policies, outcomes-based learning using OER, etc. ◆ Case studies from multiple health science domains ◆ Research publications on the effective use of OER-based learning materials ◆ Search capability across growing collections of health OER learning materials 	<ul style="list-style-type: none"> ◆ oerafrica.org/healthproject website 	<ul style="list-style-type: none"> ◆ 3-4 years 	<ul style="list-style-type: none"> ◆ In July 2011, OERA and U-M unveiled a redesigned Network website to improve navigation and better showcase the breadth and depth of activities. ◆ Completed OER up on OERA and U-M websites
<ul style="list-style-type: none"> ◆ Enhanced student learning 	<ul style="list-style-type: none"> ◆ Research results on improved learning outcomes correlated to OER access 	<ul style="list-style-type: none"> ◆ None 	<ul style="list-style-type: none"> ◆ 3-4 years 	<ul style="list-style-type: none"> ◆ Examined in 2011 evaluation and COL-UNESCO book chapter, which are both in progress ◆ Evaluation underway for Ghana Emergency Medicine Collaborative OER
Ultimate Outcomes				
<ul style="list-style-type: none"> ◆ Increased numbers of health care provider graduates and improved quality of training and performance 	<ul style="list-style-type: none"> ◆ Graduation levels for physicians, dentists, nurses, public health workers, etc. ◆ Scores on standardized board tests 	<ul style="list-style-type: none"> ◆ Currently there is more student demand than the system can support 	<ul style="list-style-type: none"> ◆ 10-15 years 	<ul style="list-style-type: none"> ◆ Discussions underway regarding follow-on efforts, including determining whether students can engage more in self-directed learning with OER
<ul style="list-style-type: none"> ◆ Improved outcomes for patient populations 	<ul style="list-style-type: none"> ◆ Health care statistics 	<ul style="list-style-type: none"> ◆ Sub-optimal patient/provider ratios 	<ul style="list-style-type: none"> ◆ 10-15 years 	<ul style="list-style-type: none"> ◆ Work underway to distribute and use learning materials