



Grant No. 2009-4865

Final Report for Period
31st December 2009 to
31st July 2012



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Building African higher education capacity through openness



Final Report on the *OER Africa* African Health OER Network Grant #2009-4865, Dec 2009 to Jul 2012

Introduction

The initial contract period for the African Health OER Network was from December 2009 to November 2011. *OER Africa* submitted a 'nil' return for December 2009 and an interim project report for the period up to 31st December 2010. In October 2011, *OER Africa* submitted a request for a no-cost extension until July 2012, so as to expand and enhance planned activities and consolidate the Network beyond the November 2011 grant end date. The extension was granted and a second interim report for the period up to 31st December 2011 was submitted.

This final report presents a summary of what has previously been reported on and highlights what was accomplished during the no-cost extension period (January – July 2012). An overview of project achievements since project inception is provided in the programme chart in the Appendix.

Project Overview

The African Health OER Network is designed to strengthen the intellectual and policy infrastructure within and between African institutions of higher education in relation to Open Educational Resources (OER). Founding members of the Network are University of Michigan (U-M), *OER Africa*, 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 OER to the benefit of health education in Africa, while developing models of collaboration and sustainability that can be replicated in other regions of the world.

Progress on Activities and Outputs from January 2010 - July 2012

Network building

OER Africa has engaged in several activities to grow the Network. These include

- Disseminating information about the Network through a newsletter,
- Maintaining a Request Facility,
- Offering content review services,
- Building partnerships with other organizations promoting health education,
- Authoring case studies with institutions that have engaged in OER activities with our support to share their experience,
- Promoting the signing of a declaration of support, and
- Engaging senior OER and health professionals to inform our strategy and enlist their support in promoting our activities at their institutions.

The Network also publishes a quarterly newsletter to keep members informed on Network activities and events such as newly added resources each quarter. Also accessible from the *OER Africa* website, the newsletter was first circulated in July 2010, to 573 subscribers. In 2012, the Network published three issues, with the last issue in July distributed to 1,031 subscribers.

Users with a specific need can request resources through *OER Africa*'s OER Request Facility, which was launched in January 2011. The first requests for materials¹ were received from Eduardo Mondlane University and Muni (formerly West Nile) University (Uganda). Five requests² for materials had been received from five institutions by the end of 2011. In 2012, nine requests were received from different institutions.³ In response to these 15 requests, extensive materials were sourced both from repositories on the Network and elsewhere. Materials sourced from elsewhere are now referenced on the Network website. Resources for one institution are still being gathered, partly due to a lack of clarity in the initial request.

The 16 requests we have received since the facility was launched bear testimony to the usefulness of this facility. Despite the use of discipline specific search engines – which should theoretically have facilitated speedy access to resources – we found that searching for materials is a time-consuming exercise. A significant number of resources gathered for the requests are in repositories on the *OER Africa* website, so it is very useful for the health OER community that there are these repositories available on the Network website. Most of the requests indicated that the need for resources was for curriculum development. In this regard, it is positive that OER are being used to improve curricula.

As part of content review services offered by *OER Africa*, we responded to a Makerere University (Uganda) request for a content and pedagogical review of three public health modules from their distance education programme. *OER Africa* and U-M completed the review of all modules in February 2011. This work will feed into the partnership with the Health Alliance. *OER Africa* has also been supporting Muni University in Uganda to develop an OER strategy. Muni is including OER in some of its courses, and will include OER as a focal area in its ICT policy. *OER Africa* will be sourcing videos on deep pelvic examination, antenatal care and first aid for the Muni School of Nursing.

In 2010, *OER Africa* and U-M planned to author institutional case studies of the health OER initiatives at our partner institutions, to document their experience with OER, with respect to their strategic priorities and highlighting their achievements, challenges, production process, future plans, and advice for others interested in OER. The case study on the use of OER at University of Malawi was completed and published in 2010.⁴ Case studies of the health OER initiatives at KNUST⁵ and UG⁶ were published in May 2011. In 2012, the UCT case study⁷ was completed and published. UWC chose to postpone the writing of a case study of their experiences, indicating that they would prefer to wait and assess impact.

OER Africa has established a relationship with The Higher Education Alliance for Leadership through Health (HEALTH Alliance), which consists of seven East African schools of public health. The HEALTH Alliance is working towards developing a standardized curriculum for a Master's in Public Health (MPH) Programme across the region. To this end, the HEALTH Alliance held a workshop on 21 – 22 November 2011, where activities were defined to harness OER for the benefit of all Schools of Public Health involved in the Alliance. *OER Africa* and U-M facilitated this meeting, the key outcome of which was agreement to share existing materials for a common MPH programme. Following the November 2011 workshop, a proposal for the process of sharing and funding required for this was developed and six Deans have ratified it. U-M dScribed and published

¹ This request can be viewed at <http://www.oerafrica.org/healthoer/tabid/1865/RequestID/8/Default.aspx?mctl=Form/emailer>

² <http://www.oerafrica.org/healthoer/RequestOER/tabid/1865/Default.aspx>

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

⁴ <http://www.oerafrica.org/ResourceResults/tabid/1562/mctl/Details/id/38573/Default.aspx>

⁵ <http://www.oerafrica.org/healthoer/Home/FindOER/ResourceResults/tabid/1864/mctl/Details/id/38803/Default.aspx>

⁶ <http://www.oerafrica.org/healthoer/Home/FindOER/ResourceResults/tabid/1864/mctl/Details/id/38802/Default.aspx>

⁷ <http://www.oerafrica.org/healthoer/Home/FindOER/ResourceResults/tabid/1864/mctl/Details/id/39105/Default.aspx>

19 lectures of Health Alliance materials on Disaster Management.⁸ *OER Africa* and U-M facilitated a capacity building workshop in August 2012 to assist with gathering and copyrighting of shared resources. The Health Alliance is now sourcing funds for further work on the curriculum development activities.

OER Africa and U-M launched the Partners' Forum in October 2011. The Partners' Forum is an advisory group of senior health education and OER professionals with whom *OER Africa* and U-M engage in strategy and advocacy discussions around health OER, to get feedback on Network activities, help us identify opportunities to promote the Network, and to represent OER and the Network at their institutions. The first teleconference was conducted on 13 October and was followed by an email discussion to continue the interaction. *OER Africa* and U-M facilitated two further Partners' Forum discussions in February and July 2012, followed by an email discussion. Partners' Forum discussions have highlighted how institutions' concern over quality issues has led to the establishment of quality management strategies; for example, at KNUST, each department is responsible for quality assuring developed OER. It has also emerged that integrating OER as part of institutional strategy is easier for new institutions, like Muni, although bandwidth and connectivity challenges could restrict the use of multimedia rich OER. As attendance at all meetings has been low because of scheduling difficulties for senior OER and Health professionals, engagement with institutions will now continue through the dScribe and OER Tech interest groups. The dScribe group comprises people interested in copyright clearance issues and student engagement in OER, while the OER Tech group comprises those interested in discussing methods, software, and equipment for creating and distributing OER. Both groups meet via teleconference.⁹

OER Africa and U-M request participants through the *OER Africa* website and newsletter to sign a declaration of support to show their support for the vision of the African Health OER Network. The declaration was put up in December 2009 and by December 2010, 77 individuals and 16 organizations had signed it. By December 2011, 89 individuals and 19 organisations had signed the declaration, and there are currently 92 individuals and 20 organisations who have signed the Declaration.¹⁰

In 2011, *OER Africa* and U-M discussed creating a partnership with the U.S. National Institutes of Health (NIH) Medical Education Partnership Initiative (MEPI) coordinating centre to reach out to 13 African health science institutions to openly license curricular materials that were produced through the MEPI grants.¹¹ The discussion led to a presentation by U-M and *OER Africa* at the MEPI grantees' inaugural meeting in March 2011. Following this, Yianna Vovides from MEPI was invited to attend the *OER Africa* convening in Nairobi Kenya, from 16 – 18 May 2011, where a dedicated Health OER session was conducted. Subsequent to the OER convening, *OER Africa* authored an article explaining the concept of OER and its benefits for health education, which was published in the MEPI July 2011 newsletter.¹² *OER Africa* conducted a webinar attended by MEPI Office staff on 22 July 2011. Efforts to sustain and build a stronger partnership with the MEPI coordinating Centre lost traction and could not be pursued further before the project ended. Nonetheless, we put in some effort into engaging MEPI grantees. In April 2012, U-M facilitated a joint OER awareness workshop at Haramaya University College of Health Sciences and College of Medical Sciences and gave an OER overview to the Addis Ababa University (AAU) principal investigator for MEPI. Although no further engagement is possible now, the awareness raising activities with Haramaya and AAU has prepared them to make informed choices about initiating OER activities at their universities.

⁸ <http://archive.org/details/PublicHealthEmergencyPlanningAndManagementForDistricts>

⁹ <http://www.oerafrica.org/healthoer/Home/ConnectwithColleagues/tabid/1868/Default.aspx>

¹⁰ <http://www.oerafrica.org/healthoer/Home/ViewSignatures/tabid/1875/Default.aspx>

¹¹ http://www.fic.nih.gov/programs/training_grants/mepi/awards.htm

¹² <http://mepinetwork.org/webinars/archived-webinars.html>

The African Medical Schools Association (AMSA) is being revived after years of dormancy. In 2011, AMSA requested *OER Africa* to assist with building and maintaining a website for the Association. *OER Africa* has registered a domain name for AMSA (amsafrica.org) and there is a live website which still needs to be enhanced when AMSA supplies more content and resources.

Advocacy

OER Africa reaches Network participants and other users of health OER through our websites, OER champions on the Partners' Forum, and through evaluation activities, whereby an external evaluator engages with Network stakeholders and participants. We also make use of social media and pan African and international linkages as avenues through which to showcase our activities.

As part of its communication strategy, *OER Africa* has assembled a media kit, which includes posters, presentations, graphics, brochures,¹³ and other relevant resources that can be adapted and used for presentations by anyone wishing to promote OER.

Several strategies have been employed to increase visibility of our website and the work that we do. Search engine optimization has been reported on elsewhere and we have included the African Health OER Network URL on publications, publicity materials and presentations made locally and globally. Our resources have been shared with global repositories (OER Commons, MERLOT, GLOBE). From September – December 2011, there was an average of 5,240 page views per month and a total of 6,973 resources being downloaded on the website, almost double the figures for the same period in 2010. From January – July 2012, there was an average of 19,489 page views and a total of 12,783 resources being downloaded on the website.

In 2011, *OER Africa* and U-M partnered with the U-M Library, Creative Commons, OER Commons, the GLOBE Alliance, and others to distribute OER and to investigate ways to improve search and discovery of health OER. To enable an informed understanding of integration of the African Health OER site with global repositories to facilitate sharing of OER metadata with global repositories, *OER Africa* has initiated a research project that analyses key OER repositories and their metadata federation potential as well as their potential for mirroring. *OER Africa* is currently sharing Health OER metadata with OER Commons, the GLOBE Alliance and MERLOT.

The Network website has links to rich repositories from other organisations working in health education including EBW Healthcare and American Medical Informatics Association's (AMIA) Health Informatics Building Blocks (HIBBs) project.¹⁴ The MoU between *OER Africa* and the Association of American Medical Colleges (AAMC), which hosts the MedEdPORTAL led to an invitation to Network members to submit content for the AAMC review process. The review process involves rigorous peer review of papers and articles on classroom-based practice and cases by other professionals in healthcare and health education. To date, only two papers have been submitted by Network participants from UCT. MedEdPORTAL accepted one of the papers conditionally, requiring the submitter to include more evidence of practice. This work is currently undergoing review for resubmission. *OER Africa* has developed a guide to assist authors in submitting content to MedEdPORTAL.¹⁵

Lessons learned from the project have been disseminated through the *OER Africa* and U-M websites in various formats. These have included: papers published at the 2010 Open Ed Conference and in the 2010 issue of the Ghana Medical Journal; an article in the Distance Education Special Issue 32(2); commentary about the Network published in the African Journal of Health Professions

¹³ See: <http://www.oerafrica.org/healthoer/Home/GetInformation/tabid/1869/Default.aspx>

¹⁴ See <http://www.oerafrica.org/hibbs/TheHIBBsProgram/tabid/1586/Default.aspx>

¹⁵ <https://open.umich.edu/education/med/oernetwork/guides/mededportal-guide/2010>

Education, December 2010 issue; and talks and presentation of posters at other conferences. In May 2011, 200 sampler DVDs containing OER from the Network were distributed to participants at the President's Emergency Plan for AIDS Relief (PEPFAR) annual meeting in Johannesburg, attended by 500 mid- to high-level representatives from United States government development agencies. In 2011, U-M and *OER Africa* wrote a guest blog entry for the OpenCourseWare Consortium about their reflections on the collaboration on the health OER project.

Finally, social media has proved an effective mechanism to publicize materials, resources, the Network and its website. *OER Africa* has set up YouTube, Flickr, and Facebook accounts to promote the health OER created through the Network and posted a plethora of photographs, graphics and videos. A collection of microbiology videos from KNUST received over 220,000 views after 14 months on the U-M YouTube space.

Institutional Engagement and Nurturing

UWC, UCT, UG, and KNUST were the four principal institutions supported by *OER Africa* and U-M during the project. While U-M's focus was mainly on supporting UG and KNUST, *OER Africa* principally supported UWC, UCT and, subsequently, the University of Malawi's Kamuzu College of Nursing; the support offered to these institutions included site visits and mentoring. In 2011, UWC Dentistry withdrew from the project as it did not have adequate staff capacity. Funding meant to support UWC dentistry was reallocated to support work with the East African HEALTH Alliance.

To date, participating institutions have collectively developed 305 resources comprising 4 resources in Behavioral Sciences, 1 in Dentistry, 52 in Ethics, 4 in Health Services Administration, 35 in Informatics, 45 in Medicine, 2 in Nursing, 1 in Pathology, 1 in Pharmaceutics, 14 in Pharmacology, 159 in Public and Community Health, and 9 on Research Design.

OER Africa has been involved in a project with Kamuzu College of Nursing (KCN) to create an OER module on effective counselling, interviewing, clinical decision-making, and analysing and interpretation of data techniques. *OER Africa* conducted three workshops to support the project. In 2012, *OER Africa* supported the development of one resource from KCN on counselling on substance abuse. In total, though, nine videos on counselling and coaching from KCN have been uploaded on YouTube.¹⁶

OER Africa and U-M facilitated policy workshops at UG and KNUST in 2010. KNUST passed a landmark institutional OER policy in August 2010. The change in vice chancellors in 2009 stalled the OER policy initiated in 2009 at UG. The draft policy at UG is currently at the third and final stage of review with the academic board. *OER Africa* also dispatched brochures and case studies to UG and KNUST for use in advocacy efforts.

dScribe Services

A critical aspect of the project has been content gathering, copyright clearance, transformation of materials, review and publication. U-M developed a system called dScribe, which involves staff and students in streamlining the process of gathering content, clearing it for copyright, quality assuring it and publishing it. In 2010, *OER Africa* staff members underwent two dScribe training sessions

¹⁶

http://www.youtube.com/results?search_query=Kamuzu+College+of+Nursing&oq=Kamuzu+College+of+Nursing&gs_l=youtube.3...12402.18346.0.18673.25.20.0.0.0.390.2574.2-4j4.8.0...0.0...1ac.1.gKl4jTabbjo

facilitated by U-M.¹⁷ This training enabled U-M and *OER Africa* to develop a Network services list, which includes dScribing, to present to potential partners and funders.¹⁸

In 2012, *OER Africa* conducted a copyright audit of the resources on the Peoples-Uni course and made recommendations on how to make the resources more open. Although Peoples-Uni indicated that they would not be able to carry through the recommendations because of cost implications, they indicated that the review had given them much to think about to improve their courses.

Evaluation and Impact Analysis

Professor Ken Harley of the University of KwaZulu-Natal, the external evaluator, completed his 2010 report, from which a paper was published in August 2011 in a special issue of *Distance Education*.¹⁹ In early 2011, a discussion of metrics for the impact evaluation was initiated. By December 2011, *OER Africa* and U-M developed an impact research plan to reflect a revised understanding of how to promote OER to support health education in Africa, and how to demonstrate the impact of OER on the health sector, and when to expect various outcomes. Professor Harley's impact research report was completed in May 2012.²⁰

Progress toward intermediate and ultimate outcomes

The grant proposal outlined seven key outcomes envisaged from the project. The following progress has been made in achieving these outcomes:

- 1) **Reduced policy barriers to OER development and use** – Five of the four core institutions have made good progress on OER Policy: KNUST has adopted its OER policy; UG's policy is in the process of being endorsed; UCT is working on developing a specific OER policy, and its institutional Intellectual Property Policy supports the release of research and materials under a creative commons license; and UWC has a free content/courseware policy endorsed by its senate in 2005.²¹
- 2) **Community of trained health OER developers and implementers** – As detailed in the case studies, KNUST, UG, UCT and KCN have developed core teams of OER developers and implementers. UWC also has a core team of developers and implementers. At UCT, postgraduate students support OER development processes, and they have developed their own OER.
- 3) **Visible and used portfolio of OER health education learning materials** - The core five Network institutions, as well as EBW Healthcare, HIBBS, Saide and Dr Aldo Marchesini, and U-M, in collaboration with KNUST, have developed 305 resources in different disciplines. These have been disseminated to other institutions through the Request Facility, the newsletter and website searches, with 12,783 resources being downloaded from the website from January – July 2012 alone.
- 4) **Visible and accessible engagement process in health OER** - Several processes have been set up for engagement including the dScribe and OER Tech interest groups and the Partners Forum. Newsletter subscribers are invited to contribute guest articles, and the wider OER community can engage through the website and the Request Facility. The case studies also open

¹⁷ <http://www.slideshare.net/kludewig/dscribe-workshop-international-edition>

¹⁸ http://www.oerafrica.org/Portals/7/Health_OER_Network_Services_List-FINAL.doc

¹⁹ <http://www.tandfonline.com/doi/abs/10.1080/01587919.2011.584848>

²⁰ <http://www.oerafrica.org/healthoer/Home/FindOER/ResourceResults/tabid/1864/mctl/Details/id/39270/Default.aspx>

²¹ <http://ics.uwc.ac.za//usrfiles//users/8990060109/Strategies/freecourse-0.4.pdf>

up the health OER initiative to other institutions and provide models for replication.

- 5) **Understanding of the contribution OER makes to faculty productivity and student learning outcomes** – The impact research concluded that perceptions at the five core institutions are that OER is improving teaching and learning. Faculty have embraced the opportunity to improve their teaching by developing their own teaching resources. Comments on YouTube by users of the video resources, most of them students, have indicated that the video resources are enhancing conceptual understanding of the topics presented.
- 6) **Understood and implemented best practices for inter-institutional collaboration in OER development and use** – Inadvertently, the focus was on firmly establishing OER activities within institutions and to this end, there has been significant intra-institutional collaboration between units at some of the institutions. However, inter-institutional collaboration has been weaker than hoped and it is hoped that institutional successes will encourage more inter-institutional collaboration through some of the emerging networks we have supported. Ted Hanss's engagements with institutions for his PhD study will direct us on how to improve inter-institutional collaboration as he is probing the areas institutions would like to focus on for inter-institutional collaboration and what they envisage as effective models of collaboration. The Health Alliance MPH core curricula project will also provide lessons on this model of inter-institutional collaboration.
- 7) **Evidence-based, long-term logic model for Health OER** – The Impact Research plan developed by *OER Africa* and U-M provides detailed anticipated Network outcomes for the next 15 years classified according to stakeholders.²²

Lessons Learned

Key lessons learned are documented in detail in several publications:

- The UG,²³ KNUST,²⁴ and UCT²⁵ case studies
- Luo, Ng'ambi and Hanss's paper on Fostering cross-institutional collaboration for Open Educational Resources production²⁶
- Harley's 2010 – 2011 African Health OER Network Phase 2 Evaluation: Consolidation and Sustainability²⁷
- Harley's 2012 Impact evaluation
- Ludewig Omollo (University of Michigan) and Monica Mawoyo (*OER Africa*) wrote a guest blog entry for the OpenCourseWare Consortium²⁸

Among other aspects, the case studies highlighted that developing local media-rich OER fosters confidence among faculty and other staff, and that high quality material production is possible through close collaboration between multimedia staff and authoring faculty. In order for OER to be easily accessible for use, they need to be presented in manageable small chunks as this enables a structuring of material into discrete units that support student studying. This pedagogical consideration, together with meeting the necessary quality standards, will enable institutions to enhance student learning.

²² https://open.umich.edu/wiki/Media:2011.05.09_Health_OER_Network_ImpactResearchPlan_v5.doc

²³ <http://www.oerafrica.org/healthoer/Home/FindOER/ResourceResults/tabid/1864/mctl/Details/id/38802/Default.aspx>

²⁴ <http://www.oerafrica.org/healthoer/Home/FindOER/ResourceResults/tabid/1864/mctl/Details/id/38803/Default.aspx>

²⁵ <http://www.oerafrica.org/healthoer/Home/FindOER/ResourceResults/tabid/1864/mctl/Details/id/39105/Default.aspx>

²⁶ <http://www.oerafrica.org/ResourceResults/tabid/1562/mctl/Details/id/38744/Default.aspx>

²⁷ <http://www.oerafrica.org/ResourceResults/tabid/1562/mctl/Details/id/38800/Default.aspx>

²⁸ <http://www.ocwconsortium.org/en/community/blog/2011/04/29/reflections-on-the-past-two-and-a-half-years-of-a-collaborative-african-health-oer-project/>

Luo, Ng'ambi and Hanss's paper recommend that, in order for partner institutions in the African Health OER Network to increase productivity, achieve scalability and sustainability of OER, there need to be interest groups for various work roles in OER production, underpinned by a culture of sharing. Collaborators in each institution need to be familiar with the technology infrastructure at their institutions, so that they can use these for OER activities. In addition to appointing a focal point for dissemination of progress on OER development in the institutions, OER development needs to be based on local expertise and context.

The African Health OER Network Phase 2 Evaluation also focused on sustainability, concluding that the viability of OER in participating institutions is facilitated by its credibility, which has come about as a result of creation of good quality OER for active use in the classroom. However, this viability is threatened by faculty workload, which reduces the time they have to produce OER. Time demands on production of OER from scratch further threaten viability and sustainability.

The 2012 impact evaluation concluded that:

- In partner institutions, there is continued production of OER, as well as use of OER developed from elsewhere, with a strong but small pool of OER champions leading the development process. Uptake of OER has led to institutionalization of open educational practice through policies that endorse OER within the system, reward staff for OER production, and encourage students to be co-producers of OER. The OER developed by partner institutions are being used by students outside the Network, with the video materials proving to be highly popular. There are 804 individual ratings on quality for YouTube video OER from the Health OER Network.
- Students and staff believe teaching and learning has improved because of OER.
- Although it is difficult to make statistically derived conclusions about cost effectiveness of OER, perceptions of students and faculty are that, compared to the cost of textbooks, OER offer educationally and financially effective alternatives.
- There is good output of OER practice at international conferences and through publications. OER are making lecturers rethink the way they package their teaching materials and the way they teach.
- The success of OER within participating institutions has occurred because production of OER has been 'consistent with the distinctive ethos, contextual realities, strategies and resources that characterise' the institutions.
- The Network has expanded, with new higher education institutions forming partnerships to collaborate in providing and sharing health resources.

Ludewig Omollo and Mawoyo's blog emphasises that partnerships are important for facilitation of Network activities, and that facilitators need to be mindful of constraints and enablers to the partnership in order for participants to feel that they are co-participants in the partnership, and not subordinates. U-M and Saide's *OER Africa* initiative have learned that collaboration is a process that is informed by the context and demands of the collaboration, and how these align with the circumstances of the collaborators.

Dissemination

- 1) *OER Africa* and U-M have disseminated most of what we have learned through the *OER Africa* website²⁹ and U-M Open Michigan website.³⁰
- 2) *OER Africa* has given several talks on their work, including at conferences. *OER Africa* and U-M facilitated an OER workshop at the MEPI grantees inaugural meeting in March 2011. *OER Africa* moderated many of the practitioner tracks at the OER World Congress held in Paris from June

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

³⁰ <https://open.umich.edu/>

20 - 22, 2012.³¹

- 3) Harley's article, based on the 2010 – 2011 evaluation, was published in Distance Education 32(2).³²
- 4) Three chapters that build on work learned from the Health OER Network appear in the UNESCO/COL publication on *Perspectives on Open and Distance Learning: Open Educational Resources and Change in Higher Education: Reflections from Practice* ³³

African Health OER Network Financial Report

The financials have been loaded separately.

³¹ <http://oercongress.weebly.com/>. Participation in this activity was sponsored by the OER Africa Implementation Grant.

³² <http://www.tandfonline.com/doi/abs/10.1080/01587919.2011.584848>

³³ <http://www.oerafrica.org/healthoer/Home/FindOER/ResourceResults/tabid/1864/mctl/Details/id/39105/Default.aspx>. Participation in this publication was sponsored by the OER Africa Implementation Grant.

APPENDIX - African Health OER Network Programme chart

Outputs	Indicators	Baselines	Targets and target dates	Progress
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 and guests at first annual meeting • OER pilot materials created during design phase • www.oerafricafrika.org/healthproject and www.open.umich.edu sites • First annual meeting 	<ul style="list-style-type: none"> • Preliminary business case for potential donors by Jan. 2010 • One case study by Dec. 2010 and two by Dec. 2011. • 300 participants by Dec. 2011 • 150 individual and 10 faculties signed up to Statement of Commitment by Dec. 2011 • 50 tagged OERs on <i>OER Africa</i> site by Dec. 2010; 100 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 publication 	<ul style="list-style-type: none"> • Network website launched in April 2010. • Network redesign completed in July 2011 • Briefing for potential donors and participants held at Global Health conference in June 2010. • 9 Quarterly newsletters sent to 1031 subscribers. • 137 OER from EBW and 63 from HIBBS • <i>OER Africa</i> and U-M presented on OER at the MEPI conference in Johannesburg from 7th to 10th March • Health OER Network meeting conducted in May 2011, in Nairobi, Kenya • East African Health Alliance workshops facilitated in November 2011 and August 2012 • Proposal for regional MPH developed and endorsed by 6 of the 7 HEALTH Alliance deans • U-M have dScribed and published resources on Health Leadership and Disaster management shared by EAHA • Plans underway for a COL funded capacity building workshop for EAHA in August 2012 • Blog entries and pending publications written on experiences of collaborating on the project • A Partners Forum was convened and has had 4 teleconferences and email discussions • Case studies have been written for UG, KNUST, UCT, and UNIMA

Outputs	Indicators	Baselines	Targets and target dates	Progress
				highlighting OER development challenges, successes and lessons learned in these institutions.
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 (typically with 5-10 participants) and reports with at least 4 new institutions by Dec. 2011 • Strategies to establish OER policies with 2 institutions by Dec. 2011. 	<ul style="list-style-type: none"> • KNUST passed OER policy in Aug. 2010 • UG OER policy is at the academic board, the third and final committee. • U-M facilitated a workshop on OER awareness at Haramaya University
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"> • All staff in place • 4 OER workshops at UNIMA, 1 at UWC, 1 at KNUST • 30 OER from KNUST; 23 from UG; 12 from UWC SOPH and 33 from UCT published • 1 resource from KCN on Counselling by caregivers, nurses and midwives, and 3 videos on counselling and coaching uploaded on YouTube • OER development support guides developed and disbursed through website • Services list developed, profiling <i>OER Africa</i>/U-M expertise and services to support OER • Discussions with MUNI to develop OER strategy
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"> • dScribe analyses of over 20 lectures by the Ghana Emergency Medicine Collaborative • Experimented with the service model of dScribe by conducting an intensive one-week dScribe training exercise with a research assistant from Mt. Sinai School of Medicine

Outputs	Indicators	Baselines	Targets and target dates	Progress
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 <i>OER Africa</i> site • Health OER DiscoverEd instance by Dec. 2010 • Growth in search traffic measured 	<ul style="list-style-type: none"> • Completed OER up on <i>OER Africa</i> and U-M websites • As of July 2012, 326 tagged OER and 17 tagged OER repositories • OER promoted on Blip.Tv, YouTube, Internet Archive, OER Commons, GLOBE and MERLOT. • Traffic monitored using Google Analytics. From September 2011 to December 2011, there were 5,240 page views and 6,973 resource downloads on the website. From January – July 2012, there were 19,489 page views, and 12,783 resource downloads from the website. • A Request Facility has been set up and to date has received 14 requests for OER from Ministries of Health, hospitals, universities and corporate organisations working with health education
Evaluation and Impact analysis	<ul style="list-style-type: none"> • <i>OER Africa</i> 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 mid-2011. • 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"> • Formative evaluation for 2010 completed • Updated 2009 socio-technical analysis • 2010 – 2011 Phase 2 evaluation completed • Impact research completed