



Annual Report 2014

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Acronyms

BAB	Bibiani-Anhwiaso-Bekwai
BECE	Basic Education Certificate Examination
CHW	Community Health Worker
COLS	Career Opportunity Lecture Series
ECL	Early Childhood Literacy
EGRA	Early Grade Reading Assessment
GHEI	Ghana Health and Education Initiative
HWWS	Hand Washing with Soap
JHS	Junior High School
LLIN	Long-lasting Insecticide-treated Bednet
NGO	Non-Governmental Organisation
SHS	Senior High School
SSL	Summer Serve and Learn
TBA	Traditional Birth Attendant
UCLA	University of California in Los Angeles
YEP	Youth Education Programme

1. Introduction

The Ghana Health and Education Initiative (GHEI), a non-profit, non-governmental organisation (NGO), was founded in 2001 in the rural village of Humjibre, located in Ghana's Western Region in the Bibiani-Anhwiaso-Bekwai (BAB) District. Its mission is to improve the health and education of people living within Humjibre and surrounding communities through the development of health and education programmes. GHEI works with local, sub-district, and district government officials, as well as other NGOs, to maximise its impact within its catchment communities. This report outlines the performance of GHEI in the year 2014.

2. Ghanaian Staff and Volunteers

For the period of review, the following staff served the organisation:

NAME	JOB TITLE	OTHER POSITIONS HELD
Clement Donkor	Country Director	Community Liaison, Administrator
Enock "Happy" Nkrumah	Education Programme Manager	Local Serve and Learn Coordinator
Lawrence Donkor	Library Administrator	
Ernest Badu	Lead Teacher	Scholarship Administrator
Felicity Yaa-Pomah	Teacher	
Agnes Obeng	Health Programme Administrator	
Mensah Gyapong	Health Programme Administrator	Local Serve and Learn Coordinator
Patrick Woegan	National Service Volunteer	Teacher
Jerry Takyi-Mensah	National Service Volunteer	Teacher
Charles Kofi Frimpong	Assistant CHW Manager, Soroano	
Kofi Ofori	Community Centre Overseer	

In addition to staff, the following individuals volunteered for GHEI during the period of review:

NAME	POSITION	COMMUNITY
Kwabena Agyemang	Volunteer Teacher	Humjibre
George Asiedu	Volunteer Teacher	Humjibre
Ofori Amanfo	Volunteer Teacher	Humjibre
Rose Ware	Community Health Worker	Humjibre
Yaa Mary	Community Health Worker	Humjibre
Lydia Ampomaning	Community Health Worker	Humjibre
Francis Yeboah	Community Health Worker	Humjibre
Nana Akraasi Gyapong	Community Health Worker	Humjibre
Joseph Nkoah	Community Health Worker	Humjibre
Gloria Nketiah	Community Health Worker	Kojina
Yaw Ntori	Community Health Worker	Soroano
Margaret Tawiah	Community Health Worker	Soroano

3. Western Coordinators and Volunteers

Every year, three foreign coordinators—one for health, one for education, and one for communications—serve GHEI in Humjibre for approximately one year. Alongside the Ghanaian staff, they facilitate the implementation of all GHEI’s programmes. GHEI also recruits volunteers to serve as consultants or to assist with select short-term projects.

For the period under review the following volunteers served the organisation:

NAME	JOB TITLE	START	END
Shantie Bahadur	Education Programme Coordinator	March 2013	March 2014
Bryson Brown	Education Programme Coordinator	March 2014	To Date
Abigail Wetzel	Health Programme Coordinator	January 2013	March 2014
Ashley Marks	Health Programme Coordinator	March 2014	To Date
Elena Szajewski	Communications Officer	April 2013	November 2014
Charles Goldstein	Communications Officer	November 2014	To Date
Michael Kacka	SSL Volunteer Coordinator	May 2014	August 2014

4. Education Programmes

a. Scholarship Programme

To date, 87 Junior High School (JHS) students – 42 females and 45 males - have been awarded scholarships to attend Senior High School (SHS). 5 scholarship recipients graduated from SHS in 2014, therefore a total of 62 recipients have successfully completed SHS to date. Some of these scholarship students have continued with their studies and to date, 4 have completed university, 12 are currently in university, 3 are in Distance Diploma in Education and 5 are in Teacher College. Below is a breakdown of scholarship intake since 2005.

In 2014, GHEI was able to expand the scholarship scheme to Muoho and Soroano (both communities benefited one spot each)

YEAR	MALES	FEMALES	TOTAL NUMBER OF STUDENTS
2005	3	1	4
2006	11	4	15
2007	5	5	10
2008	8	6	14
2009	3	4	7
2010	4	5	9
2011	2	4	6
2012	3	4	7
2013	2	4	6
2014	4	5	9
TOTAL	45	42	87

Youth Leadership Programme: When school is out of session, GHEI scholarship students give back to the village of Humjibre through community service. Every year, the students elect two

leaders among them to call and facilitate meetings and organise activities. Service activities focus on the maintenance and cleaning of the Humjibre Clinic, the Community Centre, the Community Library, and the GHEI compound.

b. Youth Education Programme (YEP)

GHEI runs supplemental classes for top performing JHS students on a weekly basis throughout the academic school year. YEP students are selected from Primary 6 classes at the two public primary schools in Humjibre: Humjibre Anglican Primary and Humjibre DA Primary. The head teachers select 12 students to take part in programme recruitment. Selected students must demonstrate a willingness to fully participate in the programme and the talent to excel. Recommended students participate in a selection process, where they are asked to complete a short test and interview with GHEI staff. The tests and interviews are graded using a predetermined set of criteria, and the top students are enrolled into the programme. Supplemental classes are taught by GHEI-trained teachers in the five core subjects; English language, mathematics, integrated science, social studies, and information communication technology, and focus on building critical thinking and study skills.

Similar to the community service projects carried out by the scholarship recipients, YEP students also completed a number of community service activities around the Community Centre, Community Library, and GHEI compound.

Providing students with the opportunity to learn outside of the classroom setting and explore educational and career options in Ghana, GHEI sponsors an annual youth learning tour (excursion) for all YEP and Reading Club students. On March 21nd, 2014, all YEP and Reading Club students travelled to Accra and visited the University of Ghana, the Kotoka international airport, the Superior court, the Sport stadium and the Beach

To encourage female youth in Humjibre to continue their education beyond JHS, GHEI have continue recruiting 60% girls to the YEP since 2010, and this policy continues to structure recruitment for the programme.

The table below shows the number of JHS students that have entered the Youth Education Programme since 2006.

YEAR	MALES	FEMALES	NEW STUDENTS IN PROGRAMME	TOTAL ACTIVE STUDENTS IN PROGRAMME
2006	8	4	12	12
2007	7	7	14	26
2008	7	5	12	38
2009	9	7	16	42
2010	6	10	16	44
2011	8	9	17	49
2012	8	9	17	44
2013	7	10	17	44
2014	7	10	17	47
TOTAL	67	71	138	--

In light of the YEP students' consistent success in the Basic Education Certificate Examination (BECE), GHEI has had to reevaluate and make appropriate changes to the indicators used to track the programme's success. In addition to measuring BECE pass rates among the YEP students, GHEI is now also tracking the number of YEP students who obtain a 'high pass' (a score between aggregate 6 to aggregate 15) on the BECE. Our goal is that 90% of YEP students

receive a high pass on their BECE. Unfortunately, the 2014 cohort fell short of the goal, as only 42% of the students achieved a high pass. 100% YEP student attained a pass marks in BECE (11- 22 aggregate).

c. Early Childhood Literacy (ECL) Programme

The ECL Programme was launched in April 2009 with a one-month intensive programme called Summer Read and Play. Recognising students' need for continued literacy support, GHEI began offering afterschool classes for a select group of primary students who were struggling to keep up with their peers at school. ECL classes are held three days a week for two hours and focus on developing English literacy and language skills through purposeful play, songs, poems, and reading and writing activities. Students enrolled in the ECL programme are divided into two classes ECL 1 and ECL 2. To provide students with the necessary, individualised support, ECL classes maintain a low student-to-teacher ratio: a maximum of 12:1.

In September 2014, GHEI recruited 12 new students (7 girls and 5 boys) to the ECL 1 class. Head teachers from Anglican Primary School and DA Primary School play a large role in determining the selected students, recommending students with below average literacy skills from their Primary 1 classes.

In July 2014, GHEI completed the final Early Grade Reading Assessment (EGRA) and successfully graduated 11 ECL 2 students from the programme. The assessment is conducted using a standardised literacy test, which allows GHEI to track the improvements made in ECL students' literacy skills over the course of two years. The test is conducted as a baseline assessment when students enter the programme, mid-term assessment after the completion of ECL 1, and a final assessment after completing ECL 2. From the 2014 final EGRA result 78% of ECL 2 boys as compared to 54% of ECL 2 girls were able to score 45 Correct Letters Per Minute. Additionally, 100% boys as compared to 88% girls were able to score 6 Correct Words Per Minute.

d. Tutoring Centre

Open to all JHS Form 3 students in Humjibre, the Tutoring Centre offers students an opportunity to strengthen their knowledge and skills necessary for successful completion of the BECE. Students practice past BECE questions in the five core subjects with support from GHEI-trained teachers. The Tutoring Centre operates from 7pm to 9pm every Monday to Wednesday. To encourage greater female participation, GHEI set aside one night per week (Wednesday) as "Ladies Night", allowing female students a forum to study and ask questions without fear of judgement from male peers.

	No of day open	Total Patrons Per month	ADA Boys	ADA Girls	ADA Total
January	3	92	20	11	31
February	6	78	8	6	13
March	10	122	9	4	12

e. Humjibre Community Library

Commencing operations in 2005, the Humjibre Community Library has grown significantly over the past 9 years, and now boasts an inventory of over 6500 books. The library is open in the afternoons and evenings from Monday through Friday. In addition, the library offers special programmes to encourage reading as a leisure activity, build literacy skills, and promote library patronage, such as GHEI's annual Quiz Competition. The 2014 overall attendance was 16856 library patrons.

Reading Club: Hosted biweekly by GHEI's Library Administrator, the Reading Club is an opportunity for Humjibre JHS students to engage with various African-authored books in a supportive atmosphere. From 7pm to 9pm, students read selected titles from the Junior African Writers Series or African Writer Series, as well as answer questions and hold discussions based on materials read.

Humjibre Community Library Board: To encourage community participation in library activities, in 2008 GHEI created the Library Board, which oversees all library activities. The Board currently has 9 members (5 community members, 2 GHEI staff, and 2 student representatives) who meet on a quarterly basis to discuss library issues.

Annual Quiz Competition: GHEI's 3rd Annual Quiz Competition was held on November 21, 2014. GHEI holds the annual Humjibre Quiz Competition to encourage reading as a leisure activity, build student literacy skills, and promote patronage at the Humjibre Community Library. The event invites representatives from schools in Humjibre and Muoho to test their knowledge of previously assigned books from the Junior African Writer Series selected by GHEI staff members. The competition is divided into three categories: lower primary, upper primary and JHS. The selected books are provided to school authorities one month in advance to prepare their students for the competition. The event concludes with an awards ceremony to acknowledge and recognise top participants and schools. Overall attendance was over 1200 as compared to 2013 where it was 650.

5. Health Programmes

a. Malaria Prevention Programme

Since 2006, GHEI has been committed to preventing malaria in Humjibre, Kojina, and Soroano by distributing free long-lasting insecticide-treated bednets (LLINs) to community members. Previously, the GHEI health team, which includes the Humjibre, Kojina, and Soroano Community Health Workers (CHWs), distributed bednets to every home in the three communities. Currently, CHWs conduct household monitoring visits to observe the condition of bednets in each home, rehang and mend bednets as needed, educate families on bednet care and usage, and encourage nightly usage of bednets, especially for pregnant women and children under five years of age. Over the last year, 202 bednets have been mended and 189 bednets have been rehung during 1,272 monitoring visits.

To facilitate the use and replacement of LLINs, GHEI sells LLINs at highly subsidised prices and provides LLINs for free to students travelling to SHS. In 2014, 52 LLINs were distributed to students travelling to SHS for free and 115 were sold in the three communities. CHWs are notified of LLIN purchases and assist with hanging newly purchased LLINs during monitoring visits. GHEI also conducts annual malaria awareness outreach in three communities on World Malaria Day in collaboration with the Humjibre Clinic.

CHW Retreat: As part of on-going training and capacity building for CHWs, GHEI held the annual CHW Retreat on 13th and 14th March. The CHWs and Health Team reviewed challenges and discussed potential solutions, while fostering an environment of collaboration among CHWs from different communities. During the two-day retreat, CHWs observed and evaluated each other on mock monitoring visits to help improve the quality of their work, tested their malaria knowledge with "Malaria Jeopardy," and visited the Bibiani District Hospital laboratory to observe and learn about malaria testing and diagnosis.

World Malaria Day: In 2014, the main WMD event was held at the Humjibre Community Centre on the 27th of April. The programme involved an animated video on malaria prevention, skits performed by CHWs and health staff, information on proper bednet care and maintenance, and education by a clinic nurse on malaria symptoms and treatment. The event highlighted the importance of sleeping under LLINs, particularly for pregnant women and children under age five, and reached some 275 people in Humjibre. Soroano's WMD 2014 outreach consisted of malaria prevention and bednet education via the public address system. In

Kojina, CHWs and health staff conducted a “bednet sweep,” visiting households to provide education, bednet support, and offer LLINs for sale.

Evaluation Survey: Each year, GHEI conducts an annual community-wide evaluation survey in all catchment communities to assess the impact of the Malaria Prevention programme on bednet ownership, use, and maintenance and malaria prevalence. With the help of international volunteers, GHEI conducted this year’s survey in July and August, completing a total of 464 household surveys in the three communities. The three-part survey, based on the UNICEF MICS4 questionnaires, was conducted in Twi by GHEI staff and CHWs trained in data collection.

Based on the 2014 survey, bednet usage rates have continued to decrease since 2012, largely because old or destroyed bednets have not been replaced through mass distribution campaigns. While more than 84% of households in the three communities owned at least one bednet as of July and August 2014 (not shown), the number of bednets per sleeping site has decreased substantially over the past year, leaving a growing number of community members uncovered and unprotected at night (Fig. 1A). As the 2014 data shows, this has resulted in a drop in bednet usage rates in the total and children under 5 populations since 2012 (Fig. 1B). The 2014 survey also shows that over 88% of bednets owned in all three communities are currently hanging, and that over 87% of the population is using them correctly (not shown), indicating that people are using the bednets they have, but that the problem is insufficient bednet coverage.

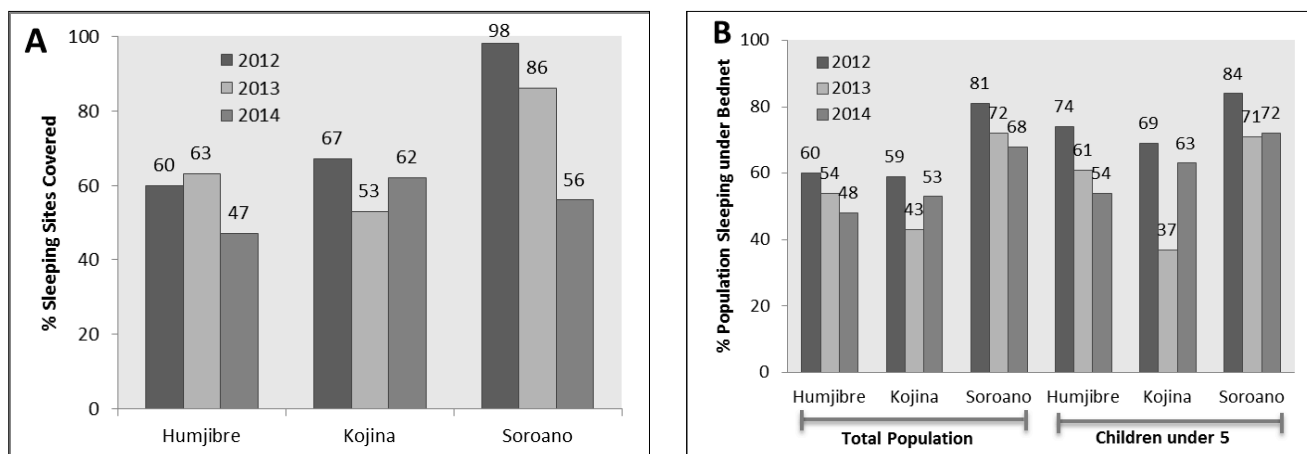


Figure 1. A. Household bednet coverage, based on ratio of bednets owned per sleeping site in households surveyed in Humjibre, Kojina, and Soroano (July/Aug. 2012; June/July 2013; July/Aug. 2014). **B.** Bednet usage rates in total and children under 5 populations, based on percent of individuals that slept under a bednet the night before the survey in Humjibre, Kojina, and Soroano (July/Aug. 2012; June/July 2013; July/Aug. 2014).

b. Hand Washing with Soap (HWWS) Programme

GHEI’s HWWS programme promotes proper handwashing with the goal of reducing communicable diseases among children in eight schools in Humjibre, Kojina, and Muoho. Since 2010, GHEI has secured funding for and installed polytanks at six of the participating schools – the sixth of which was installed in 2014. Currently, health staff members meet monthly with 16 student monitors and conduct quarterly surprise visits to monitor HWWS supplies and practice at the schools. GHEI also conducts annual school-based outreach on Global Handwashing Day to reinforce HWWS practice at the schools and recognise schools that have performed well throughout the year. The impact of the HWWS programme is evaluated annually during a knowledge evaluation survey at the participating schools, as well as through the community-wide evaluation survey conducted as part of the Malaria Prevention programme.

Evaluation Surveys: During the 2014 student knowledge evaluation survey, administered in February at all participating schools in Humjibre, Kojina, and Muoho, health staff surveyed 112 students to assess their knowledge of the critical times for HWWS (Fig. 2A). Of note, 98% of the students surveyed mentioned at least one critical time for HWWS and 82% mentioned at least two. Due to continued low recall of *before preparing food* as a critical time for HWWS, only 32% of students were able to mention all three critical times – though the percentage of students

who mentioned *before preparing food* did increase from 32% the previous year to 43% in 2014. These results led to a continued emphasis in 2014 HWWS outreaches on the importance of washing hands before preparing food.

Further, through the community-wide evaluation survey, GHEI staff members, CHWs, and volunteers evaluated the prevalence of diarrhoea and respiratory diseases among children under five in Humjibre and Kojina (Fig. 2B), used as a proxy measure of the impact of the HWWS programme on communicable disease rates in the community. Overall, rates of diarrheal diseases have continued to decrease in Humjibre and Kojina since 2012, with a 36% average reduction since the programme's start in 2009. In Humjibre, we have seen a more substantial overall reduction in respiratory illness, while in Kojina, rates remain about the same as they were in 2012. These results, while positive, show that communicable disease rates remain higher than national levels and indicate a need for more targeted interventions that better address disease among children under five.

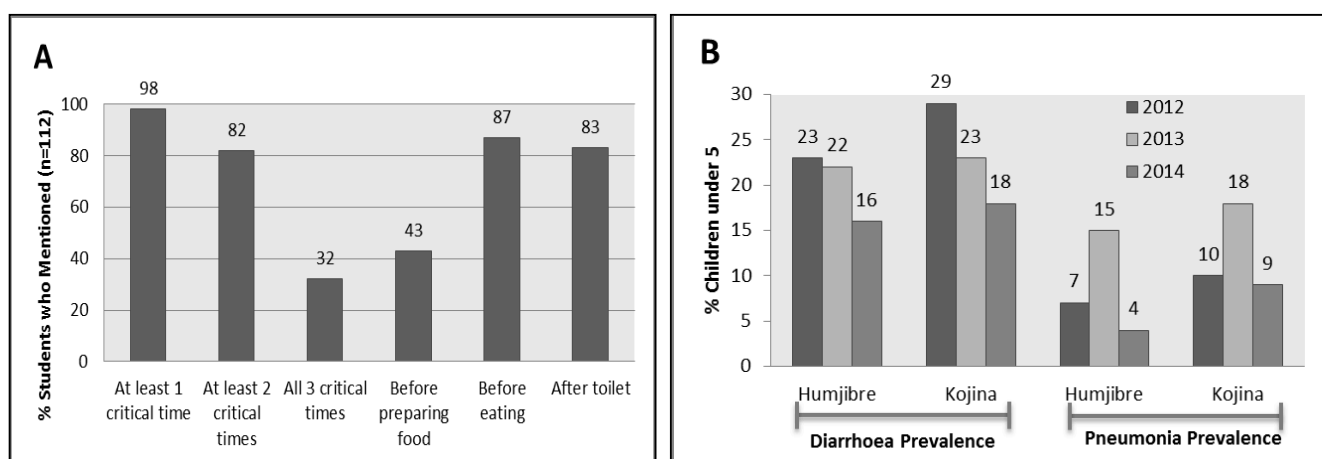


Figure 2. A. Critical times for HWWS mentioned by students during annual knowledge evaluation survey (Feb. 2014). B. Prevalence of diarrhoea and pneumonia in the last two weeks among children under five in Humjibre and Kojina (Aug. 2012/July 2013/Aug. 2014).

Installation of New Polytank and Supplies: Thanks to a fundraiser organised by John T. Moore Middle School in the United States, GHEI was able to purchase a sixth polytank in 2014, as well as some supplemental supplies for the HWWS programme at all schools. The new polytank was installed at Muoho JHS at the start of the new school year in September. Simultaneously, GHEI conducted outreach to distribute 21 veronica buckets, some to be used as supplemental handwashing stations to address problems with high traffic or younger children unable to reach the polytank taps, and some to be used for clean drinking water, to address ongoing reports of children drinking from the polytanks.

Illness Prevention Education: In response to the Ebola Virus Disease outbreak in West Africa and severe cholera outbreaks throughout Ghana, GHEI conducted a health education campaign in local primary and junior high schools focused on general illness prevention, cholera prevention, and Ebola awareness. This outreach was conducted in conjunction with the veronica bucket distribution and aimed to educate students on these diseases, how to protect themselves and others, focusing largely on reinforcing proper HWWS and sanitation practices.

Global Handwashing Day: On 15th October, GHEI health staff and volunteers conducted outreach at participating schools in Humjibre and Muoho. CHWs and GHEI staff recognised the student HWWS monitors and, with their help, led students in singing the HWWS song, had students demonstrate proper HWWS technique, and reviewed the critical times for HWWS. This year's outreach reached nearly 1,700 primary and JHS students in Humjibre and Muoho, representing 89% of the students enrolled in all participating schools. Schools received bars of key soap, handwashing posters, and certificates for those with best HWWS performance throughout the year.

c. Sexual and Reproductive Health Programme

GHEI has been conducting sexual and reproductive health outreach since 2003, including youth-friendly condom sale services in Humjibre and Soroano and annual HIV/AIDS awareness outreaches on World AIDS Day. In 2014, GHEI sold a total of 1,263 condoms at highly subsidised rates; 83% of clients were male and 49% were under age 25.

Condom Sellers Training: In February, GHEI's health staff trained GHEI's volunteer condom sellers, consisting of CHWs, GHEI staff members, chemical sellers, and drink spot owners. Topics for instruction included condoms and sexual health, HIV/AIDS, unintended pregnancy, and guidelines for respectful, confidential, and youth-friendly condom sales.

World AIDS Day: On 1st and 2nd December, GHEI hosted World AIDS Day events in Humjibre and Soroano, respectively. In Humjibre, the evening programme was held at the Humjibre Community Centre and was attended by approximately 226 people. The outreach featured an educational video on HIV risk behaviors, an interactive HIV knowledge quiz and take-home HIV/AIDS Fact Sheet, male and female condom demonstrations, and free condom distribution. In Soroano, the event was held outside the public information centre, where the HIV knowledge quiz was conducted over loudspeaker, followed again by condom demonstrations and free condom distribution; around 220 people attended. A total of 1,266 free condoms and 150 HIV/AIDS Fact Sheets were distributed to people living in Humjibre and Soroano.

d. Health Facility Delivery Incentive Programme

The Health Facility Delivery Incentive Programme (HFDIP) is a new programme that began in November 2013. In collaboration with paediatric residents from the University of California Los Angeles, GHEI staff and CHWs designed, advertised, and piloted an incentive programme intended to increase the proportion of deliveries in health facilities by reducing the financial barriers preventing women from delivering in clinics and hospitals. Pregnant women in their sixth to ninth months of pregnancy attend distribution days at the Humjibre Community Centre to answer questions about their past and intended delivery locations and receive a package of items commonly collected at health facilities during childbirth (antiseptic, bleach, and soap). After delivery, women return to GHEI to collect a post-delivery package and answer questions about their delivery location. In 2014, GHEI distributed pre-delivery incentive packages and administered pre-delivery questionnaires to 166 pregnant women, and provided post-delivery packages for the 126 women who had returned post-delivery.

Evaluation: An evaluation conducted in October found that 65% of women participating in the programme had delivered at a health facility after receiving the pre-delivery incentive package, while 68% had reported delivering their previous child at a facility. Only 78% of women expected to return by October had actually done so, and 35% of these women were still delivering at home after receiving the incentive package. Based on these results, and the fact that facility deliveries in Humjibre are already relatively high compared to other areas, the decision was made to discontinue the HFDIP programme in Humjibre and shift instead to the community of Ampenkrom, where current facility delivery rates are around 30-40% and where there is potential to have a larger impact.

e. Health Trainings and Advocacy

In addition to the health programmes GHEI manages year-round, GHEI also works to address other health needs and to support and improve the quality of local health care services. With the help of healthcare practitioners in Humjibre and throughout the BAB District, GHEI strives to meet the health needs of the BAB District by offering expertise, resources, and support. In the past, GHEI has identified children with congenital heart defects and provided referrals for free surgery at Komfo Anokye Teaching Hospital through a partnership with a group of volunteer surgeons from Boston Children's Hospital in the USA. To date, six children have received free corrective heart surgery through GHEI's referral programme. Through a partnership between GHEI and the University of California in Los Angeles (UCLA), paediatric residents from the medical school at UCLA volunteer in the BAB District for a few weeks every year. In general,

their goals are to observe Ghanaian medical practices, provide trainings, and strengthen GHEI partnerships with medical personnel throughout the BAB District.

Training: In 2014, two UCLA paediatric residents worked with GHEI and district health administrators to conduct a series of trainings in neonatal resuscitation in May. The residents held trainings at the Bibiani District Hospital and Bekwai Health Centre for 24 midwives stationed throughout the district and provided them with neonatal resuscitation equipment and supplies. The residents also hosted a two-day refresher training in Humjibre for 9 previously trained traditional birth attendants (TBAs), focusing on routine care, neonatal resuscitation, and appropriate referral to health facilities.

Advocacy: In November, GHEI was invited to attend the opening of an herbal hospital in the Wiawso District to talk about our work. GHEI health staff used this as an opportunity to discuss our partnership with the Boston Children's Hospital and advocate for the corrective heart surgery referral programme, hoping to identify any potential candidates in the Wiawso District.

6. Summer Serve and Learn Volunteer Sessions

Every year volunteers from across the globe visit Humjibre to participate in GHEI's Summer Serve and Learn (SSL) volunteer programme. Four different groups of volunteers came for two weeks at a time to implement the following activities: Childhood Vision Screening, Malaria Prevention I and II, and Girls' Empowerment Camp. Additionally, two medical students from UCLA volunteered with GHEI for three weeks through the UCLA Short-term Training Programme (STTP).

a. Childhood Vision Screening

A pilot programme this year, the Childhood Vision Screening session sought to identify and address early vision problems in primary school students. A group of volunteers, consisting mostly of first-year medical students from the University of Texas, conducted basic vision and eye health screening for 239 P1-4 students at two Humjibre schools. GHEI staff and SSL volunteers then accompanied those children identified with problems to the Bibiani District Hospital eye clinic for further testing and treatment. Thanks to the support and donations provided by these volunteers, GHEI was able to help five of these students receive corrective eyeglasses and one receive cataract surgery. Recommendations for classroom seating adjustments were also given to the teachers of students identified with slight vision impairment.

b. Malaria Prevention I and II

Each year, volunteers in the Malaria Prevention SSL session assist GHEI staff and volunteers trained in data collection to conduct evaluation surveys in our catchment communities. Due to the popularity of this session among volunteer applicants, the 2014 SSL program included two separate Malaria Prevention sessions. These two groups of volunteers coded, entered, and cleaned data for surveys administered by GHEI's trained data collectors. A total of 312, 39, and 113 household questionnaires were administered in Humjibre, Kojina, and Soroano, respectively, representing a total of 3,738 individuals in the three communities. The data collected through the evaluation survey has been used to assess the impact of GHEI's health programmes on our catchment communities and to inform GHEI's decisions to modify or adjust health programmes.

c. Girls' Empowerment

The Girls' Empowerment programme aims to encourage female Form 3 JHS students awaiting their BECE results to stay focused in their academic pursuits. GHEI staff and SSL volunteers organised camp activities with the aim of educating and empowering girls. Activities this year included sessions on Self Esteem, Leadership, Family Planning, Sexual Health, and Business and Money Management.

d. UCLA Short-term Training Programme

Two medical students from the UCLA medical school volunteered with GHEI as part of their studies in global health in 2014. The UCLA volunteers were based in Soroano and worked with GHEI staff and CHWs to conduct an evaluation of the Neonatal Resuscitation Training programme conducted throughout the BAB district by UCLA paediatric residents over the past few years. The volunteers visited health facilities around the district, conducted interviews with midwives and health facility administrators regarding previous trainings, and assessed equipment availability, conditions, and needs.

e. Volunteers

The table below displays information on the volunteers who participated in the Summer Serve and Learn and UCLA STTP programmes in 2014.

NAME	PROGRAMME	ARRIVAL	DEPARTURE
Coco Woeltz	Vision	June 1 st ,	June 17 th
Martin Uwah	Vision	June 1 st ,	June 17 th
Joshua Tsau	Vision	June 1 st ,	June 17 th
Bobbi Porche	Vision	June 1 st ,	June 17 th
Danielle Harris	Vision	June 1 st ,	June 17 th
Ashley Collazo	Vision	June 1 st ,	June 17 th
Claire Kramer	Malaria Prevention 1	June 21 st	July 7 th
Anna Saltman	Malaria Prevention 1	June 21 st	July 7 th
Jeremy Paul	Malaria Prevention 1	June 21 st	July 7 th
Erica Oh	Malaria Prevention 1	June 21 st	July 7 th
Dylan O'Sullivan	Malaria Prevention 1	June 21 st	July 7 th
Jamie Chan	Malaria Prevention 1	June 21 st	July 7 th
Carmella Alberico	Malaria Prevention 1	June 21 st	July 7 th
Sana Naeem	Girls Empowerment	July 11 th	July 27 th
Juyeon Lee	Girls Empowerment	July 11 th	July 27 th
Michele Drossner	Girls Empowerment	July 11 th	July 27 th
Elena Rueckert	Girls Empowerment	July 11 th	July 27 th
Carmen Avila-Yiptong	Girls Empowerment	July 11 th	July 27 th
Isabel Ramos	Girls Empowerment	July 11 th	July 27 th
Chloe Macpherson	Girls Empowerment, Malaria Prevention 2	June 21 st	August 17 th
Amina O'kosi	Malaria Prevention 2	August 1 st	August 17 th
Uyen Nguyen	Malaria Prevention 2	August 1 st	August 17 th
Ashley Hoskins	Malaria Prevention 2	August 1 st	August 17 th
Priscilla Yevo	Malaria Prevention 2	August 1 st	August 17 th

7. Staff Training

a. Data Collection Training

In May 2014, the Health Programme Coordinator and two Health Programme Administrators conducted a two-day Data Collection Training course for GHEI staff, volunteer teachers, and community health workers. Topics included initiating, conducting, and concluding surveys, maintaining confidentiality, reducing bias in data collection, and designing and implementing questionnaire-based programme evaluation. This training served as a refresher course for staff and volunteers previously trained in data collection, as well as a comprehensive course for new staff and volunteers.

b. Teacher Training

Five teacher trainings were held in 2014. From February through December, GHEI Education staff and volunteer teachers received review trainings covering classroom control, critical thinking, lesson-planning using art in the classroom, rubric scoring, and child growth and development norms.

c. Computer Training

To build the capacity of GHEI staff and provide on-going educational opportunities, informal computer trainings were offered to staff by western Coordinators. Topics included Microsoft Word, PowerPoint, Excel spreadsheets, database management, email, typing, and internet research. In response to staff members' desire for more regular computer trainings, a more formalized training schedule for the coming year was devised during GHEI's Annual Retreat in November.

8. Community Centre

Since its construction in 2004, the Humjibre Community Centre has served as a meeting place for community activities and a venue for GHEI classes and outreaches. The table below shows this year's Community Centre activities.

TYPE OF ACTIVITY	NUMBER OF MEETINGS HELD
GHEI Events	12
Child Wellness Clinic	6
Weddings and Engagements	5
Agricultural Meetings Text	4
Community Meetings	4
Political Meetings	4
Youth Dance	3
Keep Fit Club Meetings	2

9. Meetings, Seminars, and Partnerships

District Assembly Planning Subcommittee: Our Country Director, Clement Donkor, attended a meeting in Bibiani in August as part of the District Assembly's Planning Subcommittee's bid to identify with development partners in the district, their plans for the year and problems they face.

Ghana Anti-Corruption Coalition: On the 19th and 20th of August, Mr. Donkor participated in a workshop conducted by the Ghana Anti-Corruption Coalition on lobbying for and monitoring projects, transparency, governance and decentralization.

GHEI Annual Retreat: GHEI’s Annual Retreat took place this year at the Queen Elizabeth Hotel in Sefwi Wiawso in November. GHEI Ghana staff met to discuss the past years success and challenges, and to look ahead to 2015. The staff were also joined via Skype by our Western Executive Director, Diana Rickard.

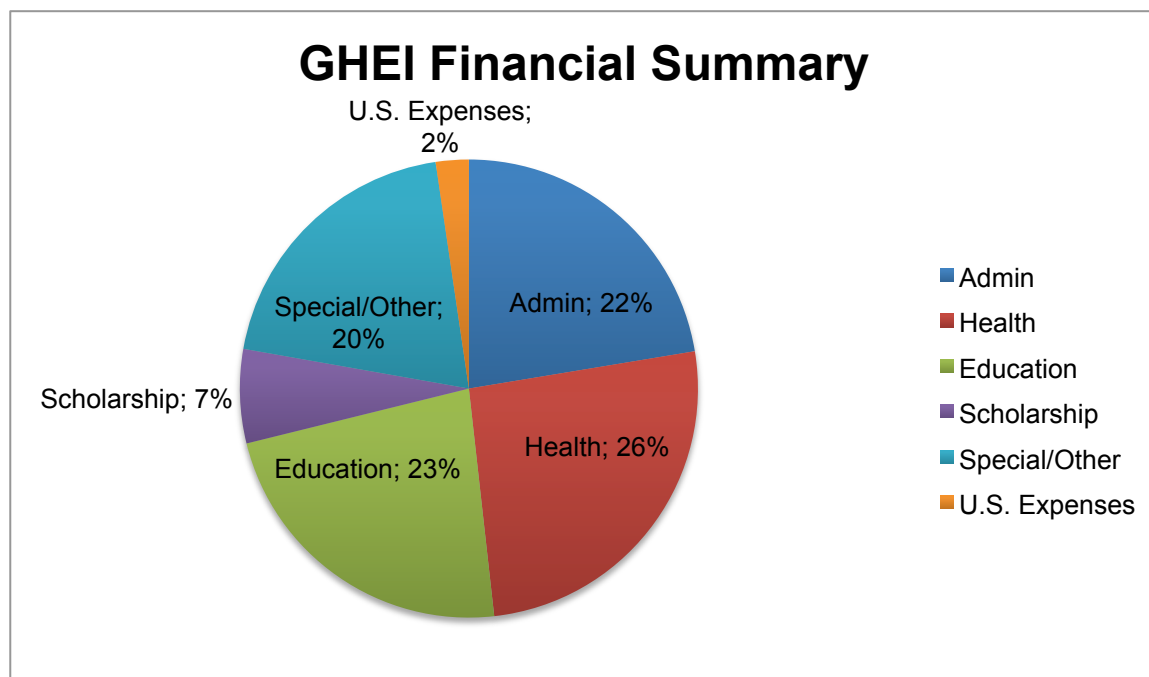
10. Donations

Donations of medical supplies (e.g. suction bulbs and gloves), as well as common drugs (e.g. vitamins, ibuprofen) and 150 reading glasses by international volunteers were distributed to the Bibiani District Hospital and the Humjibre Clinic in July and August 2014.

11. Finances

Listed below are the organisation’s funding sources for the reporting year. Please see the figure on the following page for the breakdown of GHEI funding in 2014.

- Books for Africa Libraries
- American Academy of Pediatrics: I-CATCH Grant
- John T. Moore Middle School, Tennessee, USA
- Private Individual Donations
- Summer Serve and Learn Programme



12. Conclusion

GHEI has continued its quality health and education programming to address the needs of the people in Humjibre and its surrounding communities. In the upcoming year, GHEI will continue to work with and serve its catchment communities to promote positive health outcomes and educational attainment in the Bibiani-Anhwiaso-Bekwai District.