Method for collecting data: discussions with 5 local Ghanaian staff and 2 foreign staff, and email responses from 5 past coordinators (foreigners who served 1+years on-site with us).

Lessons learned

1. Community-driven programs. In 2009, we started our education program for poor performing early primary students. This idea and program was generated by a foreign coordinator because of her experience and expertise in the area. However, it was not thoroughly investigated or designed with the community, and parents and others were quite resistant to it. They didn't understand why there should be a focus on these children, who were thought to have little chance of success. Because they were performing so badly, they were written off by the school and their families so that more attention could be paid to children who were thought to hold more promise. After the program began, community's approval was sought, the program was adapted, and after years of children outperforming their expectations, it has regained footing.
    a. Lesson to take forward: programs must be started with full community input and enthusiasm, and shaped by their concerns.
2. Difficulties with group interventions, especially with women. Because the community is mostly farmers, and women have very demanding lives outside of farm duties (i.e. meals often take hours to prepare), it is very inconvenient to have women meet in groups. In 2009, we tried approaching our handwashing with soap program with mothers of children under age 5 years. We did this in group settings, and found that attendance was quite poor. We have done other health programming for women in groups, and the same concern has been raised about inconvenience and time constraints.
    a. Lesson to take forward: if group activities are to be conducted, significant thought must be put into how this would work within a woman's responsibilities.
    b. Applicability: most activities will be one on one in a mother's home, side-stepping this difficulty. However, if toddler age children will be brought to the library for reading or playing in a structured way, GHEI may need to assume care during this time or carefully plan it around a woman's schedule.
3. Quality of work from CHWs. With our initial malaria prevention program, we had outstanding results with bednet usage. These waned over time, presumably as the CHW's enthusiasm (they perform home visits) waned. The CHWs did not complete home visits on time in many cases. We did not have a robust enough structure in place for monitoring them, as well as for encouraging and rewarding them. We also didn't have enough of a structure for feedback, which was found to be vitally important to learn why they weren't completing visits. Now, we have spot checks to ensure houses were visited, monitored visits to ensure quality, annual retreats to develop their knowledge and camaraderie, bonuses based on quality, regular meetings to

review progress, and other techniques. The quality and motivation of the group has improved significantly.

   a. Lesson to take forward: a robust structure should be in place for monitoring quality, ensuring continued project enthusiasm, helping CHWs to feel valued, and taking steps when individual quality is poor.

4. Monitoring and evaluation is critical. Over the years, we have built comprehensive monitoring and evaluation systems into each program. This has helped us understand, for example, that our current slight decrease in malaria bednet use is due to bednet ownership, rather than individuals not using the nets they own. This then enables us to focus efforts on understanding the lack of nets and remedying that issue rather than being led down the path of more education on net usage, for example.
5. Avoiding bias in selection. Scholarships for children entering senior high school are given to children selected by a board. Initially, relatives of board members were chosen, and there was other evidence of bias. Several years ago, a much more specific selection rubric was developed and the scholarship board membership has been refined.
   a. Lesson to take forward: develop objective criteria and other means of avoiding bias if selection will be done.
   b. Applicability: we will need to be very thoughtful in using an objective approach to select mentors. This may be relevant in selecting mothers if we need to limit to a smaller number based on funding. A lottery or selection of every second interested mother would be a possible approach.
6. Confidentiality. Initially, households were resistant to having our staff enter to check on maintenance needs of bednets and for monitoring and education. We built the principle of confidentiality into our curriculum and our staff has closely adhered to it. Thus, we have overcome these concerns with our current work.
   a. Lesson to take forward: confidentiality must be maintained to ensure trust, and the success of ongoing programs.
   b. Applicability: we must make this a focus of training for mentors, because they will be discussing more sensitive issues, and the relationship depends on trust for success.
7. Easy to use databases for data entry. While our monitoring and evaluation systems have improved, we've developed easy to use databases for each program. The databases allow for easy input, and create graphs to show the user performance at the time of data entry.
8. Understanding roles of foreign vs. local input. The cornerstone and key to our success is being and organization run by Ghanaians from our communities. However, there are skill sets that foreign staff and volunteers can bring to the organization that are invaluable. We have found these to be expertise with monitoring and evaluation, setting up constructs for program design and evaluation with databases for easy data entry, literature review, statistical analysis, facility with using the internet, social media, MS excel and computers in general. Some foreign staff also have an expertise in a focus

area and years of experience in development practice with other nongovernmental organizations. When volunteers are involved in our programs, we are careful to identify and communicate the skills that they bring as well as the invaluable skills and knowledge of the local staff members and community, and how this translates into project roles.

    a. Lesson to take forward: continue to clarify roles, skills and knowledge that each member of our team brings to our program development.

9. Avoiding distortion of priorities by funding. In 2005, GHEI began receiving funding from the government for HIV prevention work. Initially, it was a small part our health programming, but over the subsequent 2-3 years, it grew to comprise >60% of our programming, as funding continued and increased. When we realized that HIV, which was epidemiologically and by community report not as important as other health issues, was taking so much of our time and effort, we decided to decline further funding from the government, re-assess priorities and scale back on HIV prevention efforts.
    a. Lesson to take forward: maintain an alignment of our priorities with those of the community.