

Table of Contents

Centre for Development and Population Activities

Female Genital Mutilation Abandonment Program

Using this manual

Activity One: Nomination and Preparation of Partner NGOs

Activity Two: Nomination and Preparation of Local NGOs

Activity Three: Situational Analysis of each community

Activity Four: Orientation Workshop

Activity Five: Identifying Positive Deviants and Preparing for Workshop 2

Activity Six: Analysis and Planning Workshop

Activity Seven: Six Month Awareness Activities

Activity Eight: Three Month Check In

Activity Nine: Preparation for the Girls at Risk Workshop

Activity Ten: Girls and Risk Workshop

Activity Eleven: Girls at Risk Phase



## **The Centre for Development and Population Activities**

---

The Centre for Development and Population Activities (CEDPA) is a nonprofit international organization dedicated to empowering women to be full partners with men in creating a more secure future for themselves, and their families, communities and nations. Founded in 1975, CEDPA promotes positive change through its partnership programs, training and advocacy in over 40 countries. CEDPA and its development partners are committed to expanding women's access to health services and education, choice and participation in all aspects of life.

### **CEDPA in Egypt**

CEDPA's programs in Egypt date back to early 1980s through a partnership with the Institute of Training and Research in Family Planning (ITRFP). With support from the United States Agency for International Development, CEDPA began to work with the Coptic Evangelical Organization for Social Services (CEOSS), the Bishopric Public Ecumenical and Social Services (BPSS), and the Al Azhar University International Islamic Center (IIC). Through these partnerships, CEDPA provided funding and technical assistance that enabled these partners to initiate integrated programs in family planning and development. Approximately, 50,000 clients were served. In partnership with the ITRFP, CEDPA supported ICPD related participatory activities in 1994.

Since opening its Cairo headquarters in 1995, CEDPA has worked tirelessly to raise the health and education status of Egyptian youth and adolescents. CEDPA's key non-formal education programs focus on developing the basic life skills and reproductive health knowledge of young women and men. These programs include the New Horizons Program for Girls and Young Women and the New Visions programs for Boys and Young Men.

### **CEDPA and FGM**

A natural outgrowth of CEDPA's focus on reproductive health, rights, and gender awareness among young adults has been its focus and support for local and national efforts to eradicate female genital mutilation (FGM). Over the years, CEDPA has worked with the National FGM Task Force, established after the 1994 International Conference on Population and Development. The National FGM Task force has

worked informally to create momentum and support for the community of local NGOs working on the issue of FGM in Egypt. CEDPA has also worked closely with several national level governmental organizations such as the National Council for Women and the National Council for Childhood and Motherhood (NCCM), chaired by Ambassador Moushira Khattab. The NCCM has recently launched a major national program on FGM. CEDPA is working very closely with the NCCM to share its programmatic experience and support regional and national level advocacy initiatives. Over the years, CEDPA has also been involved in supporting publications and regional taskforces on the issue of FGM.

In 1998, CEDPA took an even more active position on the issue of FGM eradication by launching its own FGM program based on the Positive Deviance Approach (PDA). Since that time, CEDPA, in collaboration with a number of NGO partners, has been successful in combating the practice of FGM in Egypt through the Positive Deviance Approach (PDA). The Positive Deviance Approach to FGM abandonment was first piloted in Egypt with funding from USAID's PROWID (Promoting Women in Development) program.

In its pilot phase, the Positive Deviance Approach (PDA) focused on enabling local NGOs to identify positive deviants, members of the community who had decided against the practice. Through a process of enquiry, the NGOs were able to identify local solutions to the problem of FGM within their communities. By better understanding the reasons why positive deviants chose to abandon the widespread practice, NGO staffs, in partnership with community members, were able to design more effective ways of combating FGM.

The PDA has managed to significantly reduce the practice of FGM in two villages in Beni Suef governorate (i.e. no reported cases of FGM in the target population for the three FGM "seasons" during the program). These results, though preliminary, are promising and CEDPA hopes to replicate these results in further communities.

## **FGM Abandonment Program Goal & Objectives**

### *Goal:*

Decrease the incidence of FGM among girls in Egypt

### *Objectives:*

- Increase knowledge of community members of dangers of FGM and empower them to be advocates for eradicating the practice.
- Support leaders to break the silence about FGM in their communities.
- Increase number of Local NGOs implementing the FGMAP through training and support by Partner NGOs.
- Increase community mobilization activities related to eradicating FGM.
- Increase the number of girls saved from FGM.
- Help to establish FGM Free communities.

## **FGMAP Methodology**

The FGM Abandonment Program, built upon the Positive Deviance Approach (PDA), has the potential to provide sustainable and widespread change in the prevalence of FGM in Egypt. This model is designed to help local NGOs identify and mobilize community based solutions by engaging local individuals who are against the practice to rally against FGM. By helping to foster a close connection between the local NGOs and Positive Deviants in these communities, CEDPA and its Partner NGOs will go far in helping local communities realize their inherent potential, spearhead activities to eradicate FGM, and bring new voices into the public discourse of FGM.

Now in its expansion phase, the FGM Abandonment Program (FGMAP) is integrating CEDPA's previous work on FGM eradication using the PDA, with its institutional strength in training of trainers, NGO capacity building, and community mobilization. In this programmatic expansion, CEDPA will play a supporting role as its Partner NGOs take the lead in training and managing the program.

The central approach used for awareness-raising in the FGM Abandonment Program is community mobilization. Community mobilization uses participatory processes to involve local institutions, local leaders, community groups, and members of the community to organize in collective action toward a common purpose. Using the tools of community mobilization, the FGMAP works through local individuals who have decided they are against FGM and refuse to practice the custom. We call these

individuals Positive Deviants. These individuals have deviated from the norm of supporting female mutilation and found a new positive path for themselves and their families by refusing to practice FGM. We have discovered thousands throughout Egypt.

For the purpose of the FGMAP, CEDPA refers to Positive Deviants in two ways. As mentioned above, all Positive Deviants are individuals who are against FGM and refuse under all circumstances to practice this harmful and unnecessary practice. However, there are Positive Deviants who are actively involved with the FGM team by getting trained in the FGMAP, attending monthly meetings, planning community outreach activities, and conducting outreach to key individuals. We refer to these individuals as “Active Positive Deviants” because they are active in the FGMAP. All Positive Deviants are encouraged to join the FGMAP. Positive Deviants, who chose not to be directly involved in the FGMAP, are also important in their decision to abandon FGM and the possibility of their support of the FGMAP. However, since they are not directly involved in the FGMAP, we refer to them as Positive Deviants, not Active Positive Deviants. The total number of Positive Deviants in a community would include all Active and not active Positive Deviants.

In the FGMAP, CEDPA will provide a Training of Trainers (TOT) for our Partner NGOs. These have been selected by CEDPA for their strength and ability to train and manage the FGMAP. The Partner NGOs are the primary trainers and implementors of the FGMAP expansion. These organizations are supported by technical and financial support from CEDPA. CEDPA provides the training for the trainers and staff of the FGM Abandonment Program within the Partner NGO. During the program implementation, CEDPA will work closely with the Partner NGOs to support and monitor the program. The experienced trainers from the Partner NGOs will be responsible for the training staff and selected community members during the FGMAP. Management and field staff from the PNGO will be responsible to oversee the implementation of the FGMAP among the selected local organizations. This will include oversight of the financial management, community education, and monitoring and evaluation of the program.

Each of Partner NGO will work closely with CEDPA to select four Local NGOs to work in two communities each. The Partner NGOs will also organize exchange visits between the implementing local NGOs to share program implementation experience. These organizations will work in partnership with Positive Deviants to achieve the objectives of the FGMAP.

The program itself consists of three workshops each separated by a period of activity within the community. The first workshop is designed to provide the Local NGO representatives with and introduction to the FGMAP, important information about FGM,

and the tools to identify the first group of Positive Deviants, individuals who will become important assets as Active Positive Deviants. After this first workshop, NGO representatives return to the two communities and implement the skills and activities outlined in Workshop One. Before the second workshop, Positive Deviants are identified, interviewed, and several are selected to participate in Workshop Two. Through their participation, these Active Positive Deviants will provide important key information and direction to the development of the six-month Action Plan which will launch the FGMAP activities with the communities. During the second workshop, all participants are provided comprehensive information on FGM, trained to analyze Positive Deviant interviews for important information, and plan the mobilization activities for the first six months of the program. This Action Plan will provide a roadmap for all FGMAP activities aimed to break the silence on FGM and open an informed dialogue in the community on the issue. During this period, the Local FGM team, consisting of Local NGO staff and Active Positive Deviants, work to increase the knowledge on the unnecessary harms of FGM change people's attitude towards the practice. The focus of these community mobilization activities is outreach to community members through small private group activities and larger public meetings. With the exception of outreach to community leaders, individual outreach or outreach to families should be delayed until the fourth month, once a core group of Active Positive Deviants are trained in the direct family approach.

Three months into the community mobilization phase, there is a one day check in workshop to bring together the FGM Teams from several communities. This workshop is designed to encourage communities to look into their accomplishments and challenges of the last three months together and revise their Action Plan for the final three months of the community mobilization activities. This workshop will also provide an opportunity to tell Active Positive Deviants about the coming parallel phase of the FGMAP, the Girls at Risk phase.

Active Positive Deviants who are interested in conducting outreach activities to families with girls at risk will be screened after the three month check in and selected to participate in pre-workshop activities and the workshop itself. The pre-workshop activities include creating a list of Girl at Risk in the community and preparing a map of the community. Approximately, four months into the community mobilization activities, the Girls at Risk workshop will held. The four months of community mobilization activities will prepare the community for the Girls at Risk phase by breaking the silence on FGM and increasing people's knowledge of the issue. Both the community awareness and the Girls at Risk activities will operate simultaneously for two months, before the Girls at Risk activities become the primary focus of the FGMAP. This model

will give the Girls at Risk phase the greatest impact. The Girls at Risk workshop will focus on outreach, monitoring, and tracking of girls at risk and their families. After the Girls at Risk workshop, Active Positive Deviants selected to be trained in for the GAR activities will begin outreach to families of girls at risk. All families will girls will eventually be visited, however priority will be given to girls of circumcision age. Long into the future, the circumcision status of all girls in the community will be tracked as will the intention of their families. New Active Positive Deviants will be integrated into the group conducting the Girls at Risk activities as the program continues after the community mobilization and long into the future.

### **Who is this Program Manual for and how to use it?**

This manual is for the use by the managers, coordinators and implementers of the FGM Abandonment Program. It is hoped that this program manual will be useful to other organizations involved in FGM abandonment activities who might gain from a understanding our program design and experience. This manual is designed as a reference tool describing the program, its components, and activities in a step by step manner. This manual also contains templates for each reporting requirement to be completed by the Local NGO, checked by the PNGO, and reformatted for use by CEDPA. For individuals from the PNGO and LNGO this manual is to be used as a guide to resources and responsibilities at each stage of the project. Each major project activity is fully described as are its reporting requirements.

This manual is to be complemented by the FGM Abandonment Program workshop materials which provide detailed description of each of the three workshops, three month check in, and FGMAP and FGM training for new Active Positive Deviants to guide the workshop trainers, program managers and implementers.

### **FGMAP Design & Implementation**

---

The following section details the FGMAP design and implementation process. It provides a step-by-step account of the program and explains the program design and delineates roles and responsibilities, as well as, reporting requirements.

The Partner NGOs play a central role in project monitoring and evaluation. They will be responsible for managing the completion and accuracy of all reports and

data produced at the local level. The monitoring and evaluation tools and procedures associated with each requirement are also detailed below.

### **Activity One: Nomination of Partner NGOs.**

**1.1** Before the FGMAP activity can begin, CEDPA will select and orient its Partner NGOs. This process begins with CEDPA using internal criteria to identify and select Partners. These criteria are based on CEDPA's previous relationship and confidence in the Partner NGO's ability to train and manage the FGMAP. Once a Partner NGOs has been selected, it will be oriented to the project and its roles, responsibilities, and commitment within the project. CEDPA will establish a memorandum of understanding with each NGO to formalize programmatic and fiscal responsibilities. At this time, CEDPA in collaboration with existing Partner NGOs will provide a training of trainers (TOT) on the FGMAP, workshops, and materials to the new Partner NGOs.

### **Activity Two: Nomination of Local NGOs**

**2.1.** Once the Partner NGOs are oriented to training and managing the program, their first program responsibility involves the nomination of Local NGOs who will implement the FGMAP at the community level. Each Partner NGO will be responsible for working with CEDPA to identify as many Local NGOs as meet the FGMAP criteria. Ultimately, four Local NGOs will be selected to implement the FGMAP. The local NGOs should be selected according to the following criteria.

1. Their enthusiasm for the program and ability to implement the program.
2. Their standing in their communities.
3. Their prior or current experience with health, education or other social programs
4. Their ability to commit to a two-year program.
5. Their ability to generate funding for sustainability.
6. Priority will be given to New Horizons or New Vision Program implementers.

#### ***Reporting Requirement 2.1***

Before the final selection of the local NGOs, a report must be submitted to CEDPA of the nominated organizations detailing their strengths and weaknesses with specific reference to the points above. At this point CEDPA might choose to conduct site visits to the proposed Local NGOs before the final selection is made.

#### **2.2. Memorandum of Understanding with the PNGO**

CEDPA will develop a memorandum of understanding and establish a sub-granting mechanism with each Partner NGO. This memorandum of understanding will outline primary roles and responsibilities between CEDPA and the Partner NGO. It will also detail the division of management and fiscal responsibilities between CEDPA, the Partner NGO, and the local NGO.

### **2.3 Select the Local NGOs**

After reading the nomination reports and conducting any necessary site visits CEDPA and its Partner NGOs will work together to select the Local NGOs to participate in the FGMAP.

### **2.4 Establish a Memorandum of Understanding with the Local NGOs**

Once the local NGOs have been selected, the Partner NGO will work closely with the local NGOs to establish a Memorandum of Understanding which will clearly define roles and responsibilities for program implementation and management. We expect that four staff members from each Local NGO will be responsible for the implementation of the FGMAP. These staff people will work in pairs in two communities each. In addition, there will be a Supervisor who will be responsible for supervision of field officers, data collection, monthly meetings, exchange visits, monthly meetings, among other tasks.

Once activities 2.1 – 2.4 have been completed, the selected staff members from the local NGO will be invited by the facilitating Partner NGO to attend the Orientation Workshop. The location of the Orientation Workshop is at the discretion of the Partner NGO.

### **Activity 3: Situation analysis of FGM in each local community**

The first task of the local NGO is to complete a situational analysis of FGM in the two communities in which it is planning to work. This task should be completed by the FGM Team, consisting of staff of the local NGO, working with support from the Partner NGO. This can be expedited inviting some of the field workers who work in the community to describe the practice of FGM in the community. This information will be helpful in understanding the level of knowledge about FGM within the local NGO and within the community. This information will be used in the first workshop.

### ***Reporting Requirement 3.1***

Each local NGO must prepare a situational analysis of each community and distribute copies to the Partner NGO and CEDPA. A template of this reporting requirement is supplied at the end of this manual. Here are examples of questions to be answered in the report.

1. What is the population size of your community?
2. What is the level of girl's education in the community?
3. What is the overall level of education in the community?
4. Is your community urban or rural?
5. What are the most popular occupations in the community?
6. Are girls/women in the community mobile, i.e. can they leave the house?
7. Are there both Muslims and Christians living in your community?
8. To the best of your knowledge, does everyone in the community practice FGM (Approximately what % practices FGM)? If not, what are some exceptions?
9. Is there a difference in FGM practices between the Muslim and Christian communities?
10. Who performs the operation?
11. In which season are most circumcisions performed?
12. Are the religious leaders of the community for, against, or undecided in their opinions about the practice?
13. Are there doctors in the community who perform female circumcision or do people have to travel?
14. What is the average age of circumcision in your community?
15. Are there currently or have there been any campaigns against FGM in your community?

As with all other reporting requirements, the Partner NGO is responsible to submit a copy of this report to CEDPA.

Once the supervisor and field staff been selected and the situational analysis has been performed, the Orientation Workshop will take place. This training familiarizes people

with important information on the negative effects of FGM. It introduces the FGMAP model and provides Local NGO representatives with the skills to begin the program.

#### **Activity 4 The Orientation Workshop**

The Orientation Workshop is conducted by each of the Partner NGOs for representatives from their four selected NGOs working on FGM. The orientation training will take place over three days at a place to be determined by the Partner NGO.

The Orientation Workshop is designed to prepare Local NGO staff to spearhead local efforts on FGM. The workshop begins with a discussion on FGM, common misconceptions about the practice, and realities and facts about the practice in Egypt. The workshop provide NGO representatives with an understanding of the FGMAP and its use of the Positive Deviance Approach (PDA). The cornerstone of this workshop is preparing Local NGO representatives to conduct Positive Deviant interviews and identify Positive Deviants to participate in the Analysis and Planning Workshop. These interviews will take place during the approximately one month period between the first and second workshop.

The Orientation workshop manual provides a detailed description of the content of each session. In addition it describes the necessary preparation, arrangements needed for conducting the Orientation Workshop.

#### ***Reporting requirement 4.1***

Immediately following the Orientation Workshop, Reporting Requirement 4.1 should be submitted by the Partner NGOs to CEDPA. The report should detail where and when the training was held, and how the training was received by the participants. This report should be completed immediately after the training and include evaluations from the attendees.

#### **Activity 5 Identification of Positive Deviants and Workshop Two Preparation**

**5.1** Immediately after the Orientation Workshop the FGM team from the local NGOs will begin to conduct the positive deviance interviews with individuals from the selected communities. We recommend that individuals from the local NGOs work together in pairs in each community. We have found that two people working together in two villages is more successful than one person working alone in one. Once these pairs

have been established, the interviews should begin. Interviews are recorded either on cassette tape and subsequently transcribed or just written down immediately after the interview. Allow a period of about one month between the first two workshops in order to give sufficient time to collect a significant number of interviews. Representatives from the Partner NGO should facilitate and support the interview process. This might include members from the Partner NGO accompanying local teams on their interviews.

The orientation workshop handouts provide a complete kit for this interview stage. This kit includes guidelines for interviews, interview questions, and a helpful matrix for recording interviews.

It is the responsibility of the Partner NGO to ensure that the Local NGO team is successful in conducting interviews and identifying Positive Deviants to participate in Workshop 2. Representatives from the Partner NGO should visit each community at least twice before the Analysis and Planning workshop to help the field staff in the process of conducting and reporting on interviews.

The Analysis and Planning workshop and all other future interventions are based on the quality of information that is gathered in these interviews. It is very important that these interviews are well documented. The better these interviews are conducted and documented, the stronger the foundation for program activities which will follow.

### ***Reporting requirement 5.1***

This reporting requirement highlights information from the individuals interviewed in the Positive Deviance identification process. This worksheet summarizes information about the PDs interviewed and their willingness to participate in the FGMAP. This report should be submitted along with copies of the PD interviews by the LNGO to the PNGO before Workshop Two.

**5.2** LNGO staff should conduct as many PD interviews as possible to identify around 10 Positive Deviants who are willing to be trained to participate in the program. From these 10 positive deviants, the LNGO staff should select five of the most vocal, proactive, and available people. These five individuals should be invited to attend the Analysis and Planning Workshop. Once the Positive Deviant accepts, she/he will become the first group of Active Positive Deviants implementing the FGMAP. Other PDs will become active later as the community mobilization activities begin and the FGMAP team grows.

### **Activity Six: Analysis and Planning Workshop**

The Analysis and Planning workshop will provide an FGM education session, present objectives of the program, and the activities that will ensue. During this workshop, participants analyze the information they have gathered from the Positive Deviant interviews and use that to help them plan awareness activities for the next six months. The local FGM Team consisting of members from the local NGO and Active PDs will be the focal point for awareness raising activities in the community. The team should be able to draw on the support from the Partner NGO and network with other NGOs involved in FGM eradication activities in nearby areas.

The main objective of Workshop Two is to provide the FGM Team (Local NGO representative and Active PDs) with the skills and tools to prepare an Action Plan shaped by the information gathered in the Positive Deviants Interviews.

Joined by the selected Active PDs, the workshop begins by welcoming these new members of the FGM Team and introducing them to the FGMAP. This is followed by a FGM education session to update new members about critical issues in FGM and solidify the learning from the last workshop by Local NGO staff. Once a strong base of FGM knowledge has been established, the workshop begins to prepare the groundwork for planning the awareness activities. This process begins with learning to analyze the Positive Deviance interviews, then analyzing the interviews collected in the communities before workshop two. Following these activities, participants will learn how to use the interviews to develop an Action Plan. These exercises will culminate in individuals from each community working together to create their own six month community awareness Action Plans.

The development of the informed Action Plans is the key objective of this second workshop. These Action Plans will describe how each community plans to carry out FGM eradication activities over the next six months. The overall objectives of the activities include;

1. Break the silence surrounding the topic of FGM
2. Create an environment within the community for informed discussion on the issues surrounding FGM.
3. Create a wide base of community awareness on the issues surrounding FGM

The workshop will provide Local FGM Teams the opportunity to develop and refine these Action Plans. The workshop will conclude by role play scenarios which will give participants the chance to practice approaching community members on the issue of FGM. This workshop is developed to solidify their knowledge on FGM and gain confidence about approaching other community members.

### ***Reporting requirement 6.1***

Immediately following the Analysis and Planning workshop, a short report should be submitted by the Partner NGOs to CEDPA. The report should detail what happened in the workshop and refer to the workshop evaluation conducted by the participants. The report should also detail the Action Plans designed during the workshop. In addition the report should be attached to copies of the completed questionnaires taped interviews, and the profile of attendees.

### **Activity 7 Six Month Awareness Activities**

After the second workshop, participants will be ready to return to their communities and begin the six months of awareness activities. These activities will be guided by the Action Plans developed during Workshop Two. During this time, members of the FGM team will work on three different levels in the community. First, the FGM Team will approach key community leaders—religious leaders, physicians, and political leaders—to gain their important support to end FGM. The team should work together to educate these individuals on FGM. If the individual is against FGM, the team should work to integrate them into the community mobilization activities. During this outreach, the PNGO and CEDPA are available to help the FGM Team network and support the community leaders to others like them, who are against FGM. The second set of activities should focus on public awareness activities—speeches, information campaigns, public discussions—on the topic of FGM abandonment and raising public awareness on the issue. The third set of activities should focus on small group meetings. These group meetings can be comfortable forums for smaller groups of people to get more detailed information on the issue of FGM that are not yet clear for them.

Outreach to individual families should be discouraged during this phase. The focus of the community awareness phase is increasing awareness and knowledge about FGM.

A selected group of Active PDs will be trained to reach out and monitor meeting with individual families after the fourth month. Until that time, all members of the FGM team should refrain from outreach to individual families. The focus should remain outreach to community leaders, public awareness activities, and small group meetings.

Following are examples of some successful activities, which have been implemented by local NGOs using the FGMAP in Qena, Assuit, and Alexandria.

### **Examples of successful Advocacy Activities**

- Public lectures by the local priest or sheikh . It is very important that members of the FGM Team sit with the religious leader to discuss FGM, so that during the meeting there is no misinformation presented by the speaker.
- Small meetings of men or women at the home of a PD or at the church or mosque.
- FGM awareness activities within literacy classes, schools, or other community development activities.
- Presentation of plays or songs about the harms of FGM

### **Outreach to key community leaders**

The outreach to key community leaders is extremely important during these six months. Gaining the trust and opening a positive dialogue with religious leaders is critical to allowing the FGMAP to operate easily and publicly within the community. If the religious leaders support the program, it will be much easier and quicker to gain the acceptance and attention of community members—particularly men. There are many resources that the PNGO and CEDPA have for helping with this important outreach. The FGM Team should use these resources to make this outreach to religious leaders easier.

Outreach to physicians is also critical to promoting the abandonment of FGM. Currently, over half of the circumcisions in Egypt are performed by physicians. Positive Deviant physicians can educate community members that there is no medical reason to practice FGM, physicians have not been trained to perform FGM, and that FGM is an illegal and harmful practice. Physicians in Egypt are key to ending FGM. We have found that even some families who claim to be convinced that FGM is unnecessary will still go to a physician to “check” if FGM is medically necessary for the girl. There is no

such medical necessity. Physicians should be encouraged to get involved in the public campaign about FGM and report other physicians who are illegally practicing FGM.

Civic leaders—mayors, governors, local council members—should also be approached and educated about FGM. These individuals are model members of the society and should be encouraged to speak out against this harmful and traditional practice. The FGM Team should think of different ways to gain their support and voice especially when it comes to the prosecution of those midwives, barbers, and physicians who illegally practice FGM.

### **Outreach to community members**

As mentioned above, the two main strategies for outreach to the larger community is through small group meetings and large public discussions and campaigns. Both of these strategies are effective on breaking the silence about FGM and educating community members on the harms of the practice. In earlier phases of this project, we have found that both strategies accomplish different but complimentary tasks. Smaller group meetings—usually separated between men and women—are productive areas of people to express their personal concerns or questions on the topic. The dialogue can be a bit more private and directed towards the questions of the participants. A more public outreach is extremely successful in improving public awareness and support for the FGMAP and beginning a public dialogue on a particular aspect or misconception about FGM. Usually these meetings take on one belief or reason that people continue to support FGM and allow experts to approach the issue in a public way. It is extremely important that the FGM team work closely with which ever speaker before the public presentation to be sure that his information on FGM is adequate and correct. Otherwise, the program could be spreading misinformation. It is very important that all the information spread by the FGM team is accurate and reliable at all times.

### **Results of Awareness Activities**

After the successful completion of the six month awareness activities the following results should be observed.

- Positive Deviants have been discovered in the community.
- Positive Deviants who are interested in participating have been educated on the FGMAP and FGM and integrated into the program activities.
- People are publicly talking about FGM and why they are against it.

- People are publicly announcing that they are against FGM and will not carry it out on their daughters.
- Prominent members of the community such as religious leaders and doctors have publicly denounced the practice of FGM
- Community members are now aware of the real risks of FGM

As the FGM team begins these three areas of activities, other community members who qualify as Positive Deviants should be encouraged to participate in the FGM Team. These new members should be integrated fully into the community mobilization activities. They should be given equal responsibility and opportunity in the FGM Team as the original PDs trained in Workshop Two. Each month the Field Officer from the PNGO is responsible to deliver a training on the FGMAP and FGM to new PDs who want to become active in the FGMAP. During this training, the PNGO Field Officer will use the FGMAP mini-training provided by CEDPA to lead the integration and education of new PDs. Other Active PDs and LNGO staff are encouraged to attend this monthly training to answer any questions about the FGMAP or FGM.

### **Roles and Responsibilities**

During this period of social mobilization the community members, LNGO representatives, and PNGO managers will be working as a tight knit team to facilitate community activities, conduct monthly meetings, provide continuing education for new community members participating in the program, and interacting with CEDPA. In order for all these activities to be carried out smoothly, each group needs to understand its role and responsibilities with regards to the other. Below is a list of the basic roles and responsibilities of each partner in the stage of the program. We expect that these will expand as each group begins working together.

### **Active Positive Deviant**

Main responsibilities

- To provide a model for the community of someone who has made an informed decision that FGM is a harmful and unnecessary and refuses to practice.
- To become involved in whatever way necessary in public mobilization and private family meetings to encourage families to make informed decisions not to practice FGM.

#### Requirements:

- To fulfill individual commitment to FGM team in order to support team to carry out Action Plan during community mobilization and provide most effective outreach to families with Girls at Risk.
- Inform oneself to the best of one's ability about FGM and share this information with other PDs and community members.
- Provide accurate reporting of public or private meetings in reporting requirements.
- Contribute consistently to the work of the FGM team.
- Attend monthly meetings held by LNGO.
- Work to integrate community leaders in the fight against FGM.
- Help to discover other Positive Deviants in the community.

#### **Local NGO**

#### Main responsibilities:

- Quality implementation of the FGMAP.
- Oversee and facilitate the collection and submission of quality reporting requirements to the Partner NGO.

#### Requirements:

- Identify Positive Deviants within the community.
- Identify local communities and geographic scope of work.
- Conduct situational analysis of communities before community mobilization phase.
- Work with local Active Positive Deviants to implement the FGMAP.
- Conduct monthly meetings with the full group of Active Positive Deviants from each community in order to review progress.
- Educate new Positive Deviants about the different arguments against FGM and integrate Active Positive Deviants into the FGMAP.
- Collect and ensure the quality and reliability of all reporting requirements during all phases of the program.

- Participate in exchange visits and knowledge sharing with other Local NGOs
- Encourage distribution and use of FGM kit.
- Conduct out reach and encourage participation of community leaders.
- Screen public speakers before they are presented to the communities or families to provide information against FGM.
- Manage family files when families are moved from Active to Surveillance lists and oversee revisiting of families by members of the Girls at Risk Team.

## **Partner NGO**

### Main Responsibilities:

- Supervise the implementation of the FGMAP and whenever necessary provide assistance to LNGO.
- Provide quality training to LNGOs and Positive Deviants in the FGMAP and FGM.
- Collect, review, and prepare all reporting requirements to ensure validity of reporting and submit monthly to CEDPA.

### Requirements:

- Nominate and select LNGOs.
- Conduct weekly visits to LNGOs to meet with Program Manager and field officers to become informed of progress and potential challenges in the field.
- Provide monthly trainings for new PDs in the FGMAP and FGM.
- Collect, review, and validate Reporting Requirements on a monthly basis before submitting reporting requirements to CEDPA.
- Submit reporting requirements monthly and comprehensive report quarterly to CEDPA.
- Provide training to LNGO field officers and Positive Deviants in order to make them capable of fulfilling the reporting requirements.
- Provide quality training in all three workshops and the three month check in workshop.
- Arrange for exchange visits between the LNGOs during community mobilization phase.

- Conduct all financial transactions between CEDPA and the LNGO with total transparency and timeliness.
- Serve as a link between CEDPA and the LNGO in transfer of information and arranging of site visits for monitoring and other purposes.

#### 7.1 Monthly meetings during the six month awareness campaigns

During the six months of awareness activities, each month the Local NGOs will host a meeting for the entire local FGM team. These monthly meetings will create the opportunity for continued education on FGM, monitoring the progress of the awareness activities, and collective planning and problem solving for the campaign.

During the monthly meetings, the FGM team should accomplish two tasks. First, the FGM team will create a monthly action plan. This plan will be developed by referring to the six month action plan and newly discovered opportunities within the field. This plan should include outreach activities envisioned in the six month plan, as well as, newly discovered opportunities or needs within the community. This monthly plan should be developed during this meeting, then distributed to all members of the FGM team immediately afterwards. Secondly, the monthly meeting will be the opportunity to finalize the monthly monitoring and evaluation and reporting requirements due to the PNGO and CEDPA. The field officer of the PNGO should be available during the meeting to provide any necessary technical assistance on monitoring and evaluation and the submission of reporting requirements. This is intended to help the LNGO resolve any problems with the reporting requirements and ensure the timely and accurate submission of the reporting requirements on a monthly basis.

The education session for new Active PDs should not take place on the same day. This important education session deserves time and attention that could only be possible on a separate day. Mixing all of these tasks could dilute the important learning and focus necessary to accomplish each well.

#### Reporting Requirements 7- monthly LNGO package

Reporting Requirements included in 7. ***Reporting Requirements all deal with a full month's activities. 7.1 reporting requirements provide data on activities that take place at the LNGO, including meetings, trainings, etc. 7.2 reporting requirements provide data on community outreach. All documents in 7.1 and 7.2 should be submitted together as one package two weeks after the end of each month.***

Each partner's responsibility is summarized. All of these forms filled out will be provided and they will be reviewed in detail with PNGO staff. The LNGO should submit two separate reports one for each two communities active with the FGMAP,

### **Reporting Requirement 7.1.A - Monthly Report**

This report serves to provide a qualitative description (narrative) of monthly activities undertaken during the month as well as planned activities for the next month. One report should be prepared by the LNGO for each community.

### **Reporting Requirement 7.1 B - Monthly Meeting Attendance Sheet**

This form should serve both as a record of the new members of the FGMAP Team at each monthly meeting as well as a monitoring tool for PDs involvement. This form will also help LNGOs track whether they are training all new members on the FGMAP.

**LNGO:** The LNGO should fill out this form at the beginning of each monthly meeting. Returning members of the FGMAP only need to fill out their names. For new members all of the information should be filled out the first time they attend a meeting. This form should then be submitted to the PNGO along with the other R.R. 7.1 A, B and C.

**PNGO:** The PNGO will then enter this information into the spreadsheet provided (by CEDPA). This will facilitate the analysis of the data on the involvement of the members of the FGMAP team and the expansion of the team. A copy of this spreadsheet must be provided by the PNGO to CEDPA monthly.

### **Reporting Requirement 7.1 C - FGM Education Session Log**

The field officer from the PNGO is responsible for filling out Reporting Requirement of 7.1 F during and immediately after the education of new PDs in the FGMAP and FGM is completed. This report should be given to the Project Manager at the PNGO and added to the package of all Reporting Requirement 7 before being sent to CEDPA.

### **Reporting Requirement 7.2 A - Monthly Activity Log for Community Activities**

This form should include all activities that are conducted for a group of people in the community. One form should be filled out for each community.

**LNGO:** One person at the LNGO should be responsible for making sure that each community activity is recorded as well as all the accompanying information. If someone from the LNGO cannot attend the community activity to record the information, he/she must designate someone from the FGMAP team to record all the information. A 'master copy' of the monthly log should be kept in the LNGO office at all times (a photocopy can be taken of the form to each activity to record the necessary information). After all the monthly activities and all the accompanying information have been recorded, a copy of the sheet should be sent to the PNGO.

**PNGO:** The PNGO will then enter the monthly community activities information into the spreadsheet provided (by CEDPA). This will facilitate the analysis of the data on the number and nature of community activities, the level of community involvement, and the involvement of the members of the FGMAP team. A copy of this spreadsheet must be provided by the PNGO to CEDPA monthly.

### **Reporting Requirement 7.2 B - Monthly Activity Log for Individual Activities**

This form should include any and all forms of individual outreach by members of the FGMAP Team, including outreach to individual families and key community members (sheikhs, priests, doctors, educators, etc.).

**FGMAP team members:** Each member of the FGMAP team should have his/her own sheet on which they record their monthly activities.

**LNGO:** The LNGO will be responsible for collecting the individual outreach monthly logs at each monthly meeting. The LNGO should then aggregate all the information into one master sheet. One form should be filled out for each community. For members of the FGMAP team who are illiterate, a point person at the LNGO should be responsible for debriefing them weekly on their activities (this can be done more or less frequently depending on the volume of the team member's activities, but should be done at regular intervals).

**PNGO:** The PNGO will then enter this information into the spreadsheet provided (by CEDPA). This will facilitate the analysis of the data on the number and nature of

individual outreach activities, the level of community involvement, and the involvement of the members of the FGMAP team. A copy of this spreadsheet will be provided to CEDPA monthly.

### **Reporting Requirement 7.2 C – Key Community Leaders list**

This monthly reporting requirement lists all key community leaders—their identification, position towards FGM, contact with the FGMAP team, and participation in the program. Each community should fill out this form at the beginning of the community awareness activities and add to or change this list to represent the current relationship between the FGMAP and key community leaders at the end of each month. Individuals in this list should include both official leaders and individuals who have an obvious impact on the practice of FGM in the community.

### **8.1 Three-month meeting during the six month awareness campaign**

After three months of implementing activities, the Partner NGO will organize a meeting to share lessons learned and experiences. All the members of the teams working in the communities will attend this meeting at a site designated by the Partner NGO. This one day meeting will provide the opportunity for local FGMAP teams to share experiences and solutions with each other and revise their six month Action Plans. This meeting will also provide the opportunity for the PNGO to present the Girls at Risk phase to the Active PDs. At the end of this workshop, PNGO staff will introduce the Girls at Risk phase and request interested PDs apply to participate in the Girls at Risk phase. Selection of PDs and preparation of for the Girls at Risk phase will begin for a small group after the three month check in. Other members of the FGM team will continue the community mobilization activities and meetings in parallel.

### **Reporting Requirements 8.1 (A & B)**

Immediately following the Three Month workshop, each LNGO should submit two copies of each reporting requirement to the PNGO, one for each community where they are running the FGMAP.

#### **Reporting Requirement 8.1A:**

This report details the Strengths, Weakness, Opportunities, and Threats of the awareness activities in each community. This document should be filled out by the LNGO directly from the flipchart notes from the Three Month check-in workshop.

#### Reporting Requirement 8.1B:

This report details the revised three month Action Plan revised by each community during the Three Month check-in workshop. Each LNGO should submit two reporting, one for each community reflecting the exact Action Plan developed during the Three Month Check-In.

#### **Focusing on Girls at Risk**

With this 'positive' atmosphere created in the community during the community awareness activities it is time to take the next step in the struggle against FGM. During the first three months, strategies focused on developing awareness in the communities more broadly. Now the project will begin a new parallel phase to focus to those girls in the community who are most at risk. After the three month check in, FGM team members were offered to participate in the Girls at Risk phase. Some of those who nominated themselves were then selected by the LNGO. Those selected will meet for third workshop called the Girls at Risk workshop, which will enable them to focus on the families of the families and the girls at imminent risk.

The Girls at Risk team can only be successful in their work after a significant amount of 'social preparedness' has been achieved in the communities. For this reason, there is 3 months of community awareness activities before the Girls at Risk phase begins.

#### **Activity 9: Preparation for the Girls at Risk Phase**

The preparation for the Girls at Risk phase begins after the three month check in. This phase builds on the accomplishments of the community awareness activities and moves to working directly with families that have girls at imminent risk for circumcision. This phase is conducted by a core group of individuals who have been involved in the community awareness phase, then selected by the LNGO to participate in this phase.

#### **Selection of the GAR Team**

Selection of GAR Team Members (include criteria, oversight by PNGO, simple RR)

The selection of the members of the GAR Team is critical to the future success of the FGMAP. During the three month check in, members of the LNGO team will approach members of the FGM Team to propose participation in the next phase. The LNGO staff should be clear about the requirements of participation in this phase. The

individuals who are not chosen are encouraged to continue generating community awareness activities.

The group should be as diverse as possible from within that particular community—women and men from different parts of the community. This group should be gathered with demonstrated personal skills necessary to approach families of girls at risk. This group should be gathered from individuals who have demonstrated the necessary skills during the community awareness phase. Balance of strengths of the team is very important. There should not be an imbalance between gender, religious orientation, or geographic representation within the community. If there is an imbalance, this could negatively impact the team's ability to reach out to the diverse families within the community.

Ideally the team would consist of individuals with:

- Strong ties to the Muslim or Christian leadership in the community
- Strong ties to political leadership in the community
- Willingness to help others with documentation for M&E of homevisits.
- Comfort with outreach to women
- Comfort with outreach to men
- Comfort with outreach to youth
- All members should have a strong understanding of the time commitment required.

The perspective members should be made aware of their role and responsibilities in the GAR Phase.

The responsibilities of the GAR Team include:

- Mobilize all available resources necessary to encourage families on the “Active” list to abandon FGM. This will include seeking out materials on FGM or individuals who could convince families not to circumcise their daughters.
- Follow standard criteria when moving families from the “Active” list to the “Surveillance” list.
- Conduct consistent and quality monitoring of the families.
- Prepare all necessary documents and evaluation forms for the LNGO.
- Participate in all monthly meetings with other members of the GAR Team at the LNGO.

- Establish informal networks with other members of the GAR to share helpful information and support each other during the homevisits.

If nominated members agree to these roles and responsibilities, their names should be added to Reporting Requirement 8.1 to be sent to the PNGO.

### ***Reporting Requirement 9.1***

Once the GAR Team members are nominated, the LNGO should submit reporting requirement 9.1 to the PNGO. This report provides information about each of the nominated members and reports on geographic areas and groups within the community where the nominated participants have established networks. The PNGO should review the information on the report and decide if the nominated participants are acceptable.

If the nominated participants are satisfactory, the PNGO should inform the LNGO. The LNGO should then inform the participants that they have been nominated and inform them of the details of the training.

If one or several of the nominated participants are not satisfactory, then the LNGO team should work to select new participants from the FGM Team. If this is not possible, then the LNGO should look beyond the FGM Team to community members who have been active against FGM. Ideally, this person will have participated in another anti-FGM activity.

The minimum number of participants selected from each community is 10. The maximum number is 15.

### **9.1 LNGO staff responsibilities during GAR Phase**

Before the GAR workshop begins, the LNGO staff must be oriented to their shifting roles from the community awareness phase to the girls at risk phase.

The responsibilities of the LNGO coordinators include:

- Get the records of the families visited from each member of the GAR Team
- Check all the family reports for consistency and clarity
- Maintain the current status of the GAR list with the most current information about families on the Active and Surveillance Lists.

- Supervise the movement of families from the “Active” to the “Surveillance” list according to established criteria.
- Keep track and remind GAR Team members of long term monitoring visits.
- Establish, maintain, and update resources at the local level that could be useful to the girls at risk team. This could be information about families, individuals who are willing to participate in the communities, or family who could serve as resources to other families.

## 9.2 Workshop preparation

Once the necessary staff has been selected, the first responsibility of the LNGO staff is to make the necessary preparations for the workshop. The staff must begin to work with the selected groups to prepare two important materials for the workshop. Both sets of materials need to be created for each of the two villages. Preparation for both of these activities must be conducted with full participation from the newly selected GAR Team members.

- 1) A flipchart size template map of the community must be created. This map should approximate the shape of the populated area of the village and any hamlets where the FGAMP project has been operating. It should also include symbols indicating important community landmarks (mosques, churches, hospitals, rivers, etc). This map should be simple but clearly represent the village. Once the map is completed, 5 copies of the map should either be redrawn or photocopied. The LNGO should bring the copies of the maps for each village to the training workshop.
- 2) A preliminary list of girls at risk in the community should be created by the group. This list should include all never married females in the community. We will collect the names of all unmarried females in order to have an ongoing list of girls that we can use in the future of the program. All families with unmarried girls should be added to the list. Girls should be listed by family name, girl's name, age, and address of the family. LNGO and GAR Team members should work closely together to be sure that all unmarried girls within the entire community are on the list. Any families with girls at risk that are not included on the list are likely to be left out of the early phases of the outreach. After the list is collected, the LNGO should organize the list in Microsoft excel program so that the list can be easily rearranged and used during the workshop and during

the implementation phase. During the workshop, the LNGO will need to make changes to this list. Therefore, a softcopy of the list should be brought to the training site with a computer so that the necessary changes can be made.

Copies of the community template map and the families of girls at risk should be shared with the PNGO **at least two weeks before the workshop**. PNGO staff should review the materials with a staff person from the LNGO to be sure that the information is complete and ready for the workshop.

### ***Reporting Requirement 9.2***

The LNGO should submit a flipchart size example of the community map to the PNGO. The PNGO is responsible for making copies of the community template map and having it ready for the workshop. A small example of a community map is included in the reporting requirements. The five copies of the map will be used during the workshop and during the Girl at Risk activities.

### ***List of Girls at Risk in the community***

The LNGO is responsible for submitting this list to the PNGO either in handwritten or excel format. The PNGO is responsible for providing any technical assistance necessary so that the Girls at Risk list be prepared in Microsoft excel. The PNGO should also make the necessary arrangements for the LNGO to have access to a computer in order to reorganize the list during the training. The PNGO will need to make a computer available in order to keep this list active during the life of the program. This is not a Reporting Requirement, but is necessary to accurately complete before the Girls at Risk training.

### **Activity 10: Girls at Risk Workshop**

The Girls at Risk Workshop will be hosted by the PNGO after four months of community mobilization activities and one month of GAR workshop preparation. Each workshop will include one LNGO and the selected GAR Team from the two communities in which the LNGO has been working. There will be approximately 5 staff people from the LNGO and 10-15 GAR Team members from each community. The workshop will take place over two days.

The workshop is designed to give GAR Team members and LNGO staff the skills necessary to implement the Girls at Risk phase of the FGMAP. These skills include

defining “girls at risk” and “imminent risk” in each community, prioritizing families for outreach, surveying families’ decisions about FGM, conducting outreach activities to families, and monitoring families and girls over long periods. By the end of the workshop, the teams have divided up the families of girls at imminent risk and begun to work together as a team.

In order to ensure confidentiality/privacy names of the families will remain private and kept within the village. Every family will be assigned a number which will be kept at the LNGO level. In addition, each girl at risk within the household will be assigned a letter. For example: El-Husseiny family will be labeled as Family 1. If the El-Husseiny family has three daughters, Amira, Aisha and Imaan, Amira will be 1A, Aisha will be 1B, and Imaan will be 1C. The LNGO will have the master sheet with the family names and girls names and their identification numbers. All data released to the PNGO and CEDPA will use these identification numbers.

#### ***Reporting Requirement 10.1***

Following the Girls at Risk Workshop the list of the unmarried girls in the community according to family that the LNGO has reordered should be submitted to the PNGO. The list should be in the form of RR 10.1 which includes the confidential id code for each family and girl and the PD responsible for each family. Since this list is updated monthly as PDs take on responsibility for additional families, an updated version of this list should be submitted monthly to the PNGO after each monthly meeting.

#### ***Reporting Requirement 10.2 (A&B)***

Immediately following the Girls at Risk Workshop, Reporting Requirements 10.2 (A&B) should be submitted by the PNGO to CEDPA. This report should detail where and when the training was held (10.2 A), and the participant evaluations of the workshop (10.2 B). This report should be completed immediately after each training and include the evaluations from the participants.

#### **Activity 11: Girls at Risk Phase**

After the workshop, the GAR Teams will begin their outreach efforts in their communities. Each member will have an initial list of families she/he is responsible for.

#### **11.1 Monitoring and Evaluation (confidentiality of interview and data)**

The monitoring and evaluation of each of these families will determine our ability to measure the impact of the program. As explained in the workshop, each member is responsible for keeping accurate records about the interactions and expressed intentions of each family.

Each FGM team member will have a book in which she/he can keep track of the families of the girls at risk they visit, as well as the girls at risk themselves. The book will have a separate section for each family. Each FGM team member should take the book with her to each meeting/home visit and record the information requested. Each section will contain the initial interview sheet and the follow-up monitoring sheets. In addition to the information listed, FGM Team members should feel free to write down any additional comments/observations that they have at the end of each meeting.

The notebook will be in the form of a binder so that the files of families can be added or taken out depending on whether they are on the active or surveillance list. A family will be removed from the binder once the girls in the family are no longer considered to be at risk, i.e. their families have declared that they will not circumcise them. As families are removed from the binder new families can be added so that each FGM team member is tracking the same number of families that was determined during the GAR workshop. Paperwork for families that are removed from the binders should be given to the LNGOs who will be responsible for keeping a master file. These families will then be placed on the surveillance list.

### ***Reporting Requirement 11.1A***

Reporting Requirement 11.1A is taken from the two major components of the notebook given to each member of the GAR Team. These two components are: 1) the preliminary interview sheet and 2) the follow-up interviews. The responses from preliminary and follow-up interviews will be put into an excel spreadsheet for the purposes of monitoring and evaluation. The spreadsheet will be provided by CEDPA. If the LNGO has access to a computer and is familiar with excel, the LNGO will be responsible for filling out a computerized copy of this reporting requirement. If the LNGO does not have access to a computer, the LNGO will fill out a printed copy by hand. This data will then need to be inputted into the excel spreadsheet by the PNGO. The PNGO and CEDPA will periodically check this reporting requirement against the handwritten records to ensure reporting accuracy.

### ***Reporting Requirements 11.1B & 11.1 C***

The Active and Surveillance lists should be updated on an ongoing basis. At each monthly meeting the GAR Team should review the two lists together to make sure that they are accurate. The Active list should be similar to RR 10.1. An identically structured list should be made for when families are no longer considered at risk. This will serve as the surveillance list. These lists should be cross-checked with the monthly tracking sheets and the map. Every two months, the LNGO should submit a copy of the community map to the PNGO for review.

As the Active and Surveillance lists are updated, the map (RR 9.2A) should be updated as well.

### **11.2 Monthly meetings**

The LNGO will arrange a monthly meeting to gather all members of Girls at Risk Team. Several important tasks will take place at this monthly meeting.

- The Team members will share their family records with the appropriate staff of the LNGO
- The Team members update group on highlights of work
- Team members will share any difficult cases for brainstorming with the group
- New families will be distributed among team members and others will be acknowledged as graduated to the "Surveillance" list.
- Solicit stories of "exceptional families" and new resources discovered that could be helpful to other Team members in the community.
- Make changes in girls at risk map by coloring families by the appropriate color.

### ***Reporting Requirement 11.2***

This Reporting Requirement is used to track attendance at GAR Team monthly meetings. This sheet will help the LNGO keep track of the number of new members and the training of those new members in the GAR strategies. Once 5 or more new

members have joined, the PNGO field officer should make arrangements to train these new members for them to become active members of the GAR Team.

### **11.3 Long term monitoring families**

The LNGO is also responsible for the long term monitoring of families on the active or surveillance lists. The GAR Team members should continue to monitor the circumcision status of these girls, even after the families have declared their intention not to circumcise. However, follow-up will be less frequent, e.g. every 6 to 12 months. The LNGOs will be responsible for keeping a master sheet and reminding GAR Team members of long-term follow-up visits. It is our hope that the LNGO will find the commitment and community support to continue the GAR phase indefinitely.

### ***Reporting Requirement 11.3***

The Master Tracking Sheet of all the GAR families should be submitted monthly to PNGO and CEDPA. This list should be compiled by the LNGO from the FGM Team Member Weekly/Monthly Tracking Sheets that are submitted at each monthly meeting.

### **11.4 Integration of new members**

Within the first six months of the GAR Team's work in the community, it is likely that there will be new volunteers who would like to begin working with the program and others who need a break from the commitment. In order to keep the program going, the LNGO must find a way to integrate new members into the Team. This can be accomplished by the LNGO delivering a mini-training to new members. The mini-training materials have been created by CEDPA and will be made available to the LNGOs. This training will provide a brief overview of the FGMAP and give the participants the necessary information to begin participating in the GAR Phase.

We hope this training manual has been useful to you. Please contact CEDPA Egypt with any comments or suggestions. We wish you the best of success in your implementation of the FGMAP.

CEDPA EGYPT