

**STRENGTHENING CAMPAIGN TO END FEMALE GENITAL
MUTILATION (FGM)
AN EVALUATION OF CIRDDOC & CENGOS PROJECT SUPPORTED BY
AMPLIFY CHANGE**

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Abbreviations

CBOs	Community-Based Organization (s)
CENGOS	Coalition of Eastern Non-Governmental Organization (s)
CIRDDOC	Civil Resource Development and Documentation Centre
CSO	Civil Society Organization
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
KII	Key Informant Interview
LGA	Local Government Area
MDAs	Ministries, Departments and Agencies
SMWASD	State Ministry of Women Affairs and Social Development
NGOs	Non-Governmental Organization (s)
NDHS	Nigeria Demographic and Health Survey
VAPP	Violence Against Persons Prohibition Act (Law)
WCBA	Women of Child Bearing Age (15-49 years)
WHO	World Health Organization

Executive Summary including Key Findings

Survey Background

The Strengthening Campaign to End FGM/C is a 2-year (2020-2022) AmplifyChange-funded project led by Civil Resource Development and Documentation Centre (CIRDDOC) in collaboration with the Coalition of Eastern Non-Governmental Organizations (CENGOS). The CIRDDOC project focused on providing integrated quality and evidence-based information to benefitting communities about the dangers of Female Genital Mutilation or Cutting (FGM/C), with a view to discouraging persons and communities from continuing to practice the tradition, but rather to support its total ban. The strategies used for this project implementation were primarily a media mix. The media mix included interpersonal channels, broadcast channels, and print channels. The interpersonal channels used were face-to-face communication, community distribution (townhall meetings), home visits, training, group discussions and counseling. The broadcast channels employed was radio. The print channels relied upon to complement the media mix was the use of flyers and pamphlets. The media mix used enabled the communicators to reach many people many times within the stipulated time frame to supply the appropriate information in an understandable form for each target audience.

Beneficiary households received communication interventions aimed at improving the peoples' knowledge and understanding about FGM/C and the dangers inherent in the traditional practice. Improved knowledge and understanding helped the beneficiaries take informed decisions about FGM/C and led to a change of their attitude and behaviour towards the practice. The intervention also provided training and capacity building to a large array of partners and allies, including traditional rulers, traditional birth attendants/circumcisers, health workers, FGM/C survivors as champions, state legislators, the judiciary, the media, and a host of others, who now constituted a formidable vanguard against FGM/C. To the communication interventions, the project added skills acquisition and economic empowerment to enable the circumcisers and FGM/C survivors rehabilitate and remain committed and sustainable vanguards against FGM/C within their own communities. As the project closeout, CIRDDOC commissioned Dr. Charles Uzundu of the Centre for Health, Education and Environmental Research, Umuahia, Nigeria, to assess project impact.

Survey Design and Methods

The End of Project Evaluation was a cross-sectional descriptive study that was conducted in Ebonyi and Imo States. Data was collected using quantitative and qualitative data collection methods including Household Survey, Focus Group Discussions (FGDs) and Key informant interviews (KII) to extract information from stakeholders. Participants for household survey were either household heads,

traditional circumcisers, FGM/C survivors, community volunteers or secondary school adolescents who participated in FGM/C essay writing, while focus group discussants were community leaders (women, men, youth, religious leaders, health workers, law enforcement); Community Volunteers, FGM/C Survivors and Adolescents or women of child bearing age (WCBA), trained circumcisers and elderly women (grandmothers).

KII Participants: Key informants were Traditional Rulers, Program managers of Community based Organizations (CBOs) that worked on the project, Direct Program implementers (CIRDDOC and CENGOS staff), Policy makers/MDAs in the State Ministries of Women Affairs, Education, Health, Justice.

Key Findings

Background Characteristics: In the two states, 739 persons were interacted with, among them 351(47.5%) as household questionnaire respondents, 358 (48.4%) were engaged in focus group discussions and 25(3.4%) as key informants. The modal age-group for house-hold respondents was 30-39 years 77(22%). There were five times as many females as males who represented their households in the quantitative study [females 293 (83.5%); males 58 (16.5%)]. Majority of respondents could read and write, having completed primary 138(39.3%), secondary 127 (36.2%) or tertiary education 30 (8.5%). Sixteen percent of respondents had no formal education. Majority (41%) of respondents were farmers, almost one-third 104 (29.6%) were traders, while 45 (13%) were skilled manual workers. Eighty percent were married while 10.4% were widowed. Nearly all 347(99%) were Christians, except 4 traditional worshippers.

In both states, the most remembered project intervention was the radio jingle and the phone-in exercise. This was followed by the house-to-house visits by community educators. But as the project closes down and trained FGM/C survivors and 'converted' circumcisers receive funds to establish their businesses, the euphoria of the economic support tends to overwhelm every other service.

In the context of the project objectives, the project recorded the following achievements in the specific thematic areas:

1. Relevance: The project was relevant as its objectives actually addressed the needs of the beneficiaries: such needs as right knowledge about FGM/C; skills for advocacy, empowerment for formation of partnership for advocacy and movement building, and economic empowerment for sustainability. The project also addressed the human rights needs of primary beneficiaries – women and girls. The project design was articulated in a coherent structure, starting with capacity building for advocacy and partnership formation, training of different strata of partners, radio and other media interventions, and economic empowerment of beneficiaries. Each project activity systematically fed into the other.

2. Effectiveness: The project was highly effective as most indicators were met, and some exceeded expectations. The well selected mix of intervention methods, and the articulated way where one method emptied into the other was the strength of the project.

A traditional ruler from Ebonyi who was part of CIRDDOC/CENGOS 2-day training and who also was a guest at the radio phone-in program mused:

“Our two-day training at Enugu on FGM/C opened our eyes and to the falsehood which coated FGM practice as a harmless rite of passage for our daughters. For me, like wise most of my fellow traditional rulers, it became clear that any further support in favour of FGM/C is a crime against our own daughters and women. Our minds were made and we became champions against FGM/C”.

Another Traditional ruler from Imo averred:

“As a custodian of my people’s tradition, I never believed I could renounce the tradition of female cutting. But after our training at Enugu and follow-up with radio jingles and phone-in discussion in the radio houses, it became clear that CIRDDOC was right and our tradition about FGM/C was wrong. I willingly volunteered to support all efforts targeted at eliminating the “evil” called female circumcision”.

3. Efficiency: The outputs (except perhaps the activation of economic empowerment), were delivered on time. Trainings, capacity building, partnership formation, advocacies, radio jingles and phone-in discussions came timely.

The indicator on Individuals reached with information on FGM/C through infographic flyers and posters was exceeded as 1150 individuals more than the targeted 1000 were reached with flyers and posters, giving 115% achievement.

The indicator on number of Households reached with information on the dangers of FGM/C by the Champions against FGM/C was exceeded as all the 351 households interviewed volunteered that they have been inundated with information on the dangers of FGM/C by the champions and also via radio discussions and commentaries.

4. Outcome/Impact: After 2 years of intervention, families and young females are no longer being pressurized to get circumcised; 96% of families will not, under any circumstance mutilate their daughters, compared to 84% at baseline; Communities are coming up with byelaws and open declarations against FGM/C; 94% of respondents want FGM/C stopped, compared to 84% at baseline. There are few or no new cases of FGM/C taking place, and where they occur, it is in the form of ‘robbing, pressing, massaging’ and conducted in the dark. There is evidence that incidence of FGM/C has greatly reduced in most communities, and completely stopped in a few others. The current prevalence may not have altered much, but certainly the incidence is minimal. It is expected therefore, that the findings of the

FGM/C at the next (2023) Nigeria Demographic and Health Survey (NDHS 2023) will confirm greatly reduced FGM prevalence in the two states of Ebonyi and Imo

5. **Sustainability:** Strong partnerships; broad-based capacity building for many partners; Household economic empowerment will divert circumcisers' interest to other means of livelihood. Traditional Rulers have been very supportive of this project. The project built capacities of a wide range of partners, which capacities will be harnessed for post-funding sustainability, but there is no clear cut plan for the sustainability of project gains beyond funding. There should be a sustainability plan.
6. **Coherence:** Key informants agree that the CIRDDOC project is in coherence with global best practices of total elimination of gender-based violence. Most traditional rulers justify their support to end FGM/C by saying they want to be remembered for bringing their communities to global standards of human rights. A village head from Okoroma community in Nkaleke Echara fumed:

'The whole world cannot be wrong, and only us are claiming to be right in our conceit because of tradition. The whole world is advancing and we are here clinging to a mean tradition that retards development. Let me catch anyone practicing this dreadful act and I will ensure he or she goes in for it'
7. **Gender Equality and Human Rights:** Findings revealed that both gender and human rights were well taken care of in both design and implementation of this project. Even FGD discussants are in agreement that the project has brought gender equality and rights to their communities. Hear this from a community leaders' discussion group:

"This project has added so much quality to our women and girls as they will no longer be passing through unnecessary pains and bleedings which often leads to untimely death. The project has also impacted on us, females, that we have a right to say 'No' to FGM/C, a decision we initially thought was impossible."
8. The Project reached to more than two million persons in two states with messages of dangers of FGM/C and thereby changed people's attitudes and understanding of FGM/C.
9. Project monitoring was weak, and subsumed by program management. There was no identified standalone monitoring and evaluation system. Program unit monitored itself and therefore there was no independent in-house opinion on data. Data storage and data use for program management were limited.
10. Between 4% and 6% of community members are either undecided to stop or out rightly oppose ending FGM/C. This percentage cannot be ignored as they may reawaken the tradition. Therefore, a mopping of this remnant with persuasive advocacy is recommended
11. It appears this is the first time CENGOS partners is implementing a project as a team. If it is, the effort is worth the while and highly commendable for the team

work. The collaboration may as well be the greatest achievement of this project, but coordination must be smoothened.

1. Introduction

1.1 Survey background

About ten percent of the global totals of genitally mutilated women are Nigerians. That is, one in every ten mutilated women in the world is a Nigerian¹. One in four women of child bearing age (WCBA, 15-49 years) in Nigeria has been mutilated. About half of Nigeria's population is under the age of 18 and an estimated eighty million of the females among them are considered vulnerable and at the risk of female genital mutilation/cutting. Twenty percent of the females are circumcised, 86% of the circumcision occurring before age 5 years, while 5% were circumcised at age below 5 years².

Female Genital Mutilation (FGM), also known as female genital cutting is defined by the World Health Organization (WHO) as any procedure that involves partial or total removal of the external genitalia and/or injury to the female genital organs whether for cultural or any other non-therapeutic reasons³. FGM/C widely recognized as a violation of human rights, is deeply rooted in beliefs and perceptions over decades and generations. In May 2015, the Federal Government of Nigeria passed the Violence Against Persons Prohibition Act 2015 (VAPP), a law banning FGM and other harmful traditional practices; however, this legislation applied only to the Federal Capital Territory (FCT) of Abuja. As at 2022, 29 states have adopted or domesticated the law. In addition to FGM/C, Nigeria's female (and male) children suffer many other vulnerabilities, including poverty, gender inequality, child labour, domestic and sexual violence and exploitation, insufficient food, orphanhood, inadequate legal protection, poor access to social, education and health services, including HIV/AIDS and maternal mortality.

South-east and South-West Nigeria have disproportionate burden of FGM/C (South-east=35%; South-west=30% prevalence)². The NDHS further reveals that in the South-east, the distribution of FGM/C is as follows: **Imo (61.7%); Ebonyi (53.2%);** Enugu (25.3%); Anambra (21.4%) and Abia (12%). The factors that enable high prevalence of FGM/C in these states include tradition, a history of single parenthood and broken homes. In spite of its gravity as an abuse of human rights of the victims, the practicing communities still cling to the act as an integral part of their cultural identity and customs of rites of passage of girls to adulthood. It was this concern that led AmplifyChange to support CIRDDOC and CENGOS with funds to address this rights abuse through Strengthening Campaign to End FGM/C in both states. CIRDDOC and CENGOS Strengthening Campaign to End FGM/C program activities supported states and communities to improve the quality of life of traditional circumcisers and FGM/C survivors through household economic empowerment and alternative sources of income, and the improvement

science method. Improvement science is about finding out how to improve and make changes in a most effective way. It is about systematically examining the methods and facts that best work to facilitate quality improvement. The CIRDDOC project focused on providing quality, correct, evidence-based, verified and scientific information about FGM/C and using mass communication approaches which reached the greatest number of targeted audiences at the most cost-effective rate.

As the project closed out, an end of project evaluation was necessary to assess project impact and document lessons learned.

The CIRDDOC project interventions were provided through two main approaches namely direct implementation by CIRDDOC and her CENGOS partners and use of media organizations. The project interventions took place in six LGAs (Abakaliki, Afikpo North and Ebonyi in Ebonyi State; and Ikeduru, Ohaji-Egbema, and Orlu in Imo state). The specific target communities are listed in Table (i) below.

The CIRDDOC project provided the following services across intervention states:

Mass education and re-orientation: Millions of people were reached in Ebonyi and Imo states with information on FGM/C through radio jingles and radio phone-in discussion programs. The project also provided FGM/C information through the use of infographic flyers and posters. Adolescents/school students participated in essay competition and gained knowledge on FGM/C to reorientate and transform the wrong knowledge, attitudes and practices they had imbibed regarding FGM/C while growing up.

Capacity building and training support: The capacity of partner member organizations was built on rigorous advocacy, project planning and policy mapping methods

Network Formation: Establishment of network of partners across media, youth, religious leaders, traditional rulers, and CSOs to support FGM/C abandonment campaign and speak out

Psychosocial support: Counseling support and building life skills through targeted group or one-on-one meetings with survivors of FGM/C.

Community-based FGM/C education: Townhall meetings and group discussions to provide right perspectives about FGM/C and drive behaviour change

Home-based FGM/C education: Regular home visits by trained community educators and volunteers with messages to inform on the dangers of FGM/C and

advocate household heads and parents to reject cultural leanings that support FGM/C.

Advocacy engagement: Trained key influencers, Traditional rulers, CSOs and allies participate in advocacy engagements and speak out against FGM/C

Household economic strengthening: FGM/C practitioners/circumcisers trained on alternative employment declare against FGM/C practice and engage in alternative means of livelihood. Vocational training for registered traditional circumcisers and older FGM/C survivors; income generation activities (IGAs) training, skills acquisition, and financial education. Material support is also provided to identified traditional circumcisers and FGM/C survivors to enhance their genuine businesses and improve household's income.

1.2 Broad objectives of the Evaluation

After two years of project implementation, this end-of-project evaluation was conducted to document the achievements against targets, outcomes and possible impacts. The **Overall Objective** of the final evaluation is to assess the extent to which the project on Strengthening Campaign to End FGM/C in Women and Girls in Imo and Ebonyi states has achieved the intended and/or unintended outcomes, provide an in-depth analysis and understanding of why certain intended or unintended outcomes have or have not occurred, analyse the challenges encountered, and document lessons for improving future projects in the thematic area.

Consequently, the evaluation assessed the processes and strategies, collected evidence on the outcomes and possible impacts of the project, as well as the lessons learned. This end-of-project evaluation principally appraised the implementation strategies as well as the key technical aspects which may have an impact on the performance of the project. The evaluation also assessed the sustainability of methods and outcomes as a way of ensuring continuity and project ownership by communities as the funding winds up.

1.3 Specific Objectives

The specific objectives of the evaluation are:

1. To analyse the **relevance** of the project's implementation strategy and approaches with a special focus on the increase in gender-sensitive information and awareness-raising in source FGM-high prevalence sites;
2. To assess the project's **effectiveness** and organizational efficiency in the implementation of the project
3. To assess the impact of the project in the two States and the extent to what cross-cutting issues of gender, human rights, were mainstreamed in the project implementation.

4. To assess the mechanisms put in place for the **sustainability** of the project's results, including the level of local ownership, accountability, capacities, partnerships and coordination in target states.
5. To determine the **efficiency** of strategies for ensuring the effective and efficient implementation of the project, including in the context of the COVID-19 crisis in target states and country at large.
6. To document lessons learned, best practices, success stories and challenges to inform the implementation of future programming for CIRDDOC and partners in the area of preventing FGM in women and girls
7. Based on findings, to provide recommendations for a possible second phase of support after the completion of the current project.

2.0 Methodology

2.1 Study Design

The evaluation was a cross-sectional descriptive study that utilized quantitative and qualitative data collection methods including household survey, Focus Group Discussions (FGDs) and Key informant interviews (KII) to extract information from stakeholders.

2.2 Study Location

This evaluation was conducted in six local government areas in Ebonyi and Imo states. These were Abakaliki LGA, Afikpo North LGA and Ebonyi LGA in Ebonyi state; and Ikeduru LGA, Ohaji-Egbema LGA and Orlu LGA in Imo state. A total of 12 specific communities/villages (six in each state) were evaluated. These were Nkaleke Echara (Ugboenyi Nkaleke), Nkaleke Echara Ndegue (Uburu Nkaleke), Ohaisu (Ibbi), Amasiri (Ohaechara), Okpitumo Ndebor (Ndumbam) and Odeligbo in Ebonyi. The six communities/villages evaluated in Imo are Atta, Umudim, Umuokanne, Ilile, Ogberuru and Ihitteowerri. However, because of serious insecurity which immobilized stakeholders and respondents in Orlu LGA, this survey could not conduct full survey activities in Ogberuru and Ihitteowerri. A skeletal phone interview conducted with few key stakeholders in Ogberuru and Ihitteowerri is reported.

Table (i): FGM/C Evaluation Survey Coverage Area

State	LG	Community	Village
Imo	Orlu	Ogberuru	Ezimba
		Ihiteowerri	Ezenwabachiri
	Ohaji/Egbema	Umuokanne	Umuezita
		Ilile	Ubeke
	Ikeduru	Atta	Atta

		Umudim	Dimodu
Ebonyi	Ebonyi	NkalekeEchara	UgboenyiNkaleke
		NkalekeEcharaNdegue	UburuNkaleke
	Afikpo North	Ohaisu	Ibbi
		Amasiri	Ohaechara
	Abakaliki	OkpitumoNdebor	Ndumbam
			Odeligbo

2.3 Study Population

Household survey participants: The respondents for household survey were either household heads, traditional circumcisers, FGM/C survivors, community volunteers and/or secondary school adolescents who participated in FGM/C essay writing.

FGD Participants: There were 3 groups of FGD discussants (Group 1: Community leaders: comprising women, men, youth, religious leaders, health workers, law enforcement); (Group 2: comprised of Community Volunteers, FGM/C Survivors and Adolescents); (Group 3: made up of Women of child bearing age (WCBA), trained circumcisers and elderly women (grandmothers).

KII Participants: Key informants were Traditional Rulers, Program managers of Community based Organizations (CBOs) that worked on the project, Direct Program implementers (CIRDDOC and CENGOS staff), Policy makers/MDAs (Ministries of Women Affairs, Education, Health, Justice, etc).

2.4 Sample size calculation:

The Fisher's formula for estimating sample size of a single proportion was used in determining the sample size for this study

$$n = \frac{P(1-P)Z^2}{d^2}$$

z = standard normal deviation; it was set at 95% confidence level which corresponds to 1.96;

p = Proportion of secondary school students participating in FGM/C essay writing = 72.9%

1-p = 100% minus P = 27.1%

d = degree of accuracy desired, which will be set at 0.05

$$n = \frac{1.96^2 \times 0.729 (0.271)}{0.05^2}$$

$$n = \frac{3.840 \times 0.198}{0.0025} = 303.6$$

$$n = 303.6 + 10\% \text{ attrition } (30.4) = 334 \approx 350$$

Thus, for the quantitative data, a total of 350 sample size will be collected from both states.

2.5 Sampling and Data Collection Instruments

2.5.1 Quantitative Study

A multistage sampling technique was employed.

Stage 1: Six Local Government Areas (LGAs) Abakaliki, Afikpo North and Ebonyi LGAs in Ebonyi state and Ikeduru, Ohaji-Egbema and Orlu in Imo state were purposively selected since these were also the intervention areas (Table i).

Stage 2: All the 12 intervention communities in the two states, 6 communities per state, were selected (Table i).

Stage 3: In each community, a list of households who benefited from the CIRDDOC FGM/C interventions were selected using simple random sampling.

2.5.1.1 Quantitative data collection instrument

The household survey questionnaire included eight key sections namely; Socio-demographic characteristics of respondents, Relevance, Effectiveness, Efficiency, Outcome/Impact, Coherence, Sustainability, Gender Equality and Human Rights. These questionnaires and the consent forms were created in English and were administered by experienced enumerators who possess fluent working knowledge of the dialects of the people in both Ebonyi and Imo States. The questionnaire focused on obtaining information on:

The Socio-demographic characteristics of Households and respondents

Relevance: The extent to which the objectives of the Project are consistent with the evolving needs and priorities of the beneficiaries, partners, and stakeholders.

Effectiveness: The extent to which the Project's Objectives were achieved or are expected / likely to be achieved.

Efficiency: A measure of how economically resources / inputs (funds, expertise, time, etc.) were converted to results.

Outcome/Impact: The various effects of the Project, immediate or expected.

Sustainability: The likelihood of a continuation of benefits for women from a development intervention after the intervention is completed or the probability of continued long-term benefits.

Coherence: The extent to what other interventions support or undermine the intervention and vice-versa, including aspects of complementarity, harmonization and co-ordination.

Gender Equality and Human Rights: The extent to which gender and human rights considerations have been integrated into the project design, implementation and evaluation

2.5.2 Qualitative Study

Three FGD sessions were conducted per community, one session each for community leaders, community volunteers/FGM/C survivors/adolescents who participated in FGM Essay writing, and a different session for women of child bearing age (WCBA)/Elderly women/Traditional circumcisers. Each session had between 10 – 12 discussants. Discussants were identified with the help of local community volunteers who were familiar with beneficiary households across the study areas. Apart from the traditional rulers and President Generals of the communities, other KII participants were recruited from implementing agencies, CIRDDOC, CENGOS, program staff and government policy makers/MDAs.

2.5.2.1 Qualitative data collection instrument

The Focus Group Discussion and the Key Informant Interview guides were used to elicit information on project achievements, project effectiveness as well as key success factors in project implementation process from program managers of Community Based Organizations (CBOs), direct program Implementers and program officers of the CIRDDOC project.

2.6 Data Analysis

Quantitative data were downloaded in a KoboCollect file format from the survey CTO server database and were analysed using SPSS version 25. The data elements were realigned and then reshaped into an easy-to-analyse format. Various socio-demographic characteristics of the respondents were assessed using statistical tests appropriate for the types of variables involved. Categorical variables were summarized using simple frequencies and percentages while some quantitative variables such as income were summarized using median and inter quartile range. A set of questions on a Likert scale (agree, partially agree, disagree) was used to assess attitude towards gender norms. Comparison of categorical variables across different groups was assessed using chi square test of association. For all statistical tests, p value < 0.05 was taken as statistically significant.

For qualitative data analysis, analytical framework and codes were developed. The transcripts from the FGDs were analysed with focus on identifying recurrent, dominant and divergent opinions. Using content analysis, the findings were organized around themes and sub-themes and analyzed manually. The outcomes were used to triangulate with the quantitative findings to aid understanding of the context of the CIRDDOC project achievements.

2.7 Research Questions, Methods and Study Population

Table (ii) below shows how the research objectives were addressed using the most appropriate research methods and relevant information obtained from the most appropriate respondents

2.7.1 Objectives, Methods and Study Population

Table (ii): Evaluation objectives, research methods and respondents.

S/No	Objectives	Research Methods	Respondents
1	To analyse the relevance of the project's implementation strategy and approaches with a special focus on the increase in gender-sensitive information and awareness-raising in source FGM-high prevalence sites	<ul style="list-style-type: none"> - Review of Program reports - Household survey - FGD - KII 	<ul style="list-style-type: none"> - CIRDDOC/CENGOS Program staff - Project beneficiaries - Program implementers
2	To assess the project's effectiveness and organizational efficiency in the implementation of the project	<ul style="list-style-type: none"> - Review of Program reports - Household survey - FGD - KII 	<ul style="list-style-type: none"> - Project beneficiaries - Program implementers
3	To assess the outcome/impact of the project in the two States and the extent to what cross-cutting issues of gender, human rights, were mainstreamed in the project implementation.	<ul style="list-style-type: none"> - Review of Program reports - Household survey - FGD - KII 	<ul style="list-style-type: none"> - CIRDDOC/CENGOS Program staff - Project beneficiaries - Program implementers
4	To assess the mechanisms put in place for the sustainability of the project's results, including the level of local ownership, accountability, capacities, partnerships and coordination in target states.	<ul style="list-style-type: none"> - Program reports - Household survey - FGD - KII 	<ul style="list-style-type: none"> - CIRDDOC/CENGOS Program staff - Project beneficiaries - Program implementers
5	To determine the efficiency of strategies for ensuring the effective and efficient implementation of the	<ul style="list-style-type: none"> - Program reports - Household survey 	<ul style="list-style-type: none"> - CIRDDOC/CENGOS Program staff - Project beneficiaries

	project, including in the context of the COVID-19 crisis in target states and country at large.	<ul style="list-style-type: none"> - FGD - KII 	<ul style="list-style-type: none"> - Program implementers
6	To document lessons learned, best practices, success stories and challenges to inform the implementation of future programming for CIRDDOC and partners in the area of preventing FGM in women and girls	<ul style="list-style-type: none"> - Evaluation reports from - Household survey - FGD - KII 	<ul style="list-style-type: none"> - CIRDDOC/CENGOS Program staff - Project beneficiaries - Program implementers
7	Based on findings, to provide recommendations for a possible second phase of support after the completion of the current project.	<ul style="list-style-type: none"> - Evaluation reports from - Household survey - FGD - KII 	<ul style="list-style-type: none"> - Project beneficiaries

2.7.2 Quality Control

There was a central training for all fieldworkers and supervisors. The training lasted for two days and covered all issues related to the survey including the process of selecting and identifying selection of respondents, obtaining informed consent and administration of the Household survey questionnaires, FGD and KII guides. The training ensured familiarity with the instruments and techniques to be used, conduct of the discussion and role-play. This was followed by the pre-test of the methodology and instruments.

Although selected field teams were knowledgeable in quantitative and qualitative methods of data collection, some basic skills of FGD moderation, note taking and proper ways to conduct interviews were emphasized. The note-takers were also trained on how to note body language, non-verbal but important gestures and important side comments and quotations. The qualitative data collection was conducted in each State by qualitative research experts.

To ensure high quality data collection, quality control mechanism was instituted at every stage of the exercise. Some questions were purposely repeated as quality control measure. Survey implementation was monitored by a 3-man steering committee of Team lead, Supervisor and Consultant (or his assignee in Imo state). Monitors and supervisors ensured supportive supervision at all stages of survey implementation.

Recruitment of field staff also followed a standard procedure to ensure the selection of highly qualified and experienced persons. One Monitor was assigned to manage the project in each State. The Monitor was responsible for providing periodic briefs and keeping the Lead Consultant constantly updated of events on the field. The principal investigator interviewed the traditional rulers in Ebonyi, the desk officer FGM in the ministry of Women Affairs as well as the CENGOS Project Coordinator in Ebonyi. He also ensured overall research implementation and accountability. Daily briefing and review of activities was emphasized. The supervisors ensured that all data collected were submitted for review and uploading to the server after the close of work each day. Before each KII or FGD each team tested its audio recording equipment to ensure their functionality; back- ups were provided to ensure no disruption in the recording process. Participant checks and assurance of data saturation by the end of the data gathering process was ensured. Since data from focus groups are open to multiple interpretations, comments from the participants were noted within the social and environmental context in which they were provided by the note taker.

2.8 Ethical Clearance and Informed Consent

Ethical clearance for this study was in the form of having the desk officers in the ministry of women affairs and social development of the beneficiary states send qualified and skilled representatives as participant observers and research assistants in this evaluation. Verbal informed consent was obtained from all participants after the study objectives and procedure had been properly explained to them.

For adolescents who participated in the FGDs, written consent was obtained from their parents/guardians while verbal assent was obtained from each adolescent. Confidentiality was assured by ensuring that there were no personal identifiers on any data instrument, and only research personnel had access to the data.

2.9 Survey Limitation

This evaluation was conducted in two States of Nigeria and the survey findings may not be

generalizable to the general FGM/C population in Nigeria but only to project beneficiaries. As a result of heightened insecurity in Orlu LGA in Imo state, our research team could not make any entry to the two communities of Ogberuru and IhitteOwerri. So, neither household survey nor FGDs and KIIs were conducted in the Orlu LGA. However, the Research Consultant had one-on-one telephone interviews with 10 beneficiaries and 5 community volunteers. Notwithstanding, the end-of-project evaluation provided a credible assessment of the effectiveness of project interventions in those communities.

3.0 Results

The quantitative and qualitative data obtained from the CIRDDOC end-of-project evaluation are presented in this section of the evaluation report. The number of study communities, households visited and interviews conducted are as shown in the Table 1 below. In total, ten communities were visited (2 others, Ogberuru and IhitteOwerri both in Orlu LGA, Imo state) were conducted via telephone. Three hundred and fifty-one households were interviewed. Thirty FGD sessions with 358 discussants and 30 key informant interviews were conducted.

Table 1: Number of the study states and participants

Location (state)	No. of study communities	No. of Households interviewed	No. of FGD sessions	No. of KIIs interviewed	No. of policy/MDAs interviewed	CIRDDOC/CENGOS Project staff interviewed
Ebonyi	6	199	18	6	1	1 + 1 (Enugu)
Imo	4	152	12	4 (+ 15 at Orlu)	1	1
Total	10	351	30	25	2	3

Number of respondents to questionnaires = 351

Total number of discussants who participated in the in FGDs = 358

Number of Key informants interviewed = 25

Number of MDAs and Project staff interviewed = 5

Grand total number of participants = 351+358+25+5 = 739

Figure 1: Distribution of respondents by state

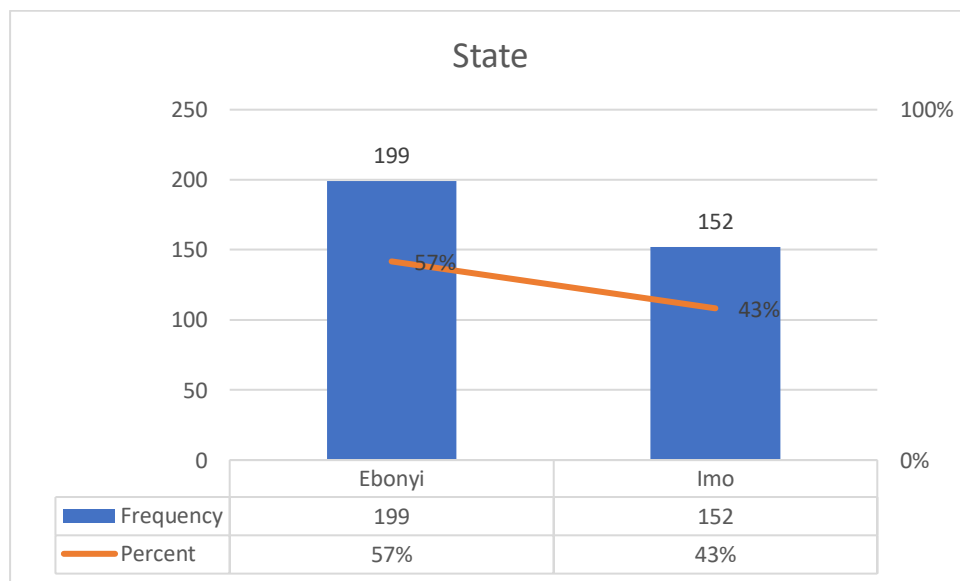


Figure 1 shows that more than half 199(57%) of the respondents in the quantitative study was from Ebonyi state, while 152(43%) was from Io state. The number of contacts made at Ebonyi state even during the focus group discussion and key informant interviews were skewed in favour of Ebonyi because of the insecurity at Orlu LGA in Imo state which made full scale evaluation impossible.

Figure 2: Distribution of respondents by LGA

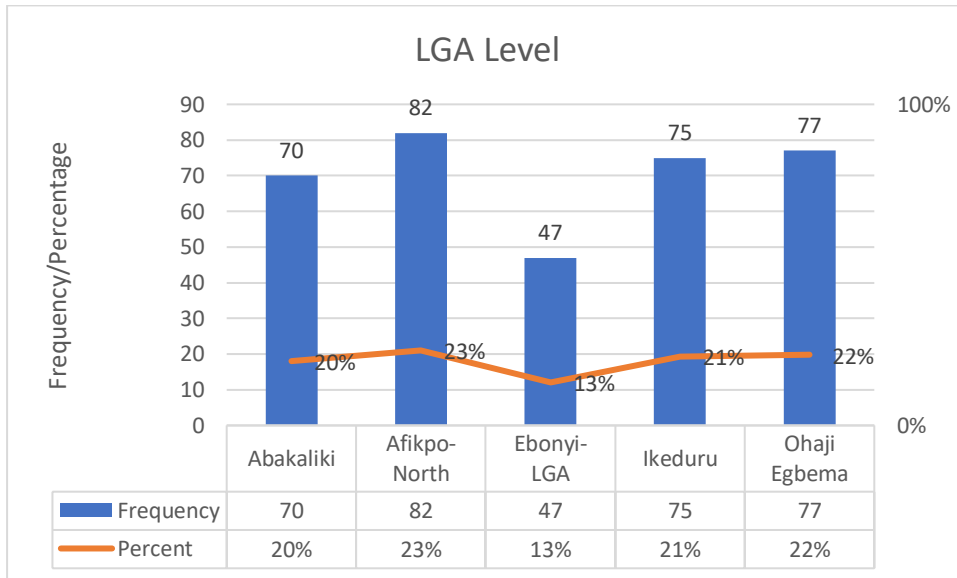
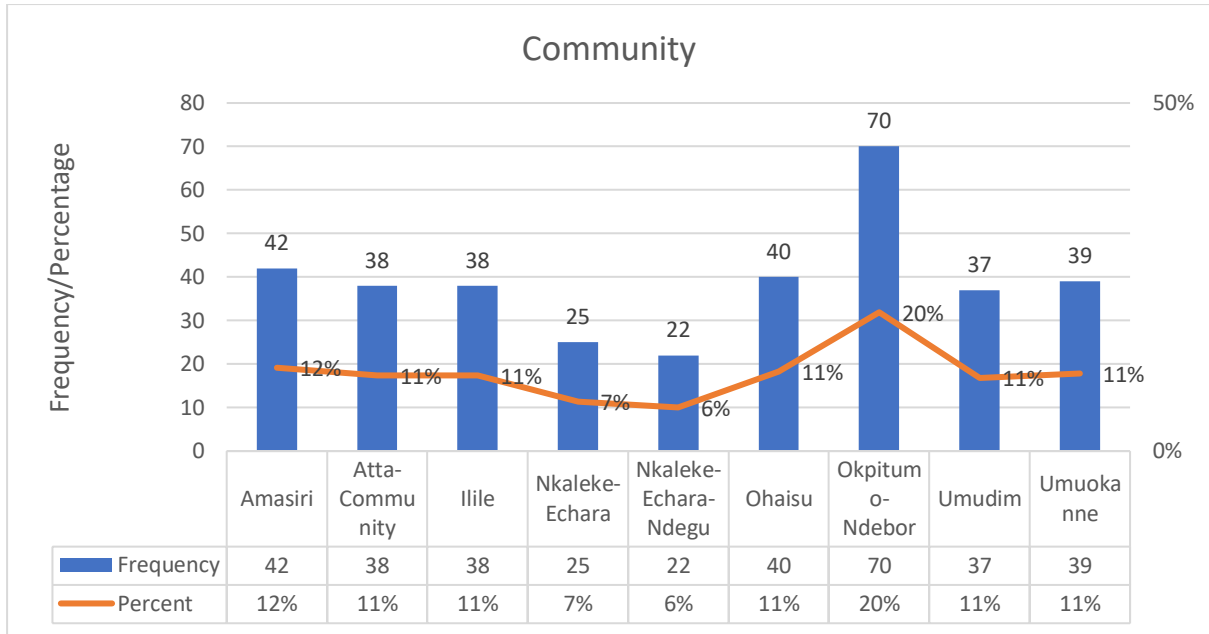


Figure 2 shows a distribution of respondents by their local governments. Afikpo North LGA with 82 (23%) respondents presented the highest number of respondents, followed by Ohaji-Egbema with 77 (22%) respondents. Others were Ikeduru LGA, 75 (21%), Abakaliki LGA 70 (20%) and lastly Ebonyi LGA 47(13%).

Figure 3: Distribution of respondents by community



On community basis, Figure 3 shows that Okpitumo Ndiebor in Ebony state, which represents two communities – Ndumbam and Odeligbo – attracted the highest number of respondents 70 (20%). Amasiri community presented 42 (12%) of the total respondents, followed by Ohaisu (Ibibi), Umuokanne, Atta, and Ilile which contributed 11% each of the respondents. The two communities of IhitteOwerri and Ogberuru in Orlu LGA of Imo state are excluded from this figure.

3.1.0 Demographic and Social Characteristics of respondents

Table 2: Socio-demographic distribution of respondents

Variable	Frequency	Percentage
Sex		
Female	293	83.48
Male	58	16.52
Total	351	100
Age Characterization		
<20 Years	10	2.8
20-29 Years	71	20.2
30-39 Years	77	21.9
40-49 Years	98	27.9
50-59 Years	49	14.0
60 Years and Above	46	13.1
Total	351	100.0
Education status		
Completed Primary Education	138	39.32

Completed Education	Sec.	127	36.18
No Formal Education		56	15.95
Completed Education	Tertiary	30	8.55
Total		351	100
Primary Occupation			
Farming		143	40.74
Trading		104	29.63
Skilled manual Work		45	12.82
Others		28	7.98
Civil Servant		21	5.98
Full-time housewife		7	1.99
Unskilled manual Work		3	0.85
Total		351	100
Married		282	80.34
Widowed		37	10.54
Single		28	7.98
Divorced/Separated		3	0.85
Cohabiting/living with partner		1	0.28
Total		351	100
Religion			
Christianity		347	98.86
Traditional		4	1.14
Total		351	100

Table 2 shows that more females, 293 (83.5%) than males, 58 (16.5%) participated in this evaluation study. The ratio of females to males was 1:5. The skewed number in favour of females in the study is also a confirmation that the project really targeted women and girls as primary beneficiaries.

The age characterization reveals that respondents within age bracket 40-49 years, 98 (27.9%) were the most represented. Close to one quarter 77(22%) of the respondents was between 30 and 39 years, while another one-fifth 71(20%) was of the 20-29 age bracket. The modal age-group for the household respondents was 30-39 years. This also was the modal age-group at baseline, showing that relatively the same population studied at baseline is same being evaluated. This makes the findings reliable and realistic. The age less than 20 years 10(2.8%) represent the senior secondary school girls who participated in the essay competition on FGM/C. Respondents aged 60 years and above 46(13%) represent grandmothers.

Nearly two-fifths, 138 (39.3%) of the respondents completed primary education, while slightly more than one-third (36.2%) had secondary education, but 16% had no formal education (Table 3). Regarding their sources of income, a majority (40.7%) of the respondents were farmers, while 29.6% were traders. Table 3 shows the distribution of all respondents by their socio-demographic characteristics. Eighty percent of the respondents were married, 37 (10.5%) were widows and 28 (8%) were single. Almost all 347(99%) the respondents were Christians, except four traditional worshippers (Table 3).

3.1.1 Comparison of Key indicators across baseline, expectations and End line surveys

Table 3: Summary of Indicators for the CIRDDOC/CENGOS Strengthening Campaign to end FGM/C

Objective	Endline Indicator (expected milestone) set by program	Baseline	Total achieved at endline
Objective 1: To strengthen the capacity and effectiveness of grassroots and CSOs working on FGM/C	1.1 Capacity of at least 100 partner member organizations built within the first two quarters on rigorous advocacy and project planning, including policy mapping	No available data at baseline	110 partner member organizations trained on advocacy skills 26 Community Educators trained (This indicator exceeded expectations)
	1.2 At least 50% of the trained individuals/organizations/groups partner with CENGOS and CIRDDOC within the second quarter and engage in activism to advocate for FGM/C abandonment in the communities/states	No available data at baseline	85% of trained individuals/groups partnered with CENGOS and CIRDDOC and engage in activism to advocate for FGM/C abandonment in the communities/stat

			es (Exceeded expectations)
Objective 2: To create stronger and more inclusive movements to eradicate FGM/C	2.1 Analysis and mapping of relevant stakeholders and potential allies for advocacy engagement conducted	No available data at baseline	Over 20 stakeholders were identified and mapped for partnership. (Met expectations)
	2.2 Network of partners established across media, youth, religious leaders, traditional rulers, and CSOs to support FGM/C abandonment campaign and speak out.	4 network members at baseline	18 new members of the Network created (Met expectations)
	2.3 At least 50% of the trained individuals/organizations/groups engage in activism to advocate for FGM/C abandonment	No available data at baseline	80% of the trained individuals/organizations/groups engage in activism to advocate for FGM/C abandonment (Exceeded expectations)
Objective 3:	3.1 At least 1 million people reached in each of Ebonyi and Imo states with information on FGM/C through jingles and radio phone-in discussion programs	No available data at baseline	More than 2 million citizens reached by the coverage area of the radio frequency in states (Met expectations)
	3.2 At least 30% of the trained key influencers and allies participate in advocacy	No available data at baseline	70% of trained allies participate in advocacy

To transform social norms surrounding knowledge, attitudes and practices of FGM/C	engagements and speak out against FGM/C		engagements (exceeded expectations)
	3.3 At least 100 adolescents/school students participate in essay competition and gain knowledge on FGM/C	No available data at baseline	(59) 59% (Did not meet expected number of student participants). However, essay competition was conducted and has same effect.
	3.4 At least 1000 individuals reached with information on FGM/C through infographic flyers and posters	No available data at baseline	1150 (115%) (Exceeded expectations)
Objective 4: To contribute to the reduction of FGM/C prevalence	4.1 At least 60% of the FGM/C practitioners/circumcisers trained on alternative employment declare against FGM/C practice and engage in alternative employment	No available data at baseline	55 circumcisers trained (Met expectations)
	4.2 At least 10 communities in the project states reached with information on the dangers of FGM/C	12 communities	12 communities reached (Exceeded expectations)
	4.3 At least 40% of the communities reached with information on the dangers of FGM/C publicly declare abandonment of FGM/C practice	No baseline data of communities publicly declaring abandonment of FGMC	70% of communities publicly declaring abandonment of FGMC (Exceeded expectations)

	4.4 At least 100 households reached with information on the dangers of FGM/C by the Champions against FGM/C	No baseline data on number of households reached with information on the dangers of FGM/C by the Champions against FGM/C	1500 Households, 8000 individuals, 300 TBAs/Circumcisers reached with information on the dangers of FGM/C by the Champions against FGM/C. (This indicator exceeded expectations)
Objective 5: To contribute to the global knowledge base of FGM/C	5.1 New evidence on FGM/C generated, or existing evidence synthesized and used for evidence-based advocacy and policy engagement	Evidence of grandmothers and traditional circumcisers were key targets to rid the communities of FGM/C	94% attitudinal and behaviour change in favour of total elimination of FGM/C in at least 96% of intervention communities (Exceeded expectations)
	5.2 Increased media coverage/reportage of FGM/C demonstrating accurate and holistic understanding of FGM/C topics	No data on media coverage of FGM/C at baseline	2 million persons reached with information on GM.C through radio jingles and discussions. Increased use of Flyers, including reproduction of

			Imo state law on FGM/C (Met expectations)
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Table 3 summarizes the distribution of the set indicators according to the different project objectives and compares the endline achievements with the expected outcomes and baseline (where there is a comparative baseline data). The narrative is summarized below.

Objective 1: To strengthen the capacity and effectiveness of grassroots and CSOs working on FGM/C

Indicator 1.1: Capacity building and Training: At baseline no partner organizations had their capacity built on using interpersonal channels, broadcast channels and or print channels as means of communicating FGM/C education to the people and for increased advocacy. But within the first two quarters of the project, 110 partner member organizations had their capacity built in the art of using interpersonal medium, broadcast and print channels to share quality FGM/C information. **This indicator was exceeded.** Those whose capacities were built to support advocacy to eliminate FGM include traditional rulers, community volunteers, health workers, the legislature/members of the State House of Assembly, government ministries, Directorates (Ministry of Women Affairs and Social Development, Ministry of Justice, Ministry of Education and Ministry of Information). Others trained were religious leaders, youth leaders and media organizations. In Ebonyi state, the National Association of Women Journalists and Rotary Club of Abakaliki were also included. There were also members of the Lega Aids Council, the judiciary, National Human Rights Commission, the International Federation of Female Lawyers (FIDA) and the Nigerian Police. In the benefitting traditional Ebonyi communities, such groups as Umuada, Obinwanne, Onyegahala Nwanneya were also trained as vanguards against FGM/C. More than 75% of the FGD discussants confirmed that the trained community educators, and health workers impacted on their new knowledge about FGM and thus changed their (community members') attitude towards FGM/C. Discussants at an FGD forum at Ilile, Ohaji-Egbema LGA of Imo state were in consensus when they said that:

"The teaching by community volunteers backed by radio jingles and radio phone-in discussions have increased our knowledge about FGM/C by about 85%, and our understanding and

decision making about FGM/C by 70%. We are better informed about this tradition and we can now make better choices based on the evidence-based information before us..."

In child protection programs, like FGM/C, the various communication channels are usually referred to as interpersonal, broadcast and print channels⁴. Each channel has its own strengths and weaknesses, depending on the role it will play in the communication program. But communication strategies that combine multiple channels (like CIRDDOC's), have the most impact in changing health and social behavior⁵. CIRDDOC's use of home/family visits via Community Educators, radio jingles and phone-in discussions involving known traditional rulers and use of pamphlets was a combination that was not in use among the partners prior to this project.

Indicator 1.2: Cooperation from trained partners: At least 50% of the trained individuals/organizations/groups partner with CENGOS and CIRDDOC: **This indicator was exceeded.** Over 85% of the trained individuals/organizations/groups who partnered with CENGOS and CIRDDOC engaged in advocacy for FGM/C abandonment in the communities/states or provide other supports. For example, the members of the Ebonyi state House Committee on Health and Women Affairs discussed the matter of FGM/C in the state with other members of the state legislature and thereby created enabling environment in their different committees in the house that allowed CIRDDOC easy access to the legislative house. The chairmen of both house committees on Health and Women Affairs also participated in the radio phone-in programs in which citizens phoned in to ask questions, seek clarifications and/or made their own opinions public regarding FGM/C. Often the phone-in radio programs lasted up to one hour and were listened to by over one million citizens in each state.

CIRDDOC's partnership with the police has also been strengthened since after the capacity building on FGM/C. The state's Police Gender-based violence (GBV) desk officer was one of those trained during the CIRDDOC capacity building on FGM/C prevention, and has since been active within and outside the police formation, preaching the sermon of abolition of FGM/C. The current Ebonyi state Police Public Relations Officer (PPRO) was a state guest at the radio phone-in program. During the ravaging days of COVID 19, a man who physically assaulted his wife was arrested and detained by the police until the culprit repented from his assault and signed an undertaking not to repeat the act of brutality on his wife. Nevertheless, the CENGOS state Coordinator, recommends that the Police Force be targeted for special intervention on GBV, especially, FGM/C.

Rotary Club of Abakaliki: Because of the partnership developed with CENGOS after the capacity building on FGM/C in Ebonyi state, the Rotary Club of Abakaliki included FGM/C as part of a project they had Isielu LGA.

The collaboration with the media was also supportive, even though they always expected CIRDDOC/CENGOS to pay for all services. However, the radio media granted CENGOS additional ten free days for each jingle advert. The broadcast media also always included in their news every FGM discussion facilitated by CIRDDOC. Furthermore, the trained media practitioners always reported the FGM/C activities in the social media, including face book.

Objective 2:

To create stronger and more inclusive movements to eradicate FGM/C

Indicators 2.1 and 2.2: Analysis and mapping of relevant stakeholders: At baseline there was no clear mapping of stakeholders. But this changed at endline with identification of potential allies and targeted stakeholders who supported direct implementers in conducting advocacy visits. These partners included media, youth, religious leaders, traditional rulers, and CSOs who supported FGM/C abandonment campaign and speak out. **These two indicators met expectations.**

A traditional ruler from Ebonyi who was part of CIRDDOC/CENGOS 2-day training and who also was a guest at the radio phone-in program mused:

“Our two-day training at Enugu on FGM/C opened our eyes and to the falsehood which coated FGM practice as a harmless rite of passage for our daughters. For me, like wise most of my fellow traditional rulers, it became clear that any further support in favour of FGM/C is a crime against our own daughters and women. Our minds were made and we became champions against FGM/C”.

Another Traditional ruler from Imo averred:

“As a custodian of my people’s tradition, I never believed I could renounce the tradition of female cutting. But after our training at Enugu and follow-up with radio jingles and phone-in discussion in the radio houses, it became clear that CIRDDOC was right and our tradition about FGM/C was wrong. I willingly volunteered to support all efforts targeted at eliminating the “evil” called female circumcision”.

However, this study found out that although there was an effort at movement building using same partners, the effort was not as effective as the partners being used for advocacy or public denouncement of FGM.

Objective 3: To transform social norms surrounding knowledge, attitudes and practices of FGM/C

Indicators 3.1 and 3.2: At baseline, there was no reliable data on number of citizens who were reached by radio or television messages on FGM/C before this project. However, at the project end, this study found that more than 1 million citizens were reached by the coverage area of the radio frequency. There were radio jingles in English language, pidgin English, Abakaliki and Afikpo dialects. The jingles lasted for 36 paid weeks plus additional 2 weeks of bonus, summing to 38 weeks. Overall, an average of 70% of all trained key influencers, partners and allies committed their time to FGM advocacy alongside CENGOS and CIRDDOC. **These two indicators were met.**

Indicator 3.3: This study revealed that 59 senior secondary school students participated in the state-wide essay competition on FGM/C. Although the essay competition was conducted and yielded the effect of encouraging learning, increasing awareness and attracting young peoples' curiosity to issues of sexual and gender-based violence and FGM/C, **the target minimum of 100 senior school students was not met.**

Indicator 3.4: individuals reached with information on FGM/C through infographic flyers and posters: **This indicator was exceeded** as 1150 individuals more than the targeted 1000 were reached with flyers and posters, giving 115% achievement.

Objective 4: To contribute to the reduction of FGM/C prevalence

Indicator 4.1: Ratio of the FGM/C practitioners/circumcisers trained on alternative employment and declaring against FGM/C practice and engage in alternative employment.

This process is still ongoing. The training for economic empowerment has been completed. A total of fifty-five circumcisers and FGM survivors (Ebonyi 30; Imo 25) have been trained on basics of business and financial management. Their preferred businesses have also been mapped out, identified and costed, and fund disbursement has started. **Appendix 1** contains details of beneficiaries, their chosen businesses and cost implications. This activity is ongoing. It is expected that by the middle of August all funds would have been disbursed to the 55 recipients. The impact of this activity is not likely to be measurable until the next two years when the businesses of recipients would have effectively taken off and those on skill acquisition would have started practicing their trades.

Indicators 4.2 and 4.3: At least 10 communities in the project states reached with information on the dangers of FGM/C: **These 2 indicators were exceeded** as a total of 12 communities (6 communities per state) were reached with information on the dangers of FGM/C. This was achieved through the use of trained community educators armed with flyers and posters, as well as via organized townhall meetings.

Accordingly, all 12 communities (100%) in the project were reached with information on the dangers of FGM/C, but not all have publicly declared abandonment of FGM/C practice. Three communities have documented bye-laws governing the matter of FGM/C in the communities (Appendix 2). Among the communities with documented bye-laws are Atta Ancient Kingdom in Ikeduru LGA, Imo state, Ndumbam community of Okpitumo Ndebor in Abakaliki LGA of Ebonyi state.

Indicator 4.4: Number of Households reached with information on the dangers of FGM/C by the Champions against FGM/C. **This indicator was exceeded** as all the 351 households interviewed confessed, they have been inundated with information on the dangers of FGM/C by the champions and also via radio discussions and commentaries. At one FGD session at Umudim in Ikeduru LGA of Imo state, discussants were in consensus when they said

'We always hear the topic of FGM/C on radio (My radio FM 101) Strengthening campaign to end FGM/C ...none of us participated in the radio discussions, but we listened to and enjoyed the discussions....the traditional ruler has called us many times to disseminate information on FGM/C and why nobody should be cut.. Moreover, the community volunteers come a countless no of times to our homes with similar messages.' One of the discussants in the same FGD group volunteered

"I, Mercy was a circumciser, but now I no longer practice it because of the training and lectures I received from CIRDDOC. We learnt about the consequences of FGM/C, that it is not good. In this community, some circumcisers have died, and some were forced to quit the act because they were threatened with police prosecution by the community leaders. We, the circumcisers were trained and we have abandoned the ugly act of FGM/C, but no financial support or empowerment or any economic strengthening was given...I will like CIRDDOC to empower the circumcisers for an alternative livelihood..."

Objective 5: To contribute to the global knowledge base of FGM/C

Indicator 5.1: New evidence on FGM/C generated, or existing evidence synthesized and used for evidence-based advocacy and policy engagement. **This indicator was achieved with the baseline** where older women (grandmothers, 60 years and above) had drawn attention to themselves as the stakeholders to lobby for an end to FGM/C. Present study reveals that grandmothers and circumcisers were also targeted during the interventions through ensuring that radio jingles were conducted in local dialects and circumcisers (many of them children of the grandmothers) were also targeted for economic empowerment.

Indicator 5.2: There is adequate evidence of increased media reportage of FGM/C at project closeout within the target communities.

3.2 Other qualitative survey results

3.2.1 Attitude towards gender norms and gender-based violence with emphasis FGM/C

Evaluation report shows that community members have been sensitized to understand their rights and how to defend same.

“The people of Dumodu Umudim welcomed the end of FGM/C with their whole heart. Now we know we can also refuse to be ‘cut’ and we (the adolescents) will fight for any girl they want to cut. It is our right to say “No”. So, the project has also taught us to defend our own rights...for me, the greatest achievement of this project is that it has taught us, adolescents that we have a right to say ‘No’ and that it is a right, human right...the other benefits to me as a youth is the house-to-house visits and the essay writing which my sister participated in”- an adolescent discussant at the FGD at Umudim Ikeduru.

3.2.2 Relevance/Perceptions about the project:

Table 4: Respondents Perception about the Project

What does the community call this project?

<i>Value</i>	<i>Frequency</i>	<i>Percentage</i>
<i>End FGM/C</i>	151	43.02
<i>Strengthening campaign to end FGM/C</i>	136	38.75
<i>Don’t know</i>	64	18.23
<i>Total Response</i>	351	100

Knowing the name of the project or identifying it by sobriquets, nicknames or related names is a measure of interest, and an indication that stakeholders are carried along and show commitment. It is also a pointer to possible ownership. The residents of the communities formed perceptions about the CIRDDOC Strengthening Campaign to end FGM/C project based on the information they had from various sources and also based on their interpretation and perception of the services rendered. Table 4 elucidates the names the community members call the project. Forty-three percent of 351 households identify the project as End Female genital mutilation and cutting, FGM/C. More than one third (38.75%) of households identified the project by its full name- Strengthening Campaign to end FGM/C. However, nearly one-fifth (18.23%) of households could not identify the project by name.

Among most FGD discussants in both states the project is known as a campaign to end FGM/C. Majority of discussants rightly remembered the project name as Strengthening Campaign to end FM/C. Others called it “End Female Genital mutilation”

or the variant *"Ikwusi ibi nwanyi ugwu"* (Female FGD discussant). The project was considered as an organization of people who fight to end female circumcision. To further confirm their understanding of the project, FGD discussants at Umuokanne community of Ohaji-Egbema LGA, Imo state recalled that UNICEF had also conducted FGM/C awareness in Imo state in the early 2020s. Many discussants however opined that the communities were not carried along at the conception and design of the current project, even though they knew that CIRDDOC had been around. One traditional ruler in Imo state added

"This project is at the dark side of our tradition and that is why we are embracing it. As traditional rulers we should have been brought in at the conception and planning. Although I consider the project successful, it could have made more success with less stress if traditional rulers were part of the conception".

Asked what they would have done differently if they were part of the conception and design, discussants among the WCBA/Elderly women/Circumcisers said they would have suggested the use of the traditional *"iku ekwe (community gong)"* as a means of disseminating the "no FGM/C" message within the communities. A more exposed key informant and traditional ruler commented that the Strengthening Campaign to end FGM/C project is in accordance with global demands, agreements and conventions on gender equality and women's empowerment in the context of human rights. The traditional ruler of one of the intervention communities in Abakaliki LGA commented

"All over the world, there is pressure to free women from male-induced rights denial and molestation. I am happy that my community is a beneficiary of this global movement, not only to stop FGM/C, but also to end all sorts of discrimination against women and girls".

3.2.3 Effectiveness: Both the FGD discussants and key informant interviews were asked questions that elucidate the extent to which the project objectives were achieved or expected/likely to be achieved. FGM survivors and adolescents in Umuokanne surmised that the traditional council has enacted a bye-law banning FGM/C and recommending appropriate punitive measures for offenders. FGD discussants in the group of community volunteers/FGM survivors and adolescents reported they have learnt through the project, how to fight for and defend their rights as females. Although the discussants noted that the promised economic empowerment activities have not been fulfilled, they were quick to report that they have been trained on finance and business management preparatory to the activation of their empowerment. In Atta ancient kingdom of Ikeduru LGA, Imo state, discussants were in agreement that the project has taught them the rights of the female child and women, while exposing the health risks and dangers of FGM/C.

In Ilile, Imo state, FGD discussants eulogized the project:

“CIRDDOC people are too much because they have successfully stopped the suffering women and girls go through in the process of being circumcised. Today, labour during pregnancy has become easier, less frightful and less risky because women are no longer circumcised. Caesarian sessions have also reduced. Circumcisers themselves are the ones teaching us not to circumcise our daughters. Indeed, this project has topped FGM/C in Atta”

Other community members felt that the family-centred approach (use of Community Educators/volunteers) who conduct home visits to de-market the tradition of female circumcision and teach family members of the dangers of FGM/C made the FGM/C project very effective and interpersonal. Responding to the multi response question: from what sources did you hear most about FGM/C in the last two years, 224 (27%) respondents named CIRDDOC, followed by 188 (22.6%) who ticked community volunteers. The third highest response was health worker 160(19.3%), while the fourth highest response was “Radio”, 16.5%. (Table 5). CIRDDOC/CENGOS had trained both community volunteers and health workers as part of partners, while at same time using radio jingles and participatory phone-in programs to bring the dangers of FGM/C to both state, community and household level. The three most mentioned services in response to the multiple response question *“which of the project services was most helpful to your households?”* were information on dangers of FM/C (37%); sensitization (22%); and Training/workshops (14.8%). These responses indicate that the mixed method intervention strategies were effective in delivering the intervention. The name CIRDDOC has also become a household name in the intervention communities. Discussants in Ilile, Umuokanne and Atta had one common line of agreement regarding the effectiveness of the project, to wit,

“The CIRDDOC intervention strategies and activities are consistent with the intended impacts ad effects. The use of a combination of radio jingles, phone-in discussions, and house-to-house visits by FGM Community educators, greatly helped t address the endemic misinformation and myth surrounding FGM/C.” Furthermore, cited a key informant (Palace Secretary, Ibbi, Ohaisu, Ebonyi),

“For once, the FGM/C project has brought to the community, households and families, the meaning of human rights as it pertains to girls and women. And as priorities that comply with CEDAW and other international commitments”.

Table 5: Sources of information on FGMC in last 2 years

From what sources did you hear most about FGM/C In the last 2 years

<i>Value</i>	Frequency	Percentage
CIRDDOC	224	27.0
Community Volunteer	188	22.6

<i>Health worker</i>	160	19.3
<i>Radio</i>	137	16.5
<i>Others</i>	39	4.7
<i>My mother</i>	29	3.5
<i>My friend</i>	23	2.8
<i>My teacher</i>	14	1.7
<i>My Sister</i>	9	1.1
<i>TV</i>	4	0.5
<i>My father</i>	4	0.5
<i>Total</i>	831	100

At baseline (2020) respondents reported that their primary source of information about FGM/C was folklore as the origin of FGM/C was embedded in myth. But table 5 above shows close to one-third 224 (27%) of respondents heard about FGM/C from CIRDDOC, another 22.6% from the community volunteers. And yet 19% from health workers. One hundred and thirty-seven respondents (16.5%) heard about FGM/C from radio in the last two years. Considering that CIRDDOC trained the community volunteers and health workers and also sensitized communities via radios, a total of 709 (85%) of respondents relied on the project to hear about FGMC in the last 2 years of the project. In two years, the CIRDDOC project has moved discussions about female circumcision from the realm of fable and folklores to scientific and health realities, from inanities to tangibles, resulting in change of attitude and behaviour towards FGM by community members.

3.2.4 Efficiency: Efficiency here denotes successful conversion of resources to program results and achievements. Findings of this study show that the CIRDDOC Project on strengthening campaign to end FGM/C was highly efficient. Seven questions and variables were asked to measure the efficiency of the project. Table 6 describes the responses to those evaluative questions

Table 6: Indicators of project Efficiency

Variable	Frequency	Percentage
i. Ever received personal services in this project		
Yes	205	58.4
No	146	41.6
Total	351	100
ii. Would you say that the activities of the project improved your understanding and decision making about FGM/C in your household and community?		

Yes, greatly	275	78.3
Yes, but not much	50	14.2
Not at all	26	7.4
Total	351	100

- iii. In the last 1 year (2021 -2022) would you say the information on FGM in this community has increased or decreased?

Increased	189	53.85
Decreased	141	40.17
Don't Know	19	5.41
No Change	2	0.57
Total	351	100

- iv. Would you say that the CIRDDOC project on FGM reduction has contributed to the reduction of FGM in your community?

Yes, it has	261	74.36
Don't know	74	21.08
No, It hasn't	16	4.56
Total	351	100

- v. Would you say that because of the CIRDDOC Project to end FGM/C that grandmothers and the traditional leaders are ready to abandon the age-old tradition of circumcising female children?

Yes, they are abandoning the tradition	214	61.0
The tradition is already dead, because of this project	68	19.4
Don't Know	44	12.5
The tradition is already dead, but not because of this project	14	4.0
No, the tradition cannot die	11	3.1
Total	351	100

- vi. Would you credit any change in attitude/behaviour towards uncircumcised females to the interventions of CIRDDOC in the past 2 years?

Yes	206	58.69
Don't Know	76	21.65
No	69	19.66
Total	351	100

- vii. Under what circumstances would you have your female children circumcised?

Value	Frequency	Percentage
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Never	325	92.6
Don't know	20	5.7
If parents insist	4	1.1
If it is done by a doctor or nurse	1	0.3
Others Specify	1	0.3
Total	351	100.0

Close to two-thirds of respondents (58.4%) received personal services in the course of the project. Close to four-fifths (78.3%) of the respondents reported that the project **greatly** improved their understanding and decision making about FGM/C both in their households and communities. Another 14.2% reported an improvement in their understanding and decision making about FGM/C. Overall, therefore, 92.5% of respondents reported improvement in their understanding and decision making due to the activities of this project (Table 6). Furthermore, more than half (53.8%) of respondents averred that right information about FGM/C has increased in their communities in the last one year (2021-2022). Three quarters (74.36%) of 351 household respondents reported that the CIRDDOC project on FGM reduction has contributed to the reduction of FGM in their communities. Another 80.4% of the respondents believed that FGM/C is dead and that grandmothers and traditional circumcisers are already abandoning the art of FGM/C as a result of the project. More than half (58.69%) of the 351 respondents would credit any change in attitude/behaviour towards uncircumcised females to the interventions of CIRDDOC in the past 2 years. These responses depict the high efficiency of the project outcomes and further confirm this efficiency with an overwhelming 92.6% rejection of FGM/C and a vow never to circumcise their daughters no matter the circumstances (Table 6). As an indicator of the efficiency of the project, community leaders in Ilile, Ohaji-Egbema LGA of Imo state, are pushing for their Traditional ruler to come up with a byelaw banning FGM/C in the community. They are demanding the byelaws because, according to some FGD discussants in Ilile, *“some people are still conducting FGM/C in secret...men should also be educated about the dangers of FGM.”*

3.2.5 Outcome/Impact: The various effects of the Project

Seven related questions were asked to elucidate evidence of the outcomes and impact of the project

Table 7 summarizes the findings and reveals the responses of 351 respondents from 351 households to the effect that the project has achieved great outcomes.

Three hundred and thirty (94%) of the respondents reported that female adolescents were no longer under any pressure, communal, family, peer or social to get circumcised. This is contrary to the situation at the baseline, two years ago. However, 6% of respondents believe that young girls are still expected to be circumcised (Table

7). Almost all (96.3%) of 351 respondents would never circumcise their unborn daughters in the future. Only 1.7% of the respondents would still circumcise their daughters, while another 2% were not sure what they will do in the future. Table 7 further reveals attitudinal and perception change regarding uncircumcised females contrary to the status before this project. Communities no longer look down on uncircumcised girls, nor stigmatize them. Table 7 posits that 97% of the respondents confirm that their communities no longer discriminate against uncircumcised girls. Similarly, grandmothers who are seen as the key drivers of FGM/C in communities are backing out from the tradition. The table also shows that half (52%) of grandmothers no longer care about FGM/C. Forty percent of grandmothers perceive FGM/C as a fast-fading tradition. Nevertheless, Overall, 323 (92%) of grandmothers are yielding to messages to stop FGM/C. But 5% of grandmothers still want the tradition to continue. Nearly all (98%) of respondents did not hear or see any FGM/C in their communities in the last one year. Two percent of respondents knew of a case of FGM/C conducted in their communities in the last one year.

Table 7: Indicators of Project Outcome/Impact

Variable	Frequency	Percentage
Would you say that today, 2022, female adolescents in this community are under social or peer pressure to get circumcised		
No, they are not	330	94.02
Yes, they are	21	5.98
Would you like your unborn daughter to be circumcised?		
Never	338	96.3
May be	7	1.99
Yes	6	1.71
Today (2022), How does your community perceive a girl who is not circumcised?		
There is no difference between her and those circumcised	340	96.87
She is considered wayward	11	3.13
Particularly, how do GRANDMOTHERS (60 years and above) perceive FGM/C as at today (2022)?		
Grandmothers no longer care about FGM/C	183	52.14
FGM/C is a dying culture	140	39.89
They want FGM to continue	19	5.41
They see FGM as irrevocable tradition	4	1.14

They were any deceitful lies about FGM/C	3	0.85
Right of passage from child to adulthood	2	0.57
Do you know of any girl or family in which a girl was circumcised in the last one year in your community?		
No	344	98.01
Yes	7	1.99
Do you intend to have any of your daughters circumcised in future?		
No	330	94.02
Yes	15	4.27
Undecided	6	1.71
Should FGM/C be continued or not?		
No, stop FGM/C	330	94.0
Yes, continue FGM/C	9	2.6
Don't Know	7	2.0
Makes no difference to me	5	1.4
Total	351	100.0

Table 7 shows that 94% of respondents will not circumcise their daughters in future, but 15 (4%), will, while 2% are undecided. Overall, 94% of respondents want FGM/C abolished, while 2.6% would want the tradition continued. The remaining three percent are either undecided or are indifferent.

3.2.6 Sustainability: *The likelihood of a continuation of benefits for women and girls from a development intervention after the intervention is completed or the probability of continued long-term benefits.*

An important goal of the Strengthening Campaign to End FGM/C is sustainability beyond the lifespan of the present project. The approach taken was to plan sustainability into the intervention. This was done through creating community structures that will outlive the project such as community educators/volunteers as well as engaging the communities and beneficiaries to help them take ownership of the project. The inclusion of the Traditional rulers and community leaders as partners in the project was a sustainability approach. Furthermore, a lot of capacity building was conducted to help the various partners in the project achieve the immediate goals while at the same time gaining sufficient knowledge and skills to be able to continue some of the project activities even after the project has ended.

Some of the approaches taken for sustainability of project benefits are discussed below.

Helping beneficiaries to establish sources of income (Household economic empowerment): A total of fifty-five traditional circumcisers and FGD survivors have

been equipped through capacity building (business management, financial management, saving techniques), awaiting disbursement of funds to activate their chosen businesses and skills acquisitions. Appendix 1 reveals that major skills acquisition for beneficiaries are in the areas of Food and related selling (17), Farming (6) soap making (2), Tailoring (18), Trading in feed and drugs (3), Palm kernel supply (1), Baby items and Confectionaries (3), Hair dressing (2), Goat and Groundnut selling (2), Photography (1). A budget of approximately six million Naira has been drawn for this activity and disbursement starts in the second week of August, 2022. This economic empowerment includes skills training and equipment support, particularly for tailors, hair dressers and photography. The impact of this activity may not be felt until late 2024, while the outcomes will come as early as late 2023.

Skills training and equipment support: The skills acquired by beneficiaries will remain a source of financial income for them. One trained circumciser from Umuokanne, Ohaji-Egbema Imo state said

“Now I know that these people are serious. I have received an alert today for purchase of food items that I am going to sell. My situation has changed from wood seller to owner of food shop. Before now I sell at best 100 bundles of wood in a month at rate of two hundred naira per bundle. This makes it twenty thousand naira per month. Now with a capital of seventy thousand naira and a shop I can more peacefully make about thirty thousand naira per month, an increase of ten thousand naira (50%) monthly. God bless CENGOS and CIRDDOC”

Community volunteers/Community educators

The expected sustenance of this project after closeout will rely largely on the trained community volunteers who live within the same communities. According to a community volunteer at Amasiri in Afikpo North Local Government area of Ebonyi state’

“Getting community volunteers that live within the community is beneficial because I know the houses of most people, and I am also a Community Health Extension Worker (CHEW) at the Primary Health Cre Centre in the community. So, most of the women deliver at our facility and I have a good idea of when they deliver female children. I follow them up to ensure no female child is circumcised. Moreover, when they come for postnatal checkup, we try to monitor the status of the female child, including any cutting that has been done. Because of this, FGM/C has been drastically reduced. So my effectiveness as a community volunteer is rooted in the fact that I live here and work here. I conduct home visits regularly, and when the project ends, I shall still continue in my duties since there are no allowances paid”

3.2.7 Coherence: The extent to what other interventions support or undermine the intervention and vice-versa, including aspects of complementarity, harmonization and co-ordination.

Key informants interviewed believe that the CIRDDOC project on FGM/C is timely, logical and consistent with global human rights policy and demand. One traditional ruler in Ebonyi who was interviewed in the course of this evaluation mused

“My community has suddenly transmuted from an unknown hidden village enslaved by barbaric and deceptive traditions such as FGM/C, killing of twins, wife battery as a right, early child marriage, to a global entity because of two years of CIRDDOC intervention. For two years now, my community has been celebrating the total abolition of GBV in all its ramifications, including FGM/C. The project on FGM/C is consistent with global demand as UNICEF, USAID and other international organizations seek same standards of freedom for our women and girls as elsewhere in the world”. A Palace secretary of one community in Ebonyi and one of the key informants, observed that

“For once, the FGM/C project has brought to the community, households and families, the meaning of human rights as it pertains to girls and women. And as priorities that comply with CEDAW and other international commitments”.

3.2.8 Gender Equality and Human Rights

This end-of-project evaluation also investigated the extent to which gender and human rights considerations were integrated in the project design and implementation. Community leaders in Ilile, Imo state see the value added to the rights of women and girls as the highest achievement of the project. Contributing to the question “What was the main value added by this project in changing the quality of life of women and girls in your community? the community leaders surmised that

“This project has added so much quality to our women and girls as they will no longer be passing through unnecessary pains and bleedings which often leads to untimely death. The project has also impacted on us, females, that we have a right to say No to FGM/C, a decision we initially thought was impossible.”

Findings revealed that both gender and human rights were well taken care of in both design and implementation. Starting with the CENGOS state teams, the Ebonyi state coordinator is a female, while the Imo state coordinator is a male, while the project officer is a female. The list of trained community educators (CEs) showed that a balance of 12 females and 12 males, while all the fifty-five trained circumcisers and FGM/C survivors are female. Even the selection of the research assistants (data collectors) for this study was gender sensitive and distributed (9 females, 5 males). The skew in favour of females in the selection of research assistants took into consideration the large number of respondents and discussants (females= 293 (83.5%); and males, 58 (16.5%) envisaged for interactions. Further proof of human rights consideration during the implementation is reflected in the comments of a traditional ruler in Imo state, who opined

“Until the arrival of this project in my community, I did not know that Nigeria is a signatory to most of these human rights laws. Why then are we still disobeying the laws we acceded to willingly and hitting the womenfolk below the belt? Thank God for CIRDDOC who has opened our eyes to the truth. We shall run with this truth.”

The final evaluation was gender-sensitive, consultative, inclusive and participatory. Throughout the evaluation process, the consultant ensured the participation of relevant institutions – traditional councils, communities, religious leaders, women of different ages, government and ministry personnel, CSOs, program managers and implementers. Special attention was given to representativeness of all target groups and beneficiaries.

Nevertheless, in discussing the relevance of this project to her community, an elderly woman (grandmother) in Umudim, Ikeduru LGA of Imo state interjected

“Mgbe unu na echekwube ikwusi ibu nwanyi ugwu, unu echetagh na ndi nne karaka, mama ukwu, mobu mama ochie, bu ndi jisiri omen ala-a ike. Unu gara akpo anyi nisi mbu, me ihe di naya, ka ndi mama ochie gwa unu ihe aga eme ka akwusi ibi nwanyi ugwu. Ma ebe obu na anyi na Eze anyi ekwuola, ndi mama ochie ekwokoritala na aga akwusi ibi umu nwanyi ugwu” that is: *“This project design did not consider a collaborative process and strategy for joint delivery of project results because we the elderly women were not considered and/or consulted as partners in interventions that concern the culture and tradition that affect primarily old women. We decide about this tradition, but now that our traditional ruler as spoken with us, we are working collaboratively with our traditional ruler to ensure the end to it, and it will end.”*

Overall, this intervention was gender sensitive. Gender equality and human rights concerns were at the centre of the intervention. That is why the inclusion of desk officers responsible for gender and women in government ministries, departments and parastatals were included for partnership. So also, were FIDA, the Police, involved. Moreover, the project ensured stakeholder participation, inclusion, empowerment, non-discrimination, and transparency. With the abolition of FGM/C and empowerment of FGM/C survivors and circumcisers and with the capacity building and training of various stakeholders, much value has been added by this project in changing the quality of life of women and girls.

3.2.9 Most helpful services

Table 8: Respondents’ Perception of the most helpful services

Most Helpful Services of CIRDDOC project to your household/community

<i>Value</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Message on stopping of FGM/C</i>	223	63.5%
<i>Capacity building/Training</i>	92	26%
<i>Transformation of social norms</i>	16	5%
<i>Movement Building</i>	11	3%
<i>Essay Competition</i>	7	2%
<i>Referrals and Legal assistance</i>	2	1%
<i>Total</i>	351	100%

Household respondents were asked to name the service most helpful to their families and themselves as individuals.

Table 8 shows that two-thirds 223 (63.5%) of respondents identified the radio and house-to-house messages on the need to stop FGM/C as the most valuable to them and their families. A quarter of respondents preferred the capacity building and training as the most beneficial to their families, while seven respondents perceived the involvement of their family members in the FGM/C Essay competition as the most valuable. Overall, table 8 shows that 95% of the respondents perceived the messages to stop FGM/C, plus capacity building/training plus transformation of social norms (behaviour change) as key effects of the project. This finding speaks to the core needs of the beneficiaries in this project and confirms the effectiveness of the project in addressing those needs.

3.3 Monitoring and Evaluation system: Capacity Development and Post-Capacity Building Assessment Questionnaire for Project Implementers

The end-of-project evaluation also reviewed the M&E system and assessed the general capacity development of the implementing organizations. The aim of this section was to assess the strength of the primary implementers to sustain the project if funding stops. **Appendix 2** presents a summary of the responses from the project coordinators in Ebonyi and Imo states. It is noteworthy that the project field coordinators reported convincingly that their skills and knowledge have increased in the areas of information systems, community/constituency relations, Government/policy-maker relationships, partnership, networking and coordination, advocacy and project sustainability. They also were united in saying that their capacity did not improve in the area of monitoring and evaluation and data use, even though they differed in their response as to whether there is a functional M&E department and M&E framework. Always, the aim of donor organizations is to build the capacity of local partners and implementers to take responsibility for project identification, initiation and intervention in their domains. Therefore, every project provides an opportunity to develop those skills necessary to achieve a transfer of knowledge to local partners. This evaluation believes this background objective was largely achieved in the course of this FGM/C project. That field project managers had their capacities built in different thematic areas as a result of the project, is also a sign that the project was driven by skilled, capable hands.

3.4 Project gaps and challenge

Several challenges were encountered in the course of implementation of the project. These include challenges with the tradition and culture, challenges with beneficiaries, security challenges, challenges with collaborators and partners, challenges with the

media, and some administrative challenges. Some of these challenges are highlighted in the following sections.

Initial resistance: In both states, there was initial resistance to the project due to lack of understanding and opposition to what was considered a mythical tradition that facilitated young girls' rites of passage to adulthood. A traditional ruler in Ebonyi state had quipped:

"Female genital cutting (initially he refused to accept the word "mutilation") was traditionally important as rites of passage to womanhood. All our mothers and great grandmothers were cut. It was mandatory. Every parent felt fulfilled that their daughter was circumcised and had attained womanhood. No matter your age, if you were never circumcised, you were not to be admitted into women societies because you were incomplete. In this community it was conducted just before marriage, not a few weeks after birth. It was conducted close to marriage so that the experience will be fresh in the mind of the lady, and knowledge of her suitor. It was also aimed to humble the lady before her husband. Moreover, the essence of female circumcision was to deter the woman from being promiscuous and going after men who are not her husband..."

Furthermore, traditional rulers who are entrusted with safeguarding the tradition of the people often swore to their local deities to uphold these traditions. So, for fear of dying, they cling on to the oath and to the tradition^{6,7}

In Ebonyi state, the conflict between culture and gender equity remains a major challenge against the abolition of FGM/C. Some elements of FGM/C appear to be fully normalized within Ebonyi, while other forms of violence are less tolerated. Both religious leaders and traditional rulers emphasized that FGM/C is the sworn culture. A traditional ruler in Abakaliki, Ebonyi state enthused:

FGM/C is the culture, I swore to it, and I can't breach it. Do you want me to die, or my children? Or you want my enemies to have a reason to take away the kingship from my family lineage?

Another community leader asserted:

"...a man has to marry only a circumcised woman, because that will make the woman subservient, obedient, humble and not promiscuous... it is a cultural norm as far as Abakaliki people are concerned..."

However, other respondents put a finer point on this by noting that

"It is not part of Igbo tradition to violate a woman, old or young and interfering with the vagina of a girl or woman without her consent has never been part of the tradition. At best, those acts are demonic. Even the tradition views such acts as desecration of the land, an abomination."

From the views expressed by some of the community leaders in Ebonyi and Imo, tradition would seem by its very nature to be rigid and inflexible. However, this is incorrect and does not reflect the dynamics of tradition which are also subject to the universal law of change. This is evident in some communities; for example, when the traditional ruler in one of the intervention communities in Ebonyi state, who appointed women into his cabinet was asked why he did that and was not killed by the ancestors, he responded that

“Tradition is earthly not celestial [...] is man not the author of tradition? The ancestors know what is good and beneficial to the community they bequeathed to me. I did not see it as an offence to introduce an innovation that will be helpful to my people.” He also remarked that

“The spirits do not kill an innocent man”.

This must be the spirit of advocacy to stop FGM/C. The challenge of tradition in favour of FGM/C was overcome through persistent advocacy and education with proof of the evils of FGM/C and evidence that women who were not circumcised are doing better than those circumcised.

3.4.1 Security challenges: There were security challenges both during project implementation and during the project evaluation. In Ohaji-Egbema LGA of Imo state, there were security issues bordering on communal and political crises and oppositions to government and oil prospecting companies. Youths viewed every none native appearing within the community as a government agent, an opposition, and therefore an enemy. In Orlu LGA of Imo state, the insecurity has attained a crescendo where no two persons can hold a meeting unless within the chambers of their homes, natives cannot hold townhall meetings, and traditional rulers and presidents-general (PGs) have absconded from the communities for fear of being killed by “unknown gun men”. Overall, serious political instability resulting in the “Sit at home syndrome” adversely curtailed movement and adversely affected program activities. This challenge was overcome by share will and risks by implementers and evaluators, alike.

3.4.2 Challenges with collaborators: There were challenges with some of the project collaborators and partners because they did not have the needed financial support, or project activity timing differed from one another’s workplans. Another challenge with collaborators was with government. A community leader in one of the communities in Ebonyi state suggested

“...When they make the laws and encourage you to arrest and bring the offenders, and perpetrators of FGM/C and other human rights vices to them at Abakaliki, when you bring the culprits, they keep you and the culprit waiting for a whole day and ask you to come another day. This is discouraging since you are neither paid nor given transportation stipends.”

These challenges were addressed by encouraging traditional rulers to adopt community byelaws approved by the government, or to domesticate the approved government laws and diversify reporting channels

3.4.3 Administrative challenges: The trained community volunteers/educators complained that they were not paid the stipends promised, therefore, some of them stopped the voluntary and house-to-house visits and therefore provided no reports. About five such volunteers refuse to participate in the evaluation FGD groups. When contacted by phone they reported their frustration for failed promises on payment. This evaluation also reports that two community volunteers was grossly inadequate to cover large populations, some of them scattered over a large land mass. Part of the responsibilities of the community volunteers was to monitor the households as to report any FGM/C conducted. Without a supervisory Monitoring and Evaluation officer to conduct regular on the spot crosscheck of the information submitted, the reliability of the community report and data could be questionable.

The evaluation also noted that the volume of required work was far beyond the strength of staff recruited. There was no evidence of more than two staff for a state office. In the case of Imo state, there was no physical office where a beneficiary could go to see the project staff for any complaint.

3.5 Discussions

FGM/C has been endemic for centuries in Nigeria and the challenge of FGM/C in the South-east of Nigeria is massive and may not easily be eliminated with a single intervention of two years. But there is ample evidence that the current project has been more effective than any other before it in actually reducing FGM/C to its barest minimum. Nonetheless, there is no doubt that vestiges and stumps of the tradition are still secretly conducted. Moreover, the geographical area covered by the intervention is also relatively small, as not even the entire six local governments were covered. The current project can rightly be termed a pilot and has been highly successful. We recommend another term of five years of consistent intervention to finally mop up FGM/C in these two states as an example that FGM/C can be totally eliminated in Nigeria. The finding that 95% of the beneficiaries perceived that a combination of the messages to stop FGM/C, plus capacity building/training plus transformation of social norms (behaviour change) as most beneficial aspects of the project to their families speaks to the core needs of the beneficiaries in this project and confirms the effectiveness of the project in addressing those needs.

In social and related programs, the various communication channels are referred to as interpersonal, broadcast and print media⁴. Each channel has its own strengths and weaknesses, depending on the role it will take in the communication program. But

communication strategies that combine multiple channels have the most impact on changing behaviour. The question is no longer which channel is the best, but rather how to use a combination of channels to reach and support target behaviours. The combination of these channels is called the media mix. In this project, CIRDDOC maximally utilized a media mix that enabled communicators to reach many people many times within the stipulated time frame. The implementers used a media mix that enabled the communicators to reach the target audience many times within the stipulated time frame, to supply the appropriate information in an understandable form for each target audience, and to remain within a budget that the project can maintain. In the case of this project, the understandable form was a combination of local dialects (Afikpo and Abakaliki), Pigeon English and English language. Since the emphasis of the intervention was “strengthening campaign”, the interpersonal channels used included face-to-face communications, community distribution, home visits, group discussions and counselling, and are generally best for giving credibility to messages, providing information and teaching complex skill. Interpersonal communication facilitates the discussion of information or messages that the target audience regards as sensitive or personal. FGM/C is a sensitive and personal issue.

Broadcast channels provided the broad coverage for messages reaching large numbers of target audience quickly and frequently. Print channels- such as pamphlets, flyers, and posters – are generally considered best for providing a timely reminder of key communication messages. The use of the right mix of these communication channels was effective and accounted for the success of this project.

3.6. Recommendations

1. Establish functional M&E system and train M&E personnel. Develop reliable data storage and retrieval systems and ensure the use of monitoring data for program implementation.
2. Increase number of community educators/volunteers
3. As part of sustainability, the implementers should help community members look within their own communities to identify available resources. For example, who are the philanthropists within the community and how can they be advocated to be part of the end-FGM/C movement? What communal resources (communal land, sand, rock, etc) can be harnessed for supporting the project? What skilled manpower are available for effective advocacy and support for the project?
4. FGM/C has been endemic for centuries, the challenge of FGM/C in the South-east of Nigeria is massive and may not easily be eliminated with a single intervention of two years. But there is ample evidence that the current project has been more effective than any other before it in actually reducing FGM/C to its barest minimum.

Nonetheless, there is no doubt that vestiges and stumps of the tradition are still secretly conducted. Moreover, the geographical area covered by the intervention is also relatively small, as not even the entire six local governments were covered. The current project can rightly be termed a pilot and has been highly successful. We recommend another term of five years of consistent intervention to finally mop up FGM/C in these two states as an example that FGM/C can be totally eliminated in Nigeria.

5. Multi-dimensional approaches, including advocacy and persuasion are needed to change long-held traditions. Key state actors that can act as champions of reform, including, Ministry of Culture and Chieftaincy matters, Ministry of Women Affairs, Education, Planning, Justice, Finance and the Office of the First Lady (Governor's wife) should be intentionally engaged in interventions. For example, they could provide incentives to communities which work to abrogate all cases of FGM/C.

6. Targeted human capital development for all traditional and community leaders is a worthwhile investment. Leadership and skills training should focus on community development and planning, community resource allocation, management and usage, alongside equity and respect for rights of women. This should also include bolstering local leaders' gender sensitivity by building the knowledge and understanding of the rights of women and girls, such as a better understanding of the VAPPA.

7. Communities should be encouraged to set up memorials and annual memorial days to signpost and celebrate their declaration of prohibition of all types of GBV, including FGM/C.

3.6 Lessons learnt

1. A well planned and implemented media mix method of communications interventions will always yield more effective results because the weaknesses of one method will be taken care of by the strengths of other methods.

2. In behaviours and attitude bordering on the people's tradition and culture, all strata of the society (in the present case, households, traditional rulers and grandmothers) must be included in finding a harmonious solution. Draconian laws alone do not overturn age-old tradition and culture which has become the peoples' way of life.

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