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Stop Cut
Partnering to end Female Genital Mutilation

EVALUATION REPORT

THE STOPCUT PROJECT: ENDING FEMALE GENITAL MUTILATION IN EKITI, OSUN AND OYO STATE, NIGERIA

2020 - 2022

HACEY

UNITED NATIONS TRUST FUND TO END VIOLENCE AGAINST WOMEN

DISCLAIMER

This Evaluation Report has been developed by an independent evaluator. The analysis and recommendations of this evaluation report reflects the views of the author and do not necessarily reflect the views HACEY, its partners or the UN Trust Fund".

THE STOPCUT PROJECT WAS IMPLEMENTED WITH FUNDING FROM THE UNITED NATIONS TRUST FUND TO END VIOLENCE AGAINST WOMEN.

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LIST OF ACRONYMS

CBO: Community-Based Organizations
CSO: Civil Society Organization
EDC: Electronic Data Capture
FGDs: Focus Group Discussions
FGM: Female genital mutilation
KIIs: Key Informant Interviews
LGA: Local government Areas
NPF: Nigeria Police Force
NSCDC: Nigeria Security and Civil Defense Corps
RAs: Research Assistants
UN: United Nations
UNDP: United Nations Development Program
UNICEF: United Nations International Children's Emergency Fund
VAPP: Violence against person prohibition
WHO: World Health Organization

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EXECUTIVE SUMMARY

Background

The Stop Cut is a United Nations Trust Fund (UN Trust Fund) project to end violence against women and girls to end Female Genital Mutilation (FGM) in southwest Nigeria. It is a 3-year project focused on promoting the effective implementation of laws and policies that protect women and girls from female genital mutilation (FGM), increasing community engagement and advocacy for the abandonment of FGM in Ekiti, Osun, and Oyo States, Nigeria, with aims to engage stakeholders at the individual, family, societal and state levels in addressing FGM, focusing on both policy and action at all levels. This evaluation therefore designed to assess the performance of the Stop Cut project and capture project achievements, challenges, and best practices to inform future similar programming.

Methodology

This case-control study was purposively conducted in three major STOP CUT project implementing States, namely Oyo, Ekiti, and Osun, Nigeria. The study population for this evaluation were women, heads of households, young girls and boys, community and religious Leaders, and community-based organizations. Media personnel, law enforcement workers, government staff, and HACEY staff were others. A 6-stage sampling technique was used to select participants for this study, and qualitative and quantitative data collection methods were used for this evaluation. The qualitative method included Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs), while the quantitative was a semi-structured questionnaire. A total of 18 KIIs and 9 FGDs were conducted across the three implementing States, while 393 questionnaires were administered. Validated qualitative transcribed notes were entered into the computer using NVIVO version 12 Pro, and data analysis were guided by thematic content analysis procedures. For the quantitative data, respondents' knowledge of FGM was assessed with a 12-point knowledge scale. Correct knowledge attracted 1 point, while incorrect response attracted 0 point. Scores 0-6 and 7-12 were considered poor and good knowledge, respectively. Descriptive and inferential statistics, including Chi-square and t-test, were used for analysis.

Results

Socio-Demographic Characteristics: A total of 393 questionnaires were administered to give a response rate of 104.0%. A little above half (52.7%) and 47.3% of the respondents were from the intervention and control groups. The age range of the intervention ranged from 18-89 years with a mean age of 30.9±17.8 years, while the age range of the control ranged from 18-76 years with a mean age of 28.5±12.7 years. Furthermore, only 19.3% and 32.8% of the respondents from the intervention and control groups have tertiary education (p= 0.007).

About the Stop Cut project: Almost all the KII respondents across the three States mentioned that the STOP CUT project is a program that was created to end FGM in the State. It was further mentioned that collaboration was made with the necessary stakeholders like the ministries, media, law enforcement agencies, etc. Community gatekeepers, religious leaders and traditional leaders were also engaged in advocacy; they all usually came together for the smooth conduct of the project.

Activities carried out: Almost all the KII respondents in Osun State mentioned activities like training of stakeholders, advocacies, media sensitization, and outreaches, among others, as activities carried out when implementing the project. In Ekiti State, all the stakeholders reported that advocacy, partnering, and a series of workshops, seminars and boot camps were organized during the project. In Oyo State, many respondents stated that they participated in the advocacy visits to gather stakeholders and sensitize them on female genital mutilation.

Knowledge of FGM: Most (70.0%) and 44.6% of the respondents in intervention and control groups had good knowledge of FGM (p=0.000). The mean knowledge score of respondents in the intervention and control groups were 7.6±2.6 and 7.2 ±2.9, respectively. The majority (80.2%) and 63.4% of the respondents in intervention and control groups, respectively, knew that FGM is dangerous, and 77.8% and 72.0% of intervention and control groups knew that FGM practice in Nigeria is illegal.

Existing Laws and Policies: All states have policies and laws against FGM. In Osun State, there is a Violation Against Person Prohibition (VAPP) law which has existed since 2004 and was reviewed in 2021 by the Osun State government, where different sanctions for different situations as regards the issue of FGM were added. Oyo State has Child Right Act, VAPP Law, and Violence Against Women (VAW) law. At the same time, in Ekiti State, there is a gender-based violence prohibition law amended in 2019 against female genital mutilation.

Major success of the project: Some of the KII respondents in Osun State reported that the project's major success is awareness of the availability of law that could prosecute those guilty of the FGM practice, as this has brought a reduction in the practice in the community. Another success mentioned is the project's ability to bring together stakeholders to reach all spheres of the community. In Oyo and Ekiti States, all the KII respondents reported that increased awareness of female genital mutilation had been a major success in the Stop Cut project.

Lessons Learned

Through the implementation of the project and from stakeholders in the project states, the project generated a number of lessons to further improve on design and implementation of future programming. From the project, it was discovered that one of challenge with the policy implementation is the failure of people to report to the security agencies any suspected cases, either because of their relationship with the person or because they are not convinced there is confidentiality. Also, the willingness of the government to implement the policy and poor awareness of the policies of FGM also contributed to the challenges faced in policy implementation. Added was that the intensive sensitization, awareness creation in combination with the other programs done during the STOP CUT project had brought about positive changes in every sphere of the community, which has added to the health value of female children. Knowledge gained on FGM, the ability to step down knowledge, how to deal with different beliefs and orientations, and capacity building were lessons learned from the study. Others were having a relationship with the stakeholders, not forming assumptions and the mportance of continuously raising community members' awareness.

By building the capacities of community members, grassroots organizations and individuals passionate about stopping violence against women, they are able to continue creating awareness and leveraging on existing platforms and the End FGM alliance to promote the message and support effective policy implementation.

Recommendations

The following are the recommendations from the evaluation of the StopCut project.

- Continue monitoring the intervention through the community stakeholders they worked with so that there won't be a relapse of FGM practice.
- Take the intervention to health care workers because some were also reported to practice circumcising female children.
- Identify and train gender champions to create awareness of female genital mutilation further.
- Publicity should be taken to rural areas and villages for the benefit of those that don't have access to media.
- Movies on FGM in different native languages should be produced and released.
- Government should provide the resources needed to sustain the project's continuity and create more awareness of government-owned radio and television.
- Policymakers should help implement the existing law and ensure there is protection for the whistleblowers so there will be more reportage of the act.
- Government should continue to create more awareness of FGM and should be involved in the prosecution of the offenders of the female genital mutilation law.
- Government should take ownership of the program through the provision of funding to carry out the project and also enforce the law
- Community people should not relent in advocating for the end of FGM.
- Community members should be urged to create more awareness and disseminate information through a step down of information to those unaware in social gatherings, religious houses and within the family.
- Community members should report any practice of female genital mutilation that is done.

Conclusion

The Stop Cut project was very effective because there was a significant reduction in the practice of FGM in the community due to the intensive sensitization, awareness creation, and many other programs that were done during the Stop Cut project had brought about positive changes in every sphere of the community which has added to the health value of female children. The study showed that understanding the meaning of FGM, the risks involved, and awareness that a law bans FGM are major gaps filled in the project. It was also added that liaising with other stakeholders to bring positive changes was possible because of the Stop Cut project, and the prevalence has also dropped drastically. HACEY initiative should continue monitoring the intervention through the community stakeholders they worked with so that there won't be a relapse of FGM practice.

CHAPTER ONE

INTRODUCTION

"FGM HAS NO HEALTH BENEFITS AND HARMS GIRLS AND WOMEN IN MANY WAYS."

1.1 Background to the Study

Female genital mutilation (FGM) refers to operations that entail partial or total removal and/or harm (cauterization or elongation of the clitoris and/or labia minora) to the external female genitalia for any cause (cultural or religious) [1] FGM is a major problem for the World Health Organization (WHO). It is recognized by WHO as well as several other human rights advocates, such as United Nations Development Program (UNDP), United Nations International Children's Emergency Fund (UNICEF), and United Nations (UN) because it violates women internationally recognized human rights in all of its forms[2].

Female genital mutilation is an internationally recognized issue due to its negative effects on physical and psychosocial well-being as well as the erosion of women's sexual and reproductive health rights[3];[4]; [5]; [6];[7]. Multiple studies have found that FGM is linked to many consequences, including developing clitoral cysts, bleeding, fistula, obstetric issues, urinary infections and retention, vaginal tears, and psychological trauma [1];[6]; [8];[5]; [9];[10]. Despite this, many people still engage in this old ritual, especially in developing nations like the Middle East and South-East Asia, with sub-Saharan Africa having the largest incidence [11]. As of 2019, in Nigeria, 20% of women aged 15-49 are circumcised, a decrease from the figure of 25% reported in 2013; 86% of circumcised women aged 15-49 were circumcised before age 5, while 5% were circumcised at age 15 or older [12]. The practice of FGM in Nigeria is widespread and varies from one geopolitical zone, state, and ethnic group to another. In Nigeria, prevalence denotes the percentage of women and girls who have had FGM at some point.

In contrast, incidence denotes the percentage of women and girls who have had surgery during a specific time frame [13]. Although it is challenging to estimate the incidence rates of FGM in Nigeria because of DHS's use of various assessment techniques in its surveys in 2003, 2008, 2013, and 2018 research has revealed that the practice is endemic in the country [13]. According to Nigeria Demographic and Health Survey, [14] circumcision appears to decline in Nigeria. Only 14% of women aged 15 to 19 have had their cervix circumcised, compared to 31% of women aged 45 to 49. FGM is most common among Yoruba women (35%), whereas it is least common among Tiv and Igala women (1% each). FGM is more common in urban women than rural women (24% vs 16%, respectively). FGM is most common in the Southeast (35%) and Southwest (30%) and least common in the Northeast (6%). Circumcision is performed on 20% of women between the ages of 15 and 49. 41% of women in Nigeria undergo Type II (some flesh removed), the most prevalent type of FGM. A Type I procedure (clitoris snipped, no flesh taken) was performed on 10% of women, whereas a Type III procedure was performed on 6% of them (also known as infibulation) [14]. Regardless of the trends, Nigeria still accounts for the third highest number of women and girls that have undergone female genital mutilation (FGM), reported at 20% prevalence [14].

According to research, FGM is perpetuated by social pressures such as peer pressure, societal acceptability, and parental pressure stemming from family shame and fear of exclusion. FGM is practiced as a traditional superstitious belief to uphold communal norms of modesty and faithfulness, to regulate girls' and women's sexuality, discourage promiscuity [15], to safeguard virginity, to change socio-sexual attitudes (in response to a woman's inability to experience orgasm), to maintain chastity and purity, family honor, sanitation, and aesthetic reasons; raise the husband's sexual enjoyment, improve fertility, and expand marriage chances [16].

In the Nigeria Demographic and Health Survey, [17] women (11.2%) and men (17.3%) claimed that FGM is a cultural rite to preserve virginity and prevent premarital sex among females in Nigeria. FGM is traditionally carried out to secure inheritance rights and to prevent the mother and child from dying during childbirth, which explains why many women and family members support the procedure [18].

FGM has historically been frequently carried out as a ritual of group identification, a necessary component of social acceptability and compliance [19];[20]. Women who have not completed the ritual, a combination of cultural, social, and religious traditions linked with preparation for maturity and marriage in various ethnic groups, may find it difficult to marry [21]. Many mothers have submitted their daughters to the procedure to shield them from being ostracized, abused, ridiculed, or shamed because of their relationship with girls' marriageability or greater marital prospects [17].

WHO has conducted a study of the economic costs of treating health complications of FGM and has found that the current costs for 27 countries where data were available totaled 1.4 billion USD during one year (2018). This amount is expected to rise to 2.3 billion in 30 years (2047) if FGM prevalence remains the same – corresponding to a 68% increase in the costs of inaction. However, if countries abandon FGM, these costs will decrease by 60% over 30 years. In research to assess the obstetric cost of FGM in different countries, including Nigeria, it was discovered that the number of years of life lost per incident instance of FGM in 15-45-year-old women grows gradually from type 1 to 111[22]. FGM was regarded as a barrier to achieving the recently finished Millennium Development Goals 2, 3, 4, 5, and 6. If left unchecked, it may still be a barrier to achieving Sustainable Development Goals 3, 5, and 16 [23]. FGM is frequently a terrible event for victims. Knives, razor blades, scissors, and shards of shattered glass are common tools traditional circumcisers use, all of which have questionable degrees of sterility [24]. There have been instances of brutal treatment, such as being held down and cut without an aesthetic and having the circumcised legs and thighs bound for an extended period to ensure appropriate wound healing [23].

According to World Health Organization, 2022 [25], FGM has no health benefits and harms girls and women in many ways. It removes and damages healthy and normal female genital tissue and interferes with the natural functions of girls' and women's bodies. Although all forms of FGM are associated with an increased risk of health complications, the risk is greater with more severe forms of FGM.

ABOUT THE STOPCUT PROJECT

The Stop Cut Project is a United Nations Trust Fund to end violence against women and girls (UN Trust Fund) funded project to end Female Genital Mutilation (FGM) southwest Nigeria. It is a 3-year project focused on promoting the effective implementation of laws and policies that protect women and girls from female genital mutilation (FGM), increasing community engagement and advocacy for the abandonment of FGM. The project runs across local communities in Ekiti, Osun, and Oyo states in Southwest Nigeria to reach policymakers, law enforcers, community leaders and members and other critical stakeholders in advocating for an end to FGM. The Stop Cut project framework aims to engage stakeholders at the individual, family, societal and state levels in addressing FGM, focusing on policy and action at all levels. The Stop Cut project through collaborative efforts from key stakeholders and partners targets:

- Review existing policies and laws to identify gaps and advocate for FGM-specific policies.
- Contributing to the existing body of knowledge on FGM to proffer data-driven solutions for ending FGM.
- Strengthening the capacities of the EndFGM Alliance in improving policy and policy implementation, increasing reportage, and enhancing enforcement of FGM laws.
- Increase public awareness of FGM practices, laws and risks associated with FGM towards positive behavioral change, individual, family and community renouncement of the practice.

Since its inception in 2020, the project has directly engaged over 500 stakeholders and beneficiaries across 72 wards in Oyo, Osun and Ekiti states, including government officials, the media, nongovernmental organizations, community leaders, advocates, women, and girls. This engagement has provided a deep knowledge of the existing gaps in states laws and the level of law enforcement of FGM over the years.

1.3 Evaluation Objective

1.3.1 Broad Objective

The broad objective of this evaluation is to assess the performance of the STOP CUT project and capture project achievements, challenges, and best practices to inform future similar programming.

1.3.2 Specific Objectives

The specific objectives of this assessment are to;

1. Evaluate the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact of the entire Stop Cut project in protecting women and girls from FGM in the project States.
2. Identify key lessons and promising or emerging good practices in protecting women and girls from FGM for learning purposes.

1.3.3 Project Result Framework

Women and girls in Ekiti, Osun and Oyo states in Southwest Nigeria are protected from FGM/C by 2023	Outcome 1: Civil Society Organizations, Media, Government and citizens use evidence-based data and information on prevalence, contributory factors and level of policy implementation to support their work on ending FGM/C in project states	Output 1.1: Civil Society Organizations, Media, Government and citizens have increased knowledge of the prevalence and contributory factors of FGM/C	Activity 1.1.1: Conduct Stakeholders Mapping
			Activity 1.1.2: Apply for Ethical Approval from State Ethical Review Committee
			Activity 1.1.3: Conduct project research on prevalence, contributory factors and level of policy implementation of FGM/C in Ekiti, Osun and Oyo States
			Activity 1.1.4: Organize stakeholders' forum to disseminate findings of baselines survey across project states
		Output 1.2: Information on existing FGM/C policies and laws and gaps therein is available to Civil Society Organizations, media and citizens	Activity 1.2.1: Desk review of States policies, laws and enforcement of FGM/C in project states
			Activity 1.2.2: Organize stakeholder' roundtable to discuss existing gaps in States policies, laws and enforcement of FGM/C in project states
		Output 1.3: Government and Policy makers in project states are engaged on implementing FGM/C laws.	Activity 1.3.1: Develop advocacy tools on campaign against FGM/C
			Activity 1.3.2: Advocacy visits to policy makers and relevant state actors to discuss FGM/C practices and to share research findings
	Outcome 2: The End FGM Alliance more effectively advocate for the enforcement of FGM/c policies in the project state	Output 2.1: The End FGM Alliance (comprising of civil society organizations, media, community stakeholders, Government - Ministries of Women Affairs, Justice, Health, Information, Education, Police and Finance) has increased knowledge of existing FGM/C national and state policies and laws	Activity 2.1.1: Development of training curriculum
			Activity 2.1.2: Organize a two-day capacity building for Civil Society Organizations on existing FGM/C policies and laws at Federal and State levels
			Activity 2.1.3: Organize a two-day capacity building for the media on existing FGM/C policies and laws at Federal and State levels
			Activity 2.1.4: Organize a one-day capacity building for State officials on existing FGM/C policies and laws at Federal and State levels
			Activity 2.1.5: Organize a one-day capacity building for community stakeholders on existing FGM/C policies and laws at Federal and State levels

		Output 2.2: All members of the End FGM Alliance have increased capacity on reportage of FGM/C practices and enforcement of laws	Activity 2.2.1: Organize Bootcamp for End FGM Alliance on public awareness campaign against FGM/C, reportage of intended and unintended FGM/C cases, and advocacy for effective law enforcement system against FGM/C practices
		Output 2.3: The End FGM Alliance is increasingly engaged in advocacy visits with policy makers and state actors towards ending FGM/C practices	Activity 2.3.1: Learning and experience sharing by The End FGM Alliance on progress on campaign against FGM/C practices
			Activity 2.3.2: Joint advocacy visits to policy makers and state actors to address FGM/C related issues
	Outcome 3: Citizens in project states have positive behavioral change regarding ending FGM/C practices	Output 3.1: Citizens in communities across project states are sensitized on FGM/C policies and laws during sensitization campaign against FGM/C practices	Activity 3.1.1: Organize sensitization programs for women and girls on FGM/C policies, laws and risks, and how to report cases of FGM/C
			Activity 3.1.2: Organize sensitization programs for men and boys on FGM/C policies, laws and risks, and how to report cases of FGM/C practices
			Activity 3.1.3: Organize sensitization programs for religious and community leaders on FGM/C policies, laws and risks, and how to report cases of FGM/C practices
		Output 3.2: Community gatekeepers receive information on FGM/C policies, laws and risks in project States	Activity 3.2.1: Organize community outreach programs against FGM/C practices
			Activity 3.2.2: Organize tweet chats to share information on issues relating to FGM/C practices
		Output 3.3: Traditional and digital media is engaged on FGM/C related matters (practice, prevention, laws and policies)	Activity 3.3.1: Organize media round-table on reportage of cases of FGM/C practices
			Activity 3.3.2: Organize press conference on selected cases of FGM/C practices
			Activity 3.3.3: Airing of Radio jingles, TV Health Pep Talks and interviews

	Outcome 4: HACEY Health Initiative is institutionally strengthened to sustainably respond to the COVID-19 pandemic and other crises whilst maintaining or adapting existing interventions to EVAW/G especially FGM/C with a focus on the most vulnerable women and girls.	Output 4.1: HACEY Health Initiative has put in place mechanisms to improve institutional resilience to crises including COVID-19, which ensures the stability of projects and sustainability of the organization[s] in the longer term.	Activity 4.1.1: Supporting a safe work environment for staff in the context of the COVID-19 pandemic
			Activity 4.1.2: Mental health support to staff
			Activity 4.1.3: Enable effective and safe communication and transport for staff
			Activity 4.1.4: Improving communication with our target population in the context of COVID response
			Activity 4.1.5: Support for organization strategy review
		Output 4.2: HACEY Health Initiative has improved knowledge, skills and capacities to maintain or adapt EVAW/G especially FGM/C interventions and reach the most vulnerable women and girls while responding to the impact of the COVID-19 pandemic or other crises.	Activity 4.2.1: Online communication campaign
			Activity 4.2.2: Traditional media and stakeholder engagement on FGM/C
			Activity 4.2.3: Building capacity of women and youth group to provide community support and engaging communities
			Activity 4.2.4: Training of Security Agents on laws pertaining to FGM and vehicle leasing
			Activity 4.2.5: Provide personal protective equipment community contacts and volunteers

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CHAPTER TWO

METHODOLOGY

BOTH QUALITATIVE AND QUANTITATIVE METHODS OF DATA COLLECTION WERE USED FOR THIS EVALUATION. QUALITATIVE APPROACH INCLUDED KEY INFORMANT INTERVIEWS (KIIS) AND FOCUS GROUP DISCUSSIONS (FGDS), WHILE THE QUANTITATIVE WAS A SEMI-STRUCTURED QUESTIONNAIRE.

2.1 Study Design

This case-control study was used to evaluate the performance of the STOPCUT project and capture project achievements, challenges, and best practices to inform future similar programming.

2.2 Study Area

The study was purposively conducted in three major STOPCUT project implementing states: Oyo, Ekiti, and Osun, Nigeria.

2.3 Study Population

The study population for this evaluation were women (15-49 years old), heads of households, young girls and boys (18 – 24 years old), community and religious Leaders, and community-based organizations (CSOs) in project States. Other were media personnel, law enforcement workers (NSCDC), government staff (Ministry of Health/Education/National Orientation Agency (NOA)), and HACEY Staff.

2.4 Inclusion Criteria

Participants who participated in any of the activities of the STOP CUT project intervention.

2.5 Exclusion criteria

- Communities in areas with security concerns
- Participants who did not give consent to participate in the study.
- Participants below the age of 18 years

2.6 Sample Size

The sample size determination for this evaluation was calculated using the Yaro formula.

n= N/1+N (e2)

N=Total beneficiaries of the STOPCUT project (January 2023)

n = 239,923/1+239,923(0.052) = 399.33

The sample size was increased to 450 to generalize the findings (Table 2.3).

2.7 Sampling Frame

For the intervention group, the sampling frame was all the STOP CUT-supported local government Areas (LGAs). At the same time, the control was other LGAs where there were no existing FGM interventions in Oyo, Osun and Ekiti States, Nigeria (Table 2.1). A systemic random approach was used to identify and select the specific communities for the assessment.

2.8 Sampling techniques

A 6-stage sampling technique was used to select participants for this study.

- Stage 1: Purposive sampling technique was used in selecting 3 intervention States in South-West Nigeria by considering STOP CUT implementation sites
- State 2: A simple random sampling approach was used to select the 12 (Intervention=6; Control=6) LGAs using www.randomizer.org to generate random numbers from the sampling frame (Table 2.2).
- Stage 3: The selected LGAs were stratified into rural and urban wards, and simple random sampling was used in selecting 2 wards, each from both rural and urban strata.
- Stage 4: Simple random sampling technique was used to select 2 communities each from the selected wards.
- State 5: Systematic random sampling technique was used in selecting households for this study.
- Stage 6:A simple random sampling was used to select participants for this study.

For the qualitative study, three Focus Group Discussions (FGD) sessions were conducted in each of the intervention States, and the number of participants in each FGD was six. The FGD discussants were selected using a non-probability sampling technique involving purposive sampling. This implies that the FGD discussants were selected because of their position as women/community/religious leaders in their community. Also, Key Informant Interviews (KIIs) were conducted among stakeholders who played an active role in implementing the STOP CUT project.

2.9 Sampling Distribution

The proportionate sampling technique was used to allocate sample size to each State. A total of six KIIs and three FGDs were conducted in each of the intervention states. However, 63 questionnaires each were administered among control and intervention in each state for comparative assessment (Table 2.4).

2.10 Study Instruments

Both qualitative and quantitative methods of data collection were used for this evaluation. The qualitative approach included Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs), while the quantitative was a semi-structured questionnaire. A total of 18 KIIs and 9 FGDs were conducted across the three implementing States, while 393 questionnaires were administered (Table 2.5). Two of the instruments (questionnaire and FGD) were designed in English and subsequently translated through the help of linguistic experts into the Yoruba language, the commonly spoken local language in the selected States. This was because of the possible level of education of FGD participants and the questionnaire. The translated versions of the instruments were back translated to English to ascertain the correctness of the translations. The three instruments were used to evaluate the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact of the entire STOP CUT project in protecting women and girls from FGM in the project state, while KII was used to identify key lessons and to promise or to emerge good practices in protecting women and girls from FGM, for learning purposes (Table 2.6)

2.11 Method of Data Collection

The Electronic Data Capture (EDC) was used to collect necessary quantitative data (Questionnaire), which consists of three characteristics: first, an observation-management system that allowed field staff to record ParaData from each contact attempt (e.g. survey code, GPS location, date, time and interviewer) and to track progress. Second, the system allowed research assistants to use an electronic device (tablet) to administer the questionnaire and remotely transfer data from the field to a server. For the qualitative data, digital recorders and field notes were utilized for the KIIs and FGDs to enable the interviewers to capture all the information during the interviews for accuracy in the data analysis process.

2.12 Project Team

The core team implemented the project, including the research lead consultant, 3 field managers (1 per State) and 2 data clerks (Qualitative=1; Quantitative=1). The lead consultant was responsible for all aspects of the project's technical work, personnel management, training, submission of deliverables, and HACEY's main point of contact for this study.

However, the field managers and data clerks supported the lead consultant. The quantitative data clerk created the cloud platform, program the data collection instrument into electronic data collection (KoBoCollect), configured the tablets, ensured quality assurance, performed error checks, and verified the data quality in real-time. The data clerk also monitored data and flagged inconsistencies, completeness or errors as they arose in real time to rectify issues.

On the other hand, the qualitative data clerk is responsible for data processing, auditing, and performing final data validation with the lead consultant. The field managers were HACEY Initiative staff and coordinated the study's logistical aspects, including access to project communities and beneficiaries, transportation for data collectors, and security. The field managers also did community engagement and monitoring of data collection.

2.13 Recruitment of Research Assistants and Work Schedule

DataPark recruited nine (9) Research Assistants (RAs) (6 interviewers and 3 supervisors) locally from all States to assist in collecting data for the study. Qualified and gender-balanced data collectors and supervisors were recruited using the networks and contacts gained from our previous work experience. Some competent hands previously working with the lead consultant were also invited to participate in this study.For quality assurance, the consultant organized online screenings and interviews for the data collectors and supervisors before recruiting them and invited them for virtual training.

The data collectors recruited and trained for data collection in each State were residents familiar with the language, culture, and security situation. The RAs must speak both the English and Yoruba Languages and understand the study sites' geography to qualify as RAs for this study.

The qualitative moderators and note-takers have at least a bachelor's degree. They have participated in not less than three qualitative studies, while the supervisors have at least a master's degree and have participated in five qualitative research. However, all the RAs were also trained by the consultant. The supervisors monitored the quality of work during all stages of fieldwork, including reviewing the sampling protocol, moderate FGDs, spot checks of data during fieldwork and back checks of transcripts.

2.14 Training of Project Team and Pretest of Instruments

The project team and research assistants participated in intensive virtual training on January 25, 2023. Subsequently, the Oyo State team held a pilot study in Ibadan Northeast LGAs, Oyo State. The consultant facilitated the training with the support of the HACEY program manager. The training focused on familiarization with the scope and methods involved in the study, the study tools, facilitation skills, note-taking skills, rapport-building skills, ethics involved in the study as well as transcribing of recordings. Training manuals containing the essential details of the training were developed and given to the research assistants. The pre-test involved conducting 3 qualitative (KIIs=2; FGDs=1) and 40 quantitative (questionnaires) with individuals who share similar characteristics with the main study participants. The issues noted during the pre-test were used to further improve the guides and the interviewing processes. The main data collection for this study was collected between February 1-23, 2023.

2.15 Quality Assurance

Quality assurance procedures were discussed extensively during the training. The strategies employed to ensure the trustworthiness and quality assurance of the data included pre-testing of the instruments; use of monitoring instruments like checklists; constant debriefing on the field; proper data handling and storage; review of transcripts by field supervisors and project team; review of codes during review meeting; keeping of reflexive diaries; data triangulation; and establishing quality control procedures. Furthermore, the quantitative data was subjected to daily error checks, verifying the data quality in real-time. This also included monitoring data to flag inconsistencies, completeness or errors as they arise in real time to rectify issues. As part of the optimal quality assurance procedures, the HACEY senior staff provided support during the training of the project team, pre-test of the instruments and review of the data analysis processes.

2.16 Data Management and Analysis

Following the conduct of data quality control through data cleaning and data quality alerts to ensure consistency in the quality of uploaded data, the electronic data and other study forms are collected and stored in a secure folder.

Access to personal identifiers in the folder was limited and will only be granted to the study team. Several procedures were employed to manage and analyze the qualitative data. Data processing started with the verbatim transcription of note-takers' tape recordings of the KIIs and FGDs. This was done the same day the data was collected to avoid missing or omitting important details. The data collectors were required to transcribe their interviews immediately after conducting them. They were expected to work with their supervisors to audit and validate their transcribed notes. Field notes were used to beef up audio-taped recordings developed into transcribed notes. For the interviews conducted using local languages, data collectors were expected to transcribe and translate their audio-taped recordings into English.

The transcribed notes were further subjected to validation. Data collectors were allowed to audit and validate the translated notes with the consultant, supervisors, and data clerks. Validated transcribed notes were entered into the computer using NVIVO version 12 Pro. An inductive-dominant coding approach was used to drive the coding process (Armat et al., 2018). Thematic content analysis procedures guided the data analysis. For the quantitative data, data quality control was conducted through data cleaning and quality alerts to ensure consistency in the uploaded data. The electronic data was stored and imported into Statistical Package for Social Science (SPSS) to analyze the data. Respondents' knowledge of FGM assessed participants with a 12-point knowledge scale. Correct knowledge attracted 1 point, while incorrect response attracted 0 point. Scores 0-6 and 7-12 were considered poor and good knowledge, respectively. Descriptive and inferential statistics, including Chi-square and t-test, were used for analysis. The p-value was set at a 0.05 level of significant. When the p-value is more than 0.05, there is no significant difference between intervention and control groups. When the p-value is less than or equal to 0.05, there is a significant difference between the two groups. Results were presented in frequency tables as well as cross-tabulation of some variables.

2.17 Ethical Consideration

Participants were asked to provide verbal informed consent before being recruited into the study. The informed consent forms were made available in English and the Yoruba language. The informed consent form explained in full the nature of the study, the role of the participants, the vulnerability, and the risks and benefits related to their participation in the study. The participants were told they could withdraw from the study at any time. Confidentiality was ensured to protect the participants' identification and other personal information. Codes were used to label data from various sources. The FGD participants were provided with refreshments and transport allowance to compensate for the time spent participating in the study.

In addition, we ensured specific safeguards were placed to protect the safety of the respondents and the data collectors; they include:

- Training – all data collectors were trained in collecting sensitive information and they all had previous experience collecting sensitive information from respondents.
- Research Tools – data collection tools were designed to be culturally appropriate and do not create distress or trigger the respondents. The tools were translated to the local language and delivered in the local language for respondents who could not communicate in English Language. All tools were also pre-tested for appropriateness.
- Data collection method – we made sure the location of data collection was appropriate and the timing was convenient for respondents. We ensured confidentiality and privacy during collection of data.

Table 2.1: Sampling Frame

State	LGAs		
	Intervention	Control	
Oyo	Atiba	Ibadan Northeast	Ibadan Northwest
	Ogobomoso North	Ibadan North	Ibarapa central
	Ona-Ara	Ibadan Southeast	Ido
	Ibadan Southwest	Oyo west	Irepo
		Afijo	Itesiwaju
		Jobele	Iwajowa
		Atisbo	Lagelu
Osun	Orolu	Ayedire	Odo-otin
	Ife North	Obokun	Ayedaade
	Ejigbo	Ede South	Ila
	Iwo	Boluwaduro	
Ekiti	Ikere	Gbonyin	Emure
	Ido-Osi	Ekiti East	Ijero
	Ekiti Southwest	Efon	Ise/Orun
	Irepodun/ Ifelodun	Ilejemeje	Oye
		Moba	
Total	12	30	

Table 2.2: Selected LGAs for the Assessment

Table 2.2: Selected LGAs for the Assessment	Table 2.2: Selected LGAs for the Assessment	
	Table 2.2: Selected LGAs for the Assessment	Control
Table 2.2: Selected LGAs for the Assessment	Table 2.2: Selected LGAs for the Assessment	Oye
	Table 2.2: Selected LGAs for the Assessment	Gbonyin
Table 2.2: Selected LGAs for the Assessment	Table 2.2: Selected LGAs for the Assessment	Ede South
	Table 2.2: Selected LGAs for the Assessment	Odo-otin
Table 2.2: Selected LGAs for the Assessment	Table 2.2: Selected LGAs for the Assessment	Ibadan NW
	Table 2.2: Selected LGAs for the Assessment	Jobele

Table 2.3: Sample Size (N=450)

Method	Classification	Sample Size
KII Total=18 participants	Ministry Staff (Health, NOA, Education)	3
	Media (Television and Radio stations)	3
	Civil Society Organization (CSO)	3
	HACEY Staff	3
	Law Enforcement (Nigeria Security and Civil Defence Corps (NSCDC))	3
	Community-Based Organizations	3
	Total	18
FGD= 54 participants (6 participants per FGD)	Community Leaders	3
	Women	3
	Religious leaders	3
	Total	9
Questionnaire 378 respondents	Household heads	126
	Young girls	126
	Young boys	126
	Total	378
GRAND TOTAL		450

Table 2.4: Sampling distribution per state

Method	Classification	Sample Size	
		Intervention	Control
KII Total=6 participants	Ministry Staff (Health, NOA, Education)	1	0
	Media (TV stations, Radio stations)	1	0
	Civil Society Organization (CSO)	1	0
	HACEY Staff	1	0
	Law Enforcement (Nigeria Security and Civil Defense Corps (NSCDC))	1	0
	Community-Based Organizations	1	0
	Total	6	0
FGD= 18 participants (6 participants per FGD)	Community leaders	1	0
	Women of reproductive age	1	0
	Religious leaders	1	0
	Total	3	0
Questionnaire 126 respondents	Household heads	21	21
	Young girls	21	21
	Young boys	21	21
	Total	63	63
GRAND TOTAL		87	63

Table 2.5: Sample size for each instrument

State	Instruments			
	KII	FGD (Participants)	Questionnaire	Total
Oyo	6	3 (18)	128	152
Osun	6	3 (18)	130	154
Ekiti	6	3 (18)	135	159
Total	18	9 (54)	393	465

Table 2.6: Measurement for Each Instrument

Objectives	Target Population	Instruments
Evaluate the effectiveness, relevance, efficiency, sustainability, knowledge generation and impact of the entire Stop Cut project in protecting women and girls from FGM in the project state	Women leaders; Head of Households, Young girls and boys, community and religious Leaders, and CSOs. Other target populations are media personnel, law enforcement workers (NSCDC), government staff (Ministry of Health/Education/NOA), and HACEY Staff.	KII, Questionnaire, and FGD
Identify key lessons and promising or emerging good practices in protecting women and girls from FGM for learning purposes	Women, community, religious leaders, CSOs, media personnel, law enforcement workers (NSCDC), government staff (Ministry of Health/Education/NOA), and HACEY Staff.	KII

CHAPTER THREE

RESULTS

"STOPCUT WAS A PROJECT THAT TOOK CARE OF, ENLIGHTENED AND OPENED PEOPLE'S EYES TO THE DANGERS IT CAN BRING TO THE FUTURE OF CHILDREN AND TO BE ABLE TO PREVENT TRANSMISSION OF DISEASES AND THE WICKED ACT OF NONCHALANT ATTITUDE. ..."

3.1 Socio-Demographic Characteristics

Table 3.1a below shows the socio-demographic characteristics of the quantitative respondents. A total of 393 questionnaires were administered, giving a response rate of 104.0%. The socio-demographic characteristics of the respondents are shown in Table 3.1 below. A little above half (52.7%) and 47.3% of the respondents were from the intervention and control groups. The age range of the intervention ranged from 18-89 years with a mean age of 30.9±17.8 years, while the age range of the control ranged from 18-76 years with a mean age of 28.5±12.7 years. More than half (64.3%) and 60.8% of the intervention and control groups were between 18 and 24 years old. Most (59.9%) and 59.7% of the respondents in the intervention and control groups were males (p= 0.964). Most (63.8%) and 59.7% of the respondents in intervention and control groups were single (p=0.596). The majority (95.7%) and 94.6% of the respondents in intervention and control groups were from the Yoruba tribe (p=0.300). Furthermore, only 19.3% and 32.8% of the respondents from the intervention and control groups have tertiary education. (p= 0.007).

Table 3.1b also shows the socio-demographic characteristics of the qualitative participants. Seventy-two respondents/participants, with more than half (55.6%) females, 15.3% had a master's degree, married (84.7%), and 75.0% participated in FGD. Respondents' ages ranged from 24 to 75 years with a mean age of 38.58±10.1 years and 50.0% between 30 and 50 years.

3.1.1 Socio-Demographic Characteristics (Ekiti)
The socio-demographic characteristics of the Ekiti respondents are shown in Table 3.2 below. The age range of the intervention ranged from 18-80 years with a mean age of 29.8±15.8 years, while the age range of the control ranged from 18-76 years with a mean age of 27.2±12.9 years. Many (52.9%) and 50.7% of the respondents in the intervention and control groups were females, respectively (p= 0.799) (Fig 3.2). Likewise, (66.2%) and 62.7% of the respondents in both intervention and control groups were single (p=0.913). Almost half (49.2%) and 50.8% of the respondents in the intervention and control groups are from the Yoruba tribe (p=0.128). Furthermore, only (28.6%) and 71.4% of respondents from the intervention and control groups, respectively, had a tertiary level of education (p= 0.000).

3.1.2 Socio-Demographic Characteristics (Osun)
The socio-demographic characteristics of the Osun respondents are shown in Table 3.3 below. The age range of the intervention ranged from 18-80 years with a mean age of 30.9±19.2 years, while the age range of the control ranged from 18-63 years with a mean age of 27.6±11.8 years. Some (33.8%) and 35.4% of the respondents in the intervention and control group were respectively female (p= 0.854) (Fig 3.3). Likewise, (64.6%) and 52.3% of the respondents in both intervention and control groups were single (p=0.185). The majority (95.4%) and 96.9% of the respondents in the intervention and control groups are from the Yoruba tribe (p=0.310). Furthermore, only (15.4%) and 20.0% of respondents from the intervention and control groups, respectively, had a tertiary level of education (p= 0.404)

3.1.3 Socio-Demographic Characteristics (Oyo)
The socio-demographic characteristics of the Oyo respondents are shown in Table 3.4 below. The age range of the intervention ranged from 18-89 years with a mean age of 31.10±18.4 years, while the age range of the control ranged from 18-58 years with a mean age of 31.2±13.2 years. Some (33.8%) and 33.3% of the respondents in the intervention and control group were respectively female (p= 0.958) (Fig 3.4). Likewise, (60.8%) and 64.8% of the respondents in both intervention and control groups were single (p=0.644). All (100.0%) and 90.7% of the respondents in the intervention and control groups are from the Yoruba tribe (p=0.028). Furthermore, only (12.5%) and 10.2% of respondents from the intervention and control groups, respectively, had a tertiary level of education (p= 0.774)

EFFECTIVENESS, RELEVANCE, EFFICIENCY, SUSTAINABILITY, KNOWLEDGE GENERATION AND IMPACT OF THE ENTIRE STOP CUT PROJECT IN PROTECTING WOMEN AND GIRLS FROM FGM IN THE PROJECT STATES

3.2 Knowledge of Stop Cut Project

3.2.1 About the STOP CUT project: Almost all the KII respondents across the three States mentioned that the STOP CUT project is a program that was created to end female genital mutilation in the State. It was further mentioned that collaboration was made with the necessary stakeholders like the ministries, media, law enforcement agencies, etc. Community gatekeepers, religious leaders and traditional leaders were also engaged in advocacy; they all usually came together for the smooth conduct of the project. Majority of the FGD participants also said the STOP CUT project was a project that took care of, enlightened and opened people's eyes to the dangers FGM brings to the future of the children and to be able to prevent the transmission of diseases and the wicked act of carefree attitude. Some participants said the STOP CUT project taught them to stop circumcising their daughters. Few further described the Stop Cut project as an intervention that creates awareness and sensitization on the risk and danger of mutilating female children through sensitization in secondary schools, religious houses, and markets. One participant from Osun State specifically said;

"STOPCUT was a project that took care of, enlightened and opened people's eyes to the dangers it can bring to the future of children and to be able to prevent transmission of diseases and the wicked act of nonchalant attitude. They did a lot of things. They also visited different worship centers: mosques, churches, and schools to enlighten the children. They gave them a lot of things that will make them remember and desist from the act. They went to public places like markets and so on. So, the project was very useful, and they did a lot of work. They have been on it for a long time, and it was continuous to check if we have been making progress."

3.2.2 Activities carried out: Almost all the KII respondents in Osun State mentioned numerous activities like training of stakeholders, advocacies, media sensitization, and outreaches, among others, as activities carried out when implementing the STOP CUT project. In Ekiti State, all the stakeholders reported that

Table 3.1a: Socio-Demographic Characteristics (Quantitative)

Variables	Intervention N (%)	Control N (%)	X^2	P-value
States				
Ekiti	68 (32.9)	67 (36.0)		
Osun	65 (31.4)	65 (34.9)	2.016	0.365
Oyo	74 (35.7)	54 (29.0)		
Age				
18-24	133 (64.3)	113 (60.8)		
25-39	22 (10.6)	28 (15.1)	1.734	0.420
40 and above	52 (25.1)	45 (24.2)		
Mean age	30.9 ± 17.78	28.5 ± 12.67		
Gender				
Male	124 (59.9)	111 (59.7)	0.002	0.964
Female	83 (40.1)	75 (40.3)		
Marital status				
Single	132 (63.8)	111 (59.7)		
Married	73 (35.3)	74 (39.8)	1.036	0.596
Widowed	2 (1.0)	1 (0.5)		
Ethnicity				
Hausa	0 (0.0)	2 (1.1)		
Igbo	2 (1.0)	4 (2.2)	3.667	0.300
Yoruba	198 (95.7)	176 (94.6)		
Others	7 (3.4)	4 (2.2)		
Level of education				
Primary	28 (13.5)	29 (15.6)		
Secondary	138 (66.7)	94 (50.5)	11.974	0.007
Tertiary	40 (19.3)	61 (32.8)		
None	1 (0.5)	2 (1.1)		
Religion				
Christianity	116 (56.0)	120 (64.5)		
Islam	89 (43.0)	65 (34.9)	3.028	0.220
Traditional	2 (1.0)	1 (0.5)		
Occupation				
Civil/public servant	11 (5.3)	13 (7.0)		
Unemployed	15 (7.2)	18 (9.7)		
Self-employed	78 (37.7)	76 (40.9)	2.748	0.601
Retired	7 (3.4)	4 (2.2)		
Students	96 (46.4)	75 (40.3)		
Household				
0-5	18 (8.7)	24 (12.9)		
6-10	6 (2.9)	4 (2.2)	1.973	0.373
11 and above	183 (88.4)	158 (84.9)		

Table 3.1b: Socio-demographic characteristics (Qualitative)

Socio-demographic (N=72)	No	%
Age*		
20-34	28	38.9
35-50	36	50.0
51 and above	8	11.1
Gender		
Male	32	44.4
Female	40	55.6
Marital Status		
Single	5	6.9
Married	61	84.7
Separated/Divorced	2	2.8
Widow/Widower	4	5.6
Educational Qualification		
Secondary	11	15.3
OND/NCE	23	31.9
HND/BSc	27	37.5
Masters	11	15.3
Methods		
FGD	54	75.0
KII	18	25.0
Religion		
Christianity	41	56.9
Islam	31	43.1

Table 3.2: Socio-Demographic Characteristics (Ekiti)

Variables	Intervention N (%)	Control N (%)	X^2	P-value
Age				
18-24	47 (69.1)	45 (67.2)		
25-39	5 (7.4)	2 (3.0)	0.176	0.413
40 and above	16 (23.5)	20 (29.9)		
Mean age	29.8 ± 15.8	27.2 ± 12.9		
Marital status				
Single	45 (66.2)	42 (62.7)		
Married	22 (32.4)	24 (35.8)	0.183	0.913
Widowed	1 (1.5)	1 (0.5)		
Ethnicity				
Hausa	0 (0.0)	2 (3.0)		
Igbo	1 (1.5)	0 (0.0)	5.691	0.128
Yoruba	62 (91.2)	64 (95.5)		
Others	5 (7.4)	1 (1.5)		
Level of education				
Primary	2 (2.9)	3 (4.5)		
Secondary	52 (76.5)	29 (43.3)	15.724	0.000
Tertiary	14 (20.6)	35 (52.2)		
None	0 (0.0)	0 (0.0)		
Religion				
Christianity	64 (94.1)	54 (80.6)		
Islam	4 (5.9)	12 (17.9)	5.840	0.054
Traditional	0 (0.0)	0 (0.0)		
Occupation				
Civil/public servant	8 (11.8)	9 (13.4)		
Unemployed	8 (11.8)	12 (17.9)		
Self-employed	25 (36.8)	24 (35.8)	1.404	0.844
Retired	1 (1.5)	1 (1.5)		
Students	26 (38.2)	21 (31.3)		
Household				
0-5	4 (5.9)	6 (9.0)		
6-10	0 (0.0)	0 (0.0)	0.465	0.495
11 and above	64 (94.1)	61 (91.0)		

Table 3.3: Socio-Demographic Characteristics (Osun)

Variables	Intervention N (%)	Control N (%)	X^2	P-value
Age				
18-24	45 (69.2)	42 (67.7)		
25-39	3 (4.6)	8 (1.5)	2.501	0.286
40 and above	17 (26.2)	15 (30.8)		
Mean age	30.9 ± 19.2	27.6 ± 11.8		
Marital status				
Single	42 (64.6)	34 (52.3)		
Married	22 (33.8)	31 (47.7)	3.370	0.185
Widowed	1 (1.5)	0 (0.0)		
Ethnicity				
Igbo	1 (1.5)	2 (3.1)	2.341	0.310
Yoruba	62 (95.4)	63 (96.9)		
Others	2 (3.1)	0 (0.0)		
Level of education				
Primary	16 (24.6)	17 (26.2)		
Secondary	39 (60.0)	33 (50.8)	2.922	0.404
Tertiary	10 (15.4)	13 (20.0)		
None	0 (0.0)	2 (3.1)		
Religion				
Christianity	28 (43.1)	33 (50.8)		
Islam	35 (53.8)	32 (49.2)	2.544	0.280
Traditional	2 (3.1)	0 (0.0)		
Occupation				
Civil/public servant	0 (0.0)	3 (4.6)		
Unemployed	0 (0.0)	1 (1.5)		
Self-employed	21 (32.3)	27 (41.5)	7.696	0.103
Retired	1 (1.5)	3 (4.6)		
Students	43 (66.2)	31 (47.7)		
Household				
0-5	8 (12.3)	12 (18.5)		
6-10	3 (4.6)	3 (4.6)	0.954	0.621
11 and above	54 (83.1)	50 (76.9)		

Table 3.4: Socio-Demographic Characteristics (Oyo)

Variables	Intervention N (%)	Control N (%)	X^2	P-value
Age				
18-24	41 (67.6)	26 (67.9)		
25-39	14 (6.8)	18 (11.3)	3.615	0.164
40 and above	19 (25.7)	10 (20.8)		
Mean age	31.10 ± 18.4	31.2 ± 13.2		
Marital status				
Single	45 (60.8)	35 (64.8)		
Married	29 (39.2)	19 (35.2)	0.214	0.644
Ethnicity				
Igbo	0 (0.0)	2 (3.7)	7.130	0.028
Yoruba	74 (100.0)	49 (90.7)		
Others	0 (0.0)	3 (5.6)		
Level of education				
Primary	10 (13.5)	9 (16.7)		
Secondary	47 (63.5)	32 (59.3)	1.113	0.774
Tertiary	16 (21.6)	13 (24.1)		
None	1 (1.4)	0 (0.0)		
Religion				
Christianity	24 (32.4)	33 (61.1)		
Islam	50 (67.6)	21 (38.9)	10.395	0.001
Occupation				
Civil/public servant	3 (4.1)	1 (1.9)		
Unemployed	7 (9.5)	5 (9.3)		
Self-employed	32 (43.2)	25 (46.3)	4.498	0.343
Retired	5 (6.8)	0 (0.0)		
Students	27 (36.5)	23 (42.6)		
Household				
0-5	6 (8.1)	6 (11.1)		
6-10	3 (4.1)	1 (1.9)	0.787	0.675
11 and above	65 (87.8)	47 (87.0)		

Fig.3.2: Respondents' Gender (Ekiti State)

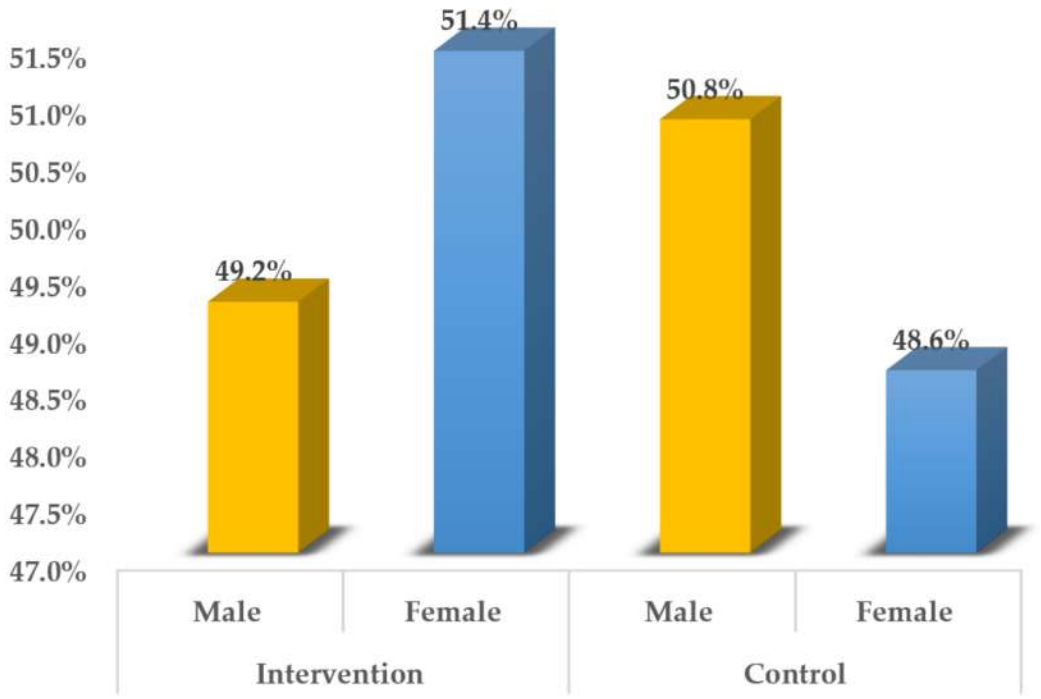


Fig.3.3: Respondents' Gender (Osun State)

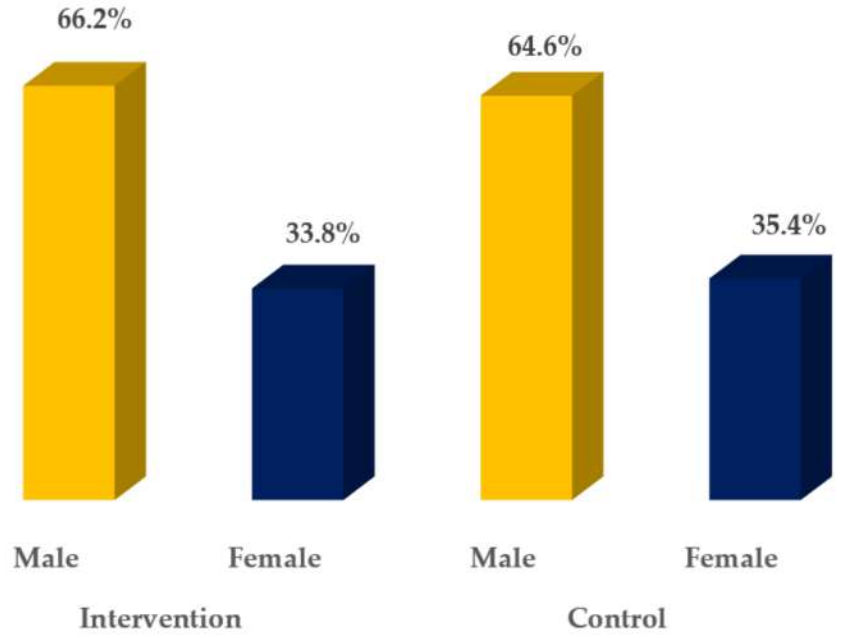
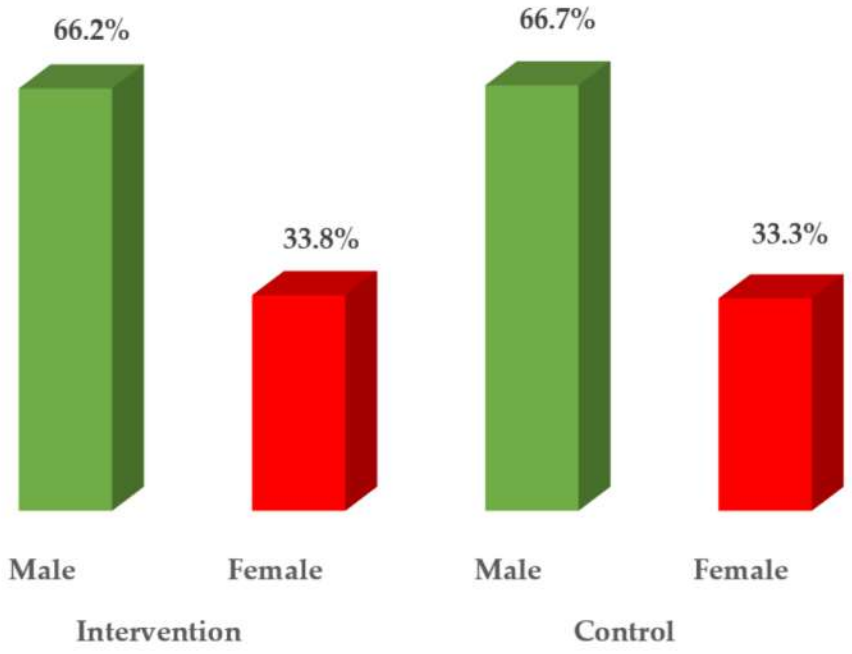


Fig. 3.4: Respondents' Gender (Oyo)



advocacy, partnering, and a series of workshops, seminars and boot camps were organized during the project. In Oyo State, many respondents stated that they participated in the advocacy visits to gather stakeholders and sensitize them on female genital mutilation. A government official in Oyo State said;

"...Okay, again we were, you know, there was a kind of three-day workshop at a hotel in Oyo, I've forgotten the name, in which they brought all stakeholders together and were taught, it was a 3day workshop, and so on many things, peopl were brought from the relevant field to enlighten us, put more enlightenment and teach us on some of the practices, the best way to stop it and how some countries all over the world has been able to fight this war in FGM."

Almost all the FGD participants in Oyo State reported that rallies, awareness of the dangers of FGM, the benefit of not cutting girl-child, and prohibition of girl-child circumcision, among others, as activities carried out by the project which had helped in curbing the practice of FGM. Some participants added that the law was enforced to arrest anyone caught practicing FGM and be sentenced to jail. In Ekiti State, participants reported that house-to-house sensitization, awareness of dangers of FGM, mobilization & training of adolescents to step down information, among others, as activities carried out by the project, had helped reduce the practice of FGM in their communities. One of the participants specifically said;

"They have done a lot of activities, so we rallied round the communities including all heads of the community, the people in the churches, the Imam, so we told them that female genital mutilation has become punishable, that anyone who the government catches performing female genital mutilation is going to jail and will also pay fine, and I thank God all the mothers and fathers are becoming knowledgeable about what we are educating them on because most of them already saying that female genital mutilation is punishable and that there is punishment and a lot of people are putting an end to it now. Many people are stopping now with all the efforts of those who started the project, especially our oga, Iya Ajayi. They performed extremely well on this project, which has reaped many benefits to all the communities."

3.2.3 Implementation process: In Osun State, a few KII respondents reported that a baseline finding was first conducted after the capacity building was done for stakeholders and at the community level. In Osun State, most respondents stated that they educated young children and market women on female genital mutilation, debunking cultural myths and their rights to refuse this practice to be done. It was also reported that the children participated in essay contests to educate them on female genital mutilation and the VAPP law. It was also reported that during the project implementation, reviews were executed to measure the impact made on the project. In Oyo State, most of the participants mentioned that the project was implemented by the Stop Cut team firstly by going to the community leaders and letting them know what the project was all about, then having rallies at the market, religious houses and hospitals, among others on how to stop FGM. Intense awareness and sensitization were also done among community people. Also, in Ekiti State, it was reported that the baseline survey was carried out first to check the incidence and prevalence rate of the practice. There was an engagement of stakeholders, which was done in the form of a round-table discussion to disseminate the survey's findings. After which, the workshop and seminars were done. After all these, the creation of awareness was carried out. A security official said;

"So the baseline survey was just like to check for the level or the situation of female genital mutilation at the time before the project, where we need to put more strategies into place, to eradicate the practice so after the baseline survey, a stakeholders' roundtable was held where the findings from the research were disseminated to them."

Some FGD participants mentioned that the project was implemented by printing banners and fliers to create awareness in the market, religious houses, and hospitals. A religious leader specifically said;

"We have fliers, banners and even awareness for the necessary places to be informed, like hospitals, mission houses, churches etc. Those who need to know about it we have explained to them. We've told them the merits and demerits to know, and we have stated the fines that will follow and the penalty that if you don't do this, this will happen to you. And we've been hearing it here and there on the radio that if you do this, this will happen to you. So we have to call them together and let them know what they heard on the radio is true and whenever you do this that's how it will be for you. So that's what I'll say."

3.2.4 Roles in the project implementation: Two of the respondents in Osun State mentioned creating awareness and dissemination of information as their role in the project implementation. Other identified roles in implementation are; prosecution of existing law on Violence Against Person Prohibition (VAPP), getting feedback from the community through the radio program, advocacy visits, and capacity building for community leaders, among others. One of the respondents specifically said;

"I'll pick it from the policy and the community level. Let me start with the traditional rulers. During our visit, we pay an advocacy visit to our traditional ruler to discuss the purpose of the project and to let them understand that we are in their community, and we want to seek their support to ensure that practice in their community comes to an end. And then the community leaders as well; the essence of bringing the community leaders together is because you know they are the leaders in the community, and people listen to them. We build their capacity to go around in their community, telling people about the danger in practice and the law involved. We did a boot camp in Oyo State comprising the three states, right, where we invited the 'Olulas' (i. e the circumcisers), the community leaders, and the religious leaders. We invited all the stakeholders in the states. You understand now, building series of capacity building concerning the understanding of FGM, concerning the policy and the law, telling them how they can advocate seeing that we end the practice in the society."

Majority of the FGD participants also said they were summoned together with the politicians and Chiefs to the local government secretariat, and they were part of those that play a major role in project implementation. One of the participants said;

"They summoned the politicians and Chiefs to Local Government Secretariat, in one hall there, and I was part of those that were present in that meeting; we were made to know that all the seminars rendered to us, we must all go back as a politician to spread the news in our ward, as Chief, in the community and as a Muslim Cleric, to go back to the Mosque and spread the news. I followed the part of the politician, and from time to time, it has been a daily message in our ward, to the extent that no community could say they've not heard about it, and our Chiefs also aided us."

In Oyo State, the KII respondents mentioned advocacy, community mobilization, project approval, and prosecution of offenders of female genital mutilation as their roles in the project implementation. A security official specifically said;

"We get people persecuted. We still have one or two cases in the court that the case has not been closed. We have not concluded it."

Almost all the FGD participants also mentioned that their major role in the project implementation was the dissemination of information to family, friends and other community people, creation of awareness in religion houses, house-to-house and social gatherings on the impact and risk FGM has on girl-child, publicity through customized incentives, among others. A religious leader specifically said;

"We are still creating awareness in religious settings. All the religious setting on the days of service still include it in the announcements to make those that are still conceiving that even though what they are doing at the health centers are good and a remainder to put an end to mutilating female child, any gathering we get whether it is an open crusade or a meeting of the religious leaders whether CAN or PFN, There is no place we won't announce it because if we didn't accept to collaborate with them when they came a few years ago we would have told them it was impossible but when our late King Lamide III, may his soul rest in peace. As far as he has agreed and accepted it, it is a must that every religious leader must accept the awareness and stop the practice of female genital mutilation, which is also the role we are currently playing in the project."

Few of the project stakeholders in Ekiti State stated that they were advocates for female genital mutilation when asked about their involvement throughout project implementation. Additionally, it was noted that workshops and capacity-building programs were conducted to support other stakeholders in their efforts to oppose female genital mutilation. Furthermore, a stakeholder reported that campaigns through radio stations and social media were created to create awareness. It was reported that a write-up was made, and an organization partnered with the HACEY Health initiative to implement the project. Almost all of the FGD participants mentioned that their role in the project implementation was the dissemination of information, creation of awareness in religion houses, house-to-house, social gatherings and sensitization for midwives on the impact and risk of FGM on girl-child.

3.2.5 Challenges during implementation: Almost all the KII respondents in Osun State mentioned that the major challenge was changing people's belief that FGM is a culture or normal tradition that should be done on female children. Some also added that there is difficulty in reaching some communities regarding transportation. One of the respondents specifically said;

"I can say that you know there is no way you can implement a project without challenges. Transportation from the State capital to the communities is part of the challenges they faced. You know most roads are bad, and the partner can do nothing. It is part of the government, and most of the roads are not motorable, and when we get to the communities at times, part of the challenges is demanding from the people in the community. They demand a lot and think we need to give them something, but despite all those things, we persuade them. That is how we go on, persuade them and at the end of the day, we gather them together and calm their nerves, and they listen to us."

Other challenges faced during implementation were hostile behaviors from touts and street boys in the community if they were not given money and reluctance from community people to report cases to law enforcement agencies due to their close relationship. Majority of the FGD participants said there were no challenges during the implementation.

In Oyo State, the KII respondents listed a variety of difficulties encountered, such as moving to a rural area, cultural challenges, being unable to speak out against FGM among those still practicing it, time constraints preventing the timely processing of the letters of approval, and a lack of transportation resources (logistics) to get people from outside of Ibadan to the police headquarters. One of the government officials said;

"Yes, the time frame is one of the challenges; a letter may be brought in a day to the program or two, three days to the program, you know the bureaucracy that once a letter gets to your table, it has to be passed to my deputy direction desk, then director desk, then PS desk before it gets to the Honorable commissioner desk."

All the FGD participants mentioned that the challenge they faced was the hostile behavior of the community people when they started awareness. It was also mentioned that FGM being an ancient practice, had made some people see it as culture and tradition, making it difficult for them to accept the project. Some participants also mentioned a denial of acceptance from circumcisers in the community as it was seen as trying to end their means of livelihood. One of the participants specifically said;

"We faced many problems implementing this project, especially in my ward and community. I remember the day I went to the hospital to create awareness of FGM; a woman told us that her child had to be mutilated because her in-laws won't be allowed to sleep in the house. She said it is a family tradition for her household that her girl would die if she didn't do it."

Another participant also said;

"The challenges we faced are many. For example, a circumciser in my area said he could never stop it because it is a work he inherited from his ancestors. Who will tell him to stop it? So we told him about the dangers and the punishments involved. He reported to me to the community that I said he should not work again until the community head told him about the punishment, and he was like; is that true? I told him it was true. So I took the materials used at the program to him and showed him the pictures of the wounded vagina. I also explained the dangers to him. Since then, he didn't do it again. So again, I traced him a few days later; he said he was not doing it again. It has many challenges because it took me about 3 months to follow up with him."

Half of the KII respondents in Ekiti State reported that convincing the people has been difficult. It was also reported that backlash and insults were received from the people during implementation. One of the respondents said;

"...let me say the elderly ones, between the ages of, let me say 60 above, to convince them when it comes maybe one-on-one sensitization in the community, to convince those grandmas is very difficult. Once it has stuck to their brains when they are young, you understand what I'm saying now."

Only a few respondents noted that one of the challenges encountered during implementation was that stakeholders and other people anticipated money or other forms of incentives. Nevertheless, few respondents reported that no challenges were faced during the implementation. Almost all the FGD participants mentioned the challenge of facing hostile and abusive behavior from some community people when they started awareness to stop FGM.

It was also mentioned that FGM being an ancient practice, had made some people see it as culture and tradition, making it difficult for them to accept the project. Few participants also mentioned the absence of monetary incentives, especially for transport, as part of the challenges. One of the participants specifically said;

"We used to tell our STOP CUT representatives in Ekiti State that our program is not profitable but humanitarian. But some times, people going out need incentives to encourage them to go out more, e.g. transport fare, if I'm being given money and I've spent it, but I know that I was told to do a particular work. The money I'm spending would be like a reminder to me. I did tell them that, truly, you may tell people to go out to do this to do that you may say truly. Still, someone that goes out daily and uses their own money for the transport fare to enlighten people, I said once in a while those representatives should be compensated maybe for transport. Truly they are trying by giving their representatives, they called them focal persons, mobile phones to record people they talked to but that's not enough they should be given incentive money for them to go where they intend to go, which will encourage them to do more. Then we also told them some times ago the people that were given mobile phones; we have some people we called health educators, those health educators are the ones that go out mostly, they promote the program in the society often, these are the type of people that need the phones or even camera to record things they have done and would be submitted not a personal phone that all the things that have been recorded would be deleted. The phone would be purposely for work. There won't be anything like deleting because of space. It's part of the challenges we face."

Other challenges faced are the lack of megaphones for announcing, bad roads leading to hard-to-reach areas and no customized vehicle for moving around when creating awareness.

3.2.6 What would have been done differently:
When asked what should have been done differently, the KII respondents in Osun State mentioned that sensitization should have been done in secondary schools apart from training the parents. Also, Magistrates and health workers at the facilities should have been trained. All the FGD participants said what they should do to get more effective is not to relent in publicizing it and reach out to the Nursing Mothers that usually bring their babies for Immunization every Tuesday, to establish the fact about it. One of the participants said:

"Should reach out to the Nursing Mothers, that usually bring their babies for Immunization every Tuesday, to establish the fact about it, and also to get the health care workers at the facilities in all the Maternity in all the wards integrated into the FGM project beyond people that have been involved so far, their full involvement will allow the effectiveness and widespread impact of the project."

In Oyo State, it was reported that campaigns should be taken to rural settings, stage play showcasing the dangers of FGM should be rendered, and jingles & adverts should be done in the native language. One of the respondents specifically said;

"There should be stage play showcasing the inherent danger in engaging in the female genital mutilation then you know they do sponsor or advert, or jingles or it should be done in native languages you know Oyo State."

Also, it was stated that one thing that must be done differently is by educating the male and female children. A respondent mentioned that the project should be done ahead of time and the letter should be submitted early. Lastly, it was reported that more strategies should be employed, especially in whistleblower protection. Almost all the FGD participants reported that although the Stop Cut project team had tried creating awareness, publicity could have been done differently. It was mentioned that instead of using a private radio station, a government own broadcasting station would have been used; a house-to-house visit was also advised because people in rural areas don't have access to media. Few also mentioned that each community were supposed to have mobilizers, especially places that vehicle couldn't reach. One of the participants specifically said;

"My additional comment is this program is going gradually, as it started from the health care provider, made it easy because you know they are the ones attending to the nursing mothers, newly born mothers, and they listen to the instruction given to them by the healthcare provider, so the healthcare provider should not quit telling them more on StopCut, all of the mothers, all come for different reasons either for immunization or for treatments because before we don't use to collect immunization but with the help of advert and getting to understanding it now everybody is

collecting it, there is even one in my neighborhood here when passing there in the morning to work you will see a lot of nursing mother there because of the advert that they heard about the immunization."

In Ekiti State, it was reported that a stipend should be given to community influencers. Adolescent girls as gender champions should be elected and work hand in hand with the community influencers. Furthermore, it was also reported that a follow-up should have been done after the advocacy visit to check what actions had been taken by the stakeholders. Additionally, it was reported that house-to-house sensitization should be conducted, more people should be involved in creating awareness, and alternative communication strategies could be employed. One of the respondents mentioned that more fliers should have been done to reach more people. A respondent said;

"I think HACEY is doing a good job, but I would have loved that there were more people that are involved even in their preaching against this FGM practice because, for instance, I think people are not, I think people, although the awareness is much we can still do more, I think we can still go to radios, we can still use the television, we can still use the internet to disseminate information about these dangers of FGM."

3.3 Knowledge of Female Genital Mutilation

Table 3.6 shows the knowledge of respondents on Female Genital Mutilation. Most (70.0%) and 44.6% of the respondents in intervention and control groups, respectively, had good knowledge of FGM (p=0.000) (Fig. 3.5). The mean knowledge score of respondents in intervention and control groups was 7.6±2.6 and 7.2 ±2.9 respectively. Majority (80.2%) and 63.4% of the respondents in intervention and control groups, respectively, knew that FGM is dangerous, and 77.8% and 72.0% of intervention and control groups knew that FGM practice in Nigeria is illegal. Some (23.2 %) and 21.2% of the respondents in the intervention and control groups reported that uncircumcised women could get more infections (p= 0.0004). Most (65.2%) and 43.2% of the respondents in the intervention and control groups knew that FGM causes pain during intercourse (p=0.000). Furtherly, 24.2% and 20.4% of the intervention and control groups said FGM could not cause cancer. Also, 63.3% and 46.8% of the respondents in both intervention and control groups knew that mutilated women were likely to suffer from urinary problems (Table 3.6).

In Osun State, one-third of the KII respondents reported that FGM practice is about either partial or total removal of female genitalia for non-medical reasons. Almost all of the KII respondents also reported that FGM practices before were seen as a normal practice expected of all families with a girl-child in the olden days because it's seen as culture, and whoever family was found not doing it was always seen as being promiscuous and wayward. However, the majority added that there had been some changes over the years due to the intervention of foreign bodies & NGOs. Most of the FGD participants also in Osun State said FGM causes a lot of bad things for the women involved because it is very dangerous, and the dangers in it make the delivery of babies hard for women. Also, some females who undergo FGM may experience blood being unclothed, FGM always makes the husband who undergoes it does not enjoy their wife, so it is not good for a female child to go through FGM. In addition, some participants say FGM is an act of primitivism and ignorance by people to circumcise female children. It is even against the will of God because God does not want female children to be circumcised. One of the community leaders said;

Many people that carry out FGM carry out circumcision, but with the level of awareness and sensitization, the act has reduced drastically; FGM usually causes prostitution and causes parents to lose the power of parenthood on their child. If we also look at it in other ways, some diseases can be incurred through the act and can cause infections many times".

In Oyo State, some of the KII respondents reported that there had been a reduction in the cases of FGM in Oyo State. The stakeholders attributed this reduction to awareness and enlightenment. Nonetheless, it was also mentioned that the practice is still highly significant in Oyo State because FGM is still being practiced secretly, making reporting difficult. Almost all the FGM participants mentioned that the FGM practices in their communities had been on high end before the HACEY project because it was believed that a girl child must be circumcised to prevent promiscuity and itching of the private part. Most participants also mentioned that cutting the female child had been an ancient and common practice passed down over generations, and it has not been easy to eradicate its existence. A religious leader said;

Table 3.5 Knowledge of STOP CUT Project

Questions	Findings
About the STOP CUT project	STOP CUT project is a program that was created to end female genital mutilation in the State in collaboration with the necessary stakeholders like the ministries, media and law enforcement agencies. Community gatekeepers, religious leaders and traditional leaders were also engaged in advocacy for the smooth conduct of the project. It was a project that took care of, enlightened and opened people's eyes to the dangers FGM brings to the future of the children, the ability to prevent the transmission of diseases, and the wicked act of carefree attitude. Furthermore, the Stop Cut project is an intervention that creates awareness and sensitization on the risk and danger of mutilating female children through sensitization in secondary schools, religious houses, and markets.
Activities carried out	Sensitization and training of stakeholders, advocacies, media sensitization, outreaches, rallies, awareness of the dangers of FGM, the benefit of not cutting girl-child, and prohibition of girl-child circumcision, law enforcement, house-to-house sensitization, mobilization & training of adolescents to step down information. Partnering, workshops, seminars, and boot camps were also organized during the project.
Implementation process	Baseline finding was first conducted to check the incidence and prevalence rate of the practice, after which stakeholders were engaged, which was done in the form of a round-table discussion to disseminate the survey's findings. Capacity building was also done for stakeholders at the community level, and they were also informed about what the project was all about. Young children and market women were educated on female genital mutilation, and children also participated in essay contests on FGM and VAPP law. Others include debunking cultural myths and their rights to refuse the practice to be done, reviews to measure the impact made on the project, rallies, printing of banners and fliers to create awareness at the market, religious houses and hospitals on how to stop FGM and sensitization among community people
Roles in the project implementation	Creating awareness and dissemination of information, prosecution of existing law on Violence Against Person Prohibition (VAPP), getting feedback from the community through the radio program advocacy visits, capacity building for the community leader, community mobilization, project approval and publicity through customized incentives. Other roles mentioned are organizing workshops, campaigns through radio stations and social media, partnering with the HACEY Health initiative and sensitization for midwives on the impact and risk of FGM on girl-child.
Challenges during implementation	Changing people's belief that FGM is a culture or normal tradition, difficulty in reaching some communities regarding transportation, hostile behaviors from touts and street boys in the community if not given money, reluctance from community people to report cases to law enforcement agencies, being unable to speak out against FGM among those still practicing it, time constraints preventing the timely processing of the letters of approval and lack of transportation resources (logistics) from getting people from outside of Ibadan to the police headquarters. Others are denial of acceptance from circumcisers in the community, stakeholders and other people anticipating money or other forms of incentives, absence of monetary incentives, especially for transport and no provision of megaphones and customized vehicles for announcing and moving around when creating awareness.
What would have been done differently	Sensitization should have been done in secondary schools apart from training the parents, magistrates and health workers at the facilities should have been trained, not relenting in publicity and reaching out to the Nursing Mothers esp. on Immunization days, campaigns should be taken to rural settings, stage play showcasing the dangers of FGM should be rendered, jingles & adverts should be done in the native language, educating the male and female children, the project should be done ahead of time, and the letter should be submitted early. More strategies should be employed, especially in whistleblower protection. It was also stated that instead of using a private radio station, a government own broadcasting station would have been used; a house-to-house visit was also advised because people in rural areas don't have access to media, the community were supposed to have mobilizers, especially places that vehicle couldn't reach, stipend should be given to community influencers. Adolescent girls as gender champions should be elected and work hand in hand with the community influencers. Additionally, follow-up should have been done after the advocacy visit to check what actions had been taken by the stakeholders, alternative communication strategies could have been employed, and more fliers should have been done to reach more people.

Table 3.6 Knowledge of Female Genital Mutilation

Knowledge	Intervention N (%)	Control N (%)	X^2	P-value
Uncircumcised women get more infections. True False* Don't know	48 (23.2) 131 (63.3) 28 (13.5)	39 (21.0) 97 (52.2) 50 (26.9)	11.116	0.004
Female Genital Circumcision can cause infertility True* False Don't know	105 (50.7) 81 (39.1) 21 (10.1)	48 (25.8) 95 (51.1) 43 (23.1)	28.872	0.000
Female Genital Circumcision is legal in Nigeria. True False* Don't know	34 (16.4) 161 (77.8) 12 (5.8)	18 (9.7) 134 (72.0) 34 (18.3)	16.842	0.000
Female Genital Circumcision is not dangerous. True False* Don't know	31 (15.0) 166 (80.2) 10 (4.8)	46 (24.7) 118 (63.4) 22 (11.8)	14.454	0.001
Female Genital Mutilation does not cause painful intercourse. True False* Don't know	33 (15.9) 135 (65.2) 39 (18.8)	34 (18.3) 80 (43.0) 72 (38.7)	22.839	0.000
Female Genital Mutilation can cause severe bleeding. True False* Don't know	142 (68.6) 41 (19.8) 24 (11.6)	93 (50.0) 45 (24.2) 48 (25.8)	17.330	0.000
Women who have been mutilated are more likely to suffer from urinary problems. True* False Don't know	131 (63.3) 37 (17.9) 39 (18.8)	87 (46.8) 54 (29.0) 45 (24.2)	11.396	0.003
Female Genital Circumcision cannot cause cancer. True False* Don't know	50 (24.2) 117 (56.5) 40 (19.3)	38 (20.4) 83 (44.6) 65 (34.9)	12.282	0.002
Being circumcised makes no difference during childbirth. True False* Don't know	36 (17.4) 136 (65.7) 35 (16.9)	57 (30.6) 75 (40.3) 54 (29.0)	25.384	0.000
If the clitoris is not removed, it will grow large, like a penis. True False* Don't know	29 (14.0) 145 (70.0) 33 (15.9)	28 (15.1) 96 (51.6) 62 (33.3)	17.761	0.000
If the clitoris is not removed, the baby will die during delivery. True False* Don't know	19 (9.2) 161 (77.8) 27 (13.0)	16 (8.6) 125 (67.2) 45 (24.2)	8.190	0.017
Circumcised women are less likely to catch sexually transmitted infections. True False* Don't know	39 (18.8) 140 (67.6) 28 (13.5)	40 (21.5) 98 (52.7) 48 (25.8)	11.599	0.003

"Everything here is all about customs, we believe in things of the past, and that is how we are in Atiba Local Government. So, our take is that this female genital mutilation has been in ages in Atiba Local Government. It has been our practice for years and is hard to stop."

In Ekiti State, it was reported that FGM is the partial or total removal of the female genitalia part. The most common type of mutilation in Ekiti state reportedly is types 1 and 2. It was also reported that FGM is an abuse against women and the female child. The Media personnel in Ekiti state specifically said;

"The FGM practice is all about female genital mutilation, which I can describe as an abuse against women or female child, which is not supposed to be operational in a civilized environment."

Almost all the FGD participants reported that FGM practices had been practiced in the olden days before civilization. Some also added that FGM is removing some part of the female genital organ because it was believed that uncircumcised females would be promiscuous. One of the religious leader participants specifically said;

"There's not much about female genital mutilation, and again in the olden days, when everywhere was dark and civilization hadn't entered, we see that there was FGM, and we see that people doing it because they feel it would stop them from committing adultery and doing prostitution in the community. So our thinking then is that when we mutilate our female child, it will curtail their rate of adultery, so that's the little I know about female genital mutilation."

Another participant also said;

"We see that FGM in our community is an old culture. It is a tradition for our parents to circumcise a female child. We see that FGM goes from generation to generation, but for some years, we've been saying no to FGM, and people have been following that."

3.3.1 Incidence and prevalence of FGM before the STOP CUT project: All the KII respondents in Osun State mentioned that the situation of FGM before the Stop Cut project was rampant. Most respondents reported that the incidence and prevalence of FGM range from 70-77 per cent, according to the NDHS survey in 2013, before the Stop Cut project. A respondent specifically said;

"All that I can say is that with the effort of the Osun State government and a partner, especially HACEY Health Initiative, due to their effort and other partners and CSOs, the practice is now coming down in Osun State. You know before the prevalence rate was 76.6 based on the NDHS 2013".

Most of the FGD participants said the prevalence of FGM between now and then has reduced since the health workers have educated and sensitized us on this issue of FGM, and there has been a drastic reduction in the practice. Also, all those who worked as circumcisers had been reached and duly educated through the radio; some were invited to the seminar and told to stop the practice. One of the participants said;

"Most people into the circumcision business now don't know more about the work than before, not to mention indulging in it. Also, they've heard warnings through this program about it, whether from house to house or in the hospital; no one would love to indulge in such practice."

In Oyo State, all the KII respondents stated that the incidence and prevalence of female genital mutilation had been high before the inception of the STOP CUT project. One of the respondents said;

"...Before the STOP CUT project, it wasn't too good at all because Oyo, Ekiti, and Osun this some of the states that we have the predominance of the prevalence of FGM and we are worrisome."

Furthermore, it was also reported that before the STOP CUT project, female genital mutilation was not regarded as a crime. Most FGD participants mentioned that FGM practice had been rampant in the community before the STOP CUT project, and the prevalence was high. As cutting of girls has been an ancient practice and culture, it has an infinite incidence rate because almost all the girl-child were being circumcised before the STOP CUT project.

In Ekiti State, when asked about the situation in terms of the incidence and prevalence of female genital mutilation before the STOP CUT project, half of the KII respondents mentioned that the prevalence was high before the inception of the project. One of the respondents specifically said;

"...I will just say that FGM is most common in like six local governments in Ekiti State, which are Ado

local government, Ikere, and Ekiti west, extend to Ikole and Ido-Osi. Before the STOP CUT project, Ekiti State was around 57% prevalence in the Southwest."

It was also reported that there was no reporting of the FGM cases in Ekiti state before the project's inception. A respondent stated that;

"The prevalence rate was very high, and people were not coming out to make a report, but I think since the inception of HACEY, I think a lot has been done."

Most FGD participants mentioned that FGM practice had been rampant in the community before the STOP CUT project. The prevalence was high because the practice had existed since ancient civilizations.

3.3.2 Current situation of FGM: More than half of KII respondents in Osun State reported that there had been considerable changes in the practice of FGM because the majority of the community people are now aware of the risks of cutting female children due to the awareness and enlightenment done by the STOP CUT project. It was also added that the prevalence of FGM drastically reduced to 46 per cent, according to NDHS in 2018. A respondent specifically said;

"I think after the STOP CUT program, uh, the project came in few years after we had another survey, and that revealed that Osun State is now 45.9%, so that shows that the STOP CUT project and other little projects that are joining force together has work well for us."

Some of the FGD participants said the current situation in their community since these things have been happening had stopped it because they can now see what is not good about it. And the government enlightened them; it is something they can see as turning the children into the void and destroying their lives. One of the participants said;

"In this community, since these things have been happening, they have stopped it because we can now see what is not good about it. So since then, nobody has been doing it again in all the hospitals and respective homes. They have stopped it. Since then, there has been nothing like female circumcision again."

In Ekiti State, all the KII respondents said that the practice of female genital mutilation in the state of Ekiti had decreased. Also, it was stated that the project's initial efforts to raise awareness led to the practice's reduction. All the FGD participants also reported that the practice of FGM in their community had reduced after awareness and sensitization on the danger and risk the circumcised female went through. Some participants also added that the circumcisers who used FGM as a source of income were told to find another occupation and were compensated to stop the act. One of the women of reproductive health specifically said;

"We see that child circumcision in the olden days, culture has changed. Some years ago, especially when the STOPCUT initiative started awareness, we had people who helped us create awareness in schools. We have their representatives in our community with the government's support. They told us that there was a law and that anybody caught doing it will be fined. People have now accepted that because it is an ancient tradition, and we now operate under civilization, and everything is being done under civilization. Also, STOPCUT has stopped us from practicing FGM, and it has been broadcasted in churches; we have meetings with the mid-wives regularly, and we've seen there's a difference. Nobody is doing the FGM, and if we see people practicing it, which I doubt, that means the person has an elderly woman in secret because no health center does it again."

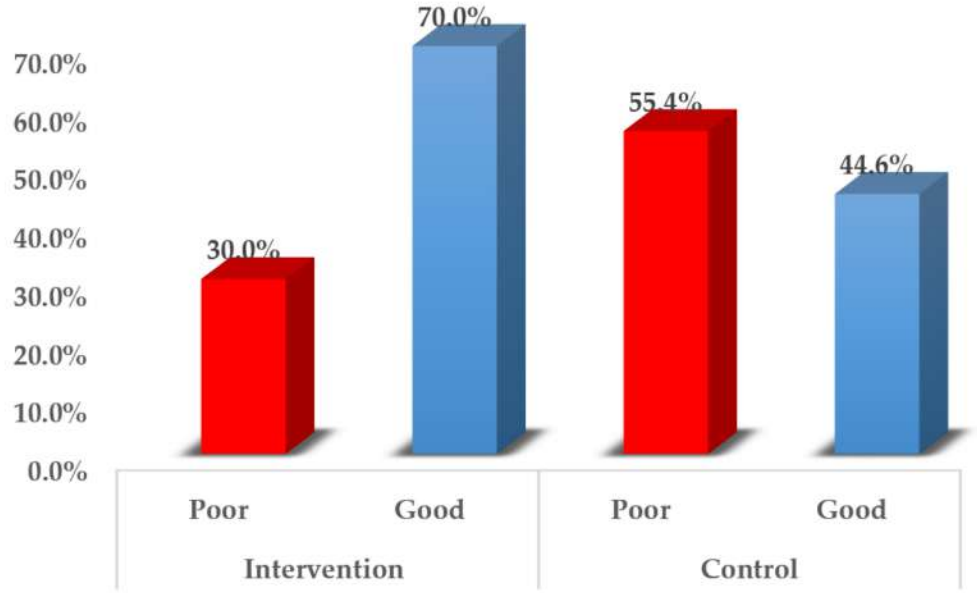
In Oyo State, all the FGD participants believed that the practice of FGM in their community has drastically reduced, thanks to the numerous and extensive awareness and sensitization done by the Stop Cut project towards eradicating the cutting of female child genital organs. Most of them added that the community people were now aware of the dangers of cutting their girl-child and the benefit of refraining from the act. Although it has not stopped, the participants also mentioned that the myths about uncircumcised female children as promiscuous had been gradually eradicated. A respondent who is a woman of reproductive age said;

"Mutilating females in our community, God has been helping us to end it. Since STOP CUT came to implement their project, there has been a reduction. Before now, the prevalence was on the high side. Even the circumcisers used it for income, but God has ended it. Since we have been told about mutilation and its harmful effects, like when pregnant women want to give birth and even the newborn will be affected in their private part (in which after they have been mutilated, they will cut them anyhow), and the pregnant women won't be able to give birth on their own, it is operation they do for most of them."

Table 3.7 Knowledge of Female Genital Mutilation

Questions	Findings
About Female Genital Mutilation	Most (70.0%) and 44.6% of the respondents in intervention and control groups had good knowledge of FGM (p=0.000). The mean knowledge score of respondents in the intervention and control groups was 7.6±2.6 and 7.2 ±2.9, respectively. FGM before the HACEY project was seen as a normal practice expected of all families with a girl-child in the olden days because its seen as culture, and whoever family was found not doing it was always seen as promiscuous, wayward and the said child would be itching her private part. It was mentioned to be of two types: the partial or total removal of female genitalia for non-medical reasons. FGM is also stated to be an act of primitivism and ignorance by people to circumcise female children. It's a form of abuse against women and the female child because it is very dangerous. The dangers in it make the delivery of babies hard for women; some females may experience unclothed blood, which makes the husband of a woman who undergoes it not enjoy their wife. It is also against the will of God because God does not want female children to be circumcised. However, it was believed that there had been some changes over the years due to the intervention of foreign bodies & NGOs because there had been a reduction in the cases of FGM due to awareness and enlightenment. Nevertheless, the practice is still highly significant because FGM is still being practiced secretly, making reporting difficult, and it has not been easy to eradicate its existence.
Incidence and prevalence of FGM before the STOP CUT project	The situation of FGM before the Stop Cut project was reported to be rampant, with the incidence and prevalence of FGM high, which range from 70-77 per cent, according to the NDHS survey in 2013. It was not considered a crime because almost all the girl-child was circumcised before the STOP CUT project. Still, it has reduced since the health workers have educated and sensitized us on this issue of FGM, and there has been a drastic reduction in the practice. Also, all those who worked as circumcisers had been reached and duly educated through the radio, while some were invited to the seminar and told to stop the practice.
Current situation of FGM	It was reported that there had been considerable changes in the practice of FGM and that the prevalence of FGM had drastically reduced to 46 per cent, according to NDHS in 2018 because the majority of the community people are now aware of the risks of cutting female children due to the awareness, sensitization and enlightenment done by the STOP CUT project and the government. It was also added that the circumcisers who used FGM as a source of income were told to find another occupation and were compensated to stop the action. The myths about uncircumcised female children as promiscuous had been gradually eradicated.

Fig. 3.5: Respondents' knowledge of FGM



3.4 Contributing Factors for Female Genital Mutilation

Table 3.8 show the contributing factors for Female Genital Mutilation. Majority (88.9%) and 86.0% of the respondents from intervention and control groups reported that cultural belief is one of the factors contributing to FGM (p=0.390). Some (30.9%) and 24.2% of the respondents from the intervention and control groups also reported that the belief that circumcised females get better marriage prospects is part of the factors contributing to FGM in society. However, 48.8% and 43.5% of the intervention and control groups reported that sexual abstinence is not part of the contributing factors to FGM practice. Most (68.6%) and 73.7% of the respondents from the intervention and control groups, respectively, disagreed that heightened sexual pleasure for men is also part of the factors contributing to FGM. Only 2.4% and 7.4% of respondents from intervention and control, respectively groups reported health benefits associated with FGM practice (Table 3.8).

The qualitative study results on the factors associated with FGM practices in Osun State showed that almost all the KII respondents reported that some people circumcised their girl-child because of family tradition, especially culture. FGM has been an ancient practice. Respondents also added myths or beliefs of uncircumcised females being promiscuous, ignorant, and using the practice as a source of income as other contributing factors to FGM in the community. Two respondents believed that some people thought that circumcising a girl-child was written in the holy books and that some traditionalists see the practice as putting off their religion. Most of the FGD participants also said the factors associated with FGM practices in the communities had been invoked before they were born, it was a cultural practice of our fathers, and the foundation was to make the man enjoy the woman, not knowing that what ought to bring enjoyment was now a source of the problem. It was also reported that many said female children were circumcised because, in the olden days, they saw it as a cultural practice. They thought that a girl child who is not circumcised would be promiscuous, and they also experience itching. In addition, some said it was due to primitivism and ignorance that made them believe since they circumcise males, females too must be circumcised. However, all the participant said religion is not affiliated with FGM. One of the respondents specifically said;

"Some people say it is the way of their forefathers, the traditional way of doing things in their family. Some say it stops a female child from being sexually wayward. While some do it, others don't even know why. They met it in their family and continue doing so….the culture, then, something like, so that's why some of them do it. But the circumcisers said it is their work before they drop their equipment. If we don't do it, there is no way we will feed our family. But there was a year when they renounced these practices, and the government promised them they would get something done to feed on. So they all agreed that they are dropping the tools for this circumcision. Financial factor, there is culture, them this eh belief of a thing."

In Oyo State, most KII respondents identified culture and religion as the two factors associated with female genital mutilation. However, some of the respondents reported that no religion supports the practice of female genital mutilation. Some of the respondents also reported that some religions continue to support female genital mutilation. It was also mentioned a woman would be perceived as impure if this is not done. A respondent said;

"Uhm, I want to tell you that I am a Muslim, but we want to believe that there is even a biblical induction that supports female circumcision. Islamicaly, we practice it as well. I don't need to deceive you".

The majority of the FGD participants also reported that the myths or beliefs of some people about uncircumcised females contributed greatly to FGM practice in the community. Most women of reproductive age added that some people circumcised their girl-child because of family tradition, culture and, most especially, ignorance because of a lack of awareness of the danger of female genital mutilation. One of the participants, who is a woman of reproductive age, specifically said;

"Most reasons are ignorance; people don't know. When people know the dangers of things that are harmful to them, they won't do it. We have been told that FGM is a practice from our ancestors and is not just happening. Civilization brings more light to it that it is not good practice. It is rampant here, and it is common among those that gave birth to twins (especially a twin of a boy and a girl). They commonly say once circumcision is done for the male child, it must be done for the girl-child. To the extent that they believe that for twins, whatsoever they do to the male must be done to the female. Most of these things are causes."

Table 3.8 Contributing Factors to Female Genital Mutilation

Statement	Intervention N (%)	Control N (%)	X^2	P-value
Cultural beliefs Yes No	184 (88.9) 23 (11.1)	160 (86.0) 26 (14.0)	0.738	0.390
Better marriage prospects Yes No	64 (30.9) 143 (69.1)	45 (24.2) 141 (75.8)	2.210	0.137
Sexual abstinence Yes No	101 (48.8) 106 (51.2)	81 (43.5) 105 (56.5)	1.083	0.298
Heightened sexual pleasure for men Yes No	65 (31.4) 142 (68.6)	49 (26.3) 137 (73.7)	1.217	0.270
Religious belief Yes No	64 (30.9) 143 (69.1)	52 (28.0) 134 (72.0)	0.413	0.521
Health benefits associated with FGM practice. Yes No	5 (2.4) 202 (97.6)	13 (7.0) 173 (93.0)	4.689	0.030
Health benefits Itching Violation of rules Easy child delivery Reduction of sexual tension Prevention of diseases Prevention of infection	2 (40.0) 1 (20.0) 1 (20.0) 0 (0.0) 0 (0.0) 1 (20.0)	0 (0.0) 0 (0.0) 2 (16.7) 4 (33.3) 2 (16.70 4 (33.3)	13.789	0.032
Other factors contributing to the practice of FGM. Culture belief Ethnic belief Illiteracy Sexual abstinence Family rites	8 (4.1) 8 (4.1) 18 (9.2) 2 (1.0) 7 (3.6)	5 (2.9) 5 (2.9) 9 (5.1) 10 (5.7) 9 (5.1)	9.694	0.084

Table 3.9 Contributory factors for Female Genital Mutilation

Factors influencing FGM	Majority (88.9%) and 86.0% of the respondents from intervention and control groups reported that cultural belief is one of the factors contributing to FGM (p=0.390). Some (30.9%) and 24.2% of the respondents from the intervention and control groups also reported that the belief that circumcised females get better marriage prospects is part of the factors contributing to FGM in society. Family tradition, cultural practice, religion, myths or beliefs of uncircumcised females being promiscuous, impure or experiencing genital itching stillbirth if an unborn child's head touches the uncut clitoris are the major factors contributing to FGM. Others mentioned primitivism and ignorance, using the practice as a source of income, and they believed that since they circumcise males, females must be circumcised.
Other contributing factors to FGM	Health factors: It was reported that the genital area of uncircumcised females might attract a lot of diseases because of promiscuity, might cause hard labour during childbirth and also the involvement of health practitioners contributes more to FGM practice. Social factors: It was stated that the negative beliefs and perceptions of uncircumcised girls being promiscuous and that the vagina will look ugly when the clitoris is not removed, peer or family pressure, fear of being an outcast, poverty of the circumcisers and ignorance among the people are social factors contributing to FGM

Some participants reported no connection between female genital mutilation and religion, as the religious books didn't state that the girl-child should be circumcised.

In Ekiti State, most KII respondents stated that no religion supports female genital mutilation. Most of the FGD participants in Ekiti State reported that the myths or beliefs of FGM being a tradition that must be observed are the major factors associated with FGM practice in the community. It was believed that any female that was not circumcised would always have stillbirth in as much as the unborn child's head touched the uncut clitoris. Some participants also mentioned that the belief of uncircumcised females as promiscuous is a major factor contributing to female genital mutilation. A participant said;

"Let me answer it. As I initially said, our thought is that if we don't do female genital mutilation, their waywardness will be much. That's what we heard, but the moment it stopped, I saw no waywardness or anything. Let me say then it was dark, but now we're exposed with the help of this program."

All the FGD participants also reported no connection between female genital mutilation and religion because the religious books didn't state that the girl-child should be circumcised.

3.4.1 Other contributing Factors to FGM

3.4.1.1 Health factors: In Osun State, half of the KII respondents reported any healthy value of mutilating a girl-child. Also, some reported that female genital mutilation has no medical benefits and endangers the health of the female child involved in the practice. However, one of the respondents mentioned that some community members believe that the genital area of uncircumcised females might attract a lot of diseases because of promiscuity. They also think not circumcising might cause hard labor during childbirth. Few respondents reported that health practitioners contribute to the harmful practice of FGM by engaging in it. A respondent said;

"...I want to tell you that health-wise, can you believe some health practitioners engage in this illegal act? People believe those who were to embrace female genital mutilation believe that if they go to the so-called health practitioners, it will be done perfectly, and there is no way it can be perfect...."

In Ekiti State, some KII respondents claimed that nurses also perform female genital mutilation since it is thought that when done by medical professionals, it will be done properly.

Almost all the participants believed no health factor contributed to female genital mutilation.

3.4.1.2 Social factors: Some KII respondents in Osun State mentioned that the social beliefs and perceptions of uncircumcised girls being promiscuous were one of the factors contributing to FGM. It was reported in Oyo State that people believe that the vagina will look ugly when the clitoris is not removed. Also, it was reported that a sense of belonging plays a role in social factors, such as how everyone in the community wants to belong by circumcising their female children. Many FGD participants in Oyo State also mentioned that social factors like peer or family pressure and negative perceptions of uncircumcised girls might affect female genital mutilation. One of the religious leaders from Oyo State specifically said;

"Talking about the social issue, like I have a much younger girl, she got pregnant; then she gave birth to the child, so the mother-in-law asked her to bring the child to me so we could cut the child. I now told her that this has been illegal and that cutting the female child is no longer legal, but the mother-in-law insists that we insist we must cut the child. There is no child in their family that has not been mutilated, and so on, and her own would not be different because you are educated like that. So, we just put ehh gentian violent rub the private parts with the gentian violet, and we told the mother that we have done it and she believed us."

In Ekiti State, some KII respondents mentioned that female genital mutilation is performed to be accepted as a woman in society and not an outcast. It was stated that peer influence, poverty of the circumcisers and ignorance among the people are social factors. However, it was also reported that people believe the clitoris should be trimmed to be deemed beautiful, which could be regarded as a social factor.

3.5 Specific things that have changed in FGM practices

In Osun State, half of the KII respondents reported a considerable reduction in the FGM practice in the community as most of the

people have stopped the act, even the circumcisers. A few respondents also added that the people are now aware of the law binding FGM and the punishment for whoever engaged in the act. Most FGD participants also said there had been a drastic reduction in diseases and severe itching around the genitals that were usually contracted through the process of FGM since the Implementation of the STOPCUT project. One of the participants specifically said;

"We've seen great changes in that we stopped FGM; the Nurses and many people have known, and if the health workers are integrated into it, it will help more people to hear about it because some might even hear and won't bother to tell others, saying it's not her business, so if they are integrated into it, there'll be more effectiveness. The changes now are that there's a clear difference between those that went through FGM and those who didn't, such as usually obey their parents and are not promiscuous, and also there are some of the females who went through FGM whose behavior is different from those who didn't. "

According to some of the KII respondents in Oyo State, people are now aware of the risks associated with female genital mutilation, the untrue cultural myths and the fact that doing so is a criminal offence. Also, it was reported that some parents are concealing their infants to cover the cut during immunization programs. A respondent said;

"What I have discovered is that freely now, you know, when they bring children, when mothers take their children for immunization, and they want to weigh the baby, some people will say do not uhm remove the pampers because they don't want people health practitioners to know they have done it…."

All the FGD participants mentioned that the specific change in FGM they could observe is the drastic reduction in the prevalence and incidence rate of FGM in their communities. A few participants also added that although some still practice it, it is now done in secret, which differs from before the project, where it's done outdoors with spectators applauding the act. One of the religious leaders specifically said;

"In the days of old when they want to circumcise a child, it is in front of the house that it will happen, and all the mothers in the community will gather and be praising the child, but now that there is awareness to stop female genital mutilation, it is in a secret place that a child will be circumcised that no one will see or witness it. The awareness also makes people afraid not to practice female genital mutilation again. Someone told me that when she gave birth to her child, someone told her not to circumcise the daughter because of the awareness that has been going on, and an older woman told her. People are no longer doing it; maybe only a few did it. In Atiba, it is not going on anymore."

In Ekiti State, the majority of KII respondents stated that more people are now aware of the risks associated with female genital mutilation and the laws and policies that are already in place regarding it than they were before the STOP CUT project. Also, it was said that since the start of the STOP CUT project, female genital mutilation has decreased. Additionally, the reporting rate of female genital mutilation has changed. Almost all the FGD participants reported that the specific change in FGM they could observe after the project is the considerable reduction in the rate people practice FGM in their communities. A woman of reproductive age said;

"Yes, we can. We see that since awareness started, whenever we do our postnatal clinics, we see that the rate of circumcision has reduced greatly because we stylishly check the genitals of the babies brought to the clinic for a weight check. They undress them, and we've observed very few rates of FGM in the babies from there because we can't sample all the babies. When we check 10 babies and 8 are not circumcised, you know it shows we are doing well [smiles]. And then if you ask secondary school students about the program, they'll say they've heard about it, that some people came to their school to talk about it, and it is part of our achievement by speaking to these young ones. Thank you."

3.5.1 Factors associated with the changes: In Osun State, the involvement of stakeholders, especially religious leaders, was mentioned by one-third of the KII respondents as the major factor associated with changes because people believed in whatever they said. When asked about the aspects related to changes in Oyo State, some of the FGD participants mentioned that engaging law enforcement agencies and the involvement of the government contributed greatly to the positive turnout of the project because it instilled fear of going to jail or being punished in the mind of the people who didn't want to stop the act initially.

In Ekiti State, most of the KII respondents reported that awareness creation in which the practice has reduced, and norms of the society are changing. Also, most of the FGD participants mentioned that the continuous awareness made during the STOP CUT was a factor that brought about the changes. A respondent specifically said;

"I guess more awareness creation campaign lead to that reduction in the practice and the fact that during the engagement program trying to adopt documents, videos, documentaries of how it's been done, people shared their personal experience; I think some of the participants listened to real-life stories and watched videos of how the act is conducted and caused a behavioral change for those that might invite the act of even encourage anybody to that"

3.5.2 Roles of the STOP CUT project: More than half of the KII respondents in Osun State reported that the STOP CUT project played the role of organizing a lot of seminars and workshops, sensitizations, training, and mobilization. It was also added that intensive advocacy, market outreaches, and community engagement were also done by the STOP CUT project, which brought about the positive changes observed. One of the respondents specifically said;

"Ok, we did a lot of aggressive advocacy, aggressive market outreaches, aggressive school outreach, aggressive community engagement, and you know information is power, and many these people, this aggressive lines of engagement, actually give them different orientation and now they have come to understand that it is a crime, apart from the fact that it is a crime, it is dangerous, and it's like you're taking the right of the girl child and of a woman away from them, which is not good."

Most of the FGD participants also stated that the STOP CUT project's role in these FGM changes in the community was proper community education.

In Oyo State, all the FGD participants believed that FGM would still be rampant in their communities without the STOP CUT project. It was made known that the Stop Cut project was what enlightened them of the danger and risks involved when a girl-child being circumcised; furtherly, Stop Cut was said to be a well-conducted project that was received by all the community gatekeepers and had had positive responses from community people, among other things. One of the women of reproductive health specifically said;

"Thanks to the HACEY Initiative project because since they brought this program, God has used this program to curb mutilation. Especially before this project, some children were born, and they decided to mutilate them, but through this program, they have reduced that. Because I remember a woman who wanted to mutilate her child after birth; she was saying no one should mutilate her child, which is the dangers involved. We thank God this program has reduced the incidence."

In Ekiti State, almost all the KII respondents stated that the project played numerous roles that enlightened the stakeholders and the people on female genital mutilation through capacity building, sensitization programs, seminars, outreaches, and advocacy. It was also reported that partnerships with other organizations were made. Additionally, it was stated that toll-free lines and community focal persons were available. All the FGD participants mentioned that the STOP CUT project enlightened them of the danger and risks involved when a girl-child is circumcised. In addition, it was reported that the STOP CUT project brought about the reduction, if not the eradication, of FGM in the state. With the provision of materials, information and awareness. A religious leader specifically said;

"It educates us, and this project is an eye-opener to some things we weren't aware of. So now it has exposed us to things we should know that we didn't know before. They were tricking us before that this would happen if you don't do this, so it has opened our eyes to things we should know about this project."

3.6 Stakeholders' Capacity Building

3.6.1 Information on the risk of FGM on women/young girls received from the STOP CUT project: In Osun State, half of the KII respondents reported that information on the risk of FGM on women/young girls received from the STOP CUT project was the different risks associated with FGM. It was reported that the risks were classified into four, namely; immediate risk, which is excessive bleeding, fracture and infection; ulcetrical risks, which happens during pregnancy and labour where most of the girls and women that are cut

experienced prolonged and obstructed labor; sexual dissatisfaction where most women or girl that were mutilated experience painful intercourse; and psychological risk where they experience anxiety and depression, especially those that are circumcised in adulthood. Almost all the FGD participants also reported that the information on the risk of FGM/C received was when the Government made a verdict on those who refused to stop FGM to be sent to prison; this made everyone sit up and do the needful by obeying the law against FGM. Few of the participants further said the risk of FGM/C is that one scalpel can be used for like 10 children, or as many as they are there, which may be for both males and females, which may harm the female child later to get promiscuous, and vice versa in case of a male. One of the participants said specifically;

"What we knew then was that anyone that didn't circumcise their daughter, that the girl will be very promiscuous, but when they came and sensitized us, and we can hear it with our ears, and it translated to us sensitizing others by telling them that these are what we were told o and that FGM is very dangerous and there is even a lot of problem in it for our daughters in the nearest future. Also, we were circumcised that when we want to have children, they may have a major tear on the day of delivery, and there can be severe bleeding. Some can die in the process and will not be able to take care of their child, and also all these things were made known to us that we should stop practicing FGM and if we stop doing it, it doesn't mean they will not be healthy, and we have been telling others since then that FGM is not good".

In Oyo State, the majority of the KII respondents reported difficulty in childbearing, heavy bleeding, thereby leading to death, inability to get pregnant, sexual inactivity and contamination due to the use of unclean instruments as the information on the risk of FGM/C on women or girls that was received from the project. Majority of the FGD participants also reported that they were shown a picture of the different types of cutting, which can result in the stitching of the urinary tract, which causes delay and difficulty in getting pregnant for most people, and its harmful effect on pregnant women when in labor and even the newborn because of the cut that was done. They reported the risk of pregnant women being unable to give birth independently as the risk information of FGM/C on women/young girls received from the STOP CUT project. A participant specifically said;

"Firstly, what is called female genital mutilation, as we understand, is the cutting of the clitoris and it divided into four, when HACEY or what are they called, came, they showed us different pictures they let us know it divided into four, the first part, second part and third part, the first part is the cutting of clitoris, the second part they described how female private part looks like that after clitoris there is a soft part that looks like a snail and the third part is thick and looks like a snail, they will cut the second soft part and the thick third part then the fourth part which is the most dangerous part is they can stitch the urinary tract this is causing delay and difficulty in getting pregnant for most people looking for pregnancy."

In Ekiti State, when asked about the information on the risk of FGM/C on women/young girls that you received from the STOP CUT project, all the KII respondents reported that the STOP CUT project made them aware that female genital mutilation is not only a violation of human rights but also affect other aspects of a person's wellbeing and causes great damage to the body. It was also stated that they received information on the different types of female genital mutilation and the transmission of viruses during the process of mutilation/circumcision. Majority of the FGD participants also reported that they were shown a picture of the way the female genital organ was being cut during circumcision and also the dangers and risks it's putting the girl-child to. They also mentioned that they were enlightened on the dangers of circumcising, like barrenness, severe bleeding, sexual dissatisfaction, infection, and so on, which can affect the female child in future. A participant specifically said;

"Then they told us the benefit and dangers of FGM [others nod in agreement]. They first said the benefit we thought was there for us and then the dangers. They made us know how the child can progress in future between the child and her husband, particularly their sexual life [some murmur Yes]; for a circumcised woman, she won't respond to sex on time, but now that it's been stopped women respond to sex on time now."

3.6.2 Effectiveness of the information: In Osun State, half of the KII respondents mentioned that the effectiveness of the information was their ability to step down the information received to other community people, and they, in turn, were able to know the danger involved in FGM practice. In Oyo State, it was reported

that the effectiveness of the information includes the female genital mutilation practice is now being reported. Also, it was stated that the information has made people aware of why not to engage in female genital mutilation.

In Oyo State, more than half of the FGD participants mentioned that the effectiveness of the information reduced was their ability to step down the information received by other community people, which in turn yielded a drastic reduction in the practice of FGM in their community. One of the women of reproductive age said specifically;

"Since we saw the pictures, someone like me, if I had a girl-child, I can't mutilate her due to what I have heard or seen. Even in the market, the message about FGM has been spread. For instance, a woman whose mother-in-law was a popular market woman was put to bed, and everyone kept telling her mother-in-law not to mutilate the child. So this has been effective so far. I advise that those circumcisers should be provided what to eat if they won't be doing the job again."

In Ekiti State, the majority of KII respondents, when asked about the effectiveness of the information, said that it had given them the knowledge they needed to assist in spreading awareness of the inherent dangers, health risks, and existing laws. A respondent who is a security personnel specifically stated;

"Ah. It's very effective because it has equipped me a lot; it has equipped me in the sense that, as I said earlier, we know the dangers that there's nothing beneficial about FGM. Then we can prosecute if we see cases that are being reported."

The religious leaders who are the FGD participants mentioned that the information was effective because they were able to sensitize community people with the information received, which in turn brought about the reduction in the practice of FGM.

3.6.3 Use of the information: In Osun State, some of the KII respondents reported that there had been a great use for the information given to the community people because they now understand everything they need to know about FGM. They use the information to do advocacy and sensitization among themselves. Also, in Ekiti State, some KII respondents stated that the information was used to sensitize and spread the information. One of the respondents said that;

"I'm spreading it too, I'm spreading the information, everywhere I go, if a church or anywhere I find myself, I spread the information that let's put an end to this, it's just a barbaric act that needs to be stopped."

It was also reported by a few of the respondents that the information was used to counsel people. Majority of the FGD participants also in Ekiti State said that they disseminated the information received to other community people to create awareness of the danger and risk of FGM. When asked the FGD participants in Oyo State how the information was used, almost all the participants reported that the information received was used to create awareness of the danger and risk of FGM/C on women/young girls. One of the participants said;

"We have taught them well, as said in the beginning, that all those beliefs about a child during childbirth because of an uncircumcised mother is a myth. We taught all around schools, churches, communities etc. And that they shouldn't do it because a friend has done it, telling them that FGM has no benefit rather than hurt them."

3.6.4 The outcome of the information: More than half of the KII respondents in Osun, Oyo and Ekiti States reported many successful outcomes, majorly the positive behavioral and attitudinal changes observed in the community towards FGM practice. Thereby reducing the practices of female genital mutilation. Additionally, a KII respondent from Ekiti State further added that the people have pledged to end female genital mutilation in Ekiti State with the help of the State government.

3.6.5 Challenges with the information: In Osun State, one-third of the KII respondents reported that there wasn't any challenge because the information was passed in their native languages. However, two other respondents mentioned that the information was not localized enough because the IEC materials were not in some local languages. It was also added that there are difficulties in accepting the information by the community because it has to do with changing their ancient belief and culture. A CSO specifically said;

"I may not be able to say that in full because I'm not part of the project directly. But I think we

Table 3.10 Specific things that have changed in FGM practices

Questions	Findings
Changes in FGM practices	The considerable reduction in the prevalence and incidence rate of FGM practice, awareness of the risks associated with FGM, and the law binding it, the punishment for whoever engaged in the act and the reporting rate of female genital mutilation was mentioned as notable changes. It was also reported that although some still practice it, it is now done in secret, which differs from before the project, where it's done outdoors with spectators applauding the act.
Factors associated with the changes	Involvement of stakeholders and the government, engaging law enforcement agencies and continuous awareness creation during the STOPCUT project
Roles of the STOP CUT project	organizing seminars and workshops, partnerships with other organizations, capacity building, sensitizations, training, and mobilization, intensive advocacy, market outreaches, community engagement, enlightenment on the danger and risks of FGM and provision of materials and information. It was also stated that toll-free lines and community focal persons were made available by the STOP CUT project.

Table 3.11 Stakeholders' Capacity Building

Questions	Findings
Information on the risk of FGM on women/young girls received from the STOP CUT project	It was reported that the STOP CUT project made awareness that female genital mutilation is not only a violation of human rights but also affects other aspects of a person's well-being and causes great damage to the body. Picture of the way the female genital organ was being cut during circumcision was shown, and also the dangers and risks it's putting the girl-child to were classified into four, namely; immediate threat, which is excessive bleeding, fracture and infection; ulcetrical risks, which happens during pregnancy and labour where most of the girls and women that are cut experienced prolonged and obstructed labour, inability to get pregnant; sexual dissatisfaction where most women or girl that were mutilated experience painful intercourse; and psychological risk where they experience anxiety and depression, especially those that are circumcised in adulthood. Others are the unhygienic use of one scalpel for as many as possible, which may harm the female child later and the verdict from the government on the punishment awaiting anyone caught in the act.
Effectiveness of the information	The ability to step down the information received to other community people, reportage of those that engage in FGM practice, provide needed knowledge to assist in spreading awareness of the inherent dangers, health risks, and existing laws on FGM and sensitization of the community people with the information received.
Use of the information	Advocacy and sensitization among selves, counselling, dissemination of the information and awareness on the danger and risk of FGM on women/young girls.
The outcome of the information	Positive behavioral and attitudinal changes towards FGM practice and reduction in Female Genital Mutilation practice.
Challenges with the information	Information was not localized enough because the IEC materials were not in some local languages, and there were difficulties in accepting the information from the community. After all, it has to do with changing their ancient belief and culture, gaining student feedback after disseminating information, hostile behavior when trying to pass the knowledge and non-acceptance from circumcisers.

didn't localize the information very well. Yes, sometimes we do Yoruba, we do another dialect, but you know, even if we want to write English, for those of us that have had reason to work on the reproductive sector, like HIV, and then you see the information, sometimes you do pidgin English. Because so there are people in that same community that are from another tribe that doesn't understand Yoruba and that cannot speak English. So if you give them that local one and you read it to them or somebody read it to them, they understand. They will help to prevent other children in that community. So, I still think that we can localize more of our IEC materials so that when they see it, they can easily read it, and we can do more of the Yoruba language instead of English. Our presentation can be more of Yoruba."

Majority of the FGD participants said the challenge with the information was when the implementation of the STOP CUT project first started, there were agitations here and there, but when we were educated and enlightened, we could realize it was the best for us. However, some also said if there is no government and everyone is to deliver their children at home, then we can say there will be challenges, but since there are hospitals that the government and private ones own, they all know FGM practice is not good. One of the participants specifically said;

"There was a circumciser there that was also from a circumcising household. She told me that the governments had disrupted their business as circumcisers because many women put to bed are having more female children at this time, and since it is a law now to stop FGM, they no longer have customers. Whenever you go to the hospital, the number of female children delivered is much more than male, for this government has disrupted their business by stopping them from practicing FGM. I told her that day that if by mistake they practice FGM again, if they should arrest her, you are going straight to prison. Don't try it. I tried explaining to her that way, but she picked offence and started using abusive words on me. Was I trying to defend the government, or did I come to make it here? I told her I came for both and told her not to practice FGM again, and if I should find out she did it again, she would die in prison. I told her all that, and we both exchanged abusive words before I left the place."

In Oyo State, it was stated that some people are still adamant about not performing female genital mutilation because they have been exposed to it since they were young. A respondent also said gaining student feedback after disseminating information could be difficult. The FGD participants reported hostile behavior towards them when trying to pass the information, non-acceptance from circumcisers and some community people, especially the elderly, among others, as the challenges faced in utilizing the information. A participant specifically said;

"When we are doing what we are supposed to do when that thing first came, it was strange to most people to the extent that if some people are washing cloth and tell them about stopping FGM, if we are not careful, they can almost pour us water, what is that nonsense you are telling me, we have no food to eat you are here telling us to stop FGM, we experience a lot of disgrace and embarrassment…."

In Ekiti State, it was stated that there were no challenges with the information. However, it was noted that the people felt like they were attacking their culture. Most FGD participants reported the hostile attitude and responses received when trying to pass the information as the major challenge faced. A participant said;

"There are challenges truly cos there are people who asked if we weren't circumcised and why we are against them not circumcising their children, and we let them know that truly I was circumcised, and that was then, and I now know the danger it has caused for me so they shouldn't do it. That the harm is more than the benefit."

3.7 Practice and Intention to practice Female Genital Mutilation

Table 3.12 reveals respondents' practice and intention to practice Female Genital Mutilation. Some (28.9%) and 30.7% of the female respondents from intervention and control groups respectively reported that they were circumcised (p= 0.651), and 32.9% and 36.0% of intervention and control groups respectively knew people who were circumcised (p= 0.509). Few (3.4%) and 3.2% of intervention and control groups, respectively aware of female circumcision done in the last 2 years; 57.1% and 83.3% of the intervention and control groups, respectively, reported that they have family and friends who had engaged in female circumcision in the last two years ((p= 0.509). Among these, more than half (57.1%) of the respondents from the intervention group said traditional circumcisers did the circumcising, while 66.7% from the control group said it was performed by healthcare practitioners (p=0.321).

Table 3.12 Practice and Intention to practice Female Genital Mutilation

Statement	Intervention N (%)	Control N (%)	X^2	P-value
Were circumcised.				
Yes	24 (28.9)	23 (30.7)		
No	40 (48.2)	31 (41.3)	0.859	0.651
Don't know	19 (22.9)	21 (28.0)		
Know people who were circumcised.				
Yes	68 (32.9)	67 (36.0)		
No	139 (67.1)	119 (64.0)	0.437	0.509
How many do you know				
1-5	41 (61.2)	38 (57.6)		
6-10	12 (17.9)	18 (27.3)		
11 and above	14 (20.9)	10 (15.2)	1.973	0.373
Aware of any				
Yes	7 (3.4)	6 (3.2)		
No	200 (96.6)	180 (96.8)	0.007	0.931
If yes, how many people?				
1-3	6 (85.7)	6 (100.0)		
4 and above	1 (14.3)	0 (0.0)	0.929	0.538
Any family and friends engaged in female circumcision in the last two years				
Yes	4 (57.1)	5 (83.3)		
No	2 (28.6)	1 (16.7)	1.376	0.503
Can't remember	1 (14.3)	0 (0.0)		
Who performed the circumcision				
Traditional circumcisers	4 (57.1)	2 (33.3)		
Traditional birth attendants	1 (14.3)	0 (0.0)	2.270	0.321
Healthcare practitioners	2 (28.6)	4 (66.7)		
Will practice FGM because of culture				
Yes	16 (7.7)	23 (12.4)	2.356	0.125
No	191 (92.3)	163 (87.6)		
Will practice FGM because of religion				
Yes	16 (7.7)	18 (9.7)		
No	191 (92.3)	168 (90.3)	0.470	0.493
Will practice FGM to prevent promiscuity				
Yes	27 (13.0)	24 (12.9)		
No	180 (87.0)	162 (87.1)	0.002	0.967
Have the intention to circumcise female children				
Yes	21 (10.1)	24 (12.9)		
No	186 (89.9)	162 (87.1)	0.735	0.391
Will recommend female circumcision to your family and friends				
Yes	17 (8.2)	20 (10.8)		
No	190 (91.8)	166 (89.2)	0.741	0.389
Will report cases of FGM/C through appropriate referral pathways like law enforcement authority				
Yes	156 (75.4)	103 (55.4)		
No	51 (24.6)	83 (44.6)	17.415	0.000

Although 92.3% and 87.6% of the intervention and control groups, respectively, will not practice FGM because of culture, 10.1% and 12.9% of intervention and control groups, respectively, reported that they intend to circumcise their female children. (p= 0.389) Furthermore, 75.4% and 55.4% of respondents from the intervention and control groups, respectively, said they would report cases of FGM/C through appropriate referral pathways like law enforcement authority (p= 0.000).

3.8 Outcome Assessment of STOP CUT Project

3.8.1 Effectiveness of the STOP CUT project: In Osun State, half of the KII respondents reported that the STOP CUT project was very effective because there had been a significant reduction in the practice of FGM in the community. It was added that the intensive sensitization, awareness creation and many other programs done during the STOP CUT project had brought about positive changes in every community sphere. Most of the FGD participants also said the STOP CUT project added to the health value of female children. Some of the participants said the project gave them more knowledge. One of the participants specifically said;

"Success was recorded during the STOPCUT program that was brought to Iwo and the whole world because the reason why it was a success is that anyone that gave birth to a child and didn't circumcise her and the child is hale and hearty, the child will eventually pray for her parents in the future, but a lot of people may not understand for now about the reason why you are doing all these things, but those that have been circumcised after they see what has been happening to some children and that majority of the circumcised women are more promiscuous, they make adultery or fornication a hobby after the same blade used to circumcise a male child was also used on them. Some women, after they have been circumcised, their clitorises removed will not be packed and thrown away, and during the process of doing it, maybe it was eaten by a dog; that kind of a person will now be so promiscuous."

When asked about the effectiveness of the STOP CUT project in Oyo State, some respondents claimed that the project has been very effective. A government staff specifically said;

"Just like I said, it has been so effective because bringing all stakeholders involved has been so good; through the Stop Cut project, I have met so many people in Ekiti and Osun States, and we've interacted on how they were able to carry out their project, and they also interacted with me."

Most of the FGD participants in Oyo State also reported that the STOP CUT project had effectively reduced the rampage of FGM to the barest minimum, almost in extinction because the few that still practice it do so behind closed doors and in fear.

In Ekiti State, half of the KII respondents claimed that the effectiveness is high in creating more awareness, and practices have been reduced. One of the respondents specifically said;

"I said it created behavioral change; it brought positive reviews as regards the consequence related to FGM or sanctions related to FGM."

Some FGD participants responded that the STOP CUT project had been very effective because it has filled the FGM practice gap and eradicated the act. A participant said;

"It filled many gaps because what are the gaps I see it filled? Is it that of stopping female genital mutilation? It has filled it, and I can confidently say that in our local government, there's no community where they can see people doing female genital mutilation. With the work done in the local government, I've not seen that community even up to our farms where we worked, so there's no place you'll see it. So that's the effect."

3.8.2 Gaps filled with the project: Most of the KII respondents in Osun State reported that understanding the meaning of FGM, the risks involved, and awareness that a law bans FGM are major gaps filled with the project. It was also added that liaising with other stakeholders to bring positive changes was possible because of the STOP CUT project, and the prevalence has dropped drastically. One of the respondents specifically said;

"I know we have done so well because the first time you get to the community, ask them what FGM is. They are just looking at you like this. So if you mentioned FGM, a few that went to school will say, is it federal government money? But today, they are not even saying FGM. Most of them don't even like to abbreviate it; they prefer to say female genital mutilation because they are so sure they have this information. So the gap is that they have also understood it very well. Understand that it is not FGM, not only FGM, that

violates human rights. Other things violate human rights, and this has also filled the gap of bringing all stakeholders and state actors into it before most state actors fold their hands and watch what is happening. Because of all of this, the gap has been filled When the VAPP law was passed; I remember that many states were saying the VAPP law is a federal government law. So all of them were saying if you want to talk about VAPP, go to Abuja, go and sue anybody you want to sue in Abuja, you can't sue anybody at our state. But today, it became what every state celebrated as they passed. So, it is the STOP CUT project is part o caused us to be able to fill that gap."

In Ekiti State, one respondent mentioned that the project had formed a coalition of passionate individuals and organizations. The respondent specifically said;

"I think one major gap that was filled was a coalition of like-minded, passionate individuals and organizations coming together to advocate for an end to female genital mutilation like there was none like that before in the State, but now we have the end-FGM alliances working together to put an end to female genital mutilation, so that's like a big one."

Another respondent reported that a whistle-blower platform was introduced in Ekiti State whereby the incidence of female genital mutilation can be reported. The FGD participants also mentioned that the STOP CUT project had bridged the gap of gender-based violence such as rape, physical & emotional abuse, and mostly female genital mutilation. It was also added that the project gave them the courage to fight for girls'/women's rights. One of the community leaders specifically said;

"It has filled a lot of gaps because it is from no to circumcision that we are hearing that they shouldn't hurt a female child because cutting off her part spoils her life. And then beating a female child, denying them an inheritance, doing harmful widowhood vigils, and locking them in. This FGM brought about all these things, and then we females now know our worth because some people believe a female child isn't a child. Not doing this circumcision brought about different programs that females now know are relevant in the society."

3.8.3 Major success of the project: Some KII respondents in Osun State reported that the project's major success is awareness of the availability of law that could prosecute those guilty of the FGM practice. This brought a reduction in the practice in the community. Another success mentioned is the project's ability to bring together stakeholders to reach all community spheres. A respondent specifically said;

"VAPP law. We need the law to see the dome; domesticate that law. For me is a big one, and the VAPP law carries many things. It's like a tree with this stem, leaves, man, the fruit that has so much, but the roots carry all those things. So, the VAPP law has helped. And, uh, when the VAPP law was passed, you know, it was like it raised the alarm and the awareness to end FGM. So for me, that we could achieve during the life span of that project, we could achieve the VAPP law. So if we have the opportunity to work more, we have a law, a workable law to work with."

In Oyo and Ekiti States, all the KII respondents reported that increased awareness of female genital mutilation had been a major success in the STOP CUT project. A respondent from Oyo State said;

"The major success of the project was that it has brought more enlightenment to men and people and not just that have seen situations where more and more people are saying we are not doing it again, and that's the joy for me. It's not just that people should hear from it, and when they can come out boldly, even on television, to say we are not doing it again and we tell people in our communities that they should stop it, for me, it's a major success."

It was also reported that laws against female genital mutilation are already in place in Ekiti state. When participants in Ekiti State were asked about the project's major success, some of them mentioned the total eradication of FGM practice in their community as a major success. A participant specifically said;

"There's nothing like FGM again; we've gone around even to the craziest community Ogotun; we've campaigned there and eradicated it all. So there's nothing like that again. By God's grace, everything is okay."

3.8.4 Relevance to protecting women and girls: In Osun State, all the KII respondents reported that the project has great relevance in protecting women and girls because cutting a girl-child is like taking away her right, which the project is fighting against. It was also added that with the STOP CUT project's success, women and girl children could live comfortable

lives. Most FGD participants also reported that the project's relevance in protecting women and girls couldn't be over-emphasized; initially, it stopped the pain issue after FGM. One of the respondents said specifically;

The benefits of STOPCUT can never be overemphasized. There was a day I went to make hair for a customer very close to my shop. They told each other that they don't know how much they circumcise a girl child at the hospital; one of them now said they shouldn't bother to ask because the woman making hair participates in Immunization programs, and she will know about it. I told them I had no idea about it, and if they should try and pry further, they will be in serious trouble and have a jail term penalty."

In Oyo State, one of the KII respondents stated that the law has proven relevant in protecting women and girls from engaging in female genital mutilation. It was also identified by most of the respondents that the dangers of female genital mutilation had been known through awareness programs. One of the respondents said;

"...They know it is injurious to their health. They know it has complications when giving birth soon. Four, they knew that it could be a hindrance in terms of sexual performance in the future."

In Ekiti State, it was stated by most of the KII respondents that the project had curbed a form of gender-based violence. Most of the FGD also participants reported that the STOP CUT project had a high relevancy in the protection of their women and girls because it was a program that focused on their wellbeing. One of the women of reproductive age specifically said;

"Yes. We see that this STOPCUT project has taught us about female, I mean gender violence. Do you know that this program, in conjunction with the female gender, has stopped a lot among women, such as how they maltreat them? And it is part of their agenda to stop FGM, raping, any female experiencing domestic violence in her marriage etc. That has been their achievement as it has ended because there is now a law and what you'll face if you do it."

3.8.5 Negative impacts produced by the project's interventions: In Osun, Oyo and Ekiti States, all the KII respondents and FGD participants reported no negative effects produced by project intervention. A respondent who is a media personnel specifically said;

"Awwwn, for me, I won't say there is any negative impact produced at the very point in time I have not seen it yet. Anyway, I have witnessed an intervention yielding positive results so far."

3.9 Existing policies and laws against FGM

3.9.1 Policies and Laws: In Osun State, all the respondents mentioned the Violation Against Person Prohibition (VAPP) law which has been in existence since 2004 to stop all sorts of violence against women and girls which female genital mutilation is a part and reviewed in 2021 by Osun State government where different sanctions for different situations as regards the issue of FGM was added. One of the government officials specifically said;

"We have the FGM act that was passed in the year 2004 due to the STOP CUT project; there was a time when Rhoda and her team came to Osun State where we paid an advocacy visit to the wife of the Governor then and the Speaker of the House of Assembly that we needed to review this law and thank God, we were able to achieve our goal, aim and objective, and the law was reviewed in the year 2021, so the penalty now is 200k whereas it was 50k as the first offender with 2 years imprisonment and all that."

In Oyo State, all the KII respondents reported that the policies and laws that stop female genital mutilation in Oyo State include the Child Right Act, the Violence Against Persons' Prohibition (VAPP) Law, and the Violence Against Women (VAW) law. One of the government officials said;

"Yes, as I said, the child rights act law is there. They make it an offence for anyone who violates the child, particularly the VAPP act. This VAPP act states that anyone caught involved in the practices and all people that aid and abate in the process of female genital mutilation is subject to 4 years of imprisonment and a fine of N200,000. Although it was upgraded to N400,000, it depends on how the case is proven. A VAPP Act has also been domesticated in the States and the Child Rights Law."

In Ekiti State, all the KII respondents stated that the gender-based violence prohibition laws amended in 2019 are a law against female genital mutilation. One of the government officials specifically noted that;

"We have gender-based violence law amended of 2019, that's still on the ground that anybody that

Table 3.13 Outcome Assessment of STOP CUT Project

Questions	Findings
Effectiveness of the STOP CUT project	Significant reduction in the practice of FGM to the barest minimum added to the health value of female children impacted more knowledge on FGM and creation of intensive sensitization and awareness.
Gaps filled with the project	Understanding the meaning of FGM, the risks involved, awareness of the law that bans FGM, liaising with other stakeholders to bring positive changes, the introduction of a whistle-blower platform where the incidence of female genital mutilation can be reported, gender-based violence and courage to fight for girls/women's rights are gap filled with the STOP CUT project.
Major success of the project	Awareness of the availability of laws that could prosecute those guilty of FGM, awareness of its risk and danger and total eradication of FGM practice.
Relevance to protecting women and girls	It was reported that the project had relevance to protecting women and girls because it fought for the right of women/female children to live comfortable lives, made the dangers of female genital mutilation known through awareness programs, curbed a form of gender-based violence and generally focused on the wellbeing of women and girls
Negative impacts produced by the project's interventions	None reported.

found that mutilates his child or aided somebody to do it, will pay a token of 200,000 or go to imprisonment of one year or both at the same time, so the policy, the law is still in the ground, but most people did not know about the law, so we use to tell people when we go for sensitization or advocacy."

Another respondent said;

"Yeah, we had the available policies and laws in Ekiti State before the violence against person prohibition act; Ekiti already had FGM law as far back as 2002, I hope I'm correct, as far back as 2002, but with the absence of the violence against person prohibition act we now have what we call the GBV law, it was amended in 2019, I believe, we had it in 2011, then it was amended in 2019 that like makes, that mentioned specifically the provisions for female genital mutilation that make the prohibition that okay, anybody that, any perpetrators caught will go to 2 years in prison or pay a fine of 200,000 naira or do both. So yea, we have the existing law against female genital mutilation in the state."

3.9.2 Gaps in the existing policies and laws on FGM: In Osun State, one-third of the KII respondents reported that there was no way to know the gap until there had been reported cases because the law was just there and there had not been any implementation because nobody is making any report. Few other respondents, however, reported that the law does not protect the whistleblowers, and since they are not being protected, there won't be anyone to report suspected cases. In Oyo State, it was reported that there is no whistleblower protection. One of the respondents specifically said;

"Yes, there is. One, there is no protection for whistleblowers, which means if you see something happening and you want to say something, and you say something, there is no specific law protecting whistleblowers, and there is a gap in the law."

In Ekiti State, it was also reported that the fine attached to it is affordable. It was stated that there has not been reporting of the practices of female genital mutilation. One of the respondents specifically said;

"There are still gaps because we have not seen anybody that has come to report. Even the ministry of women affairs and health has toll lines free; I don't think anybody has called to report any of those cases, so we still have gaps."

3.9.3 Implementation of the policies: In Osun State, half of the KII respondents reported that although the law has been passed as a working law, implementation problems exist because people don't want to report each other. One of the respondents said specifically;

"Okay. We just passed that law. So, you know, most of the time you said, uh, they said (speaks Yoruba proverb) You don't return from the court and become a friend. So that is one mentality that most people were using initially. That was before the law was passed, but the law passed late last year. So we will not say, we will know that we have a working document, so working this year or year after or whenever there's a working document to work with. So I know that it'll be well implemented."

In Oyo State, it was stated that the VAPP law had been made public through the ministry of justice. All the ministry has known the law of justice stakeholders such as; judges, police and NSCDC. In Ekiti State, it was mentioned that the policies and laws are being implemented in which the law enforcement officials were trained. A respondent said;

"Recently, the VAPP law 2022, they've made it public through the ministry of Justice that will work together; they have given all the Judges in Oyo state, the police, NSCDC, and all the people involved have been passed a copy of the law each. Each of us knows VAPP law, and we know it is binding to each state citizen; each stakeholder takes it up and does their part. They have done well in getting this law and putting it together. "

3.9.4 Advocacy visits to policymakers on FGM: In Osun state, One-third of the KII respondents mentioned that there had been some programs where stakeholders like NGOs, CSOs, and security agencies, among others, made advocacy visits to policymakers and some agencies. A respondent specifically said;

"Yes. I think, okay. Apart from the Ministry of Health, Ministry of Women Affairs and Children Development, we have been to. We've been to civil defense. We were at the Nigeria Police Force (NPF) the other time, soliciting support that we, so like that of the NPF now Nigerian Police Force, we met with the DPO there that we need his assistance because we, there were some rumors then that there were people, some people caught and they, they use their money to bail themselves out from the police eh, they did not allow the matter to get to court. For one reason, one way

or the other, they permuted the whole thing, and the case was settled. So, it's like we are pleading with them that whosoever is involved in such an act and the police arrest them. They shouldn't just hide it. Let the law take its, uh, full force on that fellow. So, we have been to some of those, uh, players, some of these, uh, people, the stakeholders, and they're like agreeing with us that no problem."

In Oyo State, some KII respondents reported that the advocacy visits were done to increase the fine and penalties for the law against female genital mutilation. It was also said that the advocacy visits were collaborative efforts involving other stakeholders. In Ekiti State, most respondents stated that advocacy visits were done on policymakers. However, a small number of the respondents reported that there had not been any advocacy visits. One of the respondents said;

"So many advocacy visits, let me say to the ministries (okay) yes. Key ministries on this issue, like the Ministry of Health, FGM issues, STOPCUT project, and Ministry of Health, are very conversant and know HACEY well. They are not new to the project. Ministry of Women Affairs, The National Orientation Agency, the Office of the Wife of the Governor, the House of Assembly, Ministry of Education, so many people, so many Ministries and Policymakers like that."

3.9.5 Challenges with the policy implementation: In Osun State, more than half of the KII respondents reported that the biggest challenge with the policy implementation is the failure of people to report to the security agencies any suspected cases either because of their relationship with the person or they are not convinced there is confidentiality. One of the respondents specifically said;

"As I said, when the people are not protected, when the whistleblowers are not protected, they cannot report, and you cannot implement it; everybody, we've done a lot of things to ensure that people understand that this thing is a crime, but nobody wants to come. You know there is an adage that says, 'we don't go to the police station and return as friends '. So before implementation occurs, people need to rest assured. We've engaged security personnel, and they've assured us that people will be protected, but people don't just want to believe word of mouth."

However, another respondent mentioned the willingness of the government to implement the policy might also influence the implementation of the law.

On the challenges with the policy implementation in Oyo State, it was reported that people are not reporting the cases of female genital mutilation. Another challenge was not enough awareness of the policies of female genital mutilation. Furthermore, it was also stated that the scarcity of funds limits the policy's implementation. One of the respondents reported;

"I think another challenge is that many people should know about it. Even some lawyers don't know about this FGM; if the laws are there and some lawyers are unaware, how will they defend somebody in court"

In Ekiti state, it was reported that there had not been a perpetrator of the law. A respondent specifically said;

"The challenge that we still have with the policy and the implementation of the law is using someone as a scapegoat concerning the FGM practices in the State. (How?) Since the law was reviewed in 2019, on the aspect of FGM, there has not been a scapegoat or perpetrators, but on the aspect of rape, and child harassment, there are serious actions on that (okay). They have been sending the perpetrators of Gender Based Violence to jail, but on the aspect of FGM, which FGM is included in that same bulky book, in that same law, let me just put it like that. So FGM is included in that prohibition. Since 2019, we don't have a scapegoat yet; I think it is something that we still need to work on with the policymakers, and maybe the CSOs too."

It was reported that one of the challenges is no awareness of the law.

3.10 Reporting tools for FGM practices:

3.10.1 Available reporting tools for FGM practices: In Osun State, half of the KII respondents mentioned that there are toll lines that people can call to report any FGM practice noticed in any part of the community. Respondents also mentioned registers for cases & complaints, reporting templates and the use of community champions as other reporting tools available. One of the respondents specifically said;

"We have a referral pathway, as I said, and the Local government level has the community champions there. Each time they have any program in the community, the community champions will be there, but they may not be the set of people that want to sensitize; they must be

there due to the virtue of their jobs but not as a participant. They are the ones they report to and will now contact us at the state level. So we normally tell them the reporting template: pathway, especially cases of Female Genital Mutilation and other GBV."

In Oyo State, it was reported that available reporting tools, structured questionnaires, a focus group discussions guide, a toll-free line provided by HACEY Initiative and UNICEF, the media and a rapid response team had been made available to report directly to. One of the respondents stated that;

"We have a toll-free line which ehhhm provided by HACEY, then we have a free toll line provided by UNICEF or by UNICEF if I'm right then now the present situation with reporting you can go now to any police station or no no any law enforcer in fact to as to the Amotekuns, to the police officers, to the NCDC. You can now go to any radio station because we partner with journalists. You can now go to any media outlet; you can now go to any hospitals to report cases of genital mutilation in the state."

In Ekiti State, most KII respondents mentioned that the reporting tool used toll-free lines from HACEY. One of the respondents said;

"I think we have toll-free line numbers that people can call in to report any case of FGM for now. Yes, I know the ministry of health's own and human affairs, and I know BIGIF and HACEY. I don't know it off hand, but I know that one of the health and ministry of human affairs off hand. I have the HACEY own on my phone."

Some of the respondents stated that the practice of female genital mutilation could be reported in the community anonymously. Additionally, it was reported that sexual and social referral centers are available in which the practice of female genital mutilation can be reported.

3.10.2 Reporting rate of FGM/C practices: In Osun state, half of the KII respondents thought that the reporting rate of FGM/C methods was not known to them because there had been virtually no report at all, but the people are aware of the lines to call in case they wanted to make a report. One of the respondents specifically said;

"Okay. I don't know. But, I learned that it was when, after a facilitation section and one of the participants asked, can we get a line? And one of them stood up and started calling that we have a line. (Okay.) You know, the participant was new, so the one who was part of this. So every one of them has access to the line. They know who to call, they know where to go, and they know how they report. So, I know that the STOPCUT project has a good reporting system. I am not in that position, but I know that as we talk to them, you know, the way they respond, they tell you how they report. And so I know that they have a good reporting system."

In Oyo and Ekiti States, almost all the KII respondents reported that the reporting rate was low.

A respondent from Oyo State also said;

"It is very, very low, very, very low [stammers]. We must accept that, and the main reason, as I said earlier, is that neonates are affected. Two, some people treat each case of female genital mutilation like oh now, if I report my father-in-law, if I report my mother-in-law, where will I come because it is the mother-in-law often that is always responsible for these offences? Will I go back to them? And if I report, is there any protection for me, so that makes the reporting cases very low…"

3.10.3 Changes in the reporting rate of FGM practices: Across the three States, it was reported that there had not been any changes so far. However, a respondent added that although the differences are very low, there are still changes from when law enforcement officers did not get reports. One of the respondents said;

"Yes, because before, the police or the law enforcement officers did not even get any form of the report, but recently, people would call in and tell them the location. Although they might get there and not make an arrest, the fact remains that they were cases where they got the report and got there, and they were able to stop an intending case from happening, and that is even our joy."

3.10.4 Things are done to enforce laws on FGM: In Osun state, all the KII respondents mentioned that enforcing the law can only be possible if people are willing to report, but because of the fear of being a whistleblower, most of them don't want to, and that has been the major setback in enforcing the law. However, one of the respondents added that there had been a

Table 3.14 Existing policies and laws against FGM

Questions	Findings
Policies and Laws	Violation Against Person Prohibition (VAPP) law, Child Right Act and Violence Against Women (VAW) law
Gaps in the existing policies and laws on FGM	No reportage of cases, so there hadn't been law implementation, no law to protect the whistleblowers and the fine punishment attached to those caught with the act is too affordable.
Implementation of the policies	Implementation problems exist because people failed to report cases, VAPP law had been made public through the ministry of justice, all justice stakeholders were made known, and the policies and laws are being implemented in which the law enforcement was trained
Advocacy visits to policymakers on FGM	Stakeholders like NGOs, CSOs, and security agencies made advocacy visits to policymakers and some agencies, and advocacy visits to increase the fines and penalties for the law against female genital mutilation.
Challenges with the policy implementation	Failure of people to report to the security agencies any suspected cases, not enough awareness of the policies on female genital mutilation and scarcity of funds.

Table 3.15 Reporting tools for FGM practices

Questions	Findings
Available reporting tools for FGM practices	Toll lines, registers for cases & complaints,reporting templates, use of community champions, structured questionnaires, a focus group discussions guide, the media and a rapid response team, and sexual and social referral centres.
Reporting rate of FGM/C practices	The report rate is not known because no report was made
Changes in the reporting rate of FGM practices	No changes so far
Things are done to enforce laws on FGM	Sanctions/punishments and introduction of community focal persons to law enforcement officers

report, but they could not enforce the law because she hadn't mutilated the girl-child when they got there. A respondent specifically said;

"Part of our major work now is so that people can report and what we're doing, like the, uh, the alliance, what we're doing is that people are scared to report. So, nobody knows who reports if you have a way to report, and the person's identity is being kept. So that is one thing that community member wants people to assure them that if I report you're not going to talk about me, you're going to keep my identity so that nobody will come back to attack me. So, I think that is where we find ourselves now, But I think that is changing gradually because we have started receiving calls. We have started getting, okay, please, sir, what can you do? So sometimes you see on the group that we all belong to, somebody just posts please, can anybody be of help? So, it's because it's the reporting process, and we have been able to arrest all those situations."

Regarding what has been done to enforce laws on female genital mutilation in Oyo State, it was reported that the sanctions/punishments were made known to the target population. In Ekiti State, some KII respondents stated that law enforcement officers have been handling female genital mutilation cases, and community focal persons have been introduced to the law enforcement officers. It was also noted that there is now the inclusion of a fine to be paid and two years of imprisonment when the law is broken. One of the respondents said;

"hem, because we spell out the sanction to them now, you know people will not obey the law without sanctions, so nobody wants to be jailed; you don't want your husband to be jailed, you don't want to be jailed as a mother."

3.11 Extent to which project objectives were achieved.

3.11.1 Attainment of project objectives: In Osun State, all the KII respondents reported that the project objectives to stop FGM had been achieved. It was added that although they worked in just 4 LGA out of 30 LGA, still those LGA where they worked had a great reduction in FGM practice after the project. One of the respondents added that there is a need to scale up because the local government that is not reached might not have access to media and wouldn't have the information others had. The respondent further noted that moving from one community to another and having a one-on-one discussion with them would be better.

According to the majority of the KII respondent in Oyo State, the project objectives have been achieved to a large extent. Some of the respondents reported 80% achievement of project objectives. In Ekiti State, some KII respondents stated that the project objectives had been achieved, including the program's sustainability through the end of FGM alliances. Female genital mutilation has reportedly been less common and practiced. One of the respondents reported that the practice of female genital mutilation had been eradicated. The respondent mentioned that;

"It has achieved at least almost 100% positivity. Are you getting me? When it comes to the, I mean stopping, when it comes to eradication of female genital mutilation, are you getting me? Because I can't remember any day I heard of the case of female genital mutilation…"

3.11.2 Outcomes: In Osun State, many KII respondents mentioned the project's great and positive outcome. One of the respondents specifically said;

"Positive outcome, because in a situation when we being to have success stories of circumcisers stopping to circumcise, coming together even to go to do sensitization themselves, in a situation whereby even community leaders and Kings are coming boldly on radio, on the street to say they are in support, these are success stories."

On the project's outcome in Ekiti State, it was reported that a visible outcome was engagement on the radio stations.

3.11.3 Likely impact: In Osun State, one-third of the KII respondents responded that the STOP CUT project had made an impact in making people understand the meaning of FGM, the risks and dangers involved and the existence of the law that binds it. A respondent said specifically,

"As I said earlier, so many people in the community don't even know what FGM is all about, but after the project, many people can boldly say it is a crime. If you go to some schools, you will see something, say something, that when a girl child is being mutilated, please speak out."

When asked about the project's likely impact in Ekiti State, it was stated that the project was impactful as people were always in attendance for the meeting.

3.12 Awareness Creation for the Community members

3.12.1 Creation of awareness of FGM: In Osun, Oyo and Ekiti States, most of the KII respondents mentioned that they had been creating a series of awareness in the community like outreaches,
community engagement, sensitization and so on. One of the respondents from Oyo State mentioned that;

"Oh yes! You know that's the first thing we do. We take it upon ourselves to our responsibility. We start with our family, although I can say I can proudly say because I went home and asked did you mutilate, they said no, that in the church in the church, they've told them mutilating is bad, so I extend it to my family, to my immediate community…."

3.12.2 Approaches used: In Osun State, half of the KII respondents mentioned that they used different types of approaches like the use of IEC materials, social media, enlightenment programs on TV and Radio, sensitization at the market, and outreaches, among others. According to some of the KII respondents in Ekiti State, social media was used to create awareness. Some respondents also reported that meetings were used to disseminate information on female genital mutilation. A respondent from Ekiti State said;

"I leverage existing meetings in my neighborhood to discharge my duty and to campaign against FGM in our society. No, I leverage on meeting that is available. Before the community sensitization, I used to go and meet the community leaders. We tell them we want to do something here, so if they allow us, we do it, if they don't allow us, we go elsewhere, but there's no place they ever rejected us, so I think it's a good thing. Yes, I always on my page, on my WhatsApp page, Facebook, I, I use to use the two most of the time."

3.12.3 Focus/content of the awareness: In Osun State, half of the KII respondents said the main content of their awareness is the danger and risk that FGM puts the girl-child into and also let them understand they are violating the girls'/women's rights. A respondent specifically said;

"Ok! In the cause of awareness, we always want to understand what FGM is all about and the danger it pushes to the girl child. The dander is letting them know and understands it's also a violation of human rights because any girl you circumcise, you've just taken the person's right away. And then we let them understand some laws criminalize the practice."

Concerning the focus or content of the awareness in Oyo State, the majority of the KII respondents reported that the direction of the awareness was by saying zero tolerance to the practice of female genital mutilation. One of the respondents said;

"It's simply saying "No" to mutilation because you are infringing on the fundamental right of the girl child because we are damaging the girl child. You think about what they are worth, but when you mutilate them, you are telling them they are worthless, and no religion, as I told you earlier, supports FGM."

In Ekiti state, almost all the respondents stated that the awareness was focused on how harmful the practice is and the laws on female genital mutilation. It was also reported that prevention was included in the awareness content. One of the respondents specifically said;

"The practice, that all the type of FGM is dangerous, depending on those people that did it or not, it's very dangerous that everybody should just stop it, they should not do it, whether type 1, type 2 or type 3 or type 4, they should not engage in any of it because some people believe that if the did the type 1, it won't have many complications than the other type but I used to kick against it that don't even engage in any of the types. So the practice is majorly what I told people about."

3.12.4 Effectiveness of the approaches: In Osun State, all of the KII respondents reported that the approaches had been very effective due to the positive changes observed in the community. One of the respondents specifically said;

"It's been quite interesting, and it's positive. Well, a lot has changed; as I said earlier, I think you've asked me, people have been coming out to pledge abandonment, and people's reaction to it is now becoming part of a thing that A will tell B, don't do it o, if you do it and you're caught, you're going to prison. So it has been positive."

In Oyo State, it was reported that the approaches had created positive awareness and reduced practice. In Ekiti State, most respondents stated that the approach had

created more awareness, reducing the practice of female genital mutilation. Also, in Ekiti State, it was reported that the approach was very inclusive and made it feasible to interact with individuals of all ages. A respondent said;

"Yes, I think it is gradual; when something is new, people are always resistant to changes, but it creates a positive awareness. For example, I told you, you ask yourself a simple question: Is my body part being cut? Where did it go? Where did it go? Then two, you can ehhhm compare yourself with others, creating little arousement in the people's interest to change."

3.12.5 Challenges experienced: In Osun State, a few KII respondents mentioned their challenge is getting resources to create awareness and pass information. Resources like IEC materials and fuel for vehicles to transport from one place to another. One of the respondents also added that the neighboring communities that are not reached might not see FGM as a crime and will still be engaging in it, which might affect those sensitized. A respondent said specifically;

"Is resources. So, wherever you find yourself is still a resource. I just left the NYSC camp. Now, what they're asking me is, do you have IEC materials? Do you have this that we can use? I said, well, I will have, maybe before you leave camp. Just let me know where you are posted and if there's anything we can do, even if it's online material. So it is resources. Somehow there are places you need to; I mentioned that even in Osun State, not all states had been touched. (Yes, sir.) Not all local governments have been touched in many places, and not all communities. So many places work still needs to get to. And you know, there is this culture of cross-cutting, cross-border cutting. (Okay?) So if you have sensitized the entire people in this community and you have not sensitized within that community, this community said they declare on their own that FGM is a taboo. (Mm.) So nobody is cutting anybody again in this community. So, they will cross the border and go to that other community where they still do it and still do it again. So, it is because the resources are so, is limited, so you have to look where, where and where to work. But I think when we have resources will do more."

In Oyo State, most of the KII respondents reported that the challenge experienced is people are still reluctant to stop female genital mutilation. The act is still perpetuated among the people living in rural areas. In Ekiti State, half of the KIII respondents, the challenge the stakeholders experienced was many discouraging comments and bullying on the field. Also, in Ekiti State, few respondents stated no challenge was experienced. One of the respondents said;

"[Cuts in] they always question us what, why are you clamoring for FGM, what is your problem, have they not done it for me? I said, "they have done it for me, I know the consequences, I don't want them to do it for another person, that's why I'm clamoring about it". So, people just used to ask a question, what is your own with FGM? They'll be asking me, and I'll be telling them."

3.13 Sustainability and lessons learned

3.13.1 Existing sustainability plans for the STOP CUT project: In Osun State, all the KII respondents mentioned that the involvement of different stakeholders like media, the MDAs, security personnel, community member, CSOs, the CBOs, and so on from all spheres in the community was a sustainability plan done by STOP CUT project for continuity. It was also mentioned that there was the provision of IEC materials that would ensure they had the information they needed at arm's length. Concerning the existing sustainability plans for the STOP CUT Project in Oyo State, it was reported that follow-up is being done to ensure that people are not engaging in female genital mutilation. A respondent from a community-based organization reported that;

"...they do follow up, and follow up is to ensure that people still comply to the training and instruction been given to them, and that is the sustainability, and you know, because you don't have a record of it does not mean to would raise its ugly head in the future you continue with the awareness through jingles advert and a host of another source they still distribute fliers to people, so it is to sustain it."

Also, in Oyo State, it was reported that whistleblowers' use is a sustainability plan of the STOP CUT project. In Ekiti State, it was reported that the end FGM alliances had been formed whereby the members are trained. It was also reported in Ekiti State that a relationship had been formed with schools as a sustainability plan. One of the respondents specifically said;

"There has been a kind of relationship with the youth groups. Youth also is part of the project. And schools also are part of the project. A kind of sustainability in meeting the school owners, let me

Table 3.16 Extent to which project objectives were achieved.

Questions	Findings
Attainment of project objectives	It was reported that 80% of the project objectives were attained because of a great reduction in FGM practice. Others are the program's sustainability and eradication of FGM practice.
Outcomes	Positive outcomes
Likely impact	The project had made an impact in making people understand the meaning of FGM, the risks and dangers involved and the existence of the law that binds it.

Table 3.17 Awareness Creation for the Community members

Questions	Findings
Creation of awareness of FGM	Created a series of awareness like outreaches, community engagement and sensitization.
Approaches used	Use of IEC materials, social media, enlightenment programs on TV and Radio, sensitization at the market, outreaches and meetings
Focus/content of the awareness	The danger and risk of FGM on women/girls, understanding the girls'/women's rights, zero tolerance to the practice of FGM and the laws that ban the practice.
Effectiveness of the approaches	Positive behavioral and attitudinal changes towards FGM, reduction in practice and possible interaction with individuals of all ages.
Challenges experienced	Getting resources like IEC materials and fuel for vehicles to transport from one place to another to create awareness and pass information, inability to reach all LGA for sensitization which might affect those sensitized, reluctance of people to stop FGM practice, and discouraging comments and bullying on the field.

say, the proprietors and the proprietress. The kind of relationship and the kind of activity planned."

3.13.2 Roles and planned activities: In Osun State, some KII respondents mentioned that they planned to continue their activities using media to pass information across to the people. In Oyo State, all the respondents reported that they plan to create more awareness in the communities and schools to sustain the project. In Ekiti State, it was stated that activities are scheduled for school outreach and media to continue with the sensitization. It was reported that a proposal hoping to be enacted into legislation suggested that children receiving immunizations be scrutinized for any evidence of mutilation. This was brought up during the seminars. A respondent from Ekiti State said;

"...So some activities have been planned for them regarding this campaign. That's the kind of relationship; there has been a kind of relationship with the media and other stakeholders too which I have mentioned earlier, a kind relationship with the public and private schools in engaging them."

3.13.3 Capacity for sustainability: In Osun State, all the KII respondents said there is a capability for sustainability in terms of human resources, however one-third of the respondents added that the resources that are supposed to be provided by the government might reduce their capabilities because the government might not provide them with necessary funding/support. In Oyo State, most KII respondents reported planning to partner and collaborate with other non-governmental organizations and the government. A respondent who is a government staff said;

"The capacity is through a concerted effort, through other agencies, partnerships, extension, and by putting it in our budget allocation. If our government can support this project, it can be sustained, and I know Engr. Seyi Makinde is the one that supports the good health of our children."

It was also reported that media would be used where articles and reports would be posted on social media, websites and blogs in Oyo State. In Ekiti State, it was reported that existing structures were leveraged, in which officers are trained, and then the training will be stepped down to other members of the structure.

3.13.4 Likely challenges: In Osun State, half of the KII respondents reported that the funding issue would be the likely challenge they will face in the project's sustainability. Most stakeholders in Oyo State said funding and human resources would be challenging. A respondent reported;

"The major challenge is human resources now; you need the expertise to pass the message. You wouldn't want misrepresentation, and most graduates are not ready to work with CBO that will not give them well evaluation that's is a major challenge...."

In Ekiti State, it was stated that continuous training without including incentives could be a challenge when leveraging existing structures. It was also reported that concerning the school club if the teachers or school management are not included, it could result in a challenge in Ekiti State. One of the respondents reported that;

"The likely challenges would be continuous training of the project without attaching incentives because, you know, as much as, as much as we're trying to leverage on existing structures that wouldn't need many financial plans to sustain them, you know actually to continue or to make advocacy more effective, there might be, you know, financial challenges that might you know to affect activities of the alliance."

3.13.5 Plan to overcome challenges: In Osun State, one of the KII respondents mentioned how the challenge could be overcome, that the individuals and communities based organizations should continue to write proposals and meet with different partners to raise funds. In Oyo State, it was reported that for the challenge of human resources, the plan to overcome it was to train the community members to spread the information. It was further mentioned that to address the financial challenge, the government and various non-governmental organizations will collaborate to make money easily accessible. A respondent said;

"...the way forward is for our government to try to allow more organization and more people for the sustainability of this project and other projects. They should make money available, create an enabling environment, and have a political will together to end FGM."

In Ekiti State, it was stated that the end FGM alliance members should receive grant and proposal writing training to empower them as part of the plan to overcome the challenges.

Furthermore, it was stated that the sensitization of the practice and dangers of female genital mutilation should continue in Ekiti State. Additionally, in Ekiti State, it was noted that passionate teachers should be involved in school clubs. Another respondent said;

"...to keep on talking about the dangers of this FGM and then when we see people that have gone through this FGM and can give their testimony when I talk about testimony, I'm not talking about the one in the church...."

3.13.6 Lessons learned from the study: In Osun State, KII respondents mentioned the knowledge gained on FGM, the ability to step down knowledge, how to deal with different beliefs and orientations, capacity building, and the strategy used to get positive results, among others, as lessons learned from the study. In Oyo State, it was reported that the lesson learnt from the study was training people and following up on the training will achieve the project objectives. A respondent said;

"Determination there is nothing you cannot achieve; we thought it was difficult to tell people to dissociate from their culture and now realize that knowledge is power, so that is, you train them, and when you do follow up, you discover that they key in into the objective when you throw questions to them they answer."

In Ekiti State, it was mentioned that having a relationship with the stakeholders and a timeline was a lesson learned from the study. In addition, lessons learned included not forming assumptions and the importance of continuously raising community members' awareness. One of the respondents said;

"I think the major one would be not to make assumptions, just like we assumed that normally law enforcement officers should know the law, they should know what they used to do, you know, not making assumptions will be one of the things we learnt from the project and the fact that continuous advocacy, continuous sensitization can go a long way."

3.13.7 What worked well: In Osun State, half of the KII respondents mentioned that what worked well for the project was the selection of the stakeholders, the training, the sensitization, advocacy and the continuous engagement of the community who were selected as part of the project. A respondent specifically said;

"The things that worked well, as I said at the beginning, was that the entry process was perfect. The way STOPCUT project started, we came in during the Covid period and started with strong high-level advocacy. (Yes.) So at that level, nobody sees you anywhere and says, who are those people? ((Mm-hmm.) The only thing that you're hearing is, are they around? Because they are already aware. So they were waiting and waiting to see, okay, let's see what will happen. These people, what they told us, they gave us a, a word, a promise and that at the end that we will enjoy our, we will enjoy the project."

In Oyo State, it was reported that advocacy visits worked well in the STOP CUT project. Also, in Oyo state, it was reported that the planning and strategy worked well. In Ekiti State, it was reported that the sensitization, advocacy visit, capacity building, newspaper publication, and radio and television programs worked well. One of the respondents stated that;

"In the project, their sensitization, their advocacy visit, their building capacity and radio and television programs, they have been doing, I think it has gone a long way to end FGM in Ekiti state."

3.13.8 What did not work well: In Osun state, a few respondents reported that the inability of the people to report suspicious cases didn't work well with the project because it does not allow proper implementation of the existing law on FGM. In Oyo State, it was reported that there was difficulty in speaking with the men in the community. A respondent said;

"We find it difficult to speak with the men folk; I won't deceive you. It is not out of wickedness they believe that they are not directly concerned that is women thing...."

Capacity building of stakeholders through training was also reported not to have worked well in the project in Oyo State. In Ekiti State, the majority of the KII respondents stated that everything worked as intended. A respondent said;

"I will say nothing because we didn't identify any issues apart from generally speaking nobody has been prosecuted for carrying out female Genital Mutilation...."

3.13.9 Major factors influencing the achievement of project objectives: In Osun State, all the KII respondents mentioned that

Table 3.18 Sustainability and lessons learned

Questions	Findings
Existing sustainability plans for the STOP CUT project	Involvement of stakeholders like media, the MDAs, security personnel, community member, CSOs and the CBOs, provision of IEC materials, follow-up and the use of whistleblowers.
Roles and planned activities	using media to pass information, creating more awareness, continuous sensitization at schools, and outreaches, children receiving immunizations scrutinized for evidence of mutilation and organizing seminars.
Capacity for sustainability	Human resources, Training of officials, step-down of information partnering and collaboration with other non-governmental organizations and the government, and using social media, websites and blogs to post articles and reports.
Likely challenges	Funding, human resources, continuous training without incentives and Organizing school clubs without involving teachers or school management
Plan to overcome challenges	Grant and proposal writing training, meeting with different partners to raise funds, training of community members to spread the information, collaborating with government and various non-governmental organizations to make money easily accessible, continuous sensitization and involvement of passionate teachers in school clubs.
Lessons learned from the study	Knowledge gained on FGM, the ability to step down knowledge, how to deal with different beliefs and orientations, capacity building and the strategy used to get positive results. Others are training people and following up, having a relationship with the stakeholders, not forming assumptions and the importance of continuously raising community members' awareness.
What worked well	Selection of the stakeholders, the training, the sensitization, advocacy, newspaper publication, radio and television programs and the continuous engagement of the community people.
What did not work well	The inability of the people to report suspicious cases, difficulty speaking with the men in the community, and capacity building of stakeholders through training.
Major factors influencing the achievement of project objectives	Involvement of different stakeholders, having a good managerial plan, advocacy visits, policy advocacy, outreaches, organizing review meetings, social media, money and capacity building. Others are adequate preparation, coordination and a good framework

the involvement of different stakeholders in every sphere was the major factor influencing the achievement of the project objectives. Other factors cited by respondents are having a good managerial plan, advocacy visits, and organizing review meetings. One of the respondents said;

"They have their vision and mission, and eh Yoruba will say somebody who knows where he is going will not miss his way. Once you align yourself with your goals and missions, you will be able to trace your step down to that place so once they are that eh mission and vision, they can gather the necessary, useful stakeholders together. So with that uh vision they have, they were able to gather the necessary stakeholders together, and they align with them, talk to them from time to time, work with them from time to time, share their mission and vision."

In Oyo State, social media was reported to be a major factor in influencing the achievement of the STOP CUT project's objectives. Some of the KII respondents also stated that collaboration is a major factor in influencing the achievement of the project objectives in Oyo State. Furthermore, in Oyo State, it was also reported that money and capacity building were the major factors influencing the achievement of the project's objectives.

When asked what the major factors were influencing the achievement of the project objectives in Ekiti State, half of the KII respondents stated that adequate preparation, coordination and a good framework were the major factors influencing the achievement of the project objective. Some respondents noted that the strategies, like capacity building workshops, outreaches, advocacy, and policy advocacy, were the major factors influencing the achievement of the project objective in Ekiti State.

3.14 Recommendations to put an end to FGM

3.14.1 STOP CUT team: In Osun State, all the KII respondents commended the effort and activities of the STOP CUT project and the positive result it gives, and the majority of them implore the STOP CUT team to continue monitoring the intervention through the community stakeholders they worked with so that there won't be a relapse of FGM practice again in the state. Another recommendation added is taking the intervention to state health care workers because some also practice circumcising female children. One of the respondents specifically said;

"Umm, well, they have done a very good job, very, very beautiful one indeed. I want to implore them, this one the HACEY are, they are stopping; I mean, they are trying to face another entirely, and they should not just completely turn off. They will; they should not turn off completely from this uh stop cutting project. At least to some extent, they should go; they should just still be looking at it from the side and then, or, because people, most of us, the stakeholders, we really uh believe in it that this NGO can go to such an extent and it's like the NGO are taking it up than the government are doing….."

Most of the FGD participants in Osun State also said their recommendation for the STOP CUT project is to increase their workforce so that it can spread much more than this. They recommended returning for the second phase and promised to support them more. They also suggest that STOP CUT should look for those that can sensitize people very well because some people are very stubborn and will not practice what they have heard, so if they can continue with the publicity. One of the participants said;

" What they can use to help the town is that first, they will look for those that can sensitize people very well because some people are very stubborn and will not practice what they have heard, so if they can continue with the publicity, just like the immunization team that go from house to house and they have been using that medium to talk to people about STOPCUT that they should stop FGM and anyone that still goes ahead and do it, apart from paying fine, the person will still be imprisoned, the person that did the circumcision will also be jailed so it will make the project to be more well established such that the act will be eradicated".

In Ekiti State, it was recommended that more advocacy be done to engage stakeholders. It was also suggested that regular campaigns be done to increase awareness of female genital mutilation. However, the majority of the FGD participants in Ekiti State recommended the continuity and stability of the program so that people will not go back to FGM practice after the project has ended by doing more enlightenment and training more people. The provision of vehicles, megaphones, billboards and posters as means of publicity was also mentioned. One of the respondents reported that;

"They should still do more sensitization by using the radio, the television; I think I should set up

billboards in some strategic areas, then they can print like small, like a handbill where they give people. Then aside from that, as I said, let's go to public places; they should visit more community leaders, the kings, and the Obas in their domain to publicly state that FGM is a dangerous act and people should desist from it."

Likewise, in Oyo State, the majority of the participants reported that the STOP CUT project team had done extremely well. However, some participants still recommended that the public be taken to rural areas and villages for the benefit of those that don't have access to media. One of the women of reproductive age specifically said;

"We thank every organizer of this program. Just like my colleagues have said, they still mutilate girl-child in villages. Last week, a woman and I entered a cab, and I saw that her baby had a mark on her face. Jokily, I was telling her it was the same mark on my face that is on her face. Then she said it was when they mutilated her she got the mark. She stayed in the village and came to see someone in town. I was like, if she is caught, she will be jailed for her actions. So she said they don't know that in her village. My advice is that awareness should be created in those villages too. So that they can put an end to FGM in their villages."

3.14.2 Government and policymakers: In Osun State, the KII respondents recommended that government should provide the resources needed to sustain the project's continuity and create more awareness of government-owned radio and television. Policymakers were also said to help implement the existing law and ensure there is protection for the whistleblowers so there will be more reportage of the act. A few of the FGD participants also in Osun State mentioned that government and policymakers should have mercy on the masses on the issue of all health for the people. They also recommend always remembering those in the core villages and providing mobility for the healthcare workers to reach those core areas. Some participants said the government should recruit more ad-hoc staff than those involved in this project. If possible, those should be posted to our Primary Health Care facilities as a representative of the STOP CUT project there, so that any information gotten from there would be reported to the higher authority; apart from this, they'll keep enlightening and create more awareness on this subject matter. Moreover, the majority of the participants said that the government should work with them hand in hand with health practitioners and provide them with funds. If they help them with funds, they will have power in all the villages. One of the participants said;

"The advice we can give to the government is that they should work hand in hand with the health practitioners, especially those that will be working undercover so that no one will know their identities as workers that will be working for people underneath so that those that are stubborn will be arrested and those that are working at the Maternity homes; be it government-owned or private, that nobody can recognize them."

In Oyo State, it was mentioned by the KII respondents that the government should continue to create more awareness for the program among some of the stakeholders. It was also reported that the government should be involved in the prosecution of the offenders of the female genital mutilation law. One of the respondents specifically stated that;

"...the government should keep on embarking on the awareness. Though we have a drastic reduction, that doesn't mean there has been a total end; for sustainability, they should keep passing awareness to people. They should still keep sponsoring workshops through their various ministries; ministries know who to contact to go about it. They should always stress the sanction, you know we have a law prohibiting the act, but the sanction to always be drawn into the ear of the people so they know if they do this, this will be the penalty for it, that is of a part of the government."

Also, some of the FGD participants mentioned that the recommendation is that the government should support organizers with the funds to carry out the project for the long term so that FGM will be eradicated. A few participants also mentioned that policymakers should develop a working law that bans FGM, and anybody caught in the act should be punished, both parents & circumcisers.

In Ekiti State, most KII respondents reported that the laws should be reviewed, address the gaps stated earlier and make more stringent laws. It was also said that the laws should be implemented. Additionally, it was recommended that the government take ownership of the program and not only leave it to the non-governmental organization. For FGD participants in Ekiti State, some mentioned that the government should support organizers with

funds to carry out the project and enforce the law that will punish anyone caught engaging in FGM. A participant said;

"My recommendation to the government is that they please help us with this program because nowadays money is used to do everything; as our women have said, mobility is not easy and shouting at the market square too. They should please support this program with something so we can move around easily and won't lose our voices when talking, so they should support us so that it can progress. God will help them."

3.14.3 Community members: In Osun State, almost all the KII respondents mentioned that their recommendation for community people is to not relent in how they had advocated for the end of FGM. Likewise, almost all the FGD participants in Osun State also said that community members should follow and obey all they have been told by STOP CUT because of its many benefits. In addition, a few participants said their recommendation for the government is protection for those who report the culprits against the law against FGM. One of the participants said;

"My recommendation for our government is we request protection for those who report the culprits against the law against FGM so that they won't be aware of the people that reported them. There must be maximum and adequate protection for the reporters so that STOPCUT can experience more progress!"

In Oyo State, it was reported by the KII respondents that community members should be urged to create more awareness and disseminate information. Most FGD participants in Oyo State also recommended that other community members be a step down of information to those unaware in social gatherings, religious houses and within the family. One of the participants specifically said;

"The other advice we can give them is that they should also be talking to other people, as I am a Christian, when I get to church, I will talk to our people, our father too, who is an Alfa, should also talk to people, the other alfas under him too should pass the information whenever they go to their meeting, at our place of work, we should talk to people, the hairdresser too should also be passing the information to those that do come to make their hair, so that when they reach their houses too they can talk to people there, I think this will make this publicity to move forward."

In Ekiti State, some of the KII respondents recommended that they should not stop advocating and creating awareness of female genital mutilation. It was also recommended to report any practice of female genital mutilation that is done. Additionally, it was stated that community members should not engage in female genital mutilation. Likewise, some FGD participants mentioned that their only recommendation for the community was that they shouldn't relentlessly end FGM practice as they already do.

3.14.4 Other development partners: In Osun State, all the KII respondents reported that since the development partners have been working together, they only recommend not to relent because there is more they can achieve together. All the FGD participants in Osun State also suggested that other NGOs like STOP CUT should also go all out to create more radio or community awareness on what people should stop doing that are not best practices or what should be done. One of the participants said;

"We appreciate the STOPCUT NGO; we've really benefitted from their intervention and even our women, be it in a reduction in the spread of HIV and other diseases through sharing of sharp objects, for this, we really appreciate STOPCUT, and we also request other NGOs like STOPCUT to arise and help us as we don't have means to get health care from abroad."

In Oyo State, it was reported by the KII respondents that the development partners should embark on sustainability partners. It was further recommended that follow-up and records be kept with the ministry of women's affairs. It was also suggested that the development partners should give female genital mutilation high priority and treat it as important for public health. However, it was recommended that the development partners should be more professional with the interventions. Most of the FGD participants in Oyo State also suggested that other NGOs follow the step of the organizer of the Stop Cut project as it was able to impact life and save girl-child from unnecessary mutilation. One of the participants said;

"The NGO, my advice to them is that according to those that started this program continue to do this work, and they didn't quit or get tired, NGO should join them and support them either through publicity or they too should make sure that they don't get tired so that people can benefit from the information."

Table 3.19 Recommendation to put an end to FGM

Questions	Findings
STOP CUT team	Continuous monitoring of the intervention through the community stakeholders, taking the intervention to state health care workers, increasing the workforce, continuous publicity and sensitization, more advocacy, and regular campaigns to raise awareness of FGM and continuity and stability of the program. Others mentioned are the provision of vehicles, megaphones, billboards and posters as publicity, especially to rural areas and villages that don't have access to media.
Government and policymakers	Provision of the resources needed to sustain the project's continuity, create more awareness on government-owned radio and television, implementation of the existing law and ensure there is protection for the whistleblowers, provide mobility for the healthcare workers to reach core villages, recruitment of more ad-hoc staff than those involved in the project, enlightenment on FGM, collaboration with health practitioners and provide them with funds, and involvement in the prosecution of the offenders of the female genital mutilation law. Additionally, it was recommended that the government take ownership of the program and not only leave it to the non-governmental organization
Community members	Continuous advocacy, awareness and dissemination of information, follow and obey all STOP CUT teachings, report any practice of female genital mutilation, and not engage in FGM practice.
Other development partners	Create more radio or community awareness, embark on sustainability partners, not relent in the collaboration, support in financial and material, form follow-up and keep records with the ministry of women's affairs, treat FGM as an important public health issue, and should be more professional with the interventions. It was also recommended that they follow the step of the organizer of the Stop Cut project as it was able to impact life and save girl-child from unnecessary mutilation.

Most KII respondents in Ekiti State recommended that the development partners continue their collaborations and support in financial and material forms. It was suggested that they avoid a community where the project has been implemented. Furthermore, it was recommended that the development partners should emulate the work of the STOP CUT project. One of the FGD participants in Ekiti State, who is a woman of reproductive age, also recommended that other NGOs should follow the step of the organizer of the STOP CUT project and make collaborations with them.

3.15 Other things to talk about on the STOP CUT project

3.15.1 About Stopcut Project: In Osun State, half of the KII respondents mentioned that the STOP CUT project had been a project that had put a lot of things into place, and it was their wish that the project could continue so that there would be total eradication of FGM. However, another respondent responded that although the project had been done excellently, there was still room for adjustment. For FGD participants in Osun State, few reported that since the STOP CUT project team came for the program, people have stopped doing female circumcision and no longer partake in it since the project came to sensitize everyone around our place. Nobody is practising FGM again. A participant said STOP CUT made us understand that it is not good to circumcise female children and it is also a crime. One of the participants specifically said;

"Oh, what ii will just say on the STOP CUT project, uh, I will say I wish that the project is not stopped. It must not be in Osun state; there is in other places. But if Osun state is opportune to have that project still, it will be a time for implementation of all these things that we have put in place. I can say the project came to put many things in place so that other partners would come in and enjoy this process. It is also good for us, but I will advise and recommend, if possible, that now is not the time to stop the project; now is the time to work more to achieve the 2030 goal of ending FGM."

In Ekiti State, most KII responders claimed nothing else to say about the STOP CUT project. It was reported that the project should continue and ensure to continue spreading of awareness and capacity building for the parents on female genital mutilation. The FGD participants in Ekiti State also mentioned that the STOP CUT team had done well, and they implored them to continue with the awareness program. A respondent said;

"For now, there's not much I want to talk about, but I know they have been doing good work I'm the state; they should continue and ensure that every other person they have not touched, they touch them with their messages and capacity building for those parents so that they too will be aware of FGM and the reason why we should stop it."

Some of the FGD participants in Oyo State also reported that they would like to implore the government or the Stop Cut project organizers to make provision for other jobs or monetary incentives for businesses for the circumcisers so there could be total eradication of FGM. A participant specifically said;

"I will plead on behalf of the local circumcisers; they should work for them to provide for their family. If it can be announced publicly so that those people can come around and the government can give them money to start a business, it will be well-appreciated so they can take care of their family."

3.15.2 Things to talk about on how to stop FGM practices: In Osun State, KII respondents mentioned that there should be more orientation and awareness, especially in the villages where information is not easy. Also, half the KII respondents in Ekiti State responded that they did not have anything to talk about on how to stop female genital mutilation. It was stated that gender champions should be identified to create awareness of female genital mutilation further. Finally, it was noted that more campaigns should be created to create awareness to end the practice. The CBO in Ekiti State specifically said;

"...so we identify some gender champions, they are the adolescent girls, they are the age of 9 to 19 years, so it is these gender champions that they go home, they go to their schools, their churches, they belong to many places. So as an adolescent now, they belong to a family. So these people go back home, they go and have a team of twelve, the train the twelve. The twelve they trained will also train another twelve. Before we know it, this message is getting spread."

3.15.3 Things to talk about on sustaining the movement: Across all 3 states, it was identified that the creation and support of like-minded individuals and advocates working together to end FGM filled a much-needed gap and supported continued awareness creation. By building the capacities of community members, grassroots organizations and individuals

passionate about stopping violence against women, they are able to continue creating awareness and leveraging on existing platforms and the End FGM alliance to promote the message and support effective policy implementation. With the connected network, people can offer and receive support and connect those in need and at-risk more easily. When grassroots movements are involved and their capacities built and provided with resources, they are also able to create awareness to end FGM in the most rural places where most people cannot go.

Table 3.20 Other things to talk about on the STOP CUT project

Questions	Findings
Other things on the STOP CUT project	It was reported that the project had put a lot of things into place and wished for continuity of the project. They also said that it had greatly reduced and eradicated FGM practice. Additionally, respondents implore that the continuous spreading of awareness and capacity building for the parents on female genital mutilation and providing other jobs or monetary incentives for circumcisers to do business should be considered.
Things to talk about on how to stop FGM practices	More orientation, more awareness through campaigns and involvement of gender champions.
Things to talk about on sustaining the movement	Building the capacity of community members and alliance members to continue promoting an end to FGM.

CHAPTER FOUR

CONCLUSION AND RECOMMENDATIONS

IT WAS REPORTED THAT THE PROJECT WAS VERY EFFECTIVE BECAUSE THERE HAD BEEN A SIGNIFICANT REDUCTION IN THE PRACTICE OF FGM IN THE COMMUNITY. IT WAS ADDED THAT THE INTENSIVE SENSITIZATION,

4.1 Conclusion

The Stop Cut is an intervention project to end female genital mutilation in Oyo, Ekiti, and Osun State, Nigeria, through collaboration with necessary stakeholders such as Ministries, Media, Law enforcement agencies, Community gatekeepers etc., for the smooth implementation of the project. The project conducted training, outreaches, advocacy, sensitization, seminars, workshops, boot camps, and rallies. STOP CUT project was a project that took care of, enlightened and opened people's eyes to the dangers FGM brings to the future of children and to be able to prevent the transmission of diseases and the wicked act of nonchalant attitude by teaching community members to stop circumcising their daughters through awareness and sensitization on the risk and danger of mutilating female children and sensitization in secondary schools, religious houses, and markets. Other intervention areas include enforcing existing laws on Violence Against Person Prohibition (VAPP), getting feedback from the community through the radio program, advocacy visits, and capacity building for community leaders, among others.

This study showed that intervention and control had almost the same mean FGM knowledge score of 7.6±2.6 and 7.2 ±2.9, respectively. However, 70.0% of the intervention group had a good knowledge of FGM compared with their control counterpart, with only 44.6% having a good knowledge with a significant difference (p=0.000). More respondents in the intervention group knew that FGM is dangerous and that FGM causes pain during intercourse compared with their control counterparts. This study also significantly observed that more respondents in the intervention group knew that FGM could not cause cancer and that mutilated women were

likely to suffer from urinary problems. The qualitative study showed that FGM practices before were seen as a normal practice expected of all families with a girl-child in the olden days because its seen as culture, and whoever family was found not doing it was always seen as being promiscuous and wayward. It was found that the situation of FGM before the Stop Cut project was rampant as most respondents reported that the incidence and prevalence of FGM ranged from 70-77 per cent according to the NDHS survey in 2013 before the Stop Cut project. However, there have been considerable changes in the practice of FGM because the majority of the community people are now aware of the risks of cutting female children due to the awareness and enlightenment done by the STOP CUT project. Both quantitative and qualitative findings showed that cultural beliefs, health factors, and social factors are the contributing factors to FGM.

On the roles of the STOP CUT project, it was found that the STOP CUT project organized a lot of seminars and workshops, sensitizations, training, and mobilization. It was also added that intensive advocacy, market outreaches, and community engagement were also done by the STOP CUT project, which brought about the positive changes observed.

Cultural belief was the leading identified contributing factor to FGM reported by the intervention and control groups. This showed that both intervention and control groups' community members still practice FGM, as few of both the intervention and control groups reported that they were aware of female circumcision done in the last 2 years. However, more respondents in the control group reported having family and friends who had engaged in female circumcision in the previous two years. Surprisingly, some control groups mentioned healthcare providers assisting community members in practices of FGM. This calls for concern and formative assessment, and operation research must be conducted to ascertain this claim. However, more respondents in the intervention group with a substantial difference said they would report cases of FGM/C through appropriate referral pathways like law enforcement authority compared with their control counterparts.

On the outcome of the STOP CUT project, it was reported that the project was very effective because there had been a significant reduction in the practice of FGM in the community. It was added that the intensive sensitization, awareness creation and many other programs done during the STOP CUT project had brought about positive changes in every sphere of the community, which has added to the health value of female children. The study showed an understanding of the meaning of FGM, the risks involved, and awareness of the law. It was also added that liaising with other stakeholders to bring positive changes was possible because of the STOP CUT project, and the prevalence has dropped drastically. It was shown in the study that all the States have existing policies and laws against FGM. In Osun State, there is a Violation Against Person Prohibition (VAPP) law which has been in existence since 2004 to stop all sorts of violence against women and girls, which female genital mutilation is a part and reviewed in 2021 by Osun State government where different sanctions for different situations as regards the issue of FGM was added. Oyo State has Child Right Act, VAPP Law, and Violence Against Women (VAW) law. At the same time, in Ekiti State, there is a gender-based violence prohibition law amended in 2019 against female genital mutilation. However, the challenge with the policy implementation is the failure of people to report to the security agencies any suspected cases, either because of their relationship with the person or because they are not convinced there is confidentiality. Also, the willingness of the government to implement the policy and poor awareness of the policies of FGM.

Knowledge gained on FGM, the ability to step down knowledge, how to deal with different beliefs and orientations, and capacity building were lessons learned from the study. Others were having a relationship with the stakeholders, not forming assumptions and the importance of continuously raising community members' awareness. It was observed in this study that the selection of the stakeholders, the training/ capacity building, the sensitization, advocacy, and the continuous engagement of the community who were selected as part of the project worked well for the project. The inability of the people to report suspicious cases didn't work well with the project because it did not allow proper implementation of the existing law on FGM, which was identified as what did not work well in the project implementation. In Oyo State, capacity building of stakeholders through training was reported not to have worked well in the project.

It was shown that the involvement of stakeholders like media, the MDAs, security personnel, community member, CSOs, the CBOs,

and so on from all spheres in the community was a sustainability plan done by the STOP CUT project for continuity. It was reported that the whistleblower and the FGM alliance are the sustainability plan of the STOP CUT project.

The major challenge during the implementation is changing people's belief that FGM is a cultural or normal tradition that should be done on female children. Some also added that there is difficulty in reaching some communities regarding transportation. Respondents faced other challenges during implementation: hostile behaviors from touts and street boys in the community if they were not given money.

4.2 Recommendations

HACEY Health Initiative

1. HACEY should continue monitoring the intervention through the community stakeholders they worked with so that there won't be a relapse of FGM practice.
2. HACEY should take the intervention to health care workers because some were also reported to practice circumcising female children.
3. HACEY should identify and train gender champions to create awareness of female genital mutilation further.
4. Publicity should be taken to rural areas and villages by HACEY for the benefit of those that don't have access to media
5. Movies on FGM in different native languages should be produced and released.

Government and policymakers

1. Government should provide the resources needed to sustain the project's continuity and create more awareness of government-owned radio and television.
2. Policymakers should help implement the existing law and ensure there is protection for the whistleblowers so there will be more reportage of the act.
3. Government should continue to create more awareness of FGM and should be involved in the prosecution of the offenders of the female genital mutilation law.
4. Government should take ownership of the program through the provision of funding to carry out the project and also enforce the law.

Community members

1. Community people should not relent in advocating for the end of FGM.
2. Community members should be urged to create more awareness and disseminate information through a step down of information to those unaware in social gatherings, religious houses and within the family.
3. Community members should report any practice of female genital mutilation that is done.

EVALUATION OF THE STOPCUT PROJECT

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