

## Frequently Asked Questions

Welcome to Tipping Point! Below, please find the answers to questions we are often asked about our program. For more information, please contact [tippingpoint@care.org](mailto:tippingpoint@care.org)

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### [How is Tipping Point different from other initiatives working on child marriage?](#)

Tipping Point addresses the root causes of child marriage, namely gender inequitable social norms, such as the control of adolescent girls' sexuality. Rather than simply reducing the number of child, early and forced marriages, we strive for sustainable, community-led change surrounding girls' rights. Six years of community-level work addressing these root causes culminates in Phase 3 of Tipping Point, wherein we work with girl activists and social movements to influence change at district, national, regional, and global levels to shift the discourse on child marriage away from solutions that simply address the effects and not the causes of the practice.

We address gender inequality through gender-transformative programming and advocacy approaches rooted in **CARE's Gender Equality framework** to build girls' agency, change relationships surrounding girls to be more equitable and empowering, and transform formal and informal structures that impact women and girls' lives. To that end, we use **gender-synchronized** and **norms-shifting strategies** to challenge inequitable practices and repressive norms. These strategies are contextually specific to mitigate backlash and fulfill Do No Harm principles.

Finally, true transformation cannot happen if the people facilitating change are still subscribing to harmful norms of sexuality and sexual and reproductive health and rights that contribute to gender inequality and CEFM. Therefore, **staff transformation** is the foundation of the Tipping Point Initiative. Staff at all levels critically reflect on our own

internalized norms and to try to create a more just and enabling environment for girls, enhancing both program quality as well as Tipping Point's credibility with communities.

### What are the main differences between the three phases of the initiative?

Tipping Point's 3 phases are mutually supportive toward the goal of amplifying girls' rights using evidence-based learning, advocacy, and influence.

**Phase 1 (2013-2017)** of Tipping Point conducted formative, participatory research to inform innovative and iterative learning-driven programming activities. It built local capacity for programming that includes a social norms approach. Additionally, Phase 1 explored ways of effectively working on sexuality with adolescents and parents; and created connections across local, national, and global advocacy efforts. For more information, please see the [Phase 1 Program Summary](#)

**Phase 2 (2017-2020)** harvested the evidence and learning from Phase 1 to develop the [theory of change \(TOC\)](#) and the four programming pillar areas (adolescent sexual and reproductive health and rights, access to alternative opportunities for adolescent girls, social norms, and girl-centered movement building). [Phase 2's implementation package](#) is currently being implemented and evaluated through a 3-arm cluster randomized control trial (RCT) in Nepal and Bangladesh. For more information, please see the [Phase 2 Program Summary](#) and [Phase 2 Research Design](#).

**Phase 3 (2020-2023)** centers girls' experiences and evidence-based strategies to facilitate transformative change at local, national and global levels. To do this, we work alongside and support movements that seek to expand the voices, choices agency and rights of adolescent girls. Tipping Point will also build on the growing body of evidence and programmatic experience from Phases 1 and 2 to influence positive change on girls' rights and CEFM alongside donors, governments and our peers. More information can be found in the [Phase 3 Program Summary](#).

### How does Tipping Point talk about sexuality and sexual and reproductive health and rights (SRHR)?

Tipping Point's [Community Participatory Analysis](#) revealed that the patriarchal control of adolescent girl's sexuality is a major driver of CEFM. In our advocacy with donors and peer organizations, we make sure that addressing the control of girls' sexuality is a key piece of the discourse around how to sustainably end CEFM and expand girls' rights. A recent example of this can be seen through the report [Tackling the Taboo: Sexuality and gender-transformative programmes to end child, early and forced marriage and unions](#).

Our community programming includes SRHR sessions with each core participant group by providing accurate information on menstruation and contraception, encouraging critical reflection on inequitable power dynamics of intimate relationships, and facilitating discussion with Tipping Point participants on what they can do to challenge those inequitable practices and norms.

## Does Tipping Point work with local organizations? If so, which ones?

The Tipping Point Initiative believes that locally-driven change is the most sustainable and impactful. Therefore, we partner with several local organizations and seek to amplify the work of local movements. For Phase 2, our partners are Siddhartha Samuyadayik Samaj (SSS) and Dalit Social Development Center (DSDC) in Nepal and Gram Bikash Kendra (GBK) in Bangladesh. For Phase 3, we are working with girl-led groups and women's rights organizations, including the Arab Women's Organization in Jordan and the Girls' Rights Forum in Nepal.

## Where does Tipping Point work?

Tipping Point works to influence the discourse around CEFM and girls rights at the global, national, and local levels. Our holistic implementation package is facilitated through partners in the Kapilvastu and Rupandehi districts in the Terai region of Nepal and the Rangpur district of Bangladesh. In Lebanon, Jordan, Niger and Mali, we partner with existing programming and foster relationships with social movement actors in order to increase girls' visibility and meaningful participation in movements that seek to expand their voice, choice, agency and rights.

## Who are Tipping Point's participants?

Adolescent girl activists are at the center of Tipping Point Phase 3, but in phase 3 they will continue to engage their community and connect with larger movement spaces to increase visibility and mitigate risks. More information can be found in the **Phase 3 Program Summary**.

Tipping Point's Phase 2 holistic intervention package engages adolescent girls' and boys' groups on a weekly basis, mothers' and fathers' groups on a monthly basis, and other community stakeholders, such as government officials, religious leaders, and school personnel, on a quarterly basis. The whole community is connected through public-facing community events aimed at reflecting on and publicly challenging repressive norms to facilitate change. More information about the synchronized and tailored engagement with each participant group can be found in the **Phase 2 Program Summary**.

## How many people has Tipping Point reached?

From 2017 to 2020, the Tipping Point initiative has directly reached a total of 63,386 people throughout Phase 1 and Phase 2, in Bangladesh and Nepal. Out of this, the number of girls and women reached are 43,398. Indirectly, through the collective action and influencing activities, the initiative has reached about 116,945 people.

## How does Tipping point monitor and evaluate its impact?

Phase 1 of the Tipping Point initiative used participatory feminist and developmental evaluation approaches to capture the dynamic, nonlinear nature of social norm change. These included a **Community Participatory Analysis** and participatory data collection methods like **Photovoice, Sensemaker, Outcome Mapping**, and **use of the Social Norms Analysis Plot (SNAP) framework for measuring change**. Phase 1 Evaluation findings are available for **Nepal** and **Bangladesh**.

Tipping Point Phase 2 is being evaluated using a 3-arm cluster Randomized Control Trial. To carry out the study, we have partnered with the **International Centre for Diarrhoeal**

**Disease Research, Bangladesh (icddr,b)** in Bangladesh and **Emory University** in Nepal. For more information, please see this brief on the **Phase 2 Research Design**.

The nature of Tipping Point Phase 3 strategies requires an iterative, reflective and participatory method of monitoring and evaluation. A global theory of change identifies the pathways of change, connecting our global and regional strategies with measurable project outputs and outcomes. This theory of change provides a foundation for the Phase 3 Results Framework that outlines indicators of contributive change, specific to each region. Based on these measurable indicators, a MEL framework will include tools and methods of generating relevant data, which works in tandem with reflection and learning throughout the course of the project led by all five implementing teams.

### Where can I find the program activities and more information about Tipping Point's intervention?

Phase 2's **18-month intervention package** consists of synchronized activities for adolescent girls, adolescent boys, mothers, fathers, and other community stakeholders. Additionally, the program generates economic opportunities for adolescent girls through the creation of CARE's **Village Savings and Loan Associations (VSLA)**. Finally, girls' movement building occurs through the creation of activist groups, using the **EMpower package**, and supporting activist groups for interested boys and parents. The Phase 1 and Phase 2 Package materials, including facilitator manuals, are available [here](#).

In Phase 3, Tipping Point is building on the **growing body of evidence and programmatic experience** from Phases 1 and 2 to influence positive change on girls' rights and CEFM alongside donors, governments and our peers. To do this, we work alongside and support movements that seek to expand the voices, choices agency and rights of adolescent girls. All of this is centered on adolescent girls and therefore their leadership is critical to the success of our project. More information on Phase 3 can be found in our **Phase 3 Program Summary**.

### How does Tipping Point work with girl activists?

Tipping Point Phase 2 programming brings together groups of girls for activism training and girl-led activist activities, using the EMpower package, developed by the **Emerging Markets Foundation**. EMpower places girls at the center of all interventions, decision-making, and evaluation. It ensures that the activist activities are determined by the girls' own ideas and needs, involving them in each step of the process. The role of Tipping Point in the girls' activism is to support their success, not to guide them towards our ideas. Tipping Point has added to the EMpower model, creating a **structured allyship component** for parents and adolescent boys. More information can be found in the **Girl Led Activism and Structured Allyship Technical Brief**.

In Phase 3, this work will expand through the publication of a girls' activism toolkit and convening girls' groups and movement actors to lead to sustainable change. Tipping Point will also broker opportunities for girl activists to be heard in global decision-making bodies, while ensuring that protection risks are minimized and mitigated.

## What's Tipping Point approach to girls', women's, and communities' safety?

Tipping Point has established procedures for preventing harm to Tipping Point participants and communities, and for mitigating unforeseen problems as they arise. Tipping Point encourages communities to plan for social norms change events, so mitigating against potential backlash is always considered.

Additionally, considering the topics discussed in Tipping Point groups, it is possible that participants may disclose instances of gender-based violence (GBV) or child abuse to Tipping Point staff members. Therefore, all staff are trained in the Tipping Point GBV Risk Mitigation and Management Approach, which includes ways to support survivors using psychological first aid, standard operating procedures for disclosure by a survivor and third parties, and information on survivor services. Furthermore, since Tipping Point works closely with communities, we face risk of some people exploiting their position of power for personal gain. We apply **CARE's Prevention of Sexual Harassment, Exploitation and Abuse (PSHEA) policies and reporting mechanisms** to prevent and mitigate the impact of any instance of sexual harassment, exploitation, or abuse by any CARE or partner staff who work with the initiative.

In Phase 3, in addition to the above measures, we are including a risk mitigation and management module in our girls' activism toolkit and will continue to place safeguarding and prevention of GBV, including CEFM, as our highest priority.

## Can I use Tipping Point materials in my program?

Yes! All Tipping Point materials can be used for other interventions as long as you do not charge for them and the organization utilizing them properly cites CARE each time any piece of Tipping Point materials are used. Finally, we ask that you tell us about your experience with applying and adapting our materials in your own context as we all grow stronger from sharing knowledge and experiences. We can be contacted through email at [tippingpoint@care.org](mailto:tippingpoint@care.org).