Leading Change by Being the Change
Staff Transformation in Tipping Point Phase 1

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ACKNOWLEDGMENTS

ACRONYMS

ASD	Action for Social Development
DSDC	Dalit Social Development Committee
FGD	Focus group discussion
ISOFI	Inner Spaces, Outer Faces Initiative
JASHIS	Jaintia Shinnomul Songstha
SSS	Siddhartha Samudayik Samaj
CPA	Community Participatory Analysis
GED	Gender, Equity and Diversity

INTRODUCTION

"If we don't follow the principles that we preach to others, then the community people will question us. So, these positive changes are now compulsory."

Male staff member, Nepal

In endeavors to change norms at the community level, the frontline staff — the people who interact with community members — are key drivers of change. CARE recognizes that project staff play a crucial role in a project's success. In order to be credible voices and advocates for change within communities, project staff themselves needed to question and analyze their own beliefs and actions before leading others in challenging norms and traditions. Therefore, staff transformation and capacity development were integral elements of Tipping Point.

The project invested in a series of workshops and transformative experiences for staff to support their skills in personal reflection about gender. Personal change among project staff in country offices and partner organizations was explicitly addressed in project frameworks. Tipping Point staff employed ongoing self-reflection around gender, power, sexuality, and values, practices, and action that model anti-oppression (based on gender, caste, and other group identities). Critical thinking, self-awareness, identity, interpersonal communication, and respect for diversity and equality are essential competencies for staff to be effective agents and models of change.

Phase 1 of CARE's Tipping Point project[1] worked in remote communities of Nepal and Bangladesh to promote social norm change that supports adolescent girls' rights to dignity, agency and alternatives to child marriage. In Nepal, CARE worked with the Dalit Social Development Centre (DSDC) and Siddhartha Samudayik Samaj (SSS); in Bangladesh, the project worked with Action for Social Development (ASD) and Jaintia Shinnomul Songstha (JASHIS). Tipping Point's field staff were often members of the communities or nearby villages to where the project operated. Local staff leaders were essentialin gaining welcome from the community and being credible actors known to understand local realities.

The mobilizers and facilitators shared the same culture, lived many of the same experiences, and walked through life with some of the same assumptions about the world as the communities where Tipping Point operated. Project staff may have been more open to new ideas than the average villager — given that they sought and their families supported them to work for Tipping Point — but they remained a part of the same society. Female staff, especially the younger ones, faced the same discriminatory gender norms that the project was working to change, and male staff were subject to the same expectations of dominance over women and other aspects of masculinity.

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[1] CARE Tipping Point project https://caretippingpoint.org/

Without reflecting on these norms, the core staff of Tipping Point risked presenting inauthentic leadership. This idea was expressed by a participant of CARE's Inner Spaces, Outer Faces Initiative (ISOFI)[2] when they said "I think we can only work with target groups if we can break the iceberg inside ourselves." Starting in 2004, ISOFI documented processes of helping CARE and partner staff examine, understand, and articulate their personal feelings about gender, sexuality, and social norms. Since that point, CARE has used a variety of tools with staff around the world, including Social Analysis and Action (SAA), a model for reflection and dialogue on gender intended to inspire communities to create their own solutions to rigid gender roles,[3] trainings in gender, equity, and diversity (GED), and frameworks for engaging men on masculinities.

In Tipping Point's core activities, local staff organized and facilitated girls' and boys' groups each week, along with regular monthly meetings of parents' groups. The staff functioned as mentors, collaborators, co-learners, and role-models while promoting group members to lead collective actions and shift social norms through public activities such as street dramas about child marriage and girls' football matches. Outside of the group sessions and events, staff were also important advocates for girls' rights in intervening in individual cases to keep girls in school and to prevent child marriages. Staff in national offices supported these field staff activities through planning and monitoring.

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[2] ISOFI Toolkit: Tools for learning and action on gender and sexuality.
 https://www.care.org/sites/default/files/documents/MH-2008-ISOFI-Toolkit_2008.pdf
[3] Ideas and Action: Addressing the Social Factors that Influence Sexual and Reproductive Health [Social Analysis Manual]
http://www.care.org/sites/default/files/documents/social_analysis_manual.pdf
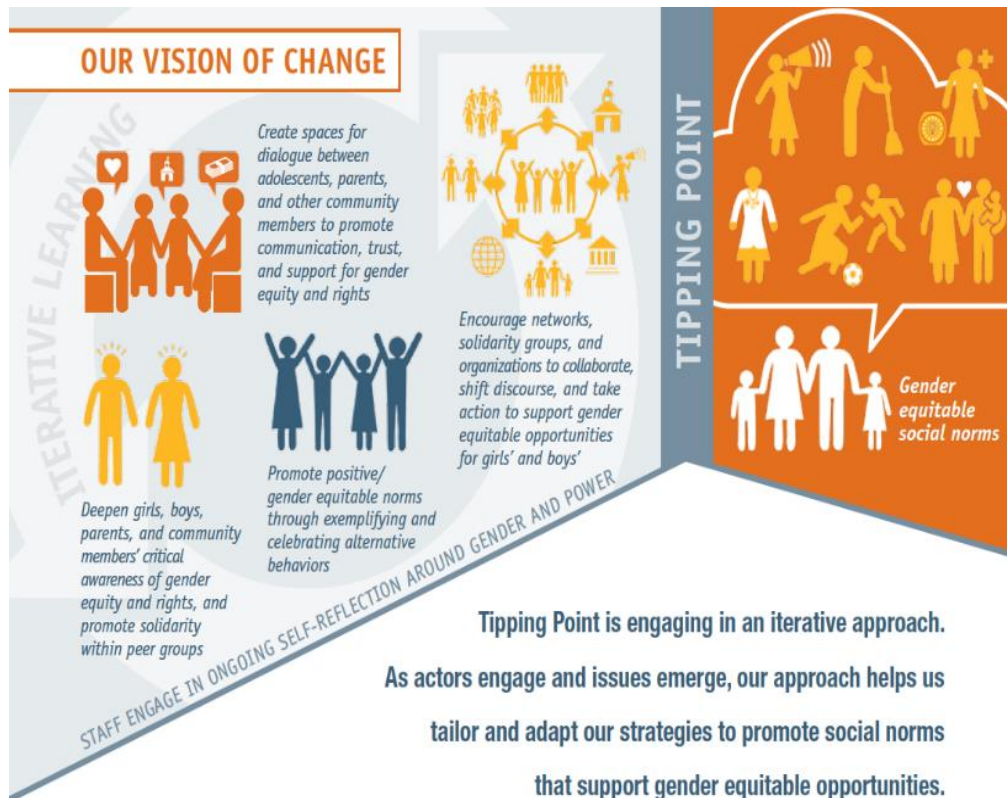
Tipping Point Theory of Change

Social change towards gender justice is complex. Initiatives seeking a gender equity operate at institutional, relational, and individual levels. Girls' empowerment requires working not only with girls themselves but also with the people around them that control much of their access to the world and the options available to them, including the workers who design and implement empowerment programs. For girls to express their rights, these gatekeepers must understand how gender norms harm girls back and often even limit their own choices in life. These individuals must explore their own beliefs and values, and practice alternative ways of thinking and unfamiliar behaviors. For people who are working to increase girls' ability to express their rights, the change required is, in part, personal.

This brief explains the methods for staff transformation and how the attitudes, assumptions, behaviors, and values of project staff changed during the three years of Tipping Point's Phase 1. It also addresses what difference staff's transformation made to project impact in communities.

The findings presented here emerged from a 2017 mixed-methods qualitative evaluation. Data were gathered in workshops, focus group discussions, and in-depth interviews with staff and community

members about their experiences of staff transformation. See Annex I for more information about the methods used and the full evaluation reports for a fuller picture of Tipping Point's Phase 1. [4]

CATALYSTS OF CHANGE

Tipping Point project staff participated in several trainings, workshops and ongoing reflection sessions throughout the project cycle. This process fostered their personal growth into advocates for girls and of gender equality and social justice. During the evaluation, staff explained which activities were most significant for them in their personal journey. Most of these wereactivities intentionally designed for personal growth, but some of them were other project activities that nonetheless impacted staff.

Gender, Equity and Diversity (GED) training

Output of group work on visioning the future

GED training was a foundational introduction to concepts and frameworks for thinking about gender and power. Unlike other gender trainings, GED[5] went beyond knowledge of gender issues into self-reflection on the role of gender and power in the staff members' own lives. Topics included power and privilege, definitions of gender and sex, empowerment, dealing with difference, values, visioning change, and social norms.

Exercises allowed staff to identify their values and beliefs in a safe space free of judgment. The staff participating, including male staff members, expressed relief at understanding the the gender-related constraints they felt in their lives. For example, men men learned that the pressure to try to control their wives and daughters was socially constructed and therefore could be changed. The training also explored other dimensions of diversity and how they correspond to one's status and power in society.

Several staff reflected that GED training made them realize how they sometimes perpetuated harmful social and gender norms in their families and that they can lead positive change.They recognized other possible ways of thinking and relating to others, particularly those less powerful.

> *"Because of social norms, I didn't allow my daughter to ride a bicycle, although the bicycle was available at home. She got the bicycle from her maternal uncle as a gift. But after attending the*

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[4] *Reports & Publications*. CARE Tipping Point project https://caretippingpoint.org/reports-publications
[5] GED training https://www.care.org/our-work/womens-empowerment/cares-gender-training-expertise-best-best

gender training, I have changed my decision and now allow my daughter to ride a bicycle so that she can get to school easily, which will be helpful for time and money saving."

Participation in the Community Participatory Analysis (CPA)

In the first year of the project, staff were trained to conduct a Community Participatory Analysis (CPA) to collect baseline data about the community, specifically as it relates to child, early, and forced marriage (CEFM) and the constraints faced by adolescent girls. The CPA used tools including social mapping, visioning, seasonal calendars, and analysis of the risks and benefits of child marriage to understand the drivers of child marriage. Conducting this research enhanced staff knowledge of the communities, challenged their assumptions, and increased their confidence and communication skills for addressing social issues within those communities. This was especially true for staff who lived outside the project area. Some staff said they previously did not have knowledge about issues related to girls' consent and choice in marriage, but, after learning about this during the CPA, they have become advocates for girls' rights within their own families. The CPA also helped staff understand the aspirations of adolescents and helped staff members clarify their own visions for the future, which many of the women had not previously considered.

An important learning from the CPA for the staff was that most people already knew that child marriage was harmful to girls. This realization helped them appreciate the role of social norms in shaping human behavior. Staff used this information to conclude that changes in individual knowledge alone will not bring about desired changes in society; societies are built on common understandings of acceptable and expected behavior that play a significant role in determining an individual's actions. The staff also learned about the specific gender discriminatory social norms and barriers within their respective societies, such as norms that limit girls' freedom of movement and prevent interactions between girls and boys. This led staff to more deeply grasp the meaning of a social norms approach to change.

Sexuality Training

An important component Phase 1 of Tipping Point was to build staff capacity to work on sexuality and adolescent sexual and reproductive health and rights (ASRHR) within communities. Sexuality and rights experts had to be brought in from outside Nepal and Bangladesh because in-country expertise that went beyond reproductive and sexual health into issues of power, rights, identity, and orientation were not readily available. The workshops were led by two Indian non-profits, CREA[6] and TARSHI.[7] They provided training on sexuality and consent, youth-friendly approaches, sexual hierarchies, diversity of sexual expression, ethical principles related to sexuality, sexual and reproductive rights, and intersectionality. A key lesson staff identified after training was that sexuality is strongly related to child marriage practices. The staff gained a critical understanding of the social expectation that a girl's sexuality is controlled or protected by her father until he hands it over to her

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[6] Sexuality training by CREA: http://www.creaworld.org
[7] Sexuality training by TARSHI: http://www.tarshi.net

husband. For female staff, the training was instrumental in appreciating that their bodies were their own did not belong to another.

Staff in Bangladesh participate in a training activity

The discussions also helped staff feel more confident talking about male and female body parts, whereas previously they had felt very uncomfortable with such topics, even within their own families. Sexuality training also had a direct impact on team dynamics, with staff members becoming more accepting and less judgmental about others' lives.

Additional training in facilitation skills related to sexuality also helped staff discuss sensitive topics in their communities. To ensure quality facilitation and practice of the sessions to be conducted in the field, both country teams set up simulations of each session during their monthly meetings. They also practiced answering questions that they had heard from community members. Facilitators thereby had the opportunity to become familiar with the content and tools, learn by observing each other, and share constructive feedback with each other. Discussing sexuality with communities continued to be challenging for the staff, since they were raised in the same conservative cultures that Tipping Point addressed. However, after the training, staff members showed commitment to promoting the

> *"We work with adolescents, and it is important to make them understand that a lot of their issues and concerns about sexuality in their lives are, in fact, normal."*
>
> *Anonymous staff member, Bangladesh*

control of one's sexuality as a human right and normalizing discussion about sexuality.

Reflective Practice

Review and reflection meetings provided a safe space for open dialogue between CARE and local partner staff across all positions and levels. These meetings were prioritized to occur on a monthly basis, and more in depth reflective practice was conducted quarterly. Staff members shared their thoughts, feelings, and stories of change related to dimensions of gender and sexuality in their own lives. They reflected on their fears and challenges in adopting a new behavior or challenging discriminatory social norms, including the reactions of their families. Staff reported that shared stories and reflections inspired them to change and encouraged open communication and support. The project also benefited from these reflective practices, as each meeting included an innovation session. During the innovation discussions, staff members developed solutions for emerging challenges in the project areas.

Early engagement with the communities through the project was challenging. Some community leaders initially did not want the project's proposed activities in the community, and staff had to organize several meetings with local leaders, parents, and others, where they discussed the benefits of such activities in the community, especially when it came to girls creating football teams. While this resistance was anticipated, the challenge of overcoming community apprehensions catalyzed staff transformation in unanticipated ways. Overcoming community resistance required staff to examine their own attitudes about girls' freedom of movement, visibility in public, and interactions with boys well enough to articulate the rationale of the project and convince parents to allow their girls to participate.

A Gender and Equity Lens for Men

Similar to most other cultures, Nepali and Bangladeshi societies are highly patriarchal and hierarchical. Women and girls are not valued equally in intellect and capabilities, particularly in earning income. Their movements outside the home are often restricted. Men are commonly perceived as the breadwinners and assumed to be the primary decision-makers. There are also social hierarchies based on wealth and caste, and discriminatory attitudes directed toward people whose gender and sexual orientation do not conform to cis- or heteronormativity. These worldviews also permeate staff rhetoric and attitudes in the development sector. Therefore, it is not uncommon for staff to reproduce patriarchal social norms and behaviors in professional settings.

As a result of their experiences with Tipping Point, male staff reported experiencing fundamental shifts in their attitudes related to women's capabilities and social hierarchies. Male staff in Bangladesh said that previously, they believed that women were always dependent on other people, were weak, and could not make their own decisions or do "men's work". Due to the GED training and interactions in communities, male staff in both countries had a new appreciation of what women could do, not only in the home but in the office and in public. The men came to believe that there was no such thing as 'women's work" or "men's work," but just work. Male staff strongly agreed that one's ability was more important than one's gender. Notably, the belief that women could not participate in the arbitration processes that are commonly used to resolve conflicts in the community

had changed among male staff in Bangladesh, partly due to an orientation to local community groups working to end violence against women.

The staff also came to support the idea that there should not be preconceived ideas about any groups in society. In Nepal, caste was mentioned as one social marker that staff no longer thought should limit people's interactions and opportunities.

> *"Before I came to the project, I understood Dalits as untouchable, but after I came to the project, I understood the meaning of Dalit. Now I have a positive perspective towards Dalits and have started to treat my community people as my family."*
>
> *Male staff member, Nepal*

In both countries, stigma and lack of spaces for honest reflective conversations about gender identity and sexual orientation perpetuates negative attitudes toward people who identify as LGBTQ+. The sexuality training had a notable effect on male staff's beliefs about LGBTQ people, particularly transgender persons. A common statement after the training was that "LGBTQ people have rights" or "have sexual rights."

Male staff also said that their increased understanding of social issues had changed their approach to problemsolving in their work. Especially in Nepal, team members realized the role of gender, power, and social norms in shaping lives, and therefore, their work needed to address these root causes of people's problems. Staff said they had changed the way they tried to influence others to be less directive in telling people what to do and more analytic in leading others to a conclusion.

Women Breaking Barriers

Male and female staff were affected by their experiences with Tipping Point in predictably different ways, given their gendered roles in society. In project areas, marriages are predominantly arranged by families, with little input from the individuals being married. Brides move to their husbands' homes and are often treated as outsiders, referred to using the name of their home villages or their marital households rather than their own names. Girls and women are expected to be pious, chaste, and unopinionated, and their movements outside the home are often controlled or monitored by male family members. The role of a wife is predominantly to have children and serve a husband's physical, sexual, and emotional needs. In rural areas, women rarely work outside the home.

Because of this, female staff were stretching the norms merely by seeking and accepting work with Tipping Point. Female staff members often said that the experience had been eye opening and empowering for them. They were most affected by knowledge of their rights and growing confidence to move through society and express themselves.This caused them to feel less constrained in daily life.

"I used to feel awkward about sitting on the chair as I had the habit of sitting on the floor. I was very scared at first. But the people of the community were amazed that the women in our group could sit on the chairs, didn't veil themselves, and talked eye to eye with guardians."

Female staff member, Nepal

"Belonging to a Muslim family, when I came to [my husband's village] after marriage, at first, I used to feel oppressed by the customs of veiling your face, staying within the house, doing all the housework, eating after everyone else, and so on. People used to talk if you didn't follow these customs. I also used to think that women are weak, and they should be at home and not be very outgoing or participate in groups. But after getting all the training, my views have changed. I also taught my family about it at home. I negotiated with my husband and then my in-laws. So, now positive changes have taken place."

Female staff member, Bangladesh

"Prestige is not just attached to the veil. It is attached to your attitude and behavior. Now, I have come to know about my rights and speak for myself."

Female staff member, Nepal

Female field staff agreed that their own attitude that women must not speak too much had changed, and they felt confident advocating for themselves with parents and family and even to talk to perpetrators of discrimination or harmful behavior.

Staff in Nepal in a monthly reflection session

"Earlier, even though I worked in a different organization, I always thought that women needed to do whatever was allocated for them by society and family. I was under a perception that I didn't have access to resources and was not capable of doing anything. However, after joining Tipping Point and becoming part of the girls' empowerment project, there is a huge improvement in all aspects of my personality. I am able to make decisions about myself on my own at home, and I have developed leadership skills as well. Along with that, my attitude has changed, and I am capable of searching for resources and accessing them independently. I have become financially stable as well. I don't consider myself meek, and I am confident that I can do any task. I treat my son and daughter equally.'

Female staff, Nepal

Because marriages across all socioeconomic and education levels are typically arranged, and women and girls have little control over the terms of their relationships with fathers and husbands. One of the strongest sentiments female staff expressed was that of bodily autonomy. Staff in Bangladesh

spoke about their newfound sense of this by saying that "sexual identitiy is a completely new thing; it is [my] own choice who will be [my] sexual partner" and "I know very well that my body should be in my control." The women also saw issues of bodily autonomy in control over their fertility and childbearing, choice of and consent to marriage, sexual activity, and domestic violence. With a new appreciation of women's rights, staff realized that achieving gender equality required a shift in masculinity.

> "Men and their masculine attitude towards girls are still big barriers in the way of women's empowerment. Therefore, men should be targeted for intervention. More meeting with community people, more campaigns including them, and more training programs for males would work better for making a conducive environment for women."
>
> *Female staff member, Bangladesh*

Embodying Equality in Relationships

The internal change staff saw in themselves played out in their relationships with each other as colleagues, as well as with family members and project communities. As colleagues, working with people of the opposite sex had been uncomfortable at the beginning of the project because unrelated men and women did not frequently interact in daily life and socializing was segregated by sex. Over time, collaboration became easier for them, despite criticism from their families and community members.

> "Before, I used to feel awkward to talk to men. But now, all the men and women in the group are like a family. We talk and share our thoughts freely with one another. I actually feel I have become much freer than before. I don't hesitate to ask for a lift on the bike of a male friend. Other female friends still hesitate to do that, but I don't. I even tell married friends to come to my house for a meal or to go together to the group. I don't worry that the male friends may misunderstand anymore."
>
> *Female staff member, Nepal*

However, some tension remained in project teams between men and women. The staff sometimes did not distinguish well between equality and equity, the latter of which is about fairness rather than sameness. Because equality was understood by some as a goal within teams, the extra work men put in, for example, to give female colleagues rides on their motorbikes or arrive first to event locations so that females would not be on site alone, was perceived as unfair rather than equitable. The exercises in GED training also raised differences in privilege between headquarters staff and field staff, which enabled fruitful discussions about relative power across teams and improved mutual understanding and trust among staff.

Most of the staff noted how changes in their behavior went beyond their work and into relationships in their families. Men reported contributing more to household work and treating female family members more equitably, encouraging wives and sisters to seek employment, learn new skills, or pursue their education. In other stories from staff, men had already been participating in household

chores but previously understood their behavior to be "helping" the women in their families. In their time with Tipping Point, their views about gender roles in the family transformed, and they began recognizing the difference between occasionally joining in on housework, which could be fun, to taking it on as a shared responsibility that called for regular contributions, which was less fun.

> *"[We] share one kitchen, and we are living together by helping each other. Cleaning the home, cooking food, and performing agricultural tasks are the responsibilities of all. Food, clothes, and all the available facilities are equally distributed among all, this is the reason my joint family is as it is. These things came from GED training, male/female workload analysis, training, workshops, group discussions, visiting, concepts of zero tolerance, and Do No Harm [training]. This is the result of a realization that the changes can be brought from oneself andown family."*
>
> *Male staff member, Nepal*

Female staff noticed these changes in their male counterparts as well and felt proud that they had contributed to these changes by sharing their own experiences as women with the team:

> *"Peer review reflection sessions are very effective, and this has brought many changes in our male staff members [...] Many of them are married, and earlier, they too treated their wives discriminately, but they have stopped doing that now. They have started helping their wives with household chores. So, there have been change in our staff as well."*
>
> *Female staff member, Bangladesh*

Nepal staff in a reflection meeting

Women, too, increasingly saw how they had perpetuated discrimination against less powerful women. One woman on the Nepal staff team powerfully described this realization: "Before, I used to think that women should veil their heads after marriage. I used to tell my sister-in-law to do it as well. But now, after coming to this program, I understand about women's rights. So, I tell my sister-in-law to do as she feels. She is also an equal member of the family as the rest of the male members. Before, when [my] father sat on the chair, she used to sit on the floor but now, she also sits on the chair. Before, she used to eat immediately after cooking the meal. I used to get angry that she ate before [my] father and other members. But now, I think that she is also a human being, so it is okay to eat before others. I also help her out with household chores."

However, staff faced challenges getting others in the family and neighbors to appreciate their changing points of view. Yet, they demonstrated resilience in how they coped with negative reactions from others around them.

> *"There is some resistance and barrier from the neighboring families. They laugh about us - why am I doing my wife's work? Sometimes people ask my wife if I am going crazy."*
>
> *Male staff member, Bangladesh*

> *"After marriage, my in-laws didn't want me to work, but I convinced them that I can work well since I had done it before marriage also. So, my husband agreed with me. Before, all my time was spent in doing household work. I stayed under a veil and only male members talked to the people who came to the house. Now, I don't stay much under the veil in the house. If someone comes to the house, I also go to talk to him/her if the male members are not there to receive them. Before, my husband didn't even serve his own meal. Now, I only serve him if I have time. Sometimes, I also eat first and go to the field. But I get exhausted as I have to do the field work as well as the housework, so my husband taunts me for being too tired. When I get angry, I retort back to him saying that he rides on a motorbike; if he had to go on a bicycle like me, then he would also be tired. He says that I have become too talkative after getting work in the organization, so I should quit working. I try to reason with him that since we both work, I also get tired. But he sticks with his stubbornness […] [My mother-in-law] has similar opinions […] She also told me to quit working. Initially, I also felt that it would be easier if I quit working, but after taking all the training, I tell my husband that I will leave him but not my work [laughs]."*
>
> *Female staff member, Bangladesh*

Community Role Models

Because some of the staff lived in the communities where they worked, their relationships with neighbors and relationships with target communities were one and the same. Other staff traveled for work. Regardless, many of them became seen as role models for gender equality and women's empowerment. It was a point of pride for staff that they saw themselves as positive role models in their communities, embodying the progressive values of the project through their own actions and behaviors. Staff recognized the importance of being considered part of the community, and they felt positive about their contribution to the changes they saw occurring.

Community members in the evaluation cited improvements in staff's communication, organization skills, and public speaking. One person said that community volunteers and facilitators had become teachers for the whole village. Girls and boys at Fun Centers[8] in Bangladesh also appreciated and trusted project staff, pointing out the bravery it takes to behave in new ways that put principles of gender equality into practice. Community members observed the difficulties that staff had faced, such as resistance to girls' football, bicycle riding, and increased mobility, and admired their fortitude in withstanding community criticism in order to do what was best for girls. Girls in project communities said they appreciated that these individuals helped them advocate for education and prevent child marriages by speaking directly with girls' families when necessary. This community perception reinforced the work it takes for the staff to change, and they were proud of their roles in leading the community.

Through sharing decision-making and responsibility for household work, treating their spouses with respect as equals, and objecting to the harmful behavior of other men, male staff demonstrated to adolescents and to other community members how to lead lives that do not rely on rigid and patriarchal gender roles.

> *"Our community volunteer and her husband are a good example of equality in family life. When she is busy doing Fun Center related activities, her husband cooks for his family, he also looks after their daughters and helps them go to school. On the other hand, while the husband is busy, she takes on all the responsibilities. They always help each other out."*
>
> *Adolescent boy participant, Bangladesh*

> *"Some of my friends used to tease girls walking on the road. I strongly protested it. I discussed the negative consequences of eve-teasing [sexual harassment] with them. A few of them tried to change themselves. And I disconnected relations with a few of them."*
>
> *Male staff member, Bangladesh*

Likewise, a female staff in Bangladesh explained that she convinced her parents to be the first family to refuse dowry in her village for her brother's wedding.[9] There were also examples of staff being recognized for their inclusiveness across social categories.

> *"[We] do not differentiate poor and rich people either, like [we] used to do before. Therefore, villagers consider [us] role models in society."*
>
> *Male staff member, Nepal*

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[8] Fun Centers is the name given in Bangladesh to the designated physical spaces at the village level where adolescents can congregate, have discussions, and meet in a safe space.
[9] See video of staff telling their stories at https://www.youtube.com/watch?v=WhH_ZNk6-RE&feature=youtu.be

Taboo Topics

In both countries, certain topics were considered sensitive or offensive and rarely discussed, even in private. The CPA found that parents do not talk to their children about puberty or menstruation.Menstruating women and girls would hide their menstrual pads after washing them because they felt shame, rather than hang them outside to dry fully. Adolescent girls entered marriage without sexuality education or family planning information other than what they may have been told by friends or seen on the internet. As a result, there were many myths about reproductive and sexual health, sexual behavior, and bodily functions.

Female staff member from Nepal

Initially, project staff were understandably very reluctant to talk openly about sexuality, sexual health, masculinities, sexual harassment, gender-based violence, and bodily autonomy for women. In Nepal, open discussion of caste and how it played out in society was also rare.

Through talking about these topics in project teams during GED, sexuality, reproductive health, and other trainings, as well as through prompts for personal reflection in monthly reflection sessions, staff became more comfortable addressing them. The tone set by team leaders during these events was crucial in generating body positive, nonjudgmental, and factually correct discussions and building trust among colleagues. Many staff realized they had believed incorrect things about the human body and greatly appreciated their new knowledge. A couple of female staff members said they previously thought that sexual activity before marriage was a crime. The progress made in becoming comfortable with these topics stood out to a male staff member in Nepal when a female colleague asked him what kind of family planning method he was using and what medication his wife took during menstruation.

In time, the staff grew more confident in discussing aspects of sexuality with their family members and community members without shame or judgment. For example, a male staff recounted that his 14-year-old son had asked his mother about condoms and sanitary napkins after seeing advertisements. When his wife gave vague replies, he stepped in and explained how the items are used and with which body parts.

Despite their increased knowledge and confidence with the topic, sexuality education continued to be one of the most challenging elements of the work of Tipping Point. In multiple communities, parents feared that the project would "ruin" their children and provoke illegitimate relationships. It took time and ongoing dialogue between staff and community members for parents of adolescents to accept this aspect of the project. The staff cited tools like Body Mapping as effective methods to reduce the shame of talking about sex and encourage better understandings of sexuality.

"Before, when we taught about reproductive health, menstruation and such things, the family members were against sending their children to learn about them. Gradually, they understood that such things are important to learn as well."

Female staff member, Nepal

In both countries, staff members felt the greatest success with the sensitive subject of menstruation. Learning about menstruation was an aspect of girls' group programming that was very important to girls, as girls in neither country were receiving information about puberty and menstrual management from family members or schools. The education that staff provided to girls' groups and the open attitude they modeled were very effective at destigmatizing menstruation so that girls and women began drying their menstrual clothes in the sun, which reduces the risk of infection.

CONCLUSION

"[Our] transformation will be sustainable because this is not some technical kind of thing. Rather, all of [these changes] are related to [our] everyday life."
- Male staff member, Bangladesh

Tipping Point staff in Nepal and Bangladesh expressed a genuine and profound sense of personal change because of their engagement in the project, demonstrating pride in their individual experiences of transformation. The project empowered female staff to speak their minds, advocate for themselves and their participation in the project, and believe in their own rights to autonomy. Male staff broadened their vision of the world to include gender and power disparities and showed greater appreciation and support to female colleagues and family members. In becoming a team that strove to model equality and anti-oppression, field staff became trusted leaders in communities and examples of perseverance against the forces of oppression. Importantly, staff said they will carry their new knowledge and attitudes about gender and sexuality with them throughout their lives because these were internal changes that they lived daily.

The regular reflection activities built into the project's workplans ensured that staff undertook their transformation processes consciously. Self-observation gave staff a deep understanding of what it takes for a person to widen their worldview and realign their estimation of their capabilities and agency in life. It is this understanding that made staff effective in communities as agents of change, through bringing their personal experiences of how change happened for them into dialogue with individuals and groups and in community events.

Investing in staff transformation activities enabled the project to build strong and trusted relationships with communities, an essential element in a larger process of changing social norms to promote girls' rights and address the root causes of child marriage. Staff themselves understood that inauthentic leadership—saying one thing and doing another—would guarantee failure, and they internalized their growing awareness of gender and social inequities, choosing to be agents of change. They recognized how specific project activities led to their personal transformation by giving them new knowledge and offering spaces to reflect on what that knowledge meant to their own lives. Community members, and adolescents in particular, saw that staff had grown over the life of the project.

When asked, most staff said that they and their communities were still on this journey. As a male staff member in Nepal explained:

"The roots of these problems are very deep. A whole generation needs to be trained to think progressively. The old norms and beliefs have to be demolished."

Yet, the work itself has been rewarding for Tipping Point staff who appreciate what a difference they are making. A female staff who herself had married young wrote:[10]

> *"When I get to interact with young girls and boys in the adolescent groups that the Tipping Point project has set up, and see them relish the opportunities we helped create for them, I am overjoyed. I often reflect upon the fact that had I had such exposure to knowledge, my life would have unfolded differently."*

[10] Read Dhana's story at http://worldofimpact.care.org/stories/Defying-the-Ideal

ANNEX I: MEL Approach and Evaluation Methods

The monitoring, evaluation, and learning (MEL) approach for Phase 1 of Tipping Point built on developmental evaluation and feminist evaluation principles – which, together, facilitate innovation and prioritize learning.
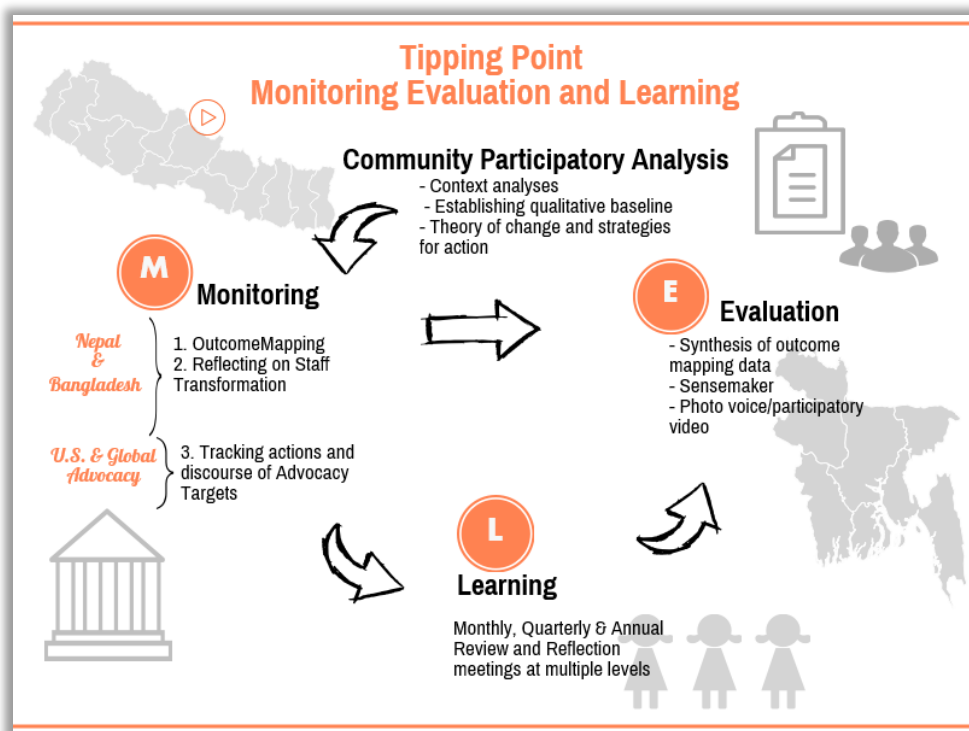
At the project's start in 2014, Tipping Point conducted a Community Participatory Analysis (CPA) to deepen understanding of the contextual factors and root causes driving the prevalence of child marriage in the programming areas.[11] The project subsequently utilized Outcome Mapping as its core monitoring, reflection, and learning tool.

For the endline evaluation, the project utilized a combination of qualitative methods to explore changes in areas related to the Phase 1 programming. One of these was staff transformation. This part of the evaluation sought to address the following questions:

- To what extent have there been changes in staff reflecting upon and taking up values, practices and action that model anti-oppression (based on gender, caste and other group identities) and reflect critically on their beliefs about sexuality?

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[11] Tipping Point project (2016). *The cultural context of child carriage in Nepal and Bangladesh. Findings from CARE's Tipping Point roject Community Participatory Analysis* [PDF file]. Retrieved from
https://www.care.org/sites/default/files/documents/CARE_Tipping_Point_External Report_Web.pdf

- To what extent have specific Tipping Point activities contributed to changes?
- How do staff perceive the ways their own values and practices (towards gender, sexuality, identities) affect their thinking and ways of working on Tipping Point, including how they implement activities?

- How and to what extent has the work around staff transformation affected the way that staff are seen in their communities and what changes have community members perceived in staffs' personal attitudes and practices?

Data collection happened through the following methods:

- **Staff workshops:** Local external evaluators facilitated a series of workshops for junior female staff, junior male staff, and senior male and female staff, respectively. The workshops explored the relative effectiveness of specific staff transformation activities, individuals' own experiences of transformation during the project, and challenges that staff continue to face.

- **Focus group discussions and interviews with community members**: Conversations with girls, boys, parents of adolescents as well as community leaders and government officials provided insight into others' perceptions of project staff.

- **SenseMaker:** In Bangladesh, the evaluation used the SenseMaker approach to collect hundreds of short narratives from community members about challenges in adolescent girls' lives, of which a subset of stories described the actions of community-level project staff in supporting girls' rights.

Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Last year CARE worked in 93 countries and reached 63 million people around the world. To learn more, visit www.care.org.