**Community Reconnaissance Tool**

The Community Reconnaissance Tool helps you explore the social norms in a particular community, both mapping and exploring them in more detail (using the SNAP framework – link). It can be completed by anyone who has an opportunity to speak to some key community stakeholders and clients. It works best with community leaders as they would have an overall view of the topics discussed – for work with clients, it may need to be adapted, or you can use some of the other methods suggested on the Hub.

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| **Pre-work:**  *To be completed as much as possible before starting the assessment, however if this is not possible, it can be completed upon arrival in the community.* | | **Analysis (to be completed by TEAM)** |
| **Q: Who are some of the key leaders in this community?**  *Note: community leaders can have a number of different profiles, from formalised government leaders or religious leaders, to less formalised influencers such as town criers, mobilisers, and other individuals who are respected by others* | Name, contact and affiliation:  Name, contact and affiliation:  Name, contact and affiliation: | Do we have the necessary contacts to conduct an assessment of this community?  **YES** (if yes, proceed to next section)  **NO** (if no, gain this information before proceeding) |
| **Q: Who is the in-charge at the closest public health facility/health post or the visiting health worker for this community?** | Name, contact and cadre: |
| **Community Norms Snapshot:**  *For each of these questions, it would be helpful to ask the same question of a few different individuals in the community, to get different perspectives. For example, you could ask a community leader, the health facility in-charge/health worker, and if possible, a couple of women from the community (if that’s appropriate). This section can be repeated over time to see if there is any change.* | | **Analysis (to be completed by TEAM)** |
| **Q: Please tell me a little bit about your community.**  **Probe**: What sets your community apart from others in this area?  **Probe**: What is your community proud of? What factors affect this?  **Probe**: What, if any, particular challenges do women in this community face? | Community leader(s):  Health worker:  Women: | Based on the responses, is there a ‘positive hook’ where FP could be framed as contributing to the values and successes of the community? |
| **Q: What kind of stories are told in your community about family planning?**  **Probe**: Can you give me an example of a story about family planning?  **Probe**: Are there any specific people or groups that would disagree with this story or have a very different story? | Community leader:  Health worker:  Women: | Based on the responses, would you say this community is open to family planning? |
| **Q: At what age do men and women typically get married in this community?**  Probe: Do young people in this community have relationships before marriage? If so, what does the community feel about this? | Community leader:  Health worker:  Women: | Based on the responses, are there any positive or negative stances on adolescent sexuality (within and without marriage) that we need to be aware of? |
| **Q: What is considered to be the ideal family in this community?**  Probe: How about ideal number of children? What do parents want for their children?  Probe: If a recently married young woman decided to delay childbearing, what would the community do? | Community leader:  Health worker:  Women: | Based on the responses, are there any positive or negative stances on limiting/spacing childbirth that we need to be aware of? |
| **Q: What do people in this community believe are the main differences between men and women, boys and girls?**  Probe: Can you give me an example?  Probe: Are there any people who disagree? | Community leader:  Health worker:  Women: | Based on the responses, are there any positive or negative stances on gender differences (power, autonomy, access, mobility, income, etc.) that we need to be aware of? |
| **Q: Can you tell me a little bit about how decisions are made in a typical household?**  Probe: for example, how would a husband and wife make decisions about spending money, going to seek health care, having another child, etc.  Probe: Who in the family has the ultimate decision? | Community leader:  Health worker:  Women: | Based on the responses, are there any differences in men and women’s access to decision-making power that we need to be aware of? |
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| **Q: If a woman in the community wanted to discuss family planning with her partner, how might she feel doing that?**  Probe: If she was married, how would this change the conversation?  Probe: If she already had a child, how would this change the conversation?  Probe: If a man wanted to speak to his wife about this topic, how might he feel doing that? | Community leader:  Health worker:  Women: | Based on the responses, are there any differences in men’s and women’s ability to discuss family planning with their partners that we need to be aware of? |
| **Q: Is there anything else you’d like to tell me about your community?** | Community leader:  Health worker:  Women: | Are there any other opinions/issues we need to be aware of? |
| **Community Reconnaissance:**  *For each of these questions, it would be helpful to ask the same question of a few different individuals in the community, to get different perspectives. For example, you could ask a community leader, the health facility in-charge/health worker, and if possible, a couple of women from the community (if that’s appropriate).* | | **Analysis (to be completed by TEAM)** |
| **Q: Tell me a little bit about the public health services in this community?**  **Probe**: Are these accessible for the community (near-by, affordable, open, well-stocked, etc.)?  **Probe**: What family planning services are available, if any?  **Probe**: Who, if anyone else, is providing family planning services in your community (e.g. traditional providers, private pharmacists/ providers, etc.) | Community leader:  Health worker:  Women: | Based on the responses, would you say that there is a role for a quality family planning provider in this community?  YES, ANY EXISTING PROVISION OF FP IS INSUFFICIENT TO MEET DEMAND/ LOW QUALITY – 2  YES, THERE IS SOME LIMITED OPPORTUNITY TO COMPLEMENT EXISTING FP PROVISION (E.G. LARC) TO MEET DEMAND – 1  NO, THERE IS SUFFICIENT EXISTING FP PROVISION BY QUALITY HEALTH PROVIDERS IN THIS COMMUNITY - 0 |
| **Q: Tell me a little bit about any community or non-governmental organisations working in your community?**  Probe: Do you know which, if any, are working in the area of sexual and reproductive health?  Probe: What kind of activities do they do?  Probe: You’ve told me about the main organisations, are there any others you’d like to mention – working in family planning or otherwise? | Community leader:  Health worker:  Women: | Based on the responses, would you say that there are existing organisations mobilising around health that MSI could partner with?  YES, THERE ARE EXISTING ORGS WORKING IN THE COMMUNITY THAT COULD BE A GOOD PARTNER FOR MSI (E.G. THEY PROVIDE HEALTH PROMOTION/ MOBILISATION, WOMEN’S EMPOWERMENT, ETC) – 2  NO, THERE ARE EXISITNG ORGS WORKING IN THE COMMUNITY, BUT THEY ARE NOT CLEAR PARTNERS FOR MSI - 1  NO, THERE ARE NO OTHER ORGS WORKING IN HEALTH/ SOCIAL MOBILISATION IN THIS COMMUNITY – 0 |
| **Q: Do people in this community know about Marie Stopes?**  **Probe:** if so, what do they know/feel about Marie Stopes?  **Probe:** if not, what would they feel about a team of external health workers come to provide free family planning services in this community? | Community leader:  Health worker:  Women: | Based on the responses, would you say this community is open to Marie Stopes?  YES, VERY OPEN – 2  SOMEWHAT OPEN, BUT THERE ARE SOME MIS-CONCEPTIONS/ CONCERNS ABOUT MARIE STOPES – 1  NO, THIS COMMUNITY FEELS NEGATIVELY TOWARDS MARIE STOPES/ THE IDEA OF MARIE STOPES – 0 |
| **TEAM OBSERVATION: In your judgement, is there enough space in the public health facility, or an alternative space in the community (e.g. community centre), where a Marie Stopes Outreach team could provide services safely and discretely to women?** | Possible space location/type:  # Rooms for counselling/provision:  Safety/cleanliness of spaces:  Discrete waiting space: | Based on your observations, do you think a team could safely and discretely provide services in this community?  YES, THERE IS SUFFICIENT PRIVATE SPACE FOR SD/ WAITING – 2  YES, THERE IS SOME SPACE FOR SD/ WAITING, BUT THERE ARE SOME MINOR SPACE/ PRIVACY LIMITATIONS – 1  NO, THIS COMMUNITY WOULD REQUIRE TENTED OUTREACH AS EXISTING STRUCTURES ARE INSUFFICIENT - 0 |
| **COMMUNITY ENTRY SCORE:**  *Add up the scores from the previous sections. The possible highest score is 8.*   * *A score of 5 or above should be considered a promising site* * *A score of 4 or below should not be considered, as would be a challenging site* | | **ENTER SCORE HERE:** |
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