

BASIC STAKEHOLDERS MAPPING AND ANALYSIS TOOL

SUB COUNTY: _____ WARD: _____

SECTOR/DEPARTMENT: _____ SUB SECTOR: _____

Name of Stakeholder/Group	Reg. No. if applicable	Core activity of stakeholder/group	Village/sub location where primary office is located	Number of Villages covered	Contact Person's Name	Phone/Email of Contact person	Number of members	Breakdown of members by gender	
								M	F

Prepared by: _____ Designation: _____ Date: _____

Reviewed by: _____ Designation: _____ Date: _____