

### COMPLETED EXAMPLE – WORKSHEET 1.2: MAPPING PARTNERS

The worksheet below has been completed with data based on a fictional situation to support you in completing Worksheet 2 with information relating to your context and emergency.\*

*Please note that this worksheet will likely include information about an emergency that during an actual event might not be immediately available. This was done to illustrate the full range of information to inform a strategic communication response. As more data becomes available, update this worksheet.*

| Name of Partner    | Type of Organization  | Geographical Coverage<br>(adapt terminology as necessary)  | Key Areas of Intervention   | Key SBCC-related Activities  | Community Mobilizers / Peer Educator Networks                                 | Contact Details  |
|--------------------|---|--|---|--|---|--|
| Ministry of Health | <input checked="" type="checkbox"/> Government<br><input type="checkbox"/> UN<br><input type="checkbox"/> INGO<br><input type="checkbox"/> CBO/FBO<br><input type="checkbox"/> Media<br><input type="checkbox"/> Youth group<br><input type="checkbox"/> Religious group<br><input type="checkbox"/> Other local group<br><input type="checkbox"/> Private<br><input type="checkbox"/> Other                            | <input checked="" type="checkbox"/> District 1<br><input checked="" type="checkbox"/> District 2<br><input checked="" type="checkbox"/> District 3<br><input checked="" type="checkbox"/> District 4<br><input checked="" type="checkbox"/> District 5 | <input checked="" type="checkbox"/> Health<br><input type="checkbox"/> GBV<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Agriculture<br><input checked="" type="checkbox"/> WATSAN/WASH<br><input type="checkbox"/> Shelter<br><input type="checkbox"/> Education<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Other: _____  | <i>Coordination of CHWs in three districts.</i><br><br><i>Coordination of health systems nationwide.</i><br><br><i>Health promotion and health communication</i> | <input checked="" type="checkbox"/> Yes (CHWs)<br><input type="checkbox"/> No | Name: <u>José Nyambwe</u><br>Tel: <u>07-2337284</u><br>Email: <u>j.n@mob.gov</u><br>Name: <u>Rudolf Svezi</u><br>Tel: <u>07-28879291</u><br>Email: <u>r.s@moh.gov</u><br>Name: _____<br>Tel: _____<br>Email: _____ |
| Women for Peace    | <input type="checkbox"/> Government<br><input type="checkbox"/> UN<br><input type="checkbox"/> NGO<br><input checked="" type="checkbox"/> CBO<br><input type="checkbox"/> FBO<br><input type="checkbox"/> Media<br><input type="checkbox"/> Youth group<br><input type="checkbox"/> Religious group<br><input type="checkbox"/> Other local group<br><input type="checkbox"/> Private<br><input type="checkbox"/> Other | <input checked="" type="checkbox"/> District 1<br><input type="checkbox"/> District 2<br><input checked="" type="checkbox"/> District 3<br><input checked="" type="checkbox"/> District 4<br><input type="checkbox"/> District 5                       | <input checked="" type="checkbox"/> Health<br><i>(women's health)</i><br><input type="checkbox"/> GBV<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Agriculture<br><input type="checkbox"/> WATSAN/WASH<br><input type="checkbox"/> Shelter<br><input checked="" type="checkbox"/> Education<br><input type="checkbox"/> Emergency<br><input checked="" type="checkbox"/> Other: <u>Community leadership training</u> |  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No        | Name: <u>Mamie Salvi</u><br>Tel: <u>0722342615</u><br>Email: _____<br>Name: _____<br>Tel: _____<br>Email: _____<br>Name: _____<br>Tel: _____<br>Email: _____   |

\* All names are fiction