The following information should be provided at least 1 week prior to the arrival of the SQUEAC investigation team.

1. SQUEAC investigation area It is essential that the programme team has a clear idea of 1. Where the assessment is/is not covering and 2. What the demographics of that area are	
1.1 Area Map	A map of the working area is an essential requirement to conduct a coverage assessment. Ideally, the map will have the following specifications: • 1:50,000 scale • Indication of administrative divisions, village locations, roads and rivers • be on A0 sized paper
1.2 List of villages + population size	This should be taken from latest official census data. Including population and population of children aged 6-59 months
2. Programme data The SQUEAC methodology relies on the availability of accurate and up-to-date programme data. The following programme data should be made available, in electronic format.	
2.2 Routine Programme Data	
2.2.1 Number of OTP/SFP/TFU sites in the area	i.e. the nutrition programme structure
2.2.2 Monthly programme data (from at least the last 2 years)	i.e: • admission, cure, death, defaulter rates • individual patient information • defaulter information • If available; length of stay, MUAC at admission • Screening (active and passive) and referral data (source for example) should also be provided. • CHW reports the data should be disaggregated by OTP.
2.2.3 OTP Cards	The programme should also collect all the OTP cards for the <u>discharged</u> patients. Cards of patients still in the programme should not be collected. This should be at the office/training venue when the SQUEAC team arrive.
2.2.4 Organigramme of partner	This is essential to determine who does what.
3. Qualitative Data In order to accelerate our familiarisation process with your CMAM programme and allow us to assess its context truthfully, we kindly ask you to send us the following documentation.	
3.1 National protocol for CMAM programmes	
3.2 Strategy for nutrition programmes in country	

3.3 Nutrition project donor proposal	Or a document that explains the programme structure
3.4 Monthly (narrative) monitoring reports	From the last 4 months
3.5 community mobilisation strategy and/or detailed presentation of community outreach activities	i.e. description of community volunteer networks, their activities and follow-up, description of other actors and their respective roles, description of available communication channels, examples of BCC/IEC materials, etc
3.6 reports of sociocultural studies and surveys linked to and/or having an impact on CMAM programme	i.e SMART, RSCA, KAP-B, VCA, PRA, etc
3.7 Socio-cultural information	- programme-specific contexts (historical, political, geographical, social, cultural and economic); - formal and informal community structure, organisation and institutions; - prenatal/postnatal & child care practices; - knowledge of childhood diseases and treatment preferences
3.8 other programme documentation that will enable to SQUEAC team to gain a good understanding of the nutrition programme and context	This could include: - country programme situation reports, - programme evaluations - past SQUEAC reports (in country and/or of programme) - Seasonal information