QUESTIONNAIRE FOR CARERS OF CHILDREN NOT ENROLLED IN CMAM PROGRAMME

Health district: _____________________  Health facility: _____________________

Village: ____________________________  Ethnic group: _________________________

Team: ________________________________  Date: ____________________________ 2015

1. Do you think your child is ill?
☐ Yes  ☐ No  → Q4

1a. What symptoms is your child suffering from?
□ a. Vomiting  □ b. Fever  □ c. Diarrhoea
□ d. Weight loss  □ e. Loss of appetite  □ f. Apathy
□ g. Swelling  □ h. Loss of hair  □ i. Skin lesion
□ j. Other, please specify:

1b. What illness has caused these symptoms?
□ a. I don’t know  □ b. Malnutrition  □ c. Spiritual disease/witchcraft
□ d. Weight loss  □ e. Malaria  □ f. Diarrhoea
□ g. Other, please specify (in local language):

1c. How have you tried to treat this illness or how are you going to treat it?
□ d. Medicinal products (bought at the market)  □ e. Medicinal products (bought at the pharmacy)  □ f. Prayer
□ g. Consultation of a traditional healer  □ h. Consultation at the health centre  □ i. No treatment
□ j. Other, please specify:

1d. Who made a decision about the choice of treatment?

2. Do you know that there is a service at the health facility dedicated to the treatment of malnutrition? What do you know about this service?
☐ Yes,  ________________________________  ☐ No  → STOP

3. Why didn’t you bring your child to the health facility for the treatment?
□ a. Too far; distance in km
   how many hours on foot?
□ c. Inaccessibility (seasonal flooding, etc.)
□ e. Non-availability of the company for the journey
□ g. Husband/family refusal
□ i. Carer ill
□ k. Too busy; reason:
□ m. Ashamed to enrol in the programme
□ o. Fear of hospital stay (away from HH, fees)
□ q. Previous rejection of a child; when?
□ s. Quantity of PlumpyNut® is too little to justify the journey
□ b. Insecurity
□ d. Non-availability of means of transportation
□ f. Non-availability of financial resources for the journey
□ h. Non-availability of financial resources for the treatment
□ j. Family member ill
□ l. No-one to look after other children
□ n. Lack of conviction that the programme can help the child
□ p. Preference of traditional treatment
□ r. Rejection of a known child
4. Has your child been already enrolled in CMAM programme?

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4a. Why isn’t your child still in the programme?

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<tr>
<td>☐</td>
<td>a. Defaulted</td>
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<td>b. Discharged as cured</td>
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<td>c. Discharged but not cured</td>
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<td>d. Other reason, please specify:</td>
<td>STOP</td>
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Thank you!

Comments: