



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?

- | | | |
|--|--|---|
| <input type="checkbox"/> a. Vomiting | <input type="checkbox"/> b. Fever | <input type="checkbox"/> c. Diarrhoea |
| <input type="checkbox"/> d. Weight loss | <input type="checkbox"/> e. Loss of appetite | <input type="checkbox"/> f. Apathy |
| <input type="checkbox"/> g. Swelling | <input type="checkbox"/> h. Loss of hair | <input type="checkbox"/> i. Skin lesion |
| <input type="checkbox"/> j. Other, please specify: _____ | | |

1b. What illness has caused these symptoms?

- | | | |
|--|--|--|
| <input type="checkbox"/> a. I don't know | <input type="checkbox"/> b. Malnutrition | <input type="checkbox"/> c. Spiritual disease/witchcraft |
| <input type="checkbox"/> d. Weight loss | <input type="checkbox"/> e. Malaria | <input type="checkbox"/> f. Diarrhoea |
| <input type="checkbox"/> g. Other, please specify (in local language): _____ | | |

1c. How have you tried to treat this illness or how are you going to treat it?

- | | | |
|---|---|--|
| <input type="checkbox"/> a. Medicinal herbs/roots | <input type="checkbox"/> b. Enriched meals | <input type="checkbox"/> c. Fast |
| <input type="checkbox"/> d. Medicinal products (bought at the market) | <input type="checkbox"/> e. Medicinal products (bought at the pharmacy) | <input type="checkbox"/> f. Prayer |
| <input type="checkbox"/> g. Consultation of a traditional healer | <input type="checkbox"/> h. Consultation at the health centre | <input type="checkbox"/> i. No treatment |
| <input type="checkbox"/> 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?

- | | |
|--|---|
| <input type="checkbox"/> a. Too far; distance in km _____
how many hours on foot? _____ | <input type="checkbox"/> b. Insecurity |
| <input type="checkbox"/> c. Inaccessibility (seasonal flooding, etc.) | <input type="checkbox"/> d. Non-availability of means of transportation |
| <input type="checkbox"/> e. Non-availability of the company for the journey | <input type="checkbox"/> f. Non-availability of financial resources for the journey |
| <input type="checkbox"/> g. Husband/family refusal | <input type="checkbox"/> h. Non-availability of financial resources for the treatment |
| <input type="checkbox"/> i. Carer ill | <input type="checkbox"/> j. Family member ill |
| <input type="checkbox"/> k. Too busy; reason: _____ | <input type="checkbox"/> l. No-one to look after other children |
| <input type="checkbox"/> m. Ashamed to enrol in the programme | <input type="checkbox"/> n. Lack of conviction that the programme can help the child |
| <input type="checkbox"/> o. Fear of hospital stay (away from HH, fees) | <input type="checkbox"/> p. Preference of traditional treatment |
| <input type="checkbox"/> q. Previous rejection of a child; when? _____ | <input type="checkbox"/> r. Rejection of a known child |
| <input type="checkbox"/> s. Quantity of PlumpyNut® is too little to justify the journey | |



4. Has your child been already enrolled in CMAM programme?

- Yes No → STOP

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

- | | | |
|---|---|--|
| <input type="checkbox"/> a. Defaulted | <input type="checkbox"/> a ¹ . When? _____ | <input type="checkbox"/> a ² . Why? _____ |
| <input type="checkbox"/> b. Discharged as cured | <input type="checkbox"/> b ¹ . When? _____ | |
| <input type="checkbox"/> c. Discharged but not cured | <input type="checkbox"/> c ¹ . When? _____ | <input type="checkbox"/> c ² . Why? _____ |
| <input type="checkbox"/> d. Other reason, please specify: _____ | | STOP |

Thank you!

Comments: