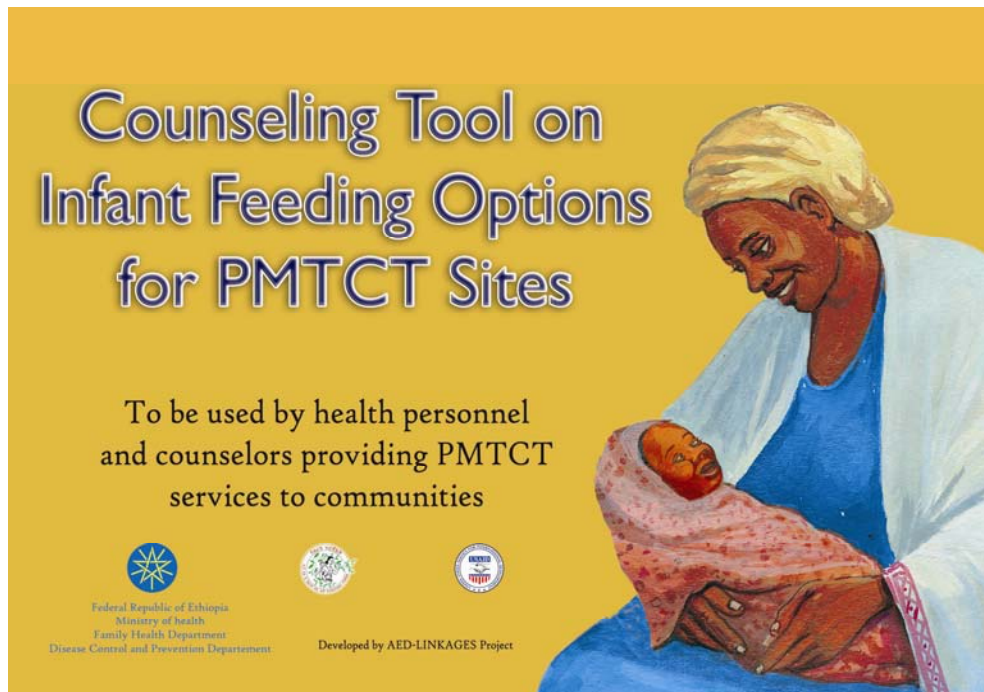


Qualitative Assessment of Infant Feeding Counseling in Prevention of Mother to Child Transmission of HIV (PMTCT) Sites



Addis Ababa and Adama
Ethiopia

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Background

As part of the Prevention of Mother to Child Transmission of HIV (PMTCT) program of Ethiopia, LINKAGES, USAID funded project, managed by the Academy for Education development (AED), in collaboration with other partners, began to assist the Federal Ministry of Health (MOH) in formulating a National PMTCT Strategy in May 2003. LINKAGES focus was on infant and young child nutrition and women's nutrition. It was agreed with the Nutrition Unit from the MOH to integrate PMTCT related issues into the national health nutrition strategic framework. Guidelines and protocols were developed for infant feeding (IF) and PMTCT as well as the nutrition support and care of HIV-positive women and children.

In partnership with other Presidential Initiative partners and the Federal Ministry of Health (Nutrition and Infections Diseases Units), health providers at PMTCT sites were targeted and the focus was on infant feeding, and nutrition support and care of HIV-positive women and children. The strategy was to promote an integrating Infant Feeding and Prevention to Mother to Child Transmission in the context of the Essential Nutrition Actions (ENA). Training materials and counseling tools were developed to target health managers and health providers to enhance their capacity to promote optimal infant feeding practices to prevent maternal to child transmission as well as to provide the nutrition care and support of HIV-positive women and children.

Within the PMTCT Training Strategy, two types of training were conducted for health staff and managers of PMTCT sites:

- a 4-day technical '*ENA in the Context of HIV & AIDS*'. This training focuses on technical updates on advocacy for improving nutrition and Infant and Young Child Feeding in the context of HIV & AIDS and includes the following topics: why nutrition matters? infant and young child feeding in the context of HIV/AIDS; nutrition in the context of HIV/AIDS; and counseling to support infant feeding options.
- a 3-day '*Infant Feeding-PMTCT Refresher Course*' equipped health providers with the knowledge and emphasized negotiation/counseling skills to support infant feeding options. During the training, the '*Counseling Tool on Infant Feeding Options for PMTCT Sites*' and two mini-posters describing the '*Key steps in counseling women of HIV-negative and unknown status on optimal infant feeding practices*', and the '*Key steps in counseling women of HIV-positive status on infant feeding practices*' were used to assist the health providers on counseling women on the various feeding options.

LINKAGES assisted 6 Regional health Bureaus from the original 23 PMTCT sites, with training 379 (MOH + NGOs) personnel, health managers and primary health providers to promote optimal IF in PMTCT settings. Training began in 2004 – 201 were trained in '*ENA in the Context of HIV & AIDS*'. In 2005, 178 were trained in '*Infant Feeding-PMTCT Refresher Course*'. Because of funding constraints, no follow-up and further training could be implemented by LINKAGES after the completion of this training.

However in 2006, LINKAGES provided Intra-Health International (through the current PMTCT funding) training manuals and BCC counseling tools for 267 PMTCT sites (with audio and video materials on improving breastfeeding, complementary feeding practices and women's nutrition). In August 2006, Intra-Health included infant feeding in their 13 days training course. Currently, health providers from health centers received their PMTCT training from IntraHealth, those in the hospitals from JHPIEGO.

I. Objectives

The general objective was to assess the infant feeding knowledge, counseling skills, and use of the '*Counseling Tool on Infant Feeding Options for PMTCT Sites*' and 2 posters: '*Key steps in counseling women of HIV-negative and unknown status on optimal infant feeding practices*', and '*Key steps in counseling women of HIV-positive status on infant feeding practices*' by health providers trained through AED-LINKAGES assistance. The infant feeding knowledge and skills of health providers enables women to make and act effectively on an informed choice to feed their infants optimally in the context of HIV. The use of the counseling tools are two-fold: 1) to identify if AFASS is done correctly, i.e. the Health Worker gives the proper advice to help the mother/family to select a feeding option; and 2) when the feeding option is selected, the Health Worker gives the proper advice to help the mother/family to implement the selected feeding option (before and after testing).

The specific objectives were:

1. Summarize training activities in PMTCT sites.
2. Evaluate knowledge of health provider through the administration of the pre/post-test questionnaire (to those trained in one of the 2 types of training, and to untrained staff).
3. Conduct interviews of trained health provider at PMTCT sites in order to:
 - obtain an over-all view of the PMTCT site
 - elicit individual experiences, opinions, and feelings on infant feeding and nutrition, and women's nutrition
 - learn about individual perspectives
 - explore follow-up after birth
4. Observe availability and use of posters and counseling tool at PMTCT sites.
5. At PMTCT sites, observe trained health provider's use of '*Counseling Tool on Infant Feeding Options for PMTCT Sites*' and use of Posters on the '*Key Steps in Counseling Women of HIV-negative or Unknown Status on Optimal Infant Feeding Practices*', and '*Key Steps in Counseling Women of HIV-positive Status on Infant Feeding Practices*' during group counseling, counseling before testing, counseling after testing, and/or post-natal counseling.
6. Assess client recall of key messages after contact with health provider.

III. Methodology

The assessment used a variety of methods including the administration of pre/post tests (identical to prior trainings); interviews with trained health provider; direct observation of client-provider interactions during counselling sessions; and exit interviews with clients.

1. Knowledge assessment for both trainings

For both trainings, knowledge tests were administered to health providers at 3 points:

- a. At the beginning of the training (Pre-training)
- b. At the end of the training (Immediate Post-training)
- c. During the current performance monitoring (Delayed post training)

'ENA in the Context of HIV & AIDS': The knowledge test comprised 30 questions of which 18 are multiple choice, 9 written answers, and 3 True/False. (Annex 1)

'Infant Feeding-PMTCT Refresher Course': The knowledge test comprised 15 Yes/No questions. (Annex 2)

Trained health providers were rated by calculating mean knowledge test scores and rating the individual on an "adequate, average, below average" knowledge scale. Adequate score (AD) = > 70; Average score (AV) = 60 – 70; Below average score (BA) = < 60.

2. Interviews

Interviews were conducted with a PMTCT health provider at each of the 12 assessment sites. (Annex 3)

3. Skills assessment

Health providers were observed on how they used the *'Counseling Tool on Infant Feeding Options for PMTCT Sites'* (Annex 4) and the use of posters on the *"Key steps in counseling women of HIV-negative and unknown status, (Annexes 5 & 6) or women of HIV-positive status, on optimal infant feeding practices"* (Annexes 7 and 8)

4. Client recall of key messages after contact with health provider

Women were interviewed after their counseling session with the healthcare provider. (Annex 9)

Sample Selection

The PMTCT assessment is conducted only in the PMTCT sites of Addis Ababa and Adama because the number of health providers posted outside of Addis Ababa and Adama was unknown and was estimated to be very low because of the high turn over of health providers outside the capital city.

The health staff included in the assessment were from 12 PMTCT sites: 4 Health Centers and 4 Hospitals in Addis Ababa; 1 Health Center in Modjo; 1 Health Center and

1 Hospital in Adama; and 1 Hospital in Debrazeit. In Addis Ababa the PMTCT health centers and hospitals are: Addis Ketema Health Center, Ledeta Health Center, Tekelehaymanot Health Center, Woreda 17 Health Center/Bole, Air Force General Hospital, Bella Hospital, Yekatit 12 Hospital, and Zewiditu Hospital.

These sites were selected as they are providing infant feeding counseling services, or in the case of Debrazeit, practicum training. All staff currently working in PMTCT sides was given the post-test assessment in order to compare the results of the staff trained by LINKAGES that specifically focus on IF in the context of HIV/AIDS with staff trained on all aspects of PMTCT.

IV. Results

1. Number of health providers at selected PMTCT sites in July 2006

From the 71 health providers trained in IF in the context of HIV/AIDS, only 37 are still posted.

Table 1: PMTCT Sites, Health providers, Sample Selection

	Health Center/Hospital	Number of Health providers trained in IF	IF Training Date & Results of Pre/Immediate Post-tests		PMTCT Staff July 06	PMTCT Staff trained in IF	Number included in sample
			ENA in the Context of HIV & AIDS	IF-PMTCT			
Addis Ababa							
1.	Addis Ketema Health Center	4	July 2004 Pre-test=50 Immediate Post-test = 75	Feb. 2005 Pre-test = 80 Immediate Post-test = 87	5	2	4
2.	Ledeta Health Center	4			5	1	5
3.	Tekelehaymanot Health Center	3			3	0	1
4.	Woreda 17 Health Center/Bole	3			4	2	2
5.	Yekatit 12 Hospital	3			3	1	3
6.	Zewiditu Memorial Hospital	1			4	2	3
7.	Armed Force General Teaching Hospital	24		April 2005 Pre-test = 61 Immediate Post-test = 75	16	16	1
8.	Bella Hospital	12			5	5	1
9.	Debrazeit Hospital				5	1	2

Adama							
1.	Modjo Health Center	10	June 2004	Feb. 2005	4	2	2
2.	Adama Health Center	2	Pre-test= 8	Pre-test = 66	3	3	2
3.	Adama Hosptial	5	Immediate Post-test = 78	Immediate Post-test = 85	3	2	1
	Total	71			60	37	27

2. Knowledge of health providers

Twenty-seven post-tests (25 completed) were administered to the health providers from the 12 PMTCT sites, 10 were trained with the assistance of LINKAGES in infant feeding. (Annex 11)

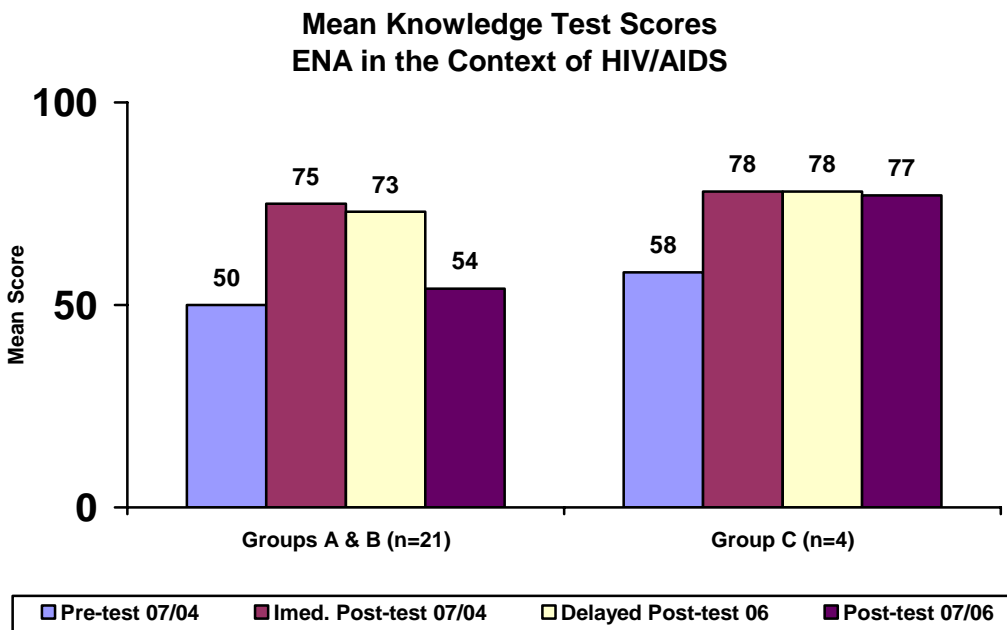
ENA in the Context of HIV/AIDS

To follow the timing of the training, the PMTCT sites were divided into 3 Groups based on the same training dates of '*ENA in the Context of HIV/AIDS*'. Pre and immediate post-test scores were collected at the time of the training.

- Group A: Addis Ketema, Ledata, Tekelehaumanot, and Woreda 17 Health Centers, Yekatit and Zewditu Hospitals;
- Group B: Armed Forces, Bella and Debrazeit Hospitals; and
- Group C: Modjo and Adama Health Centers, and Adama Hospital.

There is a noticeable difference between pre and immediate post-test scores of +25 and +20 points respectively, in Groups (A & B), and C. There is little variation between the immediate and delayed post-test scores of those health providers who received previous infant feeding training.

However, in Group (A & B) there is a negative difference of 21 among the health providers who had not previously been trained in infant feeding. This difference may indicate that the training received was less adequate than the training specifically focusing on infant feeding. In group C, there is no difference among the health providers trained specifically on IF compared to the others, may be because of peers training.



The health providers trained with the support of LINKAGES in Infant feeding did better than the ones trained through PMTCT training. The Mean score of 10 trained health providers in ‘*ENA in the Context of HIV/AIDS*’ was 76 while the Mean score of other health providers was 66.

When using the scale of knowledge as adequate (AD) equals scores > 70, average (AV) equals scores from 60 – 70, and below average (BA) equals scores < 60, results from all health providers indicated that of 25 post-tests collected, 9 had an adequate score, 9 an average score and 7 a below average score. Because of time constraints, 2 health providers did not complete the post-test, one of whom was previously trained in infant feeding.

Looking at the questions asked, it can be seen that some aspects of IF in the context of PMTCT are still unclear as:

* All health providers who took the post-test failed to correctly answer the following questions:

- Question 25: ‘*In the first two months of life, a baby receiving only infant formula is how many more times likely to die from diarrhea than a baby who is exclusively breastfed?*’
- Question 29: ‘*What would you advise a mother who does not know her HIV status if she has mastitis?*’ All answered that “the mother should stop feeding the baby from that breast, and should manually express the milk which should either be discarded or heat treated before feeding to her baby”.

* Twenty-two of respondents did not answer question 26 correctly (9 of the 10 trained in infant feeding responded incorrectly): ‘*An HIV positive mother with a newborn has*

decided to replacement feed and plans to prepare her own formula using animal milk. Circle all the correct answers'.

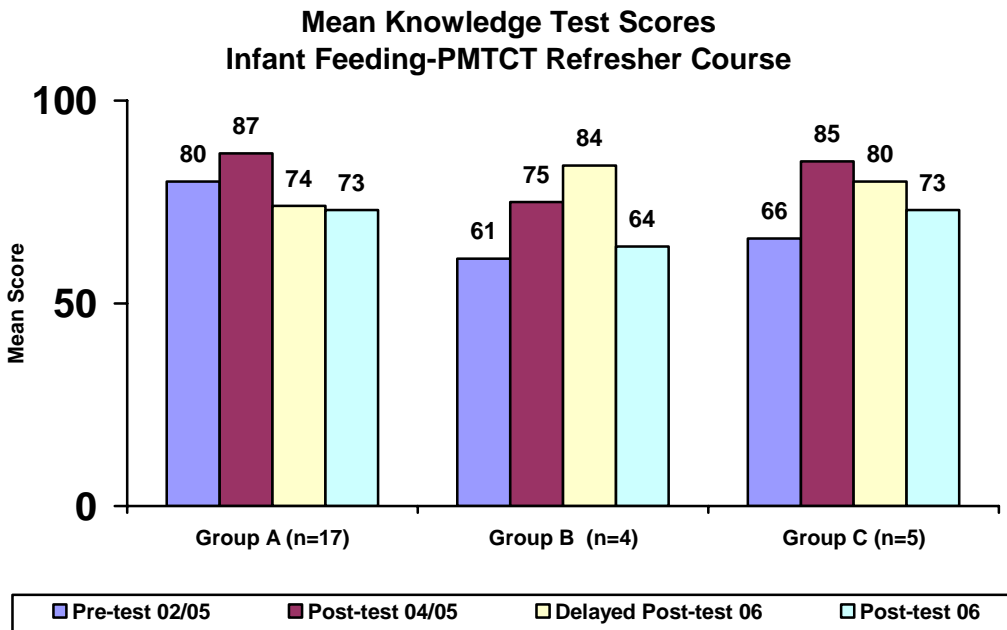
* Nineteen failed to answer question 16 (6 of the 10 trained in infant feeding failed to answer correctly): *'List **three** nutrition messages you should give to a pregnant woman'.*

* Eighteen did not correctly answer the following questions (5 of the 10 trained in infant feeding missed these questions):

- Questions 5: *'What affects the amount of breast milk a mother can produce?'* (most answered that malnutrition in the mother affects milk supply);
- Question 18: *'If an HIV positive mother chooses to breastfeed, name the three options she has for feeding her child';*
- Question 28: *'Hiwot is HIV positive and has a baby 1 month old. She decided to breastfeed her baby but it is painful on one breast. You examine her and see she has a cracked nipple on that breast. What do you advise? Circle all the correct answers.'* In the last question, respondents did not mention the importance of positioning and attachment.
- Question 19: What does AFASS stand for? was incorrectly answered by 10 respondents.

Infant Feeding-PMTCT Refresher Course

PMTCT Health Centers and Hospitals are grouped in 3 different clusters because they share the same training date and pre and immediate post-tests scores. Difference noted between pre and immediate post-test scores of Groups A, B, and C are +7, +14, and +19 respectively. There is little variation in the delayed post-test scores of those health providers who received *'Infant Feeding-PMTCT Refresher Course'*. It needs to be noticed that this module is mainly focusing on counseling and negotiation skills using the BCC counseling tools.



the Mean score of 10 trained health providers in the ‘*Infant Feeding-PMTCT Refresher Course*’ delayed post-tests was 79 while the Mean score of other health providers was 69. Health providers trained in ‘*Infant Feeding-PMTCT Refresher Course*’ scored higher by 10 percentage points. Again this difference indicates a better knowledge with those health providers who previously received infant feeding training.

When using the “adequate, average, below average” knowledge scale, results of the 26 ‘*Infant Feeding-PMTCT Refresher Course*’ post-tests, 18 had an adequate score, 6 an average score and 2 a below average score. Because of time constraints, 1 health provider trained (not previously trained in infant feeding) did not complete the post-test.

Similarly, looking at the questions asked, it can be seen that some aspects of IF in the context of PMTCT are still unclear as:

* Eighteen and 17 respondents missed questions #5 and #6 respectively (8 and 7 of the 10 trained in infant feeding missed these questions): ‘*Is telling a mother what to do the best way to improve how she feeds her child?*’ and ‘*Is correct knowledge enough to change behavior?*’

* Twelve (5 of the 10 trained in infant feeding failed to answer correctly) missed the question #13: ‘*The percentage of MTCT transmission occurring during pregnancy is 20%*’,

* Eight (2 previously trained in infant feeding) incorrectly answered the question ‘*In order to have enough milk a mother needs to breastfeed every 4 hours?*’

Eight (3 previously trained in infant feeding) incorrectly answered the question *'When breastfeeding, the baby's chin needs to touch the mother's breast'*.

3. Interviews with Trained Health Provider at PMTCT Sites

The detailed information of interviews is presented in Annex 12.

General Information

PMTCT sites are generally open from 8:00/8:30 – 5:00/5:30, Monday through Friday. The Armed Forces Hospital is also opened Saturday from 8:00 – 12:00.

The ANC clinics at the Yeketit 12 Hospital and Debrazeit are opened in the mornings, although HIV-positive women can come at any time. At the Addis Ketema Health Center, Saturdays are open for a support group for women and their partners; and Kedeta Health Center opens 2 Sundays a month for women and partners to attend a support group.

PMTCT sites offer Maternal Child Health (MCH) Services: ANC, Delivery Services, PMTCT/VCT, Infant Feeding Counseling, Family Planning, Postnatal/Well-Child, and Care of Sick Child. Most sites also offer TB and IMCI services, and opportunistic infections treatment.

PMTCT Service Delivery

All sites provide counseling for HIV testing, and infant feeding counseling for HIV-positive women. Usually, an HIV-positive woman is given NVP, then she is referred to Black Lion Hospital (or on-site ART clinic) where CD4 counts and general health is assessed, and if necessary, ART is provided. The hospital follows-up clients who receive ART treatment for 3 months.

Infant Feeding Counseling

PMTCT sites provide infant feeding counseling during ANC visits – predominately in group sessions. During ANC visits and pre-test counseling exclusive breastfeeding is recommended for the HIV-negative woman; women are told that other infant feeding options will be discussed with them if they test positive. In-depth infant feeding counseling is offered during post-test counseling. On most occasions PMTCT staff provides IF counseling, though some counseling may occur in delivery and in the pediatrics department.

Six of the 12 PMTCT sites mentioned that they offer 5 infant feeding options for HIV-positive women: exclusive breastfeeding, wet nursing, formula, expressed/heat treated milk, and modified animal milk or cow's milk. The others said that the options of wet nursing and expressed/heat treated milk are not practical and are not offered. In one PMTCT site, a counselor was promoting exclusive breastfeeding for 4 instead of 6 months.

- In 2 health centers (Tekelaimanot and Adma), women who choose replacement feeding are shown how to prepare formula and cow's milk, and the women demonstrate the process in return.
- One site (Addis Ketema) demonstrates how to prepare formula with return demonstration, and
- One site, Adama Hospital shows how to prepare both formula and cow's milk without return demonstration.
- The other 8 PMTCT sites conduct in-dept discussion on the "how-to" with those women who choose replacement feeding; no demonstration is carried out.

The PMTCT counselors state that the greatest challenges in counseling women on infant feeding options have been emotional strain/stress, women resisting advice, and the economical difficulties of women. **All** counsellors think that replacement feeding is the "only" choice and feel "guilty" that they must talk about exclusive breastfeeding when AFASS criteria are not met.

In the data recorded in the monthly register at the PMTCT sites, 377 women attending the PMTCT sites January to June 30, 2006 and their chosen infant feeding option is as followed:

- In 8 PMTCT sites, the preferred option of infant feeding is exclusive breastfeeding (Addis Ketema, Ledeta, Tekelaimanot, Woreda 17, Yekatit 12 Hospital, Bella Hospital and Debrazeit Hospital).
- In 2 PMTCT sites, the prominent infant feeding option is formula (Zewditu and Armed Forces Hospitals),
- In another 2 sites cow's milk is the feeding option of choice (Adama Health Center and Adama Hospital)
- Mixed feeding occurs when mothers feel that they do not have enough breastmilk and when mothers are unable to afford the replacement feed of choice.

Table 2: HIV-positive women and their infant feeding option**

	AK	Led	Tek	W. 17	Yek12	Zew	AFG	Bella	DH	Modjo	AHC	AH
HIV+ 01-07, 2006	55	29	13	57	13	35	13 04-07	25	15	33	50	39
EBF	98%	100%	Most	86%	Most	20%	25%	60%	84%	Most	10%	33%
Formula	.5%	--	--	--	15%	80%	75%	5%	8%	--	--	--
Cow's Milk	1.5%	--	--	14%	--	--	--	35%	8%	--	90%	66%
Mixed feeding	Yes	No	Yes	No	No	No	No	No	Some	No	Some	No

**Addis Ketema/AK, Ledeta/Led, Tekelaimanot/Tek, Woreda 17/W.17, Yekatit 12/Yek12, Zewditu/Zew, Armed Forces General/AFG, Bella, Debrazeit Hospital/DH, Modjo, Adama Health Center/AHC, and Adama Hospital/AH

In answer to the question: ‘What has your site done to help HIV+ women adhere to their infant feeding choice?’ health providers responded:

- reinforce infant feeding options
- before delivery - advise, raise awareness, and educate on the dangers of mixed feeding
- establish mother-to-mother support group room in Addis Ketema, Ledeta, and Modjo Health Centers
- utilize points of contact (eg. EPI, pediatric outpatient)
- in military camps work in conjunction with the Armed Forces Hospital

Postnatal Follow-up and Tracking of Mother-Infant Pairs

The sites vary widely on their follow-up of mother-infant pairs. Generally, all women return for their scheduled visit at 45 days post-partum. Further follow-up takes place in the pediatrics department, IMCI program, EPI, and treatment for opportunistic infections.

Follow-up at the PMTCT sites for HIV-positive women ranges from < 10% at Bella to 100% for the first follow-up visit at Adama Health Center. The overall average follow-up of HIV-positive mothers at the 12 PMTCT sites is 70%.

Table 3: Follow-up of HIV-positive Women

	AK	Led	Tek	W. 17	Yek12	Zew	AFG	Bella	DH	Modjo	AHC	AH
Follow-up of HIV-positive women	Most	80%	Most	60%	None	90%	100%	<10%	100%	50%	100% for 1 st follow-up	80%

If women are receiving ART treatment, they are followed-up every 3 months at the Armed Forces General Hospital. Debrazeit Hospital reported that HIV-positive women are scheduled to return one week after delivery in order to assess their infant feeding practices.

Challenges to follow-up mother-infant pairs include: “lost” due to address change, confidentiality issues, fear of stigma, women are day laborers and cannot easily access the PMTCT site, no training in follow-up, internal referral system lacks coordination, irregularity, time constraints, discrimination, living in military camps, staff constraints, costs (when mother or child is sick), and male partner (when negative) does not want his wife who is HIV-positive to go for follow-up.

The PMTCT sites in the health centers of Addis Ketema, Ledeta and Modjo have strengthened follow-up of HIV-positive mothers and their infants after delivery by establishing a mother-to-mother support group room. After testing positive, women are referred to the mother-to-mother (M2M) support group room.

Woreda 17 Bole Health Center works with the World Food Program which provides food to HIV-positive women every 3 months.

Networking, pediatric follow-up, ART clinic, and counseling skills are other ways that PMTCT sites have strengthened their follow-up. The Adama Health Center suggested that there should be a community extended program for mother and baby.

4. PMTCT Counseling Materials

During the IF-PMTCT refresher course, each health provider received posters and counseling materials.

Table 4: Posters and Counseling Tools at PMTCT Sites

PMTCT Site/ Participant	Posters	Used regularly by Counselors	Counseling Tool	Used regularly by Counselors
Addis Ketema (5 PMTCT Staff)	No	No	Yes: M2M	No
Ledeta (5 PMTCT Staff)	Yes: Counseling Room	No	Yes: Counseling Room, Delivery, M2M, <5 (IMCI)	Yes, only for HIV+ women
Tekelehaumanot (3 PMTCT Staff)	No	No	No	No
Woreda 17 (4 PMTCT Staff)	No	No	Yes: Counseling Room, Delivery	Yes, only for HIV+ women
Yekatit Hospital (3 PMTCT Staff)	No	No	No	No
Zewditu Hospital (4 PMTCT Staff)	Yes: Counseling Room Delivery, ANC, Pediatrics	Yes	Yes: Counseling Room	No
Armed Forces Hospital (2 PMTCT Staff)	No	No	Yes: Counseling Room, ANC	Yes
Bella Hospital (2 PMTCT Staff)	No	No	No	No
Debrazeit Hospital (5 PMTCT Staff)	No	No	No	No
Modjo Health Center (4 PMTCT Staff)	Yes: Counseling Room	Yes	Yes: Counseling Room, Sick Baby	Yes
Adama Health Center (3 PMTCT Staff)	No	No	Yes: Counseling Room	Yes
Adama Hospital (3 PMTCT Staff)	Yes: Counseling Room, Family Planning, Waiting Room	Sometimes	Yes: Counseling Room	Yes, only for HIV+ women

- Four (or 1/3) of the PMTCT sites visited have posters on the ‘Key steps in counseling women of HIV-negative and unknown status on optimal infant feeding practices’, and on the ‘Key steps in counseling women of HIV-positive status on infant feeding practices’. All sites display the posters in the PMTCT counseling room, and 2 also display these posters in public areas such as pediatrics and waiting room. The

posters are used regularly by counselors in 3 of sites (Zewditu Hospital and Adama Health Center, and sometimes at the Adama Hospital).

- Eight (or 2/3) of the sites have the ‘*Counseling Tool on Infant Feeding Options for PMTCT Sites*’. Three PMTCT sites (Ledeta, Woreda 17, and Adama Hospital) specified that the Counseling Tool is used only for HIV-positive women. Three other sites (Armed Forces Hospital, Modjo Health Center, and Adama Health Center) claim to use it regularly during counseling. One reason specified by counselors for not using the “Counseling Tool” is that women like the counselors to speak to them directly. Now counselors know the content of the Tool and no longer have a need to use it.

5. Observations of Health providers

Seven health providers were observed during a PMTCT counseling session. Two of the seven health providers were previously trained in infant feeding (IF).

Posters displaying the “*Key steps in counseling women of HIV-negative and unknown status, or women of HIV-positive status, on optimal infant feeding practices*” were not used during the site observations. With regards to the “*Key Steps*” listed on the posters, no observed counsellor advised women on the importance of their own health or referral to the health centre with any problem; neither did they ask clients to repeat messages, or request a follow-up appointment.

Table 5: Counseling Observations

	Addis Ketema Health C	Ledeta Health Center	Tekalaimanot Health Center	Zewditu Hospital	Modjo Health Center	Admama Health Center	Adama Hospital
Trained in Infant Feeding	--	--	--	--	X	X	--
PMTCT staff	X	X	X	X	--	--	X
HIV-positive	M2MSG: 6 women & 2 babies	--	--	--	--	--	--
HIV-negative	--	Post-test	--	--	Post-test	Post-test	Post-test
Unknown status	--	--	Pre-test	Pre-test	--	--	--
Counseling Tool used	Yes	Yes	No	No	Yes	Yes	Yes
Posters present & used	No	Yes, but not used	No	Yes, but not used	Yes, but not used	No	Yes, but not used

One observation was made during the facilitation of a mother-to-mother (M2M) support group for HIV-positive mothers where 6 women and 2 babies attended. During the session infant feeding options, advantages and disadvantages of breastfeeding, immediate initiation of breastfeeding, how to express breastmilk, and the introduction of complementary foods at 6 months were discussed.

“AFASS” was not mentioned even though one pregnant woman told the group that she planned to give cow’s milk to her infant, nor was mentioned “made to exclusively practice” the chosen infant feeding option during the first 6 months.

The IntraHealth Site Coordinator facilitated the session, but when she was called away, the trained mother

continued the discussion with confidence and skill. The Counseling Tool was visible during the session, but was not a focus of the discussion. The facilitators knew the women participants by name, and by the end of the M2M support group, all women were making eye contact, and were directing their comments not only to the facilitator(s), but to each other. In the M2M Support Group, body language, the physical set-up of facing each other, and facilitation skills encourage women to share their experiences

M2M Support Group Background: After testing positive, women are referred to the mother-to-mother support group room, established to provide information and support to HIV-positive mothers. A Nurse (Site Coordinator) from IntraHealth comes to the Health Center 3 times a week to provide support and train interested mothers in providing on-going information and support to HIV-positive mothers who come to the mother-to-mother support group. (Trained mothers work on site 3 days a week and receive 100 Birr/month). The M2M Support Program involves 4 components: M2M, mother to mother to be (M2M2B), MCreation (in-come generating projects), and M2Community. Participants in M2M Support Groups are counseled on the following issues: HIV/AIDS and basic medical facts, PMTCT, choosing the right feeding option, safer breastfeeding practices, safe formula preparation, disclosure, positive living, negotiating safer sex, and ART.

Four observations were made during post-test counseling sessions for women of HIV-negative status. All counselors used the counseling tool. Counselors discussed the advantages of exclusive breastfeeding, immediate initiation, proper positioning and attachment, frequent on-demand breastfeeding and emptying one breast before switching, and introducing complementary feeding at 6 months.

Two counselors (one of them trained on IF) discussed how to prepare formula and cow’s milk, and the importance of checking for sores in baby’s mouth. Because the counselors were providing post-test counseling for HIV-negative women, discussing the preparation of formula and cow’s milk is not considered part of the “*Key steps in counseling women of HIV-negative and unknown status on optimal infant feeding practices*”. The posters were present in all post-test observations except at the Adama Health Center, but they were not used; all women observed in post-test counseling were pregnant with at least their 2nd child and had previous breastfeeding experience.

Two observations took place during pre-test counseling (un-known status); neither the Counseling Tool nor the posters were used. During the 2 pre-test counseling sessions, it was observed that the counselors concentrated on explaining the modes of HIV transmission, risk factors, the importance of VCT, and partner testing. There were no infant feeding messages discussed with the clients. One client was tested immediately after the counseling session.

Because of confidentiality issues, one PMTCT site would not permit observation of a post-test counseling session if the woman was HIV-positive. In another site, one woman asked her counseling session not to be observed.

PMTCT counselors were very attentive in their interaction with women who visited the site. However, counseling skills varied: during 2 of the observation sessions, the counselor sat behind a desk, and in another session where the counselor was facing the mother, the counselor wore gloves. Post-test results re-enforced this finding regarding the lack of counseling skills: 18 respondents missed question 5: *'Is telling a mother what to do the best way to improve how she feeds her child?'*, and 17 did not correctly answer question 6: *'Is correct knowledge enough to change behavior?'*

6. Exit Interviews with Women after Counseling Session

All clients who were interviewed after the counseling session were pregnant with at least their 2nd child (Annex 12). Except for Tekalaimanot Health Center, where there was no Counseling Tool, all clients reported seeing some of the following illustrations: infant feeding options, advantages and disadvantages of breastfeeding, immediate initiation of breastfeeding, proper positioning and attachment at the breast, frequent on-demand breastfeeding and emptying one breast before switching to the other breast, how to prepare cow's milk and formula, introduction of complementary foods at 6 months, and checking for sores in baby's mouth.

Since all of these illustrations were not shown during the counseling session, it was felt that clients might be repeating the messages they heard rather than the illustrations they remembered seeing.

Two clients had not yet decided on their infant feeding option at the end of the counseling session.

The only other message that clients reported to have heard, in addition to the above illustrations, was that of exclusively breastfeeding for the first 6 months.

All interviewees with the exception of one, said they would practice their infant feeding option, and that they intend to share the messages with their friends.

V. Conclusions

1. Turn over of staff is high as only half of the trained health providers are still posted 1 to 2 years after the training. It is expected to be higher ifor sites far from Addis Ababa.
2. Up-dated information and support on infant feeding in the context of HIV/AIDS is a pillar of PMTCT. Health providers have a better knowledge when they have been specifically trained in Infant feeding (*'ENA in the Context of HIV/AIDS'* and/or *'Infant Feeding-PMTCT Refresher Course'*). However, it seems that important questions regarding support to infant feeding in the context of HIV/AIDS are still unknown, such as AFASS and the exclusivity of the chosen feeding option.
3. All PMTCT sites offer Maternal Child Health (MCH) Services: ANC, Delivery Services, PMTCT/VCT, Infant Feeding Counseling, Family Planning, Postnatal/Well-Child, and Care of Sick Child. Most sites also offer TB and IMCI services, and opportunistic infections treatment. All sites provide counseling for HIV testing, testing, and infant feeding counseling for HIV-positive women. The overall average follow-up of HIV-positive mothers at the 12 PMTCT sites is 70%.
4. Infant feeding counseling is provided to nearly all women at the different MCH services in the PMTCT sites, but especially during post-test counseling by the PMTCT staff. Only few sites show mothers how to prepare cow's milk or formula with return demonstration.
5. Most of the HIV-positive women have chosen exclusive breastfeeding as their infant feeding options. Two sites recommended formula replacement feeding and two others cow milk replacement. Half of the PMTCT sites said that wet nursing and expressed/heat treated milk are not practical and are not offered.
6. The PMTCT counselors' greatest challenges in counseling HIV-positive women on infant feeding options are emotional strain/stress, women resisting advice, and the economical difficulties of women. **All** counselors think that replacement feeding is the "only" choice and feel "guilty" that they must talk about exclusive breastfeeding when AFASS criteria are not met.
7. Counseling skills varied among the health providers observed during a PMTCT counseling session, 2 of whom had previous infant feeding training. Because the number of observations was small, it was not possible to single out those counselors trained specifically in negotiation skills. Most of the sites have available counseling posters and tools. However, very few health providers used them.
8. Few PMTCT sites have strengthened their follow-up of HIV-positive mothers and their infants after delivery by establishing a mother-to-mother support

group room where HIV-positive mothers can share their experiences, information and provide mutual support.

VI. Recommendations

1. MTCT after post partum is estimated to be between 5 to 20% and most of the health providers are not properly trained. Even the ones trained showed important gaps in knowledge and practices. Health providers need to be specifically trained on knowledge and practices to better advice mothers on their infant feeding options.
2. Additional “Mentoring and Encouragement” need to be carried out for frequent smaller “on-the-job performance” trainings. AFASS, with the special emphasis placed on the “Balance of Risks” needs to be re-enforced.
3. The use of the existing counseling tools needs to be also re-enforced to assist the health providers in providing better and appropriate counseling to mothers.
4. The mother to mother support group seems to be a promising method to support infant feeding options and need to be expanded to additional sites. However, the same recommendations mentioned above applied for this community support.

Annex 1:
Post-Test Questionnaire - 'ENA in the Context of HIV/AIDS'

Please check which of the following trainings you have received:

- ENA in the context of HIV/AIDS (4-days)
- Infant Feeding (IF) for PMTCT Refresher Course (3-days)
- Essential Nutrition Actions (ENA) - Behavior Change Communication (BCC) (5 – 6 days)
- Other

Name of PMTCT site in which you work: _____

1. Aster will give birth next week. She is HIV negative. How will you advise her to feed her baby during the first year of life? Be specific.

Put baby on breast within first hour; give colostrum, exclusive breastfeeding for 6 months; breastfeed on demand at least 8-10 times day & night; empty one breast before moving to the other; good positioning & attachment; practice safe sex during breastfeeding; introduce appropriate complementary foods at 6 months

2. Aster returns to the clinic after 2 months. She is worried that the weather is very hot and her 2 month old baby might be thirsty for water. Circle the one correct answer.

- a) Give the baby water
- b) It is better to give juice, tea or coffee
- c) It is better to give infant formula
- d) It is dangerous to give any liquids apart from breastmilk**

3. At what age should Aster begin to give her baby the 'first foods' such as soft porridge? Circle the one correct answer.

- a) at 2 months
- b) at 4 months
- c) at 6 months**
- d) at 8 months

4. During this visit Aster tells you that her baby is crying a lot, and seems to be hungry. Circle all the correct reasons for why the baby is crying (you can choose more than one reason):

- a) Aster is not allowing enough time for her baby to empty each breast at feeding**
- b) Aster is not breastfeeding her baby enough times each day & night**
- c) Aster has small breasts and can not produce enough milk
- d) Aster is undernourished and as a result can not produce enough milk

5. What affects the amount of breast milk a mother can produce? Circle all correct answers.

- a) How much food was eaten by the mother the day before
- b) How many times she puts the baby to her breast**
- c) Her emotional status and anxiety**
- d) Mild and moderate malnutrition in the mother

6. How many times a day will an infant need to breastfeed during the first month of life? Circle one correct answer.

- a) 4-5 times a day
- b) on demand and at least 8-10 times a day**
- c) only feed when the baby cries

7. Tigist is pregnant and is due to give birth in a few days. She knows she is HIV negative and has decided to breastfeed her baby. When should the baby be put on Tigist's breast? Circle one correct answer.

- a) within the first two days of birth
- b) within the first day of birth
- c) only after the placenta is expelled
- d) within the first hour of birth**

8. What is the 'first milk' called?

- a) hindmilk
- b) colostrum**
- c) afterbirth

9. Why is this 'first milk' important? Circle one correct answer.

- a) it is not important and should be discarded
- b) it contains immunological factors and is the baby's first immunization**
- c) it contains a high level of iron

10. Define the term "exclusive breastfeeding".

To give only breastmilk and no other liquids (e.g. water, juice, formula) or foods from 0 to 5.9 months

11. In Ethiopia, what is the Ministry of Health's guidance on breastfeeding? Circle the one correct answer.

- a) Mothers should breastfeed, giving no other liquids or foods, until 4 months but should give water when it is hot
- b) Mothers should only breastfeed, giving no other liquids or foods, until 4 months
- c) Mothers should only breastfeed, giving no other liquids or foods, until 6 months**

12. To what situation do the terms "positioning and attachment" refer? Circle the one correct answer.

- a) to the final stages of labor
- b) to breastfeeding**
- c) to giving immunizations

13. List two benefits of breastfeeding for the infant.

Breast milk is the perfect food; composition changes over time to match needs of baby; contains immunological factors; always available; easy to digest; promotes normal growth & development; helps teeth to development; infant-child bonding; contains enough fluids so water not needed; etc...

14. List three benefits of breastfeeding for the mother.

Helps to expel placenta reducing risk of post-partum hemorrhage; contraceptive benefits if Lactational Amenorrhea practiced; easy for mother as no preparation is needed; infant-mother bonding

15. What key nutrition advice should you give to a breastfeeding mother? Circle all advice that is correct:

- a) Eat the same amount of food each day as before you were pregnant
- b) Eat 1-2 extra meals each day**
- c) Avoid cow's milk
- d) Avoid fatty foods

16. List three nutrition messages you should give to a pregnant woman:

Take iron/folate tablets, eat extra meal each day, eat a varied diet, rest, de-worming, eat iodized salt

17. What percentage of MTCT transmission occurs during:

- Pregnancy: **5-10% (7%)**
- Labour/delivery: **10-20% (15%)**
- Breastfeeding for 24 months: **10-20% (15%)**

18. If an HIV positive mother chooses to breastfeed, name the three options she has for feeding her child.

- Option 1: **Exclusive breastfeeding**
- Option 2: **Express breastmilk, heat treat and feed with a cup**
- Option 3: **Use a HIV negative wet-nurse**

19. What does AFASS stand for?

Acceptable, Feasible, Affordable, Sustainable, Safe

20. All babies of HIV positive women will be infected through breastfeeding.

- a) True
- b) False**

21. If AFASS criteria can be met, it is best for an HIV positive mother not to breastfeed.

- a) False
- b) True**

22. If AFASS criteria can not be met, it is best for an HIV positive mother to exclusively breastfeed.

- a) True**
- b) False

23. For an HIV positive mother who chooses to exclusive breastfeed, what are two very important factors she should take care of?

Breast health (and seek immediate care if there is a problem); Practice safe sex during lactation; Never to mix feed; etc...

24. What is the one most important reason that it is not good to advise a woman from a poor household to use infant formula. Choose the one most important answer.
- a) mother will not lose the weight she gained during pregnancy if she doesn't breastfeed
 - b) baby is at high risk of getting diarrhea and of dying**
 - c) it is difficult to find good brands of formula in most places of the country
25. In the first two months of life, a baby receiving only infant formula is how many more times likely to die from diarrhea than a baby who is exclusively breastfed?
- 23 times more likely to die**
26. An HIV positive mother with a newborn has decided to replacement feed and plans to prepare her own formula using animal milk. Circle all the correct answers.
- a) fresh cow's milk needs to be boiled to kill bacteria**
 - b) fresh cow's milk does not need to be diluted with water
 - c) fresh cow's milk needs to have sugar added**
 - d) cow's milk provides all the micronutrients the baby will need
 - e) at six months of age, her baby can take cow's milk without additional water or sugar**
27. If an HIV positive woman chooses to breastfeed, what advice would you give to her during the first six months of the baby's life? Circle all the correct answers.
- a) she should also give infant formula occasionally to her baby
 - b) ensure that the baby gets adequate water in addition to breastmilk
 - c) she should exclusively breastfeed and never mix feed by giving water, other liquids or foods**
 - d) she should practice safe sex to prevent from becoming re-infected**
28. Hiwot is HIV positive and has a baby 1 month old. She decided to breastfeed her baby but it is painful on one breast. You examine her and see she has a cracked nipple on that breast. What do you advise? Circle all the correct answers.
- a) She should keep on feeding the baby from the breast until it stops hurting
 - b) Help her improve the position and attachment of the baby**
 - c) She should stop feeding the baby from that breast, and should manually express the milk which should either be discarded or heat treated before feeding to her baby**
29. What would you advise a mother who does not know her HIV status if she has mastitis? Circle all the correct answers.
- a) The mother should stop feeding the baby from that breast, and should manually express the milk which should either be discarded or heat treated before feeding to her baby
 - b) The mother should continue to breastfeed from the affected breast**
 - c) You should help the mother with position and attachment**
 - d) The mother should use hot compresses on the affected breast**
30. Which types of milk can you use for replacement feeding? Circle all correct answers.
- a) **powdered milk**
 - b) **fresh cow's milk**
 - c) skim milk
 - d) condensed milk

Annex 2:
Post-Test Questionnaire - 'Infant Feeding-PMTCT Refresher Course'

#	Pre/Post-Test	Yes	No
1.	It is good to put the baby on the breast immediately after birth.	X	
2.	In order to have enough milk a mother needs to breastfeed every 4 hours?		X
3.	Does colostrum serve as the first immunization for the baby?	X	
4.	At 4 months does the infant need water and other drinks in addition to breastmilk?		X
5.	Is telling a mother what to do the best way to improve how she feeds her child?		X
6.	Is correct knowledge enough to change behaviour?		X
7.	When breastfeeding, the baby's chin needs to touch the mother's breast.	X	
8.	A malnourished infant and young child has more episodes of diarrhea.	X	
9.	Vitamin A supplementation is necessary only for children under 2 years.		X
10.	Breastfeeding benefits the baby, but not the mother.		X
11.	If AFASS criteria can be met, it is best for an HIV-positive mother not to breastfeed.	X	
12.	All babies of HIV positive women will be infected through breastfeeding.		X
13.	The percentage of MTCT transmission occurring during pregnancy is 20%.		X
14.	An HIV positive mother who chooses to exclusively breastfeed can add replacement feeding as well.		X
15.	If an HIV positive mother chooses not to breastfeed, one of the three options is giving modified cow's milk.	X	

**Annex 3:
Questionnaire for Trained Health Provider at PMTCT Sites**

Name of interviewer: _____

Date: _____

Name of PMTCT Site: _____

Name of Provider Consulted During the Assessment and Job Title/Position:

SECTION 1. GENERAL INFORMATION			
NO.	QUESTION	RESPONSE CODES	
101	What are the operating hours of this PMTCT site?	Opening time: _____ Closing time: _____	
102	What days of the week is this PMTCT site open?		
103	Which general MCH services are offered at this PMTCT site? Interviewer reads the list and circles 1 for the services mentioned and 2 for each service not mentioned.		<u>M</u> <u>NM</u>
		ANC	1 2
		DELIVERY SERVICES	1 2
		PMTCT / VCT	1 2
		IF COUNSELING	1 2
		FAMILY PLANNING	1 2
		POSTNATAL / WELL-CHILD	1 2
		CARE OF SICK CHILD	1 2
		OTHER _____	1 2
104	How many PMTCT trained staff work at the site? How many are LINKAGES trained?		

SECTION 2: PMTCT SERVICE DELIVERY					
Now let's talk about PMTCT services.					
NO.	QUESTION	RESPONSE CODES			
		YES	NO	IF NO, are women referred for these services?	IF REFERRED, Where are they referred to?
201	Which of the following PMTCT services are provided at this PMTCT site?				
A	Counseling for HIV testing?	1	2	YES 1 NO 2	
B	Testing?	1	2	YES 1 NO 2	
C	Infant feeding counseling for HIV+ women?	1	2	YES 1 NO 2	
D	OTHER, SPECIFY _____	1	2		

SECTION 2.1: INFANT FEEDING COUNSELING			
202	When is infant feeding counseling provided? CIRCLE ALL MENTIONED	DURING ANC DURING PRE-TEST COUNSELING DURING POST-TEST COUNSELING DURING FOLLOW-UP HIV COUNSELING AFTER DELIVERY DURING SEPARATE VISITS JUST FOR INFANT FEEDING COUNSELING DURING WELL-CHILD VISITS DURING SICK-CHILD VISITS DURING GROUP SESSION OTHER, SPECIFY _____	1 2 3 4 5 6 7 8 9 10
203	Do all women receive infant feeding counseling?	YES 1 NO (Specify whom) _____	2
204	Who provides infant feeding counseling? CIRCLE M (MENTIONED) or NM (NOT MENTIONED FOR EACH)	LINKAGES TRAINED STAFF VCT COUNSELOR NURSE NURSE-MIDWIFE CLINICAL OFFICER MOTHER-TO-MOTHER SUPPORT OTHER, SPECIFY _____	M NM 1 2 1 2 1 2 1 2 1 2 1 2 1 2
205	What infant feeding options are offered for HIV-positive women? CIRCLE M (MENTIONED) or NM (NOT MENTIONED FOR EACH)	Exclusive breastfeeding Wet nursing Formula Expressed/heat treated milk Modified animal milk	M NM 1 2 1 2 1 2 1 2 1 2
206	a. Are women shown how to prepare formula? b. Do women demonstrate how to prepare formula before they leave the PMTCT site?	a. YES 1 b. YES 1 NO 2 NO 2 SOMETIMES 3 SOMETIMES 3	
207	a. Are women shown how to prepare modified animal milk? b. Do women demonstrate how to prepare modified animal milk before they leave the PMTCT site?	a. YES 1 b. YES 1 NO 2 NO 2 SOMETIMES 3 SOMETIMES 3	
208	What has been your greatest challenge in counseling women on infant feeding options? CIRCLE POSSIBLE ANSWERS	Identifying AFASS criteria Pre-test counseling Post-test counseling Group session Follow-up OTHER, SPECIFY _____	1 2 3 4 5 6
209	Approximately how many HIV+ women in this year have chosen to use formula? Modified animal's milk?	Formula Modified animal's milk EBF	
210	Do you think most HIV+ women are mixed feeding in this area? Why do you think this is the case?		
211	Please tell us what your site has done to help HIV+ women adhere to their infant feeding choice. PROBE: do they conduct home visits? Do they work with community groups to follow-up HIV+ women?		

212	Are the majority of women in this area exclusively breastfeeding their infants. Why do you think this is the case?	
213	<p>a. Does the Center/Hospital have a poster on the key steps in counseling women of HIV-negative or unknown status on optimal infant feeding? (show example) Where?</p> <p>b. Does the Center/Hospital have a poster on the key steps in counseling women of HIV-positive status on optimal infant feeding? (show example) Where?</p> <p>c. Does the Center/Hospital have table flip-charts 'Counseling Tool on Infant Feeding Options for PMTCT Sites'? (show example) Where?</p>	<p style="text-align: right;">WHERE</p> <p>a. YES 1 NO 2</p> <p>b. YES 1 NO 2</p> <p>c. YES 1 NO 2</p>
214	<p>a. Depending on the status of the woman, are these posters used regularly during counseling?</p> <p>b. Is this 'Counseling Tool on Infant Feeding Options for PMTCT Sites' used regularly during counseling?</p>	<p>a. YES 1 NO 2 SOMETIMES 3</p> <p>b. YES 1 (GO to 216) NO 2 (GO to 215) SOMETIMES 3</p>
215	If the infant feeding 'Counseling Tool on Infant Feeding Options for PMTCT Sites' table flip-chart is not used during counseling, why not? (content, attractiveness, other materials, color, etc.)	
216	If the infant feeding 'Counseling Tool on Infant Feeding Options for PMTCT Sites' table flip-chart is being used during counseling, what is the client's reaction to the flip-chart?	

SECTION 2.2: POSTNATAL FOLLOW-UP AND TRACKING OF MOTHER-INFANT PAIRS		
217	What proportion of HIV+ women return for regular follow-up visits postpartum?	<p>LESS THAN HALF 1 HALF 2 MOST/ALL 3</p> <p>Estimate proportion _____%</p>
218	Please describe the schedule for follow-up visits for HIV+ women postpartum.	
219	What have been the challenges with follow-up of HIV-positive mothers and their infants after delivery?	
220	What has your site done to strengthen follow-up of HIV-positive mothers and their infants after delivery?	

Thank you very much for your time. We greatly appreciate you speaking with us and telling us about the service here.

Annex 4: Counseling Card for Infant Feeding Options for PMTCT Sites

Counseling Tool on Infant Feeding Options for PMTCT Sites

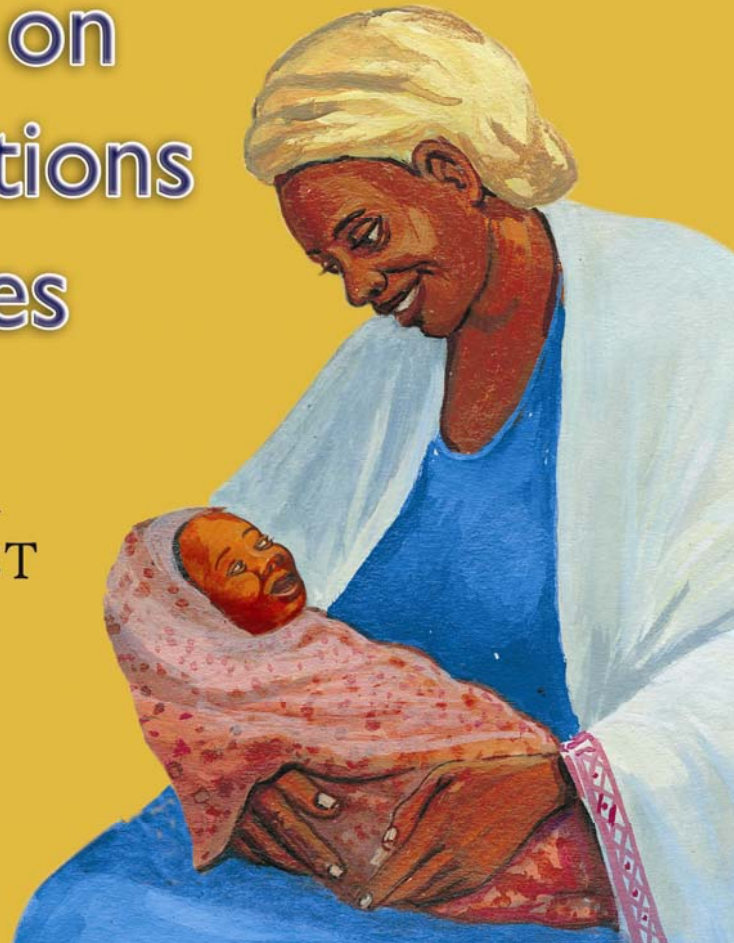
To be used by health personnel
and counselors providing PMTCT
services to communities



Federal Republic of Ethiopia
Ministry of health
Family Health Department
Disease Control and Prevention Department



Developed by AED-LINKAGES Project



How to exclusively breastfeed safely (1)



Breastfeed within one hour of delivery



If you decide to exclusively breastfeed, stay with that method. Giving other foods, water or liquids to your baby when you are breastfeeding is dangerous if you are HIV positive.

Exclusively breastfeed for the first 6 months. The infant takes only breastmilk and no other liquids or solids, not even water, to protect her/him from illnesses like diarrhea and pneumonia.

Breastfeed the baby on demand, day and night, for as long as the baby wants; it helps to produce enough milk



Sit comfortably to breastfeed
Ensure correct positioning and attachment to avoid breast problems





How to exclusively breastfeed safely (2)

If you decide to exclusively breastfeed, stay with that method. Giving other foods, water or liquids to your baby when you are breastfeeding is dangerous for your baby if you are HIV positive.

Give the baby enough time to empty one breast before switching to the other breast
Allow the baby to come off the breast on its own



Be careful!

Make sure that there are no open sores in your baby's mouth.
Do not make incisions such as avulectomy or make any cuts in the baby's mouth
In this case, seek immediate help from your health center.



If you are HIV positive and if you have a sore breast, immediately stop feeding your baby from that breast and seek advice from the health center.



Annex 5

Key steps in counseling women of HIV-negative and unknown status on optimal infant feeding practices

Key steps to counsel women of HIV Negative and Unknown Status on optimal Infant Feeding Practices (Refer the PMTCT Infant feeding counseling tool)

1. Greet the woman, Introduce the purpose of the discussion and get her consent to initiate the discussion
2. Explain and discuss the advantages Exclusive Breast feeding
(Refer the Infant feeding PMTCT counselling tool, Card # 3 & 4)
3. Explain and discuss the advantages of putting the new born on breast immediately after delivery (with in one hour of birth)
(Refer the Infant feeding PMTCT counselling tool, Card # 1)
4. Explain and advise the mother to feed colostrum to the baby
(Refer the Infant feeding PMTCT counselling tool, Card # 1)
5. Explain and discuss the advantages of exclusive breast feeding of baby for the first six months
(Refer the Infant feeding PMTCT counselling tool, Card # 2)
6. Explain and discuss frequent, on demand breast feeding and emptying one breast before switching to the other.
7. Demonstrate proper position and attachment for efficient suckling and breast health
(Refer the Infant feeding PMTCT counselling tool, Card # 3)
8. Advice women on the importance of her own health and come to health centers if she has any problem
9. Advice the mother (pregnant or lactating) to have one or two additional meals and to receive Iron/folic acid supplementation
10. Ask the mother to repeat the key messages discussed above on optimal breast feeding practices.
11. At each contact, ask the woman to come back for follow-up visit

NB: Don't forget to use the PMTCT infant feeding counseling Tool along with this counseling step



Annex 6:
Observation Check-list (after testing) on
“Key Steps in Counseling Women of HIV-Negative and Unknown Status on
Optimal Infant Feeding Practices”

- Greets the woman, introduces the purpose of the meeting and gets her consent to initiate the discussion
- Explains and discusses the advantages of exclusive breastfeeding [Cards 3 & 4]
- Explains and discusses the advantages of putting the newborn on the breast immediately after delivery (within one hour of birth) [Cards 3 & 4]
- Explains and advises the mother to feed colostrum to the baby [Cards 3 & 4]
- Explains and discusses frequent, on-demand breastfeeding and emptying one breast before switching to the other [Cards 3 & 4]
- Demonstrates proper positioning and attachment for efficient suckling and breast health [Cards 3 & 4]
- Advises woman on importance of own health and to come to the health centre if she has any problem [Card 4]
- Advises the woman (pregnant or lactating) to have one or two additional meals and to receive iron/folic acid supplementation [Card 4]
- Asks the woman to repeat the key messages discussed above on optimal breastfeeding practices
- Asks the woman to come back for a follow-up visit**

Annex 7:
Key steps in counseling an HIV-positive status on infant feeding practices

Key steps in counseling an HIV positive woman on infant feeding Practices

1. Greet the woman, Introduce the purpose of the discussion and get her consent to initiate the discussion
 2. If the mother does not know, explain the risk of transmission of HIV, including the transmission through breastfeeding
 3. Explain the different Infant feeding options
(Refer the Infant feeding PMTCT counselling tool, Card # 1)
 4. Assess the AFASS situation with the mother
(Refer the Infant feeding PMTCT counselling tool, Card # 2)
 5. Discuss & assist mother to choose the possible Infant Feeding option
 6. Explain that she has to practice this method exclusively during the first six months
 7. Teach the woman how to optimally practice the chosen Infant feeding option (one-on-one) using the Infant feeding PMTCT counselling tool
 8. Ask the woman to repeat the messages to the chosen Infant Feeding option
(Refer the Infant Feeding PMTCT Counselling Tool)
 9. Advise woman on the importance of her own health & come to health center if she has any problem
 10. At each contact, ask the woman to come back for follow-up visit
- NB:** Don't forget to use the PMTCT infant feeding counseling Tool along with this counseling step



Annex 8:
Observation Check-list (after testing) on “Key Steps in Counseling an HIV-Positive Woman on Infant Feeding Practices”

- Greets the woman, introduces the purpose of the meeting and gets her consent to initiate the discussion
- Asks the woman her knowledge on infant feeding and on being HIV-positive
- Explains the risk of transmission of HIV, including transmission through breastfeeding
- Explains the advantages and disadvantages of the different infant feeding options [Card 1]
- Assesses the AFASS situation of the mother [Card 2]
- Discusses with mother & assists her to choose an option [Cards 1 & 2]
- Explains that she has to practice this method exclusively during the first 6 months
- Teaches the woman how to practice the chosen feeding option (one-on-one)
 - How to practice exclusive breastfeeding (herself or wet-nurse) [Cards 3 & 4]
 - How to heat treat breastmilk [Card 5]
 - How to practice replacement feeding (commercial or milk) [Cards 6 & 7]
- Asks the woman to repeat the messages (for Exclusive Breastfeeding) and to demonstrate (for Exclusive Replacement Feeding, expressing & heat-treating breastmilk)
- For those women who choose Exclusive Breastfeeding, advises on the importance of:
 - Good positioning & attachment and to seek immediate care from a health provider if she experiences difficulties (e.g. cracked nipples, abscess, mastitis, thrush) [Cards 3 & 4]
 - Practicing safe sex during breastfeeding
- Advises woman on importance of own health and to come to the health centre if she has any problem [Card 4]
- Asks the woman to come back for a follow-up visit**

Annex 9:
Questionnaire for Client Interview after Counseling Session

1. What is the age of your child?

- 0 to 6 months
- 6 to 12 months
- 12 months and up
- Pregnant

2. Did the health provider show you the table flip chart counseling cards (show the mother the counseling tool)?

- Yes
- No

3. What illustrations or cards do you remember talking about?

- Infant feeding options (1)
- How to evaluate AFASS (2)
- Advantages and disadvantages of exclusive breastfeeding (3)
- Put baby to the breast immediately after delivery (within one hour of birth) (3)
- Proper positioning and attachment (3)
- Frequent on-demand breastfeeding and emptying one breast before switching to the other (3 & 4)
- Check for sores in baby's mouth or on nipple (4)
- How to express and heat-treat breastmilk and feed it to your baby (5)
- How to safely prepare cow's milk to feed to your baby (6)
- How to prepare commercial infant formula to feed your baby (7)
- Introduce complementary feeding at 6 months (8)

4. Did you choose an infant feeding option?

- Yes
- No

5. Can you repeat some of the messages you heard?

a) _____

- Correct
- Partly correct
- Forgotten

b) _____

- Correct
- Partly correct
- Forgotten

c) _____

- Correct
- Partly correct
- Forgotten

d) _____

- Correct
- Partly correct
- Forgotten

6. Can you practice the advice received?

- Yes
- No

If not, why not?

7. Do you intend to share the messages with your neighbors and/or friends?

- Yes
- No

**Annex 10:
Summary of Post-test Results of 12 PMTCT Health Centers/Hospitals**

27 Post-tests - 10 previously Trained in Infant Feeding
25 completed Post-Tests 'ENA-HIV/AIDS'
26 completed Post-Tests 'IF-PMTCT Refresher Course'

Group A PMTCT Sites	TRAINING			POST-TEST SCORES		LATE POST-TEST SCORES July 2006	
				July 04	Feb. 05		
	ENA - HIV/AIDS	Refresher Course	ENA - HIV/AIDS	Refresher Course			
Addis Ketema	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT	75	87		
1.	X	X				60	67
2.			X			77	93
3.			X			53	80
4.			X			70	53
MEAN Score						200/3=67	226/3=75
Ledeta	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT	75	87		
1.			X			57	67
2.			X			60	73
3.			X			57	93
4.		X				--	--
5.			X	60	73		
MEAN Score						234/4=59	306/4=77
Tekelehaumanot	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT	75	87		
1. MEAN Score			X			47	60
Woreda 17	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT	75	87		
1.		X				77	80
2.			X			67	80
MEAN Score						144/2=72	160/2=80
Yekatit Hospital	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT	75	87		
1.			X			67	73
2.			X			77	73
3.	X					80	80
MEAN score						144/2=72	146/2=73
Zewditu Hospital	IF: ENA – HIV/AIDS	IF Refresher Course	PMCT	75	87		
1.			X			67	73
2.			X			63	73
3.	X					73	67
MEAN Score						130/2=65	146/2=73

Group B PMTCT Sites	TRAINING			POST-TEST SCORES		DELAYED POST-TEST SCORES: July 2006	
				July 04	April 05	ENA - HIV/AIDS	Refresher Course
	ENA - HIV/AIDS	Refresher Course					
Armed Forces	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT				
1.MEAN Score	Cascade			75	75	87	87
Bella Hospital	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT				
1.MEAN Score	X			75	75	57	80
Debrazenit	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT				
1.			X			43	60
2.			X	75	75	47	67
MEAN Score						90/2=45	127/2=64

Group C PMTCT Sites	TRAINING			POST-TEST SCORES		LATE POST-TEST SCORES July 2006	
				June 04	Feb. 05	ENA - HIV/AIDS	Refresher Course
	ENA - HIV/AIDS	Refresher Course					
Modjo Health C.	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT				
1.	X	X				87	87
2.	X			78	85	70	53
MEAN Score						157/2=79	140/2=70
Adama Health C.	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT				
1.	X					73	93
2.	X					80	87
MEAN Score						153/2=77	180/2=90
Adama Hospital	IF: ENA – HIV/AIDS	IF Refresher Course	PMTCT				
1.MEAN Score	X			78	85	--	73

Annex 11
Interviews with Trained Health Provider at PMTCT sites

#	Question	Addis Ketema Health Center	Ledeta Health Center	Tekelehaimanot Health Center	Woreda 17 Bole Center
Section 1: General information					
101	Operating hours of PMTCT site?	8:30 - 5:00	8:30 - 5:00	8:30 - 5:30	8:30 - 5:30
102	Days of the week PMTCT site open?	Monday - Friday; Saturday: Mother-to-mother support group for women & partners	Monday – Friday M2M support group with partners every 2 weeks on Sundays	Monday - Friday	Monday - Friday
103	General MCH services offered at PMTCT site?	All ¹ , Nutrition Support, referrals	All ¹ & opportunistic infections & treatment, NVP	All ¹ & TB, out-patient, NVP	All ¹ & out-patient, IMCI, TB, EPI, NVP
104	How many staff work in PMTCT?	5 (2 trained in Infant Feeding)	5 PMTCT staff (1 trained in Infant Feeding)	3 PMTCT staff , 1 studying & 1 on leave	4 PMTCT staff (2 trained in Infant Feeding, 1 on leave)
Section 2: PMTCT Service Delivery					
201a- 201c	Counseling for HIV testing? Testing? Infant feeding counseling for HIV+ women?	Yes	Yes	Yes	Yes
Section 2.1: Infant Feeding Counseling					
202	When is infant feeding counseling provided?	ANC, Pre and Post-Test Counseling, Follow-Up HIV Counseling after Delivery, Post-Natal,	Some in ANC, but in-depth during post-test counseling	Post-Test Counseling, During Delivery, Follow-Up HIV Counseling after Delivery	Pre-Test Counseling: EBF, Post-Test Counseling, Follow-Up HIV Counseling after Delivery, Post-natal,

#	Question	Addis Ketema Health Center	Ledeta Health Center	Tekelehaimanot Health Center	Woreda 17 Bole Center
		Well-Child Visits, Group Session, 2 nd ANC visit			separate visits for IF counseling; group counseling of pre-testing started in June, 06
203	Do all women receive infant feeding counseling?	Yes	Yes	Yes	Yes: only HIV+ women
204	Who provides infant feeding counseling?	²All & Mother-to-Mother Support Group	PMTCT staff	PMTCT staff	PMTCT staff, nurse, nurse-midwife, other staff promote EBF
205	What infant feeding options are offered for HIV-positive women?	Exclusive breastfeeding Wet nursing Formula Expressed/heat treated milk Modified animal milk	Exclusive breastfeeding Wet nursing Formula Expressed/heat treated milk Modified animal milk	Exclusive breastfeeding Formula Modified animal milk	Exclusive breastfeeding Wet nursing Formula Expressed/heat treated milk Modified animal milk
206a-206b	Are women shown how to prepare formula? Do women demonstrate?	Yes/Yes	No (All women opted to EBF)	Yes (especially after delivery)/ Yes	No: information is discussed/No
207a-207b	Are women shown how to prepare modified animal milk? Do women demonstrate?	No/No	No/No	Yes/Yes	No: information is discussed/No

#	Question	Addis Ketema Health Center	Ledeta Health Center	Tekelehaimanot Health Center	Woreda 17 Bole Center
208	What has been your greatest challenge in counseling women on infant feeding options?	Emotional strain	Emotional stress; women talk about returning to their partners; economic constraints; referrals to start ART not assessed; referrals have economic cost for mothers	Economical difficulties of women	Economic difficulties of women
209	Approximately how many HIV+ women this year have chosen to use formula? modified animal milk?	Total HIV+: 55 (Jan-June) Formula: 1 or 2 Cow's milk: 5	Total HIV+: 29 (Jan-July) Formula: 0 Cow's milk: 0	Total HIV+: 13 (Jan-June) EBF: Most	Total HIV+: 57 (Jan-June) Formula: 0 EBF: 50 Cow's milk: 7
210	Are HIV+ women mix-feeding? Why?	Yes – economical reasons	No	Yes: at delivery women may not receive the same information	No: 1 mother thought she didn't have enough breastmilk, began to mix-feed
211	What your site has done to help HIV+ women adhere to their infant feeding choice?	<ul style="list-style-type: none"> • Formation of mother-to-mother support group • EPI contact 	Only EBF	Advice, awareness, education	Explain the dangers of mix-feeding
212	Are the majority of women exclusively breastfeeding their infants? Why?	98% EBF – economical reasons	100% EBF – economical reasons	Nearly 100% EBF – economical reasons	Yes – economical reasons
213a	Does the site have a poster on	No	Yes: counseling room	No	No

#	Question	Addis Ketema Health Center	Ledeta Health Center	Tekelehaimanot Health Center	Woreda 17 Bole Center
	the key steps in counseling women of HIV-negative or unknown status on optimal infant feeding? Where?				
213b	Does the site have a poster on the key steps in counseling women of HIV-positive status on optimal infant feeding? Where?	No	Yes: counseling room	No	No
213c	Does the site have table flip-charts ' <i>Counseling Tool on Infant Feeding Options for PMTCT Sites</i> '? Where?	Yes – Mother-to-mother support group room	Yes: counseling room, Delivery, M2MSG, < 5 (IMCI)	No	Yes: counseling room Delivery
214a	Depending on the status of the woman, are these posters used regularly during counseling?	There are no posters	No	No	No
214b	Is the ' <i>Counseling Tool on Infant Feeding Options for PMTCT Sites</i> ' used regularly during counseling?	No	Yes, only for HIV+ women	No	Yes: only HIV+ women
215	If the infant feeding ' <i>Counseling Tool on Infant Feeding Options</i>	AIDS Resource Center PMTCT Counseling table	-----	-----	-----

#	Question	Addis Ketema Health Center	Ledeta Health Center	Tekelehaimanot Health Center	Woreda 17 Bole Center
	for PMTCT Sites' table flip-chart is not used during counseling, why not?	Flip-chart is used			
216	If the infant feeding 'Counseling Tool on Infant Feeding Options for PMTCT Sites' table flip-chart is being used during counseling, what is the client's reaction to the flip-chart?	Not used	Mothers have made no comment	-----	Tool is self explanatory; both staff and mothers like the Tool

Section 2.3: Postnatal Follow-up and Tracking of Mother-Infant Pairs

217	What proportion of HIV+ women return for regular follow-up visits postpartum?	Most	80%	Most: infants are followed-up in IMCI	60%
218	Please describe the schedule for follow-up visits for HIV+ women postpartum.	After 45 days, then 1/wk, referred to M2MSG	After individual counseling, referred to M2MSG; PMTCT counselor is available to go to M2MSG if needed	Return for prophylaxis	Schedule for OI and EPI
219	What have been the challenges with follow-up of HIV-positive mothers and their infants after delivery?	"Lost" due to address change	<ul style="list-style-type: none"> Confidentiality Fear of stigma Day laborers 	<ul style="list-style-type: none"> Women disappear No training in follow-up 	Internal referral system

#	Question	Addis Ketema Health Center	Ledeta Health Center	Tekelehaimanot Health Center	Woreda 17 Bole Center
220	What has your site done to strengthen follow-up of HIV-positive mothers and their infants after delivery?	Established M2M support group room (170 mothers have participated in M2M support group)	<ul style="list-style-type: none"> • M2M support group (36 enrolled) • Community-based network to contribute money for community needs • M2M includes partners every 2 weeks on Sundays 	Follow-up is difficult because some women are displaced from their families, some divorce	Work with World Food Program which provides food to HIV+ women every 3 months

Interviews with Trained Health Provider at PMTCT sites

#	Question	Yekatit 12 Hospital	Zewditu Hospital	Armed Forces General Teaching Hospital	Bella Defense Referral Hospital
Section 1: General information					
101	Operating hours of PMTCT site?	8:30 - 5:00: Hospital 9:00 – 12:30: ANC	8:30 - 5:00	8:00 - 12:00 & 1:00 – 4:00	8:00 - 5:00
102	Days of the week PMTCT site open?	Monday - Friday	Hospital: 7 days PMTCT: Monday - Friday	Monday – Friday Saturday: 8:00 – 12:00	Monday - Friday
103	General MCH services offered at PMTCT site?	All ¹	All ¹ & surgery, internal medicine, teaching/practicum, hospital services, dental services	All ¹	All ¹ & Growth Monitoring for infants of HIV+, ART
104	How many staff work in PMTCT?	2 PMTCT staff (2 wks training by Engender Health); 1 pediatrician trained in Infant Feeding	2 PMTCT staff: BFHI training; (2 trained in Infant Feeding, but not working in PMTCT)	1 PMTCT staff (trained in Infant Feeding by cascade)	2 PMTCT staff (1 trained in Infant Feeding), 1 annual leave
Section 2: PMTCT Service Delivery					
201a-	Counseling for HIV testing?	Yes	Yes	Yes	Yes
201b	Testing? Infant feeding counseling for HIV+ women?				
Section 2.1: Infant Feeding Counseling					
202	When is infant feeding counseling provided?	ANC, Pre and Post-Test Counseling, Follow-Up HIV Counseling after Delivery,	Post-test counseling	ANC (1 st visit: BF), Pre-Test Counseling (only BF), Post-Test Counseling, Follow-Up	ANC, Pre and Post-Test Counseling, Post-Natal, Family Planning

#	Question	Yekatit 12 Hospital	Zewditu Hospital	Armed Forces General Teaching Hospital	Bella Defense Referral Hospital
		Post-Natal		HIV Counseling after Delivery, Post-Natal, Well Child & Sick Child	
203	Do all women receive infant feeding counseling?	Yes: group session	Yes (whether tested or not)	Yes	Yes
204	Who provides infant feeding counseling?	PMTCT staff, nurse midwife at delivery	PMTCT staff	PMTCT, ANC, and Delivery staff	PMTCT staff, Pediatrics staff
205	What infant feeding options are offered for HIV-positive women?	Exclusive breastfeeding Formula Modified animal milk	Exclusive breastfeeding Wet nursing Formula Expressed/heat treated milk Modified animal milk	Exclusive breastfeeding (6 mos.) Wet nursing Formula Expressed/heat treated milk Modified animal milk	Exclusive breastfeeding Formula Modified animal milk
206a- 206b	Are women shown how to prepare formula? Do women demonstrate?	No/No	No (no equipment, in-depth discussion & information)/No	No/No	No/No
207a- 207b	Are women shown how to prepare modified animal milk? Do women demonstrate?	No/No	No/No	No/No	No/No
208	What has been your greatest challenge in counseling women on infant feeding options?	Women resist advice	Emotional strain	Counseling on breastfeeding because of economical difficulties of women	Economical difficulties of women

#	Question	Yekatit 12 Hospital	Zewditu Hospital	Armed Forces General Teaching Hospital	Bella Defense Referral Hospital
209	Approximately how many HIV+ women this year have chosen to use formula? modified animal milk?	Total HIV+: 13 (Jan-June) Formula: 2 EBF: 3 8 Lost in Follow-up	Total HIV+: 35 (Jan-June) Formula: 80% Cow's milk: 0	Total HIV+: 8 (April-June); July: 5 Formula: 5/8 EBF: 2/8 (1 lost) Cow's milk: 0	Total HIV+: 25 (Jan-June) RF: 10 – more cow's milk EBF: 15
210	Are HIV+ women mix-feeding? Why?	No	No, because counseling is very clear	No because of counseling, but at times there is mixed feeding because of economical reasons	No because of counseling
211	What your site has done to help HIV+ women adhere to their infant feeding choice?	No follow-up	Pediatric follow-up at pediatric outpatient	Mothers are called to hospital for training to lead M2MSG in military camps	Nothing specific
212	Are the majority of women exclusively breastfeeding their infants? Why?	Majority are EBF	20% EBF	25% EBF	Majority are EBF – 60% - economical reasons
213a	Does the site have a poster on the key steps in counseling women of HIV-negative or unknown status on optimal infant feeding? Where?	No	Yes: 2 counseling rooms ANC Delivery Pediatrics	No	No
213b	Does the site have a poster on	No	Yes: 2 counseling rooms	No	No

#	Question	Yekatit 12 Hospital	Zewditu Hospital	Armed Forces General Teaching Hospital	Bella Defense Referral Hospital
	the key steps in counseling women of HIV-positive status on optimal infant feeding? Where?		ANC Delivery Pediatrics		
213c	Does the site have table flip-charts ' <i>Counseling Tool on Infant Feeding Options for PMTCT Sites</i> '? Where?	No	Yes: 2 counseling rooms	Yes: counseling room ANC	No (it is at counselor's home)
214a	Depending on the status of the woman, are these posters used regularly during counseling?	No	Yes	No	No
214b	Is the ' <i>Counseling Tool on Infant Feeding Options for PMTCT Sites</i> ' used regularly during counseling?	No	No	Yes	No
215	If the infant feeding ' <i>Counseling Tool on Infant Feeding Options for PMTCT Sites</i> ' table flip-chart is not used during counseling, why not?	-----	Women like counselors to speak to them through their own knowledge. Initially counselors used the Tool, but now they know content.	-----	Time constraints, counselor works also in FP; knows information
216	If the infant feeding ' <i>Counseling Tool on Infant Feeding Options</i> '	-----	-----	Mothers like the messages	-----

#	Question	Yekatit 12 Hospital	Zewditu Hospital	Armed Forces General Teaching Hospital	Bella Defense Referral Hospital
	<i>for PMTCT Sites'</i> table flip-chart is being used during counseling, what is the client's reaction to the flip-chart?				
Section 2.3: Postnatal Follow-up and Tracking of Mother-Infant Pairs					
217	What proportion of HIV+ women return for regular follow-up visits postpartum?	No follow-up at PMTCT; follow-up is in Pediatric Department	90%	100% - all mothers	< 10%
218	Please describe the schedule for follow-up visits for HIV+ women postpartum.	-----	No schedule	> 45 days – all mothers and then every 3 months for HIV+ mothers (ART treatment)	There is no schedule
219	What have been the challenges with follow-up of HIV-positive mothers and their infants after delivery?	-----	<ul style="list-style-type: none"> • Irregularity • Time constraint 	No follow-up at PMTCT clinic, but at ART clinic	Stigma, discrimination, living in military camps
220	What has your site done to strengthen follow-up of HIV-positive mothers and their infants after delivery?	-----	<ul style="list-style-type: none"> • Networking • Pediatric follow-up • ART clinic • Postnatal follow-up 	Pediatrics Department	Nothing specific

Interviews with Trained Health Provider at PMTCT sites

#	Question	Modjo Health Center	Adama Health Center	Adama Hospital	Debrazeit Hospital
Section 1: General information					
101	Operating hours of PMTCT site?	8:30 - 5:30	8:00 - 5:00	8:30 - 5:00	8:00 - 12:00; HIV+: anytime
102	Days of the week PMTCT site open?	Monday - Friday	Monday - Friday	Monday - Friday	Monday - Friday
103	General MCH services offered at PMTCT site?	All ¹ & out-patient, in-patient, TB dose program	All ¹ & out-patient, TB, opportunistic infections client, laboratory, pharmacy	All ¹ & out-patient, in-patient, EPI, gynecology	All ¹ & Operating Room
104	How many staff work in PMTCT?	4 (2 trained in Infant Feeding)	3 (trained in Infant Feeding: 2 PMTCT, 1- delivery)	3 PMTCT staff (2 trained in Infant Feeding– on leave)	2 PMTCT staff, 3 on rotation (1 trained in IF– on leave)
Section 2: PMTCT Service Delivery					
201a- 201c	Counseling for HIV testing? Testing? Infant feeding counseling for HIV+ women?	Yes	Yes	Yes	Yes
Section 2.1: Infant Feeding Counseling					
202	When is infant feeding counseling provided?	ANC, Pre Counseling (only EBF), Follow-Up HIV Counseling, Well & Sick-Child Visits	Post-test counseling, after delivery, Well & Sick-Child Visits, group session	ANC, Pre and Post-Test Counseling, Post-Natal, Well & Sick-Child Visits, group session	ANC, Pre and Post-Test Counseling, Follow-Up HIV Counseling after delivery
203	Do all women receive infant feeding counseling?	No	Don't know – can't say what happens in all departments	Yes	Yes (in group session)
204	Who provides infant feeding	PMTCT staff & Mother-to-	PMTCT staff, ANC staff, VCT	PMTCT staff, ANC staff	PMTCT staff & LINKAGES

#	Question	Modjo Health Center	Adama Health Center	Adama Hospital	Debrazeit Hospital
	counseling?	Mother Support Group	counselor, nurse-midwife		trained Sister
205	What infant feeding options are offered for HIV-positive women?	Exclusive breastfeeding Formula Expressed/heat treated milk Modified animal milk	Exclusive breastfeeding Wet nursing Formula Expressed/heat treated milk Modified animal milk	Exclusive breastfeeding Formula Modified animal milk	Exclusive breastfeeding Formula Modified animal milk
206a- 206b	Are women shown how to prepare formula? Do women demonstrate?	No/No	Yes/Yes	Yes/No	No/No
207a- 207b	Are women shown how to prepare modified animal milk? Do women demonstrate?	No/No	Yes/Yes	Yes/No	No/No
208	What has been your greatest challenge in counseling women on infant feeding options?	Mothers are poor	Mixed feeding and economical problems	Economic condition of mothers	Economic difficulties of mothers
209	Approximately how many HIV+ women this year have chosen to use formula? modified animal milk?	Total HIV+: 33 (Jan-June) Formula: 0 Cow's milk: 2	Total HIV+: 50 (Jan-June) Formula: 0 Cow's milk: 90%	Total HIV+: 39 (Jan-June) Formula: 0 Cow's milk: 66%	Total HIV+: 15 (Jan-June) Formula: 8% Cow's milk: 8% EBF: 84%
210	Are HIV+ women mix-feeding? Why?	No	Some, because of economical reasons; sickness in BF woman	No, emphasis on danger of mixed feeding during counseling	Counseled not to mix-feed, but exists because of social/economic/stigma

#	Question	Modjo Health Center	Adama Health Center	Adama Hospital	Debrazeit Hospital
			decreases breastmilk, so there is mix feeding		reasons
211	What your site has done to help HIV+ women adhere to their infant feeding choice?	Formation of mother-to-mother support group	There is no extended program to the home	Strong advice/counseling before delivery	Mothers are taught cup feeding, but they bottle feed
212	Are the majority of women exclusively breastfeeding their infants? Why?	Yes – economical reasons	No	No	Yes – economical reasons
213a	Does the site have a poster on the key steps in counseling women of HIV-negative or unknown status on optimal infant feeding? Where?	Yes: counseling room	No	Yes: counseling room, FP, waiting room	No
213b	Does the site have a poster on the key steps in counseling women of HIV-positive status on optimal infant feeding? Where?	Yes: counseling room	No	Yes: counseling room, FP, waiting room	No
213c	Does the site have table flip-charts ' <i>Counseling Tool on</i>	Yes: counseling room, sick baby	Yes; counseling room	Yes: counseling room	No

#	Question	Modjo Health Center	Adama Health Center	Adama Hospital	Debrazeit Hospital
	<i>Infant Feeding Options for PMTCT Sites'</i> ? Where?				
214a	Depending on the status of the woman, are these posters used regularly during counseling?	Yes	No	Sometimes	No
214b	Is the ' <i>Counseling Tool on Infant Feeding Options for PMTCT Sites'</i> used regularly during counseling?	Yes	Yes	Yes, only for HIV+ women	No
215	If the infant feeding ' <i>Counseling Tool on Infant Feeding Options for PMTCT Sites'</i> table flip-chart is not used during counseling, why not?	-----	Counselors know information and don't always use the Counseling Tool	-----	-----
216	If the infant feeding ' <i>Counseling Tool on Infant Feeding Options for PMTCT Sites'</i> table flip-chart is being used during counseling, what is the client's reaction to the flip-chart?	Both staff and mothers like the Counseling Tool	Mothers admire pictures	Counseling Tool is accepted by mothers	-----
Section 2.3: Postnatal Follow-up and Tracking of Mother-Infant Pairs					
217	What proportion of HIV+ women return for regular follow-up visits postpartum?	50%	100% for 1 st follow-up	80%	100%

#	Question	Modjo Health Center	Adama Health Center	Adama Hospital	Debrazeit Hospital
218	Please describe the schedule for follow-up visits for HIV+ women postpartum.	No schedule	45 days	After 45 days – by appointment	1 week after delivery to assess IF & 45 days postpartum
219	What have been the challenges with follow-up of HIV-positive mothers and their infants after delivery?	Staff constraints: only 2 PMTCT counselors; counseling takes place in PMTCT, ANC & delivery	No child tested	Follow-up has cost (when mother or child is sick)	Male partner (when negative) does not want his wife (HIV+) to go for follow-up
220	What has your site done to strengthen follow-up of HIV-positive mothers and their infants after delivery?	Established M2M support group room	There should be a community extended program for mother and baby	Counseling skills	Advise on benefits of follow-up during pregnancy, but because of stigma, women don't always return

¹ Question 103

ANC
 Delivery Services
 PMTCT / VCT
 IF Counseling
 Family Planning
 Postnatal / Well-Child
 Care of Sick Child
 Other

²Question 204

All PMTCT Staff
 ANC Staff
 VCT Counselor
 Nurse
 Nurse-Midwife
 Clinical Officer
 Mother-To-Mother Support
 Other

Annex 12
Exit Interviews with Clients

	Addis Ketema Health Center	Ledeta Health Center	Tekelaimanot Health Center	Zewditu Hospital	Modjo Health Center	Adama Health Center	Adama Hospital
Client	Pregnant	Pregnant	Pregnant	Counseling session was interrupted; there was no exit interview with client	Pregnant	Pregnant	Pregnant
Counseling Tool used	Yes	Yes	No		Yes	Yes	Yes
Illustrations remembered	<ul style="list-style-type: none"> • IF options • Advantages-disadvantages of breastfeeding • Immediate initiation of breastfeeding 	<ul style="list-style-type: none"> • Immediate initiation of breastfeeding • Proper position & attachment 	No		<ul style="list-style-type: none"> • IF options • Advantages-disadvantages of bf • Immediate initiation of bf • Proper positioning and attachment • Frequent on-demand bf & emptying one breast before switching 	<ul style="list-style-type: none"> • IF options • Advantages & disadvantages of bf • Immediate initiation of bf • How to prepare cow's milk & formula • Introduce CF at 6 months 	<ul style="list-style-type: none"> • Advantages-disadvantages of bf • Frequent on-demand bf & empty one breast before switching • Check for sores in baby's mouth • How to prepare cow's milk & formula
Chosen infant feeding option	Yes	Yes	No		Yes	Yes	No
Messages remembered	<ul style="list-style-type: none"> • IF options • Advantages & disadvantages of breastfeeding • How to express breastmilk • Complementary feeding at 6 months 	<ul style="list-style-type: none"> • EBF • Early initiation • Positioning & attachment • Advantages & disadvantages of breastfeeding • How to express breastmilk • CF at 6 months 	No messages		<ul style="list-style-type: none"> • Proper positioning & attachment • On-demand bf • Empty one breast before switching • Initiation within one hour 	<ul style="list-style-type: none"> • EBF for 6 months • Immediate initiation of bf • CF at 6 months 	<ul style="list-style-type: none"> • EBF for 6 mos. • IF options • Advantages & disadvantages of bf • How to express breastmilk • CF at 6 months
Can you practice chosen IF option	Yes	Yes	No		Yes	Yes	Yes
Intention to share messages with friends	Yes	Yes	No		Yes	Yes	Yes