

HIV and Infant Feeding Group Discussions Monthly Summary Report

Name: _____ District: _____ Month: _____

Date	Topic	Total number of participants			Referrals		
		Pregnant women	Lactating women	Male partners	ANC	PMTCT	Community follow-up

Number of women/families counselled individually on infant feeding:	
Accomplishments (What are you most proud of this month?):	
Challenges/additional information needed:	

