This study is the first time to assess feeding practices of HIV exposed infants in the context of HIV pandemic in Southern Ethiopia using summary index and determine its association with infant and child growth. Some findings of the study are interesting and further studies on this topic are needed. However, I do have some concerns which I feel would need to be revised.

Major Compulsory Revisions#
1. The infant/child feeding index created in this study consists of both feeding behavior and diet quality which are different from previous studies; more explanations on components of modified ICFI especially on feeding behavior are needed in methods and discussion although the internal consistency of ICFI has been evaluated. For example, it is not clear to me why “hand washing before cooking” and “hand washing before feeding” were used as components of ICFI which seem to be irrelevant to the growth of infants/children.
2. More details on study procedures is needed, including eligibility criteria and exclusion criteria, number of children/parents met the eligibility criteria, number of refusals, reasons for refusals, etc. These need to be presented in the methods.
3. If anthropometrics including weight and length of infants were measured, the methods for obtaining these should be illustrated. Did any reliability testing or quality control of measurements occur? I also want to know the mean WAZ, LAZ and WLZ of all infants, the mean WAZ, LAZ and WLZ of rural or urban infants, the differences in mean WAZ, LAZ and WLZ between rural and urban infants, and the proportion of wasting, underweight and stunting.
4. The discussion section is weak in its current form. The authors need to discuss the implications of modified ICFI adapted to the local context which included such feeding behaviors as it is an innovative aspect of this work, attempt to explain why mean ICFI is significantly different among age groups, and why ICFI is related to WAZ in their study and not other studies.
Minor Essential Revisions:

1. In methodology, “The CS-ICFI” was developed with value 0-13 and it was divided into 3 categories as…” Is it based on tertiles?

2. In result, “A total of 184 HIV positive mothers having HIV exposed infants of age 6-17 were included in the study”. The “age 6-17” should be “aged 6-17 months”.

3. In result, the number of infants having ICFI should be presented. It is better to show the statistical value of difference in mean CS-ICFI among age groups besides P value. Similarly, please provide the statistical value of difference in mean CS-ICFI between urban and rural infants, and standard deviation of mean CS-ICFI. There is a mistake in serial number of the two figures.

4. In section of “Association between nutritional status and CS-ICFI”, which potential confounders were controlled when the statistical association between CS-ICFI and WAZ was determined?

5. In section of discussion, “This indicated that breast feeding and bottle feeding had week or negative correlation…” , the word “week” should be “weak”.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests