World Breastfeeding Trends Initiative (WBTi)

Palau Assessment Report

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World Breastfeeding Trends Initiative (WBT*i*)

Report

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The World Breastfeeding Trends Initiative (WBT*i*)

Name of the Country: Palau

Year : 2015

(Top) Palau Breastfeeding Counseling Training, 2013.
(*Bottom)* Micronesia Regional WBT*i*-WBC*i* training, 2014

Introduction

Palau's cultural tradition provides for the special treatment of a woman during her maternity period beginning at around the 5th month of pregnancy and extending for as long as 10 months post-partum. During this time, women are given special care by their extended family, provided with special foods, and protected from hard work in order that they concentrate on the care and nuture of their infant. This time is considered especially sacred in the lives of the child, the mother, the extended family, and the community as a whole.

While many aspects of this tradition of extended nurture and care of the mother and infant continue, modern social and economic forces combine to undermine the tradition. While all births occur in the maternity unit of Belau National Hospital where exclusive breastfeeding is practiced, virtually all child-bearing women are employed in the formal economic sector and for most, their households are dependent on their earnings. Few mothers have the economic luxury of segregating themselves from their multiple economic, community, and family obligations in order to concentrate for several months only on the nurture of their infant. Today, most new mothers will have to return to work relatively soon after delivery. While the majority of women employed in the national civil service are allowed four weeks of paid maternity leave and can extend their leave by using annual and sick leave, women working in the private sector often have no paid maternity leave or at best, only a couple of weeks of leave. Women balancing work and family responsibilities often encounter pressure from society and even their own familes to "put the baby on the bottle" in order that they can return to their lives. As a result of these pressures, many women introduce "mixed" feeding relatively early or prematurely wean their child altogether.

The health and economic impacts of moving away from exclusive breastfeeding may not be immediately evident. Overt undernutrition (e.g. low weight for age or height) is rare. Overnutrition is in fact the more pervasive problem with about one-third of school children overweight or obese (Ministry of Health data). However, formula or mixed feeding takes its toll. Formula feeding is very expensive requiring up to one-third of the income of a median wage earner. Formula feeding also contributes to early morbidity; health workers report that virtually every child admitted to the hospital pediatric unit is bottlefed (Ulkerreuil A Klengar, 2013). Moreover, there is a large body of evidence emerging from international research correlating formula feeding or early weaning with chronic health issues emerging in later life including obesity, cancers, cardiovascular diseases, and diabetes. Because Palau faces an epidemic of non-communicable diseases, breastfeeding needs to be considered as a primary preventive strategy and in fact, breastfeeding is recognized as such in the National NCD Strategic Plan adopted in 2015.

The Palau Ministry of Health promotes breastfeeding in accordance with international standards[1] and most men or women "on the street" will agree that "breast is best." Unfortunately, as the WBT*i* demonstrates, the nation's legal, policy, and program frameworks are not particularly supportive of breastfeeding. Much more needs to be done to create an enabling environment in which breastfeeding is the easy, logical choice for all women thereby enabling every child the opportunity to "attain the highest possible standard of physical and mental health" in accordance with international human rights assurances.

[1] *Palau Note*: Exclusive breastfeeding for the first six months and continued breastfeeding with complementary foods for up to two years or beyond.

World Breastfeeding Trends Initiative (WBT*i*)

Background

The World Breastfeeding Trends Initiative (WBT*i*) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark progress toward implementation of the Global Strategy for Infant and Young Child Feeding at national level.The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBT*i* is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBT*i* has identified 15 indicators in two parts, each indicator having specific significance.

Part-I deals with policy and programmes (indicator 1-10)	Part –II deals with infant feeding practices (indicator 11-15)
1. National Policy, Programme and Coordination	11. Early Initiation of Breastfeeding
2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)	12. Exclusive breastfeeding
3. Implementation of the International Code of Marketing of Breastmilk Substitutes	13. Median duration of breastfeeding
4. Maternity Protection	14. Bottle feeding
5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF)	15. Complementary feeding
6. Mother Support and Community Outreach	
7. Information Support	
8. Infant Feeding and HIV	
9. Infant Feeding during Emergencies	
10. Mechanisms of Monitoring and Evaluation System	

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBT*i* web based toolkit© which is specifically designed to meet this need. The toolkit objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.

- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding . This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the ' WBT*i* Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBT*i***

Country Background

The Republic of Palau comprises the western-most group of the Micronesian chain of islands in the North Pacific (7^0 north latitude and 134^0 E longitude). The young nation, independent since 1994, lies almost equidistant from the Philippines to the west, Papau New Guinea to the south, and Guam to the northeast (see map). Comprised of over 340 islands, Palau has a total land mass of 188 square miles and a maritime Exclusive Economic Zone of 237,830 square miles *(UNICEF, 2008).*

Palau's population of about 20,000 is comprised of ethnic Palauans (75%) and non-Palauans (25%). Most non-Palauans are contract workers from Asia who help to build the infrastructure that supports a vibrant tourism-based economy centered around Palau's incredible natural beauty and world-class diving. Palau has a relatively low fertility rate recording only 250-270 births per year.

Palau's health profile has more in common with that of industrialized countries than to its developing neighbors in the Asia-Pacific region. Convergence of improved standards of living and good health services have resulted in effective management of many communicable diseases which in turn has raised life expectancy and reduced infant and child mortality (average 7 deaths per 1,000 live births). Underweight (below 2500 grams) births account for only 7-10% of all births and post-natal undernutrition (low weight for age or height) occurs only infrequently *(Ministry of Health, Maternal and Child Health Plan, 2014).*

Changing lifestyles, however, have spawned an epidemic of non-communicable diseases. Cardiovascular diseases, cancers, and diabetes mellitus are now the most common causes of mortality and morbidity accounting for nearly 80% of deaths and 55% of health expenditures *(National NCD Strategic Plan, 2015*). Overweight and obesity are significant risk factors for NCDs among both children and adults. The Ministry of Health reports that 36% of school-aged children and 78% of adults are overweight or obese *(Ministry of Health, (a) Maternal and Child Health Program plan, 2014 and (b) NCD Strategic Plan, 2015).*

Although the Ministry of Health supports breastfeeding and established a "no formula" policy in the hospital maternity ward in 1996, social and economic pressures and lack of universal maternity benefits force most mothers back to work (or in the case of young mothers, back to school) relatively soon after delivery (2-4 weeks post-partum). Mothers going back to work generally introduce foods other than breastmilk (most commonly formula) at a relatively young age (mean 2.2 months, Ministry of Health).[2] The Ministry of Health, with its community partners, is responding to these infant feeding challenges by: (a) retraining health workers in lactation management and support; (b) building community support for mothers; (c) supporting universal maternity leave legislation; and (d) working with employers to create a network of baby friendly workplaces.

[2] ***PALAU NOTE:*** As discussed in the appropriate sections of the WBT*i* report (Indicators 10, 11-15), there are issues with breastfeeding data. Survey data show a relatively young mean age of introducing food/drink others than breastmilke and a relatively high rate of exclusive breastfeeding at six months. Clinical experience, however, suggests that the mean age of 2.2 months cited above for introducing food/drink other than breastmilk is plausible which suggests that the concept of "exclusive" is not clearly understood by survey respondents.

Assessment process followed by the country

Breastfeeding has long been a priority within Palau as evidenced by the Ministry of Health's adoption of a Baby Friendly Hospital policy in 1996 and National Congress action to enact comprehensive breastfeeding support legislation in 2007. However, with retirement and reassignment of several key advocates within the Ministry of Health and changes in congressional leadership, the status of breastfeeding and breastfeeding support programs, was not formally monitored or addressed during the period 2007-2011.

In 2011, a civil society organization (Ulkerreuil A Klengar or UAK) was awarded a Community Transformation Grant for non-communicable disease (NCD) prevention from the U.S. Centers for Disease Control. The grant included breastfeeding among the NCD prevention strategies to be addressed through the project. Together, breastfeeding advocates within the Ministry of Health and UAK staff created an Informal Working Group on Breastfeeding for the purpose of identifying and spearheadings actions in support of breastfeeding. The Working Group's first initiative, in collaboration with IBFAN, was to retrain health workers and community volunteers on the fundamentals of breastfeeding and to renew efforts to revitalizing the community support group for breastfeeding that had started but fell in to abeyance a decade earlier. During this 2013 training conducted by an IBFAN consultant, the WBT*i* instrument was formally introduced. An first draft of a WBT*i* assessment report was subsequently prepared by the working group.

In 2014, IBFAN staff visited Palau to conduct a Micronesian Sub-Regional training on WBT*i* and the companion *WBCi* (World Breastfeeding Costing Initaitive).[3] Palau participants to the training included policy makers from the Ministry of Health, front line health workers, volunteer counselors, and civil society. The First Draft WBTi report was reviewed at this time. Scores were revised in accordance with information presented during the training. The Second Draft *WBTi* report that emerged from this workshop was subsequently reviewed by the Informal Working Group. Some data gaps still remained, especially in relation to breastfeeding in emergencies, and individuals were assigned to collected this additional information. The pre-final WBT*i* was completed in mid-2015. Since that time, the text has undergone extensive editing preparatory to submission to IBFAN (December 2015).

[3] ***PALAU NOTE***: Participants were drawn from health workers and civil society organizations from Palau, the Marshall Islands, and the Federated States of Micronesia (Yap, Chuuk, and Pohnpei States).

List of the partners for the assessment process

On behalf of the Informal Working Group on Breastfeeding:

- Dr. Yuriko Bechesrrak, DCHMS, DipPEds (Ministry of Health)
- Dr. M. Miranda, OB/GYN (Ministry of Health)
- Ms. Fabyana Yarofrea, Nurse-Midwife (Ministry of Health)
- Ms. Rumi Reklai, Outreach Worker (Ministry of Health)
- Ms. Loretta Philip, Nurse-Midwife (Ministry of Health)
- Ms. Lovelynn Shiro, Nurse-Midwife (Ministry of Health)
- Ms. Carolynn Ngiraswei, Nurse-Midwife (Ministry of Health)
- Ms. Philomena Temengil, Community Support Group Coordinator (Ulkerreuil A Klengar; Kotel A Deurreng)
- Dr. Judy Otto (Ulkerreuil A Klengar; Kotel A Durreng, Inc.)

With additional inputs from:

- Ms. Sheri Madraisau, Director, Bureau of Public Health
- Ms. Berrymoon Watson, Director, Bureau of Public Health (ret)
- Dr. Debbie Ngemaes, Director, Bureau of Hospital and Clinical Services
- Dr. Kate Decherong, Primary and Preventive Health Services
- Dr. Maria Clarissa Muncal, Pediatrian
- Ms. Patrician Maech, RN, Director, Bureau of Nursing, Ministry of Health
- Ms. Jane Olsudong, Coordinator, Early Childhood Comprehensive System, Ministry of Health
- Ms. Edlom Ikerdeu, Coordinator, NCD Unit, Ministry of Health
- Mr. Santy Asanuma, Chairperson, Palau Red Cross Society
- Ms. Portia Franz, Health Planning and Policy Unit, Ministry of Health
- Senator Uduuch Sengebau, Olkeriil Era Kelulau
- Delegate Gibson Kanai, Olkerriil Era Kelulau
- Mr. Rudimch Kuroda, Palau Health Start Agency
- Mr. Leonard Basilius, Palau Community Action Agency
- Mr. Belhaim Sakuma, Ulkerreuil A Klengar
- Ms. Lorraine Rivera, Ulkerreuil A Klengar
- Ms. Debby Toribiong, Kotel A Deurreng, Inc.
- Minister Gregorio Ngirmang, Minister for Health
- Minister Baklai Temengil, Minister for Community and Cultural Affairs
- Business owners responding to survey on maternity benefits

Assessment Findings

Indicator 1: National Policy, Programme and Coordination

Key question: *Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and that is supported by a government programme? Is there a mechanism to coordinate like National infant and young child feeding committee and a coordinator for the committee ?*

Guidelines for scoring		
Criteria	**Scoring**	**Results** ✓ ***Check any one***
1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government	1	**0**
1.2) The policy recommends exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond.	1	**0**
1.3) A national plan of action has been developed based on the policy	2	**0**
1.4) The plan is adequately funded	2	**0**
1.5) There is a National Breastfeeding Committee/ IYCF Committee	1	**0**
1.6) The national breastfeeding (infant and young child feeding) committee meets , monitors and reviews on a regular basis	2	**0**
1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc.	0.5	**0**
1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level.	0.5	**0**
Total Score	**10**	**0/10**

Information Sources Used (please list):

1. *Ministry of Health breastfeeding policy promulgated 1996.*
2. *Palau Public Law RPPL 7-23 enacted 2007.*
3. *Republic of Palau Non-Communicable Disease Prevention and Control: Strategic Plan for Action 2015-2020*
4. *Presidential Executive Order 379 creating a "National Coordinating Mechanism to facilitate and coordinate the Republic of Palau's efforts to combat the occurrences and impacts of non-communicable diseases in the Republic of Palau."*

Conclusions ***(****Summarize which aspects of IYCF policy, program and coordination are appropriate; which need improvement and why; and any further analysis needed)****:***

Although policy makers, health workers, community, and women leaders in Palau recognize the importance of breastfeeding, it appears that many people have not seen this to be an issue that requires separate stand-alone policy or programme initiatives. In order to raise the profile of breastfeeding, the Informal Working Group, while continuing to emphasize breastfeeding as integral to the rights of the child, will also strive to integrate breastfeeding into NCD action strategies thus capitalizing on the high level of political and community support for NCD prevention.

The first formal policy specific to breastfeeding was the Breastfeeding Policy adopted by the Ministry of Health in 1996 and continuing in effect to today. The policy formalizes Baby Friendly Hospital practicies within the Ministry's maternity and public health units. It reiterates the importance of early initiation, exclusive breasfeeding for the first six months of life, and continuing breastfeeding with complementary foods through the second year of life. Because the policy applies only to practices within the Ministry of Health and more specifically within the obstetrics unit of the Ministry, it does not meet the WBT*i* criteria for a comprehensive national IYCF policy.

Legislation passed in 2007 (RPPL 7-23) codified within Palau law the International Code on the Marketing of Breastmilk Substitutes. The legislation, however, went beyond the International Code by recognizing the protection and promotion of breastfeeding as a national policy objective and by establishing an inter-sector committee to monitor breastfeeding practices and programs, including but not limited to implementation of the Code. Unfortunately, regulations have not been promulgated to implement RPPL 7-23. Breastfeeding adovcates therefore rely on informal coordinating and monitoring mechanisms including an Informal Working Group comprised of health workers and civil society representatives that advises policy makers on breastfeeding policies, coordinates breastfeeding support programs, and monitors breastfeeding practices. The group is headed by a local pediatrian who is a breastfeeding advocate. Neither the group, nor the coordinator, are officially recognized within the policy framework by the Ministry of Health or the national government. For this reason, the group does not meet WBT*i* criteria 1.5-1.8.

Recently, however, a new mechanism has been created that could potentially provide a framework for meeting requirements of WBT*i* Indicator 1. In 2015, Palau formally adopted a new strategic plan for NCD prevention and control. The plan incorporates breastfeeding as an NCD prevention strategy with a specific target to increase the rate of exclusive breastfeeding among infants up to 6 months of age by 50% between 2015 and 2020. The plan and accompaning Presidential Executive Order establishes a multi-sector National Coordinating Mechanism to facilitate and monitor implementation. Within the coordinating mechanism are provisions for several working groups, including a nutrition working group specifically charged with overseeing implementation of nutrition objectives including the objective on breastfeeding. This mechanism, formally inaugurated in August 2015, may provide an alternate mechanism for achieving breastfeeding policy targets set out under Indicator 1.

Gaps *(List gaps identified in the implementation of this indicator)***:**

1. The breastfeeding policy adopted by the Ministry of Health in 1996 addresses breastfeeding practices within the Ministry; it does not, however, meet the criteria for a comprehensive IYCF policy.
2. RPPL 7-23 contains all the elements of a national policy but regulations have not been issued to implement the law hence Palau, at present, does not have a formal breastfeeding policy or nationally recognized coordinating mechanism.
3. An informal working group comprised of health workers and civil society meets regularly to coordinate breastfeeding support activities. The group, however, is not formally recognized in the policy making framework of government and the coordinator has no formal authority.
4. Work now underway to operationalize the National Coordinating Mechanism for Non-Communicable Diseases prevention and management, which includes a high-level policy committee supported by several working groups including a working group on nutrition, may provide an alternate mechanism for meeting the requirements of WBT*i* Indicator 1.

Recommendations *(List actions recommended to bridge the gaps):*

1. Expand the membership of the informal working group on breastfeeding to include representatives of the private sector and a broader cross-section of civil society organizations who are strategically positioned to advocated for a comprehensive IYCF policy and formalized coordinating mechanism. Groups specifically identified for integration into the working group include: Red Cross; Head Start parent's group; Mechesil Belau (national women's organization); Maibrel other prominent women's groups; the Chamber of Commerce; and NEMO (National Emergency Management Organization).

2. After finalizing the WBT*i*, the expanded working group will consolidate all IYCF related policy documents, analyze them, and create an updated IYCF policy draft that will include provisions for an IYCF coordinating mechanism. Two possible options for the coordinating mechanism are:[4]

Option 1: Breastfeeding advocates represented on the Informal Breastfeeding Working Group, will use the newly established National Coordinating Mechanism for non-communicable disease control to elevate the importance of breastfeeding in national health and development policy.

1.1. Ensure that one or more breastfeeding advocates is represented in the Nutrition Working Group that will oversee implementation of nutrition objectives, including an objective specific to breastfeeding.

1.2. Educate working group members about the role of breastfeeding in preventing non-communicable diseases.

1.3. Educate members of the National Coordinating Mechanism about the role of breastfeeding in preventing non-communicable diseases and the links between the breastfeeding objective of the National Non-Communicable Disease Strategic Plan and other objectives of the NCD Plan as well as the broader national development plan.

1.4. Request the Nutrition Working Group to establish a breastfeeding focal group that will meet criteria 1.5-1.8 and will create the policy and plan referenced in 1.1-1.4.

[4] ***PALAU NOTE****: Options 1 and 2 are not mutually exclusive. Implementing Option 1 can be a springboard toward Option 2 since the National Coordinating Mechanism has the political power to call for Option 2 if its members are convinced that the legal mechanisms established by RPPL 7-23 constitute priorities for NCD prevention.*

Option 2: Working within the framework of RPPL 7-23, breastfeeding advocates to push for promulgation of regulations to implement the law and appointment of the inter-sector committee required by the law.

3. The expanded working group will create an information package that explains the proposed updated IYCF policy and will key civil society groups in support of the policy including but not limited to: Mechesil Belau (national women's network), Maibrel, traditional and non-traditional women's organizations, Head Start parent groups, and the Chamber of Commerce. The objective will be to launch a civil society movement in support of the revitalized IYCF policy.

4. The expanded working group will schedule information sessions with key decision makers in the Executive and Legislative branches of government to explain the recommended IYCF policy and coordinating mechanism.

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding[5])

Key questions:

- *What percentage of hospitals and maternity facilities that provide maternity services have been designated as "Baby Friendly" based on the global or national criteria?*
- *What is the quality of BFHI program implementation?*

Guidelines – Quantitative Criteria

2.1) Out of total hospitals (both public & private)and maternity facilities offering maternity services, what percent have been designated or reassessed as "Baby Friendly"in the last 5 years __0___ %

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check only one which is applicable**
0	**0**	**X**
0.1 - 20%	1	
20.1 - 49%	2	
49.1 - 69%	3	
69.1-89 %	4	
89.1 - 100%	5	
Total rating	**5**	**0/5**

[5] ***IBFAN NOTE***: The Ten Steps To Successful Breastfeeding**:**The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice "rooming in"-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

Guidelines for scoring		
Criteria	**Scoring**	**Results** √ **Check that apply**
2.2) BFHI programme relies on training of health workers using at least 20 hours training programme[6]	1.0	**X**
2.3) A standard monitoring[7] system is in place	0.5	**X**
2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities	0.5	
2.5) An assessment system relies on interviews of mothers.	0.5	**X**
2.6) Reassessment[8] systems have been incorporated in national plans with a time bound implementation	1.0	
2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country	0.5	
2.8) HIV is integrated to BFHI programme	0.5	**X**
2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1)	0.5	
Total Score part 2.2.	**5**	**2.5/5**
Total Score Indicator 2	**10**	**2.5/10**

Informtion Sources Used (please list):

1. *Palau Ministry of Health Breastfeeding Policy promulgated in 1996*
2. *PRAMS (Pregnancy Risk Assessment Monitoring Sytem) survey conducted by Ministry of Health to assess maternal and child health and care indicators including breastfeeding. Assessment is based on interviews with a sample of women drawn at random from the population of women who have*

[6] ***IBFAN NOTE***: IYCF training programmes such as IBFAN Asia's '4 in1' IYCF counseling training programme, WHO's Breastfeeding counseling course etc. may be used.

[7] ***IBFAN NOTE***: ***Monitoring*** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers' feeding practices.

[8] ***IBFAN NOTE***: ***Reassessment*** can be described as a "re-evaluation" of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team.Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.#

recently given birth. (Note that 100% of births in Palau occur in the Ministry of Health's maternity unit and are registered).

Conclusions *(Summarize how the country is doing in achieving Baby Friendly Hospital Initiative targets (implementing ten steps to successful breastfeeding) in quantity and quality both. List any aspects of the initiative needing improvement and why and any further analysis needed):*

In 1996, the Ministry of Health promulgated a breastfeeding policy. Note should be taken that 100% of Palau births take place at Palau's sole maternity unit located at the Belau National Hospital and operated by the Ministry of Health hence this policy covers 100% of newborns. An internal self-assessment conducted in 2000 found 9 of the 10 BFHI criteria were being implemented. The gap at the time of self assessment was community support group(s). A community support group has subsequently been established by a civil society organization - Ulkerreuil A Klengar - so that today all 10 BFHI criteria are being implemented. The expectation of Ministry officials is that the hospital is certification-ready.

The challenge, however, is the mechanics of actual certification. UNICEF-Fiji has in the past provided this support in the Pacific region but to date, there has been no response to several requests sent by the Palau Ministry of Health and the UN Coordinating Office in Palau for information about procedures for scheduling a certification visit. Since this is a problem shared by Palau, Federated States of Micronesia, and the Marshall Islands, it has been proposed to train a Micronesia Sub-Regional Assessment team to carry out assessments (and periodic reassessments) in the northern Pacific Region. It is envisaged that team training can take place in 2016 but of course the team must then be certified and the process for this remains unclear. Once a trained and certified team is in place, actual assessment and certification should proceed quickly.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. As described above, there is no capacity at present within Palau or the Micronesian Sub-Region for conducting BFHI certification visits.

2. The most recent BFHI training for health workers was conducted in 2013 by an IBFAN consultant using IBFAN materials based on the UNICEF-WHO training modules. Unfortunately only staff from the Ministry of Health and civil society participated; private clinic staff did not. Training needs to be offered regularly to all health workers in both public and private sectors and not be limited to only those workers directly involved in maternal and infant care. Further, participation in BFHI training needs to be monitored through the Ministry's ongoing continuing education system and be made mandatory for certain categories of health workers (especially nurses and physicians).

3. IYCF is not currently a part of the Ministry of Health quality assurance program

4. The breastfeeding community support group is very young with only a small number of volunteers whose place of residence or work does not encompass the entire country. Work is undeway to expand the group in order to provide wider support both within health facilities and in the community. There is also need to develop a monitoring and evaluation system to assess effectiveness and satisfaction of both community support service providers and service beneficiaries.

5. The PRAMS system that forms the basis for monitoring IYCF practices needs to be reviewed to ensure that all core IYCF indicators are assessed and that data collected is of a consistently high quality.[9]

Recommendations *(List action recommended to bridge the gaps):*

1. Working with Federated States of Micronesia and Marshall Islands, UNICEF-Suva, and WHO-Suva, identify, train, and support a Sub-Regional BFHI certification team that can conduct BFHI assessments and re-assessments on a regular schedule and in a cost-effective manner.

2. The Pediatrician-in-Charge (who also chairs the Informal Working Group on Breastfeeding) should work closely with the Ministry of Health's Human Resource Unit and the Health Licensure Board to integrate BFHI training into health worker continuing education and licensure.[10] The goal should be to develop a system whereby training and re-training are required by all health workers. By integrating BFHI into the CE system which in turn is linked to the health worker licensure system, training will reach health workers in both public and private settings.

3. The Pediatrician-in-Charge should submit the hospital BFHI policy to the Ministry of Health Quality Assurance Committee and work with the Committee to integrate IYCF into the Ministry's Quality Assurance Program.

4. Work to expand the number of volunteer breastfeeding support counselors and to strengthen their capacities is ongoing under the leadership of a civil society organization - Ulkerreuil A Klengar - and with support of the Informal Working Group on Breastfeeding. These efforts need continuous support until active counselors are accessible nationwide to all women needing support.

5. The Breastfeeding Focal Points in the Bureaus of Clinical and Public Health Services need to work with the PRAMS coordinator and the Ministry's epidemiologists to review IYCF questions used and data management techniques to ensure routine collection of high quality data that encompasses all core IYCF indicators.

[9] ***PALAU NOTE***: PRAMS data forms the basis of statistics reported in Part II of this WBTi report; statistics on mean age of introducing foods/drink other than breastmilk and exclusive breastfeeding at six months are contradictory. In addition data are not routinely collected for some core breastfeeding indicators. These problems need to be resolved in order to achieve the strategic action "to establish credible baseline data on breastfeeding" *(Palau NCD Strategic Plan, 2015).*

[10] ***PALAU NOTE***: The system that is used to ensure all health workers remain current in First Aid and CPR certification may provide a model for BFHI training, certification, and re-certification.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

Guidelines for scoring		
Criteria (*Legal Measures that are in Place in the Country*)	**Scoring**	**Results**
3a: Status of the International Code of Marketing		✓ (*Check that apply. If more than one is applicable, record the highest score.)*
3.1 No action taken	0	
3.2 The best approach is being considered	0.5	
3.3 National Measures awaiting approval (for not more than three years)	1	
3.4 Few Code provisions as voluntary measure	1.5	
3.5 All Code provisions as a voluntary measure	2	
3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions	3	
3.7 Some articles of the Code as law	4	
3.8 All articles of the Code as law	5	X
3.9 Relevant provisions of WHA resolutions subsequent to the Code are included in the national legislation[11] a) Provisions based on at least 2 of the WHA resolutions as listed below are included b) Provisions based on all 4 of the WHA resolutions as listed below are included	 5.5 6	

[11] ***IBFAN NOTE***: The following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

3b: Implementation of the Code/National legislation		✓ *Check that apply*
3.10 The measure/law provides for a monitoring system	1	
3.11 The measure provides for penalties and fines to be imposed to violators	1	
3.12The compliance with the measure is monitored and violations reported to concerned agencies	1	
3.13 Violators of the law have been sanctioned during the last three years	1	
Total Score (3a + 3b)	**10**	**5/10**

Information Sources Used (please list):

1. *Palau Public Law RPPL 7-23 enacted 2007.*

Conclusions: ***(****Summarize which aspects of Code implementation have been achieved, and which aspects need improvement and why. Identify areas needing further analysis)*

In 2007, Palau Public Law RPPL 7-23 was passed by the National Congress and signed into law. This law integrated the Code into Palau law. However the law was opposed by some influential persons who labelled it impractical to implement and an infringement on the right of mothers to choose the feeding method best suited for themselves and their infants. Because of the strength of the opposition, the Ministry of Health has not promulgated regulations to implement the law. Advocates continue to struggle to identify the best course of remedial action (see discussion under Indicator 2).

Gaps: *(List gaps identified in the implementation of this indicator)* **:**

1. Comprehensive law has been enacted but regulations have not been promulgated to implement the law. Without regulations, the law cannot be enforced.

Recommendations: *(List action recommended to bridge the gaps):*

1. Develop educational/advocacy plan to change policymakers attitudes about law and identify legitimate concerns that should be remedied (either by amendment or in regulatory process).

2. Ensure that IYCF is integrated into the new Public Health Strategic Plan under development and aggressively addressed as part of the National Coordinating Mechanism for NCD Prevention (see discussion under Indicator 1).

3. Use all possible forums to inform, educate, and advocate for IYCF and for implementation of RPPL 7-23. Forums include the annaul Public Health Convention, the annual Men's Health Symposium, the annual Women's Conference amonth others.

Indicator 4: Maternity Protection

Key question: *Is there a legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?*

Guidelines for scoring		
Criteria	**Scoring**	**Results Check ✓ that apply**
4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks b. 14 to 17weeks c. 18 to 25 weeks d. 26 weeks or more	0.5 1.0 1.5 2.0	**0.5**
4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break b. Paid break	0.5 1	
4.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks.	1	
4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector *(more than one may be applicable).* a. Space for Breastfeeding/Breastmilk expression b. Crèche	1 0.5	
4.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures b. accorded the same protection as women working in the formal sector	0.5 1	
4.6) . *(more than one may be applicable)* a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.	0.5 0.5	

4.7) Paternity leave is granted in public sector for at least 3 days.	0.5	
4.8) Paternity leave is granted in the private sector for at least 3 days.	0.5	
4.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding.	0.5	
4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period.	1	**1 (public sector only)**
Total Score:	**10**	**1.5/10**

Information Sources Used (please list):

1. *Palau Public Law (RPPL 1-37) and Public Service System Regulations*
2. *Proposed Maternity Leave Legislation now before the Congress*
3. *Health Impact Assessment on proposed Maternity Leave Legislation by Ulkerreuil A Klengar (2013)*

Conclusions ***(****Summarize which aspects of the legislation are appropriate, and which aspects need improvement and why. Identify areas needing further analysis****) :***

Palau's only legislation pertaining to maternity benefits (RPPL 1-37) covers only female PERMANENT employees of the national government. Approximately 80% of national government female employees are permanent because their positions are funded by Congressional appropriations; 20% are contractor employees whose positions are funded by external grants. The law allows for one month (30 calendar days) of paid maternity leave with the option of an additional four months of leave by using: (a) combination of accrued sick and annual leave; and (b) unpaid leave. While a woman is on maternity leave, whether paid or unpaid, the law requires that her job be kept secure for her return. This law does not cover employees of state and local governments, public corporations, or the private sector. This law has no provisions regarding post-leave entitilements in support of breastfeeding (e.g. nursing breaks, lactation rooms, creches, etc).

Individual private establishments set their own maternity leave policies. A survey of private sector establishments that are members of the Palau Chamber of Commerce[12] by UAK found:

- 25% of businesses allow up to one month of paid maternity leave
- 25% offer unpaid leave of varying periods
- 19% allow women to use accrued annual and sick leave in lieu of maternity leave
- 19% allow no maternity leave
- 13% have other (unspecified) arrangements.

[12] ***PALAU NOTE***: Members of the Palau Chamber of Commerce are the larger, better established business operations. The Chamber does not include most Chinese and Japanese owned businesses that have their own Chambers nor does it include many small businesses or informal businesses. For these reasons, the figures cited above are not representative of the entire private sector of Palau.

There is widespread agreement that women employed in the formal economic sector should be entitled to maternity leave benefits. There is no agreement, however, on how to pay for this. While large employers may be able to shoulder the cost or pass the cost onto their customers, small and informal busineses that constitute the majority of Palau establishments, cannot shoulder the double cost of paying workers who are on maternity leave while also paying temporary workers to do the job of workers on maternity leave.

Legislation providing for mandatory maternity leave to be paid across-the-board by employers was passed by the National Congress in 2012 but strongly opposed by the Chamber of Commerce and ultimately vetoed by the President due to the economic burden this would have placed on private sector employers. A revised bill providing for up to three months paid leave with an optional fourth month of unpaid leave to be funded through the social security system was introduced into the National Congress in 2013. This bill, however, is opposed by many because Palau's social security system is already underfunded and will be negatively impacted if an an additional set of entitlements is legislated. A number of people, including the current Minister of Health, are making good faith effort to resolve this impasse but at present, women in the private sector and contract workers in government are at a serious disadvantage to their sisters with permanent civil service positions.

There is no legislation requiring worksite accomodations for breastfeeding mothers once they return to work. Very few employers have formal provisions but may make informal arrangements on a case-by-case basis. Ulkerreuil A Klengar and Kotel A Deurreng, Inc, two civil society organizations, are now working with three employers (one public, one private, and one education institution) to develop on a pilot basis worksite accomondations for breastfeeding. It is envisaged that these pilots will over time prove to be beneficial to all stakeholders thus paving the way for wider voluntary adoption of worksite accomodations by employers.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Palau does not have comprehensive maternity leave legislation; existing leave entitlements are highly inequitable.

2. There is no legal provision for workplace accomodations for breastfeeding mothers once they return to work; in the absence of legislation, only a few employers make workplace accommodations and often on a case-by-case basis.

3. Systematic information is not provided to pregnant women about their rights and options (including how they can combine breastfeeding with work).

Recommendations *(List action recommended to bridge the gaps):*

1. Comprehensive maternity leave legislation is needed that established a basic minimum standard for all women formally employed.

    1.1. The Working Group on Breastfeeding needs to engage women's groups around this issue in order to create a social movement in support of maternity leave.

    1.2. Together the working group and partners need to determine whether to adopt a one step approach that would combine maternity leave and workplace accommodations for breastfeeding mothers or a two-step approach that starts with maternity leave and subsquently pushes for workplace accommodations at a later time.

    1.3. Policy makers in the Executive and Legislative branches of the national government need to accelerate efforts to identify a viable strategy to pay for universal maternity leave.

2. The pilot projects now underway to demonstrate the positive impact of workplace accommodations for the breastfeeding women need to be fully developed and closely monitored. Positive results from these pilots can be used to encourage a larger number of employers to initiate voluntary workplace accommodations thus paving the way for legislated provisions.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

Key question: *Do care providers in these systems undergo* skills training, *and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place*?

Guidelines for scoring			
	Scoring √ *Check that apply*		
Criteria	**Adequate**	**Inadequate**	**No Reference**
5.1) A review of health provider schools and pre-service education programmes for health professionals, social and community workers in the country[13] indicates that infant and young child feeding curricula or session plans are adequate/inadequate	2	**1-X**	0
5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. *(See Annex 5b Example of criteria for mother-friendly care)*	2	**1-X**	0
5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers.[14]	2	**1-X**	0
5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country.	1	0.5	**0-X**

13 ***IBFAN NOTE***: Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

14 ***IBFAN NOTE***: The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

5.5) Infant feeding and young feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.)	1	**0.5-X**	0
5.6) In-service training programmes referenced in 5.5 are being provided throughout the country.[15]	1	0.5	**0-X**
5.7) Child health policies provide for mothers and babies to stay together when one of them is sick.	1	**0.5-X**	0
Total Score:	**10**	**4/10**	

Information Sources Used (Please list):

1. *Nursing program syllabus at Palau Community College*
2. *Other information is based on the knowledge of members of the Informal Working Group on Breastfeeding*

Conclusions: ***(****Summarize which aspects of health and nutrition care system are appropriate and which need improvement and why. Identify areas needing further analysis.)*

Nursing is the only formal health worker training program offered in Palau. Nurse training is conducted at Palau Community College; a stronger emphasis on IYCF including practical techniques and clinical practicums for counseling and supporting mothers is desireable. Because most other health workers are trained overseas, there is no consistent pre-service standard of training in IYCF. While, this means that regular, systematic in-service training is very important to ensure a consistent standard of care, the reality is that IYCF training is conducted infrequently and in the absence of an IYCF policy, may be inconsistent in content. A viable approach to ensuring regular, systematic IYCF training of health workers is to integrate IYCF into health worker licensure requirements. Health workers subject to licensure are required to complete a specified number of continuing education credits annually with certain units (e.g. First Aid and CPR) mandatory. Making IYCF education mandatory for license renewal and mandating the Ministry of Health's Human Resource Division to ensure that the training is offered regularly would ensure that all health workers in both public and private sectors have regular, systematic IYCF training with standardized content.

15 ***IBFAN NOTE****:* Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Gaps: *(List gaps identified in the implementation of this indicator)* **:**

1. Regular, systematic in-service training in IYCF is needed for all health workers.

2. While the informal working group can make recommendations, there is need for a formal committee that has authority to make recommendations, conduct programs, and monitor results (see WBT*i* Indicator #1).

Recommendations: *(List action recommended to bridge the gaps):*

1. The Medical Licensure Board should make IYCF a required topic for all health and health related workers seeking license renewal. This will ensure that all health workers, both public and private, participate in regular, systematic training.

2. If the Medical Licensure Board stipulates that health workers must demonstrate continuing education on a specific topic, it then becomes the responsibility of the Ministry of Health's Human Resource Department to ensure that training of a consistent standard is available on a regular basis.

3. Although recommendations 1 and 2 pertain to health workers subject to licensure, IYCF training should also be extended to workers employed by selected private groups such as staff of the Head Start early childhood education program.

Indicator 6: Mother Support and Community Outreach - Community-based support for the pregnant and breastfeeding mother

Key question: *Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding .*

Guidelines for scoring			
Criteria	**Scoring** √ *Check that apply*		
	Yes	To some degree	No
6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding.	2	**1-X**	0
6.2) All women recieve support for infant and young child feeding at birth for breastfeeding initiation.	2	**1-X**	0
6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage.	2	**1-X**	0
6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy.	2	**1-X**	0
6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding.	2	**1-X**	0
Total Score:		**5/10**	

Information Sources Used (please list):

1. *There are no published data sources relevant to this indicator; responses are based on expert knowledge of the local situation provided by members of the Breastfeeding Working Group and other knowledgeable persons.*

Conclusions *(Summarize which aspects of a health and nutrition care system are adequate and which need improvement and why. Identify areas needing further analysis)* **:**

All births take place at Belau National Hospital. Regardless of residence, mothers giving birth are are referred to the 2-week post-partum follow-up clinic at the Koror Community Health Center. During this visit, women receive post-partum breastfeeding counseling from trained community lactation volunteers. Counseling coverage at this point is 100%. During the counselling session, women are given contact information for lactation counseling in the event they need further assistance. Work is underway to increase the number of volunteer lactation counselors toward a medium-term goal of at least one counselor affiliated with each rural community health center (n=7) and a longer-term goal of at least one counselor resident in every community. Work is also underway to train lactation counselors in selected workplaces (n=3); these counselor will provide targeted support for mothers who seek to combine work (or school in the case of young mothers) with breastfeeding.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Community based support at present is health center based.

2. Health workers assigned to rural Community Health Centers are not fully integrated into the counseling & support system.

3. Counseling support (by both health workers & community volunteers) focuses on breastfeeding; a more comprehensive IYCF approach needs to evolve.

Recommendations *(List action recommended to bridge the gaps):*

1. The number of volunteer lactation counselors should be increased in order to achieve medium and long-term targets.

2. Health workers assigned to rural Community Health Centers should be integrated into the IYCF counseling and support system.

3. Develop a sustained and progressive training system that builds awareness and skills in breastfeeding and the wider YCF requirements. This is particularly important in laying the groundwork for good nutrition habits at a young age in view of Palau's high level of childhood obesity and burden of non-communicable diseases.

Indicator 7: Information Support

Key question: *Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?*

Guidelines for scoring			
Criteria	**Scoring** √ ***Check that apply***		
	Yes	To some degree	No
7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence and that potential conflicts of interest are avoided.	2	**0-X**	0
7.2a) National health/nutrition systems include individual counseling on infant and young child feeding	1	**0.5-X**	0.5
7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding	1	**0.5-X**	0
7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding	2	**1-X**	0
7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence	**2-X**	1	0
7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF).[16]	2	**0-X**	0
Total Score:	**4/10**		

[16] ***IBFAN NOTE***: To ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging.

Information Sources Used (please list):

1. *There are no published data sources relevant to this indicator; responses are based on expert knowledge of the local situation as compiled by members of the Breastfeeding Working Group and other knowledgeable persons.*

Conclusions *(Summarize which aspects of the IEC programme areappropriate and which need improvement and why. Identify areas needing further analysis :*

Mothers are given information about breastfeeding at their first prenatal visit, during their hospital stay before and after delivery, and during their post-natal (well child) clinic visits. During their 2-week post-natal visit, mothers receive a "Welcome" packet that contains information about infant care and development, including breastfeeding. Information materials promote breastfeeding as the best choice for infant feeding but do not explicitly discuss risks associated with formula feeding. IEC materials produced by the Ministry of Health are free from commercial influences. There is, however, no formal policy in place regarding avoidance of commercial influences or other conflict of interest.

Other sources of information available to parents about IYCF include:

1. The Head Start early childhood program systematically integrates IYCF into its parent education program. This program, however, reaches parents of older children (three-to-five years of age) and while it incorporates breastfeeding, is oriented toward YCF.
2. A planned communication strategy has been developed and is being "rolled out" to promote infant and child friendly workplaces and to encourage mothers to plan for continued breastfeeding when they return to work (or school in the case of young mothers).
3. World Breastfeeding Week has been observed for the past four years with a variety of community and clinic based activities including radio talk shows with nation-wide coverage.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. There are elements of a comprehensive communications strategy in support of IYCF but communications at present are initiated relatively late - at delivery and in the post-natal period.

2. Communications emphasize breastfeeding but do not provide adequate emphasis on YCF.

3. There is no formal policy on commercial influences and other conflict of interest from baby food interests.

Recommendations *(List action recommended to bridge the gaps):*

1. Attention should be given to developing a systematic communications strategy beginning from the first prenatal visit and extending through delivery and the post-partum period that will encourage mothers to choose and prepare for exclusive breastfeeding for six months and continued breastfeeding with healthy complementary feeding through the second year of life. In order to develop a comprehensive strategy, the Ministry of Health's Community Advocacy Program should become involved to provide technical support.

2. The Ministry of Health should develop a formal policy to regulate potential conflicts of interest from the baby food industry or related commercial interests.

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

Guidelines for scoring			
Criteria	**Results** ✓ *Check that apply*		
	Yes	To some degree	No
8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV	**2-X**	1	0
8.2) The infantfeeding and HIV policy gives effect to the International Code/ National Legislation.	1	0.5	**0-X**
8.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counselling and support.	1	**0.5-X**	0
8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners.	**1-X**	0.5	0
8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers.	**1-X**	0.5	0
8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible.	**1-X**	0.5	0
8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake.	**1-X**	0.5	0

8.8) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population.	**1-X**	0.5	0
8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status.	**1-X**	0.5	0
Total Score:	**8.5/10**		

Information Sources Used (please list):

1. *Ministry of Health clinical protocols for HIV/AIDS prevention and management.*
2. *Ministry of Health protocols regarding prenatal screening of prenatal clients.*

Conclusions *(Summarize which aspects of HIV and infant feeding programming are appropriate, and which aspects need improvement and why. Identify areas needing further analysis)* **:**

To date, Palau has had only one prenatal client who tested positive for HIV. Following counseling, this mother choose not to breastfeed. Policies, however, are in place to address this issue on a case- by-case basis in accordance with international standards.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. There are no significant gaps with respect to this indicator. However:
   - Indicator 8.2. is rated as "0" due to issues previously discussed with respect to IYCF policy (indicator 1) and the code (indicator 3);
   - Indicator 8.3 is rated as "0.5" because it is the view of the Breastfeeding Working Group that health workers who care for mothers and infants need more information about infant feeding and HIV.

Recommendations *(List action recommended to bridge the gaps):*

1. See recommendations previously listed for indicators 1 (IYCF policy) and 3 (International Code on the Marketing of Breastmilk Substitutes).

2. See recommendations previously listed for indicator 5 (IYCF training for health workers).

Indicator 9: Infant and Young Child Feeding during Emergencies

Key question: *Are appropriate policies and programmes in place to ensure that mothers, infants and young children will be provided adequate protection and support for appropriate feeding during emergencies?*

Guidelines for scoring			
Criteria	**Scoring** √ **Check that apply**		
	Yes	To some degree	No
9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance	2	1	**0-X**
9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed	2	1	**0-X**
9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers:			
a) basic and technical interventions to create an enabling environement for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding	1	0.5	**0-X**
b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsollicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions	1	0.5	**0-X**

9.4) Resources have been allocated for implementation of the emergency preparedness and response plan.	2	1	**0-X**
9.5) a) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel.	1	0.5	**0-X**
b) Orientation and training is taking place as per the national emergency preparedness and response plan	1	0.5	**0-X**
Total Score:	**---0----/10**		

Information Sources Used (please list):

1. *National Emergency Management plan.*
2. *Discussions during a UNICEF sponsored sub-regional infant and child care during emergencies workshop, Palau, 2014.*

Conclusions *(Summarize which aspects of emergency preparedness and response are appropriate and which need improvement and why. Identify areas needing further analysis)* **:**

Breastfeeding and infant feeding during emergencies are not explicitly addressed in the National Emergency Management plan plan nor are there policies in place regarding acceptance of breastmilk substitutes donations or relactation support.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. There are no explicit policies regarding IYCF during emergenices.

2. Health workers were introduced to techniques for relactation during the 2013 IBFAN training; to actually practice these techniques, further training and policy support will be needed.

Recommendations *(List actions recommended to bridge the gaps):*

1. The Ministry of Health and the National Emergency Management system work together to develop a policy on IYCF during emergencies that is in line with international guidelines.

2. An explicit policy be developed governing acceptance of breastmilk substitutes during emergencies.

3. IYCF in emergencies and techniques for relactation be integrated into IYCF training for health workers and community volunteers.

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: *Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?*

Guidelines for scoring			
Criteria	**Scoring** ✓ **Check that apply**		
	Yes	To some degree	No
10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities.	2	1-X	0
10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions	2	1-X	0
10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels	2	1-X	0
10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers	2	1-X	0
10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys.	2	1-X	0
Total Score:		5/10	

Information Sources Used (please list):

1. *PRAMS (Pregnancy Risk Assessment and Monitoring System)*
2. *Palau Maternal and Child Health Plan, 2014*

Conclusions *(Summarize which aspects of monitoring and evaluation are appropriate and which need improvement and why. Identify areas needing further analysis)* **:**

Data about breastfeeding is derived from the PRAMS interview survey with a randomly selected sample of mothers. It is a good system for assessing breastfeeding practices but does not fully address all of the breastfeeding/IYCF data needs.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. PRAMS data consistently report early introduction of food/drinks other than breastmilk (mean 2.2 months) but also relatively high rates of exclusive breastfeeding at six months of age. Clearly these findings are incompatible. Addressing this key data discrepancy is a high priority.

2. PRAMS data focus on early infant feeding practices (under one year of age) but do not address the full spectrum of IYCF.

3. PRAMS data measure breastfeeding outcomes but do not systematically collect information about factors influencing mothers' choices nor do they collect data from health care providers and community volunteers.

Recommendations *(List actions recommended to bridge the gaps):*

1. Seek assistance from the public health epidemiologist to address data gaps and inconsistencies with a view toward:

    1.1. Remedying data inconsistencies (see Gap #1 above);
    1.2. Identifying key IYCF indicators required for the various monitoring reports (e.g. internal planning, WBTi, United States Health and Human Service Reports, and WHO/UNICEF reports) and developing a systematic approach to collecting these data;
    1.3. Identifying a systematic way to collect qualitative data identifying factors influencing maternal choices, health systems data, and data relating to knowledge, attitudes and practices of health providers and community volunteers;
    1.4. As the community volunteer program expands, data should also be systematically collected to assess satisfaction levels of volunteers and their clients.

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth?-* ***70-80%*** ***Not Available***

Guideline:

Indicator 11	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
Initiation of Breastfeeding (within 1 hour)		***Scores***	***Colour-rating***
	0.1-29%	3	**Red**
	29.1-49%	6	**Yellow**
	49.1-89%	9	**Blue**
	89.1-100%	10	**Green**

Data Source (including year):

1. This indicator rating is based on clinical assessment by the pediatrician-in-charge and midwives assigned to the obstetrics ward.

Summary Comments :

The BFHI hospital policy provides for initiation of breastfeeding in the delivery room for uncomplicated deliveries. For complicated deliveries, initiation is at the discretion of the attending obstetrician based on their clinical assessment of the medical needs of mother and infant.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Information about post-partum care of the mother and baby is entered into the patient chart but data on post-partum initiation of breastfeeding are not entered in a systematic format and compiled for regular review.

Recommendations *(List actions recommended to bridge the gaps):*

1. It has been previously recommended in this assessment that breastfeeding and IYCF be integrated into the hospital's quality assurance program. In this way, data will be systematically compiled and reviewed for policy guidance.

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: *What is the percentage of babies 0<6 months of age exclusively breastfed*[17] *in the last 24 hours?*[18] ***60%***

Guideline:

Indicator 12	*Key to rating adapted from WHO tool* **(see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
		Scores	***Colour-rating***
Exclusive Breastfeeding (for first 6 months)	0.1-11%	3	**Red**
	11.1-49%	6	**Yellow**
	49.1-89%	**9**	**Blue**
	89.1-100%	10	Green

Data Source (including year):

1. *PRAMS survey data.*
2. *Palau Maternal and Child Health Plan, 2014.*

Summary Comments :

Breastfeeding data are derived from the PRAMS survey which collects data relative to infant feeding practices at six months of age in a format that differs from the WBTi indicator. According to the PRAMS survey results (as reported in the Maternal and Child Health Plan, 2014), the proportion of infants exclusively breastfed at six months of age was: (a) 57% in 2010; 54% in 2011; and (c) 60% in 2012.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. Data on breastfeeding around the six months benchmark is collected in a different format in Palau than the WBTi indicator.

2. As previously stated, there is a discrepancy in the PRAMS data that consistently reports relatively high exclusive breastfeeding but also an early age (2.2. months) for introduction of foods other than breastmilk. Clearly, these data are not compatible.

Recommendations *(List actions recommended to bridge the gaps):*

1. See the recommendation for Indicator 11.

[17] ***IBFAN NOTE***: Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

[18] ***PALAU NOTE***: Data specific to this indicator are not collected. The PRAMS survey assesses breastfeeding at 6 months of age (exclusive breastfeeding, mixed feeding, exclusive artificial feeding).

Indicator 13: Median Duration of Breastfeeding

Key question: *Babies are breastfed for a median duration of how many months?* ***Not Available***

Guideline:

Indicator 13	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBT*i***	
Median Duration of Breastfeeding		***Scores***	***Colour-rating***
	0.1-18 **Months**	3	**Red**
	18.1-20 ’’	6	Yellow
	20.1-22 ’’	9	**Blue**
	22.1- 24 or beyond ’’	10	Green
Indicator cannot be assessed with available data.			

Data Source (including year):

This indicator cannot be assessed. The PRAMS survey provides information on infants who are getting breastmilk (whether exclusively or partially) at six months of age and the age at which foods/drinks other than breastmilk is introduced. The survey does not collect data to assess the age at which infants are completely weaned.

Summary Comments :

This indicator cannot be assessed as stated. Available data show that at six month of age, the majority of infants continue to receive breastmilk (exclusively or in-part). Data as reported by the Maternal and Child Health Plan, 2014: (a) 67% in 2009; (b) 76% in 2010; and (c) 81% in 2011. These data show an increasing trend but it is premature to draw conclusions from this limited data about the efficicacy of breastfeeding promotion and counseling practices.

Gaps *(List gaps identified in the implementation of this indicator)* **:**

1. The PRAMS system does not collect data that assesses this WBTi indicator as stated.

Recommendations *(List actions recommended to bridge the gaps):*

1. See recommendations previously stated under Indicator 11.

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?* [19] *Not Available*

Guideline:

Indicator 14	***Key to rating adapted from WHO tool* (see Annex 11.1)**	**IBFAN Asia Guideline for WBTi**	
Bottle Feeding (0-12 months)		**Scores**	**Colour-rating**
	29.1-100%	3	**Red**
	4.1-29%	6	**Yellow**
	2.1-4%	9	**Blue**
	0.1-2%	10	**Green**
Indicator cannot be assessed based on available data.			

Data Source (including year):

1. *The data source for Indicators 11-15 is the PRAMS survey as reported in the Maternal and Child Health Plan (2014).*

Summary Comments :

Please refer to discussion under indicators 11-13.

[19] ***PALAU NOTE***: PRAMS system does not collect data to assess this indicator.

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods at 6-9 months of age?*
Not Available

Guideline

Indicator 15	WHO's	IBFAN Asia Guideline for WBTi	
	Key to rating	***Scores***	***Colour-rating***
Complementary Feeding (6-9 months)	0.1-59%	3	**Red**
	59.1-79%	6	Yellow
	79.1-94%	9	**Blue**
	94.1-100%	10	Green

Data Source (including year):

1. *Assessment is based on clinical experience of pediatricans and nurses.*

Summary Comments :

Late introduction of complementary foods is not an issue in Palau. The Palau child health protocol calls for complementary foods to be introduced by six months of age and there have been no cases reported of excessive delay in introduction.

Revision of the PRAMS system (see indicator 11) would allow systematic collection and reporting of data relative to this indicator.

Summary Part I: IYCF Policies and Programmes

Targets:	Score **(Out of 10)**
1. National Policy, Programme and Coordination	**0.0**
2. Baby Friendly Hospital Initiative	**2.5**
3. Implementation of the International Code	**5.0**
4. Maternity Protection	**1.5**
5. Health and Nutrition Care Systems	**4.0**
6. Mother Support and Community Outreach	**5.0**
7. Information Support	**4.0**
8. Infant Feeding and HIV	**8.5**
9. Infant Feeding during Emergencies	**0.0**
10. Monitoring and Evaluation	**5.0**
TOTAL	**35.5**

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Total score of IYCF policies and programmes (indicators 1-10) are calculated out of 100.

Scores	**Colour- rating**
0 – 30.9	**Red**
31 – 60.9	**Yellow**
61 – 90.9	**Blue**
91 – 100	**Green**

Conclusions *(Summarize the achievements on the various programme components, what areas still need further work)*[20] **:**

Although Palau's composite score is low, there is a solid base for moving forward across all indicators. Clearly high priority needs to be given to developing the policy and coordination framework (Indicator 1) since this will provide the political will for progressing on the other indicators. Because NCDs are the stated national priority, explicitly linking breastfeeding and IYCF to the NCD action framework, as already done in the national NCD strategic plan, can facilitate rapid action if NCD stakeholders clearly understand the strength of the links between breastfeeding/IYCF and NCD prevention. Making these links explicit will be an important short-term activity for advocates.

[20] ***IBFAN NOTE:*** In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Summary Part II: Infant and young child feeding (IYCF) practices

IYCF Practice	Result	Score
Indicator 11 Starting Breastfeeding (Initiation)	70-80%	NA
Indicator 12 Exclusive Breastfeeding for first 6 months	60%	9
Indicator 13 Median duration of Breastfeeding	_____ %	NA
Indicator 14 Bottle-feeding	_____ %	NA
Indicator 15 Complementary Feeding	100%	NA
Score Part II (Total)	78%[21]	9

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Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

Scores	Colour-rating
0 – 15	**Red**
16 - 30	**Yellow**
31 - 45	**Blue**
46 – 50	**Green**

Conclusions *(Summarize which infant and young child feeding practices are good and which need improvement and why, any further analysis needed)*[22] **:**

The pressing need is to review the PRAMS survey questions and methods in order to "establish credible baseline data"[23] for all WBTi indicators. Since the data collection tool exists and a system is in place to collect data annually, adjusting questions and/or method of analysis to yield results across all five outcome indicators will require no new resources. The major implementation challenge will be to overcome barriers to continuation of breastfeeding (exclusively for six months) after the mother returns to work or school. While ultimately maternity protection legislation is needed, the voluntary Breastfeeding Friendly Workplace Initiative pilot activities have the potential to rapidly expand the number of establishments that support the combination of breastfeeding and work while the policy makers identify an equitable method of paying for universal maternity benefits.

[21] ***PALAU NOTE***: Score adjusted to dis-regard two indicators for which there are no data.

[22] ***IBFAN NOTE***: In this summary sheet, analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

[23] ***PALAU NOTE***: Text drawn from National NCD Strategic Plan, 2015.

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding **practices, policies and programmes (indicators 1-15)** are calculated out of 150. Countries are then rated as:

Scores	Colour- rating
0 – 45.5	**Red**
46 – 90.5	**Yellow**
91 – 135.5	**Blue**
136 – 150	**Green**

Summary:

Palau's overall rate when considering both Part I indicators (Palau 35.5) and Part II indicators (Palau 9) is 44.5 which places Palau in the yellow band. (Note that the Part II indicator rating has been adjusted to reflect the two indicators for which there is no available data to support asssessment).

Key Gaps

While many gaps have been identified during the assessment process, the key gaps are:

(1) Absence of a recognized IYCF committee that has authority to prepare a national plan of action on IYCF and move forward with plan implementation.
(2) Absence of a national policy framework on IYCF that goes beyond the Ministry of Health.
(3) Weakness in the PRAMS surveillance system that impede monitoring and surveillance.
(4) Inadequate provisions for maternity benefits in the workplace.

Key Recommendations

(1) Expand the membership of the Informal Working Group on Breastfeeding (see discussion under Indicator #1).
(2) The expanded working group to develop a planned communication strategy to:
    2.1. Inform key policy makers including members of the National Coordinating Mechanism for NCDs about the importance of breastfeeding, the link between failure to breastfeed and NCDs, and the findings of the WBT*i* assessment;
    2.2. Create a civil society movement in support of breastfeeding and IYCF.
(3) Identify a committee structure with authority to move the IYCF agenda forward. That committee to prepare a national plan of action that addresses gaps and recommendations from the WBTi assessment.
(4) Bureau of Public Health to review and strengthen the PRAMS survey system to ensure that high quality data are collected across all core WBT*i* indicators.
(5) Continue and accelerate work underway relative to maternity benefits and Breastfeeding Friendly Workplaces:
    5.1. The Minister of Health with the Informal Working Group and other stakeholders to identify a strategy for paying for maternity benefits; this will pave the way for proposed universal maternity leave legislation to be enacted.
    5.2. Continue and closely monitor work underway to pilot Breastfeeding Friendly Workplaces on a voluntary basis.