Introduction

A training of the participants from 3 countries of the Oceania region on WBTi assessment and use of WBCi was held at Koror, Palau from 6th to 9th October, 2014. Participating countries were: Palau, Federal States of Micronesia and Republic of Marshall Islands. Twenty two participants and four resource persons participated in the workshop. The workshop was organized by IBFAN Asia Regional Coordinating Office (RCO) and UAK.

Proceedings of the workshop

Day 1 - (6th October 2014)

1. The workshop started with introductory notes from Dr. Arun Gupta, Regional Coordinator, IBFAN Asia and Judy Otto, UAK. During this training it was emphasized that this training is not just speaking about what is breastfeeding but actually how to strengthen it in terms of policies and programs. Judy also thanked IBFAN for conducting such training at their region and promised to carry forward this message at the community level.

2. Dr. Belhaim Sakuma, Chairman, UAK was also available during the introduction session and he expressed his views about breastfeeding saying “We usually think it is the female’s job to think about breastfeeding, but no it is the parent’s responsibility”. Also the participants shared their views saying there is a need to carry breastfeeding to the local level. This was followed by the introduction of all the participants, brief information sharing about IBFAN and projection of a short film on IBFAN.

3. Dr. Shoba Suri presented the objectives of the workshop and asked the participants to share their fears and expectations about the workshop on the Flip Charts. Fears and expectation shared by the participants were displayed on the board for discussions at the
end of the WS. A few of the challenges that the participants expressed were that there will be too many things to learn in a short period of time and lack of political will and support to go back to country and initiate work.

4. In the next session Ms. Vibharka Chandola presented the Importance of Breastfeeding and Complementary Feeding practices in childhood nutrition, Survival and development. During this presentation there were some comments from the audience as they shared that they have been following all the ten steps of BFHI, but have still not been awarded with the certification. When the Brazilian breastfeeding gear model was shown, participants asked how much time Brazil took to implement the GSIYCF. The participants were informed that it took almost 25 to 30 years for Brazil to implement it.

5. This was followed by a presentation from the representatives of the three respective countries about the status of breastfeeding and infant and young child feeding practices in the Pacific region – A regional Perspective. The presentation on the IYCF situation in the 3 countries Palau, FSM & RMI are available. The representative perspectives were as follows:

- **Federal States of Micronesia:**
  - Initiation of breastfeeding is done as soon as possible after birth and the first skin to skin contact of the mother and child is considered as initiation as it starts the bonding between them.
  - 100% exclusive breastfeeding is practiced till the child is in the hospital but the rate drops drastically when these mothers go home as they get different advices from relatives.
  - There is no provision of maternity leave.
  - We follow all 10 steps of BFHI but are not yet certified.

- **Republic of Marshall Islands:**
  - Initiation of breastfeeding is 95% till hospital discharge.
  - Exclusive breastfeeding from 0 to 6 months is left to just 41%.
  - Breastfeeding policy exists but there is a need to reinforce it.
  - Collaboration of various partners by NGO’s, Government etc is needed.

- **Palau:**
  - Practice of breastfeeding in the hospital is 100% but the rate drops as the women go back home therefore postpartum clinic visit is set at 2 and 6 weeks after discharge where mothers also get free amenities thus they are encouraged to come.
  - Policy states BFHI but there is no certification.
  - There is not much work done in the community on the issue.

6. The next session was about description of WBTi and its success so far. Dr. Shoba Suri described how the initiative was conceptualized, implemented-first in South Asia and later on in other continents and how the WBTi is being increasingly recognized as a
reliable source of information by agencies like WHO, UNICEF etc to prepare various reports and documents etc.

7. This was followed by a presentation on the global experience and its impact by Ms. Prerna Bhardwaj. Firstly few things were discussed about the concepts of gBICS as a project. Then it was shared that WBTi has been introduced in 90 counties by now and 54 countries have completed the assessment. After this the results of breastfeeding status of 51 countries and the impact of WBTi assessment of 15 countries was also shared with the participants. Some participants asked how many countries have done WBTi in Oceania. Dr. Shobha informed them that Fiji and Kiribati have done assessment but not done reassessment as yet.

8. The next session was about the process of national assessment of policies and programmes on IYCF using WBTi. Dr. Shoba Suri described the process of conducting a national assessment emphasizing on the formation of a core group, collecting information, sharing with the larger group, preparing a report and sending it to IBFAN Asia RCO. She also shared India’s WBTi assessment along with the partner organizations as an example. A query came from the participants that who would fund the assessment group? They were told that the funding has to be organized by the core group themselves. After these presentations the participants were divided in groups of three which involved a reading exercise of the WBTi guidebook for getting acquainted with the basics of WBTi assessment process. They were asked to read through the book and ask the questions to the resource persons at any time during reading. Each group presented the process of National Assessment that they would follow for their respective countries. The groups deliberated upon how the core group would be formed and who would be the prospective core group members in their country.

9. Next session started with the group work briefing by Dr. Shoba Suri on understanding the indicators 1 to 10 of IYCF Policies and Programmes and 11 to 15 of IYCF Practices. This was followed by an interactive group work on understanding the indicators on IYCF policies and practices (1-15) which was facilitated by all the resource persons in their respective groups. The participants as well as the indicators were divided among three groups. The first three indicators were given to the first group, Indicators 4, 5 and 6 were given to the third group and the last four indicators 7 to 10 were given to the last group to read. The next five indicators on practices were to be read by all the three groups in addition to the indicators assigned per group. The participants were asked to read out all the assigned indicators and look for the possible source of information to document findings on their status in their particular country followed by the presentations on their respective group indicators.

After the presentations made by the groups a discussion was started where the problem of non transparency of data to the public was stated because different departments are not connected and thus information is not accessible. Also the fact that a lot of things are ingrained culturally so people do not reveal their correct information and withhold it.
Thus that is a challenge too when data is collected through any survey. Also the process of verification was explained in brief and that the reports remain uniform for all the countries.

At IBFAN we only verify and accept the report as is sent by the country but approval is done by the country only. Giving sources of information are important and cannot be accepted without it. At the end of the presentations Dr. Arun said that politicians have a lot of power so it is a good move to include politicians if possible in the core group.

Day 2 - (7th October 2014)

1. Day two started with the next session on how to develop recommendations based on the assessment findings. Dr. Shoba Suri gave a brief on how to develop gaps and recommendations sharing the example of the first indicator with the participants. They were once again set into those three groups just like the previous day and the resource person for each group provided them with hypothetical assessment findings for assigned indicators. Groups identified the gaps and suggested recommendations to bridge the gaps. This was followed by presentations of gaps and recommendation by the groups. The session was facilitated by Dr. Arun Gupta. An example of the recommendations that the countries gave for Indicator 2, Baby Friendly Hospital is as follows: All the group presentations on developing gaps & recommendations are available at http://worldbreastfeedingtrends.org/wbti-wbci-training.php

2. Gaps:
   1. Less than half of hospitals/maternity units are designated as baby friendly.
   2. There is no monitoring system in place.
   3. There is no assessment system that includes interviews with health personnel.
   4. There is no reassessment system included in the national plan.
   5. HIV is not integrated in the BFHI program.

Recommendations:
   1. All hospitals/maternity units should be designated as baby friendly.
   2. Develop a standard monitoring system for BFHI.
   3. Include interviews with health personnel as part of the monitoring/assessment system.
   4. Develop a system for periodic reassessment of hospitals as part of the national plan.
   5. Integrate HIV into the BFHI program.
   6. Insure that national criteria fully reflect global BFHI criteria.

3. In the next session, Ms. Prerna Bhardwaj made a presentation on WB Ti web portal, tool kit scoring, color rating, back end support discussing about how to interpret data, assign scores and color code the assessments. A brief was provided on how the scoring changed
from the subjective to objective pattern and how the specific indicators are marked. Also the color codes were discussed among the group. After the complete presentation, the participants were given a demonstration of the WBTi web portal explaining each item and link in it. Also how to generate maps and graphs as per the need were demonstrated. This generated a keen interest among the participants to know.

4. This followed by another presentation on developing the country report and report card based on assessment finding. The presentation was given by Ms. Vibharika Chandola. Sample of the copies of the published reports of two countries and report cards were shown to the participants as an example. The verification process that takes place at IBFAN RCO was explained in detail. Further how the report and especially a report card can be used and who can use the information generated through it was discussed.

5. Dr. Arun Gupta shared information on how to move forward once the assessment is completed. He dealt with the need to develop an action plan using the logical framework analysis or some other method. Details of the discussion are mentioned below:

   • The discussion focused more on the role of government and participants were a little skeptical on getting the government’s approval for doing such an assessment. The trainer’s informed them that getting government may not be the first point of contact and for WBTi government’s approval is not required.
   • Second issue that was raised was that how a nation can say that a policy on breastfeeding exists because they have the points. After some debate on the issue, it was clarified that every country needs to have a said and written policy on breastfeeding.
   • Another common query was that all the government hospitals are following BFHI but do not have certification. They were informed that if the capacity of the people has been developed then third party certification is not necessary.
   • Lack of funding was another common worry. The countries were unanimous in saying that they do not get any funding from Oceania or WHO. They were informed that IBFAN is a fast furious and flexible organization. There is global funding which is shared by the RCOs. Being a part of the IBFAN network provides an opportunity to raise funds and focus more on local funding rather than being dependent on IBFAN.
   • Some participants asked will IBFAN provide funding for any project that is not under WBTi or WBCi. No IBFAN does not have funds and they need to generate locally.

6. This was followed by a presentation on World Breastfeeding Costing Initiative (WBCi) by Dr. Shoba Suri describing the salient features of the initiative and its importance for financial planning. The background details of how the tool was developed and its salient features were described in detail. After the presentation a demo video was screened on the WBCi financial tool.
7. Subsequent to this the participants were divided into country groups and asked to identify one indicator from policies and programmes which they find the weakest in their country or to choose indicator of their choice. In this mock assessment the country groups identified gaps and formulated recommendations. Later, as part of the exercise, a representative participant from each country made a presentation and presented on the identified gaps and generated recommendations for the same. The presentation developed by each country on identifying gaps and recommendations for the selected indicator can be accessed at http://worldbreastfeedingtrends.org/wbti-wbci-traning.php

Day 3 - (8th October 2014)

1. Follow up of the previous day’s last session on identifying gaps and generating recommendations, the third day began with a brainstorming exercise among the country groups in order to generate an action plan for the weakest indicator for which they identified recommendation. The action plan was for 2 years 2015-16 which could include activities like research, conference, advocacy activities, mass media activities, social mobilization, training, monitoring and evaluation. After the group works the country representatives presented their action plans for two years. This completed session was facilitated by Dr. Arun Gupta. A sample of the action plan developed by FSM is mentioned below:

<table>
<thead>
<tr>
<th>Activities</th>
<th>2015</th>
</tr>
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<tbody>
<tr>
<td>Review and adopt survey questionnaire WBTi survey for use in FSM, survey completed</td>
<td>By Jan 15, 2015</td>
</tr>
<tr>
<td>Print questionnaires</td>
<td>Feb 15, 2015</td>
</tr>
<tr>
<td>Recruit and train surveyors</td>
<td>March 8, 2015</td>
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<tr>
<td>Conduct survey</td>
<td>March 20, 2015</td>
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<tr>
<td>Analyze survey by IBFAN</td>
<td>April 20, 2015</td>
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<tr>
<td>Share result of survey @APNLC, MCH Annual Conference, FSM Congress, state legislatures, DHS</td>
<td>June, May 2015</td>
</tr>
<tr>
<td>Social Mobilization- Celebrate Breastfeed week</td>
<td>August 2015</td>
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</tbody>
</table>
Recruit TA for training of health workers, community volunteers on breastfeeding, etc.

2. The next session of the workshop was a hands-on exercise on WBCi tool under Dr. Shoba Suri guidance. The participants practically worked on the WBCi tool software. They were instructed step by step to learn the software and work upon it. After a quick view about how to use the software, the participants were requested to plan a budget as per their action plan in their own country groups. They were individually assisted by resource persons during the complete exercise.

3. As a follow up of making their respective budget’s as per their action plan the country representatives presented their budget and the session was facilitated by Dr. Arun Gupta. Based on the plan of action developed by FSM, they prepared a sample budget using the WBCi tool.

<table>
<thead>
<tr>
<th>Component Summary</th>
</tr>
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<tbody>
<tr>
<td>Micronesia (Federated States of) (in US Dollar and US$ Equivalent)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother Support and Community Level PCF Actions</th>
<th>Component Cost</th>
<th>Total Cost (US Dollar)</th>
<th>Cost distribution analysis (%)</th>
<th>Total Cost (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Support Groups (Community Volunteers, Breastfeeding Volunteers, Peer Counsellors)</td>
<td>57,570</td>
<td>61.05%</td>
<td>57,570.00</td>
<td></td>
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<tr>
<td>Research, studies, surveys for policy development</td>
<td>7,452</td>
<td>7.9%</td>
<td>7,452.00</td>
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<tr>
<td>Conferences, seminars, workshops for policy review and development (community support and outreach programmes)</td>
<td>–</td>
<td>0.0%</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Lobbying-dialogues/meetings with policymakers and stakeholders</td>
<td>–</td>
<td>0.0%</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Public Dissemination Forum</td>
<td>–</td>
<td>0.0%</td>
<td>–</td>
<td></td>
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<tr>
<td>Social Mobilizations &amp; Other Advocacy Events</td>
<td>–</td>
<td>0.0%</td>
<td>–</td>
<td></td>
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<tr>
<td>Training</td>
<td>29,275</td>
<td>31.0%</td>
<td>29,275.00</td>
<td></td>
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<tr>
<td>Community Outreaches</td>
<td>–</td>
<td>0.0%</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Monitoring and Evaluation of community based support groups</td>
<td>–</td>
<td>0.0%</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Other Activities</td>
<td>–</td>
<td>0.0%</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>84,297</td>
<td>100%</td>
<td>84,297.00</td>
<td></td>
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</tbody>
</table>

4. Afterwards Participants were asked to share their experience of using the WBCi tool. Following are the comments that the countries made:

Ms. Lydia Tibon, Director KIJELE, “Thankful that we got this opportunity and learnt something new. I now know how to use it and will share with service providers and administrators who do budgeting. Too. We don’t have such a thing at our place. It is a new tool for budgeting.”
5. After the budgeting Dr. Shoba Suri gave a brief presentation on How to do a country launch. She shared with the participants that what are the needs of launch and in which all countries has the tool been launched worldwide. A brief was given about WBCi tool kit

6. As a concluding session Dr. Arun Gupta facilitated an exercise in which participants were requested to prepare a country plan for WBTi reporting and commitment. Following are the commitments and plans made by the country groups and presented by the country representatives. The commitments presented by the country representatives are as follows:

Mr. Santy Asanuma Vice-Chairman UAK “Is very user-friendly. It will give us a respectable format that we can bring forward to our general audiences that includes policy makers, government and to others who influence the issue of BF.”

Ms. Kate Decherong, Medical Director, CHC-MOH Palau, “The tool can be also used for other purposes other than BF”. 

Judy Otto, UAK, “Can be very helpful in planning our own activities other than BF It are a good tool to lobby with the policy makers”.

Ms. Bernolina Hedson, Clinical Supervisor, Pohnpei Hospital, “We are glad that all the states are working together. The tool will help people who have to justify the budgets. This will help to add on activities for the community’.

Mona Tara, Office manager, Pohnpei, “Thank you for giving it to us and enlightening us and enabling us “

Denitha Palemar, MCH-PH Coordinator Yap, “We are very happy that this tool has been provided and allowed to share with other partners as well.”

Federal States of Micronesia

Republic of Marshal Islands

Palau Islands
## Commitments

1. **Federal States of Micronesia**
   - **Introducing IBFAN at FSM via**
     - National Conference which is from 19th to 24th October 2014.
     - World Food Day
     - Kashlihia Press/ radio talk
     - Island Chat with Martina
     - Radio spots
     - Local social media
   - **Review of data systems and fill in the gaps where IBFAN indicators are not reflected.**
   - **Revise Public Health Programs procedures to clearly monitor and integrate indicators of IBFAN.**

2. **Republic of Marshall Islands**
   - **World Food Day from October 14 to 16, concluding walkathon on 18th October and starting this project.**
   - **Radio programs on breastfeeding**
   - **Family first breastfeeding project to promote that family needs to be educated along with the issue of breastfeeding.**
   - **Identifying partners to make MOU for responsibilities from even Ministry of Health for conducting WBTi assessment.**
   - **Reviewing ones responsibilities, delegation of responsibilities, printing advertisements etc.**
   - **Promised the completion before January/February 2015.**

3. **Palau Islands**
   - **Expanding the core group.**
   - **Meetings to begin the review of WBTi assessment**
   - **Completing WBTi assessment by November 2014**
   - **Preparing report and submitting it to IBFAN by December 2014.**
   - **Revisit RPPL 7-23 and other relevant documents (core group) to develop clear goal and strategy for what is needed in terms of policy.**
Trainer discussing the importance of Breastfeeding and Complementary feeding

Participants reading and understanding the indicators with the trainer

Discussion on how to move forward after assessment is completed

Trainer introducing WBCi and talking about the components of WBCi
Participants from FSM and Marshall Islands getting hands on the WBCi Excel software

Participants from Palau listing possible source of information for their respective indicators
## WBTi/WBCi Workshop Training Participant List

October 6-8, 2014

<table>
<thead>
<tr>
<th>First Last</th>
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