

## What does WBTi assessment show us?

The World Breastfeeding Trends Initiative (WBTi) aims to stimulate action, not simply to collect information. Having more information is not helpful unless there are strategies in place for translating the information into tools for change and for taking action to improve the situation. The WBTi aims to stimulate research, investigation, ask questions, and find out why optimal infant and young child feeding (IYCF) does or does not occur. It offers an opportunity for comprehensive analysis to stimulate action for change.

To see the full national report for the United States, please visit:

<http://www.worldbreastfeedingtrends.org/GenerateReports/report/WBTi-United-States-2016.pdf>

To see the full state report for Oregon, please visit: <https://www.wbtiusa.org>

**Optimal IYCF is one of the ways to decrease infant and maternal mortality.**

## CHARTS/NUMBERS

INDICATOR 1	Criteria	Results
<p>Is there a statewide policy that protects, promotes, and supports optimal IYCF/breastfeeding and if so, is the policy supported by a government program?</p> <p>Is there a mechanism to coordinate the statewide IYCF committee and a state-employed coordinator for the committee?</p>	1.1) A statewide infant and young child feeding (IYCF)/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 statewide 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 Statewide Breastfeeding Committee/ IYCF Committee. (1)	1
	1.6) The statewide breastfeeding/IYCF committee meets, monitors, and reviews progress on a regular basis. (1.5)	0
	1.7) The statewide breastfeeding/IYCF committee links effectively with all other sectors like health, nutrition, information etc. (.5)	0
	1.8) There is a state-employed breastfeeding coordinator with a clearly defined role, including regularly communicating statewide policy. (1) (WIC only .5)	0.5
<b>Total Score</b>		<b>1.5/10</b>



<b>INDICATOR 4</b>	<b>Criteria</b>	<b>Results</b>
Are there laws or other measures that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding mothers, including those working mothers in the informal sector?	4.1) Women covered by state legislation are allowed the following weeks of paid maternity leave: any leave less than 14 wks (.5), 14-17 wks (1), 18-25 wks (1.5), or 26 wks or more (2).	0
	4.2) Women covered by state legislation are allowed at least one breastfeeding break or reduction of work hours daily: unpaid break (.5) or paid break (1).	0.5
	4.3) State legislation requires private sector employers of women in the state to: give at least 14 wks paid maternity leave (.5) and/or paid nursing breaks (.5)	1
	4.4) There is provision in state legislation that provides for worksite accommodation for breastfeeding and/or childcare in work places in the formal sector: space for breastfeeding/breastmilk expression (.5) and/or onsite daycare (.5).	1
	4.5) Women in informal/unorganized and agriculture sector are: accorded some protective measures (.5) or accorded the same protection as women working in the formal sector (1).	0
	4.6) Information about maternity protection laws, regulations, or policies is made available to workers (.5) and/or there is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided (.5).	1
	4.7) Paternity leave is granted in public sector for at least 3 days (.5) and/or in the private sector for at least 3 days (.5).	0
	<b>Total Score</b>	<b>3.5/8.5</b>

<b>INDICATOR 9</b>	<b>Criteria (0-No, 1-Some Degree, 2-Yes)</b>	<b>Results</b>
Are policies and programs in place to ensure that mothers, infants, and young children will be provided adequate protection for IYCF during emergencies?	9.1) The state has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies (IFE) and contains all basic elements included in the IFE Operational Guidance. (0,1,2)	0
	9.2) Person(s) tasked with responsibility for statewide coordination with all relevant partners such as the Red Cross, FEMA, state EMA, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed. (0,1,2)	0
	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. (0,1,2)	0
	9.4) Resources have been allocated for implementation of the emergency preparedness and response plan. (0,1,2)	1
	9.5) Appropriate orientation and training material on infant and young child feeding in emergencies has been integrated and is taking place in pre-service and in-service training for emergency management and relevant health care personnel. (0,1,2).	0
	<b>Total Score</b>	<b>1/10</b>

<b>INDICATOR 10</b>	<b>Criteria (0-No, 1-Some Degree, 2-Yes)</b>	<b>Results</b>
Are monitoring and evaluation systems in place that routinely collect, analyze, and use data to improve IYCF practices?	10.1) Monitoring and evaluation components are built into major infant and young child feeding program activities. (0,1,2)	2
	10.2) Data/information on progress made in implementing the IYCF program are used by program managers to guide planning and investments decisions. (0,1,2)	2
	10.3) Data on progress made in implementing IYCF program activities routinely collected at statewide levels. (0,1,2)	2
	10.4) Data/information related to infant and young child feeding program progress are reported to key decision-makers. (0,1,2)	1
	10.5) Monitoring of key infant and young child feeding practices is integrated into the statewide nutritional surveillance system, and/or health information system or statewide health surveys. (0,1,2)	2
	<b>Total Score</b>	<b>9/10</b>

