

A photograph of a woman in a yellow shirt and a man in a light blue shirt holding a baby in a clinic. The woman is looking at the baby, and the man is holding the baby. The baby is wearing a green and white checkered shirt and a blue hat. The background is a light blue wall.

LEAN DATA

MIRACLEFEET
AGGREGATE PATIENT
& PROVIDER INSIGHTS

MARCH 2019



miraclefeet

treating clubfoot • transforming lives

WELCOME TO YOUR AGGREGATE LEAN DATA RESULTS

1

Methodology & Headlines

- + Project purpose, approach, who we spoke to & what stood out to us

2

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- + Snapshot of guardian of patient results from India, the Philippines & Tanzania

1 Methodology & Headlines

“MiracleFeet has the system and model par excellence for academic and practical training for the Ponseti method and all the abilities and advantages that they offer to children with clubfoot.”

- Healthcare provider who works for a MiracleFeet partner

LEAN DATA AT MIRACLEFEET

INSIGHTS FROM GUARDIANS IN 3 COUNTRIES & PROVIDERS GLOBALLY

INDIA

- Wadia Hospital

TANZANIA

- Bugando Medical Center
- Inuka CBR
- Irigina Regional Referral Hospital
- Kagondo (St. Joseph's Hospital)
- Khama Hospital
- KCMC
- Nyakahanga Hospital
- Plasterhouse
- Sekoutoure Hospital
- Sengerema
- Usa River Rehab Center

PHILIPPINES

- Cotabato Regional & Medical Center
- East Avenue Medical Center
- Northern Mindanao Medical Center
- Philippine Band of Mercy
- Philippine General Hospital
- Philippine Orthopedic Center
- Southern Philippines Medical Center
- Veterans Memorial Medical Center
- Vicente Sotto Memorial Medical Center
- West Visayas Medical Center

17

COUNTRIES

22HOSPITALS
(patient survey)**19**NGOs
(provider survey)**470**PATIENTS' GUARDIANS
SPOKEN TO**69**HEALTHCARE PROVIDERS
LISTENED TO

PROJECT PURPOSE

LISTENING TO GUARDIANS OF PATIENTS & HEALTHCARE PROVIDERS

PURPOSE

Lean Data partnered with MiracleFeet to assess whether it is fulfilling its mission of changing the trajectory of children's lives by treating clubfoot and building local treatment capacity.

WHO WE SPOKE TO

We spoke to guardians of children treated by MiracleFeet's partners in three countries. We also gathered feedback from MiracleFeet's global network of healthcare providers who work for its partners.

GUIDING QUESTIONS: PATIENT SURVEY

1. Are children able to engage in activities that any able-bodied child can perform?
 2. How satisfied are guardians with the treatment their child received and with their child's current condition?
-

GUIDING QUESTIONS: PROVIDER SURVEY

1. Is MiracleFeet building its partners' and providers' capacity to treat clubfoot?
2. How satisfied are providers working with MiracleFeet and its partners?

PROJECT APPROACH

PROJECT DESIGN CHOICES TO GET THE MOST ROBUST DATA

COUNTRIES

We spoke to guardians of patients in India, the Philippines and Tanzania.

MiracleFeet has a long track record in these countries—this ensured an adequate sample size and allows us to understand the impact of the treatment over time.

SAMPLE SELECTION

We sampled patients diagnosed with idiopathic clubfoot who were first treated at least two years ago (October 2016 at the latest). Our sample selection intended to allow enough time for the full effects of the clubfoot treatment to be realized.

SURVEY DESIGN

The survey was developed by the Lean Data team, with input from the MiracleFeet team on the clinical assessment standards for clubfoot.

SURVEY IMPLEMENTATION

The patient/guardian survey was conducted by phone by local, independent researchers who were trained and supervised by the Lean Data team.

The phone surveys were completed from September to December 2018.

The provider survey was conducted by email from November 2018 to January 2019.

WHO MIRACLEFEET IS REACHING

SNAPSHOT OF WHO WE SPOKE TO

Stakeholder	# of guardians called	# of responses	Response rate
 India patients	354	135	38%
 Philippines patients	606	135	22%
 Tanzania patients	333	200	60%

Stakeholder	# of providers emailed	# of responses	Response rate
 Healthcare providers	156	69	44%

Typical patient characteristics



0- to 6-months-old
age when 72% of patients were **first treated**



3-years-old
avg. age when patients **stop wearing brace**



4-years-old
avg. **current age** of patients



Male
gender of 69% of patients



Both feet
were **affected** in 55% of patients

INSIGHTS THAT STOOD OUT TO US

LOOKING AT MIRACLEFEET IN THE CONTEXT OF THE LEAN DATA PORTFOLIO

1

The MiracleFeet approach is working

- 98% of guardians say their child's quality of life has improved due to the treatment they received because they are able to engage in activities, like walking, that any able-bodied child their age can perform. 94% of patients are always able to walk without difficulty or assistance.
- 86% of providers say the number of children they treat for clubfoot has increased, and 73% say the frequency of patients returning to the clinic has increased.

2

Consistency of MiracleFeet's performance

- MiracleFeet's positive results stand out relative to the 300+ Lean Data projects we have completed globally.
- Results are consistent across diverse geographies and partners. The three projects were conducted independently by local researchers in each country.
- Our emergent hypothesis is that the Ponseti method is inherently highly consistent in the impact it is able to generate—when implemented well.

3

High satisfaction and ease of engagement

- Both guardians and healthcare providers demonstrate high willingness to recommend MiracleFeet. Its NPS is higher than 80 among all stakeholders and outperforms the Lean Data benchmark of 42.
- Guardians and providers experience fewer challenges with MiracleFeet than respondents in other Lean Data projects: 14% of guardians and 26% of providers reported challenges, compared to the average of 33% of respondents in the Lean Data portfolio. MiracleFeet's services are easier to use and more accessible.

2 Core Lean Data Metrics

“He was born with twisted feet and at that time we were not sure if he would ever be able to walk. Now, after the treatment he received, he can walk with absolutely no difficulty. He has a normal life now - walks, runs, and regularly goes to school too. He doesn't even complain of pain.”

- Guardian of MiracleFeet patient in India

NET PROMOTER SCORE

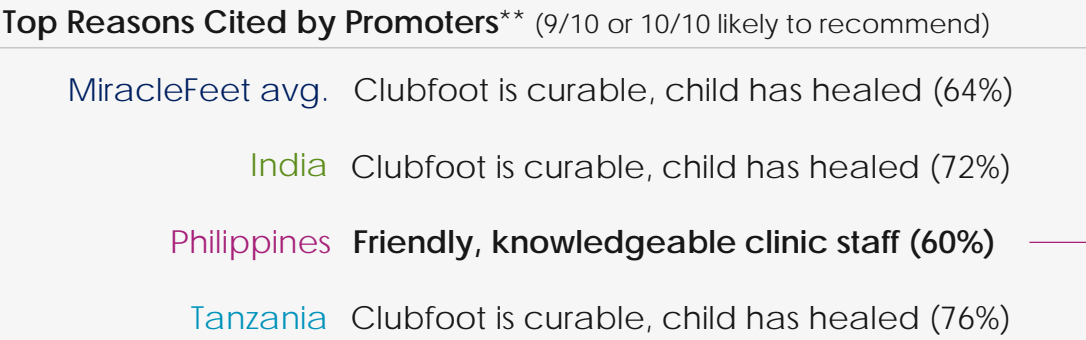
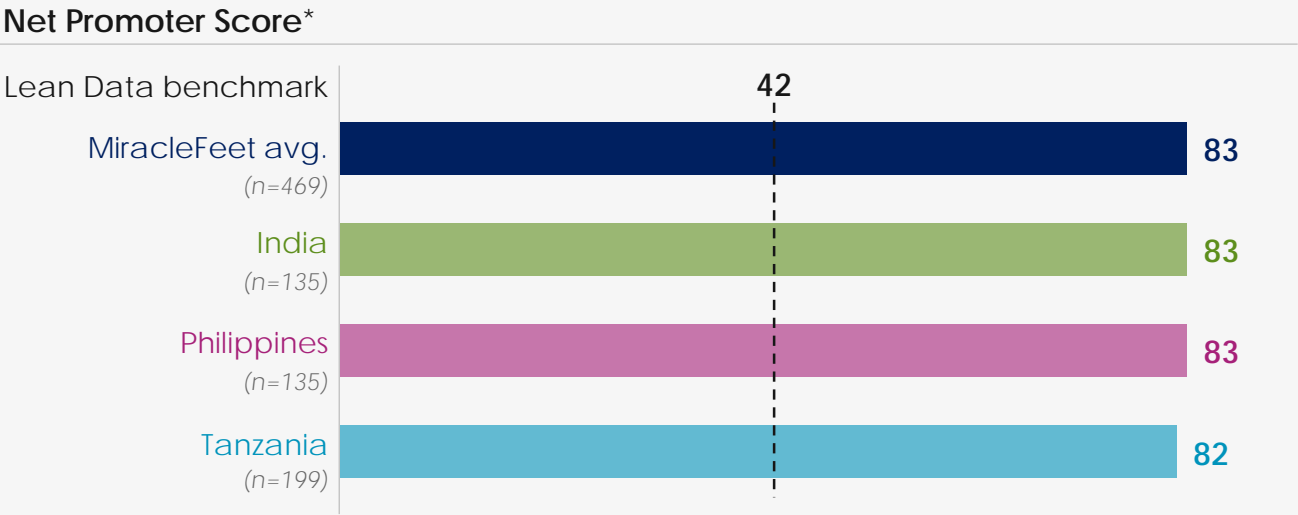
HIGH SATISFACTION & WILLINGNESS TO RECOMMEND ACROSS ALL COUNTRIES

The NPS is a gauge of customer loyalty.

It asks the question “On a scale of 0-10, how likely are you to recommend MiracleFeet and its partner to a friend or family?”

Scores above 50 are excellent, a negative score is considered poor. Apple, Amazon, and Netflix have net promoter scores of 66, 66 and 64 respectively.

The aggregate MiracleFeet NPS is 83, which is excellent and almost double the Lean Data portfolio average of 42.



Partner Clinic Spotlight

50%+ of respondents praised staff at Southern Philippines Medical Center, Philippine General Hospital and Philippine Orthopedic.

*Note: That the number of responses in India and the Philippines are both 135 is a coincidence, as are the similar NPS scores.
**Sample size for qualitative responses: MiracleFeet total n=399, India n=116, Philippines n=116, Tanzania n=167

IMPROVEMENTS IN QUALITY OF LIFE

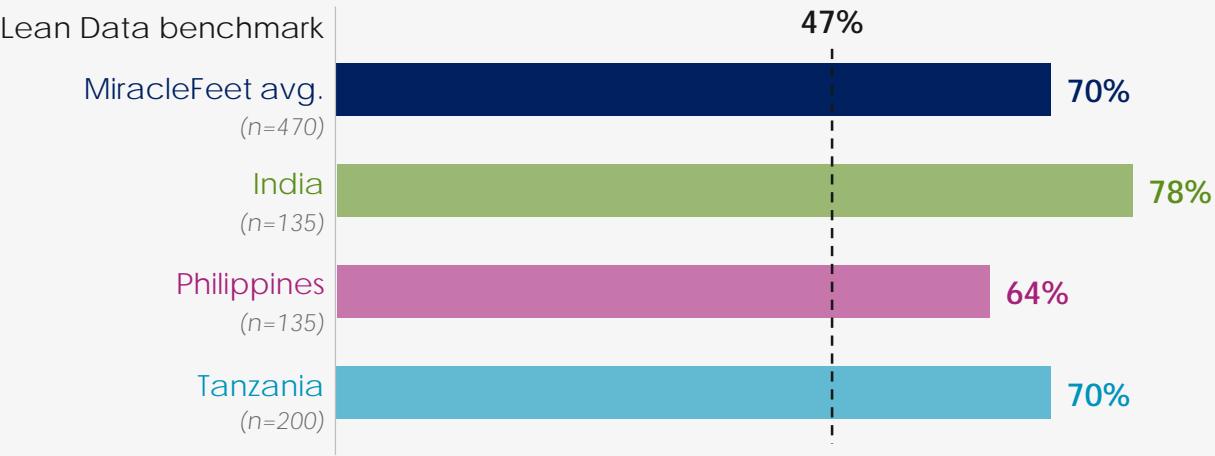
MOST REPORT SIGNIFICANT IMPROVEMENTS DUE TO CHILD’S ABILITY TO WALK

70% of guardians reported “very much improved” quality of life, demonstrating the depth of MiracleFeet’s impact.

Across all countries, MiracleFeet is outperforming the Lean Data “quality of life improvement” average.

MiracleFeet and its partners are therefore more deeply impacting its patients and parents compared to the average performance of the companies Lean Data has worked with.

Percent of respondents reporting “very much improved” quality of life for patients



Top improvements reported by guardians*

- MiracleFeet avg. Child can walk (55%)
- India Child is cured, clubfoot undetectable (49%)
- Philippines Child can walk (59%)
- Tanzania Child can walk (57%)

Impact Insight

More parents in India than Tanzania or the Philippines say their child appears and behaves like other children their age.

*Top themes from open-ended responses, qualitative coding of responses done by the Lean Data team. MiracleFeet avg. n=459, India n=132, Philippines n=131, Tanzania n=196

FIRST TIME ACCESS TO CLUBFOOT TREATMENT

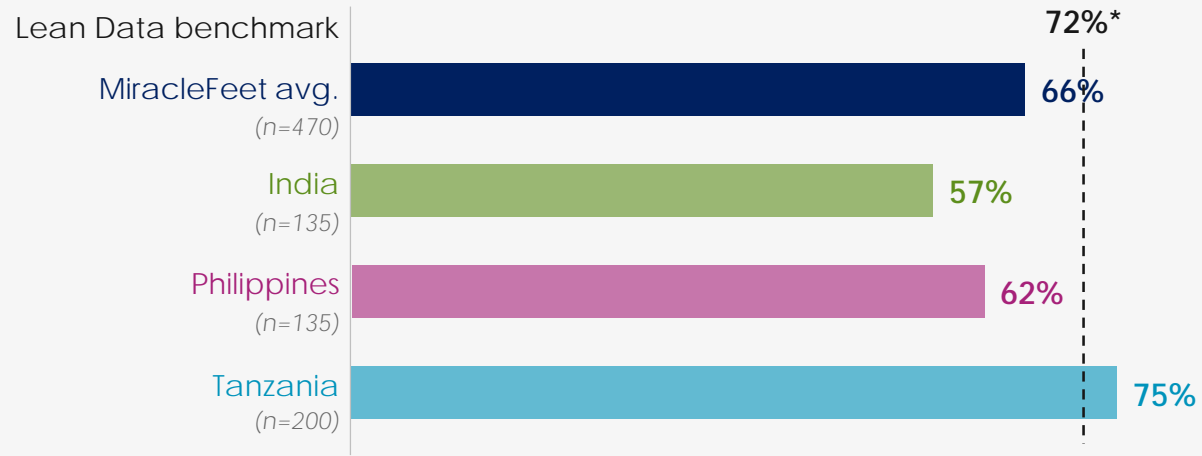
TANZANIA OUTPERFORMING BENCHMARK & FILLING A GAP IN THE MARKET

We asked guardians whether their child accessed clubfoot treatment for the first time from the clinic. This question highlights whether MiracleFeet and its partners are fulfilling an unmet need in the market.

On average, fewer MiracleFeet respondents are accessing the treatment or service for the first time in comparison to other organizations in the Lean Data portfolio.

Tanzania is reaching more patients for the first time—patients who otherwise may not have had access to treatment—than India or the Philippines.

Percent of respondents accessing clubfoot treatment for the first time



Question to Consider

More first-time patients in the Philippines attended the Philippine Orthopedic Center or Southern Philippines Medical Center. In Tanzania, more first-time patients went to Sekoutoure Hospital or Sengerema.

Why might these clinics be better positioned to provide access to clubfoot treatment for the first time?

Could it be due to their geographic location, year of opening, referral partnerships with other clinics, capacity to intake new patients, or something else?

CHALLENGES WITH TREATMENT

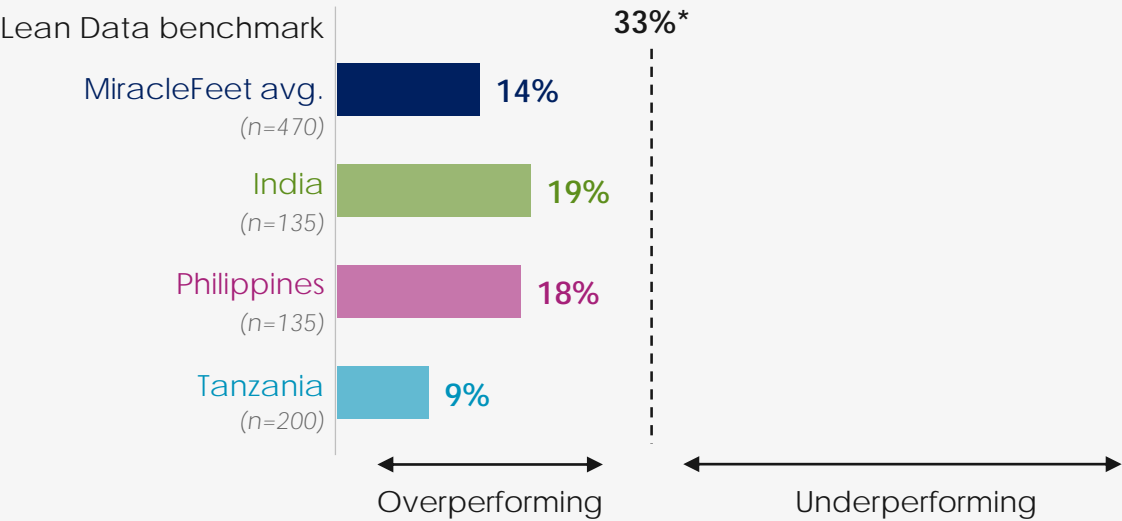
FEWER CHALLENGES REPORTED THAN OTHER LEAN DATA PROJECTS

Whether respondents have experienced challenges with an organization is a key indicator of their satisfaction with their experience.

Compared to the Lean Data portfolio benchmark, fewer respondents reported challenges with MiracleFeet and its partners.

MiracleFeet and its partners' services are easier to use or access in comparison to the products and services of other companies.

Percent of respondents reporting challenges with the treatment from MiracleFeet partner



Top Challenges Experienced

Issues with service from clinic staff was the top challenge reported in all 3 countries.	India	"Doctors should not be changed like this. Only the regular doctor knows the case history."
	Philippines	"You have to be very patient because of the long waiting time. There are so many people and patients."
	Philippines	"Sometimes the nurses serve a lot of people that we wait for a long period of time."

*Percent of respondents reporting challenges using a product or service.

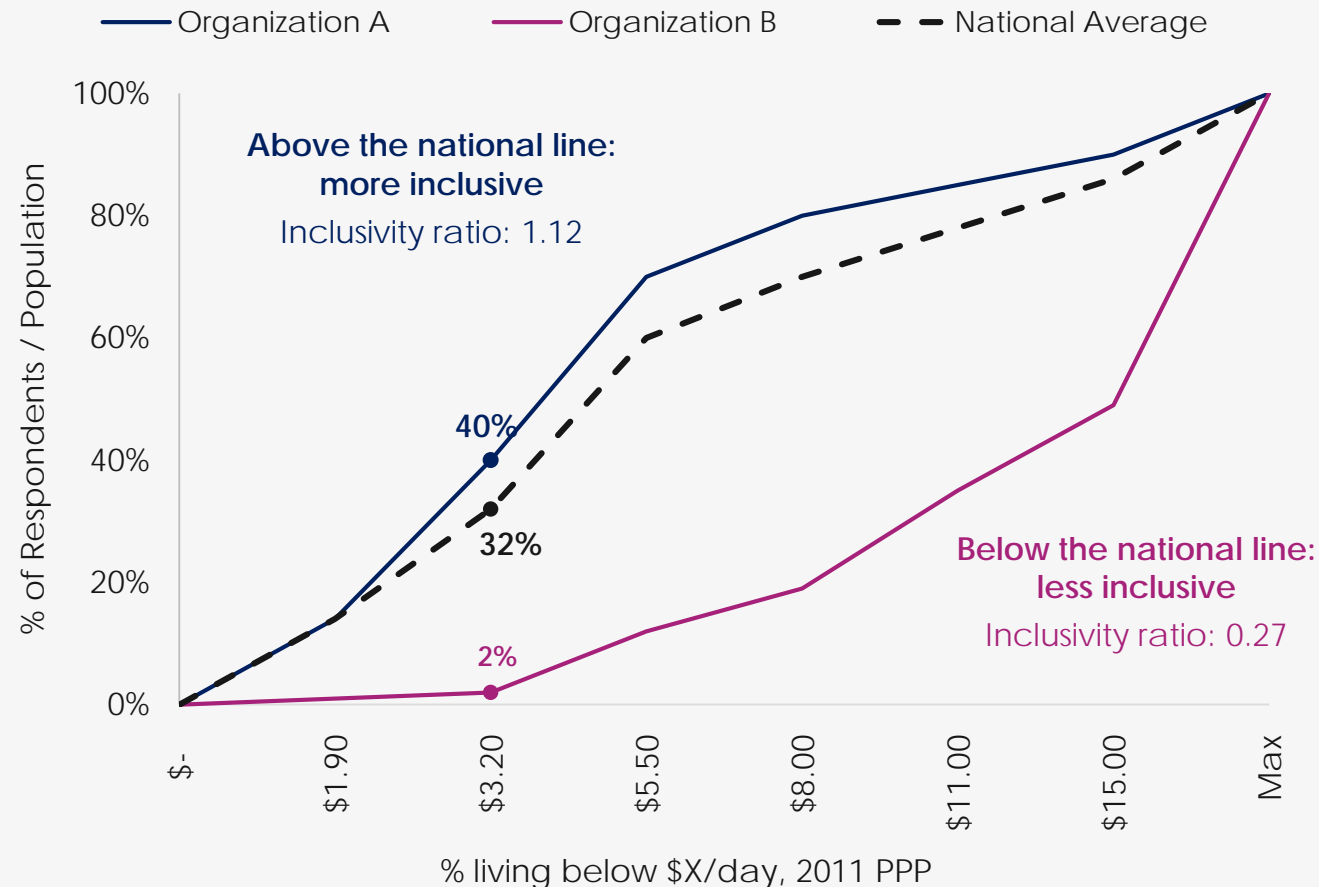
POVERTY FOCUS: INCLUSIVITY RATIOS

UNDERSTANDING & COMPARING POVERTY LEVELS OF PATIENTS

Using the Poverty Probability Index (PPI), we can understand who organizations are reaching and how that population compares to the national income distribution.

The inclusivity ratio is a calculation used by Lean Data to provide a comparison of inclusivity between organizations in different countries.

Inclusivity ratio = $\frac{\text{average (organization \% below income line)}}{\text{country \% below income line @ \$1.90, \$3.20, \$5.50, \$8.00, \$11.00, \$15.00, \$21.70}}.$ *



How to Read this PPI Chart

This chart shows PPI results for two organizations in the same country.

In this country, 32% of the population live below the World Bank poverty line of \$3.20 per person per day.**

By comparison, only 2% of the beneficiaries of Organization B live below the \$3.20/day poverty line, versus to 40% of beneficiaries of Organization A.

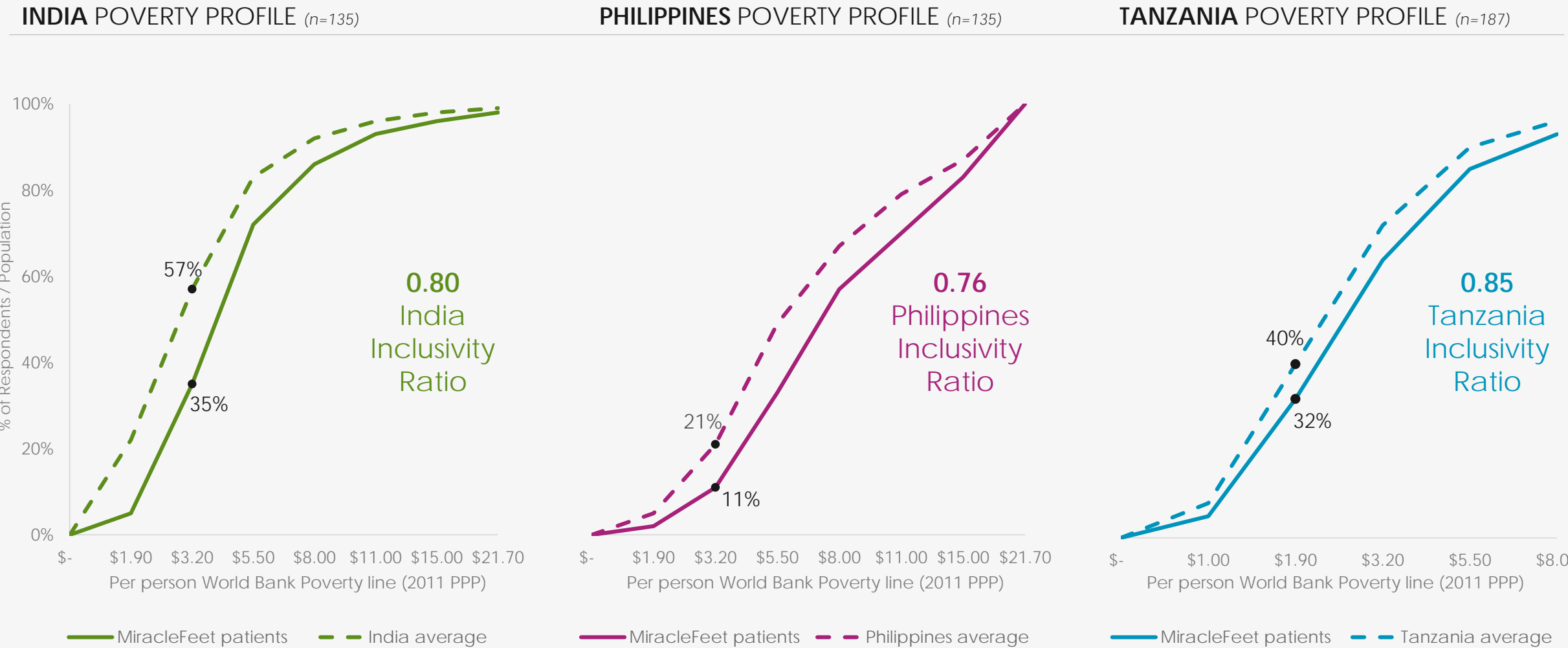
This chart shows that Organization A is serving a higher % of low-income customers as compared to the national average.

*The Lean Data team has worked with Innovations for Poverty Action (IPA) to refine their PPI approach to Lean Data projects.

**The World Bank defines \$3.20 per day as the poverty level for lower-middle-income countries, such as India and the Philippines. The poverty level for low-income countries, such as Tanzania, is \$1.90 per day.

INCLUSIVITY OF MIRACLEFEET & ITS PROGRAMS

PROGRAM IN TANZANIA IS MORE INCLUSIVE THAN INDIA & THE PHILIPPINES



3

Trends in Treatment Compliance & Patients' Current Condition

"Clubfoot is treatable. For example, my child is completely cured and if you look at her, she is just like other kids. I am advising parents having children with clubfoot not to hide their kids inside. Instead, take them to the hospital so they can be cured."

- Guardian of MiracleFeet patient in Tanzania

IMPACT OF AGE AT FIRST TREATMENT ON PATIENTS' CONDITION

CHILDREN TREATED AT AGE 1 OR YOUNGER MORE LIKELY TO BE COMPLETELY CURED

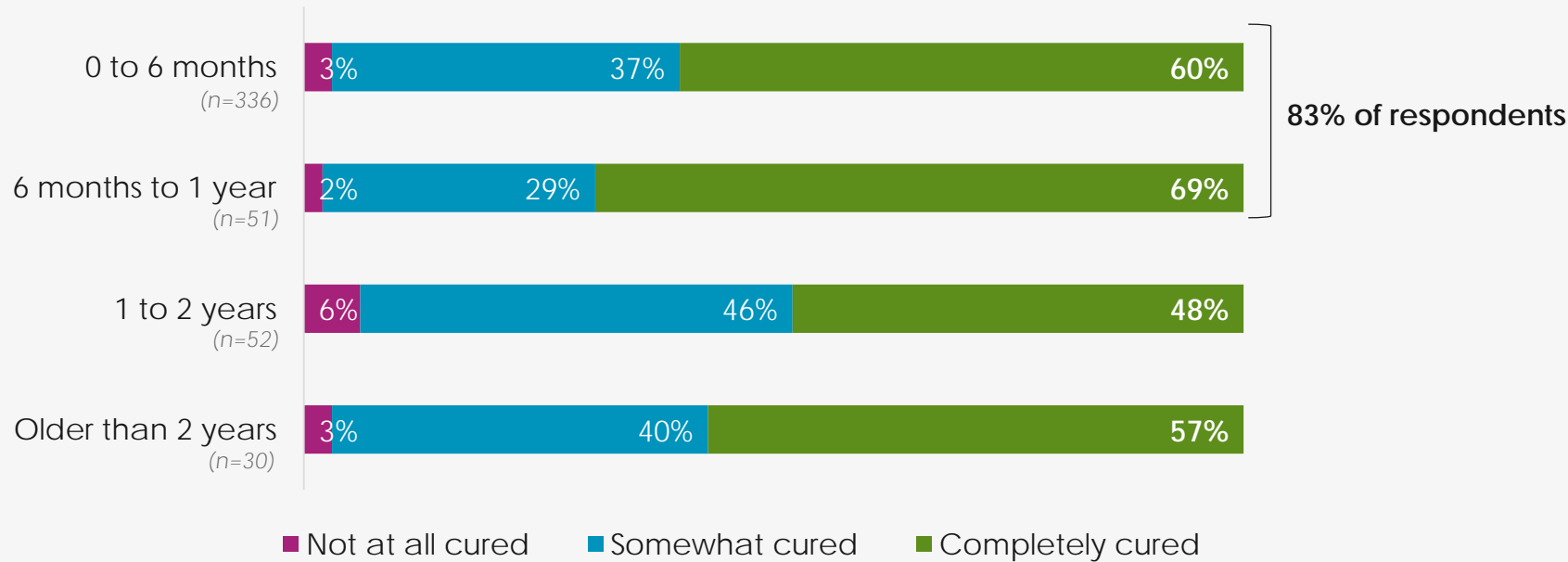
MiracleFeet and its partners aim to identify clubfoot cases early in children's lives and start treatment as soon as possible.

Children who had their first treatment when they were 1-year-old or younger were more likely to be described as "completely cured."

Children who started treatment at 1- to 2-years-old were least likely to be completely cured, with nearly half described as "somewhat cured."

MiracleFeet is reaching many children at the right time to increase the odds of successful treatment: 83% of the patients in the aggregate sample were first treated at 1 year or younger.

Age at first treatment & extent of cure



IMPACT OF BRACING ON PATIENTS' CONDITION

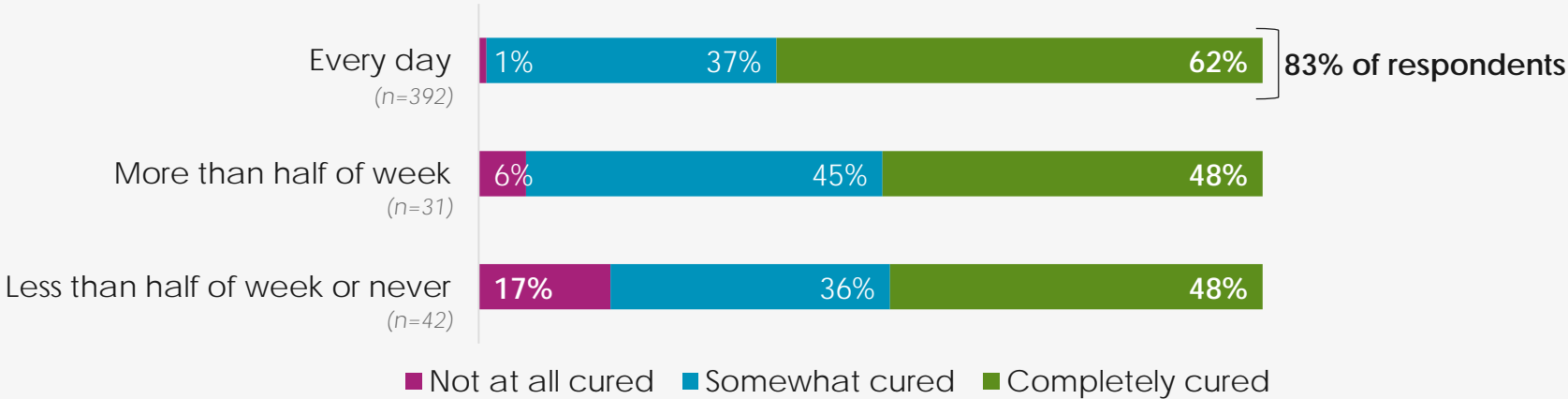
PATIENTS WHO WORE THE BRACE DAILY WERE MORE LIKELY TO BE COMPLETELY CURED

Wearing a brace daily is critical to successful clubfoot treatment.

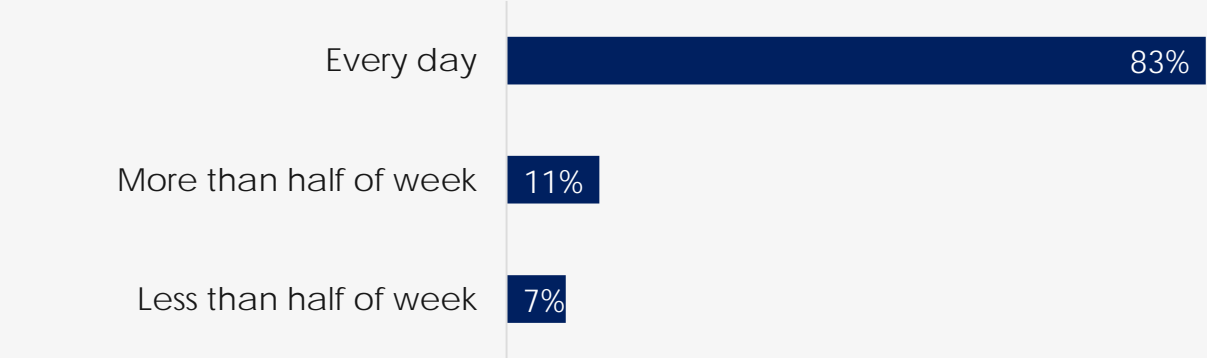
More children who wore the brace every day are completely cured than those that wore it less frequently or never.

Most patients who currently wear the brace are following the steps to properly heal, as 83% report that they wear the brace daily.

Frequency of wearing brace & extent of cure*



Frequency of wearing brace among patients who still wear the brace (n=215)



*Reported frequency and extent of cure from patients who do not currently wear a brace and those who do currently wear a brace.

BARRIERS TO COMPLYING WITH BRACING

PATIENTS WHO STOPPED WEARING BRACE OLDER THAN AGE 2 MORE LIKELY TO BE COMPLETELY CURED

Patients are advised to sleep in a brace for several years to reap the full benefits of treatment.

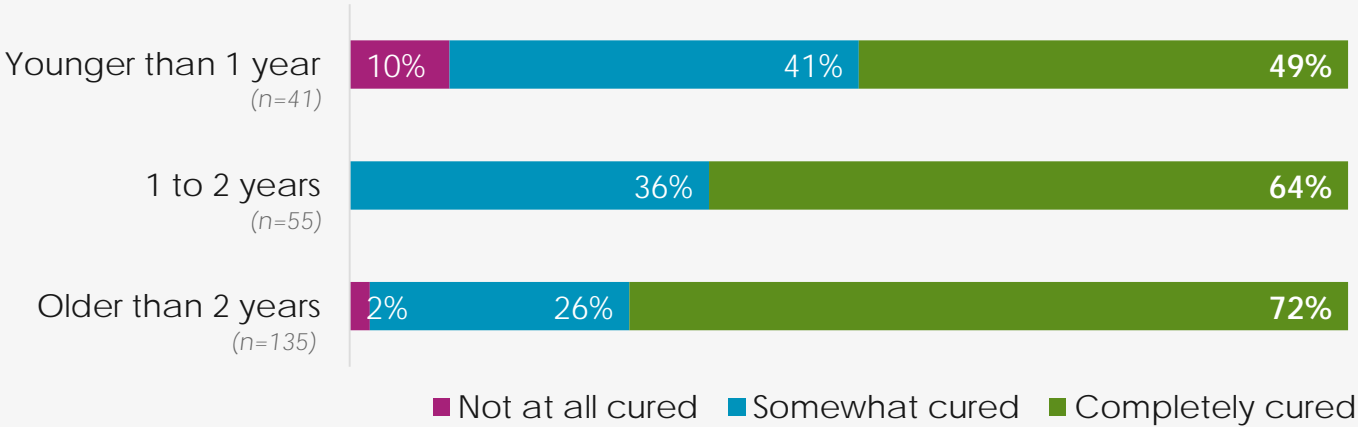
More children who wore the brace past their second birthday were completely cured than patients who stopped earlier.

Patients who stop using the brace before they turn 2 mention pain or outgrowing the brace as the main reason for stopping. Patients who wore the brace beyond age 2 were more likely to stop based on doctors' orders.

Providers can play a pivotal role in educating guardians and reinforcing the bracing milestone.

MiracleFeet and its partners can also help improve compliance by ensuring an adequate supply of braces in a range of sizes.

Age when child stopped wearing brace & extent of cure



Top reason child stopped wearing brace by age when child stopped

Younger than 1 year (n=41)	Braces were too small / caused pain (56%)
1 to 2 years (n=55)	Braces were too small / caused pain (51%)
Older than 2 years (n=134)	Healthcare provider said child could stop (57%)

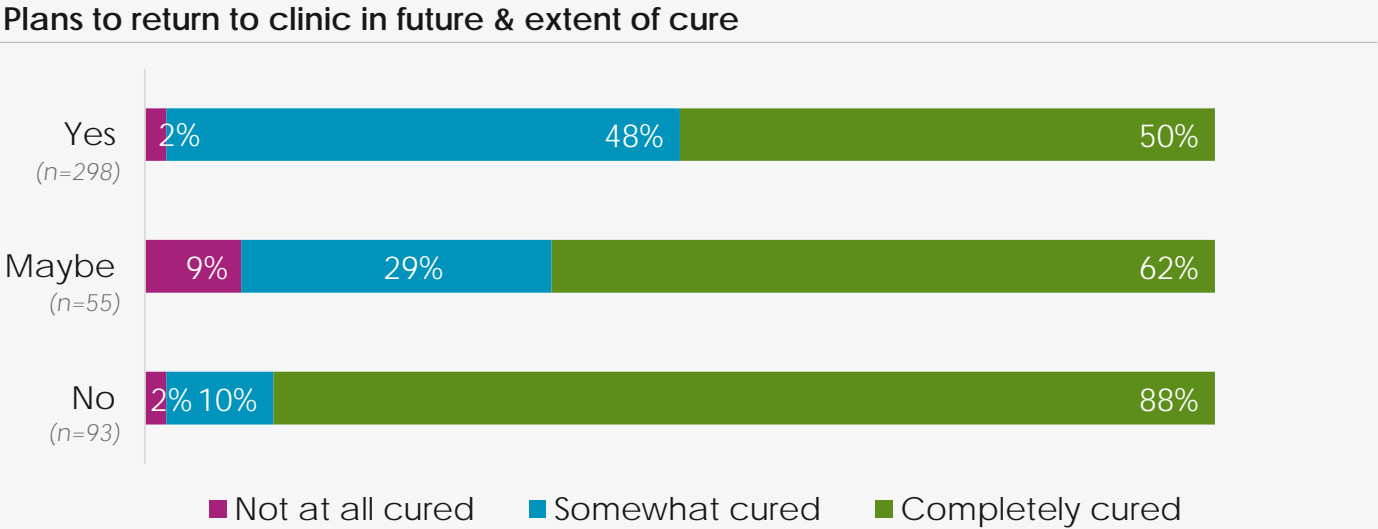
INFLUENCE OF PATIENTS' CURRENT CONDITION ON FUTURE CLINIC VISITS

MOST WHO DO NOT PLAN TO RETURN TO CLINIC ARE COMPLETELY CURED

Regular clinic visits are another key step in the treatment process.

A similar proportion of children who are somewhat cured and completely cured plan to return to the clinic.

Among the few patients who are not fully cured and do not plan to revisit to the clinic, lack of finances or difficulties traveling to the clinic are the primary barriers to returning.



QUESTION TO CONSIDER

More children in Tanzania who are completely cured do not plan to return to the clinic compared to those fully healed in India and the Philippines.

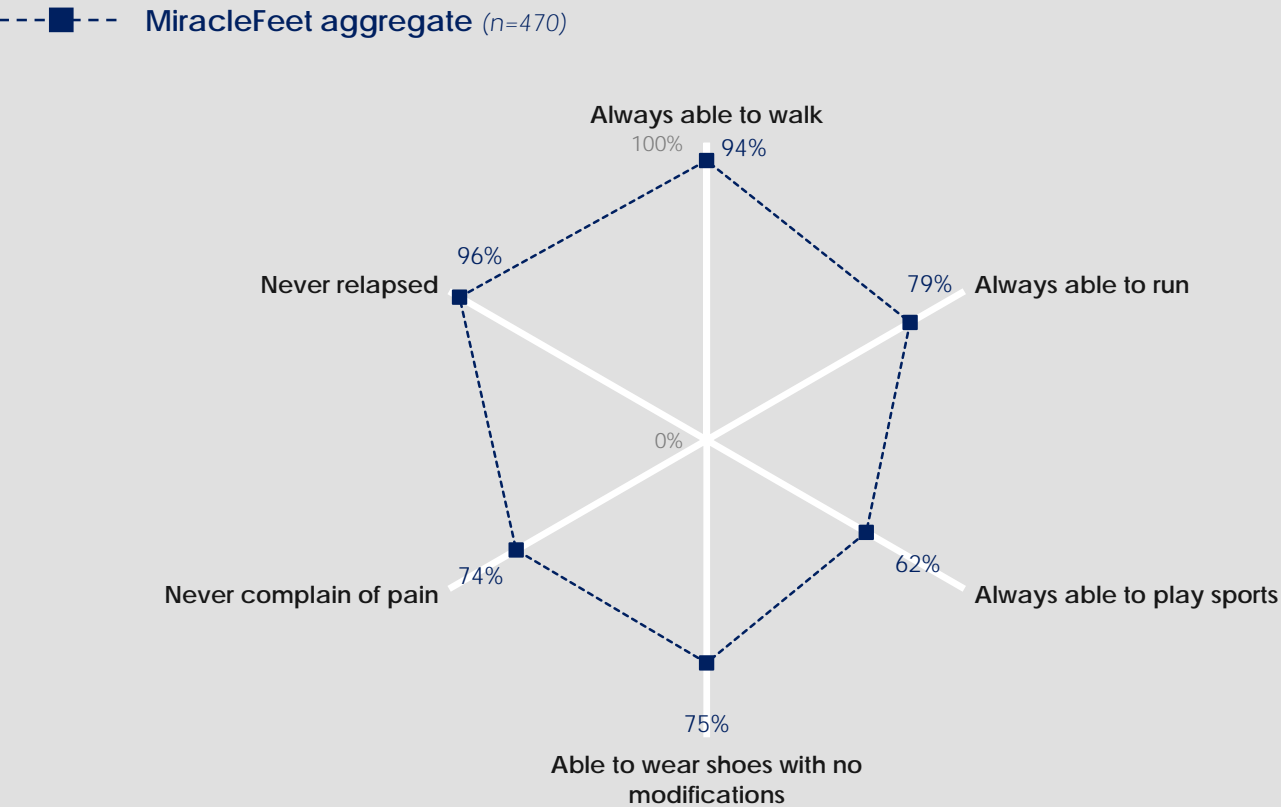
Guardians in Tanzania may not think it is necessary to return to the clinic if the child is fully healed, or guardians in the Philippines and India may be planning to return for non-clubfoot-related checkups.

Are there differences in the instructions from clinic staff across the three countries regarding the appropriate time to stop coming to the clinic?

PATIENTS' ABILITIES: MIRACLEFEET'S AGGREGATE PERFORMANCE

MORE THAN 90% OF PATIENTS CAN ALWAYS WALK & HAVE NOT RELAPSED

PATIENTS' ABILITY TO PERFORM ACTIVITIES



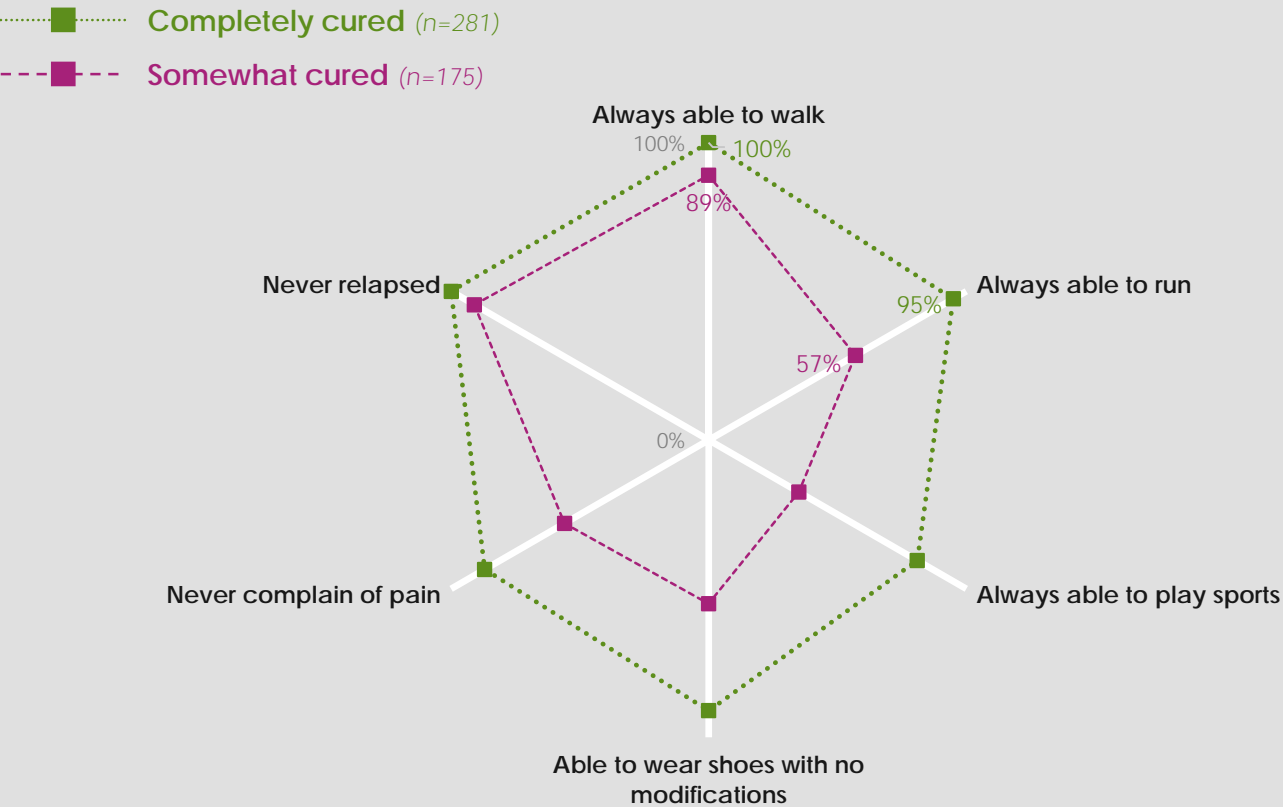
Key Metrics for Patients' Abilities

- Always able to walk**
% of guardians reporting child can always walk without difficulty or assistance
- Always able to run**
% of guardians reporting child can always run without difficulty or assistance
- Always able to play sports**
% of guardians reporting child can always play sports
- Able to wear shoes with no modifications**
% of guardians reporting child can wear shoes without any modifications
- Never complain of pain**
% of guardians reporting child never complains of pain in their feet or legs
- Never relapsed**
% of guardians reporting child's condition was never better than it is today since beginning treatment

PATIENTS' ABILITIES: SOMEWHAT VS. COMPLETELY CURED

SOMEWHAT CURED CHILDREN CAN OFTEN WALK BUT ARE LESS ABLE TO PERFORM OTHER ACTIVITIES

PATIENTS' ABILITY TO PERFORM ACTIVITIES BASED ON EXTENT OF CURE



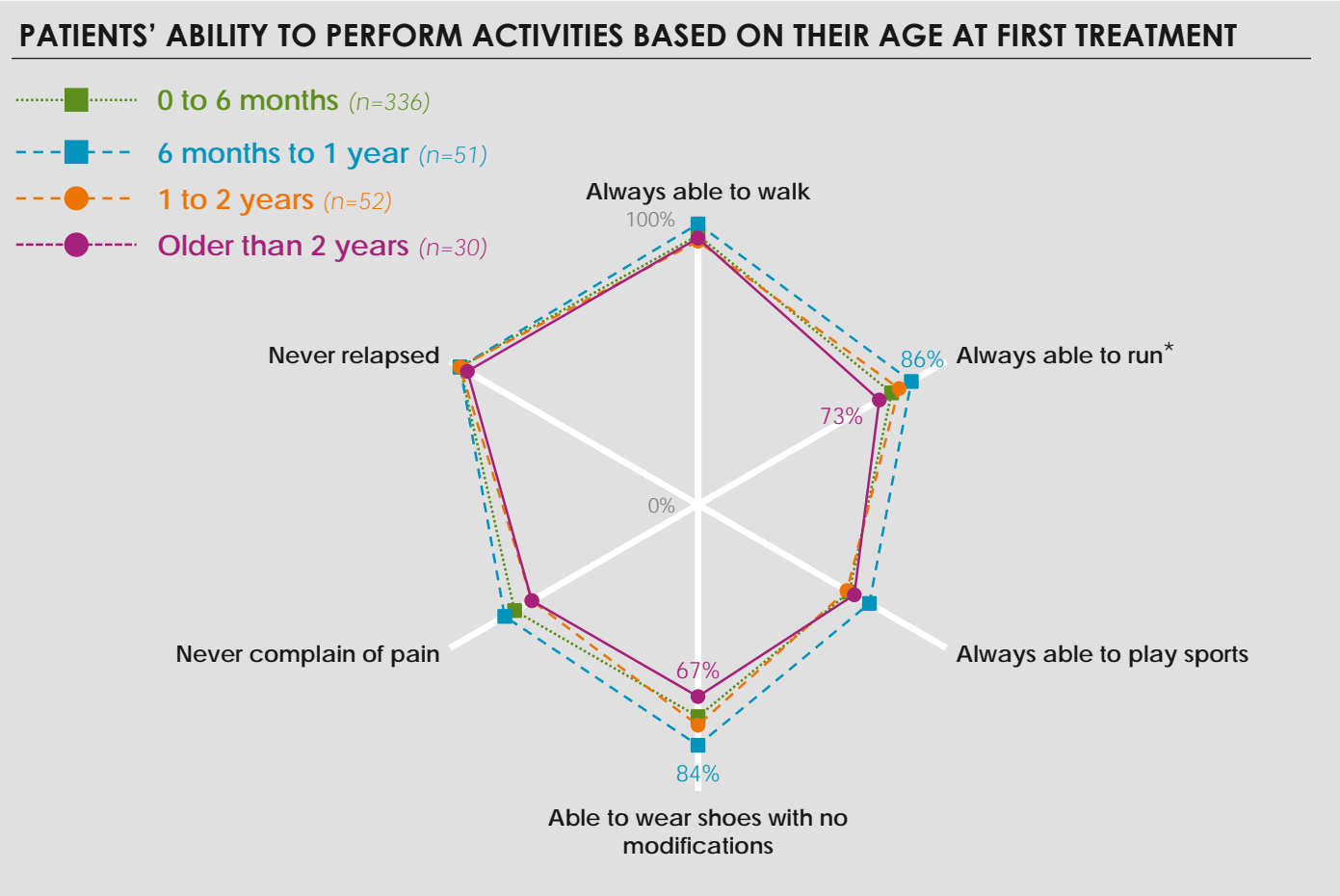
We compared the capabilities of children who are somewhat or completely cured from the perspective of their parents and guardians.

Children in both categories demonstrate high ability to walk and few relapses.

Other than walking, partially cured patients are less able to do most activities—most notably running—than completely cured patients.

PATIENTS' ABILITIES: AGE AT FIRST TREATMENT

CHILDREN TREATED AT 6 MONTHS TO 1 YEAR DEMONSTRATE GREATEST ABILITY TO ENGAGE IN ACTIVITIES



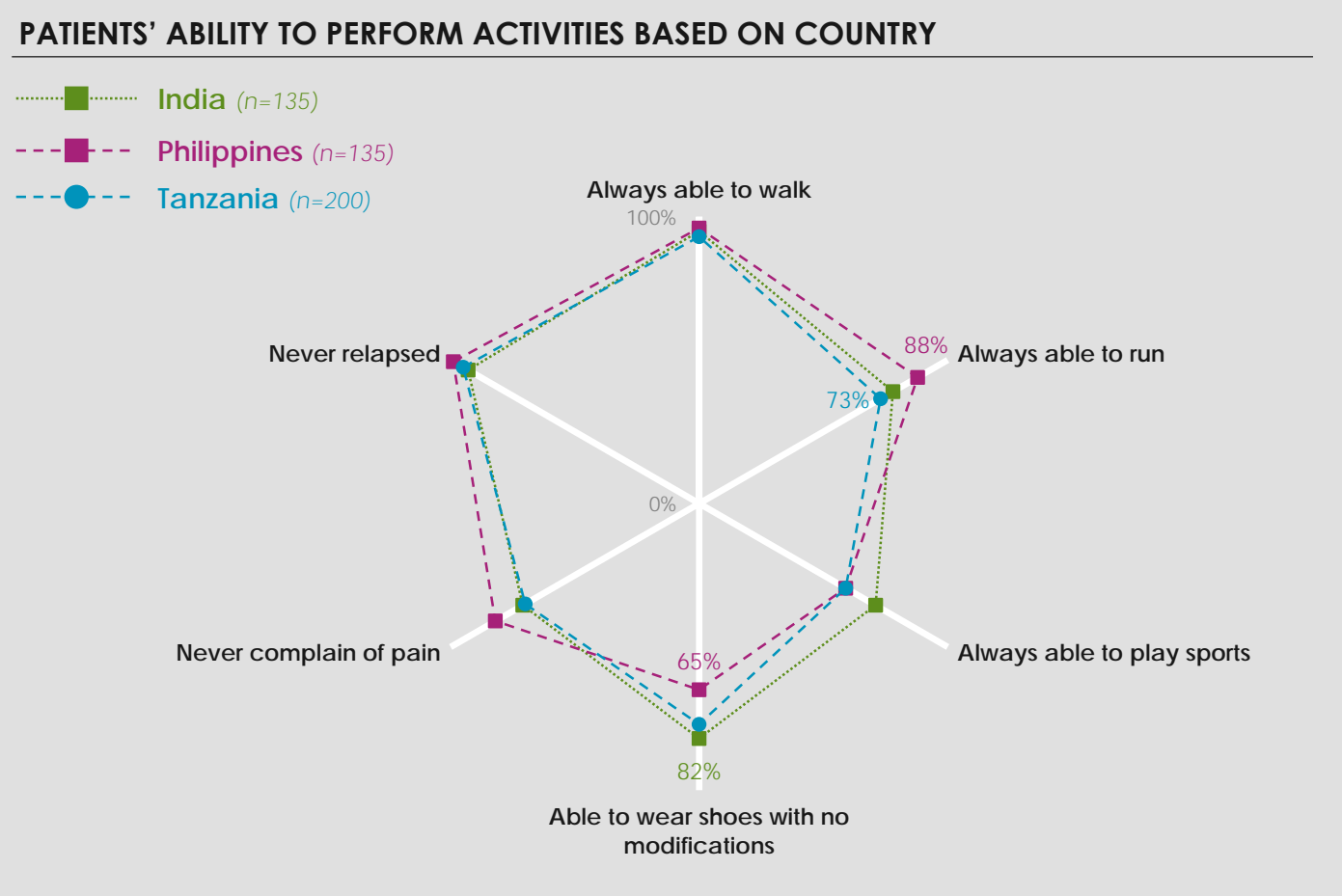
Patients who were treated when they were 6-months to 1-year-old outperform patients on all abilities.

Children who were first treated over the age of 2 are less able to run or wear shoes and are slightly more likely to relapse than children treated earlier on.

*Note: typically children under the age of three have varied ability to run, irrespective of the health of their feet.

PATIENTS' ABILITIES: COUNTRY

PATIENTS IN THE PHILIPPINES OUTPERFORM OTHER COUNTRIES IN 4 OF 6 ACTIVITIES



Children treated by MiracleFeet’s partners in the Philippines are more able to walk and run, experience less pain, and exhibit fewer relapses than children in India or Tanzania.

By comparison, children treated by MiracleFeet’s partner in India are more able to play sports and wear unmodified shoes.



Provider Deep Dive

“Now I can treat children properly by using Ponseti and the results are great.”

- Healthcare provider who works for a MiracleFeet partner

BUILDING LOCAL CLUBFOOT TREATMENT CAPACITY

MOST PROVIDERS REPORT IMPROVED ABILITY TO TREAT CLUBFOOT

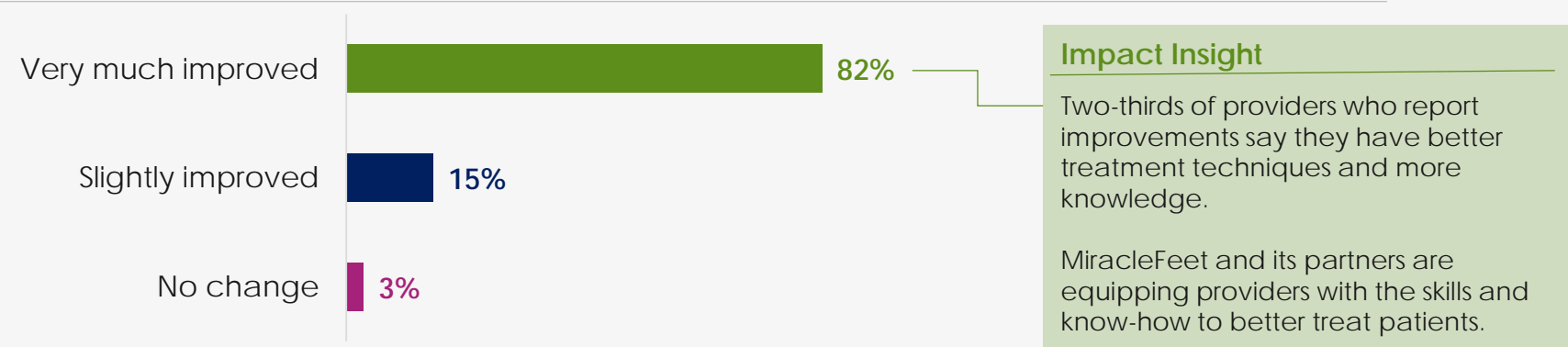
MiracleFeet aims to expand the capacity of its local partners and providers to treat children with clubfoot.

Since they began working with MiracleFeet, 82% of local providers say their ability to treat clubfoot has significantly improved.

Other changes since the MiracleFeet collaboration began include providers reaching more patients, particularly infants, and patients returning to the clinic more frequently.

MiracleFeet is improving the ability to providers to offer better care and reach more patients going forward.

Providers’ reported changes in ability to treat clubfoot since collaborating with MiracleFeet (n=65)



Changes providers have observed among patients since they began working with MiracleFeet



PROVIDERS' SATISFACTION WITH & LOYALTY TO MIRACLEFEET

PROVIDERS ARE SATISFIED & RECEIVING SUPPORT THEY WOULD NOT GET ELSEWHERE

While not as high as the aggregate patient NPS, MiracleFeet has an very good NPS of 54 among providers.

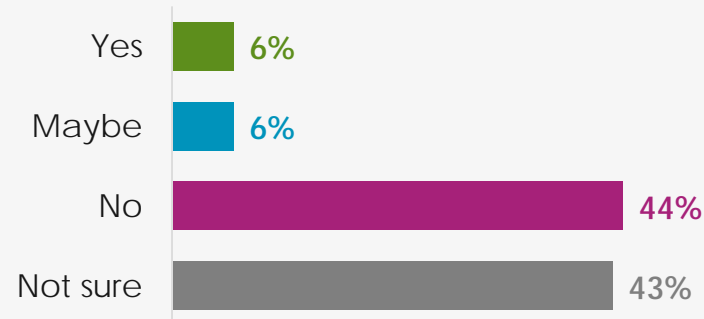
The top reason providers would recommend MiracleFeet is the availability of materials, training and support. Providers attribute these same resources to the sustainability of their partnership with MiracleFeet.

More than 80% of providers would not be able to replace the training from MiracleFeet. The resources and support provided by MiracleFeet are crucial to ensuring local capacity to treat clubfoot.

Net Promoter Score



Whether providers could find an alternative to training from MiracleFeet and its partners (n=63)



Impact Insight

68% of providers feel that their collaboration with MiracleFeet is very sustainable.

Most credit the sustainability to the continuous support that MiracleFeet provides through training and resources.

5

Case Studies & Actionable Insights

“There's no other hospital here that offers free treatment to clubfoot patients so I am very thankful to this hospital for their great services.”

- Guardian of MiracleFeet patient in the Philippines

INDIA CASE STUDY

MORE FIRST-TIME PATIENTS IN INDIA ARE 6-MONTHS-OLD OR YOUNGER

DATA COLLECTION RECAP

Sample size	135 guardians of patients
Project timing	Nov. to Dec. 2018

KEY PERFORMANCE INDICATORS

Quality of Life	78% “very much improved” quality of life
Net Promoter Score	83 (out of 100)
First Time Access	57% did not receive treatment prior to MiracleFeet’s partner
Challenges	19% reported challenges with treatment from MiracleFeet’s partner
Poverty Focus	0.80 inclusivity ratio

INDIA CLINIC REACHING MORE FIRST-TIME PATIENTS WHO ARE 6-MONTHS-OLD OR YOUNGER

Among the patients who were treated for clubfoot for the first time by MiracleFeet’s partner in India, 79% were 6-months-old or younger when they were first treated.

78% of first-time patients in Tanzania and 64% of patients in the Philippines were 6-months-old or younger.

MiracleFeet and its partner are successfully reaching patients soon after birth to begin treatment, helping increase children’s odds of becoming fully cured.

GUARDIANS IN INDIA REPORT HIGHEST SATISFACTION WITH CURRENT STATE OF CHILD’S FOOT

85% of guardians in India said they are “very satisfied” with their child’s foot.

Of the guardians reporting high satisfaction, 30% say their child is only partially cured.

This indicates that guardians are happy with their child’s condition even if the aesthetic appearance or functionality of their child’s foot may not be completely corrected.

IN GUARDIANS’ OWN WORDS

“I was extremely upset at the time of his birth. I was very scared for his future but the guidance I received from the hospital helped me understand the issues better and gave me power and hope.”

“Because my child has been cured I feel very happy. Whenever I would see normal children and him, I would weep but now my son is also like other children.”



PHILIPPINES CASE STUDY

FEWER CHALLENGES WITH BRACES IN PHILIPPINES MAY BE DUE TO USE OF MIRACLEFEET BRACE

DATA COLLECTION RECAP

Sample size 135 guardians of patients

Project timing Nov. to Dec. 2018

KEY PERFORMANCE INDICATORS

Quality of Life 64% “very much improved” quality of life

Net Promoter Score 83 (out of 100)

First Time Access 62% did not receive treatment prior to MiracleFeet’s partner

Challenges 18% reported challenges with treatment from MiracleFeet’s partner

Poverty Focus 0.76 inclusivity ratio

FEWER CHALLENGES REPORTED WITH BRACE IN PHILIPPINES, POTENTIALLY DUE TO MIRACLEFEET BRACE

Only 26% of guardians in the Philippines said they had challenges getting their child to wear the brace. This figure is twice as high in India, with 51% reporting challenges, and nearly three times as high in Tanzania, with 87% reporting challenges.

Most MiracleFeet-associated clinics in the Philippines began using MiracleFeet braces, rather than locally-made braces, around September 2015.

The more user-friendly MiracleFeet brace may help explain the fewer challenges reported.

MORE PATIENTS IN PHILIPPINES PLAN TO RETURN TO CLINIC REGARDLESS OF WHETHER THEY WEAR A BRACE

72% of all guardians we spoke to plan to bring their child back to the clinic in the future.

Over 90% of children who currently wear the brace and 57% of those who do not wear a brace plan to return to the clinic. Fewer than 20% of children who do not wear braces in India and Tanzania plan to revisit the clinic.

Guardians in the Philippines may feel a greater need for their child to have repeat check-ups, or may have established a long-term relationship with the clinic to have other medical visits.

IN GUARDIANS’ OWN WORDS

“We couldn’t afford to support his operation and the brace without [MiracleFeet’s] support. As well as to the hospital and to the doctors, I am forever thankful for their help.”

“The doctors are very approachable and nice, they are specialized in ortho so I am very confident and satisfied with all the treatments.”



TANZANIA CASE STUDY

CLINICS IN TANZANIA ARE MORE INCLUSIVE & REACHING UNDERSERVED PATIENTS

DATA COLLECTION RECAP

Sample size	200 guardians of patients
Project timing	Sept. to Nov. 2018

KEY PERFORMANCE INDICATORS

Quality of Life	70% “very much improved” quality of life
Net Promoter Score	82 (out of 100)
First Time Access	75% did not receive treatment prior to MiracleFeet’s partners
Challenges	9% reported challenges with treatment from MiracleFeet’s partner
Poverty Focus	0.85 inclusivity ratio

TANZANIAN CLINICS REACHING PATIENTS WHO MIGHT OTHERWISE NOT RECEIVE TREATMENT

The majority of patients in Tanzania accessed treatment for the first time at MiracleFeet’s partner clinics.

75% of patients had not received any clubfoot treatment until they went to MiracleFeet’s partners. Among those treated for the first time by the partners, 78% were 6-months-old or younger when they were first treated.

This means MiracleFeet’s partners are successfully reaching patients soon after birth who might otherwise not get treated.

GUARDIANS RELY ON CLINIC STAFF’S ADVICE

Guardians in Tanzania reported relying more on doctors’ instructions than did guardians in India and the Philippines.

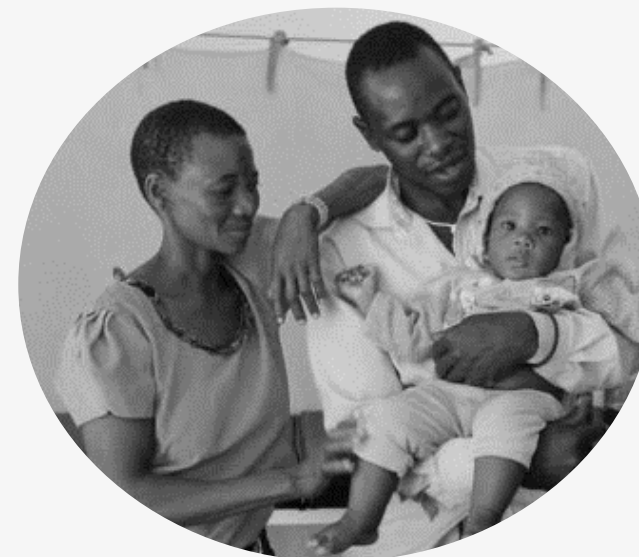
63% of patients in Tanzania stopped wearing a brace after they were advised to discontinue by their doctor. By comparison, 38% of guardians in India and only 13% of guardians in Tanzania said they stopped on doctors’ orders.

More guardians in Tanzania also said the clinic staff advised them to attend all their clinic visits and found this guidance helpful.

IN GUARDIANS’ OWN WORDS

“He is completely cured, when you see him you can not differentiate him with other children. He walks properly and plays with other children as well.”

“I have convinced like two people who kept their children inside thinking they are cripples but after seeing my child’s development they have also take their children to the hospital.”



TOP ACTIONABLE INSIGHTS: PATIENTS & GUARDIANS

IMPROVED SERVICE FROM CLINIC STAFF IS TOP REQUEST FROM GUARDIANS

1

Overall: training & resources to improve service

- More than half of the 68 guardians who reported challenges with the clinics cited issues with the staff's customer service, long wait times, or frequent changes in their attending physician.
- Training providers in bedside manner best practices and greater operational support could improve patients' and guardians' experiences with MiracleFeet-affiliated hospitals.

2

India: provide a travel stipend or establish partnerships with local clinics

- 64% of guardians in India said bringing their child to the clinic is inconvenient, primarily due crowded trains or buses, lack of available transport and long distances from home.
- Partnerships with more local clinics or offering a travel stipend will help patients access medical practitioners more easily, and potentially reduce drop-off.

3

Philippines: increase space in clinic waiting area

- Nearly half of the 39 guardians in the Philippines who had suggestions for improvement advocated for expanded waiting areas or more seats to make the facilities more comfortable.
- The minority of guardians in the Philippines who would not be likely to recommend MiracleFeet's partners mentioned crowded clinics and long wait times.

4

Tanzania: hire more staff to reduce wait times

- Few guardians in Tanzania shared suggestions for improvement, but among those who did, the top suggestion was increasing the number of clinic staff, primarily to reduce wait time.
- Similarly, few guardians reported challenges with clinics. Delays in service from the doctor or clinic staff was the top challenge.

TOP ACTIONABLE INSIGHTS: PROVIDERS

INCREASED TRAINING, AWARENESS CAMPAIGNS & ACCESS TO SUPPLIES

1

Providers are eager for more training

- 40% of providers want more frequent trainings for newcomers and refresher courses for experienced practitioners so that they can continue to improve their treatment practices.
- More trainings could increase provider satisfaction. The minority of providers who would not be likely to recommend MiracleFeet and its partners cited lack of regular trainings.

2

Awareness campaigns are needed to educate guardians

- 57% of providers we heard from estimate that less than three-quarters of their patients finish the full clubfoot treatment process. Guardians' lack of knowledge on clubfoot was considered one of the main barriers to completion.
- Caregivers' lack of adherence to or awareness of the treatment stages was a top challenge reported among providers, which could be addressed through more education.

3

Better access to equipment would improve on-time treatment

- While few providers reported challenges, out-of-stock equipment or delays in receiving supplies was the number one challenge that they faced.
- Providers' suggestions for improvements included supplying more materials to treat children of various ages.

QUESTIONS?

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LEAN  DATA

