



2018 IMPACT REPORT



VISION

A world in which all children born with clubfoot receive treatment, enabling them to live fully productive, active, and healthy lives.



MISSION

To increase access to proper treatment for children born with clubfoot through partnerships with local healthcare providers.



APPROACH

MiracleFeet provides organizational, technical, and financial support to local partners to create and expand national programs in low- and middle-income countries. The average cost to deliver life-transforming treatment is \$250 per child.

TABLE OF CONTENTS

Overview	4–5
Innovation	6–7
Program Updates & Patient Stories	8–11 & 14–15
Global Impact	12–13
Monitoring & Evaluation Systems	16
Making Miracles with Nicholas Kristof	17
Philanthropy Insights.....	18
Supporter, Donor, & Marketing Highlights	19
Thank You	20–21
Financial Summary	22
Board & Staff	23
You Can Help a Child.....	24



MESSAGE FROM THE LEADERSHIP

Dear Donors, Partners, & Friends,

We had another tremendous year of growth and impact thanks to your support. At MiracleFeet, we constantly challenge ourselves to ask if we are getting it right. Often, we turn to spreadsheets and quarterly reports to answer that question. But the answer can also come when we observe all the elements of a program working together on our routine clinic visits. We thought you would enjoy hearing about one of those moments through the story of Henroy.

On a trip to Liberia last year, our team stopped in a village in Grand Bassa County located several hours down a dirt road from the nearest town. We were visiting a family whose daughter had been successfully treated. While there, we learned of a 9-year-old boy with untreated clubfoot, who lived with his single mother and eight siblings nearby in the forest. Dr. Augustine Chiewolo, our Liberian partner, immediately dispatched someone familiar with the terrain to find the boy.

As we were about to leave, Henroy arrived on the back of a motorcycle. He staggered towards us on his twisted feet, head hanging to avoid the stares and giggles from the crowd which had gathered. It was painful to watch, knowing we had subjected him to this humiliation—but it was even more painful to realize that this child had suffered unnecessarily for nine years simply because his family did not know that clubfoot was treatable.

Augustine's team swung into action. They explained in the local dialect that the condition was treatable, collected the necessary information, and promised to return. A week later they brought Henroy to one of the eight



BEFORE: The day we met Henroy, he staggered towards us on twisted feet, head hanging as other children stared and laughed.



DURING: At age 9, Henroy received the same treatment in Liberia through our local partner that he would have received at birth in the US.



AFTER: Henroy now has the opportunity to attend school. He enjoys soccer and can walk over the log bridge separating his home from the rest of the village to play with other children.

clinics we support in Liberia. Over the next three months he received the very same treatment—casts, a tenotomy, and bracing—that he would have received in the US.

The Liberian team continues to monitor Henroy's progress. He is doing well, attending school and playing soccer. His mother reports he is playing with other children for the first time, because he can now walk across the log over the river that separates his home from the rest of the village.

Setting Henroy's feet straight is relatively simple, yet many elements must come together: trained health-care providers, medical supplies, data

collection, systems to identify and refer clubfoot cases to clinics, and follow-up with families to ensure children complete treatment. This process requires careful execution, coordination, and monitoring—coupled with tools, training, and strong relationships. The country of Liberia faces many challenges, and yet through attention to detail, innovation, and perseverance we have enabled our local partner to build a program that systematically provides children born with clubfoot the quality treatment they need.

We replicate this around the world. Last year, thanks to your support, over 5,200 new children were enrolled in treatment in 22 countries.

Thank you for your role in giving future generations of Henroys the chance to walk with their heads held high.

Chesca Colloredo-Mansfeld
Executive Director & Co-Founder

Mark Pavao
Board Chair

A WORLDWIDE ISSUE

Untreated clubfoot is one of the leading causes of disability in much of the world.

A COMMON PROBLEM

- Clubfoot is a congenital birth defect that causes one or both feet to turn inward and upward.
- In high-income countries, clubfoot is often diagnosed via ultrasound and is routinely treated shortly after birth.
- 90% of children born with clubfoot are born in low- and middle-income countries where access to proper treatment is extremely limited.

1 in 800

children is born
with clubfoot



175K

new cases of
clubfoot each year

FREQUENT BARRIERS TO TREATMENT

- **Lack of awareness** that clubfoot can be treated
- **Scarcity** of trained healthcare providers
- **Limited access** to clinics
- **Poor patient follow-up** during treatment
- **High costs** of transportation
- **Limited availability** of braces
- **Poverty** and lack of education



RESULTS OF NEGLECTED CLUBFOOT

- **Pain** and limited mobility
- **Stigma**, isolation, and neglect
- **Higher rates** of physical and sexual abuse
- **Illiteracy** due to inability to attend school
- **Mothers blamed** for the birth defect
- **Economic burden** on family and community
- **Elevated chance** of lifelong poverty



A SIMPLE SOLUTION



THE PONSETI METHOD

- 1** Gentle manipulation and weekly casts for 3–8 weeks when treated at birth.
- 2** An outpatient procedure (tenotomy) is performed to release the Achilles tendon.
- 3** Use of a foot abduction brace while sleeping for 4–5 years to maintain correction.

PROVEN TREATMENT

- When done properly, treatment is effective in 95% of cases.
- The Ponseti Method is non-surgical, safe, and well-suited to low-resource settings.
- This approach is increasingly found to be effective in older children and even adults.
- This treatment is affordable: just \$250 provides full treatment for one child.



30K

CHILDREN IN TREATMENT

Over 30,000 children enrolled in treatment in 27 countries to date.

Treatment is provided free or at minimal cost in all MiracleFeet-supported clinics.

INNOVATION TO SUPPORT GLOBAL SCALING



Technology is playing an increasingly important role in scaling our programs to end untreated clubfoot globally. MiracleFeet's innovations in clubfoot care started with the development of the MiracleFeet brace and continue to expand as we enhance patient support and improve treatment quality.



DATA MANAGEMENT APP (CAST)

Collecting accurate data is essential to ensuring quality and measuring impact as we scale. Efficient data collection is difficult in low-resource settings, where bandwidth is limited. CAST is a phone-based app leveraging 3G networks that is designed for streamlined data collection at the time of treatment. The system also allows for SMS communication with patient families, such as appointment reminders and encouraging messages. After piloting the system in India, Madagascar, and Congo-Brazzaville, the final version of the app was rolled out in March 2018 in Liberia and is now used in seven countries. Full rollout will be complete by April 2019.

We have already seen an improvement in the accuracy and timeliness of data collection. The system is built on Dimagi's CommCare platform, which assures compliance with data privacy and encryption standards. The app is integrated with Salesforce and Tableau, enabling MiracleFeet to produce a dashboard for every clinic that is shared quarterly with clinic staff. This feedback loop plays a critical role in ensuring that quality is maintained as we expand the number of clinics we support.



TRAINING TOOL (SILICON FOOT MODEL)

Treating clubfoot involves a great deal of tactile training—from taking a Pirani score to manipulating the foot and learning to apply casts. A team of MIT students, led by Jason Troutner who was born with clubfoot, is developing a silicone foot model with 3D-printed bones to help improve provider training.

Sustainable Solutions



Local healthcare systems provide clinic space and provider salaries at **75% OF ALL SUPPORTED CLINICS** worldwide.



The Ponseti method is integrated into **TRAINING CURRICULUMS** of health care providers in **ALL** East African countries in which MiracleFeet has clinics.



MiracleFeet has led these initiatives in close consultation with other clubfoot organizations, and the products and solutions will be made available to any interested program. Eventually, we may be able to generate a small revenue stream by making the tools available in developed countries or private hospitals.

We hope they will be broadly adopted to improve outcomes for children everywhere!



BRACE SENSORS

The low-cost MiracleFeet brace is now used in 21 countries. In an effort to document performance, we partnered with Wadia Children's Hospital in Mumbai and the India Institute of Technology-Bombay (IITB) to conduct a study using sensors. We observed that sensors could serve a number of critical functions, including giving clinic staff an accurate picture of brace adherence, thereby supporting better compliance. If this data could be transmitted remotely and integrated into CAST, clinicians could track brace usage between clinic visits, enabling more targeted interventions before a relapse occurs. Brace adherence is one the most challenging aspects of clubfoot treatment. IITB and Wadia continue to work on developing a low-cost, sensor-enabled "SMART brace."



ELEARNING PLATFORM (m-ACT)

One of the hurdles to scaling clubfoot treatment is a lack of trained providers. Great progress has been made in developing a standard curriculum known as ACT for low-income countries, thanks to work by the University of Oxford, Cure, and Global Clubfoot Initiative (GCI). MiracleFeet, in partnership with Boston Children's Hospital's OPENPediatrics platform and GCI, is developing an online version of this training (m-ACT) so providers can master critical material prior to attending in-person training. The online training will also give providers a reference guide to use once they return to their clinics. m-ACT, scheduled for piloting and rollout in early 2019, should improve training outcomes, enable greater training capacity, and keep costs low.

Cost Reduction Efforts from Around the Globe



The government/Ministry of Health pays for treatment supplies in **70% OF CLINICS** in Latin America.



Early detection and referral programs are **FUNDED BY THE GOVERNMENT** in Liberia, Republic of the Congo, and Paraguay.

DAVID [CAMBODIA]



BEFORE



AFTER

Neighbors thought David's clubfoot was caused by something bad his parents did in the past, but luckily an aunt helped him find treatment. He had his first cast when he was 1 week old!

David's mom said, "I knew my child would walk like other children." Now David is almost 5 and loves to ride his bike with friends.



ASIA PROGRAM UPDATES 2018

BANGLADESH: MiracleFeet funded the treatment of 200 children by Walk for Life, a long-established and comprehensive clubfoot program in Bangladesh. We also funded a pilot project to follow up with 300 children and families who had dropped out of treatment. Re-enrolling these children will help us gain insights on how to prevent future dropouts. Walk for Life is well known as one of the largest clubfoot programs in the world, and we are honored to partner with them to share best practices and collaborate further in the future.

CAMBODIA: MiracleFeet began supporting Cambodian partner NextSteps' clubfoot program in October 2017 to help them expand. Spurred on by NextSteps' dedicated Executive Director and Medical Advisor, we ended the year celebrating treatment of twice the number of children as planned. We look forward to expanding coverage to additional clinics and working with NextSteps on sustainability initiatives next year.

INDIA: This was a year of transition for MiracleFeet in India as we made the difficult decision to end our long-standing partnership with CURE International India Trust (CIIT) and establish our own program on the subcontinent. As a result, MiracleFeet did not support the treatment of any children in India last year. During that time, however, we worked to position MiracleFeet to manage programs directly. We signed a new agreement between MiracleFeet India and the Uttar Pradesh National Health Mission to manage eight clubfoot clinics in India's most populous state beginning in July 2018. Multiple other state agreements are under negotiation. MiracleFeet India has its own Board of Directors who are focused on raising all funds needed for India in India to reach 70% of all children born with clubfoot in the country within five years.

INDONESIA: MiracleFeet has been interested in starting a program in Indonesia for some time but has had trouble identifying a strong local partner based in Jakarta. Thanks to a new partnership with Stepping Stones Bali, this year we were fortunate to be able to establish a foothold in this populous country. There is a high rate of non-treatment as well as surgery, so there is plenty of work to be done to ensure access to the Ponseti Method. We hope to expand from this small program in Bali to the rest of Indonesia, which is in great need of a national clubfoot initiative.

MYANMAR: In our second year of a partnership with Walk for Life—Myanmar, we saw over 300 children receive treatment at supported clinics in Yangon Children's Hospital and Madalay Orthopedic Hospital. This was well above our initial goal of 200 children. After hosting Ponseti method training at three new clinics in Mawlamyine, Myitkyina, and Sittwe, MiracleFeet and Walk for Life are poised to expand services to more of the country.

NEPAL: An impressive 458 children received clubfoot treatment this year at the four clinics of the Hospital & Rehabilitation Centre for Disabled Children (HRDC). The dedicated and passionate HRDC team is highly focused on ensuring adherence to treatment, which is especially difficult in Nepal, due to the mountainous terrain. Awareness campaigns will be the focus in the coming year, as we try to reach more families in remote areas of the country.

PHILIPPINES: The program in the Philippines enrolled 416 children this year, bringing the total number of children helped through the Philippine Band of Mercy (PBM) partnership to over 1,500 children since 2014. Nearly 3,000 children are born with clubfoot each year in this country. PBM was an early and



enthusiastic adopter of the MiracleFeet brace, which has been in use here for two years. Feedback from parents and providers remains very positive.

SRI LANKA: This year we saw impressive growth in the programs in Sri Lanka, thanks to our partner, Humanity & Inclusion (formerly Handicap International). A total of 349 new children received treatment, greatly outpacing our initial goal of 170 children. Other treatment indicators also surpassed our expectations, including a great improvement in the percentage of patients beginning treatment before 12 months old. We will work to expand coverage beyond the city of Colombo next year by adding a clinic and focusing on outreach activities and transportation subsidies.

VIETNAM: MiracleFeet currently supports 25% of partner Mobility Outreach International (MOI)'s clubfoot program in Vietnam, which is run in close partnership with the Vietnam government. Two clinics located in Ho Chi Minh and Hanoi treated 162 children through MiracleFeet's sponsorship this year. Due to government restrictions, data collection remains difficult, making it hard to monitor quality. MOI is working on this issue.

JULDO [MADAGASCAR]



BEFORE

Juldo lived with untreated clubfoot for 10 years and used to hide in his house to avoid the shame and teasing about his feet. When his family learned that treatment was available, his whole life changed.

He never missed a single appointment and today his feet look completely different. Instead of hiding in the house, he plays soccer and rides his bike.



AFRICA PROGRAM UPDATES 2018

REPUBLIC OF THE CONGO:

Partner Association pour le Développement de la Réadaptation et du Bien Etre (ADRBE) began receiving MiracleFeet's support for three clinics this year and exceeded patient goals by enrolling 143 children in treatment in the first year. With three training courses delivered to physicians and clinic workers, this country became one of the first programs to embrace and adopt the CAST app for clubfoot data collection. Several government representatives attended ADRBE's World Clubfoot Day celebration, and the team worked hard to promote awareness and advocacy through community-based organizations and media opportunities.

LIBERIA & GUINEA: MiracleFeet's continued success with partner Faith Clinical Orthopedic Rehabilitation Center (FACORC) in Liberia led to an expansion of services to children in Guinea this year. Additionally, we expanded clubfoot treatment services to two new counties in Liberia, bringing our total patients treated to 354 in Liberia and 31 in Guinea in the past 12 months. The Liberia Clubfoot Program continues to lead successful efforts to find children in need of treatment by conducting awareness campaigns, home visits, and identification trainings. Several healthcare workers were trained to use the CAST mobile data collection app as they move toward their goal of ending clubfoot disability in Liberia.

MADAGASCAR: Supporting five clinics across four regions of Madagascar, MiracleFeet's partner Fondation Telma enrolled 175 patients in treatment this year. It was an impressive year for outreach and training, with radio ads, brochures, posters, and booklets distributed to parents and over 40 clinic and healthcare workers trained in early detection. The MiracleFeet brace is also widely used in Madagascar, where parents prefer its user-friendly design. Thanks to close collaboration with the Ministry of Public Health, the program continues to expand, with a plan to have a national coverage in the coming years.



SENEGAL: In our first year of partnering with German relief organization DAHW in Senegal, the program got off to a great start by focusing on training, implementing the CAST data collection app, and establishing collaborative relationships with regional government officials. Increased efforts on awareness-building strategies and outreach led to 29 patients enrolling in treatment within four months with MiracleFeet's support. We are looking forward to a lasting, healthy partnership as we work to expand coverage in the coming years.

TANZANIA: At 28 clinics, Tanzania represents our largest program to date. In partnership with Tanzania Clubfoot Care Organization (TCCO), MiracleFeet supported the treatment of 1,171 children this past year. This success was due to solid identification, referral, outreach, and awareness activities that included 86 radio advertisements and a rousing World Clubfoot Day celebration. The TCCO team is making great strides with the Ministry of Health to develop a strategic plan for treating clubfoot that can be integrated into the country's disability platform. Tanzania also hosted a successful Africa Clubfoot Training "Train the Trainer" event attended by 65 clubfoot treatment providers and advocates from 14 countries around the world.

UGANDA: The Ponseti method is already recognized as the gold standard for clubfoot treatment in Uganda, thanks to early work by Dr. Shafique Pirani and Dr. Norgrove Penny. MiracleFeet began working with partner CoRSU Hospital (Comprehensive Rehabilitation Services Uganda) in four clinics in 2017. Passionate healthcare workers with strong relationships with the Ministry of Health worked to raise awareness about clubfoot treatment, provide supplies, conduct training and mentoring programs, and prioritize home visits and follow-up. In just five months, the team exceeded their targets, enrolling 375 patients in treatment.

ZIMBABWE: MiracleFeet has partnered with the Zimbabwe Sustainable Clubfoot Programme (ZSCP) since 2012 to add new clinics to a growing network of hospitals that provide Ponseti treatment. This year, 337 children enrolled in treatment at MiracleFeet-supported clinics, bringing the all-time total to almost 2,000. A workshop focused on defining a treatment pathway for older children with neglected clubfoot was well-attended by both surgeons and physiotherapists and helped to educate a broader network of healthcare workers on the effectiveness of the Ponseti method.

This year MiracleFeet partnered with 157 clinics in



NICARAGUA

Clinics: 3
FY2018 Patients Enrolled: 101
Total Patients Enrolled: 763

GUATEMALA

Clinics: 6
FY2018 Patients Enrolled: 110
Total Patients Enrolled: 133



ECUADOR

Clinics: 3
FY2018 Patients Enrolled: 68
Total Patients Enrolled: 354



BOLIVIA

Clinics: 4
FY2018 Patients Enrolled: 69
Total Patients Enrolled: 135

PARAGUAY

Clinics: 4
FY2018 Patients Enrolled: 123
Total Patients Enrolled: 386



BRAZIL

Clinics: 1
FY2018 Patients Enrolled: 40
Total Patients Enrolled: 570

GUINEA:

Clinics: 1
FY2018 Patients Enrolled: 31
Total Patients Enrolled: 31

REPUBLIC OF THE CONGO

Clinics: 3
FY2018 Patients Enrolled: 1
Total Patients Enrolled: 143



LIBERIA

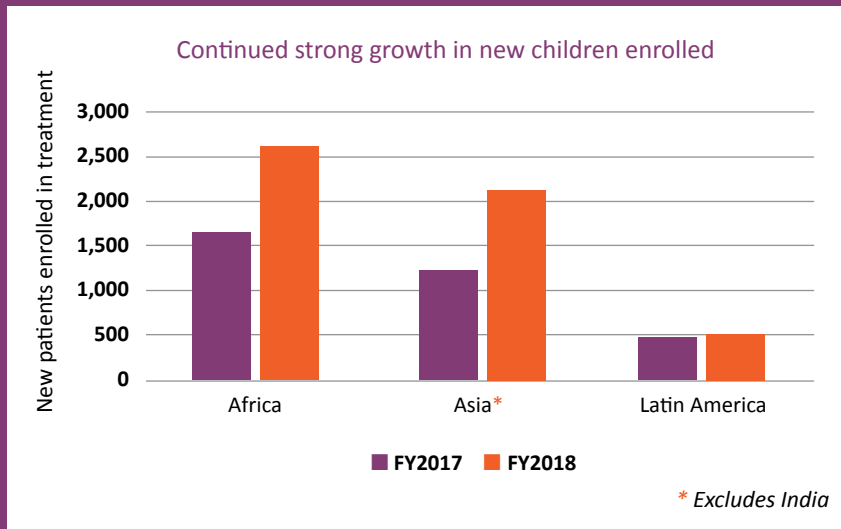
Clinics: 8
FY2018 Patients Enrolled: 354
Total Patients Enrolled: 1,523

UGANDA

Clinics: 1
FY2018 Patients Enrolled: 1
Total Patients Enrolled: 1

Note: In FY2018, MiracleFeet terminated our partnership with CURE International India Trust, causing us to fall short of our goal of treating 10,200 children this year. With India excluded, we enrolled over 5,200 children in treatment, exceeding our adjusted goal of 5,000.

22 different countries to treat over 5,200 children.



ASHLEY [NICARAGUA]



BEFORE

When Ashley was born with clubfoot, people told her mother to give up hope that she would walk. Fortunately, her grandmother worked at a hospital where there was a MiracleFeet-sponsored clinic, and she started treatment at 3 months old.

Now she is 5 years old and in kindergarten. She loves to play with friends and wants to be a ballerina one day.



LATIN AMERICA PROGRAM UPDATES 2018

BOLIVIA: This year marked our first partnership to broaden clubfoot treatment in Bolivia with partner Humanity and Inclusion (formerly Handicap International). Over 12 months, 69 children were treated at four clinics across the country. The strong relationships HI and MiracleFeet have with local and national government officials are establishing a strong base for long-term sustainability. Our focus in the upcoming year will be building monitoring and evaluation systems and improving treatment quality with additional trained professionals through a new partnership with a local organization, Ayninakuna.



BRAZIL: MiracleFeet continues to fund treatment of patients through partner University of São Paulo Institute of Orthopedics and Traumatology (IOT). This strong and established program is known for high-quality treatment and passionate providers. MiracleFeet's support funded the treatment of 40 patients in 2017. MiracleFeet is working on strategies to increase coverage with additional clinics in Brazil next year.

ECUADOR: MiracleFeet's partner Fundación Hermano Miguel reached an exciting milestone this year, open-



ing a new clinic at the largest pediatric hospital in the country. As children born with clubfoot continue to benefit from our partner's strong experience and connections, we are working to expand our reach and coverage to more regions of the country. In total, 68 children enrolled in treatment in our three supported clinics this year.

GUATEMALA: Our six supported clinics across Guatemala made great strides in 2017 with partner Asociación de Padres y Amigos de Personas con Discapacidad de Santiago Atitlán (ADISA). Notably, the Ministry of Health began providing casting supplies to some of the larger clinics, representing an important milestone in our goal of creating sustainable programs within existing health systems. Several less populated regions benefitted from increased outreach and follow-up efforts, leading to 110 children enrolled in treatment.

NICARAGUA: Increasing violent political unrest in Nicaragua created new challenges and hindered outreach activities this fiscal year. Clinics remain open,

but unsafe streets and a government-imposed curfew means more families are unable to find the time and resources to bring their children to the clinics. Although less than anticipated, over 100 children still received treatment in three MiracleFeet-supported clinics in Managua, Leon, and Bluefields. The team will be focused on identifying and treating children with relapsed clubfoot once the situation improves.

PARAGUAY: Now in our third year of partnership with Fundación Solidaridad, 123 patients enrolled in treatment with MiracleFeet's support this year. The team focused on developing relationships with the Ministry of Health and enhancing advocacy and awareness activities. A Train the Trainer course will be conducted next year to help address the shortage of providers in rural areas, which will also reduce travel time for budget-constrained families. The local providers are enthusiastic and committed, and Paraguay is enrolling a high percentage of all children born with clubfoot in this small country.





Monitoring & Evaluation Systems—A Key to Quality Treatment and Sustainability



MONITORING AND EVALUATION (M&E): We work closely with each of our partners to help their clinics reach very high standards, which we believe are attainable even in low-resource settings. This takes time, and we do not expect every clinic to reach these goals immediately.

We believe we are setting the gold standard for reporting on meaningful treatment and program metrics. The results below are a snapshot of performance against globally agreed-upon treatment standards. Although some clinics are underperforming, especially with tenotomies and treatment compliance, we are proud that many are already reaching our ambitious targets. We are even more proud that we can now provide detailed feedback every quarter to MiracleFeet-supported clinics, helping them to focus their efforts to ensure better outcomes for all children.

OUR FIVE KEY PERFORMANCE INDICATORS

 What We Measure	 Indicator	 Target	 % of Clinics Achieving Target in FY2018
Effectiveness of early detection and referral systems	Age of first clinic visit	75%+ of patients start treatment before their first birthday	59%
Provider skill level, effectiveness of training, and adherence to Ponseti method standards	Average number of casts per child	Eight or fewer casts per child, on average, to complete treatment	78%
	Tenotomy rate	80%+ of children receive tenotomies	30%
Effectiveness of outreach and follow-up efforts	Casting phase dropouts	90%+ of patients completing casting	34%
	Bracing phase dropouts	80%+ of children complete 2 years of bracing	61%

CHALLENGES

TENOTOMY RATES: We believe that actual tenotomy rates are higher than reported. Part of the issue is tenotomies are often performed outside the clinic by surgeons who are not involved in casting. We continue to investigate the causes carefully and place emphasis on the importance of tenotomies in training and mentorship.

CASTING PHASE DROPOUTS: Despite the travel and financial challenges faced by many families in low-income settings, we have set this target at an ambitious level. 70% of our clinics are already achieving an 80% completion rate and are quite close to the target. We hope the rollout of CAST (see p. 6), which generates automatic lists of children who have missed an appointment, will enable clinics to recover children who drop out more effectively.

Making Miracles with Nicholas Kristof



AT THE END OF FY2017, MiracleFeet staff hosted Pulitzer Prize-winning journalist Nicholas Kristof of *The New York Times* as he visited MiracleFeet's Liberian program, FACORC. He watched children being treated by Liberian providers and met with families to understand the impact of treatment. Miracles, a baby treated at birth by MiracleFeet's Liberian partner, lives with her mother and grandmother, both of whom were also born with clubfoot. Miracles' story became the basis for a gripping editorial, "In a Remote Village, Witnessing Miracles."

Kristof recognizes that reducing poverty in low-income countries is extremely complex and challenging. But treating clubfoot is simple—and has an enormous and immediate impact on the quality of life of children who otherwise face a dismal future. This was made clear as Miracles' mother and grandmother described a life of suffering and deep poverty while sitting in a straw-roofed hut. Thanks to treatment, Miracles' life will include an education and a much brighter future.

As we were about to leave a small village near Buchanan, Liberia, we met Henroy, a 9-year-old boy from a neighboring village whose untreated clubfoot prevented him from going to school and socializing with other children. We are excited to report that Henroy was treated at a FACORC clinic in Monrovia, and MiracleFeet staff were on-hand to witness him registering for and walking into school for the first time. (See page 3.)

After MiracleFeet was named as a recommended nonprofit in Kristof's annual holiday giving guide, 1,300 readers donated over \$350,000 together. His original article inspired a donor in India, also born with clubfoot, to make an \$800K pledge to support treatment of children in India over the next five years.

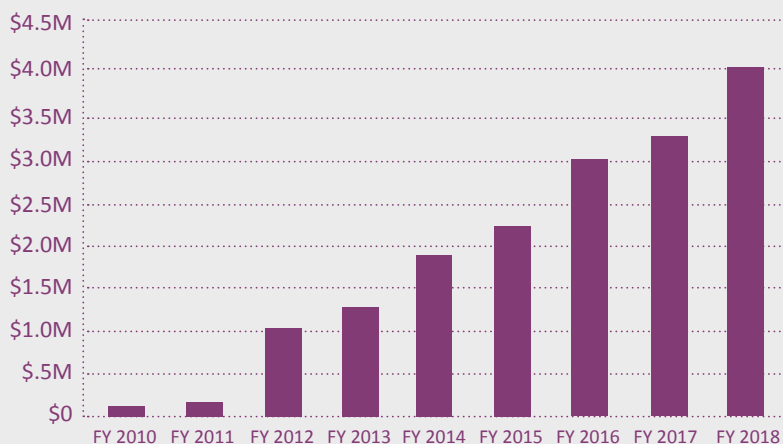
Today, Miracles is healthy and proud to show off her two straight feet.



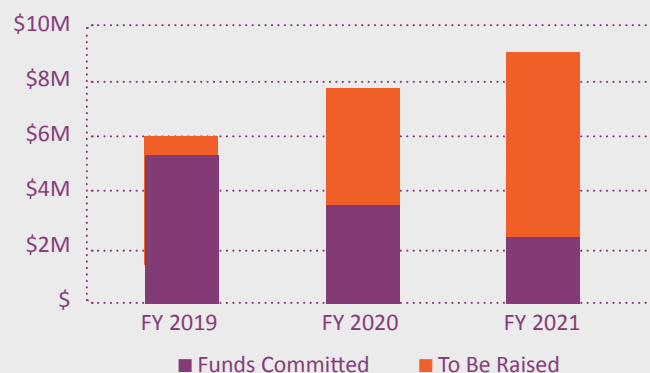
WE ARE INCREDIBLY GRATEFUL to Nicholas Kristof and *The New York Times* for their commitment to shining a spotlight on clubfoot and MiracleFeet's work. Together, we are giving children the treatment they need to live active lives.

FUNDING NEW FUTURES PHILANTHROPY INSIGHTS

Total Funds Raised, FY 2010–2018



Fundraising Goals, FY 2019–2021



WE ARE DRIVEN BY the simple but powerful belief that every child deserves the chance to run, walk, and play. Every dollar raised brings us closer to our goal of ending clubfoot disability worldwide in the next 15 years.

We are very grateful that many generous donors share our vision and helped make FY2018 our most successful fundraising year to date. Together individual, foundation, and corporate partners donated \$4.1M to support clubfoot treatment around the world.

Highlights include:

- Over \$700K received from 2,482 individuals who gave gifts of less than \$5,000. This dramatic increase over last year's total (\$210K) is largely a result of MiracleFeet's successful press, social media, and pro bono advertising initiatives.
- In-kind donations for print and television advertising campaigns totalled \$3.4M.*
- Increased pledges to be received in FY2019–2022, bringing total commitments to over \$7M.
- Increased international success, with \$1.1M raised by MiracleFeet India, Germany, and UK.

*Not included in our fundraising total.

**THANK YOU TO ALL OUR
WONDERFUL DONORS WHO
MAKE OUR WORK POSSIBLE!**

SPECIAL THANKS

to our foundation and
corporate partners and donors

OAK
FOUNDATION

Google.org

USAID
FROM THE AMERICAN PEOPLE

MNI targetedmedia

THE
WALL STREET
JOURNAL

DFID
Department for
International
Development

GSW
a SYNOS HEALTH company

shoezone

FORTUNE FOOTWEAR
FOOTWEAR | HANDBAGS | ACCESSORIES

Clarks

suncast

KOMAR FAMILY FOUNDATION

SEBONACK FOUNDATION

SUPPORTER, DONOR, & MARKETING HIGHLIGHTS



Award-Winning Campaigns

New York City-based creative advertising agency GSW donated hundreds of hours of time this year to create three incredible campaigns for MiracleFeet: a 90-second animated clubfoot story, a 30-second television ad with accompanying print campaign, and a provocative poster series showing the consequences of untreated clubfoot. In total these campaigns won nine prestigious advertising industry awards, including two Clio Awards and a Manny Award for Best Philanthropic Campaign.



Donated Print & TV Ads

Once GSW completed the ad campaigns, several media organizations stepped up by donating magazine, newspaper, and television advertising space to MiracleFeet. Our “This Little Piggy” campaign ran in the *Wall Street Journal* and several magazines, including *Fortune*, *Time*, *People*, and *Forbes*. With the help of one of our enthusiastic donors, our television ad was picked up by a prominent cable television provider. Make sure you catch this spot airing in the New York metro area! In total, over \$3.4M worth of ad space and airtime was donated to help raise awareness for clubfoot and spur new donors and supporters.



RAISED
OVER
\$15,000

Nisha Varghese

As a young woman living with cerebral palsy, Nisha Varghese knows what it's like to be unable to walk. Inspired by the stories on MiracleFeet's website, Nisha worked tirelessly to enlist family, friends, and followers to raise money for MiracleFeet entirely through social media. “I chose to help MiracleFeet because MiracleFeet focuses on a single, solvable problem,” Nisha said. “I believe all children, regardless of their socio-economic circumstances, deserve to live to their fullest potential without the hindrance of clubfoot.” Over several months, Nisha's network raised over \$15,000—enough to treat 60 children!



Photographer Captures the Clubfoot Spirit

When professional photographer Dan Vernon contacted MiracleFeet after reading about our work online, we immediately knew we needed to find a way to utilize his talents. After deciding on a visit to Uganda, Dan spent several days talking with and photographing families and clinic workers with partner CoRSU. He captured hundreds of stunning images that now grace our website, social media, and marketing materials. See the front cover for our staff's favorite photo!

We had **2,172** first-time donors this year, and we received gifts from **24** countries.

Supporters Stepping Up

We want to extend our sincere gratitude to all of our donors & supporters, without whom MiracleFeet's work would not be possible.

\$100,000+

Roger and Bridget Ryan Berman
Clarks Shoes
Clarks Shoes North America
Ferdinand and Susanna Colloredo-Mansfeld
Community Foundation of New Jersey
Henrik and Beate Fastrich
Google.org
Gordon and Llura Gund Foundation
GSW Inventiv Health
Komar Family Foundations
Hans Peter and Ramona Maassen
Georg Madersbacher and Åro Eide
Matthew: 25 Ministries
Harrison Miller and Clare McCamy
MiracleFeet Germany
MNI Targeted Media Inc.: A Time Inc. Company
Larry and Jillian Neubauer
New York Interconnect
Oak Foundation
Passport Foundation
Remgro
Ronald McDonald House Charities
Jennifer Ayer Sandell
Scott Sandell
Sebonack Foundation
Kevin and Deborah Taweel
Tom and Jeannie Tisbo
Martin and Alexandra Vorderwülbecke
Wall Street Journal

\$25,000–\$99,999

Anonymous
Michael and Laura Boutross
Chesca and Rudi Colloredo-Mansfeld
Dheer Family Fund
The Dorothea Haus Ross Foundation
Ferroni Foundation, Inc
King & Spalding LLP
Cathy and Andrew Moley
On His Path
Operation Blessing
Mark and Jennifer Pavao
Ambassador Dave Phillips
Kunal and Kavita Premnarayan
Project Redwood
Steven and Karin Sadove
Stanford Graduate School of Business, Class of 1992
Storr Office Environments
Suncast Corporation
The Tech Museum Of Innovation
Will and Genie Thorndike
Jennifer Tye and Nate Chang
USAID-DIV

\$10,000–\$24,999

Anonymous
Lamberto Andreotti
Arthur B. Schultz Foundation Inc.
James Baker
Christopher Family Foundation
Michelle and Ross Cooper
Sandy and Adam Davis
Deydun Markets
Suki and Ted Eyre
Wendy and Brett Fisher
Lawton W. Fitt and James McLaren
Fortune Footwear
Goldman, Sachs & Co.
The Goldrich Family Foundation
Ginny Hatton
David Hermer and Silvia Campo
Dr. Josh Hyman
Zev Laderman
Louis J. & June E. Kay Foundation
Christopher and Elizabeth Lynch
Peter and Elisabetta Mallinson
Franz and Anne Colloredo-Mansfeld
Michael Morris and Robin Durst

Pacific India
Philips Healthcare
Rodger Raderman
Shoe Zone Retail Limited
Michael and Carol Staenberg
Stanford University d.School
SurveyMonkey
Tawingo Family Fund
Unite For Sight
Jean Wilson and Mark Siegel
Jennifer and Bill Youstra

\$5,000–\$9,999

Aid for Africa
APPLES Service-Learning Program
Jodie and Andrew Baker
Manuel Barron
Bell Leadership Institute
Kyle Berlin
Ellen Berman
Sheila Bonini
John and Ellen Buchanan
Carmen Caneda and Richard Gilfillan
Carbonite
Carlson Family Foundation
Ronald and Judy Carter
John and Kristin Clark
David Cooper
Imago Dei
Robert Durkin
Joel Edstrom and Margaret Adams
Mitzi and Warren Eisenberg
Jarret and Leslie Fass
Patsy and Ed Garno
Diane Goff
Diana Goldberg
Dennis and Beth Goldstein
Anake Goodall
James B. Graham
Hope Through L.I.F.E. Foundation
James Family Foundation
Johnson & Johnson
Steve Jones
Catherine and Edward Kouri
Cori Krane
Thomas and Gabrielle Layton
Jeremy Liew
Margaret Lyon
John and Clementine McLaughlin
Lydia Miller
Amy Minella
Lyle and Sarah Mullican
Nandansons Charitable Foundation
Nicole Nehrig and Jerome Benveniste
Sarita and Neil Nelson
Nicholas Pianim
The Prince Street Foundation
Mary Pruiett
Daniel and Paula Reingold
Sports Endeavors
The Susan and Leonard Feinstein Foundation
Christy Thomas
Turner Broadcasting Systems, Inc
Twenty-Seven Foundation
William E. Simon Foundation
WinterWyman
Emily and Thomas Zanios

\$1,000–\$4,999

Anonymous
A + E Networks
Jesse Abhyankar
Ross Adams
Adaikappan Alagappan
The Alces Trust
Alter'd State Store #145
Lorie and Bill Amass
AmazonSmile
Marth Angove

Kurt Anstreicher and Jane Van Voorhis
Apex Sunrise Rotary Club
Joseph Armstrong
Ed and Sylvia Arnett
Amy and Scott Arnold
Stephanie Avlonitis
Lori Baker
Andrew Bary
Francis Bauer
Mary K. Baumslag
Philip Berney and Jane Pollack
Robert Biggert
Tim Black
William and Eileen Blancato
Kevin Blauch
Bloomberg L.P.
David Jon Boehlke
The Boston Foundation
Robert Boudreau
Terry Bowman
Joseph Shad Brennan
Bridge The Gap, Inc
Bristol-Myers Squibb Foundation
Allan Brown and Gail Chupein
Burners Without Borders
Andrew Burns
Edmund Campion
Brian Canlis
Charles and Betty Caravati
Candace Carroll
Brian Cartmell
Susan Cates and Ed Warren
CBRE
Bertil Chappuis and Carmen Munoz
Chevron Matching Employee Funds
The Chloe and Keela Foundation Inc.
Jay Christopher
Richard Clair
Marie-Terese Cleary
Clifford L. Knight Foundation
William Clutter
Andy and Johanna Cohen
Leslie Cohen
George Coleman
Noelle Collins
Rudolf and Almerie Colloredo-Mansfeld
Concept III Textile Sales
Maria and Leonard Connolly
Milton Cooper
Todd Cooper
C-Pro Direct Ltd
Douglas and Lynne Coutts
Angie and Kevin Craig
Lina Crane
Crane Fund For Widows and Children
Cranford Rotary Chartable Fund
Christopher and Mary Creamer
Aaron and Jean Cripps
Patricia Cullmer
David D'Addario
Sharon D'Agostino
The David and Lucile Packard Foundation
Gordon and Vicki Davis
Stephen and Jennifer Davis
Marla Davishoff
DC Center For Development
Lenore de Csepel
Hans and Ruth Dekker
Cathy De La Cruz
Scott Delgado
Murali Dharan
Anthony and Jean Diekema
Dan Diekema and Janet Andrews
Scott Diekema
Ben Dolnick
Edward Dowling
Dr. Zions Company Ortho Ist. For Children
Janice Durham
Norito Ebata
Elsbeth and Kirk Vincent Fund of the
Pittsburgh Foundation
Equity Risk Partners
Eyre Family Foundation
Kirk and Abigail Feely
Rosemary Ferrer
Fidelity Charitable

First Eagle Investment Management Foundation

Brad Fishel

John and Diane Fisk

Five Fifteen Charitable Fund

Michael and Diane Fournel

Lawrence Fox

Celia Frayling

Karen and Edward Friedman

Frost Family

Cynthia Furlong

Juan Garcia

Ann Geddes

Beverly Gee and Manu Daftary

Sima Ghadamian

William and Mary Gibb

Mark Gordon

Kathleen Gosa

Christine Gray-Scott

Greater Milwaukee Foundation's Fohr Family Fund

Samuel Grinstead

Kathryn Grossman

Abhishek Gupta

Sarah Haffner

Lynn Hamlin

Shahrzod Hanizavareh

Harlow Foundation

Paul Harris

Pilar and Thomas Hartmann

Joe and Cathy Hatchett

Paul Hayden

Julia and Thomas Healy

William and Linda Heneghan

Lewis and Denise Henkind

Theresa Hennessey

Earl Heuer

Libby and Ed Hlavka

Richard Hoffman

Alex von Hoffmann

Richard and Kathleen Holmes

Jane and Doug Holroyd

Andrew Hosea

Jeff and Corinne Houpt

Marshall Hoyler

Susan Hubacher

Ed Hubbell

Vincent Iannuzzi

Isroff Family Foundation

Miriam Jackson

Anula Jayasuriya and Dr. David Gilmour

Sheral and Chris Jensen

Elizabeth Jones

Fergus Jordan

Richard Kahn

Balram Kakkar

Karen Kames

Scott Keeter

Marc Kelley

Susan and Chris Killenberg

Mary Pat Killian

Marilyn Kime

Angela King

Beth Kirkhart

Jacob and Angela Kirkman

Rosa and Larkin Kirkman

Dirk Klee

Kathy Klein

Katherine Koldewyn

Paul Kostenuik

Mary Kraus and David Uhlir

Harold and Debra Kuehler

Rebekah Kumar

La Clé

Jeffrey Lamken

Jack and Susan Lawrence

Norbert Lempert

Toby and Lynn Lenk

Mike Leonasio and Sharmila Choudhury

Lauren and Paul Levitan

Frank Lewis

Steve Lewis and Pamela Burke

Lewis Greenwood Foundation

Lindy and Joshua Liberman

Chun Jou Lin

Bret and Stephanie Linford

John and Karen Lopez

Christopher and Karly Lucarelli

Julie Lynn and Doug Smith

Lanie Marcus

Barbara Marder

Mariner Foundation

Caroline Marksfield

Katherine Marques

Alan Mayer

Margaret McGown

Leigh McGregor

Elizabeth McKinsey

George and Cristina McQuiston

MD Orthopaedics

Michael Mesler

Kimberly Meyer

Glenna Michaels

Microsoft Philanthropies

Belinda Morris and Tony Brunello

Christine Mower

Pamela Murphy

Rajendra Nagubadi

Margaret Nakamura

Richard Nakamura

Christine Nash and Andrew Chen

Armand and Eliane Neukermans

Ellen Newcomer

Bonnie Newell and Richard Nevel

Jeff and Betsy Newton

Christopher Nolan

North Carolina State Employees Combined Campaign

Elizabeth Nurrenbern

NYU NASHA

Linda O'Brien

Orla O'Connor

OmniMed, Ltd.

Paula Oppenheim

Paige and Omar Zinn Charitable Trust

Barbara Pape

Charles Park

David Parkes

Akhil Patel

Erin Pe

Keri Peevey

Leonard Pellettieri

Annie and Kent Penfield

Shelley Perino

Prudence Perry

Mark Peterson and Mary Woolsey

Howard Pitts

Anne and Wes Pope

Andrea Portago

Sara Presutti

Ana Priu

Kerrie and Adam Quealey

Latha and Karthik Rammohan

Amrit Ray

Peter Redfield and Silvia Tomaskova

Reingold 2004 CLAT Fund

Joseph Reinkemeyer

Susan Reissner

Gerri Richards

RidgeWorth Capital Management

Ruben Rodriguez and Cristy Fernandez

Dr. Roiphe and Mr. Herz

Melanie Rose-Bilhardt

Rotary Club of Roselle

Thomas Ruppel and Nancy Clark

William Rustico and Debbie Hodges

Elaine Ryan

Fawzi Saed

Zack Salino

James Salzano

Jude Sangillo

Steven Schall and Alyce Russo

Martin Scheinberg

Marissa Schlomer

Greg Schmale

Gregory and Florence Schmidt

Bruce and Susan Schneider

Matthew Schneider and Priyanka Garg

Amber Sentell

Jeegar Shah

Peter Sheehy

John and Tammy Shields

Shoes For Change

Damon and Laura Silverstein

Simon Family Philanthropic Foundation Inc.

Steve and Frankie Slaughter

Gopalaswamy and Sudha Soora

Southern California Foot and Ankle Specialists

Letizia Stanghellini

Morgan Stanley

Leah Stansberry

John Steinberg

Lucy and Nikolaus Steiner

Terrence Stephenson

STEPS Charity

Jim and Lisle Stigler

Robert and Diane Stites

Bob Strawbridge

Theresa Stremlau

Robert Stubbs

Mr. and Mrs. Summerwill

Poodipeddi Suryanarayana

The Susan E. Trees Fund

Sutton Magidoff LLP

Joanne Tatham

Sundara Thirumalaiappan

Caroline Thomas and Renee Jacobs

Lanny and Anne Thorndike

Triple Aught Design and Build

Andrew Tse

Grace Tye

Kenneth and Ying Tye

Tye Revocable Family Trust

Amos and Beverly Tyndall

University of North Carolina at Chapel Hill

Kristine Urrutia and Tim Strauss

Anne and Byron Vandenberg

Van Nguyen Children's Seattle

Jeremy and Ruth Varcoe

Landmark Ventures

David and Stacey Vermynen

Dan Vernon

August Vlák

Luke and Jennifer Wagner

Weaver St. Realty

Ronald and Lee Weber

Nisha Shajahan and Ravinda Weerasinghe

Heidi and Dave Welch

Elizabeth and Ian Welsby

Sarah and Dan Wernikoff

The William & Flora Hewlett Foundation

William Hendricks Family Foundation

William M. Bird Inc. Endowment Of The Coastal

Community Foundation

John and Ashley Wilson

Benjamin Witten

Women's Syndicate Association

Daryl and Laura Wood

Cindi Woolery

Rajkumari Yabaji

Thomas Young

Zaxby's Franchising LLC

Donna Zimmerman

MiracleFeet India

\$100,000

Hero Enterprises

Premnarayan Family

\$25,000

Bajaj Foundation

JSW Foundation

Tata Power

\$10,000

Noida Toll Bridge Company

Tata Investment Corporation Limited

\$5,000

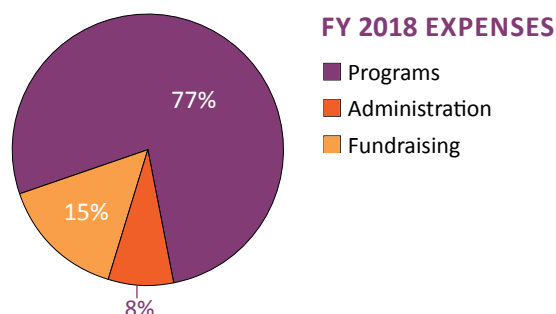
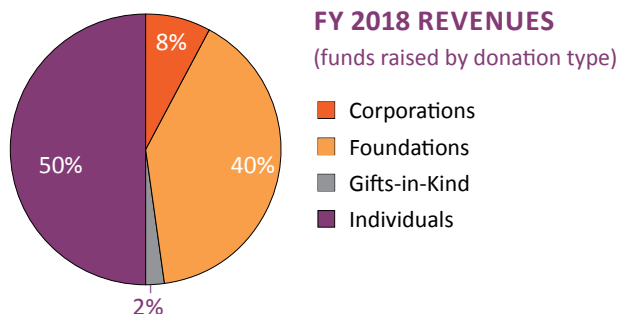
Inner Wheel Clubs

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Program Impact	Actual	Actual	Actual	Actual	Actual
New children enrolled in treatment	3,515	5,562	6,021	7,705	5,253
Total children enrolled in treatment	6,214	11,776	17,797	25,502	30,755
Total cost/child ¹	\$513	\$428	\$464	\$416	\$673
Programing cost/child (excl prog admin)	\$216	\$177	\$187	\$182	\$252
Programing cost/child (incl prog admin) ²	\$416	\$343	\$366	\$346	\$514
Total Revenue (Cash Basis)³	\$1,855,283	\$2,237,045	\$3,085,564	\$3,265,507	\$3,954,513
Expenses (Cash Basis)					
Administration	\$75,329	\$46,745	\$65,572	\$128,046	\$294,240
Fundraising	\$265,022	\$424,448	\$521,798	\$409,079	\$537,714
Program	\$1,463,099	\$1,907,947	\$2,205,048	\$2,547,890	\$2,701,599
Total	\$1,803,450	\$2,379,140	\$2,792,418	\$3,085,015	\$3,533,553
Percentages					
Administration	4%	2%	2%	4%	8%
Fundraising	15%	18%	19%	13%	15%
Program	81%	80%	79%	83%	77%

AUDITED FINANCIALS⁴	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Total Revenue (Accrual Basis)	\$1,527,408	\$2,439,609	\$4,599,269	\$5,049,954	\$3,507,334
Expenses (Accrual Basis)					
Administration	\$75,053	\$54,824	\$73,261	\$133,729	\$319,611
Fundraising	\$265,127	\$460,805	\$546,272	\$585,883	\$556,657
Program	\$1,501,642	\$1,875,995	\$1,844,023	\$2,827,389	\$2,568,824
Total	\$1,841,822	\$2,391,624	\$2,463,556	\$3,547,001	\$3,445,092
Percentages					
Administration	4%	2%	3%	4%	9%
Fundraising	14%	19%	22%	16%	16%
Program	82%	79%	75%	80%	75%
End of Year Net Assets	\$976,118	\$1,024,103	\$3,159,816	\$4,647,552	\$4,709,033

1. Cost/child numbers include funds raised internationally that were sent directly to partners.
2. This includes the salaries and travel expenses of the MiracleFeet program team but not general overhead.
3. Total revenue includes donations given directly to MiracleFeet and MiracleFeet UK and does not include additional funds raised through MiracleFeet India and other sources. These additional funds were sent directly to fund partners.
4. MiracleFeet uses cash basis accounting for management purposes. However, audited financials are conducted on an accrual basis, resulting in future grant agreements and pledge donations being booked in the year they are signed instead of the year the expense is actually incurred or the donation is actually received. This accounts for the differences between the cash and accrual financial statements.

As reported elsewhere, this year MiracleFeet made the difficult decision to terminate our partnership with Cure India, our largest program. As a result, the number of children enrolled was lower than planned. This also impacted our cost per child, since India is a very low-cost country. We spent the year trying to resolve the problems before deciding to build the infrastructure in India to run our own clubfoot programs going forward. Today, MiracleFeet India is established as a stand-alone nonprofit in India, has hired an experienced leadership team, and has started to run a program in Uttar Pradesh, the largest state in India. We anticipate our enrollment numbers and cost per child returning to normal levels in FY2019.



BOARD & STAFF 2018

MIRACLEFEET

LEADERSHIP TEAM

Chesca Colloredo-Mansfeld
Executive Director

Meredith Driscoll
Director of Finance & Operations

Jennifer Everhart
Director of Programs

Katie McKenna
Director of Development

Amanda Springer
Director of Marketing
& Communications

BOARD OF DIRECTORS

Mark Pavao, Chair
President and CEO, R-PHARM US

Roger Berman, Founding
Board Member
President, RH Berman Consulting

Bridget Ryan Berman, Founding
Board Member
Chief Experience Officer, Enjoy
Technology, Inc.

Michelle Cooper
Speech/Language Pathologist

Hans Dekker, Secretary
President, Community Foundation
of New Jersey

Åro Eide
Managing Director, Emilia GmbH

Sue Eitel
Founder, Eitel Global

Jarret Fass, Treasurer
Co-Founder and Managing Partner,
Pierpoint Capital

Joshua Hyman, MD, Medical Advisor
Professor of Orthopedic Surgery,
Columbia University

Kunal Premnarayan
Group CEO, ICS Group

Amrit Ray, MD
Global President, R&D, Essential
Health—Pfizer, Inc.

Steve Sadove
Former Chairman and CEO,
Saks Incorporated

MEDICAL ADVISORY BOARD

Joshua Hyman, MD, Chair
Professor of Orthopedic Surgery,
Columbia University

Alaric Aroojis, MD
Medical Director, MiracleFeet India
and Global Operations

Robert Cady, MD
Emeritus Professor of Orthopedics
and Pediatrics, Upstate Medical
University

Matthew B. Dobbs, MD
Orthopedic Surgeon and Professor
of Orthopedic Surgery, Washington
University School of Medicine

Steven L. Frick, MD
Professor and Vice Chair, Dept.
of Orthopaedic Surgery, Stanford
University School of Medicine; Chief,
Pediatric Orthopaedic Surgery, Lucile
Packard Children's Hospital

Chris Lavy, MD
Professor of Orthopaedics and
Tropical Surgery, University of Oxford

Norgrove Penny, MD
Orthopedic Surgeon and Senior
Advisor for Physical Impairment,
CBM International

Coleen S. Sabatini, MD, MPH
Associate Professor of Orthopedic
Surgery, University of California—
San Francisco

Greg Schmale, MD
Associate Professor, Department
of Orthopaedics and Sports Medicine,
University of Washington School
of Medicine

Rick Schwend, MD, PhD
Clinical Professor of Orthopedics,
University of Missouri—Kansas City
School of Medicine

David Spiegel, MD
Associate Professor, University of
Pennsylvania Medical School

Anna D. Vergun, MD
Assistant Professor, Pediatric
Orthopedics, University of North
Carolina, Chapel Hill

Lewis E. Zions, M.D.
Clinical Professor (Step VI) of
Orthopaedics, David Geffen
School of Medicine at UCLA

MIRACLEFEET INDIA

LEADERSHIP TEAM

Suresh Subramanian
Executive Director

Alaric Aroojis, MD
Medical Director, India &
Global Operations

BOARD OF DIRECTORS

Deepak Premnarayan, Chair
Executive Chairman & Founder,
ICS Group

Alaric Aroojis
Medical Director, MiracleFeet
India & Global Operations

Ameya Prabhu
Managing Director, Duesberg
Bosson Financial Services

Kunal Premnarayan
Group CEO, ICS Group

Neelima Premnarayan
Director, ICS Group

Hari Sankaran
Vice Chairman & Managing
Director, Infrastructure Leasing &
Financial Services Limited

Anil Sardana
CEO, Adani Transmissions

SPECIAL ADVISORS

Ranjit Shahani
Former Managing Director & Vice
Chairman, Novartis India Ltd.

Indu Shahani
Founding Dean, Indian School of
Management & Entrepreneurship

A sincere thank you to our volunteers and interns for stepping up and making a difference!

YOU CAN take steps today to enable a child's tomorrow

IMPACTFUL ONE-TIME DONATIONS

\$20

Buys a Brace

\$250

Treats One Child

\$25K

Launches a New Country

\$12M

Per Year Ends Clubfoot Disability Forever



BE PART OF OUR JOURNEY
at MiracleFeet.org and on social media!



MiracleFeet.org • 107 Conner Drive, Suite 230 • Chapel Hill, NC 27514 • Phone: +1.919.240.5572