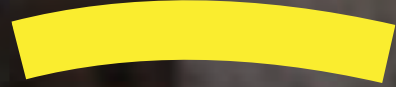


A Year Like No Other



miraclefeet

Impact Report 2020

NEPAL

Like his grandmother, Bhagwat, age 10, was born with clubfoot. He lived with the disability for eight years before receiving treatment at a MiracleFeet-supported clinic.

**9.75 million
people alive
today were
born with
clubfoot.
An estimated
8 million never
received
treatment.**

A common, treatable birth defect—overlooked for generations in many parts of the world—clubfoot is a leading cause of severe physical disability, affecting millions who never had access to proper care. **MiracleFeet is solving this problem** by scaling the non-invasive, low-cost standard of care widely available in advanced health systems to health facilities in low- and middle-income countries. In less than a decade, we have developed the systems and partnerships to treat this condition in 29 countries, where over 75,000 new cases occur in infants each year.

Flattening the clubfoot curve since 2010

As I write this and reflect on an unprecedented year, a physiotherapist in Uganda has just wrapped the tiny feet of a three-week-old boy with severe bilateral clubfoot, forming his first set of casts. He is the 50,000th patient MiracleFeet's partners have reached since we set out 10 years ago to, one day, end this excruciating disability through wide-scale access to care.

At least 100 more children this week (and any week) will receive the same care through MiracleFeet—their first casts as newly enrolled patients at hundreds of clinics in dozens of countries. Their parents will leave with hope and assurance that their child will walk, run, and go to school—all because a highly-effective treatment is available. In the same week, over 1,200 more patients will receive follow-up care, ensuring their long-term progress.

Before MiracleFeet existed, no organization was solely dedicated to addressing the long-overlooked problem of untreated clubfoot, one of the world's most common and treatable birth defects. Today, MiracleFeet supports treatment for more children born with the condition than any other organization, and we are champions for greater access to disability and rehabilitation services in the countries where we work.

COVID-19 highlighted the stark inequities children with disabilities face while exacerbating their major barriers to essential health care. It revealed serious gaps in how health systems work for the most vulnerable populations. MiracleFeet is on the frontlines of advocating for critical health services to safely resume for those most at risk of being left behind. Children with clubfoot cannot wait for long: treatment should begin before an infant's first birthday. The longer a child lives with this condition, the more pain, stigma, and isolation they experience—and the more complicated their disability is to treat.

Fortunately, COVID has not stopped our work, and the clinics we support are well on their way to

recovering patients whose treatment was delayed this year. MiracleFeet's network of care spans the globe: over 650 locally trained physiotherapists, casting technicians, orthopedic residents, nurses, social workers, and others provide or coordinate treatment in 29 countries. Our work continues because of them.

Despite the challenges of 2020, MiracleFeet made major contributions to the growth, innovation, and quality of clubfoot treatment worldwide:

- **We expanded our network of clinics by 40%,** launched programs in two new countries, and saw remarkable increases in treatment coverage prior to March: Mali, Nigeria, Senegal, Cambodia, Sri Lanka, Paraguay, and Ecuador reached 30+ percent more new patients over the past year, and India more than doubled its reach compared to 2019.
- **Our focus on technology, data, and innovation is rapidly paying off.** Our all-in-one patient, clinic, and program management tool CAST—powered by a mobile app and Salesforce dashboards—made its full global debut in MiracleFeet-supported clinics in January 2020. The real-time data it provides helped us navigate the shocks of COVID and tailor partner support and treatment protocols based on local realities. And a just-launched digital curricula for the Ponseti Method, years in the making, will soon fill a critical training gap amid social distancing requirements and travel restrictions.
- **Many MiracleFeet partners achieved treatment quality levels exceeding the global “gold standards” for the Ponseti Method,** meaning a child in Somalia is receiving the same quality of care as one in the United States. The fact that this is happening in such different contexts speaks to the inherent scalability of the method—and the solvability of clubfoot worldwide. In fact, countries operating in the most difficult circumstances—like Liberia, Somalia, Mali, and Guatemala—lead the pack on delivering quality care.

And we're just getting started. In this impact report, we explore the people, tools, and approaches driving MiracleFeet's momentum.

Nothing we do would be possible without the generosity of our donors, the ingenuity of our partners and staff, and most of all without the daily dedication and skills of health workers who are transforming lives one referral, phone call, and cast at a time.

Together, we are making an incredible difference in so many lives. Thank you for believing in our work.



Chesca Colloredo-Mansfeld
Co-Founder & CEO

We are on the frontlines of advocating for critical health services for those most at risk of being left behind.



UGANDA | Elijah, age 1, completed the first phase of treatment despite many challenges related to COVID. When public transportation was prohibited in Uganda, his mother, Joan, walked over 35 miles with her then 5-month-old son to reach the clinic for his tenotomy.

Adapting clubfoot treatment during a year like no other

We started the year with ambitious goals and an unfailing commitment to transform the lives of children born with clubfoot.

In March, prior to the pandemic, MiracleFeet partners were on track to achieve 25% growth in new patient enrollments compared to the previous year. However, by June, three out of four MiracleFeet-supported clinics had suspended treatment. New enrollments were down 66%; visits for brace compliance and fittings were down by the same amount. More than 12,000 children were in treatment at MiracleFeet-supported clinics when the pandemic forced many to temporarily close.

The COVID-19 pandemic created challenges unlike any we had encountered before, but we faced them head on. Together with our partners, we acted quickly, tailoring our local response and support as situations changed in each country. Powered by robust

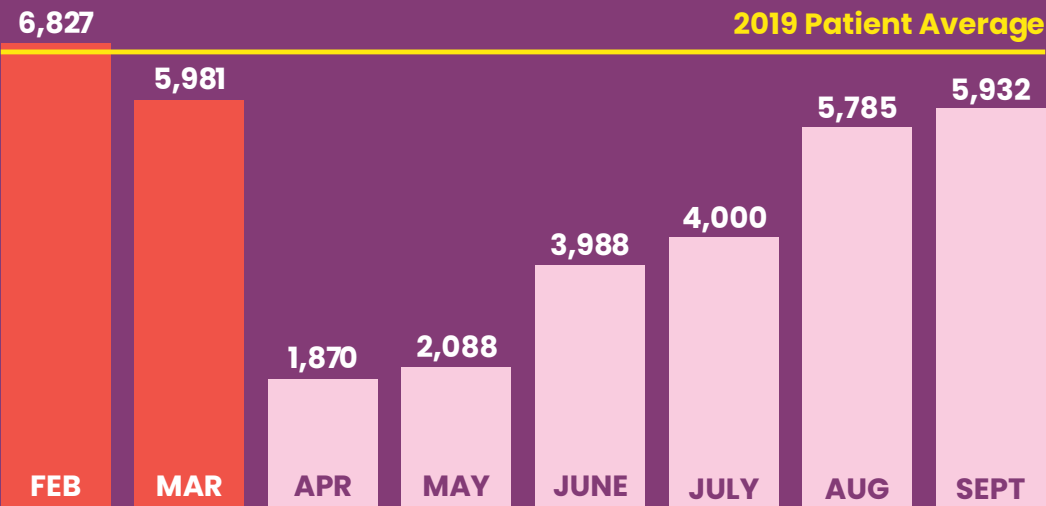
patient data and buoyed by strong local partners, we developed communication plans, generated patient reports, purchased personal protective equipment, reorganized clinic flows, and created new protocols to manage patient backlogs.

Against all odds, we persisted.

By June, the end of our fiscal year, many countries came within 5% of meeting or exceeding their 2020 patient enrollment targets. Major growth earlier in the year and steadily resuming clinic activity—reaching 70% of pre-COVID patient volumes by July—meant that, despite the disruptions, MiracleFeet partners overall increased treatment coverage this year. Addressing the backlog of patients will take time, but we are making steady progress. As of September 2020, our global network of providers has resumed safely treating more than 1,200 patients per week.

Clinic activity is steadily rising

Patient Volume During the Pandemic
Clinic visits per month, February–September 2020



2020



39,390
CLINIC VISITS RECORDED

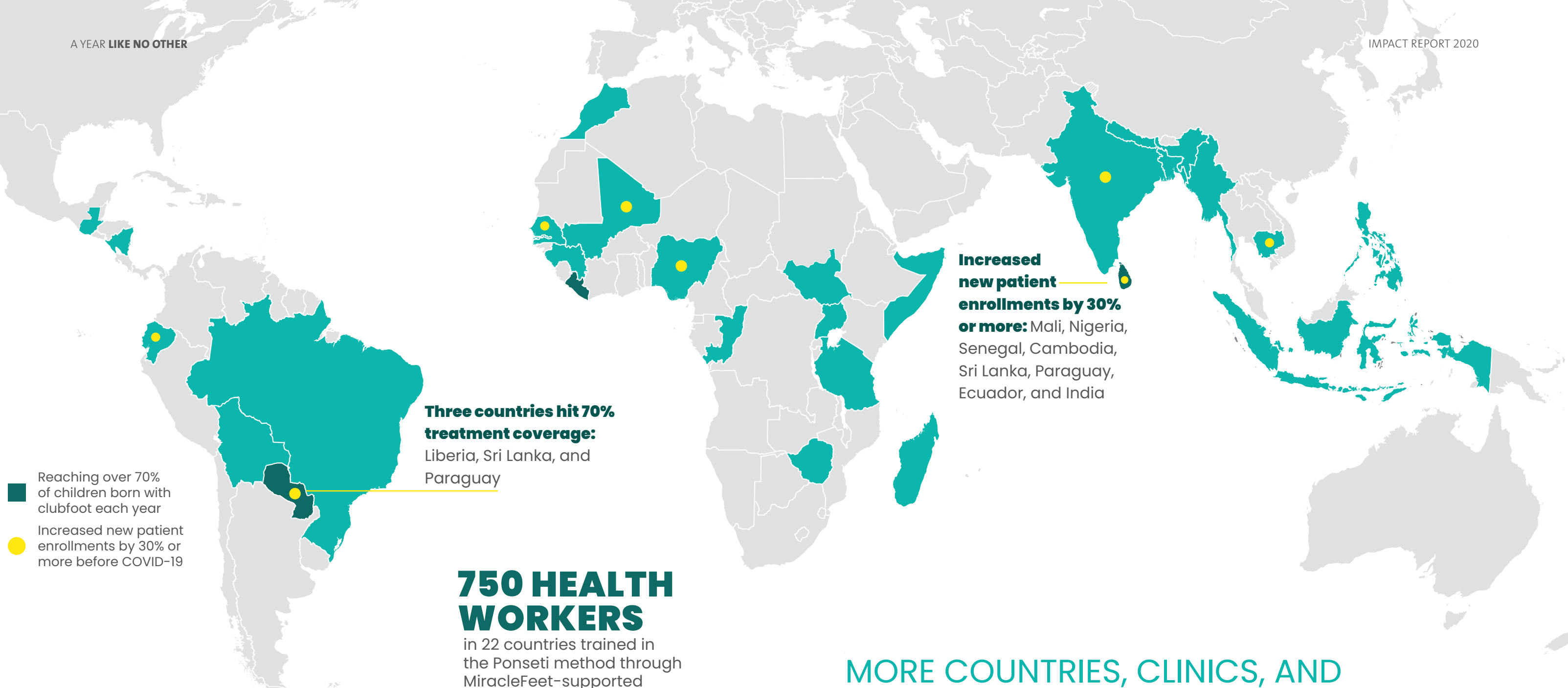

8,928
NEW PATIENTS ENROLLED IN TREATMENT


437
NEW HEALTH CARE PROVIDERS TRAINED


27,458
CASTS APPLIED TO BABIES' FEET


10,000
MIRACLEFEET BRACES DISTRIBUTED
(6,000 SHOES AND 4,000 BARS)


50,000
CHILDREN SUPPORTED IN
TREATMENT SINCE 2010



650+ PROVIDERS
supported treatment for children in
28 COUNTRIES

98.5% OF PROVIDERS

say their ability to treat clubfoot has significantly improved since beginning their collaboration with MiracleFeet

750 HEALTH WORKERS

in 22 countries trained in the Ponseti method through MiracleFeet-supported trainers in 2020

MORE COUNTRIES, CLINICS, AND REGIONAL TRAINERS MEAN greater access to care

MiracleFeet's network of partner facilities providing clubfoot treatment grew by nearly 40% in 2020—from 216 clinics in the previous year to 288 across Africa, Asia, and Latin America. And the estimated number of clinicians trained in the Ponseti Method grew exponentially, thanks to an expanding network of regional trainers who completed MiracleFeet-led Train the Trainer courses in 2020.

This growth—in clinics and specialists—means **families in more places can find care sooner and closer to home**. In South Sudan, parents no longer make the dangerous, difficult journey to Uganda for their baby's tenotomy. In the Philippines, a country of thousands of islands, more clinic locations combined with growing advocacy and referral networks and active social media support groups mean more newborns in remote villages are finding care.

A proven solution and a model for scaling it

In the past two years, MiracleFeet interviewed more than 1,000 parents and guardians about their child’s progress and more than 400+ providers to understand the impact of the Ponseti Method on patients and the extent to which we are fulfilling our mission of scaling sustainable access to care.

These extensive conversations were part of formal evaluations of programs we conducted with long-standing partnerships in India, Liberia, Nicaragua, Paraguay, the Philippines, Uganda, and Tanzania.

Their responses and the results of these studies were extraordinary, affirming the extreme efficacy of

treatment, MiracleFeet’s model for service provision, and the life-changing impact that proper clubfoot care has on both children and their families. Treatment success rates and satisfaction among families and providers were consistently high across all countries studied, demonstrating how effective and scalable the Ponseti Method is across diverse contexts and geographies.



UGANDA | Elijah, age 9-months



THE PHILIPPINES | Xylord, age 8



NICARAGUA | Silvio, age 8



INDIA | Anuj, age 7-months

Parents in all countries indicated extremely high levels of satisfaction with their children’s treatment:

92%

of guardians reported their child can “always” walk without difficulty and play in a manner appropriate for their age.

97%

said their child’s clubfoot was “completely” to “somewhat” cured.

80%

of “somewhat cured” patients report they are “always” able to walk and play.

82%

said that their child’s quality of life had “very much improved.”

Fewer than 14%

of parents said they experienced challenges with treatment—and the greatest challenge was not the process or clinic experience, but difficulty reaching the clinic. This reinforces the critical need for continued growth of trained providers and health facilities where treatment is offered.



NICARAGUA | Isabella, age 9

Training, technology, and design drive growth and quality

Training innovations prove widely successful—and well-timed. In 2020, we launched the world's first 3D interactive simulation of a clubfoot, and completed production (with OPENPediatrics, a division of Boston Children's Hospital) of ACT Online, a digital version of the Global Clubfoot Initiative's Africa Clubfoot Training (ACT), developed by the University of Oxford and endorsed by the UK's Royal College of Surgeons. This online version of the standardized Ponseti Method training curriculum is a much-needed resource to reinforce providers' basic clinical skills and knowledge, especially while COVID-19 limits in-person trainings. Together, the virtual course and 3D model will supplement and enhance hands-on learning and will serve as critical references for new and experienced providers alike, while reducing the overall cost of training.

Additionally, two in-person (pre-pandemic) Train the Trainer courses held in India and in East Africa greatly increased treatment capacity worldwide. **Our teams of regional trainers conducted over 50 trainings for 750+ providers,** delivering Basic and Advanced ACT Ponseti training in 22 countries.

Our mobile data collection app, CAST, has transformed how we gather and use real-time data worldwide and amplified our focus on treatment precision and program quality. After its first year of global use, CAST has improved service delivery by allowing us to track key quality performance indicators, improve treatment outcomes, and inform tailored interventions.

MiracleFeet partners, employees, and medical providers can view patient enrollment and quality metrics in real time through country dashboards powered by Salesforce. And the newly launched CAST Salesforce Community, created specifically for partners and providers in-country, democratizes access to key information and empowers local data-driven decision-making—both critical for long-term sustainability.

MiracleFeet's use of data and reporting systems were featured in a USAID-funded publication, *Scaling Pathways: Using Data to Power Scale*, produced by the Skoll Foundation and Duke University in July 2020. The series profiles best practices in social entrepreneurship and global development.

The award-winning, patented MiracleFeet brace is a critical component of treatment. MiracleFeet created its FDA-registered and patented \$20 brace as a low-cost, user-friendly alternative comparable in performance to braces costing between \$350-1,000 USD.

This year, we distributed over 4,000 bars and 6,000 pairs of shoes to 23 countries, and we launched and shipped a new small 150mm MiracleFeet bar to meet the needs of our youngest patients. We continue to research options for a sensor that tracks brace usage and compliance—a major factor in long-term patient outcomes—with two prototypes in development supported by pro bono teams in the UK and India.

And in a 2020 survey of 500 providers, 80% report using the MiracleFeet brace in their clinic. They said the average local cost of an alternative brace is \$40 to \$60—two to three times what it costs MiracleFeet to produce and distribute its award-winning brace. The MiracleFeet brace includes several easy-to-use features that came out of the human-centered design approach used during the brace development process.

Local solutions empower lasting results

Working with our partners in the face of uncertainty this year, MiracleFeet demonstrated its responsiveness to local needs and challenges to deliver high-quality treatment. Together, we found **creative solutions** for those providing and receiving care, under challenging and changing circumstances.

Parent education and support are at the heart of our mission.

The pandemic underscored the importance of maintaining connections with families—and our partners have responded with ingenuity and resourcefulness.

Our partners set up hotlines for medical questions, instituted telehealth consultations, and supplied COVID-19 prevention materials. Social media and messaging apps were also employed to distribute information quickly and easily to parent groups.

When our affiliate NGOs in Guatemala and Liberia recognized that many families, already vulnerable because of their child’s disability, were experiencing much greater rates of hunger and financial instability, they directed program funds and activities to support them with provisions while they awaited care.

Adaptability is more important now than ever.

MiracleFeet has always adapted to challenges but the pandemic propelled teams to find new ways to deliver services more efficiently and creatively—from delivering braces to families using motorcycle taxis as couriers in Uganda, to casting outdoors when COVID closed hospitals in India, to conducting telehealth consultations with patients and families over video globally.

We pivoted from providing treatment materials to clinics to supplying clinicians with protective equipment and masks to safeguard them, as well as patients and their accompanying family members. We worked with partners to devise reopening procedures and implement safety precautions at facilities, but also embraced unconventional ideas like exploring accelerated treatment models, as well as less costly virtual trainings for those learning the Ponseti Method, supported by hands-on clinical supervision.



PHILIPPINES

Outside a clinic a young boy gets fitted for the next size up shoes and brace.



UGANDA

Mothers attend a training session at the CoRSU clinic with their infants.

By embracing new ideas and ways of delivering care we can ensure that every child receives the life-changing treatment they need to thrive.

Our 360-degree approach is based on the knowledge that relationships and meaningful connections are what really matter. It’s the humans behind the care we provide

that ensure kids complete treatment. **Their perspectives and connections with families and communities are what power local results and long-term change.**



GUATEMALA

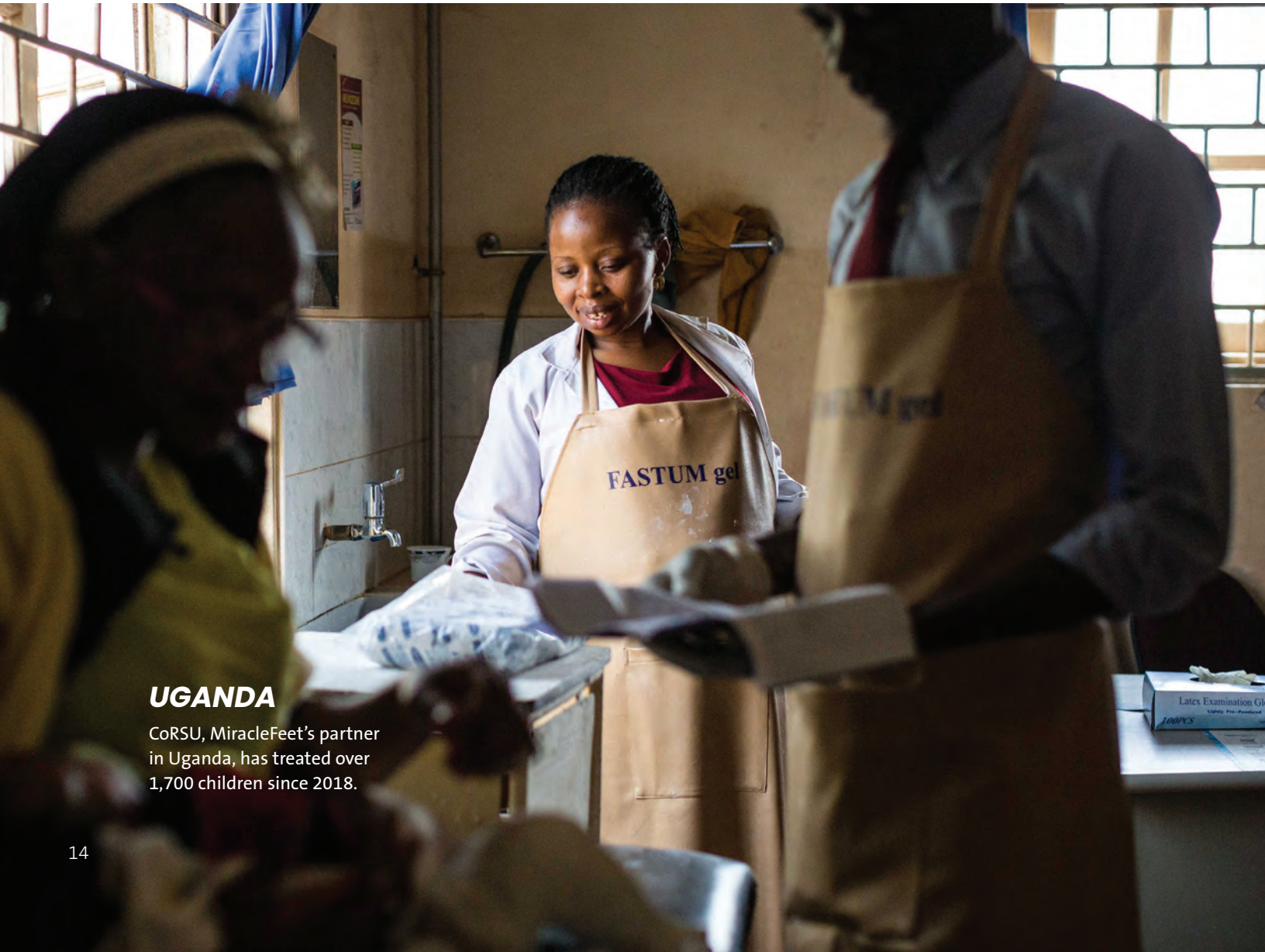
Wendy, 15, and her brother Jesus, 2, received treatment from MiracleFeet’s local partner, ADISA. Wendy’s case is more complicated because she walked on her foot for many years before receiving care. An ADISA clinic coordinator visits the family’s rural home to review her physical therapy routine.

Our partners are local life-changers

People—clinicians, coordinators, and collaborators, from Nicaragua to Nigeria—are what make care work, from treating little feet to dealing with global pandemics. MiracleFeet is committed to building equitable, long-term partnerships with local organizations scaling clubfoot treatment. We nurture these relationships, and the invaluable professionals behind them, to grow programs from start-up to scale.

We work to address specific needs by providing technical assistance and training, funding and commodities, quality-monitoring and clinic-management tools with access to real-time global data, leadership development, and other forms of institutional support. In turn, we rely on partners to promote resilient health systems that address the needs of children born with disabilities like clubfoot.

This year, they achieved amazing results.



UGANDA

CoRSU, MiracleFeet’s partner in Uganda, has treated over 1,700 children since 2018.

Africa	New Patients	All-Time	Clinics Supported (new)
Republic of Congo <i>Association pour le Développement de la Réadaptation et du Bien Etre</i>	111	370	6 (2)
Gambia <i>Gambia Clubfoot Foundation</i>	37	88	2
Guinea <i>RECOSAC GUINEE</i>	30	90	4 (3)
Liberia <i>Faith Clinical Orthopedic Rehabilitation Center</i>	285	2,245	9
Madagascar <i>Fondation Axian</i>	358	992	7 (1)
Mali <i>ASEMP Mali</i>	139	272	3 (1)
Morocco <i>Premier Pas</i>	56	56	2
Nigeria <i>The Straight Child Foundation</i>	169	264	4 (2)
Senegal <i>DAWH Senegal</i>	46	123	2
Somalia <i>International Committee of the Red Cross (ICRC)/MoveAbility</i>	116	142	3 (1)
South Sudan <i>OVCI/USRATUNA Rehab Centre</i>	22	22	1
Tanzania <i>Tanzania Clubfoot Care Organization, Comprehensive Community Based Rehabilitation in Tanzania (CCBRT), Usa River Rehabilitation Centre</i>	1,587	6,373	39 (5)
Uganda <i>Comprehensive Rehabilitation Services Uganda (CoRSU)</i>	671	1,633	21 (7)
Zimbabwe <i>Zimbabwe Sustainable Clubfoot Program</i>	212	2,554	13

Asia	New Patients	All-Time	Clinics Supported (new)
Bangladesh <i>Walk for Life: Bangladesh</i>	1,272	2,686	31
Cambodia <i>NextSteps</i>	241	623	7
India <i>MiracleFeet India</i>	1,454	15,401	64 (+42)
Indonesia <i>Stepping Stones Bali</i>	25	89	1
Myanmar <i>Walk for Life: Myanmar</i>	251	1,131	6
Nepal <i>Hospital and Rehabilitation Center for Disabled Children</i>	365	1,938	4
Philippines <i>Philippine Non-Governmental Organization Council</i>	588	2,732	27 (+9)
Sri Lanka <i>Humanity and Inclusion</i>	425	1,174	3 (+1)

Latin America	New Patients	All-Time	Clinics Supported (new)
Bolivia <i>AYNINAKUNA</i>	24	227	5
Brazil <i>Instituto de Ortopedia eTraumatologia, Hospital deClinicas, São Paulo</i>	19	629	2 (+1)
Ecuador <i>Fundación Hermano Miguel</i>	106	564	4
Guatemala <i>Asociación de Padres y Amigos de Personas con Discapacidadde Santia-go Atitlán (ADISA)</i>	56	285	7 (+1)
Nicaragua <i>ASOPIECAD</i>	86	963	5 (+2)
Paraguay <i>Fundación Solidaridad</i>	183	718	5 (+1)



NEPAL
Hospital and Rehabilitation
Center for Disabled Children

Our supporters rally around our mission in remarkable ways

Thanks to our passionate and committed network of donors around the world, we raised \$6.4 million and provided life-changing treatment to over 16,000 children.

The generosity of our donors helps give children a chance—a chance to walk, run, and play, and a chance to live free from the emotional and physical pain of stigma and discrimination. Every dollar raised brings us one step closer to our vision of ending this solvable problem on a global scale.

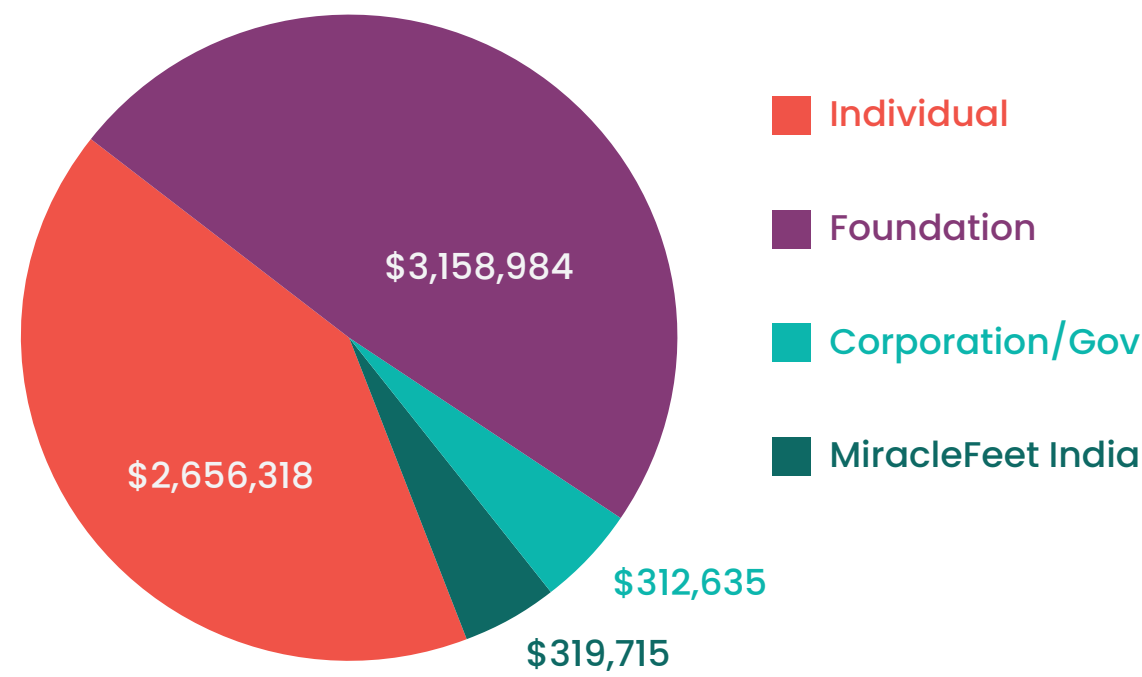
MiracleFeet’s average cost to treat a child is only \$481. Few investments have this kind of impact on a child’s life.



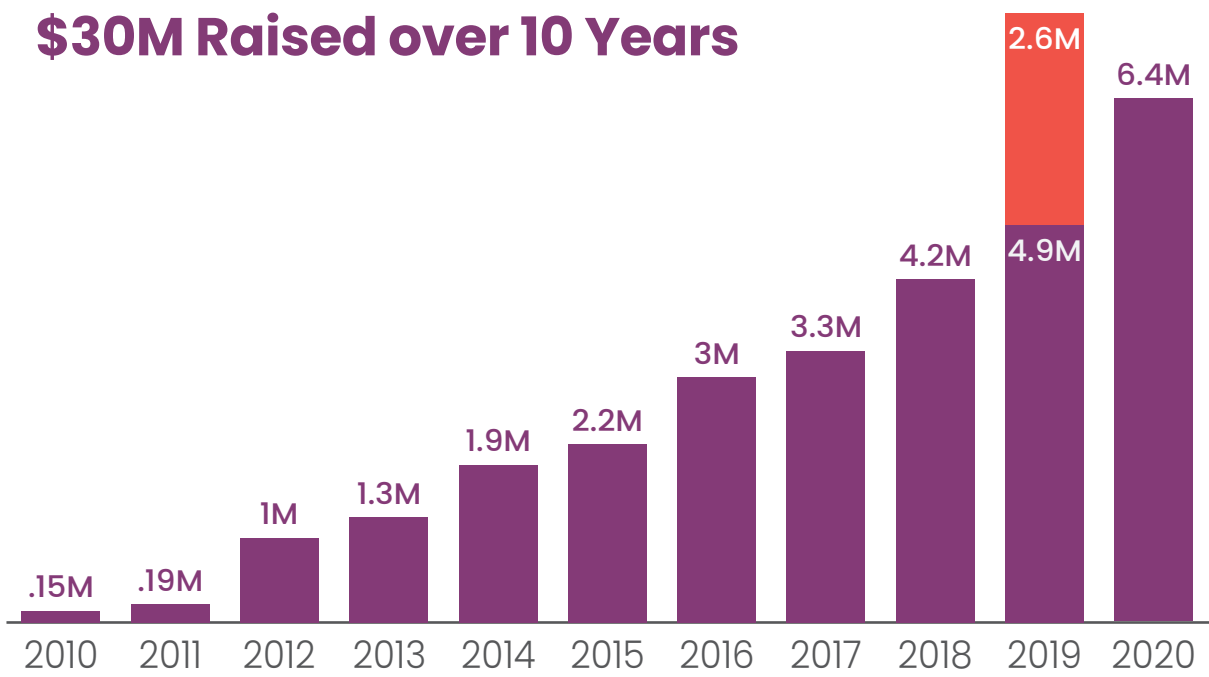
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Shubham, age 2, treated as an infant by partner HRCDC.

\$6.4 Million Raised in 2020



\$30M Raised over 10 Years



MiracleFeet had a one-time fundraising windfall in FY2019 thanks to a \$2.6M program grant gained through the acquisition of bankruptcy assets that were originally raised by another organization to treat children born with clubfoot

Our Donors

This report recognizes the incredible generosity of our donors in Fiscal Year 2020, which began July 1, 2019 and ended June 30, 2020.

\$250,000+

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INDIA
Anushka Singh, 9-months-old
(pictured on back cover)



MiracleFeet’s story is one with many chapters, and we are often asked how it all began.

A message from founders Bridget and Roger Berman

Clubfoot was not something we knew much about. Both of us had a vague idea what a clubfoot looked like, but no real understanding of what caused this serious birth defect. It was only when our son Reese was born with bilateral clubfoot that we became aware of its significance—and the extent to which it impacts children, their families, and communities worldwide.

Reese was born in August 2000. From all appearances, he was a healthy baby boy, except that both of his feet turned severely inward. We were informed right after his birth of his acute case. However, we were assured that with the help of capable doctors, there were options for correcting the condition. We also learned that with the right treatment, the risk to Reese’s overall health would be minimal and it was unlikely he would experience lingering pain or physical limitations. Needless to say, we were immensely relieved.

What we did not know then was that we were only at the beginning of a personal journey with clubfoot. Through Reese’s experience, we discovered how common this birth defect is, affecting more than 175,000 children each year in low- and middle-income countries, where access to treatment was virtually nonexistent. Millions have suffered their entire lives with severe physical and emotional pain as a result of not being treated.

On the other hand, we were very fortunate. Reese’s condition was diagnosed immediately and treated using the Ponseti Method. Dr. Josh Hyman, a New York-based orthopedic surgeon and MiracleFeet founder, likes to say that Reese’s were his “third and fourth feet,” having just been trained as a young physician by Dr. Ponseti at the University of Iowa.

In 2005, towards the end of Reese’s treatment, we met Dr. Ponseti and his wife, Helena. They shared a vision of an organization created specifically to provide medical support to children born with clubfoot in developing countries. That conversation inspired us to launch MiracleFeet. It was never our intention to become social entrepreneurs. **As parents, we were motivated to help other children and families and maybe one day help end this disability for good.**

Looking back over the past decade, we are amazed by MiracleFeet’s many accomplishments and humbled by the incredible support the organization has received. From our generous donors and loyal sponsors, to the dedicated staff, medical professionals, and partners around the world, to our committed board of directors: your belief in our work and unwavering commitment to end this debilitating condition has fueled MiracleFeet’s mission and reach.

When we started, we thought treating 5,000 children would be an amazing feat. Today, we could not be prouder that MiracleFeet has expanded to 29 countries and transformed the lives of over 50,000 children.

This year, we begin a new chapter as emeritus members of MiracleFeet’s board. As founders, our goal has always been to focus our experience and passion where it can be most useful to a growing organization. The addition of Daphne Sorensen as MiracleFeet’s President is a testimony to the board’s commitment to strengthening this talented organization. It also goes without saying that we could have not accomplished any of this without our fearless leader and highly-effective CEO, Chesca Colloredo-Mansfeld. In our new role, we will continue to support them and remain active and present wherever and however it most benefits MiracleFeet.

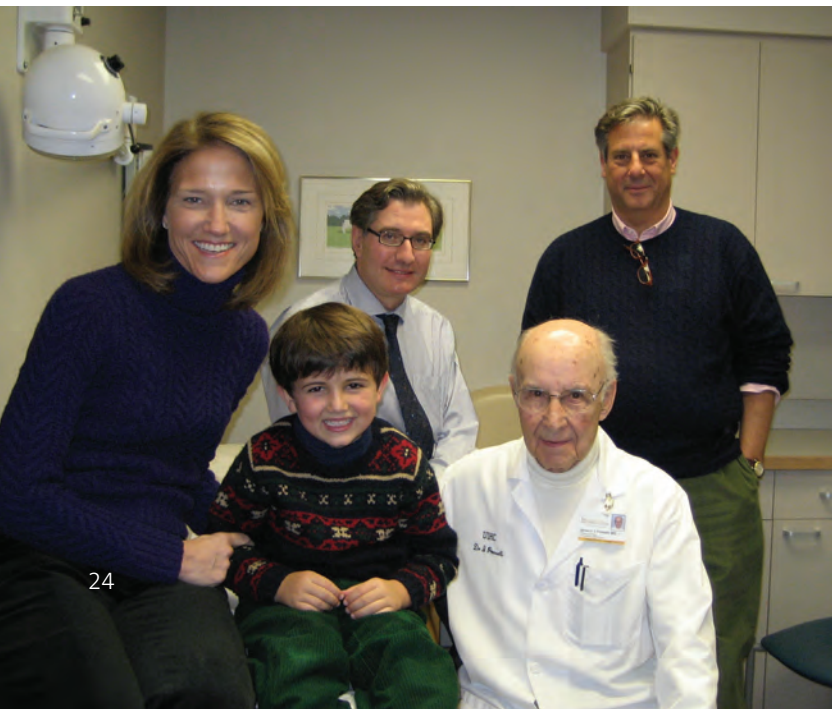
Over the years, there have been differing ideas and points of view on what was best for MiracleFeet, and we experienced plenty of challenges. However, even through adversity, we were bold in our thinking and actions, and never lost sight of our core belief: **it’s about the kids.**

We are enormously grateful for the opportunity we have had with MiracleFeet and appreciate everyone who has supported us personally and through the work of the organization. We are indebted to your kindness and look forward to continuing our journey to help make a difference, **one foot at a time.**

Roger *Bridget*
 Roger Berman Bridget Ryan Berman



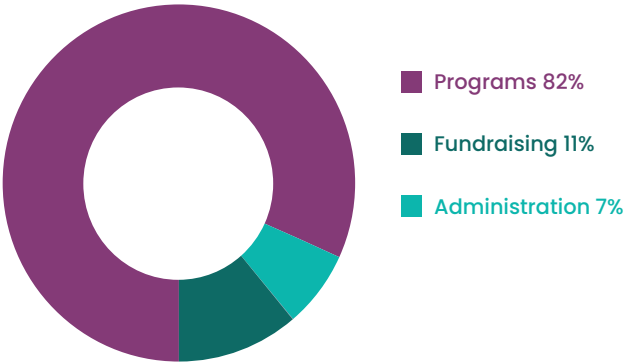
TOP: Bridget Ryan Berman on first of many visits to MiracleFeet clinics.
LEFT: The Bermans with son, Reese, and Dr. Ignacio Ponseti at the University of Iowa.
RIGHT: Reese, an avid and talented tennis player, as a young adult.



Financial Stewardship

MiracleFeet is a top-rated charity by GuideStar, Charity Navigator, Charity Watch, and Great Nonprofits, maintaining the highest ranking with each. We are proud to be an accredited charity through the Better Business Bureau’s BBB Wise Giving Alliance.

We are deeply committed to being the best stewards of your gifts and ensuring that the funds we raise go directly to treating children. Over 82% of our overall budget goes to supporting programs and services for children born with clubfoot.



UGANDA

Baby Raes, MiracleFeet’s 50,000th patient, and his mother, Robinah, at the CoRSU clinic.

MiracleFeet (COMBINED GLOBAL + INDIA)

Program Impact	FY 2019	FY 2020
New children enrolled in treatment	8,502	8,928
Total children enrolled in treatment	39,257	48,185
Total cost/child	\$571	\$587
Programing cost/child (incl prog mgnt.)	\$458	\$481
Total Revenue (Cash Basis) ¹	\$7,475,383	\$6,353,168

Expenses (Cash Basis)	FY 2019	FY 2020
Administration	\$374,212	\$364,605
Fundraising	\$593,193	\$586,062
Program	\$3,891,350	\$4,290,770
Total	\$4,868,755	\$5,241,438

Percentages	FY 2019	FY 2020
Administration	8%	7%
Fundraising	12%	11%
Program	80%	82%

AUDITED FINANCIALS (US and UK entities)

	FY 2019	FY 2020
Total Revenue (Accrual Basis)	\$7,752,407	\$8,660,174

Expenses (Accrual Basis)	FY 2019	FY 2020
Administration	\$374,993	\$417,059
Fundraising	\$600,955	\$602,787
Program	\$4,017,286	\$4,229,683
Total	\$4,993,234	\$5,249,529

Percentages	FY 2019	FY 2020
Administration	8%	8%
Fundraising	12%	11%
Program	80%	81%

End of Year Net Assets	\$7,465,972	\$10,800,744
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Footnotes

1. This includes the salaries, travel, technology and operations of the MiracleFeet program team but not general overhead costs. It is the per-child cost commonly referenced in MiracleFeet materials.

Leadership Team

Chesca Colloredo-Mansfeld
Co-Founder & Chief Executive Officer

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Director of Finance and Operations

Jennifer Everhart
Director of Programs

Lindsey Freeze
Director of Marketing and Communications

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Group CEO of the ICS Group

MiracleFeet India Special Advisors

Indu Shahani
Founding Dean, Indian School of Management & Entrepreneurship

Chesca Colloredo-Mansfeld
Co-Founder and CEO, MiracleFeet

Roger Berman
President, RH Berman Consulting and Co-Founder, MiracleFeet

Ashish Bharatram
Managing Director of SRF Group and contributes to the SRF Foundation

ALIGARH, INDIA

Anushka Singh, 9 months old, received care as an infant at a MiracleFeet India clinic, one of 79 health facilities in seven states they support. MiracleFeet India enrolled 1,448 new patients in treatment in 2020



miraclefeet

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