Brazil

João Paulo, now 10, was one of the first children treated through MiracleFeet’s founding partnership in Brazil. “Today he can do things that I never imagined he would be able to do,” says his mother Solange. An avid drawer, one day João Paulo wants to open an art shop. He also loves soccer and keeps up with his older brothers.

IT BEGAN AS a dream

MiracleFeet was born over ten years ago, when a group of doctors and parents in the United States realized that a medical breakthrough could change millions of lives across the planet. They were activists, entrepreneurs, and philanthropists who came together to tackle a leading cause of physical disability, overlooked for generations. They created MiracleFeet to ensure no child is left behind by clubfoot disability.

We’ve come a long way since forming our first partnership in Brazil, and we’re just getting started. MiracleFeet’s goal is to scale clubfoot services to reach 70 percent or more of every child born with clubfoot in every low- and middle-income country. Working with local partner organizations and health workers, across public and private health systems, we are leading the charge to ensure every child has access to the treatment they need to thrive.
The world’s extreme health inequities have never been more apparent. **Clubfoot is one we can solve.**

As the reality of a global pandemic set in, we worried that MiracleFeet’s ability to deliver quality clubfoot treatment could suffer as health priorities shifted to tackle Covid. Indeed, global health agencies continue to produce grim reports on backsliding progress against malaria, HIV, and tuberculosis as fragile health systems have struggled over the past year. In contrast, we have a remarkably positive story to tell. Our work continued and our partnerships in 29 countries reached more children than any year prior. Not only that:

• Almost all patients whose treatment was interrupted in 2020 by COVID are back in care.

• Over 50% of all babies with clubfoot are beginning treatment within a year of birth in Liberia, Tanzania, Philippines, Sri Lanka, Nicaragua, and Paraguay. Few or none were receiving treatment when these programs started.

• We added 56 clinics to a growing global network of health facilities delivering services and entered a new country, Sierra Leone.

• Countries known for having especially weak health systems, like Madagascar, Mali and Somalia, were still able to deliver stellar treatment quality despite the additional challenges imposed by Covid.

Despite our progress, far too many families still have to overcome extraordinary barriers—geographic, financial, social—to access a relatively simple treatment. About 150,000 babies every year receive inadequate or no treatment at all. Since 2001, for every child born with clubfoot in a low- or middle-income country who received the Ponseti method, 10 or more have not.

**Finding this care shouldn’t be a matter of luck.**

It shouldn’t depend on where your child is born. It shouldn’t happen because a mother finds a Facebook group, in her language, with accurate information on clubfoot, after months or years of searching. Or because a family member spots a torn poster showing clubfoot and its solution, along with a phone number. It shouldn’t involve heroism or suffering. Yet these are common refrains in thousands of stories our clinic partners hear every year.

**Access to medical, educational, and protective services that ensure children with disabilities achieve their full physical, intellectual, and social potential is a right.**

Vast inequities threaten many human rights today—but for clubfoot, this is a gap we know how to close. Along with dozens of local and global organizations, MiracleFeet has proven that the Ponseti method can be safely, effectively delivered anywhere on earth and reach populations at scale.

In MiracleFeet’s next 10 years, we are resolved to advocate for and advance the government leadership and global partnerships needed to bring this essential care closer to communities, embedded in national health systems, so that all children benefit from a life-changing medical innovation widely available in wealthy countries. Universal screening and treatment after birth would mean that, in just a decade, over 2 million children would walk free of clubfoot disability. This report (MiracleFeet’s 10th!) highlights important progress we’ve already made on this front.

Since our founding, MiracleFeet and partners have helped over 62,000 children receive quality clubfoot treatment. This impact is made possible by a passionate, committed, and creative network of donors, staff, partners, and colleagues around the world. Together, we are reaching those most at risk of being left behind with the treatment they need to experience independence and opportunity for life.

Thank you for helping make this possible.

Chesca Colloredo-Mansfeld
Co-founder and CEO

Daphne de Souza Lima Sorensen
President

In September of 2020, Raes became our 50,000th patient. He first visited the CoRSU clinic in Uganda at three weeks old (top) and at six months old (bottom) he had completed the casting stage of treatment and is thriving.
The great rebound

In 2021, we reached more patients than ever, despite the pandemic.

MiracleFeet’s people, technology and partner-led model proved effective and enduring throughout the pandemic—delivering high-quality clubfoot care to more children than ever in our history—even as countries faced ongoing lock-downs, and the world’s health infrastructure came alarmingly close to failing. Nearly 70% of patients whose care was interrupted during COVID were back in treatment by the end of the year, thanks to partners’ service delivery innovations (like mobile casting and brace delivery), and the priority that parents—those closest to a child’s success—placed on this life-changing care.
Extraordinary impact

1,500+ guardians interviewed in 7 countries

Remarkable responses

We’ve spoken with more than 1,500 parents and guardians as part of external evaluations of MiracleFeet partnerships in nine countries: India, Liberia, Nicaragua, Paraguay, the Philippines, Uganda, Tanzania, Madagascar, and Sri Lanka. The results affirm the extreme efficacy of the Ponseti method and MiracleFeet’s model for scaling services, and the life-changing impact that proper clubfoot treatment has on children and their families.

His clubfoot is gone. My child can now walk properly, play with other children, and run without feeling any pain.”

Uganda

She can now walk straight. She is no longer being teased and has more confidence in herself.”

Paraguay

QUESTION

How has your child’s quality of life changed because of the clubfoot treatment he/she received?

90% say their child can “always” walk without difficulty

98% say their child’s quality of life improved

Paraguay | Twins Enrique and Gael, 1 year old

His clubfoot is gone. My child can now walk properly, play with other children, and run without feeling any pain.”

Uganda

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QUESTION

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98% say their child’s quality of life improved

Paraguay | Twins Enrique and Gael, 1 year old
A movement defined by innovation

Because of a medical innovation that replaced surgery as the standard of care for clubfoot, it is possible to provide high-quality treatment for children anywhere on earth.

MiracleFeet Brace
MANUFACTURING BEGAN IN 2015

The award-winning, patented MiracleFeet brace, worn at night, supports children through the longest phase of treatment—maintaining the position of a child’s feet, following a series of casts, as they grow. Children in 36 countries have used the brace since we started producing it with Suncast and Clarks Shoes, and now with Fortune Footwear.

Thanks to our incredible ongoing partnership with Suncast, we shipped 10,991 pairs of shoes and 7,693 bars to clinics in 16 countries in 2021.

CAST
POWERING TREATMENT QUALITY AND PROGRAM MANAGEMENT SINCE 2019

Our mobile application CAST, powered by CommCare, collects patient data at the point of treatment. Reports and dashboards, rendered in Salesforce, give providers and program coordinators continuous insights on patient trends and treatment quality. Launched in 2019, today CAST records about 2,000 visits per week at 257 clinics around the world.

ACT Online
DIGITAL TRAINING LAUNCHES DURING PEAK OF PANDEMIC

Covid amplified the need for alternatives to in-person instruction for the growing network of clubfoot treatment providers. In late 2020, MiracleFeet launched ACT Online, an eight-module digital version of the ACT Basic course, along with the world’s first interactive 3D clubfoot model. The curriculum, developed by experts at the University of Oxford and the Global Clubfoot Initiative, is designed specifically for learning and applying clubfoot treatment skills in low-resource settings.

Brace Sensor
PROTOTYPE DEVELOPED

In 2021, a prototype of a sensor to track and promote proper brace usage won the prestigious Red Dot Design Award. Team Consulting, a medical device firm, developed the sensor to help clubfoot treatment providers gauge typical brace-wearing, a major factor in long-term outcomes for patients.

Delivering care

Building partnerships and supply chains, training health workers, measuring treatment quality, tracking patient progress, and communicating with families, country leaders, manufacturers, and funders with timely data—all requires a rigorous commitment to solutions that power efficient and effective programs.
Led by global medical champions

MiracleFeet’s story may have started with parents and entrepreneurs in the United States, but the global uptake of the Ponseti method has always been driven by its medical champions—orthopedic surgeons and physiotherapists—in countries where the multi-generational burden of untreated clubfoot demanded a better solution than surgery.

From a movement born by a pioneering team in Uganda in the early 2000s, to the master practitioners and trainers MiracleFeet partners with today—clubfoot progress has happened because of local medical champions in dozens of countries. From India and Nepal to Brazil, Zimbabwe, and the Philippines, their research and practice has advanced the success of the Ponseti method around the world, led to adaptions in reaching older children with untreated clubfoot, and increased government awareness and support for clubfoot services as an essential public health intervention to prevent lifelong disability.

Through this powerful network, MiracleFeet has supported training for over 4,000 providers in clubfoot treatment in 30+ countries since 2011.
In 2021, with MiracleFeet’s support

**741 PROVIDERS** supported treatment at

**327 CLINICS** in 29 countries

---

**Over 70% of newborns with clubfoot are receiving treatment in:**

Liberia and Paraguay

**Reaching more than 40% of newborns with clubfoot:**

Nepal, Nicaragua, Sri Lanka, Tanzania, and the Philippines

**Reaching 40% or more of newborns with clubfoot:**

New programs, 2021–22

---

**MiracleFeet partners achieved**

**30% TO 500% GROWTH** in treatment coverage

**IN 12 COUNTRIES**

in 2021: Bolivia, Brazil, Gambia, Guinea, Madagascar, Mali, Morocco, Nicaragua, Nigeria, Senegal, Somalia, South Sudan, Zimbabwe

---

**30% TO 500% GROWTH** in treatment coverage

**IN 12 COUNTRIES**

in 2021: Bolivia, Brazil, Gambia, Guinea, Madagascar, Mali, Morocco, Nicaragua, Nigeria, Senegal, Somalia, South Sudan, Zimbabwe
Steps to (sustainable) scale

From policymakers to market-makers, new partnerships galvanize global leadership for clubfoot.

MiracleFeet became a partner on USAID’s flagship five-year $40M program for strengthening physical rehabilitation in health systems.

Through the Learning, Acting and Building for Rehabilitation in Health Systems (ReLAB-HS) consortium, led by Johns Hopkins University, MiracleFeet will lay the groundwork to address gaps in global and national-level protocols for identifying, referring, and treating conditions like clubfoot early and systematically—including through delivery of comprehensive services in Pakistan, Uganda, and Ukraine. The consortium will develop evidence and leadership for mainstreaming delivery of assistive technology and rehabilitation at the primary health level, with a focus on fragile settings. The project—funded by the United States Agency for International Development’s Leahy War Victims Fund—is MiracleFeet’s first major grant from the U.S. government.

We also joined the Frontline Health Workers Coalition to advocate for the critical health workforce gaps and needs of rehabilitation professionals—and CORE Group, an influential network of 170 member organizations seeking to expand essential community health practices for underserved populations through collaborative action and learning.

First-ever report on clubfoot by a global development agency investigates the barriers to treatment in LMICs.

MiracleFeet collaborated with the Clinton Health Access Initiative (CHAI) on a new report for AT2030, a UK Aid-funded program led by the Global Disability Innovation Hub (GDI Hub). To drive progress for millions of children and adults with clubfoot, the authors call on the World Health Organization (WHO) to develop global guidelines for clubfoot treatment as a “fundamental step to bolster government ownership, greater financing, and coordinated strategies for integrating clubfoot treatment with other child health services—beginning with newborn detection and referral.”

In 2021, MiracleFeet benefited from funding through GDI Hub’s AT Impact Fund (ATIF), designed to support disability innovation ventures to scale through capital and technical assistance. ATIF drives market-based solutions for assistive products that enable people with disabilities or impairment to reach their full potential. MiracleFeet and ATIF will pilot commercializing the MiracleFeet brace in Nigeria—Africa’s largest market with 9,500 children born with clubfoot every year—by leveraging existing medical device distribution channels and forming new partnerships to expand access to an affordable, high-quality clubfoot brace throughout the country.

In another milestone, clubfoot braces earned a spot in the WHO’s first ever global guide for assistive technology. The WHO Assistive Product Specifications detail 26 essential devices that health systems must supply for inclusive health services—and clubfoot braces are #5.
Passionate, dedicated, creative donors propel our mission throughout the pandemic.

**People power**

Despite the pandemic’s influence on philanthropy over the past year, MiracleFeet’s donors remained committed to the critical needs of our programs. Thanks to your steadfast support, we have continued reaching those who are most at risk of being left behind, and together, we are ensuring that children receive the treatment they need to experience independence and opportunity for life. Our supporters are pivotal to our work and instrumental to our impact, particularly during times of global crisis.

**110%**
of MiracleFeet’s 2021 fundraising goal achieved

**40%**
increase in pledges and commitments from fiscal year 2020

**$2M**
committed over five years in first major grant from the United States government

---

**Uganda**

MiracleFeet will scale comprehensive clubfoot services in Uganda, Pakistan, and Ukraine as part of our work on the Learning, Acting and Building for Rehabilitation in Health Systems consortium, a five-year project funded by the United States Agency for International Development’s Leahy War Victims Fund.

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*includes a $2.6M program grant gained through the acquisition of bankruptcy assets that were originally raised by another organization to treat children with clubfoot.
Financial stewardship

Miraclefeet is deeply committed to ensuring the funds we raise go directly to treating children. 80% of our budget supports programs and services for children born with clubfoot.

<table>
<thead>
<tr>
<th>Programs 80%</th>
<th>Fundraising 12%</th>
<th>Administration 8%</th>
</tr>
</thead>
</table>

**Impact Report 2021**

**Program Impact**

<table>
<thead>
<tr>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>New children enrolled in treatment</td>
<td>8,928</td>
</tr>
<tr>
<td>Total children enrolled in treatment</td>
<td>48,185</td>
</tr>
<tr>
<td>Total cost/child</td>
<td>$577</td>
</tr>
<tr>
<td>Programming cost/child (incl prog mgt)</td>
<td>$471</td>
</tr>
<tr>
<td>Income (Cash Basis)</td>
<td>$6,138,583</td>
</tr>
</tbody>
</table>

**Expenses (Cash Basis)**

<table>
<thead>
<tr>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>$364,605</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$586,062</td>
</tr>
<tr>
<td>Program</td>
<td>$4,200,770</td>
</tr>
<tr>
<td>Total</td>
<td>$5,151,438</td>
</tr>
</tbody>
</table>

**Percentages**

<table>
<thead>
<tr>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>7%</td>
</tr>
<tr>
<td>Fundraising</td>
<td>11%</td>
</tr>
<tr>
<td>Program</td>
<td>82%</td>
</tr>
</tbody>
</table>

**Audited Financials (US and UK entities)**

<table>
<thead>
<tr>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Revenue (Accrual Basis)</td>
<td>$8,660,174</td>
</tr>
<tr>
<td>Expenses (Accrual Basis)</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>$417,059</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$602,787</td>
</tr>
<tr>
<td>Program</td>
<td>$4,229,683</td>
</tr>
<tr>
<td>Total</td>
<td>$5,249,532</td>
</tr>
</tbody>
</table>

**Percentages**

<table>
<thead>
<tr>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>8%</td>
</tr>
<tr>
<td>Fundraising</td>
<td>11%</td>
</tr>
<tr>
<td>Program</td>
<td>81%</td>
</tr>
</tbody>
</table>

**End of Year Net Assets**

<table>
<thead>
<tr>
<th>FY 2020</th>
<th>FY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,800,744</td>
<td>$9,018,989</td>
</tr>
</tbody>
</table>

*FY21 Cash Income does not include the PPP loan Miraclefeet received in FY21, which is currently on the Balance Sheet. It is included, however, in the graph on page 18, bringing our total raised in FY21 to $6.1M.
Morocco | Salman, 10 month old, pictured with his mom, Siham.

Programs

Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
<th>New Patients</th>
<th>All-Time</th>
<th>Clinics Supported (new)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Republic of Congo</td>
<td>Association pour le Développement de la Réadaptation et du Bien Etre</td>
<td>100</td>
<td>470</td>
<td>6</td>
</tr>
<tr>
<td>Gambia</td>
<td>Gambia Clubfoot Foundation</td>
<td>59</td>
<td>146</td>
<td>2</td>
</tr>
<tr>
<td>Guinea</td>
<td>RECSAC GUINEE</td>
<td>72</td>
<td>162</td>
<td>4</td>
</tr>
<tr>
<td>Liberia</td>
<td>Faith Clinical Ortho Rehabilitation Center</td>
<td>341</td>
<td>2,586</td>
<td>10 (+1)</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Foundation Asan</td>
<td>475</td>
<td>1,467</td>
<td>11 (+4)</td>
</tr>
<tr>
<td>Mali</td>
<td>ASEMF Mali</td>
<td>184</td>
<td>457</td>
<td>4 (+1)</td>
</tr>
<tr>
<td>Morocco</td>
<td>Premier Pas</td>
<td>171</td>
<td>227</td>
<td>2</td>
</tr>
<tr>
<td>Nigeria</td>
<td>The Straight Child Foundation</td>
<td>309</td>
<td>573</td>
<td>6 (+3)</td>
</tr>
<tr>
<td>Senegal</td>
<td>LahibY Senegal</td>
<td>103</td>
<td>226</td>
<td>4 (+2)</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>National Rehabilitation Centre</td>
<td>167</td>
<td>167</td>
<td>(6)</td>
</tr>
<tr>
<td>Somalia</td>
<td>International Committee of the Red Cross (ICRC)/MoveAbility</td>
<td>176</td>
<td>318</td>
<td>3</td>
</tr>
<tr>
<td>South Sudan</td>
<td>CRC/URAT/UNA Rehab Centre</td>
<td>41</td>
<td>63</td>
<td>1</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Tanzania Clubfoot Care Organization, Comprehensive Community Based Rehabilitation in Tanzania (CCBCF, Lusse River Rehabilitation Centre)</td>
<td>1,684</td>
<td>8,059</td>
<td>41 (+3)</td>
</tr>
<tr>
<td>Uganda</td>
<td>Comprehensive Rehabilitation Services Uganda (CarSUL)</td>
<td>758</td>
<td>2,391</td>
<td>23 (+2)</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Zimbabwe Sustainable Clubfoot Program</td>
<td>304</td>
<td>2,849</td>
<td>13</td>
</tr>
</tbody>
</table>
## Asia

<table>
<thead>
<tr>
<th>Country</th>
<th>New Patients</th>
<th>All-Time</th>
<th>Clinics Supported (new)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bangladesh</strong></td>
<td>1,030</td>
<td>3,716</td>
<td>33</td>
</tr>
<tr>
<td>Walk for Life: Bangladesh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cambodia</strong></td>
<td>165</td>
<td>788</td>
<td>7</td>
</tr>
<tr>
<td>NextSteps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>India</strong></td>
<td>1,577</td>
<td>16,963</td>
<td>87 (+26)</td>
</tr>
<tr>
<td>MiracleFeet India</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Indonesia</strong></td>
<td>25</td>
<td>114</td>
<td>2 (+1)</td>
</tr>
<tr>
<td>Stepping Stones Bali</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Myanmar</strong></td>
<td>72</td>
<td>1,203</td>
<td>2</td>
</tr>
<tr>
<td>Walk for Life: Myanmar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nepal</strong></td>
<td>444</td>
<td>2,382</td>
<td>4</td>
</tr>
<tr>
<td>Hospital and Rehabilitation Center for Disabled Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Philippines</strong></td>
<td>433</td>
<td>3,150</td>
<td>24</td>
</tr>
<tr>
<td>Philippine Non-Governmental Organization Council</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sri Lanka</strong></td>
<td>233</td>
<td>1,407</td>
<td>3</td>
</tr>
<tr>
<td>Humanity and Inclusion</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Philippines

When public transportation closed throughout much of Covid, families in the steep Cordillera mountains were isolated—cut off from health care and community resources.

MiracleFeet partner and orthopedic surgeon Dr. Jean Pierre Leung and his team at Benguet General Hospital worked to keep more than 60 patients from their clinic from experiencing a relapse during lockdowns. He and a physiotherapist organized regular weekend cycling trips to deliver new braces and check on patients. And they continue to virtually follow children’s progress through a private Facebook group where parents can post questions and updates.
## Latin America

<table>
<thead>
<tr>
<th>Country</th>
<th>New Patients</th>
<th>All-Time</th>
<th>Clinics Supported (new)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolivia</td>
<td>32</td>
<td>259</td>
<td>7 (+3)</td>
</tr>
<tr>
<td>Bolivia</td>
<td>AYNINAKUNA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>30</td>
<td>659</td>
<td>2 (+1)</td>
</tr>
<tr>
<td>Brazil</td>
<td>Instituto de Ortopedia e Traumatologia, Hospital de Clinicas, Sao Paulo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ecuador</td>
<td>117</td>
<td>680</td>
<td>5 (+1)</td>
</tr>
<tr>
<td>Ecuador</td>
<td>Fundacion Hermano Miguel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guatemala</td>
<td>29</td>
<td>314</td>
<td>5</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Asociacion de Padres y Amigos de Personas con Discapacidad Santiago Atitlan (ADISA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicaragua</td>
<td>133</td>
<td>1,095</td>
<td>5</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>ASOPIECAD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paraguay</td>
<td>173</td>
<td>891</td>
<td>5</td>
</tr>
<tr>
<td>Paraguay</td>
<td>Fundacion Solidaridad</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Brazil | Manuela, age 3**

**Nicaragua | Vicente, age 8**
Our Donors

This report recognizes the incredible generosity of our donors in Fiscal Year 2021, which began on July 1, 2020 and ended on June 30, 2021.

$250,000+
Anonymous
Åke Edén and Georg Madsenberger
Henrik and Beate Faschir
Hans Peter and Karina Maassen
Oak Foundation
Passport Foundation
Schott Family Foundation

$50,000-$249,999
Anonymous
Jennifer Ayer
The Cayton-Goldchin Family Foundation
Gordon and Llura Gund Foundation
Cayton-Goldchin Family Foundation
Anonymous
Passport Foundation
UBS Optimus Foundation

$20,000-$49,999
Florian Ardnt
Bridge Ryan Berman and Roger Berman
Michael and Laura Boudreau
Carlson Family Foundation
Charlotte Geyer Foundation
Dorothea Haus Ross Foundation
Ferroni Foundation, Inc.
Frances and John J. Shields
Bob Strawbridge
Tawingo Fund

$10,000-$19,999
Lamberto Andretti
Anonymous
James and Veronica Baker
Barnes Family Foundation
Carmen Caneda and Richard Ciftillian
Chesca and Rudi Colloredo-Mansfeld
Franz and Anne Colloredo-Mansfeld
Michelle and Ross Cooper
Sandy and Adam Davis
Robert Durkin

Goldman Sachs
Shoshana and Doug Himmel
The James and Colleen Patel Fund at Jaiser Ridge Charitable Fund
John and Lisa Jewett
Harold and Debra Kushter
Laetin W. Fitt and Jain I. McFarren
Foundation
Peter and Elsbeth Malinphon
Julie McDonald
Michael and Robin Morris
Paul Remack
Cathie Saliner
Shoe Zone
Burkhard Wittek
Suzanne and Norman Sorensen

$5,000-$9,999
Anonymous
Manuel and Claire Baron
Clif Lyonsahn Foundation
David Cooper
Diana and Steve Goldberg
Hyman Family Charitable Foundation
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“Invest in a child and their whole life is ahead of them for them to invest in society.”
MiracleFeet partner Dr. Bibek Banskota, Hospital & Rehabilitation Center for Disabled Children in Nepal

Nepal
Dukhi works for the Hospital & Rehabilitation Center for Disabled Children (HRDC), MiracleFeet’s partner in Nepal. He makes shoes designed to fit the clubfoot brace that 500+ new patients beginning clubfoot treatment at HRDC every year need—plus approximately 3,000 patients who require new shoes and bars as they grow. Dukhi is one of 28 staff at HRDC who are also former patients.

He and his sister were born with bilateral clubfoot, and lived in isolation for many years. They received care from HRDC, when a community rehabilitation worker working for HRDC met them in their remote village. Eventually they both received the Ponseti method and achieved full functionality without any major surgery.

Dukhi encourages children who have lived with a physical impairment and experienced stigma as a result to embrace their potential and envision a positive future.

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Activists & Advocates

Global voices unite for clubfoot.

“Clubfoot is not a fatality. It’s just a challenge that can be overcome.”

Ando Fanambina was born with bilateral clubfoot in Antananarivo, Madagascar. He says his condition made it difficult to join in games or keep up with other kids. Today though, after a long journey, that’s no longer the case. Not only is Ando a champion bodybuilder, he’s a strong advocate for clubfoot awareness using his growing fame to spread the word about the Ponseti method and treatment availability in Madagascar.

“Instead of wondering what I can do, I wonder what can’t I do?”

Khristopher Nicholas is a PhD candidate at UNC’s Gillings School of Global Public Health and an accomplished cyclist. Born with bilateral clubfoot in Trinidad and Tobago, his journey, and all that he has learned along the way, inspired him to become an advocate and ambassador for MiracleFeet’s work worldwide.

“No matter where you live or where you are born— you should be able to find care. I want that for every African child who has clubfoot.”

In the early 1980s, doctors told Aisha Mballo’s parents it was “God’s will” that she was born with clubfoot, and their attempts to find treatment all ended the same way: no answers. However, one day when Aisha was 14 years old, everything changed. In December of 1996, Aisha departed Dakar, Senegal for Minneapolis, Minnesota. Two days after arriving, she had a medical consultation to set a course of treatment for her feet—a plan that took nearly three years and required seven surgeries. Her journey shaped her in ways she never could have imagined, but what’s never changed is her belief that no child should grow up with a treatable disability. In 2021, Aisha shared her experience living with clubfoot and navigating treatment as a young adult as part of a first-ever panel discussion with the World Health Organization and global health agencies about barriers to universal clubfoot treatment.
Madagascar

Modrich, 18 months old, visited several healers as a baby because his mom was unable to find accurate information about effective treatment. Eventually she found a MiracleFeet-supported clinic where Modrich received treatment.