

MiracleFeet

Insights from Program Participants



Welcome To Your 60dB Results

We enjoyed hearing from 605 respondents – they had a lot to say!

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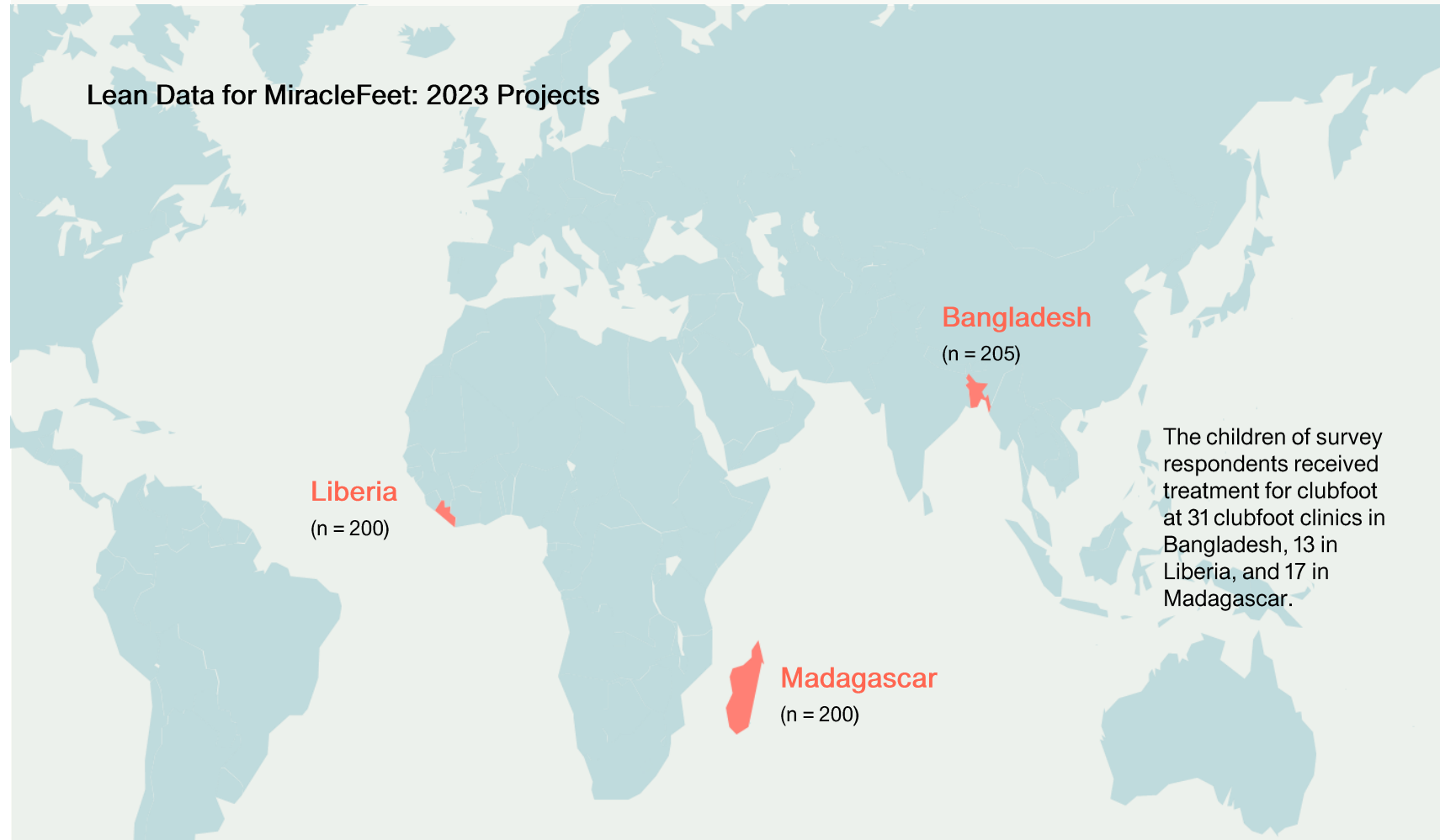
Project Overview

61% of the respondents we spoke to are female.

The list of countries, along with the number of respondents we spoke to in these markets, is shown on the map.

In this report, it is important to note that all data points cited were provided by respondents and have not been independently verified or observed. The survey instrument employed 13 closed-ended questions, 3 numerical questions and 8 open-ended questions. Throughout the report, we have called out the questions that are open-ended using the label “Open-ended, coded by 60 Decibels”. For more information regarding the methodology used to analyze these responses, go to page [37](#).

In 2023, we completed surveys with 605 parents and guardians whose children were treated in 61 MiracleFeet supported hospitals and clinics across three countries.



Bangladesh Performance Snapshot

93% of Bangladesh respondents report that their child can ‘always’ walk without difficulty. 99% say their child’s quality of life has improved because of MiracleFeet.

<div><div>Walking Status</div><div>93%</div><div>respondents say child can ‘always’ walk without difficulty or assistance</div></div>	<div><div>Respondent Profile</div><div>31%</div><div>of respondents are female, and 100% of respondents are parents of the child</div></div>	<div><div>Reported Impact</div><div>88%</div><div>report quality of life ‘very much improved’ and 11% ‘slightly improved’</div></div>	<div><div>What Impact open-ended coded by 60dB*</div><div><ul style="list-style-type: none">Child stands or walks without difficulty (70%)Child can run and play (61%)Foot is nearly or fully straightened (38%)</div></div>	<div><div>Respondent Vignette</div><div><p>“When I found out about the child’s disease, I was very worried that my child would never recover. Then I learned online and from acquaintances that this disease can be cured through treatment.”</p><p>“My baby recovered within a month of treatment. Now she is quite normal. She can now walk and play sports on her own feet. Her daily activities are not affected at all.”</p><p>“During the casting phase, the baby was very small and that’s why she cried a lot. We (mother and father) took care of her.”</p><p>“In the bracing phase, she cried a lot. Now she has grown up a bit, and she wants to take off her shoes. So we normally need to persuade her by sitting with toys or cartoons on the mobile.”</p><p>--- Father</p><p><small>*Open-ended percentages represent spontaneous mention of these items and do not match results reported from closed-ended questions on the same or related topics presented later in the report. For more information about the methodology used to calculate the percentages of open-ended questions, go to page 37.</small></p></div></div>
<div><div>Treatment Results</div><div>73%</div><div>respondents say child ‘never’ complains of pain or any problem in their feet</div></div>	<div><div>Challenges During Casting Phase</div><div>40%</div><div>report experiencing challenges during the casting phase of the treatment</div></div>	<div><div>Challenges During Bracing Phase</div><div>39%</div><div>report experiencing challenges during the bracing phase of the treatment</div></div>	<div><div>Average Travel Time</div><div>75</div><div>minutes is the median time taken to travel to the hospital (min: 10 min, max: 480 min)</div></div>	

Liberia

Performance Snapshot

97% of respondents in Liberia report that their child’s quality of life has improved because of MiracleFeet, with 78% saying it has ‘very much improved’.

<div><div>Walking Status</div><div>68%</div><div>respondents say child can ‘always’ walk without difficulty or assistance</div></div>	<div><div>Respondent Profile</div><div>86%</div><div>of respondents are female, and 95% of respondents are parents of the child</div></div>	<div><div>Reported Impact</div><div>78%</div><div>report quality of life ‘very much improved’ and 19% ‘slightly improved’</div></div>	<div><div>What Impact open-ended coded by 60dB*</div><div><ul style="list-style-type: none">• Child stands or walks without difficulty (68%)• Child can run and play (23%)• Foot is nearly or fully straightened (18%)</div></div>	<div><div>Respondent Vignette</div><div><p>“When I got to know her condition, I was feeling so bad that I used to share tears all of the time, especially when I thought about how she was going play with her friends.”</p><p>“[Her quality of life] has improved, she can move around freely to get to school, play with her friends, and do her work. These are things she couldn't do or couldn't have done if her condition was to stay as it was (clubfooted).”</p><p>“[During the casting phase] I overcame the situation by being with her, she needed me most then. I was always making sure she was safe and that she did not play with anything that'll that could hurt her legs. When we had a situation, I could communicate with the doctor or nurses at the hospital to help me out.”</p><p>--- Grandmother</p></div></div>
<div><div>Treatment results</div><div>38%</div><div>respondents say child ‘never’ complains of pain or any problem in their feet</div></div>	<div><div>Challenges During Casting Phase</div><div>25%</div><div>report experiencing challenges during the casting phase of the treatment</div></div>	<div><div>Challenges During Bracing Phase</div><div>18%</div><div>report experiencing challenges during the bracing phase of the treatment</div></div>	<div><div>Average Travel Time</div><div>40</div><div>minutes is the median time taken to travel to the hospital (min: 1 min, max: 300 min)</div></div>	<div><div>*Open-ended percentages represent spontaneous mention of these items and do not match results reported from closed-ended questions on the same or related topics presented later in the report. For more information about the methodology used to calculate the percentages of open-ended questions, go to page 37.</div></div>

Madagascar

Performance Snapshot

73% of respondents in Madagascar report their child’s quality of life has 'very much improved' because of MiracleFeet.

<div><div>Walking Status</div><div>71%</div><div>respondents say child can ‘always’ walk without difficulty or assistance</div></div>	<div><div>Respondent Profile</div><div>68%</div><div>of respondents are female, and 92% of respondents are parents of the child</div></div>	<div><div>Reported Impact</div><div>73%</div><div>quality of life ‘very much improved’ and 25% ‘slightly improved’</div></div>	<div><div>What Impact open-ended coded by 60dB*</div><div><ul style="list-style-type: none">• Child is healthy and ‘normal’ (41%)• Foot is nearly or fully straightened (21%)• Child can run and play (13%)</div></div>	<div><div>Respondent Vignette</div><div><p>“It was a huge surprise, we didn’t expect that. But the doctor tried his best to reassure us about the treatment of the clubfoot.”</p><p>“Our child doesn’t have any more issues playing with other children, and that was not possible before the treatment.”</p><p>“[During the casting phase] the child cried overnight. And we only tried to bring kindness and comfort until they got used to it.”</p><p>“As the child couldn’t move properly because of the braces, it created a big displeasure. So we arranged her seat and bed accordingly.”</p><p>--- Father</p></div><div><div>*Open-ended percentages represent spontaneous mention of these items and do not match results reported from closed-ended questions on the same or related topics presented later in the report. For more information about the methodology used to calculate the percentages of open-ended questions, go to page 37.</div></div></div>
<div><div>Treatment results</div><div>70%</div><div>respondents say child ‘never’ complains of pain or any problem in their feet</div></div>	<div><div>Challenges During Casting Phase</div><div>37%</div><div>report experiencing challenges during the casting phase of the treatment</div></div>	<div><div>Challenges During Bracing Phase</div><div>38%</div><div>report experiencing challenges during the bracing phase of the treatment</div></div>	<div><div>Average Travel Time</div><div>60</div><div>minutes is the median time taken to travel to the hospital (min: 0 min, max: 2,880 min)</div></div>	

Top Insights

MiracleFeet is having a positive impact on children' quality of life by improving their ability to walk, play, and live a life without pain.

1

Respondents across countries report the high impact the treatment has on children.

Over 90% of respondents in the three countries report that their child can walk without difficulty or assistance 'always' or 'most of the time'. This excludes children that are not of walking age.

Above 85% of the respondents in each country report that their child can play 'always' or 'most of the time' in a manner appropriate to their age.

99% of the respondents in Bangladesh report the current and future quality of life of their child has improved because of the clubfoot treatments at the hospital or clinic, similar to 97% of respondents in Liberia and 98% in Madagascar that report the same.

Pages: [15](#), [17](#), and [18](#).

2

A higher proportion of Liberia respondents report that their child's abilities are not fully improved.

A lower proportion of Liberia respondents report that their child can 'always' walk without difficulty or assistance (68%) compared to respondents in Bangladesh (93%) and Madagascar (71%).

Similarly, 66% of respondents in Liberia report that their child can 'always' play in a manner appropriate to their age, compared to 91% in Bangladesh and 85% in Madagascar.

In Liberia, 19% of respondents report that their child never wore braces while sleeping. This is the highest percentage across the three countries.

Pages: [19](#), [21](#) and [30](#).

3

Respondents report following treatment instructions or receiving information and tips helped them to overcome challenges during the bracing and casting phases.

Nearly 2 in 5 respondents in Bangladesh and Madagascar and 1 in 5 in Liberia report experiencing challenges during the bracing phase.

During the casting phase, 2 in 5 respondents in Bangladesh and 1 in 5 in Madagascar and Liberia report facing challenges.

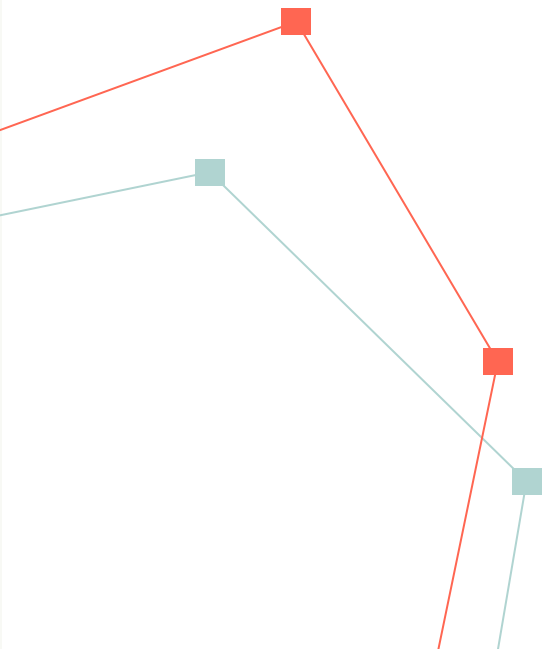
Respondents in all countries say they overcame the challenges by receiving instructions and information or tips for treatment from health workers.

Also, respondents mention their partners and healthcare workers (e.g., doctors, nurses) helped them to overcome these challenges.

Pages: [22](#), [23](#), [24](#) and [25](#).

Respondent Voices

We love hearing from the respondents about their children & MiracleFeet. Here are some responses from open-ended questions in which respondents were asked for explanations in their own words.



Impact Stories

98% of respondents shared how treatment from MiracleFeet’s partners improved their child’s quality of life.

“She can do all the work, sports, and everything else like boys and girls her age. We like it very much. We think that in the future, she will be able to live like healthy people.” - Bangladesh

“His life has been totally changed. Because many people said that my son will not be able to walk on his own. But by the grace of Allah he can walk and play with no help.” - Bangladesh

“When he was born, his feet were bent. Now it is straight. Earlier, he never used to stand by himself. But now he can stand by himself and walk by himself.” - Liberia

“Now he can go to school, and he can play with friends without any stigma. He is growing well.” - Liberia

“He’s a really smart kid. With his foot, which is now treated, he can play and have fun like everyone else. He even dances all the time. His foot no longer limits him.” - Madagascar

“No one will ever know that he had this problem. He can grow and develop like any other child.” - Madagascar

Visiting The Clubfoot Clinic

26% found challenges in attending appointments during either the casting or bracing phase

“Because the hospital was quite far away from the place where we live, it used to take us more than 3 hours to reach, which was very challenging as well as exhausting.” - Bangladesh

“Transportation cost was very heavy for me, but people helped me with the money.” - Liberia

“Appointments took us all day. We had to take time off from work for it. We had to wake up really early in the morning to make sure we got the treatment.” - Madagascar

Opportunities For Improvement

Some suggestions for improvement for MiracleFeet’s partners

“We forgot many times the exercises that they teach us in the hospital. It would be better to learn digitally. It would be good to have an official page where we can see videos of all the exercises.” - Bangladesh

“Lot of people don’t know about them, so they should put flyers in most of the big facilities that people can see and get treatment.” - Liberia

“My suggestion is to make the clubfoot treatment free of charge as life gets really hard.” - Madagascar

Segmentation

Throughout this report, we have called out the differences in reported outcomes by the following two variables:

- Whether their child did or did not undergo a tenotomy
- Whether their child started treatment before turning 1 year old or after

*Due to the small sample sizes, these differences are directional trends, which we believe provide insight for decision-making, although not statistically significant.

We analyzed differences in the impact respondents report on child outcomes by two variables – tenotomy status and age at first treatment.

Sample Size of Segmented Variables by Country

	Bangladesh (n = 205)	Liberia* (n = 198)	Madagascar (n = 199)
Tenotomy			
Received tenotomy	198	172	165
Did not receive tenotomy	0	1	2
Tenotomy status unknown	7	24	33
Age at First Treatment			
Before 1 year old	200	143	154
After 1 year old	5	57	46

*Data information on tenotomies and age at the first visit were drawn from clinic records. Kindly note that tenotomy status was not available in all clinic records.

Key Questions We Set Out To Answer



“At first, I was sad and tensed. I was afraid
that he will never be able to walk.”
– Bangladesh

Respondent Demographics

The highest proportion of female respondents is in Liberia – almost 9 in 10. Bangladesh has the lowest proportion of female respondents (3 in 10).

Of the three countries, Liberia has the largest average household size (6.4), while Madagascar has the smallest (5.3).

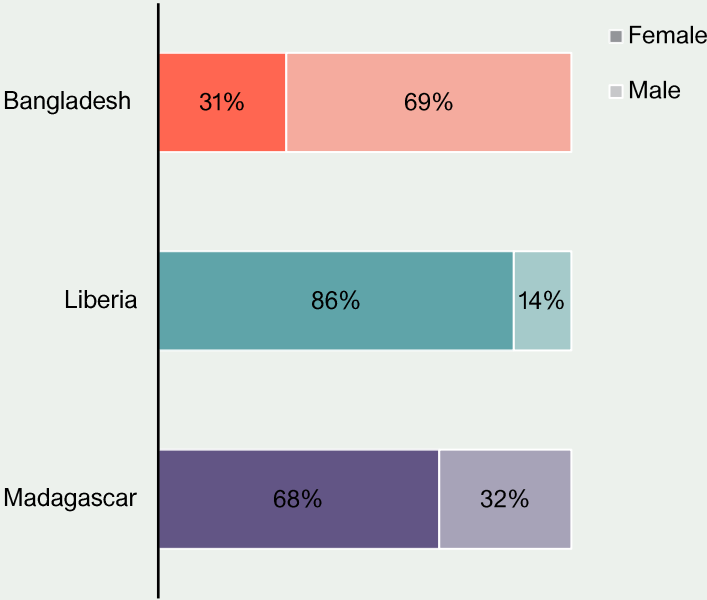
We also asked respondents about the highest level of education completed in their household. A higher proportion of respondents in Liberia reported having more than the secondary school level (42%), compared to respondents in Bangladesh (34%) and Madagascar (32%).

Most respondents in Bangladesh are male and in Liberia and Madagascar female. The average household size ranges between five and seven.

About the MiracleFeet Respondents

Data relating to respondents' characteristics. (Bangladesh: n = 205, Liberia: n = 200, Madagascar: n = 200)

Sex



Average household size

- 5.6 Bangladesh
- 6.4 Liberia
- 5.3 Madagascar

Child Demographics

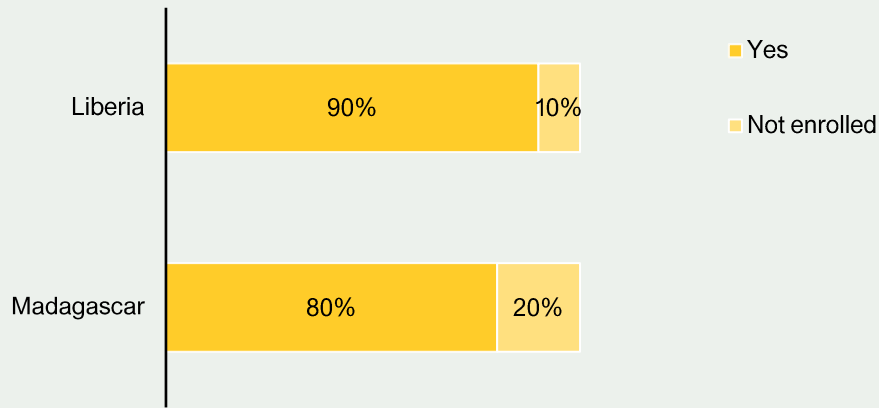
For those who mention their child is not enrolled, the reasons most commonly mentioned are: in Liberia, expensive fees and in Madagascar, physical or mobility limitations.

In Bangladesh, only 6% of the respondents mention that their child is old enough to be enrolled in school. Of those old enough to be enrolled, 62% of the respondents mention their child is enrolled, while 38% mention is not enrolled.

Of children who are old enough to be enrolled in school, approximately 4 in 5 are enrolled in Liberia and Madagascar.

Child School Enrollment

If your child is old enough, is s/he enrolled in school? - Single select question.
(Liberia: n = 144, Madagascar: n = 103)*



*Excluding respondents that mentioned their child is 'not old enough' Bangladesh n=192, Liberia n=56 and Madagascar n=96.

Diagnosis First Impressions

We asked the respondents to describe, in their own words, their feeling when they learned their child was born with clubfoot. The responses were then coded by 60 Decibels using different tags to generate the chart located on the right side of the page.

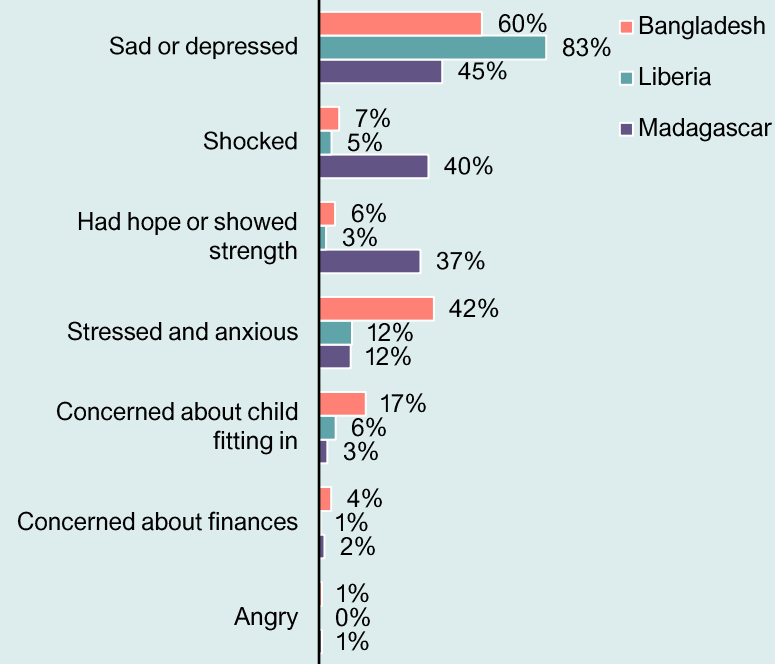
Madagascar has a higher percentage of respondents who report feeling shocked (40%) and showing strength (37%) compared to the other geographies.

A higher percentage of female respondents in Bangladesh report feeling sad or depressed compared to male respondents (67% vs 56%). In Liberia, a higher percentage of male respondents report feeling sad or depressed compared to females (69% vs 60%) and this is also similar in Madagascar (48% vs 43%).

Respondents across the three geographies reported feeling sad or depressed when they first learned their child was born with clubfoot.

First Impressions Respondents Report Having When They Learned About Their Child’s Diagnoses

Q: Think back to when your child was born, can you describe any of your feelings when you learned your child was born with clubfoot?) Open-ended, coded by 60 Decibels*.
(Bangladesh: n = 205, Liberia: n = 200, Madagascar: n = 200




“I felt very sad and afraid for my child. It was a terrible moment for us. My relative worked in this hospital. He came to me and said that it can be cured. After hearing that I felt so relieved.”
– Bangladesh

“It was so hard to accept and discouraging. but later, when the midwife told me that there was a solution to it, I felt relieved, I thought she could not be able to walk.” – Liberia

“I was depressed at first, but I calmed down when the doctors said it was treatable.” – Madagascar

*For more information about the methodology used to calculate the percentages of open-ended questions, go to page [37](#).

Key Questions We Set Out To Answer

- 
- Who is MiracleFeet reaching?
 - What impact is MiracleFeet having?
 - What are the respondents' experiences of the treatment process?
 - Segmented Impact

“There has been a great improvement, my child is now walking well. It was impossible for her to walk freely, but thankfully she is walking.” - Liberia

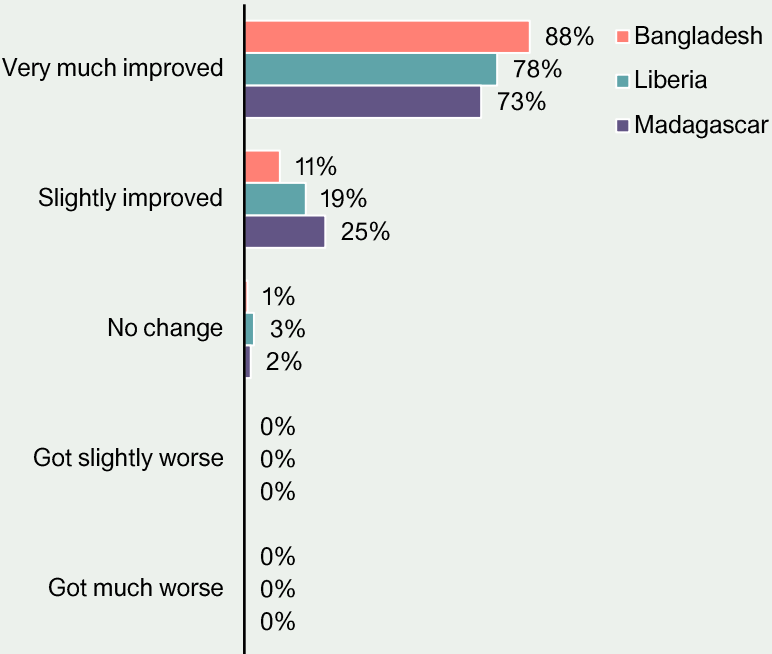
Quality of Life

Nearly all respondents report their child's current or future quality of life has improved because of clubfoot treatment.

In Bangladesh, a higher proportion of respondents report that their child's quality of life had ‘very much improved’ compared to Madagascar (88% vs 73%, respectively). In Madagascar, a larger percentage of respondents report that their child's quality of life had ‘slightly improved’ (25%), compared to Liberia (19%) and Bangladesh (11%).

Reported Change in Current and Future Quality of Life

Q: How has your child’s current or future quality of life changed, if at all, because his/her clubfoot has been treated at Hospital name? - Single select question.
(Bangladesh: n = 205, Liberia: n = 200, Madagascar: n = 192)



Very much improved:
“After receiving treatment, my child is very healthy and can do everything like other normal children. In the future, we believe he can study and lead a normal life.” - Bangladesh

“Because of the foot problem, she was not going to school, and she used to be at home all day. Since we completed the treatment, she can now go to school and move around her friends with no stress.” - Liberia

Slightly improved:
“As it was not a very serious case, the difference is not very observable. The only thing I can say is that now he can have the same chance as all other kids in life.” - Madagascar

Quality of Life: Improvements Mentioned

Respondents who say their child’s quality of life has improved were asked to describe, in their own words, the positive changes their child experienced because of MiracleFeet clubfoot treatment. These responses were coded by 60 Decibels using different tags to create the table on the right side of the page. Some of the tags can mention identical topics to close-ended responses on pages [17](#) or [18](#) (e.g. play, walk).

- Below we include other reported positive outcomes, and the country where they are primarily mentioned:
- Liberia

 - > Child attends school
 - > Feet are starting to straighten
- Madagascar

 - > Would not know their child had clubfoot
 - > Child can study or work in the future:

Respondents consistently mention, across geographies, that their child can run and play and that their foot has straightened.

Top Three Outcomes Respondents Report for Those who Report Child Quality of Life Improvements

Q: Please explain how your child’s quality of life has improved. Open-ended, coded by 60 Decibels*.

Bangladesh (n = 203)	Liberia (n = 193)	Madagascar (n = 188)
<div>70%</div> <div>Child can stand and walk without difficulty (69% of all respondents)</div>	<div>68%</div> <div>Child can stand and walk without difficulty (66% of all respondents)</div>	<div>41%</div> <div>Child is healthy and considered normal (39% of all respondents)</div>
<div>61%</div> <div>Child can run and play (61% of all respondents)</div>	<div>23%</div> <div>Child can run and play (22% of all respondents)</div>	<div>21%</div> <div>Foot is nearly or fully straightened (20% of all respondents)</div>
<div>38%</div> <div>Foot is nearly or fully straightened (38% of all respondents)</div>	<div>18%</div> <div>Foot is nearly or fully straightened (18% of all respondents)</div>	<div>13%</div> <div>Child can run and play (12% of all respondents)</div>

*For more information about the methodology used to calculate the percentages of open-ended questions, go to page [37](#).

Treatment Results: Walking

We asked the respondents to select one of the answer options from the scale on the right to describe if their child can walk without difficulty or assistance. Because of the use of different methodologies, the percentages presented here differ from the responses on page 16.

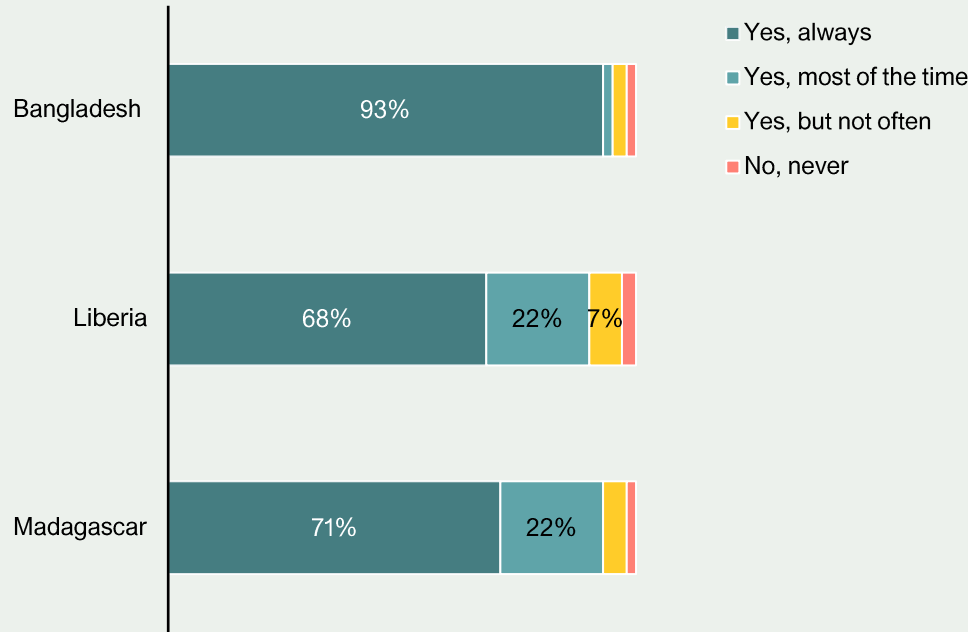
Excluding the children who are too young to walk, Bangladesh has the highest percentage of respondents reporting their child can walk without difficulty or assistance (93%), compared to Madagascar (71%) and Liberia (68%).

In Liberia, 3% of the respondents report that their child can never walk without difficulty or assistance, compared to 2% in Bangladesh and 2% in Madagascar.

At least 90% of respondents in the three countries report their child can walk without difficulty or assistance ‘always’ or ‘most of the time’.

Walking Status

Q. If your child is walking age, can your child walk without difficulty or assistance? - Single select question. (Bangladesh: n = 202, Liberia: n = 195, Madagascar: n = 198)*



*Excluding respondents that mentioned their child is ‘too young to walk’ Bangladesh n=3, Liberia n=5 and Madagascar n=1.

Treatment Results: Playing

We asked the respondents to select one of the answer options from the scale on the right to describe if their child can play in a manner appropriate to their age. Because of the use of different methodologies, the percentages presented here differ from the responses on page 16.

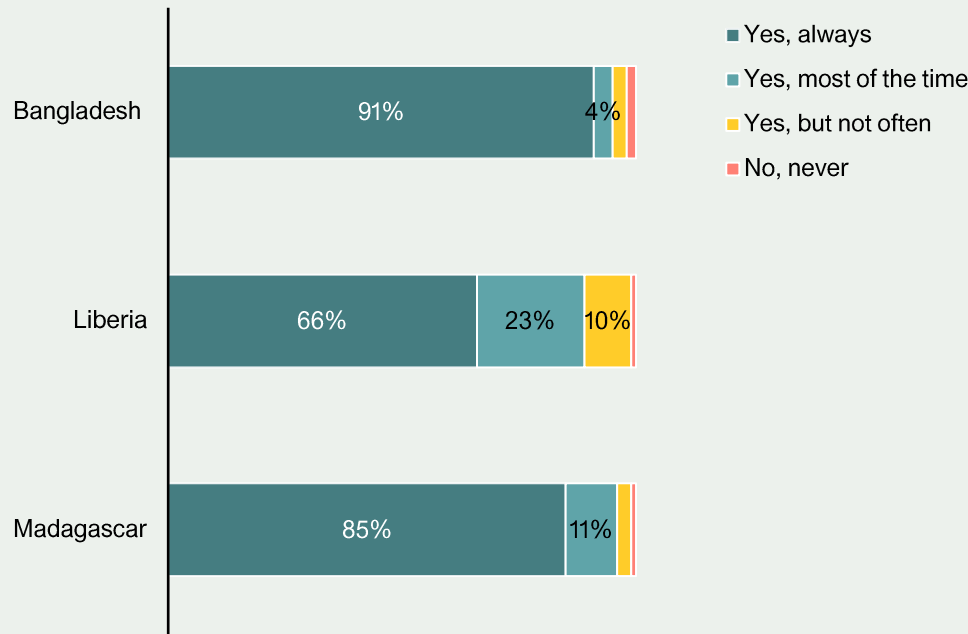
89% of the respondents in Liberia report that their child can play in a manner appropriate to their age.

Across countries, less than 2% of respondents report that their child can never play in a manner appropriate to their age.

Above 95% of respondents in Bangladesh and Madagascar report that their child can play in a manner appropriate to their age always or most of the time.

Playing Abilities

Q. Can your child play in a manner appropriate to their age? - Single select question.
(Bangladesh: n = 205, Liberia: n = 200, Madagascar: n = 199)



Treatment Results: Pain

At least 70% of respondents in Bangladesh and Madagascar report their child never complains about pain, compared to only 38% of respondents in Liberia.

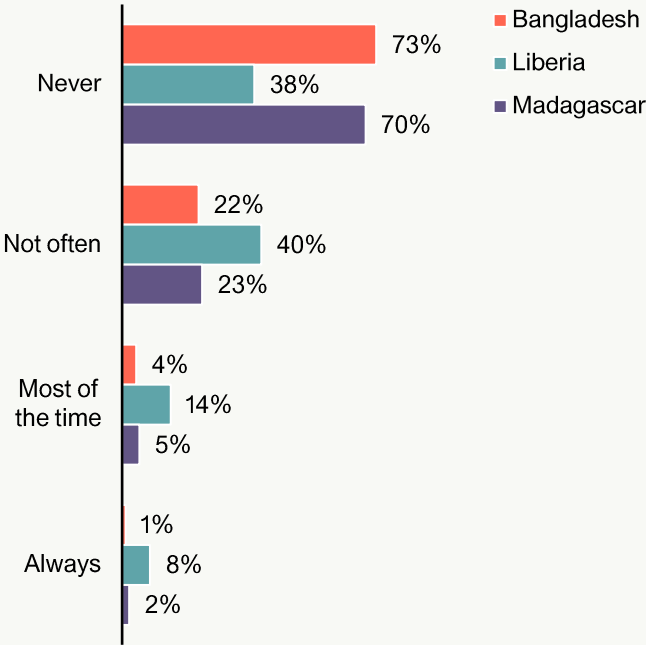
8% of respondents in Liberia report that their child always complains about feeling pain in his/her feet or foot.

Respondents whose children are currently wearing braces while sleeping are more inclined to report that their child never complains about feeling pain (72%) compared to those whose children used to wear braces in the past but not anymore (52%) or those whose children never wore braces while sleeping (35%). [Go to [page 21](#) for more information]

37% of respondents in Madagascar and 36% in Liberia report their child is limited in some way by the pain or problems with their feet, compared to only 16% in Bangladesh.

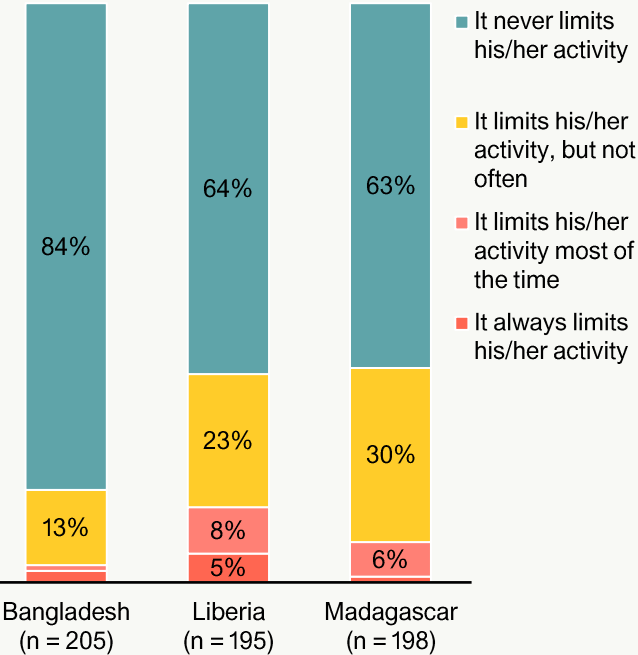
Complaints of Pain

Q: How often does your child complain about feeling pain in his/her feet or foot, if at all? - Single select question. (Bangladesh: n = 204, Liberia: n = 199, Madagascar: n = 195)

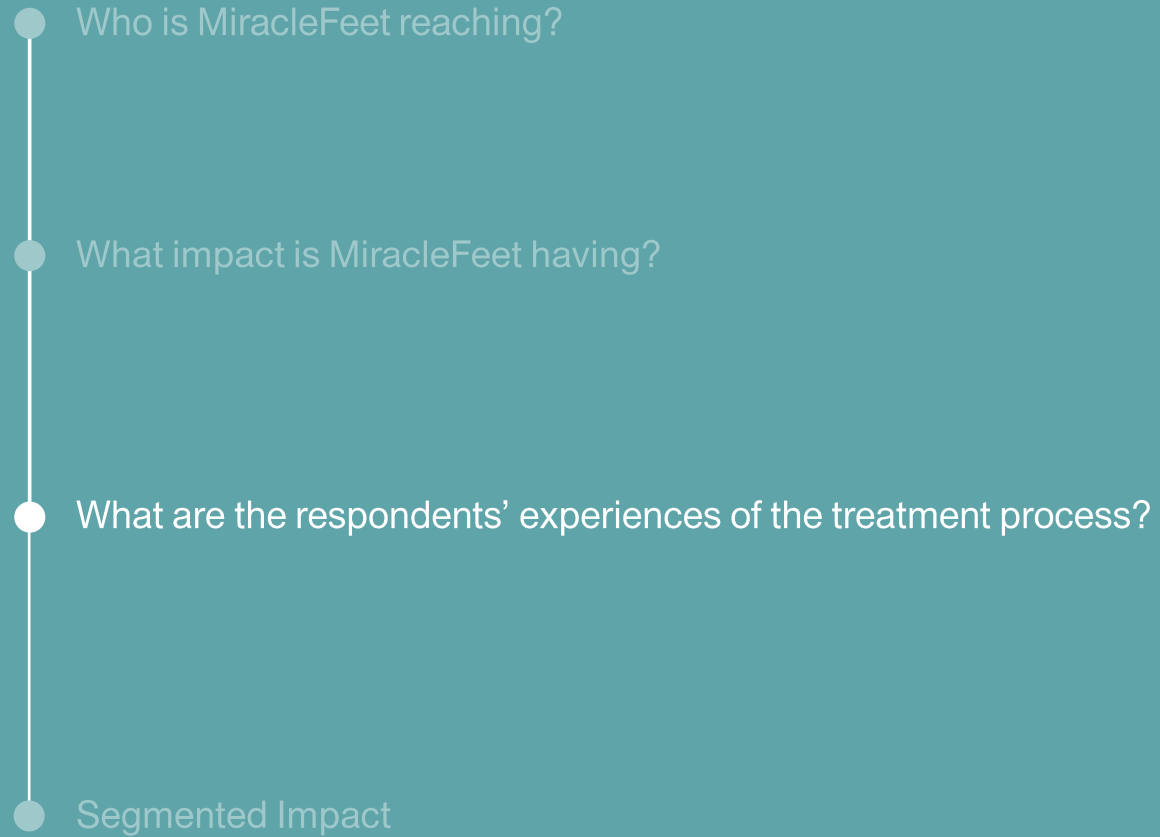


Respondent's Perception of Child's Pain

Q: Whether or not your child complains, how often do you think his/her activity is limited by pain or any problem with his/her feet? - Single select question.



Key Questions We Set Out To Answer



“For now, he is not cured yet, we are in the middle of the process. I still have faith that he will be better.” – Madagascar

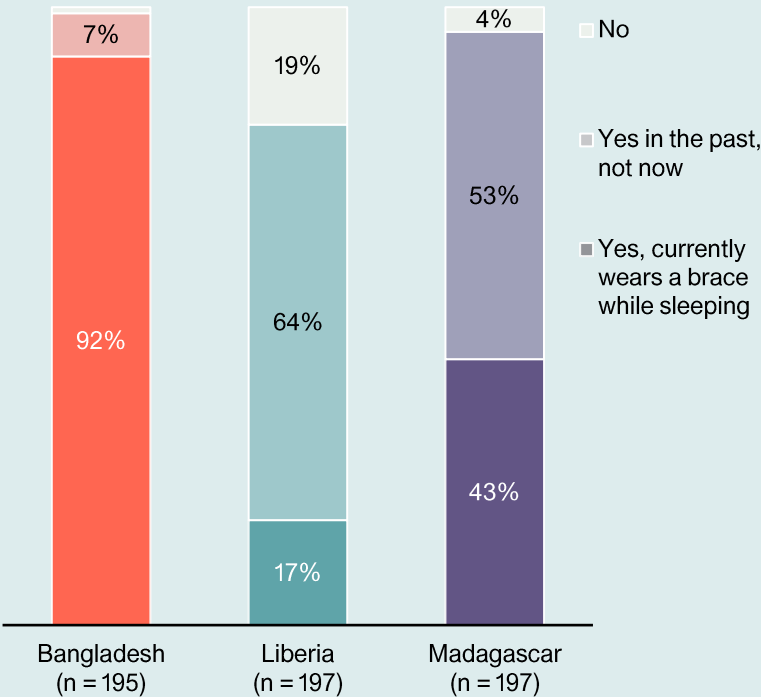
Bracing Frequency

In Madagascar, respondents whose children never wear braces while sleeping report that their child cannot play in a manner appropriate to their age (25%) compared to respondents of children who used braces while sleeping in the past (4%) or compared to respondents from children who are currently wearing braces while sleeping (3%).

The majority of children in Bangladesh currently wear braces while sleeping, compared to only 17% in Liberia. Respondents across countries stop wearing braces at similar age.

Bracing While Sleeping

Q: Does/Did your child ever wear a brace while sleeping? - Single select question.



Average Age Child Stopped Wearing Brace

Q: How old was your child when they stopped wearing the brace?



Casting: Challenges

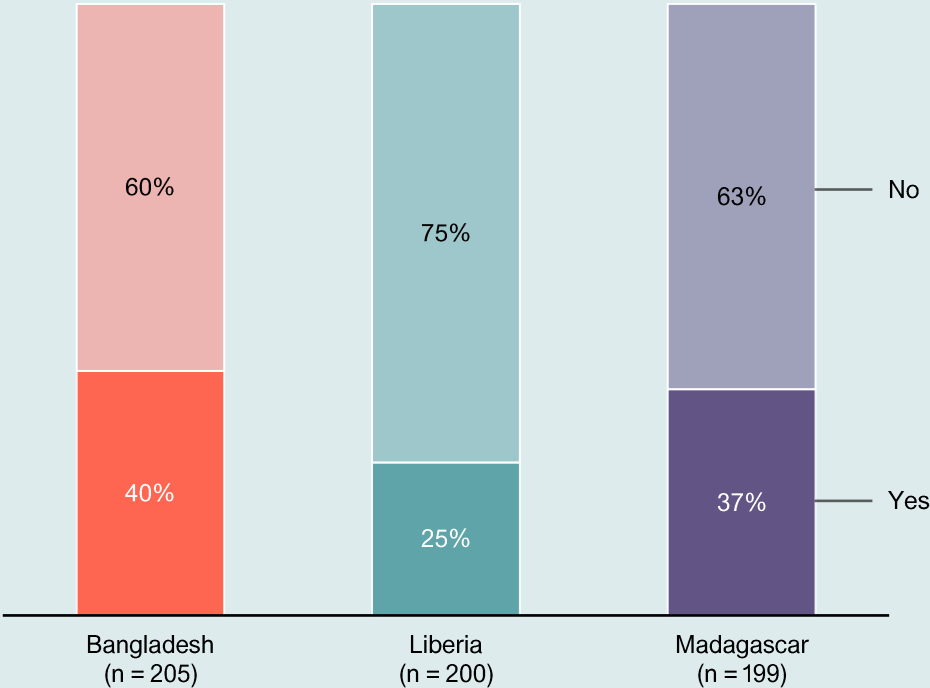
Only 25% of respondents in Liberia report experiencing challenges during the casting phase, compared to 37% in Madagascar and 40% in Bangladesh.

More respondents whose children started treatment before their first birthday report having experienced challenges during the casting phase (36%)*, than respondents whose children started treatment later (24%)*.

*Note: Due to a small sample size, these differences are directional trends, which may provide insight for decision-making although not statistically significant.

Casting Feelings

Q: Some parents/respondents face challenges during the casting phase, the part of the treatment that straightens the feet using plaster casts. Did you face any challenges? - Single select question.



Casting: Overcoming Challenges

Respondents report overcoming challenges during the casting phase with treatment instructions and tips. Partners are the most common person to help respondents.

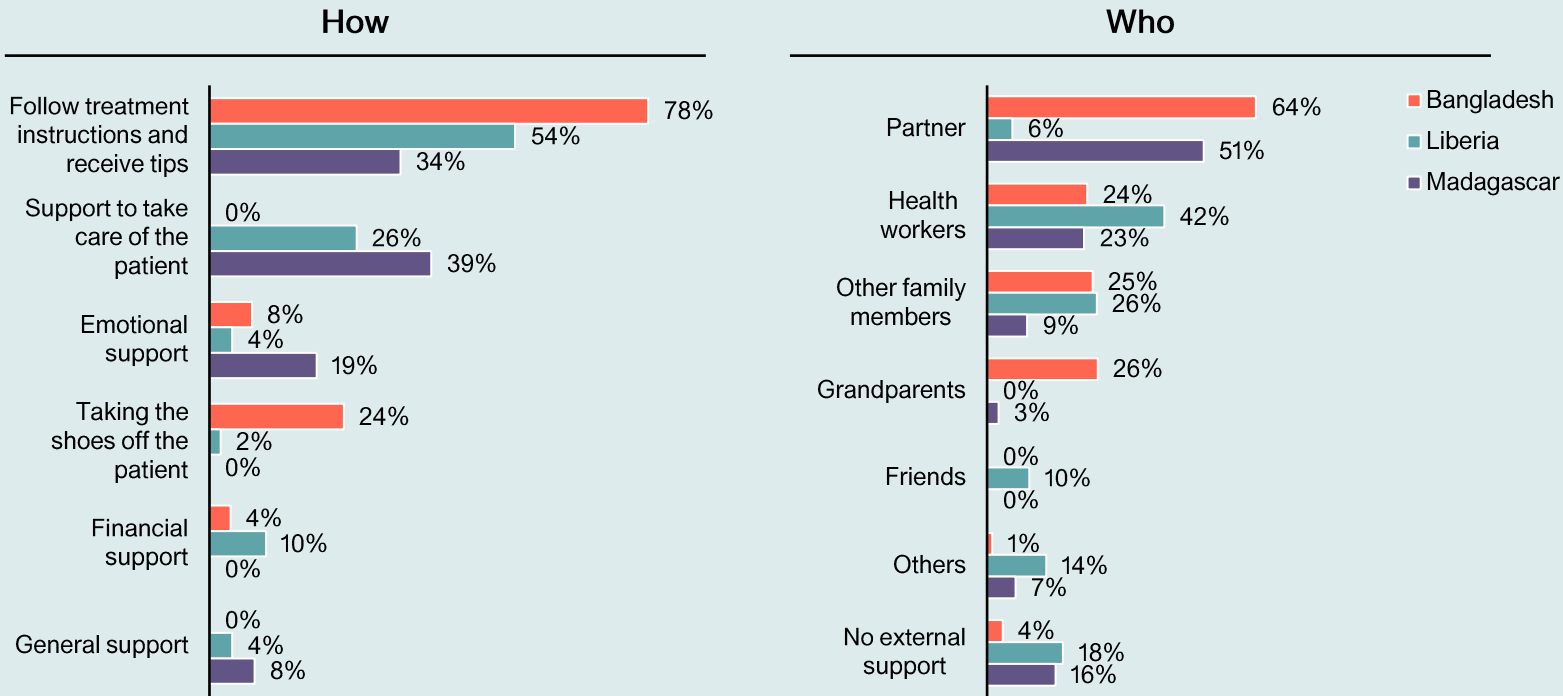
We asked the respondents to share, in their own words, how they overcame these challenges and who supported them throughout the process. The responses were coded by 60 Decibels using different tags to generate the charts located on the right side of the page.

A higher percentage of respondents in Bangladesh and Madagascar rely on their partners to help overcome challenges (64% and 51%) versus Liberia (6%).

Respondents in Liberia rely more on doctors/nurses (42%) to overcome challenges, compared to Bangladesh and Madagascar (24% and 23%).

Help with Overcoming Challenges (Casting)

Q: How did you overcome them, and who helped you? Open-ended, coded by 60 Decibels*. (Bangladesh: n = 81, Liberia: n = 50, Madagascar: n = 74)



*For more information about the methodology used to calculate the percentages of open-ended questions, go to page [37](#).

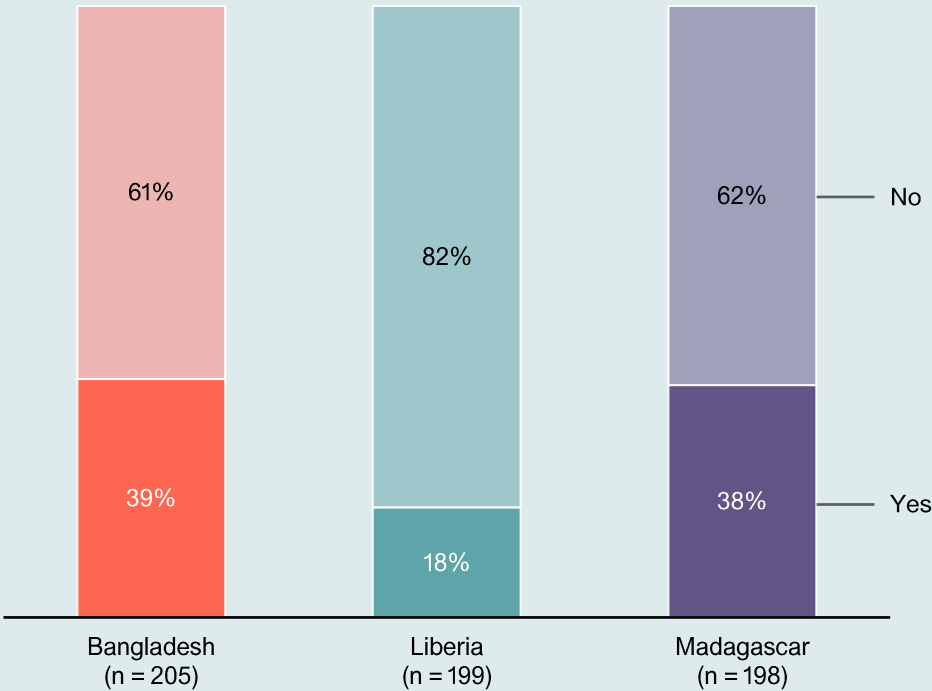
Bracing: Challenges

Nearly 2 in 5 respondents in Bangladesh and Madagascar say they experienced a challenge during the bracing phase.

1 in 5 respondents of children in Liberia have experienced a challenge during the bracing phase. This can be related to the [bracing frequency](#) reported by the respondents.

Bracing Challenges

Q: Some parents/caregivers face challenges during the bracing phase, the part of treatment that keeps the feet straight using braces. Did you face any challenges? - Single select question.



Bracing: Overcoming Challenges

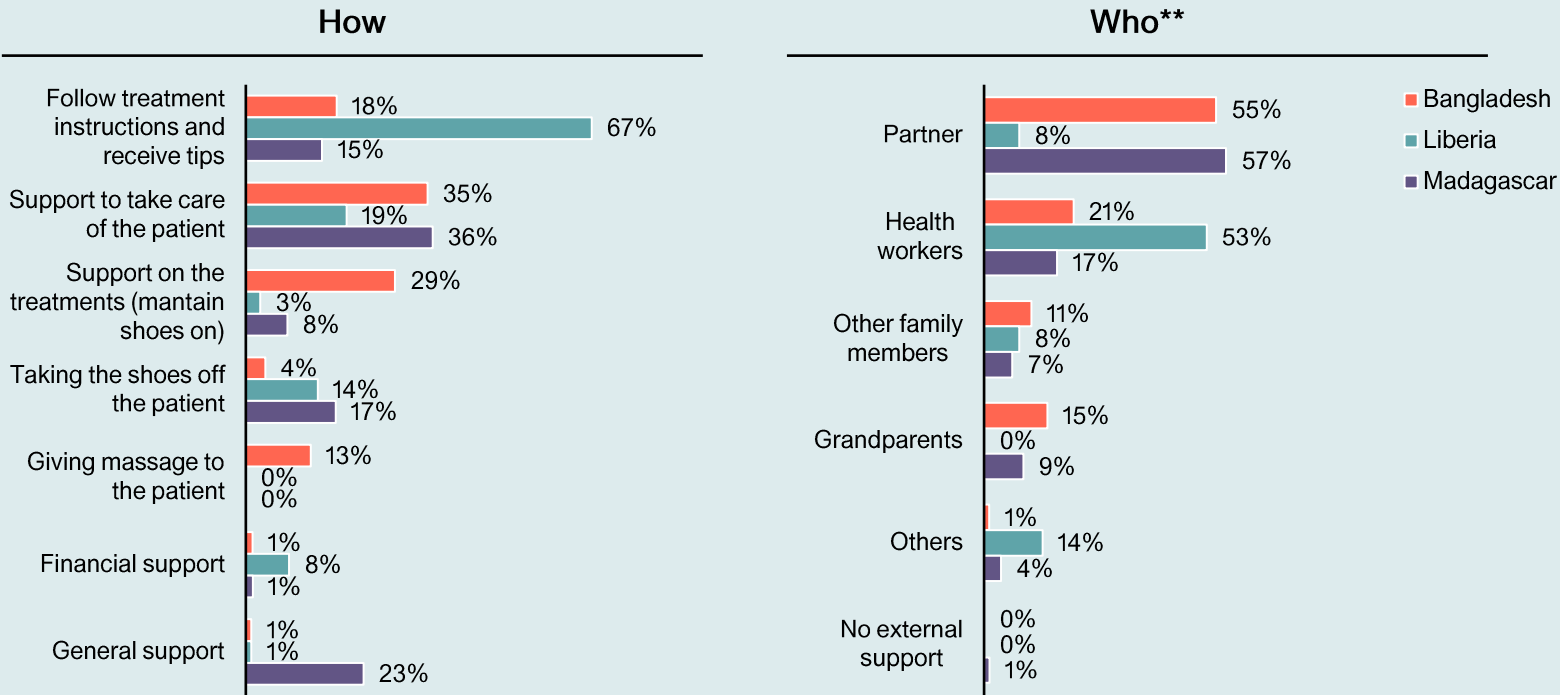
3 in 5 respondents in Liberia have overcome challenges during the bracing phase by receiving treatment instructions and tips.

We asked the respondents to share, in their own words, how they overcame these challenges and who supported them throughout the process. The responses were coded by 60 Decibels to generate the charts located on the right side of the page.

1 in 2 respondents in Bangladesh and Madagascar had support from their partners to overcome the challenges during the bracing phase.

Help with Overcoming Challenges (Bracing)

Q: How did you overcome them, and who helped you? Open-ended, coded by 60 Decibels*.
(Bangladesh: n = 80, Liberia: n = 36, Madagascar: n = 75)



*For more information about the methodology used to calculate the percentages of open-ended questions, go to page 37.
**Excluding 6 respondents in Liberia and 3 in Madagascar that did not disclose who supported them.

Appointment Attendance Challenges

Most respondents report no challenges in attending the clubfoot appointments.

A higher percentage of respondents in Madagascar reported experiencing challenges in attending appointments (38%) compared to respondents in Bangladesh and Liberia (19% and 20%, respectively).

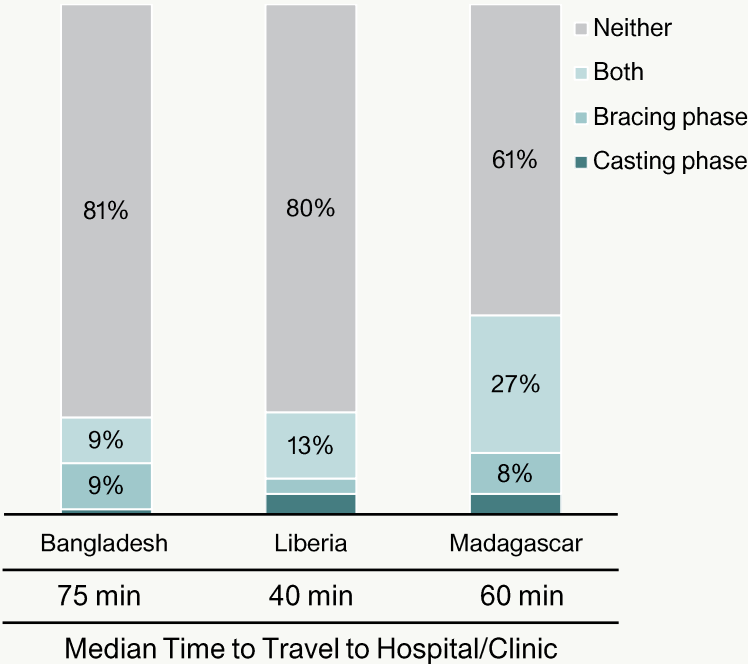
In Bangladesh and Madagascar, more respondents reported challenges during the bracing phase (9% and 8%, respectively) compared to the casting phase (1% and 4%, respectively).

For those who had experienced a challenge, we asked them to explain those challenges in their own words. The responses were coded by 60 Decibels using different tags to generate the tables located on the right side of the page.

The top challenges reported were distance to the hospital and travel expenses.

Challenges with Attending Appointments

Q: Did you face challenges in making sure your child attended each clubfoot appointment during the casting phase, bracing phase, both or neither? - Single select question.
(Bangladesh: n = 205 Liberia: n = 200, Madagascar: n = 200)



Bangladesh*

Bracing	<ul style="list-style-type: none">Travel expenses (31%)Distance to the hospital/clinic (26%)COVID restrictions (21%)
Casting	<ul style="list-style-type: none">Distance to the hospital/clinic (26%)Travel expenses (23%)Respondent work (5%)

Liberia*

Bracing	<ul style="list-style-type: none">Distance to the hospital/clinic (40%)Travel expenses (35%)Other (15%)
Casting	<ul style="list-style-type: none">Distance to the hospital/clinic (50%)Travel expenses (33%)Other (13%)

Madagascar*

Bracing	<ul style="list-style-type: none">Travel expenses (44%)Distance to the hospital/clinic (42%)COVID restrictions (9%)
Casting	<ul style="list-style-type: none">Travel expenses (39%)Distance to the hospital/clinic (36%)Lack of time (8%)

*For more information about the methodology used to calculate the percentages of open-ended questions, go to page 37.

Suggestions for Improvement

We asked the respondents to share, in their own words, suggestions for the hospital or clinic to improve its clubfoot treatment. The responses were coded by 60 Decibels using different tags to generate the charts located on the right side of the page.

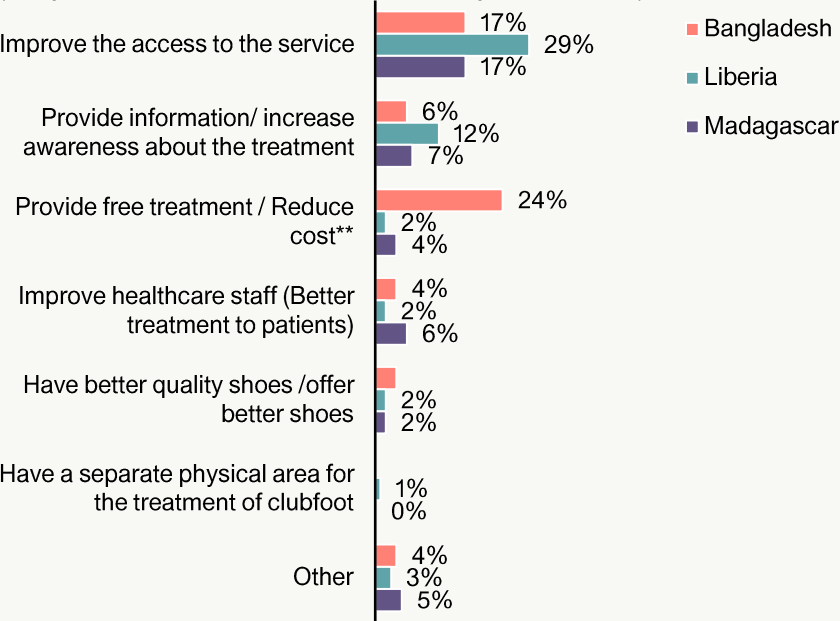
Nearly half of the respondents in Bangladesh (47%) and Madagascar (49%) mentioned a positive comment or appreciation for the hospital or the treatment from medical staff, compared to a quarter of respondents in Liberia (24%) who had a positive or appreciative comment.

Respondents in Bangladesh also suggest providing free treatment or reducing the cost (24%)**.

Respondents suggest that the clinic or hospital improve access to services and expand outreach and communications about the treatment availability to others.

Suggestions for MiracleFeet Partners

Q: Do you have any suggestions for [Hospital Name] to improve its clubfoot treatment services for children like your child? Open-ended, coded by 60 Decibels*.
(Bangladesh: n = 205, Liberia: n = 200, Madagascar: n = 200)



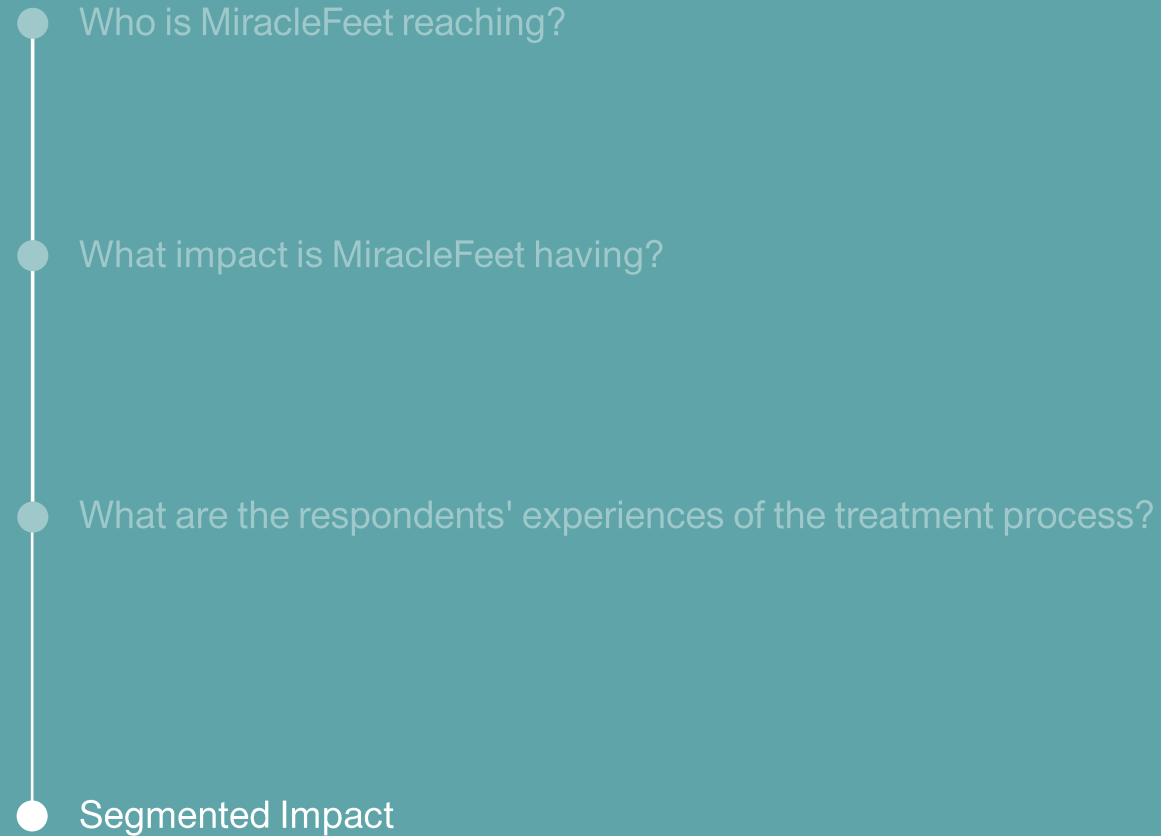
“This hospital is free of charge. But is so far away from my home. It would be great if the hospital was closer.”
- Bangladesh

“After the treatment, they should always check on the children to know the progress of the treatment.”
- Liberia

“It would be great if the treatment for clubfoot can be seen even in a remote areas. Financial support, especially during the casting phase, is also very needed.”
- Madagascar

*For more information about the methodology used to calculate the percentages of open-ended questions, go to page 37.
**Most MiracleFeet programs are totally free. In Bangladesh, an integrated franchise model involves 'solvent' families paying for treatment costs, while 'insolvent' families have their treatment costs covered by MiracleFeet.

Key Questions We Set Out To Answer



“[My suggestion is] to create a group of support for the parents who get mentally distressed as well. Some give up in the middle of the treatment, but we do not know the reasons.” – Madagascar

Impact Performance in Bangladesh

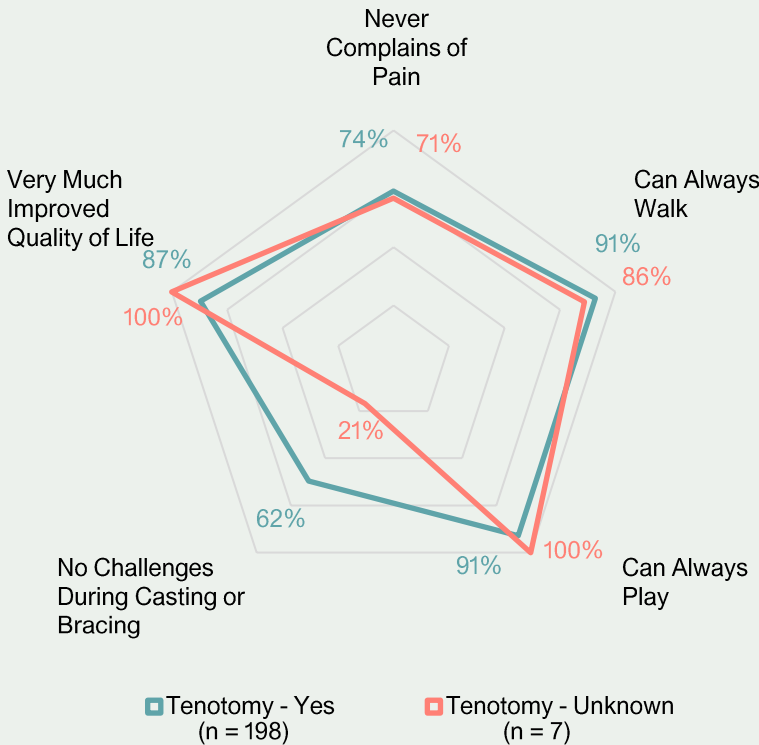
Illustrated on this page is the impact of clubfoot treatment in Bangladesh across five impact indicators, segmented by tenotomy status and age at first treatment.

Respondents from children who received a tenotomy are less likely to report experiencing challenges during the bracing and casting phase, compared to respondents from children with an unknown status.

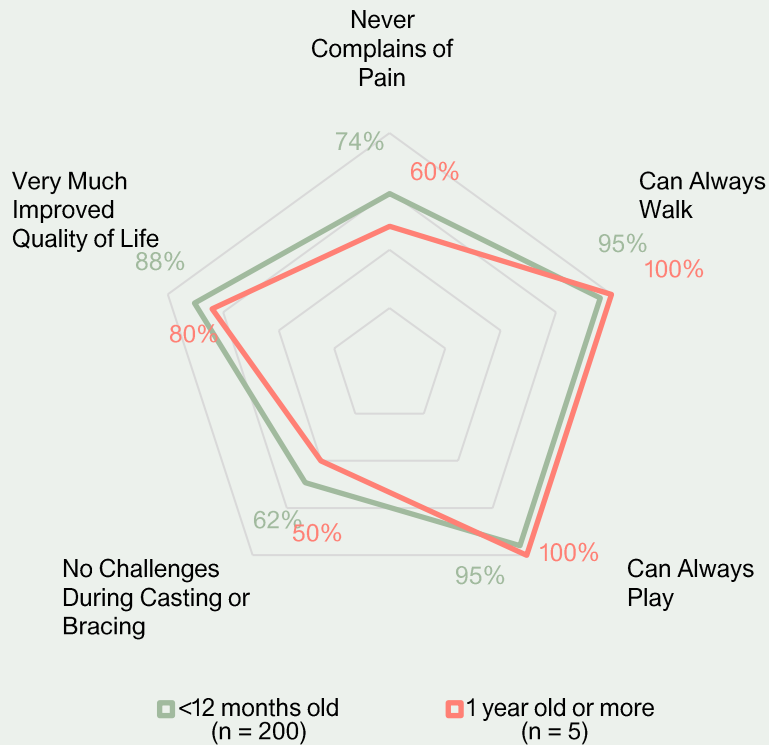
We do not observe any significant difference between children who started the treatment before being less than 12 months old or after 12 months old or more.

Note: Due to a small sample size, these differences are directional trends, which may provide insight for decision-making although not statistically significant.

Impact Performance by Tenotomy Received



Impact Performance by Age at First Treatment



Impact Performance in Liberia

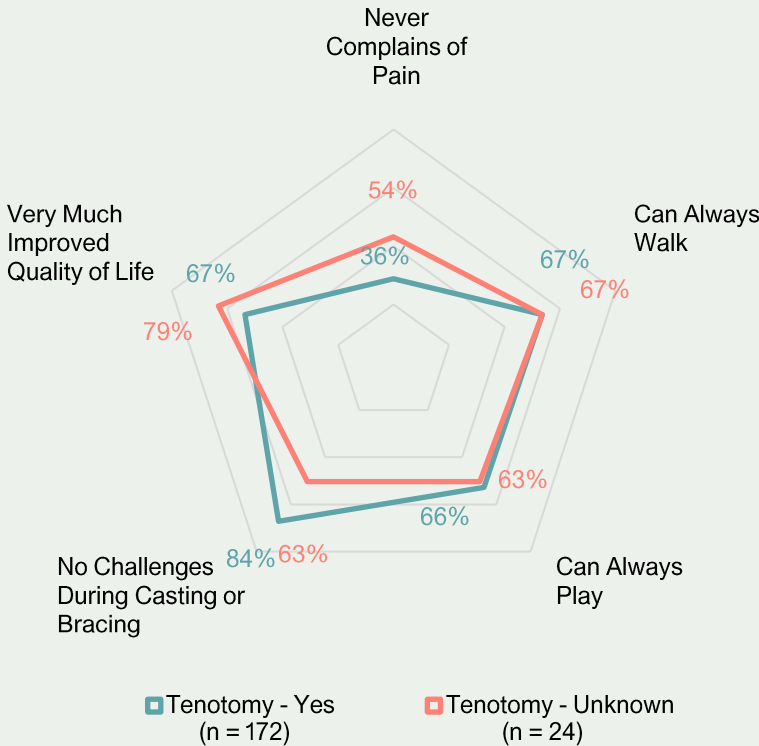
Illustrated on this page is the impact of clubfoot treatment in Liberia across five impact indicators, segmented by tenotomy status and age at first treatment.

Respondents from children who received a tenotomy are less likely to report that their child never complains of pain, compared to respondents from children whose tenotomy status is unknown.

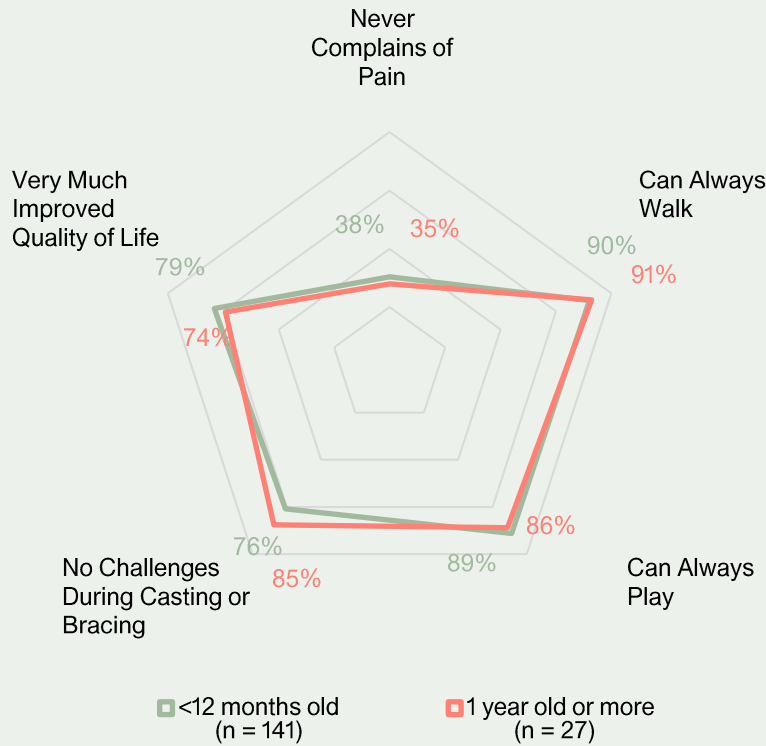
Respondents from children who received a tenotomy are also less likely to report experiencing challenges during the bracing and casting phase, compared to respondents from children with an unknown status.

Note: Due to a small sample size, these differences are directional trends, which may provide insight for decision-making although not statistically significant.

Impact Performance by Tenotomy Received



Impact Performance by Age at First Treatment



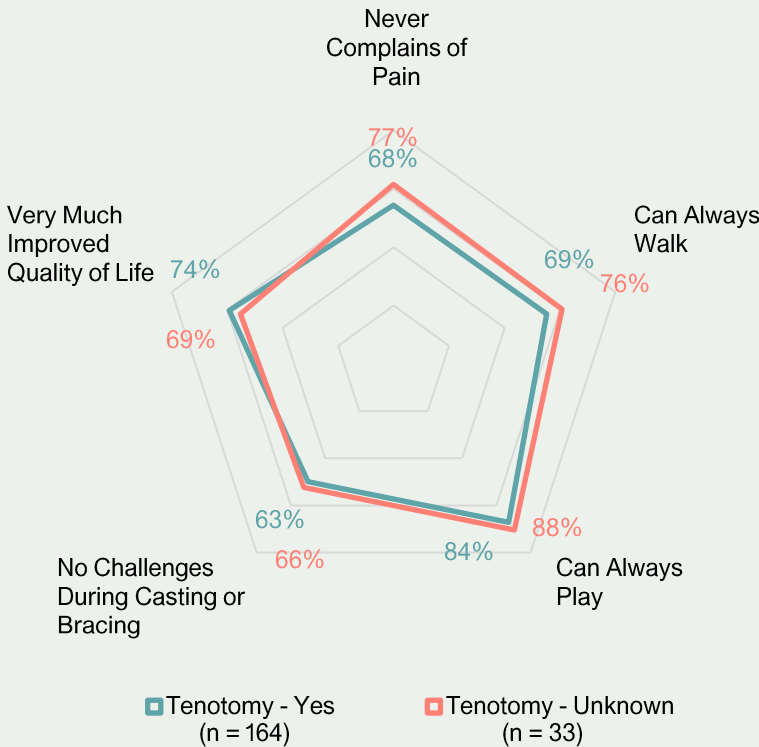
Impact Performance in Madagascar

Illustrated on this page is the impact of clubfoot treatment in Madagascar across five impact indicators, segmented by tenotomy status and age at first treatment.

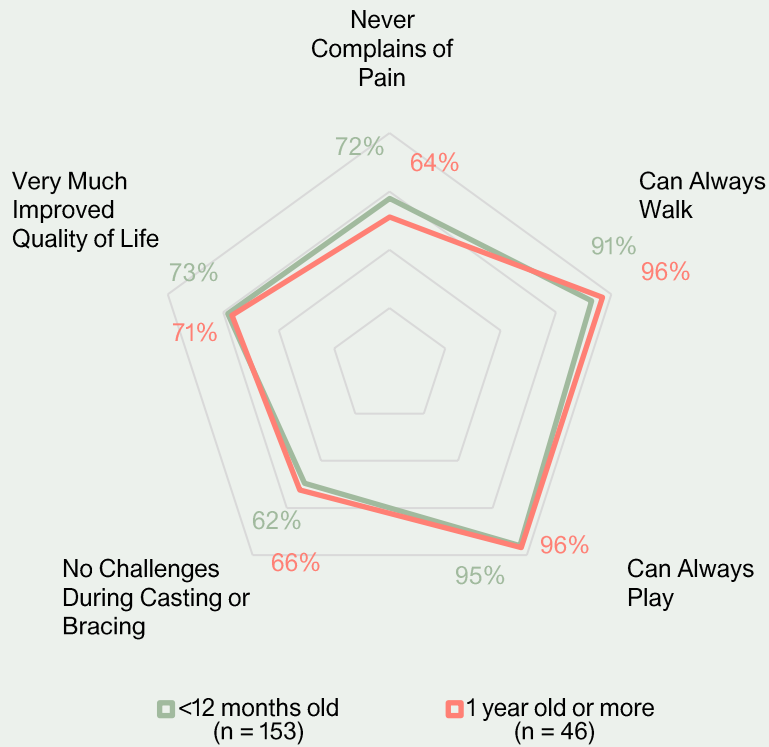
We do not observe any significant difference between children with a different status of tenotomy or between children who started the treatment before being less than 12 months old or after 12 months old or more.

Note: Due to a small sample size, these differences are directional trends, which may provide insight for decision-making although not statistically significant.

Impact Performance by Tenotomy Received

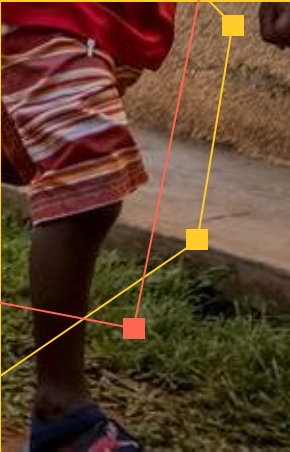
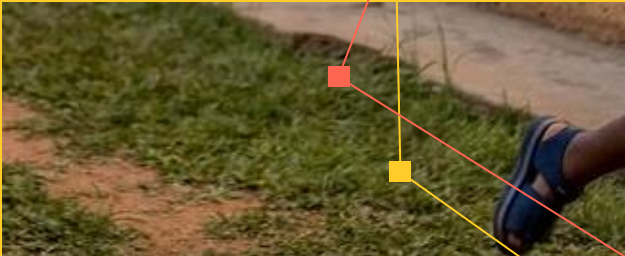
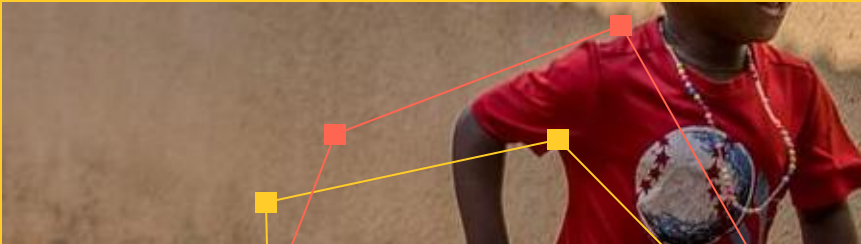


Impact Performance by Age at First Treatment



Appendix

- Detailed Country Performance Across Years
- Methodology
- 60 Decibels Information



Comparison of Performance Across MiracleFeet’s Programs

The numbers in green are above MiracleFeet’s historical weighted average. The weighted average was calculated using the information from 15 projects from 2018-2023 and 2,656 respondents.

	Year	n	% reporting quality of life improved	% reporting child can always walk without difficulty	% reporting child can always play	% reporting child never complains of pain	% experiencing challenges with the treatment from MiracleFeet’s partner*
India	2018	135	98	95	71	71	19
Philippines	2019	135	97	96	n/a	82	18
Philippines	2020	79	97	98	96	89	17
Tanzania	2019	200	99	93	n/a	70	9
Tanzania	2021	198	95	76	74	78	12
Paraguay	2020	149	99	89	83	69	3
Madagascar	2021	210	100	91	91	86	5
Sri Lanka	2021	202	99	89	87	83	10
Nicaragua	2022	139	98	66	76	41	12
Uganda	2020	202	95	89	90	80	19
Uganda	2022	202	93	88	92	81	10
Country 3	2022	200	98	77	86	70	18
Bangladesh	2023	205	99	94	95	73	19
Liberia	2023	200	97	88	88	38	20
Madagascar	2023	200	98	92	96	70	38
Total Weighted Averages		2,656	97	88	83	72	15

*The question on the survey for projects in 2023 only includes challenges to attend the appointments.

Summary of Data Collected in Bangladesh

MiracleFeet’s lean data project in Bangladesh has a better response rate (73%) than to the 60dB average response rate in the country (59%).

With a group of 50% experienced researchers and 50% new researchers, the project had no major challenges during the data collection phase.

The most challenging question to ask the respondents, according to the researchers, was [Diagnosis - First Impressions](#). They also mentioned some challenges with the [Quality-of-Life](#) question, as most of the children were treated as babies.

205 phone interviews completed from 29th January to 17th February 2023.

Survey mode	Phone		Data Collection		
Country	Bangladesh		% of completed calls in:		
Language	Bangla		First attempt	164	80%
Sampling	Random sample of 1,298 children who received clubfoot treatment from a MiracleFeet partner hospital or clinic.		Second attempt	31	15%
			Third attempt	10	5%
			No. of children who:		
Responses collected	205		Did not respond, after three attempts	61	20%
			Had an incorrect phone #	17	6%
Response rate	73%		Were unwilling to be interviewed	2	1%
Sampling	Sample	Population	No. of researchers		
	Tenotomy – Yes	97%	96%	8	
	Age at first treatment <12 months	98%	98%	6	75%
Accuracy			Experience of researchers		
	Confidence Level	c. 90%		New	4
	Margin of error	c. 5%		1-3 60dB projects	0
Avg. survey length	19 mins		>3 60dB projects	4	

Summary of Data Collected in Liberia

MiracleFeet’s lean data project in Liberia has a similar response rate (66%) compared to the 60dB average response rate in the country (65%).

The project was conducted with a group of only experienced researchers. The most relevant challenge during data collection was the translation of technical words to colloqua, such as casting or bracing.

200 phone interviews completed from 7th February to 13th March 2023.

Survey mode	Phone		Data Collection		
Country	Liberia		% of completed calls in:		
Language	Colloqua		First attempt	159	78%
Sampling	Random sample of 611 children who received clubfoot treatment from a MiracleFeet partner hospital or clinic.		Second attempt	30	15%
			Third attempt	15	7%
			No. of children who (%s are out of total contacts)		
			Did not respond, after three attempts	93	23%
			Had an incorrect phone #	97	24%
			Were unwilling to be interviewed	2	0%
Responses collected	200		No. of researchers	6	
Response rate	66%		Female researchers	2	33%
Sampling	Sample	Population	Experience of researchers		
Tenotomy – Yes	88%	85%	New	0	
Age at first treatment <12 months	70%	81%	1-3 60dB projects	3	
Accuracy			>3 60dB projects	3	
Confidence Level	c. 95%				
Margin of error	c. 5%				
Avg. survey length	18 mins				

Summary of Data Collected in Madagascar

MiracleFeet’s lean data project in Madagascar has a slightly lower response rate (42%), compared to the 60dB average response rate in the country (46%).

The project was conducted with only new researchers, likely a factor that increased the days spent on data collection compared to Bangladesh.

The top challenge for data collection was the quality of the phone numbers. Almost a quarter of the calls were to incorrect numbers. We had a high percentage of numbers without responses after the third attempt (35%). One reason could be the weather conditions in the country, as it was raining. Because of these circumstances, we increased the number of attempts to five.

200 phone interviews completed from 7th February to 9th March 2023.

Survey mode	Phone		Data Collection	
Country	Madagascar		% of completed calls in:	
Language	Malagasy		First attempt	117 59%
Sampling	Random sample of 882 children who received clubfoot treatment from a MiracleFeet partner hospital or clinics.		Second attempt	50 25%
			Third attempt	33 17%
			No. of children who (%s are out of total contacts)	
Responses collected	200		Did not respond, after three attempts	214 35%
			Had an incorrect phone #	143 23%
			Were unwilling to be interviewed	8 1%
Response rate	42%		No. of researchers	
Sampling	Sample	Population	5	
	Tenotomy – Yes	86%	80%	
Accuracy	Age at first treatment <12 months	75%	Experience of researchers	
	Confidence Level	c. 90%	New	5
	Margin of error	c. 5%	1-3 60dB projects	0
Avg. survey length	14 mins		>3 60dB projects	0

Open-ended Questions Methodology

For our analysis of open-ended responses, we used the tagging or coding methodology to identify common themes and patterns in the responses. To do this, we read through each response and assigned relevant tags or codes to capture the key themes or topics that emerged. A response can have one or more tags.

To calculate the proportion of responses that were tagged with a particular code or theme for a given question, we divided the number of responses tagged with that code or theme (numerator) by the total number of responses to that question (denominator). This allowed us to determine the frequency of each tag in relation to the total number of responses and to identify the most common themes or codes used by respondents.

60 Decibels open-ended analysis methodology.

No	Question	Page
6	Why is s/he not enrolled in school?	12
7	Think back to when your child was born, can you describe any of your feelings when you learned the child was born with clubfoot?	13
9	a) How has it improved? b) Why has it not changed? c) How has it become worse?	16
11	How did you overcome them, and who helped you? (Casting)	26
13	How did you overcome them, and who helped you? (Bracing)	24
16	Thinking back to this/these phases, , did you face challenges to make sure your child attended each clubfoot appointment?	27
20	Do you have any suggestions for [Hospital name] to improve services for child like your child? Please share your ideas	28
23	Is there anything else you would like to share with us?	-

Thank You For Working With Us!


Let's do it again sometime.

About 60 Decibels

60 Decibels makes it easy to listen to the people who matter most. 60 Decibels is an impact measurement company that helps organizations around the world better understand their customers, suppliers, and beneficiaries. Its proprietary approach, Lean Data, brings customer-centricity, speed and responsiveness to impact measurement.

60 Decibels has a network of 830+ trained Lean Data researchers in 70+ countries who speak directly to customers to understand their lived experience. By combining voice, SMS, and other technologies to collect data remotely with proprietary survey tools, 60 Decibels helps clients listen more effectively and benchmark their social performance against their peers.

60 Decibels has offices in London, Nairobi, New York, and Bengaluru. To learn more, visit 60decibels.com.

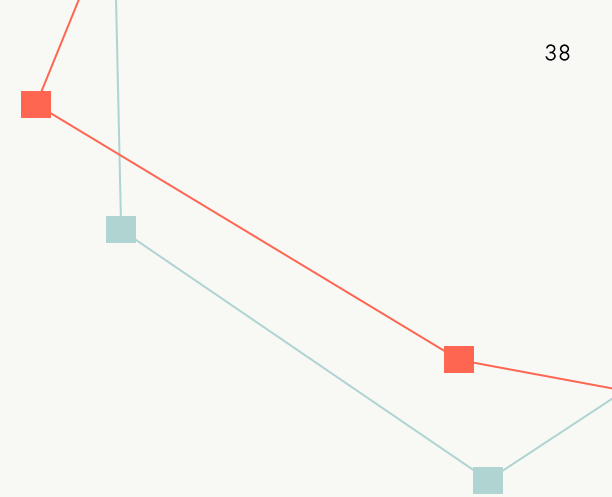
We are proud to be a Climate Positive company. 

Your Feedback

We'd love to hear your feedback on the 60dB process; take 5 minutes to fill out our [feedback survey!](#)

Acknowledgements

Thank you to Catherine Elkins and Amartya Bagal for all their support throughout the project.



I felt sad at first. I did not know
if the condition was treatable. But after
I went to the hospital and learnt that it is
I was happy and hopeful.

His feet are straight
now.

> He can run.
> He can walk.
> He can do everything
now.

The doctor says that he
is alright now, no
problem at all.

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