MiracleFeet

Insights from Program Participants
Welcome To Your 60dB Results

We enjoyed hearing from 676 respondents – they had a lot to say!

Contents

Headlines
03 / Project Overview
04 / Performance Snapshot by Country
07 / Top Insights
08 / Respondent Voices

Detailed Results
10 / Deep Dive Into Key Questions

Appendix
33 / Comparative Performance Across MiracleFeet’s Programs
34 / Methodology
Project Overview

In 2024, we completed surveys with 676 parents and guardians whose children were treated in 46 MiracleFeet supported hospitals and clinics across two countries.

69% of the respondents we spoke to are female.

We separately analyzed two groups of Tanzania respondents, caregivers of older children (age 5+ years old) and younger children (<5 years old).

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 15 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 38.

Lean Data for MiracleFeet: 2024 Projects

The children of survey respondents received treatment for clubfoot at 42 clubfoot clinics in Tanzania, 4 in Sri Lanka.

Tanzania
(Younger, n = 224)
(Older, n = 209)

Sri Lanka
(n = 243)

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

Nearly all respondents in Sri Lanka say their child’s quality of life has improved. The majority also say their child can walk without difficulty, balance in a squat, and are enrolled in school.

<table>
<thead>
<tr>
<th>Walking Status</th>
<th>Physical Ability</th>
<th>reported Impact</th>
<th>What Impact open-ended coded by 60dB*</th>
<th>Respondent Vignette</th>
</tr>
</thead>
<tbody>
<tr>
<td>96%</td>
<td>96%</td>
<td>96%</td>
<td>• Child stands or walks without difficulty (49%)</td>
<td></td>
</tr>
<tr>
<td>of respondents say child can walk without difficulty. 78% can ‘always’ walk without difficulty or assistance</td>
<td>of respondents say their child can squat. 77% can ‘always’ squat</td>
<td>report quality of life improved with 74% saying it has ‘very much improved’</td>
<td>• Foot is fully or nearly straightened (29%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Child can run (24%)</td>
<td>“There has been a significant improvement in the child’s leg due to regular participation in hospital clinics and consistent use of prescribed shoes. Previously, walking along a slope was very challenging for him due to his leg. However, now he can navigate inclines and declines with ease.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Results</th>
<th>Challenges During Casting or Bracing</th>
<th>School Enrollment</th>
<th>Median Travel Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>92%</td>
<td>38%</td>
<td>98%</td>
<td>90</td>
</tr>
<tr>
<td>of respondents say child either ‘never’ or ‘not often’ complains of pain in their feet.</td>
<td>report experiencing no challenges in either casting or bracing phases</td>
<td>of respondents with school-aged children are currently enrolled in school</td>
<td>minutes is the median time taken to travel to the hospital (min: 5 min, average: 97 min, max: 360 min)</td>
</tr>
</tbody>
</table>

*Open-ended percentages represent spontaneous mention of these items and do not match results reported from related closed-ended questions in this report. For more information about the methodology see page 37.
Tanzania Younger Performance Snapshot

All Tanzania respondents with children under the age of 5 say their child’s quality of life has improved. The majority also say their child can walk without difficulty, balance in a squat, and are enrolled in school.

<table>
<thead>
<tr>
<th>Walking Status</th>
<th>Physical Ability</th>
<th>reported Impact</th>
<th>What Impact</th>
<th>Respondent Vignette</th>
</tr>
</thead>
<tbody>
<tr>
<td>99%</td>
<td>98%</td>
<td>100%</td>
<td>open-ended coded by 60dB*</td>
<td></td>
</tr>
<tr>
<td>of respondents say child can walk without difficulty. 74% can ‘always’ walk without difficulty or assistance.</td>
<td>of respondents say their child can squat. 73% can ‘always’ squat.</td>
<td>report quality of life improved with 80% saying it has ‘very much improved’</td>
<td>• Child stands or walks without difficulty (72%) • Child can play (58%) • Child can run (38%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Results</th>
<th>Challenges During Casting or Bracing</th>
<th>School Enrollment</th>
<th>Median Travel Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>97%</td>
<td>32%</td>
<td>94%</td>
<td>90</td>
</tr>
<tr>
<td>of respondents say child either ‘never’ or ‘not often’ complains of pain in their feet.</td>
<td>report experiencing no challenges in either casting or bracing phases</td>
<td>of respondents with school-aged children are currently enrolled in school</td>
<td>minutes is the median time taken to travel to the hospital (min: 2 min, average: 110 min, max: 720 min)</td>
</tr>
</tbody>
</table>

*Open-ended percentages represent spontaneous mention of these items and do not match results reported from related closed-ended questions in this report. For more information about the methodology see page 27.
Tanzania Older Performance Snapshot

Nearly all Tanzania respondents with children over 5 years report improved quality of life. The majority also say their child can walk without difficulty, balance in a squat, and are enrolled in school.

<table>
<thead>
<tr>
<th>Walking Status</th>
<th>Physical Ability</th>
<th>reported Impact</th>
<th>What Impact</th>
<th>Respondent Vignette</th>
</tr>
</thead>
</table>
| 92% of respondents say their child can walk without difficulty. 84% can ‘always’ walk without difficulty or assistance | 98% of respondents say their child can squat. 82% can ‘always’ squat | 98% report quality of life improved with 79% saying it has ‘very much improved’ | open-ended coded by 60dB*  
- Child stands or walks without difficulty (60%)  
- Child can play (47%)  
- Child attends school (33%) | “I was worried about my child’s future—whether she would be able to walk by herself, attend school, and even enjoy interactions with others. I feared she might lead a life like that of other disabled people who are marginalized by society and do not have equal opportunities.”  
“As her mother, I’m thrilled to see how much my daughter has improved since she began treatment. She can now do anything a regular child can do, and her progress has been incredibly pleasing. She can walk by herself, go to school, and even participate in simple activities at home like helping to clean the house and keeping things organized in the kitchen.”  
“The main challenge was traveling to and from the clinic from my place of residence. It takes over six or seven hours to reach the clinic in Iringa town, and the journey is not only expensive but also difficult in terms of transportation.”  
--- Mother |

<table>
<thead>
<tr>
<th>Treatment Results</th>
<th>Challenges During Casting or Bracing</th>
<th>School Enrollment</th>
<th>Median Travel Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% of respondents say child either ‘never’ or ‘not often’ complains of pain in their feet</td>
<td>24% report experiencing no challenges in either casting or bracing phases</td>
<td>98% of respondents with school-aged children are currently enrolled in school</td>
<td>90 minutes is the median time taken to travel to the hospital (min: 6 min, average: 111 min, max: 480 min)</td>
</tr>
</tbody>
</table>

*Open-ended percentages represent spontaneous mention of these items and do not match results reported from related closed-ended questions in this report. For more information about the methodology see page 27.*
Top Insights

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

Over 90% of respondents in both countries report that the quality of life of their child has improved because of the clubfoot treatments at the hospital. 4 in 5 respondents in the Tanzania younger and older groups say it has 'very much improved'.

At least 90% of respondents in the three groups report that their child can walk without difficulty or assistance ‘always’ or ‘most of the time’. 84% of respondents in the Tanzania older cohort say their child can ‘always’ walk without difficulty.

Above 90% of the respondents in each cohort report that their child can play ‘always’ or ‘most of the time’ in a manner appropriate to their age. More than half of the respondents say their child ‘never’ complains about feeling pain in his/her feet.

Pages: 12, 14, 15 and 16.

2. The treatment provided by MiracleFeet has shown both direct health benefits and related longer-term impacts.

Access to education is often challenging for children with disabilities in LMICs, hindering their development and future opportunities. By contrast, nearly all parents of children treated for clubfoot with MiracleFeet support report their school-aged children are enrolled in school, with most parents of younger children intending to enroll them once they are old enough.

Nearly a third of respondents in the Tanzania older cohort mention their child’s ability to attend school as a specific improvement to their quality of life. 96% of children in this cohort are old enough for school, and 98% of respondents say these children are already enrolled. 98% of respondents in Sri Lanka and 93% of Tanzania’s younger cohort with school-age children also report their children are attending school.

Pages: 10 and 13.

3. Respondents report professional advice and guidance helped them overcome challenges during the bracing and casting phases.

We asked about parent challenges related to phases of treatment, casting, and bracing. More than 60% of respondents report having faced and often overcome challenges in one or both phases. These respondents most often mention the child’s discomfort and adherence to treatment protocol.

Respondents also report distance to healthcare facilities as a challenge. Across all the groups, the median travel time to the clinic is 90 minutes, affecting the cost and inconvenience of taking the child to clinic appointments, especially for those with longer travel times.

Respondents often resolve their challenges with the support of their partners, followed by assistance from health workers.

Pages: 23, and 24.
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.

“My child looks normal like other kids; he can walk and play. Before treatment, his legs were not straight. I’m glad that he does not need help to move around.” – Tanzania younger

“He engages in almost all typical activities for a two-and-a-half-year-old child. However, issues arise when he wears shoes; he maintains the correct leg position, but after taking them off, he walks with the wrong posture.” – Sri Lanka

“Despite complaints of pain, he can now walk by himself and has become independent. He started attending first grade this year.” – Tanzania older

“My daughter’s condition has significantly improved; she is now fully recovered, walking alone without assistance, and playing a variety of sports with her friends at home.” – Tanzania older

“My son is incredibly active; he is always playing and running. He can squat and jump like other children. If he hadn’t undergone the treatment, I’m sure he wouldn’t be able to do any of that.” – Tanzania younger

“It took my child more than 2 years to learn how to walk, but now he can run and play very well.” – Sri Lanka

Visiting The Clubfoot Clinic

68% of respondents faced challenges during treatment

“My son stopped treatment when he was 1 year old because I had no job and couldn’t afford all the costs, such as transportation and clinic expenses.” – Tanzania younger

“He cried a lot when he was small. After they provided the shoes, he would remove them 2-3 times a day.” – Sri Lanka

“During the casting stage, my child cried a lot, which left me feeling exhausted and overwhelmed. Moreover, the hospital is located far from my home, resulting in a long journey to reach the hospital for treatment.” – Tanzania older

Opportunities For Improvement

Some suggestions for improvement for MiracleFeet’s partners

“Organize workshops or information sessions specifically for parents of children with clubfoot. Cover topics such as treatment options, expectations, and coping strategies.” – Sri Lanka

“I would like to request that the treatment services be expanded to other hospital centers as well, in order to reach a larger scope of parents and children affected by clubfoot.” – Tanzania older

“…they should consider offering additional comfort during casting and bracing, like padding or skin care products, to improve the child’s experience. – Tanzania younger
Key Questions We Set Out To Answer

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

“I was very worried about my child potentially being crippled, unable to walk, play, or attend school like other children. However, I am grateful for the doctors and nurses who showed me other children with clubfoot who are thriving.” – Tanzania, younger
School Enrollment

Nearly all school-aged children are currently enrolled in school. Most respondents with children who are not yet old enough intend to enroll their children in school when they come of age.

Enrollment of School-aged Children

- If your child is old enough, is s/he enrolled in school?
  - Tanzania Younger: n = 128, Tanzania Older: n = 204, Sri Lanka: n = 167

Intent to Enroll Younger Children in School

- Q: Will you enroll your child in school when s/he is old enough?
  - Open-ended coded by 60dB (Tanzania Younger: n = 97, Tanzania Older: n = 5, Sri Lanka: n = 76)

- Not enrolled
- Yes
- Not enrolled
- Yes

- Not enrolled
- Yes
- Not enrolled
- Yes

- Not enrolled
- Yes
- Not enrolled
- Yes

- Not enrolled
- Yes
- Not enrolled
- Yes
Barriers to School Enrollment

Only 16 children are not enrolled in school across the two countries.

Of the 16 respondents whose children are not enrolled in school, 7 respondents report clubfoot-related barriers to their child’s school enrolment.

**Enrollment of School-aged Children**

If your child is old enough, is s/he enrolled in school? - Single select question. (Tanzania Younger: n = 127, Tanzania Older: n = 204, Sri Lanka: n = 167)

- Not enrolled
- Yes

<table>
<thead>
<tr>
<th></th>
<th>Tanzania younger</th>
<th>Tanzania older</th>
<th>Sri Lanka</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enrolled</td>
<td>94%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Yes</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Barriers to School Enrollment**

Q: Why is s/he not enrolled in school? Open-ended coded by 60dB
(Tanzania Younger: n = 8, Tanzania Older: n = 4, Sri Lanka: n = 4)**

Note small sample size

- Foot/leg condition: 1 (Sri Lanka), 3 (Tanzania older)
- Other health or social issues: 1 (Sri Lanka), 1 (Tanzania younger)
- Financial Constraints: 1 (Sri Lanka), 2 (Tanzania older)
- Still planning to enroll child: 2 (Sri Lanka), 2 (Tanzania older)
Quality of Life

Nearly all respondents report that their child’s quality of life has improved because of the clubfoot treatment.

To gauge the depth of impact, we asked respondents to reflect on whether their child’s quality of life has changed because of MiracleFeet’s services.

Nearly all (98%) say that their child’s life has improved to some degree: 78% ‘very much improved’ and 20% ‘slightly improved’.

Perceived Quality of Life Change

Q: How has your child’s quality of life changed, if at all, because his/her clubfoot has been treated at [Hospital name]? - Single select question. (Tanzania Younger: n = 224, Tanzania Older: n = 209, Sri Lanka: n = 243)

- Very much improved: 80% Tanzania younger, 80% Tanzania older, 74% Sri Lanka
- Slightly improved: 20% Tanzania younger, 19% Tanzania older, 22% Sri Lanka
- No change: 0% Tanzania younger, 1% Tanzania older, 3% Sri Lanka
- Got slightly worse: 0% Tanzania younger, 0% Tanzania older, 1% Sri Lanka
- Got much worse: 0% Tanzania younger, 0% Tanzania older, 0% Sri Lanka

Very much improved:
“Everything has changed; he can now walk alone and doesn’t require help. Moreover, he is able to attend school and play, which has been a true triumph for him and my family.” - Tanzania older

“Now he no longer has clubfoot disease. Nobody knows he was born with it. It’s been two years since he recovered from clubfoot disease. He can now do his own tasks, play, dance, and run, just like other children his age.” - Sri Lanka

Slightly improved:
“My son has made progress despite not being fully stable; he can now walk by himself and even assist us around the house. I am happy about his accomplishments.” - Tanzania younger
Quality of Life: Improvements Mentioned

Respondents reporting improvements in their child’s quality of life were asked to describe the positive changes their child experienced because of MiracleFeet clubfoot treatment. These responses were coded by 60dB to create the table on the right side of the page. The Tanzania older group has the largest number of children age-eligible for school enrollment and they spontaneously mention this change in their quality of life when asked to reflect.

The top improvement to quality of life that respondents mention is their child’s ability to stand and walk properly without difficulty.

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*.

<table>
<thead>
<tr>
<th>Country</th>
<th>Tanzania Younger (n = 224)</th>
<th>Tanzania Older (n = 206)</th>
<th>Sri Lanka (n = 234)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child can stand and walk without difficulty (72% of all Tanzania younger respondents)</td>
<td>Child can stand and walk without difficulty (59% of all Tanzania older respondents)</td>
<td>Child can stand and walk without difficulty (49% of all Sri Lanka respondents)</td>
</tr>
<tr>
<td>72%</td>
<td>60%</td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child can play (58% of all Tanzania younger respondents)</td>
<td>Child can play (46% of all Tanzania older respondents)</td>
<td>Foot is nearly or fully straightened (29% of all Sri Lanka respondents)</td>
</tr>
<tr>
<td>58%</td>
<td>47%</td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child can run (38% of all Tanzania younger respondents)</td>
<td>Child attends school (32% of all Tanzania older respondents)**</td>
<td>Child can run (24% of all Sri Lanka respondents)</td>
</tr>
<tr>
<td>38%</td>
<td>33%</td>
<td>25%</td>
<td></td>
</tr>
</tbody>
</table>

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

Most respondents report that their child can walk without difficulty or assistance ‘always’ or ‘most of the time’.

Walking Status

Q. Thinking about your child in the last week, can your child walk without difficulty or assistance? Single select. (Tanzania Younger: n = 224, Tanzania Older: n = 209, Sri Lanka: n = 243)

- Yes, always
- Yes, most of the time
- Yes, but not often
- No, never

Tanzania Younger: 74% (96%), 22% (92%), 3% (90%)
Tanzania Older: 84% (92%), 8% (8%), 8% (80%)
Sri Lanka: 78% (90%), 6% (6%), 4% (4%)
**Treatment Results:**

**Ability to Squat and Wear Shoes**

Around 90% of all respondents in Tanzania say their child can balance in a squat and wear normal, closed shoes ‘always’ or ‘most of the time’. Sri Lanka respondents report nearly the same (87% squatting and 91% wearing shoes).

### Ability to Squat

- **Q:** Can your child squat, and generally balance in a squat? – Single select question. (Tanzania Younger: n = 224, Tanzania Older: n = 209, Sri Lanka: n = 243)

  - **Tanzania Younger (n = 224):**
    - No, never: 9%
    - Yes, but not often: 9%
    - Yes, most of the time: 16%
    - Yes, always: 73%

  - **Tanzania Older (n = 209):**
    - No, never: 9%
    - Yes, but not often: 7%
    - Yes, most of the time: 10%
    - Yes, always: 82%

  - **Sri Lanka (n = 243):**
    - No, never: 9%
    - Yes, but not often: 10%
    - Yes, most of the time: 37%
    - Yes, always: 55%

### Ability to Wear Shoes

- **Q:** Can your child wear normal closed shoes? - Single select question. (n = 676)

  - **Tanzania Younger (n = 224):**
    - No, never: 8%
    - Yes, but not often: 11%
    - Yes, most of the time: 55%
    - Yes, always: 37%

  - **Tanzania Older (n = 209):**
    - No, never: 6%
    - Yes, but not often: 11%
    - Yes, most of the time: 82%
    - Yes, always: 8%

  - **Sri Lanka (n = 243):**
    - No, never: 5%
    - Yes, but not often: 11%
    - Yes, most of the time: 80%
    - Yes, always: 11%

### Playing Abilities

- **Q:** Can your child play in a manner appropriate to their age? - Single select question. (n = 676)

  - **Tanzania Younger (n = 224):**
    - No, never: 4%
    - Yes, but not often: 17%
    - Yes, most of the time: 9%
    - Yes, always: 79%

  - **Tanzania Older (n = 209):**
    - No, never: 9%
    - Yes, but not often: 7%
    - Yes, most of the time: 10%
    - Yes, always: 84%

  - **Sri Lanka (n = 243):**
    - No, never: 5%
    - Yes, but not often: 10%
    - Yes, most of the time: 84%
    - Yes, always: 84%
Treatment Results: Freedom From Pain

The majority of respondents across the cohorts report that their child does not complain about foot pain.

There are differences in how often respondents say their child complains of foot pain; 10% of respondents of the older Tanzanian cohort and 8% of respondents of the Sri Lankan cohort say their child complains about feeling pain most of the time compared to 3% of respondents of younger Tanzanian cohort.

Overall, 9 in 10 respondents report that their child either 'never' or 'not often' complains about feeling pain in their feet.

Complaints of Pain
Q: How often does your child complain about feeling pain in his/her feet, if at all? — Single select question
(Tanzania Younger: n = 224, Tanzania Older: n = 209, Sri Lanka: n = 243)

- **Never**
  - Tanzania Younger: 60%
  - Tanzania Older: 68%
  - Sri Lanka: 62%

- **Not often**
  - Tanzania Younger: 37%
  - Tanzania Older: 22%
  - Sri Lanka: 30%

- **Most of the time**
  - Tanzania Younger: 3%
  - Tanzania Older: 10%
  - Sri Lanka: 8%

- **Always**
  - Tanzania Younger: 0%
  - Tanzania Older: 1%
  - Sri Lanka: 1%
Key Questions We Set Out To Answer

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

“I was worried that he would be disabled for the rest of his life because he couldn’t sit straight, stand, or walk. So, I never thought he could move normally like other children until he started treatment, and now he is so much better.” – Tanzania, younger
Diagnosis First Impressions

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

Respondents across the cohorts report being concerned that their child would be physically disabled.

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

Q: Think back to when you learned your child was born with clubfoot, did you had concerns about his/her future?, Open-ended, coded by 60 Decibels*. (Tanzania Younger: n = 224, Tanzania older: n = 209, Sri Lanka: n = 243)

- Physical Disability
  - Tanzania younger: 45%
  - Tanzania older: 30%
  - Sri Lanka: 60%

- Sought immediate medical treatment
  - Tanzania younger: 26%
  - Tanzania older: 18%
  - Sri Lanka: 13%

- Concerned about child’s future life and how they will fit in
  - Tanzania younger: 22%
  - Tanzania older: 21%
  - Sri Lanka: 14%

- Doubt treatment effectiveness
  - Tanzania younger: 22%
  - Tanzania older: 11%
  - Sri Lanka: 9%

- Educational worries
  - Tanzania younger: 12%
  - Tanzania older: 5%
  - Sri Lanka: 20%

- Had hope or showed strength
  - Tanzania younger: 11%
  - Tanzania older: 7%
  - Sri Lanka: 4%

- Anxious and scared
  - Tanzania younger: 15%
  - Tanzania older: 7%
  - Sri Lanka: 4%

“I was worried that he would not walk or play like other children, or he would not go to school because of his disability.”
- Tanzania younger

“I was not worried because I knew about clubfoot treatment, so I took him to the clinic, and he started treatment.”
- Tanzania older

“At that time, I was very depressed, fearing that she would not be able to run or engage in activities like other children.”
- Sri Lanka

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

Respondents across the three cohorts report that following treatment, they feel hopeful that their child will succeed academically and in life.

Respondents’ Future Concerns or Hopes About Their Child’s Life

Q: At this time, what are your expectations, concerns, or hopes for your child’s future life?*, Open-ended, coded by 60 Decibels*. (Tanzania Younger: n = 224, Tanzania Older: n = 209, Sri Lanka: n = 243)

- **Academic and career success**: 56% in Tanzania Younger, 42% in Tanzania Older, 31% in Sri Lanka
- **Health recovery**: 42% in Tanzania Younger, 33% in Tanzania Older, 15% in Sri Lanka
- **Improvement in physical activity**: 15% in Tanzania Younger, 19% in Tanzania Older, 6% in Sri Lanka
- **Fear of recurrence or deterioration**: 6% in Tanzania Younger, 3% in Tanzania Older, 12% in Sri Lanka
- **Independence and self-reliance**: 11% in Tanzania Younger, 7% in Tanzania Older, 1% in Sri Lanka
- **Contribution to society**: 5% in Tanzania Younger, 10% in Tanzania Older, 2% in Sri Lanka
- **Social and emotional well-being**: 3% in Tanzania Younger, 8% in Tanzania Older, 1% in Sri Lanka

*I am hopeful that she will be educated, have a job or business, and have her own family.* – Tanzania Younger

*I still have great expectations about the child’s treatment, I hope the child will recover well and return to normal.* – Tanzania Older

*Now that he is playing well and behaving normally, I’m not worried.* – Sri Lanka

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

The majority of respondents across all cohorts report a commute time of 1-2 hours to reach the clubfoot clinic. However, a significant proportion of respondents, particularly in the Tanzanian younger group (27%) and the Sri Lankan group (34%), had a commute time of less than an hour.

A smaller percentage of respondents had to travel for more than 2 hours, with the highest proportion being 16% of the Tanzanian older group traveling for 2-3 hours.

Duration to Clubfoot Clinic

Q: On a typical day, about how long did/does it take you to travel from your home to the clubfoot clinic?
Single select question (Tanzania Younger: n = 224, Tanzania Older: n = 208, Sri Lanka: n = 243)

- <1 hr: Tanzania Younger 27%, Tanzania Older 28%, Sri Lanka 34%
- 1-2 hrs: Tanzania Younger 43%, Tanzania Older 44%
- 2-3 hrs: Tanzania Younger 11%, Tanzania Older 16%, Sri Lanka 12%
- 3-4 hrs: Tanzania Younger 9%, Sri Lanka 6%
- >4 hrs: Tanzania Younger 4%, Sri Lanka 4%
Most respondents report attending 'all' or 'most' appointments, and mothers typically took the primary role in taking the child for clinic visits.

### Clubfoot Appointment Attendance

**Q:** About how many of the child's appointments at the clubfoot clinic did you attend? Single select question.

- **Tanzania Younger (n = 224):**
  - None: 25%
  - Some: 41%
  - Most: 34%
  - All: 24%

- **Tanzania Older (n = 208):**
  - None: 27%
  - Some: 69%
  - Most: 57%
  - All: 6%

- **Sri Lanka (n = 243):**
  - None: 10%
  - Some: 33%
  - Most: 57%
  - All: 4%

### Current Appointment Attendance

**Q:** Is your child currently attending clubfoot appointments?—Single select question. (n = 676)

- **Tanzania Younger (n = 224):**
  - No, other factors affect my child's attendance for their club foot appointments: 20%
  - No, I assessed and concluded that the child's clubfoot was corrected: 19%
  - Yes, my child currently attends: 59%
  - 9%

- **Tanzania Older (n = 208):**
  - No other factors affect my child's attendance for their club foot appointments: 16%
  - Yes, my child currently attends: 67%
  - 8%

- **Sri Lanka (n = 243):**
  - No, other factors affect my child's attendance for their club foot appointments: 18%
  - No, I assessed and concluded that the child's clubfoot was corrected: 28%
  - Yes, my child currently attends: 44%
  - 9%

### Primary Child Support

**Q:** Who primarily accompanied your child to the clubfoot appointments?—Single select question (Tanzania Younger: n = 224, Tanzania Older: n = 208, Sri Lanka: n = 243)

- **Tanzania Younger:**
  - Father: 7%
  - Mother: 65%
  - Other adult relative: 5%
  - Other children: 2%
  - Neighbor/friend: 0%

- **Tanzania Older:**
  - Father: 28%
  - Mother: 65%
  - Other adult relative: 5%
  - Other children: 0%
  - Neighbor/friend: 0%

- **Sri Lanka:**
  - Father: 9%
  - Mother: 91%
  - Other adult relative: 0%
  - Other children: 0%
  - Neighbor/friend: 0%
Most respondents of older children in Tanzania report their child wore the brace while sleeping in the past. These respondents also report more consistency in having had their child wear the brace while sleeping.

### Bracing While Sleeping

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

- **51%** Tanzania younger (n = 224)
- **91%** Tanzania older (n = 208)
- **49%** Sri Lanka (n = 243)

<table>
<thead>
<tr>
<th></th>
<th>Tanzania younger (n = 224)</th>
<th>Tanzania older (n = 117)</th>
<th>Sri Lanka (n = 98)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4% Yes in the past, not now</td>
<td>4% Yes in the past, not now</td>
<td>4% Yes in the past, not now</td>
<td></td>
</tr>
<tr>
<td>46% Yes, currently wears a brace while sleeping</td>
<td>46% Yes, currently wears a brace while sleeping</td>
<td>46% Yes, currently wears a brace while sleeping</td>
<td></td>
</tr>
</tbody>
</table>

### Average Age Child Stopped Wearing Brace

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

- **3.3 years** Tanzania younger (n = 16)  
- **4.1 years** Tanzania Older (n = 117)  
- **3.4 years** Sri Lanka (n = 98)

### Frequency of Bracing

**Q: Please tell us how often your child wore or wears a brace while sleeping. Single select question.**

<table>
<thead>
<tr>
<th></th>
<th>Tanzania younger (n = 223)</th>
<th>Tanzania older (n = 204)</th>
<th>Sri Lanka (n = 233)</th>
</tr>
</thead>
<tbody>
<tr>
<td>64% Often</td>
<td>66% Often</td>
<td>50% Often</td>
<td></td>
</tr>
<tr>
<td>22% Most times</td>
<td>25% Most times</td>
<td>34% Most times</td>
<td></td>
</tr>
<tr>
<td>16% Always</td>
<td>9% Always</td>
<td>16% Always</td>
<td></td>
</tr>
</tbody>
</table>
**Treatment Challenges**

Child discomfort is the primary concern of respondents who report challenges during treatment.

More than half of the respondents report facing challenges during the casting or bracing stages, or both. While the nature of these challenges is comparable, the proportions differ across the three cohorts.

**Proportion Reporting Challenges**

Q: Did you face any challenges during any of the following phases of the treatment: casting phase, bracing phase, both, or neither? - Single select question.

- No, in neither of the phases
- Yes, in both phases
- Yes, during the bracing phase
- Yes, during the casting phase

<table>
<thead>
<tr>
<th>Country</th>
<th>Bracing Challenges</th>
<th>Casting Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sri Lanka</strong></td>
<td>- Child discomfort (58%)</td>
<td>- Child discomfort (61%)</td>
</tr>
<tr>
<td></td>
<td>- Wounds/rashes (25%)</td>
<td>- Child resistance to treatment (26%)</td>
</tr>
<tr>
<td></td>
<td>- Difficulty adhering to treatment (18%)</td>
<td>- Difficulty adhering to treatment (18%)</td>
</tr>
<tr>
<td><strong>Tanzania Younger</strong></td>
<td>- Child discomfort (60%)</td>
<td>- Child discomfort (31%)</td>
</tr>
<tr>
<td></td>
<td>- Travel expenses (38%)</td>
<td>- Travel expenses (31%)</td>
</tr>
<tr>
<td></td>
<td>- Frequent hospital visits (20%)</td>
<td>- Difficulty adhering to treatment (25%)</td>
</tr>
<tr>
<td><strong>Tanzania Older</strong></td>
<td>- Child discomfort (45%)</td>
<td>- Child discomfort (48%)</td>
</tr>
<tr>
<td></td>
<td>- Emotional distress (30%)</td>
<td>- Emotional distress (26%)</td>
</tr>
<tr>
<td></td>
<td>- Distance to clinic (29%)</td>
<td>- Distance to clinic (22%)</td>
</tr>
</tbody>
</table>

*TThese responses are from respondents who say they experienced a challenge*
Overcoming Treatment Challenges

The respondents most commonly mention their spouse or partner as the person helping to overcome challenges.

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.

In both Tanzania cohorts, the primary source of support is the respondent’s partner; 40% for the younger group and 25% for the older group. Health workers are also a major source of support, especially in Tanzania (36%–37%).

In Sri Lanka, grandparents are a major source of support and on par with health workers (31%).

Help with Overcoming Challenges

Q: How did you manage or overcome the challenge(s), and who helped you? Open-ended, coded by 60 Decibels*. (Tanzania Younger: n = 151, Tanzania Older: n = 158, Sri Lanka: n = 150)

*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 to generate the charts located on the right side of the page.

Among those who provided suggestions for improvement, the most common recommendation across all groups was to increase awareness about the treatment.

Roughly 2 in 5 respondents either have no specific suggestion or gave a positive comment of appreciation.

Suggestions for MiracleFeet Partners

Q: Do you have any suggestions for [Hospital name] to improve services for patients like your child? Please share your ideas. Open-ended, coded by 60 Decibels.

(Tanzania Younger: n = 224, Tanzania Older: n = 208, Sri Lanka: n = 243)

- Provide information/ increase awareness about the treatment: 4% (Tanzania Younger), 9% (Tanzania Older), 1% (Sri Lanka)
- Improve the access to the service: 3% (Tanzania Younger), 8% (Tanzania Older), 7% (Sri Lanka)
- Introduce follow up/aftercare services: 3% (Tanzania Younger), 6% (Tanzania Older), 1% (Sri Lanka)
- Provide free treatment / Reduce cost: 3% (Tanzania Younger), 7% (Tanzania Older), 5% (Sri Lanka)
- Increase number of attendants/nurses/doctors: 2% (Tanzania Younger), 7% (Tanzania Older), 3% (Sri Lanka)
- Have better quality shoes /offer better shoes: 1% (Tanzania Younger), 5% (Tanzania Older), 3% (Sri Lanka)
- Have convenient schedules: 1% (Tanzania Younger), 4% (Tanzania Older), 5% (Sri Lanka)
- Emotional/ Psychological support: 2% (Tanzania Younger), 5% (Tanzania Older), 1% (Sri Lanka)
- A positive comment or appreciation: 13% (Tanzania Younger), 19% (Tanzania Older), 19% (Sri Lanka) 19% (Tanzania Younger), 27% (Tanzania Older), 27% (Sri Lanka)
- No suggestion: 21% (Tanzania Younger), 21% (Tanzania Older), 21% (Sri Lanka)

*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

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

“The hospital specialists were so kind; they helped my child get better. I suggest they print flyers to ensure that many people know that clubfoot condition can be treated in the hospital.” - Tanzania older
Segmentation

Throughout this report, we have called out the differences in report 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

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

<table>
<thead>
<tr>
<th></th>
<th>Tanzania (younger)</th>
<th>Tanzania (older)</th>
<th>Sri Lanka</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tenotomy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received tenotomy</td>
<td>212</td>
<td>184</td>
<td>161</td>
</tr>
<tr>
<td>Did not receive tenotomy</td>
<td>12</td>
<td>25</td>
<td>82</td>
</tr>
<tr>
<td><strong>Age at First Treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before 1 year old</td>
<td>207</td>
<td>181</td>
<td>219</td>
</tr>
<tr>
<td>After 1 year old</td>
<td>17</td>
<td>28</td>
<td>24</td>
</tr>
</tbody>
</table>

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

*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.
Impact Performance in Sri Lanka

The analysis on this page illustrates the impact of clubfoot treatment across five key indicators, segmented by tenotomy status and age at first treatment, in the Sri Lanka cohort.

There is no significant difference across children's tenotomy status and age segments.
Impact Performance in Tanzania (Younger)

The analysis on this page illustrates the impact of clubfoot treatment across five key indicators, segmented by tenotomy status and age at first treatment, in the Tanzania younger cohort.

There is no significant difference across children’s tenotomy status and age segments.

Impact Performance by Tenotomy Received

- Able to squat ‘always’ or ‘most of the time’
- Improved Quality of Life
- 100%
- Age-eligible children going to school
- 100%
- Can wear closed shoes ‘always’ or ‘most of the time’

Impact Performance by Age at First Treatment

- Able to squat ‘always’ or ‘most of the time’
- Improved Quality of Life
- 90%
- Age-eligible children going to school
- 93%
- Can wear closed shoes ‘always’ or ‘most of the time’
- Can walk without difficulty ‘always’ or ‘most of the time’

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 in Tanzania (Older)

The analysis on this page illustrates the impact of clubfoot treatment across five key indicators, segmented by tenotomy status and age at first treatment, in the Tanzania younger cohort.

There is no significant difference across children’s tenotomy status and age segments.

Impact Performance by Tenotomy Received

Able to squat ‘always’ or ‘most of the time’

- Improved Quality of Life: 89% (99%), 88% (96%)
- Age-eligible children going to school: 98% (96%), 96% (94%)
- Can wear closed shoes ‘always’ or ‘most of the time’: 92% (96%), 91% (90%)
- Can walk without difficulty ‘always’ or ‘most of the time’: 92% (91%), 91% (90%)

Impact Performance by Age at First Treatment

Able to squat ‘always’ or ‘most of the time’

- Improved Quality of Life: 89% (99%), 88% (96%)
- Age-eligible children going to school: 98% (96%), 90% (89%)
- Can wear closed shoes ‘always’ or ‘most of the time’: 92% (91%), 91% (90%)
- Can walk without difficulty ‘always’ or ‘most of the time’: 92% (91%), 91% (90%)

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

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

The highest proportion of female respondents is in Sri Lanka—72%. Tanzania younger has the lowest proportion of female respondents (66%).

We asked respondents about the highest level of education completed in their household. 19% of respondents in Tanzania younger, 34% in Tanzania older, and 28% of respondents in Sri Lanka, report having attained more than secondary school education.

At least two thirds of respondents in Tanzania and Sri Lanka are female. The average household size ranges between four and six.

---

About the MiracleFeet Respondents
Data relating to respondents’ characteristics. (Tanzania Younger: n = 224, Tanzania Older: n = 209, Sri Lanka: n = 243)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Average household size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania younger</td>
<td>66% (Female) 34% (Male)</td>
</tr>
<tr>
<td>Tanzania older</td>
<td>68% 32%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>72% 28%</td>
</tr>
</tbody>
</table>
Comparison of Performance Across MiracleFeet’s Programs

The numbers in orange are at or above MiracleFeet’s historical weighted average. The weighted average was calculated using the information from 18 projects from 2018-2024 and 3,332 respondents.

<table>
<thead>
<tr>
<th>Year</th>
<th>n</th>
<th>% reporting quality of life improved</th>
<th>% reporting child can always walk without difficulty</th>
<th>% reporting child can always play</th>
<th>% reporting child never complains of pain</th>
<th>% experiencing challenges during any of the phases of the treatment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>2018</td>
<td>135</td>
<td>98</td>
<td>95</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td>Philippines</td>
<td>2019</td>
<td>135</td>
<td>97</td>
<td>96</td>
<td>n/a</td>
<td>82</td>
</tr>
<tr>
<td>Philippines</td>
<td>2020</td>
<td>79</td>
<td>97</td>
<td>98</td>
<td>96</td>
<td>89</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2019</td>
<td>200</td>
<td>99</td>
<td>93</td>
<td>n/a</td>
<td>70</td>
</tr>
<tr>
<td>Tanzania</td>
<td>2021</td>
<td>198</td>
<td>95</td>
<td>76</td>
<td>74</td>
<td>78</td>
</tr>
<tr>
<td>Paraguay</td>
<td>2020</td>
<td>149</td>
<td>99</td>
<td>89</td>
<td>83</td>
<td>69</td>
</tr>
<tr>
<td>Madagascar</td>
<td>2021</td>
<td>210</td>
<td>100</td>
<td>91</td>
<td>87</td>
<td>83</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2021</td>
<td>202</td>
<td>99</td>
<td>89</td>
<td>87</td>
<td>83</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>2022</td>
<td>139</td>
<td>98</td>
<td>66</td>
<td>76</td>
<td>41</td>
</tr>
<tr>
<td>Uganda</td>
<td>2020</td>
<td>202</td>
<td>95</td>
<td>89</td>
<td>90</td>
<td>80</td>
</tr>
<tr>
<td>Uganda</td>
<td>2022</td>
<td>202</td>
<td>93</td>
<td>88</td>
<td>92</td>
<td>81</td>
</tr>
<tr>
<td>Country 3</td>
<td>2022</td>
<td>200</td>
<td>98</td>
<td>77</td>
<td>86</td>
<td>70</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2023</td>
<td>205</td>
<td>99</td>
<td>94</td>
<td>95</td>
<td>73</td>
</tr>
<tr>
<td>Liberia</td>
<td>2023</td>
<td>200</td>
<td>97</td>
<td>88</td>
<td>88</td>
<td>38</td>
</tr>
<tr>
<td>Madagascar</td>
<td>2023</td>
<td>200</td>
<td>98</td>
<td>92</td>
<td>96</td>
<td>70</td>
</tr>
<tr>
<td>Tanzania Younger</td>
<td>2024</td>
<td>224</td>
<td>100</td>
<td>74</td>
<td>79</td>
<td>60</td>
</tr>
<tr>
<td>Tanzania Older</td>
<td>2024</td>
<td>209</td>
<td>99</td>
<td>84</td>
<td>84</td>
<td>68</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2024</td>
<td>243</td>
<td>98</td>
<td>78</td>
<td>84</td>
<td>62</td>
</tr>
<tr>
<td>Total Weighted Averages</td>
<td>3,332</td>
<td>98</td>
<td>86</td>
<td>86</td>
<td>70</td>
<td>68</td>
</tr>
</tbody>
</table>

*The question on the survey for projects in 2024 only includes challenges during the treatment phases.
Summary of Data Collected in Tanzania (Younger)

MiracleFeet provided a list of 1,008 children, with unique guardian contact information. These children had started the bracing phase of treatment at least two years before survey data collection and ranged in age from 3 to 5 years old.

224 phone interviews completed from 4th February to 22nd March 2024.

<table>
<thead>
<tr>
<th>Survey mode</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Tanzania</td>
</tr>
<tr>
<td>Language</td>
<td>Swahili</td>
</tr>
<tr>
<td>Sampling</td>
<td>Random sample of 1,008 children who received clubfoot treatment from a MiracleFeet partner hospital or clinic.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responses collected</th>
<th>224</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response rate</td>
<td>61%</td>
</tr>
<tr>
<td>Data Collection</td>
<td>% of completed calls in:</td>
</tr>
<tr>
<td>First attempt</td>
<td>156 70%</td>
</tr>
<tr>
<td>Second attempt</td>
<td>45   20%</td>
</tr>
<tr>
<td>Third attempt</td>
<td>23   10%</td>
</tr>
<tr>
<td>No. of parents/guardians who (%s are out of total contacts)</td>
<td></td>
</tr>
<tr>
<td>Did not respond, after three attempts</td>
<td>146 14%</td>
</tr>
<tr>
<td>Had an incorrect phone #</td>
<td>64 6%</td>
</tr>
<tr>
<td>Were unwilling to be interviewed</td>
<td>0 -</td>
</tr>
<tr>
<td>No. of researchers</td>
<td>5</td>
</tr>
<tr>
<td>Female researchers</td>
<td>2 40%</td>
</tr>
<tr>
<td>Experience of researchers</td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>0</td>
</tr>
<tr>
<td>1-5 60dB projects</td>
<td>3</td>
</tr>
<tr>
<td>&gt;5 60dB projects</td>
<td>2</td>
</tr>
</tbody>
</table>
### Summary of Data Collected in Tanzania (Older)

MiracleFeet provided a list of 704 children with unique guardian contact information. These children were at least 5 years old and had started the bracing phase at least two years before survey data collection. No upper age limit was set for this sample, with the full list ranging from 5-10 years old. (Approximately 92% of the full list were 5-7 years old.)

209 phone interviews completed from 5th February to 8th March 2024.

<table>
<thead>
<tr>
<th>Survey mode</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Tanzania</td>
</tr>
<tr>
<td>Language</td>
<td>Swahili</td>
</tr>
<tr>
<td>Sampling</td>
<td>Random sample of 704 children who received clubfoot treatment from a MiracleFeet partner hospital or clinic.</td>
</tr>
</tbody>
</table>

**Data Collection % of completed calls in:**

- First attempt: 164 (78%)
- Second attempt: 35 (17%)
- Third attempt: 10 (5%)

**No. of parents/guardians who (%s are out of total contacts):**

- Did not respond, after three attempts: 174 (25%)
- Had an incorrect phone #: 87 (12%)
- Were unwilling to be interviewed: 1 (0%)

**No. of researchers:**

- 4

**Female researchers:**

- 2 (50%)

**Experience of researchers:**

- New: 0
- 1-5 60dB projects: 2
- >5 60dB projects: 2

**Accuracy**

- Confidence Level: c. 90%
- Margin of error: c. 5%
- Avg. survey length: 15 mins
Summary of Data Collected in Sri Lanka

MiracleFeet provided a list of 774 children with unique guardian contact information. These children started the bracing phase of treatment at least two years before survey data collection. No additional age limits were set for this sample, with list ages ranging from 2-8 years old. (Approximately 85% of the full list were 2-5 years old.)

<table>
<thead>
<tr>
<th>Survey mode</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Sri Lanka</td>
</tr>
<tr>
<td>Language</td>
<td>Sinhala, Tamil</td>
</tr>
<tr>
<td>Sampling</td>
<td>Random sample of 774 children who received clubfoot treatment from a MiracleFeet partner hospital or clinics.</td>
</tr>
</tbody>
</table>

243 phone interviews completed from 7th February to 11th March 2024.

<table>
<thead>
<tr>
<th>Responses collected</th>
<th>243</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection</td>
<td>% of completed calls in:</td>
</tr>
<tr>
<td>First attempt</td>
<td>186</td>
</tr>
<tr>
<td>Second attempt</td>
<td>44</td>
</tr>
<tr>
<td>Third attempt</td>
<td>13</td>
</tr>
<tr>
<td>No. of parents/guardians who (%s are out of total contacts)</td>
<td></td>
</tr>
<tr>
<td>Did not respond, after three attempts</td>
<td>168</td>
</tr>
<tr>
<td>Had an incorrect phone #</td>
<td>44</td>
</tr>
<tr>
<td>Were unwilling to be interviewed</td>
<td>10</td>
</tr>
<tr>
<td>No. of researchers</td>
<td>5</td>
</tr>
<tr>
<td>Female researchers</td>
<td>3</td>
</tr>
<tr>
<td>Experience of researchers</td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>2</td>
</tr>
<tr>
<td>1-5 60dB projects</td>
<td>1</td>
</tr>
<tr>
<td>&gt;5 60dB projects</td>
<td>2</td>
</tr>
<tr>
<td>Accuracy</td>
<td></td>
</tr>
<tr>
<td>Confidence Level</td>
<td>c. 90%</td>
</tr>
<tr>
<td>Margin of error</td>
<td>c. 5%</td>
</tr>
<tr>
<td>Avg. survey length</td>
<td>15 mins</td>
</tr>
</tbody>
</table>
# 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.

<table>
<thead>
<tr>
<th>No</th>
<th>Question</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>a) Will you enroll your child in school when s/he is old enough?</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>b) Why is s/he not enrolled in school?</td>
<td></td>
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<tr>
<td>7</td>
<td>Think back to when you learned your child was born with clubfoot, did you had concerns about his/her future?</td>
<td>14</td>
</tr>
<tr>
<td>9</td>
<td>a) How has it improved?</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>b) Why has it not changed?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) How has it become worse?</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>At this time, what are your expectations, concerns, or hopes for your child's future life?</td>
<td>18</td>
</tr>
<tr>
<td>12</td>
<td>What was or were the challenges you faced?</td>
<td>26</td>
</tr>
<tr>
<td>13</td>
<td>How did you manage or overcome the challenge(s), and who helped you?</td>
<td>28</td>
</tr>
<tr>
<td>14</td>
<td>a) From the challenges you mentioned before, can you tell me what was the main (most difficult) challenge you faced throughout the process of getting treatment for your child's clubfoot condition?</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>b) Is there any other challenge you faced throughout the process of getting treatment for your child's clubfoot condition?</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Do you have any suggestions for [Hospital name] to improve services for child like your child? Please share your ideas</td>
<td>30</td>
</tr>
<tr>
<td>25</td>
<td>Is there anything else you would like to share with us?</td>
<td></td>
</tr>
</tbody>
</table>
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 1,400+ researchers in 80+ countries and have worked with more than 800 of the world’s leading impact investors, companies, foundations, corporations, NGOs, and public sector organizations. 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.
The treatment went well. Currently my child is able to stand straight as if he was not born with clubfoot. He does not complain of pain.

We have seen improvement

> he plays football well
> he walks long distance
> he goes to school

Without any problem.

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