Introduction
The Global Clubfoot Project (GCP) was a US $ 6 million collaborative programme between three organisations: CBM, Cure International and the Ponseti International Association (PIA). These non-governmental organisations (NGOs) came together in 2007-2009 in order to address the problem of clubfoot in 10 low and middle income countries through a two-year programme.

The Problem of Clubfoot
Due to lack of awareness and poor access to healthcare most children with clubfoot in developing countries do not receive treatment. Left untreated, clubfoot results in severe disability, causing pain and difficulty in walking. Many individuals with untreated clubfoot end up living as beggars on the streets.

The Ponseti method is a means of treating clubfoot through manipulation and casting, followed by a percutaneous Achilles tenotomy and bracing of the foot. When applied at an early age (preferably under 2 years), by skilled practitioners, this method results in very good outcomes. In developed countries children with clubfoot can grow up with almost no functional limitations. In under-resourced countries, such as those involved in this GCP, results were highly skilled at treating clubfoot and very motivated. Many felt that training in the Ponseti technique has given them the tools to treat clubfoot effectively for the first time.

Impact of The Global Clubfoot Project
The GCP has been very successful in most of the countries it is working in. When the project started, the organisations aimed to treat 2,500 children over a two year period. More than three times this number were enrolled for treatment.

The Evaluation
In order to evaluate the GCP we aimed to measure:
- What the impact of the GCP has been,
- What lessons can be learned.

The Ponseti method is now being the treatment of choice for children with clubfoot.

Methods
Self-reported data from all ten countries on numbers of practitioners trained, clubfoot treatment centres in operation and patients treated.

Impact of The GCP
- In almost all countries the GCP has resulted in a dramatic shift in the predominant methods for treating clubfoot. Coordinators and practitioners described how previously, a mixture of ineffective methods were being used with poor results. In many locations this change of attitudes has affected the most senior orthopaedic and paediatric health care providers, resulting in the Ponseti method now being the treatment of choice for children with clubfoot.

Capacity Building

Change in attitudes
In almost all countries, the GCP has resulted in a dramatic shift in the predominant methods for treating clubfoot. Coordinators and practitioners described how previously, a mixture of ineffective methods were being used with poor results. In many locations this change of attitudes has affected the most senior orthopaedic and paediatric health care providers, resulting in the Ponseti method now being the treatment of choice for children with clubfoot.

Disability prevention
For the children enrolled in the GCP, the Ponseti method is not only a treatment but hope of a new life free from disabling pain, deformity and the stigma of disability. Parents and guardians repeatedly expressed the joy and gratitude they felt when they found there was treatment available for their child. This is particularly true as the service is provided at no cost to children’s families, many of whom would never be able to afford it.

Case Studies of Hope
This eight year old girl (left) is attending the GCP clinic in Vientiane, Laos with her mother and sister. As she only came to the clinic when she was eight years old she was treated first with Ponseti manipulation and casting followed by a relatively small surgical procedure. This course of treatment is typical for those who access treatment when they are too old to be treated fully using the Ponseti method.

Case Studies of Hope
This eight year old girl (left) is attending the GCP clinic in Vientiane, Laos with her mother and sister. As she only came to the clinic when she was eight years old she was treated first with Ponseti manipulation and casting followed by a relatively small surgical procedure. This course of treatment is typical for those who access treatment when they are too old to be treated fully using the Ponseti method.

The Global Clubfoot Project
The GCP aimed to increase the number of children diagnosed and treated in the 10 countries where it operates whilst building the capacity of the local health teams. In this, it has brought hope to thousands of children with clubfoot and their families.

The 10 Countries
Dominican Rep./ Haiti, Honduras, Paraguay, Ethiopia, DRC/Rwanda, Malawi, Tanzania, Zambia, Nepal

Country Data

Change in attitudes
In almost all countries, the GCP has resulted in a dramatic shift in the predominant methods for treating clubfoot. Coordinators and practitioners described how previously, a mixture of ineffective methods were being used with poor results. In many locations this change of attitudes has affected the most senior orthopaedic and paediatric health care providers, resulting in the Ponseti method now being the treatment of choice for children with clubfoot.

Disability prevention
For the children enrolled in the GCP, the Ponseti method is not only a treatment but hope of a new life free from disabling pain, deformity and the stigma of disability. Parents and guardians repeatedly expressed the joy and gratitude they felt when they found there was treatment available for their child. This is particularly true as the service is provided at no cost to children’s families, many of whom would never be able to afford it.

Case Studies of Hope
This eight year old girl (left) is attending the GCP clinic in Vientiane, Laos with her mother and sister. As she only came to the clinic when she was eight years old she was treated first with Ponseti manipulation and casting followed by a relatively small surgical procedure. This course of treatment is typical for those who access treatment when they are too old to be treated fully using the Ponseti method.

Case Studies of Hope
This eight year old girl (left) is attending the GCP clinic in Vientiane, Laos with her mother and sister. As she only came to the clinic when she was eight years old she was treated first with Ponseti manipulation and casting followed by a relatively small surgical procedure. This course of treatment is typical for those who access treatment when they are too old to be treated fully using the Ponseti method.

The Future
This evaluation shows that the GCP’s targeted support has been beneficial in setting up and supporting clubfoot projects. Country projects should start to become more independent as they develop expertise, conducting their own training and awareness raising activities. Links with Ministries of Health and other stakeholders should be further built-up so that clubfoot services can be integrated into existing facilities. In the future it will be important to strengthen existing projects’ capacities and also offer assistance to those in other countries who have a concern for children with clubfoot.

For more information about the Global Clubfoot Project, please contact: Rosalind Owen on rozharrison21@hotmail.com

In order to evaluate the GCP we aimed to measure:
- What the impact of the GCP has been,
- What lessons can be learned.

Change in attitudes
In almost all countries, the GCP has resulted in a dramatic shift in the predominant methods for treating clubfoot. Coordinators and practitioners described how previously, a mixture of ineffective methods were being used with poor results. In many locations this change of attitudes has affected the most senior orthopaedic and paediatric health care providers, resulting in the Ponseti method now being the treatment of choice for children with clubfoot.

Disability prevention
For the children enrolled in the GCP, the Ponseti method is not only a treatment but hope of a new life free from disabling pain, deformity and the stigma of disability. Parents and guardians repeatedly expressed the joy and gratitude they felt when they found there was treatment available for their child. This is particularly true as the service is provided at no cost to children’s families, many of whom would never be able to afford it.

Case Studies of Hope
This eight year old girl (left) is attending the GCP clinic in Vientiane, Laos with her mother and sister. As she only came to the clinic when she was eight years old she was treated first with Ponseti manipulation and casting followed by a relatively small surgical procedure. This course of treatment is typical for those who access treatment when they are too old to be treated fully using the Ponseti method.

Case Studies of Hope
This eight year old girl (left) is attending the GCP clinic in Vientiane, Laos with her mother and sister. As she only came to the clinic when she was eight years old she was treated first with Ponseti manipulation and casting followed by a relatively small surgical procedure. This course of treatment is typical for those who access treatment when they are too old to be treated fully using the Ponseti method.

The Future
This evaluation shows that the GCP’s targeted support has been beneficial in setting up and supporting clubfoot projects. Country projects should start to become more independent as they develop expertise, conducting their own training and awareness raising activities. Links with Ministries of Health and other stakeholders should be further built-up so that clubfoot services can be integrated into existing facilities. In the future it will be important to strengthen existing projects’ capacities and also offer assistance to those in other countries who have a concern for children with clubfoot.

For more information about the Global Clubfoot Project, please contact: Rosalind Owen on rozharrison21@hotmail.com

In order to evaluate the GCP we aimed to measure:
- What the impact of the GCP has been,
- What lessons can be learned.

Change in attitudes
In almost all countries, the GCP has resulted in a dramatic shift in the predominant methods for treating clubfoot. Coordinators and practitioners described how previously, a mixture of ineffective methods were being used with poor results. In many locations this change of attitudes has affected the most senior orthopaedic and paediatric health care providers, resulting in the Ponseti method now being the treatment of choice for children with clubfoot.

Disability prevention
For the children enrolled in the GCP, the Ponseti method is not only a treatment but hope of a new life free from disabling pain, deformity and the stigma of disability. Parents and guardians repeatedly expressed the joy and gratitude they felt when they found there was treatment available for their child. This is particularly true as the service is provided at no cost to children’s families, many of whom would never be able to afford it.

Case Studies of Hope
This eight year old girl (left) is attending the GCP clinic in Vientiane, Laos with her mother and sister. As she only came to the clinic when she was eight years old she was treated first with Ponseti manipulation and casting followed by a relatively small surgical procedure. This course of treatment is typical for those who access treatment when they are too old to be treated fully using the Ponseti method.

Case Studies of Hope
This eight year old girl (left) is attending the GCP clinic in Vientiane, Laos with her mother and sister. As she only came to the clinic when she was eight years old she was treated first with Ponseti manipulation and casting followed by a relatively small surgical procedure. This course of treatment is typical for those who access treatment when they are too old to be treated fully using the Ponseti method.

The Future
This evaluation shows that the GCP’s targeted support has been beneficial in setting up and supporting clubfoot projects. Country projects should start to become more independent as they develop expertise, conducting their own training and awareness raising activities. Links with Ministries of Health and other stakeholders should be further built-up so that clubfoot services can be integrated into existing facilities. In the future it will be important to strengthen existing projects’ capacities and also offer assistance to those in other countries who have a concern for children with clubfoot.

For more information about the Global Clubfoot Project, please contact: Rosalind Owen on rozharrison21@hotmail.com

In order to evaluate the GCP we aimed to measure:
- What the impact of the GCP has been,
- What lessons can be learned.