

Walk for Life Club of Bangladesh Mid-Term Evaluation Report 2018



With funding from





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To the mothers and fathers who shared their stories, I am profoundly grateful for your trust and willingness to share such intimate stories with the WFL team and me. I hope I have been able to represent your stories properly in this report.

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1. EXECUTIVE SUMMARY

This report presents the findings, conclusions and recommendations of the evaluation of the Walk for Life (WFL) Project in Bangladesh.

The objectives of the evaluation were to assess whether the project had incorporated recommendations from an external evaluation conducted in 2014. These are:

- i. To assess to what extent all the recommendations have been incorporated into the project
- ii. Determine the outcomes (or impact) of the programme, specifically on children and their families' quality of life, health and social outcomes
- iii. To assess the sustainability of the programme especially related to the integration of clubfoot within the government health system and provide recommendations
- iv. To assess the effectiveness of the monitoring and evaluation framework of the programme with a focus on the new mobile-based monitoring tool Clubfoot Administration SysTem (CAST).
- v. Provide recommendations to improve the programme and policies on clubfoot

A mixed method approach involving document reviews, focus group discussions (FGDs), key informant interviews (KIIs) and semi-structured interviews with using Bangla 'drop-out' for Parents (BDOQP), the Oxford Ankle Foot Questionnaire for children (OxAFQ-C) and the Bangla Clubfoot Assessment Tool (BCAT) were used. A post evaluation workshop was held with project stakeholders to present, review and validate preliminary findings.

1.1. Challenges encountered during the evaluation

- 1) During the FGDs and KIIs, questions were translated and from English to Bangla and then the responses from Bangla back to English. For the most part, translation was very poor which may have created some biases and/or misinterpretation of both questions and responses.
- 2) The South Asia Program Manager for Action on Poverty led the evaluation, which could potentially result in bias.
- 3) In some cases, KII were not readily available due to lack of proper Whilst we found alternative KII, some of them did not enough knowledge of the project to provide useful information.
- 4) For the most part, when interviewing doctors, the interviews were very short, as the doctors did not have time to properly sit for an interview, which may have affected the level of probing for more information from these KII.

1.2. Key findings

- ❖ The project has integrated most of the recommendations from the 2014 evaluation. However, recommendations related to monitoring still needs to be strengthened. The project is exploring the use of a new mobile app-based monitoring system CAST to address some of the challenges related to monitoring. The mobile app is hoped to reduce patients' dropout rates.
- ❖ The project has diversified funding sources including the recent grant of \$400,000 from CBM over four years, the Australian NGO Cooperation Program (ANCP), Glencoe Foundation, Walk for Life United Kingdom (UK) and funding collected through podiatry clinics in Australia.
- ❖ The project impact has been realised at different levels, (i) communities are now more aware of clubfoot disability and that it can be corrected (ii) reduced stigma surrounding clubfoot disability and most importantly, restored women's dignity in their communities as they no longer feel blamed for their children's disability.
- ❖ There is evidence of ownership of the programme by both the government, who has named the programme the National Clubfoot of Bangladesh and by the communities who are talking and referring parents of children with clubfoot to WFL clinics.

- ❖ There is still need to strengthen the monitoring and evaluation systems of the project as it relates to tracking of patients and ensuring that they adhere to the treatment protocol. The evaluation findings suggest that this is an area that still requires further improvement. Whilst it was reported there was an electronic monitoring process in place, this is not properly administered. However, the project has started exploring possibilities of a mobile app-based monitoring system, which is integrated with an interactive SMS/text system, starting in 2018. This is expected to streamline reporting and data collection and address the issues related to dropouts.

1.3. Conclusions

The findings from this evaluation provides conclusions as follows:

1. **Increased awareness of clubfoot and potentially other disabilities evidenced through reports from FGDs and KII of changed perceptions of clubfoot disability in the communities and at household level.**
2. **Diversified funding to ensure financial sustainability** – the project has multiple funding sources and is proactively looking at other models of working such as franchising and cost recovery to strengthen sustainability of the project.
3. **Reduced government dependency on WFL to provide training.** – WFL has been labelled the National Clubfoot of Bangladesh and follows the Global Clubfoot initiative for the sustainable treatment of clubfoot using the Ponseti method. Whilst WFL is still integrating clubfoot treatment in hospitals, it has helped strengthen the health system by providing training and other services that are not readily available in hospitals. The Global Initiative on Clubfoot also recommends a partnership approach to the treatment of clubfoot. WFL has signed a MoU with the government through the Ministry of Health, which speaks to the partnership approach recommended in 2014. Whilst a lot still needs to be addressed, this is a positive first step for WFL.
4. **Improve internal processes especially a robust monitoring and evaluation system to easily follow-up patients** – The evaluation findings suggest that this is an area that still requires further improvement. Whilst an electronic monitoring process was reported to be in place, this is not properly administered. The project has started exploring possibilities of a mobile app-based monitoring system, which is integrated with an interactive SMS/text system, starting in 2018. This is expected to streamline reporting and data collection and address the issues related to patients' dropouts.
5. **Outcome/impact of the programme on children and their families' lives** – reports from FGDs and KIIs indicate the impact that the programme is having at different levels; family, community and within the health system itself. Importantly, it has helped reduced stigma of clubfoot disability and restored women's dignity and self-esteem in the community. The project has made significant contributions to improving the quality of life of over 21, 000 children at the time of the evaluation and provided a sense of peace to these children's families.
6. **Sustainability of the programme** – the project has a clear sustainability strategy, one of which is the integration of clubfoot within the national hospitals – private or public and financial sustainability.