

WALK FOR LIFE PROJECT

BANGLADESH 2018 – 2022

Evaluation report | Executive summary

Background

Clubfoot is yet another neglected non-communicable disease that affects almost 200,000 children each year globally, of whom 91% are born in low-income and middle-income countries (LMIC) (Global Clubfoot Initiative (GCI), unpublished data, 2017). Children born with clubfoot if remain without proper treatment may inevitably live with pain, and physical difficulties in stepping and climbing, and face social stigma and exclusion from many aspects of daily life such as education and employment. Mothers, in particular, of babies born with clubfoot are often faced with unwanted behaviours from their in-law's families. The program was established in 2009 with support and funding from the Glencoe Foundation, an Australian private organisation that helps motivated young people realise their potential through medical and educational assistance. During this time the Walk for Life (WFL) program has also been supported by various other donors. Action on Poverty began providing additional support to the WFL program using funds from the Department of Foreign Affairs and Trade (DFAT) in 2013 through the Australian NGO Cooperation Program (ANCP). The primary objective of the WFL program has been **to improve the quality of life of children under the age of three born with clubfoot – a congenital genital birth defect which causes a lifetime of disability and discomfort without treatment – using the “Ponseti method”**.

In 2019-2020 financial year, the WFL clinics became independent from government and began to apply a fee-for-service model for those who could afford to pay while continuing to extend free treatment to those who could not afford to do so. This was part of a longer-term strategy for the program to become sustainable. However, as Bangladesh was impacted heavily by the COVID-19 pandemic in 2020, it significantly reduced the ability of most users to pay for treatment. Without ongoing treatment and follow-up, child patients risk relapse. So the ANCP funded WFL project was extended to 30 June 2022 to ensure that the pandemic disruption did not interrupt the treatment of clubfoot of patients. The project was also redesigned to meet the challenges of the situation by extending support for food and transport costs, COVID-19 personal protective equipment supply, free treatment to impoverished clubfoot children, and strengthening biosecurity protocols within the program and associated clubfoot treatment clinics. These covid-pivot changes have been incorporated into the implementation of the WFL project since July 2020. July 2021 to June 2022 was a second extension year given ongoing uncertainty from Covid-19. It should be noted that the Glencoe Foundation is in the process of transferring the WFL program to the Sancred Welfare Foundation, which is a local NGO.

This review is built on the previous learnings from the project/program evaluations undertaken in 2014 and 2018. It is to assess the results brought by the ANCP funded WFL project from 2018 to 2022, its lessons learned, and recommendations for continuity and possible changes for future programming and approach.

Main findings

Coherence Rating: Good

The project was assessed as 'Good' under the criteria of coherence. The project under this evaluation was operated by private clinics during September 2019 to June 2022, and these were assessed to be working in alignment with three out of the five pillars of the National Clubfoot Management Strategy (June 2019), which are raising awareness, providing services, and ensuring service quality by utilising Ponseti method to treat clubfoot of children.

WFL service providers also reached out to some government community clinics, health workers, doctors and nurses and taken up initiative to raise awareness in the vicinity of the WFL clinics in operation. They also continued to receive referrals from government hospitals where they used to operate during earlier phase, and satisfied clients continued to refer patients.

Effectiveness Rating: Good

The program effectiveness was assessed as 'good'. Effectiveness was assessed at the outcome level of children, as well as the project's capacity to stand the shock of the COVID-19 pandemic. Children with successful clubfoot treatment utilising the Ponseti method were seen standing, walking, running, and their parents were immensely happy and satisfied. Overall, parents were happy with the services provided by WFL clinics. Some of these children who completed their treatment are now going to schools. Several newborn children as young as just over three weeks and above were seen at the clinics, often accompanying by both parents and/or other family members. Parents were guided to take off the plaster/casting, which also acted as one way of demonstration for other parents present there. However, a few of the children and particularly their mothers may still face the issue of stigma in their community and with their in-laws, which still need to be considered to be included in counseling mechanism.

During the project period, a total of 79 new children were enrolled in the services in these three districts, and many children continued to receive follow-up services free and paid or partially paid.

COVID-19 responses: The program was initially affected by COVID-19, when the clinics were closed for just three months (April 2020 to June 2020). The response of the WFL clinics in adopting COVID-19 mitigation strategies was effective as it included making provision of humanitarian assistances including food services for a selected group of parents of children with clubfoot, ensuring services maintaining necessary hygiene and wearing of masks etc. with assistance of organisations such as Action on Poverty (AOP).

During this period under evaluation, the WFL project continued service delivery amidst the lockdown due to the COVID 19 pandemic for some months led by Clinic managers (cum physiotherapists) under the supervision of the Glencoe Foundation, which is currently handed over to a local organisation named Sancred Welfare Foundation in Bangladesh). With assistances of various donors, the WFL project in the private facilities was able to also extend relief services for COVID-19 to 480 families of children with clubfoot.

Efficiency Rating: Satisfaction

The program has utilised its resources and represented good value for money. The program had a budget of BDT. 9,547,726.00 as of June 2022, which approximately 7.54% of the budget remains unutilised. The underutilisation of the budget was mainly from line items for

awareness-raising activities, which could not be conducted due to limitations caused by the COVID-19 pandemic.

The program has also effectively leveraged the global resources of AOP and others to provide free services to some poor patients.

Added value of AOP: As no initiative was taken locally to arrange free of cost or partially costed service delivery for those who are poor, it was only due to the assistance provided by AOP and other foreign donor agencies that some poor child patients with clubfoot, were able to receive services from this WFL project. Besides, the project also provided COVID-19 related assistances to all of these 480 families. The WFL clinics were prompt to transform some of the services e.g., technical counselling online. Regular follow-up over phone also started to tackle the patients' inability to come to clinics due to lockdown. COVID-19 protocol such as wearing masks, sanitizers were made available by the clinics.

Impact Rating: Good

At the service user level, the project has had encouraging impacts as children with cured clubfoot following the services are not just able to avoid difficulties in stepping and walking, but they are better accepted by their extended family and community. High level of satisfaction was shown by parents of children with cured clubfoot; parents who came with new cases of clubfoot in their children were also optimistic with the services. The evaluation exercise also created scope for some of the newcomers to see practical changes that occurred in the lives of the cured patients, who were brought by parents to the clinics for interview purposes.

Individuals interviewed for the evaluation said the WFL program had led to a mind-set change at the family and community levels over the last several years. Overall, the project performance was ranked as 'good' under the impact criterion. However, it is still necessary to improve the level of awareness and counselling protocol to existing parents in order to prevent treatment drop-out as well as generate resources and/or work to ensure alternate facilities providing free or low-cost ensuring high-quality Ponseti treatment.

Sustainability: Satisfactory

Overall, the program was rated as satisfactory on the sustainability criterion. The program has made significant shift in sustaining the WFL program in private clinics, which are providing services to a good number of children whose parents can afford the services offered by these clinics. Moreover, funding support of organisations including AOP and other international organisations have contributed significantly to make services available for many poor and low-income group of parents and their children. It is recommended that the WFL program to have a business plan, and strategy for the clinics to offer services to a wide-range of clients including the poor (with mechanism of perhaps diverting a certain portion of clinic profit to cater the poor. Moreover, motivating the availability of services also at the public facilities parallelly at those districts would be essential to sustain services for all range of people. Advocacy initiatives to promote the implementation of the NCMS 2019 are needed, to ensure that the WFL activities for example at RMCH and 'Ma-o-Shishu Hospital' can continue, particularly for the poor.

The Glencoe Foundation (GF) country office, now under the leadership of the Sacred Welfare Foundation (SWF) or the clinics need to connect poor patients (who cannot be accommodated to be supported through limited foreign fund) with e.g. the assistances provided by local philanthropists, or profits made by the private WFL clinics. The WFL clinics operating under the project also did not appear to have any business model/plan available or perform activities related to CSR (corporate social responsibilities) to assist poor patients from their earned profit when donor support for free gets exhausted. Though it was not possible for GF to take fund

locally, they could easily follow the well-established practice of connecting patients with philanthropists (individual and/or organisations) that is being practiced by other organisations.

Recommendations

Recommendation	Priority	Addressed To:
Strengthen engagement and advocate with government secondary or tertiary hospital to make club foot treatment in Ponseti method available at RMCH, 250 bedded hospitals in Jashore and Ma-o-Shishu Hospital.	High	WFL clinics, SWF, AOP and others
Strengthen project monitoring both by number and to check quality, and accountability, as well as transparency of services and finance. And ensure systems are in place to avoid any serious health related complicity (e.g., autoclaving) of unaware patients' families.	High	SWF, AOP
Develop and then strictly follow standard treatment protocols while doing any invasive procedure including tenotomy to avoid using the same instrument for surgery of more than one child without autoclaving	High	WFL Clinics, SWF, AOP and other donors
Strengthen engagement with Non-Communicable Diseases Control, Directorate General of Health Services (DGHS) and the Ministry of Health and Family Welfare (MoHFW)	High	WFL Clinics, SWF and AOP
The project's engagement to contribute to achieve the SDG-3 'health and wellbeing" must be monitored, validated and represented as such. A clear pathway to meaningful engagement of clinics is necessary during the redesigning, development of project TOC, log-frame, implementation, monitoring process and plans of the project. Vendor/event base activity will not bring impactful change completely.	High	WFL Clinics, SWF, AOP
Investigate public-private partnerships to sponsor free treatment support to the poor and marginalised people in the community to ensure sustainability of the services.	High	WFL Clinics, SWF, AOP
A percentage of the WFL clinic income/profits from paid and partially paid services must be diverted to support free services to poor patients. Processes need to be built to strictly monitor this both at programmatic and financial levels.	High	WFL Clinics, SWF, AOP
GF/SWF/AOP need to develop a comprehensive advocacy strategy and plan to work with Ministry of health to successful inclusion of clubfoot treatment in the government facilities.	High	WFL Clinics, SWF, AOP

Establish the relationship with district level government departments, community clinics to raise mass awareness and strengthen the referral mechanism so that patients (service users) can receive different type of services as per their needs.	High	WFL Clinics, SWF, AOP
Ensure engagement with community structures such as OPDs/SHGs begins earlier in the programme to ensure longer term sustainability. Train OPDs/SHGs on inclusion and utilise them to ensure they can refer the clubfoot patients in the right place to access the service.	High	WFL Clinics, SWF, AOP
Advocate with the governments to develop the Master trainer on clubfoot using Ponseti in the public level to support the patients all through Bangaldesh. Utilise the Maymenshing, Sylhet and NITOR experience with the government. This will help to address capacity gaps which exist in the public sector.	High	AOP
Advocate with the Government to give equal importance of clubfoot treatment, monitor the allocation of budget and proper utilisation of the budget for the treatment of clubfoot patients.	High	WFL Clinics, SWF, AOP
Use the evidence generated by the research conducted by the WFL to advocate with government and other development partners to strengthen the implementation of national clubfoot guideline.	High	AOP
To sustain the clinic modalities of the work GF/AOP should support to develop the comprehensive organisational development plan and business plan for the clinics.	Medium	SWF