

## ZANE, Zimbabwe a National Emergency

### Club Foot Proposal

January 2012



My baby was born with clubfoot (bilateral) and started the kite method but did not show any improvement for 5 years. He only started in the new management in Ponseti Parirenyawta hospital when he was 5 years that is on the 18th of May 2011. I am very happy because after 7 sessions by baby (son) was due for tenotomy which was done successfully and today my baby is able to walk normally though he is still wearing braces and now my son is able to go to school.

**Whatsmore Kamutsamba (5years)**

**Mother: Sauje Nyamukapa**



## Clubfoot Proposal

### Rationale:

The goal of the project is to eradicate clubfoot as a permanent disability in Zimbabwe through outreach, partnerships, training, education and clinical care using trained Zimbabwean Staff. The Zimbabwe Sustainable Clubfoot Programme (ZSCP) utilizes the **Ponseti method**. This evidence based non-surgical treatment is accepted by the World Health Organisation and is recommended as the gold standard for clubfoot treatment. It is ideally suited for the developing world because it is inexpensive, non-surgical and can be done by a trained paramedical technician.

(The Ponseti Method has demonstrated a 90% success rate through longitudinal research conducted over 50 years at the University of Iowa. This has been replicated through various studies around the world, including studies in African Nations.)

### Background of Ponseti Clubfoot management in Zimbabwe:

ZSCP successfully introduced the Ponseti Method of Clubfoot treatment to Zimbabwe in March 2011.

ZANE funded a training faculty of five members from abroad to train local health workers. The faculty was very ably led by Professor Chris Lavy, who has much experience with Clubfoot in Africa through Cure Clubfoot International (CCI). He was accompanied by Dr Joseph Theuri, Orthopaedic surgeon, CCI Kenya, Miss Jen MacCahill, Specialist Physiotherapist, Oxford, UK, Ms Linda Hanson, Occupational Therapist, African Supervisor CCI and Roz Harrison Global Clubfoot Initiative (CGI) Co-ordinator.

Two training courses were held, one in Bulawayo (United Bulawayo Hospitals -UBH) and the other in Harare (Parirenyatwa Hospital - PH) and encompassed the history, theory and practical aspects of the Ponseti method. The courses were split into two groups:

#### The Awareness Group

The Awareness Group consisted of Medical practitioners, Nurses, Paediatricians, Medical Faculty members from the University of Zimbabwe (UZ) and National University of Science and Technology (NUST) and the Ministry of Health and Child Welfare (MoHCW). These are people along the referral pathway or from higher education institutions; they were invited to create awareness of, and confidence in, the Ponseti Method so that they would then refer infants and children with clubfoot to the clinics.

#### The Practicing Group

The Practicing Group was made up of Orthopaedic Surgeons, Senior Health Officers, Physiotherapists, Nurses and Rehabilitation Technicians. This group are directly involved in the treatment pathway and were taught the necessary practical and theoretical skills.

Since the training courses, we have been running a weekly Ponseti Clubfoot Clinic in both Harare (Parirenyatwa hospital - PH) and Bulawayo (United Bulawayo hospitals -UBH). The ZSCP provide mentorship and guidance at these clinics as well as supplying them with braces.



ZSCP are preparing to receive the Training Faculty back to Zimbabwe for a 6 month review to assess the skills of those in the Practicing Group, as well as the efficacy of the established clinics at both UBH and PH.

The Programme is being rolled out with the full participation of the MoHCW and it will be adopted by the public health sector as the approved management of clubfoot in Zimbabwe. The next phase of the programme will be the introduction of the Ponseti method in all the provincial hospitals in Zimbabwe.

### **Objectives:**

The overarching objective for the Zimbabwe Sustainable Clubfoot Programme is to eliminate clubfoot as a life-long disabling condition by establishing a nationwide sustainable clubfoot treatment program in Zimbabwe.

Specific objectives of this programme include:

1. Clinical treatment of children with Clubfoot
2. Training in the Ponseti method for medical, paramedical and counselling staff
3. Training of a small group of medical /paramedical staff so that they in turn can provide nationwide supervision, training and support in order to grow the programme at a rate within our limited funds and human resource pool.
4. Establishment of support groups to support parents of patients through the treatment and maintenance process to ensure optimal retention through the four year treatment cycle.
5. Building capacity in the public health sector to effectively deal with Clubfoot using a public-private partnership approach.
6. Creating employment opportunities in the following areas:
  - a: Administration - ZSCP co-ordinator,
  - b: Orthopaedic services - Orthotic technicians and
  - c: Counselling - Clubfoot specific counsellors.

### **Main Inputs:**

Administration costs:

1. Funding for a ZSCP Clinical Director to initiate and introduce the Ponseti method to Zimbabwe, provide clinical direction and governance, co-ordinate training and further future expansion of the programme.
2. Funding for a ZSCP co-ordinator to perform administrative roles including data collection and a census of Clubfoot nationwide, logistical management of the nationwide programme.
3. Public awareness campaign using local media.

Training costs:

1. Funding to support the travel and subsistence of three international Ponseti trainers for the six month review.
2. Training for medical and para-medical staff in the Ponseti technique: Two hospital-based six month reviews of the initial training groups (Harare& Bulawayo) and one Zimbabwe led initial training course at a new site within the first year.
3. Training of volunteer counsellors.

Materials:

1. Provide clinical supplies including but not limited to Plaster of Paris, Ortho-wool, plaster cutters, tenotomy sets, Steenbeek Foot Abduction Braces.
2. Plastic training models of both clubfoot and of P.O.P cast's.



3. Training manuals and certificates
4. Clubfoot awareness and Ponseti treatment media, i.e. pamphlets, posters, flyers etc.

**Counselling:**

1. Funding to support volunteer counsellors and support groups, e.g.: Cell phone airtime, travel and subsistence.

**Travel and subsistence:**

1. To support the ZSCP Clinical Director, co-ordinator and local trainers as they travel to provide training and support to the new sites across the country. Team visit for Initial Training and 3 monthly reviews, followed by monthly visits by the co-ordinator at each new site.

**Main Outputs:**

1. It is expected that over 450 children will have received treatment for clubfoot in 2011. Considering that approximately 50% of children with the condition have bilateral clubfoot (i.e. both feet) that equates to 675 feet corrected in 2011. (These estimates are created using the worldwide average incidence of clubfoot, however, anecdotal evidence accrued in the last 3 months suggests that the incidence is higher in Zimbabwe)
  2. There will be two types of training in 2012:
    - a. As part of the expansion programme, the first will be Zimbabwean-led training for medical personnel working in Provincial Hospitals, to equip them with skills in the Ponseti Method.
    - b. The second training will be to train the counsellors (2 at each site) on how to reach and support parents of affected children. It has been established in Kenya, Uganda and Malawi that the counselling program significantly reduces the number of patients who drop out before treatment is complete and is considered a vital aspect to a successful clubfoot program
  3. It is estimated that 675 parents/caregivers will be directly and indirectly affected by having their child/children in the clubfoot program.
  4. Support groups will be established with oversight by a volunteer. Parents – ideally mothers - will be identified from within each support group and empowered with skills to work alongside counsellors to support parents and reduce the drop-out rate during the treatment course.
  5. A key goal is to use the next two years to establish a firm commitment from the Ministry of Health to take over the funding of ongoing costs of supplying plaster, padding and tenotomy operations, as well as the Steenbeek Foot Abduction Braces. This is important for the long-term sustainability of the program.
  6. Demystification and de-stigmatisation of the Clubfoot deformity through the public awareness campaign.
  7. Census the number of children requiring significant surgical intervention, to support a proposal for surgical training.
- ZANE generously sponsored the flights for the training faculty to come out in March/April 2011, as well as purchasing Clubfoot models to assist the training course and all future training. The charity has also been funding the monthly salary of Ryan Bathurst, the current ZSCP programme director, up until September 2011.
  - Burnaby Rotary Club sponsored ZSCP with CAD \$2500-00 which was used for the purchase of 136 Steenbeek Foot Abduction Braces. These have been manufactured and delivered to both the Harare and Bulawayo Ponseti Clinics.



- Hand of Hope has generously sponsored USD\$2500-00 to continue the supply of Steenbeek Foot Abduction Braces for 2011.

### **Funding is required for the following functions:**

#### Administration

- Fund the position of the ZSCP Programme co-ordinator
- Fund the position of the ZSCP Clinical Director
- Public awareness programme.
- Supplies for training and to support new Ponseti centres during initial 3 month phase

#### Training Costs

##### Six month review training course

- Return visit for the 'six month review' by the International training fraternity.
- Course manuals, certificates and materials for the 'six month review' training course
- Catering and teas for the 'six month review' training course

##### Zimbabwe led Ponseti Training course

- Course manuals, certificates, supplies
- Travel and subsistence for local trainers
- Catering and teas

#### Counsellors

- Whilst we have had funds committed to the training of Counsellors from Cure Clubfoot International, some ongoing costs for the volunteers need to be covered:
- Supporting the volunteer groups with airtime, travel and subsistence.

#### Materials

- Back up supply of POP and Orthowool.
- Purchase of Plaster cutters for each centre.
- Ongoing purchase of Steenbeek Foot Abduction Braces.
- Awareness media



The complications I face during our child having club foot were: expenses because shoes were getting worn on the sides, bus fare going to the hospital, delayed walking, relatives will hate you or not liking the child and discouragement from the other children she played with so she cried.

The advantages of therapy: it has helped in 6 months because she is now walking and standing properly. This method helps the child to be able to play with others without any problems. We have hope for our child even though it took time for her to get this help.

Urinage Ngorima

Father: Tirivanhu Ngorima



ZANE urgently need \$50,000 to support this Club Foot Programme. The figures are detailed in a spread sheet. An investment now will make a strong case for the Ministry of Health to take the project on and roll it out across Zimbabwe, thus benefitting thousands of lives.

We would be delighted to discuss this funding opportunity and how your support would be recognised at your earliest convenience.

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