



2026 PROFILE

We support children born with clubfoot to prevent disability.

ABOUT CLUBFOOT



Clubfoot (Congenital Talipes Equinovarus) is a common congenital birth condition.



Visible at birth, one or both feet are rigid and twisted inwards and downwards.



Without treatment, it can cause significant disability.



With early intervention and the Ponseti Method, a non-invasive treatment, children born with clubfoot can lead normal, active lives.



CLUBFOOT INCIDENCE IN SOUTHERN AFRICA



Around 180,000 children are born every year with clubfoot, the majority are in developing countries. There is a higher incidence rate in Southern and East Africa than the global average (according to studies).



Every year the number of new clubfoot cases is estimated to be at least:

- 2,000+ in South Africa
- 3,000+ in neighbouring countries



Clubfoot affects \pm 1 in 500 children in South Africa.



The approximate ratio is 2:1 boys to girls.



Lwandi, 3 years old,
Johannesburg



- Untreated clubfoot is a disability.
- The clubfoot sufferer cannot walk normally or wear shoes.
- Children with clubfoot are often teased and shunned.
- Mothers are often blamed for the condition.
- Families hide children from their community.
- Some are told to amputate.
- This leads to a life of pain, shame and isolation.
- The child is trapped in a poverty cycle, unable to access education and the economy.

Untreated clubfoot



Treated clubfoot

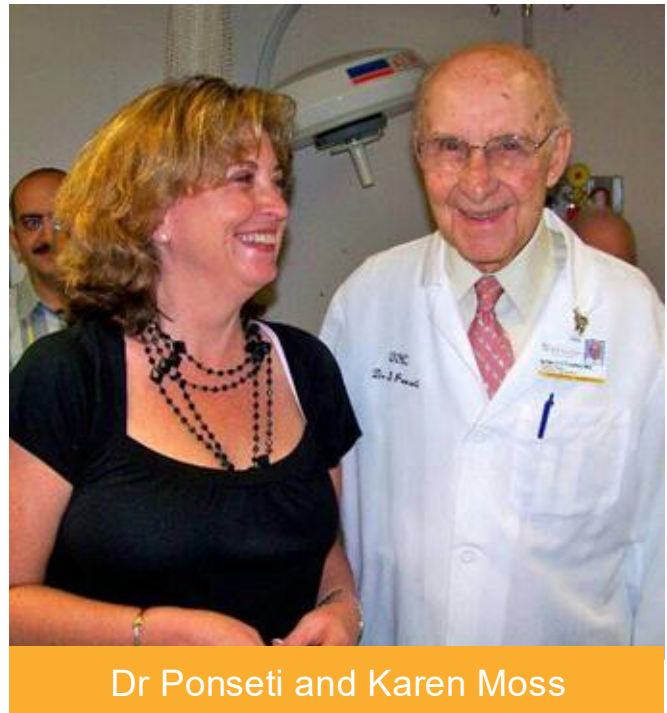


CHALLENGES AND BARRIERS TO TREATMENT IN RESOURCE RESTRICTED SETTINGS

- Low awareness that clubfoot is treatable.
- Delayed diagnosis and late referral to clinics.
- Shortage of trained health professionals to treat clubfoot effectively.
- Long and costly travel for treatment at main centres.
- Effective treatment limited by an under-resourced healthcare system.
- Establishing new clinics requires funding and training.
- Treatment is long and requires commitment from families.
- High patient default risk due to socio-economic and travel challenges.
- Stigma further burdens families who are often poor and dealing with multiple social problems
- Shortage of clubfoot braces can result in treatment failure.

SOLUTION: THE PONSETI METHOD

- Suited to restricted resource settings.
- Effective, +90% success rate.
- Gentle and less invasive with minimal surgery.
- Global best practice.
- Steps introduced the Ponseti Method to South Africa, Namibia, Botswana, Lesotho, and the Seychelles.



Dr Ponseti and Karen Moss

PONSETI METHOD - BIRTH TO AGE 4



Diagnosis



Weekly Casts



Clubfoot Brace

“

My advice to other parents is, don't panic, your child will be all right. I am so excited that my son has normal feet. He walks to school, he loves playing soccer and running. He can do everything he wants to do – your child can too!

- Nobaxolisi

”

4



OUR VISION AND MISSION

NO CHILD WITH CLUBFOOT LEFT UNTREATED

Our Mission is to offer every child born with clubfoot the brightest future imaginable. We're not merely treating a medical condition; we're unlocking doors to a life brimming with potential.

We Partner with a national network of specialist clinics in the South African state health sector to bridge the gap in resources and improve successful outcomes.

Our Four-Pillar model for change provides sustainable support that changes the future of a child born with clubfoot by giving them mobility, and the means to access education and make a living.

OUR OBJECTIVES

Patient-centred care

Empowering the patient caregiver

Standardised clinic excellence

Increasing access to treatment

Increasing the number of patients treated



OUR VALUES

S

Sustainability Lean management, financial responsibility and working smart to secure the future of clubfoot treatment for posterity.

T

Trust and Integrity Open communication with our donors, partners and stakeholders.

E

Empathy Understanding and prioritising the welfare of children born with clubfoot.

P

Passion Keeping and reinvigorating enthusiasm for our cause in the challenging sector of healthcare.

S

Simplicity Staying focused on our core purpose while keeping the clubfoot child in mind.

Connection We collaborate and share knowledge.

Innovation Finding ways to maximise and improve our impact.

STEPS MODEL FOR CHANGE



EFFECTIVE, HIGH IMPACT, SUSTAINABLE

We believe in a comprehensive approach to tackling clubfoot. By addressing each aspect of clubfoot care, we ensure holistic support for patients and their families.

1 TRAINING



IMPACT: Increase number of children treated.

2 CLINIC SUPPORT



IMPACT: Increase patient adherence to treatment

3 ADVOCACY



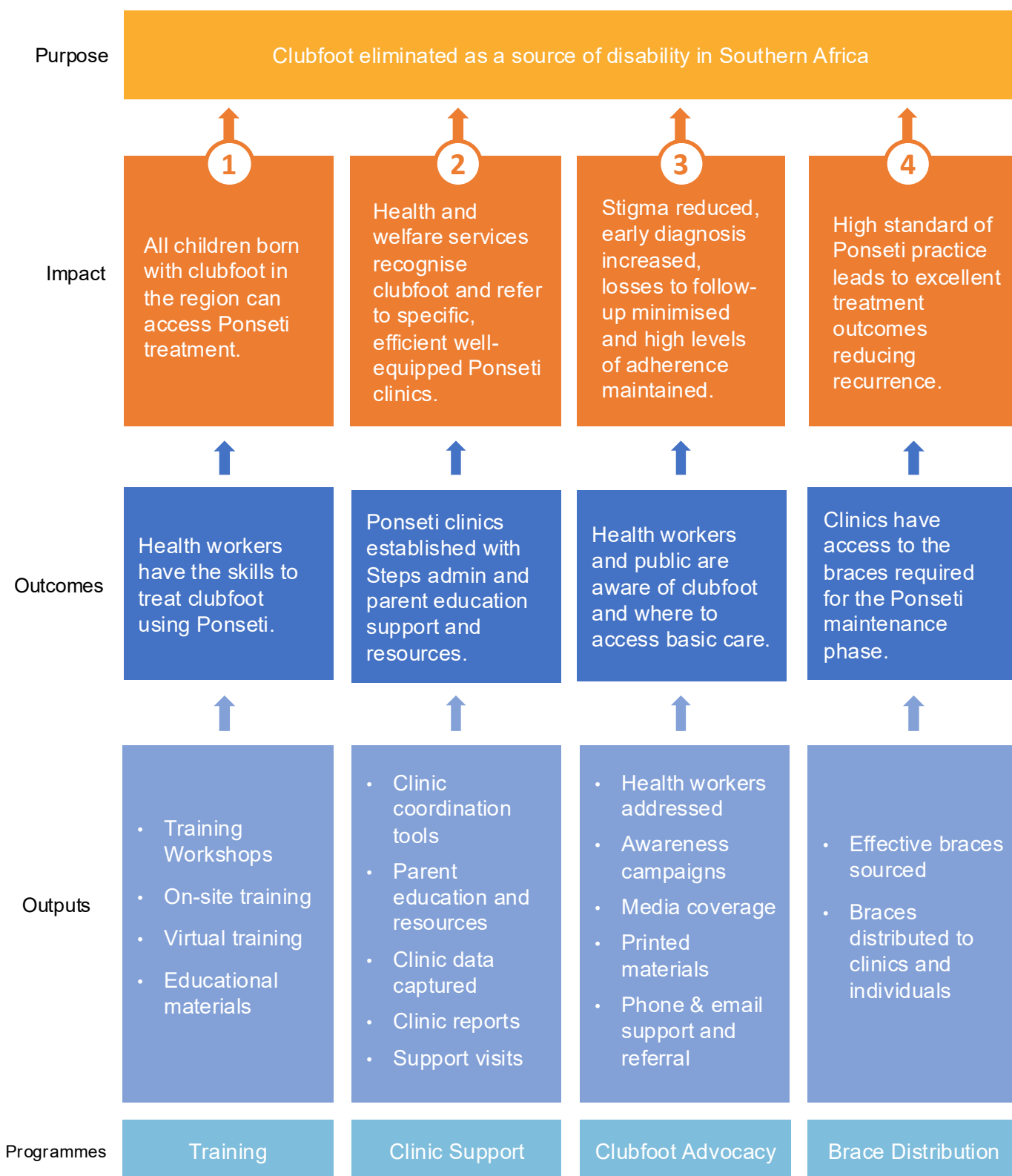
IMPACT: Remove stigma and increase early referral.

4 BRACES



IMPACT: Successful 4 year treatment without recurrence.

OUR THEORY OF CHANGE MODEL





JAN – DEC 25 IMPACT

PARTNER CLINICS AND CLUBFOOT PATIENTS RECEIVED A LOT OF SUPPORT



48

Partner Clubfoot Clinics in our support programme.

5146

Total children in treatment at partner clinics.

1319

New patients enrolled at partner clubfoot clinics.

19,792

Patient clinic visits supported.

2640

Education materials distributed

736

Clinic support visits by Steps.

CLUBFOOT AWARENESS REACHED MORE PEOPLE

3

Awareness Campaigns, with a reach of more than 65 million.

MORE CHILDREN RECEIVED CLUBFOOT BRACES

806

Clubfoot braces distributed

FOCUSED AND INTENSIVE TRAINING TOOK PLACE

84

Health professionals trained in the Ponseti Method



2025 OUTCOMES

Advocacy

- Clubfoot is a recognised condition.
- More support from the public.
- Communities are sensitised and stigma of clubfoot reduced.
- Clinic staff morale is increased.
- More people know that clubfoot is treatable.
- Through early diagnosis more patients are treated soon after birth, reducing the burden of over-crowded clinics.

Clinic Support

- Clinics are well-equipped and streamlined and treating patients effectively.
- More parents feel supported and empowered for their child's treatment.
- Families can access clinics closer to home, resulting in regular clinic visits and improved treatment adherence.
- Improved clinic processes, data capture and reporting.
- Patients are retained for the full treatment period.



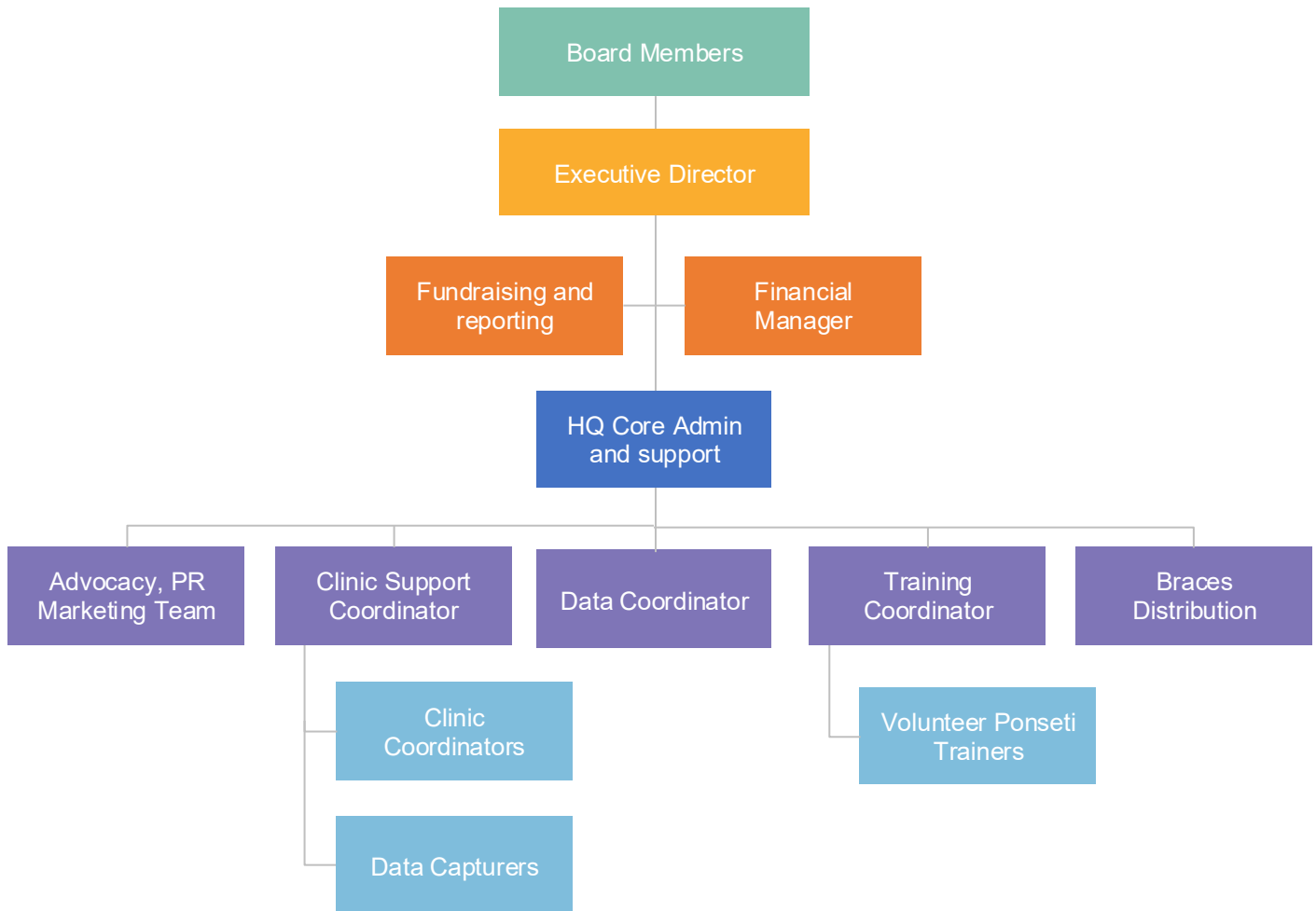
Training

- More patients can be treated.
- Patients have successful treatment outcomes.
- More clinic workers have access to Ponseti and clubfoot patient-centred care training materials.
- Consistency of treatment quality increased.
- Clinics have well-trained staff who are knowledgeable about clubfoot.
- Improved skills at smaller clinics reduces the burden on main centres.

Braces

- Clinics and patients have increased access to clubfoot braces to ensure optimum treatment and prevent recurrence.
- Children have comfortable and effective clubfoot braces.
- Risk of recurrence reduced.
- Burden on clinics decreased.

OUR STRUCTURE



To our valued sponsors and donors
I have had the pleasure of being
a Parent Advisor for Steps for more
than 10 years now.

I have met hundreds of children
and their families and have had
great joy seeing how they go from
being overwhelmed or afraid to being
confident and excited about the end
result.
There is nothing more rewarding than
seeing the smiles on the faces of
parents whose children have beautiful
straight feet after successful treatment.

Knowing that my presence in the clinic
and the advice and guidance I give
makes them feel more empowered
and less alone is fantastic.

I wouldn't be able to do, and love
what I do if it wasn't for you,
our generous donors. Your contribution
makes ALL the difference in the
lives of the families we treat!

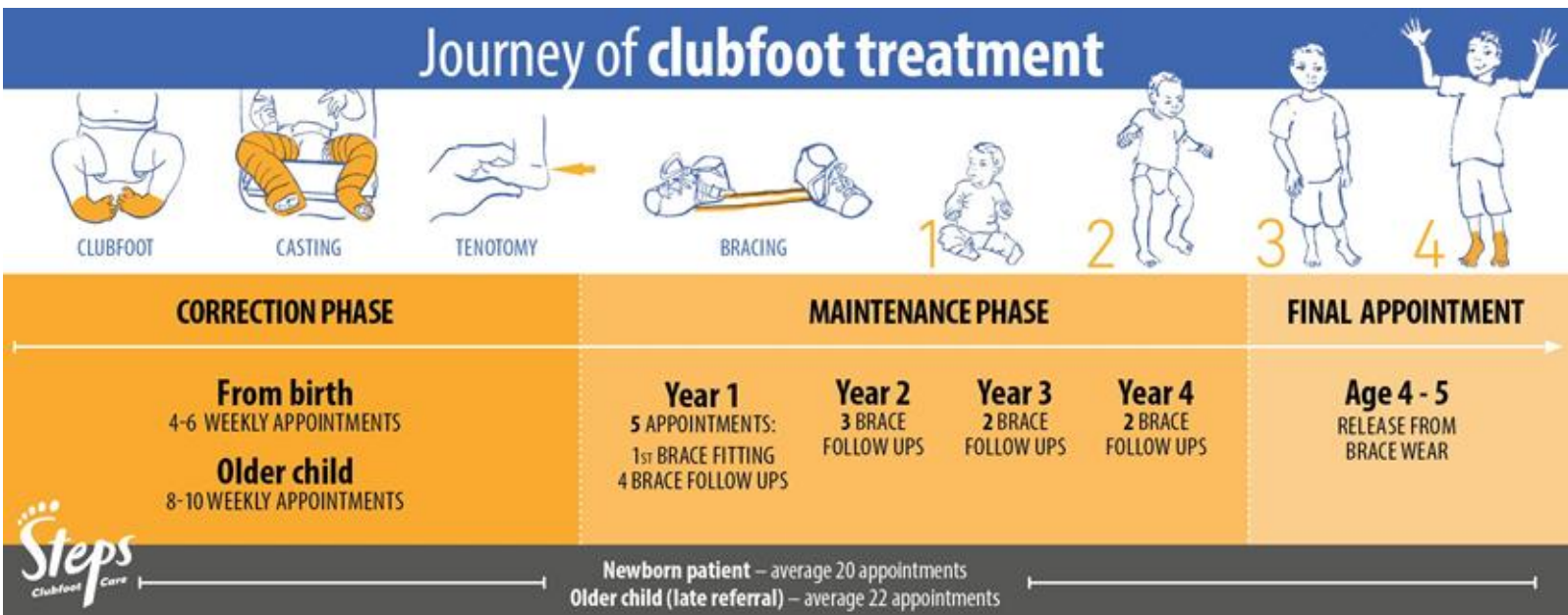
Thank you, thank you, thank you!
Ivy Muffler.



IVY MUFFLER
Coordinator and parent adviser

CLUBFOOT TREATMENT JOURNEY

Patients will have at least 20 clinic appointments over the four-year treatment of clubfoot. It's important to continue during the Maintenance Phase, when the night-time brace is worn to prevent recurrence. Routine check-ups ensure adherence and bigger braces are provided as the child grows.



For many families, travel to the clinics is far and expensive. The cost of the initial regular weekly treatments for the casting phase is tough for families dealing with financial stress due to unemployment or reduced income and other challenges. Treatment can fail if patients do not attend the clinics regularly, resulting in disability.

ECONOMIC BARRIERS OF ACCESSING CLUBFOOT TREATMENT

Consistent support is vital not only for clubfoot clinics, but also to improve patient access to specialist clinics for the four-year treatment. Unpublished cost estimates from South Africa indicate that about 5% of the total treatment cost is borne by the patients on transport alone. If the time costs were included it would be quite a substantial impact on the household expenditure.

Care should take place as close to home as possible, especially in less developed settings. Care must be as simple as possible – the Ponseti Method is ideal as it can be offered in resource restricted settings.



Sustainable giving - R60 per month or a R2 500 donation supports one child's four year journey.

LUBANZI'S CLUBFOOT JOURNEY



10/10 FOR TREATMENT!

Six year old Lubanzi Molio was born with bilateral clubfoot treatment and started treatment at Grey's Hospital clubfoot clinic in Pietermaritzburg when he was four weeks old.

Nomasonto Molio, Lubanzi's mother says:

Lubanzi's treatment went well but he had 3 recurrences. Sometimes it was difficult to find the money for transport to the clinic, and I did not make sure he wore his clubfoot braces as instructed.

I brought my son again to Grey's clubfoot clinic when he was two. I was scared but no one judged me. They were happy to see us and said Lubanzi must restart his treatment.

They started casting him again and then he received another tenotomy. He went back to full time bracing, and now I understood what would happen if he did not wear the brace.

Phumzile from Steps went over everything with me again in detail and explained how important it is for me to make sure that my son wears the boots for 3 months, 23 hours a day then at night time after that. We stuck to it this time and our whole family is so happy.



“

Lubanzi's journey was very good overall. We had small problems along the way, but we fixed it. We did not give up and I am so thankful for everyone at Grey's clubfoot clinic.

My son has now graduated from his treatment. I give my son's clubfoot treatment 10/10!

”



HLUMINATHI'S CLUBFOOT JOURNEY

A FATHER'S PERSPECTIVE OF CLUBFOOT TREATMENT

Little **Hlaluminathi Gona** is a seven month old baby boy who was born with bilateral clubfoot. He lives in Delft and is having treatment at Tygerberg Academic Hospital's clubfoot clinic which is about 45 minutes travel time from his home.

His dad Sakhele Gona says, "When my son was one week old we took him to the day hospital after observing his feet for the first week. We felt something was not right. The day hospital referred us to the Tygerberg clubfoot clinic for an assessment and they confirmed that he had clubfoot. It was a shock but also a relief because when we arrived at the Tygerberg clinic we met the Steps clinic coordinator who told us everything to expect for the journey ahead. We felt so relieved that our son's feet were going to be okay.



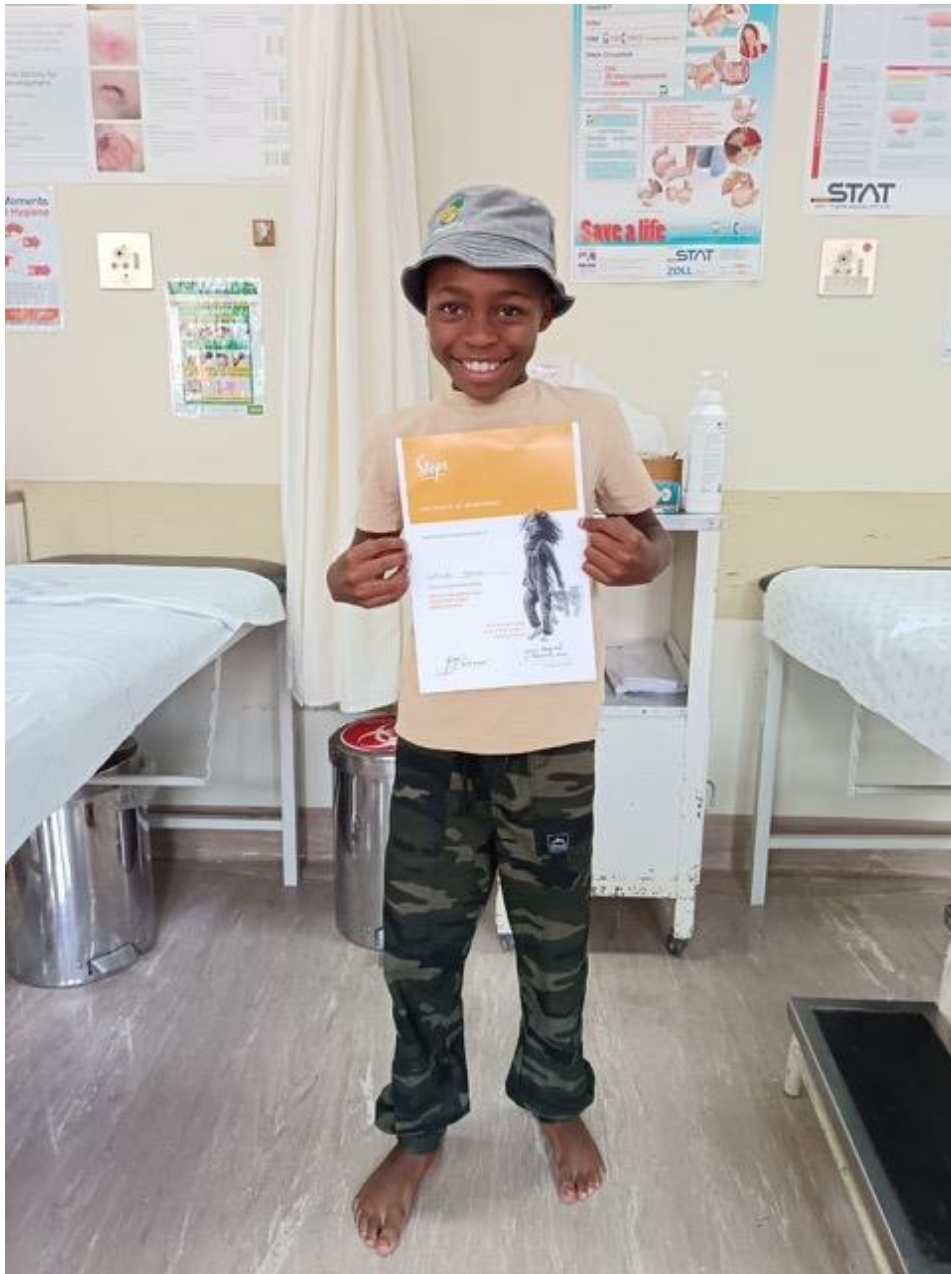
Hlaluminathi's feet got better and straighter every week. He had eight plaster casts and now he has just received his first clubfoot brace. He must wear it at night until he is four years old to make sure his feet do not turn back in. But no more casting. I really cannot believe the difference in his feet in a matter of weeks.

The clubfoot team at Tygerberg were very helpful and welcoming. They gave us tea and coffee which allowed the parents to talk to each other and share their stories.

I would like to encourage parents to be responsible for your child's treatment. Make sure that you take your child for treatment so they can have the best chance. Parents should be patient as it does not happen overnight, but the results are worth it."



"As a father I'm so proud of my son, he has overcome his first problem in life. I'm hopeful for his future."



Improved life and the alleviation of pain with a solution.

"My advice to parents: Do not panic. I am so excited that my son has normal feet and can now do everything. Your child can too."

OUR TEAM



Steps Clubfoot Care

Nomaphelo Penny Hlakula
 Lynne Huppert
 Refiloe Khosa
 Ursula Kibido
 Jane Mackinnon
 Alan Millar
 Alex Moss
 Karen Mara Moss
 Ivy Muffler
 Nirasha Ramessur
 Gabrielle Rademeyer
 Linda Nonhoza Vuso
 Phumzile Zondi

Steps Board

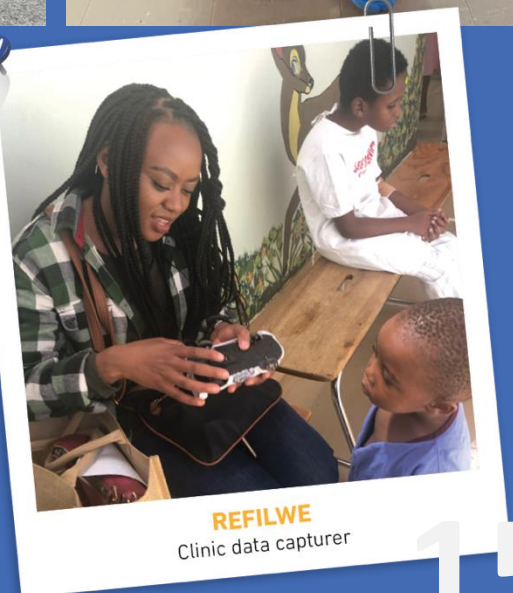
Prof Jacques du Toit
 Cheryl Howard
 Lebogang Montewa
 Yulisha Naidoo
 Karen Mara Moss
 (Executive Director)

Ambassadors

Bernelee Daniell
 Charne Felix
 Mpumelelo Mhlongo



To our donors,
 We needed you and you were there!
 Thank you so much for your continuous donations.
 Through your support, we are able to work and reach
 our communities at large to gain access to the
 Clubfoot treatment.
 Your support also ensures that we have resources
 to educate our communities and walk with
 them throughout the journey.
 You truly make the difference for us, the clinic-
 coordinators, the doctors, the nurses and the communities
 we work in.
 Here is to helping and creating happy, functional kids!
 Thank you!
 Refiloe Khosa (Clinic-co-ordinator)



REFILWE
 Clinic data capturer



Identify areas where treatment is needed.



Provide resources for clinic set-up:

- Education literature
- Family support
- Clubfoot data capturing
- Clubfoot braces
- Clinic Coordination toolkit



Identify champions.



Social enterprise:

- Braces
- Training



Provide training to health professionals.



Awareness campaigns.

SUSTAINABILITY AND PARTNERSHIPS

- Diversified revenue stream
 - Grants
 - Fundraising campaigns
 - Events
 - Product sales
 - Training
- Partnership with South African Paediatric Orthopaedic Society
- Automated resources and tools
- Integrated into the South African Public Health System
- Lean management principles

- We empower children, families, and communities, breaking the cycle of disability and poverty. Join us in this critical mission to transform lives and build a brighter, more inclusive future for every child.
- The Steps Clubfoot Care programme is high impact and cost-effective. R2500 supports one child through four year treatment and prevents disability.

OUR CLINIC PARTNERS



We partner with 48 specialist clubfoot clinics who share our goal of improving the lives of children born with clubfoot. We are privileged to support their important work.

Eastern Cape (9)

Bambisana Hospital
Canzibe Hospital
Frere Hospital
Isilimela Hospital
Livingstone Hospital
Madwaleni Hospital
St Elizabeth's Mission Hospital
Zithulele Hospital
Bedford Orthopaedic Hospital

Gauteng (10)

Charlotte Maxeke Academic Hospital
Chris Hani Baragwanath Academic Hospital
Dr George Mukhari Academic Hospital
Steve Biko Academic Hospital
Tembisa Hospital
Thelle Mogoerane Hospital
Tambo Memorial Hospital
Far East Rand Hospital
Kalafong Tertiary Hospital
Rahima Moosa Hospital

Limpopo Province (2)

Letaba Provincial Hospital
Tshilidzini Hospital

Mpumalanga (4)

Lydenburg Hospital
Themba Hospital
Tintswalo Hospital (*patients also transferred from Mapulang hospital*)
eMakhazeni Hospital

Western Cape (5)

George Hospital
Red Cross War Memorial Children's Hospital
Tygerberg Hospital
Vredendal Hospital
Worcester Hospital

Free State (5)

Boitumelo Hospital
Bongani Regional Hospital
Dihlabeng Provincial Hospital
Pelonomi Academic Hospital
Universitas Hospital

Kwa-Zulu Natal (8)

Greys Hospital
Harry Gwala Hospital
Victoria Mxenge Hospital
Ladysmith Provincial Hospital
Madadeni Hospital
Manguzi Hospital
Ngwelezana Hospital
Vryheid Hospital

North West Province (3)

Gelukspan District Hospital
Mahikeng Provincial Hospital
Klerksdorp Tshepong Hospital

Northern Cape (2)

Dr Harry Surtie Hospital
Robert Mangaliso Sobukwe Hospital





CLINIC SUBMISSION

All of the number-based statistics are submitted weekly, on the day allocated to each clinic.

Basic numbers from every clinic:

- How many new patients?
- How many patients are repeat visits?
- What numbers of each treatment were performed? (casting, tenotomies, brace fittings, check ups, etc.)
- How many patients are finished with treatment?

These statistics are recorded and checked weekly. This means Steps can monitor trends and identify clinics or provinces where we may need to offer more support.

- Received data is automatically safely stored in the cloud (on our Google Drive).

- Automatic reports are generated to be used and distributed to partner clinics.

Submitted statistics are recorded and checked weekly

Can be calculated:

- Over any given time period
- Per clinic
- Per province
- National

Using data, Steps can:

- Monitor trends and identify clinics or provinces where we may need to offer more support

Number of:

- New patients enrolled
- Patient follow-up visits on clinic day
- Each treatment performed on clinic day (castings, tenotomies, brace fittings, check-ups)
- Patients completed treatment

Percentage of:

- Patient gender
- Unilateral/bilateral cases

What we don't collect:

Data is all 100% anonymised. Steps only gets the numbers and are never sent the patients' names or anything about individuals. This protects the patients' rights and keeps Steps compliant with the law.

At some of the largest clinics Steps will sometimes assist with entering clinical data on the hospital's data system, but we have no access to that data, in compliance with POPIA. It belongs to the hospital and is for their use only. This data would typically be used by the doctors for research projects.


Clubfoot Care



Further information:

karen@steps.org.za / www.steps.org.za