

## Supplementary File One: Clubfoot data survey

1. **Name of person filling the form:**
2. **Job Title:**
3. **Organisation affiliation:**
4. **Country this form relates to:**
5. **In 2015, how many clubfoot clinics, providing Ponseti treatment were there in your country?**

- a. In the table below, please list the locations (clinic name, town and district) of these clinics, and whether they are part of a national network or are stand-alone clinics:

Clinic name	Town	District	Part of national network? (yes/no)	If yes, name of national network	Are you providing data from this clinic in the rest of this form? (yes/no)

6. **If there is a national network of clubfoot clinics providing Ponseti treatment in your country in what year was this established?**
7. **In 2015, how many children up to the age of 15, started Ponseti treatment for clubfoot in the clinics listed?**
  - a. Total number of children starting Ponseti treatment: \_\_\_\_\_
  - b. Please provide numbers of children by age group at start of Ponseti treatment:

Age group (years)	Number of children starting treatment in 2015
0-1	
1-2	
2-3	
3-4	
4-5	
5-10	
10-15	

8. **In 2015, how many children started their first foot abduction brace in the clinics listed?**
9. **In 2015, how many children completed 2 years of foot abduction bracing in the clinics listed?**
10. **What types of support does your organisation receive for work with children with clubfoot in your country? Please list below:**

Support from (e.g. NGO or other organisation name, Ministry of Health, etc)	Support for (e.g. consumables, financial support, training etc)

**11. Does your organisation have any form of partnership for clubfoot services with the Ministry of Health in your country? Y/N**

**a. If yes, what form does this take? (Please list all that apply)**

- i. Formal MOU or agreement
  - 1. Specify National/Regional/Clinic/Other Level
- ii. Informal agreement
  - 1. Specify National/Regional/Clinic/Other Level
- iii. Clubfoot included in a National Plan (e.g. National Rehabilitation or Disability Plan)
- iv. Other, please list: \_\_\_\_\_

**12. Please provide additional detail on partnerships listed above:**

---



---



---

**13. Possible data duplication:**

Are there any other organisations or individuals that you know of who may also be providing data to GCI on this country that could potentially cause duplication? If so, please give details here:

**14. Permission to share data:**

The data provided in this form will be used by Global Clubfoot Initiative to write a report giving an overview of children receiving treatment for clubfoot around the world. The information shared will be classified by country rather than by organisation, although supporting organisations may be listed. The information will be shared on our website, social media, in presentations and possibly for other similar purposes such as scientific articles or reports. Do you give permission for the data to be shared in this way? Y/N