

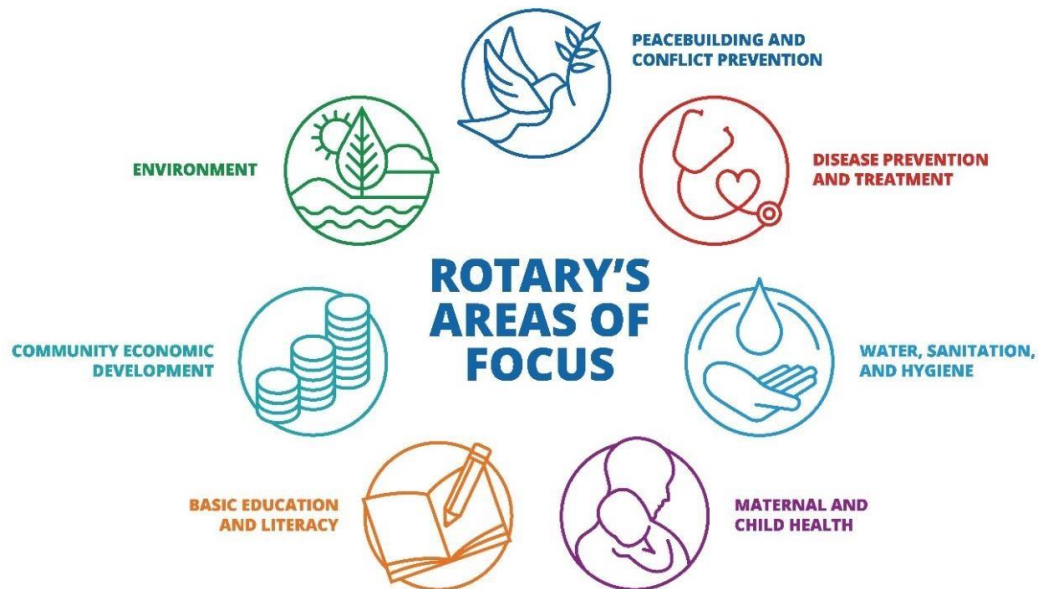


NGO: Rotary Club of Bombay Mulund Valley

This Brief has been issued to Young Professionals in West Africa as a case study to solve a real problem in the World, this brief speaks to Club foot which Rotary Club of Bombay Mulund Valley is championing in India. Ideas presented that have potential to deliver on objectives will be used by RCBMV as part of their communication to solve the problem in India.

A) ABOUT ROTARY:

Rotary is a community with a global network of 1.4 million people of various classes all around the world volunteering their skills and resources to solve issues and address community needs, primarily within the following 7 areas of focus:



Rotary's Vision statement is *"Together, we see a world where people unite and take action to create lasting change - across the globe, in our communities, and in ourselves"*

This brief speaks to one of the Rotary's Areas of Focus namely **DISEASE PREVENTION AND TREATMENT**, and specifically focuses on **Club foot** (also called talipes), where a baby is born with a foot or feet that turn in and under. Early treatment is a must to correct it, it's not painful for babies, but it can become painful and make it difficult to walk if it's not treated and leads to lifetime disability. In Club foot, one foot or both feet point down and inwards with the sole of the foot facing backwards. Club foot happens because the Achilles tendon (the large tendon at the back of the ankle) is too short.

Polio	
By birth	After birth
Reason Unknown	Reason Known/Virus
Only foot is twisted	Affects lower limbs
Can be treated completely	Cannot be treated & corrected completely
Cannot be prevented	Can be prevented

Why Rotary for Club foot?

Government, Global NGO’s in various countries have played pivotal roles in eradicating Polio from the world. [Rotary International](#) launched PolioPlus in 1985 and was a founding member of the Global Polio Eradication Initiative in 1988. Through decades of commitment and work by Rotary and our partners, more than 2.5 billion children have received the oral polio vaccine. Cases of poliovirus have significantly decreased by over 99.9% since 1988, from an estimated 350,000 cases in more than 125 endemic countries, to just two endemic countries - Afghanistan and Pakistan, where we have not seen any new case in Afghanistan since Sep '23 and Pakistan since Oct '23, for these countries to be declared polio free the window is 3 years of no new cases.

What are our values?

At Rotary, we take pride in claiming “We are People of Action”, no challenge is too big for Rotary. For more than a century, Rotary has bridged cultures and connected continents. Rotary champion’s peace, fights illiteracy and poverty, help people get access to clean water and sanitation, and fights disease. Our newest cause is to protect our planet and its resources.

B) CHALLENGE:

Club foot is a common congenital birth defect, with an average prevalence of approximately 1 per 1000 live births, although this rate is reported to vary among different countries around the world, with around 80% of all Club foot cases being born in LMICs (Low or Middle-Income Countries) with a prevalence that varies between 0.51 and 2.03 per 1000 live births:

- In UK, Club foot affects 1 baby in every 1,000 born
- The prevalence is 0.76 per 1000 live births in Philippines and 0.9 per 1000 live births in India. In India, 40,000 children are born with Club foot every year, every 10 minutes a child is born with Club foot in India.
- In Australia, the prevalence is higher among the Aboriginal population than the Caucasian population, at 3.5 and 1.1 per 1000 live births, respectively.
- The prevalence of Club foot is 1.4 per 1000 live births in Sweden.
- USA showed the overall prevalence of Club foot was 1.29 per 1000 live births; 1.38 among non-Hispanic whites, 1.30 among Hispanics and 1.14 among non-Hispanic blacks or African-Americans.
- Within Africa, the prevalence is 1.1 per 1000 live births.
- In summary, over 250,000 babies are born with Club foot worldwide every year.

Popular Treatment for Club foot is ‘Surgical’, but the Gold Standard is ‘**Ponseti**’ method which is inexpensive and nonsurgical, which involves...

Step 1: Gently manipulating and stretching your baby's foot into a better position. It's then put into a cast. This is repeated every week for about 5 to 8 weeks. After the last cast comes off, most babies need a minor operation to loosen the Achilles tendon at the back of their ankle, which is done using local anesthesia, it helps release the foot in more natural position.

Step 2: Maintenance phase, bracing with special shoe attached to each other with a bar to prevent the Club foot returning to its original position, which is to be worn all the time for the first 3 months, then overnight for 4-5 years.

Finally, the most important part is counselling of Parents in this process as pre-during-post, the time frame is 3-4 years or sometimes more.

Communication Objectives

Two-pronged, with dual objectives...

Part 1: As we shift gears from Polio to Club foot, we need funding from Individuals and Corporates all around the World to support Club foot in various countries and this will be made available to the beneficiaries all around the world through various charity organizations, hospitals and clinics that specializes in delivering Club foot treatment and have proven track records. The cost of curing one child ranges from \$250 - \$2,500 depending on the country of treatment which spans for a period of 2-3 years.

Part 2: We also need to ensure more and more Young & Young at Heart service-oriented Individuals show their intent in joining Rotary, Polio is a testimony of our service to the World that we as Rotary helped in creating the lasting change, in almost eradicating Polio from the World. The new anchor now is Club foot as a reason to believe. Solving some of the world's most complex and pressing problems takes real commitment and vision. Rotary members believe that we share a responsibility to take action to improve our communities. We also want to welcome people based on recommendations of existing members to join us, so that we can make an even bigger impact – together.

Who is our Target Audience?

18-45 years - Working class, Self-employed, Business Owners & High Net Worth Individuals

- Primarily, we want them to contribute to the needs of Club foot, however considering Part 2, we want the ones joining Rotary to have the ability & intent to contribute needed funds for various Rotary initiatives as part of sustainable efforts.
- We want them to be part of a game-changing engaged and committed coalition seeking to help fund Rotary projects and enhance the quality of life of people who are in most need of Rotary's service.
- Our Target Audience should see themselves as champions in the fight for the 7 focus areas of Rotary.

What at the Target Markets?

Various LMICs in the World need this fund to address Club foot challenges, however, you are free to choose Continent / Country based on your interest / knowledge.

What is the Task?

Create awareness and trigger realization amongst Target Audience who 'care', leading to actions for Part 1 & Part 2 (stated in the Communication Objectives)

What is the Budget?

As an NGO which is Not For Profit, we have ZERO budget for marketing, our focus is to support and service the needs in line with Rotary's Areas of Focus, mainly funded by member

and donors, therefore please be prudent with needed investment, as it will be part of funds raised and ONLY net proceeds will go toward the objectives.

What do we want to communicate? What is the proposition? What is the single most important message?

Help us create lasting change.

Why should our target audience believe it?

Polio is the testimony of Rotary's ability to create lasting change.

Key messages and content of our creative communication.

Being of SERVICE to someone in need is the primary objective of every Rotarian in the World.

Tone, how do we want to say it?

Confident, warm, urgent, inspiring, upbeat, surprising, motivating, positive, rational and emotive enough to fire people into action.

Mandatory inclusions

Rotary Logo, Areas of Focus Icon - Disease Prevention and Treatment (Various options JPG & PNG provided) and People of Action. These logos & icons have been provided with this brief.

C) NEXT STEPS:

- We are challenging you as the brightest Designers/Art Directors working in various agencies to demonstrate your design skills to the entire creative communications industry. This is your opportunity to create a digital-led solution that uses both the platform and the technology at its best.
- After the virtual briefing and on receipt of this brief, you are expected to perfectly capture specific goals of the campaign, to ensure your design solution clearly act as a springboard to deliver on objectives.
- You will be judged by a selection of industry experts.
- The winning team will be announced on 28th March 2024
- Thereafter, Young Lions winners will attend in-person to compete in Global Young Lions Competitions during the Cannes Lions Festival in France from 17 - 21 June 2024 to represent your country.

KEY DELIVERABLES / THE TASK:

You are expected to create a digital-led solution by way of Mobile App. The objective for you is to showcase how the power of digital platform can answer the brief and provide a creative solution aligned with the digital revolution (essentially a digital technology led solution).

Each team will be submitting an A3 format entry that showcases their design solution, inclusive of a two-part written submission, that must include:

1. A mockup of the Mobile App that shows design/brand identity as well as suggested content types. (jpeg)
2. Three visuals showing how your Mobile App design will capture user's attention in an engaging way to deliver on objectives. (jpeg)
3. A two-part written submission
 1. 250-words explaining how your Mobile App design fits the brief.
 2. 250-words description of how it will deliver on objectives through your design

SUBMISSION DEADLINE: 18:00pm GMT+1, Tuesday 19th March 2024

NAMES: The names of team members and that of their companies must NOT appear anywhere on the work to be submitted or during the presentations. Judging is done anonymously.