



DISABILITY AFRICA

CHANGING CHILDREN'S LIVES

Annual Report 2024

**Promoting the inclusion of disabled
children through the joy and power of play.**

Disability Africa

www.disability-africa.org

Albany House, 6-8 Woodbridge Meadows, Guildford, GU1 1BA, UK

Registered Charity Number 1172163

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Disability Africa Annual Report 2024

The trustees present their report with the financial statements of the charity for the period from 1 January 2024 to 31 December 2024. The financial statements have been prepared in accordance with the accounting policies set out in *Notes to the Financial Statements* (p26) comply with the charity's governing document, the Charities Act 2011 and *Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland* (FRS 102) (effective 1 January 2019).

Reference and administrative details

Registered Charity number 1172163

Principal address: Albany House, 6-8 Woodbridge Meadows, Guildford, Surrey, GU1 1BA

Trustees

Mr. Alaric Law (Chair)
Mr. Andrew Nowak (Vice Chair)
Mr. Adam Edward (Hon Treasurer)
Mr. Adrian Abbott
Dr. Penny Gibson
Mrs. Sue Haworth-Edwards

Patrons

Mr. Christopher Brewer MBE
Mr. Damon Hill OBE
Mr. Ken Tyrrell

Hon Independent Accounts Examiner

Ms Julie Slyfield FCMA CGMA

Structure, governance and management

Governing document

The charity is controlled by its governing document, a deed of trust, and constitutes a charitable incorporated organisation.

Risk management

The trustees have a duty to identify and review the risks to which the charity is exposed and to ensure appropriate controls are in place to provide reasonable assurance against fraud and error.

Employees

The charity employed one full time (4-day week) paid member of staff in the UK throughout 2024 to monitor charity delivery and finance and raise income. A second employee was hired from 1st October 2024, to increase organisational capacity for fundraising, communications and project monitoring, and grow operational delivery in line with The DA2029 Strategy. Both employees report to the Chair of Trustees.

Project Partnerships

The charity establishes working partnerships with independent community organisations in Africa who recruit and employ local staff to deliver services to disabled children in their communities in accordance with the Disability Africa Model (see p5). These partnerships are described by Memorandum of Understanding (MOU) to deliver projects and promote the Disability Africa model.

Objectives and activities

The charitable objects as set out in the Trust Deed are:

1. To advance education and promote and protect health among people living in Africa, in particular children and young people with disabilities, through the provision of grants, items and services and by such other means as the trustees may determine.
2. To provide or assist in the provision of facilities in the interests of social welfare for recreation or other leisure time occupation of individuals who have need of such facilities by reason of their youth, age, infirmity or disability, financial hardship or social circumstances with the object of improving their conditions of life.

Statement of trustees' responsibilities

The trustees are responsible for preparing the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice.

Charity law requires the trustees to prepare financial statements for each financial year. Under that law the trustees have elected to prepare the financial statements in accordance with the United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law.) The financial statements are required by law to give a true and fair view of the state of affairs of the charity and of the surplus or deficit of the charity for that period. In preparing those financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charity SORP.
- Make judgements and estimates that are reasonable and prudent.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the Trust Deed. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of the financial statements may differ from legislation in other jurisdictions.

The trustees are content that the activities of the charity during the reporting period comply with the requirement for those activities to be of public benefit.

Trustees are recruited in accordance with Charity Commission guidelines laid out in document CC30. As vacancies arise, new trustees are sought and recruited with regard to skills and experience and the appropriate vetting and interview procedures are applied. All new trustees will be given a full induction prior to assuming their duties.

Ric Law ON BEHALF OF THE BOARD



Date: 17/07/2025

Our Mission

To work with communities to explore causes which exclude disabled young people. To challenge conventional attitudes and practice, to inform, inspire and deliver change because we believe that an approach that includes disabled children will be better for all children.

Our Vision

Disability Africa is working towards an inclusive global society in which the attitudes of the non-disabled are no longer barriers to the life-chances of those with impairments, where equity of opportunity exists for disabled people and societies recognise the benefits to all of inclusive thinking and action.

For children to achieve their full potential, they need different facilitators, ranging from good nutrition, protection from harm, opportunities for early learning, and the support of parents and caregivers, to access to timely and good quality health care...¹

The Disability Africa Model

Why do we do it?

Disabled children are more vulnerable to harm and exploitation across the world but especially so in low-income African communities. Negative attitudes, poverty and lack of information mean that disabled children are often isolated from their community and at risk of harm. Communities do not expect to see disabled children. This *invisibility is generally considered to be appropriate* and so the stigma is perpetuated. Their exclusion leads to isolation. This means they do not have access to protective and nourishing resources or access to people who might keep them safe, healthy, educated and happy. Their impairment and isolation combined, means they may be powerless and unaware of their rights. In addition to this, the exclusion of a population of disabled children from education means that they will be excluded from contributing as adults to their community and the economy.² Project partners report concerns that many parents simply do not have the services, information or resources to ensure that their disabled child thrives. We also know that disabled children are 4 times more likely to be abused compared to non-disabled children³ and are 10 times more likely to be out of school.⁴



¹ WHO (2022) *Global report on health equity for persons with disabilities*. Available at: <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/global-report-on-health-equity-for-persons-with-disabilities>. (Accessed 2023.)

² WHO (2023) *Addressing health inequities faced by persons with disabilities to advance universal health coverage*. Available at: <https://www.who.int/publications/m/item/addressing-health-inequities-faced-by-persons-with-disabilities-to-advance-universal-health-coverage>. (Accessed 2023.)

³ WHO (2022) *Key Facts on Disability*. Available at: <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>. (Accessed 2023.)

⁴ United Nations Office for the Coordination of Humanitarian Affairs (2017) *Still left behind: Pathways to inclusive education for girls with disabilities*. Available at: <https://reliefweb.int/report/world/still-left-behind-pathways-inclusive-education-girls-disabilities>. (Accessed 2023.)

One billion people around the world are disabled... [and are] being "left behind" in the global community's work on health. This lack of access not only violates the rights of disabled people under international law, but UHC [Universal Health Care] and SDG 3 cannot be attained without better health services for... disabled people.⁵

Poverty

Disabled young people have poverty imposed on them because they are excluded from so many levels of society – culture, employment, education and health. Until disabled children are included, they will have no chance of thriving. We help to change this by ending the child's isolation, promoting inclusion and providing real services that children and families can rely on.

Where and what we do

Our model is adopted by project partners in Kenya, The Gambia and Zambia with one clear vision – inclusion of disabled children.

Our project partners:

- Engage with and deliver the Disability Africa model.
- Work to dismantle barriers to inclusion.
- Understand and improve the local experience of disabled children.
- Ensure good practice.
- Deliver appropriate local services.

Challenging negative attitudes and learning

We take practical steps to understand and counter negative attitudes about disabled children. It all happens at a community level and includes:

- Delivering a playscheme where disabled children and local staff are seen playing together joyfully is an excellent way to challenge how disabled children are perceived.
- Training using the Social Model of Disability, value of play and safeguarding/child protection.
- Projects deliver training for other local organisations including schools.
- An *open management culture* that allows project partner staff and Disability Africa to reflect on practice without blame.

Since 2011 we have developed a model and approach that promotes the inclusion of vulnerable disabled children in low-income African communities.

We work with local people and organisations in Kenya, The Gambia and Zambia – our Project Partners – this way we create sustainable behaviour



In 2024, 340 children in 3 countries across Africa visited our Playschemes 16,657 times...

Disability Africa uses playschemes delivered by local people as an effective – and we think the best way - to promote the inclusion of disabled children.

⁵ Kuper, H and Heydt, P (2019) The Missing Billion. Available at: <https://www.lshtm.ac.uk/research/centres/international-centre-evidence-disability/missing-billion> (Accessed: 2024)

Playschemes as hubs of inclusion and services that disabled children need

Play work is inclusive and the best way to get to know any child – especially a disabled child who may have been neglected and isolated. A Play Worker engages in the **child's** world and can, in turn, assess the best way to meet their needs. This can range from creating friendship groups, supporting relatives to interact with a disabled child in their family, to treating old wounds or spotting undiagnosed epilepsy – all through play.

*When children play, they are exploring their world and building critical skills that bring a lifetime of benefits.⁶ Play is one of the fundamental ways we learn how to understand our world and our sense of self. **Play builds essential and transferable life skills** – physical, social, cognitive and emotional – at all ages. Play in a stimulating and supportive environment provides opportunities to learn how to plan, strategise, engage and observe how people react and how objects work.⁷*

So we use playschemes as safe places where disabled children's health, welfare and happiness is prioritised and because a playscheme does all this...

- 
- **Immediately ends a disabled child's isolation and...**
 - **Can be run easily by local people at low cost.**
 - **Is a naturally child-centred way to assess what support disabled children need and build a picture of services needed at a community level.**
 - Is a *hub* to respond to assessed need with the delivery of social, education and medical support – as well as the benefits of play for disabled children.
 - Role models behaviour and relationships of equality – an on-the-ground appreciation of the **rights of the child**.
 - Improves the mental health of disabled children.
 - Helps parents with psycho-social support and allows time to work or attend education.
 - Provides a **clean, safe, fun, learning environment** – learning through play and accessing Early Childhood Development that disabled children may otherwise miss out on – this is part of the Sustainable Development Goals and a United Nations recognised right for all children.

⁶ UNICEF (2022) The Playbox Supercharge your child's learning through the power of play. Available at: <https://www.unicef.org/parenting/playbox>. (Accessed 2024.)

⁷ UNICEF (2023) *For every child, safe spaces to play, live and learn*. Available at: <https://www.unicef.org/blog/every-child-safe-spaces-play-live-and-learn>. (Accessed 2025.)

Essential services delivered while children play

Once disabled children are registered, safe, fed, playing, having fun at the playscheme the Play Team also has the opportunity to provide wider support to the child and their family. Often for the first time, there is a team of local people who have the capacity to focus on the assessment of the needs of a disabled child – to look at their education, health, nutrition and protection.

Medical support

There is a lack of affordable, accessible, quality healthcare in most African countries. Playschemes allow staff to assess children's health and then deliver 'outreach medical services'. Our model of support has helped many disabled children's access health services. We routinely refer children to surgery and support the aftercare required, collecting medicines, attending appointments with children and making links with local healthcare professionals, like General Practitioners, Surgeons, and Physiotherapists.

The model includes employing local people to the team as Medical Support Officers (MSO) who will have oversight of children's health at the playscheme. They do not need a medical qualification – they only need the engagement and proactivity of a caring, sensible parent, who has the professional curiosity to challenge the barriers to healthcare for disabled children. The MSO will work out of the playscheme providing primary care alongside the Play Team but they will also visit children in their homes – especially if they are not able to attend playscheme.

Food support at playscheme

Every day every child gets a meal. This means that their nutrition is maintained and children have the energy to get the most out of the play day. Project partners are able to report neglect and malnutrition of disabled children. This support is a practical response to the real pressure families face - families are often forced to prioritise the children they will feed well within the family. Malnutrition is a reason for some disabled children not receiving the medical procedures they need.

Parent support

Parents of disabled children may also be vulnerable in their communities. Women in particular are left to be the sole care provider and if their child needs constant supervision, she will routinely be denied respite or work or educational opportunities. Project partners report that it is often the father whose attitude towards their disabled child needs to be understood and challenged so that the welfare of the child is protected, so we work to make sure that parents have companionship, information and support so that they may reconnect with their community.



**Using
playschemes as a
base 1,047
medical support
sessions were
delivered in 2024...**

**...things like physio
sessions, visits to hospitals,
medical outreach,
collecting medicines and
after care for surgery.**

**As well as meals at a playscheme we target the most vulnerable
children with additional food support in the form of food
supplements regularly supplied to the family.**



**There were 684 parent
support contacts in 2024
– things like home visits
and parent meetings.**

Our parent support includes meetings and social work-style home visits. Information about impairments and available services are shared and, in turn, parents can share experiences, supporting each other. Playschemes also give parents, especially mums and sisters, breaks from caring and time to pursue education or employment.

Education, school support and learning through play

The schools where we work are resource poor – school and parents alike struggle to provide the material resources needed for a disabled (and non-disabled) child to attend mainstream education. So disabled children are often excluded from school. The playscheme can be an effective and reliable place for disabled children to learn through play so that they do not miss out on essential Early Childhood Development - developing creative, social, physical and communication skills. This is recognised by UNICEF who say **'the early years of childhood is a time of great opportunity, but also great risk' and that disabled children are particularly vulnerable to missing out on early development**'.⁸ We are always ready to work with schools using our model to ...

- Help to train teachers to include disabled children in the school environment.
- Provide school materials for disabled children who cannot afford them.
- Demonstrate a replicable model for Inclusive Education.
- Show how a *play-based curriculum* may be the way for disabled children to access learning.
- Receive referrals from schools as a reliable professional local service for disabled children.

Monitoring, evaluation, learning and data

Not enough is known about the experience of disabled children in low-income countries⁹ - indeed data invisibility is a form of exclusion. So, alongside the delivery of services to disabled children we collect accurate data to:

- Learn about the children and families registered with projects so we can reflect on the delivery of the model.
- Identify disabled children hidden within the community.
- Follow up concerns – for example post-surgery care, child protection concerns, looking for themes/trends such as malnutrition or malaria that require response.
- Understand when we can take children from waiting lists.
- Maximise capacity - we use data to monitor growth and quality.
- Assess the impact of what we do.
- When appropriate share data to help with local planning.



⁸ UNICEF (2022) *Early childhood development for every child, early moments matter*. Available at: <https://www.unicef.org/early-childhood-development>. (Accessed 2023.)

⁹ UNICEF (2022) *Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*. Available at: <https://data.unicef.org/resources/children-with-disabilities-report-2021>. (Accessed 2023.)



What we did

In 2024, we launched our DA2029 expansion strategy, an ambitious five-year plan to double our output across Africa and strengthen our small but dynamic UK core team. We also delivered...

- **341 disabled children attended our 3 projects 16,657 times.**
- Record breaking attendance in The Gambia where 128 children attended 4,287 times - **more than double the** number of visits in 2023.
- **Physiotherapy services were implemented across all projects.**
- Our Zambian partners opened for a fifth day each week.
- In Kenya, 118 children attended an incredible 9,738 times.
- Supported our partners in Sierra Leone to transition to financial independence.

DA2029 – Disability Africa is expanding

In 2024, Disability Africa's play-based template to promote the inclusion of disabled young people, reached a major landmark in its development. Based on the success of our programmes over the last 14 years, we launched 'DA2029'.

Our 'template' has been recognised as a **powerful and effective strategy to promote the welfare and inclusion of disabled children in African countries** and DA2029 is a five-year plan to build on our success by engaging additional project partners in Africa and doubling the number of children we support.

Our plan has always been to demonstrate the effectiveness of our template and then to replicate it as widely as possible, both by doing more ourselves, and crucially, to support and encourage other organisations to adopt our play-based approach.

At time of writing, we are delighted to confirm that Disability Africa was identified by The Fore as an **'exceptional small charity'** and we were invited to apply for funding specifically to develop our UK core team. Thanks to The Fore's recommendation, we secured a generous grant to employ a full-time Director to lead our small but dynamic UK team and spearhead delivery of the **DA2029** Expansion Strategy. Work is already underway to develop partnerships to deliver exciting new play projects in Eswatini and Uganda.

This success is due to the amazing work of our local partner teams in Africa who have adopted the 'DA Template' and worked with great dedication to achieve the great results you'll see below.

Kenya: The Malanga Inclusion Project

The Malanga Inclusion Project started in 2017 and runs 4 playschemes 5 days a week from 4 local schools within a rural community in northeast Kenya. It is our busiest project with **118 disabled children visiting 9,738 times in 2024**. The playschemes create a highly visible presence for disabled children in the heart of their community – ensuring they are seen and heard and included as part of the daily scene at each school. Without the playschemes, most of these children would not access any form of education or social activity.

A focus for our Kenyan partners in 2024 was to ensure that all play activities are fun and engaging. Overseeing 4 playschemes across the district, our project coordinators have to work hard to monitor play quality. In 2024, they delivered a major refresh of toys and creative materials for the children. They also set up a play-quality forum, where playworkers and volunteers share ideas for play activities. We have been delighted to see some really innovative play-work resulting from this effort.

Playschemes supporting inclusive education

The strategic position of our playschemes within local schools, facilitates a clear pathway for disabled children to transition from home, to the playscheme and then, if appropriate, to the more formal education settings in the classroom. The success of Disability Africa's Playschemes in Malanga has encouraged the Kenyan Government to employ a teacher with additional training to support disabled children. Disabled children



In Kenya, 117 disabled children visited our programmes 9,738 times in 2024.



who attend the Bahati Playscheme now receive a combination of play-based activities and more formal inclusive education from their teacher.

We are encouraged that this is a testament to the successful reputation of our projects and demonstrates how our model can be adopted and complimented by government services to create truly inclusive education.

An example of the importance of play to support children into education is shown by M's story: "M" is a 6 year old boy who had three limbs amputated, leaving him with significant physical impairments. M has been attending the Malanga playscheme regularly since 2022. He enjoys playing football, drumming and being with his friends. The Playteam support him to learn new skills and adapt activities so that he can join in. He was also provided with a prosthetic limb and receives physiotherapy to help him practise walking. At the end of 2024, it was agreed that M was ready to move into school, where he is now enjoying learning how to read. It was the playscheme environment where he was able to develop his confidence and adaptability and show his enthusiasm to learn that prepared him with the skills to enjoy and benefit from a more formal, inclusive educational setting.

Medical Support and Physiotherapy

The Medical Support Officer (MSO) in Malanga is Grace. She is a trained physiotherapist who visits the playschemes every day to work with children to increase flexibility and mobility. She also provides first aid at the playscheme and supports play staff with the care of conditions like epilepsy, sickle cell anaemia and cerebral palsy. Grace monitors the nutrition of children, provides food support where required, does home visits, and organises referrals to local hospitals.



Parent support in Kenya

Florence, our Parent Support Officer, builds mutual support in the community and safeguards children when they are absent from the playscheme. She keeps in touch with their families to ensure that when children are absent, they return to the supportive and therapeutic environment of the playscheme as soon as possible. In 2024, Florence conducted **77 visits to family homes, and hosted 340 attendances at her fortnightly parent meetings**. Florence's parents' meetings provide a safe space for parents of disabled children to **share experiences, advice and support**, which can truly transform whole families' lives.

An example of parent support in action: "G" a 1-year-old girl with cerebral palsy and a heart condition, was initially rejected by her father because of her impairments. This forced her mother to move

Everyday physiotherapy at playschemes in Kenya

Our Medical Support Officer, Grace is a qualified Physiotherapist. She delivered 570 physio sessions in 2024. She also conducted 88 visits to families in their homes.



back to her parents' home. Florence began to support G's mother with transport for hospital visits and provided her with nutritional supplements for G. They also encouraged G's father to attend parent meetings, which he started to do regularly. After attending, G's father decided to accept his child and support his whole family again. He told the group: "I was feeling depressed, but now I know I am not alone, I have other parents of disabled children to help me win".

The Gambia: The Gunjur Inclusion Project

The Gunjur Inclusion Project is the first project we started in 2012. It is based at a purpose-built play centre in the heart of the Gunjur community. The playscheme is delivered by a team of play workers, cooks, cleaners and a driver – everyone takes part in the play activities lead by Yaya, the Play Leader.

Back with a bang! Record breaking attendance at The Gunjur Inclusion Centre

2024 was the first full year of delivery at a fully operational, Gunjur Inclusion Centre (GIC), following disruptions from maintenance work in 2023. The impact of reclaiming our home is evident in the team's achievements throughout 2024. Our partners delivered their **highest ever attendance** figures since the project started in 2012 - **120 children visited the centre 4,287 times!** – more than double the attendance in 2023.

For the first time, the GIC stayed open throughout Ramadan, ensuring **consistent support for disabled children** in the community throughout the holy period. The re-opening of the centre has also enabled our team to be more ambitious, developing new partnerships and beginning to engage with more communities over a wider area, helping even more children access the centre.

Improving Mobility

Physically impaired children in Gunjur have been benefiting from mobility support, through our new partnerships with a local NGO. Our Medical Support Officer, Buba, has been working closely with Caring For Mobility, a Dutch NGO that provides assessments and mobility aids. Working together to identify and refer children, they provided 15 assessments and 10 mobility aids, for registered children this year. It is hard to overstate the impact which provision of appropriate mobility equipment makes for these children. Through mutual referrals and 'sign-posting', Caring for Mobility, have helped us add more children to our register who are now enjoying the benefits of the playscheme.

How the Playscheme helped "J" to walk independently, communicate and learn: *J is a 7-year-old boy with a range of complex impairments. When we met him, J was not enrolled in school, he stayed at home and was unable to walk or communicate. J's life changed when*



In The Gambia, 120 disabled children visited our programmes 4,287 times in 2024 – more than double the attendance in 2023.



our outreach team registered him, and he began to attend the playscheme at the GIC. J began to thrive at play - he was very curious, learnt new skills, and played well with others. He quickly realised that he could move around the various play spaces by using one of the tricycles as a 'walking aid'. Seeing his creativity and determination to be mobile using a playscheme trike, the playteam referred him to Caring 4 Mobility who provided him with the perfect design of walker to meet his needs and a pair of orthopaedic boots to support his ankles. Now this little lad, previously considered incapable of anything more than very limited mobility, is whizzing around the playcentre and engaging fully in all the activities on offer. Observing his capacity to learn quickly, the Playteam have secured sponsorship for J to attend a local pre-school where he is now learning his letters and sounds. Thanks to our amazing team, J is learning to be mobile and communicative, proving to his community that, with a focus on inclusion and appropriate support, anything is possible for him.

Minibus transforms playscheme access

With help from Campo, our wonderful supporters in Holland, we were able to buy a much-needed minibus to transport children to and from the Playcentre as well as provide transport to medical appointments. This is especially critical for disabled children with complex physical impairments. The second-hand car market in The Gambia is competitive, and acquiring good vehicles has been extremely difficult. Until recently, we have had to rely on expensive taxis and borrowed vehicles. **Having our own vehicle has transformed daily operations at The Gunjur Inclusion Project** and been a major factor in increasing the number of children who can attend.



The Sierra Leone Inclusion Project

As we predicted in our last annual report, we are pleased to report that our partners in Sierra Leone have completed their move to independent running of the project in Makeni. It is a crucial goal of all our projects that we work with partners to make the projects sustainable by the local team. Our aim is to support our partners, not only to have the skills to deliver a playscheme and all the associated services, but also to have the capacity to fundraise so that they can ultimately be self-sufficient and independent of financial support from Disability Africa. We declare this aim to all our partners at the very start of a new project and work steadily towards this goal. We recognise that every situation is varied and complex and each project will progress at their own pace. We know that changing attitudes towards disabled children, and acquiring the necessary skills and resources will take many years and so we have no fixed timetable for a project to transition to become self-sufficient, but only start the transition process when both we and our African partners feel it is appropriate.

The Sierra Leone Inclusion Project (SLIP) started late in 2018 following almost a year of discussions with the Sierra Leone Autistic Society (SLAS). The MoU was signed in December and the playscheme was launched very quickly. This was in response to hearing from our partners that one of the children known to them had 'disappeared'.

Infanticide is tragically still practiced by people who, in a stroke of dark irony, are often called 'traditional healers'. In some places the activities of these people, whilst of course, completely illegal, are accepted by many within a given community as an appropriate response to the birth of a disabled child. It became apparent that this had been the fate of the missing child, and in a phone conversation with the traditional healer in question, our partners had ascertained that the 'healer' had a list of some twenty other children who they expected to 'treat' at some point.

It is to the everlasting credit of our partners in Sierra Leone that they managed to launch the Playscheme in a matter of weeks and by offering parents of disabled children a cost-free, viable, optimistic and caring alternative, the lives of those children were saved.

In the seven years that have elapsed since, the SLIP has served over 100 disabled children and delivered thousands of hours of joy and care.

It is a testament to the quality of the SLIP team that we felt that they were ready to move the Sierra Leone Inclusion Project towards independence, and focussed discussions to this end were started in March 2023. Their plan was to add a skills-training facility for young disabled adults to their range of projects, and the revenue from this, they projected, would fund the ongoing play activities. Funding for the skills-training project was secured from a third party, and towards the end of 2023, we started to phase out our financial support and our MoU with SLAS officially ended with our final tranche of funding in March this year. We are so proud of what SLAS has achieved. We warmly congratulate them and wish them all future success.

Zambia: Kawama Inclusion Project

Due to increasing demand and popularity for our project in Kawama, we began opening for play 5 days a week in August 2024. Our partners in Kawama work with many children with complex needs and limited mobility, which limits the number of children per day that they can support at the playscheme. Opening on additional days increases the number of children who can access our support. The partnership with our current project partners in Kawama started in 2022 with a 3-day playscheme, and since then we are delighted to have witnessed its continuous growth.

Gregory and Esther, the Play Leader and Deputy, run a playscheme for 64 disabled children in a small purpose-built Playcentre. It is in the middle of a the Kawama community which means that non-disabled children often spontaneously join in and play – Inclusion!

Medical support in Kawama

Our Medical Support Officer in Kawama is Abigail. She is a trained nurse who works incredibly hard to ensure children are safe and supported and have access to necessary healthcare. She also provides their families with advice and support. Her nursing background enables her to **identify undiagnosed conditions in children, including signs of malnutrition and undiagnosed or poorly managed epilepsy.**

Medical support in action in Zambia: “K” is a 4-year-old boy living with a range of impairments. At the start of the year, Abigail flagged K as at risk of malnutrition as a possible consequence of frequent bouts of sickness. Abigail met with the family and noted that K’s mother had been given no knowledge or support about the best way to manage K’s impairments and the family lacked the resources to appropriately care for K. Without the right support, it is natural that the family of a disabled child often feel a sense of helplessness and negativity concerning the child’s future. This was the case with K’s family, and this was also contributing to his poor health.



In 2024, our Medical Support Officer, Abigail delivered 176 medical support visits, 160 family- support visits and facilitated 270 physiotherapy sessions.



Abigail provided guidance to his mother on affordable and available nutrition for K. He later began having seizures and Abigail supported the family to access the appropriate clinics and epilepsy organisations for K to get a CTT scan and medication and helped his mother to understand the importance of consistent dosages. When the first medication was not successful, Abigail continued to advocate for K and acquired an alternative medication. Without advocates like Abigail, disabled children and their parents are left without support or knowledge to navigate the medical system. Abigail helps disabled children live the best possible quality of life.

Weekly physiotherapy

A high proportion of the children accessing our Zambian Project require physiotherapy and so delivering regular physiotherapy is a priority for this project - it has the potential to significantly improve a child's quality of life.

From September 2024, The Kawama Inclusion Project has organised **weekly trips to a local physiotherapy clinic, where children receive treatment free of charge.** Parents can also attend and learn how to replicate the treatments at home. Abigail reports that children's mobility is improving gradually, and that the relief from muscle stiffness is allowing children to be much more comfortable.

Communities Call for More!

We were delighted to receive feedback from the community leaders in Kawama, who recognise the positive impact of the project and the work of the team at the Kawama Inclusion Project. Alfred Chapi, a local Councillor, from nearby Ndola requested that the KIP replicated in neighbouring communities. He said, "***Your Project has been the talk of the day, because those children who were not walking are now walking, and those who were not talking are now talking - kudos to DA***". This is a wonderful endorsement of our projects and an indication of their reputation within the communities around Kawama.

Thank you to our supporters

We are very grateful to Priscilla and Chris Brewer MBE and their family, who continue to support Disability Africa as they have since the charity was registered in 2011. Their remarkable commitment and support for our work means that the vast majority of other donors' funds are able to be directed to our Africa projects. **Thank you to all the trusts who have generously given or pledged grants in 2024. Your support allows us to plan ahead and develop projects with confidence.**

Alchemy Foundation, Ann and Christopher Fielden Charitable Trust, ARCAID, Birchley St Marys Third World Group, Campo Commodities B.V., CB and HH Taylor 1984 Trust, Gregory Mills Foundation, James Tudor Foundation, John and Susan Bowers Fund, Mageni Trust, Manglibai Haridas Khiara (UK) Charitable Trust, Margaret McEwen Trust, Marlborough Brandt Group, Marsh Charitable Trust, MJB Charitable Trust, MPM Charitable Trust, One World Charity Challenge, Paul Lunn-Rockcliffe Trust, Souter Charitable Trust, Sterry Family Foundation, Sydney E Franklin Deceased's New Second Charity, The Brown Source Trust, The Cauda Trust, The CP Charitable Trust, The Farthing Trust, The Gilander Foundation, The Paulson-Ellis Charitable Trust, The Thalassa Charitable Trust, The Tula Trust, Ward Family Charitable Trust.



Financial Review for the Year ended 31 December 2024

It is clear from this Annual Report that 2024 was another good year for Disability Africa and our project partners. Attendance figures have risen substantially – in some cases doubling and every project now augments the vital work done at the Playschemes by delivering physiotherapy, parents support programmes and two nutritious meals twice a day to every child that attends.

Income

Grant Income, at £161,000, remained more or less steady (£9,000 higher than in 2023), with a good proportion being from previous donors, but there were also some very welcome grants from new supporters.

Income from personal donations was also slightly higher resulting in total income increasing from £169,000 to nearly £180,000.

Expenditure

Grants to projects remained steady in 2024, with slightly higher UK staff costs as we hired a second staff member in October. This was offset by significantly fewer field trips in 2024 resulting in costs of charitable activities being reduced by approximately £6,000 compared to 2023.

Result

The surplus in 2024 was almost £24,000, a modest increase on £9,000 from the year before.

Cash Balances

The end of year cash balances for 2024 of just under £120,000, represents a fraction under the predicted 6 months' expenditure in the 2025 Budget. The trustees believe that this slim margin is acceptable and are confident that the charity's current financial situation, together with the anticipated results from future fundraising activities will maintain the charity's sustainability.

Reserves Policy

The trustees believe that the current policy of aiming to hold a minimum of 6 months' expenditure in reserves, is still appropriate for the charity.

Public Benefit Statement

The trustees have complied with their duty to have due regard to the guidance of public benefit published.

Independent Examination of Trustees Annual Report and Accounts

The trustees are satisfied that the charity meets the requirements for an Independent Examination.

Independent Examiner's Report on The Accounts Year Ended 31st December 2024

I report to the trustees on my examination of the accounts of Disability Africa for the year ended 31st December 2023 set out on pages 24 to 29 below.

Responsibilities and basis of report

The charity's trustees are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the Act"). I report in respect of my examination of the Charity's accounts carried out under section 145 of the 2011 Act and in carrying out my examination, I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination which gives me cause to believe that in, any material respect:

- The accounting records were not kept in accordance with section 130 of the Charities Act; or
- The accounts did not accord with the accounting records; or
- The accounts did not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report to enable a proper understanding of the accounts to be reached.

Signed:



Julie Slyfield FCMA CGMA

Date: 17/07/25

Statement of Financial Activities at 31 December 2024

DISABILITY AFRICA REGISTRATION NUMBER 1172163 STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31st DECEMBER 2024								
	Notes	Unrestricted Funds	Restricted Funds	Total	Unrestricted Funds	Restricted Funds	Total	
		£	£	£	£	£	£	£
Income and endowments from:								
Grants	3	105,583	55,909	161,492	89,887	62,776	152,663	
Donations and Gifts in Kind	4	18,228	-	18,228	16,124	-	16,124	
Total		£123,811	£55,909	£179,720	£ 106,011	£ 62,776	£ 168,787	
Expenditure on:								
Raising funds	5	11,829	-	11,829	9,190	-	9,190	
Charitable activities	6	6,463	137,616	144,079	4,530	146,222	150,752	
Total		£ 18,292	£ 137,616	£ 155,908	£ 13,720	£ 146,222	£ 159,942	
Net Income (Expenditure) before Transfers		105,519	(81,707)	23,812	92,291	(83,446)	8,845	
Transfers between funds	8	(81,707)	81,707	-	(82,405)	82,405	-	
Net movement in funds		£ 23,812	£ 0	£ 23,812	£ 9,886	£ (1,041)	£ 8,845	
Reconciliation of funds:								
Brought forward balances		94,507	-	94,507	84,621	1,041	85,662	
Fund balances carried forward		£ 118,319	£ 0	£ 118,319	£ 94,507	£ (0)	£ 94,507	

Balance Sheet at 31 December 2024

DISABILITY AFRICA REGISTRATION NUMBER - 1172163 BALANCE SHEET AT 31ST DECEMBER 2024								
								AS AT 31/12/2023
FIXED ASSETS								
Tangible Assets	2		1,613					116
CURRENT ASSETS								
Debtors	9	622				5,773		
Cash at Bank and in Hand		137,074				96,067		
			137,696			101,840		
CREDITORS (Amounts Falling Due Within One Year)	10	20,990				7,449		
NET CURRENT (LIABILITIES)/ASSETS			116,706					94,391
NET ASSETS			118,319					94,507
Represented by:								
Unrestricted Funds	8		118,319					94,507
Restricted Funds	8		-					-
			118,319					94,507



RIC LAW (CHAIR), Date: 17/07/2025

Notes to the Financial Statements year ended 31 Dec 2024

1 ACCOUNTING POLICIES

Accounting convention

(a) Basis of preparation and assessment of going concern

The accounts (financial statements) have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these accounts. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011.

The charity constitutes a public benefit entity as defined by FRS 102.

The trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern.

No material prior year errors have been identified in the reporting period (3.47 FRS 102 SORP).

(b) Reconciliation with previous Generally Accepted Accounting Practice

In preparing the accounts, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 a restatement of comparative items was needed. No restatements were required.

Income and Endowments

Voluntary income, including donations, gifts and legacies are recognised where there is entitlement, certainty of receipt and the amount can be measured with sufficient reliability.

Where the charity receives assistance in the form of donated services, such incoming resources are included in the Statement of Financial Activities where the benefit to the charity is reasonably quantifiable and measurable. Where donated services are recognised an equivalent amount is included as expenditure in the Statement of Financial Activities.

Income derived from events is recognised as earned (that is, when the event takes place). Amounts received in respect of events which have not taken place are deferred to future periods.

There has been no offsetting of assets and liabilities, or income and expenses.

Gift Aid receivable is included in income when there is a valid declaration from the donor. Any Gift Aid amount recovered on a donation is considered to be part of that gift and is treated as an addition to the same fund as the initial donation unless the donor or the terms of the appeal have specified otherwise.

Investment income is recognised on a receivable basis.

No government grants have been received.

Expenditure

Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Grants are made to partner organisations in Africa with the requirement for full accountability of expenditure, the records for which are checked on a monthly or quarterly basis by the charity's staff, and audited during their periodic visits to the projects.

Costs of generating funds are those incurred in attracting voluntary income and incurred in trading activities that raise funds.

Charitable activities costs are those incurred in providing the services to disabled children in Africa.

All Governance requirements were dealt with by trustees on a voluntary basis, with no costs incurred.

The charity has incurred expenditure in respect of support costs which are allocated to activities on the bases set out in the Notes to the Accounts.

Assets and Liabilities

The charity has minimal fixed assets consisting of IT and office equipment and furniture. Items are written down over 3 years.

Taxation

The charity is exempt from tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity.

Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Disability Africa Annual Report 2024

DISABILITY AFRICA								
REGISTRATION NUMBER - 1172163								
NOTES TO THE FINANCIAL STATEMENTS								
FOR THE YEAR ENDED 31ST DECEMBER 2024								
				2023				
	<u>Furniture & Equipment UK</u>	<u>Total</u>		<u>Furniture & Equipment UK</u>	<u>Total</u>			
	£	£		£	£			
2 FIXED ASSETS								
Gross Book Value Balances at 1st January 2024	7,529	7,529		7,529	7,529			
Additions in period	2,420	2,420		-	-			
Gross Book Value Balances at 31st December 2024	£9,949	£9,949		£7,529	£7,529			
Depreciation Balances at 1st January 2024	7,413	7,413		7,209	7,209			
Depreciation charge for period	922	922		204	204			
Depreciation Balances at 31st December 2024	£8,335	£8,335		£7,413	£7,413			
Net Book Values at 31st December 2024	£1,614	£1,614		£116	£116			
	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u>	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u>		
3 INCOMING RESOURCES FROM CHARITABLE ACTIVITIES								
Grants received from Trusts and Foundations	105,583	55,909	161,492	89,887	62,776	152,663		
	£105,583	£55,909	£161,492	£89,887	£62,776	£152,663		
4 VOLUNTARY INCOME								
Donations from Individuals and other supporters *	18,228	-	18,228	16,124	-	16,124		
Totals	£18,228	£0	£18,228	£16,124	£0	£16,124		
* including Gift Aid								
	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u>	<u>Unrestricted</u>	<u>Restricted</u>	<u>Total</u>		
5 COSTS OF GENERATING FUNDS								
Staff costs	10,607		10,607	8,337		8,337		
Support costs - Note 7	1,222		1,222	853		853		
Totals	£11,829	£0	£11,829	£9,190	£0	£9,190		
6 CHARITABLE ACTIVITIES								
Grants to Disability Africa (The Gambia)		48,978	48,978	-	50,020	50,020		
Grants to Other service providers		52,021	52,021	-	64,874	64,874		
Staff costs		33,622	33,622	-	23,344	23,344		
Field trips to African projects		2,995	2,995	-	7,984	7,984		
Support costs - Note 7	6,463		6,463	4,530	-	4,530		
	£6,463	£137,616	£144,079	£4,530	£146,221	£150,752		
Before we establish any project we visit the area under consideration and ensure that we meet the key personnel within our prospective partner organisations - which are all either NGOs or CBOs with a Board of Trustees. We also aim to meet community leaders and local government officials wherever possible. We explain in detail how the DA model works, not only in terms of how and what services and activities we provide for the children, but also the administrative, accounting and reporting systems required.								
All the grants to support the work in African countries are paid to our partner organisations in-country. These are either NGO's or CBO's which each have a Board of Trustees. The organisations are all formally registered according to the relevant laws.								
We agree budgets in advance and closely monitor how the money is spent, but all expenditure is managed by the local trustees.								
Each project is required to submit full details of how it has spent each grant that we provide. These are closely examined by our UK staff and the next period's grant will be adjusted, if necessary, for any over-or under-spend, and will be sent once we are satisfied that all is in order.								
In addition, our UK staff make periodic field trips to the projects. to see them in action and enable us to ensure that all the systems are functioning correctly, and to check that all the records and supporting documentation agree with what is being sent to us in support of each grant application .								
The trips also enable us to assess playstaff performance and provide any additional training required to enhance the benefits to the children.								
Staff costs are for the UK - based Project Development officers who develop, support, monitor and evaluate each of the projects, undertake the periodic field trips, and raise funds to enable the charity to perform its mission.								

DISABILITY AFRICA NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31ST DECEMBER 2024								
					2023			
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total	
7	SUPPORT COSTS	Alloc'n						
	Property costs	Staff time	1,410	-	1,410	1,080	-	1,080
	IT costs	Staff time	1,609	-	1,609	1,239	-	1,239
	General office costs	Staff time	77	-	77	73	-	73
	Staff costs and fees	Staff time	2,092	-	2,092	1,667	-	1,667
	Insurances	Type	1,575	-	1,575	1,120	-	1,120
	Depreciation	Time	922	-	922	204	-	204
			£7,685	£0	£7,685	£5,383	£0	£5,383
	Allocated to:							
	Charitable Activities		6,463	-	6,463	4,530	-	4,530
	Generating Funds		1,222	-	1,222	853	-	853
			£7,685	£0	£7,685	£5,383	£0	£5,383
8	FUNDS	Unrestricted Funds	Restricted Funds	Total	Unrestricted Funds	Restricted Funds	Total	
	Balances b/f	94,507	0	94,507	84,621	1,041	85,662	
	Movements in	123,811	55,909	179,720	106,010	62,777	168,787	
	Movements out	(18,292)	(137,616)	(155,908)	(13,720)	(146,222)	(159,942)	
	Transfers	(81,707)	81,707	-	(82,404)	82,404	-	
	Balances at 31st December 2024	£118,319	£0	£118,319	£94,507	£0	£94,507	
	Consisting of:							
	Fixed Assets	1,614	-	1,614	116	-	116	
	Debtors	622	-	622	5,773	-	5,773	
	Cash at Bank	137,074	-	137,074	88,618	7,449	96,067	
	Creditors - Grants received in advance	(20,990)	-	(20,990)	-	(7,449)	(7,449)	
	Totals	£118,319	£0	£118,319	£94,507	£0	£94,508	
	Funds Analysis							
	Balances b/f	Movements In	Movements Out	Transfers	Balances c/f			
	The Gambia	33,260	(60,189)	26,928	0			
	Kenya	14,649	(41,352)	26,703	0			
	Sierra Leone	0	(13,772)	13,772	0			
	Zambia	8,000	(22,304)	14,304	0			
	Unrestricted	94,507	123,811	(81,707)	118,319			
	Totals	£94,507	£179,720	(£155,908)	£0	£118,319		
9	DEBTORS	Unrestricted Funds	Restricted Funds	Total	Unrestricted Funds	Restricted Funds	Total	
	Insurance prepayments	-	-	-	506	-	506	
	Gift Aid debtor	622	-	622	1,440	-	1,440	
	Other	-	-	-	3,827	-	3,827	
		£622	£0	£622	£1,946	£0	£1,946	
10	CREDITORS							
	Grants received in advance		20,990	20,990		7,449	7,449	
		£0	£20,990	£20,990	£0	£7,449	£7,449	
11	COMMITMENTS							
	None							
12	DONATIONS IN KIND							
	None							
13	TRUSTEE REMUNERATION AND BENEFITS							
	None							
14	TRUSTEE EXPENSES							
	None							
15	TRUSTEES DONATIONS							
	A total of £1560 was donated by Trustees without conditions (2023 - £1560)							
16	INDEPENDENT EXAMINER FEES							
	None							
17	RELATED PARTY TRANSACTIONS							
	None							
18	STAFF COSTS AND NUMBERS							
	Salaries (One/Two Staff)	39,519				31,588		
	Social security costs - NEST	2,321				1,760		
	Other employee benefits	-				-		
	Total	£41,840				£33,348		
	See Notes 5, 6 & 7							
19	REMUNERATION OF KEY MANAGEMENT PERSONNEL	None				None		

13	TRUSTEE REMUNERATION AND BENEFITS								
	None								
14	TRUSTEE EXPENSES								
	None								
15	TRUSTEES DONATIONS								
	A total of £1560 was donated by Trustees without conditions (2023 - £1560)								
16	INDEPENDENT EXAMINER FEES								
	None								
17	RELATED PARTY TRANSACTIONS								
	None								
18	STAFF COSTS AND NUMBERS								
	Salaries (One/Two Staff)		39,519					31,588	
	Social security costs - NEST		2,321					1,760	
	Other employee benefits		-					-	
	Total		£41,840					£33,348	
	See Notes 5,6 & 7								
19	REMUNERATION OF KEY MANAGEMENT PERSONNEL		None					None	