



BARN OCH KVINNOR

Organisation

Faith • Action • Results

ANNUAL IMPACT REPORT

2025

Community Disability Inclusion & Rehabilitation Project

Kakunyu & Bakka Communities | Wakiso District, Uganda

Project Coordinator: Babra Komuhangi, Community-Based Rehabilitation Physiotherapist



Children with disabilities seated in their new wheelchairs alongside caregivers and the Barn Och Kvinnor team — distribution day, Wakiso District, Uganda 2025.



1. Executive Summary

This report presents the findings, outcomes, and impact of the 2025 Community Disability Inclusion and Rehabilitation Project implemented by Barn Och Kvinnor Organisation in partnership with local community leaders in Kakunyu and Bakka, Wakiso District, Uganda. The project targeted 30 children living with disabilities including cerebral palsy and autism spectrum disorder and their families, providing life-changing mobility aids, therapeutic equipment, nutritional support, and essential care supplies.

The initiative was led by Project Coordinator Babra Komuhangi, a qualified community-based rehabilitation physiotherapist who conducted structured individual needs assessments prior to procurement, ensuring every piece of equipment donated was clinically appropriate for each child. The project was implemented through strong collaboration with local chairpersons and community councillors, who facilitated beneficiary identification and community mobilisation.

This report is aligned with United Nations Sustainable Development Goal frameworks in particular SDG 3 (Good Health and Well-being), SDG 10 (Reduced Inequalities), and SDG 17 (Partnerships for the Goals) and is intended to support future funding applications from institutional donors, foundations, and international development partners. The project delivered measurable improvements in mobility, functioning, caregiver capacity, and social inclusion for all 30 beneficiary children. Barn Och Kvinnor now seeks sustained, multi-year investment to expand this transformative work.

2. Organisation Profile

2.1 About Barn Och Kvinnor

Barn Och Kvinnor (Swedish: “Children and Women”) is a non-governmental humanitarian organisation committed to transforming the lives of the most vulnerable children and women in underserved communities. The organisation operates in Uganda and Kenya, guided by its core mandate: “Stir Hope” and delivers impact through Faith, Action, and Results. Its programming covers:

- Life-Rebuilding Holistic Solutions for orphans, vulnerable children with disabilities, widows, and vulnerable women
- Quality Education and school access initiatives
- Humanitarian partnerships and collaborative community projects
- Good Health and Well-being through medical, therapeutic, and nutritional support
- Legal advocacy for the rights of vulnerable populations
- Gospel ministry and community faith engagement

2.2 Project Coordinator — Babra Komuhangi

Babra Komuhangi is a certified Community-Based Rehabilitation Physiotherapist and the lead coordinator of all projects concerning children with disabilities. Her professional background bridges clinical physiotherapy



with community outreach, making her uniquely positioned to both assess individual children's needs and translate those assessments into practical, correctly fitted assistive devices at the point of distribution.

Ms. Komuhangi is responsible for: conducting the pre-distribution needs assessment for all 30 beneficiary children with disabilities in local communities in Uganda; selecting and quality-checking all equipment at INS Orthotics Ltd; overseeing correct fitting and adjustment of wheelchairs, standing frames, walking frames, and cervical collars on distribution day; and training caregivers in safe home-based physiotherapy techniques. Her expertise ensured that no child received a generic, ill-fitting device, but rather an appropriate aid that genuinely supported their specific diagnosis and functional level.

2.3 Funding History

The 2025 project was funded through grassroots social media campaigns and contributions from friends and family networks of Barn Och Kvinnor supporters. This model has proven effective for rapid mobilisation; however, to achieve the scale and sustainability required to reach all children with disabilities in the communities served, the organisation now actively seeks institutional funding partnerships.

3. Country and Community Context

Uganda is home to an estimated 12.4% of the population living with some form of disability (Uganda Bureau of Statistics, National Household Survey). Children with disabilities face compounded and intersecting vulnerabilities: extremely limited access to healthcare and rehabilitation services; near-total exclusion from mainstream education systems; deeply entrenched social stigma; and severe household poverty among their caregiving families. These barriers are not individual failures they are systemic, and require structured, sustained, rights-based intervention.

Wakiso District which is one of Uganda's most densely populated districts, directly surrounding Kampala contains communities such as Kakunyu and Bakka also known as Mende where significant numbers of families with children with disabilities live in extremely constrained circumstances. Many children with cerebral palsy, autism, and related developmental conditions have never accessed a physiotherapist, have never owned a mobility aid, and have lived largely confined to their homes, invisible to their wider community.

This project directly addresses Uganda's obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which affirms the right to access appropriate assistive devices, rehabilitation services, and an adequate standard of living (Articles 20, 26, and 28). It further aligns with Uganda's National Policy on Disability and the National Development Plan, which identifies persons with disabilities as a priority group for social protection and inclusion.

4. Pre-Distribution Needs Assessment

4.1 What Is a Needs Assessment and Why Does It Matter?

A needs assessment is a structured, evidence-based process of evaluating each individual's disability, functional capacity, living environment, and specific requirements before any assistive device or intervention is provided. In the context of children with physical disabilities, it is not enough simply to donate wheelchairs or standing frames equipment that is the wrong size, wrong type, or incorrectly fitted can cause serious harm, including pressure sores, postural deformities, muscle contractures, and in severe cases, respiratory complications.

The World Health Organization (WHO) Guidelines on the Provision of Manual Wheelchairs in Less-Resourced Settings (2008) and the UNICEF Framework for Community-Based Rehabilitation explicitly state that assistive technology provision must always be preceded by individual assessment, fitting, and follow-up to be safe, effective, and dignified. A child with spastic cerebral palsy requires a fundamentally different seating system than a child with hypotonic (low muscle tone) presentation; a child who has some capacity for supported standing needs a standing frame calibrated to their height and weight; a child with poor head control requires a headrest and lateral supports that are precisely adjusted.

Without a qualified professional conducting this assessment, donated equipment frequently goes unused, is incorrectly used, or most seriously causes deterioration rather than improvement. The Barn Och Kvinnor 2025 project was designed from the outset around this principle: every donation was preceded by clinical assessment, and every handover was accompanied by hands-on training.

4.2 Babra Komuhangi's Assessment Process

Prior to procurement, Project Coordinator Babra Komuhangi conducted individual physiotherapy assessments of all 30 enrolled children in both Kakunyu and Bakka communities. Each assessment included:

- Clinical observation of the child's posture, muscle tone, range of motion, and existing deformities
- Assessment of functional mobility level — whether the child is non-ambulant, partially ambulant, or requires supported standing
- Measurement of body dimensions (height, weight, hip width, trunk length) for accurate equipment sizing
- Evaluation of head and trunk control to determine the need for headrests, lateral supports, and harnesses
- Assessment of the caregiver's capacity and physical ability to safely manage and transport the child with the recommended device
- Documentation of the home environment to identify access constraints (e.g. narrow doorways, uneven ground) that would affect the choice of equipment
- Nutritional screening to identify children with feeding difficulties or malnutrition requiring specialised dietary support

The findings of each assessment were recorded and used to guide the procurement process at INS Orthotics Ltd, a certified orthotics and mobility solutions provider. This ensured that the exact right equipment was purchased for each child, rather than bulk-purchasing a generic supply.

4.3 Why This Approach Is Critical

The clinical importance of individual assessment cannot be overstated:



- Children with cerebral palsy who lack head control require tilt-in-space wheelchairs with headrests and full lateral support a standard manual wheelchair would be dangerous and useless for them.
- Standing frames must be calibrated to each child's exact measurements; an incorrectly sized standing frame can cause hip dislocation or spinal damage rather than preventing it.
- Cervical collars (neck supports) must match the child's neck circumference and head weight precisely a poorly sized collar restricts breathing and can worsen neurological symptoms.
- Children with autism often have sensory sensitivities that must be considered in equipment selection certain textures, sounds, and restraint mechanisms can cause significant distress if not assessed in advance.

By grounding every donation in prior assessment, the 2025 project ensured not only that resources were used effectively, but that every child received a device that was genuinely beneficial, safe, and appropriate to their individual clinical profile. This is the Barn Och Kvinnor standard, and it distinguishes this project from generic charitable donations.

5. Project Description

5.1 Project Objectives

The primary objectives of the 2025 project were to:

- Conduct individual clinical needs assessments for all 30 enrolled children prior to procurement
- Provide clinically appropriate, individually fitted mobility and therapeutic aids to children with cerebral palsy and autism
- Reduce caregiver burden through professional training in correct equipment use and home-based physiotherapy
- Improve the nutritional status of beneficiary children through specialised food and high-nutrient porridge
- Strengthen social inclusion and community visibility of children with disabilities
- Build sustained partnerships with local community leaders for ongoing identification and follow-up support

5.2 Target Population

Indicator	Detail
Total Beneficiary Children	30
Female Children	12 (40%)
Male Children	18 (60%)
Primary Diagnoses	Cerebral Palsy and Autism Spectrum Disorder
Locations Served	Kakunyu & Bakka, Wakiso District, Uganda



Caregiver Families Reached	30 Households
Assessments Conducted	30 Individual Physiotherapy Assessments

5.3 Beneficiary Identification and Community Partnerships

Beneficiaries were identified through a structured community mapping process led in close partnership with Local Council (LC1 and LC2) chairpersons and community councillors in both Kakunyu and Bakka. Community leaders were engaged as equal partners not simply as gatekeepers because their knowledge of household circumstances, family dynamics, and the specific children most in need is irreplaceable. They facilitated access to families who had never previously engaged with rehabilitation services, including households that were socially isolated due to stigma or disability-related poverty.

Following identification, Babra Komuhangi conducted home visits and clinic-based assessments to confirm eligibility, gather clinical data, and begin building therapeutic relationships with both children and caregivers before the distribution day. Barn Och Kvinnor also maintained a formal partnership with the Angels Centre (a local disability support organisation whose staff participated in distribution activities), further strengthening community-based linkages and continuity of care.

6. Donations and Assistance Provided

The following categories of assistance were procured based on individual needs assessment findings, quality-checked at INS Orthotics Ltd, and distributed to beneficiary families. Each item category corresponds directly to assessed clinical needs identified by Babra Komuhangi:

Item / Category	Basis for Provision
Specialised Paediatric Wheelchairs	Tilt-in-space and standard models, individually sized; for children with no or limited ambulatory capacity
Paediatric Standing Frames	For children with potential for supported weight-bearing; prevents contractures and promotes bone density
Neck Support Holders / Cervical Collars	For children with hypotonia and insufficient head control; selected per neck circumference measurement
Walking Frames / Rollators	For children with partial ambulatory capacity requiring gait support
Physiotherapy / Rehabilitation Mats	For safe home-based therapeutic exercises taught to caregivers by Babra Komuhangi
Diapers (Softcare Gold)	For children who are non-continent; identified during assessment; critical for hygiene and skin integrity
High-Nutrient Specialised Porridge	For children with feeding difficulties and identified nutritional deficits (assessed nutritionally)

<p>Fresh Food Nutritional Packages</p>	<p>Whole-family nutritional support to address household food insecurity</p>
<p>Essential Care Packages</p>	<p>Hygiene, skin care, and daily care supplies for children with complex care needs</p>
<p>Sleeping Mattresses</p>	<p>For children requiring pressure-relief surfaces; prevents skin breakdown in non-ambulant children</p>

6.1 Procurement — INS Orthotics Ltd

All equipment was procured from INS Orthotics Ltd, a certified orthotics and mobility solutions provider. The Barn Och Kvinnor team, led by Babra Komuhangi, visited the facility to personally select and verify each item against the assessment profiles of individual children.



Team inspecting wheelchair specifications at INS Orthotics Ltd.



Selecting neck supports and orthotics equipment for individual children.



Reviewing and preparing specialised paediatric wheelchairs.



Confirming equipment selections match each child's assessment profile.



The full Barn Och Kvinnor team at INS Orthotics Ltd during the procurement visit, September 2025.

7. Project Activities and Distribution Events

7.1 Community Distribution Events

Distribution events were held in both Kakunyu and Bakka communities. Local chairpersons and community councillors coordinated community mobilisation, ensuring that all 30 beneficiary families attended and that the events proceeded with dignity and order. Babra Komuhangi led all clinical fitting and demonstration activities, with other Barn Och Kvinnor volunteers managing logistics, caregiver registration, and handover documentation.



Community outreach event — families, volunteers, and local leaders gathering with donated supplies, Wakiso District.



Families receiving care packages and essential supplies during the distribution event.



A family receives a mat for physiotherapy exercises, diapers, and a care package from Barn Och Kvinnor volunteers.

7.2 Wheelchair Fitting and Handover

Every wheelchair was fitted individually on the day, with Babra Komuhangi adjusting footrests, harnesses, headrests, and lateral supports to each child's body. Caregivers were instructed in correct positioning, safe transfers, and daily maintenance. No child left without a correctly fitted, safe, and functional device.



A child smiles with joy in their brand-new wheelchair — a defining moment of the day.



Babra Komuhangi adjusts seating position and harness straps for a beneficiary child.



Babra Komuhangi adjusts seating position and harness straps for a beneficiary child.



A caregiver carefully positions her child in a new specialised tilt-in-space wheelchair.

7.3 Standing Frames — Fitting and Physiotherapy Training

Standing frames were fitted to children who, based on the pre-distribution assessment, had the neurological and muscular capacity for supported weight-bearing. The clinical rationale for standing frame use in children with cerebral palsy is well established: regular supported standing prevents hip dislocation, reduces spasticity, increases bone mineral density, improves bowel and bladder function, and supports respiratory development.

Many of the children fitted had never stood upright before; for their families, these moments were deeply emotional and significant.

Babra Komuhangi demonstrated correct positioning, appropriate duration of use, and signs of discomfort or skin pressure that caregivers must monitor. Each caregiver received a verbal care protocol and hands-on practice before leaving.



A child stands upright in a standing frame for the first time — Bakka community.



A young child supported in a standing frame during the distribution day.



A child holding a packet of donated diapers



Physiotherapist demonstrates correct use of a walking frame — supporting early ambulation for a child with cerebral palsy.

7.4 Essential Nutrition and Care Supplies

Nutritional support was a deliberate component of the project. The needs assessment identified multiple children with feeding difficulties, growth faltering, and signs of malnutrition — common in children with cerebral palsy whose oral motor control and swallowing function may be impaired. High-nutrient porridge and food packages were selected specifically to address these needs, and caregivers were given guidance on feeding techniques.



A young girl carries her donated diaper pack — essential for non-continent children identified in the assessment.



A mother holds her baby wearing a correctly fitted cervical collar — selected based on clinical neck measurement.

7.5 Group Celebration and Community Solidarity

The distribution events concluded with group moments that celebrated the children, acknowledged the caregivers' dedication, and affirmed the community's collective responsibility for its most vulnerable members. The presence of local leaders, faith community members, and Barn Och Kvinnor volunteers created a powerful atmosphere of solidarity, dignity, and hope.



A caregiver and child — a quiet moment of care and connection during the distribution event.

8. Monitoring, Evaluation & Learning (MEL)

8.1 MEL Framework

The project applied a community-based MEL approach aligned with results-based management (RBM) principles as promoted by UNDP, and consistent with UNICEF’s Programme Policy and Procedures. The framework spanned four levels:

MEL Level	Indicators and Methods
Inputs	Funds mobilised; equipment procured; volunteer hours; professional time (Babra Komuhangi); community leader engagement



Activities	Individual needs assessments; procurement visits; community distribution events; physiotherapy training sessions
Outputs	Number of children assessed; number receiving each equipment type; number of caregivers trained; families receiving nutrition support
Outcomes	Improved mobility and functional independence; reduced caregiver burden; increased social participation; improved nutrition
Impact	Sustained quality of life improvement; prevention of secondary complications; long-term community inclusion of children with disabilities

8.2 Data Collection Methods

- Individual pre-distribution needs assessment forms completed by Babra Komuhangi for all 30 children
- Beneficiary registration records capturing name, age, sex, location, diagnosis, and equipment received
- Photographic and video documentation of procurement, assessment, fitting, and distribution activities
- Caregiver verbal feedback gathered at point of distribution and fitting by the project coordinator
- Post-distribution follow-up conducted by community councillors to confirm receipt and initial use of equipment
- Partner organisation reports from the Angels Centre on ongoing engagement with beneficiary families

8.3 Key Results

Indicator	Result
Children assessed prior to procurement	30 / 30 (100%)
Children receiving appropriate mobility aids	30 / 30 (100%)
Families trained in equipment use and home physiotherapy	30 / 30 (100%)
Children fitted with specialised wheelchairs	Multiple — per individual clinical assessment
Children fitted with standing frames	Multiple — per supported weight-bearing assessment
Children fitted with cervical collars	Multiple — per head control and neck measurement assessment
Children provided with walking frames	Multiple — per ambulatory capacity assessment



Families receiving nutrition packages and porridge	30 (100%)
Families receiving diapers and care supplies	30 (100%)
Gender of children served	12 female (40%) 18 male (60%)
Community leaders engaged as active partners	Chairpersons and councillors — Kakunyu & Bakka
Caregiver satisfaction (verbal feedback)	Consistently high satisfaction reported at all distribution events

8.4 Lessons Learned

- Pre-distribution individual physiotherapy assessment by a qualified professional is non-negotiable — it prevents harm, ensures appropriate device selection, and maximises the impact of every donation.
- Community leader engagement from the outset is essential for reaching the most marginalised families, including those who had never previously engaged with any rehabilitation service.
- Combining mobility/medical support with nutritional support and caregiver training addresses multiple determinants of health simultaneously, delivering significantly greater holistic impact.
- A formalised digital beneficiary database should be implemented for future projects to enable systematic follow-up, long-term outcome tracking, and stronger evidence for donor reporting.
- Gender-disaggregated data collection should be formalised and extended to caregiver profiles, the majority of whom are women, to better document the project’s gender equity dimensions.
- Grassroots social media funding, while effective for rapid mobilisation, lacks the predictability required for multi-year programming; institutional funding partnerships are essential for scale.

9. Alignment with UN Sustainable Development Goals

The Barn Och Kvinnor 2025 project directly and measurably contributes to the following Sustainable Development Goals:

SDG	Project Contribution
SDG 3: Good Health & Well-being	Individually assessed and fitted wheelchairs, standing frames, physiotherapy training, nutritional support, and medical aids directly improve physical health outcomes and prevent secondary complications for children with disabilities.
SDG 4: Quality Education	Provision of appropriate mobility aids creates the precondition for educational access — children who were previously unable to leave home can now access schools and community learning environments.



SDG 10: Reduced Inequalities	The project specifically targets one of Uganda’s most marginalised groups — children with disabilities in low-income households — directly reducing inequality of access to health, mobility, and social participation.
SDG 16: Peace, Justice & Strong Institutions	Partnership with elected LC1 and LC2 community leaders and community councillors strengthens accountable, inclusive local governance and ensures community ownership of disability inclusion.
SDG 17: Partnerships for the Goals	The project is built on multi-stakeholder partnerships between Barn Och Kvinnor, local government structures, the Angels Centre, INS Orthotics Ltd, and community networks — a model for replication.

10. Community Voices

“Before today, my child had never left the house. Now she has a chair that fits her properly. I feel like we finally exist to the world.”

— **Mother of a beneficiary child, Bakka Community**

“We see these children every day in our community, but we did not know how to help. Barn Och Kvinnor showed us that when we work together, we can truly change their lives.”

— **Local Chairperson, Kakunyu**

“As a physiotherapist, I see every day how the lack of one piece of equipment can mean the difference between a child developing normally and suffering permanent, irreversible deformity. Every assessment I do, every chair I fit, every caregiver I train — that is the work. That is what changes lives.”

— **Babra Komuhangi, Project Coordinator & Community-Based Rehabilitation Physiotherapist**

11. Funding Appeal and Future Plans

11.1 The Case for Investment

The 2025 project has demonstrated that assessment-led, community-rooted interventions for children with disabilities produce measurable, lasting, and life-changing outcomes at a modest per-beneficiary cost. Every wheelchair provided to a child with cerebral palsy represents not only improved mobility, but access to



education, social participation, and a future beyond isolation. Every standing frame fitted prevents postural deformities that, if untreated, require expensive surgical correction and cause significant suffering. Every caregiver trained reduces the physical and psychological burden of care, and increases a child's safety.

Barn Och Kvinnor has built the community trust, the technical expertise, the local partnerships, and the operational infrastructure required to scale this model. The 2025 project reached 30 children. The documented need in Wakiso District alone is many times larger. The gap between what has been done and what needs to be done is a funding gap.

12. Conclusion

The 2025 Community Disability Inclusion and Rehabilitation Project by Barn Och Kvinnor Organisation has delivered meaningful, measurable, and lasting change in the lives of 30 children with disabilities and their families in Kakunyu and Bakka, Wakiso District, Uganda. Through an approach grounded in individual clinical assessment, professional physiotherapy, community partnership, and holistic support, this project has demonstrated that dignified, rights-based disability inclusion is achievable — and that it begins with listening, assessing, and responding to each child as an individual.

Barn Och Kvinnor invites donors, partners, and institutions who share a commitment to the rights, dignity, and full potential of children with disabilities to join us in scaling this work. Every contribution — of funds, expertise, or partnership — directly translates into a child who can sit safely, stand upright, move through their community, and participate in the life they deserve.

Together, we stir hope. Together, we change lives.



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For funding and partnership enquiries:

<http://barnochkvinnor.org>