Hands With Heart Foundation

HANDS WITH HEART FOUNDATION

2025

Annual Report

HELP, SHARE, AND LEARN | SINCE 2016



www.handswithheartfoundation.org

SECTION

Executive Summary

2025 IN ONE SENTENCE

In 2025, Hands With Heart Foundation transformed official income and mission resources into repeated, specialised disability care, local capacity building, infrastructure support, and international healthcare service for people living with disability, war injury, and exclusion.

OFFICIAL INCOME	DIRECT VALUE GENERATED	VALUE PER €1 INCOME
€123,752.58	€252,450	€2.04

BENEFICIARIES	SESSIONS	COUNTRIES / PROGRAMMES
713	1,751	6

THE ANNUAL REPORT FOLLOWS A SIMPLE PUBLIC LOGIC

What problem exists: disability is often neglected, hidden, underfunded, or culturally stigmatised.

What HwH did: provided free healthcare, home visits, capacity building, infrastructure support, and specialised recovery care.

Who benefited: children and adults with disabilities, Ukrainian amputee soldiers, combat medics, adaptive surfers, families, and local care providers.

What value was generated: an estimated €252,450 in direct measurable value.

Why it matters: many beneficiaries require repeated care, not one-off charity.

What is next: stronger systems, permanent infrastructure in Bali, and deeper local capacity.

What support is needed: donors, partners, corporate supporters, universities, and long-term institutional allies.

A NOTE FROM THE PRESIDENT

Letter from the President



When I look back at 2025, I do not only see a year of missions, numbers, and reports. I see a year that confirmed something we have believed since the beginning: real change in disability work requires persistence.

Hands With Heart began from a simple decision in Bali: to respond respectfully to the suffering of children with disabilities by offering what we could offer best — free healthcare, presence, and care. We did not arrive to criticise local beliefs or replace what communities already had. We arrived to listen, to understand, and to add support where support was welcome.

In 2025, this persistence began to create a new level of trust. We received one of the most significant donations in our history and used it to strengthen infrastructure in the Bali institutions we work with: bathroom renovations at SLB, swimming pool support at Yajasan Legong, and roof renovation at Yajasan Mentari Fajar. The importance of this donation was not only the amount. It was the trust behind it. A donor believed in us because our years of commitment had created legitimacy.

The year also brought disappointment. We worked hard to raise support for a REpower recovery programme in Murcia for Ukrainian combat medics, including media appearances, meetings with public authorities, conversations with political representatives, and outreach to European institutions. We did not achieve the funding we hoped for. That was difficult. But it also reminded us that the kind of change we are trying to create is not easy, and that persistence is not optional; it is part of the work.

Our dream remains ambitious: that one day, wherever a child or adult becomes disabled, people will know where to go for psychological, educational, healthcare, cultural, financial, and community support. We want Hands With Heart to grow into a recognised humanitarian reference for disability support — not by imposing a model, but by learning from communities and building with them.

This report is therefore not only a record of what happened in 2025. It is evidence that long-term commitment creates trust, and that trust creates the possibility of scale.

SIGNATURE PLACEHOLDER

PRESIDENT ***HANDS WITH HEART FOUNDATION***

SECTION 01

01 The problem Hands with Heart Foundation responds to

Disability is a universal human reality, but the way society responds to disability is often shaped by poverty, religion, culture, geography, war, social stigma, and lack of access to healthcare. Across very different communities, HwH has repeatedly seen a similar pattern: children and adults with disabilities are often neglected, hidden, under-treated, or insufficiently included in family, educational, cultural, and healthcare systems.

In Bali, disability can be affected by karmic interpretations and social shame. In the Bribri territory of Costa Rica, geography and access create barriers. In Ukraine, war has created new disabilities while reducing resources for children who already needed support. In adaptive surfing, disability is seen through the lens of elite sport, identity, performance, and long-term health needs.

HWH POSITION

Hands With Heart does not approach communities by imposing an external worldview. The Foundation seeks first to understand how each community perceives disability, then adds healthcare, training, and support in a culturally respectful way.



FULL-WIDTH IMAGE · DOCUMENTARY MOMENT SHOWING CARE ACROSS ONE OF HWH'S CONTEXTS — BALI, BRIBRI, UKRAINE, OR ADAPTIVE SURFING · EYE-LEVEL · DIGNIFIED · CONSENT REQUIRED



SECTION 02

02 Mission, Vision, and Values

MISSION

To provide free healthcare for underprivileged children and adults with disabilities who have zero or limited access to health support due to socioeconomic, religious, cultural, or geographical circumstances.

VISION

To become a recognised global humanitarian reference for disability support, so that wherever a person becomes disabled, communities know where to seek healthcare, psychological, educational, cultural, financial, and practical assistance.

CORE VALUES

Human dignity: every person with a disability deserves respect, visibility, inclusion, and access to care.

Cultural humility: HwH seeks to understand before acting and to add support without erasing what already exists locally.

Commitment through action: real social change requires long-term presence, persistence, and repeated service.

Capacity building: long-term impact depends on empowering local therapists, families, caregivers, and communities.

Transparency: financial and impact reporting should be clear, conservative, and publicly understandable.



SECTION 03

03 Programmatic Pillars

The following pillars explain how Hands With Heart works in practice. They translate the Foundation's mission into a repeatable programme model that can be understood by donors, partners, volunteers, universities, and local institutions.

Free specialised disability care

HwH provides free clinical care to children and adults with disabilities who have limited or no access to appropriate healthcare.

Repeated care, not one-off charity

Many beneficiaries live with complex disabilities and need continuity, trust, follow-up, and repeated intervention rather than isolated treatment.

Access-based care and home visits

When beneficiaries cannot reach care, HwH goes to them. Home visits and remote access work are part of the value delivered.

Empowering communities from within

HwH works alongside local therapists, caregivers, families, institutions, and community members so knowledge and practical care grow inside the community itself.

Cultural humility in every setting

HwH seeks to understand local beliefs, social realities, and cultural perceptions of disability before acting.

Institutional strengthening

Infrastructure, equipment, materials, and university partnerships strengthen the places and systems where care continues after each mission.

Disability across many realities

HwH addresses disability in children's institutions, Indigenous territories, war-related rehabilitation, adaptive sport, and repeated community care.

SECTION 04

04 Operating Principles

These principles guide how HwH acts, communicates, reports, and grows. They are designed to keep the Foundation clear, ethical, and recognisable as it expands.



Care is free for beneficiaries

Children, adults, families, and communities are not charged for the healthcare delivered by HwH during missions.

Repeated care, not one-off charity

HwH does not measure impact only by how many people are seen once. For complex disability, repeated care can be more meaningful than one-off intervention.

Dignity first, then care

Every person with disability has inherent dignity. HwH seeks to understand the person, family, and context before offering support.

Empowering communities from within

HwH works with local therapists, families, caregivers, and institutio knowledge, confidence, and practical care remain within the commu

Honest impact. Clearly reported.

HwH uses conservative and understandable reporting. The Founda separates beneficiaries from sessions, direct measurable value from broader intangible impact, and income from value generated.

Making invisible realities visible

HwH shares real stories, images, and testimonies to raise awareness c realities many people may never otherwise see, with consent and resp not to create pity but to invite understanding and action.

SECTION 05 · THE YEAR IN NUMBERS

05 2025 at a Glance

UNIQUE BENEFICIARIES TREATED

713

CLINICAL SESSIONS DELIVERED

1,751

DIRECT MEASURABLE VALUE GENERATED

€252,450

OFFICIAL INCOME — SPANISH ACCOUNTS

€123,752.58

VALUE GENERATED PER €1 OF OFFICIAL INCOME

€2.04

CAPACITY-BUILDING PARTICIPANTS RECORDED

58

BALI INFRASTRUCTURE SUPPORT

€16,000

COUNTRIES / PROGRAMMES

Bali, Costa Rica, Ukraine, REpower, Adaptive Surfing, Romania

METHODOLOGY

Beneficiaries vs. Sessions: Why Both Numbers Matter

STRATEGIC PRINCIPLE · REPEATED CARE, NOT ONE-OFF CHARITY

HwH distinguishes between unique beneficiaries and total clinical sessions because many children and adults served by the Foundation live with severe or complex disabilities. In this context, impact is not measured only by how many people are seen once. It is also measured by how consistently care returns to the same person when repeated intervention is clinically and humanly necessary.

A report that only highlights total sessions can make the work look larger but less precise. A report that only highlights beneficiaries can hide the depth of care provided. For this reason, HwH reports both.

PROGRAMME	UNIQUE BENEFICIARIES	CLINICAL SESSIONS	INTERPRETATION
Bali	**190**	**879**	High repeated-care ratio for children and adults with complex disability needs
Costa Rica	**225**	**300**	Combination of accessible Cartago care and Bribri/Talamanca home visits
Ukraine	**104**	**188**	Children with disabilities and soldiers with amputations treated during war-related missions
REpower combat medics abroad	**86**	**108**	Recovery care for Ukrainian combat medics outside Ukraine
Adaptive Surfing	**106**	**252**	Specialised healthcare for professional adaptive surfers
Romania	**2**	**24**	Small number of beneficiaries with repeated care
TOTAL	**713**	**1,751**	**REPEATED SESSIONS REFLECT DEPTH AND CONTINUITY OF CARE**

This is especially important in disability care. Many beneficiaries do not need a single isolated treatment. They need continuity, repetition, trust, adjustment, and follow-up. HwH therefore avoids using beneficiary numbers as a superficial volume indicator. A smaller number of beneficiaries receiving more sessions can represent a stronger clinical commitment than a larger number of one-off encounters.

SECTION 06

06 How Direct Value Was Calculated

The value calculations in this report use a conservative replacement-value approach. This means HwH estimates what the delivered care, training, infrastructure, or support would reasonably have cost if the community, institution, beneficiary, or organiser had needed to pay for equivalent services.

The calculation is not presented as profit, commercial billing, or exaggerated social return. It is a transparent way to translate donated healthcare and support into measurable value.

METHODOLOGY — WHAT COUNTS AS DIRECT VALUE

VALUE BLOCK	INCLUDED IN DIRECT VALUE?	METHOD
Clinical sessions	YES	Number of sessions × agreed replacement value per session
Home visits	YES	Session value adjusted for access and logistical difficulty
Capacity building for locals/families	YES	Participants × hours × blended training value
Infrastructure / materials	YES	Actual cost or value funded
Volunteer education	REPORTED SEPARATELY	Not included in main community-value multiplier to avoid double counting
Volunteer fees	NO	Treated as official income/operational support, not as direct community value

CLINICAL SESSION VALUES USED

CONTEXT	VALUE PER SESSION
Bali specialised disability care	**€100 standard / €125 home visit**
Costa Rica accessible care	**€75**
Costa Rica Bribri/Talamanca jungle home visit	**€155**
Ukraine children with disabilities inside Ukraine	**€150**
Ukraine soldiers with amputations inside Ukraine	**€200**
REpower Ukrainian combat medics treated abroad	**€150**
Adaptive surfing professional athletes	**€150**
Romania	**€75**



Bali, Indonesia

Bali remained the central programme area for HwH in 2025, combining direct clinical care, home visits, local capacity building, infrastructure support, university collaboration, and long-term plans for the first HwH Centre for Children with Disabilities.

The most important strategic achievement in Bali was not only treatment volume, but the strengthening of trust and infrastructure. HwH renewed memoranda of understanding with partner institutions and expanded collaboration with Universitas Dhyana Pura, including the Faculty of Medicine, with the aim of influencing future medical doctors who will remain in Bali.

Unique beneficiaries	190
Clinical sessions	879
Home-visit sessions	90
Capacity-building participants	24
Infrastructure support	€16,000
Food, groceries, toys	€500
Direct value generated	€121,650

SECTION 07 · PROGRAMME RESULTS BY COUNTRY AND AREA

Costa Rica

Costa Rica combined accessible care in Cartago with home-visit care in the Bribri/Talamanca territory. The Bribri work is especially important because access itself is part of the humanitarian value: the team walks into remote areas, accepts difficult conditions, and builds trust through repeated presence.

Costa Rica also reveals a key organisational challenge: it has high ethical and community value but requires continued subsidy and dedicated funding because of logistics, access, and smaller mission groups.

Unique beneficiaries	225
Clinical sessions	300
Cartago sessions	250
Bribri/Talamanca home visits	50
Capacity-building participants	22
Direct value generated	€40,250





Ukraine and REpower

HwH continued to support children and adults with disabilities affected by war in Ukraine, including soldiers with amputations and children whose healthcare access has been reduced by the ongoing invasion. HwH also supported Ukrainian combat medics abroad through REpower recovery programmes.

AREA	BENS.	SESSIONS	DIRECT VALUE
Ukraine	104	188	€33,850
REpower medics abroad	86	108	€16,200
TOTAL	190	296	€50,050

The REpower work has a multiplier logic: improving the physical and emotional state of combat medics may support their ability to return to frontline medical service and continue saving lives. The report does not monetise that broader life-saving effect, but recognises it as a major qualitative impact.

SECTION 07 · PROGRAMME RESULTS BY COUNTRY AND AREA

04 OF 06

Adaptive Surfing

Through the Professional Adaptive Surfing Association and international competition settings, HwH supported professional adaptive surfers in Hawaii and California. This programme shows disability through performance, autonomy, sport, and long-term healthcare rather than only vulnerability.

Organisers contributed $9,000 USD toward the 2025 adaptive surfing events, reflecting that HwH is increasingly recognised as an important part of the professional adaptive sport ecosystem.

EVENT	BENS.	SESS.	VALUE
Hawaii	59	127	€19,050
California	47	125	€19,650
TOTAL	106	252	€38,700

California: 12 locals trained for 3 hours



Romania

Romania represented a small but repeated-care activity in 2025. Two beneficiaries received repeated intervention across six trips.



Unique beneficiaries	2
Clinical sessions	24
Direct value generated	€1,800
Estimated operational cost	€1,950

Argentina / Chaco

No Argentina / Chaco mission was delivered in 2025. HwH remains committed to the region, but the year highlighted the difficulty of attracting volunteers and financial resources to this mission area.



STATUS · 2025

No 2025 mission delivered · Region remains in scope for future programming.

SECTION 08

08 Direct Value Generated in 2025

PROGRAMME / COUNTRY	DIRECT VALUE GENERATED
Bali	€121,650
Costa Rica	€40,250
Ukraine + REpower	€50,050
Adaptive Surfing	€38,700
Romania	€1,800
Argentina / Chaco	€0
TOTAL DIRECT VALUE GENERATED	**€252,450**

TOTAL DIRECT VALUE

€252,450

Across 6 programmes and 713 unique beneficiaries.



INTERPRETATION

The €252,450 figure represents direct measurable value generated through free clinical care, home visits, capacity building, infrastructure support, material support, and specialised disability healthcare. It does not include broader intangible effects such as stigma reduction, trust-building, caregiver confidence, community inclusion, or the long-term multiplier effect of training and repeated care.

Note: Estimated conservative replacement value; not revenue or profit.

SECTION 09

09 From 2024 to 2025: What Changed

2024 was a year of expansion under pressure. HwH reached more beneficiaries, responded across more settings, deepened its Ukraine-related work, and opened new academic and adaptive-sport pathways. It also exposed organisational fragility: limited funding, communication still under development, high travel costs, and dependence on a small number of people.

2025 was different. The Foundation treated fewer unique beneficiaries but delivered nearly the same number of clinical sessions, showing a stronger emphasis on repeated care for people with complex needs. Official income increased significantly, Bali infrastructure support became possible, and HwH's reporting systems became clearer and more transparent.

2024 expanded the field of action; 2025 strengthened the foundations.

METRIC	2024	2025	WHAT CHANGED
Unique beneficiaries	1,326	**713**	2025 focused more on repeated care and depth.
Clinical sessions	1,849	**1,751**	Treatment volume remained high despite fewer beneficiaries.
Official income	€63,939.15	**€123,752.58**	Financial capacity and donor trust increased significantly.
Direct value generated	€268,110	**€252,450**	Slight decrease, while remaining a strong level of direct measurable value.
Value per €1 income	€4.19	**€2.04**	Lower ratio because income increased and infrastructure investment grew.
Bali infrastructure support	€0 recorded	**€16,000**	Trust converted into concrete institutional strengthening.

This comparison should not be read as a competition between years. 2024 and 2025 served different organisational purposes. 2024 proved that HwH could work across new and highly demanding contexts. 2025 showed that the Foundation could begin converting that experience into stronger systems, clearer reporting, infrastructure support, and a more mature public narrative.

The main strategic conclusion is simple: HwH is not stuck. It is moving from expansion under pressure toward stronger foundations for long-term disability care.

SECTION 10

10 Financial Transparency

Financial figures in this section are based only on the official documents provided for 2025: the Spanish annual accounts for HwH's Spanish association, the US Form 990-EZ for Hands With Heart Foundation, and the CaixaBank statement as supporting banking documentation. The direct value calculation uses euros and compares against the official Spanish income figure to avoid mixing currencies.

OFFICIAL FINANCIAL FIGURE	AMOUNT
Income from own activity / donations and legacies — Spain annual accounts	**€123,752.58**
Total calculated expenses — Spain annual accounts	**€123,207.94**
Surplus for the year — Spain annual accounts	**€544.64**
Total revenue — US Form 990-EZ	**$133,652**
Total expenses — US Form 990-EZ	**$133,100**
Excess for the year — US Form 990-EZ	**$552**

The Spanish accounts record income from donations and legacies of €123,752.58. Total expenses are calculated from the reported expense categories: €5,793.54 in supplies, €117,071.29 in other activity expenses, and €343.11 in depreciation, resulting in €123,207.94 of expenses and a surplus of €544.64.

The US Form 990-EZ records $133,652 in total revenue, $133,100 in total expenses, and $552 excess for the year. These figures are consistent with an organisation using almost all available resources for mission-related activity rather than accumulating funds.

The Spanish annual accounts also state that the association had no salaried employees in 2025. This supports a key transparency message: HwH operates with a highly volunteer-driven structure and no salaried staff base recorded in the Spanish accounts.



SECTION 10 · CONTINUED

Impact Comparison

IMPACT COMPARISON	AMOUNT
Official income used for euro comparison	€123,752.58
Estimated direct value generated	€252,450
Estimated value generated per €1 of official income	€2.04

INCOME

€123,752

Official Spanish annual accounts

×

2.04

DIRECT VALUE

€252,450

Conservative replacement value



FINANCIAL INTERPRETATION

In 2025, every €1 of official income was transformed into approximately €2.04 of direct measurable value. This ratio does not claim total social return on investment; it only compares official income with conservative replacement-value estimates for direct services and support delivered.

SECTION 11

11 Operational Transparency and Organisational Learning

HwH deliberately separates direct community value from operational costs and volunteer education. This avoids double counting and makes the report more credible. Volunteer participation fees and partner contributions help make missions possible, but the main impact calculation focuses on what communities, beneficiaries, and local systems directly received.

PROGRAMME	OPERATIONAL LEARNING
Bali	High impact and strategically central; still required additional organisational investment after strategic and visibility costs.
Costa Rica	Ethically strong and community-trust driven; financially fragile and needs dedicated funding.
Ukraine	High value generated with low direct mission cost; requires broader operational leadership and delegation for continuity.
Adaptive Surfing	Increasingly recognised by organisers, with external support covering most operational costs.
Romania	Small repeated-care activity; value roughly matched operational cost.



SECTION 12

12 What HwH Did Well in 2025

- Converted official income into significant direct measurable value.
- Made a clear distinction between beneficiaries and sessions, strengthening clinical credibility.
- Demonstrated that repeated care is central to severe disability work.
- Strengthened Bali infrastructure and long-term institutional relationships.
- Maintained culturally respectful field presence in Costa Rica and Bali.
- Supported war-affected disability care in Ukraine and combat medic recovery through REpower.
- Became increasingly recognised as a necessary healthcare partner in adaptive surfing.



SECTION 13

13 What HwH Must Improve

- Strengthen programme leadership by developing operational leads for each major programme.
- Standardise data collection immediately after every mission: beneficiaries, sessions, home visits, local training, costs, photos, and stories.
- Create programme-level budgets to understand which missions break even, which need subsidy, and which require restricted funding.
- Build a dedicated fundraising strategy for Costa Rica and other logistically demanding missions.
- Prepare governance, safeguarding, reporting, and operational systems before scaling into the first Bali Centre.
- Keep the philosophy of the organisation strong, but present public reports through a clear reader hierarchy: problem, action, beneficiaries, value, meaning, next steps, and ask.

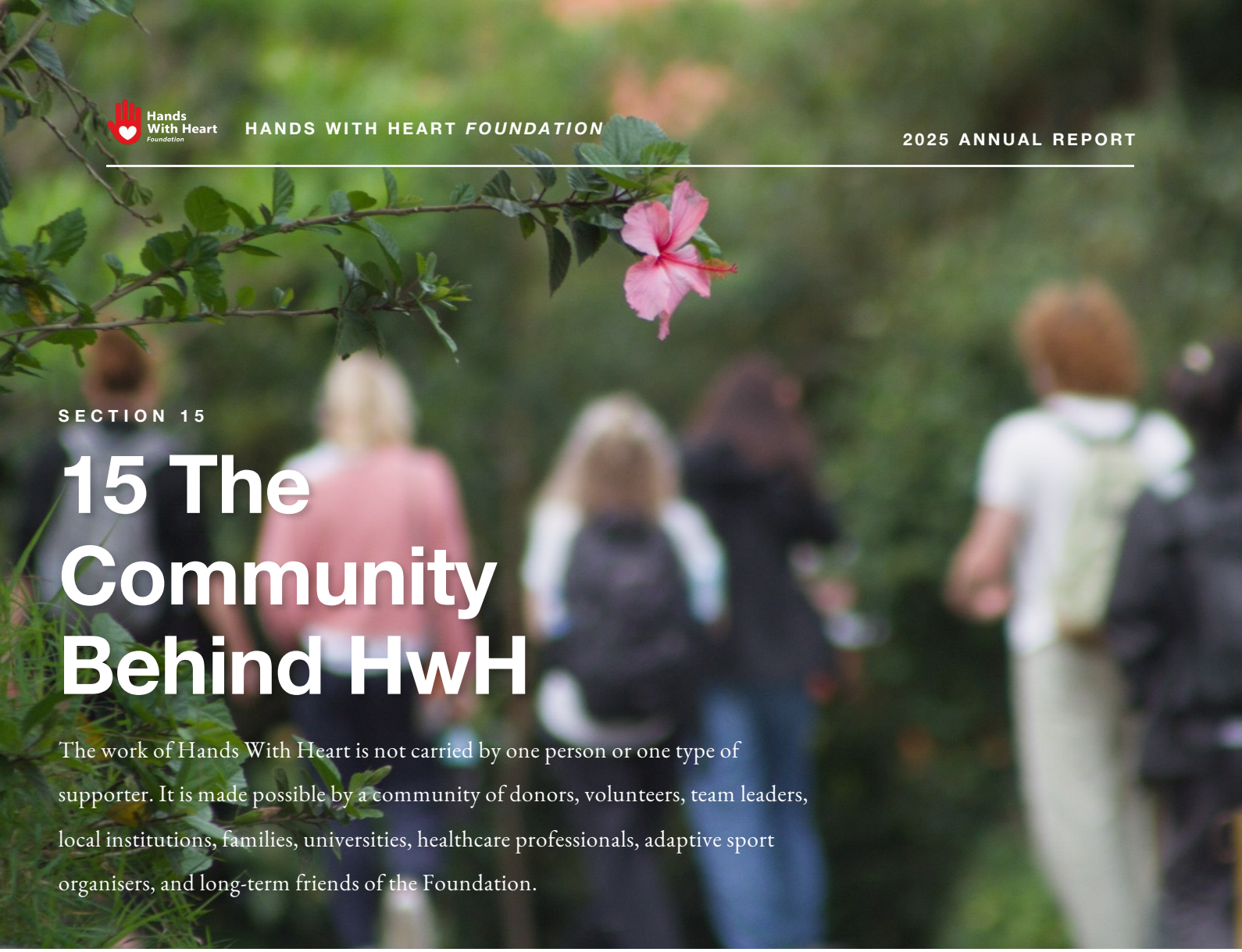


SECTION 14

14 Future Direction: From Missions to Permanent Infrastructure

2025 appears to be a bridge year for HwH. The organisation continued mission-based humanitarian work, but also moved closer to a permanent model in Bali. The trust created through years of service, and the responsible use of one of the most significant donations in HwH history, opened the possibility of a much larger future donation to acquire land and begin building the first HwH Centre for Children with Disabilities in Bali.

This transition is significant. A permanent centre would allow HwH to move from periodic intervention to ongoing care, local professional development, family support, and long-term disability inclusion. It would also require stronger systems, governance, safeguarding, budgeting, and institutional reporting.

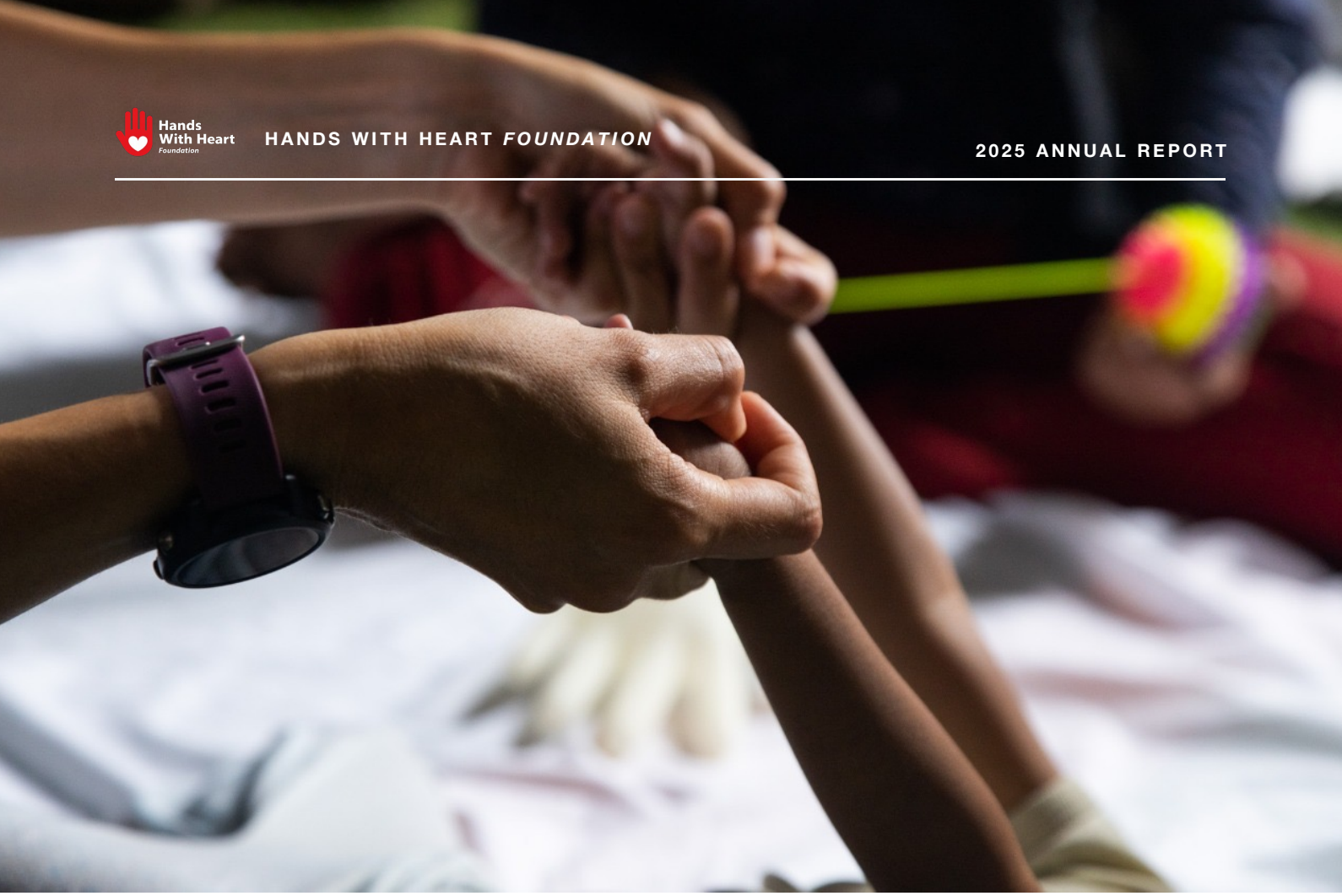


SECTION 15

15 The Community Behind HwH

The work of Hands With Heart is not carried by one person or one type of supporter. It is made possible by a community of donors, volunteers, team leaders, local institutions, families, universities, healthcare professionals, adaptive sport organisers, and long-term friends of the Foundation.

PART OF THE HWH COMMUNITY	ROLE IN THE MISSION
Individual donors and recurring supporters	Provide the resources that allow care, travel, materials, and infrastructure support to happen.
Anonymous major donors	Enable larger steps, such as infrastructure support and the future possibility of permanent facilities.
Volunteer clinicians and students	Deliver care in the field while also learning from complex humanitarian and disability contexts.
Team leaders	Protect clinical quality, supervise volunteers, lead workshops, and carry operational responsibility.
Local therapists, caregivers, and families	Help knowledge, practical care, and trust remain inside the community.
Partner institutions and universities	Create continuity, legitimacy, access, and long-term pathways for local capacity building.
Adaptive surfing organisers	Recognise and support the value of specialised healthcare for athletes with disabilities.



SECTION 16

16 What We Need

If you believe disability care should be free, repeated, respectful, and available where it is most neglected, there is a place for you inside Hands With Heart. To continue and scale this work responsibly, HwH seeks support from individual donors, philanthropic institutions, corporate partners, universities, healthcare professionals, and long-term institutional allies.

- The first HwH Centre for Children with Disabilities in Bali.
- Capacity building for local therapists, families, and caregivers.
- Dedicated funding for Costa Rica and Bribri/Talamanca missions.
- Ukraine-related rehabilitation and combat medic recovery support.
- Clinical equipment, infrastructure, and accessible transport.
- Professional communication, reporting, and safeguarding systems.
- Long-term unrestricted support to protect mission continuity.

FINAL MESSAGE

Closing Statement

Hands With Heart Foundation is not trying to create short-term charity statistics. It is trying to build long-term trust, repeated care, local capacity, and a different way of seeing disability.

In 2025, the Foundation showed that persistence creates trust, and that trust creates the possibility of scale.

If you believe these invisible realities should be seen and responded to, there is a place for you in this work.

BACK MATTER

Source Notes and Publication Safeguards

FINANCIAL SOURCES USED

Spanish association annual accounts / Memoria PYMESFL 2025 + CCAA.
Hands With Heart Foundation Form 990-EZ 2025.
CaixaBank statement for Hands With Heart Asociacion for the period 01/01/2025 — 31/12/2025 as supporting banking documentation.

IMPACT DATA SOURCES

Mission records and internal data provided by HwH during preparation of this report.
Beneficiary/session distinction based on the 2025 mission activity table provided by HwH.
Replacement-value methodology developed internally for annual reporting consistency.

PUBLICATION SAFEGUARDS BEFORE UPLOAD

Use only photos and video stills with appropriate consent, especially for children, people with disabilities, Ukrainian beneficiaries, and combat medics.

Avoid identifying vulnerable beneficiaries by full name unless explicit consent exists and publication is ethically appropriate.

Maintain dignified representation: avoid pity-based imagery and prioritise agency, relationship, inclusion, and care.

Run one final proofread after graphic design to check numbers, captions, headings, and page layout.
Keep the official financial documents available internally to support transparency questions from donors or institutions.


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