

SSUUBO

ANNUAL REPORT 2025



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Good health can be achieved through education, prevention, timely diagnosis, quality treatment, and responsible life choices. As an African proverb says: 'A person who prevents illness has already begun their healing.' Prevention is unequivocally better than cure, which is why it plays a crucial role in the care of patients with sickle cell anemia.

Dear friends,

SSUUBO Sickle Cell Clinic Uganda expresses sincere gratitude to all donors and partners for their continued support in improving the lives of people living with sickle cell disease. This generosity has provided financial help, medical support, knowledge, encouragement, partnership, and hope to families facing the daily challenges of this lifelong condition. Through your support, many families have received a helping hand when they needed it most.

Sickle cell disease is not simply a medical diagnosis. It is a difficult journey involving repeated pain crises, severe anaemia, infections, frequent hospital visits, missed school, emotional distress, and financial strain. For many families, a crisis can happen suddenly. A child who seemed well one day may be in severe pain the next, while parents struggle to find transport, money, and medical attention. This reality shows why the work of SSUUBO Sickle Cell Clinic is so important. As my mother Hajira Nabukenya used to say that as she used to take me to hospital in my tender age, *"When a child is sick, the whole village feels the pain."*

The clinic recognises that sickle cell care requires a collective effort. Families, health workers, laboratories, schools, communities, government, and international partners all have a role to play. During the reporting year, SSUUBO focused on patient-centred services, including awareness, screening, early diagnosis, clinical care, counselling, referral, and follow-up. These services are vital because they help children and families receive timely care instead of suffering in silence. Working shoulder to shoulder, all stakeholders can reduce the burden of sickle cell disease.

One of the clinic's major achievements was community education. Awareness activities were carried out in 16 communities across Buikwe District, Uganda. These sessions reached parents, teachers, young people, religious leaders, and local leaders. The clinic team explained how sickle cell disease is inherited, its warning signs, the importance of screening, and the need for regular clinic attendance. Increased awareness helps reduce fear, stigma, and misinformation, while encouraging families to seek care earlier. As the proverb says, *"Knowledge is like a garden; when it is cultivated, it feeds the family."* Through quarterly visits from our expatriate partners, Prof. Zdenk and Dr. Illona, we managed to conduct 500 transcranial Doppler scans, and 23 children were initiated on chronic blood transfusion to help prevent stroke, since sickle cell disease can also affect the brain. These interventions often come in the nick of time for children at risk of serious complications.

During the year, the clinic recorded 3,460 outpatient visits, 960 emergency visits handled, and 120 referrals. These figures represent real people in urgent need of care. In addition, 10 adolescents with knee and hip problems related to sickle cell disease received support. The clinic continues to go the extra mile to ensure that children and adolescents receive the care they need.

Family screening and counselling were also conducted. Out of 150 people screened, 30 were diagnosed with sickle cell disease and 70 were found to have sickle cell trait. Those with the disease were enrolled into the chronic clinic treatment programme, while those with sickle cell trait received counselling about marriage, pregnancy, and future children. This knowledge helps families make informed decisions and bridge the gap between uncertainty and responsible planning.

At the clinic level, SSUUBO provided routine patient reviews and monitored symptoms such as growth problems, anaemia, pain episodes, infections, and danger signs. Families were educated about hydration, nutrition, fever management, malaria prevention, danger signs, and the importance of keeping appointments. The clinic also supported ambulance services, emergency funding, medicines, laboratory tests, antibiotics where clinically needed, vaccination linkages, and specialist referrals. In many cases, this consistent support has become a light at the end of the tunnel for families living with fear and uncertainty.

The clinic focused on managing severe sickle cell complications affecting organs such as the chest, brain, bones, kidneys, blood, and immune system. It emphasized early intervention to prevent serious outcomes, supported 10 adolescents with crutches, funded 18 X-rays, assisted one adolescent to receive total hip replacement after right hip joint avascular necrosis, and strengthened emergency referrals for urgent complications like severe pain, breathing difficulty, severe anaemia, and suspected stroke. “A small illness treated early does not become a big burden.” For this reason, SSUUBO continues to leave no stone unturned in preventing complications.

The clinic also supported nearly 200 children on hydroxyurea, a medicine that many families in Uganda cannot afford. Only about 1% of families are able to buy hydroxyurea independently for their children. This medicine can reduce painful crises and other complications in selected patients, although it requires medical monitoring. SSUUBO helped educate families, address myths, and ensure safe follow-up for children using the medicine. With proper guidance, children on treatment are in safe hands.


Beyond physical treatment, SSUUBO strengthened psychosocial support. Sickle cell disease affects confidence, school attendance, family income, and mental well-being. Some children are misunderstood, some parents experience blame, and some adolescents feel isolated. Through counselling, family education, and support groups, the clinic worked to provide consistent care, not only emergency support. As African wisdom reminds us, “*A child carried by many arms does not fall.*”

In 2025, SSUUBO Sickle Cell Clinic continued to stand as a place of care, hope, and support for children and families affected by sickle cell disease. Through screening, counselling, follow-up care, health education, emergency referrals, and community outreach, the clinic reached families who often face late diagnosis, limited access to medicines, high transport costs, and fear caused by lack of information. These efforts continue to turn the tide against late diagnosis, stigma, and preventable complications. Behind every number is a child who deserves to remain in school, a caregiver who needs guidance, and a family that needs hope, not silence.

To respond to this growing need, SSUUBO is expanding into the new SSUUBO Sickle Cell Clinic, which will help accommodate and support more than 1,000 patients annually. This expansion will strengthen patient registration, laboratory monitoring, newborn and early-childhood screening, school awareness, medicine access, blood-transfusion linkages, caregiver support, and partnerships with health facilities. We are therefore seeking additional support for infrastructure, testing kits, medicines, transport, equipment, staff training, and data systems. With transparent reporting and strong partnerships, every contribution will directly improve care and save lives.

“Every child screened, every parent counselled, and every family supported brings us closer to a healthier future.”

Samanya Mohamed Ali - Chief Medical Officer of the project in Uganda



Samanya Mohamed Ali –
Chief Medical Officer of the
Project

Over his eight years of practice, he has served as an emergency clinical officer in leading medical facilities, including Doctors Hospital Sseguku, Case Hospital, and Nile International Hospital. Since 2022, he has been commuting 40 kilometers daily to the rural area of Lubanyi to care for our patients. He graduated with degrees in Nursing and Public Health from Uganda Martyrs University and Victoria University. Alongside his clinical work, he possesses extensive certified expertise in public health research and administration.

SSUUBO

Sickle cell anemia is an inherited blood disorder that leads to chronic anemia (a critical drop in red blood cells) and impaired blood supply to tissues, resulting in attacks of excruciating pain and damage to the function of multiple organs. Shortly after birth, the function of the spleen is compromised, causing it to lose its role in defending the body against bacterial infections. Therefore, severe bacterial infection is the most common cause of death among these children. In Uganda, more than 25,000 children are born with sickle cell anemia every year, and only about 20–30% live to see their 5th birthday. Consequently, the vast majority of our patients are children.

The SSUUBO Foundation was officially established on March 25, 2020, by registration in the Foundation Register maintained at the Regional Court in Brno, Section N, Insert 738. The founders are Mr. Martin Židlík (Chairman of the Board) and Prof. MUDr. Zdeněk Ráčil, Ph.D. (Board Member). The third member of the Board of Directors is MUDr. Iva Tomášková, and the foundation's auditor is Mr. Jiří Rychtera.

The mission of the SSUUBO Foundation is: *"To establish systematic and comprehensive medical care for patients with sickle cell anemia in the rural regions of Buikwe and Ngora in Uganda, and to develop a socio-economic support system for the patients' backgrounds."*

SSUUBO Organization Uganda as the Implementing Partner

To implement the foundation's goals effectively and transparently directly on the ground, a local non-governmental organization (NGO), SSUUBO Organization Uganda, acts as the direct implementing partner in Uganda. This structure ensures full legal and operational continuity of the entire project in compliance with local authorities.

The local NGO is the official owner of the purchased land and, in 2026, serves as the key partner for the realization and construction of the new, permanent clinic. The members of the Ugandan team—including doctors, laboratory technicians, and social workers—are currently providing patient care in temporary asylum at the partner St. John Paul II Clinic. Upon completion of the construction work and the opening of our own medical facility in Buikwe, SSUUBO Organization Uganda will become their direct core employer and fully take over the day-to-day operations of the clinic.



Who we are - team SSUUBO



A multidisciplinary team of specialists and volunteers regularly travels to Uganda for intensive working trips, carried out entirely free of charge. During their stay on-site, the Czech experts dedicate themselves to implementing new medical procedures and laboratory methods, performing specialized examinations, and training local staff. In the interim periods back home, they handle fundraising, project development, and remote supervision.

This effort is seamlessly followed by the continuous, day-to-day delivery of care directly at the clinic in Buikwe, which is fully managed by the local Ugandan team. They know every patient by name, manage acute conditions in the intensive care unit, work in the laboratory, and head out into the field to visit families in their homes.

The entire medical aspect of the project is overseen and developed by co-founder and **Chief Medical Officer Prof. MUDr. Zdeněk Ráčil, Ph.D.**, a professor at the Faculty of Medicine, Masaryk University (LF MU). He brings twenty years of hematology practice from the University Hospital Brno (FN Brno) and the Institute of Hematology and Blood Transfusion (ÚHK) in Prague, having published over 200 international articles in the field. Alongside this, he currently practices as a rural general practitioner. **Cardiologist MUDr. Ilona Pařenicová** co-guarantees medical care and pediatric stroke risk diagnostics, which is complemented by a rehabilitation program led by **physiotherapist Mgr. Julie Jelínková**.

The organization's leadership is managed by **co-founder Martin Židlík**, who leverages twenty-five years of managerial experience in this role.

Psychosocial support and field supervision are coordinated by **social worker Mgr. Petra Večerková** and **psychologist Mgr. Štěpánka Podrazilová**, both of whom possess thirty years of professional experience in their respective fields.

Quality improvement and the introduction of new methods in the Ugandan laboratory are led by **Renata Horáková, an experienced hematology laboratory technician** from ÚHK Prague, who also manages the remote patient sponsorship project ("adoption at a distance") back in the Czech Republic.

Olga Vrbová, alongside Mgr. Nad'a Němečková and Bc. Katarína Marcinechová, ensures transparent communication and donor care—without whose generosity the operation of the entire clinic would not be possible.

This core team is joined on an ad-hoc basis by additional volunteers who assist with various one-off events, donation drives, and operational tasks.

8 — we cover the salaries of 8 Ugandan employees of the SSUUBO team, consisting of: medical officer **Ali**, patient experts **Janet, Rhadika, and Serinah**, receptionist **Henry**, social worker **Imma**, registered nurse **Ivan**, and laboratory technician **Christopher**.

the entire project is implemented by 10 Czech volunteers free of charge (without entitlement to a salary):

10 — **Mr. Martin Židlík, Prof. MUDr. Zdeněk Ráčil, Ph.D.** – Chief Medical Officer of the project, **MUDr. Ilona Pařenicová** – Project Physician, **Mrs. Renata Horáková** – Project Laboratory Technician, **Mgr. Štěpánka Podrazilová** – Project Psychologist, **Mgr. Julie Jelínková** – Project Physiotherapist, **Mgr. Petra Večerková** – Project Social Worker, and donor communication is managed by **Mrs. Olga Vrbová, Bc. Katarína Marcinechová, and Mgr. Nadě Němečková**.

The Ugandan medical and social team is formally employed under the partner organization Health Initiative Association, but is professionally managed by SSUUBO, which fully covers their salaries.

The Chief Medical Officer and pillar of care for pediatric sickle cell anemia patients in Buikwe is **Samanya Mohamed Ali**, who possesses extensive certified expertise in public health research and administration. Over his eight years of practice, he has served as an emergency clinical officer in leading medical facilities, such as Doctors Hospital Sseguku, Case Hospital, and Nile International Hospital, and since 2022, he has been commuting daily to care for patients in the rural area of Lubanyi.

The day clinic and the six-bed intensive care unit are managed by registered nurse **Ivan Kirinya**.

Professional laboratory support is provided by **Christopher Ssenungi**, who took over the role of sickle cell expert at the end of 2024.

The social program and the early identification of patients and families in need of intervention are managed by **Immaculate Musiimenta**, while **Henry Mugalu** has held the position of receptionist, driver, and social work assistant since August 2024. A vital part of the team are **Janet Talindeka** and **Serinah Nabatanzi**, who are themselves sickle cell anemia patients. Through their daily work and personal example, they prove to the children that it is possible to successfully live and work with this disease; they assist Medical Officer Ali, translate for the Czech team, educate parents, and provide light physiotherapy in the occupational therapy room, where they are also joined by **Rhadika**, a new addition to the team in 2025.



Buikwe

Uganda



Current estimates indicate that Uganda has a population of over 51,3 million people.

The prognosis for the coming years is as follows: >52.7 million inhabitants in 2026

In Buikwe District, there are 422,771 residents (as of 2014), of which 223,871 are children aged 0-17 years.

The area of the district is 1,209 square kilometers.

>20,000 births annually

>1% of newborns have sickle cell disease

8% of children aged 12-17 years are already parents

11.6% of the population over 2 years old has some form of disability

8.4% of children under 18 years are orphans

27% of households have electricity

50% of households use paraffin for lighting

57.6% of households cook over charcoal

The **doctor-to-patient ratio** in Buikwe is **1 : 25,671**.

The **patient-to-health facility ratio** in Buikwe is **8,234 : 1**.

Source: Buikwe District Local Government Statistical Abstract 2016

The SSUUBO project is implemented at the St. John Paul II Pediatric HIV/AIDS Clinic, operated through the Health Initiatives Association in a rural area of Uganda, specifically in the Buikwe District and the town of Buikwe, located east of the capital city, Kampala. The main focus of the clinic is providing medical and social care for rural children living with HIV, which is highly prevalent in this region.

We have established a specialized clinic for children with sickle cell anemia. Here, patients receive regular clinical and laboratory check-ups, physiotherapy, transcranial Doppler ultrasound examinations, early treatment for all infections, pneumococcal vaccinations, management of excruciating pain during so-called "vaso-occlusive crises," and the dispensing of all provided medications.

For our work, we require not only medical professionals and laboratory technicians, but also a psychologist and social workers.



Morukakise

Uganda

The Ngora District, Mukura sub-county, and the village of Morukakise will become the home of the SSUUBO II project.

The northeast of Uganda is significantly different from the Buikwe region near Lake Victoria, where we already operate. It is characterized by a dry climate, vast savannas, and scattered traditional mud huts. Everything is far away—the market, the school, and the hospital alike. The situation of families with children suffering from sickle cell anemia is exceptionally difficult here. For this reason, we accepted the invitation to examine dozens of children on-site, get our bearings regarding local healthcare, and evaluate our options for helping the local community.

In 2025, a total of three intensive working trips were made to the Ngora region. These visits focused on a general assessment of the situation in the region, the search for a suitable location and plot of land for future facilities, and key negotiations with local representatives and local government officials. The official headquarters of our newly established Ugandan implementing partner—SSUUBO Organization Uganda—was also located in the Ngora region, which strengthened the project's position in this part of the country and enabled the development of further systematic support.



In the Ngora District, there are 141,487 inhabitants /in 2014/
out of which 81,096 are children aged 0 - 17 years

the area of the district is 716 square kilometers

>1 % of newborn children have sickle cell anemia

6.5 % of children under 18 years old are orphans

the average household has 7 members

32 % of the population has access to drinking water at a distance closer than 5 km

83 % of households have an earthen floor

43 % of households use paraffin for lighting

22 % of households light with torches

91 % of households cook on wood or charcoal

The **doctor-to-patient ratio** is in Ngora **1 : 39,509**

The **ratio of patients per single healthcare facility** is in Ngora **13,169 : 1**

source: NGORA DISTRICT DEVELOPMENT PLAN NOVEMBER 2015

Year 2025

January

449 children in care at the beginning of the year, with 137 of them using Hydroxyurea.
Medical outreach of the Czech team to Uganda.
Interview for the MF Dnes Magazine.

March

SSUUBO is celebrating 5 years of service.

April

Medical outreach of the Czech team to Uganda.
Purchase of land in Buikwe for the construction of the first SSUUBO clinic.
Lecture presented at the 35th National Conference of Laboratory Technicians and Nurses.

May

The international journal The Lancet publishes an article about the SSUUBO project.
Information booth at the Mezi ploty festival in Prague.
Premiere of the documentary about Medical Officer Ali on TV Noe.

June

Interview for TV NOE.

July

Information booth at the African Days event in the Safari Park Dvůr Králové.
The Ugandan team participates in the 4th Annual Uganda Sickle Cell Convention in Jinja.



August

Medical outreach of the Czech team and the luni architectural studio to Uganda.

September

The luni architects featured on the TV show Snídaně s Novou.
Presentation of the SSUUBO clinic project and the launch of the final fundraising campaign for its construction.
Lecture by the luni architects at Villa Fitz in Rokycany.
Lecture presented at the 58th Annual Cytogenomic Conference in Prague.

October

Interview for Čestmír Strakatý's podcast.
Interview for the Proti proudu podcast.
Lecture presented at the Excellentní žena conference in Pilsen.
Medical outreach of the Czech team to Uganda.
Tadeáš Šíma arrived by bicycle in Buikwe.
Lecture by the luni architects at CAMP Prague.
Interview with the luni architects for the Kazisvěti podcast.
Fundraiser held during the 1st Machač Open golf tournament at Kořenec.

November

The Czech stand supported the construction of the SSUUBO clinic through a fundraiser at the Bazar International de Luxembourg charity event.

December

Premiere of the documentary about Janet on TV Noe.
Lecture by the luni architects in Boskovice.
462 children in care at the end of the year, with 168 of them using Hydroxyurea.

"When one child is sick, the whole village feels the pain."



462 patients in care at the end of 2025, including 168 patients on Hydroxyurea
3 460 outpatient visits, including 960 successfully managed acute crises in the inpatient ward
€213 510 total financial donations in 2025 (5 337 738 CZK)
€61 850 cost of SSUUBO patient care in Uganda in 2025 (1 546 253 CZK)

2 weeks of laboratory staff training
1 000 purchased stains for reticulocyte monitoring
7 787 laboratory tests performed
72 000 dispensed Hydroxyurea tablets for a total of €12 700 (317 490 CZK)
46 251 preventively dispensed Penicillin tablets and 150 734 Folic Acid tablets
29 patients in the regular blood transfusion program
€1 515 cost of externally administered blood transfusions (37 878 CZK)

14 patients in the regular physiotherapy program
503 transcranial Doppler ultrasound examinations performed (stroke prevention in children),
resulting in 23 critical findings

3 outreach trips to the Ngora region



Treatment

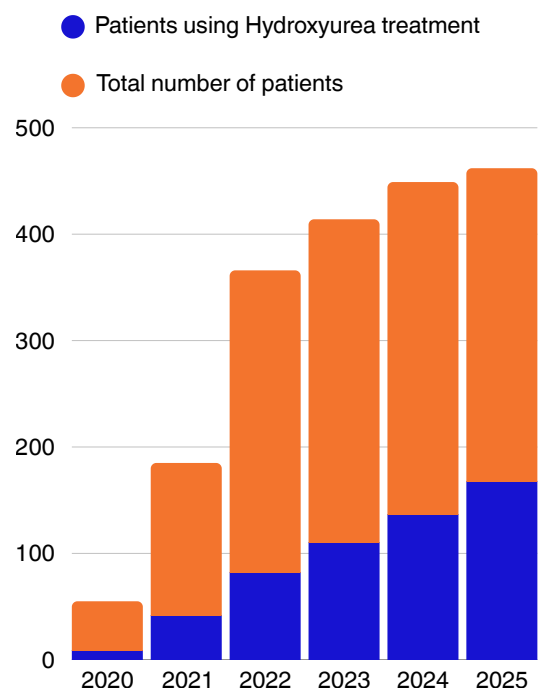
The foundation of all care is the accurate diagnosis of sickle cell anemia. Point-of-care tests (such as HaemoType®) represent a modern alternative suitable for rapid field diagnostics, which is otherwise commonly unavailable in Uganda. This test is not only exceptionally fast but can also differentiate between healthy carriers and patients who actually have the disease. Furthermore, it can be utilized for newborns as well.

We regularly monitor patients through clinical and laboratory assessments and administer preventive medications.

Sickle cell anemia is a chronic, lifelong disease, and patients must undergo regular clinical and laboratory check-ups throughout their lives, at least once every 2 to 4 months.

During these visits, the patient undergoes a detailed medical evaluation, nutritional status is assessed, and laboratory or clinical signs of anemia or infection are evaluated.

Due to a lifelong increase in red blood cell production and a persistent risk of bacterial infections and malaria, patients with sickle cell anemia are preventively given antibiotics, antimalarials, and folic acid, and are vaccinated against pneumococcus.



We fundamentally influence the course of the disease by providing targeted therapy—Hydroxyurea.

In indicated patients with sickle cell anemia, **Hydroxyurea** can fundamentally alter the clinical manifestations of the disease—it reduces painful crises, lowers the frequency of blood transfusions, and decreases the number of infectious complications. Although Hydroxyurea can impact the lives of sickle cell patients so profoundly, this treatment is practically inaccessible to patients in Uganda. The primary cause is the cost of therapy, which—depending on the dosage—ranges between €2 and €16 per month for the medication alone. Additional costs are then required for necessary, regular laboratory tests.

In our project, this treatment is made possible solely due to the continuous support of regular donors who provide long-term sponsorship for individual patients.

Administering Hydroxyurea requires regular laboratory monitoring every 1 to 2 months and tracking the count of young red blood cells—known as reticulocytes. For the general population in Uganda, monitoring them is virtually unavailable, both due to the cost and, crucially, because of the lack of education and training for laboratory staff to perform this testing.

In January 2023, we purchased a new **Gazelle Hb Variant** device. It is a miniaturized version of electrophoresis—the standard test for detecting abnormalities in blood pigment (hemoglobin). Thanks to the Gazelle Hb Variant, we are able to accurately measure the amount of abnormal "sickle" hemoglobin and precisely monitor whether the level of this abnormal hemoglobin decreases after initiating hydroxyurea therapy. This allows us to accurately predict if and how patients will respond to the treatment.



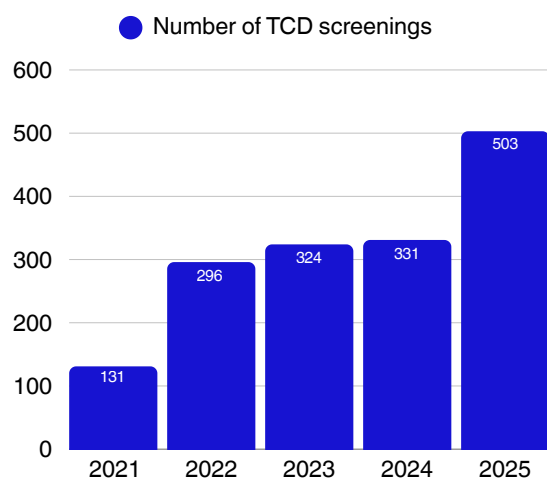
462 patients in care at the end of 2025
168 patients on Hydroxyurea
2 weeks of laboratory personnel training
72 000 Hydroxyurea tablets dispensed for a total of €12 700
46 251 preventively dispensed Penicillin tablets
150 734 Folic Acid tablets dispensed prophylactically
7 787 laboratory tests conducted

Up to 10% of children with sickle cell anemia suffer a stroke—most commonly between the ages of 5 and 10—caused by the progressive narrowing of cerebral blood vessels characteristic of the disease.

Annual, routine **screening of cerebral arterial blood flow** using ultrasound (known as **Transcranial Doppler, or TCD**) can identify children at high risk for this severe complication early on.

Our project is the only initiative in all of Uganda that provides this critical preventative screening completely free of charge.

If a critical restriction in blood flow is detected, it is vital to immediately initiate Hydroxyurea therapy alongside regular, monthly blood transfusions. This high-cost treatment regimen must be administered consistently until the arterial condition improves, a process that frequently takes several years. For children diagnosed and treated early through this screening, the risk of suffering a stroke is reduced nearly to zero.

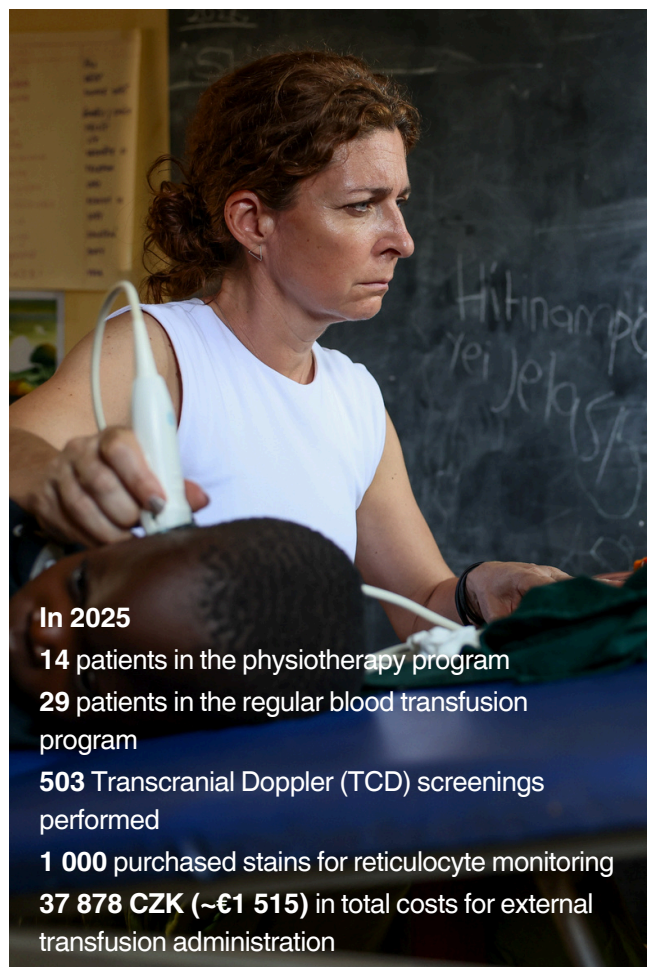


A stroke leaves behind severe long-term consequences, manifesting as impaired limb mobility or disorders affecting speech and cognitive functions. A segment of our patient population had already suffered a stroke before being enrolled in our program. For these children, regular and consistent rehabilitation remains the only available pathway to achieve at least a partial improvement in their mobility.

All of our patients who have suffered a stroke have been enrolled in a routine rehabilitation program conducted at the John Paul II Clinic. For post-stroke rehabilitation to be effective, it must be long-term, and in severe cases, lifelong.

Once a week, a team of external physiotherapists travels to the "Helping Others" (Pomoc druhému) rehabilitation center based at the clinic to provide regular care, focusing specifically on our sickle cell anemia patients among others.

In September 2023, we established and fully equipped a new occupational therapy room. Additionally, we trained a local staff member in the fundamentals of rehabilitative care and health education methodologies. These educational activities are specifically tailored for preschool and primary school-aged children, enabling all pediatric patients to spend their waiting time actively and productively before their clinical examinations. For the patients with the most critical needs, individualized exercise and rehabilitation plans have been developed by physiotherapist Julie Jelínková.



In 2025

- 14** patients in the physiotherapy program
- 29** patients in the regular blood transfusion program
- 503** Transcranial Doppler (TCD) screenings performed
- 1 000** purchased stains for reticulocyte monitoring
- 37 878 CZK (~€1 515)** in total costs for external transfusion administration

For patients with more severe degrees of impairment, therapeutic efforts focus primarily on maintaining their current functional status and preventing secondary complications. Daily stretching of paralyzed limbs is critical to prevent the development of muscle contractures and subsequent deformities, while regular verticalization into sitting, kneeling, or standing positions forms an essential component of care. Children with milder forms of disability, such as hemiparesis, benefit from specialized facilities in our occupational therapy room, where they engage in training for fine motor skills and activities of daily living (ADLs).

A significant portion of our specialized assistance involves the management of patients suffering from avascular necrosis (AVN). This condition—frequently arising as a complication of sickle cell anemia in the hips, knees, or elbows—manifests as joint inflammation and tissue destruction. Therapeutic interventions utilize myofascial release and soft-tissue techniques to reduce muscle spasticity, combined with targeted exercise regimens designed to stretch and strengthen affected muscle groups. Strong emphasis is also placed on pain management through joint-unloading strategies and the correction of compensatory movement patterns to improve overall posture and prevent the overloading of alternative muscle groups. In cases of acute hip inflammation, crutches are distributed alongside comprehensive training on their proper use. To ensure continuity of care, local staff undergo thorough training in these protocols, enabling them to independently guide and instruct patients.

Psychological Care

We strive to ensure that the clinic is a space where our patients and their families experience understanding, respect, and acceptance. This is the core philosophy guiding our interaction with all clinic staff who come into contact with them, as we train them to collaboratively foster such an environment.

In addition to educational activities, our patient advocacy experts conduct individual interviews with patients to identify potential needs for specialized psychotherapeutic or psychiatric care. These support services take place not only at the clinic but also within the treating physician's outpatient rooms and during home visits conducted by our social worker.

Furthermore, we are introducing group work sessions for our adolescents, focusing primarily on helping them build the necessary self-confidence to transition into independent adult life.



In the area of psychological support and education, 2025 was primarily a year of continuity and stabilization for services that have proven vital to sickle cell anemia patients and their families in recent years. We maintained our commitment to individualized education, focusing on core topics such as treatment adherence, proper hydration, family planning counseling, and long-term emotional support for patients and their loved ones.

At the same time, 2025 highlighted—more distinctly than ever before—the critical need to support our own team. The expanding scope of the project, combined with long-term operations in inadequate, overcapacity facilities and the intensive preparations for the construction of the new clinic, brought a heightened psychological and organizational burden. It was therefore essential not only to maintain high-quality patient care but also to actively support our project staff, who continuously invest extraordinary dedication, time, and personal energy into this work.

Consequently, we emphasized open communication and directly involved the team in planning the new clinic. Allowing staff to be heard and participate in decision-making profoundly sustained their motivation and stability. Thus, rather than expanding services, 2025 focused on maintaining a functional support system for both patients and staff while intensively preparing for our next milestone: establishing our own new facilities.

Social work

We stand firmly by every child, with our success rooted in deep community bonds and knowing each face and life story. Behind every patient, we see more than just a medical diagnosis. A key role is played by our local social workers, who operate independently and with high expertise directly in the field. They regularly visit families at home, map their living conditions, and provide targeted support in their everyday reality.

Although treatment is free, the journey to health still burdens families. Long, repeated travel for check-ups, scans, physiotherapy, or transfusions means direct costs and lost wages. Our social team responds flexibly and autonomously to these barriers, finding effective solutions so that no child misses vital care simply due to transport costs.

The entire social program sensitively adapts to each family's specific conditions. Our goal is not passive aid, but systematically empowering parents to actively improve their own situation.

Equally important is the future of our young patients. During adolescence, we help them find their path in life—whether through developing small businesses or choosing a suitable career. We strive to help these young people stand on their own feet, aware of their self-worth and capabilities. The strength of our work lies in evolving together with the families we accompany long-term.

3 tailors in the family support program
5 basket weavers in the family support program
5 families provided with micro-loans for business
180 655 CZK (~€7 226) received in donations from the sale of family products via our charity e-shop and public fundraising collections

Educating families of children with sickle cell anemia.

An integral part of our daily work is educating families and patients about life with sickle cell anemia. While waiting for lab results, education takes place on two separate levels. Parents focus on clinical topics like proper medication adherence, while children learn through play. This vital role in the waiting area is managed by our adult female patients—our "patient advocacy experts"—who use interactive boards to naturally pass on healthy lifestyle habits.

A key element of these educational activities is a sensitive dialogue focused on minimizing the social stigma that children with this congenital disease frequently face.

Furthermore, we equipped the waiting space with educational materials and hydration stations. This allows us to naturally demonstrate the vital importance of drinking fluids in practice, helping children build this critical habit directly during their stay at the clinic.



luni designed the SSUUBO clinic

In June 2024, we launched a public fundraising campaign with an ambitious goal: to secure 2 million CZK (~€80 000) for the construction of our own clinic pavilion. This facility was intended to provide dedicated infrastructure within the John Paul II Clinic, where we had been operating for over five years in temporary and now completely inadequate spaces that severely limit the scope of care we aim to provide to our patients.

The subsequent months were defined by dynamic changes and pivotal decisions. A major turning point occurred in January 2025, when it became apparent that we could not build on the originally intended plot at the John Paul II Clinic. However, this obstacle was transformed into an opportunity to reassess our entire vision. Consequently, in April 2025, we took a decisive step and purchased our own, sufficiently large plot of land in Buikwe. This location will allow us to build what will be the premier clinic for sickle cell anemia treatment in Uganda. Yet, we soon realized that a single pavilion with examination rooms and an intensive care unit would not suffice. Our operational requirements expanded to include a modern laboratory, a physiotherapy space, administrative facilities, as well as dedicated rooms for social and psychological support.

We joined forces with the architecture **studio luni**. Its founders, architects **Nina Ratočka Pevná and Lukáš Janout**, have since become an integral part of the SSUUBO family. They donated the entire architectural design pro bono as a gesture of deep solidarity with our mission. *"On a personal level, we strive to support charitable projects long-term, so collaborating with SSUUBO makes immense sense to us,"* explained Nina Ratočka Pevná.

In August 2025, Nina personally visited Uganda to inspect the purchased land and consult on the final design layout directly on-site. The result of this intensive collaboration is an architectural study that strictly respects local materials, construction technologies, and Ugandan traditions. The design comprises four pavilions centered around a central atrium, which will serve as a secure public space and a waiting area for patients and their parents.

Just like the entirety of the SSUUBO initiative, the clinic project stands on the generosity of Czech donors. In September 2025, we launched the final fundraising phase on the Darujme.cz platform, triggering an incredible wave of solidarity. We succeeded in raising 1 067 726.29 CZK (~€42 710), moving us significantly closer to breaking ground.

As of December 31, 2025, the final balance on the clinic construction fundraising account reached 3 965 226 39 CZK (~€158 610).

Beyond this balance, a total of 424 321.63 CZK (~€16 970) was already invested in 2025 for the acquisition of the land in Buikwe, its fencing, and land registry enrollment. An additional 42 730.25 CZK (~€1 710) was spent on legal services in Uganda, and 239 685.68 CZK (~€9 590) was allocated to the complete layout and conversion of the architectural design into final execution project documentation by our local Ugandan engineering team.



Finance

In 2025, all revenues of the endowment fund consisted entirely of donations from individuals and corporate entities. The fund did not receive any grants or public subsidies in 2025. Donations are accepted across a total of three bank accounts: an operational account for clinic activities, a public fundraising account dedicated to the construction of our own clinic in Uganda, and a EUR-denominated account for international donations.

The endowment fund has no employees in the Czech Republic. All operational activities of the fund are carried out on a voluntary, pro-bono basis by the founders and volunteers.

Over the long term, we continuously strive to minimize all administrative overhead associated with running the endowment fund, as well as the expenses tied to necessary field missions to Uganda.

The opening balance of the operational bank account as of January 1, 2025, was 455 742.67 CZK (~€18 230). The closing balance on this operational account as of December 31, 2025, was 274 981.79 CZK (~€11 000). The opening cash-in-hand balance as of January 1, 2025, was 3 167 CZK (~€127), and the closing cash balance as of December 31, 2025, was 8 362 CZK (~€334).

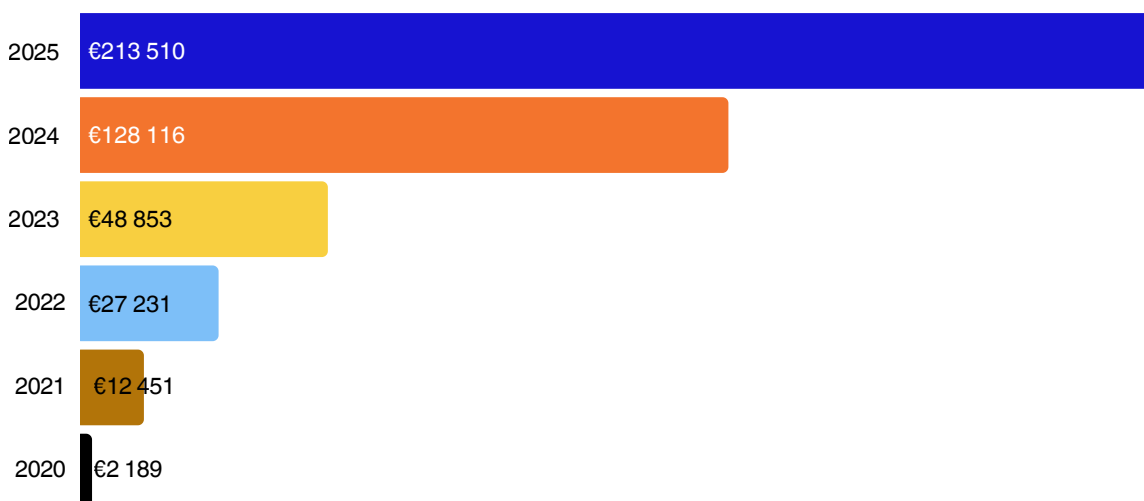
The opening balance of the public fundraising account as of January 1, 2025, was 1 352 257.63 CZK (~€54 090). The closing balance on this fundraising account as of December 31, 2025, reached 3 965 226.39 CZK (~€158 610).

The opening balance of the EUR bank account as of January 1, 2025, was 79.33 CZK (~€3). The closing balance on the EUR account as of December 31, 2025, stood at 404 438.12 CZK (~€16 178), converted using the Czech National Bank (CNB) mid-market exchange rate on the respective date.

In total, the endowment fund received 5 337 738.15 CZK (~€213 510) in financial donations over the course of 2025.

In 2025, the endowment fund also received in-kind (non-financial) donations totaling 309 892 CZK (~€12 396). Out of this amount, 259 892 CZK (~€10 396) represented the pro-bono contribution of architectural design services for the SSUUBO clinic by luni architekti s.r.o., and 50 000 CZK (~€2 000) represented a handheld ultrasound device donated by Electric Medical Service s.r.o.

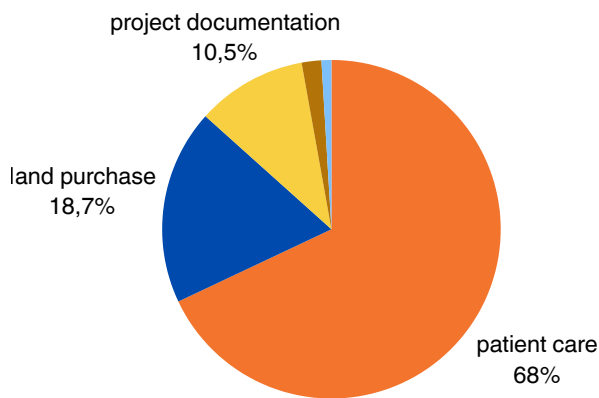
Development of Financial Donations Received



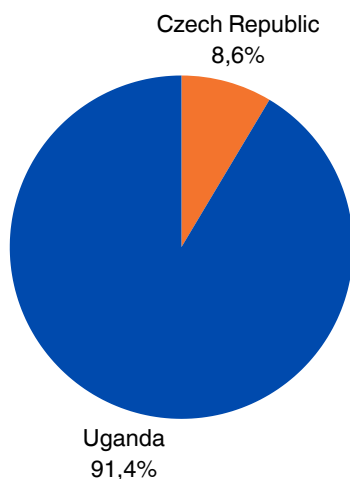
2025 Volunteer Trips

During 2025, four intensive working trips took place, focusing on clinic development, medical protocol implementation, and supervision. In January, Prof. Zdeněk Ráčil, MD, PhD, Renata Horáková, Olga Vrbová, and Martin Židlík traveled to Uganda. This was followed by an April mission with Prof. Zdeněk Ráčil, MD, PhD, Štěpánka Podrazilová, MSc, Ilona Pařenicová, MD, and Martin Chamer, MA. In August, the future clinic site was visited by Prof. Zdeněk Ráčil, MD, PhD, Martin Židlík, Nina Ratočka Pevná, MArch, and Michal Ratočka, Eng. The year concluded with an October trip by Prof. Zdeněk Ráčil, MD, PhD, and Ilona Pařenicová, MD. The April flight tickets for Martin Chamer, MA, and Prof. Zdeněk Ráčil, MD, PhD, were funded by a donation from Praktický lékař Křtiny s.r.o. In all other cases, the participating specialists and volunteers fully covered their flights and all accommodation expenses from their own personal resources.

2025 Expenditures in Uganda



2025 Cost Breakdown



Expenditures for funded patient care in Uganda, provided through four endowment grants, totaled CZK 1 546 253 (~€61 850). This covered payments for December 2024 and January through November 2025. Furthermore, the endowment fund provided two grants totaling CZK 424 321.63 (~€16 973) for the purchase and fencing of land in Buikwe, including land registry services. The costs for building permits and the preparation of complete project documentation in Uganda amounted to CZK 239 685.68 (~€9 587), while local legal services came to CZK 42 730.25 (~€1 709). The remaining expenses consisted of CZK 12 346.15 (~€494) for medical licenses for Prof. MUDr. Zdeněk Ráčil, Ph.D., and MUDr. Ilona Pařenicová, and CZK 9 120.44 (~€365) to cover school fees for a young patient in social distress. Other operational costs in the Czech Republic amounted to CZK 213 260.30 (~€8 530).

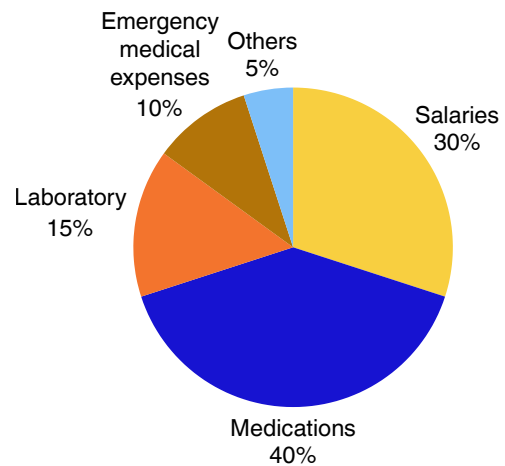
Among these other operational costs, the highest items were: CZK 46 954.01 (~€1 878) in fees to the Via Foundation for using the darujme.cz fundraising portal, CZK 34 485 (~€1 379) for accounting and tax services, and CZK 91 915.29 (~€3 677) for postage, website operations and domain registrations, medical supplies, packaging materials, staff uniforms, photo printing, and other services. The cost of flight tickets for a departure in April 2025 was CZK 39 906 (~€1 596), which was fully covered as a donation by the company Praktický lékař Křtiny s.r.o. All other flight tickets for 2025 were funded by the volunteers from their own resources.

Patient Care in Uganda

Total expenditures for funded patient care in Uganda, provided as endowment grants to the partner organization Health Initiative Association in 2025 (and including payments for December 2024), amounted to €61 850.

These funds were divided into several key areas, with the largest expense item accounting for 40% (€24 740) for medications and medical supplies—primarily Hydroxyurea, which remains financially completely inaccessible to most local families without external support.

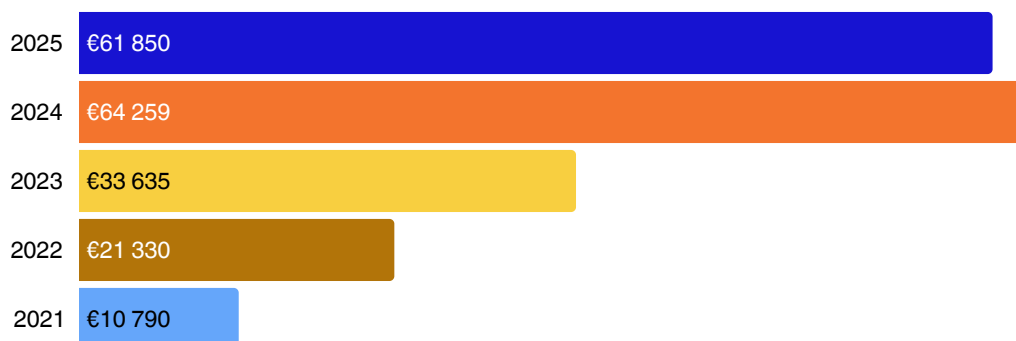
The second most significant component was personnel costs, which made up 30% (€18 555) and fully covered the salaries of 8 permanent Ugandan staff members ensuring the daily, continuous operation of the clinic and expert management of care.



Operating the specialized laboratory, purchasing test kits, screening, and regular patient monitoring accounted for 15% (€9 278) of the total budget.

An amount representing 10% (€6 185) was allocated for emergency medical and social expenses during acute patient crises. The vast majority consisted of unplanned costs for external healthcare services during sudden complications, such as regular and urgent blood transfusions, X-rays, CT scans, or emergency hospitalizations, while the remaining minor portion covered direct aid to families in social distress. The final 5% (€3 093) comprised other operational costs in Uganda, which included necessary administrative and overhead fees such as medical licenses, office supplies, or motorcycle rentals for social workers operating directly in the field.

Healthcare Costs in Uganda



We thank

We thank all donors who supported our activities and helped secure care for our young patients. Special thanks go to our long-term, regular supporters, whose commitment allows us to sustain and plan the clinic's future operations.

We would like to thank our most significant corporate donors for their support in 2025: ALASANS s.r.o. / Lanik s.r.o. / Soprieta s.r.o. / SEDLAČÍK s.r.o. / Banador s.r.o. / Kardiologie Řevnice s.r.o. / Biskupské gymnázium Žďár nad Sázavou / V&V ELEKTRO s.r.o. / Praktický lékař Křtiny s.r.o. / Reality Pankrác, a.s. / SYSMEX s.r.o. / MUDr. Jan Machač / VPO Protivanov, a.s. / Aprofes s.r.o. / Základní škola Brno / ZFP Consulting s.r.o. / MUDr. Michaela Prunerová / BIGGEST s.r.o. / Ponorka s.r.o. / Svobodová Lucie - notářka / Karel Bortlík / WIENER servis s.r.o. / Pokáčovo nadační fond / Saportan s.r.o. / Sdružení plzeňských obkladačů s.r.o. / Karel Kroupa / KERAMIKA SOUKUP a.s. / Zuzana Sochůrková / Pavel Kadeřábek / Ing. Pavel Janout / Štěpánová Andrea - notářka / Galvanovna Adafinish, s.r.o. / MUDr. Miroslav Klíma s.r.o. / BOHEMIA PET FOOD s.r.o. / and others.

Special thanks go to the Czech community in Luxembourg and the Bazar International de Luxembourg for their extraordinary financial support.

We thank our most significant non-corporate donors for their support in 2025, including:

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We thank all volunteers for their dedication and energy devoted to developing the project and helping people with sickle cell anemia.

Thank you!



SSUUBO about us

up-to-date information about our activities can be found on our website at www.ssuubo.cz/en



Tribe SSUUBO

long-term treatment for one pediatric patient on Hydroxyurea includes regular monthly check-ups, blood tests, external blood transfusions, and other extraordinary medical costs - **become a remote adoptive parent—join our tribe**



Project support

every sustainable project needs strong foundations, and for development non-profits like SSUUBO, those foundations are long-term partners. Please, consider becoming a recurring donor Every sustainable project needs strong foundations, and for development non-profits like SSUUBO, those foundations are long-term partners - **please, consider becoming a recurring donor**

Annual Report prepared by / text, graphics /: Martin Židlík
Photos: Martin Židlík / Mgr. Štěpánka Podrazilová, page 11 /

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