

TRANSPORT for UGANDAN SICK CHILDREN (TUSC)

ANNUAL REPORT 2023/2024

This year TUSC has undertaken 1,240 episodes of transport for healthcare needs. Below is further information about our work and the challenges that are faced serving communities in the Jinja District, Eastern Uganda.

Where we work, what we do and who we work with.

Our work is mainly in the Jinja District of Eastern Uganda but we will transfer clients to other areas if their medical needs can only be met in specialist centres out of the District and they have been referred.

Our 'passengers' come to us for a wide variety of health needs that require intervention and access to healthcare. These needs include those who are acutely or chronically sick, who may have been injured, or need to attend for immunisations. We respond when there are maternal/delivery crisis and intervention is needed that cannot be provided in the local clinics; in these cases we transport women to the Main Referral Hospital which saves them being at further risk on a motor bike taxi, which is often the only other option.

We support children with physical and cognitive challenges to access regular physiotherapy sessions and also their follow-up appointments with their care providers. This follow up care is not local for many of them as they are enrolled onto the services of an International Hospital in northern Uganda. We will also facilitate transport costs if these children become acutely sick and we are not available to get them to the centre in a timely manner.

Twelve children continue to receive support with education costs via TUSC supporters. These children either have a direct health need of their own or a carer/family member does. All children attend local schools that provide a meal and the sponsors are given feedback each term. Our social worker monitors attendance and encourages families to support the children to 'be serious' about their education.

Our partnerships with other organisations (NGO's and Government facilities) continues and we balance their wishes to access our service with remaining independent so that we can be available to all who may need transport for healthcare needs and not just specific client groups. We regularly work with local health staff to transport them when there are community

immunisation programmes underway; this means that more children can be vaccinated than would otherwise happen as there is no other transport for the health care workers.

Outreach work continues to be a growing part of our activities. Local VHT's (Village Health Trainers) request the support of TUSC when they are concerned about people in their village who may be getting sicker as they are not attending for essential medications, or there is a person who is too sick to get to a local clinic/hospital or cannot afford the transport. Our team will make a plan with the client and the VHT as to how to help but we are now setting protocols for not just being a delivery service of medications for those who don't attend due to their (understandable) privacy concerns. Often we will end up transporting the client to a healthcare facility, sometimes even obtaining medications (this is a challenge both financially and in terms of expectations in the communities and also in the clinics), or referring them to one of our partner organisations.

When funds allow we will provide Insecticide Treated Nets to vulnerable people, with priorities given to the very young, pregnant women, the elderly and those who have other health vulnerabilities. Not surprisingly, we can never satisfy the great need for these. Prevention is deemed to be cost effective both in health terms and transport costs.

If it is possible (this is financially determined) the team will undertake 'OutReach' sessions in isolated villages. The requests for these will come from VHT's or local clinic workers, and we will hold a one off healthcare session (with permission from local leaders) where very many people will attend for a health consultation and obtain screening, health information/advice, treatments and wound care. Many people attend with known chronic disease but they neglect these due to the cost of transport and/or medications. Often they will attend 'local healers' (aka Witch Doctors) as this is deemed to be cheaper. The team counsel clients about the dangers of this, give our contact numbers and encourage them to plan ahead for their next health appointment/costs. During these sessions there is also the opportunity to provide worming tablets for children and families and Vitamin A supplements for young children as is the policy in Uganda. Mosquito nets are provided to high risk patients and contraceptive supplies can be provided by local staff in a culturally sensitive way, without judgement, and showing care and respect for the client. It has to be noted that some of the health conditions that people tolerate due to their social/financial situations, are shocking to see, and often can be life threatening. We have supported emergency transport to health facilities on several occasions.

We are grateful to health colleagues in the Jinja District that come and help support this work.

Communication between the Project and the UK.

The UK director of TUSC visits 2-3 times/year (not using TUSC funds to facilitate this) and ensures that all policies and practices that are embedded in our Aims and Objectives are being

adhered to. There is also liaison with our local partners where we support the team and discuss possibilities for greater co-operation that may benefit the local communities where we all operate.

Local Registration as a CBO is maintained and all insurance policies are kept up to date to protect clients and TUSC as a whole.

Accounts are checked and receipts obtained for verification to support our continued registration with the Charity Commission.

Training/updates/performance reviews for the local staff are discussed and supported and the staff maintain their professional learning and registration in Uganda.

There is good and regular communication via a Staff WhatsApp group. This allows for any concerns, new information or incidents being discussed and addressed with full knowledge and agreement between the local staff and the UK/Chair of TUSC.

Fundraising

Fundraising is an ongoing challenge as it is for many charities, especially in light of world economic difficulties, famine, wars and environmental events. Food prices in Uganda are continuously climbing and malnutrition is an increasing challenge both in severity and numbers. This is reflected by there being less money available for transport by sick people so the need for our service is ongoing. Once at hospital/clinic there are often no resources; whilst TUSC cannot pay for hospital costs for everyone, we often will support some costs (out of simple humanity) for the most vulnerable clients. The cost of fuel is high and along with the damage to the vehicle from the poor roads, and the above costs, we need to keep working hard at the fundraising element of the project. Sadly there has never been any local interest in taking on some responsibility for that but we will keep that idea burning.

TUSC survives financially on the good will of people who support our work. Sponsored events have become rare since Covid and in that era we lost several of our regular donors/supporters. We continue to receive support from some Rotary Clubs and we are immensely grateful for this. We are grateful too for the wonderful team on the ground who work hard to maintain the very good name that TUSC has in the local communities where we operate, and to the Trustees and volunteers that help us to keep 'On the Road to Health'.

TRANSPORT FOR UGANDAN SICK CHILDREN (TUSC)	Company No.	08032230
	Charity No.	1152255
Annual Accounts for the Period	From	01 May 2023
	To	30 Apr 2024

Balance sheet at 30 April 2024

	This year at 30.04.2024	Last year at 30.04.2023
	£	£
Fixed assets		
Tangible assets	-	-
Investments	-	-
Total fixed assets	-	-
Current assets		
Stock and work in progress	-	-
Debtors	-	-
(Short term) investments	-	-
Cash at bank and in hand	38,087.73	17,580.49
Total current assets	38,087.73	17,580.49
Creditors: amounts falling due within one year	-	-
Net current assets/(liabilities)	38,087.73	17,580.49
Total assets less current liabilities	38,087.73	17,580.49
Creditors: amounts falling due after one year	-	-
Provisions for liabilities and charges	-	-
Net assets	38,087.73	17,580.49
Funds of the Charity		
Unrestricted funds	38,087.73	17,580.49
Restricted income funds	-	-
Total funds	38,087.73	17,580.49

Average number of employees

2

2

Statements

For the year ending 30 April 2024 the company was entitled to exemption under section 477 of the Companies Act 2006 relating to small companies.

The members have not required the company to obtain an audit in accordance with section 476 of the Companies Act 2006.

The directors acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 with respect to accounting records and the preparation of accounts.

The accounts have been prepared in accordance with the micro-entity provisions and delivered in accordance with the provisions applicable to companies subject to the small companies regime.

Signed

Name	Signature	Date of approval
Carol Mitchel Director	Carol Mitchell	28-Jan-25

TRANSPORT FOR UGANDAN SICK CHILDREN (TUSC)		Company No. 08032230		Charity No. 1152255	
Statement of Financial Activities					
	From	01-May-23	To	30-Apr-24	
	Unrestricted funds	Restricted Funds		Total this year 2023/2024	Total last year 2022/2023
Cash and Bank Balance brought forward	17,580.49			17,580.49	23,231.95
Incoming Resources	£	£		£	£
Donations, legacies and Grants	47,710.52			47,710.52	50,939.49
Fundraising events	1,197.20			1,197.20	-
Total incoming resources	48,907.72	-		48,907.72	50,939.49
Resources Expended					
Fundraising Expenses - curry night	800.00			800.00	-
Legal and professional fees	660.59			660.59	176.73
Computer Costs				-	50.39
Bank charges and interest				-	-
Support Costs - Wages	4,572.08			4,572.08	5,126.26
Support Costs - Bank and transfer fees	345.37			345.37	323.80
Support Costs - Insurance	1,863.25			1,863.25	2,261.18
Support Costs - Mobile & data	241.21			241.21	402.67
Core Activities - General Charitable spending				-	-
Core Activities - Fuel	10,178.52			10,178.52	8,007.51
Core Activities - Parking	715.96			715.96	276.08
Core Activities - Vehicle repair and service	1,670.51			1,670.51	2,605.62
Core Activities - Purchase of vehicle	-			-	29,489.40
Community Health Costs - Mattresses	-			-	22.72
Community Health Costs - Nets	4,166.40			4,166.40	4,771.79
Community Health Costs - Other Community	105.26			105.26	512.99
Community Health Costs - Treatments	454.03			454.03	899.89
Community Health Costs - Medical Costs	257.00			257.00	130.92
Child Education Support - Child Education Support	1,143.55			1,143.55	1,289.13
Other/write off	1,226.75			1,226.75	243.86
Total resources expended	28,400.48	-		28,400.48	56,590.95
Net incoming/(outgoing) resources	20,507.24	-		20,507.24	- 5,651.46
Cash and Bank Balance carried forward	38,087.73	-		38,087.73	17,580.49
Per cash and Bank check	38,087.73			38,087.73	17,580.49
	-	-		-	-



CHARITY COMMISSION
FOR ENGLAND AND WALES

Independent examiner's report on the accounts

Section A

Independent Examiner's Report

Report to the trustees/
members of

Transport for Ugandan Sick Children

On accounts for the year
ended

30/04/2024

Charity no
(if any)

1152255

Set out on pages

1,2

(remember to include the page numbers of additional sheets)

I report to the trustees on my examination of the accounts of the above charity ("the Trust") for the year ended 30/04/2024.

Responsibilities and
basis of report

As the charity's trustees, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the Act").

I report in respect of my examination of the Trust's accounts carried out under section 145 of the 2011 Act and in carrying out my examination, I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

**Independent
examiner's statement**

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

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

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

Signed:

Rachel Elizabeth Clark

Date:

30/01/2025

Name:

RACHEL ELIZABETH CLARK

Relevant professional
qualification(s) or body
(if any):

Address:

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LONDON W51NE