



Let the
Children Hear
Clinics for Children in Uganda



Annual Report 20



Our vision

Improved hearing outcomes for children aged 0-16 years in developing countries.

Our Mission

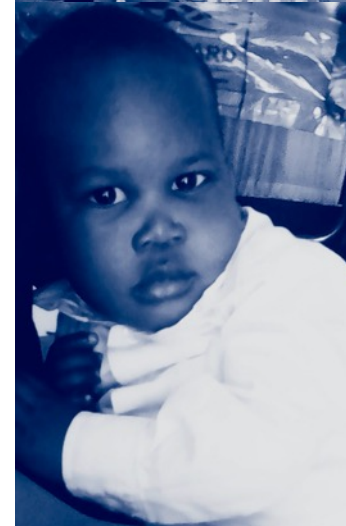
To improve the hearing outcomes of children in Uganda by adopting strategies which focus on the prevention and early intervention of childhood hearing loss, to aid social integration, speech and language development and access to education. From its inception, LTCH has created a clear vision, mission, goals and set of objectives which underpin its strategy with the aim of providing a strong foundation on which the project can grow and become sustainable long term.

Our objectives

- To educate health care workers and the public about childhood hearing loss and the importance of prevention and early intervention.
- To increase the number of Health Care Workers trained in the field of Primary Ear and Hearing Care.
- To provide an accessible ear and hearing care service for children and their families.
- To leave a legacy by integrating the service into the country's health care system to provide for sustainability.
- To strengthen maternal and child health care to reduce the incidence and prevalence of childhood hearing loss.

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Welcome

Firstly I would like to welcome you to our annual report for 2020. We have had a transformative year and I am very happy to say that we have a wonderful report for you.

At the very beginning of 2020 it would have been hard to image the events that would unfold over the next twelve months.

January 2020 was a very exciting time for the Charity. The team were working in partnership with UK Aid to secure a Small Charities Challenge Fund this allowed us to extend our services, funding more equipment, expand our team and invest in diploma training of one more audiologist.

However, by the end of the March UK lockdown came into force, followed by

Ugandan Lockdown which saw the closing of our clinics in Kampala a month later in April. Our Project Adviser will update you on how the charity has fared and the amazing achievements despite the challenges a global pandemic presents.

The year was unprecedented to say the least but even though the schools remained shut we still screened school age children in children's homes and health centre around Kampala. We have trained and worked with some fantastic people over the year and I am cannot praise highly enough the hard work our staff and volunteers have put in.

Always at the centre of what we do is the children we see and treat. Hearing impairment places Ugandan children at a huge disadvantage in comparison to their hearing peers. Early detection and intervention is

paramount in ensuring they get the best start in life, can learn to communicate, go to school and realise their true potential. We are working very hard with the local authority to establish a national paediatric hearing centre in Uganda which will eventually be taken on, funded and run by the local authorities. We are not there yet but UK aid funding has allowed us to make great strides towards it.

Funding remains a challenge for a grass roots charity like our own and we are very fortunate to have had some very generous donations by individuals and organisation over the years. I would like to this opportunity to thank all of those who help us to continue our work in Kampala. I can assure you that the charity spends donations wisely and every penny goes where it is most needed.



Our story Timeline

Four friends come together in the memory of their friend Ian Hutcheon to form a charity



Our First trip to Uganda

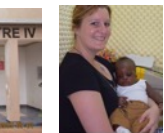


Health talk to parents make it apparent that our services are much needed



Mobile clinic

- International Rotary fund a new mobile clinic
- Audiologist from UK visits and delivers training
- Kisenyi Clinic opens



New Born Screening Trial

- Audiologists from UK visit and train screeners
- New waiting room is build a Kisenyi thanks to a local businessman
- LTCH spoke at the Hearing conference in Kampala

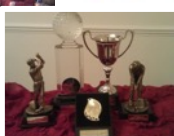
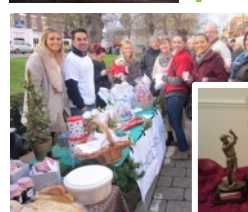


- Renamed to Let the Children Hear
- Screener training programme sponsored by Rotary Club
- Partnership with a Boston University saw students come to the clinic to develop a monitoring and evaluation plan



2011 2012 2013 2014 2015 2016 2017 2018 2019 2020

- Ian Hutcheon Clinic for Children (IHCC) is formed
- Fundraising commences
- Rotary Luton North becomes a big supporter
- Our first annual golf day
- Local schools fund raise
- Website is launched



First Clinic

- Kisugu Health Centre
- Maternity and other outpatients' services
- MOU with service provider KCCA
- Trained two staff and resourced clinic



- Out reach
- Schools programme – students screened in our mobile clinic



- Communication drive and TV appearance



Capacity building with UK Aid Grant

- Newborn screeners trained
- School Screener trained
- Paediatric Audiologist trained
- Recruitment – 9 employees
- National Referral Hospital-Kawempe
- Data collection started
- MOH – resources-room & staff



The award of the UK Aid grant in 2020 enabled the charity to increase its resources to achieve the outcome of increased access to quality ear and hearing health services for children. An additional 3 members of staff were employed, and 4 pieces of vital equipment were purchased for the audiology clinic.

The emergence of the Covid pandemic meant that the charity had to revise its targets in some areas. The programme was suspended for two months during lockdown in Uganda. With the schools being closed for most of the year the charity adapted the school screening programme to screen a smaller number of school age children in children's homes and health facilities. High transport costs post lockdown also affected access to the clinics. However, in most project areas the targets exceeded expectations. This

was attributed to the hard work of the team in Uganda under the direction of the Monitoring and Evaluation Consultant. The new-born hearing screening programme performed particularly well. Started at Kawempe National Referral Hospital it included babies in the Neonatal Intensive Care, thereby targeting those babies most at risk of hearing loss.

Overall the two hearing screening programmes saw a large cohort (7,004) children having access to early intervention services. 3,376 new-born babies were screened and 2,562 school aged children were screened.

From the screening programmes, 119 babies and 47 school aged children were referred to the Audiology Clinic for further audiological assessment. 426 new cases in total were referred

to the Audiology Clinic with most of the remaining referrals coming from other health facilities including Mulago National Referral Hospital. 32 children were fitted with hearing aids and 25 demonstrated a combination of improved hearing levels, behaviour change and improved school performance. 12 children were supported with speech therapy and 9 demonstrated improved auditory skills, clear articulation, and phonation. 8 children were supported with sign language therapy and 6 demonstrated improved confidence, social interaction and communication skills and some have been enrolled into deaf schools.

640 new cases attended the Ear Clinic and were managed and treated for ear infections and other common ear diseases. Health education is a component of all programme activities particularly at the point of screening.

3,376 new mothers received health education in addition to health education talks for 89 health care workers 55 teachers and 243 school children. The outcome of health education has seen a positive behaviour change among key stakeholders as verified by the increased number of referrals to the audiology clinic, earlier intervention, and a good follow up rate of 67% for babies referred from new-born screening to the clinic for further assessment.



2020 IMPACT REPORT

The training programme included new-born hearing screening and paediatric audiology training. Four new-born hearing screeners were trained in new-born hearing screening. All passed as competent screeners at the end of the course and were subsequently employed as new-born screeners in Kawempe Hospital and Kisenyi Health Centre.

Five audiologists were trained in paediatric audiology and four were able to have exposure and practical hands-on experience in audiological assessment of children and were retained to work as part of the team. As one of the strategies of increasing the local capacity in terms of trained audiologists, one student has been sponsored to study the 18 month Diploma Course in Audiology in Kampala and is being supported and mentored by the charity to develop her knowledge and practical skills in paediatric audiology. Following

completion of the course she will work for the charity to gain further experience.

2020 saw the development of additional partnerships with key stakeholders, namely, the Ministry of Health and Kawempe National Referral Hospital to work towards future sustainability and integration of the new-born hearing screening programme within the health care system of the hospital.

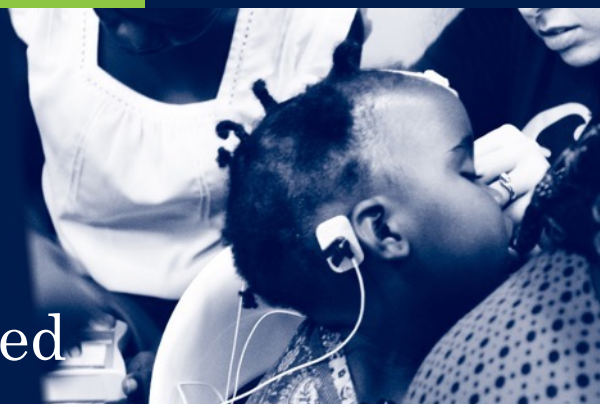
In conclusion, 2020 was a milestone in the development of the charity. It was a very successful year not only in terms of project activities but also in respect to the structure, governance and operational systems of the organisation which were all strengthened to enable us to become a more effective and efficient small grassroots charity.

Liz Choudhury
Operation Advisor



THE NUMBERS

3,376
New-born
babies screened



640 children
managed and
treated for ear
infections

89 Healthcare workers,
55 teachers, 243 pupils
and 3,376 mothers
received health education



426 children
assessed for hearing
loss and appropriate
intervention provided

2,562 pupils
were screened
for hearing loss



7,004 direct beneficiaries,
6,052 (86.41%) vulnerable and
marginalized including
240 persons with disabilities,
72 refugees, 3,150 rural poor
and 2,590 Peri-urban poor.



Education

Health Talks & Training

HEALTHCARE TALKS

At the end of the project, there was increased knowledge and awareness on childhood hearing loss among the various beneficiaries including health care workers (HCWs), mothers, teachers, and pupils. This was mainly influenced by the health education talks among 89 HCWs, 55 teachers, 243 pupils and 215 mothers (of which 80% prior to the talks had never known of hearing screening tests). The talks covered topics such as common causes and possible prevention of childhood hearing loss and increased awareness on the availability and relevance of the services being provided by LTCH and the referral pathways.

SCREENERS

In addition LTCH saw a number of key stakeholders including the Ministry of Health, Mulago National Referral Hospital and Kawempe National Referral Hospital establishing

buy-in and coming on board to support the project activities. This was strengthened through MOUs that were signed with these stakeholders and provision of space in these health facilities to implement the programmes. LTCH trains not only their own screeners but also staff at these hospitals so they can develop their screening programmes with the support of equipment from LTCH.

AUDIOLOGIST

In addition to screeners LTCH has funded a Diploma Student to study Audiology. The two year course will prepare them for joining the clinic as a junior audiologist.

We hope to start a second student next year to future proof our operation. However lockdown delayed the commencement of the course by over six months so we are now behind with this sponsorship programme.

Training Audiologist and screeners is vital for us to grow a robust hearing clinic in Uganda



Healthcare talks to teachers and parents are a big part of our awareness education



Screening

New-born baby at
Kawempe Hospital.

EARLY INTERVENTION



Tendo Frida
Age: 3 months
She has 2 older brothers.
One of the brothers is deaf and dumb

Tendo's mother, Mpirwa Rhoda explains...

"At the age of 5 months, Tendo's older brother hardly responded to sound in the way a normal children of his age did. For example, if I call to sooth him he would continue to cry however, if touched he would stop. When I informed his father, he rubbished it saying the child was still young.

By the time I sought medical attention at Mulago national referral hospital he was about 10 months. At Mulago, several tests were done, and I was asked to return after 2 weeks. When I returned, he was about 11 months, Mulago then referred us to a private medical facility in Wandegaya.

At the private clinic, I was asked for some money to have tests done and when I asked my husband for the

money, he declined to give it to me. While I was seeking help for our son, the community had learnt that our son had a hearing challenge and had already labelled him deaf and dumb. This was worsened by my husband's peers who kept on telling him that we should stop spending money because once one is deaf and dumb nothing can be done.

We ended up taking him to the school of children with disabilities in Entebbe and that is where he is to date. In spite of noticing his challenge at an early age, hearing loss myths coupled with financial challenges did our son a disservice.

At this point I was so heart broken, depressed, and immediately developed fear of giving birth again. It took me 7 years to conceive our little girl Tendo. However when Tendo was an month old I noticed she had a

similar challenge as her elder brother. When crying, however much I would clap or call her, she would not respond. By 3 months, I bought hand shakers, however much I would shake them she would not stop crying but the moment I would touch her, she would keep quiet. At this point, my memories came back. My heart was racing but this time I was determined to have solutions early enough."



EARLY INTERVENTION continued

One day while doing shopping in downtown Kampala, I saw 'Let The Children Hear' (LTCH) ambulance with information about child hearing loss.

I was then directed to the clinic. The new-born hearing screener asked me a lot of question about Tendo. I also disclosed that her brother had similar signs and he is currently deaf and dumb. Several tests were done, and I was asked to return after one week.

Further tests were done by LTCH Audiologist confirming that Tendo had hearing loss but she was quick to encourage me not to worry because something was going to be done about her situation. At this point she informed me that she was going to give Tendo hearing aids and that I should continue to be speaking to her while monitoring her responses to sound.

Furthermore, she asked me to bring our her brother for assessment, a request that I accepted and once they got holidays, I made sure that I brought him.

As of today, there is some noticeable changes she responds by moving her head when called. I believe the small change am noticing right now is because of the hearing aids. I am going to continue monitoring her as well as informing the clinic about her progress.

My husband's reaction this time was very positive and supportive to the extent that he turned up at the clinic and we received the news about Tendo's condition together.

I encourage parents to seek medical help and take their children to be assessed immediately after birth.



Before visiting LTCH, I thought that children's hearing can only be screened from at least 5 months, but now am informed it can be from birth.

Finally, I would like to thank the staff of LTCH for caring and being patient. They are good at making follow ups, honouring appointments and are supportive with offering transport and a free service which is not the case with other health facilities.



Rehabilitation

Speech Therapy
and Sign Language

Speech Therapy



Jeremiah Jalapa
Age: 9 years

He has one sister
and two brothers
and he is the
third child

Jalapa's mother, Judith Mugoda, explains...

"Jeremiah was born with multiple disabilities. At the age of 9 months, I noticed that he could hardly hear or made any noise, even when crying you would only notice tears rolling.

He hardly spoke to the extent that even at my workplace the school management had asked me to stop taking him along with me but rather take him to 'the school of the dumb and deaf where he belonged'.

While we managed to raise funds to have his flat feet operated upon in Entebbe, we could not afford the money requested to have his hands operated too. Then when I was out I saw the LTCH ambulance so I approach the team. They asked me a lot of questions including my child's birth history and there after I was

requested to visit their Kisenyi clinic for tests to be conducted.

When I got to Kisenyi, a number of tests were done by the Audiologist and I was required to return for further tests but I unfortunately a problem meant I had to leave Kampala, along with Jeremiah, and go back my village for a period of 5 years. When we returned in 2020, his father contacted the clinic again and LTCH gave us another opportunity for the child to be helped. More tests were done, and we were informed that he had a hearing challenge. The audiologist then informed us that he was going to be given hearing aids and enrolled for speech therapy free of charge to enable him not only to hear but also be able to develop speech.

But now I thank God that through speech therapy, Jeremiah has greatly

improved. He is social, speaks loudly, calls his siblings by name, can name animals among other things. He is a more confident child. I brought Jeremiah once a week to the clinic for speech therapy.

I encourage parents to love their children because all children are a gift from God. I was patient and never gave up on my child. When I gave birth, people turned up under the pretext of coming to congratulate me upon giving birth, but the truth was they came to see and wonder what I had given birth too. A lot was being spoken in the community about my child. It was heart breaking but I believed in my child and I was not prepared to turn a blind eye irrespective of his disabilities.

SIGN LANGUAGE



Maria Nakibule Age: 7 Years

Maria's grandmother, Viola Nakyanzi, explains...

MARIA was born a very small girl weighing about 1 kg. At the age of 2 years, she was assessed for hearing in a private facility and diagnosed with hearing loss, however her mother was unable to afford the hearing aids.

Then she made 5 years, her mother brought her at my place and requested me to find her a school for the deaf and dumb.

Maria did not know anything about sign language. Communication was a challenge. She was using local sign language to signal what she wanted.

In addition, she was shy and introvert.

A friend referred me to one of the schools around Mulago and we were asked to pay UGX: 250,000 which we did not have. So while she was staying home, I kept on looking for opportunities/good Samaritans to support her education.

Someone then referred me to a certain gentleman in Lubaga (Director of the Deaf Development Foundation). This gentleman supported us a lot including referring us to LTCH.

When I got to LTCH clinic at Kisenyi, the staff were very hospitable. I was asked about the child's medical history including my residence. Tests were then carried out and I was informed that Maria is profoundly deaf and that she was going to be enrolled for sign language therapy, an opportunity that I consented to. I was also requested to join the sessions.

The results, including any problems encountered and how they were overcome.

Through sign language sessions, Maria has learnt and expanded her sign language vocabulary. She can even enrol for P.1. when resources are availed (scholastic materials including school fees). She is now familiar with sign language. She can read alphabets using sign language from A-Z, same to naming animals and requesting for any support.

I implore parents not to discriminate against such children because there is help available and Maria is a testament to that.



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Financial review

Incoming resources

LTCH's total income during the year was **£60,648** (2019: £15,138). Income, except for interest on funds held on deposit, was split between UK Government funding, voluntary donations and fund-raising activities

	Year ended 31 December 2020			Year ended 31 December 2019		
	Total £	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £
Income						
Dfid Grant	44,550	-	44,550	0	-	-
Donations	5,229	5,229	-	237	237	-
Fundraising activities	10,790	10,790	-	14,781	14,781	-
Interest	80	80	-	120	120	-
	60,649	16,099	44,550	15,138	15,138	-

A further breakdown of our general fundraising activities

	Year ended 31 December 2020			Year ended 31 December 2019		
	Total £	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £
Fundraising						
General fundraising	9,029	9,029	-	9,793	9,793	-
Charities Trust	720	720	-	720	720	-
Gift Aid	0	-	-	30	30	-
Fundraising events	1,041	1,041	-	4,064	4,064	-
Miscellaneous	0	-	-	174	174	-
	10,790	10,790	-	14,781	14,781	-

Our largest source of income, this year, was from the DFID government grant for the expansion initiative in Kampala. General donations and fund-raising events declined this year compared to the previous year's income due to the impact of Covid. Except for specific funding applications, we seek to raise grant funding on an unrestricted basis, so that it may be applied where most needed.

Donations from individuals by regular standing order continued at a similar level to 2019.

We benefit from Gift Aid on most of the regular donations we receive.

Funding remains our biggest challenge

Resources expended

During the year, LTCH expended a total of **£57,818** (2019: £37,556)

	Year ended 31 December 2020			Year ended 31 December 2019		
Expenditure	Total £	Unrestricted £	Restricted £	Total £	Unrestricted £	Restricted £
Ugandan Funding	49,169	10,169	39,000	27,620	27,620	-
Fundraising costs	444	444	-	1,244	1,244	-
Administration costs	3,311	3,311	-	1,630	1,630	-
Trustee monitoring	4,894	4,894	-	7,062	7,062	-
	57,818	18,818	39,000	37,556	37,556	-

As in most previous years, the bulk of expenditure is committed directly to the project in Kampala. The funding increased considerably (78%) this year thanks to the UK funding that allowed us to expand the programme in Uganda. Fund raising and Trustee visit costs declined significantly due to the impact of Covid.

Administration costs were higher than the previous year due to increased marketing and media costs. We took the decision to use the hiatus caused by Covid to overhaul the charity's website and branding to enable us to be better placed to apply for future direct grant funding.

As a small charity run entirely by volunteers, we strive to minimise our expenditure on items other than direct project costs.
Our fundraising cost solely comprised the entrance fee for The London Marathon.

Other than the costs for media and marketing our administration costs were only £811 for insurances, Just Giving subscriptions, internet, and bank charges.

Inspection of accounts

As our income for the year exceeded £25,000, we are required to have our accounts inspected by an independent examiner. This service has been provided on a pro bono basis. The inspector's report is available on request

Reserves policy

LTCH's reserves policy is, subject to exceptional circumstances, to maintain a minimum reserve of £6,000 or three months' committed expenditure, whichever is the lower. On 31 December 2020, we had unrestricted reserves of £16,310 (2019: £16,152) held in a Virgin Money Interest Bearing Charity Account which is more than sufficient to cover three months of committed expenditure at current levels.

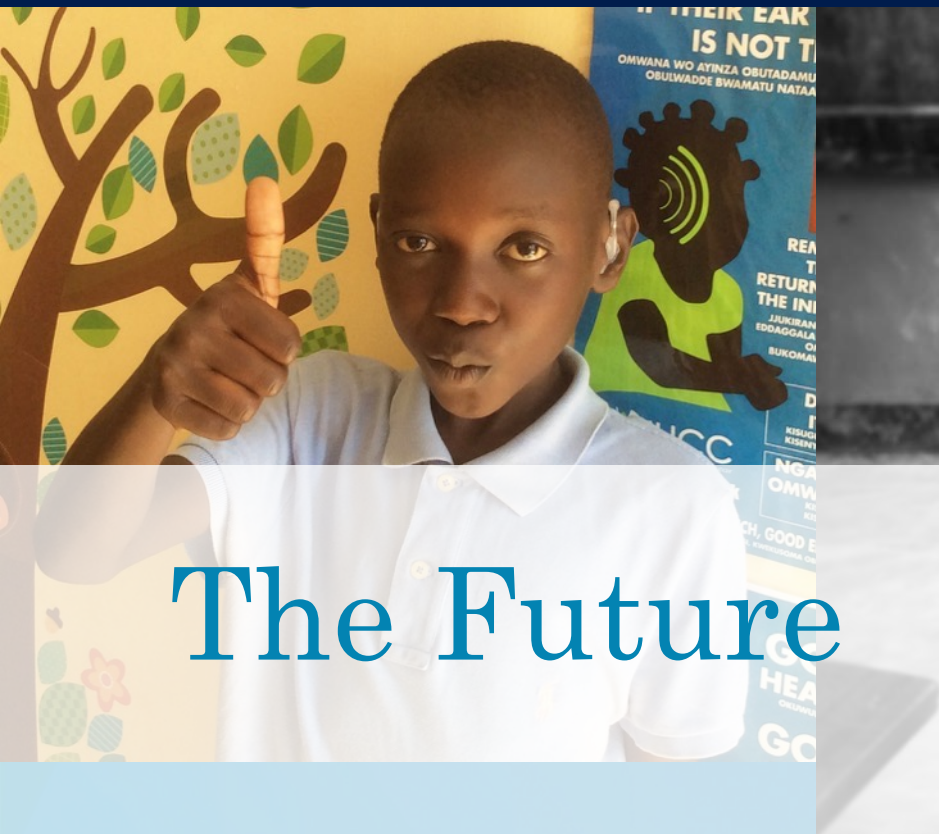
Surplus funds are held in the Virgin Charity Account and although interest rates are low, the Trustees do not consider it appropriate to invest funds where there is a risk of capital depreciation.

	Year ended Dec 31 2020 £	Year ended Dec 31 2019 £	Variance In period £
Receipts			
Donations	5,229.10	237.30	4,991.80
Dfid Receipts	44,550.03	0.00	44,550.03
General fundraising (Just Giving Virgin Giving etc)	9,028.81	9,792.56	-763.75
Tax credits on donations (Gift Aid)	0.00	29.98	-29.98
Charities Trust Donations	720.00	719.25	0.75
Golf Day	0.00	2,520.00	-2,520.00
Fashion Show (Lingerie show)	0.00	437.00	-437.00
Quiz Nights	630.00	0.00	630.00
Shrap Sacks	0.00	150.00	-150.00
Aquaman	0.00	702.08	-702.08
Amazon Smile	11.55	13.55	-2.00
Make up Evenings (Tropic etc)	337.60	242.20	95.40
Soft Toys & Card sales	62.00	0.00	62.00
Trustee Expenses Refund	0.00	174.00	-174.00
	60,569.09	15,017.92	45,551.17
Virgin Deposit Account Interest	79.42	120.46	-41.04
	60,648.51	15,138.38	45,510.13

	Year ended Dec 31 2020 £	Year ended Dec 31 2019 £	Variance In period £
Payments			
Golf Day	0.00	1,244.00	-1,244.00
London Marathon Entry Fee	444.00	0.00	444.00
Website, computer, Office 365	248.86	596.43	-347.57
Data Protection Registration	0.00	40.00	-40.00
Insurance	155.80	129.80	26.00
Just Giving charges	216.00	511.75	-295.75
Virgin Giving	180.00	0.00	180.00
Bank charges	10.00	302.00	-292.00
Media and marketing charges	2,500.00	0.00	2,500.00
Room hire	0.00	50.00	-50.00
Transfers to Uganda	39,000.00	26,398.00	12,602.00
Ugandan costs :			
Visits from trustees/volunteers	4,894.44	7,062.00	-2,167.56
Ambulance, equipment & medicine	10,168.53	1,221.59	8,946.94
	57,817.63	37,555.57	20,262.06
Bank accounts as at December 31 2019	29,895.53	52,312.72	
Bank accounts as at December 31 2020	32,726.41	29,895.53	



Let the
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Clinics for Children in Uganda



The Future



Summary and future direction

The charity's project model is based on future sustainability and integration of the paediatric screening, audiology, and rehabilitation services within the national health care system of Uganda.

Paediatric audiology is a specialist area of health care and as such should be integrated within the ENT dept of a hospital alongside rehabilitation services such as speech and language therapy.

A Memorandum of Understanding signed with the Ministry of Health in 2020 has facilitated talks with Mulago National Referral Hospital in Kampala. The future aim is for the charity to work in partnership with the hospital to plan a strategy for developing a paediatric audiology and rehabilitation centre within the ENT department of the hospital over the next 2-5 years. Currently there are no paediatric

audiology services available at the hospital and children are only able to access quality audiology services within the community health care setting i.e Kisenyi health centre.

Capacity building of screeners and audiologists will continue in line with this expansion and future external funding will be sought in addition to some funding coming from within the hospital.

In 2021 it is hoped that the charity will establish new partnerships with grant funders.

One such partnership which has been confirmed is with Global Partners for Hearing Health (GPPH). This grant will focus on expansion of new-born hearing screening and school screening and for the extension of screening services to include early infants 0-3 yrs.

In addition to the screening programmes, the partnership proposal will also involve the charity and GPPH collaborating with government and professional leaders to develop a national plan for implementing hearing screening for all infants and young children in Uganda.



Our Partners



A big thank
you to our
partners

The Government of Uganda

(GoU) LTCH is working with local government, Kampala Capital City Authority (KCCA) and the Ministry of Health (MOH) to implement the project in various health care facilities and schools. This has provided an excellent platform for delivery of our services. We hope that this will pave the way for future expansion and consequently sustainability of the project through the integration of policies and services within the national health care system of Uganda.

UK AID and the British People

– your funding this year has enable us to have a big impact even in a global pandemic

Luton Rotary North

With special thanks to Paul Denton for continued support and guidance.

Our volunteer Audiologist Pam Layton and Elham Hashim.

To Pat Burnham who audits our accounts at no cost!

To Stephanie and Michael for their continued support and encouragement.

To Ros Thomas for her generous donation of £5,000.

ENT UK ,The Oshwal Pharmacists (TOP) and the Sule family for their generous donations.

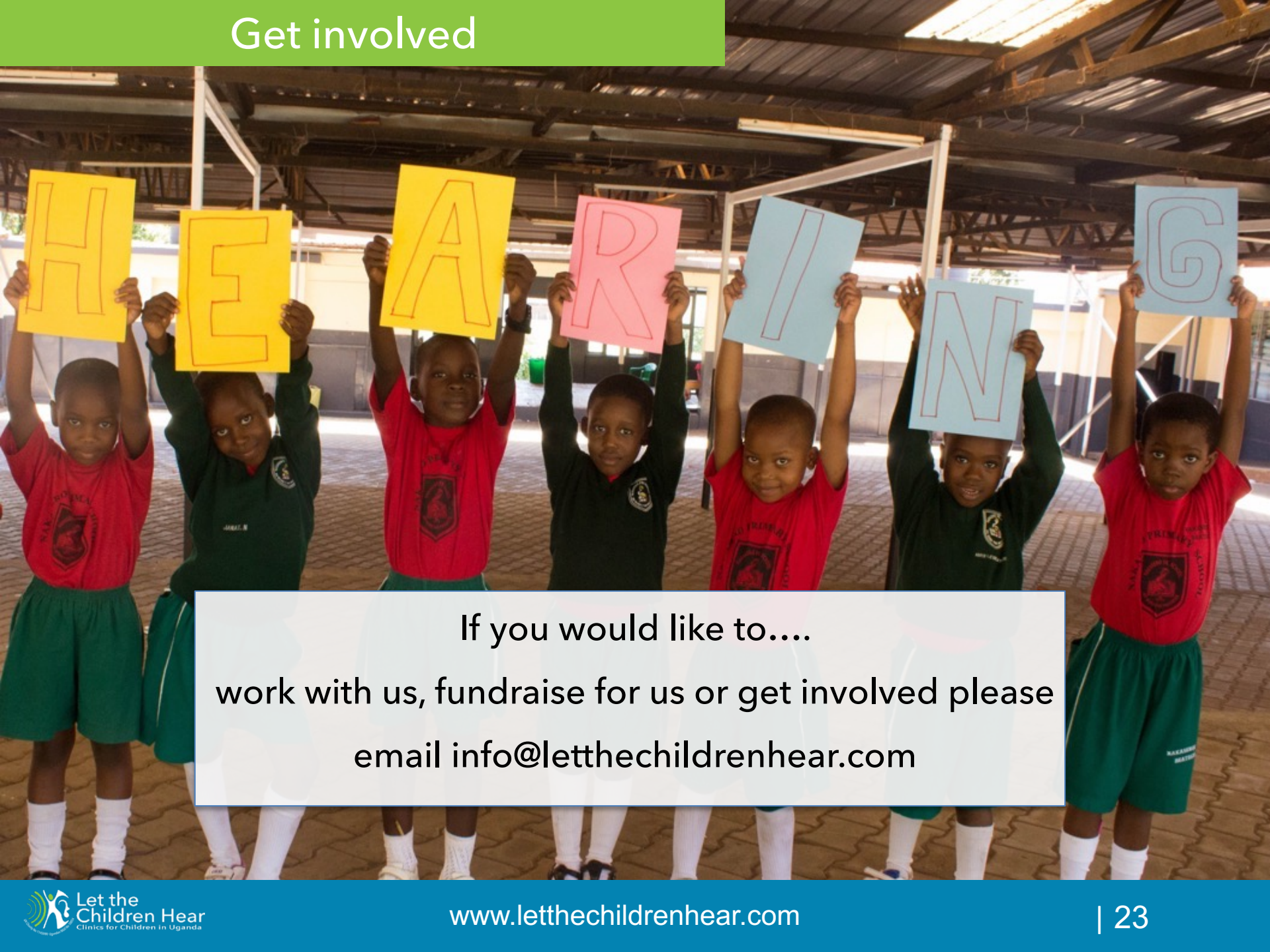
To all our other fundraisers, sponsors and supporters your generosity make a huge difference.

Our Trustees who work give their time freely and work tirelessly for the charity.

To our friends at The Global Partnership for Hearing Health we look forward to growing our partnership over the coming years.



Get involved



If you would like to....
work with us, fundraise for us or get involved please
email info@letthechildrenhear.com

Let the Children Hear
Receipts and Payments Account - Year Ended December 31 2020
Final Accounts

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Media and marketing charges	2,500.00	0.00	2,500.00	
Room hire	0.00	50.00	-50.00	
Transfers to Uganda	39,000.00	26,398.00	12,602.00	
 Ugandan costs :				
Visits from trustees/volunteers	4,894.44	7,062.00	-2,167.56	
Ambulance,equipment & medicine	10,168.53	1,221.59	8,946.94	
	<u>57,817.63</u>	<u>37,555.57</u>	<u>20,262.06</u>	
 Bank accounts as at December 31 2019	 29,895.53	 52,312.72		
 Bank accounts as at December 31 2020	 <u>32,726.41</u>	 <u>29,895.53</u>		



**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**

Charity Name
Let the Children Hear

**On accounts for the year
ended**

December 2020

**Charity no
(if any)**

1145080

Set out on pages

1

(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 31/12/2020.

**Responsibilities and
basis of report**

As the charity trustees of the Trust, 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 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 (other than that disclosed below *) in connection with the examination which gives me cause to believe that in, any material respect:

- accounting records were not kept in accordance with section 130 of the Act or
- the accounts do not accord with the accounting records

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

* Please delete the words in the brackets if they do not apply.

Signed:

Pat Burnham

Date:

28/06/2021

Name:

PATRICIA ANN BURNHAM

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

FCA
Institute of Chartered Accountants in
England + Wales

Address:

1 Old Barn Mews, The Green
Croxley Green
Rickmansworth, WD3 3AH