

Maranatha Health: Need for Board Members

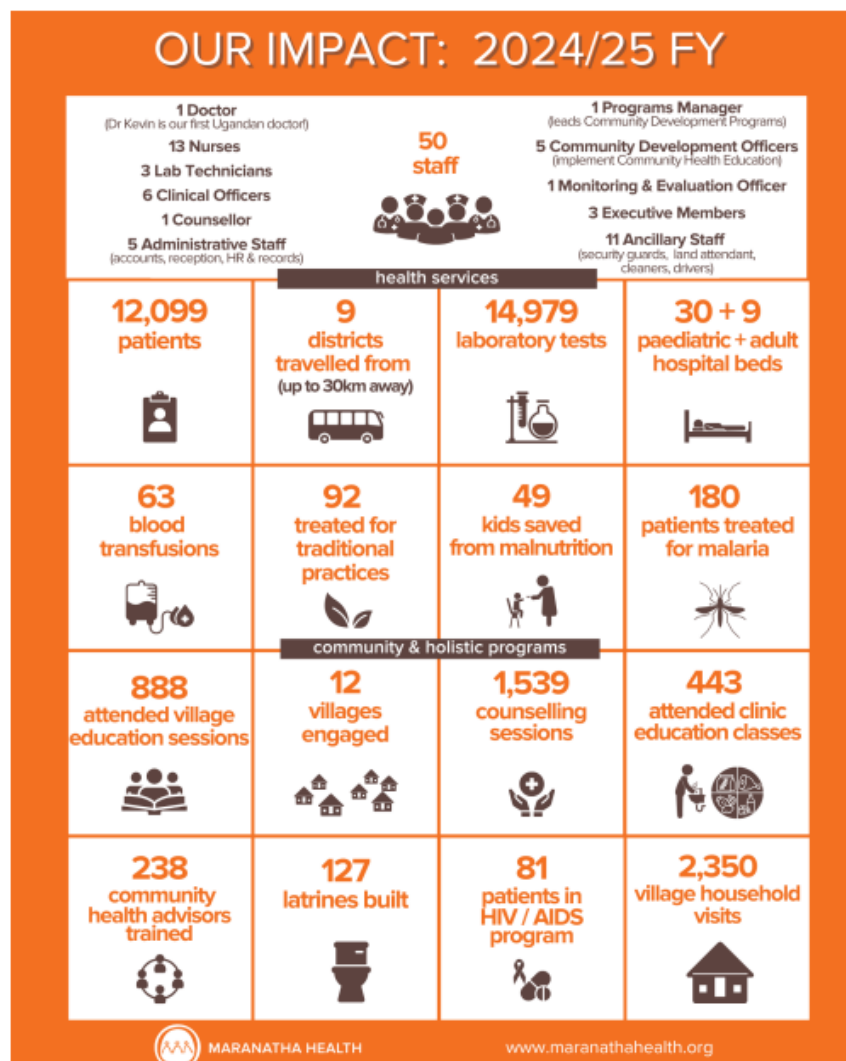
Maranatha Health is seeking committed, passionate individuals to join our Board. We are especially looking for people who bring experience in governance, marketing, fundraising, and finance, and who share our vision for delivering high-quality, compassionate healthcare in Uganda.

Maranatha Health is a NFP registered in Australia and Uganda.

The role of the Australian Board is to raise funds and provide assistance to the Ugandan Board and Management staff of the clinic that operates in Fort Portal, Uganda. The clinic has operated for 15 years, and treats 12,000 patients per year, as well as operating a community program that impacts over 5,000 people and employs 50 Ugandan staff.

If you, or someone you know, are eager to contribute your skills to an organisation making a real and lasting impact, we'd love to hear from you. Please get in touch by emailing contact@maranathahealth.org to express your interest or to find out more about what's involved, by calling Garry Hodge on 0414 440 498.

Further details about Maranatha Health can be found at <https://maranathahealth.org/>





MARANATHA HEALTH

2025

YEAR IN REVIEW

**2025 Annual Report for
Maranatha Hospitals Aid and Development Fund Inc.
(Maranatha Health)**

An Australian charity. Registered with Australian
Charities and Not-for-profits Commission.

ABN: 15 928 552 503
Maranatha Hospitals Aid and Development Fund Inc.

ABN: 34 290 264 644
The Trustee for Maranatha Hospitals Aid & Development
Australia Fund

www.maranathahealth.org



MARANATHA HEALTH

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About Us

Section 1

Overview

About us

Maranatha Health is an Australian and Ugandan non-profit organisation that aims to improve health outcomes, empower the poor, and make positive, lasting change.

Our Motivation

'Maranatha' means 'come Jesus'. We seek to emulate the actions of this revolutionary, who healed the sick, advocated for the oppressed, empowered the poor, and disrupted the status quo.

Our Vision

Everyone deserves to be well. At Maranatha Health we long to see strong, thriving, healthy and empowered communities taking charge of their futures. Maranatha Health undertakes projects in Uganda that fall into three categories:

- **EMPOWERING**
Health system strengthening and capacity building.
- **DEVELOPING**
Community health education and development.
- **HEALING**
Healthcare provision.



Values and Approach

About us

We are committed to ensuring our values and principles underpin all aspects of our work in Australia and Uganda. We are passionate about aid and development programs being evidence-based, community-owned, and genuinely transformative. We believe in holistic, multi-dimensional, and innovative development, and seek to support programs that embody those values.

Our Values

Justice and equity for the marginalised

Respect

Integrity and trustworthiness

Discipleship

Creativity

Prayerful consideration

Our Guiding Principles

Community partnerships

Capacity building

Holistic health and wellbeing

Advocacy and education

Transformation

Reflective practice

International development best practice



History

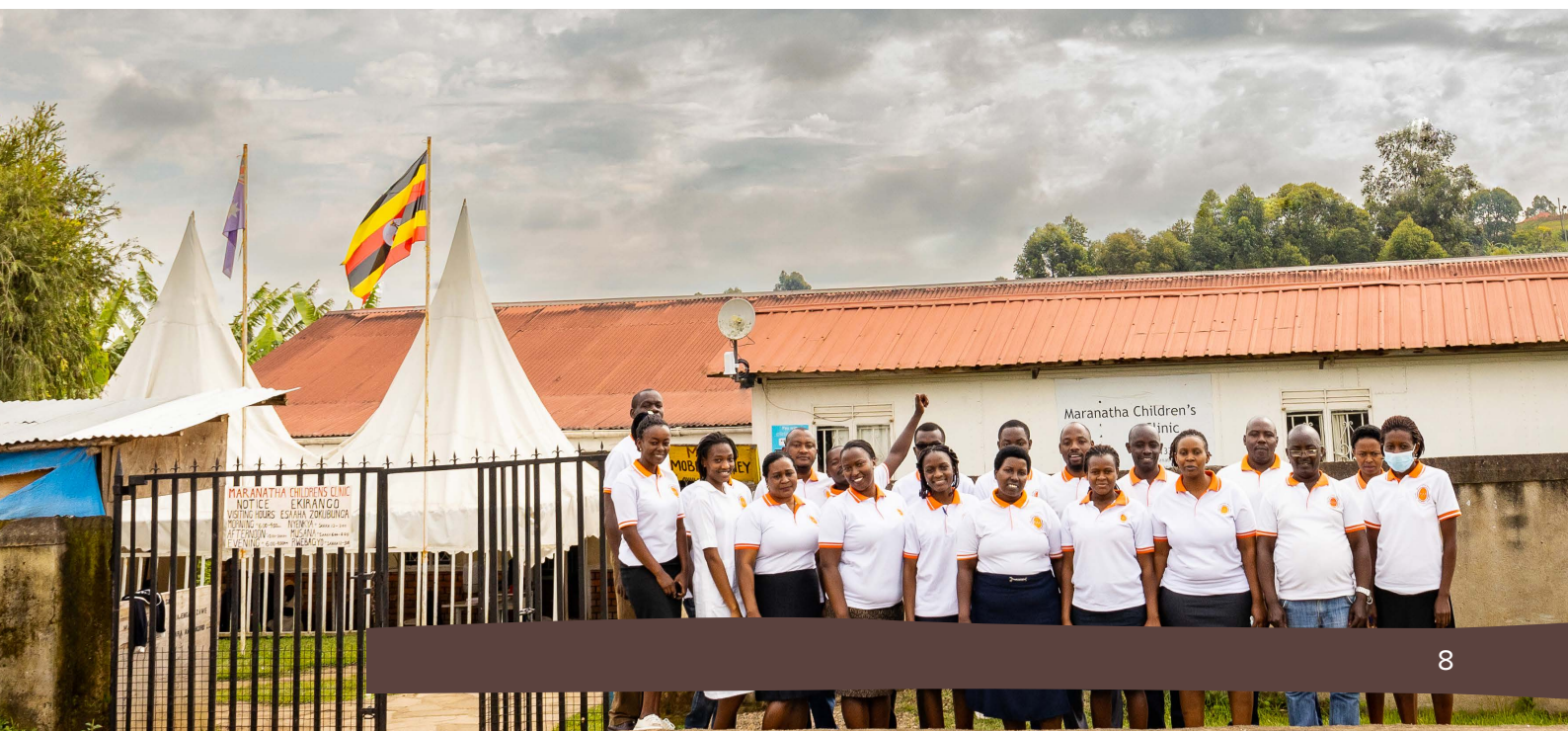
About us

Maranatha Health began with a simple dream: to improve healthcare in an under-resourced region of Africa. Thanks to the energy and support of people in both Australia and Uganda, two connected organisations with one shared purpose were established.

Maranatha Health is a registered charity in Australia, overseen by a Board of Directors and supported by an ATO-approved Public Ancillary Fund for receiving tax-deductible donations. In Uganda, Maranatha Health is a registered not-for-profit, governed by a local Board of Directors. These two distinct bodies work together in a close and interdependent partnership.

In 2011, founders Dr Michael and Kimberley Findlay launched Maranatha Health Uganda's first centre in Kamwenge District, Western Uganda. The centre provided outpatient and inpatient care, community development programs, and served as a district referral point. It quickly gained a strong reputation for delivering high-quality healthcare that was—and still is—greatly needed.

In 2015, a new centre was established in Fort Portal, Kabarole District, with a focus on paediatric care and strengthening the broader health system. Today, services include a paediatric clinic with an operating theatre, laboratory and testing facilities, along with village-based health education and advocacy programs. Maranatha Health Uganda now employs upwards of 50 Ugandan staff, supported by visiting medical volunteers from Australia, New Zealand, and the UK.



From the Chair

Australian Board

As I reflect on the past year, I'm filled with deep gratitude. Maranatha Health continues to be a story of hope—one that we are writing together, across continents, through compassion, generosity, and a shared belief in justice.

Faithful Partnership

At the heart of Maranatha Health is a model of partnership that honours and elevates local leadership. Our Ugandan team leads with expertise, vision, and compassion, and it is a privilege for those of us in Australia to walk alongside and support them. Under the capable leadership of Sabiiti Fenekansi, our Executive Director, the organisation continues to thrive.

This year has brought strong outcomes across clinical services, community health initiatives, and advocacy efforts. Our model continues to prove that investing in local solutions, built on trust and mutual respect, brings about lasting change.

A Visit to Remember

One of the most moving experiences for me this year was the opportunity to visit our team and programs in Fort Portal, Uganda. It's hard to put into words the impact of being there in person — walking through the hospital grounds, witnessing the skilled and passionate staff at work, and meeting the families whose lives have been transformed through access to quality health care — was humbling and encouraging.

I sat with mothers who shared their relief and joy after receiving treatment for their children. I watched health workers deliver care with dignity, even in challenging conditions. I was struck by the sense of community and purpose that surrounds every corner of the hospital. The visit was a powerful reminder that this work is real. It's not abstract or distant. It's life-changing, and it's happening every day.

A Supportive Community

None of this would be possible without you—our supporters, volunteers, prayer partners, and donors. Whether you contributed financially, advocated for us in your community, or simply followed the journey with interest and care, you are part of this story.

I also want to recognise the tireless dedication of our Board and volunteer team here in Australia. Your wisdom, generosity, and commitment is extraordinary, and it has been a privilege to serve alongside you.



From the Chair

About us

Looking Ahead

As we look to the future, our commitment remains steadfast: to deepen our impact while staying true to our values. We will continue to strengthen the sustainability and reach of our programs in Uganda and invite even more people into this shared pursuit of health equity and justice.

Maranatha Health was born from a bold vision—and it continues to grow because of the faith, courage, and generosity of people like you. Thank you for being part of this journey.

With heartfelt thanks,

Karen Baker, Chair





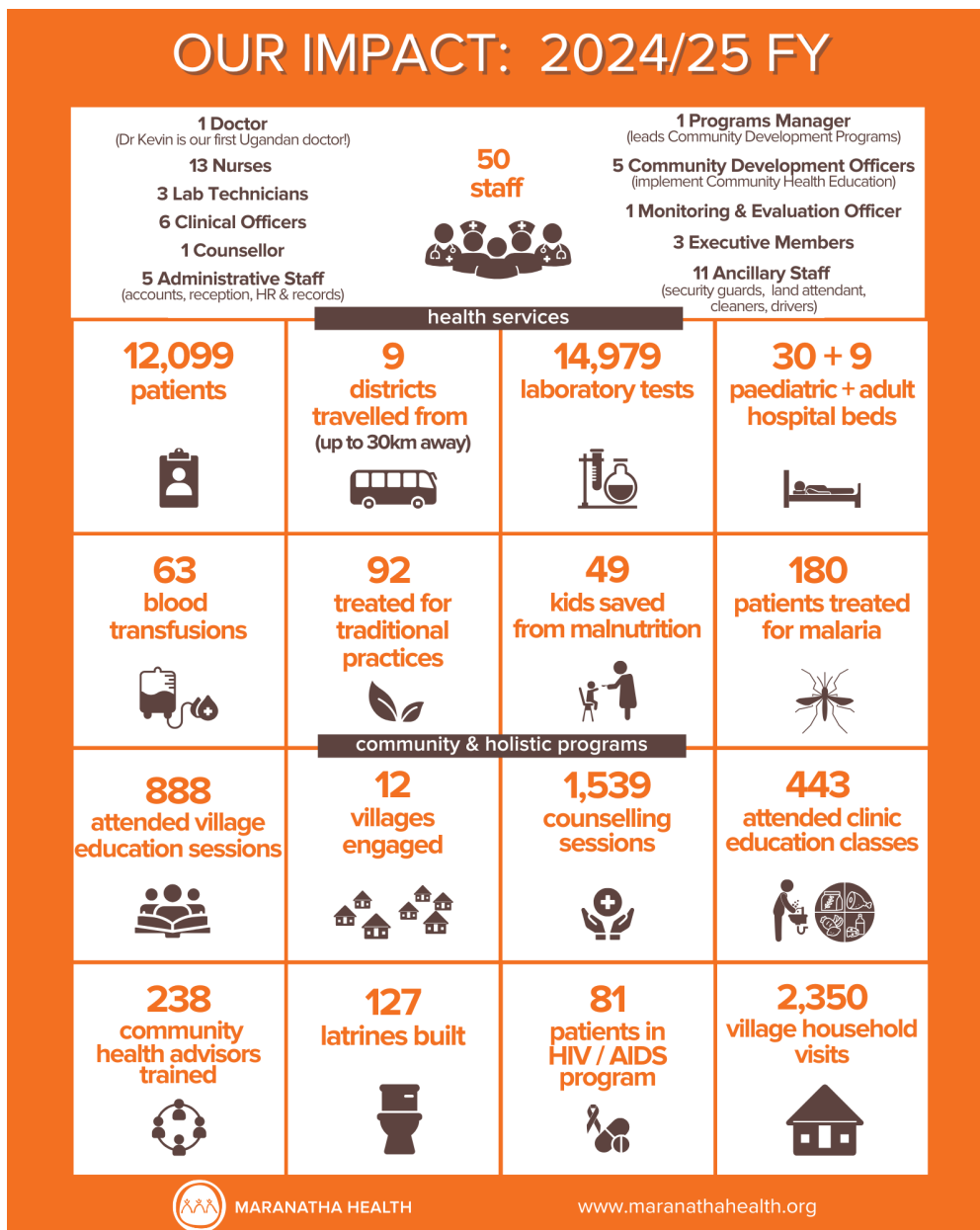


Our Impact

Section 2

Overview

Our Impact



“Once, few in our community recognised disease symptoms or the value of prevention. Maranatha Health equipped us to lead by example, transforming not only our understanding of health but also the wellbeing of our families.”

Charles Musinguzi
 respected elder from Kyamusa Village

Empowering

Our Impact: Building Capacity

Many Maranatha Health patients face poverty, limited health knowledge, and past negative treatment experiences that leave them feeling excluded from their own care. Maranatha Health provides holistic, person-centred care that goes beyond the surface. Through counselling, health education, cooking classes, and home visits, we build trust, address the root causes of illness, and support long-term change. We also help many vulnerable patients with food support, transport, and medical expenses, ensuring that no one is denied care because of circumstance.

Our compassionate team walks with patients through hardship, helping them regain confidence and build healthier futures.

Strengthening Uganda's health system

With fewer than one doctor per 10,000 people, mostly in urban areas, Uganda faces critical health workforce shortages and limited access to affordable training. Maranatha Health invests in staff development, enabling team members to pursue advanced education and return better equipped to serve their communities. For example, Abert, a clinical officer we helped support through medical school, will complete his internship and rejoin Maranatha Health as a doctor in 2026. This local capacity building strengthens the national health system and multiplies our impact.

A Holistic Approach

Beyond clinical care, Maranatha Health offers integrated programs in nutrition, counselling, HIV treatment, family planning, and community outreach. Together, these services address the full spectrum of community health needs, creating lasting and meaningful change.

IMPACTS 2024/25 FY

- 1,539 Counselling sessions provided
- 484 People attended health education classes
- 200 People educated on child nutrition
- 81 Patients in HIV/AIDS ART program
- 45 Health education sessions were held



Empowering

Our Impact: How Education Changes Lives

Planting the seeds of health

At Maranatha Health, education is as vital as medicine. Each week, the MH Counsellor conducts health education sessions for parents and caregivers caring for children in the hospital ward. These sessions address the most common illnesses affecting young patients, covering topics like nutrition, pneumonia, hygiene, diarrhea, and family planning. In the past 12 months alone, nearly 500 parents and caregivers have attended these sessions. With families averaging 5.6 children, that means close to 3,000 children are set to benefit from the knowledge and practices shared through this program.

The goal of education sessions is simple but profound: to equip families with the knowledge and skills they need to prevent disease, recognise symptoms early, and manage health conditions effectively. By debunking harmful myths and engaging parents/caregivers in conversation, these sessions transform time on the ward into a powerful opportunity for learning and empowerment.

And the results speak for themselves. Parents/caregivers leave with the confidence to care for their children beyond the hospital walls. Across the community, illnesses caused by poor sanitation and hygiene, such as diarrhea and typhoid, are decreasing, and more families are seeking timely medical help.

Miriah: turning illness into understanding

When Miriah arrived at the ward with her three-year-old son, he was being treated for malnutrition. Over three days of care, she also participated in the nutrition education sessions—and left with a new perspective on her family’s health. Miriah expressed appreciation for the nutrition knowledge and committed to providing her frequently ill children with a balanced diet to boost their low immunity.

“I am happy to learn the nutrition information so I can give my children the right food to stop them from getting sick so much”.

Her experience highlights the “teachable moment” that Maranatha Health’s education program is built upon. When a child is unwell, a parent’s motivation to learn is at its highest. The team didn’t just treat symptoms, they addressed the root cause: low immunity linked to poor nutrition.

Miriah gained understanding, not just a set of instructions. Knowing why a balanced diet matters empowered her to take ownership of her children’s wellbeing. What began as crisis care became the start of long-term, preventative change and empowered Miriah to become an advocate for her family’s health.

Empowering

Mr. Benard: learning by doing

Mr. Benard had also brought his malnourished son to Maranatha Clinic when he attended a nutrition teaching session held in the facility's Nutrition Demonstration Garden. The garden serves as a living classroom, turning lessons into tangible action. Seeing and touching the plants made nutrition real and achievable. He didn't just learn what to feed his children, he learned how to grow it. The experience built Benard's confidence, showing that better nutrition was within reach and not dependent on outside help, but on knowledge and initiative.

Benard thanked Maranatha for the innovative nutrition garden and pledged to start his own family garden to increase his children's intake of protective foods. By deciding to grow his own garden, Benard demonstrated a new belief in his ability to make lasting change. His choice not only improves his own children's nutrition but also sets an example for others, creating a ripple effect across his community.

Growing lasting change

Stories like Miriah's and Benard's are now common across Maranatha Health's programs. Families are moving away from harmful traditional practices—like tooth extraction or skin cutting—and turning instead to proven medical care.

By combining compassionate treatment with education, Maranatha Health is not just curing disease, it's cultivating lasting change. Every session, every garden, and every conversation plants another seed of health, helping families and communities flourish for generations to come.



Empowering

Our Impact: Transforming Health Through Partnership

A story of progress

In recent years, Uganda has seen remarkable improvements in community health, thanks to collaboration between government agencies, NGOs, and local providers like Maranatha Health. One striking example is the significant decline in malaria cases across the country, and particularly in the Rwenzori region.

At Maranatha Health, the change is clear. In April this year, out of 1,063 outpatients, only four were diagnosed with malaria, and none were admitted. This is a dramatic shift from a few years ago, when malaria was a leading cause of illness and death. As the infographic (p12) shows, in 2024/25, only 180 people were treated for malaria at the clinic, down from 912 the previous year.

This success reflects the combined impact of national malaria control programs and community-level health education by government and partners. Wider mosquito net distribution has ensured most households are covered, while free treatment at public facilities has reduced the burden on families and private clinics. Together, these efforts have turned malaria from a major threat into a far less common illness.

While malaria control has improved, challenges remain with malnutrition, especially among children in rural and hard-to-reach areas. Last year, Maranatha dedicated significant effort, often reallocating resources from other programs, to identify and treat malnourished children. This year, limited funding forced a scale-down of direct support. Government-supplied nutrition supplements have helped, though limited stocks remain a challenge. Maranatha now focuses on community assessments and referrals, managing only the most critical cases at the clinic.

These experiences highlight both progress and ongoing challenges. The decline in malaria shows what partnership and persistence can achieve, while malnutrition underscores the need for continued collaboration and investment to ensure no child is left behind. Maranatha Health remains committed to working with partners to strengthen Uganda's health system one community at a time.



Developing

Our Impact: The Health Advisor Program

Communicable diseases like malaria, HIV/AIDS, and diarrhoeal illnesses remain the leading causes of illness and death in Uganda—especially in rural areas, where survival takes priority and health education is limited.

Maranatha Health tackles this through its community health program, training local leaders—called village health advisors (Abahabuzi B'ebyamagara, ABs)—to drive change within their own communities. Each year, 15–20 advisors are elected from remote villages and trained by our community health team. Using pictorial resources and guided discussions, they explore key topics such as nutrition, hygiene, water safety, malaria prevention, and disease management.

Advisors start by applying new practices in their own homes, then mentor 20 nearby households to do the same. As one advisor said, “You cannot teach what you don't practise. Let me first put this in place, then I will go and teach others.”

The program is closely monitored and evaluated, allowing Maranatha Health to measure progress and refine its approach. In villages with active advisors, illness rates drop, sanitation improves, and health knowledge grows. Families report meaningful, lasting change—driven by community ownership and leadership.

IMPACTS 2024/25 FY

- 238 ABs trained
- 2350 households visited
- 12 villages engaged
- 7 villages graduated from the AB program
- 888 people attended village training sessions
- 127 latrines constructed



Developing

Our Impact: Accessible Nutrition at Home

Provia's story

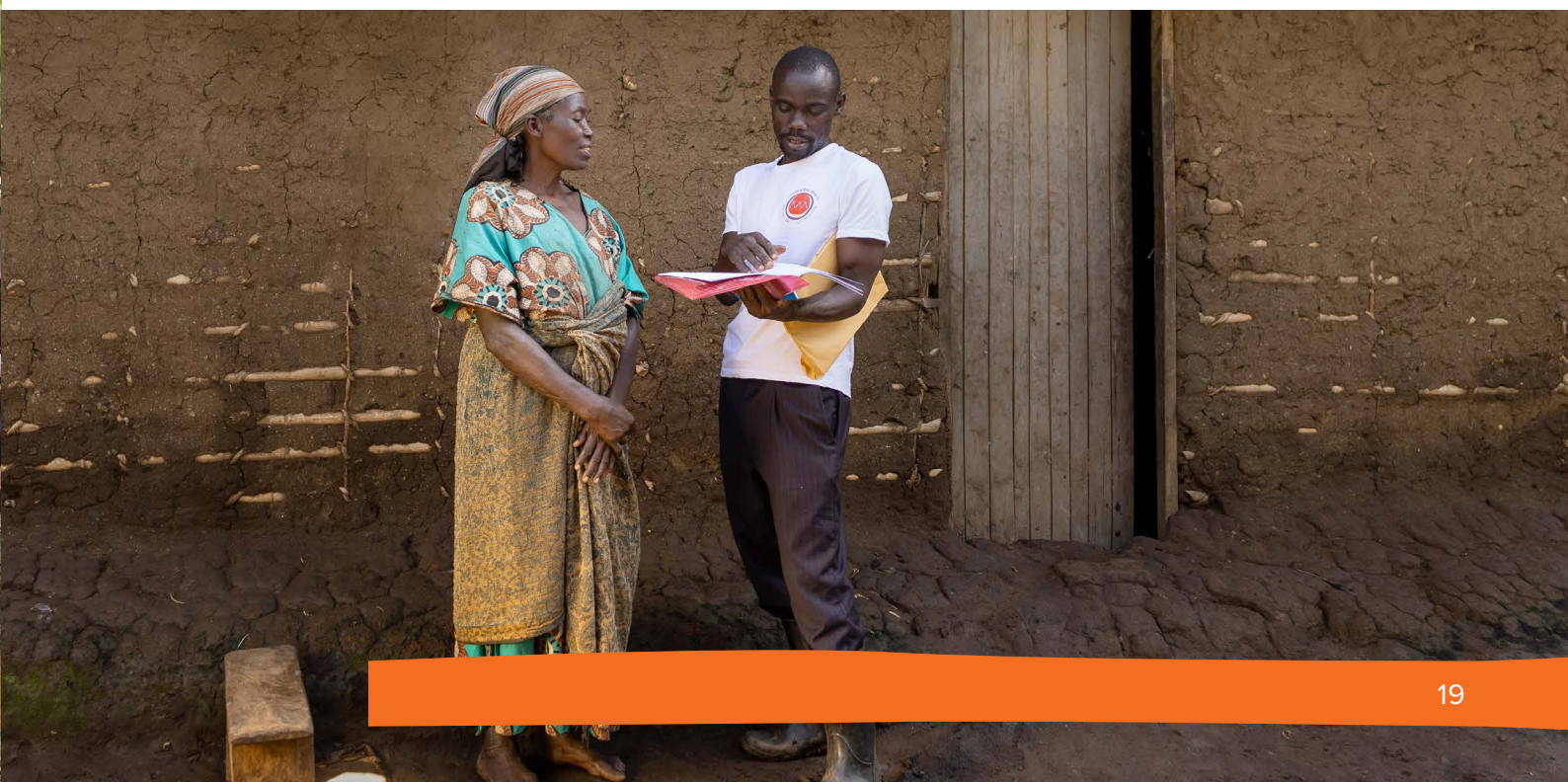
At 62, Ndeberaho Provia embodies both profound vulnerability and remarkable resilience. A resident of Kyantambara Village in Uganda's Kabarole District, she carries the enormous responsibility of raising three young grandchildren, left in her care by the painful consequences of poverty and addiction.

Her challenges run deep. Partially blind due to untreated eye problems and unable to afford medical care or corrective lenses, Provia's world had grown dimmer over time. Each day was a struggle to provide for her family while coping with light sensitivity and poor vision.

Crisis of dignity and health

Provia's limited sight affected her mobility and deepened her family's poverty trap. Without the means to secure quality healthcare, she relied on dark sunglasses to manage her sensitivity to light while continuing to care for her grandchildren.

Her home also lacked the most basic health facilities: there was no pit latrine, no hand-washing station, and no dish drying rack. Forced to rely on a neighbor's substandard latrine, the family's privacy and dignity were compromised daily. The lack of sanitation exposed the grandchildren to repeated bouts of diarrheal disease and other infections. For Provia, each day brought fear that illness might take what little she had left.



Developing

Turning point: targeted intervention

Hope arrived when Maranatha Health's Community Program identified Provia's household as critically vulnerable. The initiative focuses on helping families like Provia's who are most at risk by providing simple, practical solutions.

Maranatha Health quickly mobilised to construct three essential household assets:

- A semi-permanent pit latrine, restoring privacy and dignity.
- A hand-washing tippy tap, breaking the chain of infection.
- A drying rack, keeping kitchen utensils clean and safe.

These basic yet powerful interventions created a cleaner, safer home environment and significantly reduced the risk of disease transmission.

A renewed sense of peace

When the MH team returned for a follow-up visit, the transformation was evident. Overwhelmed with emotion, Provia shared, "Before, my grandchildren were always falling sick. I lived in constant fear. Now, I feel peace knowing our home is safer and cleaner. Thank you, Maranatha Health, for thinking of people like me."

On her knees, she offered a prayer of thanksgiving, a gesture that spoke volumes. Despite her disability, Provia now exemplifies resilience and renewal. She has taken charge of her family's health, planning to build a garbage pit and urging neighbours in Kyantambara B to adopt better hygiene.

Provia's story shows how small interventions can transform lives. Investing in community health not only prevents disease but also restores dignity, stability, and hope. With Maranatha Health's support, families like hers are regaining confidence, independence, and inspiring others to do the same.



Developing

Our Impact: Restoring Dignity

Kugonza and Edreda's story

In the remote village of Rusenyi, Western Uganda, 75-year-old Kugonza Erifazi had spent over 15 years bedridden and dependent on his daughter, Edreda. As his condition worsened, relatives moved away, leaving Edreda to handle all the care, cooking, and cleaning alone. Their home lacked basic sanitation—a latrine, washing station, and drying rack. When heavy rains destroyed their last pit latrine in December 2023, they faced the humiliation and health risks of open defecation. “It was stressful for me every day looking for where to throw wastes in the bush.” said Edreda.

This was when Maranatha Health intervened through its Community Program and the “A Latrine for Every Household” campaign. Seeing the family’s dire need, Maranatha Health and the ABs built them a new latrine. “When I heard that Maranatha and our neighbours were planning to construct for me a latrine, I was happy, and I thank God that I have seen this happening,” Kugonza said joyfully. His daughter added, “I think this is a blessing from God, such things don’t just happen; it means God still loves my father... Now we are rich with my father because we have a latrine. Thank you Maranatha and ABs for constructing a latrine for us.”

The new latrine restored dignity, eased Edreda’s burden, and brought hope back to their home. Kugonza’s story shows how community-led health initiatives can spark lasting change. By training and empowering local leaders, Maranatha Health and the ABs provide practical solutions, restore hope, and build resilient rural communities.



Developing

Our Impact: From Reluctance to Renewal

Joseph's story

In the rural community of Mandako, Western Uganda, Tusiime Joseph's household was known for its reluctance to adopt health practices. Despite repeated visits from Community Health Advisors (ABs), Tusiime resisted change. That was until Maranatha Health and the ABs joined forces to identify and visit the 18 households in the village still living without basic facilities.

When the team arrived at Tusiime's home, what they found was concerning: no latrine, no tippy tap, no compost pit, no drying rack, and no nutrition garden—conditions that placed the family at constant risk of illness.

Something shifted for Tusiime after that visit. Perhaps inspired by the collective effort, Tusiime began to transform his household. A latrine was constructed, followed by a drying rack, a compost pit, and finally, a nutrition garden bursting with vegetables. Ndyanabo Resty, the AB assigned to Tusiime's household, couldn't hide her joy. *"It's incredible to see Tusiime's change of heart!"* she said.

Her pride was echoed by Komugisha Agness, Tusiime's wife, who credited Resty's guidance and her husband's cooperation for their family's newfound health. *"My husband saw the importance of having our own latrine,"* Agness shared. *"He constructed it, and I made a nutrition garden. Our home is organised, and our health is improving."*

Tusiime's story reflects the heart of Maranatha Health's community-driven approach: empowering local leaders and ABs to foster change from the inside. By equipping these community health champions with knowledge and tools, Maranatha ensures that progress grows from within.



Healing

Our Impact: Health Services

Access to quality healthcare for children is essential to any community's wellbeing and development. In rural Uganda, however, poverty, undernutrition, and limited access to timely medical care lead to frequent illness among women and children—creating a cycle where poor health deepens poverty, and poverty worsens health. Tragically, one in 19 children dies before their first birthday.

Maranatha Health is breaking this cycle by providing high-quality, affordable care that gives every child a chance to thrive. Our clinic is a centre of excellence and compassion, where families receive care with dignity and trust. Maranatha is an officially accredited Antiretroviral Therapy (ART) clinic, providing a vital role in strengthening local HIV care amid declining foreign aid.

HEALTH SERVICES

Our inpatient facility includes 30 paediatric beds and 9 adult beds, staffed by a dedicated team: 1 doctor, 13 nurses, 6 clinical officers, 3 lab technicians, 1 counsellor, and 5 administrative staff.

Each week, about 200 patients visit our outpatient department for assessment and treatment of conditions not requiring admission. Clinical officers and the doctor provide treatment and follow-up care, helping patients recover while reducing unnecessary hospital stays.

Over the past year, common inpatient conditions included viral respiratory infections, peptic ulcers, diarrhoea, and urinary tract infections. Our team continues to meet community health needs with skill and compassion, ensuring vulnerable patients receive the care they deserve.

IMPACTS 2024/25 FY

- 1767 Inpatients treated
- 10,332 Outpatients treated
- 14, 979 Lab tests run
- 180 Malaria patients treated
- 63 Blood transfusions given
- 48 Children teated for malnutrition



Healing

Our Impact: Clinical Care Enchanced by Education

Mark's journey back from the brink

Two-year-old Mark arrived at Maranatha Health in a fragile state, brought by his grandmother from Humura village. Neglected by his mother and weakened by a previous hospital stay where he had refused vital food, Mark's tiny body teetered on the edge. His grandmother, guided by a local elder, sought help at MH, a trusted community beacon.

At MH, a careful medical assessment confirmed severe malnutrition. Other illnesses were ruled out, leaving the team with the urgent task of restoring Mark's strength and appetite. The MH team combined clinical expertise with practical guidance, providing nutritional counseling that emphasized balanced, locally available foods. With gentle strategies, therapeutic foods were incorporated into familiar porridge, making it more acceptable to the reluctant child.

By the next visit, relief and hope arrived: Mark was eating, swelling had reduced, and he had gained his first precious kilo. At the third visit, his transformation was remarkable—a healthy, energetic child now weighing 10 kg. Tears of joy flowed as his grandmother thanked the dedicated MH team for this lifesaving care. Discharge marked not an end, but a new beginning.

A month later, Mark was thriving, weighing a robust 12 kg and playing joyfully. His grandmother's heartfelt gratitude reflected the profound impact of attentive medical care, guidance, and community support. Through the combined expertise and compassion of Maranatha Health, a little fighter had been given a second chance at life.



Healing

Our Impact: Compassionate Healthcare Changes Lives

Annet's Story

After 83 harrowing days in medical care, baby Annet was finally discharged on December 30th, just in time to celebrate the New Year with her family. Her long recovery was marked by immense challenges for both her and her parents.

Annet was first admitted to Maranatha Health Clinic with a severe infection in her right thigh that threatened her life. She underwent fasciotomy surgery over 44 days before being referred to Mbarara Regional Hospital for another 36 days, where a crucial skin graft closed the deep wound.

Throughout this ordeal, Annet's parents, already struggling financially, faced overwhelming hardship. Twice they nearly gave up hope: first when surgery was required at Maranatha, and again before referral to Mbarara. Believing at first that her illness was spiritual, they considered taking Annet home to die peacefully, an idea the Maranatha team compassionately but firmly challenged. Annet's mother suffered severe emotional distress, often appearing depressed and anxious. She received treatment and counselling, gradually restoring her confidence and hope.

Recognising the family's dire situation, Maranatha Health covered all medical costs, food, transport, medication, and even provided a helper during the hospital stay—support made possible through a rapid fundraising effort by Maranatha Health Australia.

Annet was discharged from Mbarara Hospital back to Maranatha Clinic on December 29th and went home the next day. Her departure was filled with smiles and joy. Seeing her move and jump around the clinic, her bright smile lighting up the room, was a true testament to her resilience. Her recovery continued with regular follow-ups, including a review at Mbarara Hospital on January 24th and dressing changes every three days until full healing. Annet's story is a powerful reminder of resilience, community support, and the life-changing impact of compassionate healthcare.







Our Work

Section 3

Australian Board

Our Work

The Maranatha Health Australia Board plays a critical role in ensuring strong governance, meeting compliance obligations, and—most importantly—stewarding the generous contributions of our donors to sustain and grow the work in Uganda. A core focus of the Board is to strengthen and engage our supporter network, facilitating financial support, in-kind donations, professional expertise, and promotional efforts to amplify our impact.

In 2024/25, essential support across operations was provided by the Board, additional to their governance duties, along with a number of dedicated volunteers, all contributing their time and skills to advance our mission.



Karen Baker
Chair



Garry Hodge
Treasurer



Dr Joe Inauen
Public Officer



Hannah Ferrari
Deputy Chair



Jackson Jaensch



Dr Ben Booker

*For more details on our board members please visit www.maranathahealth.org/governance

Volunteers

Our Work

Local volunteers form an indispensable part of Maranatha Health's operations in Australia. Their dedication, expertise, and generosity ensure that our administrative functions run smoothly and effectively, enabling us to advance the Maranatha Health vision in Uganda.

We extend our deepest gratitude to the volunteers who have contributed their time and talents with unwavering commitment:

Dr Michael & Kim Findlay	Founders and Advisors
Catherine Carr	Prayer Team Coordinator
Gaynor Johnson	Printing and editing
Sandra Findlay	Donor relations
Wendy Hampel	Data entry, donor receipting
Michelle Juers	IT Consultant / System Administrator
Josh Curtis	Website structure and content
Galpins Accountants, Auditors and Business Consultants	Bookkeeping and auditing services.

We sincerely thank the remarkable individuals who have raised funds for Maranatha Health this year through a variety of creative initiatives. Your efforts have made a meaningful difference, and we are truly proud of your dedication and impact.

To everyone who forms part of the Maranatha Health family—whether through fundraising, prayer, advocacy, education, or sharing our mission within your communities—thank you. It is your generosity and ongoing investment that make our work possible and sustain our impact.





Our Finances

Section 4

Treasurer's Report

Our Finances

I am pleased to present the Finance Report for the 2024/25 financial year. I continue to serve as Treasurer with the valued assistance of Hannah Ferrari and Joe Inauen, who, together with myself, form the Maranatha Health Australia Finance Team.

The Board of Maranatha Health Australia expresses sincere gratitude to Galpins Accountants, who have once again generously provided both bookkeeping and audit services through separate departments, entirely free of charge. We are deeply thankful for Galpins' continued generosity and commitment to our mission.

Financial performance

The financial result for 2024/25 was approximately 10% below the previous year's outcome. Total income for the financial year was \$381,302 (2023/24: \$425,806), comprising:

- Donations: \$357,070
- Fundraising: \$1,754
- Interest income: \$22,478

While income decreased slightly, global inflationary pressures and increased staffing costs in Uganda continued to raise project expenses. Accordingly, funds transferred to Global Development Group (GDG) to support Maranatha Health Uganda rose by \$70,000 compared with the previous year:

Financial Year	Funds Sent to GDG
2024/25	\$414,910
2023/24	\$344,324
2022/23	\$285,000
2021/22	\$228,100
2020/21	\$196,150

This increased expenditure, combined with reduced income, resulted in a deficit of \$40,825 for 2024/25. The Board has budgeted for a similar amount to be transferred to the Uganda project in 2025/26.

Treasurer's Report

Our Finances

Stewardship and donor support

We remain deeply appreciative of our loyal donor community, many of whom give faithfully year after year. Managing Maranatha Health Australia's finances requires substantial behind-the-scenes volunteer work. We gratefully acknowledge those who contribute their time and expertise in bookkeeping, administration, and donor relations to ensure the ongoing success of our Australian operations.

Throughout the year, the Board ensured that all funds requested by Maranatha Health Uganda were transferred via GDG, allowing all donations to remain tax deductible under Australian aid regulations.

Note: Global Development Group (GDG) oversees the Ugandan project in accordance with Australian Overseas Aid Gift Deduction Scheme (OAGDS) requirements. GDG provides governance, planning, monitoring, evaluation, and auditing support to ensure compliance and impact.

Financial position

As at 30 June 2025, funds on hand and donations receivable totalled \$685,104, compared with \$725,929 in the previous year. This amount provides over 12 months of operational funding for programs in Uganda.

It remains the shared dream of both the Australian and Ugandan Boards to invest a portion of these funds into a future building program, advancing Maranatha Health's long-term vision.

As is typical for many not-for-profits, a large portion of donations is received toward the end of the financial year. These cash reserves are therefore essential for managing ongoing and future commitments.

Capital development fund

A separate account administered through GDG was established in June 2018 to support capital development, including:

- Purchase of land adjacent to the current Maranatha Health Clinic in Fort Portal
- Investment in essential infrastructure
- Engagement of architects to design a master plan for a purpose-built medical facility

As of 30 June 2025, approximately \$308,000 had been donated to this fund. Most of these funds have now been invested in land purchase, fencing, infrastructure, and architectural planning, leaving a balance of \$2,000.

Treasurer's Report

Our Finances

We extend heartfelt thanks to all who have contributed to this vital initiative. To fully fund the future building project, additional funds and new partnerships will be sought in the coming year.

Governance and Oversight

The Finance Team and Board continue to exercise strong financial stewardship, ensuring that donor funds are used effectively and transparently. Maranatha Health Australia maintains no staffing costs, which allows a greater proportion of funds to be directed to Uganda, though this also means Board members serve as dedicated volunteers, managing many operational tasks themselves.

We sincerely thank all Maranatha Health supporters for journeying with us over the years and for responding so generously to the End of Financial Year Campaign during May and June.

While challenges remain, we look forward with hope and determination as we continue to resource the vision in Uganda and improve the lives of children and families in Fort Portal.

Garry Hodge, Treasurer

Financial Statements

Our Finances

**MARANATHA HOSPITALS AID AND DEVELOPMENT FUND
FINANCIAL ACCOUNTS
FOR THE YEAR ENDED 30 JUNE 2025**

**including financial statement for the public ancillary fund
MARANATHA HOSPITALS AID AND DEVELOPMENT AUSTRALIA**

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**MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA
INCORPORATED
FINANCIAL ACCOUNTS
FOR THE YEAR ENDED 30 JUNE 2025**

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**MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA
INCORPORATED
FOR THE YEAR ENDED 30 JUNE 2025**

STATEMENT BY THE BOARD

In the opinion of the Board of Maranatha Hospitals Aid and Development Fund Australia Incorporated:

- (a) the Association is not a reporting entity because there are no users dependent on general purpose financial statements. Accordingly, as described in note 1 to the financial statements, the attached special purpose financial statements have been prepared for the purposes of complying with the requirements of the Australian Charities and Not-for-profits Commission Act 2012 to prepare and distribute financial statements to the members of Maranatha Hospitals Aid and Development Fund Australia Incorporated;
- (b) the attached financial statements and notes thereto comply with the Australian Charities and Not-for-profits Commission Act 2012, the Accounting Standards as described in note 1 to the financial statements, the Australian Charities and Not-for-profits Commission Regulation 2013 and other mandatory professional reporting requirements;
- (c) the accompanying balance sheet as at 30 June 2025, income and expenditure statement and Notes to the financial statements for the year ended 30 June 2025 as set out on pages 3 to 6 are properly drawn up so as to give a true and fair view of the Association's financial position as at 30 June 2025 and of its performance for the financial year ended on that date;
- (d) as at the date of this statement there are reasonable grounds to believe that Maranatha Hospitals Aid and Development Fund Australia Incorporated will be able to meet its debts as and when they fall due;
- (e) no officer or no firm of which an officer is a member or no corporation in which an officer has a substantial financial interest has received or become entitled to receive a benefit as a result of a contract between the office, firm or corporation and Maranatha Hospitals Aid and Development Fund Australia Incorporated; and
- (f) no officer has received directly or indirectly any payment or other benefit of a pecuniary value other than remuneration payments to employees and reimbursements of out-of-pocket expenses in relation to Maranatha Hospitals Aid and Development Fund Australia Incorporated.

Signed in accordance with a resolution of directors made pursuant to section 60.15 (2) of the Australian Charities and Not-for-profits Commission Regulation 2013;

Signed in accordance with the resolution of the Board of Directors



Karen Baker
Chairperson

23 10 2025



Garry Hodge
Treasurer

23 10 / 2025

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED
BALANCE SHEET
AS AT 30 JUNE 2025

	2024-25	2023-24	Note
	\$	\$	
ASSETS			
Cash and Cash Equivalents			
General Fund	34,848	3,455	b
Public Ancillary Fund	240,011	70,271	c
Term Deposit General	113,816	107,092	
Term Deposit PAF	275,000	488,623	
Total Cash & Cash Equivalents	663,675	669,441	
Trade and Other Receivables			
Accrued Interest	8,745	13,507	
Donations receivable	12,080	42,061	
Total Trade and Other Receivables	20,825	55,568	
Fixed Assets			
Plant & Equipment	1,412	1,412	
Plant & Equipment Accumulated Depreciation	(875)	(592)	
Total Fixed Assets	537	820	
Total Assets	685,037	725,829	
LIABILITIES			
Employee-related liabilities	-	0	
GST Liabilities	(67)	(100)	
Total Liabilities	(67)	(100)	
Net Assets	685,104	725,929	
EQUITY			
Accumulated Funds	725,929	650,744	
Current Year Surplus/Deficit	(40,825)	75,185	
Total Equity	685,104	725,929	

The accompanying notes form part of these financial statements

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED
INCOME & EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2025

	2024-25	2023-24	Note
	\$	\$	
INCOME			
Donations	357,070	387,833	a
Fundraising income	1,754	4,477	
Interest	22,478	33,496	
Total Income	381,302	425,806	
EXPENSES			
Bank fees	23	21	
Fundraising expenditure	1,238	1,757	
Project contributions	414,910	344,325	
Consumer & Business Services fee	200	-	
Insurance	2,321	2,154	
Software expenses	65	67	
Communication & Promotion	3,088	2,015	
Depreciation	282	282	
Total Expenses	422,127	350,621	
Net Surplus / (Deficit)	(40,825)	75,185	

The accompanying notes form part of these financial statements

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED
STATEMENT OF CHANGES IN EQUITY
AS AT 30 JUNE 2025

	Accumulated Funds	Note
	\$	
BALANCE AT 1 JULY 2023	650,744	
Surplus for the Year	<u>75,185</u>	
BALANCE AT 30 JUNE 2024	<u><u>725,929</u></u>	
BALANCE AT 1 JULY 2024	725,929	
Surplus for the Year	<u>(40,825)</u>	
BALANCE AT 30 JUNE 2025	<u><u>685,104</u></u>	

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED
CASH FLOW STATEMENT
FOR THE YEAR ENDED 30 JUNE 2025

	2024-25	2023-24
	\$	\$
Cash flows from Operating Activities		
Receipts from donors	393,567	367,438
Payments to suppliers and employees	(421,812)	(350,541)
Interest received	22,478	33,496
Depreciation	1	-
Net cash flows from operating activities	(5,766)	50,393
Net increase/(decrease) in cash and equivalents	(5,766)	50,393
Cash and equivalents at the beginning of the year	669,441	619,048
Cash and equivalents at the end of the year	<u>663,675</u>	<u>669,441</u>

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED

Public Ancillary Fund - ABN 34 290 264 644

Financial Statement - July 2024 through June 2025

	\$
<hr/>	
Opening Balance at 1 July 2024	600,955
PAF Accounts	558,892
PAF Donation Receivable	42,063
Opening Balance	600,955
Receipts	
Donations	317,711
Interest	24,329
Total Receipts	342,040
Payments	
Disbursements to Global Development Group	414,529
Other Costs	1,363
Bank, Merchant and Fundraising Fees	12
Total Payments	415,904
Closing Balance as at 30 June 2025	527,091
PAF Bank Accounts	515,011
PAF Donations Receivable	12,080
Closing Balance	527,091

**MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED
FOR THE YEAR ENDED 30 JUNE 2025**

NOTES TO THE FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

Basis of Preparation

The members of the Board have prepared the financial report on the basis that the Association is not a reporting entity as there are unlikely to exist users who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs. Accordingly, this "Special Purpose Financial Report" has been prepared for the purposes of complying with the requirements of the Australian Charities and Not-for-profits Commission Act 2012 to prepare and distribute financial statements to the members of Maranatha Hospitals Aid and Development Fund Australia Incorporated.

These financial statements are presented in Australian dollars (\$), and have been prepared in accordance with the recognition and measurement requirements specified by the Australian Accounting Standards and interpretations issued by the Australian Accounting Standards Board (AASB) and the disclosure requirements of:

AASB 101 Presentation of Financial Statements

AASB 107 Statement of Cash Flows

AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors

AASB 1048 Interpretation and Application of Standards

AASB 1054 Australian Additional Disclosures

These Financial Statements do not conform with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB').

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values.

Income Tax

The Association is exempt from income tax pursuant to the Income Tax Assessment Act 1997. Accordingly, Australian Accounting Standards AASB 112 has not been applied and no provision for income tax has been included in the financial reports.

Goods & Services Tax (GST)

The Association is not registered for GST.

Note 2: Other Explanatory notes to the financial statements

- a. Comprises donations paid to the Association. While there is no liability attached to these donations, there is a requirement in the Association's constitution that these funds are applied for the purposes of the Association. There is also a requirement that funds received into the Ancillary Fund are applied for the purposes of the Fund as approved by the Australian Taxation Office.
- b. The Association holds a bank account for receiving monies and paying its operating costs and funding its overseas project.
- c. The Association holds a second bank account for its partnership with Global Development Group (GDG). GDG has Deductible Gift Recipient Status and the project is approved as part of this. Donations are received into this account and are tax deductible for the donor. Funds in this account are only ever paid to GDG and only for the purposes of undertaking the overseas project.
- d. The Association holds some assets which have been contributed in kind by individuals and other organisations. The value of these assets is low and due to the cash basis of the Association's accounting systems, these assets have not been recognised.



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INDEPENDENT AUDITOR'S REPORT

To the members of Maranatha Hospitals Aid and Development Fund Australia Inc.

Report on the Audit of the Financial Report

Qualified Audit Opinion

We have audited the accompanying financial report of Maranatha Hospitals Aid and Development Fund Australia Incorporated (the Association) which comprises the balance sheet as at 30 June 2025, income and expenditure statement, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and the Statement by the Board.

In our opinion, except for the possible effects of the matters described in the Basis for Qualified Opinion paragraph, the accompanying financial report of Maranatha Hospitals Aid and Development Fund Australia Incorporated is in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

- (i) giving a true and fair view of the company's financial position as at 30 June 2025 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Act 2012.

We confirm that the independence declaration required by the Australian Charities and Not-for-profits Commission Act 2012, which has been given to the directors of the company, would be in the same terms if given to the directors as at the time of this auditor's report.

Basis for Qualified Opinion

It is not practicable for the Association to maintain an effective system of internal control over receipts and other fundraising activities until their initial entry in the accounting records. Our audit in relation to these items was limited to amounts recorded. Consequently, we were unable to determine whether any adjustments to these amounts were necessary.

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia, and we have fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Directors for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair in accordance with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

GALPINS ACCOUNTANTS, AUDITORS & BUSINESS CONSULTANTS



Luke Williams CA, CPA Registered Company Auditor
Partner

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Our Partners

Section 5

Our Partners

GLOBAL DEVELOPMENT GROUP

Maranatha Health is proud to be a local and in-country partner with **Global Development Group** (ABN 57 102 400 993). GDG is an Australian NGO approved by the Minister for Foreign Affairs to carry out quality humanitarian projects with approved partners, providing aid to relieve poverty and provide long-term solutions.



The funds Maranatha Health raises in Australia are sent to GDG, which forwards them to Maranatha Health Uganda, the in-country partner implementing projects 'J704N Maranatha Capacity Building, Uganda' and 'J1004N Maranatha Building Project'.

Global Development Group (GDG) takes responsibility for the Ugandan projects according to Overseas Aid Gift Deduction Scheme (OAGDS) rules; providing governance and assisting in the areas of planning, monitoring, evaluation and auditing; to ensure the projects are carried out to OAGDS requirements.

The following projects are managed by Global Development Group (GDG):

J704N Maranatha Capacity Building, Uganda

From its base in Western Uganda, Maranatha Health Uganda uses a broad set of initiatives to address the underlying causes of ill-health and the injustice of an under-resourced health system. Projects there are significantly focused on preventative health measures and capacity building.

J1004N Maranatha Building Project

In 2018, Maranatha Health Uganda was able to purchase land in Fort Portal, with the support of the MH Australia Board and private donors. We plan to construct a purpose-built facility to enable expansion of our clinical and community programs. More information about this project can be found via <https://maranathahealth.org/ourwork/building-for-the-future>.

Our Partners

CORPORATE PARTNERS

We are very fortunate to have partnerships with the following entities which provide us with professional expertise and services, financial and in-kind donations; for which we are very grateful:



EMI, partnering with us to explore the potential for a dedicated hospital build on our land, supporting our long-term plan for expanded, sustainable healthcare.



Galpins Accounting, Auditors and Business Consultants provides us with pro-bono accounting and audit services.



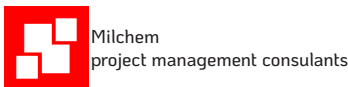
DREAMIN Foundation Inc, a charitable organisation set up by the Rotary Club of Prospect Inc., provides a variety of ongoing financial and in-kind support.



Maptek, a provider of innovative software, hardware and services for the mining industry, continues to provide MH with pro-bono printing services.



Insight Global Health Group University of Adelaide medical students' organisation providing financial support and supporting students who undertake placements at the MH Hospital in Uganda.



Milchem Group provides commercial management for engineering in construction, mining, infrastructure, and industrial projects, and supports MH financially.



Knightsbridge Baptist Church provides financial and venue support. A strong core group of supporters provide donations, community fundraising and prayer support.



Good Shepherd Lutheran Church and School, Para Vista, are missionary partners and encourage members to support the work of MH.



Broadview Baptist Church provides financial support and kindly offers its venue for MH events.



Ashburton Baptist Church provides financial support through its Global Mission budget, sharing news and information about MH with the church community.







Contact Us

Section 6

Contact Us

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www.maranathahealth.org

www.facebook.com/MaranathaHealth/

0414 440 498 Garry Hodge (Treasurer)

Financial Support:

Make a donation

www.maranathahealth.org/give

Become a MararanathaPARTNER

www.maranathahealth.org/partner

Leave a bequest

www.maranathahealth.org/bequest

Volunteer:

If you would like to get involved in Maranatha Health's work either in Australia or Uganda, visit our website or send an email to contact@maranathahealth.org



MARANATHA HEALTH

