MARANATHA HEALTH

2026 YEAR IN REVIEW



2026 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 employs 50 Ugandan staff across its clinic and Community Program. In addition, 140 local villagers are trained as Abahabuzi B'ebyobwomezi (ABs), or Community Health Advisors, through our Community Capacity Building Program. With guidance from Maranatha Health staff, the ABs develop their knowledge of community health and share it with families in their villages. They receive a small stipend in recognition of their work.

Over the past 10 years, our medical staff have also been supported by volunteers from Australia, New Zealand and the UK, who have contributed their skills and experience for periods ranging from one month to two years.



From the Chair

Australian Board

Having served on the Board since 2017, I have had the privilege of watching Maranatha Health grow and mature over many years. Stepping into the Chair role in November 2025 has been both an honour and a responsibility, and I am deeply grateful for the opportunity to serve alongside a committed Board, volunteers and community of supporters.

This year has been one of strengthening relationships, building capacity and preparing for the future.

Strengthening local leadership

Strong governance is essential for any organisation seeking long-term impact, and we have been encouraged to see the Ugandan Board continue to develop its oversight, leadership and stewardship of the organisation's programs. As responsibility and decision-making continue to be led locally, we are seeing the vision of a truly sustainable and locally governed organisation become increasingly evident.

Changes to the Australian Board

Here in Australia, 2026 has also been a year of change for our own Board. In our November 2025 newsletter, we acknowledged the contributions of Karen Baker and Jackson Jaensch, who retired from the Board that month. I want to again express my sincere gratitude for their faithful service and ongoing support for Maranatha Health.

Since the end of the financial year, we have welcomed two new Board members and look forward to the unique perspectives, expertise and enthusiasm they will bring. The strength of Maranatha Health today has been built on the faithful contributions of many people over many years.

Investing in local healthcare leaders

Among the highlights from Uganda has been the return of Dr Albert to the clinical team. Many within the Maranatha Health family will know his story. Beginning his service as a Clinical Officer in the early years of the organisation, he was later supported through medical school with the help of generous donor contributions. This year, after completing his medical training and internship, he returned to Maranatha Health as a doctor.

His journey reflects the transformative impact of investing in people and developing local healthcare leaders who are committed to serving their own communities. We celebrate this milestone and look forward to the contribution he will continue to make in the years ahead.

From the Chair

About us

We also acknowledge the many other loyal and invaluable staff members who work tirelessly to deliver healthcare and community development programs through Maranatha Health in Uganda.

Looking towards the next chapter

As we look to the future, an important focus remains the planned transition to a new clinical site. The current facility has served the organisation well but continues to present practical challenges for staff and patients, as well as limitations on future growth. Significant planning has taken place, and there is a growing sense of anticipation about what this next chapter could mean for healthcare delivery and the long-term sustainability of the organisation.

Thank you

None of this progress would be possible without the faithful support of our donors, volunteers, partners, churches and wider community. Your generosity enables practical, life-changing healthcare to continue where it is needed most, and we are deeply grateful to have you alongside us.

Dr Joseph Inauen, Chair





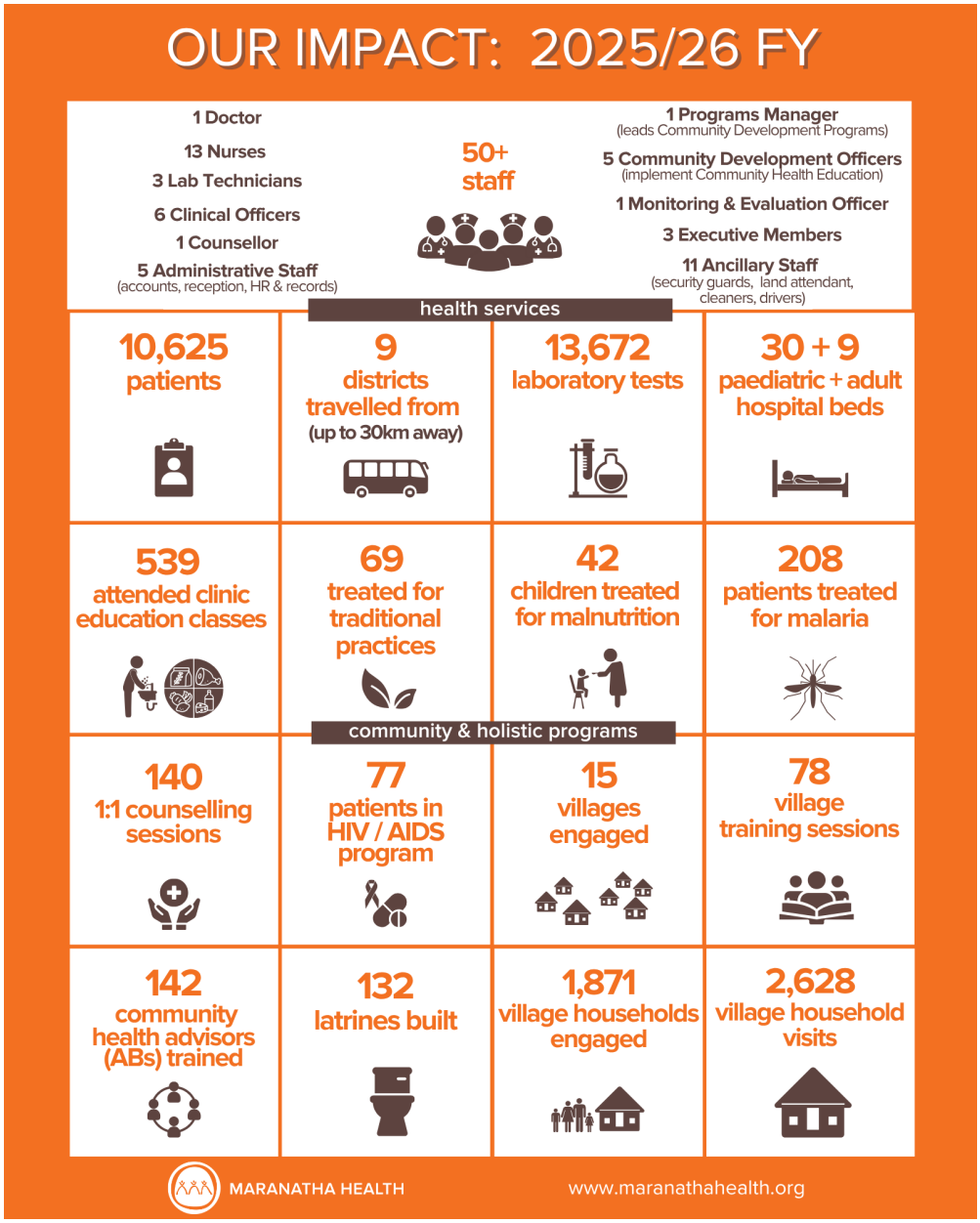


Our Impact

Section 2

Overview

Our Impact



"We thank Maranatha Health for thinking about Kyangabukama when nobody else could. You have given our community a new image and renewed hope."

Safina Kobusinge
Supervisor and AB from Kyangabukama Community

Empowering

Our Impact: Building Capacity

Education, Skills and Stronger Health Systems

Strong, resilient health systems help create healthy and resilient communities. For Maranatha Health, this means looking beyond the treatment of illness to building the knowledge, skills and confidence that enable people to make informed decisions about their health and provide better care for others.

Education is part of everyday care at Maranatha Health. Patients and families receive information about their health and treatment as part of their clinical care, with the support of our counsellor and clinical team. Practical education around nutrition, disease prevention and healthy behaviours helps families understand their health and make changes at home.

We also invest in our own people. With fewer than one doctor per 10,000 people Uganda faces critical health workforce shortages and limited access to affordable training. Training, mentoring and further education help Maranatha Health staff develop their professional skills and provide high-quality, compassionate care. The knowledge and experience gained through this work strengthens both our organisation and the wider health system.

Our learning is shared beyond MH through partnerships with other NGOs, health organisations and government. We share skills, knowledge, systems and experience to support stronger healthcare delivery across Western Uganda. Our capacity building work is based on collaboration, with partner organisations bringing their own knowledge and experience to the process. By investing in people at every level, from patients and families to healthcare workers and partner organisations, Maranatha Health aims to contribute to a health system that is more knowledgeable, capable and sustainable.

IMPACTS 2025/26 FY

- **140 1:1 Counselling sessions provided**
- **56 Health education sessions were held**
- **539 People attended health education classes in the clinic**
- **258 People educated on child nutrition**
- **77 Patients in HIV/AIDS ART program**
- **Outpatient health education introduced for people while awaiting consultations or test results**



Empowering

Our Impact: Breaking Silence, Dispelling Myths

HIV/AIDS Care, Education and Hope

For many people living with HIV/AIDS, access to medication is only part of the journey. Accurate information, compassionate counselling and freedom from stigma are equally important in helping people understand their health and stay engaged with treatment. At Maranatha Health, this support is provided both through the clinic and in the community. Alongside testing and treatment, MH runs antiretroviral therapy (ART) clinics, supporting people living with HIV to understand their condition, manage their medication and maintain their health.

Education and counselling are an important part of this work. At the clinic, patients have opportunities to ask questions, discuss concerns and receive practical guidance about treatment and living well with HIV. These conversations can also help address the fear and misconceptions that continue to surround HIV/AIDS.

This year, community health sessions provided another opportunity to talk openly about HIV/AIDS. Participants learned about how HIV is transmitted, prevention, treatment and the importance of knowing their status. They also discussed common beliefs and misinformation, including the belief that HIV can be caused by witchcraft. MH staff were able to address these myths directly, explaining that while there is currently no cure for HIV, with effective treatment people living with HIV can live long and healthy lives. Taking medication and attending regular appointments was also emphasised.

Reducing stigma is an important part of this work. When people feel safe to ask questions, seek testing and access treatment without judgement, they are more likely to receive the care they need. The value of this was reinforced in November when young people in Kinyanguru Community expressed their appreciation for MH's services and asked for HIV/AIDS testing to be included in future outreach visits, alongside blood pressure checks.

This request is encouraging as it shows that people are not only receiving health information, but recognising the importance of understanding and taking responsibility for their own health. Through ART clinics, counselling, health education and community outreach, MH is replacing fear and misinformation with knowledge, treatment and hope.



Empowering

Our Impact: Support for the whole famliy

Maranatha Health Counsellor

Maranatha Health has always believed that medical treatment is only one part of effective health interventions. Grace, MH Uganda's counsellor, provides one-on-one and ward-based support, helping patients and families navigate critical illness, bereavement, new diagnoses and other challenges. She also helps families identify practical needs and build the knowledge they need to care for their children at home.

Learning as part of care

Each week, Grace facilitates health education sessions on the paediatric ward, with topics chosen around the health issues families are experiencing. Sessions cover malaria, diarrhoea, child nutrition, hygiene and sanitation, HIV/AIDS and other common health concerns. They also provide an opportunity to discuss traditional practices that may be harmful and to talk about when medical care should be sought.

Rather than simply providing information, the sessions encourage mothers and caregivers to ask questions, share their own experiences and discuss the challenges they face at home. Grace uses these conversations to explain practical ways families can prevent illness, recognise warning signs and care for children after they leave the clinic. Sessions finish with questions and discussion to reinforce what has been covered.

The education does not end when families leave the ward. Mothers and caregivers take what they have learned home, where it can influence everyday decisions about food, hygiene, sanitation, disease prevention and when to seek medical care.



Empowering

Our Impact: Support for the whole famliy

Anita's story

One family Grace supported this year was Susan and her seven-month-old daughter, Anita.

Anita became seriously ill after developing a severe cough and flu, followed by high fever and difficulty breathing. When treatment at a local clinic did not help, the family turned to traditional remedies. Anita underwent chest cuttings and a "false tooth extraction", after which her condition worsened and she stopped breastfeeding.

A neighbour encouraged Susan to bring Anita to Maranatha Health, where she was diagnosed with severe pneumonia and diarrhoea. Following treatment, Anita began breastfeeding again by her second day and was well enough to return home on the third.

Grace then counselled Susan and Anita's grandmother about the risks associated with the practices they had used, including severe bleeding and potentially fatal infections. The experience helped both women understand when Anita needs medical care and where to seek it.

Through counselling and health education, Grace helps make health information part of everyday care, giving families greater understanding of the illnesses affecting their children and the steps they can take to prevent them.



Empowering

Our Impact: Giving children the foundations to thrive

Tobius's Story

Six-year old Tobius Nasasira lives with his parents, Annet and John Turinawe, in Rwigo Village in Western Uganda. Just a few months ago, he was dangerously malnourished.

During a routine household visit, Maranatha Health community staff recognised signs of severe acute malnutrition. Tobius was extremely underweight and lethargic, with peeling skin, and his condition had continued to deteriorate despite his mother's efforts to care for him.

Tobius was urgently referred to the MH Clinic, where he was enrolled in an intensive nutrition rehabilitation program and began receiving Ready-to-Use Therapeutic Food (RUTF), a specialised food used to treat acute malnutrition.

Maranatha Health staff also continued to visit the family at home, monitoring his recovery and supporting Annet with practical advice about nutrition and feeding.

Over the next four months, Tobius' weight steadily increased, his skin healed and his energy returned. Today, he has reached a stable nutritional status and is continuing to thrive. For Annet, the transformation has brought back hope.

"If Maranatha Health did not come, I believe Tobius would not be alive. I remember when his skin was peeling and looked like dust. I had tried everything, but nothing was working. Today, he looks healthy again. Seeing him smile and grow gives me back hope and happiness."





Empowering

Our Impact: Support for the whole famliy

Prevention is crucial

Tobius' experience demonstrates why Maranatha Health's nutrition work is so important. While treating severe malnutrition is critical, prevention begins by helping families understand the importance of adequate and balanced nutrition, and knowledge to identify children who are becoming vulnerable before their condition becomes life-threatening.

In a baseline survey in one village where MH's community team works, many mothers shared that although they had access to a variety of foods, they did not always pay attention to providing a balanced diet. Some explained that they simply fed their children the foods they had grown up eating themselves, which is often lacking in variety and nutrients.

MH staff and the Community Health Advisors (ABs) work alongside families to build practical knowledge about nutrition through community education sessions and cooking demonstrations, as well as planting community gardens, showing how locally available foods can be combined to provide children with the nutrients they need.

This combination of community education, early identification, clinical treatment and ongoing follow-up, is key to providing families with the foundations they need so their children can grow, develop and thrive.

Tobius' recovery is one example of what this approach can achieve.



Developing

Our Impact: Healthier Communities

Supporting local leaders, building lasting change

Lasting change begins when communities recognise their own potential and ability to create it. In rural Uganda, communicable diseases such as malaria, HIV/AIDS and diarrhoeal illnesses continue to have a significant impact, particularly where access to health information and services is limited. For many families, daily survival comes first, making prevention and health education harder to prioritise.

Maranatha Health works alongside these communities in Western Uganda, supporting local people to identify health challenges and develop practical solutions for their own homes and villages. At the heart of this approach are Village Health Advisors, known locally as Abahabuzi B'ebyamagara, or ABs.

Elected by their communities, ABs work with the MH Community Team to build their knowledge of safe water, sanitation, hygiene, nutrition and disease prevention. They put what they learn into practice in their own households, then work alongside neighbouring families to encourage similar changes.

This peer-to-peer approach creates a ripple effect. As families adopt healthier practices, knowledge and confidence spread through the community. ABs become trusted local leaders, demonstrating that change can begin with one family, one neighbour and one practical step at a time.

We are seeing the value of this approach in communities where malaria has become less common and preventative health practices have strengthened. At the same time, challenges such as childhood malnutrition remain. Our role is to listen, learn and work alongside communities as their priorities evolve. The greatest measure of success is not how much Maranatha Health does, but how much communities are able to do for themselves.

IMPACTS 2025/26 FY

- 142 ABs trained
- 2,628 households visited
- 15 villages engaged
- 78 village training sessions
- 1,400 attendances at village training sessions
- 132 latrines constructed



Developing

Our Impact: Community-Led Change

Rewriting the narrative in Kyangabukama

For years, Kyangabukama community in Kasenda Subcounty has faced limited access to essential services and slow progress in public health. Even the community's name, locally associated with "people who dislike leadership", has come to reflect a sense of being overlooked and left behind.

But change is beginning to take hold.

Since Maranatha Health introduced the Abahabuzi B'ebyamagara (AB) Project in Kyangabukama, community members have begun engaging more actively in their own health and wellbeing. For Safina Kobusinge, who has served as a Village Health Team (VHT) member for a decade and is now part of the AB team, the difference has been striking.

"In my ten years as a VHT, I had never seen such a shift. People are finally embracing healthy practices and taking responsibility for their wellbeing,"

Just three months into the 11-month project, families who previously avoided community health sessions are now joining in. Parents are putting improved childcare practices into action, while households are making practical changes to improve hygiene and sanitation, including constructing pit latrines, tippy taps and drying racks.





Developing

The project is also strengthening the people already working to improve health within their communities. Safina and her fellow VHTs are serving as ABs through the project, with additional support and resources to help them share health knowledge and encourage sustainable changes within local households.

For Safina, the pace of progress is particularly encouraging. She is optimistic that some of the project's key health targets could be achieved well before its 11-month completion.

While there is still work ahead, the early results in Kyangabukama demonstrate what can happen when communities have access to practical health education and local health workers are equipped to lead change. Safina is so grateful:

"We thank Maranatha Health for thinking about Kyangabukama when nobody else could. You have given our community a new image and renewed hope,"



Developing

Our Impact: Sanitation and dignity

Robert's Story

Safe sanitation is an important part of protecting health in rural Uganda. Poorly constructed and/or maintained pit latrines can contaminate soil and water and contribute to diarrhoeal illnesses and other infections, particularly among young children. Maranatha Health works with communities to improve sanitation and hygiene, supporting families to build safe pit latrines and adopt practices such as handwashing.

When Maranatha Health began working in Kanyamura village in Kabarole District, Kule Robert was doubtful about the initiative. His pit latrine was damaged and unsafe, sometimes leaving him with no option but to use the surrounding bush.

When MH staff visited with the Sub-County Chief during a community health assessment, Robert was reluctant to address the problem. He eventually left home and hid by the river rather than demolish the unsafe latrine.

A few days later, a local leader returned with four MH Village Health Advisors (ABs). Together, they helped Robert demolish the structure. With ongoing encouragement and practical support from the ABs and MH staff, he dug a new pit, sourced materials and constructed a safe, functional latrine.

Today, Robert is an advocate for sanitation. He has established a garbage pit, cleaned his compound and plans to add a nutritional garden and tippy tap for handwashing. His experience demonstrates how working alongside households can turn health knowledge into practical, lasting change.





Developing

Our Impact: Savings leads to opportunity

Rhoda’s story

Ninsiima Rhoda works as a Health Advisor (Abahabuzi B’ebyobwomezi, AB) with families in Kamigani Community. In spite of her commitment to improving the health of her community, she, like many people in rural communities, struggled to find enough capital to invest in an income-generating activity. Late last year, Rhoda received UGX 70,000 (approximately AUD $25) from a village savings group supported by Maranatha Health. Rather than using the money for immediate household expenses, she chose to invest it in a piglet.

The piglet has since grown into a healthy adult pig, giving Rhoda an opportunity to build on her initial investment. She plans to use its offspring to establish a small piggery and develop an additional source of income for her family.

“The money I got helped me to buy a piglet, and now it has grown to be a big pig. I hope when it has piglets, I can use them to grow my farm and bring more money for my family. I am very thankful to Maranatha Health for helping us with this savings group.”

Rhoda’s experience illustrates how village savings groups can give community members access to small amounts of capital that may otherwise be difficult to obtain. For people with limited financial resources, even a modest payout can provide an opportunity to invest in an asset and build towards an additional household income.





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 2025/26 FY

- **1,421 Inpatients treated**
- **9,204 Outpatients treated**
- **13,672 Lab tests run**
- **208 Malaria patients treated**
- **69 People treated for traditional practice complications**
- **42 Children treated for malnutrition**



Healing

Our Impact: Accurate Diagnosis Saves Lives

Treva's Story

When two-year-old Nasasira Treva arrived at Maranatha Health from Ibonde community, he was critically unwell. He had a high fever, persistent vomiting and was unable to eat or drink. As his condition deteriorated, the clinical team immediately provided oxygen and began investigating the cause of his illness.

Treva's previous diagnosis of cerebral palsy added complexity to his condition. Clinical assessment identified severe septicaemia, a potentially life-threatening infection. Further investigation was essential to understand the extent of Treva's condition, including serum electrolyte testing. This testing was carried out using a chemistry analyser donated to MH by the Sonic Healthcare Foundation and revealed a severe electrolyte imbalance requiring urgent treatment.

With access to timely and accurate diagnostic information, the clinical team was able to treat both the septicaemia and electrolyte imbalance simultaneously. Over the following three days, Treva responded well to treatment and his condition stabilised. He was then well enough to be discharged home to his family.

Treva's recovery demonstrates why access to reliable diagnostic equipment is such an important part of quality healthcare. For critically ill children—particularly those with underlying health conditions—being able to quickly identify what is happening can help clinicians make informed treatment decisions when every hour matters.

We are deeply grateful to the Sonic Healthcare Foundation for helping strengthen Maranatha Health's diagnostic capacity, and to all our supporters whose generosity enables our team to provide high-quality care to children and families who may otherwise struggle to access it.



Healing

Our Impact: Removing Barriers to Cancer Care

Benard's Story

Nine-year-old Benard Asiimwe from Kyamuhemba village had been unwell for several months when his mother Aidah began seeking answers. Despite visiting several health facilities, Benard's health deteriorated.

Eventually, specialists in Fort Portal suspected blood cancer and recommended transfer to Kampala for specialist investigation and care. For Aidah, the cost of travelling to Kampala was beyond what the family could afford, and she returned home with her increasingly unwell son.

By the time Benard arrived at MH, his condition was critical. The clinical team confirmed the need for specialist care for leukaemia. The cost of travelling for treatment, this time to Mbarara Regional Referral Hospital, was still a significant barrier. Thankfully, through Maranatha Health's Mercy Fund, Benard and his family received assistance to make the journey. MH also coordinated with the oncology team in Mbarara, helping ensure Benard could be admitted and begin treatment.

Benard is now receiving oncology care, but childhood leukaemia treatment can be lengthy and complex. His family continues to face costs for specialised laboratory testing, nutritional support and medications as essential treatments are unavailable through the public health system. MH continues to support the family as they navigate his treatment.

Benard's experience highlights a reality for vulnerable families across the Rwenzori region: a diagnosis is only one part of accessing healthcare. Transport costs, medication availability and additional testing can determine whether a child can reach and continue the specialist care they need.

For families like Benard's, the Mercy Fund helps bridge this gap, providing practical assistance when financial circumstances might otherwise prevent access to essential care. In a recent call with MH, Aidah expressed her gratitude for the support her family has received as Benard's treatment continues.



Staff

Our Impact: Building Medical Expertise

Dr Nkwasibwe Abert's Journey

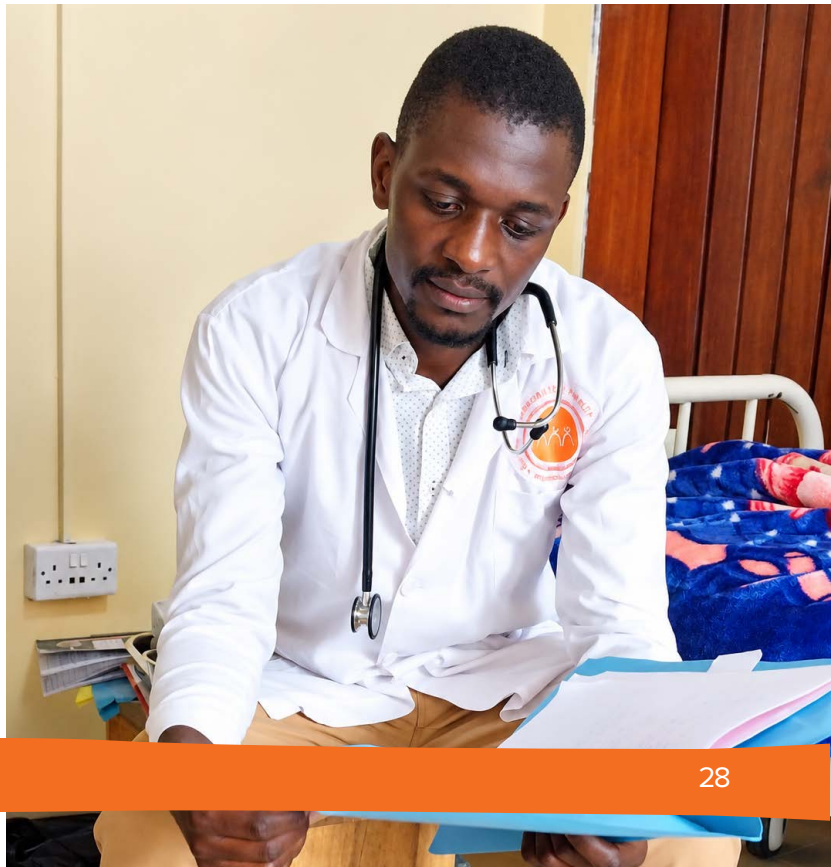
Dr Nkwasibwe Abert returned to Maranatha Health in September 2026 with new skills, a medical degree and a deeper understanding of what it takes to provide care in challenging circumstances.

His journey with Maranatha Health began in 2012, when he joined the organisation as a clinical officer at its original clinic in Kamenge. In 2015, when Maranatha Health moved to Fort Portal, he moved with it, continuing to care for patients and contribute to the work of the clinic.

As his experience grew, Dr Abert recognised the need for further medical training to expand the care he could provide. In 2018, he approached Maranatha Health's then director, Dr Michael, about the possibility of returning to university. His request was approved, and on 24 August 2018, he began medical school with Maranatha Health's support.

The course was expected to take five and a half years, but the path to qualification proved considerably longer. The COVID-19 pandemic interrupted his studies in 2020, when schools were forced to suspend teaching. Then, in 2023, Dr Abert contracted Ebola. He survived the illness and, despite the setbacks, continued working towards his goal.

After eight years of study, he completed his medical training in August 2026 and returned to Maranatha Health the following month as a medical officer.



Returning to the clinic represents an opportunity for Dr Abert to put his years of learning into practice, building on the experience he gained during his earlier career with MH. His additional training has equipped him with skills to undertake a wider range of medical procedures, including surgical and maternity care.

After more than a decade with Maranatha Health, his journey has come full circle. He began as a young clinical officer and has returned as a qualified medical officer, ready to take on new responsibilities and contribute to the clinic's future.

Staff

Our Impact: Supporting staff and their children

Maranatha Nursery

Opened in December 2025, the Maranatha Nursery provides a safe, welcoming space for the children of Maranatha Health staff while their parents are working. The nursery gives staff greater flexibility to remain at work while staying close to their children. It can also provide care when usual arrangements are unavailable, or when a child needs to remain close to a parent during the working day.

Since opening, the nursery has supported increasing numbers of children, with around 6-10 daily. Children have generally been healthy and active, with improvements in appetite, social interaction and engagement in play. By April, they were increasingly comfortable with the nursery, Lobbina and other staff.

At the centre of the nursery is childcare assistant Kabasomi Lobbina. She supports the personal attendants who accompany breastfeeding infants and provides activities for older children, including play, singing, learning and social interaction. When the nursery is quiet, she also spends time with children recovering in the hospital wards, using play to support their wellbeing.

For breastfeeding mothers, having their children nearby has made a particular difference. One infant who previously had limited opportunities to breastfeed during the day was able to feed more regularly once the nursery opened. Over the following months, the child gained weight, became healthier and more settled, and was increasingly active and engaged with others.

The nursery is a relatively simple addition to the Maranatha Health workplace, but its benefits extend across the organisation. It supports staff to balance work and caring responsibilities while providing children with consistent care, opportunities to play and learn, and a familiar environment alongside their parents.









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 2025/26, 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.



Dr Joe Inauen
Chair & Public Officer



Hannah Ferrari
Deputy Chair



Garry Hodge
Treasurer



Dr Ben Booker



Dr Joan Nyanzi



James Davey

*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 2025/26 financial year. I continue to serve as Treasurer with the valued assistance of Hannah Ferrari and Joe Inauen, who, together with me, form the Maranatha Health Australia Finance Team.

The Board of Maranatha Health Australia expresses its sincere gratitude to Galpins Accountants, who have once again generously provided bookkeeping and audit services through separate departments, entirely free of charge. This arrangement has been in place for over seven years, and we are deeply thankful for Galpins' continued generosity and commitment to our mission.

Financial Performance

The financial result for 2025/26 was very pleasing, with this being an exceptional year for our organisation. Thanks to the unwavering commitment of our community, donations and overall income increased to record levels.

Total income for the financial year was $455,250, compared with $381,302 in 2024/25, comprising:

	2025/2026	2024/2025
Donations:	$429,465	$357,070
Fundraising:	$3,605	$1,754
Interest income:	$22,180	$22,478
TOTAL	**$455,250**	**$381,302**

The significant increase in donations was supported by a large foundation donation, together with the ongoing generosity of our regular donors.

Funds sent to Maranatha Health Uganda through Global Development Group (GDG) were slightly lower than in 2024/25, largely because of some one-off costs incurred in 2024/25 that were not repeated this year.

Financial Year	Funds Sent to GDG
2025/26	**$398,569**
2024/25	$414,910
2023/24	$344,324
2022/23	$285,000
2021/22	$228,100
2020/21	$196,150

Treasurer's Report

Our Finances

General administration and fundraising costs were kept minimal and within acceptable, healthy thresholds.

A significant 20% increase in income, together with a 4% decrease in expenditure, resulted in a surplus of $49,963 for 2025/26. These funds have been allocated to our reserves, strengthening our long-term financial position and giving us greater flexibility as we work towards our goal of building a new facility on our existing land in Fort Portal.

The Board has budgeted for a similar level of funding to be transferred to the Uganda project in 2026/27.

Stewardship and Donor Support

We remain deeply appreciative of our loyal donor community, many of whom give faithfully year after year. We thank you for your generosity and ongoing commitment to Maranatha Health. We have maintained the majority of our existing donors while also attracting new supporters. The reliability of our regular donors provides a sustainable foundation for our ongoing operations.

Managing Maranatha Health Australia's finances also requires substantial behind-the-scenes volunteer work. We gratefully acknowledge those who contribute their time and expertise in bookkeeping, administration and donor relations, helping 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 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 2026, funds on hand and donations receivable totalled $734,952, compared with $685,037 in the previous year. This represents more than 12 months of operational funding for our programs in Uganda.

It remains the shared dream of both the Australian and Ugandan Boards to invest a portion of these funds in 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

Treasurer's Report

Our Finances

towards the end of the financial year. These reserves are therefore essential for managing both ongoing commitments and future plans.

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, allowing a greater proportion of funds to be directed to Uganda. This also means that Board members serve as dedicated volunteers, managing many operational responsibilities themselves, including maintaining strong relationships with Maranatha Health Uganda's management, financial staff and Board.

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.

In a year when cost-of-living pressures have affected many, 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.

Conclusion and Outlook

Our financial position has never been stronger. I extend my deepest gratitude to our incredible donors, whose continued trust and generosity make our work possible. I also thank our Board, staff and volunteers for their excellent stewardship of these resources.

We enter the next financial year with optimism, stability and the financial strength to continue investing in Maranatha Health's work in Uganda and making a meaningful difference to children and families.

Garry Hodge, Treasurer

Financial Statements

Our Finances

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND
FINANCIAL ACCOUNTS
FOR THE YEAR ENDED 30 JUNE 2026

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 2026

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MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED

FOR THE YEAR ENDED 30 JUNE 2026

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 Developement 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 2026, income and expenditure statement and Notes to the financial statements for the year ended 30 June 2026 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 2026 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 Commissino Regulation 2013;

Signed in accordance with the resolution of the Board of Directors

Joseph Inauen
Chairperson

06 / 10 / 2026

Garry Hodge
Treasurer

7 / 10 / 2026

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MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED

BALANCE SHEET

AS AT 30 JUNE 2026

	2025-26 $	2024-25 $	Note
ASSETS			
Cash and Cash Equivalents			
General Fund	29,479	34,848	b
Public Ancillary Fund	224,984	240,011	c
Term Deposit General	163,716	113,816	
Term Deposit PAF	290,000	275,000	
Total Cash & Cash Equivalents	**708,179**	**663,675**	
Trade and Other Receivables			
Accrued Interest	8,512	8,745	
Donations receivable	18,006	12,080	
Total Trade and Other Receivables	26,518	20,825	
Fixed Assets			
Plant & Equipment	1,412	1,412	
Plant & Equipment Accumulated Depreciation	(1,157)	(875)	
Total Fixed Assets	255	537	
Total Assets	**734,952**	**685,037**	
LIABILITIES			
Employee-related liabilities	-	0	
GST Liabilities	(115)	(67)	
Total Liabilities	**(115)**	**(67)**	
Net Assets	**735,067**	**685,104**	
EQUITY			
Accumulated Funds	685,104	725,929	
Current Year Surplus/Deficit	49,963	(40,825)	
Total Equity	**735,067**	**685,104**	

The accompanying notes form part of these financial statements

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MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED
INCOME & EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2026

	2025-26 $	2024-25 $	Note
INCOME			
Donations	429,465	357,070	a
Fundraising income	3,605	1,754	
Interest	22,180	22,478	
Total Income	**455,250**	**381,302**	
EXPENSES			
Bank fees	26	23	
Fundraising expenditure	1,179	1,238	
Project contributions	398,569	414,910	
Consumer & Business Services fee	-	200	
Insurance	2,298	2,321	
Software expenses	284	65	
Communication & Promotion	2,649	3,088	
Depreciation	282	282	
Total Expenses	**405,287**	**422,127**	
Net Surplus / (Deficit)	**49,963**	**(40,825)**	

The accompanying notes form part of these financial statements

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MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED

STATEMENT OF CHANGES IN EQUITY

AS AT 30 JUNE 2026

	Accumulated Funds $	Note
BALANCE AT 1 JULY 2024	725,929	
Deficit for the Year	(40,825)	
BALANCE AT 30 JUNE 2025	**685,104**	
BALANCE AT 1 JULY 2025	685,104	
Surplus for the Year	49,963	
BALANCE AT 30 JUNE 2026	**735,067**	

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED

CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE 2026

	2025-26 $	2024-25 $
Cash flows from Operating Activities		
Receipts from donors	427,377	393,567
Payments to suppliers and employees	(405,053)	(421,812)
Interest received	22,180	22,478
Depreciation	-	1
Net cash flows from operating activities	**44,504**	**(5,766)**
Net increase/(decrease) in cash and equivalents	**44,504**	**(5,766)**
Cash and equivalents at the beginning of the year	663,675	669,441
Cash and equivalents at the end of the year	**708,179**	**663,675**

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED

Public Ancillary Fund - ABN 34 290 264 644

Financial Statement - July 2025 through June 2026

	$
Opening Balance at 1 July 2025	**527,091**
PAF Accounts	515,011
PAF Donation Receivable	12,080
Opening Balance	**527,091**
Receipts	
Donations	389,065
Interest	16,713
Total Receipts	**405,778**
Payments	
Disbursements to Global Development Group	398,569
Other Costs	1,296
Bank, Merchant and Fundraising Fees	14
Total Payments	**399,879**
Closing Balance as at 30 June 2026	**532,990**
PAF Bank Accounts	514,984
PAF Donations Receivable	18,006
Closing Balance	**532,990**

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MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED
FOR THE YEAR ENDED 30 JUNE 2026

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 Assocation. 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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Accountants, Auditors
& Business Consultants

CHARTERED ACCOUNTANTS™
AUSTRALIA + NEW ZEALAND

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 2026, 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 2026 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.

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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

8 / 10 / 2026





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.

Sonic Healthcare Foundation has provided state of the art laboratory equipment to enable advanced testing of patients, as well financial support through donations.

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.

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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contact@maranathahealth.org

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

