MARANATHA HEALTH

YEAR IN REVIEW

2021

2021 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

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 & Equity for the marginalised
Respect
Integrity and trustworthiness
Discipleship
Creativity
Prayerful obedience

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 dream to improve health care in an under-resourced part of East Africa. With incredible support and energy from people in both Australia and Uganda, two entities, with one purpose, were born.

Maranatha Health is a registered charity in Australia governed by a Board of Directors and has an ATO-approved Public Ancillary Fund to receive tax-deductible donations. In Uganda, Maranatha Health is registered as a Not-For-Profit organisation overseen by a local Board of Directors. These two distinct organisations work together in an interdependent relationship.

In 2011 founders Dr Michael and Kimberley Findlay established Maranatha Health Uganda's first project centre in Kamwenge District, Western Uganda. The centre included out- and in-patient services, a community development hub and acted as a referral centre for the district. Maranatha Health Uganda quickly became well known for its high-quality services, which were much in demand. Due to external factors, this clinic could not continue operating in its location.

A new centre was established in 2015 at Fort Portal, Kabarole District focusing on child health and strengthening the broader health system. Current services include a paediatric clinic (including an operating theatre) and village health education and advocacy programs. Over forty Ugandan staff are employed at Maranatha Health Uganda, together with 1-2 expatriates from Australia and the UK.

From the Chair

About us

It is my pleasure to report on another fruitful year at Maranatha Health, both here in Australia and Uganda. Before I go too far down this path though, it is important to acknowledge the incredible, ongoing challenges presented by the Covid-19 pandemic globally. In South Australia, where I write from, the impact has been mercifully small but I want to take a moment to acknowledge the difficulties faced by our supporters in other parts of Australia who have experienced lengthy lockdowns amid rising cases and deaths. We are incredibly grateful for your ongoing support of Maranatha throughout these challenging times. The impact of Covid throughout Africa has been even more profound and I will touch on this later.

I want to extend my sincere thanks to the Maranatha Health Australia Board for all their wisdom and guidance in ensuring good governance for the organisation. Our Board members come from multiple states of Australia meaning that meetings are held via videoconference, something we are all a little too familiar with these days. I am especially grateful to our Board members from Melbourne and Sydney who have continued to participate and provide valuable contributions, even in the midst of very trying personal circumstances. This year we have welcomed Jackson Jaensch and Karen Baker to our Board, bringing with them a wealth of experience in marketing and fundraising respectively. The Board is an incredibly well rounded, highly skilled unit and it is a pleasure to sit alongside such talented and dedicated individuals. I would also like to thank Fiona Walker, who has offered her time to record the minutes from our meetings, providing valuable insights at the same time.

Maranatha Health continues to experience incredibly generous financial support from our committed donor base, and for that we are immensely grateful! Our loyal donors continued to faithfully support our work in Uganda and we also welcomed many new individual and corporate donors to our family. This has allowed us to continue our work with confidence and to provide reassurance and support to our Ugandan team in what has been an anxious and uncertain time for them. I would also like to thank our volunteer partners who provide in kind support, enabling your donations to reach Uganda, where they are most needed. I would especially like to thank Kim, who has worked tirelessly to support both the Australian and Ugandan organisations in myriad of different ways to ensure smooth sailing (or as smooth as possible!).

Finally, I would like to recognise the Maranatha Health Uganda team for continuing to serve their community with passion and kindness. I would like to thank our Ugandan Board for their oversight and wisdom. I would like to thank our Executive and Management teams who monitor the day to day progress of

From the Chair

About us

our work, particularly Sabiiti, Daniel and Joshua, who form our Executive Team. I would like to thank Dr Zish and his family for their wonderful contribution to Maranatha Health Uganda over the last 2 years. And I would like to thank the rest of our staff who have remained dedicated to bringing healing, empowerment and development, even as they faced significant ongoing Covid related challenges, including a number of them falling sick themselves. Throughout Africa, the Covid pandemic has been faced with sparse medical resources and a lack of access to vaccines. Ugandans, including our team, have faced this challenge with the flexibility, resilience and the pragmatism they are known for. I was pleased to hear recently that vaccines are becoming more readily available in Uganda to offer people a similar degree of protection to what we already enjoy.

I hope you will enjoy reading more about what Maranatha Health has managed to achieve this year. I pray that 2022 would be a year of stability and opportunity for Maranatha Health. As the Maranatha Health family, we delight in seeing Ugandans working together to see their communities flourish. Please enjoy the stories of change, and we look forward to sharing more stories with you.

-Michael Findlay, Chair

Our Impact

Section 2

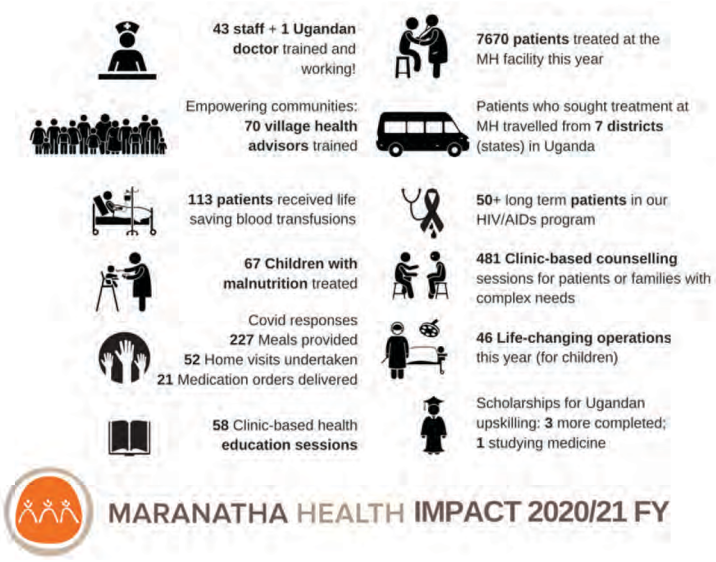
Overview

Our Impact

Maranatha Health is passionate about what we do: partnering with communities to see children thriving, healthy, and accessing quality healthcare. This past 18 months has looked very different to a 'normal' year in our work with communities and in the provision of health care services.

Despite the challenges of very significant Covid waves in Uganda, long lasting restrictions to curb the spread, and difficulties with patients being able to access care during these times, Maranatha Health has continued to do what we do best. Our Ugandan team have compassionately and creatively responded to the needs of the communities around them, maintaining the trust that has developed over many years.

Thanks to the amazing generosity of our donors, we have continued to have a positive impact this year. Below is a snapshot



'I have liked the services at Maranatha... I am grateful and I will always bring my children here whenever they get sick'
Joyce | Mother of Eric, a severely malnourished boy who was treated recently at MH

'At first I could not believe in what I was taught but my educator kept encouraging me. When I started practising these small changes its now seven months I have not been sick again. I feel healthy in my life which I believe has been made possible by the education I got from Maranatha Health educators. I thank them so much... I cannot stop practising what I have been taught!'
Jackline | Grandmother | Community member

COVID-19 Impact

Our Impact

This year has continued to present many challenges for communities around the world, as poorer countries cope with the Covid 19 pandemic in the midst of already under-resourced health systems. The economic impact of lockdowns, as well as the toll Covid 19 has taken on a stretched health system, has been felt heavily by our communities.

For several months at a time, several times, we have needed to shut down all non-essential services, including our broader holistic care and education, as well as our village health programs. We continued to provide treatment for the families that were able to access our care, and kept in contact to provide support as best we could with our regular patients.

These lockdowns obviously had a significant impact on Ugandans' ability to seek care: people who have managed to access our health service have come later, and sicker, than they normally would. Many patients simply could not come. While our primary goal was ensuring our staff team were safe, we concentrated on a number of additional priorities:

- Appropriate screening at our facility, and full use of PPE
- Providing free meals to patients and reimbursing the sky-rocketing costs of transport to patients who managed to get to our facility
- Connecting with community partners to ensure they had options for seeking care, locally
- Home visits to provide medication deliveries for long-term patients with chronic illness
- Incorporating Covid messages in our community health education program

And then, as time progressed and infection rates soared:

- Clinic based testing of patients with suspected Covid-19
- Community based care for patients with confirmed Covid, including regular phone call check-ins, counselling, clinical home visits (using appropriate PPE), and referral to Government Covid facilities as needed

Sabiiti's story

Our Impact

Below is a reflection from the Maranatha Health Site and Programs Manager, Sabiiti, who had Covid earlier in the pandemic and used his experience to ensure we designed a service that cares well for Covid positive patients at home.

I tested positive to Covid 19 at Maranatha Health in July.

When I first fell sick I could not suspect Covid-19, I had only fevers, body weakness, and restlessness in the night that caused me failure to sleep. I had no cough nor headache, so I only suspected it was malaria or typhoid and on the following morning I took a malaria test which turned negative. Body pains and general body weakness continued until one Saturday night I started getting worried; pain was too much and I could not sleep the entire night. I called our Lab Technician and told him I needed to take a Covid-19 test - the test was positive.

After the test I was so worried; I had to think hard and plan how to save my life which seemed to be in much danger at that moment. I was staying alone in an apartment near my workplace. I did not inform any of my family members that I had tested positive for Covid-19 - I only told them I was treating malaria. I knew a Covid diagnosis would cause panic at home - especially my wife and my mother would be much worried. Government had announced a lockdown and travel between districts was not permitted. I only told them when I had recovered; I remember one night when my mother called me and I could not speak well with her on phone and she advised me to go to the hospital because she felt I was seriously ill and she thought staying in the house alone was risky.

All along I remained at the mercy of my colleagues, the staff at Maranatha, who never abandoned me; they brought me food and medication every day. They kept calling on me, whenever they brought food or medicine they could not enter my house, they only dropped items at the door for me to pick.

Some days and nights were extremely painful, sometimes I felt becoming lifeless, one night I had much difficulty in breathing, that night I had to leave my door open through the night so that if I failed to wake up in the morning people would easily get access in the house. In the morning colleagues suggested that they take me to the Covid-19 treatment centre, which I rejected. I was worried to see people dying which I thought might affect my strength; I knew even [at the treatment centre] there was very little I would get there as the health systems in the country had already been overwhelmed and many Covid-19 patients were dying from hospitals.

After two weeks, I started improving. I kept counting days, as I was told that after 14 days I would be out of danger. I waited for another week in my home isolation before I returned for work, only to find a number of our staff had tested positive and many clients who came to Maranatha were testing positive. When I returned from home isolation staff

Sabiiti's story

Our Impact

were working in fear as the risk was high. Vigilance was high. We reviewed our Covid-19 protocols and decided to provide home-based care and support for those who test positive; both our staff and patients.

Our priority became counselling and follow-up services to all our Covid-19 clients, working with the colleagues who had recovered (we were already veterans!). We started taking detailed information of everyone who tested positive, giving them counselling before sending them home. We gave them treatment and we shared our contacts for them to call us when they were concerned. We would call all registered clients every morning, remind them to properly use the given treatment and avoid taking treatment that was not recommended by the Ministry of Health. We realised many patients, out of fear, were buying from pharmacies every medicine they heard about as a cure for Covid. This was dangerous to their lives as well as expensive. We started visiting some of them whenever they needed help. Keeping all the prevention guidelines, we gave our clients the best home-based care in the region. Here in Africa people live in large families where in a situation like this, isolation is most difficult. We checked what medicines they had at home and helped them with advice on how to isolate from family members, getting outside each day, not panicking, etc. We referred to the Covid-19 treatment centre those who were critically ill.

While in most private health facilities Covid-19 treatment was extremely expensive, starting from 5mill Ush (A$2000+), our compassionate and affordable care at Maranatha remained the same for our clients. Clients trusted our services - those who received help from us started sending their friends to us and as a result we had many Covid clients preferring to come to Maranatha than going to well facilitated public hospitals receiving Covid-19 support. Government public health facilities started referring to Maranatha; even clients who tested positive from the regional referral hospital preferred coming to Maranatha for treatment and support; this is how the Ministry of Health accredited Maranatha for Covid-19 testing and care.

Health Services

Our Impact: Healing

Quality universal health coverage for children is essential to ensure the wellbeing of a community. In Uganda, poor rural women and children fall sick often. Inadequate treatment and poor health services exacerbate their poverty and illness, and under-nourishment often leads to further sickness. This debilitating cycle leads to high rates of morbidity and mortality in children: 1 in every 19 children do not live to their first birthday.

Maranatha Health is passionate about providing high quality, affordable health care to ensure children can thrive. Our reputation as a place of compassion and excellence continues spreading. Covid 19 prevented many patients from other districts from accessing our services. However, we have been inspired by their tenacity and resilience, and both they and our staff have fought hard to alleviate barriers and bring healthcare to their children where possible. This past year we have been grateful to have our expatriate doctor from the UK, Dr Zishan, working alongside and investing in our newly recruited post-internship Medical Doctor, Dr Kevin.

Angela’s story

Our Impact: Healing

Angela is a little girl, one year old, who was critically ill when she arrived at MH. Angela had a severe case of malaria and had started convulsing when her mother struggled to get adequate care at a village clinic nearby her home. Angela’s mother was distraught when she brought her baby to MH, scared that her daughter would not survive. She explains what happened:

‘There were many patients and the health workers took a long time to notice my baby - until she started convulsing. [I thought] my baby was dying, I got scared and started crying. I called my husband, who told me to rush her to Maranatha Hospital. Reaching Maranatha I thought my baby was already dead. Health workers started immediately to treat my baby [who had fallen unconscious]. They counselled me and kept giving me hope that my baby would be fine.

It’s four days today and Angela is discharged. I am very happy; this is my first time to come to Maranatha. I have liked the way health workers care for everyone, they gave me hope when I had lost hope in my baby. Maranatha Hospital has saved my child!”

Angela was suffering from severe malaria. A month before, Joyce had taken their mosquito net down to wash it, and had forgotten to hang it back up over the beds, not understanding how important a net is for malaria prevention. With some education from the MH team, she is now able to better protect her family from malaria.

Holistic Care

Our Impact: Developing

Most of our patients come from a poor background and face many complex health and social issues, borne out of the difficult mix of poverty, a lack of social support, and a lack of power and health literacy. Patients expect that they won't be given choices and a voice around their health care, and their experiences at other clinics are often disempowering. Maranatha Health is committed to finding ways to provide holistic care and treat the whole person, not just the presenting symptoms of the person in front of us. As part of this program we offer on-site counselling, health education sessions on our ward, nutrition education (including cooking classes) for parents, and a home visiting program. All of these activities allow us to engage with families on a deeper level, to begin to unpack why people are sick, and bring lasting transformation to people's lives. This work has been harder to do this year for Covid reasons - but we have still managed - though it has looked a bit different to normal, and often outside rather than in wards/office spaces.

The compassion of our community team at MH is transforming for patients who are struggling to survive, day after day, in very challenging circumstances. The patients who we provide this holistic care to are tough; with some support and additional tools, they often manage to improve their lives and the lives of their children, inspiring us along the way!

Biira's story

Our Impact: Developing

Eleven month-old Biira was brought to Maranatha Health with severe, acute malnutrition. Read her story below, told in her mother's words:

''At first I couldn't understand what was happening to my baby, she was not adding weight and was getting weaker day by day. After some weeks, she started swelling the legs, cheeks and stomach. I thought my baby was bewitched or having traditional diseases, but my neighbor advised me to take her to the nearby clinic.

Reaching the clinic, the nurse said she couldn't manage Biira's situation and told me that there is a clinic for children in Fort Portal, called Maranatha. It was very hard getting to Maranatha because of the current lockdown...I had to go back home and first get some money and a travel permit from the Local Council chairman, and after a day I travelled on a motorcycle from another district to Fort Portal. This was a tough experience for me and my baby.

On reaching Maranatha, the health workers cared for both of us and after examining my daughter, they told me my child was malnourished. Within a week at Maranatha the swelling on Biira's body reduced. The counsellor talked with my husband and I about our daughter's condition and educated us on the different types of food our daughter needed. We appreciate this service because we realised we didn't know how to properly feed our baby.

We are now ready to go home, we have been given more foods to feed Biira from home and a day has been set for us to come back to the clinic. The biggest challenge we have is transport, travelling on a motorcycle taxi from home to Maranatha is expensive and tiresome. You have also to be stopped many times by police along the way, but for the life of our child we have nothing to do, we have to come!"

Building Capacity In Ugandan Health Care

Our Impact: Empowering

Post-graduate and other professional educational opportunities for Ugandans are limited and can be costly to access. Moreover, many of the skillsets needed in Uganda's health system are scarce. For example, there is less than 1 doctor per 10,000 people. Where available, skills are often concentrated in urban areas. In light of this, Maranatha Health Uganda launched an initiative called The David Walker Memorial Scholarship Fund. This program allows us to invest profoundly in the lives and careers of dedicated MH staff. The Scholarship Fund makes important professional development opportunities available to Maranatha Health staff so that they can offer much needed skills that benefit the organisation and the wider community.

Sadly, due to Covid, for much of the year this program has been on hold as universities and other education facilities are shut. However, several staff still managed to complete and continue studies:

Abert Nkwasibwe has now completed two out of his six years of his medical degree. Since being with MH from 2012 he has become a dedicated senior clinical officer who is passionate about quality health care.

Philip Mbaju has completed his course in Anaesthesia and Intensive Care at the Uganda Institute of Allied Health and Management Sciences.

John Bosco has completed his Diploma in Ophthalmology, a skillset that is currently lacking and will be highly useful in our paediatric work.

Saturday Gadson has finished his Diploma in Laboratory.

The Health Advisor Program

Our Impact: Developing

Uganda's burden of disease is dominated by communicable diseases such as malaria, HIV/AIDS, and diarrhoeal diseases, which account for over 50% of illness and death. Many of these diseases can be prevented, managed or kept at bay with important shifts in community attitudes and practices. But this change is complex – there are many barriers to change, and people in rural communities are often focussed on day-to-day survival.

Our community health program trains village health advisors (Abahabuzi B'ebyamagara in the local language) and empowers communities to make changes which prevent disease and encourage healthy behaviour. Remote villages elect 15-20 community health workers (ABs) who work intensively with our community team over the course of a year, becoming local change agents. Each month, a new health message is explored, using contextually designed pictorial resources and in-depth discussion to investigate barriers to change and generate solutions to bring about this change in the community. The AB then works to implement this change in their own household and encourages 20 other households in their village to do the same. Monthly education sessions include nutrition, safe water, hygiene, disease management and malaria prevention.

This program has a comprehensive monitoring and evaluation component so that MH can measure improvements over time and discover what is and isn't working well. In the communities where we have Village Health Leaders, people report less sickness; households have appropriate sanitation; communities have better access to primary healthcare; households use mosquito nets far more frequently; and health and nutrition knowledge improves enormously!

The communities we work with are deeply committed to this program and notice the impact in their own households. Lauben, a 68 year-old father and grandfather, shared that his household 'no longer spends money in hospital since no one gets sick in my household all the time!' He continued by explaining to our community staff that 'Previously, at least every month a member from my household would get sick, something that took a lot of money for treatment. But practices in my family have changed with the help of Fiona [his household's Village Health Leader] - every month she comes to my home to advise us on different health issues and checks our home hygiene'.

Stories of Change

Our Impact: Developing

Our village health program embeds sustainability into the fabric of the program. Health Educators from each village, from the first meeting after they are elected, are supported to set up a savings co-operative, where they collectively pool an agreed-upon amount of their monthly allowance, with MH also contributing. This ensures the health educators are benefiting financially from the program in the long term, in exchange for their deep investment of time and knowledge into their community. Long after we have gone, the savings cooperative requires the team to meet together regularly, where they can discuss both the health of the households in their care, as well as continue to pool resources and re-invest.

During Covid waves, when most programs needed to be paused, the savings group became an extra source of financial resilience for these households! This group of 18 Health Educators started with a demonstration garden from where they teach families in the village to establish kitchen gardening [for improved nutrition]. After the first harvest, the group collected 300,000 shillings (A100) from the sale of the vegetables, on top of savings of 1.2m shillings ($A500) and used it to buy piglets for each member. They started renting land to expand their project which is now giving them even more income. This helped the group to earn an income at a time when many communities in Uganda were depending on government support for food during severe economic challenges.

This project has helped the group to remain together after Maranatha phased out their intensive support in this community. Health Educators continue to meet at their gardens, and teach the families in their village about healthy living as they enjoy an improved livelihood from vegetable farming.

Our Work

Section 3

In Australia Board

Our Work

Maranatha Health Australia provides governance, fulfills compliance requirements and most importantly provides resources given from donors to ensure that the work in Uganda continues to thrive. Our major focus is related to building and engaging with our supporter base to raise funds, in-kind donations of goods and expertise, and undertaking promotional activities. In 2020, support for various aspects of operations have been conducted by the Finance, Business and Compliance Team, the Project Coordinator (volunteer), Fundraising consultants, and various volunteers.

Michael Findlay
Chair

Garry Hodge
Deputy Chair, Treasurer since March 2020

Dr Joe Inauen
Public Officer & Minute Secretary

Hannah Ferrari

Jeremy Brown

Karen Baker

Jackson Jaensch

*For more details on our board members and their expertise and experience, please visit **www.maranathahealth.org/governance**

Volunteers

Our Work

Local Volunteers are crucial to ensuring the work of Maranatha Health in Australia is carried out. Many individuals and corporate groups have contributed their time and skills to ensure we efficiently carry out administrative functions to further the Maranatha Health vision in Uganda.

We thank the following volunteers most sincerely for their commitment:

Kim Findlay	MH Coordination; Donor engagement
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
Karen Baker	Fundraising consultancy (before joining the board)

Galpins Accountants, Auditors and Business Consultants for book-keeping and auditing services

Adelaide Paediatrics for donating time of a staff member who works on donor database administration.

As always, we wish to thank all of you who are part of the MH family and continue to give generously of your resources and time, fundraise, pray, educate, and share about MH in your networks. Maranatha Health's work is only made possible by your generosity and investment. A special thanks to the wonderful young people who have fund-raised in a variety of creative ways for MH this year - including making jewellery to sell, lemonade and baking stalls, and sharing about MH in schools. You have made a difference and we are proud of you!

Volunteers

Our Work

In Uganda

The Volunteer Program for people heading to Uganda welcomes skilled volunteers as well as students to undertake placements of various length and purpose. Volunteers are led through a thorough process of screening, preparation, support and debrief to ensure volunteer placements are as beneficial as possible. Due to Covid-19, this program is currently suspended. Please contact us for more details for future opportunities.

We would like to wish Dr Zishan Jiwa and his family all the best as they depart Uganda and head back home to Australia. Zish has volunteered as the Clinical In-charge at MH Uganda for the past 2 years. The team in Uganda have appreciated his thoughtful compassionate approach, his high quality medical skills, and his desire to invest deeply in the work of Maranatha Health. He will be missed. **Thank you Zish and family!**

Our Finances

Section 4

Treasurer's Report

Our Finances

I am pleased to provide this Financial Report for 2020-2021. I conduct my role with the assistance of Jeremy Brown and Joe Inauen, who, together with myself, make up the finance team. I would like to thank Jeremy and Joe for their assistance in finance matters, and the work they do on behalf of Maranatha Health.

Both bookkeeping and audit roles have once again been done this financial year (FY) by separate areas of Galpins Accountants, free of payment. We thank Galpins for their commitment and generosity in doing this for us.

A year of surplus

Like last year, Covid 19 has impacted both the local and global economy. Despite this, Maranatha Health Australia has had an excellent financial result this Financial Year. The continuing work by the board and volunteers over the past 12 months, in diversifying and expanding funding sources, communicating well with donors, and further reducing expenses here in Australia, has borne fruit.

The surplus this year was $135,343, significantly higher than our budgeted surplus of $16,002. This surplus will be available in future years for the building program, and to ensure better health outcomes for the people of Uganda.

The surplus was achieved because of the following:

- Unspecified donations were $31k over budget
- A donation to the building project for $50k
- Fundraising was $4k under budget
- Funds sent to GDG were $41k under budget (see further information below)

Funds sent to Global Development Group (GDG) this year were $196,150, a reduction from last year's contribution of $251,300.

A Covid 19-safe contingency

The budget was framed with at least 2 scenarios around Covid 19. The amount of $196k sent, was in line with a budget that assumed COVID would impact the hospital, with fewer patients, so reduced income, additional costs for PPE and oxygen, but fixed costs such as staff, rent, pharmaceuticals. A contingency of $40,000 was also in the budget, to allow for COVID impacts on the daily operations of the hospital and community programs.

Treasurer's Report

Our Finances

Because of lockdowns, COVID exposure within the community, and a general reluctance by Ugandans to visit medical centres, some activities were curtailed, and the contingency was not utilised, and so contributed to the surplus. The budget for 2021-2022 has allocated $240k being sent to GDG.

Overheads again minimised

We are proud to report that $196,150, the amount sent to GDG, represents 97.1% of total expenditure, with Australian expenditure of $5,790 representing 2.9% of total expenditure. The $5,790 is primarily insurance and online funding cost (see breakdown below).

Credit for our excellent financial result this year can be attributed to another year which has seen a further reduction in local expenses, together with outstanding support from our loyal volunteer and donor base, many of whom continue to donate to Maranatha year after year. The Maranatha Australia Board ensured funds requested by Maranatha Health Uganda were forwarded through GDG, so the hospital could continue to operate smoothly.

A healthy financial position

Funds on hand and donations receivable at 30/6/21 were $412,381 compared with $277,038 at the same time last year. This is enough to fund the Maranatha Health operations in Uganda for more than 12 months. Some of these funds are earmarked for the proposed building program. As with many not-for-profits, the majority of our donations come to us at the end of the financial year, so our cash reserves will ensure we are able to manage our existing and future obligations.

Funding the building project

A separate account (through GDG) was launched in June, 2018 to facilitate purchase of a parcel of land in Uganda, and to engage architects to develop a master plan for the site. At 30/6/21 approximately $272k had been donated, and $184k spent to purchase and fence land and engage architects, leaving $88,107.92 on hand in this account. We thank those people who have contributed to this account to enable the purchase of land and associated costs.

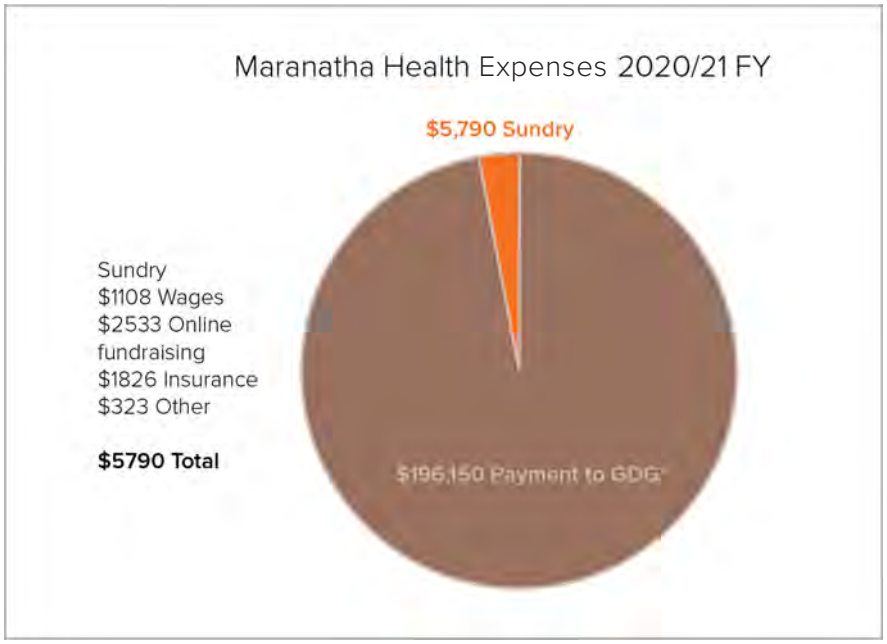
Plans and approximate estimates of costs of the building were completed last year. Because of the impact of Covid 19 in Uganda, and the uncertainty of its effects, there has been limited progress this financial year on the program. This will be a large and exciting project for Maranatha Health. To fund this capital

Treasurer's Report

Our Finances

building project, in addition to the funds and pledges already received, we anticipate additional funding will come from a variety of new sources, including significant benefactors and corporate entities.

The finance team and board continues to consider ways to minimise Australian based administration expenses and practising good stewardship. This ensures donors can give with confidence, knowing most of the funds are sent to Uganda where they can make a difference to the lives of Ugandans.



*Global Development Group (GDG) takes responsibility for the Ugandan project according to Australian Overseas Aid Gift Deduction Scheme (OAGDS) rules, providing a governance role and assisting in the areas of planning, monitoring, evaluating and auditing.

We thank all of the loyal Maranatha Health supporters who have partnered with us over the past year and continue to do so. We have been heartened by the support we have seen, especially during May and June for EOFY giving. We still have many challenges, especially as we deal with Covid 19 and its impact in Uganda. We look forward to the future, as we continue to resource the vision in Uganda.

Garry Hodge,
Treasurer

Financial Statements

Our Finances

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED
BALANCE SHEET
AS AT 30 JUNE 2021

	2019-20 $	2020-21 $	Note
ASSETS			
Cash and Cash Equivalents			
General Fund	2,561	10,580	b
Public Ancillary Fund	249,377	305,466	c
Term Deposit	-	50,000	
Total Cash & Cash Equivalents	**251,938**	**366,046**	
Trade and Other Receivables			
Donations receivable	25,164	46,336	
Total Assets	**277,102**	**412,382**	
LIABILITIES			
Employee-related liabilities	64	-	
Total Liabilities	**64**	**-**	
Net Assets	**277,038**	**412,382**	
EQUITY			
Accumulated Funds	275,937	277,039	
Current Year Surplus/Deficit	1,101	135,343	
Total Equity	**277,038**	**412,382**	

The accompanying notes form part of these financial statements

Galpins

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED
INCOME & EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2021

	2019-20 $	2020-21 $	Note
INCOME			
Donations	248,344	323,365	a
Fundraising income	4,716	2,432	
Interest	2,962	1,485	
Overhead (GDG) & Volunteer Contributions	-	-	
Other income	10,000	10,000	
Total Income	**266,022**	**337,282**	
EXPENSES			
Bank fees	36	20	
Employee-related expenses	8,449	1,109	
Fundraising expenditure	2,005	2,534	
Project contributions	251,300	196,150	
Insurance	1,428	1,827	
Audit fees	480	-	
Software expenses	463	-	
Communication & promotion	760	300	
Other	-	-	
Total Expenses	**264,921**	**201,940**	
Net Surplus / (Deficit)	**1,101**	**135,343**	

The accompanying notes form part of these financial statements

Galpins

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED
STATEMENT OF CHANGES IN EQUITY
AS AT 30 JUNE 2021

	Accumulated Funds $	Note
BALANCE AT 1 JULY 2019	275,937	
Surplus for the Year	1,101	
	277,038	
BALANCE AT 1 JULY 2020	277,038	
Surplus for the Year	135,343	
BALANCE AT 30 JUNE 2021	**412,381**	

The accompanying notes form part of these financial statements

Galpins

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED

CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE 2021

	2019-20 $	2020-21 $
Cash flows from Operating Activities		
Receipts from donors	$ 269,533	314,626
Payments to suppliers and employees	(266,266)	(202,003)
Interest received	2,962	1,485
Other	-	-
Net cash flows from operating activities	**6,229**	**114,108**
Net increase/(decrease) in cash and equivalents	6,229	114,108
Cash and equivalents at the beginning of the year	245,709	251,938
Cash and equivalents at the end of the year	**251,938**	**366,046**

The accompanying notes form part of these financial statements

Galpins

MARANATHA HOSPITALS AID AND DEVELOPMENT FUND AUSTRALIA INCORPORATED

Public Ancillary Fund - ABN 34 290 264 644

Financial Statement - July 2020 through June 2021

	$
Opening Balance at 1 July 2020	**274,541**
PAF Accounts	249,377
PAF Donation Receivable	25,164
Opening Balance	**274,541**
Receipts	
Donations	308,275
Fundraising	-
Interest	1,484
Total Receipts	**309,758**
Payments	
Disbursements to Global Development Group	179,950
Other Costs	2,533
Bank, Merchant and Fundraising Fees	15
Total Payments	**182,498**
Closing Balance as at 30 June 2021	**401,802**
PAF Bank Accounts	355,466
PAF Donations Receivable	46,336
Closing Balance	**401,802**

Galpins

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), 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 then sends the funds to Maranatha Health Uganda as the in-country partner that implements the projects for 'J704N Maranatha Capacity Building, Uganda' and 'J1004N Maranatha Building Project'.

Global Development Group (GDG) takes responsibility for the Ugandan project according to **Overseas Aid Gift Deduction Scheme (OAGDS)** rules, providing a governance role and assisting in the areas of planning, monitoring, evaluating 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

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, from its base in Western Uganda. The projects are significantly focused on preventative health measures and capacity building.

J1004N Maranatha Building Project

In 2018 Maranatha Health Uganda, with the support of the MH Australia Board and private donors, was able to purchase land in Fort Portal. We plan to construct a purpose-built facility that will enable an expansion of both clinical and community programs. More information for this project can be found here

https://maranathahealth.org/ourwork/building-for-the-future

Global Development Group

Our Partners

We are very fortunate to have partnerships with a number of other entities which provide professional expertise and services, financial and donations in kind, for which we are very grateful:

Galpins Accounting, Auditors and Business Consultants provides pro-bono accounting and audit services to Maranatha Health

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

Adelaide Paediatrics

Adelaide Paediatrics is an all-in-one Paediatric service dedicated to the best possible healthcare for children, and partners with MH by providing volunteer administrative support

Maptek

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

Insight Global Health Group

This University of Adelaide medical students' organisation supports Maranatha Health financially and also supports medical students undertaking placements at the MH Hospital in Uganda.

Our Partners

Milchem Construction is a new Corporate donor that supports Maranatha Health financially and we appreciate their generosity over the past year

Knightsbridge Baptist Church provides financial support and offers their venue for our Supporters' Brunch. A strong core group of supporters provides donations, community fundraising and prayer support

Good Shepherd Lutheran Church and School, Para Vista as missionary partners, provides an office free of charge, and encourages members to support the work of MH.

Broadview Baptist Church provides financial support and offered their venue for our Supporters' Brunch this year. We are immensely grateful for this new partnership and welcome them to the MH family.

Ashburton Baptist Church provides financial support through its Global Mission budget and provides an opportunity to share newsletters and relevant information about Maranatha Health to the church.

AfID (UK) is an award winning social enterprise providing charities, INGOs and social enterprises with professional accounting & financial management consultants. AfID supports Maranatha Health Uganda, long term, on a pro-bono basis.

Contact Us

Section 6

Contact Us

Contact us:

2a Bretwalder Ave, Leabrook, SA 5068

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

2021 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

www.maranathahealth.org

MARANATHA HEALTH