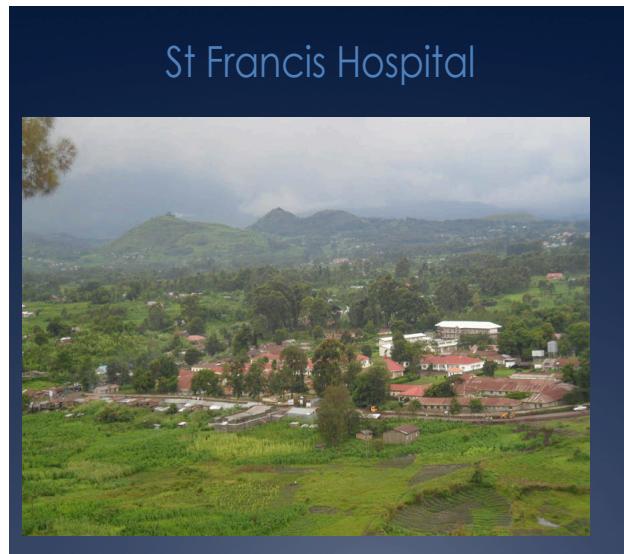


Plan for the future
Five-year plan 2025-2029
St. Francis Hospital, Mutolere, Uganda



On behalf of the Board of the Friends of Mutolere Hospital Foundation, Uganda
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1 Description of the Five-Year Plan

1.1 Overview and Background of the Hospital

St. Francis Hospital – Mutolere Hospital is located in the far southwest of Uganda, bordering Rwanda and Congo. The hospital was founded in 1957 as a mission hospital by the Franciscan Sisters *Alles voor Allen* from Breda, the Netherlands. Since then, a close collaboration with the Netherlands has developed. In the past, tropical doctors were deployed via Memisa and later Cordaid. When these postings by the Dutch government ended, and the need for medical specialists increased, surgeons from Emmen and Zutphen provided long-term surgical support. From this initiative, the *Friends of Mutolere Hospital Foundation* was established. This ANBI-registered foundation aims to improve the quality of healthcare in St. Francis Hospital and to raise the standard of living in the region.

With a capacity of 220 beds, the hospital provides care to the local population of Kisoro District (approx. 400,000 people) and to patients from Congo – including war victims – and Rwanda. People from surrounding districts also come to the hospital, resulting in an estimated catchment area of about 1,000,000 inhabitants.

The hospital is organized into departments for internal medicine, pediatrics, NICU, surgery, ICU, gynecology, and an outpatient clinic. There is a high demand for outpatient services, with special focus on pregnant women and children. In addition, many (tropical) infectious diseases are treated, and the need for surgical and trauma care continues to increase.

St. Francis Hospital employs three medical specialists: two gynecologists (one of whom is also part of the hospital management) and one surgeon. For daily care on the wards, three general doctors are available. Since 2023, Dutch AIGTs (doctors trained in Global Health and Tropical Medicine) have strengthened the team on the basis of a two-year contract.

The hospital also houses a training institute for nurses and midwives.

The long-standing collaboration with Dutch doctors has built a strong foundation of trust, which enables structural improvements in healthcare, training, and exchange. The hospital maintains contacts with several Dutch hospitals, including the Maxima Medical Center (MMC) in Eindhoven, as well as with various universities through the provision of internship placements.

The hospital strives to become financially sustainable and independent. In addition to regular healthcare, the hospital management aims to provide specialized (para)medical services delivered by well-trained staff. Patients pay a fixed, low fee for outpatient visits, admissions, and surgeries. As there is still no national health insurance, even this low rate can sometimes be an insurmountable barrier. The financial contribution from the Ministry of Health is insufficient, making it a yearly challenge to pay salaries, provide staff training, maintain facilities, and update medical equipment. External support therefore remains indispensable.

Looking ahead to the next five years, the hospital seeks to continue the close collaboration, with joint efforts in education, medical care, and sustainable development projects.

The income the hospital receives from supervising Dutch medical students will be used to support medical training and related educational activities. During a meeting with management, the importance of reaching out to new funding organizations was also emphasized, in order to make additional resources available for the most vulnerable patients – those who cannot afford the actual costs of care.

Medical Camps (Urology, Plastic Surgery, Orthopedic Surgery) are financially advantageous: partner funds cover all costs of the activities as well as the full treatment of every patient. In addition, the healthcare professionals usually leave behind the instruments they have brought with them. In contrast, the regular hospital services – such as admissions, diagnostics, and surgeries – are still often insufficiently funded, leaving the actual costs uncovered.

For the purchase of instruments and materials, preference is given to working with Ugandan suppliers, such as Joint Medical Store and Future Medical. These companies, when necessary, handle transport and customs clearance, and consistently provide warranties and clear user manuals.

The **Five-Year Plan 2025–2029** outlines the projects to which the *Friends of Mutolere Hospital Foundation* can contribute, both financially and through expertise and manpower.

1.2 Projects / Plans

1.2.1 Laparoscopic, Endoscopic and Gastroscopic Care

The Ugandan medical staff intends to use laparoscopic surgery, endoscopy, and gastroscopy for specific diagnostic procedures and operations.

→ The project will be continued to strengthen laparoscopic gynaecological and abdominal surgery in a multidisciplinary way, to increase the complexity of procedures from low- to high-complex, and to improve endoscopic care. This will be achieved through training and refresher courses, procurement of medical equipment and instruments, and supervision/guidance during procedures.

1.2.2 EWS (Early Warning System)

Early recognition and treatment of potentially seriously ill patients is an important focus. Over the past year, a reliable measurement tool (EWS) has been introduced, staff knowledge and skills at all levels have improved, attention has been given to appropriate medication, and a sepsis protocol has been implemented.

→ In the coming years, attention will be paid to further development and implementation of EWS through workshops, poster development, and bedside teaching.

1.2.3 Trauma Care and Osteosynthesis

Until a few years ago, trauma patients were treated like any other OPD (Outpatient Department) patient and admitted for treatment if deemed necessary. Due to a sharp increase in the number of RTAs (Road Traffic Accidents), a Trauma Team Training (TTT) has been organized. This training, developed for LMIC countries, equips the medical and nursing teams with knowledge and a structured approach to trauma care.

Osteosynthesis is a surgical method used to realign and stabilize broken bones (fractures) using materials such as plates, screws, pins, wires, or external fixation frames. Currently, there is insufficient expertise and material to adequately implement this treatment.

→ Progress in trauma care. In May 2025, a repeat TTT was organized and the multidisciplinary team of healthcare professionals was trained in trauma care. This refresher training will be repeated annually with the cooperation of the head nurse of the surgical ward, Mutolere Hospital.

→ Together with the local trauma team, a plan will be developed focusing on training and making osteosynthesis material locally available, after which the plan will be implemented in practice.

1.2.4 The ICU

In 2024 and early 2025, a new well-equipped ICU with 6 beds was built. The ICU is now a separate semi-autonomous department and no longer merely a surgical ICU. Investments were made in equipment, space, and staff training.

Currently, the ICU has a low occupancy rate. Awareness of the unit is limited, while admission costs – particularly due to additional investigations – are very high for some patients. To increase occupancy, more attention must be given to publicity and awareness.

For the Neonatal Intensive Care Unit (NICU), publicity was not the only success factor.

Thanks to the project of American pediatrician Dr. Coda, parents pay a maximum of 100,000 UGX, while the remaining costs are covered by a sponsor.

→ Discussions are being held with hospital management on strengthening PR activities. After several months, it will be evaluated whether financial support for patients is necessary. If so, the Foundation will consider whether it can contribute financially.

1.2.5 Education

Hospital management attaches great importance to expertise and education and works closely with the Foundation on this matter. Hospital management determines which expertise is needed, what training is required, and who is eligible. The hospital will pay (mostly in natura: housing, electra, water, gas), The students pays a (small) part and the FoM will pay a reasonable amount.

Currently in training: 1x Anesthesia Nurse (until December 2025), 1x Clinical Medicine (until December 2026).

→ Every training request will be discussed upon.

1.2.6 PR and Patient Recruitment

Strengthening Public Relations

The hospital wishes to invest in increasing public awareness, as many patients are still unaware of the wide range of services offered in Mutolere. Examples include the ICU, the well-functioning operating theater, the CT scan, the physiotherapy department, and dental services.

The use of a CT scan has greatly improved diagnostics. Teleradiology is used to interpret the scans. However, the CT scan has proven to be a financial loss. Maintenance costs are high, while not all (acute) patients can afford the cost of a scan.

The physiotherapy department is well equipped and staffed with two physiotherapists. To be more profitable, more external clients could be attracted for physiotherapy treatment.

→ PR efforts will be used to attract patients from outside Mutolere, thereby not only enhancing service provision but also making services profitable when paying patients use them. In consultation with the hospital, the Foundation will have a supportive role in this effort.

1.2.7 Osteomyelitis Project

The area around Mutolere is surrounded by volcanoes higher than 4,000 meters. Volcanic rock is very sharp, and children walking barefoot – which is unfortunately still common – quickly sustain small wounds on their feet. Due to poor hygiene and malnutrition, infections develop that can spread to the bone, resulting in osteomyelitis. This can progress to a chronic bone infection.

→ Thanks to various donations, osteomyelitis can now be treated by surgically inserting antibiotic tablets, significantly improving chances of recovery.

→ In the coming years, research will be conducted into which local resources can be used to treat patients.

1.2.8 The Dental Care Unit

Training of a Dental Officer has made the dental department operational again, with a significant increase in patient numbers in recent months. The unit has a functioning dental machine with accessories, an amalgamator, and a compressor.

Recently, numerous procedures have been carried out, including tooth extractions, cementing, root canal treatments, fracture treatment, oral care, tooth replacement, and patient sensitization.

However, the nurse providing this intensive dental care has encountered challenges, such as the lack of a periapical (PA) X-ray machine, the need to sterilize instruments at a distance, and the absence of a portable light-curing unit.

→ Investment in dental equipment.

Priorities of Mutolere Hospital, from the Board Meeting of June 26, 2026

“The need for resources mobilization, sustainability and specialization were emphasized! Automated HMIS project was high on the needed activities to implement urgently, solar power, medical equipment, and the revitalization of Community Health Insurance scheme were all seen as key enablers to development and sustainability of the hospital.”

1.2.9 Investment in Building and Maintaining Community Health Insurance for the Most Vulnerable Patients

Currently, very few people have health insurance; usually only employees of large organizations have access. Broader availability of insurance is expected only after the 2026 elections.

The Community Health Insurance program, as described in the strategic plan of St. Francis Mutolere Hospital (page 9), has been temporarily suspended due to political circumstances in the United States. Discussions with hospital management have explored whether the *Friends of Mutolere Hospital Foundation* could play a pioneering role in this initiative, so that the most vulnerable members of the community can gain access to a form of health insurance.

→ After receiving a business plan from Mutolere Hospital and reviewing the feasibility of insurance for this target group, the Foundation will explore options for financial support, possibly by finding a specific donor.

→ Since the hospital in Rushoroza (Kabale) already has such an insurance scheme, collaboration in this area would be valuable.

1.2.10 HMIS and CCTV

The automated HMIS project ranks high on the hospital’s priority list. Quotes are currently being requested by hospital management.

→ Before investing in HMIS, several conditions must be met, such as reliable power supply, a training plan, and a maintenance plan.

→ CCTV can be included in this project.

1.2.11 Solar Park Repair

To reduce monthly electricity costs, the hospital’s solar installation will need repair in 2025. At present, the savings are about 1 million UGX per month, whereas before the malfunction this was 3 million UGX.

The hospital has been connected with a German NGO in Uganda. Hospital management will discuss technical possibilities and quotations with them.

→ Investment in solar repair.

1.3 Target Groups

Patients (adults and children) receiving medical care at St. Francis Hospital, Mutolere, Uganda.
Staff of St. Francis Hospital, Mutolere, Uganda who receive education or training.

1.4 Collaboration

St. Francis Hospital, Mutolere

The Ugandan staff maintains a good collaborative relationship with Dutch volunteers. Regular meetings take place on site in Uganda to discuss plans, projects, and future vision. There is also frequent contact in the Netherlands between the hospital’s Board and the Board of the Foundation. The role of the Dutch volunteers is regularly reviewed.

St. Francis Hospital has strong international connections. In addition to its collaboration with the Dutch Friends of St. Francis Hospital, Mutolere, Uganda Foundation, it has links with Humedica (a German organization) and several American universities. Volunteers (doctors, nurses, anesthetists, and researchers) are deployed across the various wards, the laboratory, and the operating theaters. It is important that these institutions work together to streamline projects and ensure smooth placement of volunteers.

Franciscan Sisters, Congregation Alles voor Allen, Breda

Since the founding of St. Francis Hospital in 1957, the Congregation of Franciscan Sisters Alles voor Allen has developed and funded numerous projects. In 2025, this involvement will come to an end, with their final financed project being the construction of several water tanks on the hospital grounds.

Stichting MMC Help

Since 2017, there has been a partnership between the Stichting Máxima Help (MMC, Veldhoven) and the Friends of St. Francis Hospital, Mutolere, Uganda Foundation. At least until 2026, Stichting Máxima Help will continue to support the financing of education for Ugandan professionals, as well as the exchange of knowledge and information.

Other Partners and Donors

Hoffknecht van Vuuren, Stichting Lameris, Lions (Nuenen), UMC Groningen (medical student internships and compensation), Reynaerts, Rombouts, Sil Online (website), other foundations and private initiatives/donations, anonymous donors.

2. Organisation

2.1 Timeline of Plans

Project / Activity	2025	2026	2027	2028	2029
<i>Laparoscopy workshops & equipment procurement</i>	x	x	On request	On request	On request
<i>EWS workshops</i>	x	x			
<i>Trauma care (TTT), guidance & osteosynthesis project</i>	x	x	x	x	x
<i>ICU patient support</i>		After receiving business plan	On request	On request	
<i>Staff education</i>	On request	x	x	x	x
<i>Public Relations (recruitment of external patients for ICU, CT, physiotherapy, dental care)</i>	x		On request	On request	On request
<i>Osteomyelitis project</i>	x		On request		
<i>Dental care unit (equipment purchase)</i>		On request			
<i>Community Health Insurance</i>		After receiving business plan	x	x	x
<i>HMIS & CCTV</i>		After receiving business plan	x		
<i>Solar (repair/maintenance)</i>	x		x		

2.2 Administrative Information

- **St. Francis Hospital, Mutolere, Uganda**
Website: www.mutolerehospital.ug
- **Board of the Friends of St. Francis Hospital Mutolere Foundation**
 - Katinka Mijnheer – Chair and Project Coordinator
 - Willem den Boer – Treasurer and Orthopedic Surgeon
 - Miranda van Wanrooij – Secretary and OR Assistant
 - Niels Jansen – Member and Medical Doctor in Global Health and Tropical Medicine (AIGT)

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