

LUISA GUIDOTTI HOSPITAL

3rd Quarter & Jan – Sept 2025 Highlights of Activities

Presented by: Dr Massimo Migani (Medical Superintendent)

Luisa Guidotti Hospital historical background.

All Souls Mission, Mutoko was founded by the Jesuits in 1930. The mission is in a rural environment 25 Km from Mutoko Town (Chabvuta Village – Chiwore Ward).

The Dominican Sisters came to the Mission in 1932 and later opened a hospital.

In 1968 the hospital was entrusted to the AFMM (International Medical Association), Dr Maria Elena Pesaresi and Sr Caterina Savini were on the staff establishment. In 1969 Dr Luisa Guidotti came to replace Dr Pesaresi who went to serve another mission hospital in Zambia.

In 1976 the hospital was upgraded to the status of a "Mission Hospital" (Dr Luisa Guidotti – Medical Superintendent and Sr Caterina Savini – Matron)

In 1979 Dr Luisa Guidotti was killed by the security forces during the Independence war.

In 1982 Dr Maria Elena Pesaresi returned to All Souls and took charge of the Hospital.

In 1983 the Hospital was renamed "**Luisa Guidotti Hospital**".

Since 2014 Dr M. Migani has been appointed as the Medical Superintendent, with currently the Hospital Executive composed by him as the Medical Superintendent, Mrs I. Chipuriro as the Tutor in Charge of the School of Nursing and Midwifery, Mrs T. Dzagonga as the Hospital Matron and Mr P. L. Machipisa as the Hospital Administrator. At present the Hospital is a 101 registered beds Mission Hospital (the number of in-patients beds has been revised during COVID19 pandemic in 83 in-patient beds and 18 beds for waiting mothers - WMH), and comprises of the following departments:

Outpatient department, Pharmacy, Male Ward, Female Ward, Paediatric Ward, Maternity Ward (including Labour ward), TB Ward, COVID19 Isolation ward, Theatre block, Laboratory, O.I. Clinic (for patients living with HIV, treatment and follow up), Family and Child Health department, Rehabilitation Department, Dental Department, Eye Clinic, Waiting Mothers' Home.

There is also a School of Nursing and Midwifery accredited under Ministry of Health and Child Care.

Catchment population area.

Luisa Guidotti Hospital is acting as the first Health Facility for a direct catchment population area comprising 6.127 citizens. It is a referral centre for the surrounding rural clinics of Mutoko East and North and due to its geographical location (close to the boundary with Mudzi District) is a referral centre also for some clinics belonging to this District, for a total population (including direct catchment area) of 139.649 citizens (data from National Census 2022 and District profile 2024 with adaptation according to annual growth rate).

However especially for some services, the Hospital receives patients from further areas (including the capital city Harare and other Provinces).

CATCHMENT POPULATION 2025

| | | |
|--|--|----------------|
| REFERRAL POPULATION ESTIMATED | Wards from Mutoko (East and part of North) – Mudzi (part of West and South) | 139.649 |
| CATCHMENT POPULATION (Direct catchment) | Ward 16 (LGH) | 6.127 |
| UNDER 1 YEAR | 3.1% | 191 |
| CHILDREN 1 – 4 YEARS | 11.1% | 682 |
| CHILDREN < 5 YEARS | 14.2% | 873 |
| CHILDREN 5-14 YEARS | 27.8% | 1.701 |
| CHILDREN 0-10 YEARS | 27.9% | 1.711 |
| CHILDREN < 15 YEARS | 42.0% | 2.574 |
| 15 YEARS + | 58.0% | 3.553 |
| WOMEN OF CHILD BEARING AGE (15 – 49) | 22.9% | 1.401 |
| EXPECTED PREGNANCIES | 5% | 306 |
| EXPECTED BIRTHS | 4% | 245 |

Sources:

- MOHCC Catchment Population by Health Centre – Mutoko District Document 2024
- Census 2022 with adaptation of growth rate (national average 1.5% as per Census 2022).

VISION/MISSION/CORE VALUES.

Centred on the example of the life of Jesus Christ, the hospital vision and mission are inspired by principles of Love and promotion of "development, wellbeing and common good".

In this view and in line with the Ministry of Health and Child Care vision and mission, the hospital aims to promote an integrated approach to public health interventions where "one-health" and "circular economy" concepts are pillars of the hospital strategic interventions.

VISION.

Luisa Guidotti hospital envisages a healthy and self-reliant community so that "they may have life and have it to the full" (John 10, 10)

MISSION.

Luisa Guidotti hospital is committed to promote high quality of health services, maximizing resources and working in a close bond with the community served, towards the promotion of preventive and sustainable community health programmes. This with an approach focused on principles of «one-health» and «circular economy».

CORE VALUES.

Faith, Love, Ethics, Integrity, Justice, Creativity, Perseverance towards development.

STRATEGIC OBJECTIVES AND PRIORITY AREAS OF ACTIVITY/PROGRAMMES.

In line with the MOHCC National Health Strategy and the Hospital strategy, we summarize 3 main Key results areas of intervention (1. Health Services delivery, 2. Infrastructure/Working environment, 3. Community development/Environment) which include specific priority activities/programmes whose outcomes aim to improve: a) Quality of services, Health outcomes, Expanded access to Health; b) Community development, wellbeing of populations and prevention of diseases.

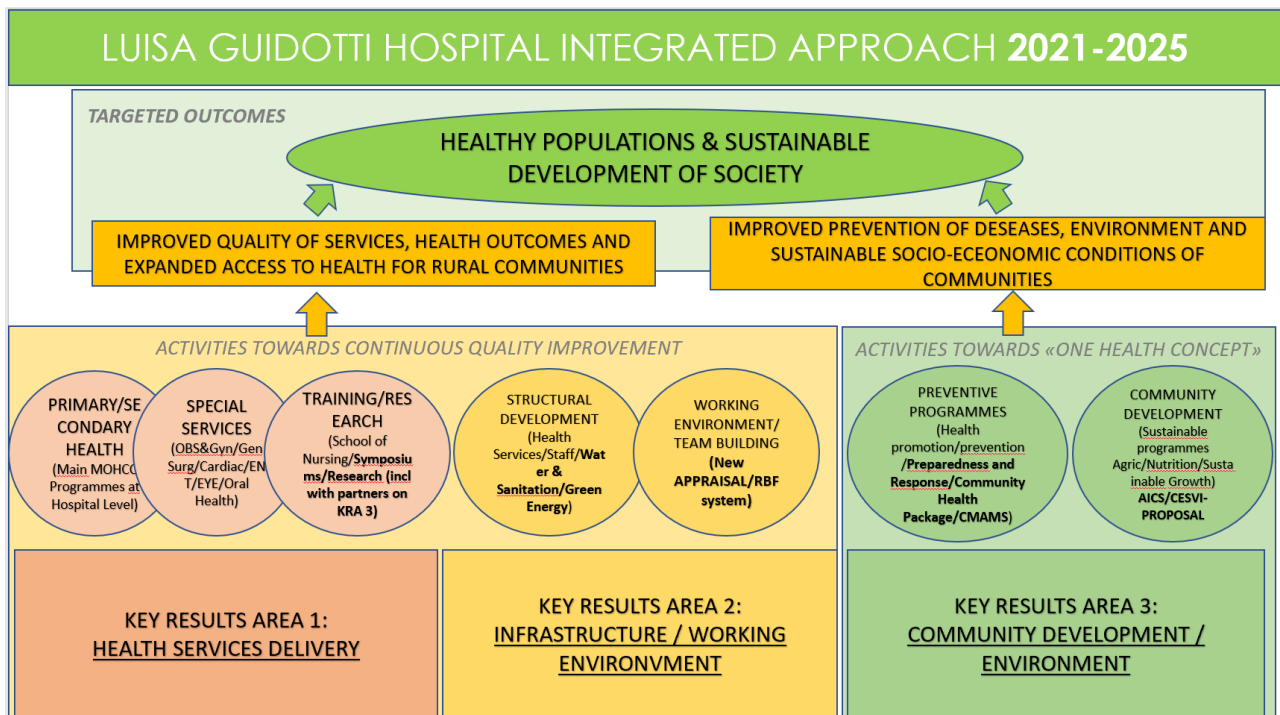
In a review of the strategic plan done according to National, Provincial and institutional priorities, the following areas have been identified as priority areas (which can be summarized under the above-mentioned 3 key results areas):

1. *Improved Leadership and Governance at all levels of the Institution (KRA1-KRA2)*
2. *Improved Quality monitoring towards TQM (KRA1-KRA2)*
3. *Sustained High quality service delivery, expanded access to health for specialist's services (KRA1)*
4. *Optimized resource utilization and introduction of innovative approach to promote sustainability (KRA1-KRA2)*
5. *Improved community health programmes through enhanced Community participation and Stakeholders engagement (KRA3)*
6. *Enhanced emergency preparedness and response to epidemic prone diseases, outbreaks and disasters (KRA1-KRA3)*
7. *Enhanced evidence-based education and research to improve skills of human capital for health (KRA1)*

Priority Working improving teams grouped according to activity/programmes comprise of:

1. RMNCH (Reproductive Maternal Neonatal & Child health) – KRA1
2. Clinical Management & Critical Care – KRA1
3. Surgical services – KRA1
4. Infection Prevention and Control – KRA1
5. O.I./EMTCT – TB services – KRA1
6. IMNCI/EPI – KRA1
7. Pharmaceuticals - KRA1
8. Laboratory Services – KRA1
9. Training/Continuous education – KRA1
10. Procurement/Store management/Logistics – KRA1
11. Maintenance/Water supply/Structural development – KRA2
12. Working Environment (Inc. Implementation of Leadership & Management development plan/Monitoring & Evaluation data collection towards Total quality management) – KRA2
13. Waste Management/Environment – KRA3
14. Community Programmes/Community development – KRA3

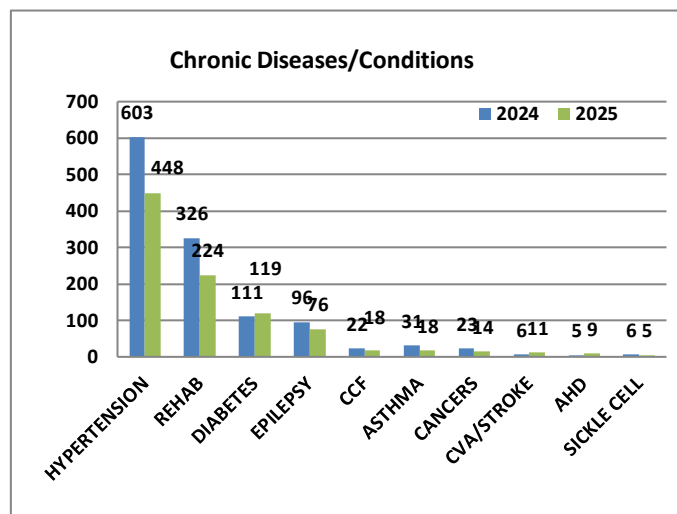
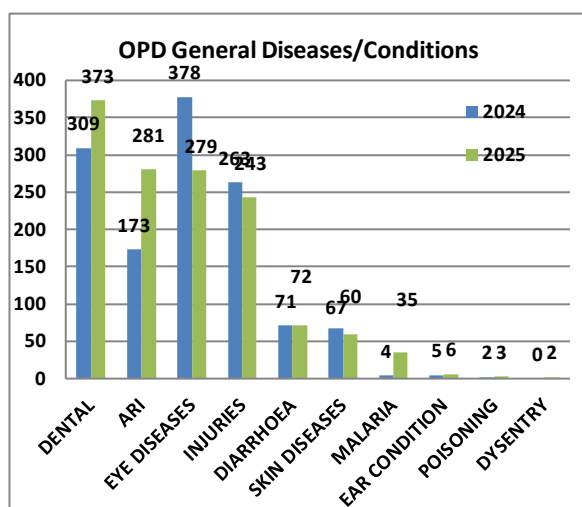
To promote quality improvement and an approach towards Total Quality Management, in line with the MOHCC quality improvement framework, the hospital has set a Quality Improvement Committee with the aim to coordinate quality improvement and quality control and has established Working Improvement Teams for each of the above Priority areas of intervention. Activities have since been promoted through the QIC to assist and motivate WITs.



HIGHLIGHTS OF ACTIVITIES / PROGRAMMES

| 1. Service Delivery | Achieved Q3 2024 | Target Q3 2025 | Achieved Q3 2025 | Jan-Sept 2024 | Jan-Sept 2025 |
|---|---------------------|-------------------|---------------------|------------------|------------------|
| Total population | 6451 | 6451 | 6451 | 6451 | 6451 |
| Total number of inpatient beds | 83 | 83 | 83 | 83 | 83 |
| Total number of admissions inclusive maternity | 445 | 400 | 510 | 1432 | 1507 |
| Total bed occupancy rate (%) | 37.8% | 38% | 37% | 40.5% | 37.4% |
| Total institutional deliveries | 174 | >186 | 203 | 549 | 567 |
| Total deaths rate | 5.6% | < 4.5% | 4.06 | 3.7% | 4.2% |
| Maternal deaths | 0 | 0 | 0 | 0 | 1 |
| Total number of new outpatient department (OPD) visits | 3522 | 3750 | 2314 | 7875 | 8946 |
| Total number of new and repeat outpatient department (OPD) visits | 6360 | 6000 | 6699 | 17626 | 21174 |
| Outreach OPD services (Oral, Eye, Rehab, general OPD services) | 771 | - | 71 | 1656 | 554 |
| TOTAL institutional and community OPD services | 7131 | 6600 | 6770 | 19282 | 21728 |
| Operating theatre | | | | | |
| Number of caesarian sections | 12 | N/A | 34 | 28 | 77 |
| Caesarean section rate | 6.9% | 10 – 12 % | 17% | 5.1% | 13.8% |
| Number of major operations done excluding caesarian sections | 0 | N/A | 29 | 50 | 97 |
| Number of minor operations/procedures done | 31 | N/A | 126 | 182 | 342 |
| Number of table deaths | 0 | 0 | 0 | 0 | 0 |
| Dental services | | | | | |
| Number of procedures performed | 303 | 300 | 389 | 1170 | 1238 |
| Rehabilitation services | | | | | |
| Number of procedures performed | 298 | 198 | 224 | 831 | 601 |
| Ophthalmology services | | | | | |
| Number of conditions attended | 640 | 150 | 238 | 1009 | 660 |
| Radiology services | | | | | |
| Number of clients who had X Ray done in the dept | 427 | 450 | 514 | 1418 | 1451 |
| Number of clients who had Ultrasound Scan done in the dept | 388 | 300 | 322 | 1183 | 644 |
| Laboratory services | | | | | |
| Number of Laboratory tests done | 5886 | 5100 | 4390 | 15286 | 17847 |

2. Inpatients and Outpatients services.



Comments

For the period January – September, there has been 12.7% increase in outpatients' services attendances (new and repeated visits), as compared to the previous year. This confirms the positive trend of outpatient activities. Outreach services have been promoted with a different strategy this year shifting from a monthly basis to quarterly basis to optimize available resources. They include promotion of preventive services and community awareness for health, through visits to schools. A team composed by staff conducts Oral Health, Eye Health, Rehabilitative services combined with community awareness and screening. The programme now integrated a pharmaceutical component to increase access to medication for the rural community. Target of the programme are the clinics and schools in the direct catchment area including surrounding, particularly: Bondamakara, Kawere, Kowo, Madimutsa, Kapondoro, Makosa, Mushimbo.

Admissions trends have been characterized by a 5.2% increase. Caesarean sections rates have increased from 5.1% to 13.8%, partially as a result of reduced transfer to other centres and increased referrals-in from other services, as compared to the 2024 when the hospital had no anaesthetic services for part of Q1.

RMNCH – Maternal & neonatal services/EMTCT/EPI/Child health.

| Indicator | Q3 2024 | Q3 2025 | Jan-Sep 2024 | Jan-Sept 2025 |
|---|------------|-----------|--------------|---------------|
| Number of pregnant women who book for first ANC visit before 16 weeks | 34(19.5%) | 39(14.08) | 99(18.09%) | 108(22.6%) |
| Number of pregnant women who book for first ANC visit before 12 weeks – target (40%) | 13 (7.47%) | 13(5%) | 35(6.4%) | 48(10.4%) |
| Proportion of births attended by a skilled birth attended - monthly target | 100%(174) | 100%(203) | 100%(547) | 100%(567) |
| Pregnant women receiving two or more Tetanus Toxoid (TT2+) vaccinations | 107 | 91 | 323 | 233 |
| Caesarean sections as a percentage of all live births (Caesarean section rate) - target (10%) | 6.9% | 17% | 5.1% | 13.8% |
| Total number of pregnant mothers who received iron and folic during current pregnancy | 172 | 229 | 576 | 512 |
| Number of maternal deaths | 0 | 0 | 0 | 1 |
| High Risk Maternal cases referral out (Pregnant women at risk referred to from clinics) | 14 | 78 | 44 | 92 |

| | | | | |
|--|------------------|------------------|------------------|------------------|
| Post Natal Care - Women with their new-born child receiving three postnatal care service after delivery (Day 1; Day 3 ; Day 7) | 39 | 42 | 125 | 109 |
| Proportion of pregnant women who have their BP, urine and blood samples (Hb, Syphilis, HIV) taken when they attend ANC – target 100% | 100% | 100% | 100% | 100% |
| Maternal case fatality rate in health institutions | 0:100000 | 0:100000 | 0:100000 | 176:100000 |
| Number of perinatal deaths – epidemiological indicator (total MSBs, FSBs, ENNDs) | 2 11.2:1000 | 5 24.6:1000 | 8 14.6:1000 | 9 15.8:1000 |
| Number of perinatal deaths - institutional management quality indicator (FSBs, ENNDs) | 0 11.2:1000 | 4 19.7:1000 | 3 3.64:1000 | 7 12.3:1000 |
| Proportion of women having four or more ANC visits (ANC coverage at least four visits) | 94.7% 163/172 | 82.3% 163/198 | 87.3% 503/576 | 88.5% 481/543 |
| Number of maternal death audit meetings conducted – target (100%) | - 100% | - 100% | - 100% | 1 100% |

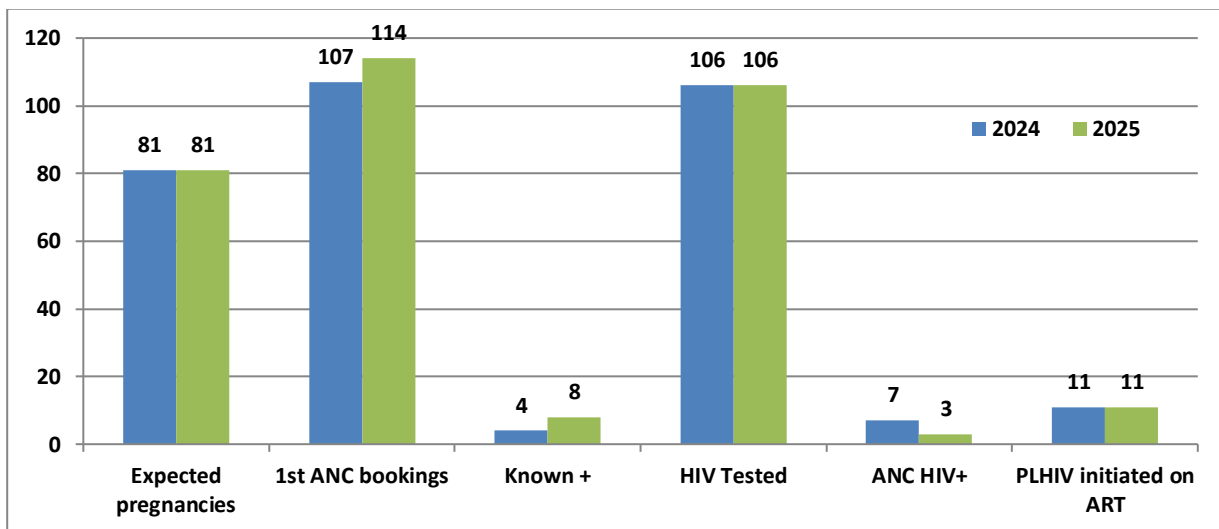
Comments

There has been an increase in the institutional perinatal and maternal rate mortality, which has raised attention to strengthen the positive outcomes of the previous year. Quality review and audits have been conducted to optimize efforts towards maintaining best possible outcomes. Audits are regularly conducted. Since November 2024, a cluster approach has been formalized within the District of Mutoko and Mudzi, to reduce delays, improve coverage of theatre services and response to emergencies and standardize methodologies. To strengthen collaboration and evidence-based approach, a project ("the Safe Birth Project") has been promoted in collaboration with UKZ HPP as part of a cluster approach: 90 health professionals (Midwives and nurses serving at the 4 referral hospitals of the 2 Districts and from 10 surrounding clinics referring to LGH and Mutoko District Hospital) attended a workshop which took place in the first 2 weeks of April at Luisa Guidotti Hospital. A complete framework for cascading training with monitoring, evaluation and learning components have been developed and will be sustained during the following part of the year. Of note is the reduction by 40.4% of transfers out in maternity and the increase in management of complications institutionally.

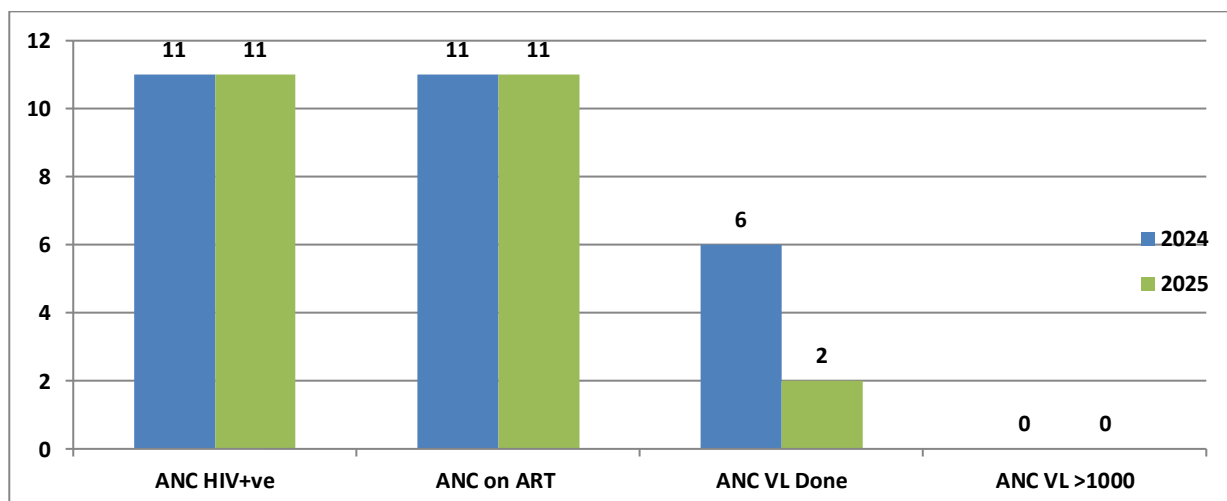
There has been a slight decrease of overall transfers compared to the previous year. Particularly for Maternity a reduction by 40.4%, confirming a better stability of comprehensive obstetric services at the facility.

| TRANSFERS | Q3 2024 | Q3 2025 | Jan – Sep 2024 | Jan – Sep 2025 |
|---------------|-----------|-----------|----------------|----------------|
| MATERNITY | 10 | 7 | 42 | 25 |
| ADULT WARD | 11 | 8 | 24 | 25 |
| PEADIATRIC | 4 | 5 | 8 | 11 |
| OPD | 6 | 7 | 19 | 25 |
| NEONATAL | 0 | 0 | 1 | 0 |
| TOTALS | 31 | 27 | 94 | 86 |

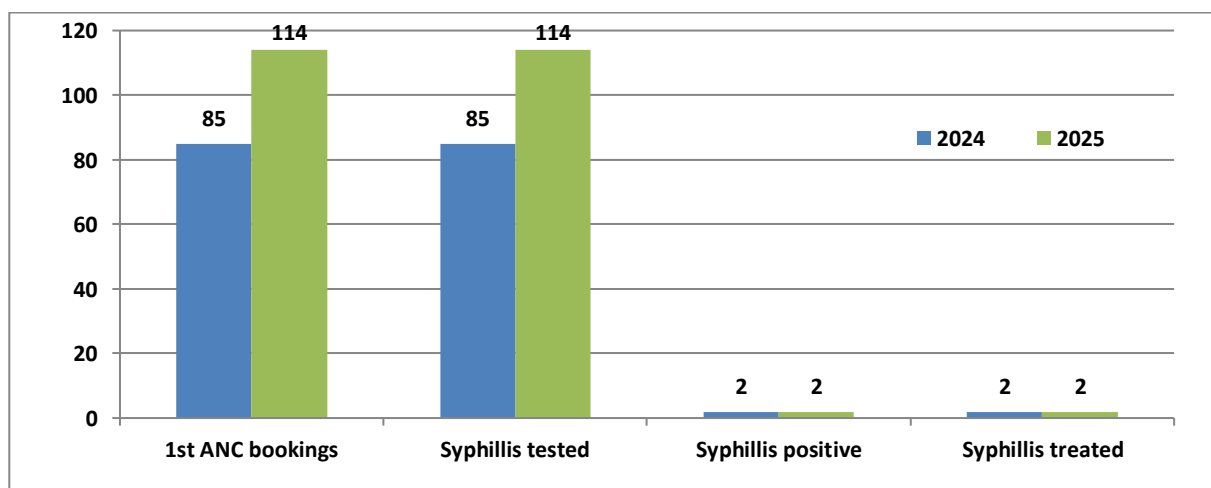
ANC Cascade Q3 2024 vs 2025



ANC ART Coverage and Viral Load Testing



ANC Syphilis testing Q3 2024 vs Q3 2025



Comments

2 syphilis positive recorded amongst pregnant mothers. It has been possible to achieve 100% viral load testing for pregnant mothers leaving with HIV as facility can perform GeneXpert dedicated VL testing. 69 HIV exposed infants were delivered and 100% received post exposure prophylaxis.

3. O.I./ART and Tuberculosis.

| Indicators measuring efforts that contribute to the reduction of HIV morbidity and mortality | | | | |
|--|---------|---------|---------------|---------------|
| Indicators | Q3 2024 | Q3 2025 | Jan-Sept 2024 | Jan-Sept 2025 |
| Number of males and females tested for HIV and received their results | 468 | 396 | 1472 | 1462 |
| Number of children and adults living with HIV continuing on ART | 1135 | 1156 | 1135 | 1180 |
| Number of adults newly initiated on ART | 26 | 23 | 66 | 76 |
| Total number of adults on ART (new and old cumulative) | 1099 | 1148 | 1099 | 1148 |
| Number of children newly initiated on ART | 0 | 1 | 2 | 7 |
| Total number of children on ART (new and old cumulative) | 36 | 32 | 36 | 32 |
| Number of new STI cases | 27 | 58 | 109 | 122 |
| Number of repeat STIs | 4 | 4 | 6 | 11 |

Viral Load Coverage

| | Q3 2024 | Q3 2025 | Jan-Sept 2024 | Jan-Sept 2025 |
|----------------------------------|---------|---------|---------------|---------------|
| Viral load tests done | 289 | 258 | 746 | 643 |
| Results received | 236 | 113 | 517 | 544 |
| > 1000 copies/ml | 6 | 6 | 20 | 9 |
| Patients referred for EAC | 6 | 6 | 16 | 9 |

Comments

Viral load testing coverage for Q3 2025 shows a decrease compared to 2024, mainly because of a lower output during the month of July (51% vs 98% achieved during the month of March). We have been noticing a challenge mainly in turnaround of results from referral laboratory with the gap between sample taken and pending results increasing. Viral suppression remains > 95% (97.8%).

To reduce the mortality, morbidity and transmission of tuberculosis by 90%

| Data element | Q3 2024 | Q3 2025 | Jan-Sep 2024 | Jan-Sep 2025 |
|--|----------------------------------|---------------------------------|---------------------------------|----------------------------------|
| Number of bacteriologically confirmed drug-resistant TB cases (RR-TB and/or MDR-TB) notified | 0 | 0 | 0 | 0 |
| Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment | 0 | 0 | 0 | 0 |
| Percentage of TB cases treatment success rate - all forms | 100% | 80% | 100% | 88% |
| Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses MT | 16 5 bacterial 11 clinical | 10 8 bacterial 2 clinical | 52 23bacterial 29clinical | 51 24bacterial 27 clinical |
| Percentage of HIV- positive registered TB patients given ant-retroviral therapy during TB treatment | 100% | 100% | 100% | 100% |
| Number of cases with drug resistant TB (RRT-TB and/or MDR-TB) that began second line treatment MT | 0 | 0 | 0 | 0 |
| Number of all TB patients who defaulted treatment MT | 0 | 0 | 0 | 0 |

| | | | | |
|---|---|---|---|---|
| Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and /or MDR-TB) notified MT | 0 | 0 | 0 | 0 |
|---|---|---|---|---|

Comments

2 TB deaths occurred during the reporting period and 6 deaths from January to September 2025. There has been a decrease in TB notification compared to Q3 2025. It has been highlighted the difficulty in completing contact tracing feedback when collaborating with other districts for cases notified at LGH but belonging of out of the catchment area. Discussions with the District Medical Officers of Mutoko and Mudzi are ongoing to strengthen interdistrict collaboration and communication.

4. Under 5 health indicators

| 5. Indicators | Q3 2024 | Q3 2025 | Jan – Sept 2024 | Jan – Sept 2025 |
|---|---------------|--------------|-----------------|-----------------|
| % of children who are fully immunized at 18 months (Primary course completed) | 36 (75%) | 29(60%) | 85(59%) | 73(50.7%) |
| Number of ARI cases treated | 72 | 68 | 213 | 182 |
| Number of facilities with at least one staff with IMNCI skills and attending to under 5-year children | 1 | 1 | 1 | 1 |
| Number of health facilities with functional cold chain requirements | 1 | 1 | 1 | 1 |
| Percentage of children aged 12 - 23 months who received BCG vaccine by their first birthday | 100% | 100% | 100% | 100% |
| Number of children received Penta 3 | 41 (85.4%) | 26 (54%) | 110 (76.08%) | 107 (74.3%) |
| Percentage of children under 5 with pneumonia treated with appropriate antibiotics | 72 (100%) | 14 (100%) | 223 (100%) | 157 (100%) |

Comments

The institution has started as part of the work done in collaboration by 2 Working improvement teams (the Monitoring and evaluation and the Community programmes working improvement team) to review the EPI programmes gaps, and strategized from March a series of interventions to escalate coverages and reduce drop outs according to the RED/REC strategy. At the same time a new head count has been conducted in the community through assistance of Community Health Workers to have a verification of the denominator for the calculation of rates. Q1 2025 showed positive trends compared to the previous year with a regression over the year and focus group discussions have been promoted with the key staff, to escalate interventions agreed to expand coverage and reduce drop outs. A software to track and improve planning and monitoring for intervention is under development to pilot an electronic tool to assist in improving performance of the institutional immunization programme.

Malaria indicators and epidemic prone disease surveillance

| Indicators | Q3 2024 | Q3 2025 | Jan – Sep 2024 | Jan – Sep 2025 |
|--|-----------------|-----------------|----------------|------------------|
| Total number of suspected cases | 280(CHWs-53.6%) | 430(CHWs-48.6%) | 952(CHWs-51%) | 1303(CHWs-48.3%) |
| Number of suspected malaria cases tested by RDT or Slide | 280(CHWs-53.6%) | 430(CHWs-48.6%) | 952(CHWs-51%) | 1303(CHWs-48.6%) |
| Number of confirmed cases | 4 (CHWs-25%) | 35(CHWs-43%) | 8 (CHWs-12.5%) | 155(CHWs-45%) |
| Number of children under 5yrs treated for Malaria | 0 | 5 | 0 | 12 |
| Number of women attending ANC given IPT2 | 58 | 71 | 219 | 197 |
| Number of women attending ANC given IPT3 | 53 | 48 | 312 | 151 |

| | | | | |
|---|---------------|---------------|---------------------|---------------------|
| Total number of malaria cases admitted | 3 | 20 | 5 | 78 |
| Number of inpatient malaria deaths | 0 | 0 | 0 | 1 |
| Total number of malaria deaths | 0 | 0 | 0 | 1 |
| Malaria case fatality rate | 0 | 0 | 0 | 0.53 |
| Proportion of suspected malaria cases tested at public sector health facilities (microscopy or RDT) excludes community testing | 130 (100%) | 255 (100%) | 291 (100%) | 710 (100%) |
| % of confirmed malaria cases that received recommended 1st-line ACTs at public health institutions (excludes community treatment) | 3(75%) | 20(57%) | 7(87.5%) | 78(78.5%) |
| Proportion of confirmed malaria cases investigated (Pre - Elimination districts) | N/A | N/A | N/A | N/A |
| Proportion of malaria deaths audited | N/A | 1 | N/A | 1 |
| Malaria incidence | 0.65:1000 | 6:1000 | 1.24:1000 8/6451 | 24:1000 155/6451 |

Comments

45% of the malaria cases identified have been diagnosed and treated with first line treatment directly in the community by the CHWs mainly from the catchment area during the period January-September. Most of the institutionally diagnosed cases and of the complicated ones are a result of late presentation (particularly from the Makaha mining area of Mudzi District). The institution recorded 3 periods of outbreak (wks 17-18, wk 37, wk 40 to date) and measures to curb down the epidemiologic curve have been promoted as part of the interventions planned during weekly surveillance meetings and in collaboration with the Distric Medical Officer of Mudzi (from where most of the severe cases have been reported).

6. Pharmaceutical services

The hospital is facing challenges to guarantee adequate levels of medicines supply therefore is forced to procure privately medicines which on several occasions are provided free of charge to patients or below cost to support health programs or special groups.

| Medicine/pharmacy services | | |
|--|----------------|----------------|
| Indicators | Q3 2024 | Q3 2025 |
| Average vital drug stock status(%) | 74 | 72.9 |
| Average essential drug stock status(%) | 73 | 68.2 |
| Average necessary drug stock status(%) | 54 | 39.5 |
| Number of blood units used | 28 | 31 |
| Oxygen availability(yes/no) | YES | YES |

To maximize resources, cost recovery where possible while keeping costs for patients at the minimal possible for expanded access to medicines in the rural communities and accountability, the department has been fully computerized starting from the 1st July 2022. There has been a positive impact in ensuring stronger monitoring and cost-optimized availability of vital medicines despite a decline in the supply from Natpharm experienced

in the previous 2 years. Internal processes have been review to optimize as more as possible resources and timing from planning to procuring with positive effects especially recorded from Q2-Q3.

INR monitoring Programme/ Cardiac programme

A programme to monitor locally the patients who, over the years underwent overseas to cardiothoracic surgery (for prosthetic valve replacement) and that now are in need of anticoagulant therapy, has been promoted since 2014 for coordinating specialists in Cardiology with our resident Doctors and Nurses in order to promote step by step increased Institutional capacity.

It is a programme based on the interconnection between the resident professional staff (Doctors and nurses) and the International Team of Surgeons and Cardiologists, via internet. Luisa Guidotti Hospital Laboratory and other centers in Harare are the site performing the INR tests, which are done free of any charge for the enrolled patients.

The decentralization of test for the patients from Harare, done through the distribution of point of care devices (specifically designed for patient self-testing worldwide) to clusters of patients, identified according to geographical distribution done in 2019, allowed to improve adherence to the programme despite the important challenges given by the economic crisis and strict lockdowns measures implemented for several months during the year.

At present 66 patients are enrolled under follow-up (49 Harare, 2 Bulawayo, 4 Kwekwe, 11 Luisa Guidotti Hospital).

Patients "out of range" receive the correction of the dose within the same day the test is performed. There are important challenges concerning transport possibilities for the Mutoko group, which, despite help given to some patients with contributions for their bus fares, has been seriously affected by this.

Anticoagulant therapy is given free of charge to all the patients enrolled in the programme, as another measure to improve on patients' adherence to the treatment. Patients although are requested to come for tests, receive their treatment for 6 months of therapy.

For the current year there 2 cardiologic missions gave been promoted (total patients attended 165) and 8 children and 2 adults have been transferred to Italy for surgery successfully (1 of the 8 children for cochlear implant sugery and 7 for cardiac surgery).

7. Other clinical activities January - September 2025.

Ophthalmic camps (February, July).

In collaboration with the Mash East Ophthalmic team, 1 Eye surgical camp was promoted in where patients were screened and treated for eye conditions and a total of 114 cataracts surgery were performed for the reporting period. 1 more camp was promoted in October (34 surgeries done – total Janaury October = 148 surgeries performed).

Otolaryngology (ENT) medical and surgical camp (March).

An ENT surgical mission was implemented in March with a total of about 60 patients attended to and 17 surgical interventions done to expand access to specialist services for the rural communities and to build local capacity at institutional level in the various clinical areas for diagnosis and treatment. A second mission will be implemented in November.

General Surgery camp (March, September).

One General surgical mission (combined adult, paediatric and gastroenterology medical services) was implemented with a total of 195 patients attended to and 116 surgical interventions done, plus more than 50

gastroenterology endoscopic procedures done, to expand access to specialist services for the rural communities and to build local capacity at institutional level in the various clinical areas for diagnosis and treatment. One more general surgery mission implemented in November.

Internal Medicine and Cardiology.

A medical outreach was promoted in March as part of monthly local collaboration under a programme sponsored by Misereor through the Archdiocese of Harare's Health Commission was promoted in May, with the assistance of one Physician to improve access to specialist services and strengthen institutional capacity. Under the same programme a Paediatric medical outreach was also promoted. A Paediatric cardiologic mission was implemented by the end of April to June and training on neonatal conditions and resuscitation was conducted for midwives including the staff of the other 3 hospitals in the districts of Mutoko and Mudzi.

Obstetrics and Gynaecology.

Under the Archdiocese of Harare specialist's programme, outreaches have been promoted in March and from May to July; one surgical session was promoted in July (2 surgeries performed), to expand accesses to Gynecology services for the communities and support institutional capacity building of the hospital resident team.

8. School of Nursing.

The school trained 58 Primary Care Nurses who completed with 100% pass rate their final exams (1 national gold medal and bronze) and 4 Midwifery training students started in September 2024; 3 out of 4 passed and 1 will sit for exams again in December. A new group of Primary Care Nurses with 15 students enrolled in January 2024 and will finish in December 2025.

The School during the year is involved in a Quality improvement programme aimed to increase linkage between the school and the clinical areas for educational development and clinical practice and supervision improvement and has a crucial role in the CMAMS programme, aimed to improve maternal and neonatal health and outcomes. The programme, developed in collaboration with the Provincial Medical Directorate of Mashonaland East Province and international specialists from GEO Group (Italy), includes a component concerning training of community health workers and continuous educational development of staff at hospital and clinic level. We have requested approval for implementation of a series of philanthropic missions with combined teams of Obstetricians and Midwives coming from high load Centres of excellence in Italy and United Kingdom (the latter under a programme promoted in 2025 "the Safe birth project" explained at page 8), with the scope to share experience and provide on-job mentoring to institutional staff and training staff of the School of Midwifery. Ultimate goal is to translate as more as possible current evidence-based best practices, into the local context and the available resources. A combined group-study of teaching staff and clinical staff has been established to drive implementation of activities, knowledge transfer and monitoring of educational activities promoted at the institution.

9. Quality improvement activities

As highlighted at page 4-5, the hospital is implementing a quality improvement programme in line with the QI framework for the MOHCC.

Of note for January-September 2025:

1. There has been a revision of the strategic planning of the Institution in line with the National and Provincial strategic priorities.
2. Admin/Procurement processes/Stores management/Fuel consumption are under continuous revaluation to maximize resources and cost-effectiveness.

3. As part of the improvement of working environment, sessions have been promoted to increase mentoring in leadership and management of managers and a new group of 12 participants have completed successfully a Leadership and Management in Health course with the University of Washington, which was successfully completed in 2024 by other 11 members of management of various departments. This as part of the Provincial priority actions and as part of the Institutional Leadership and management development plan. For the Q4 there will be a cascade of focus group discussions to other staff and feedback activities to promote communication, teamwork and effective leadership within the organization.
4. Community programs; the integrated outreach programme is continuing and engagement with the community as a major stakeholder is ongoing to improve participation to health programmes. The programme of drilling boreholes within the community (1 per village) implemented in Q3 2024, has almost reached completion and the installation of a final number of 22 boreholes is almost complete (expected by Q1 2026).
5. Educational research activities have been promoted during Q1, for the midwifery students in line with evidence-based medicine and to foster academic and evidence-based approach during training, to promote critical thinking and analytic capacity, fundamental for quality improvement-oriented approach to clinical service. To this end, the programme has also been including sessions on KAIZEN, 5S and effective leadership to strengthen a holistic approach to training health workforce. The hospital submitted to a peer-reviewed journal in Q3 2024, a study conducted and the work has been published. This as part of the continuous effort to develop and to contribute to evidence-based approach to the delivery of services. In Q3 PCN students were also the first group receiving a training package of lessons to improve knowledge at pre-service level concerning oral health.
6. The Monitoring and evaluation team has been consistent in producing a comprehensive report which has been discussed at the Quarter review in April, June and October by the Heads of Departments. This in a way to work, inspired by principles of Total Quality Management and maximize planning, implementation, review and optimization cycle.
7. Monthly Financial reports with balance sheet are routine of the hospital activities to improve analysis, transparency, accountability and strengthen risk management. An internal audit will be conducted in November. Compliance with donor support and timing of reporting has been up to expectations and agreements (audit have been conducted for the past 2 years and the process is still ongoing).

10. Structural development.

The hospital received approval for funding from Beit Trust (UK-ZW) for a structural renovation plan to improve patients' flow from the Outpatient area and to optimize the admission blocks for adults' wards, as well as the doctors and nurses' rooms (including O.I. area) at the outpatient and emergency block. The works have started in Q1 and the aim is to complete the project within the Q1 2026.

11. Challenges.

1. MEDICINES (PROCUREMENT).

The cost of medicines continues to be one of the major areas of concern and challenge because of the need and the fact that the medicines received from Natpharm (the central distribution agency from Ministry of Health and Child care of Zimbabwe), are far from being able to cover the needs and the Hospital is forced to buy privately and to give to patients below costs. Donors (MarilenaPesaresi Foundation, Rimini 4 Mutoko, UTOPHA and PiccoliGrandiCuori Association – Italy) are supporting part of the required budget, which is always on the increase due to the high costs of medicines and sundries and the increase also of debtors.

2. **LABORATORY REAGENTS SHORTAGE.**

An important part of Laboratory reagents are not all available at Natpharm and this causes high burden on financial resources (for the Hospital and the patients) as the Hospital is forced to buy them from the private sector in order to uphold good standards of services. At present, some of the tests offered at the Institution are available only in Harare.

3. **HOSPITAL REVENUE.**

Several patients have not adequate funds to cover required costs, and there is unbalance between income and expenditures and compromised long-term sustainability. The Hospital is looking forward to work with organizations which can assist to cover the emergencies but also to those who would like to partner for sustainable development projects at institutional and community level.

5. **FUEL CONSUMPTION and ELECTRICITY.**

Secondary to the unstable national power supply, the hospital has been facing huge challenges in terms of fuel consumption for both vehicles (including free cost transfers to further level of care) and especially, to run hospital generators. Also, network coverage (telephone and internet) has been very unstable during the quarter, with sometimes affecting urgent communication during emergencies or to next level of care for peer-to-peer consultation. The hospital is trying to look for interested stakeholders to develop a project which could guarantee reduction in the use of generators by promoting long term sustainable alternative green energy with the use of new generation solar systems with batteries.

6. **LACK OF CRITICAL QUALIFIED STAFF**

The hospital received new staff deployed in 2024 which considerably alleviated staff shortage in some departments and resolved in others; this with the support of the Ministry of Health and Child Care. Staff turnover remains a challenge with the consequent threat of impact on maintaining current standards, team coordination and promoting knowledge transfer. **Crucial skilled staff at present needed are represented by: Accounting assistant post X2), Pharmacy technician x 1/Dispensary assistants x 2, X-ray operator x 1, Ultra sonographer x 1, HR Assistant x 1, Tutors x 2, Clinical Instructor x 1, Environmental Health Technician x 1.**

7. **HOSPITAL AMBULANCE.**

The hospital fleet is becoming old and one of the older ambulances (Toyota land cruiser) also has major needs of repairs. **At present the hospital fleet is represented by 1 Ambulance (1 is in major need of repairs), 2 service vehicle and 1 lorry and the hospital sometimes supports the District Hospital with transfers services.**

8. **NUTRITIONAL SERVICES.**

Despite efforts which led to improve budget allocation for hospital diet, on the staff establishment there is no dedicated staff for nutrition services (Hospital Food Services Supervisor). The hospital kitchen is quite improvised in terms of equipment and furniture. There is no Nutrition Garden as the hospital is not having enough water to dedicate to irrigation scheme and not enough staff (general hands) to work in the garden. As anticipated above, the Hospital is also looking at the possibility to work in partnership with organizations, to promote community nutrition projects, aimed to: improve nutrition and health, improve self-sustainability and community resilience, community development and empowerment with the "One Health approach" and working at different levels to improve community wellness and health.

LUIA GUIDOTTI MISSION HOSPITAL (ALL SOULS MISSION – MUTOKO):

Priority areas 2024-2026 progress review.

| Outcome | Priority Action | Activity | Timeline complete implementation | Responsible person | Status 09/11/2025 |
|--|---|---|----------------------------------|---------------------------|--|
| 1. Improved Leadership and Governance at all levels of the Institution | 1.1 Strengthening stakeholders participation to enhance representation, leadership and advisory assistance to decision making | 1.1.1 Revision of Hospital Constitution | 2025 | Med Supt | 2nd semester 2025 |
| | | 1.1.2 Setting-up of Hospital Advisory Board with all major stakeholders representation | 2024 | Mission Superior/Med Supt | Established and started 11/2024 |
| | 1.2 Implementation of leadership and management plan | 1.2.1 Review and revaluation of L&M plan | 2024 | Med Supt/HRO | 2nd round of trainings in L&M 2025 (23 staff completed); Q3 cascading focused group discussions for junior staff started as well |
| | | 1.2.2 L&M - Promotion of dedicated meetings and focused group discussions to increase leadership and management at all levels | 2024 | Med Supt/HRO | Initiated - ongoing 2025 |
| | | 1.2.3 Use of M&E tools to monitor development and evolution of leadership and management | 2024 | HRO | Institutionalized in full and used in HODs for revaluation of quarter performance and learning cycle (PDCA) |
| | | 1.2.4 Promotion of review meetings/focused group discussions on teamwork performance and leadership | 2024 | Med Supt/HRO | |

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| 2. Improved Quality monitoring towards TQM | | 1.2.5 Strengthening use of performance appraisal individual plans at all levels (driven by departmental priorities) | 2024 | Med Supt/HRO | To improve ownership from NICs/managers (Q3 2025 full rollout linked to dept priorities and CPD done) |
| | 1.3 Setting M&E team to assist QIC/HEC | 1.3.1 Setting-up of M&E team & define objectives | 2024 | Med Supt | Done - to fine-tune Procurement tool and logistic tool) + link to SharePoint HIO |
| | | 1.3.2 Delivery of monthly dashboard integrated data (comprehensive data analysis of all levels of institution) & quarterly analysis with QIC/HEC | 2024 | Teamleader M&E team | Ongoing; to fine-tune Procurement tool and logistic tool |
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| | 2.1 Expand and strengthening of quality check-list use at all departments with a 2-layers check system (HOD/supervisor) | 2.1.1 Review of departments check-lists and introduction of new ones (i.e. Procurement, Logistics) | 2024 | Med Supt | Q3 2025 review (incl. Administr. / Internal checks Finance/ IPC electronic tools) – to be rolled out in full Q1 2026 |
| | | 2.1.2 Quarterly review self-assessment with RBF comprehensive tool | 2024 | Matron | Quarterly review done and discussed at QIC meetings. Feedback given to HODs quarterly meetings |
| | | 2.1.3 At least bi-annual meetings QIC reviews of M&E reports and promotion of KAIZEN exercises to priority areas | 2024 | Med Supt | Ongoing; Q1-Q2-Q3 review done - to strengthen KAIZEN approach with priority on Clin areas / General Wards less performing done all together as HODs |

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| 2.2 Review of KAIZEN principles to all HODs/WITs leaders 2.2.1 Promotion of dedicated KAIZEN processes in areas of need with WITs | | | 2024 | Med Supt | Q1 2026 , 1 new KAIZEN to be identified and implemented |
| 3. Sustained High quality service delivery, expanded access to health for specialist's services | 3.1 Ensure service delivery by adequate availability of necessary commodities | 3.1.1 Ensuring adequate planning by department, stocking and monitoring of necessary commodities and equipment | 2024 | Med Supt/HODs | In progress – Need to strengthen |
| | | 3.1.2 Ensuring appropriate maintenance | 2024 | Administrator | Started 11/2024 electronic information system for tracking /planning not used consistently – need to strengthen |
| | | 3.1.3 Investing in skills development to have a Clin Engineering department | 2026 | Med Supt/Administrator | Started 11/2024 electronic information system for tracking /planning not used consistently – need to strengthen |
| | 3.2 Support evidence-based skills development and knowledge transfer in the clinical areas | 3.2.1 Promote clinical protocols and continuously practice them with simulations | 2024 | Med Supt/Matron/Tutor in Charge | In progress – Need to strengthen and complete cascading to all departments |
| | | 3.2.2 Promote clinical audits, case presentations and focused group discussions to enhance knowledge and mentorship | 2024 | Med Supt/Matron | In progress – Need to strengthen with review of targets agreed and reviewed in Q1 and Q3 by December 2025 (departments meetings and feedback at HODs review – January 2026) |
| | | 3.2.3 Promote philanthropic specialists' missions to expand access to health to services for the rural communities and sustain on-job mentoring | 2024 | Med Supt/Matron | Expanded camps and collaborations Cardio, Eye, Endosc, ENT, GenSur, Gynae, IntMed, Paeds |

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| | | 3.2.4 Review of situational analysis of clinical areas and promote of at least 1 KAIZEN process for each department | 2026 | Med Supt/QIC/WIT Clinical Management | Q1 2026 |
| | | 3.2.5 Review of skills assessment and needs of staff and set reviewed continuous educational plan | 2024 | Med Supt/WIT Continuous Educational development | In progress – Need to strengthen |
| | | 3.2.6 Support introduction of innovative cost-effective new technologies to improve outcomes | 2026 | Med Supt | Internet/fibre/ |
| 4. Optimized resource utilization and introduction of innovative approach to promote sustainability | 4.1 Use of information technology for M&E at all levels to analyse and monitor resource utilization at all levels and review processes | 4.1.1 Promotion of dedicated review meetings for continuous optimization of available resources | 2024 | Med Supt/HEC | In progress – ongoing |
| | | 4.1.2 Continuous monitoring and application of 5S principles to avoid waste of resources and standardize efficiency | 2024 | Med Supt/HODs | Need to support – Especially Stores/Assets/waste management (revaluation of new HR redistribution and protocols planned – June 2025 completed-new review January 2026) |
| | 4.2 Renovate/review infrastructure to new needs aligned to strategic plan | 4.2.1 Structural development plan to improve ergonomics and patients' flow | 2024 | Med Supt/Administrator | Project proposal approved started in February 2025 - ongoing |

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| | 4.3 Promote renewable energy projects to increase "green" approach and costs' saving to improve sustainability | 4.3.1 Project proposal to potential partners for solar plant to highly cut energy costs | 2024 | Med Supt/Administrator | In progress since Q3 2024- finalizing proposal application Q1 2026 |
| 5. Improved community health programs through enhanced Community participation and Stakeholders engagement | 5.1 Mapping of all stakeholders and roles to enhance system-thinking approach and multi-stakeholders/multi-sectoral collaboration | 5.1.1 Developing Stakeholders matrix and assign roles and responsibilities for improved engagement | 2024 | Med Supt/HEC | Distributed roles and stakeholders to team members but need to reevaluate and complete document (Q1 2026) |
| | 5.2 Strengthen community leaders participation to planning and implementing activities to enhance ownership and community participation | 5.2.1 Engagement of DMO for clear redefinition of direct catchment area for LGH and improve "Cluster institutions" coordination to enhance RED/REC and effectiveness of referral system | 2024 | Med Supt/DMO | Ongoing – reevaluate outcomes of RED/REC by Q2 done (OK); set back noted in Q3 2025 and discussed interventions and electronic system under development (next review Q1 2026) – high priority area |
| | | 5.2.2 Promotion of quarterly meetings with Community leaders (from situational analysis, needs assessment and shared interventions with clear roles and responsibilities for stakeholders) | 2024 | Med Supt/WIT Community health | In progress from Oct 2024 – Borehole project almost completed |
| | 5.3 Strengthen CHWs protocols and roles in active surveillance, preventive medicine, awareness, early screening and early referral | 5.3.1 Sustain monthly and ad hoc meetings to strengthen capacitation of CHWs on community health package | 2024 | Matron | In progress – need to sustain |
| | | 5.3.2 Strengthen reporting system and data collection for improved surveillance and response, M&E and decision making also through electronic information system | 2026 | Med Supt/Matron/HIO | In progress – weekly surveillance bulletins and meetings ongoing, M&E present, needs to sustain and keep strengthening |

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| | 5.4 Strengthen collaboration framework with stakeholders to enhance effective collaboration | 5.4.1 Liaise with the Church, ZACH, MoHCC to promote MoU for philanthropic missions to enable expansion of specialist services, educational activities and local capacity development and collaboration with training institutions | 2026 | Med Supt/AOH Health Coordinator | Q2 2026 |
| 6. Enhanced emergency preparedness and response to epidemic prone diseases, outbreaks and disasters | 6.1 Strengthen Disease surveillance system and EPR team | 6.1.1 Support weekly surveillance meetings and actions through timeous and complete data information collection, analysis and preparation of weekly bulletins | 2024 | Med Supt/EHT/HIO | In progress – weekly meetings regularly conducted and feedback mechanism in place – need to sustain |
| | 6.2 Strengthen reporting, contact tracing and integrated surveillance and response through enhanced communication with other offices | 6.2.1 Ensure completeness of communication and feedback between head of stations/DMOs and EHTs on contact tracing and actions taken | 2024 | Med Supt/EHT | In progress – Need to strengthen |
| | 6.3 Enhance water sample testing, malaria case investigations and other epidemic prone diseases case investigations and actions | 6.3.1 Define clear protocols of action for EHT and EPR team for epidemic prone diseases, outbreaks and relevant community events to enhance surveillance and response to control outbreaks and emergencies | 2024 | Med Supt/EHT | Progresses and protocol for investigations and feedback mechanism in place and strengthened – need to sustain |
| | 6.4 Ensure commodities and financial allocation of emergency fund always available to respond to emergencies and outbreaks | 6.4.1 Define and ensure minimum stocks of available commodities and funds for emergencies with Laboratory, Pharmacy (including IPC), Logistics, Finance Dept. | 2024 | Med Supt/HODs (Finance, Pharmacy, Laboratory, Admin) | In progress – ongoing (needs to strengthen planning system of departments) |

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| | 6.5 Review and adapt periodically EPR plans | 6.5.1 Periodic review and preforming of drills to enhance preparedness and response | 2024 | Med Supt/EPR team Clinician/Matron | Strengthened 11/2024 – in progress – need to support |
| 7. Enhanced evidence-based education and research to improve skills of human capital for health | 7.1 Expansion of skills and training of students of the School of Nursing and Midwifery | 7.1.1 Conduct a situational analysis of training for PCN, RGN, Midwifery and identify strategic interventions to improve training experience of students at LGH | 2024 | Med Supt/WIT Continuous Educational development | Initiated in Q2 2024 – need to support Q 2 2025 |
| | | 7.1.2 Include in training packages for enhanced Community health (including Oral Health), QI and KAIZEN, Leadership and management, HR and basic finance budgeting to enhance new working culture and pre-service training | 2024 | Med Supt/Tutor in Charge PMD | Initiated in Q1 2025 (KAIZEN/SS/Leadership & management) - ongoing |
| | | 7.1.3 Promote simulations and rotations in other institutions (clinics, provincial hospital) to enhance exposure to the different levels of care | 2024 | Tutor in Charge/Matron | Q3 2025 in progress - ongoing |
| | | 7.1.4 Include research methodologies into training experience to increase evidence-based knowledge and approach to clinical practice (with practical projects) | 2024 | Med Supt/Tutor in Charge | Initiated Q1 2024 – to Support |

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| 7.2 Promote research projects | 7.2.1 Starting to promote research project for individuals, groups of students and Tutors to enhance critical analysis and new proposal for health strategies and review/introduction of new evidence-based protocols in the clinical areas to support continue development | 2025 | Med Supt/Tutor in Charge/PMD | Initiated Q1 2024 – to support |
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Conclusions – Future considerations for 2026

The year has been characterized by consolidation of positive trends of outcomes in various departments and concerning several indicators despite the reduced resources set-up and a highly changing environment with the global situation affecting the global economy and with effects on the local setting.

The hospital has managed to sustain the activities initiated in 2024 and support positive changes within the organization towards TQM.

In summary for the continuation of the year 2025 and 2026, we aim to:

1. Support our preventive programmes and outreach with the implementation of some mentoring activities done together with the Districts of Mutoko and Mudzi to improve coordination and networking with the clinics referring to LGH and strengthen referral with special regards to maternal and neonatal health.
2. . Continue the engagement and collaboration with the community and other stakeholders with a “One-Health” inspired approach, to improve preparedness and responsiveness to epidemic prone disease through expansion of interventions coordinated with the veterinary department and the environmental management authorities for an improved management of waste within the community of the mission.
3. Support the specialist philanthropic programmes, to increase the number of specialists' missions for the improvement of access to specialist services for the rural communities. Special focus will be on the implementation of a surgical missions, to progressively expand in collaboration with the Provincial Specialists' teams the “spoke” potential role in the rural area of LGH and work in coordination with the Provincial Medical Director and other partners to enhance specialists' services within the Province in a “hub-spoke” set-up and in line with the MoHCC vision and strategy.
4. Continue developing leadership and governance at all levels of the institution, to maximize evidence-based high-quality management at the various departments, optimize available resources and strengthen stewardship, as well as partnership and collaboration with stakeholders.
5. Promote structural development at the institution targeted to improve cost-saving and sustainability, with particular regards to energy costs (new solar plant project and new structural renovation plan).

Presented by,

Dr Massimo Migani

09/11/2025

(Medical Superintendent)