

LUISA GUIDOTTI HOSPITAL

January – December 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	3.0%	193
CHILDREN 1 – 4 YEARS	11.7%	754
CHILDREN < 5 YEARS	14.7%	947
CHILDREN 5-14 YEARS	28.3%	1,824
15 YEARS +	57.0%	3,680
WOMEN OF CHILDBEARING AGE (15 – 49)	22.5%	1,453
EXPECTED PREGNANCIES	5%	323
EXPECTED BIRTHS	4%	258

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.

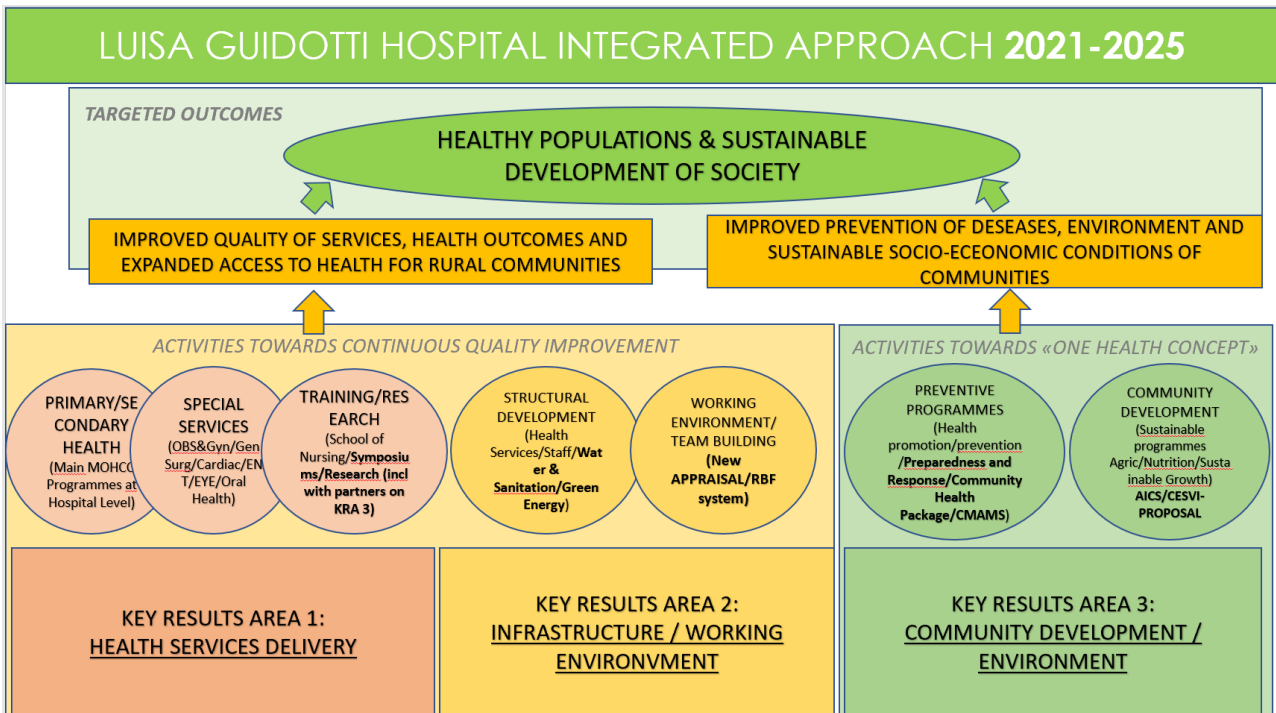
In a review of the strategic plan done according to National, Provincial and institutional priorities, the following areas have been identified as priority areas (which can be summarized under the above-mentioned 3 key results areas):

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

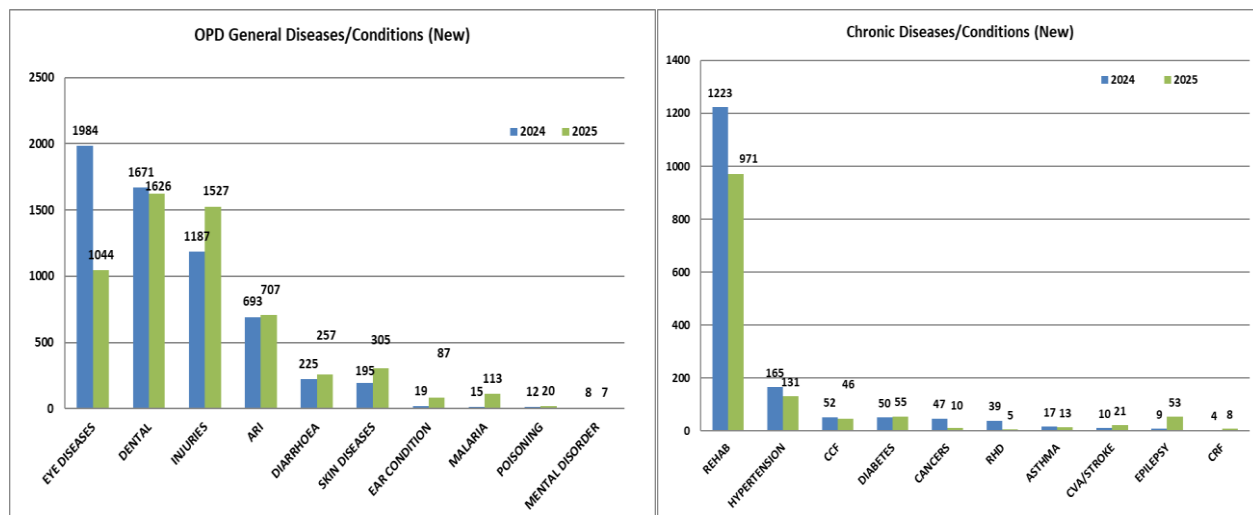
To promote quality improvement and an approach towards Total Quality Management, in line with the MOHCC quality improvement framework, the hospital has set a Quality Improvement Committee with the aim to coordinate quality improvement and quality control and has established Working Improvement Teams 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 2024	Target 2025	Achieved 2025
Total population	10676	6451	6451
Total number of inpatient beds	83	83	83
Total number of admissions inclusive maternity	1878	1800	2080
Total bed occupancy rate (%)	39.5%	38%	36.05%
Total institutional deliveries	710	>744	796
Total deaths rate	4.3%	< 4.5%	4.1%
Maternal deaths	0	0	1
Total number of new outpatient department (OPD) visits	11196	15000	11217
Total number of new and repeat outpatient department (OPD) visits	24569	24000	28388
Outreach OPD services (Oral, Eye, Rehab, general OPD services)	2096	-	916
TOTAL institutional and community OPD services	26665	26600	29304
Operating theatre			
Number of caesarian sections	37	N/A	120
Caesarean section rate	5.2%	10 – 12 %	15%
Number of major operations done excluding caesarian sections	81	N/A	140
Number of minor operations/procedures done	272	N/A	561
Number of table deaths	0	0	0
Dental services			
Number of procedures performed	1671	1200	1630
Rehabilitation services			
Number of procedures performed	1223	792	916
Ophthalmology services			
Number of conditions attended	1188	600	968
Radiology services			
Number of clients who had X Ray done in the dept	2018	1800	1898
Number of clients who had Ultrasound Scan done in the dept	1419	1200	979
Laboratory services			
Number of Laboratory tests done	21208	20400	24417

2. Inpatients and Outpatients services.



Comments

In 2025, there has been a continuous trend of increase of OPD services for the past few years and in 2025 a +9.9% increase, making the year the highest in outputs of outpatients services since 2012. Of particular note compared to the previous year, is the increase by +22.3% of injuries mainly represented by cases of assaults and road traffic accidents (mostly coming from the mining area of Makaha in Mudzi). These data suggest the need to continue investing in improving management of trauma cases. 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. Eye clinic diseases screened have been -47.4% compared to 2024, mainly caused by the fact that the eye clinic was less operational of the previous year because of the absence of personnel for some months. On the other side, activities have been increased on the surgical aspect with a significant increase of operations for cataract performed, through the expansion of surgical camps promoted (148 in 2025 vs 87 in 2024, representing a +70.1% increase).

Admissions trends have been characterized by a 10.4% increase. Caesarean sections rates have increased from 5.6% to 15.1%, partially as a result of reduced transfer to other centres and increased referrals-in rom 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	2024	2025
Number of pregnant women who book for first ANC visit before 16 weeks	108(24.6%)	85(19.9%)
Number of pregnant women who book for first ANC visit before 12 weeks – target (40%)	47(10.7%)	72(9.05%)
Proportion of births attended by a skilled birth attended - monthly target	100%(710)	100%(796)
Pregnant women receiving two or more Tetanus Toxoid (TT2+) vaccinations	438	428
Caesarean sections as a percentage of all live births (Caesarean section rate) - target (10%)	(37/703)5.26%	(120/788)15.2%
Total number of pregnant mothers who received iron and folic during current pregnancy	1101	747
Number of maternal deaths	0	1

High Risk Maternal cases referral out (Pregnant women at risk referred to from clinics)	45	11
Post Natal Care - Women with their new-born child receiving three postnatal care service after delivery (Day 1; Day 3 ; Day 7)	156	155
Proportion of pregnant women who have their BP, urine and blood samples (Hb, Syphilis, HIV) taken when they attend ANC – target 100%	100%	100%
Maternal case fatality rate in health institutions	0	1 (125:100000)
Number of perinatal deaths – epidemiological indicator (total MSBs, FSBs, ENNDs)	9 12.7:1000	17 20.9:1000
Number of perinatal deaths - institutional management quality indicator (FSBs, ENNDs)	4 (5.7:1000)	12 (15.1:1000)
Proportion of women having four or more ANC visits (ANC coverage at least four visits)	97%(694/710)	74.6(594/796)
Number of maternal death audit meetings conducted – target (100%)	N/A	1(100%)

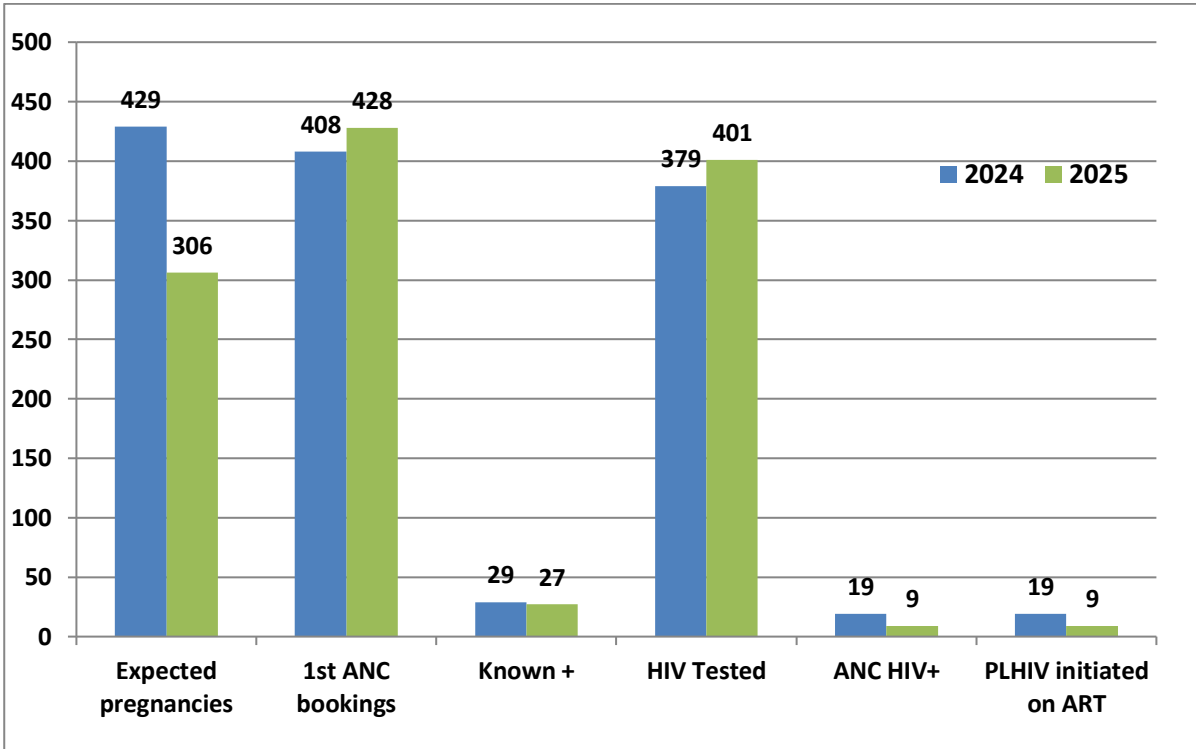
Comments

There has been an increase in the institutional (+165%) and overall perinatal mortality rate (+64.6%), which has raised great concern and attention to the need to strengthen the positive outcomes achieved during the previous 2 years. It is of note, that there has been a relevant increase in the number of more complicated conditions treated at the institution instead of been transferred to the next level as one of the consequences of investments to continue building institutional capacity. It has to be recorded that the increase of institutional perinatal mortality rate is significantly higher than the increase of epidemiological indicator, highlighting the need to reflect on the team's approach into the labour ward. There is need to support best practices consistently. 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 UKZHPP as part of a cluster approach: 90 health professionals (Midwives and nurses serving at the 4 referral hospitals of the 2 Districts and from 11 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.

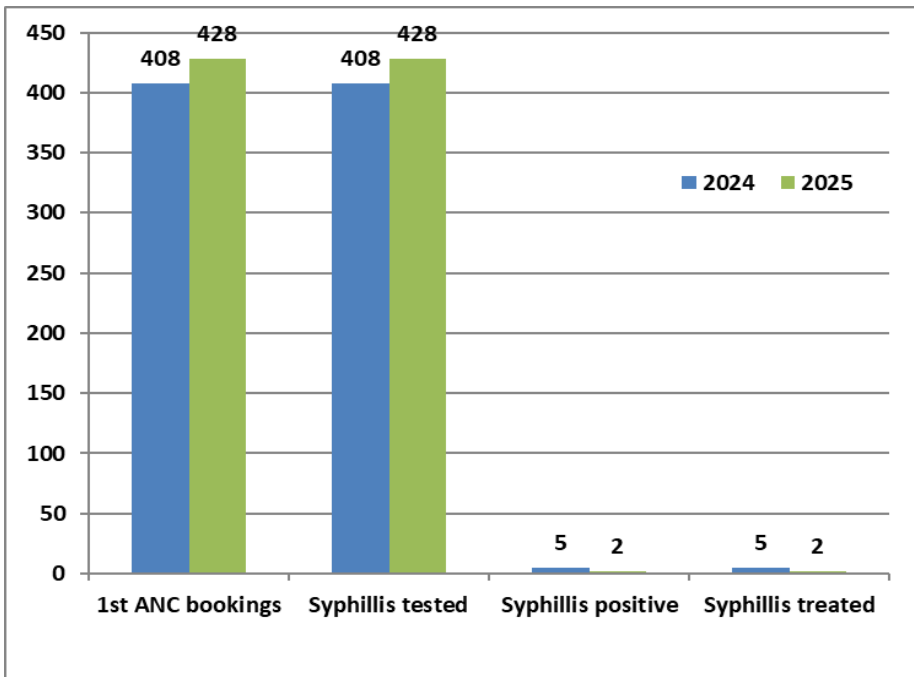
There has been a 20% decrease of transfers from Maternity compared to the previous year, confirming a better stability of comprehensive obstetric services at the facility. An increase by 61.5% of transfers from the Adult ward has been recorded, probably attributed to the increase of accidents and complicated trauma as well as more complicated cases admitted in the ward.

TRANSFERS	2024	2025
MATERNITY	45	36
ADULT WARD	26	42
PEADIATRIC	18	18
OPD	33	28
NEONATAL	3	0
TOTALS	125	124

ANC Cascade 2024 vs 2025



ANC Syphilis testing 2024 vs 2025



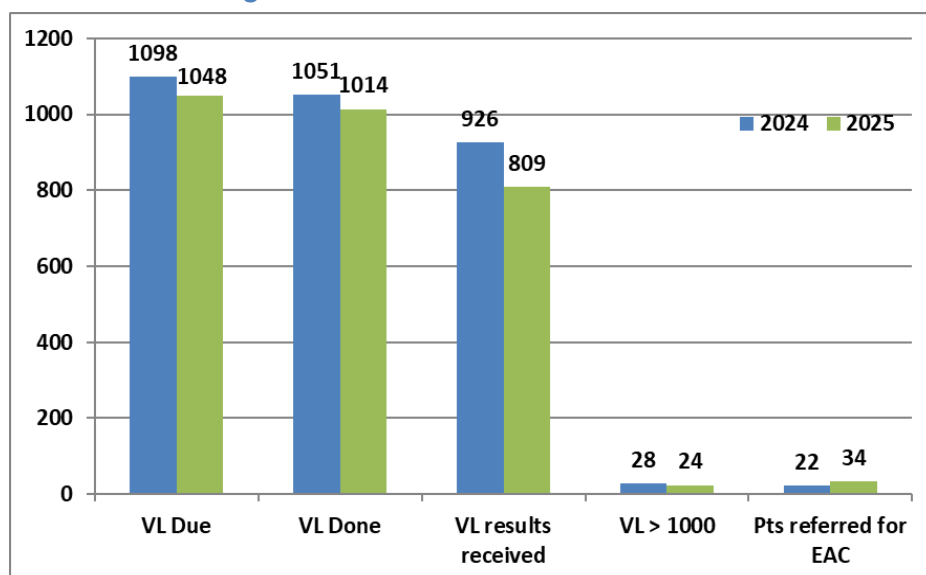
Comments

In 2025 a reduction of HIV prevalence in ANC has been recorded (8.4% in 2025 vs 11.8% in 2024). Of note the achievement of 100% testing and ART coverage in ANC. 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. 53 HIV exposed infants were delivered and 100% received post exposure prophylaxis within 72 hours.

3. O.I./ART and Tuberculosis.

Indicators measuring efforts that contribute to the reduction of HIV morbidity and mortality		
Indicators	2024	2025
Number of males and females tested for HIV and received their results	1941	1934
Number of children and adults living with HIV continuing on ART	1146	1175
Number of adults newly initiated on ART	86	82
Total number of adults on ART (new and old cumulative)	1115	1144
Number of children newly initiated on ART	2	7
Total number of children on ART (new and old cumulative)	31	31
Number of new STI cases	155	148
Number of repeat STIs	2	8

Viral Load Coverage



Comments

A total of 1934 clients were tested for HIV and received results with 5.7% (111 clients) found positive. Of the newly diagnosed 22 were not initiated as they gave false information upon registering and never returned for treatment. The clinic otherwise operates booking patients and through contacts, direct engagement is done for those patients who are lost to follow-up. Currently the hospital is following 1175 patients on ART (31 children and 1144 adults) and in 2025, all children have been retained on treatment: Concerning the adults, 9 deaths were recorded and 15 lost to follow-up.

Viral load testing coverage for 2025 has been positively recorded at 96.8%. However, considering the coverage expressed in results received for the entire population due for testing, the percentage drops at 77.2%. 34 patients were referred for enhanced ART counselling for high Viral load recorded (10 new initiations and 24 of clients already on treatment).

Tuberculosis

Data element	2024	2025
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Number of bacteriologically confirmed drug-resistant TB cases (RR-TB and/or MDR-TB) notified	0	0
Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	0	0
Percentage of TB cases treatment success rate - all forms	95.6%	91%
Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses MT	73 36 Bacterial 36 clinical	78 41 Bacterial 37 Clinical
Percentage of HIV- positive registered TB patients given ant-retroviral therapy during TB treatment	100%	100%
Number of cases with drug resistant TB (RRT-TB and/or MDR-TB) that began second line treatment MT	0	0
Number of all TB patients who defaulted treatment MT	0	0
Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and /or MDR-TB) notified MT	0	0

Comments

7 TB deaths occurred during the reporting period. There has been a 7% increase in TB notification compared to 2024. 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. Meetings with the District Medical Officers of Mutoko and Mudzi have been done to strengthen interdistrict collaboration and communication.

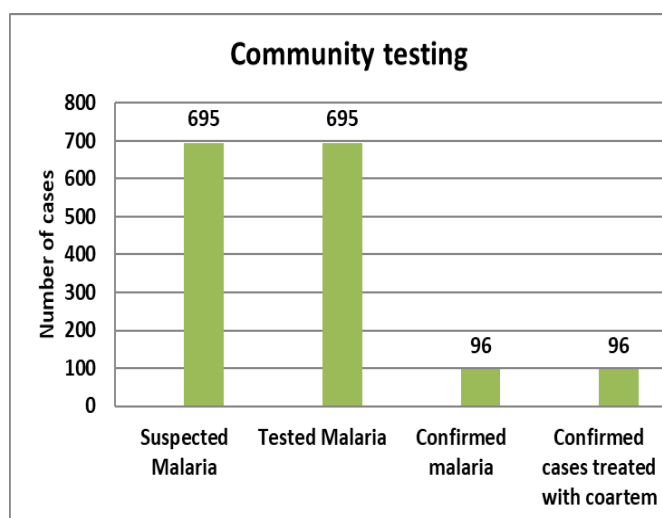
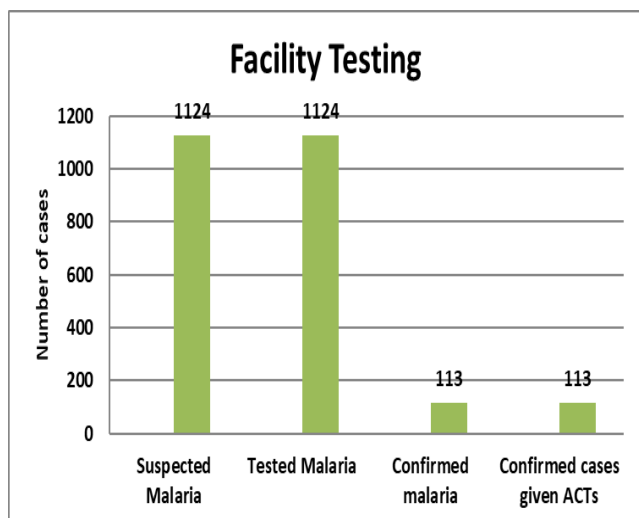
4. Under 5 health indicators

Indicators	2024	2025
% of children who are fully immunized at 18 months (Primary course completed)	60	99(51.8%)
Number of ARI cases treated	248	230
Number of facilities with at least one staff with IMNCI skills and attending to under 5-year children	1	1
Number of health facilities with functional cold chain requirements	1	1
Percentage of children aged 12 - 23 months who received BCG vaccine by their first birthday	100%	100%
Number of children received Penta 3	134	149(77.6%)
Percentage of children under 5 with pneumonia treated with appropriate antibiotics	100%	52(100%)

Comments

The institution has done a review of the EPI programme as part of the work done in collaboration by 2 Working improvement teams (the Monitoring and evaluation and the Community programmes working improvement team). A series of interventions to escalate coverages and reduce dropouts according to the RED/REC strategy have been implemented and results have started to be noted. During the review throughout the year, it has been noted the risk of relevant contamination of data caused by the fact that a high proportion of children who are delivered and immunized first at the Institution, remain into the hospital denominator despite receiving antigens at other health centres closer to their original home. This is now under review, and we expect to have more realistic data for 2026. 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. An attempt to develop a digitalized tracking system to monitor the programme is under evaluation.

Malaria indicators and epidemic prone disease surveillance



Comments

45.9% 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. 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) 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 District Medical Officer of Mudzi (from where most of the severe cases have been reported). Of the 209 cases recorded during the year, 86 were severe. One malaria death occurred during the year as a result of late presentation.

5. 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	2024	2025
Average vital drug stock status(%)	72.9	69.9
Average essential drug stock status(%)	70.8	63.2
Average necessary drug stock status(%)	46.2	40.8
Number of blood units used	117	124

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 of 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 previous years. Internal processes have been reviewed to optimize as more as possible, resources and timing from planning to procuring with positive effects especially recorded from the second half of the year, reducing stockouts for the most vital medicines and surgicals. The overall availability has been otherwise reduced compared to 2024, however a significant increased amount of patients have been treated at the facility as described under the section related to the general services above.

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 sites for 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 to 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. Although patients are requested to come for tests, receive their treatment for 6 months of therapy.

For the current year 2025, 2 cardiologic missions have been promoted (total patients attended 165) and 9 children and 2 adults have been transferred to Italy for surgery successfully (1 of the 9 children for cochlear implant surgery and 8 for cardiac surgery).

6. Other clinical activities January - December 2025.

Ophthalmic camps (February, July, October).

In collaboration with the Mash East Ophthalmic team, 3 Eye surgical camp was promoted in where patients were screened and treated for eye conditions and a total of 148 cataracts surgery were performed for the reporting period.

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

Two ENT surgical missions were implemented in 2025 and a total of about 153 patients attended to, and 38 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.

General Surgery camp (March, September).

Three General surgical missions (combined adult, paediatric and gastroenterology medical services) were implemented with a total of 256 patients attended to and 147 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.

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 some Paediatric medical outreaches were also promoted. Two Paediatric cardiologic missions were implemented during the year and with also other activities aimed at training midwives on management of neonatal conditions and resuscitation were conducted. These latter activities were done including the staff of the other 3 hospitals in the districts of Mutoko and Mudzi. One medical mission in combination with the ENT surgical mission was also implemented in November, and on the job mentoring of institutional staff was promoted.

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 access to Gynecology services for the communities and support institutional capacity building of the hospital resident team.

7. School of Nursing.

The school trained in 2025, 3 groups of students for a total of 44 students. 19 completed and we are awaiting final results. A new group of 7 Midwifery students started in January 2026, and 23 Primary Care students will be enrolled in May 2026.

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.

8. 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-December 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 have been reevaluated, and some monitoring tools have been developed to improve processes and 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 is part of the Provincial priority actions and as part of the Institutional Leadership and management development plan. During Q4 of 2025, it was initiated a cascade of focus group discussions to other staff and feedback activities to promote communication, teamwork and effective leadership within the organization. The programme will continue during the course of 2026 as part of the leadership and management development plan.
4. Community programs; the integrated outreach programme has been supported and institutionalized and engagement with the community as a major stakeholder has been strengthened, to improve participation to health programmes. The programme of drilling boreholes within the community (1 per village) implemented in Q3 2024, has reached completion: 24 boreholes were drilled and for 4 more the hospital assisted with partial support to the installation of them in collaboration with other stakeholders.
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 where 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).

9. 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 Q2 2026.

10. 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 2025 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 3, 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.**

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

Priority areas 2026-2028 progress review.

Outcome	Priority Action	Activity	Timeline complete implementation	Responsible person	Status 15/02/2026
	1.1 Strengthening stakeholders participation to enhance representation, leadership and advisory assistance to decision making	1.1.1 Revision of Hospital Constitution	2026	Med Supt	2nd semester 2026
1. Improved Leadership and Governance at all levels of the Institution	1.2 Implementation of leadership and management plan	1.2.1 L&M - Promotion of dedicated meetings and focused group discussions to increase leadership and management at all levels	2026	Med Supt/HRO	Initiated 2025- ongoing 2026
		1.2.3 Review of M&E tools to monitor development and evolution of leadership and management	Q3 - 2026	HRO	Institutionalized in full and used in HODs for re-valuation of quarter performance and learning cycle (PDCA)
		1.2.4 Sustaining the quarterly review meetings/focused group discussions on teamwork performance and leadership	2026	Med Supt/HRO	Rolled out in 2024 – to be sustained
		1.2.5 Strengthening use of performance appraisal individual plans at all levels (driven by departmental priorities)	2026	Med Supt/HRO	To improve ownership from NICs/managers (Q3 2025 rollout done and linked to dept priorities and CPD done). To sustain in 2026 to cascade to junior staff accordingly
		1.3 Support M&E activities through a dedicated M&E interdisciplinary team to assist QIC/HEC	1.3.1 Monthly and quarterly reviews done by M&E team & define objectives to be presented to QIC and HEC for decision making	2026	Med Supt

					strengthen team effectiveness and coordination at all levels of the organization)
2. Improved Quality monitoring towards TQM	2.1 Review 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 strengthening of the new ones (i.e. Procurement, Logistics, Finance internal checks, Maintenance)	2026	Med Supt	Q3 2025 review (incl. Administr. / Internal checks Finance/ IPC electronic tools) – to be completed by Q2 2026
		2.1.2 Quarterly review self-assessment with RBF comprehensive tool	2026	Matron	Quarterly review done and discussed at QIC meetings. Feedback given to HODs quarterly meetings. To sustain regular reviews and multidisciplinary approach (peer-to-peer)
		2.1.3 At least bi-annual meetings QIC reviews of M&E reports and promotion of KAIZEN exercises to priority areas	2026	Med Supt	Ongoing; to strengthen KAIZEN approach with priority to reduce relevant events at the departments and improve performance
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	2026	Med Supt/HODs	To finalize Departments' annual plans and reviews, including individual procurement plans
		3.1.2 Ensuring appropriate maintenance and monitoring of equipment and appropriate maintenance plan	2027	Administrator	Started 11/2024 electronic information system for tracking /planning not used consistently – need to strengthen use of monitoring tools use of monitoring tools to ensure ade-

				quate use and maintenance of equipment. Progressive shifting from corrective to preventive maintenance. Quarterly collaboration with on-the-job mentoring with Provincial and other external Technical teams
	3.1.3 Investing in skills development to have a Clin Engineering department	2028	Med Supt/Administrator	Started in 2024 with 1 member in training, now at Diploma level. Enrolled 1 second staff member for a 3 year programme.
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 at all departments	2026	Med Supt/Matron/Tutor in Charge	In progress – Need to ensure regular and complete cascading to all departments (<i>doctors led teams by department</i>) – activity to be included in departmental plans
	3.2.2 Promote clinical audits, case presentations and focused group discussions to enhance knowledge and mentorship	2026	Med Supt/Matron	To ensure at least 1 documented meeting/month at every department either on: audit/near miss/case study
	3.2.3 Promote philanthropic specialists' missions to expand access to health to services for the rural communities and sustain on-job mentoring	2026	Med Supt/Matron	Sustained expanded programme with camps and collaborations: Cardio, Eye, Endosc, ENT, GenSur, Gynae, IntMed, Paeds
	3.2.4 Continuous programme of skills assessment and needs of staff and set individualized reviewed continuous educational plan	2026	Med Supt/WIT Continuous Educational development	To establish educational plan (CPD) with clear agenda and review progresses by departments and institution (<i>doctors' led</i>)
	3.2.5 Introduce structured innovative cost-effective new technologies to improve outcomes (telemedicine programme)	2028	Med Supt	Telemedicine platform in collaboration with MDPCZ/MoHCC/Partners to support diagnosis, decision making and continuous professional education

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 analyze and monitor resource utilization at all levels and review processes	4.1.1 Promotion of dedicated review monthly and quarterly meetings for continuous optimization of available resources	2026	Med Supt/HEC	In progress – ongoing
		4.1.2 Continuous monitoring and application of 5S principles to avoid waste of resources and standardize efficiency	2026	Med Supt/HODs	Need to support – Especially Stores/Assets/waste management (cascading to department’s owned continuous review)
	4.2 Renovate/review infrastructure to new needs aligned to strategic plan	4.2.1 Structural development plan to improve ergonomics and patients' flow	2026	Med Supt/Administrator	Project proposal approved started in February 2025 – ongoing to be completed in 2026
	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	2027	Med Supt/Administrator	Phase 1 (restructuring existing electrical structure to improve stability of power and create foundation for new solar plant for the all hospital) to be initiated in 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	2026	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 Enhance RED/REC and effectiveness of referral system	2026	Matron	Ensure review of EPI programme with RED/REC approach and monitoring throughout the year on monthly basis by department

	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) – pilot health funder community scheme in collaboration with health funders	2027	Med Supt/WIT Community health	In progress – to initiate programme with health funders to promote adequate access to health and sustain services
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	2026	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
5.4 Strengthen collaboration framework with stakeholders to enhance effective collaboration	5.4.1 Liaise with the Church, ZACH, MoHCC, MDPCZ to promote MoU for philanthropic missions to enable expansion of specialist services, educational activities and local capacity development and collaboration with training institutions (including telemedicine philanthropic programme)	2027	Med Supt/AOH Health Coordinator	In progress
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 timely and complete data information collection, analysis and preparation of weekly bulletins	2026	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	2026	Med Supt/EHT	In progress – Need to strengthen contact tracing feedback from other institutions
	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	2026	Med Supt/EHT	Progresses and protocol for investigations and feedback mechanism in place and strengthened – need to sustain Strengthen and Support water testing capacity at facility level and increase number of tests to improve monitoring of catchment areas (at least every community borehole once / year)
	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.	2026	Med Supt/HODs (Finance, Pharmacy, Laboratory, Admin)	In progress – ongoing (needs to strengthen planning system of departments)
	6.5 Review and adapt periodically EPR plans	6.5.1 Periodic review and preforming of drills to enhance preparedness and response	2026	Med Supt/EPR team Clinician/Matron	Strengthened 11/2024 – in progress – need to support as part of educational plan
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	2026	Med Supt/Tutor	Q1 2026 – review of programme and clinical mentoring of students to boost knowledge and practical experience

	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	2026	Med Supt/Tutor in Charge PMD	Initiated in 2025 (KAIZEN/5S/Leadership & management/Oral Health) - ongoing (need to support)
	7.1.3 Promote simulations and rotations in other institutions (clinics, provincial hospital) to enhance exposure to the different levels of care	2026	Tutor in Charge/Matron	Attachment promoted at central and provincial hospitals (need to sustain)
	7.1.4 Include research methodologies into training experience to increase evidence-based knowledge and approach to clinical practice (with projects which may lead to improved practices or study processes for improvement to support clinical services development)	2026	Tutor in Charge	Initiated 2024 – to Support
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	2026	Med Supt/Tutor in Charge/PMD	Initiated Q1 2024 – to evaluate possibility of collaboration with UZ-UNIBO on new foetal monitoring device

Conclusions – Future considerations for 2026

The year has been characterized by consolidation of positive trends of outcomes in various departments, 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. There is need to work in some areas to regain positive outcomes and sustain them, especially related to maternal health and neonatal and Immunization programme.

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

In summary for the year 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. We also aim to lay down the path for a possible telemedicine programme and for a pilot research programme to improve maternal-foetal monitoring in labour.
4. Improve neonatal health and work on the lessons learnt during the "Safe birth project" to support both at institutional level and as a "Mutoko-Mudzi cluster" of institutions level, best evidence-based practices, to improve and sustain positive outcomes.
5. 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.
6. 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

(Medical Superintendent)



15/02/2026