LUISA GUIDOTTI HOSPITAL
ALL SOULS MISSION - ARCHDIOCESE OF HARARE

LUISA GUIDOTTI HOSPITAL

Q2 and Semester One 2026 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 6.257 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 2026

REFERRAL POPULATION ESTIMATED	Wards from Mutoko (East and part of North) – Mudzi (part of West and South)	143.870
CATCHMENT POPULATION	**Ward 16 (LGH) - Part Ward 13 (Lot)**	**6.257**
UNDER 1 YEAR	3.07%	192
CHILDREN 1 - 4 YEARS	11.08%	693
CHILDREN < 5 YEARS	14.13%	884
CHILDREN 5-9 YEARS	13.41%	839
CHILDREN 5-14 YEARS	27.04%	1692
UNDER 10 YEARS	27.54%	1723
10 YEARS	2.74%	172
10 – 15 YEARS	10.9%	682
UNDER 15 YEARS	41.19%	2577
ABOVE 15 YEARS (15+)	58.81%	3680
MALE	48.01%	3004
FEMALE	51.97%	3252
WOMEN OF CHILDBEARING AGE (15 - 49 AGE)	23.21%	1452
EXPECTED PREGNANCIES	5%	313
EXPECTED BIRTHS	3.68%	250

Sources:

- MOHCC Catchment Population by Health Centre – Mutoko District Document 2026
- 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)

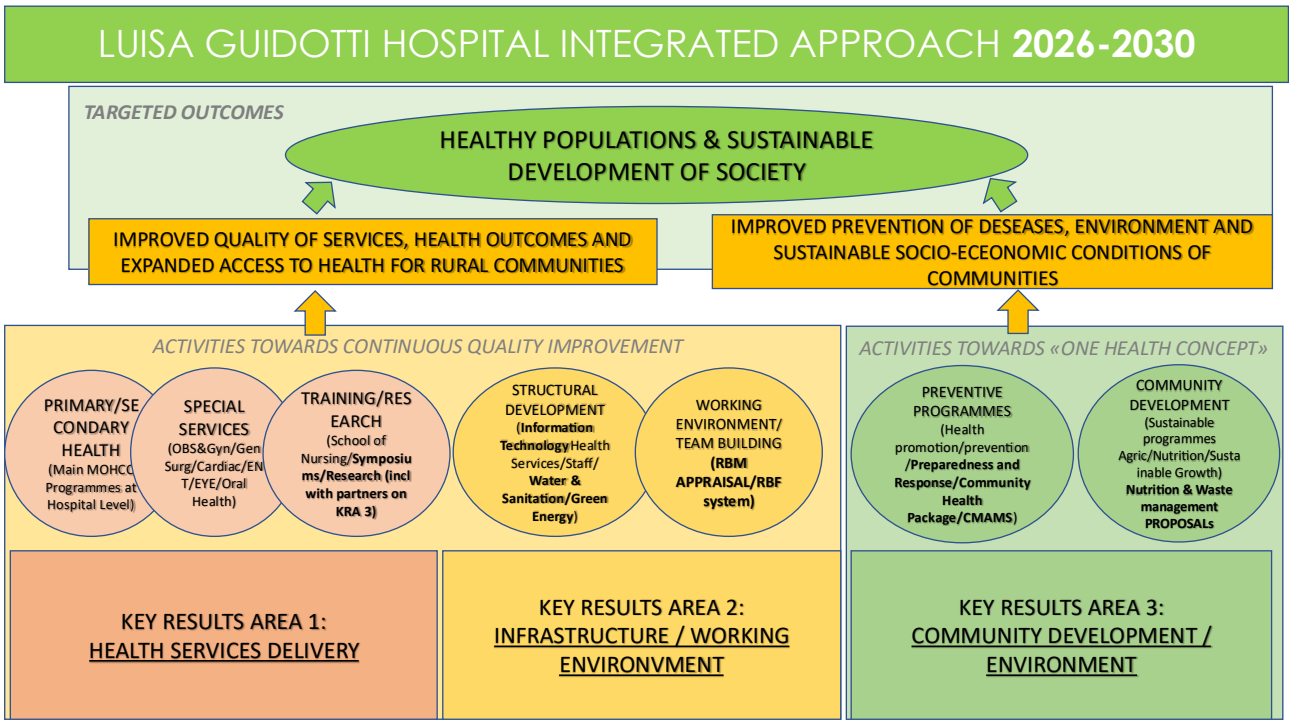
3. Sustained High quality service delivery, expanded access to health for specialist's services (KRA1)

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

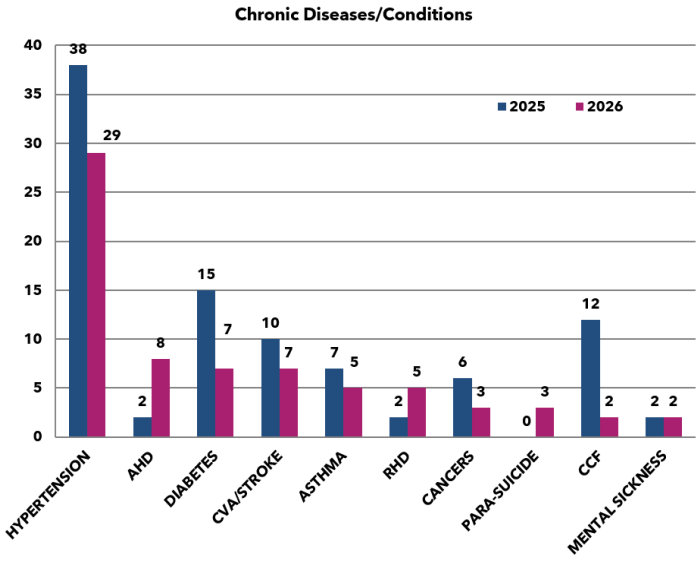
4. Infection Prevention and Control – KRA1
5. O.I./EMTCT – TB services – KRA1
6. IMNCI/EPI – KRA1
7. Pharmaceuticals - KRA1
8. Laboratory Services – KRA1
9. Training/Continuous education – KRA1
10. Procurement/Store management/Logistics – KRA1
11. Maintenance/Water supply/Structural development – KRA2
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

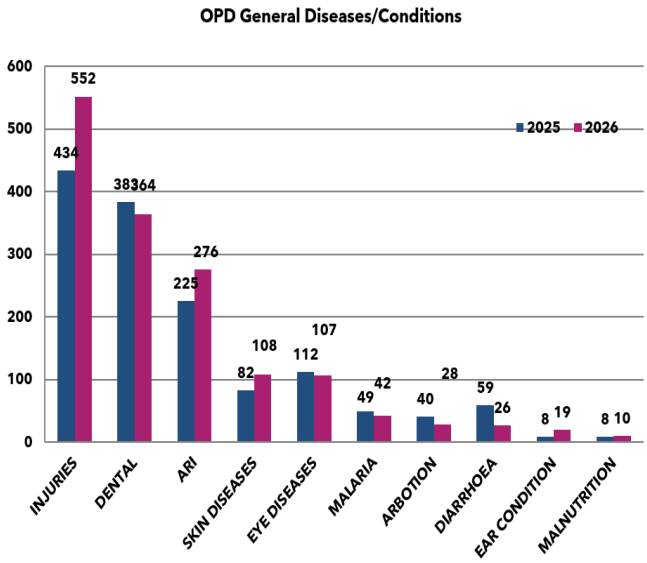
To promote quality improvement and an approach towards Total Quality Management, in line with the MOHCC quality improvement framework, the hospital has set a Quality Improvement Committee with the aim to coordinate quality improvement and quality control and has established Working Improvement Teams 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

Service Delivery	Achieved Q2 2025	Target Q2 2026	Achieved Q2 2026	Jan-Jun 2025	Jan-Jun 2026
Total population	6127	6257	6257	6127	6257
Total number of inpatient beds	83	83	83	83	83
Total number of admissions inclusive maternity	516	400	576	997	1157
Total bed occupancy rate (%)	36.6%	38%	35.6%	37.6%	37.1%
Total institutional deliveries	185	>186	306	347	571
Total deaths rate	4.5%	< 4.5%	2.4%	4.4%	3.3%
Maternal deaths	0	0	0	0	0
Total number of new outpatient department (OPD) visits	3359	3750	2406	7205	5032
Total number of new and repeat outpatient department (OPD) visits	6583	6000	7514	14142	15330
Outreach OPD services (Oral, Eye, Rehab, general OPD services)	-	-	392	333	682
TOTAL institutional and community OPD services	6583	6600	7906	14475	16012
Operating theatre					
Number of caesarian sections	22	N/A	56	43	95
Caesarean section rate	12.4%	10 – 12 %	18.5%	12.4%	16.7%
Number of major operations done excluding caesarian sections	13	N/A	28	68	76
Number of minor operations/procedures done	67	N/A	90	216	226
Number of table deaths	0	0	0	0	0
Dental services					
Number of procedures performed	465	300	504	849	959
Rehabilitation services					
Number of procedures performed	181	198	192	377	500
Ophthalmology services					
Number of conditions attended	123	150	218	430	488
Radiology services					
Number of clients who had X Ray done in the dept	477	450	535	937	1005
Number of clients who had Ultrasound Scan done in the dept	162	300	433	322	806
Laboratory services					
Number of Laboratory tests done	6310	5100	6485	13457	12394

1. Inpatients and Outpatients services.





Comments

There has been an increase in outpatients' services attendances (new and repeated visits) which reaches +10.6% including outreach services, as compared to the previous year, although of note is that the highest number has been recorded in overall (including the repeated visits) as for the new visits, during Q2 2026 there has been a reduction of 28.4% compared to Q2 2025 (but with an overall increase by 20.1%), marking a positive trend of OPD services. The outreach programme to promote preventive services and community awareness for health, through visits to schools is ongoing involving Oral Health, Eye Health, Rehabilitative services combined with community awareness and screening. Target of the programme are the clinics and schools in the direct catchment area including surrounding, particularly: Bondamakara, Kawere, Kowo, Madimutsa, Kapondoro, Makosa, Mushimbo and the direct catchment area schools.

Admissions trends have been characterized by an increase of (16%) in admissions for the first semester of 2026 compared to 2025, (mainly caused by the increase in maternity cases) and a reduction in the death rate predominantly caused by the increased number of deliveries. Of note is the increase number of injuries, and within them particularly road traffic accidents had an increase by almost 3 folds (131 in the first semester of 2026 vs 51 in 2025), and assaults by almost 2 folds (419 in 2026 vs 243 in 2025) recorded compared to the previous year.

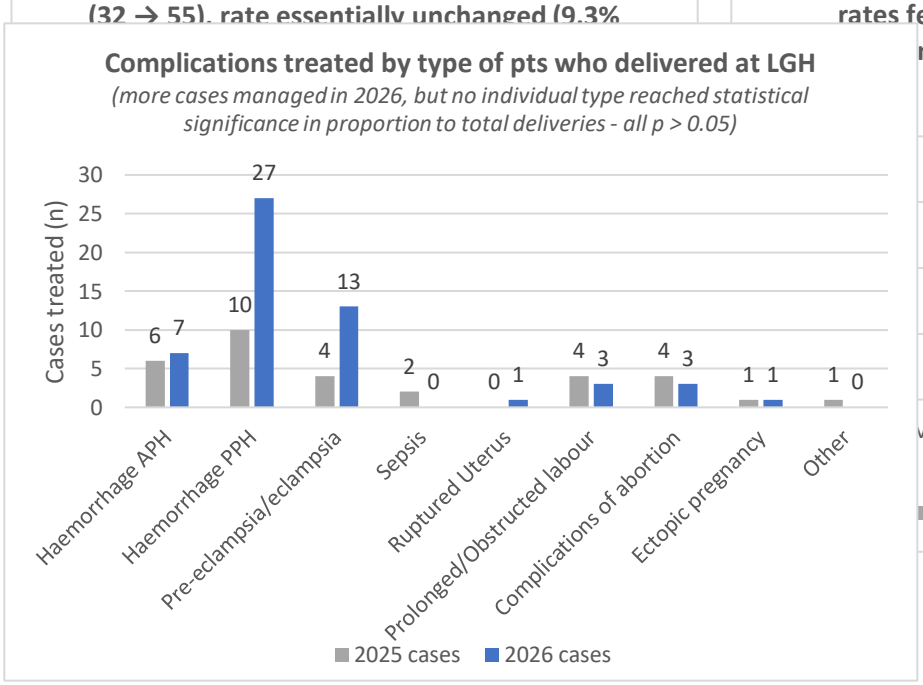
RMNCH – Maternal & neonatal services/EMTCT/EPI/Child health.

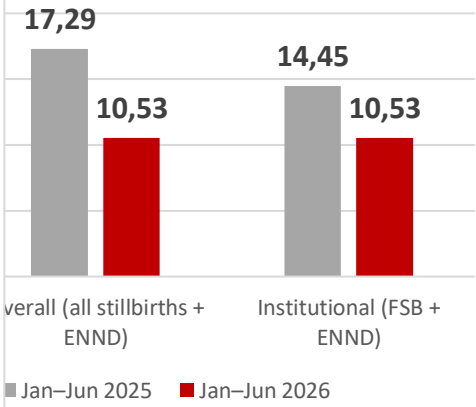
Indicator	Q2 2025	Q2 2026	Jan-Jun 2025	Jan-Jun 2026
Number of pregnant women who book for first ANC visit before 16 weeks	44(42.7%)	36(34.3%)	69(34.3%)	77(34.3%)
Number of pregnant women who book for first ANC visit before 12 weeks – target(40%)	18(17.5%)	24(22%)	35(17.5%)	40(16.5%)
Proportion of births attended by a skilled birth attended - monthly target	100%(185)	264(100%)	347(100%)	570(100%)
Pregnant women receiving two or more Tetanus Toxoid (TT2+) vaccinations	45	133	142	241
Caesarean sections as a percentage of all live births (Caesarean section rate) - target (10%)	12.4%	18.5%	12.4%	16.7%
Total number of pregnant mothers who received iron and folic during current pregnancy	76	284	283	514

Number of maternal deaths	0	0	1	0
High Risk Maternal cases referral out (Pregnant women at risk referred to from clinics)	7	10	14	18
Post Natal Care - Women with their new-born child receiving three post-natal care service after delivery (Day 1; Day 3 ; Day 7)	29	42	67	71
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%
Maternal case fatality rate in health institutions	0:100000	0:10000	1(3:1000)	0:10000
Number of perinatal deaths – epidemiological indicator (total MSBs, FSBs, ENNDs)	1 5.4:1000	2 6:1000	6 17.3:1000	6 10.5:1000
Number of perinatal deaths - institutional management quality indicator (FSBs, ENNDs)	1 5.4:1000	2 6:1000	5 14.5:1000	6 10.5:1000
Proportion of women having four or more ANC visits (ANC coverage at least four visits)	91.4% 169/185	84% 224/264	92% 318/345	58% 335/570
Number of maternal death audit meetings conducted – target (100%)	- 100%	0	1 100%	0

Obstetric complications: caseload up 72% (32 → 55), rate essentially unchanged (9.3%

Perinatal mortality per 1,000 births — both rates fell, neither change is statistically nt (overall p = 0.38; institutional p = 0.60)





strengthening reduction of delays at all 3 levels. Improvements in management of emergencies has been consistent, supporting the importance of a continue and tailored to needs, simulation and focus group clinical discussions and case studies.

CMAMS PROGRAMME (Comprehensive Management Approach to Maternal Services to save maternal and neonatal lives in Zimbabwe) and the "SAFE BIRTH PROJECT".

In collaboration with the Provincial Medical Director of Mashonaland East and the GEO Group (Gruppo Gestione Emergenze Ostetriche – Italy; a group of specialists Obstetricians and Gynaecologists), Luisa Guidotti Hospital participated to draft of a pilot programme to reduce maternal and perinatal morbidity and mortality with a multilevel approach (from community health at village and primary level of health care to secondary – district level of care). The programme aims to tackle the three delays responsible for maternal and perinatal mortality through: promotion of knowledge and community direct participation to reproductive, maternal, neonatal and child health issues (including direct involvement of Community health workers for active screening and early detection at community level of pregnancy and neonatal disorders); improving referral system network in the rural set-up to reduce delays of transfers to next level of care; improving knowledge and

competence of health care workers in the management of antenatal, labour and post-natal complications through a hands-on approach based on simulations with the use of advanced simulators.

The positive achievements obtained with the programme in 2022 brought to the drafting of a programme implemented from 2023 aimed to exchange practices with experienced Obstetricians and Midwives coming from centre of excellence and training institutions from Italy in a spirit of peer-to-peer review, on-job mentoring and mutual collaboration in coordination with the Provincial Medical Director.

In 2025 the programme involved an expansion of activities done in collaboration with UK partners and leading to the " The Safe-birth project" which involved 4 hospitals and 11 clinics in the districts of Mutoko and Mudzi.

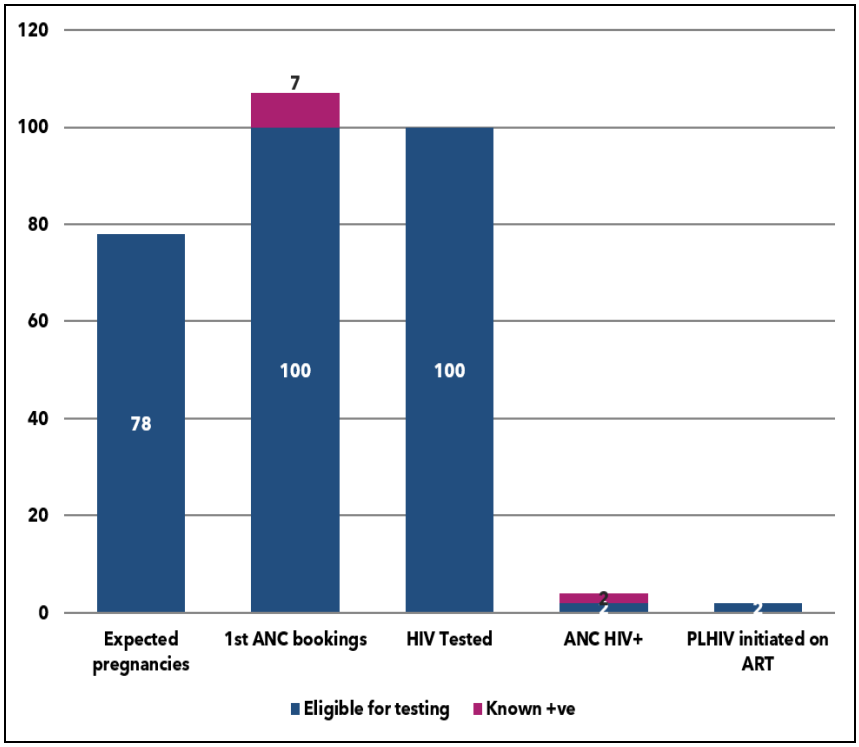
There has been a general increase of transfers compared to the previous year, with significance difference in adult, ward and OPD but a slight decline of transfers from maternity.

TRANSFERS	Q2 2025	Q2 2026	Jan-Jun 2025	Jan-Jun 2026
MATERNITY	5	12	18	23
ADULT WARD	9	13	17	38
PEADIATRIC	4	3	6	5
OPD	7	14	18	33
NEONATAL	0	0	0	1
TOTALS	**25**	**42**	**59**	**100**

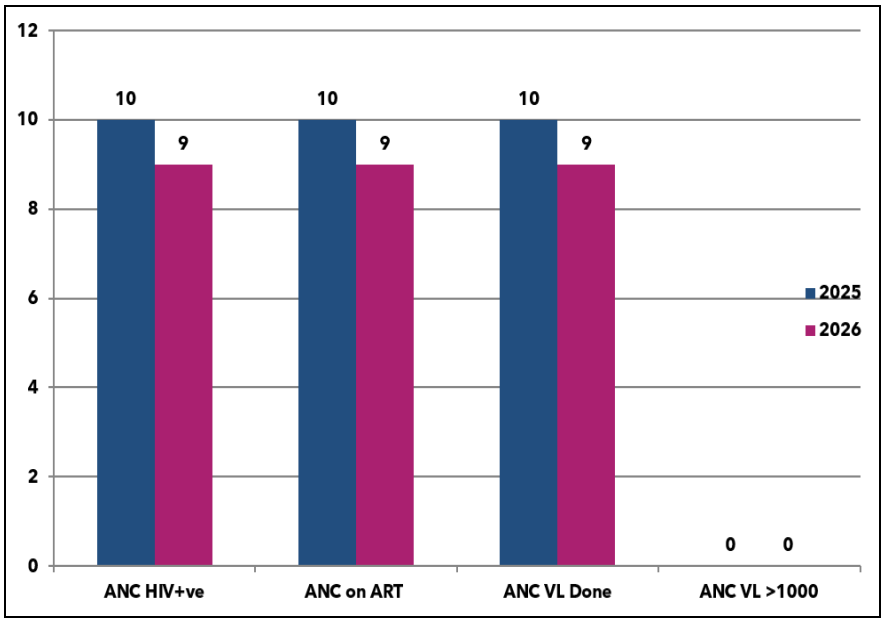
Comments

Of note is the increase in transfers, particularly from adult ward and OPD (but also for the Q2 from maternity), caused by accidents and trauma cases which have been reported in high increase because of the recent increase in vehicles and especially motorcycles on the Makaha road. Maternity cases have also increased particularly in Q2 leading to increased number of needs for transfers.

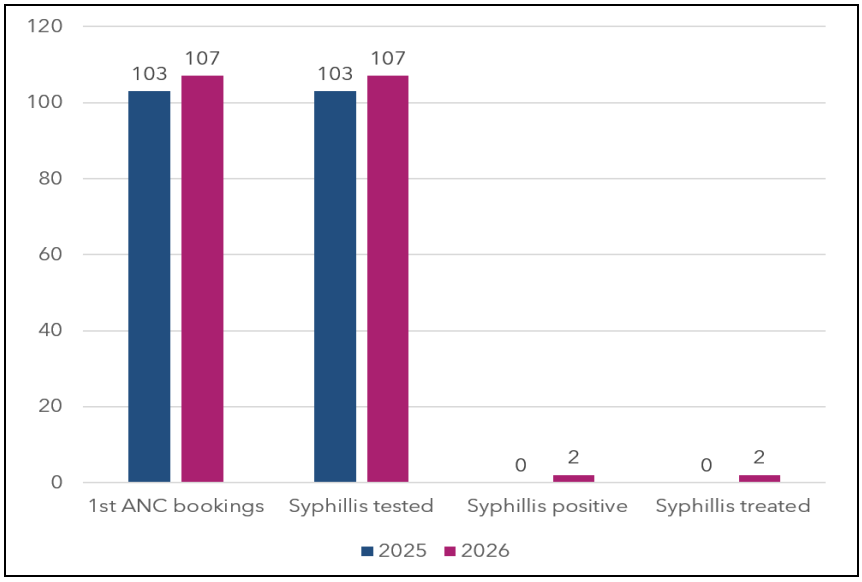
ANC Cascade Q2 2025 vs 2026



ANC Viral Load Testing Q2 2025 vs 2026



ANC Syphilis testing Q2 2025 vs Q2 2026



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. 25 HIV exposed infants were delivered and 100% received post exposure prophylaxis.

2. O.I./ART and Tuberculosis.

Indicators measuring efforts that contribute to the reduction of HIV morbidity and mortality				
Indicators	**Q2 2025**	**Q2 2026**	**Jan-Jun 2025**	**Jan-Jun 2026**
Number of males and females tested for HIV and received their results	513	341	1066	740
Number of children and adults living with HIV continuing on ART	1181	1191	1181	1191
Number of adults newly initiated on ART	32	17	53	39
Total number of adults on ART (new and old cumulative)	1146	1161	1142	1161
Number of children newly initiated on ART	4	1	6	2
Total number of children on ART (new and old cumulative)	35	30	35	30
Number of new STI cases	35	40	64	96
Number of repeat STIs	5	3	7	8

Viral Load Coverage

	Q2 2025	**Q2 2026**	**Jan-Jun 2025**	**Jan-Jun 2026**
Viral load tests done	238	316	386	581
Results received	156	222	246	341
> 1000 copies/ml	1	4	3	10
Patients referred for EAC	1	4	3	10

Comments

During the quarter and also the 1 semester, of note is the increase in coverage of VL tests done and of the results received there is 95% of VL suppression. However it is of concern: **1.** the increase of proportion of VL > 1000 copies/ml (4 vs 1 of the previous year) and **2.** The proportion of results not received despite the test was done (41.3% still pending). Follow-up with the Provincial laboratory is ongoing in attempting to rectify the problem.

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

Data element	Q2 2025	Q2 2026	Jan-Jun 2025	Jan-Jun 2026
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%	100%	100%	100%
Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses MT	12 (9 laboratory confirmed – 3 clinically diagnosed)	14 14 Bacterioly 0 clinically	44 18 Bacteri 26 Clinically	26 26 Bacteria 0 Clinically
Percentage of HIV- positive registered TB patients given antretroviral 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

No TB death occurred during the reporting period. There has been a decrease in TB notification compared to Q2 2025 (in terms of clinical notification but not for bacteriologically confirmed cases).

3. Under 5 health indicators

4. Indicators	Q2 2025	Q2 2026	Jan-Jun 2025	Jan-Jun 2026
% of children who are fully immunized at 12 months (Primary course completed)	35(73%)	26(54%)	68(71%)	62(63%)
Number of ARI cases treated	76	45	114	96
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	45 (93.7%)	40	81 (84.4%)	77
Percentage of children under 5 with pneumonia treated with appropriate antibiotics	19 (100%)	21 (100%)	(100%)	29 (100%)

Comments

The Expanded immunization programme (EPI) indicators are still not satisfactory in terms of coverage and retention of patients. At a first head count the number of children which were found compared to the estimated population by statistics seem characterized by discrepancies; for this reason during Q3 an electronic system based on the "my village my home

model" (WHO) approach has been developed with the Health Information Office and will be rolled out to be able to track all children individually and ensure adequate coverage and retention is ensured.

Malaria indicators and epidemic prone disease surveillance

Indicators	Q2 2025	Q2 2026	Jan-Jun 2025	Jan-Jun 2026
Total number of suspected cases	512(CHWs-225(44%)	713(CHWs-382(54%)	873(CHWs-418(48%)	1467(CHWs-799(54%)
Number of suspected malaria cases tested by RDT or Slide	512(CHWs-225(44%)	713(CHWs-382(54%)	873(CHWs-418(48%)	1467(CHWs-799(54%)
Number of confirmed cases	91 (CHWs-41(45%)	134 CHWs 92(68.7%)	108(CHWs-50(46%)	223(CHWs-142(61.7%)
Number of children under 5yrs treated for Malaria	6(CHWs - 1)	13 CHWs 5(38.4%)	7(CHWs - 1)	23 CHWs 7(30.4%)
Number of women attending ANC given IPT2	73	93	126	161
Number of women attending ANC given IPT3	68	95	103	161
Total number of malaria cases admitted	50	38	58	73
Number of inpatient malaria deaths	0	1	1	2
Total number of malaria deaths	0	1	1	2
Malaria case fatality rate	0	0.74%	0.95%	0.90%
Proportion of suspected malaria cases tested at public sector health facilities (microscopy or RDT) excludes community testing	287(100%)	331(100%)	455(100%)	668(100%)
% of confirmed malaria cases that received recommended 1st-line ACTs at public health institutions (excludes community treatment)	50(100%)	(100%)	58(100%)	42(100%)
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(100%)	1(100%)	2(100%)
Malaria incidence	14:1000 (91/6451)	21:1000 (134/6257)	16.7:1000 (108/6451)	35:1000 (223/6257)

Comments

68.7% of the malaria cases identified in Q2 have been diagnosed and treated with first line treatment directly in the community by the CHWs. The institution recorded outbreaks in weeks 8-9-10-11-16-20 which led to double the incidence cases compared to last year and the same trend in terms of severe cases recorded, with the majority a result of late presentation (particularly from the Makaha area of Mudzi District).

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	**Q2 2025**	**Q2 2026**	**Jan-Jun 2025**	**Jan-Jun 2026**
Average vital drug stock status(%)	68.6%	70.6%	66.7%	70.0%

Average essential drug stock status(%)	62.1%	62.3%	57.5%	66.7%
Average necessary drug stock status(%)	42.5%	30.6%	41%	36.1%
Number of blood units used	36	24	68	59
Oxygen availability(yes/no)	YES	YES	YES	YES

The all 1 semester of 2026 has been characterized by some better availability of medicines despite the higher demand, showing improvement in optimization of resources and procurement processes.

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.

in Q1 a cardiologic mission by end of march was promoted (76 patients screened and reviewed), and 1 patient was escorted to Italy for surgery. Other children were escorted in May and June. In Q3 a second mission will be promoted.

6. Other clinical activities 2026.

Ophthalmic camps (March).

In collaboration with the Mash East Ophthalmic team, 1 Eye surgical camp was promoted, where patients were screened and treated for eye conditions and a total of 29 cataracts surgery were performed. We aim to promote at least other 2 more camps during the year.

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

An ENT surgical mission was implemented in February with a total of 73 patients attended to and 13 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 camps (February and May).

Two General surgical mission (adult) were implemented with a total of 100 patients attended to and 57 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. In March as part of a continuous collaboration with local specialists, surgical sessions were also promoted with 6 surgeries performed.

Internal Medicine and Cardiology.

A medical outreach was promoted in February as part of monthly local collaboration under a programme sponsored by Misereor through the Archdiocese of Harare's Health Commission, with the assistance of one Physician to improve access to specialist services and strengthen institutional capacity. Under the same programme a Paediatric cardiologic mission was implemented by the end of March (76 patients screened and 1 child transferred to Italy for surgery and operated successfully). In May, a camp to support on the job training in point-of-care Ultrasound was done including 2 Medical Practitioners from other centers of the Province.

Obstetrics and Gynaecology.

Under the Archdiocese of Harare specialist's programme, one outreach has been promoted in February and 1 camp in collaboration with the Zimbabwe Society of Obstetricians and Gynaecologists was promoted. A total of 29 consultations and 17 surgeries were performed to expand accesses to Gynecology services for the communities and support institutional capacity building of the hospital resident team.

7. School of Nursing.

During Q1 2026, the 19 students who completed training by 2025, received results with a 100% pass rate. A new group of 7 Midwifery students started in January 2026, and 23 Primary Care students 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. The programme during the year 2025 was expanded in collaboration with a team from UK under the Safe Birth project and in 2026 we aim to sustain with internal resources the mentorship

activities to fully institutionalize the benefits achieved during the implementation of the programme. Q1 2026 was characterized by activities in this sense.

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 the first semester of 2026:

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, individual departmental plans have been developed and linked to individual performance appraisal system also for middle managers and junior staff. A staff reorientation of job descriptions have also been promoted.

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 2024-2025, has reached completion and the installation of 22 boreholes completed.

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. Continuous development programme, simulations and focused group sessions have been promoted consistently from Q2 in the clinical areas with sessions organized both department by departments and with combined groups.

6. The Monitoring and evaluation team has been consistent in producing a comprehensive report which has been discussed at the Quarterly review in February and May 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. External audit report will be conducted in the next quarter. Compliance with donor support and timing of reporting has been uo to expectations and agreements.

8. The study for the digitalization of the record keeping for the Expanded Programme for Immunization has been completed in Q2, and a pilot intervention to improve based on the RED/REC approach will be rolled out in Q3.

8. 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 are in progress and the aim is to complete the project within the year 2026. During the year also there will be a second structural project for renovations of the Paediatric ward, and we aim to start renovating the electrical system of the hospital before year end.

9. Challenges.

1. **MEDICINES (PROCUREMENT).**

The cost of medicines continues to 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 however improved cost recovery during the past year and the 2026 has started with a better balance between services rendered and cost recovery. The first semester 2026 has been aligned to the budget despite the uncertainty and general instability caused by the global situation.

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. The general supply of electricity by the national company has improved and the hospital aims 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 and 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, Radiographer x 1, Ultra sonographer x 1, HR Assistant x 1, Tutors x 1, 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.**

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

Priority areas 2024-2026 progress review.

Outcome	Priority Action	Activity	Timeline complete implementation		Responsible person	Status 26/07/2026
	1.1 Strengthening stakeholders participation to enhance representation, leadership and advisory assistance to decision making	1.1.1 Revision of Hospital Constitution	2025	6	Med Supt	Shifted to 2027
		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. Improved Leadership and Governance at all levels of the Institution	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 (12 staff to add to the previous 11 trained); Q2 cascading focused group discussions for junior staff 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 2026
		1.2.3 Use of M&E tools to monitor development and evolution of leadership and management	2024		HRO	Full rool-out 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	New review planned for Q4 2026

Outcome	Priority Action	Activity	Timeline complete implementation	Responsible person	Status 26/07/2026
		1.2.5 Strengthening use of performance appraisal individual plans at all levels (driven by departmental priorities)	2024	Med Supt/HRO	Ongoing; plans for 2026 done and linked to appraisals
	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 - Procurement tool improved and logistic tool to be improved by Q3 2026
		1.3.2 Delivery of monthly dashboard integrated data (comprehensive data analysis of all levels of institution) & quarterly analysis with QIC/HEC	2026	Teamleader M&E team	Ongoing; to fine-tune logistic tool (procurement tool improved)
2. Improved Quality monitoring towards TQM	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)	2026	Med Supt	Done clinical checklists and procurement; to finalize logistic and roll out IPC electronic tools)
		2.1.2 Quarterly review self-assessment with RBF comprehensive tool	2024	Matron	To be sustained but ongoing
		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; Q1-Q2 review to be done in August - to strengthen KAIZEN approach with priority on EPI programme, EPR and community participation/increase in risk communication and community engagement (RCCE)

Outcome	Priority Action	Activity	Timeline complete implementation	Responsible person	Status 26/07/2026
	2.2 Review of KAIZEN principles to all HODs/WITs leaders to promote QI evidence-based practices	2.2.1 Promotion of dedicated KAIZEN processes in areas of need with WITs	2024	Med Supt	Q2 2026 done procurement electronic monitoring tool. Strengthened budget review and general cost recovery. Q3 2026 – EPI electronic database roll-out
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	Improvements noted with reduced stockouts – Need to strengthen
		3.1.2 Ensuring appropriate maintenance	2024	Administrator	Started 11/2024 electronic information system for tracking /planning not utilized systematically.
		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. Staff to implement more preventive maintenance although improvement in response on corrective maintenance noted
	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	Ongoing – Need to support
		3.2.2 Promote clinical audits, case presentations and focused group discussions to enhance knowledge and mentorship	2024	Med Supt/Matron	Ongoing – Need to support with review of implementation of recommendations

Outcome	Priority Action	Activity	Timeline complete implementation	Responsible person	Status 26/07/2026
		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
		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-Q2 2026 – promoted review processes and improvements in: EPI, Procurement, Adult ward, Paediatric ward, Maternity, O.I. clinic, IPC.
		3.2.5 Review of skills assessment and needs of staff and set reviewed continuous educational plan	2026	Med Supt/WIT Continuous Educational development	Q1-Q2 In progress bi-weekly meetings/simulations – Need to support clinical meeting/simulations
		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 monthly and quarterly management 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	2026	Med Supt/HODs	Need to support – Especially Stores/Assets/waste management plan

Outcome	Priority Action	Activity	Timeline complete implementation	Responsible person	Status 26/07/2026
	4.2 Renovate/review infra-structure to new needs aligned to strategic plan	4.2.1 Structural development plan to improve ergonomy and patients' flow	2026	Med Supt/Administra-tor	Project implementation ongoing Q1-Q2 90% completion new adult ward, 50% completion of paediat-ric renovations, to start OPD reno-vations and electric system up-grade
	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/Administra-tor	In progress since Q3 2024- final proposal application to be done after first installation of new transformer by ZESA dedicated to LGH only (awaiting ZESA final quo-tation-ready for procurement to be completed)
5. Improved community health programs through enhanced Community par-ticipation 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 docu-ment (Q4)
	5.2 Strengthen community leaders participation to plan-ning and implementing activi-ties to enhance ownership and community participation	5.2.1 Engagement of DMO for clear re-definition of direct catchment area for LGH and improve "Cluster institutions" coordination to enhance RED/REC and effectiveness of referral system	2026	Med Supt/DMO	Ongoing – revaluate outcomes of RED/REC by Q4
		5.2.2 Promotion of quarterly meetings with Community leaders (from situa-tional analysis, needs assessment and shared interventions with clear roles and responsibilities for stakeholders)	2026	Med Supt/WIT Com-munity health	In progress – Borehole project completed

Outcome	Priority Action	Activity	Timeline complete implementation	Responsible person	Status 26/07/2026
	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 EPR planning and response
	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 ZACH meeting and highlighted suggestions- Q4 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; Q3 planned Inter-district collaboration meeting with DMOs/DHEs Mutoko and Mudzi

Outcome	Priority Action	Activity	Timeline complete implementation	Responsible person	Status 26/07/2026
	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)
	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 Q3 2026
		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	Initaited in Q1 2025 (KAIZEN/5S/Leadership & management) - ongoing

Outcome	Priority Action	Activity	Timeline complete implementation	Responsible person	Status 26/07/2026
		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	In progress – need to sustain
		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
	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

Conclusions – Future considerations for 2026

The year is progressing with 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 promoted in the last 2 years and support positive changes within the organization towards TQM.

In summary for the continuation of 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. To this regard, we aim to constitute and strengthen the platform of communication with the village leaders/CHWs/clinics both of the direct catchment area and of the referring area, to improve the communication for both general programmes, community risk communication and improve community engagement.

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. To this extend we aim to strengthen the institution's participation to multisectoral meetings and platforms within the Cluster of Mutoko-Mudzi to ensure improved coordination and response.

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). Seeing the increasing number of cases of trauma and surgery needs we also aim to plan the installation of a CT scan once the electrical system will be upgraded. Target for 2026 is to start renovations of the existing electrical structure and stabilize power supply through the installation of a new transformer and proceed by year end with the preparation for the installation of a donated CT scan, to be completed in 2027. We aim to also upgrade the radiology department with deployment of skilled personnel and improve on utilization of telemedicine platforms in collaboration with the Ministry of Health and Child Care and specialists partners.

Presented by,

Dr Massimo Migani

(Medical Superintendent)

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15/08/2026