

LUISA GUIDOTTI HOSPITAL

2018 January – October progress Report of Activities &
2019 Operational Plan

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 located 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 to date Dr M. Migani has been appointed as Medical Superintendent, E. Mufandaedza as Matron and P. L. Machipisa as Administrator. At present the Hospital is a 120 registered beds Mission Hospital, and comprises of the following departments:

Outpatient department, Pharmacy, Male Ward, Female Ward, Paediatric Ward, Maternity Ward (including Labour Room), TB Ward, Surgical Ward, Theatre, Laboratory, O.I. Clinic (for patients living with HIV, treatment and follow up), Rehabilitation Department, Dental Department, Eye Clinic.

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

Catchment population area.

Luisa Guidotti Hospital is acting as the first Health Facility for a direct catchment population area comprising 8.779 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 61.415 citizens (data from National Census 2012 and District profile 2018 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).

JANUARY - OCTOBER 2018 REPORT OF ACTIVITIES.

1. Statistics of Inpatients and Outpatients.

Admissions	Outpatients	Deaths
1.637 (2017) vs 1.948 (2016) vs 2.077 (2015) vs 1.946 (2014) vs 1.852 (2013)	21.170 (2017) vs 21.001 (2016) vs 20.789 (2015) vs 19.695 (2014) vs 18.977 (2013)	86 – 5.3% (2017) vs 116 – 6% (2016) vs 92 – 4.4% (2015) vs 161 - 8,5% (2014) vs 192 – 13% (2013)
Jan – Oct 2018 (1338)	Jan – Oct 2018 (21.144)	Jan – Oct 2018 (73 – 5,5%)

Comments

In 2018 there has been confirmation of the trend of total number of Outpatient attendances compared to the previous years, with increasing rates which has been of +20% compared to 2017. There has been a reduction in the admission rate; contributing factors to this are: there has been an increasing of lodgers for observations at the hospital (a measure used to reduce costs for patients while treated as admitted of which this may have contaminated the real workload in the wards). Another factor of major note is that in 2018, for the first time since at least 2014, there were no malaria outbreaks compared to the previous years (especially in 2014, 2015 and 2016). Since 2014 the malaria programme has been strengthened through the coordination of the activities with the Village Health Workers and today more than 90% of the malaria positives are treated directly in the community as uncomplicated cases.

In any case, the reduction of admissions and of the death rate, compared to the continuous increase of OPD consultations represent also important positive trends in health indicators. However still a relevant number of the very sick patients come as late presentations, due to financial challenges within the community and out of our catchment population area.

2. O.I. Clinic (Opportunistic Infections clinic) – statistics.

At Luisa Guidotti Hospital there is a Clinic for HIV positive patients (O.I. Clinic) which provides services of counseling and follow up of patients living with HIV and on ART (antiretroviral therapy).

Adults	Children	TOTAL No. Patients on ART
1.062	55	1.117
Counseling Sessions	HIV tested (Negative Results)	HIV tested (Positive Results)
1.699 (2017) vs 2.196 (2016) vs 1.468 (2015) vs 1.803 (2014)	1.581 (2017) vs 2.071 (2016) vs 1.344 (2015) vs 1.589 (2014)	118 (2017) vs 125 (2016) vs 124 (2015) vs 214 (2014)
Jan – Oct 2018 (2274)	Jan – Oct 2018 (2174)	Jan – Oct 2018 (100); 85 initiated on ART, 13 transferred for ART initiation to decentralized centers as per guidelines, 2 initiated on TB treatment and ART to follow.

The patients come periodically for drugs supply, follow up visits and CD4 count test are also available at the Institution. If needed there are doctors always available for them. Laboratory activities to guarantee availability of a set of tests for the follow-up of patients, according to National Guidelines (Full Blood count and Biochemistry tests) are regularly done and there has been very high increase in the number of people tested during the year, compared to the previous years and to the targets for 2018. During the year the Hospital started a programme with youths from the neighboring school, to promote sexual and reproductive health and awareness among adolescents. Every week two groups of adolescents come to the “youth corner” for focused group discussions with the medical and nursing staff.

During the year, despite difficulties to procure reagents (secondary to the economic situation in the Country), it has been possible to maintain adequate levels of reagents for the various tests to be performed, in order to be able to monitor also early onset of side effects due to HAART.

Since February 2017 the OI/ART programme is running with only one Primary Care Counsellor instead of two. There has not yet been a new deployment for the second, after one left service.

Comments

The follow-up system of defaulters and the group counselling sessions have strengthened patients' adherence. Since January to October 2018 we recorded 12 deaths and 6 lost to follow up (out of the total 1.117 patients at present followed-up), compared to 2017 (15 deaths over 1.114 patients were reported and 12 patients as lost to follow-up). The percentage of patients who has at least has one CD4 performed regularly once a year has remained stable (Jan – Oct 2018 1001 patients = 89.6% vs 1005 patients = 90.2% in 2017). 67 patients had also at least one Viral Load done with results. There is important need to work to increase access to Viral Load for the patients on treatment. In 2018, it has been possible to send more specimen to Public Laboratories, as a consequence of expanded services at Government Laboratories; however the turnaround time of results is not yet consistent and this is still affecting the total number of patients who have also Viral Load test done.

3. Statistics of PMTCT Programme, Maternal and Perinatal Mortality Rates.

	ANC BOOKING	ANC MOTHERS FOUND HIV+VE in ANC	HIV+MOTHERS SCREENED FOR TB and initiated on ART	TOTAL DELIVERIES	PERINATAL DEATHS	MATERNAL MORTALITY RATE	PERINATAL MORTALITY RATE
2014	335 (1 st)	28	28	458	11	220/100.000	24/1.000
2015	388 (1 st)	27	27	627	16	480/100.000	26/1.000
2016	440 (1 st)	22	23(*)	670	20	299/100.000	30/1.000
2017	470 (1 st)	29	29	599	11	0/100.000	18/1.000
Jan – Oct 2018	382 (1 st)	17	17	583	16	0/100.000 (provisional)	27/1.000 (provisional)

Comments

No maternal deaths have occurred in 2018 from January to October. The perinatal mortality rate has increased compared to the previous year (remaining close to national values compared to UNICEF report 2016 (23:1.000)). Of the perinatal deaths, 1 was presenting severe malformations, 1 neonatal sepsis, 2 were patients who reported from home late of which 1 was a premature birth and 2 complications of home deliveries. There is need to strengthen work with the communities (particularly of those not belonging to the Hospital direct catchment population) to increase the percentage of institutional deliveries (at present at 96,5%, although is above the national target set at 90%) to prevent complications and risks of perinatal deaths. The total number of Institutional deliveries has increased (still remaining above the mean of the previous years and far above the expected 288 deliveries/year as per catchment population area). Positive indicator has been that despite the increased number of deliveries, there has been a marked decrease in the number of mothers found HIV positive (and consequently initiated on ART). After 4 years of food relief programme (implemented from 2014 to 2017), implemented to motivate mothers to come for early ANC bookings as well as free maternity services offered, which contributed to the positive trends (49.8% rate of early ANC bookings in 2017 vs 17.8% of 2014; National target has set at 40% and National mean is 31.2%), the Hospital had to stop, because of reduced resources and hoping that after this period of time and all activities implemented, community behavior change would have been promoted, motivating pregnant women to come for free maternal services at the Hospital. To date the rate of early ANC bookings has remained above target at the actual value of 43,5%.

In 2018, the Institution invested in introducing Obstetrics Ultrasound services (basic performed by midwives and biometric evaluations done by one Medical Doctor), to expand accessibility to these important examinations to the rural community.

There has been consolidation in the positive trend in the caesarian section rate (now at 13.7% (absolute number 80), compared to 10.3% (absolute number 62) in 2017 vs 5.7% in 2014), well in line with WHO expectations which is set between 5-15%). Maternal and Perinatal mortality audits have been conducted as planned.

4. "Operation Heart" programme.

Since 1985 Luisa Guidotti Hospital is sending pediatric cardiac patients (affected by congenital diseases and acquired conditions which required valves replacements) to Italy for Heart Operation. The patients, who would have not been able to be operated in Zimbabwe, after being operated in Italy, are hosted by some volunteer families. After the period of rehabilitation, they come back to Zimbabwe and follow up is continued on a periodical basis at Luisa Guidotti Hospital.

Since 1985 it has been possible to escort to Italy and operate almost 400 patients. The programme has been strengthened since 2014, promoting philanthropic missions through collaborations with Local and international specialists in Cardiology. Full specialists' consultations for screening of patients in need of operations as well as follow-up visits and clinical meeting with the resident staff at Luisa Guidotti Hospital (in order to improve management of cardiac patients) have been promoted during the 2 - 3 philanthropic missions promoted every year. Patients have been escorted to international Cardio-Thoracic Surgical Centers for operations.

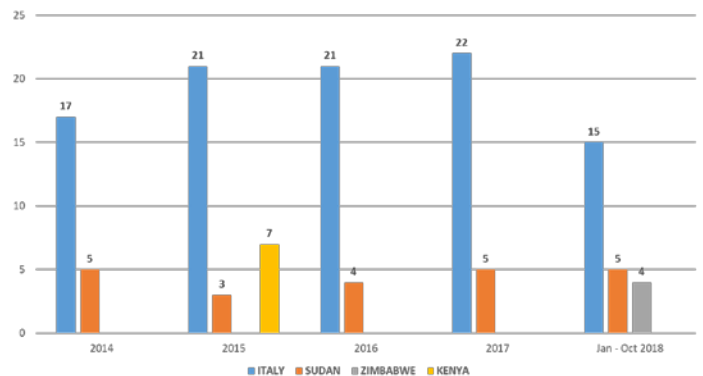
In the tables below details of the activities and statistics are presented.

ATTENDANCES – FULL CARDIOLOGIC CONSULTATIONS



Total: 1.926 Attendances (2014 – Oct 2018)

SURGICAL CASES PERFORMED - CENTRE



Total: 129 surgical intervention performed; 2 deaths post op (2017, paediatric pts ITA); surgical success rate: 98.1% (PAEDs SURG) - 100% (ADULTS). NOTE: paediatric cases brought to ITA (BLQ) more severe and complicated cases

In June 2018, it has been possible to organize, in collaboration with Mission Bambini Foundation and Parirenyatwa Group of Hospitals the first pediatric surgical mission in Zimbabwe as part of a programme which would like to see the implementation of 2 missions/year to promote local capacity building. During this mission 4 patients referred from Luisa Guidotti Hospital were successfully operated.



5. INR monitoring Programme (provisional data January-October 2018).

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.

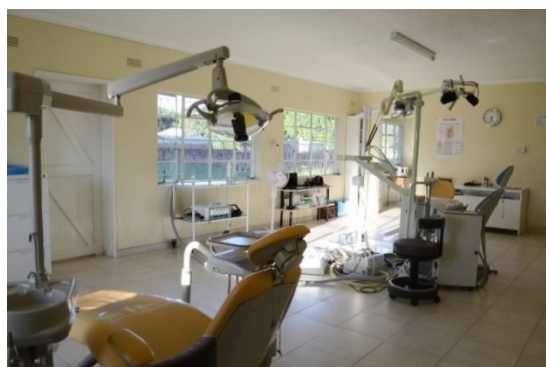
It is a programme based on the interconnection between the resident professional staff (Doctors and nurses) and the International Team of Surgeons and Cardiologists, via internet and telemedicine. Luisa Guidotti Hospital Laboratory and other two centers in Harare are the site performing the INR tests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

Center	Patients on Follow-up	% of Adherence to the programme	% "in normal Range" / month	% mild "out of Range" / month	% seriously "out of Range" / month
HRE	47	73.7%	60.9%	20%	19.1%
MTK	19	68.4%	53.7%	17%	30%

Patients "out of range" receive the correction of the dose within the same day the test is performed. There are some challenges in transport for the some patients (especially of the Mutoko group), which has been addressed assisting them with contributions to cover bus fares expenses. Despite this intervention, the number of patients with higher economic challenges and needs for assistance in travelling, increased. The economic demands due to hyperinflation also is affecting especially rural and marginalized communities. Despite efforts to cover needs, some of them are beyond Hospital control and this led in 2018 to reduced rates of adherence to the programme. 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.

6. Dental Department – statistics.

Luisa Guidotti Dental Department in 2018 provided the following services:



TOTAL ATTENDANCES	MALES	FEMALES
822 (2017) vs 867 (2016) vs 1018 (2015) vs 1177 (2014) JAN – OCT (2018): 912	330 (2017) vs 323 (2016) vs 367 (2015) vs 438 (2014) JAN – OCT (2018): 351	492 (2017) vs 544 (2016) vs 651 (2015) vs 739 (2014) JAN – OCT (2018): 561

TYPE OF TREATMENTS PERFORMED	
ORAL SURGERY (EXTRACTIONS)	368 (2017) / 443 (2016) / 565 (2015) / 670 (2014) JAN – OCT (2018): 468
OTHER ORAL/PERIODONTAL SURGERY	40 (2017) / 27 (2016) / 33 (2015) / 39 (2014) JAN – OCT (2018): 34

TYPE OF TREATMENTS PERFORMED	
DENTAL IMPLANTOLOGY	11 (2017) / 1 (2016) / 2 (2015) JAN – OCT (2018): 7
GUIDED BONE REGENERATION IMPLANTOLOGY	2 (2017) / 0 (2016) / 2 (2015) JAN – OCT (2018): -
NON SURGICAL PERIODONTAL THERAPY	107 (2017) / 97 (2016) / 76 (2015) / 101 (2014) JAN – OCT (2018): 130
DENTAL/FACIAL THRAUMATOLOGY	59(2017) /14 (2016) / 23 (2015) / 15 (2014) JAN – OCT (2018): 37
CONSERVATIVE DENTISTRY	164 (2017) / 174 (2016) / 139 (2015) / 117 (2014) JAN – OCT (2018): 149
ENDODONTHICS	56 (2017) /57 (2016) / 91 (2015) vs 89 (2014) JAN – OCT (2018): 68
PROSTHESIS DELIVERED	4 (2017) / 28 (2016) / 44 (2015) / 59 (2014) JAN – OCT (2018): 35
OVERLAYS/FIXED PROSTHETIC TREATMENTS	11 (2017) / 12 (2016) / 7 (2015) / 5 (2014) JAN – OCT (2018): 25
ORTHODONTIC TREATMENTS	0 (2017) / 2 (2016) / 1 (2015) / 7 (2014) JAN – OCT (2018): -
AGE ESTIMATES	42 (2017) / 40 (2016) vs 99 (2015) vs 14 (2014) JAN – OCT (2018): 32

The reduction in prosthetic treatments in 2017 was caused by the absence of the Assistant Dental Technician (the only staff member performing laboratory work) from February 2017 to January 2018. In 2018, the the Dental laboratory resumed services as confirmed by the increased number of prosthetic treatments provided. For these type of treatments the department receives patients travelling also from areas far from the catchment population boundaries (i.e. Harare, Mashonaland Central and West provinces).

In 2017, the Centre was recognized by the Medical & Dental Practitioners Council of Zimbabwe, as a training institution for BDS Interns, after they graduation at University of Zimbabwe. Since April 2018 to October 4 interns have rotated, and 2 will come in December. This helped to expose newly graduated Dental Surgeons to different types of supervised procedures but also guaranteed more consistent activities as confirmed by the raised number of procedures performed.

The Oral Health Centre is the only referral centre for the Districts of Mutoko, Mudzi, Murehwa and UMP.

7. School of Nursing & Staff Development.

In January 2018 the Hospital welcomed after 6 years of suspension, the final reopening of the School of Nursing with Upskilling programme of Primary Care Nurses in Obstetric, Maternity and Neonatal care.

To date 3 groups of students have been trained, of which 1 completed with 100% pass rate.

In June 2018 one of the Tutors and one Clinical Instructor, underwent intensive exposure and training in Basic Obstetrics Ultrasound and principles of cardiocography, to start a programme to upgrade, training abilities and clinical services at Institutional level. This was then followed by a philanthropic mission held at Luisa Guidotti Hospital in September and October, where 2 specialists Obstetricians and Gynecologists came from Italy to work with resident staff at the Hospital (Doctors, School of Nursing staffa and Midwives serving at the Institution).

Staff Development

CADRE	NAME OF COURSE
1 Nurse In Charge (NIC)	Diploma in Nursing Administration (COMPLETED)
3 Registered General Nurses (RGNs)	Midwifery Training (COMPLETED)
1 Registered General Nurse (RGN)	Intensive Care Nurse Training (COMPLETED)

Awaiting or started Training

1 RGN	Nurse Anaesthetist training	Under training
1 RGN	Operating Theatre Nurse training	Under training
2 RGN	Midwifery Training	Under training
1 RGN	Ophthalmic Nurse training	Pending
1 RGN	Nursing Administration	Pending

The Hospital received new nursing staff deployed by the Government, which helped to normalize the situation of nursing staff shortage in many departments.

9. Other highlights on clinical activities.

CLINICAL ACTIVITY	JANUARY – DECEMBER 2017
OPD ATTENDANCES	21.170 (2017) - 21.001 (2016)- 20.789 (2015) - 19.695 (2014) - 18.977 (2013); 21.114 (Jan- Oct 2018)
ADMISSIONS	1.637 (2017) - 1946 (2016) - 2.077 (2015) - 1.946 (2014) - 1.852 (2013); 1.338 (Jan- Oct 2018)
BED OCC. RATE	24.5% (Jan – Oct 2018)
DEATHS	86 - 5,3% (2017) / 116 - 6% (2016) / 92 – 4.4% (2015) / 161 - 8,5% (2014) / 192 – 13% (2013); 73 -5,5% (Jan – Oct 2018)
NORMAL DELIVERIES	599 (2017) / 670 (2016) / 627 (2015) / 458 (2014) / 436 (2013) / 583(Jan – Oct 2018)
CAESARIAN SECTIONS	62 (2017) / 68 (2016) / 44 (2015) / 26 (2014) / 13 (Aug-Dec 2013) (note: Theatre re-opened in Aug 2013) / 80 (Jan – Oct 2018)
PEDIATRIC PATIENTS ON ART PROGRAMME	55
ADULT PATIENTS ON ART PROGRAMME (OI)	1.062
TOTAL PATIENTS ON ART	1.117
LABORATORY TESTS (INCL. RAPID TESTS)	51.016 (2017) / 53.928 (2016) / 41.236 (2015) / 31.509 (2014) / 29.432 (2013) New way of reporting (Jan-Oct 2018: samples analysed 12.576; 17.735 tests).
X-RAYS EXAMS	1.906 (2017) / 1.615 (2016) / 1.605 (2015) / 2.172 (2014)/ 2.438 (2013) 1.315 (Jan – Oct 2018)
CARDIOLOGY (attendances for Cardiothoracic surgery)	273 (2017) / 426 (2016) / 347 (2015) / 509 (2014) / 458 (2103) 371 (Jan – Oct 2018)
DENTAL DEPARTMENT (attendances)	822 (2017) vs 867 (2016) vs 1018 (2015) vs 1177 (2014) vs 912 (Jan – Oct 2018)

10. Other general activities/achievements of the year 2018.

During the year 2018 it was possible also to implement:

- EYE SURGICAL CAMPS.** In collaboration with the Provincial Ophthalmic team 2 camps have been promoted (May-October): 492 free general screening were done of which 144 cataract identified and extractions performed. otorhinolaryngology
- SURGICAL CAMP IN OTORHINOLARYNGOLOGY (ENT).** In collaboration with local and international Specialists (June), with details as follows:

ENT Specialist screened	423
Endoscopy performed	100
Minimally invasive procedures performed at OPD level (i.e. wax removal)	8
Audiometric tests performed	11
Ultrasound Scans (USS) - Head&neck)	165
Surgical procedures performed:	60
- Local anesthesia (L.A.)	51
- General anesthesia (G.A.)	9

Surgical procedures performed under general anaesthesia:

Adenoidectomy	1
Thyroglossal duct's cyst removal	1
Submandibular gland – (Pleomorfica adenoma)	2
Parotidectomy – (1 total for adenocarcinoma / 2 pleomorfic adenoma)	3
Big laterocervical lipoma	2



- OBSTETRICS AND GYNAECOLOGY MISSIONS.** In collaboration with local and international Specialists (September-October) with the support of Mission Bambini Foundation. In June 2018, 1 Tutor from the School of Nursing and 1 Nurse in Charge (Clinical instructor/midwife), went to Italy (Department of Obstetrics & Gynaecology – Rimini) for one month of intensive observation period, for sharing of experiences and to learn basic obstetrics USS. In September and October, through the collaboration of 2 Specialists coming from the same Department, were promoted the following activities (clinical and mentorship):
 - 81 Gynaecologic Ultrasound performed
 - 57 VIAC examinations; 3 biopsies taken with 3 histology reports received for suspected lesions (1 LGSL, 1 Cervicitis, 1 Cervical polyp removed)
 - 178 Obstetric Ultrasound performed
 - During the period, meetings with the doctors and midwives were promoted to strengthen management of obstetric conditions. In this view, the following continuing educational development for resident staff was promoted:
 - Theory and clinical application of cardiotocography during labour
 - Assistance during vacuum deliveries

- Assistance during Caesarean Sections
- 2 Clinical meetings to promote protocols to improve action timing for emergency, urgent, elective caesarean sections
- Reorganization of labour ward to improve ergonomics of equipment and commodities
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- 1 GMO furthered training on Obstetric USS to evaluate: viability, presentation, placenta insertion, foetal biometrics, age of gestation
- 1 Midwife furthered training to perform basic USS at the Antenatal Clinic: evaluate foetal heart pulse in addition to clinical examination, position of the foetus at term and suspect of abnormal placenta insertion (to improve in detecting suspected high-risk deliveries at the Antenatal Clinic)

The team of Resident doctors
with Dr Tormettino (Obs&Gyn Specialists):



During discussions on protocols/review of guidelines with Midwives

One of the Nurse in Charges (Midwife) performing Basic Obs USS in FCH (Antenatal clinic)



- 4. GENERAL SURGERY – COLLABORATION.** The Hospital started a collaboration for elective general day-surgery on a monthly basis since September 2018; a Specialist General Surgeon from Harare, is now coming once a month to perform surgeries. 3 sessions have been promoted and 10 surgeries have been performed to date (under spinal and general anaesthesia). This helped to expand specialists services provided to the rural communities.
- 5. INTENSIVE COURSE ON ULTRASOUND (USS) AND PHILANTHROPIC MISSION ON USS SERVICES.** In collaboration with Prof. F. Piscaglia (University of Bologna – Italy) a philanthropic mission/training will be promoted by the end of November: 1 University Professor (Prof. Piscaglia), 1 Physician and 2 Medical Doctors of high experience in Ultrasound Scanning, will come to perform free consultations and ultrasound training (Intensive Basic Medical Ultrasound course).
- 6. STAFF HOUSES.** The new complexes for staff funded by Beit Trust, are almost completed and despite some delays cause by some challenges caused by the economic situation, which caused inflation and instability of prices as well as sometimes reduced stock availability at wholesaler level, we expect to complete the project at most early 2019.



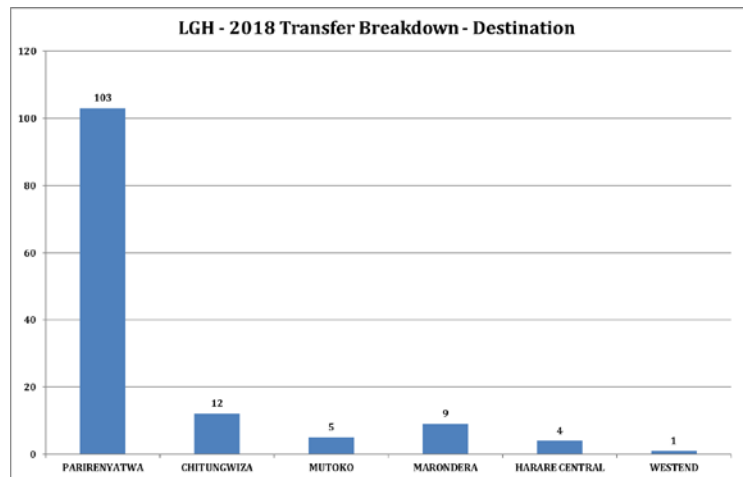
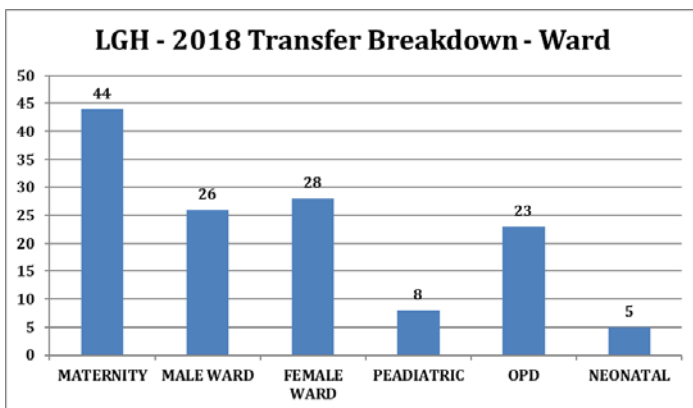
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- 7. **NEW ULTRASOUND SCAN.** A new Ultrasound scan suitable for the following programmes: Cardiac, Obs&Gyn, General Medicine, has been donated by the contribution of Mission Bambini Foundation and other private benefactors. The new machine, well equipped with different probes and softwares can be used in the various clinical fields for which, as explained above, specialists are coming for mentoring and clinical services. It is our objective to promote more regular missions to increase local capacity building at institutional level.



- 8. **NEW AMBULANCE.** A new vehicle has been donated by private donors and Marilena Pesaresi Foundation in collaboration with Rotary Club Rimini – Italy. The vehicle will be delivered by end of November and will make a fundamental impact on the quality of ambulance services for patients.

Ambulance services for the period January - October 2018 are as follows: (TOTAL TRANSFERS OUT: 134)



Note: the increased number of Caesarian sections performed at the Institution, reduced the transfers to Mutoko and Marondera Provincial Hospital compared to the previous year. Transfers have been mainly for referrals to central hospital (Specialist level).

- 9. **CONTAINER.** A container with donated Hospital equipment and material is expected to be delivered in early December. Material and equipment donated by AUSL Romagna – Italy, Marilena Pesaresi Foundation and other private donors, will have very high impact on service delivery at the various departments.

11. Challenges.

1. **MEDICINES (PROCUREMENT).**

The cost of medicines has highly increased due to hyperinflation. Despite improvements in the supply from Natpharm (the central distribution agency from Ministry of Health and Child care of Zimbabwe), the medicines received are far from covering the needs and the Hospital is forced to buy privately and to give to patients below costs. Donors (especially Rimini 4 Mutoko – Italy) are supporting an important part of the required budget, which is always on the increase due to the high costs of medicines and sundries.

2. **LABORATORY REAGENTS SHORTAGE.**

An important part of Laboratory reagents are not 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. **NEEDS TO EXPAND THEATRE SERVICES AND UPGRADE THEATRE DEPARTMENT.**

Despite the department is still in good state, there is need to complete some renovations to improve standards of quality of premises and equipment. In particular, there is need to reorganize some of the rooms and corridors to match improved ergonomics and infection prevention and control. Due to the increased load and activities, the department needs new vacuum system, new equipment for general anesthesia and surgical instruments.

4. **HOSPITAL REVENUE.**

The hyperinflation, the depreciation of the Bond notes and financial electronic transactions associated to the fact the patients of the rural areas have not increased their income, has consequently increased the unbalance between income and expenditures and severely 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.

8. **LACK OF CRITICAL QUALIFIED STAFF.**

The Hospital is lack of strategic qualified staff: Pharmacy Staff, Radiographer/X-Ray operator, Administration Dept. (HR/Finance), Laboratory extra staff, Rehabilitation Technician, Hospital Food Services Supervisor, Dental Department Staff (Dental Assistant).

9. **NUTRITIONAL SERVICES.**

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

REVIEW OF 2018 & 2019 OPERATIONAL PLAN (BASED ON MINISTRY OF HEALTH AND CHILD CARE PLANS FOR 2017 - 2020)

KEY RESULT AREAS	1.Priority Programs	2. Service Delivery Platforms.	3.Enabling environment for service delivery
	Communicable Diseases	Communicable Diseases	Multi-sectoral Partnerships
	Non Communicable diseases	Non Communicable diseases	Research and Development
	RMNCH/Family Health	RMNCH/Family Health	
	Public Health	Public Health	
	Community Linkage	Hospital Services	
		Primary Care Services	

Key Result Area 1: Communicable diseases.

Goal: To reduce morbidity and mortality associated with communicable diseases

Strategies	Outputs	2018 Target / (Achieved – JAN-OCT)	2019	ACTIVITIES
Improve vector control through Indoor Residual Spraying (IRS) -Monitoring of the quality of IRS	1. % of targeted households sprayed	95% / (99% Achieved)	98%	IRS Campaign conducted (November – December)

Malaria cases correctly managed	4a. % of suspected malaria cases tested (RDTs & microscopy)	100%/ (100% Achieved)	100%	Coordination of community programme through Village Health Workers (incl. monitoring & mentorship)
	4b. % of confirmed malaria cases receiving first line treatment according to guidelines	100% /(100% Achieved)	100%	Coordination of community programme through Village Health Workers (incl. Monitoring & mentorship)
Strategy				
Strategy	Output	2018 Target / (Achieved JAN - OCT)	Target 2019	
Appropriately managed diarrhoeal diseases	Reduced case fatality due to diarrhoeal diseases	<5%/ (Achieved 0%)	<5%	Case management according to guidelines
Enhanced disease outbreak management	1. % of districts with functional coordination mechanism	100%/ (100% Achieved)	100%	EPR Plan ready for implementation
	2. proportion of outbreaks detected within 48hrs and controlled within two weeks	100% / (100% Achieved)	100%	

Strategies	Outputs	2018 Target / (Achieved JAN - OCT)	Target 2019	ACTIVITIES
Find TB early through expanded use of more sensitive TB diagnostic tools and ensure universal access to timely quality assured diagnosis	Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	50/ (53 Achieved) 2018 Jan-Oct Treatment success rate 94.3% 50 treatment success; 3 deaths	53	Ensuring availability of Laboratory and radiological services (Gene-Xpert, Microscopy, Functional X-ray equipment)

Broad Objective: Reduce new HIV infections and HIV and AIDS associated co-morbidities and Mortality

Strategies	Outputs	2018 Target / (Achieved JAN - OCT)	2019	ACTIVITIES
<i>Youth focused interventions - Out-of-school</i>	No. of Youths reached through activities	400/ (reached 500 youth 13-18 years old at school event; 50 youth 17-18 years old at Youth corner focal group discussions)	600	Focused Group discussions for youths to promote health awareness on sexual & reproductive health (Youth corner)
<i>Voluntary counselling and testing</i>		1.800/ (2.274 Achieved)	2.100	Replacement of the vacant Primary Care Counsellor post (requested to the MOHCC)
<i>PMTCT</i>		100%/ (100% Achieved)	100%	Continuous education at community level during outreaches, focused group discussions and trough VHWs

<i>Post-exposure prophylaxis</i>		100% / (100% Achieved / 4 cases: accidental exposure, all confirmed negative)	100%	
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Key Result Area: NON-COMMUNICABLE DISEASES

Goal 1: To strengthen priority health programmes

Strategies	Output	2018 Target / (Achieved JAN - OCT)	2019	ACTIVITIES
Institution Capacity Building	% of adults screened for hypertension	100% / (100% Achieved)	100%	Screening at every entry point
Ensure the hospital platform provide the required equipment	Number of Laboratory examinations performed (comprehensive services)	14.500 / (12.576 Achieved Jan – Oct)	15.500	Ensuring optimized procurement and regular equipment maintenance as per required standards; expansion of microbiology laboratory services, with the introduction of culture test Surgical collaboration with Provincial Team and Italian surgeons
	Number of X-rays Performed	1.600/ (1.315 Jan - Oct Achieved)	1.600	
		100 / (114 Achieved)	120	

	Number of cataract surgeries performed			Community outreach activities for screening
Strategies	Output	2018 Target / (Achieved JAN - OCT)	Target 2019	
Establishment of Oral Health Community Screening Programme.	No. of people screened for common oral diseases including cancer	800 /(912 Achieved)	900	Service delivery at Oral Health Centre LGH
Comprehensive Service Delivery at Institutional Level		Procedures: 900 /(1.423 Achieved)	1.300	
Promoting Continuous professional development	Oral Surgery/Prosthetic dentistry Symposium	1 / (0 Achieved)	At least 2 interns on rotation under supervision at LGH	Internship rotations in collaboration with MOHCC (Ministry of Health and Child Care) at LGH

Key Result Area: Maternal Health

Goal 1: Reduce maternal mortality ratio from 614 to 300 by 2020

Strategy	Output	2018 Target / (Achieved JAN - OCT)	2019	ACTIVITIES
	Proportion of births attended by a skilled birth attendant	100% /(100% Achieved)	100%	In-house training (tutorials and practical sessions with Tutor of School of Nursing and specialists)

<p>i) Strengthen capacity of health workers in quality lifesaving skills including EmONC</p>	<p>Obstetrics course (Training of trainers) on the use of simulators for School of nursing and Clinical departments</p>	<p>-</p>	<p>1 intensive course on the use of state of the art simulators for EmONC</p> <p>100% of Midwives and Doctors practicing quarterly on obstetric simulator</p>	<p>Promotion of course for the Tutors and Senior staff on the use of simulators for upgrading skills of management of Obstetrics emergencies and complicated deliveries</p> <p>Promotion of in-house simulation of complicated deliveries/emergencies to improve preparedness to manage obstetric complications</p>
	<p>Proportion of women receiving oxytocin within one minute of delivery</p>	<p>100% /(100% Achieved)</p>	<p>100%</p>	
	<p>Proportion of institutional deliveries that are live births</p>	<p>98.5%/(98.2% Achieved)</p>	<p>98.7%</p>	
<p>i) Strengthen the use of ACS in the management of PTL</p>	<p>Proportion of pregnant women presenting in pre-term labour receiving antenatal corticosteroids</p>	<p>50% /(50% Achieved)</p>	<p>55%</p>	

	C/S Rate	10%/(10.3% Achieved)	10.5%	
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Objective: To ensure availability of medicine and related commodities

Procurement of medicines and commodities	% Availability of medicines and medical supplies in all provinces	65% LGH/ (81% Achieved)	80% LGH	Optimized procurement of medicines and commodities
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Objectives: Collaborative programmes to expand access to health services

STRATEGIES	OUTPUT	2018 Target / (Achieved JAN - OCT)	2019	Activities
Encourage collaborative projects with other institutions and specialists	Number of projects conducted	CARDIAC / (2 Missions Achieved) OPHTHALMIC / (2 Missions Achieved) SURGICAL / (Collaboration started with General surgeon from Sept 2018)	CARDIAC OPHTHALMIC ENT / SURGICAL OBSTETRICS&GYNAECOLOGY USS Camp	To expand health services and promote training through collaboration with specialists and Institutions

		ENT / (1 Camp Achieved)		
		USS Camp (Achieved as extra project)		

Objectives: Health Infrastructure development

STRATEGIES	OUTPUT	2018 Target / (Achieved JAN - OCT)	2019	Activities
To improve energy self-sustainability	KW of solar energy produced (total output)	50 KW/h solar energy produced/ finalization of project scheduled by April 2019)	50 KW/h solar energy produced	Installation of donated solar panels and inverters
To improve water supply	New central water tank stand for improved pressurized system at the institution and staff residences	Project proposal for new stand 15m high / (New site for borehole identified; undergoing lobbying for assistance for drilling)	Installation of new pump/borehole	Finalization

Objectives: To improve community linkage and promote improved community healthy lifestyle and self-sustainability

STRATEGIES	OUTPUT	2018 Target / (Achieved JAN - OCT)	2019	Activities
To improve healthy lifestyle and enhanced sustainability	No. of projects of sustainable organic nutrition implemented with the community	1 / (written project proposal with stakeholder awaiting call for proposal which can be applied for)	To sign agreement with stakeholders for at least 1 project implementation	<ol style="list-style-type: none"> 1. Engaging Village leaders for planning/promoting organic self-sustainable community projects in agriculture and animal breeding 2. Advocacy for stakeholders to implement community projects in Conservative agriculture and organic animal breeding

Conclusions

The year 2018 has been characterized by overall very positive trends despite the challenges the institution is facing in terms of financial resources, especially due to the high negative period of huge economic crisis in the country, progressively worsening.

The Institution was involved in the Internship programme for Dental Surgeons and had a 100% pass rate for the first group of students who were trained during the year at the School of Nursing, confirming the aim of Luisa Guidotti Hospital to continue in the vision of elevating standards in the health sector and promoting education of qualified personnel.

Several specialists missions and collaborations have been initiated during the year, bringing to the communities expanded services and promoting upgrading of quality of treatment and institutional capacity building.

For the 2019 year, the aim is to consolidate and improve in the various activities guided by the following purposes:

1. To support and strengthen activities in the community (health awareness and sensitization campaigns; support to underprivileged and still perusing the aim of implementing a programme to fight poverty through advocacy with other partners with particular attention to environment preservation/development)
2. To uphold service delivery and existing Health programmes in coordination with other partners both Ministry of Health and Child Care and International partners (Eye, Cardiac, Obstetrics & Gynaecology, ENT programmes and General Surgery collaboration)
3. To improve & maintain Infrastructures/adequate water supply & sanitation (theatre renovations, new installation of hospital solid waste sterilizer, advocacy for treatment of liquid waste management to reduce impact on the environment, advocacy for improvement of water supply)
4. To promote Health Research and Education (Support to MOHCC, UZ programmes both for MBChB & BDS University Students, Training of Nursing staff)
5. To rationalize costs through analysis of data (Financial & Health Services Outputs) for decision making.

Deeply grateful to all those partners that contributed towards the important achievements of 2018, we look forward confirming all our effort to reach the new objectives set for 2019.

We also confirm our willingness to collaborate with different partners interested in the development of projects and programmes aimed to improve community wellness through promotion of a holistic approach to Public Health, being: prevention of diseases through community programmes including advocacy for community development programmes, further development of health services and of health education.

Presented by,


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