

LUISA GUIDOTTI HOSPITAL

January – December 2019 Report of Activities & 2020 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, Theatre block, 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 8.867 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 62.029 citizens (data from National Census 2012 and District profile 2019 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 - DECEMBER 2019 REPORT OF ACTIVITIES.

1. Statistics of Inpatients and Outpatients.

Admissions	Outpatients	Deaths
1.753 (2019) vs 1.594 (2018) vs 1.637 (2017) vs 1.948 (2016) vs 2.077 (2015) vs 1.946 (2014) vs 1.852 (2013)	24.633 (2019) vs 26.637 (2018) vs 21.170 (2017) vs 21.001 (2016) vs 20.789 (2015) vs 19.695 (2014) vs 18.977 (2013)	76 – 4.3% (2019) vs 88 – 5.5% (2018) vs 86 – 5.3% (2017) vs 116 – 6% (2016) vs 92 – 4.4% (2015) vs 161 – 8.5% (2014) vs 192 – 13% (2013)

Comments

During the 2019, the numbers of attendances at the outpatient departments overall decreased by 7.5% but still remaining by 20% above the mean of the previous years and with an increase of 10% of admissions (mainly caused by the higher number of institutional deliveries occurred), compared to 2018. In 2019 we had 1 malaria death for late presentation of a patient coming from outside our catchment population area. Despite the impossibility of transferring patients to central hospital from September to end of January 2020, due to a shutdown of the referral system at tertiary level, the overall death rate decreased from 5.5% to 4.3%.

The actual economic crisis and increased poverty among people, still contributes to the fact that 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
1.043	53	1.096
Counseling Sessions	HIV tested (Negative Results)	HIV tested (Positive Results)
1.775 (2019) vs 2.602 (2018) vs 1.699 (2017) vs 2.196 (2016) vs 1.468 (2015) vs 1.803 (2014)	1.704 (2019) vs 2.475 (2018) vs 1.581 (2017) vs 2.071 (2016) vs 1.344 (2015) vs 1.589 (2014)	71 (2019) vs 117 (2018) vs 118 (2017) vs 125 (2016) vs 124 (2015) vs 214 (2014) (2019): 76 initiated on ART, of which the higher number of initiation compared to found positive with testing, is secondary to transfers in from other centres for initiation after being tested positive at other centres.

The patients come periodically for drugs supply, follow up visits and CD4 count test used to be also easily available at the Institution. Since now more than 5 months it has been impossible to maintain regular CD4 count testing secondary to reagent shortage at central national level. The programme with youths from the neighboring school, to promote sexual and reproductive health and awareness among adolescents is still part of the weekly activities that the Hospital carries out to increase awareness and prevention of sexually transmitted infections. 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 biochemistry tests to be performed but it has been more difficult as mentioned above to maintain regular follow-up with CD4 count tests and Viral load tests due to national shortage of CD4 count reagents and erratic service at national referral laboratories for viral load testing.

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

We recorded for the reporting period 7 deaths and 13 lost to follow up (out of the total 1.096 patients at present followed-up), compared to 2018 (13 deaths over 1.051 patients which were reported and 8 patients as lost to follow-up). The percentage of patients who has at least has one CD4 performed regularly once a year has unfortunately decreased as there is lack of reagents in the country from the central national supply (71% in 2019 vs 91.3% in 2018). 86 patients had 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. Despite the attempts to send more specimens to Public Laboratories, as a consequence of expanded services at Government Laboratories, the turnaround time of results and service availability are not 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
2018	436 (1 st)	22	22	710	18	0/100.000	25/1.000
2019	396 (1 st)	11	11	854	18	289/100.000	21/1.000

Comments

The Hospital is confirming the continuous trend characterized by higher numbers of institutional deliveries year after year, with the highest output ever had in 2019 and a reduction of the perinatal mortality rates. 2 maternal deaths have occurred in 2019 mainly as we are receiving more complications as referrals but less maternity transfers to central hospitals (-17%) have been done (this also secondary to the unavailability of the referral system since September, as Central Hospital could not accept referrals). A relevant data is represented by the fact the despite the increase in deliveries (+20.3% compared to 2018), there has been a -9,2% of first bookings at our antenatal services, probably expression of the trend that the institution is becoming more a referral center for maternity cases for the communities and clinics.

Since 2018, the hospital is running an Obstetric Programme aimed to reduce perinatal and maternal mortality and morbidity through capacity building at Institutional level. Considering the higher number of complicated cases and reduced referrals to central hospitals, there has been a considerable improvement in the maternal services. However perinatal and maternal mortality are below the national average (last national updates give about 450/100.000 for maternal and 40/1.000 for perinatal mortality), still effort have to be focused to continue to improve outcomes. A number of early neonatal deaths have been happening secondary to prematurity (out of the 18 perinatal deaths, 14 where early neonatal deaths and 4 still births).

In 2018, the Institution invested in introducing Obstetrics Ultrasound services (basic performed by midwives and biometric evaluations done now by two Medical Doctors), to expand accessibility to these important examinations to the rural community. To date, above 90% of the pregnant mothers receive at least 1 obstetric Ultrasound scan and cardiotocography and ultrasonography is regularly used in the delivery room.

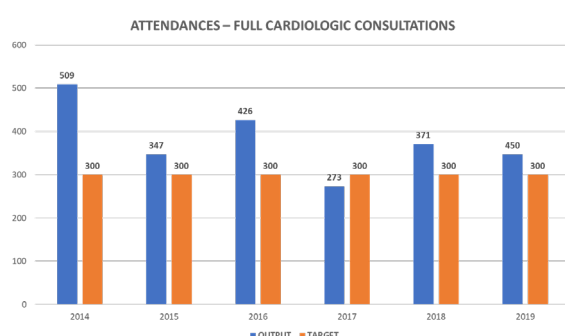
The caesarian section rate has been 12% (absolute number 103). Maternal and Perinatal mortality audits have been conducted regularly as planned.

4. “Operation Heart” programme.

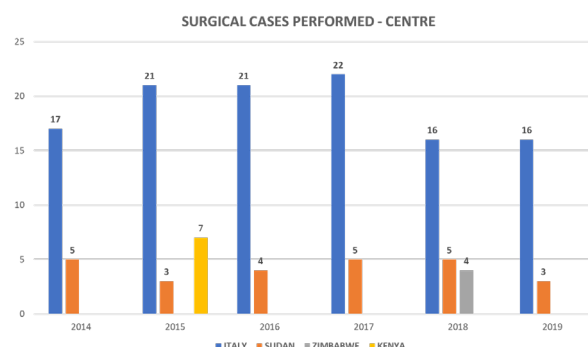
Since 1985 Luisa Guidotti Hospital is sending pediatric cardiac patients (affected by congenital diseases and acquired conditions which required valves replacements) to Italy for Heart Operation. The patients, who would have not been able to be operated in Zimbabwe, after being operated in Italy, are being 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 about 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 implemented every year. Patients have been escorted to international Cardio-Thoracic Surgical Centers for operations (mainly to “S.Orsola” Hospital – Bologna, Italy for paediatric patients and the “Salam” Centre for Cardiac Surgery – Khartoum, Sudan for adults).

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



Total: 2.376 Attendances (2014 -2019)



Total: 148 surgical intervention performed; 2 deaths post op (2017, paediatric pts ITA); surgical success rate: 98,4% (PAEDS SURG) - 100% (ADULTS). NOTE: paediatric cases brought to ITA (BLQ) more severe and complicated cases

5. INR monitoring 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.

In 2019, secondary to the economic situation, many patients have been facing more challenges to be able to attend to the sessions regularly; this, ending exposing patients higher risks of unbalances in their therapy. To overcome these challenges, the hospital managed to distribute point of care devices (specifically designed for patient self-testing worldwide) to clusters of patients, identified according to geographical distribution and patients of each cluster have a “leader” who, after having been properly trained to use the point of care machine, are responsible to test the all group and post the results to the health professionals on a specific digital platform using their smartphones. This has been preliminarily showing positive results which needs to be monitored during a longer period.

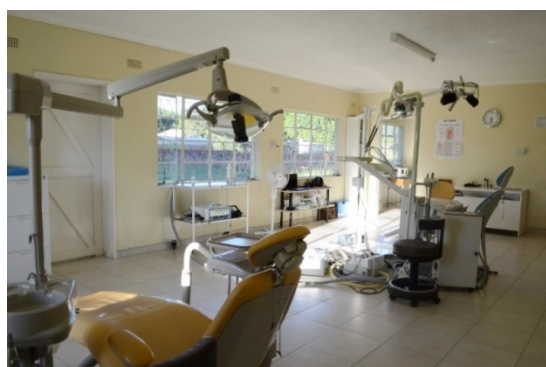
Center	Patients on Follow-up	% of Adherence to the programme	% "in normal Range" / month	% mild "out of Range" / month	% seriously "out of Range" / month
HRE	52	73.6%	75%	11%	14%

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.

There is need to strategize a different approach for 2020, in order to try to revive constant adherence to the programme especially by the Mutoko group. 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. This on one side prevents lacking of adherence to therapy even without coming for check-ups but on the other side may contribute to reduce motivation to come for the monthly INR tests.

6. Dental Department – statistics.

Luisa Guidotti Dental Department in 2019 provided the following services:



TOTAL ATTENDANCES	MALES	FEMALES
1.140 (2019) vs 1.141 (2018) vs 822 (2017) vs 867 (2016) vs 1018 (2015) vs 1177 (2014)	502 (2019) vs 446 (2018) vs 330 (2017) vs 323 (2016) vs 367 (2015) vs 438 (2014)	638 (2019) vs 695 (2018) vs 492 (2017) vs 544 (2016) vs 651 (2015) vs 739 (2014)

The year has seen consolidation of the services offered in the previous years with increase in oral surgical procedures compared to 2018.

The Oral Health Centre is one of the 6 national Centres, recognized as an internship site for newly graduated students in Dentistry from the University of Zimbabwe.

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

TYPE OF TREATMENTS PERFORMED	
ORAL SURGERY (EXTRACTIONS)	719 (2019) vs 571 (2018) vs 368 (2017) / 443 (2016) / 565 (2015) / 670 (2014)
OTHER ORAL/PERIODONTAL SURGERY	37 (2019) vs 47 (2018) vs 40 (2017) / 27 (2016) / 33 (2015) / 39 (2014)
DENTAL IMPLANTOLOGY	4 (2019) vs 8 (2018) / 11 (2017) / 1 (2016) / 2 (2015)
NON SURGICAL PERIODONTAL THERAPY	159 (2019) vs 151 (2018) / 107 (2017) / 97 (2016) / 76 (2015) / 101 (2014)
DENTAL/FACIAL TRAUMATOLOGY	34 (2019) vs 45 (2018) / 59 (2017) / 14 (2016) / 23 (2015) / 15 (2014)
CONSERVATIVE DENTISTRY	143 (2019) vs 174 (2018) / 164 (2017) / 174 (2016) / 139 (2015) / 117 (2014)

TYPE OF TREATMENTS PERFORMED	
ENDODONTHICS	77 (2019) vs 83 (2018) / 56 (2017) / 57 (2016) / 91 (2015) vs 89 (2014)
PROSTHESES DELIVERED	45 (2019) vs 42 (2018) / 4 (2017) / 28 (2016) / 44 (2015) / 59 (2014)
OVERLAYS/FIXED PROSTHETIC TREATMENTS	35 (2019) vs 30 (2018) / 11 (2017) / 12 (2016) / 7 (2015) / 5 (2014)
AGE ESTIMATES	15 (2019) vs 47 (2018) vs 42 (2017) / 40 (2016) vs 99 (2015) vs 14 (2014)
ULTRASONOGRAPHY (head & neck - emergency/trauma)	27 (2019)

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 10 interns have rotated at the Department. 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.

During the year 2019 the School received 32 students for Primary Care Nursing Upskilling in management of Obstetric conditions, with a total pass rate of 100%.

In agreement with the Ministry of Health and Child Care and the Nurses Council of Zimbabwe, the School has been upgraded to train Advanced midwifery training starting in January 2020.



Staff Development

CADRE	NAME OF COURSE
1 Registered General Nurse (RGN)	Operating Theatre Nurse Training (ongoing – 2 trained already)

1 Registered General Nurse (RGN)	Ophthalmic Nurse Training (ongoing – 1 trained already)
1 Registered General Nurse (RGN)	Midwifery training (ongoing – 13 trained already)
1 Registered general Nurse (RGN)	Anaesthetic Nursing Diploma (completed – 1 already trained)

9. Other highlights on clinical activities.

CLINICAL ACTIVITY	JANUARY – DECEMBER 2019
OPD ATTENDANCES	24.633 (2019) vs 26.637 (2018) - 21.170 (2017) - 21.001 (2016)- 20.789 (2015) - 19.695 (2014) - 18.977 (2013)
ADMISSIONS	1.753 (2019) vs 1.594 (2018) - 1.637 (2017) - 1946 (2016) - 2.077 (2015) - 1.946 (2014) - 1.852 (2013)
BED OCC. RATE	33.4% (120 admission beds) – 87% (22 beds of the waiting mothers home)
DEATHS	76 - 4.3% (2019) vs 88 – 5.5% (2018) / 86 – 5.3% (2017) / 116 - 6% (2016) / 92 – 4.4% (2015) / 161 – 8.5% (2014) / 192 – 13% (2013)
NORMAL DELIVERIES	854 (2019) vs 710 (2018) / 599 (2017) / 670 (2016) / 627 (2015) / 458 (2014) / 436 (2013)
CAESARIAN SECTIONS	103 (2019) vs 96 (2018) / 62 (2017) / 68 (2016) / 44 (2015) / 26 (2014) / 13 (Aug-Dec 2013) (note: Theatre re-opened in Aug 2013)
PEDIATRIC PATIENTS ON ART PROGRAMME	53
ADULT PATIENTS ON ART PROGRAMME (OI)	1043
TOTAL PATIENTS ON ART	1.096
LABORATORY TESTS (INCL. RAPID TESTS)	18.447 tests performed on 13.829 samples analysed (2019). New way of reporting from 2018: samples analysed 14.589; 20.884 set of tests) (2018) / 51.016 (2017) / 53.928 (2016) / 41.236 (2015) / 31.509 (2014) / 29.432 (2013)
X-RAYS EXAMS	1.797 (2019) vs 1.613 (2018) / 1.906 (2017) / 1.615 (2016) / 1.605 (2015) / 2.172 (2014) / 2.438 (2013)
CARDIOLOGY (attendances for Cardiothoracic surgery)	450 (2019) vs 371 (2018) / 273 (2017) / 426 (2016) / 347 (2015) / 509 (2014) / 458 (2103)
DENTAL DEPARTMENT (attendances)	1.024 (2019) vs 1.141 (2018) / 822 (2017) / 867 (2016) / 1.018 (2015) / 1.177 (2014)

10. Other general activities/achievements of the year 2019.

During the year 2019 it was possible also to implement:

1. **EYE SURGICAL CAMPS.** In collaboration with the Provincial Ophthalmic team 2 camps have been promoted (May-November): 354 free general screening were done of which 105 cataract identified and extractions performed.
2. **RENOVATIONS OF "AGOSTINO MELUCCI" THEATRE BLOCK.** In May 2019 it has been possible to inaugurate the renovated theatre block. Works done consisted of reorganisation of patients and instruments flow according to infection prevention & control standards, new gas piping of the 2 theatre rooms and installation of equipment for a full functional 2 theatre rooms.



3. **SURGICAL CAMP IN OTORHINOLARYNGOLOGY (ENT).** In collaboration with local and international Specialists (June), with details as follows:

ENT Specialist screened (full screenings)	174
Total surgeries performed - 42	
Local anesthesia (L.A.)	15
General anesthesia (G.A.)	17
Emithyroidectomies	5
Parotidectomies/Parotid gland surgery	5
Submandibular gland excision	4
Lipomas of the Head/face/neck	18



4. **OBSTETRICS AND GYNAECOLOGY PROGRAMME.** In collaboration with local and international Specialists and with support from the Embassy of Italy, it has been possible to promote a Training of Trainers in Management of Obstetric Emergencies with the use of advanced obstetrics simulators for the all 4 Schools of Nursing within the Mashonaland East Province (including Luisa Guidotti Hospital School of Nursing and Clinical staff). The hospital also started a collaboration in November with a local specialist aimed to promote regular specialist clinics and improve local management of complications and Obstetric and Gynaecologic conditions.



5. **PHILANTHROPIC MISSION ON USS SERVICES AND EMERGENCY SERVICES.** In collaboration with international specialists and in continuity with the previous year training in Ultrasonography, training of resident staff has been promoted to further develop local institutional capacity to the use of ultrasonography in the daily practise and in emergencies. A training of trainers in Basic Life Support with the use of defibrillators has been also promoted, according to the American Heart Association standards. The hospital is now equipped with simulators for further training and educational use also at the School of Nursing.



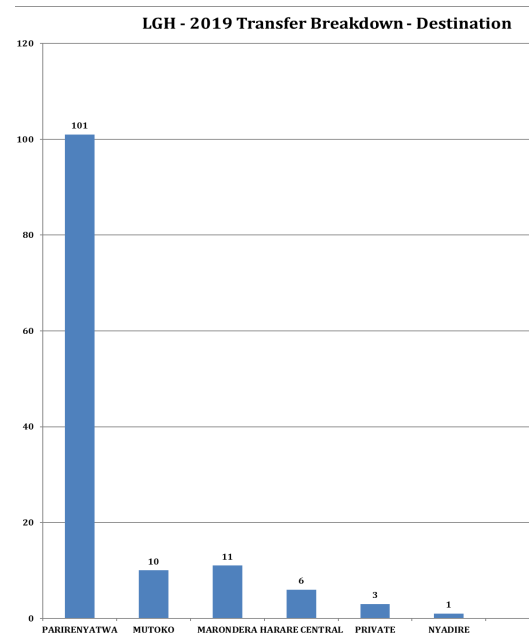
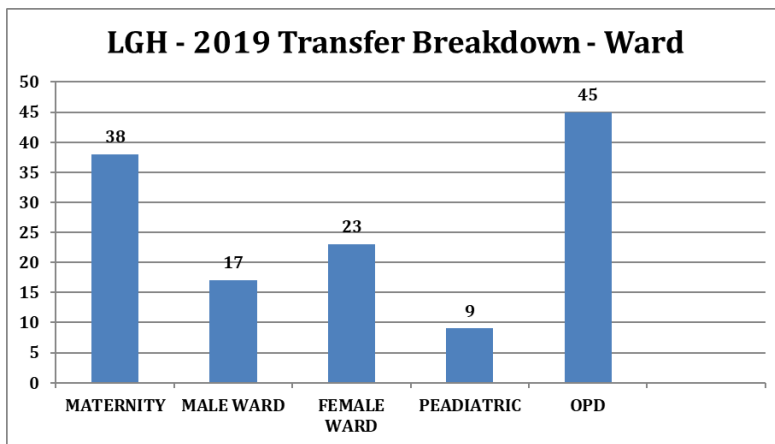
6. INSTALLATION OF HOSPITAL SOLID WASTE STERILIZER and STRUCTURAL DEVELOPMENT

In March 2019, it has been possible to install a new hospital solid waste sterilizer, through the collaboration and support of the NEWSTER Group (Italy), the Embassy of Italy in Zimbabwe, CESVI and Associazione Spagnolli Bazzoni NGOs (Italy). The hospital is now able to dispose hospital solid waste in a safe way and has been recognize to be a site for recycling of sterilized material by the Environmental Management Agency of Zimbabwe. Some of the structural development for which the Government of Zimbabwe has targeted funding at the beginning of the year (i.e. new OPD areas in the pictures below), has been carried out at maximized costs, through the utilization of sterilized recycled material (saving up to 50% of cement) and the resident maintenance team.



In continuity with the previous years, a new solar plant is under finalization for an additional power of 24 Kw/h. once completed (by end of the year), the all solar systems will be able to provide 55 Kw/h of solar power.





Note: During the year there has been a reduced number of maternity transfers, including those to Mutoko and Marondera Provincial Hospital compared to the previous years and more referrals in have occurred from outside, including more complicated cases (i.e. pre-eclampsia and imminent eclampsia). However transfers have been mainly for referrals to central hospital (Specialist level), since September 2019, it is impossible to transfer patients as the referral system is down. This, forced the institution to manage more complicated cases on site.

8. SCHOLARSHIP "GIANLUCA MELUCCI"

The programme aimed to assist students of the community with merits and hospital staff for further formation, in 2019 supported the training of a student now at the 3rd year in Hospital Health Services Administration and 3 students for A'Level at the High School. All achieved excellent results and are continuing their studies.

11. Challenges.

1. **INACTIVE REFERRAL SYSTEM.**

As already anticipated, since September 2019 the National referral system is down, therefore it is impossible to transfer patients to central hospitals for specialist services. This is highly affecting operations, exposing to increased morbidity and mortality.

2. **MEDICINES (PROCUREMENT).**

The cost of medicines has highly increased due to hyperinflation. 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 (especially Rimini 4 Mutoko, Marilena Pesaresi Foundation, VALPHARMA International, Spagnolli Bazzoni Association, UTOPHA and Piccoli Grandi Cuori Association – 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.

3. **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.

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.

5. **FUEL CONSUMPTION.**

Despite the efforts made and the achievements obtained in improving energy sustainability by installing solar plants, secondary to the national power supply system currently present in Zimbabwe, to optimize energy saving and cost recovery, there is need to have a stable power supply from the national agency. This as the system does not allow to “sell” the solar energy produced. Since June 2019, the extreme power cuts which are now frequent and of about 18 hours/day, force the institution to run generators to supply power to the various departments. Therefore the cost for energy has rapidly doubled, creating added stress on the hospital finances and sustainability.

6. **LACK OF CRITICAL QUALIFIED STAFF.**

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

7. **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.

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

2018 – 2020 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	
	Infrastructural Development	Hospital Services	
	Teaching/Educational/Research Programmes	Primary Care Services	
	Enhancement of Working Environment		
	Community Linkage & Community Development Programmes		

Key Result Area 1: Communicable diseases.

Goal: To reduce morbidity and mortality associated with communicable diseases

Strategies	Outputs	2018 Target / (Achieved)	2019 Target	2020 Target	ACTIVITIES

Improve vector control through community education and VHWs mobilization	1. No. coordination meetings with VHWs (monthly) 2. No. of weekly report of community activities from VHWs	12/12 --	12 (Achieved 12) 50 (Achieved 52)	12 50	Coordination monthly meetings with VHWs on community health programmes, preparedness for screening, active screening on household premises to have good practise in vector control
Malaria cases correctly managed	4a. % of suspected malaria cases tested (RDTs & microscopy)	100%/ (100% Achieved)	100% (Achieved 100%)	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% (Achieved 100%)	100%	Coordination of community programme through Village Health Workers (incl. Monitoring & mentorship)
Strategy	Output	2018 Target / (Achieved)	Target 2019	2020 Target	
Appropriately managed diarrhoeal diseases	Reduced case fatality due to diarrhoeal diseases	<5%/ (Achieved 0%)	<5% (Achieved 0%)	< 3%	Case management according to guidelines
Enhanced disease outbreak management	1. Presence of functional coordination mechanism	100%/ (100% Achieved)	100% (Achieved 100%)	100%	EPR Plan ready for implementation

	2.proportion of outbreaks detected within 48hrs and controlled within two weeks	100% / (100% Achieved)	100% (Achieved 100%)	100%	Close collaboration with District and Provincial teams (MOHCC) and District Veterinary Department for enhanced response to outbreaks
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Strategies	Outputs	2018 Target / (Achieved)	Target 2019	2020 Target	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/ (65 Achieved) 2018 Jan-Dec Treatment success rate 92.3% 60 treatment success; 5 deaths	53 (54 Achieved; Treatment success rate 98% 54 treatment initiated; 1 death)	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)	2019	Target 2020	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	600 (achieved 1 show at the high school involving students with friendly health		-Focused Group discussions for youths to promote health awareness on sexual & reproductive health (Youth corner) -Friendly and youth targeted activities promoted during community events

		focal group discussions)	education targeted 450 youths)		
<i>Voluntary counselling and testing</i>		1.800/ (2.602 Achieved)	2.100 (Achieved 1.775)	1.900	Lobby for filling the vacant Primary Care Counsellor post (requested to the MOHCC); ONLY 1 PCC at present at the station
<i>PMTCT</i>		100%/ (100% Achieved)	100% (Achieved 100%)	100%	Continuous education at community level during outreaches, focused group discussions and through VHWs
<i>Post-exposure prophylaxis</i>		100%/ (100% Achieved / 4 cases: accidental exposure, all confirmed negative)	100%	100%	

Key Result Area: NON-COMMUNICABLE DISEASES

Goal 1: To strengthen priority health programmes

Strategies	Output	2018 Target / (Achieved)	2019	Target 2020	ACTIVITIES
Institution Capacity Building	% of adults screened for hypertension	100% / (100% Achieved)	100%	100%	Screening at every entry point
Ensure the hospital platform provide the required equipment	Number of Laboratory examinations performed (comprehensive services)	14.500 / (20.884 Achieved. New reporting method from March 2018)	18.500 (Achieved 18.447); introduced microbiology (achieved)	18.500 (Haematology, Biochemistry, Parasitology, Microbiology, Blood bank services)	Ensuring optimized procurement and regular equipment maintenance as per required standards; expansion of microbiology laboratory services, with the introduction of culture test

	Number of X-rays Performed	1.600/ (1.613 Jan - Oct Achieved)	1.600 (Achieved 1.736)	1.400	
	Number of Ustrasound scans performed	190/ 214 (achieved)	700 (Achieved 890)	750	-Every pregnant mother to have at least 1 USS performed (Obs USS) -Basic USS services for emergency/ basic diagnostic /procedures guided USS
Strategies	Output	2018 Target / (Achieved)	Target 2019	2020 Target	
Establishment of Oral Health Community Screening Programme.	No. of people screened for common oral diseases including cancer	800 /(1.141 Achieved)	900/ (Achieved 1.140)	900	Service delivery at Oral Health Centre LGH
Comprehensive Service Delivery at Institutional Level		Procedures: 900 /(1.754 Achieved)		1.400	Internship rotations in collaboration with MOHCC (Ministry of Health and Child Care) at LGH
Promoting Continuous professional development	Oral Surgery/Prosthetic dentistry Symposium	1 / (0 Achieved)	1.300 (Achieved 1.921)		
			At least 2 interns on rotation under supervision at LGH (Achieved	At least 2 interns on rotation under supervision at LGH	

			Supervision of 4 interns)		
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Key Result Area: Maternal Health

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

Strategy	Output	2018 Target / (Achieved)	2019	2020 Target	ACTIVITIES
	Proportion of births attended by a skilled birth attendant	100% /(100% Achieved) (Total deliveries 710)	100% (Jan-Sept deliveries 604)	100% (> 700 Deliveries)	In-house training (tutorials and practical sessions with Tutor of School of Nursing and specialists)
i) Strengthen capacity of health workers in quality lifesaving skills including EmONC	Obstetrics course (Training of trainers) on the use of simulators for School of nursing and Clinical departments Quarterly sessions for health professionals	N/A	1 intensive course on the use of state of the art simulators for EmONC 100% of Midwives and Doctors practicing quarterly on	Quarterly sessions (practicals on complicated deliveries with the use of simulators) and drills on management of Obstetric emergencies for	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 Promotion of in-house simulation of complicated deliveries/emergencies to improve

	Proportion of women receiving oxytocin within one minute of delivery	100% /(100% Achieved)	obstetric simulator (Achieved) 100%	clinical staff and students 100%	preparedness to manage obstetric complications
	Proportion of institutional deliveries that are live births	98.5%/(98.6% Achieved)	98.7%	98.8%	-Regular use Cardiotocography (CTG) for foetal monitoring during labour -Promotion of CTG study group for enhanced management and interpretation of CTG monitoring for Midwives and Doctors
i) Strengthen the use of ACS in the management of PTL	Proportion of pregnant women presenting in pre-term labour receiving antenatal corticosteroids	50% /(50% Achieved)	55%	60%	
	C/S Rate	10%/(13.5% Achieved)	11%	12%	

Objective: To ensure availability of medicine and related commodities to guarantee quality of clinical services

STRATEGIES	OUTPUT	2018 Target / (Achieved)	2019	2020 Target	Activities
Procurement of medicines and commodities	% Availability of medicines and medical supplies in all provinces	65% Vital/ (81% Achieved)	80% Vital (Achieved Vital 80%, Essential 82%, Necessary 82%)	80% Vital	Optimized procurement of medicines and commodities

Objectives: Collaborative programmes to expand access to health services

STRATEGIES	OUTPUT	2018 Target / (Achieved)	2019	2020 Target	Activities
Encourage collaborative projects with other institutions and specialists	Number of projects conducted	CARDIAC / (2 Missions Achieved) 300/371 Achieved 25 cardiac surgery performed (Italy-Sudan)	CARDIAC (2 Missions Mar-Nov) 300/450 achieved)	CARDIAC (2 Missions) 300 25	To expand health services and promote training through collaboration with specialists and Institutions : -Full cardiodologic consultations and patients referred and operated (cardiac surgery to Italy and Sudan)

	Number of cataract surgeries performed	<p>OPHTHALMIC / (2 Missions Achieved) 100 / (114 Achieved)</p> <p>SURGICAL / (Collaboration started with General surgeon from Sept 2018)</p> <p>ENT / (1 Camp Achieved)</p> <p>USS training Camp (Achieved as extra project)</p>	<p>OPHTHALMIC 120/ (Achieved 2 missions, 109 surgeries performed)</p> <p>ENT / SURGICAL (1 ENT camp promoted with surgeries/General surgery collaboration; achieved)</p> <p>OBSTETRICS&GYNAECOLOGY Training of trainers in Obstetric emergencies with use of advanced simulators; achieved May 2019)</p> <p>USS Camp (Achieved Nov 2019)</p>	<p>OPHTHALMIC (2 missions; 100 cataract surgeries)</p> <p>ENT / SURGICAL (at least 1 ENT camp)</p> <p>Monthly Collaboration with SPECIALIST OBSTETRICIAN</p> <p>USS Camp</p>	<p>-Eye Activities: daily eye clinic with Ophthalmic Nurses (1 trained, 1 under training); 2 camps for surgical removal of cataracts/year</p> <p>-collaboration with local and international specialists to enhance access to health for head and neck conditions for rural communities. Promotion of at least 1 surgical camp/year to strengthen mentorship of resident Doctors and theatre staff in ENT/Anaesthetics/Management of patients post surgery</p> <p>-Collaboration with local and international specialists to upgrade abilities of managing complicated obstetric cases and related complications; to set basis to explore possibilities to start gynaecologic programme</p> <p>-To enhance quality of training of midwives at institutional level</p> <p>-To continue scaling up pf USS services at all levels of health services delivery in order to improve diagnostics and maximize cost effectiveness</p>
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KEY RESULTS AREA : INFRASTRUCTURAL DEVELOPMENT

Objectives: Health Infrastructure development

STRATEGIES	OUTPUT	2018 Target / (Achieved)	2019	2020 Target	Activities
To improve energy self-sustainability and cost recovery	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 (Nov 2019)	75 KW/h solar energy produced	-Installation of donated solar panels and inverters -Partnership with ZESA for possibility to “sell” electricity to the national power grid
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)	Adjustment of plan to new water tanks with booster pumps for residences (10.000ltrs)	Revitalization of 2 more water tanks at for staff residences (10.000ltrs)	-Installation of new water line for residences
To maximize utilization of water from boreholes	Implementation of water harvesting systems for irrigation and hospital toilets	N/A	N/A	Installation of water harvesting systems and separated water lines for	-Installation of water harvesting systems (rainfall water from roofs and land) -Independent piping for hospital toilets for utilization of harvested water and preservation of borehole water

To improve waste management	Installation of new technology for solid Hospital solid waste management with reduce impact on the environment	Not on target 2018/ Achieved: Donation of Hospital solid waste sterilizer	Installation of new equipment and lobbying for programme expansion (to improve reduction of impact of hospital activities on the environment) (Achieved)	1/3 of Hospital premises To study layout and possibilities for improved Hospital liquid waste management (sewage system and purification of contaminated waters) Improvement of Labour Ward and High care unit equipment for improved quality of services	-Finalization of first phase for solid waste management; planning and lobbying for second phase: hospital liquid waste management (development of hospital sewage system and disinfection/purification of liquid waste) -Implementation of re-utilization of sterilized solid waste (becoming available material for different purposes) and liquid purified waste for enhanced impact on the environment -Coordination of shipment of donated equipment and installation
To improve structure of existing theatre and other Hospital areas	New equipment shipped and installed	Target: Renovation of equipment (Laundry machine, USS, and other diagnostic equipment)/ Achieved:	Renovation of theatre block for improved service delivery; new equipment for initialization	Lobbing for second anaesthetic machine for theatre 2 for	-To work in collaboration with partners for availability of reliable 2 nd

	New anaesthetic machine	<p>New ambulance donated</p> <p>New crucial hospital equipment shipped with container</p> <p>New Ultrasound scan (Cardio, General, Obstetrics) donated</p> <p>1 new anaesthetic machine/ Accomplished)</p> <p>N/A</p>	<p>of High care unit (Achieved)</p> <p>OPD area renovations / male Ward renovations (Not planned) (Achieved)</p> <p>N/A</p>	<p>improved capacity and appropriate back-up of crucial equipment</p> <p>New equipment for rehabilitation (training rubber bands, weight, exercise tools, treadmill, bike, wheelchairs, traction kits,</p>	<p>hand machine which could be donated and shipped</p> <p>Coordination of shipment of donated equipment and installation by specialized volunteer technicians</p>
	New equipment for Rehabilitation department				

	Digitalization of X-ray imaging, health recording system and cardiotocography	N/A	N/A	tense, electrostimulator) Installation of centralized server for health recording; installation of CR system for digitalization of radiologic imaging; installation of new digital cardiotocographer for improved maternal patients monitoring	
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KEY RESULTS AREA : TEACHING/EDUCATIONAL/RESEARCH PROGRAMMES

STRATEGIES	OUTPUT	2018 Target / (Achieved)	2019	2020 Target	Activities
Teaching programmes - School of nursing	No. of students trained	PCN Upskilling programme for 30 students with at > 85% pass rate	PCN Upskilling programme for 30 students	To start Advanced Midwifery Training (10 students)	-Training activities according to National curricula -Expanded programme with inclusion of CTG and basic ultrasound training for midwives to enhance

Promotion of continuous educational development and research to enhance service delivery and institutional development	% of students pass rate No. of research projects implemented	(30 students trained; 100% pass rate) N/A	with at > 85% pass rate (32 students trained; 94% pass rate) 1 Research project (in progress)	1 Research project	early detection of risks of complications -Partnership with neighbouring District hospitals for field attachment of students -Partnership with MOHCC and different stakeholders for research aimed to improve service delivery and living conditions of communities
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KEY RESULTS AREA : ENHANCING WORKING ENVIRONMENT

STRATEGIES	OUTPUT	2018 Target / (Achieved)	2019	2020 Target	Activities
To increase number of staff premises to accommodate staff and family members	No. of new staff premises built	Construction of 4 flats at maximized costs (4 flats at the cost of 2) meeting required certified Rural council standards (Under construction)	Finalization of staff premises (new 4 flats for staff and family)	To explore possibility of further constructions for single/family staff at maximized costs meeting required certified Rural council standards	-Utilization of local material and local reliable contractors -Maximization of costs through the use of local teams directly supervised and trained by resident maintenance staff -Utilization of recycled material from in-house processing for reduction of costs and maximization of available resources

To monitor promotion of team spirit and team leadership for Managers and Heads of Departments (promotion of approach based on emotional intelligence concepts)	No. of revaluation meetings/exercises for review of team spirit and team leadership	N/A	1 revaluation exercise on team spirit and team leadership	2 revaluation exercises	-Team building focused meeting/group discussions -Use of anonymous tools for evaluating leadership of managers and Heads of Departments
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KEY RESULTS AREA : COMMUNITY PROGRAMMES TO IMPROVE COMMUNITY LINKAGE AND COMMUNITY DEVELOPMENT

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

STRATEGIES	OUTPUT	2018 Target / (Achieved)	2019	2020 Target	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 (presented project proposal towards “one Health” concept)	To implement at least one project for community development to enhance community and hospital self-sustainability	- Engaging Village leaders for planning/promoting organic self-sustainable community projects in agriculture and animal breeding - Advocacy for stakeholders to implement community projects in Conservative agriculture and organic animal breeding - To engage stakeholders for promotion of job creation/opportunities from management of recycled hospital solid sterilized material (from waste management programme)

Conclusions

The year 2019 has been characterized by overall very positive trends despite the increased challenges the institution is facing in terms of financial resources, especially due to the high negative period of huge economic crisis in the country, now worsened by the inactivity of the national referral system and the very erratic medicines and laboratory reagents supplies from the national central system.

The Institution has been upgraded to train Midwives starting from January 2020, 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 promoted during the year, in continuity with the previous years, therefore bringing expanded services to the communities and promoting upgrading of quality of treatment and institutional capacity building.

For the 2020 year, the aim is to consolidate and improve in the various activities guided by the following purposes:

1. To support and strengthen community programmes (health awareness and education; support to underprivileged and still perusing the aim of implementing a programme to fight poverty through advocacy with other partners with special attention to environment preservation and 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, Internal medicine programmes)
3. To improve & maintain Infrastructures/adequate water supply & sanitation (digitalization of health recording and imaging, renovation of equipment for rehabilitation department, 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 2019, we look forward confirming all our effort to reach the new objectives set for 2020.

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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