

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 8.955 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 62.650 citizens (data from National Census 2012 and District profile 2020 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 2020 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)
1.107 (JAN – OCTOBER 2020)	17.625 (JAN – OCTOBER 2020)	45 (JAN – OCTOBER 2020)

Comments

During the 2020, the numbers of attendances at the outpatient departments overall decreased by 25% compared to the trends of the past 2 years and the first months of 2020, with special regards to the months of April – October. In fact, secondary to the COVID19 global pandemic, the country went into a lockdown by end of March and started progressive reopening of travels and activities in September and October. To sustain delivering of essential services and supporting chronic patients, the hospital promoted resupply of essential chronic medications (for non-communicable diseases like hypertension and diabetes type II) to vulnerable groups through the assistance of Village Health Workers, volunteers who are crucial in the implementation of preventive and community health programmes, to reduce unnecessary movements and exposure of patients at higher risk to develop severe forms of COVID19. Five cardiac patients, who could not travel and who are on monthly follow-up under the cardiologic programme ("Operation Heart") were assisted through direct home visits done monthly by a mobile hospital team and if needed more often (covering distances as far as 80 Km within the rural areas).

The challenges of the pandemic summed on the already existing ones characterized by the hard economic crisis and the impossibility of transferring patients to central hospital from September 2019 to end of January 2020 and again from April to October, due to a shutdown of the referral system at tertiary level. The overall hospital death rate decreased to 4,1%, however this data may be influenced by different factors; among them: the reduced mobility of patients (leading to some cases although isolated of community deaths, even if not caused by COVID19), reduced exposure to accidents because of reduced travelling.

On the other side, the hospital experienced an increase in premature deliveries and intrauterine deaths, especially in the second part of the year, leading to an inversion of the positive trend of reduction of perinatal mortality which was characterizing the first half of the year.

The actual economic crisis further boosted by the global pandemic, increased poverty among people and in some cases during the months of strict lockdown, contributed to the fact that 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
1.089	51	1140
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)
1277 Counselling sessions	1214 Negative results	63 with positive results (4,9% positivity rate); 8 transferred out for treatment before initiation of ART, 1 death before initiation, 1 transferred

		<p>in before initiation. Total newly initiated: 55 patients newly diagnosed</p> <p>(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.</p>
--	--	--

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 1 year it has been impossible to perform regular CD4 count testing secondary to reagent shortage at national level. The programme with youths from the neighboring school, to promote sexual and reproductive health and awareness among adolescents had to suspend secondary to lockdown and consequent school lessons suspension, because of the COVID19 pandemic.

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 not been possible to perform CD4 count testing. However, secondary to improved availability and turnaround time for Viral load tests at national referral laboratories for viral load testing, there has been a consistent increase in the monitoring of viral load levels, therefore to from January to October 215 patients had at least 1 test done (vs 86 for the entire 2019). We aim to scale up the percentage of viral load testing to possibly reach at least 90% cover for patients to have at least 1 test/year by end of next year.

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 4 deaths and 1 lost to follow up (out of the total 1.114 patients at present followed-up), compared to 2019 (7 deaths over 1.051 patients which were reported and 13 patients as lost to follow-up). Retention of patients and medicines pick-up has been regularly maintained even during lockdown time by ensuring increased monthly supply of medicines, to reduce travelling of patients, although this reduced the number of follow-up visits patients had in the same period.

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	234/100.000	21/1.000
JAN – OCT 2020	277 (1 st)	29	29	609	13	0/100.000	21/1.000

Comments

There has been a reduction in the number of institutional deliveries compared to the past 2 years from the second part of the year and some indicators really worsened since July, which corresponded with a failure in the referral system and the first outbreak of COVID19 in the hospital catchment area. In fact, analyzing the period January – June 2019 vs 2020, despite the fact that in 2019 during this period the health referral system was still operational (unlike during the same period in 2020), the perinatal mortality rate went from 18:1000 live births to 14:1000, showing an important positive trend (despite lockdown measures implemented since April 2020). For the period July - October, in 2019 the rate increased to 23:1000 while “jumped” to 38:1000 in 2020. Among the reasons, late presentations of pregnancy disorders, premature births with consequent early neonatal deaths have been of relevant impact. This calls for the important need of strengthening community engagement and intensification of active screening for at risk pregnancies, to reduce delays in management. To this effect the Hospital is working in collaboration with the Provincial Medical Directorate and other partners to possibly implement a programme to scale-up a comprehensive management of maternal services to save maternal and children’s lives (CMAMS).

The institution has now regularly introduced into practice 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 for the period January - October has been 11,2% (absolute number 68). Maternal and Perinatal mortality audits have been conducted regularly as planned.

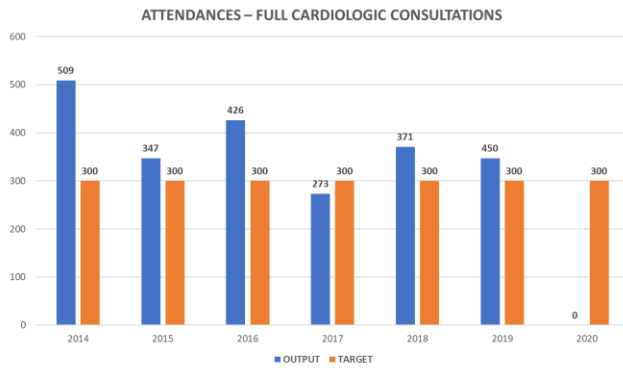
4. “Operation Heart” programme.

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.

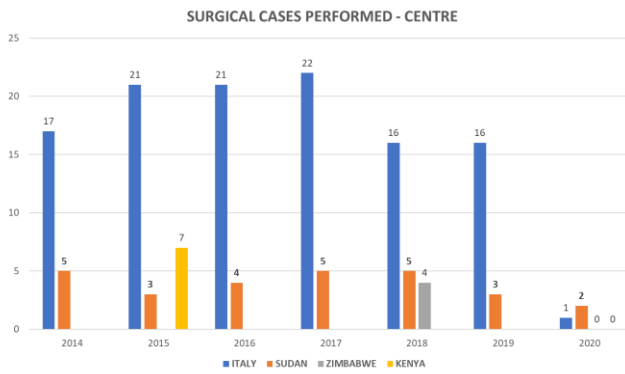
Since 1985 it has been possible to escort to Italy and operate about 400 patients. The programme has been strengthened since 2014, promoting philanthropic missions through collaborations with Local and international specialists in Cardiology. Full specialists' consultations for screening of patients 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).

As a consequence of the SARS-CoV2 pandemic, it was not possible to implement the philanthropic missions as planned and only 1 surgery was done in Italy, as others had to be postponed. It was possible to send and successfully assist 2 adults patients who underwent cardiac surgery in Sudan.

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



Total: 2.376 Attendances (2014 -2020)



Total: 152 surgical intervention performed; 2 deaths post op (2017, paediatric pts ITA); surgical success rate: 98,3% (PAEDs SURG) - 100% (ADULTS). NOTE: paediatric cases brought to ITA (BLQ) more severe and complicated cases