

LUISA GUIDOTTI HOSPITAL

January – December 2020 Report of Activities & 2021 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 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 - DECEMBER 2020 REPORT OF ACTIVITIES.

1. Statistics of Inpatients and Outpatients.

Admissions	Outpatients	Deaths
1.318 (2020) vs 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)	20.714 (2020) vs 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)	57 – 4.3% (2020) vs 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 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 added difficulties to the already existing ones for the general population and hospital service delivery, 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 maintained the same rate of the previous year (4,3%).

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
1.090	51	1141
Counseling Sessions	HIV tested (Negative Results)	HIV tested (Positive Results)
1.756 (2020) vs 1.775 (2019) vs 2.602 (2018) vs 1.699 (2017) vs 2.196 (2016) vs 1.468 (2015) vs 1.803 (2014)	1.677 (2020) vs 1.704 (2019) vs 2.475 (2018) vs 1.581 (2017) vs 2.071 (2016) vs 1.344 (2015) vs 1.589 (2014)	79 (2020) vs 71 (2019) vs 117 (2018) vs 118 (2017) vs 125 (2016) vs 124 (2015) vs 214 (2014) 79 with positive results (4,5% positivity rate); 10 transferred out for treatment before initiation of ART, 1 death before initiation, 1 transferred in before initiation. Total newly initiated: 65 patients newly diagnosed

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 December 255 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 5 deaths and 3 lost to follow up (out of the total 1.141 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
2020	336 (1 st)	11	11	684	17	0/100.000	25/1.000

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 – December, in 2019 the rate increased to 23:1000 while “jumped” to 43:1000 in 2020. Among the reasons, late presentations of pregnancy disorders, premature births with consequent early neonatal deaths have been of relevant impact. 2020 has been characterized also by an worrying increase of intrauterine deaths (12 in 2020 vs 2 in 2019 = +600%), which may be explained with the same reasons (mainly

mothers coming from referral areas with hypertension in pregnancy and pre-eclampsia with poor attendances to antenatal follow-up). Home deliveries increased from 2,8% in 2019 to 4,2% in 2020. 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 three 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 2020 has been 11,8% (absolute number 81). Maternal and Perinatal mortality audits have been conducted regularly as planned.

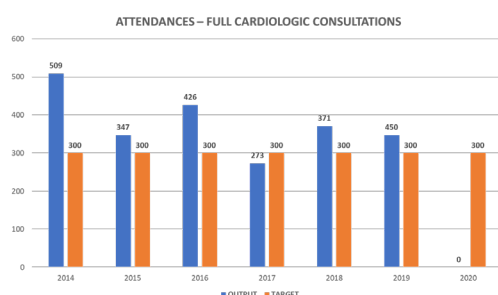
4. "Operation Heart" programme.

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.

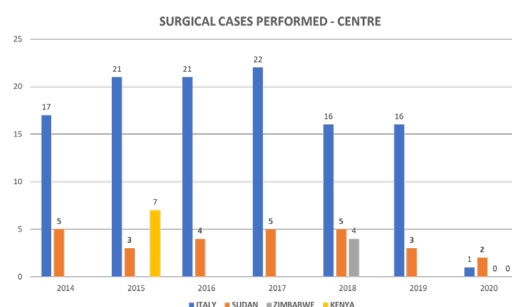
Since 1985 it has been possible to escort to Italy and operate about 400 patients. The programme has been strengthened since 2014, promoting philanthropic missions through collaborations with Local and international specialists in Cardiology. Full specialists' consultations for screening of patients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

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.

The decentralization of test for the patients from Harare, done through the distribution of point of care devices (specifically designed for patient self-testing worldwide) to clusters of patients, identified according to geographical distribution done in 2019, allowed to improve adherence to the programme despite the important challenges given by the economic crisis and strict lockdowns measures implemented for several months during the year. Patients previously directly coming to Luisa Guidotti Hospital, have been directly assisted by the institution with home visits during the lockdown periods (reaching areas up to 80 Km far from the hospital in the rural areas).

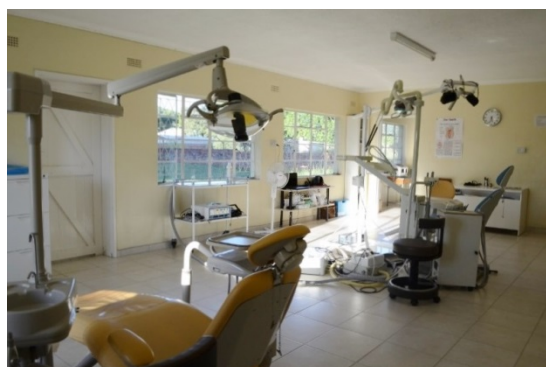
Center	Patients on Follow-up	% of Adherence to the programme	% "in normal Range" / month	% mild "out of Range" / month	% seriously "out of Range" / month
HRE	52	83.7%	65%	19%	19%

Patients "out of range" receive the correction of the dose within the same day the test is performed. There are important challenges concerning transport possibilities for the Mutoko group, which, despite help given to some patients with contributions for their bus fares, has been seriously affected by this.

Anticoagulant therapy is given free of charge to all the patients enrolled in the programme, as another measure to improve on patients' adherence to the treatment. Patients although are requested to come for tests, receive their treatment for 6 months of therapy. This on one side prevents lack 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 2020 provided the following services:



TOTAL ATTENDANCES	MALES	FEMALES
662 (2020) vs 1.140 (2019) vs 1.141 (2018) vs 822 (2017) vs 867 (2016) vs 1018 (2015) vs 1177 (2014)	262 (2020) vs 502 (2019) vs 446 (2018) vs 330 (2017) vs 323 (2016) vs 367 (2015) vs 438 (2014)	400 (2020) vs 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)	316 (2020) vs 719 (2019) vs 571 (2018) vs 368 (2017) / 443 (2016) / 565 (2015) / 670 (2014)
OTHER ORAL/PERIODONTAL SURGERY	30 (2020) vs 37 (2019) vs 47 (2018) vs 40 (2017) / 27 (2016) / 33 (2015) / 39 (2014)
DENTAL IMPLANTOLOGY	0 (2020) vs 4 (2019) / 8 (2018) / 11 (2017) / 1 (2016) / 2 (2015)
NON SURGICAL PERIODONTAL THERAPY	54 (2020) vs 159 (2019) / 151 (2018) / 107 (2017) / 97 (2016) / 76 (2015) / 101 (2014)
DENTAL/FACIAL TRAUMATOLOGY	22 (2020) vs 34 (2019) / 45 (2018) / 59 (2017) / 14 (2016) / 23 (2015) / 15 (2014)
CONSERVATIVE DENTISTRY	58 (2020) vs 143 (2019) / 174 (2018) / 164 (2017) / 174 (2016) / 139 (2015) / 117 (2014)
ENDODONTHICS	18 (2020) vs 77 (2019) / 83 (2018) / 56 (2017) / 57 (2016) / 91 (2015) vs 89 (2014)
PROSTHESIS DELIVERED	7 (2020) vs 45 (2019) / 42 (2018) / 4 (2017) / 28 (2016) / 44 (2015) / 59 (2014)
OVERLAYS/FIXED PROSTHETIC TREATMENTS	15 (2020) vs 35 (2019) / 30 (2018) / 11 (2017) / 12 (2016) / 7 (2015) / 5 (2014)
AGE ESTIMATES	21 (2020) vs 15 (2019) vs 47 (2018) vs 42 (2017) / 40 (2016) vs 99 (2015) vs 14 (2014)
ULTRASONOGRAPHY (head & neck - emergency/trauma)	20 (2020) vs 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 Dental laboratory resumed services as confirmed by the increased number of prosthetic treatments provided. For these types 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.

The year 2020 has been characterized by a general decrease in the activities of the Dental Department secondary to the long periods of lockdown and to a first period in which the hospital was reorganizing protocols for improved infection prevention and control against COVID19, which required a reduction in procedures to be done daily and postponing of some of the non-urgent treatment. During this period the

Dental Laboratory was temporarily converted to a workshop for production for the entire hospital of in-house made personal protective re-usable equipment (PPE) and together with the sewing department contributed to design equipment to protect staff in the various departments against SARS-CoV2 infection. To improve institutional and community response to the pandemic and local outbreaks, the Dental Department Team was directly involved in the implementation of infection prevention and control (IPC) protocols, training of staff and supervisions as well as in the first response to COVID19 within the community (monitoring, early response, home visits, training of schools), in support to the institutional Medical team.

7. School of Nursing.

During the year 2020 the School was upgraded to Advanced midwifery training. The first group of 8 students completed the first year with a provisional 63% of pass rate (3 students failed one of the final tests and have to sit for their second chance). Among the 5 students who passed at the first attempt, 2 students were among the best 5 nationally.



The second intake of the year was post-poned from September to January 2021, due to COVID19 outbreak which occurred and delayed programmes.

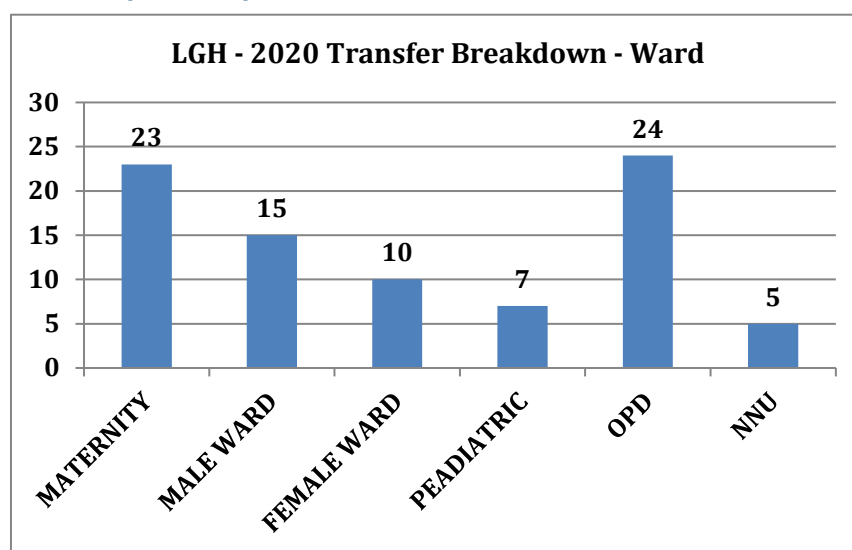
The School during the year was involved in a Quality improvement programme aimed to increase linkage between the school and the clinical areas for educational development and clinical practice and supervision improvement and has a crucial role in the CMAMS programme proposal aimed to improve maternal and neonatal health and outcomes. The programme, developed in collaboration with the Provincial Medical Directorate of Mashonaland East Province, includes a component concerning training of community health workers and continuous educational development of staff at hospital and clinic level.

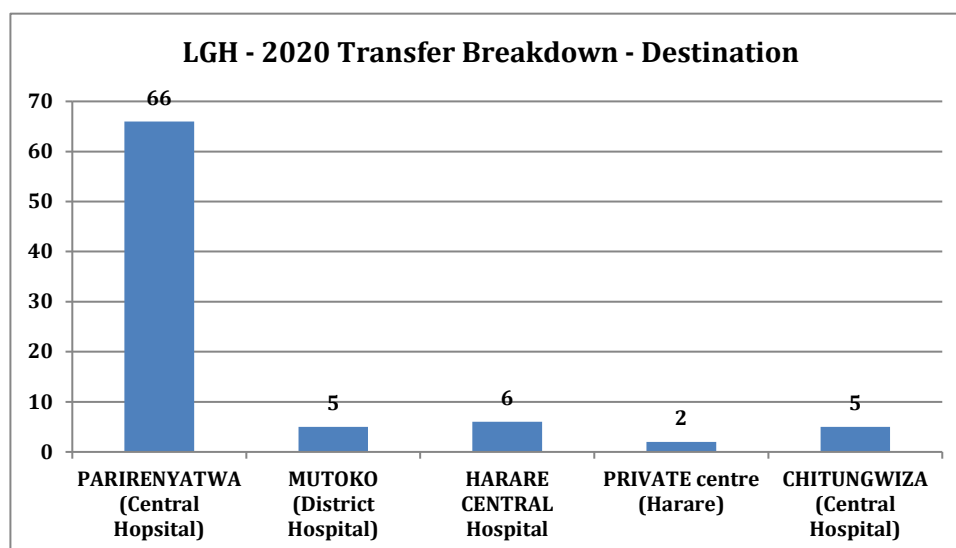
9. Other highlights on clinical activities.

CLINICAL ACTIVITY	JANUARY – DECEMBER 2020
OPD ATTENDANCES	20.714 (2020) vs 24.633 (2019) vs 26.637 (2018) - 21.170 (2017) - 21.001 (2016)- 20.789 (2015) - 19.695 (2014) - 18.977 (2013)
ADMISSIONS	1.318 (2020) vs 1.753 (2019) vs 1.594 (2018) - 1.637 (2017) - 1946 (2016) - 2.077 (2015) - 1.946 (2014) - 1.852 (2013)
BED OCC. RATE	17% (120 admission beds) – 49% (22 beds of the waiting mothers' home) (2020) vs 33.4% (admission beds) – 87% (waiting mothers' home)

CLINICAL ACTIVITY	JANUARY – DECEMBER 2020
DEATHS	57 – 4.3% (2020) vs 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	603 (2020) vs 854 (2019) vs 710 (2018) / 599 (2017) / 670 (2016) / 627 (2015) / 458 (2014) / 436 (2013)
CAESARIAN SECTIONS	81 (2020) vs 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	51
ADULT PATIENTS ON ART PROGRAMME (OI)	1090
TOTAL PATIENTS ON ART	1.141
LABORATORY TESTS (INCL. RAPID TESTS)	13.613 tests performed on 10.224 samples analysed (2020) vs 18.447 tests performed on 13.829 samples (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
X-RAYS EXAMS/Ultrasound exams	2.026 (patients attended for 2.212 X-ray films used) vs 1.797 (2019) vs 1.613 (2018) / 1.906 (2017) / 1.615 (2016) / 1.605 (2015) / 2.172 (2014) / 2.438 (2013) USS exams: 555 (2020) vs 890 (2019) vs 526 (2018) – service started in 2019.
CARDIOLOGY (attendances for Cardiothoracic surgery)	Programme suspended because of COVID19 pandemic (2020) vs 450 (2019) vs 371 (2018) / 273 (2017) / 426 (2016) / 347 (2015) / 509 (2014) / 458 (2103)
DENTAL DEPARTMENT (attendances)	662 (2020) vs 1.024 (2019) vs 1.141 (2018) / 822 (2017) / 867 (2016) / 1.018 (2015) / 1.177 (2014)
REHABILITATION SERVICES	426 patients for a total of 694 treatment sessions performed (2020)

DETAILS ON REFERRAL OUT (TRANFERS).





Note: During the year there has been a reduced number of transfers (-43% total transfers; -40% maternity transfers), mainly secondary to the failure of national referral system for about 6 months and lockdowns which contributed to reduced patients flow as already described.

10. Other general activities/achievements of the year 2020.

1. COVID19 RESPONSE. Since February 2020, after the WHO declaration of Public health emergency of international concern first (by end of January) and then of global pandemic in March 2020, the institution reorganized its response based on the 8 pillars described by WHO and National guidelines meant to escalate preparedness and response to COVID19. A number of activities were implemented aimed to: enhance community preparedness, participation and engagement; intensify surveillance and rapid response (including active surveillance, community response and contact tracing also using electronic databases and devices); infection prevention and control at facility level and safe working of health care providers in a sustainable manner despite the limited resources; preparation for case management with maximization of resources and prompt response with the community through Rapid Response Teams (with possibility to operate 24/7); ameliorate diagnostic capacity and support all activities with coordination of logistics and procurement. To maximize resources, the hospital developed several protocols and re-usable personal protective equipment aimed to improve sustainability with respect to highest standards for protection, based on scientific evidence. An important achievement was that, among the staff who worked in the isolation department, since the time COVID19 patients were admitted, no health care worker reported infected. Apart from 2 cases (1 from clinical areas but non-COVID19 isolation ward and 1 from administration area), all other members who reported SARS CoV2 infection were mainly related having been direct contacts of family members leaving in the same household, who reported infection prior to them, and the infection was not reconducted having been contracted at the workplace. In 2020 the positivity rate of hospital staff has been 5.6% (of note 0% of staff working in the isolation COVID19 ward). During the year, 22 cases were notified during the first wave and 13 admission for treatment (0 deaths).



The structural works to realize the new dedicated COVID19 isolation area.



The completed renovation (*above*). *Below*, images of the COVID19 isolation ward with forced ventilation realized to guarantee > 12 air-room changes/hour.



2. **STAFF DEPLOYMENT FROM MINISTRY OF HEALTH AND CHILD CARE.** In response to the pandemic, deployment of new staff has been of help in alleviating shortage of staff in various departments.
3. **OTHER HOSPITAL STRUCTURAL RENOVATIONS (Pharmacy/OPD area, expansion of laundry workspace, drainage system for rains to prevent erosion and hospital flooding).** Upon completion of the COVID19 isolation ward, other renovations have been conducted by the hospital maintenance team, to continue improving building maintenance and guarantee safer flow of patients in the various areas reducing indoor crowding, improving protection of hospital and patients from rains and floods while ensuring use of more ventilated areas.



4. **MAINTENANCE OF ESSENTIAL SERVICES (INLCUDING AD-HOC LOCAL SURGICAL SESSIONS).** The hospital managed to maintain essential services through the all year and despite lockdown measures which affected patient's mobility and their hospital inflow, promotion of community outreaches, ad-hoc surgical sessions with the collaboration of local specialists and home visits have been promoted and even during outbreaks essential services have always been maintained.
5. **SCHOLARSHIP "GIANLUCA MELUCCI" AND SOCIAL ASSISTANCE PROGRAMME**

The programme aimed to assist students of the community with merits and hospital staff for further formation, in 2020 continued to support the training of a student now at completed the 3rd year in Hospital Health Services Administration. Vulnerable patients within the community have been also assisted with food and or special needs. The programme at present is assisting 66 children with support with school fees and 8 families in need of food supplements.

11. Challenges.

1. **INACTIVE REFERRAL SYSTEM.**

As already happened in 2019, also in 2020 for 6 months the National referral system has been down, therefore making impossible to transfer patients to central hospitals for specialist services. This, together with COVID19 outbreak in July/August affected 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 all available at Natpharm and this causes high burden on financial resources (for the Hospital and the patients) as the Hospital is forced to buy them from the private sector in order to uphold good standards of services. At present, some of the tests offered at the Institution are available only in Harare.

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. The power-cuts and increased need of movement of vehicles in the community to support patients during lockdown and COVID19 outbreaks, has been a burden and contributed to increase financial challenges.

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

Despite the deployment of new staff some departments are still lacking of strategic qualified staff: Pharmacy Staff, Radiographer/Sonographer/X-Ray operator, 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):

2021 – 2022 OPERATIONAL PLAN (BASED ON MINISTRY OF HEALTH AND CHILD CARE NATIONAL HEALTH STRATEGY 2020-2025)

KEY RESULT AREAS	1. Strategic focus areas (from National Development Strategy)	2. Service Delivery Platforms.	3.Enabling environment for service delivery
	Improved access to essential medicines and commodities.	Communicable Diseases	Multi-sectoral Partnerships
	Increased access to water, sanitation, and healthy environment	Non Communicable diseases	Research and Development
	Improved health infrastructure and medical equipment for Health Service Delivery	RMNCH/Family Health/adolescents health	
	Improved governance of the Health Service	Public Health	
	Improved health sector human resources performance	Hospital Services	
	Increased domestic funding for health	Primary Care Services	
	Reduced morbidity and mortality due to communicable and non-communicable diseases		
	Improved reproductive, maternal, new-born child and adolescent health and nutrition		
	Improved public health surveillance and disaster preparedness and response		
	Improved primary, secondary, tertiary, quaternary, and quinary care (LGH strengthening referral/communication system, institutional services, and presence of dedicated specialist services for improved access to health for rural communities including the use of telemedicine)		

Key Result Area: Communicable diseases.
Goal: To reduce morbidity and mortality associated with communicable diseases

Strategies	Outputs	2019 Target / (Achieved)	2020 Target	2021 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 (Achieved 12) 50 (Achieved 52)	12 (Achieved 33 – integrated to COVID19 response) (Achieved 52)	18 50	Coordination monthly meetings with VHWs on community health programmes, preparedness for screening, active screening on household premises to have good practise in disease surveillance and integrated community preventive programmes
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	Target 2019/ (Achieved)	Target 2020 (Achieved)	2021 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 co-ordination mechanism	100% (Achieved 100%)	100% (Achieved 100%)	100%	EPR Plan ready for implementation
	2.proportion of outbreaks detected within 48hrs and controlled within two weeks (NON-COVID)	100% (Achieved 100%)	100% (Achieved 100%)	100%	Close collaboration with District, Provincial teams (MOHCC), District Veterinary Department and Community for enhanced response to outbreaks
	3. Preparedness and response to COVID19 outbreak	N/A	Specific EPR planning & Implementation completed before detection of local outbreak (Achieved) Review and adaptations during and after outbreaks (Achieved)	Continuous re-valuation and adaptation to strengthen integrated preparedness and response to COVID19 pandemic	

Strategies	Outputs	2019 Target / (Achieved)	Target 2020/(Achieved)	2021 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	53 (54 Achieved; Treatment success rate 98% 54 treatment initiated; 1 death)	53 (Achieved: 95 notified and initiated; Treatment completed by 31/12/2020 85/87 success rate 98% 2 death)	75	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	2019 Target / (Achieved)	2020 Target/(Achieved)	Target 2021	ACTIVITIES
<i>Youth focused interventions - Out-of-school</i>	No. of Youths reached through activities	600 (achieved 1 show at the high school involving students with friendly health education targeted 450 youths)	450 / (Achieved 1100 youth sensitized in COVID19 preparation before outbreak – not completed programme on friendly health secondary to lockdown/2 outbreaks)	Strengthening activities for youth education during pandemic time (restore of youth corner's activities integrated to disease preparedness and response)	-Focused Group discussions for youths to promote health awareness on sexual & reproductive health (Youth corner) -Friendly and youth targeted activities promoted during community activities

<i>Voluntary counselling and testing</i>		2.100 (Achieved 1.775)	2.100 (Achieved 1.775)	1.900 / (achieved 1.756)	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%	100%	

Key Result Area: NON-COMMUNICABLE DISEASES

Goal 1: To strengthen priority health programmes

Strategies	Output	2019 Target / (Achieved)	2020 Target/(Achieved)	Target 2021	ACTIVITIES
Institution Capacity Building	% of adults screened for hypertension	100%	100%	100%	Screening at every entry point
	Promotion of Quality improvement targeted based programme for strengthening departmental services, efficiency and resource utilization	N/A	Preparation for rolling-out and piloting (1month) (Introduced during the year)	At least 6-month piloting for all department	Utilization of monitoring tools for each department for internal supervision and evaluation of services (monthly evaluation/planning of continuous improvement actions)

Ensure the hospital platform provide the required equipment	Number of Laboratory examinations performed (comprehensive services)	18.500 (Achieved 18.447); introduced microbiology (achieved)	18.500 (Achieved 13.613); (Haematology, Biochemistry, Parasitology, Microbiology, Blood bank services)	15.000 (Haematology, Biochemistry, Parasitology, Microbiology, Blood bank services)	Ensuring optimized procurement and regular equipment maintenance as per required standards; expansion of biochemistry laboratory services, with the installation of new equipment and amplification of available tests
	Number of X-rays Performed	1.600 (Achieved 1.736)			
	Number of Utrasound scans performed	700 (Achieved 890)	1.600 (Achieved 2.212)	1.800	
			750 (Achieved 555)	750	
Strategies	Output	2019 Target / (Achieved)	Target 2020/(Achieved)	2021 Target	
Establishment of Oral Health Community Screening Programme.	No. of people screened for common oral diseases including cancer	900/ (Achieved 1.140)	900/662 (Achieved)	800	Service delivery at Oral Health Centre LGH
Comprehensive Service Delivery at Institutional Level					
Promoting Continuous professional development		1.300 (Achieved 1.921)	1.400/(Achieved 1.062)	1.200	Internship rotations in collaboration with MOHCC (Ministry of Health and Child Care) at LGH

		At least 2 interns on rotation under supervision at LGH (Achieved Supervision of 4 interns)	At least 2 interns on rotation under supervision at LGH)/(1 Achieved)	Promotion of 2 Oral Surgery/Prosthetic dentistry Symposiums for Dentists (hands-on/live surgery)	Oral Health Continuous Education programme promoted at LGH in collaboration with PMD Mashonaland East and Zimbabwe Dental Association
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Key Result Area: MATERNAL & CHILD HEALTH

Goal 1: Reduce maternal mortality ratio keeping it < 140:100.000 (SDG 3.1 – towards < 70:100.000 by 2030); to reduce perinatal mortality ratio from 25:1.000 to 20:1.000 in 2021, towards 12:1.000 by 2030 (SDG 3.2)

Strategy	Output	2019 Target / (Achieved)	2020 Target/(Achieved)	2021 Target	ACTIVITIES
	Proportion of births attended by a skilled birth attendant	100% (Jan-Sept deliveries 604)	100% (> 700 Deliveries)/684 (Achieved)	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	Quarterly sessions (practical on complicated deliveries with the use of simulators) and	Quarterly sessions (practical on complicated deliveries with the use of simulators)	Quarterly sessions (practical on complicated deliveries with the use of simulators) and	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.

		drills on management of Obstetric emergencies for clinical staff and students (Achieved)	and drills on management of Obstetric emergencies for clinical staff and students (Achieved)	drills on management of Obstetric emergencies for clinical staff and students	Promotion of in-house simulation of complicated deliveries/emergencies to improve preparedness to manage obstetric complications.
	Proportion of women receiving oxytocin within one minute of delivery	100% (Achieved)	100% (Achieved)	100%	
	Strengthen of maternity and neonatal department with installation of new equipment for labour ward, post-natal and neonatal high care unit.	N/A	N/A		Procurement and installation of new equipment: labour ward beds, Oxygen delivering unit for labour ward, electronic cardiotocography, neonatal thermal units, incubators, neonatal CPAP for resuscitation, phototherapy equipment. Training for efficient utilization of equipment.

	Proportion of institutional deliveries that are live births	98.7%	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	55%	55%	60%	
	C/S Rate	11% (achieved 12%)	12% (Achieved 11.8%)	12% (> 5% - < 15%)	
ii) Implementation of CMAMS (Comprehensive Management of Maternal Services for improved maternal and perinatal outcomes)	CMAMS proposal approved and initiated (community and institutional comprehensive programme for maternal and neonatal health)	N/A	N/A	Programme implementation	Collaboration between LGH, PMD Mashonaland East, national and international partners towards innovative approach to maternal and neonatal health services focused on 2018 WHO guidelines for intrapartum care.

KEY Results area: IMPROVED PRESENCE OF MEDICINES AND COMMODITIES

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

STRATEGIES	OUTPUT	2019 Target / (Achieved)	2020 Target / (Achieved)	2021 Target	Activities
Procurement of medicines and commodities	% Availability of medicines and medical supplies in all provinces	80% Vital (Achieved Vital 80%)	80% Vital (Achieved Vital 80%)	80% Vital	Optimized procurement of medicines and commodities

KEY Results area: INSTITUTIONAL SERVICES AND PRESENCE OF DEDICATED SPECIALIST SERVICES FOR IMPROVED ACCESS TO HEALTH FOR RURAL COMMUNITIES INCLUDING THE USE OF TELEMEDICINE

Objectives: Collaborative programmes to expand access to health services

STRATEGIES	OUTPUT	2019 Target / (Achieved)	2020 Target / (Achieved)	2021 Target	Activities
Encourage collaborative projects with other institutions and specialists	Number of projects conducted	CARDIAC (2 Missions Mar-Nov) 300/450 achieved)	CARDIAC (programme suspended secondary to COVID19 pandemic)	CARDIAC (1 Missions) 1507	To expand health services and promote training through collaboration with specialists and Institutions : -Full cardiologic consultations and patients referred and operated (cardiac surgery to Italy and Sudan) -Eye Activities: daily eye clinic with Ophthalmic Nurses (1 trained, 1 under training); 2 camps for surgical removal of cataracts/year
	Number of cataract surgeries performed	OPHTHALMIC 120/ (Achieved 2 missions, 109	OPHTHALMIC	OPHTHALMIC (1 missions; 40 cataract surgeries)	

		<p>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>(programme suspended secondary to COVID19 pandemic)</p> <p>ENT / SURGICAL (programme suspended secondary to COVID19 pandemic)</p> <p>OBSTETRICS&GYNAECOLOGY (1 mission promoted and 3 sessions with specialist – programme affected by COVID19 which caused suspension)</p> <p>USS Camp (programme suspended secondary to COVID19 pandemic)</p>	<p>ENT / SURGICAL (1 ENT camp)</p> <p>Monthly Collaboration with SPECIALIST OBSTETRICIAN (to resume programme)</p> <p>USS Camp (1 camp or live virtual training)</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 patient's 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 of USS services at all levels of health services delivery to improve diagnostics and maximize cost effectiveness</p>
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KEY RESULTS AREA : INFRASTRUCTURAL DEVELOPMENT

Objectives: Health Infrastructure development

STRATEGIES	OUTPUT	2019 Target / (Achieved)	2020 Target / (Achieved)	2021 Target	Activities
To improve energy self-sustainability and cost recovery	KW of solar energy produced (total output)	50 KW/h solar energy produced (Nov 2019)	75 KW/h solar energy produced (not accomplished – structural projects deviated to construction of isolation unit for COVID19 response)	Intervention postponed to 2022.	-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	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) / (Achieved)	Installation of new borehole for improved water supply	-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		Project proposal for holistic approach to water/sanitation/waste management (Installation of	-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

<p>To improve waste management</p>	<p>Installation of new technology for solid Hospital solid waste management with reduce impact on the environment</p>	<p>Installation of new equipment and lobbying for programme expansion (to improve reduction of impact of hospital activities on the environment) (Achieved)</p>	<p>Installation of water harvesting systems and separated water lines for 1/3 of Hospital premises (20% accomplished) To study layout and possibilities for improved Hospital liquid waste management (sewage system and purification of contaminated waters)/(postponed to 2021)</p>	<p>water collection, sewage systems and separated water lines for 1/3 of Hospital premises for improved Hospital liquid waste management (sewage system and purification of contaminated waters)</p>	<p>-Collaboration with private sector for utilization of solid waste as Residual Derived Fuel (after in house process and sterilization); planning and lobbying for second phase: hospital liquid waste management (development of hospital sewage system and disinfection/purification of liquid waste) -Partnership with research institutes for other potential re-utilization of sterilized solid waste (becoming available material for different purposes) and liquid purified waste for enhanced impact on the environment</p>
<p>To improve structure of existing clinical areas</p>	<p>New equipment shipped and installed</p>	<p>Renovation of theatre block for improved service delivery; new equipment for initialization of</p>	<p>Improvement of Labour Ward and High care unit equipment for improved quality of services (postponed to</p>	<p>Improvement of Labour Ward and High care unit equipment for improved quality of services</p>	<p>-Coordination of shipment of donated equipment and installation</p>

		High care unit (Achieved)	2021 second- ary to COVID19 pan- demic)		
	New anaesthetic machine	OPD area renovations / male Ward renovations (Not planned) (Achieved)	Lobbing for second anaes- thetic machine for theatre 2 for improved ca- pacity and ap- propriate back- up of crucial equipment	Lobbing for second anaes- thetic machine for theatre 2 for improved ca- pacity and ap- propriate back- up of crucial equipment	-To work in collaboration with part- ners for availability of reliable 2 nd hand machine which could be donated and shipped
	Expansion of Institutional Ox- ygen supply ability	N/A	(Not accom- plished)	Expansion of piped oxygen supply into iso- lation ward (11 extra beds for a total of 15 beds) and la- bour ward	
	New equipment for Rehabili- tation department		Not on pro- gramme /(Achieved in- stallation of piped oxygen in high care zone in Isola- tion ward – 4 beds)		

Digitalization and telemedicine	Digitalization of X-ray imaging, health recording system and cardiotocography	N/A	New equipment for rehabilitation (training rubber bands, weight, exercise tools, treadmill, bike, wheelchairs, traction kits, tense, electro stimulator) (postponed)	New equipment for rehabilitation (training rubber bands, weight, exercise tools, treadmill, bike, wheelchairs, traction kits, tense, electro stimulator)	Coordination of shipment of donated equipment and installation by specialized volunteer technicians
		N/A	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 (postponed to 2021)	Installation of centralized server for health recording; installation of new digital cardiotocography for improved maternal patients monitoring. Installation of new unit for live streaming in High Definition of digital images for tu-	Shipment, installation, and training of new equipment Collaboration with local telecommunication company for improved and reliable internet services to allow live streaming of high-definition digital images/video.

				torials, training, and telemedicine	
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KEY RESULTS AREA : TEACHING/EDUCATIONAL/RESEARCH PROGRAMMES

STRATEGIES	OUTPUT	2019 Target / (Achieved)	2020 Target / (Achieved)	2021 Target	Activities
Teaching programmes - School of nursing	No. of students trained % of students pass rate	PCN Upskilling programme for 30 students with at > 85% pass rate (32 students trained; 100% pass rate)	To start Advanced Midwifery Training (10 students) Programme started and 8 students completed 1st year of training.	Advanced Midwifery Training (12 students)	-Training activities according to National curricula -Expanded programme with inclusion of CTG and basic ultrasound training for midwives to enhance early detection of risks of complications -Partnership with neighbouring District hospitals for field attachment of students
Promotion of continuous educational development and research to enhance service delivery and institutional development	No. of research projects implemented	1 Research project (in progress)	1 project submitted and approved by partners (CMAMS)	Implementation of CMAMS programme Collaboration with local and international educational scientific groups for distance learning	-Partnership with MOHCC and different stakeholders for research aimed to improve service delivery and living conditions of communities -Partnership with MOHCC and different stakeholders for e-learning continuous education programme

	No. of hands-on sessions for continuous education for students and clinical staff	33 staff members and 8 students of midwifery trained in BLS	20 sessions in management of maternal and neonatal emergencies with the use of simulators	live sessions/webinars (tele-education programmes) 20 clinical staff 12 students of midwifery trained in BLS. At least 25 sessions in management of maternal and neonatal emergencies with the use of simulators	aimed to improve access to most updated guidelines and best practice to be incorporated into training programme activities
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KEY RESULTS AREA : ENHANCING WORKING ENVIRONMENT / GOVERNANCE OF HEALTH SYSTEMS / HUMAN RESOURCES PERFORMANCE

STRATEGIES	OUTPUT	2019 Target / (Achieved)	2020 Target / (Achieved)	2021 Target	Activities
To increase number of staff premises to accommodate staff and family members	No. of new staff premises built	Finalization of staff premises (new 4 flats for staff and family) / (Achieved 2020)	To explore possibility of further constructions for single/family staff at maximized costs meeting required certified Rural	To explore possibility of further constructions for single/family staff at maximized costs meeting required certified Rural	-Utilization of local material and local reliable contractors -Maximization of costs using 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

<p>To monitor promotion of team spirit and team leadership for Managers and Heads of Departments (promotion of approach based on emotional intelligence concepts)</p>	<p>No. of revaluation meetings/exercises for review of team spirit and team leadership</p>	<p>1 revaluation exercise on team spirit and team leadership (Achieved)</p>	<p>council standards (structural projects moved to enhanced response to COVID19: isolation ward, new area of OPD department, started relocation of administration offices to separate clinical areas from admin areas for improved Infection prevention and control)</p> <p>2 revaluation exercises on team spirit and team leadership (not accomplished, introduced pilot quality programme based on teamwork performance)</p>	<p>council standards.</p> <p>Roll-out of staff introduction to team spirit and leadership training in collaboration with Human resources department for holistic approach to quality programme (introduction of team spirit and team leadership</p>	<p>-Team building focused meeting/group discussions -Use of anonymous tools for evaluating leadership of managers and Heads of Departments</p>
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				indicators into institutional quality programme)	
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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	2019 Target / (Achieved)	2020 Target / (Achieved)	2021 Target	Activities
To improve healthy lifestyle and enhanced sustainability	No. of projects of sustainable organic nutrition implemented with the community	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 (suspended secondary to COVID19 pandemic)	To implement at least one project for community development to enhance community and hospital self-sustainability	<ul style="list-style-type: none"> - 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 2020 has been characterized by challenges and among them, the COVID19 pandemic impaired smooth running of activities and service delivery for various reasons (including the fact that periods of lockdown made transport less accessible and more expensive for patients; this resulted in reduced access to care for many patients, especially those coming from the most remote areas). Despite these important challenges, the hospital managed to maintain activities and delivery of essential services throughout the year and tried to close gaps by increasing presence in the community through outreaches and home visits.

Despite the limited resources, it has been possible to coordinate and implement response to COVID19 within the community and at institutional level for 2 waves which also affected the hospital catchment area (the second started at the end of the year and reached its peak in January 2021).

In response to suspended philanthropic activities which used to characterize the annual activities of the institution, increased use of internet technology was used to try to uphold the connection with colleagues, other institutions and keep up the spirit of sharing to continue to create fundamentals for continuous development and professional education. In this view, it is our aim to strengthen this path, to expand the possibility of upgrading clinical services and training by complementing with increased use of internet technology and telemedicine, in line with Ministry of Health and Child Care objectives.

For the 2021 year, the aim is to sustain, restore 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), with also integrated use of internet technology.
3. To improve & maintain Infrastructure/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 service delivery and achievements of 2020 despite the challenges created by the pandemic, we look forward confirming all our effort to reach the new objectives set for 2021.

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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