

LUISA GUIDOTTI HOSPITAL

January – October 2021 Report of Activities
&
2022 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, COVID19 Isolation 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 and Midwifery 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 9.045 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 63.277 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 2021 REPORT OF ACTIVITIES.

1. Statistics of Inpatients and Outpatients.

| Admissions | Outpatients | Deaths |
|---|--|---|
| 1.155 (2021) vs 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) | 20.925 (2021) vs 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) | 70 – 6.1% (2021) vs 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

The year 2021 has confirmed trends similar to 2020 in terms of admissions with higher outputs in terms of outpatients services considering that the data is still partial covering 10 months. This despite the 2 relevant COVID19 waves occurred in January and July, confirms that the hospital has managed to maintain all essential services and other outpatients services more active throughout the year. During the periods of complete lockdown which occurred especially in January 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 this contributes to challenges in retention of treatment for chronic patients and late presentations. The overall hospital death rate worsened (6,1% in Jan-Oct 2021 from 4.3% of the previous two years) mainly caused by COVID19 which has been the major cause of death during this year.

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 |
|---|--|---|
| 1.117 | 44 | 1.161 |
| Counseling Sessions | HIV tested (Negative Results) | HIV tested (Positive Results) |
| 1.366 (2021) vs 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) | 1289 (2021) vs 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) | 77 (2021) vs 79 (2020) vs 71 (2019) vs 117 (2018) vs 118 (2017) vs 125 (2016) vs 124 (2015) vs 214 (2014) 77 with positive results (5.6% positivity rate); 16 transferred out for treatment before initiation of ART, 1 death before initiation, 1 transferred in before initiation. Total newly initiated: 59 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. In 2021 it has been possible to restore regular CD4 count testing as the Ministry of Health & Child Care managed to guarantee availability of reagents. T

During the year, despite difficulties to procure laboratory 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 and a new chemistry analyzer has been installed donated by Mission Bambini Foundation (Italy).

On another note, as the availability and turnaround time for Viral load tests at national referral laboratories for viral load testing, has improved, there has been a consistent increase in the monitoring of viral load levels, therefore to from January to October 545 patients had at least 1 test done (vs 280 for the entire 2020). 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 (Jan-Oct 2021) 11 deaths and 1 lost to follow up (out of the total 1.161 patients at present followed-up), compared to 2020 (5 deaths over 1.141 patients which were reported and 3 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 |
| 2021 | 296 (1 st) | 6 | 6 | 569 | 10 | 352/100.000 | 17,6/1.000 |

Comments

The general trend of deliveries has been in line with the previous year despite the two COVID19 waves (2nd wave from January to mid-February and 3rd wave from end of June to end of August). However despite the previous year it has been possible to improve perinatal outcomes throughout the year despite COVID19. Among the reasons of perinatal deaths, premature births with consequent early neonatal deaths have been of the main cause and late presentations of pregnancy disorders with consequent complications as well. Sadly we recorded 2 maternal deaths: 1 patient died during transfer from the community to the hospital for Post Partum Hemorrhage after community delivery and another mother died secondary to complications from COVID19.

It has been possible to improve detection of pregnancy disorders, as a result of a more accurate screening programme which is now starting to involve also Community Health Workers (CHWs). Caesarean section rate has raised to the current 16,3% but in association with a reduction in the number of unnecessary transfers out and with some transfers in from neighboring hospitals). The Hospital finalized the collaboration with the Provincial Medical Directorate and other partners to implement a programme to scale-up a comprehensive management of maternal services to save maternal and children's lives (CMAMS) and as mentioned above the programme is starting its implementation as a pilot programme with holistic approach to maternal and neonatal services.

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 cardiocography and ultrasonography is regularly used in the delivery room.

All Maternal and Perinatal mortality events have been regularly audited to reevaluate and improve services provided.

4. 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 | 51 | 75.8% | 65% | 22% | 20% |

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.

5. Dental Department

| TOTAL ATTENDANCES | MALES | FEMALES |
|---|---|---|
| 642 (Jan – Oct 2021) vs 662 (2020) vs 1.140 (2019) vs 1.141 (2018) vs 822 (2017) vs 867 (2016) vs 1018 (2015) vs 1177 (2014) | 273 (Jan-Oct 2021) vs 262 (2020) vs 502 (2019) vs 446 (2018) vs 330 (2017) vs 323 (2016) vs 367 (2015) vs 438 (2014) | 369 (Jan-Oct 2021) vs 400 (2020) vs 638 (2019) vs 695 (2018) vs 492 (2017) vs 544 (2016) vs 651 (2015) vs 739 (2014) |

There has been a decline in the number of treatments provided in the past two years mainly caused by COVID19 waves and lockdowns as well as the eroded economic environment, making patients to approach with different priority their oral health. However, the department has been always operational despite the year 2020 and despite the two COVID19 waves.

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. Not being able to accept students or new interns during the year for attachment, in collaboration with the Provincial Medical Director and Zimbabwe Dental Association, the hospital promoted two Oral Health Hands-on symposiums (in April and October in collaboration and with support from Secours Dentaire International - Switzerland). 31 Dentists have participated.

The Oral Health Centre is currently the only comprehensive referral centre for the Districts of Mutoko, Mudzi, Murehwa and UMP. Having noted that more patients now have difficult to travel several times for treatment, therefore presenting mainly only if they have acute conditions, it is undergoing planning to start an outreach programme for the new year to improve prevention and awareness to oral health issues as well as expand access to oral health treatment (under study the possibility to set-up a mobile unit)

| TYPE OF TREATMENTS PERFORMED | |
|----------------------------------|--|
| ORAL SURGERY (EXTRACTIONS) | 173 (Jan-Oct 2021) vs 316 (2020) vs 719 (2019) vs 571 (2018) vs 368 (2017) / 443 (2016) / 565 (2015) / 670 (2014) |
| OTHER ORAL/PERIODONTAL SURGERY | 18 (Jan-Oct 2021) vs 30 (2020) vs 37 (2019) vs 47 (2018) vs 40 (2017) / 27 (2016) / 33 (2015) / 39 (2014) |
| DENTAL IMPLANTOLOGY | 0 (Jan-Oct 2021) vs 0 (2020) vs 4 (2019) / 8 (2018) / 11 (2017) / 1 (2016) / 2 (2015) |
| NON SURGICAL PERIODONTAL THERAPY | 43 (Jan-Oct 2021) vs 54 (2020) vs 159 (2019) / 151 (2018) / 107 (2017) / 97 (2016) / 76 (2015) / 101 (2014) |
| DENTAL/FACIAL TRAUMATOLOGY | 21 (Jan-Oct 2021) vs 22 (2020) vs 34 (2019) / 45 (2018) / 59(2017) / 14 (2016) / 23 (2015) / 15 (2014) |
| CONSERVATIVE DENTISTRY | 52 (Jan-Oct 2021) vs 58 (2020) vs 143 (2019) / 174 (2018) / 164 (2017) / 174 (2016) / 139 (2015) / 117 (2014) |

| TYPE OF TREATMENTS PERFORMED | |
|--|--|
| ENDODONTHICS | 33 (Jan-Oct 2021) vs 18 (2020) vs 77 (2019) / 83 (2018) / 56 (2017) / 57 (2016) / 91 (2015) vs 89 (2014) |
| PROSTHESYS DELIVERED | 4 (Jan-Oct 2021) vs 7 (2020) vs 45 (2019) / 42 (2018) / 4 (2017) / 28 (2016) / 44 (2015) / 59 (2014) |
| OVERLAYS/FIXED PROSTHETIC TREATMENTS | 4 (Jan-Oct 2021) vs 15 (2020) vs 35 (2019) / 30 (2018) / 11 (2017) / 12 (2016) / 7 (2015) / 5 (2014) |
| AGE ESTIMATES | 36 (Jan-Oct 2021) vs 21 (2020) vs 15 (2019) vs 47 (2018) vs 42 (2017) / 40 (2016) vs 99 (2015) vs 14 (2014) |
| ULTRASONOGRAPHY (head & neck - emergency/trauma) | 15 (Jan-Oct 2021) vs 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.

Like last year, 2021 has been characterized by a general decrease in the activities of the Dental Department secondary to the long periods of lockdown and 2 COVID19 waves occurred in the period between January and October. During outbreaks the Department would be still remained functional but avoiding elective non urgent treatments, to reduce risk of exposure of patients to infections during their travelling using public transport. 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.

In April and October, 2 "hands-on" Restorative dentistry symposiums were organized in collaboration with Ministry of Health and Child Care (Provincial Medical Directorate-Mash East and Oral Health Services Director) and the Zimbabwe Dental Association with the participation of 31 Dental Practitioners.



6. School of Nursing.

During the year 2021 the School trained 12 students in Advanced midwifery who will receive results of their final exams In December. To date the school has a 100 % pass rate at National Final exams. In September the new two years Primary Care Nursing training programme started, with 24 students.



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 (described in more details at paragraph 8.) aimed to improve maternal and neonatal health and outcomes. The programme, developed in collaboration with the Provincial Medical Directorate of Mashonaland East Province and international specialists from GEO Group (Italy), includes a component concerning training of community health workers and continuous educational development of staff at hospital and clinic level.

7. Other highlights on clinical activities and projects implemented.

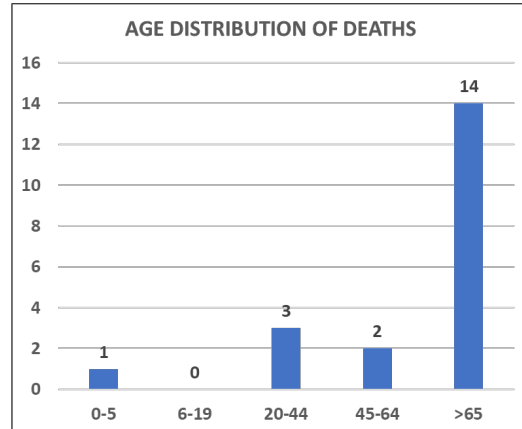
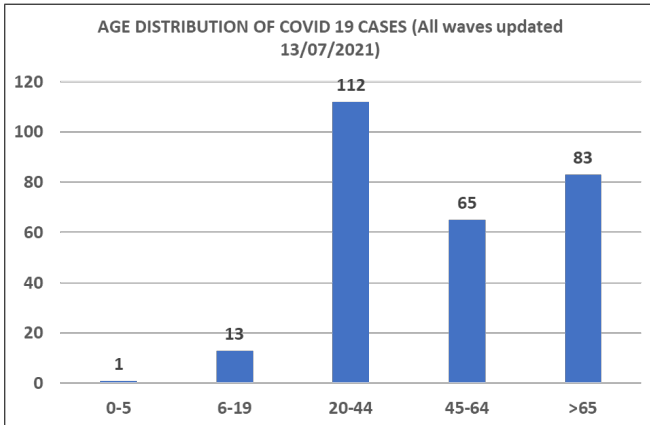
| CLINICAL ACTIVITY | JANUARY – OCTOBER 2021 |
|-------------------|---|
| OPD ATTENDANCES | 20.925 (2021) vs 20.714 (2020) vs 24.633 (2019) vs 26.637 (2018) - 21.170 (2017) - 21.001 (2016)- 20.789 (2015) - 19.695 (2014) - 18.977 (2013) |
| ADMISSIONS | 1.155 (2021) vs 1.318 (2020) vs 1.753 (2019) vs 1.594 (2018) - 1.637 (2017) - 1946 (2016) - 2.077 (2015) - 1.946 (2014) - 1.852 (2013) |
| BED OCC. RATE | 32% (120 admission beds) – 54% (22 beds of the waiting mothers' home) (2021) vs 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 – OCTOBER 2021 |
|---|---|
| DEATHS | 70 – 6.1% (2021) vs 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 | 475 (2021) vs 603 (2020) vs 854 (2019) vs 710 (2018) / 599 (2017) / 670 (2016) / 627 (2015) / 458 (2014) / 436 (2013) |
| CAESARIAN SECTIONS | 94 (2021) 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 | 44 |
| ADULT PATIENTS ON ART PROGRAMME (OI) | 1.117 |
| TOTAL PATIENTS ON ART | 1.161 |
| LABORATORY TESTS (INCL. RAPID TESTS) | 13.887 tests performed on 8.056 samples analysed (2021) vs 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 (2013) |
| X-RAYS EXAMS/Ultrasound exams | 1.563 (patients attended for 1.675 X-ray films used) vs 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: 698 (2021) vs 555 (2020) vs 890 (2019) vs 526 (2019) – 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) | 642 (2021) vs 662 (2020) vs 1.024 (2019) vs 1.141 (2018) / 822 (2017) / 867 (2016) / 1.018 (2015) / 1.177 (2014) |
| REHABILITATION SERVICES | 280 patients for a total of 550 treatment sessions performed (2021) vs 426 patients for a total of 694 treatment sessions |

COVID19 HIGHLIGHTS

The year was characterized by 2 important waves (2nd and 3rd the latter the highest in terms of magnitude of cases and mortality) of COVID19 and a 4th just started in early December. The hospital managed to organize a community response system which allowed to improve the early detection of complications, therefore escalating therapy for patients in need of hospitalization. The hospital represented a referral centre for severe and very severe cases who came also from out of the catchment area and in some cases as far as from

Harare. This explains the higher mortality rate of cases compared to general trend of the province (7.6% LGH vs 2.5% entire Mash East Province). On the other hand, in general the percentage of institutional deaths vs community deaths for the Province has been 30% Institutional vs 70% community. At Luisa Guidotti Hospital probably because of the active community surveillance system set this trend is inverted: 71.4% Institutional and 28.6% community deaths. To further confirm the more complicated cases and higher mortality rates occurred at LGH, there is the fact that out of the entire cases of all Mutoko District, only 17% of the all < 65 years old district cases were under the care of LGH but 38% of the cases > 65 years old, therefore explaining that majority of elderly people and more complicated cases referred to LGH.



| Category/ Variable | Cumulative | Third Wave | Comments |
|---------------------------------------|--------------|------------|--|
| Number of Test Done (positivity rate) | 1214 (21.7%) | 795(24%) | |
| Number of Confirmed Cases | 276 | 177 | 151 cases were recorded in July, 24 in August and 2 in September. |
| Recovered (Recovery Rate) | 255 (80.6%) | 255(77%) | |
| Total Deaths (Community) | 21 (6) | 15(5) | 66.7% deaths (institutional) vs 33.3% community in Q3 (all waves 71.4% vs 28.6%) |
| Case Fatality Rate | 7.6% | 8.5% | |

CMAMS PROGRAMME (Comprehensive Management Approach to Maternal Services to save maternal and neonatal lives in Zimbabwe).

In collaboration with the Provincial Medical Director of Mashonaland East and the GEO Group (Gruppo Gestione Emergenze Ostetriche – Italy; a group of specialists Obstetricians and Gynaecologists), Luisa Guidotti Hospital participated to draft of a pilot programme to reduce maternal and perinatal morbidity and mortality with a multilevel approach (from community health at village and primary level of health care to secondary – district level of care). The programme aims to tackle the three delays responsible for maternal and perinatal mortality through: promotion of knowledge and community direct participation to reproductive, maternal, neonatal and child health issues (including direct involvement of Community health workers for active screening and early detection at community level of pregnancy and neonatal disorders); improving referral system network in the rural set-up to reduce delays of transfers to next level of care; improving knowledge and competence of health care workers in the management of antenatal, labour and post-natal complications through a hands-on approach based on simulations with the use of advanced simulators, mentoring and a comprehensive management of labour as described by Ragusa et al. in 2016 and according to the most recent WHO and international guidelines.



The Ambassador of Italy H.E. C Perrotta (above) during the handover of equipment to the Community Health Workers (on the right) for maternal blood pressure monitoring at community level and hospital equipment for Labour Ward and Neonatal ward.

RENOVATIONS OF LABOUR WARD – CENTRAL STERILIZATION SERVICES DEPARTMENT – NEW ANAESTHETIC MACHINE

During the year it was possible to complete the renovation (expansion) of the Labour ward in view of the imminent receiving from Italy of new labour beds and hospital equipment. The ward is now equipped with new phototherapy unit, bubble CPAP non-invasive ventilator, neonatal resuscitation ventilator and soon a new Ultrasound machine.



The new labour ward and the new anaesthetic machine installed in theatre

STAFF HOUSES CONSTRUCTION.

As part of the hospital plans, effort to build new staff accommodations have been done. Through partnership with international organizations, it has been possible to start the construction of new buildings and renovations of existing ones (in particular the historical house of the missionaries where also Dr Luisa Guidotti and Dr Maria Elena Pesaresi have lived) which should be completed in the early 2022.



Two houses for staff under construction within the hospital premises

8. Challenges.

1. **MEDICINES (PROCUREMENT).**

The cost of medicines continues to increase 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 Spagnolli Bazzoni Association, Marilena Pesaresi Foundation, Rimini 4 Mutoko, 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.

2. **LABORATORY REAGENTS SHORTAGE.**

An important part of Laboratory reagents are not all available at Natpharm and this causes high burden on financial resources (for the Hospital and the patients) as the Hospital is forced to buy them from the private sector in order to uphold good standards of services. At present, some of the tests offered at the Institution are available only in Harare.

3. **HOSPITAL REVENUE.**

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. / STAFF VACANCIES – DIASPORA**

Despite the deployment of new staff some departments are still lacking strategic qualified staff: Pharmacy Staff, Radiographer/Sonographer/X-Ray operator, Hospital Food Services Supervisor, Dental Department Staff (Dental Assistant). During the year the Country also experienced a new "diaspora" of qualified health care workers leaving the country to go to work in other neighboring ones or overseas. At present the hospital is having 9 vacant posts for nurses which have not yet been replaced (some of them vacant since more than 6 months), as there is shortage of health care workers in the country.

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 and LGH 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 | 2021 Achieved (Jan- Oct) | 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 | 10 43 | 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% | 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% | 100% | Coordination of community programme through Village Health Workers (incl. Monitoring & mentorship) |

| Strategy | Output | Target 2019/ (Achieved) | Target 2020 (Achieved) | 2021 Target | 2021 Achieved Jan – Oct | Activities |
|---|--|----------------------------|--|---|----------------------------|--|
| Appropriately managed diarrhoeal diseases | Reduced case fatality due to diarrhoeal diseases | <5% (Achieved 0%) | <5% (Achieved 0%) | < 3% | < 3% (Achieved 0%) | Case management according to guidelines |
| Enhanced disease outbreak management | 1. Presence of functional coordination mechanism | 100% (Achieved 100%) | 100% (Achieved 100%) | 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% | 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 | Continuous re-valuation and adaptation to strengthen integrated preparedness and response to COVID19 pandemic | | |

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|--|--|--|------------|--|--|--|
| | | | (Achieved) | | | |
|--|--|--|------------|--|--|--|

| Strategies | Outputs | 2019 Target / (Achieved) | Target 2020/(Achieved) | 2021 Target | 2021 Achieved (Jan-Oct) | 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 | 70 initiated – 3 deaths (36 treatment completed; Transfer out -2; currently on treatment 29) | 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 comorbidities and Mortality | | | | | | |
|---|--|--|--|--|--------------------------|--|
| Strategies | Outputs | 2019 Target / (Achieved) | 2020 Target/(Achieved) | Target 2021 | Achieved 2021(Jan – Oct) | 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 | 450 / (Achieved 1100 youth sensitized in COVID19 preparation before outbreak – not completed programme on friendly health sec- | Strengthening activities for youth education during pandemic time (restore | | -Focused Group discussions for youths to promote health awareness on sexual & reproductive health (Youth corner) -Friendly and youth targeted |

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| | | health education targeted 450 youths) | secondary to lockdown/2 outbreaks) | of youth corner's activities integrated to disease preparedness and response) | | activities promoted during community activities |
| <i>Voluntary counselling and testing</i> | | 2.100 (Achieved 1.775) | 1.900 / (achieved 1.756) | 1.900 | 1.366 | 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 | Achieved 2021 (Jan Oct) | ACTIVITIES |
|-------------------------------|---------------------------------------|--------------------------|------------------------|-------------|-------------------------|--------------------------------|
| Institution Capacity Building | % of adults screened for hypertension | 100% | 100% | 100% | | Screening at every entry point |

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| | Promotion of Quality improvement targeted based programme for strengthening departmental services, efficiency and resource utilization | N/A | Preparation for rolling-out and piloting (1 month) (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 | <p>Number of Laboratory examinations performed (comprehensive services)</p> <p>Number of X-rays Performed</p> <p>Number of Ultrasound scans performed</p> | <p>18.500 (Achieved 18.447); introduced microbiology (achieved)</p> <p>1.600 (Achieved 1.736)</p> <p>700 (Achieved 890)</p> | <p>18.500 (Achieved 13.613); (Haematology, Biochemistry, Parassitology, Microbiology, Blood bank services)</p> <p>1.600 (Achieved 2.212)</p> <p>750 (Achieved 555)</p> | <p>15.000 (Haematology, Biochemistry, Parassitology, Microbiology, Blood bank services) Installation of new Biochemistry analyzer</p> <p>1.800</p> <p>750</p> | <p>13.887</p> <p>1675</p> <p>698</p> | <p>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</p> <p>-Every pregnant mother to have at least 1 USS performed (Obs USS)</p> |

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| | | | | | | -Basic USS services for emergency/ basic diagnostic /procedures guided USS |
| Strategies | Output | 2019 Target / (Achieved) | Target 2020/(Achieved) | 2021 Target | Achieved 2021 Jan Oct | |
| Establishment of Oral Health Community Screening Programme. Comprehensive Service Delivery at Institutional Level Promoting Continuous professional development | No. of people screened for common oral diseases including cancer | 900/ (Achieved 1.140) 1.300 (Achieved 1.921) At least 2 interns on rotation under supervision at LGH (Achieved Supervision of 4 interns) | 900/662 (Achieved) 1.400/(Achieved 1.062) At least 2 interns on rotation under supervision at LGH)/(1 Achieved) | 800 1.200 Promotion of 2 Oral Surgery/Prosthetic dentistry Symposi-ums for Dentists (hands-on/live surgery) | 642 981 (Jan – Oct) 2 Ora Health symposiums (hands-on/live surgery) promoted | Service delivery at Oral Health Centre LGH Internship rotations in collaboration with MOHCC (Ministry of Health and Child Care) at LGH Oral Health Continuous Education programme promoted at LGH in collaboration with PMD Mashonaland East and Zimba- |

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| | <p>ments</p> <p>Quarterly sessions for health professionals</p> <p>Proportion of women receiving oxytocin within one minute of delivery</p> <p>Strengthen of maternity and neonatal department with installation of new equipment</p> | <p>simulators) and drills on management of Obstetric emergencies for clinical staff and students (Achieved)</p> <p>100% (Achieved)</p> <p>100% (Achieved)</p> <p>N/A</p> | <p>emergencies for clinical staff and students (Achieved)</p> <p>100% (Achieved)</p> <p>N/A</p> | <p>ment of Obstetric emergencies for clinical staff and students</p> <p>100%</p> | <p>and complicated deliveries.</p> <p>Promotion of in-house simulation of complicated deliveries/emergencies to improve preparedness to manage obstetric complications.</p> <p>Procurement and installation of new equipment: labour ward beds, Oxygen delivering unit for labour ward, electronic</p> |
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| | for labour ward, post-natal and neonatal high care unit. | | | | | 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% | 97.7% | -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 preterm labour receiving antenatal corticosteroids | 55% | 55% | 60% | | |
| | C/S Rate | 11% (achieved 12%) | 12% (Achieved 11.8%) | 12% (> 5% - < 15%) | 16.5% | |
| ii) Implementation of CMAMS (Comprehensive Management of Maternal Services for improved | CMAMS proposal approved and initiated (community and | N/A | N/A | Programme implementation | | Collaboration between LGH, PMD Mashonaland East, national and |

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| maternal and perinatal outcomes) | institutional comprehensive programme for maternal and neonatal health) | | | | | international partners towards innovative approach to maternal and neonatal health services focused on 2018 WHO guidelines for intrapartum care. |
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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 | 2021 Achieved | 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 | 85% 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 | 2021 Achieved | 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) 150 7 | Programme suspended because of COVID19 pandemic | 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) |
| | Number of cataract surgeries performed | OPHTHALMIC 120/ (Achieved 2 missions, 109 surgeries performed) | OPHTHALMIC (programme suspended secondary to COVID19 pandemic) | OPHTHALMIC (1 missions; 40 cataract surgeries) | Expected Camp in November 2021 | -Eye Activities: daily eye clinic with Ophthalmic Nurses (1 trained, 1 under training); 2 camps for surgical removal of cataracts/year |
| | | ENT / SURGICAL (1 ENT camp promoted with surgeries/General surgery collaboration; achieved) | ENT / SURGICAL (programme suspended secondary to COVID19 pandemic) | ENT / SURGICAL (1 ENT camp) | Programme suspended because of COVID19 pandemic | -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 |
| | | OBSTETRICS&GYNAECOLOGY Training of trainers in Obstetric emergencies with use of advanced simulators; achieved May 2019) | OBSTETRICS&GYNAECOLOGY (1 mission promoted and 3 sessions with specialist – programme affected by COVID19 which caused suspension) | OBSTETRICS&GYNAECOLOGY (1 mission promoted and 3 sessions with specialist – programme affected by COVID19 which caused suspension) | | |
| | | | USS Camp (programme suspended | | | |

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| | | USS Camp (Achieved Nov 2019) | secondary to COVID19 pandemic) | <p>Monthly Collaboration with SPECIALIST OBSTETRICIAN (to resume programme)</p> <p>USS Camp (1 camp or live virtual training)</p> | <p>2 sessions promoted</p> <p>Programme suspended because of COVID19 pandemic</p> | <p>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 pf USS services at all levels of health services delivery to improve diagnostics and maximize cost effectiveness</p> |
|--|--|------------------------------|--------------------------------|---|---|---|

KEY RESULTS AREA : INFRASTRUCTURAL DEVELOPMENT

Objectives: Health Infrastructure development

| STRATEGIES | OUTPUT | 2019 Target / (Achieved) | 2020 Target / (Achieved) | 2021 Target | 2021 Achieved | 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 | Expected Nov 2021 | -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 | Installation of water harvesting systems and separated water lines for | Project proposal for holistic approach to water/sanitation/waste management (Installation of water collection, sewage systems and sepa- | Proposal submitted (Awaiting response) | -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 |

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| <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>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>rated water lines for 1/3 of Hospital premises for improved Hospital liquid waste management (sewage system and purification of contaminated waters)</p> | <p>Accomplished</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 High care unit</p> | <p>Improvement of Labour Ward and High care unit equipment for improved quality of services (postponed to 2021 secondary to COVID19)</p> | <p>Improvement of Labour Ward and High care unit equipment for improved quality of services</p> | <p>Accomplished</p> | <p>-Coordination of shipment of donated equipment and installation</p> |

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| | <p>New anaesthetic machine</p> <p>Expansion of Institutional Oxygen supply ability</p> <p>New equipment for Rehabilitation department</p> | <p>(Achieved)</p> <p>OPD area renovations / male Ward renovations (Not planned) (Achieved)</p> <p>N/A</p> | <p>pandemic)</p> <p>Lobbing for second anaesthetic machine for theatre 2 for improved capacity and appropriate back-up of crucial equipment (Not accomplished)</p> <p>Not on programme / (Achieved installation of piped oxygen in high care zone in Isolation ward – 4 beds)</p> <p>New equip-</p> | <p>Lobbing for second anaesthetic machine for theatre 2 for improved capacity and appropriate back-up of crucial equipment</p> <p>Expansion of piped oxygen supply into isolation ward (11 extra beds for a total of 15 beds) and labour ward</p> | <p>Accomplished – machine installed</p> <p>Accomplished piping in Labour ward and neonatal unit</p> | <p>-To work in collaboration with partners for availability of reliable 2nd hand machine which could be donated and shipped</p> |
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|---------------------------------|---|-----|--|--|--------------|--|
| Digitalization and telemedicine | Digitalization of X-ray imaging, health recording system and cardiocography | N/A | ment 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) | Pending | 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 cardiocographer for improved maternal patients monitoring (postponed to 2021) | Installation of centralized server for health recording; installation of new digital cardiocography for improved maternal patients monitoring. | Pending | 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. |
| | | | | Installation of new unit for live streaming | Accomplished | |

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| | | | | in High Definition of digital images for tutorials, training, and tele-medicine | | |
|--|--|--|--|---|--|--|

KEY RESULTS AREA : TEACHING/EDUCATIONAL/RESEARCH PROGRAMMES

| STRATEGIES | OUTPUT | 2019 Target / (Achieved) | 2020 Target / (Achieved) | 2021 Target | 2021 Achieved | 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) 1 Research pro- | To start Advanced Midwifery Training (10 students) Programme started and 8 students completed 1st year of training. 1 project | Advanced Midwifery Training (12 students) Implementation | Achieved Programme | -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 -Partnership with MOHCC and dif- |

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| <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>meetings/exercises for review of team spirit and team leadership</p> | <p>1 revaluation exercise on team spirit and team leadership (Achieved)</p> | <p>exercises on team spirit and team leadership (not accomplished, introduced pilot quality programme based on teamwork performance)</p> | <p>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 indicators into institutional quality programme)</p> | <p>Activity expected to start in November 2021</p> | <p>-Use of anonymous tools for evaluating leadership of managers and Heads of Departments</p> |
|---|---|---|--|--|--|---|

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 / | 2020 Target | 2021 Target | 2021 Achieved | Activities |
|------------|--------|---------------|-------------|-------------|---------------|------------|
|------------|--------|---------------|-------------|-------------|---------------|------------|

| | | (Achieved) | / (Achieved) | | | |
|--|---|--|---|---|--|--|
| 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 | Proposal submitted – awaiting response | <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 2021 has been characterized by challenges and among them, two more and important waves of COVID19 (2nd and 3rd waves with a 4th wave starting in December). Despite challenges, activities have been promoted in line with the operational plan and in some areas, it has been possible to overpass expected outcomes. However, the economic situation and the high poverty within the population, is having important impact on patients' compliance and them seeking for health at late stages, compromising access to health to many, especially in the rural areas. In this scenario, the Hospital plays once more a pivotal role in ensuring access to health to all those in need, with special regards to the underprivileged.

Despite the limited resources, it has been possible to coordinate and implement response to COVID19 within the community and at institutional level for the 2 waves which also affected the hospital catchment area.

In response to suspended philanthropic missions which used to be part of the institution's annual activities, 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 uphold 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.

To maintain services running, the presence of qualified staff, the possibility of bridging gaps for adequate supply of medicines, equipment and necessary resources, on top of the important support of local authorities and Ministry of Health and Child Care, a crucial role has been played by different partners to which we are very grateful for their continuous support; among them: Marilena Pesaresi Foundation (since 2013 representing the main contributor to all the activities above described), the Embassy of Italy in Zimbabwe (for CMAMS-Obstetric Programme), Mission Bambini Foundation (CMAMS-Obstetric and Gynaecology programme and Cardiac Programme), the Society of Jesus in Zimbabwe (Labour ward renovations, new anaesthetic machine, CSSD renovations), Rimini 4 Mutoko Association (Medicines and laboratory support, Staff houses construction), CESVI (staff houses construction) and all other local and interantional benefactors to whom we are very grateful for the support.

For the year 2022, 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 2021 despite the challenges created by the pandemic, we look forward confirming all our effort to reach the new objectives set for 2022.

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,

Dr Massimo Migani

(Medical Superintendent)

LUISA GUIDOTTI HOSPITAL
P.O. BOX 201
MUTOKO 12/12/2021
TEL.: +263 735 045 718