

LUISA GUIDOTTI HOSPITAL

January – December 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 - DECEMBER 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 like 2020 in terms of admissions and outpatients. This despite the 2 relevant COVID19 waves occurred in January, July and a smaller one caused by the Omicron variant in December, 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 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)	1.289 (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 December 564 patients (48.6%) had at least 1 test done (vs 280 for the entire 2020). Of the 564 sample collected by the 31/12/2021, 511 received results (91% of samples collected and 44% of total patients on ART). 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. In 2021 it was possible to restore also the CD4 count testing, therefore 422 (36.3 % of total patients in ART) received at least 1 test with results. We also aim to reach at least 90% for 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.

VIRAL LOAD TESTING

Test done	564	48.6%
Results received	511	
Titer Non Detectable	369	
<30	86	
>30 copies/ml <1000	7	
> 1000 copies/ml	43	
>1000 from newly positive and admitted	32	
> 1000 from routine patients	11	
Invalid results	6	
Patients referred for Enhanced Adherence Counselling	11	

Comments

Of the 479 patients already on ART (excluding the newly diagnosed and admitted) which received viral Load results, 96.5% had viral load suppression. We recorded 14 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	636	10	352/100.000	15,7/1.000

Comments

The general trend of deliveries has been in line with the previous year despite the three COVID19 waves (2nd wave from January to mid-February and 3rd wave from end of June to end of August and 4th wave from end of November to end of January 2022 with its peak reached by mid-December 2021). However, despite the previous year it has been possible to improve perinatal outcomes remarkably throughout the year despite COVID19 reaching outcomes below national average estimates which is set at 25,9:1000). 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 16,5% 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 (performed by midwives and 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.

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
743 (2021) vs 662 (2020) vs 1.140 (2019) vs 1.141 (2018) vs 822 (2017) vs 867 (2016) vs 1018 (2015) vs 1177 (2014)	323 (2021) vs 262 (2020) vs 502 (2019) vs 446 (2018) vs 330 (2017) vs 323 (2016) vs 367 (2015) vs 438 (2014)	420 (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)	205 (2021) vs 316 (2020) vs 719 (2019) vs 571 (2018) vs 368 (2017) / 443 (2016) / 565 (2015) / 670 (2014)
OTHER ORAL/PERIODONTAL SURGERY	23 (2021) vs 30 (2020) vs 37 (2019) vs 47 (2018) vs 40 (2017) / 27 (2016) / 33 (2015) / 39 (2014)
DENTAL IMPLANTOLOGY	0 (2021) vs 0 (2020) vs 4 (2019) / 8 (2018) / 11 (2017) / 1 (2016) / 2 (2015)
NON SURGICAL PERIODONTAL THERAPY	43 (2021) vs 54 (2020) vs 159 (2019) / 151 (2018) / 107 (2017) / 97 (2016) / 76 (2015) / 101 (2014)
DENTAL/FACIAL TRAUMATOLOGY	29 (2021) vs 22 (2020) vs 34 (2019) / 45 (2018) / 59 (2017) / 14 (2016) / 23 (2015) / 15 (2014)
CONSERVATIVE DENTISTRY	95 (2021) vs 58 (2020) vs 143 (2019) / 174 (2018) / 164 (2017) / 174 (2016) / 139 (2015) / 117 (2014)
ENDODONTHICS	34 (2021) vs 18 (2020) vs 77 (2019) / 83 (2018) / 56 (2017) / 57 (2016) / 91 (2015) vs 89 (2014)
PROSTHESYS DELIVERED	5 (2021) vs 7 (2020) vs 45 (2019) / 42 (2018) / 4 (2017) / 28 (2016) / 44 (2015) / 59 (2014)
OVERLAYS/FIXED PROSTHETIC TREATMENTS	4 (2021) vs 15 (2020) vs 35 (2019) / 30 (2018) / 11 (2017) / 12 (2016) / 7 (2015) / 5 (2014)
AGE ESTIMATES	38 (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)	21 (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 the years 2012 and 2019. 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. During outbreaks the Department always 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.

The Department also had to reorganize the team as some staff left the organization and it is expected to restore higher outputs in 2022 as there is the aim to restore prosthetic work fully, as well as to implement some outreach activities to expand access to treatment for patients of more remote areas.

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. The school has a 100 % pass rate at National Final exams for the years 2018-2019-2020 and 58% for the first of 2 attempts of the year 2021. 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)
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)

CLINICAL ACTIVITY	JANUARY – OCTOBER 2021
X-RAYS EXAMS/Ultrasound exams	<p>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)</p> <p>USS exams: 698 (2021) vs 555 (2020) vs 890 (2019) vs 526 (2018) – service started in 2018.</p>
CARDIOLOGY (attendances for Cardiothoracic surgery)	<p>Programme suspended because of COVID19 pandemic (2020) vs 450 (2019) vs 371 (2018) / 273 (2017) / 426 (2016) / 347 (2015) / 509 (2014) / 458 (2103)</p>
DENTAL DEPARTMENT (attendances)	<p>743 (2021) vs 662 (2020) vs 1.024 (2019) vs 1.141 (2018) / 822 (2017) / 867 (2016) / 1.018 (2015) / 1.177 (2014)</p>
REHABILITATION SERVICES	<p>360 patients for a total of 620 treatment sessions performed (2021) vs 426 patients for a total of 694 treatment sessions</p>
EYE SERVICES	<p>307 conditions screened and attended – 91 cataract surgeries performed (2021)</p>

COVID19 HIGHLIGHTS

The year was characterized by 3 waves of which 2 with important impact (2nd and 3rd the latter the highest in terms of magnitude of cases and mortality) and the 4th caused by Omicron variant which mainly risked to compromise general services because forced several staff to be isolated at home during the first 3 weeks of December, although did not cause problems in terms of admissions. 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 (5.5% LGH vs 1.8% for Mutoko District and vs 1.5% entire Mash East Province). On the other hand, the percentage of institutional deaths vs community deaths for the Province has been 44.4% Institutional vs 55.6% community. At Luisa Guidotti Hospital probably because of the active community surveillance system set this trend is inverted: 75% Institutional and 25% community deaths. Luisa Guidotti Hospital has been a referral centre for more of the complicated cases and elderly patients receiving also some patients from Harare during the second and third wave.

Positive Cases as at 31/12/2021

Category/ Variable	Cumulative	4th wave
Number of Test Done	2123	432
Number of Confirmed Cases	436	160
Active Cases	25	25
Recovered (Recovery Rate)	388(88.8%)	107(82.5%)
Total Deaths (Community)	24 (6)	3(0)
Case Fatality Rate	5.5%	1.9%

Age distribution of cases as at 31/12/2021

0-5	6-19	20-44	45-64	> 65
1	72	178	91	94

Age distribution of deaths as at 31/12/2021

0-5	6-19	20-44	45-64	> 65
1	0	5	2	16

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.



In December, as part of the programme it was possible to implement a training for 27 Health Care Workers staff of Rural Health Centres of Mutoko District to strengthen the management of Obstetric Emergencies.



Nurses of the Rural health centres during the hands-on training held in December with the use of simulators (here on the right, facilitators simulating a breech delivery before making the health care workers to practice).



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



Some of the renovation work ongoing at the house where the missionaries lived since 1931 (including Dr Luisa Guidotti with Sr Caterina Savini and later Dr Maria Elena Pesaresi)

NEW BOREHOLES.

In December it has been possible to drill 2 new boreholes of which one with very promising yield and a second one which may be utilized as a seasonal borehole. Capacity test will be performed in the early 2022 and completion of installation of pumps and water system for distribution will be part of the projects planned for the year 2022.



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)		
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Key Result Area: Communicable diseases.

Goal: To reduce morbidity and mortality associated with communicable diseases

Strategies	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target	ACTIVITIES
Improve vector control and other epidemic prone diseases 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)	12 (Achieved 10) 50 (Achieved 43)	12 52	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% (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% (Achieved 100%)	100%	Coordination of community programme through Village Health Workers (incl. Monitoring & mentorship)

Strategy	Output	Target 2019/ (Achieved)	Target 2020 (Achieved)	2021 Target (Achieved)	2022 Target	Activities
Appropriately managed diarrhoeal diseases	Reduced case fatality due to diarrhoeal diseases	<5% (Achieved 0%)	<5% (Achieved 0%)	< 3% (Achieved 0%)	< 3%	Case management according to guidelines
Enhanced disease outbreak management	1. Presence of functional coordination mechanism	100% (Achieved 100%)	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% (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	Continuous re-valuation and adaptation to strengthen integrated preparedness and response to COVID19 pandemic (achieved)	Continuous re-valuation and adaptation to strengthen integrated preparedness and response to COVID19 pandemic and other epidemic prone diseases	

			(Achieved)			
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Strategies	Outputs	2019 Target / (Achieved)	Target 2020/(Achieved)	2021 Target (Achieved)	2022 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 (Achieved: 70 initiated – 3 deaths (36 treatment completed; Transfer out -2; currently on treatment 29 94,7% success rate)	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)	2021 Target (Achieved)	2022 Target	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	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

		health education targeted 450 youths)	secondary to lockdown/2 outbreaks)	of youth corner's activities integrated to disease preparedness and response) (non achieved)		activities promoted during community activities
<i>Voluntary counselling and testing</i>		2.100 (Achieved 1.775)	1.900 / (achieved 1.756)	1.900 (achieved 1.366)	1.900	Lobby for filling the vacant Primary Care Counsellor post (requested to the MOHCC); ONLY 1 PCC at present at the station
<i>PMTCT</i>		100%/ (100% Achieved)	100% (Achieved 100%)	100% (Achieved 100%)	100%	Continuous education at community level during outreaches, focused group discussions and through VHWs
<i>Post-exposure prophylaxis</i>		100%	100%	100% (achieved 100%)	100%	

Key Result Area: NON-COMMUNICABLE DISEASES

Goal 1: To strengthen priority health programmes

Strategies	Output	2019 Target / (Achieved)	2020 Target/(Achieved)	2021 Target (Achieved)	2022 Target	ACTIVITIES
Institution Capacity Building	% of adults screened for hypertension	100%	100%	100% (achieved 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 (8 months achieved)	Full implementation of quality programme for improved supervision/monitoring and evaluation of various 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 (Achieved: 13.887)</p> <p>1.800 (achieved 1675)</p> <p>750 (achieved 698)</p>	<p>15.000</p> <p>1800</p> <p>750</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>

						-Basic USS services for emergency/ basic diagnostic /procedures guided USS
Strategies	Output	2019 Target / (Achieved)	Target 2020/(Achieved)	2021 Target (Achieved)	2022 Target	
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 (Achieved 643) 1.200 (achieved 1.190) Promotion of 2 Oral Surgery/Prosthetic dentistry Symposi-ums for Dentists (hands-on/live surgery) Achieved 2 Symposi-ums promoted	800 1.200 2 Ora Health symposi-ums (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 Mashona-land East and Zimba-

						lwe 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 (Achieved)	2022 Target	ACTIVITIES
	Proportion of births attended by a skilled birth attendant	100% (Achieved 854)	100% (> 700 Deliveries)/684 (Achieved)	100% (> 700 Deliveries) (achieved 636)	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 department	Quarterly sessions (practical on complicated deliveries with the use of	Quarterly sessions (practical on complicated deliveries with the use of simulators) and drills on management of Obstetric	Quarterly sessions (practical on complicated deliveries with the use of simulators) and drills on manage-	Quarterly sessions (practical on complicated deliveries with the use of simulators) and drills on management of Ob-	Promotion of course for the Tutors and Senior staff on the use of simulators for upgrading skills of management of Obstetrics emergencies

	<p>ments</p> <p>Quarterly sessions for health professionals</p>	<p>simulators) and drills on management of Obstetric emergencies for clinical staff and students (Achieved)</p>	<p>emergencies for clinical staff and students (Achieved)</p>	<p>ment of Obstetric emergencies for clinical staff and students</p>	<p>stetric emergencies for clinical staff and students; Study groups on CTG interpretation and clinical audits</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>Proportion of women receiving oxytocin within one minute of delivery</p>	<p>100% (Achieved)</p>	<p>100% (Achieved 100%)</p>	<p>100% (Achieved 100%)</p>	<p>100%</p>	
	<p>Strengthen of maternity and neonatal department with installation of new equipment</p>	<p>N/A</p>	<p>N/A</p>	<p>Renovations of labour ward/neonatal ICU/ new phototherapy / new USS</p>	<p>Shipment of new equipment (delivery beds and other material for maternity</p>	<p>Procurement and installation of new equipment: labour ward beds, Oxygen delivering unit for labour ward, electronic</p>

	for labour ward, post-natal and neonatal high care unit.			and resuscitation equipment (100% achieved)	and neonatal department)	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% (Achieved 97.8%)	98.3%	-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
	C/S Rate	11% (achieved 12%)	12% (Achieved 11.8%)	12% (> 5% - < 15%) (Achieved 16.5%)	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 (achieved: programme initiated)	CHWs full implementation for at least pilot group; strengthening of referral system and training of HCWs of clinics (full	Collaboration between LGH, PMD Mashonaland East, national and international partners towards innovative approach to maternal and neonatal health ser-

					CMAMS programme implementation for pilot area)	vices 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 (Achieved)	2022 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% Vita (achieved 85%)	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 (Achieved)	2022 Target	Activities
Encourage collaborative projects with other institutions and specialists	<p>Number of projects conducted</p> <p>Number of cataract surgeries performed</p>	<p>CARDIAC (2 Missions Mar-Nov) 300/450 achieved)</p> <p>OPHTHALMIC 120/ (Achieved 2 missions, 109 surgeries performed)</p> <p>ENT / SURGICAL (1 ENT camp promoted with surgeries/General surgery collaboration; achieved)</p> <p>OBSTETRICS&GYNAECOLOGY Training of trainers in Obstetric emergencies with use of advanced simulators; achieved May 2019)</p>	<p>CARDIAC (programme suspended secondary to COVID19 pandemic)</p> <p>OPHTHALMIC (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>CARDIAC (1 Missions) 150 (programme suspended because of COVID19 pandemic); 2 patients sent to Sudan for surgery</p> <p>OPHTHALMIC (1 missions; 40 cataract surgeries)</p> <p>ENT / SURGICAL (1 ENT camp) Programme suspended because of COVID19 pandemic</p>	<p>3 Cardiac missions</p> <p>300 visits</p> <p>8 surgeries</p> <p>2 Camps (100 surgeries)</p> <p>Revaluation for 1 mission possibly to be implemented</p> <p>(OBS/GYN missions 2 – 5 sessions</p>	<p>To expand health services and promote training through collaboration with specialists and Institutions :</p> <p>-Full cardiologic consultations and patients referred and operated (cardiac surgery to Italy and Sudan)</p> <p>-Eye Activities: daily eye clinic with Ophthalmic Nurses (1 trained, 1 under training); 2 camps for surgical removal of cataracts/year</p> <p>-collaboration with local and international specialists to enhance access to health for head and neck conditions for rural communities. Promotion of at least 1 surgical camp/year to strengthen mentorship of resident Doctors and theatre staff in ENT/Anaesthetics/Management of patient’s post-surgery.</p>

		USS Camp (Achieved Nov 2019)	USS Camp (programme suspended secondary to COVID19 pandemic)	Monthly Collaboration with SPECIALIST OBSTETRICIAN (to resume programme) (2 sessions promoted)	with specialist promoted)	-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 -To enhance quality of training of midwives at institutional level
				USS Camp (1 camp or live virtual training) Programme suspended because of COVID19 pandemic	USS Camp (1 camp or live virtual training)	-To continue scaling up pf USS services at all levels of health services delivery to improve diagnostics and maximize cost effectiveness

KEY RESULTS AREA : INFRASTRUCTURAL DEVELOPMENT

Objectives: Health Infrastructure development

STRATEGIES	OUTPUT	2019 Target / (Achieved)	2020 Target / (Achieved)	2021 Target (Achieved)	2022 Target	Activities

<p>To improve energy self-sustainability and cost recovery</p>	<p>KW of solar energy produced (total output)</p>	<p>50 KW/h solar energy produced (Nov 2019)</p>	<p>75 KW/h solar energy produced (not accomplished – structural projects deviated to construction of isolation unit for COVID19 response)</p>	<p>Intervention postponed to 2022.</p>	<p>Intervention postponed to 2023.</p>	<p>-Installation of donated solar panels and inverters -Partnership with ZESA for possibility to “sell” electricity to the national power grid -Installation of new water line for residences</p>
<p>To improve water supply</p>	<p>New central water tank stand for improved pressurized system at the institution and staff residences</p>	<p>Adjustment of plan to new water tanks with booster pumps for residences (10.000ltrs)</p>	<p>Revitalization of 2 more water tanks at for staff residences (10.000ltrs)/(Achieved)</p>	<p>Installation of new borehole for improved water supply (drilled 2 boreholes)</p>	<p>Installation of 1 new borehole and evaluation of 2nd for seasonal borehole(based on capacity test); installation of new system to stabilize water supply for residences and hospital</p>	<p>-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>
<p>To maximize utilization of water from boreholes</p>	<p>Implementation of water har-</p>	<p>N/A</p>	<p>Installation of water harvest-</p>	<p>Project proposal for holis-</p>		<p>-Collaboration with private sector for utilization of solid waste as Residual</p>

<p>To improve waste management</p>	<p>vesting systems for irrigation and hospital toilets</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)</p> <p>(Achieved)</p>	<p>ing systems and separated water lines for 1/3 of Hospital premises (20% accomplished)</p> <p>To study layout and possibilities for improved Hospital liquid waste management (sewage system and purification of contaminated waters)/(postponed to 2021)</p>	<p>tic approach to water/sanitation/waste management (Installation of 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>Proposal submitted (Awaiting response)</p>	<p>Follow-up on project proposal and continuous lobbying for implementation</p>	<p>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)</p> <p>-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>-Coordination of shipment of donated equipment and installation</p>
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<p>To improve structure of existing clinical areas</p>	<p>New equipment shipped and installed</p> <p>New anaesthetic machine</p> <p>Expansion of Insitutional Oxygen supply ability</p>	<p>Renovation of theatre block for improved service delivery; new equipment for inzialization of High care unit (Achieved)</p> <p>OPD area renovations / male Ward renovations (Not planned) (Achieved)</p> <p>N/A</p>	<p>Improvement of Labour Ward and High care unit equipment for improved quality of services (postponed to 2021 secondary to COVID19 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 in-</p>	<p>Improvement of Labour Ward and High care unit equipment for improved quality of services (achieved 100%)</p> <p>Lobbing for second anaesthetic machine for theatre 2 for improved capacity and appropriate back-up of crucial equipment (100%)</p>	<p>New equipment installed from conatiner under shipment</p>	<p>-To work in collaboration with partners for availability of reliable 2nd hand machine which could be donated and shipped</p> <p>Coordination of shipment of donated</p>
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<p>Digitalization and telemedicine</p>	<p>New equipment for Rehabilitation department</p>	<p>N/A</p>	<p>stallation of piped oxygen in high care zone in Isolation ward – 4 beds)</p>	<p>Expansion of piped oxygen supply into isolation ward (11 extra beds for a total of 15 beds) and labour ward (Achieved: piping in Labour ward and neonatal unit)</p>	<p>N/A</p>	<p>equipment and installation by specialized volunteer technicians</p> <p>Shipment, installation, and training of new equipment</p> <p>Collaboration with local telecommunication company for improved and reliable internet services to allow live streaming of high-definition digital images/video.</p>
<p></p>	<p></p>	<p>N/A</p>	<p>New equipment for rehabilitation (training rubber bands, weight, exercise tools, treadmill, bike, wheelchairs, traction kits, tense, electro stimulator)</p>	<p>New equipment for rehabilitation (training rubber bands, weight, exercise tools, treadmill, bike, wheelchairs, traction kits, tense, electro stimulator) (pending)</p>	<p>New equipment installation from container under shipment</p>	<p></p>

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KEY RESULTS AREA : TEACHING/EDUCATIONAL/RESEARCH PROGRAMMES

STRATEGIES	OUTPUT	2019 Target / (Achieved)	2020 Target / (Achieved)	2021 Target (Achieved)	2022 Target	Activities
Teaching programmes - School of nursing	No. of students trained	PCN Upskilling programme for 30 students with at > 85% pass rate	To start Advanced Midwifery Training (10 students)	Advanced Midwifery Training (12 students)(achieved)	Advanced Midwifery Training (6 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
	% of students pass rate	(32 students trained; 100% pass rate)	Programme started and 8 students completed 1st year of training.		15 PCN students	-Partnership with neighbouring District hospitals for field attachment of students
Promotion of continuous educational development and research to enhance service delivery and institutional de-	No. of research projects implemented	1 Research project (in progress)	1 project submitted and approved by partners	Implementation of CMAMS programme (programme started)		-Partnership with MOHCC and different stakeholders for research aimed to improve service delivery and living conditions of communities

<p>velopment</p>	<p>No. of hands-on sessions for continuous education for students and clinical staff</p>	<p>33 staff members and 8 students of midwifery trained in BLS</p>	<p>(CMAMS) 20 sessions in management of maternal and neonatal emergencies with the use</p>	<p>Collaboration with local and international educational scientific groups for distance learning live sessions/webinars (tele-education programmes) (achieved: programme started) 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 (achieved 10)</p>	<p>Collaboration with local and international educational scientific groups for distance learning live sessions/webinars (tele-education programmes) 20 clinical staff 18 students (midwifery/PCN) trained in BLS. At least 25 sessions in management of maternal and neonatal emergencies</p>	<p>-Partnership with MOHCC and different stakeholders for e-learning continuous education programme aimed to improve access to most updated guidelines and best practice to be incorporated into training programme activities</p>
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			of simulators		with the use of simulators (achieved) and study groups sessions on CTG	
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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 (Achieved)	2022 Target	Activities
To increase number of staff premises to accommodate staff	No. of new staff premises built	Finalization of staff premises (new 4 flats for	To explore possibility of further constructions for	To explore possibility of further constructions for	2 new blocks (4 flats) to be completed	-Utilization of local material and local reliable contractors -Maximization of costs using local teams directly supervised and trained

<p>concepts)</p>			<p>roduced pilot quality programme based on teamwork performance)</p>	<p>ing in collaboration with Human resources department for holistic approach to quality programme (introduction of team spirit and team leadership indicators into institutional quality programme) (achieved: activity started in November 2021)</p>	<p>Roll out to departments with coordination by Human resources office)</p>	
<p>To strengthen financial management and resource mobilization</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>Programme in collaboration with specialist consultant for optimization of system efficiency and auditing compliance</p>	<p>- Sessions in collaboration with specialist consultant (chartered of accounts) to strengthen system and develop monitoring tools/checklists for improved monitoring, auditing compliance and maximization of financial resource management</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 / (Achieved)	2020 Target / (Achieved)	2021 Target (Achieved)	2022 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 (Achieved: Proposal submitted – awaiting response)	To continue lobbying for implementation	<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) and a 4th wave in December characterized by the Omicron variant. 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 highly affected the hospital catchment area and hospital need for admission of patients with severe disease and high need of oxygen.

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 international benefactors to whom we are very grateful for the support.

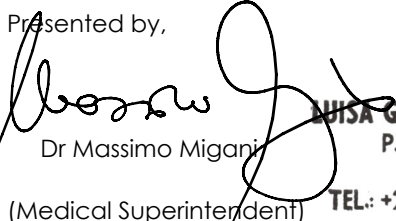
For the year 2022, the aim is to sustain, restore and improve in the various activities guided by the following purposes:

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,



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20/02/2022