

# LUISA GUIDOTTI HOSPITAL

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## January – December 2022 Highlights of Activities & 2023 Highlights of Operational Plan

Presented by: Dr Massimo Migani (Medical Superintendent)

29<sup>th</sup> of January 2023

## 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 Dr M. Migani has been appointed as the Medical Superintendent, with currently the Hospital Executive composed by him as the Medical Superintendent, Mrs I. Chipuriro as the Tutor in Charge of the School of Nursing and Midwifery, Mrs E. Mufandaedza as the Hospital Matron and Mr P. L. Machipisa as the Hospital Administrator. At present the Hospital is a 101 registered beds Mission Hospital (the number of in-patients beds has been revised during COVID19 pandemic to 83 in-patient beds and 18 beds for waiting mothers - WMH), and comprises of the following departments:

Outpatient department, Pharmacy, Male Ward, Female Ward, Paediatric Ward, Maternity Ward (including Labour ward), TB Ward, COVID19 Isolation ward, Theatre block, Laboratory, O.I. Clinic (for patients living with HIV, treatment and follow up), Family and Child Health department, Rehabilitation Department, Dental Department, Eye Clinic, Waiting Mothers' Home.

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 10.676 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 74.667 citizens (data from National Census 2012 and District profile 2022 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).

**CATCHMENT POPULATION 2022**

<b>CATCHMENT POPULATION</b>	<b>Ward 16 (LGH) – Part Ward 13 (Lot) Incl. Referral area</b>	<b>10.676 74.667</b>
UNDER 1 YEAR	3.2%	346
CHILDREN 1 – 4 YEARS	12.7%	1.353
CHILDREN < 5 YEARS	15.9%	1.700
CHILDREN 5-14 YEARS	27.8%	2.970
15 YEARS +	56.3%	6.006
16-17 YEARS	4.3%	457
18 YEARS +	49.7%	5.303
ADOLESCENT GIRLS	15.2%	1.628
WOMEN POPULATION	52.6%	5.611
WOMEN OF CHILDBEARING AGE (15 – 49 AGE)	22.9%	2.445
EXPECTED PREGNANCIES	4%	427
EXPECTED BIRTHS	4%	427

Sources:

- MOHCC Catchment Population by Health Centre – Mutoko District Document 2022.

**VISION/MISSION/CORE VALUES.**

Centred on the example of the life of Jesus Christ, the hospital vision and mission are inspired by principles of Love and promotion of “development, wellbeing and common good”.

In this view and in line with the Ministry of Health and Child Care vision and mission, the hospital aims to promote an integrated approach to public health interventions where “one-health” and “circular economy” concepts are pillars of the hospital strategic interventions.

**VISION.**

Luisa Guidotti hospital envisages a healthy and self-reliant community so that “they may have life and have it to the full” (John 10, 10)

**MISSION.**

Luisa Guidotti hospital is committed to promote high quality of health services, maximizing resources and working in a close bond with the community served, towards the promotion of preventive and sustainable community health programmes. This with an approach focused on principles of «one-health» and «circular economy».

**CORE VALUES.**

Faith, Hope, Love, Ethics, Integrity, Justice, Accountability, Creativity, Perseverance towards development.

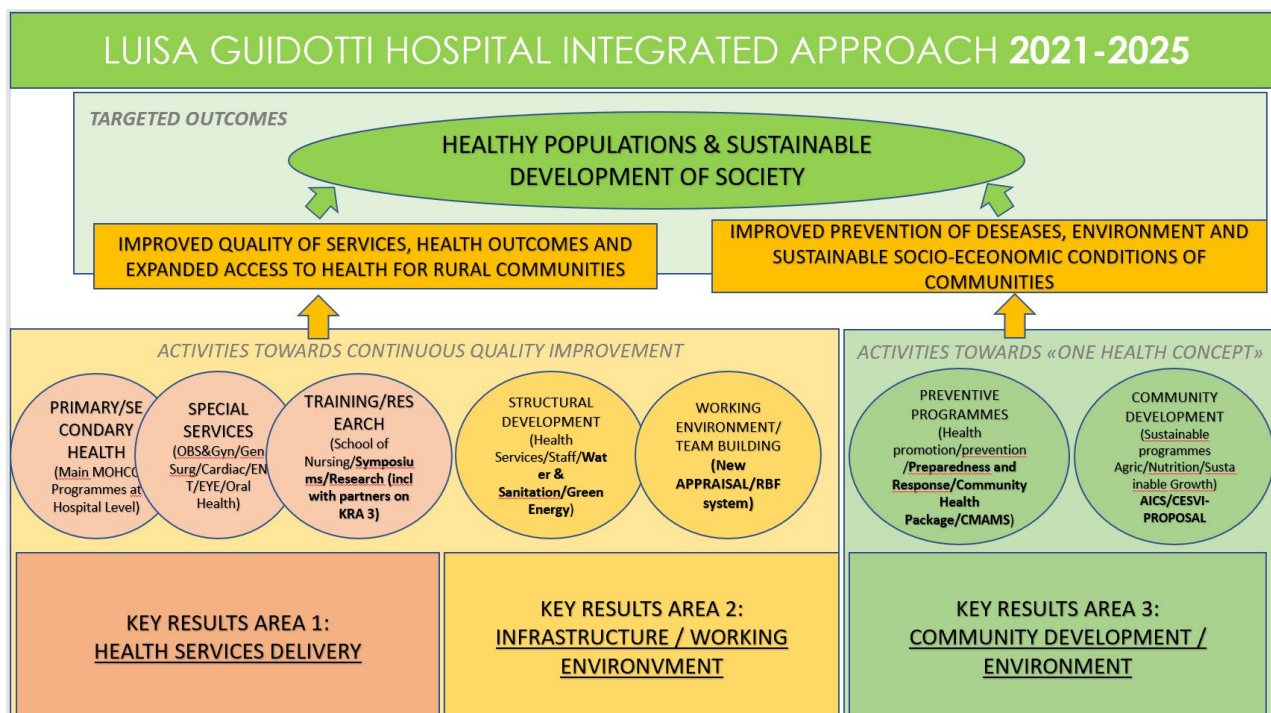
## STRATEGIC OBJECTIVES AND PRIORITY AREAS OF ACTIVITY/PROGRAMMES.

In line with the MOHCC National Health Strategy and the Hospital strategy, we summarize 3 main Key results areas of intervention (1. Health Services delivery, 2. Infrastructure/Working environment, 3. Community development/Environment) which include specific priority activities/programmes whose outcomes aim to improve: a) Quality of services, Health outcomes, Expanded access to Health; b) Community development, wellbeing of populations and prevention of diseases.

Priority areas of activity/programmes can be summarized as follows:

1. RMNCH (Reproductive Maternal Neonatal & Child health) – KRA1
2. Critical Care Management – KRA1
3. Surgical services – KRA1
4. Infection Prevention and Control – KRA1
5. O.I./EMTCT – TB services – KRA1
6. IMNCI – KRA1
7. Pharmaceuticals - KRA1
8. Laboratory Services – KRA1
9. Training/Continuous education – KRA1
10. Procurement/Store management/Logistics – KRA1
11. Outpatients' services (OPD/USS/VIA services/Dental/Rehabilitation/Eye Clinic) – KRA1
12. Maintenance/Water supply/Structural development – KRA2
13. Working Environment (incl. implementation of Leadership & Management development plan) – KRA2
14. Waste Management/Environment – KRA3
15. Community Programmes/Community development – KRA3

To promote quality improvement and an approach towards Total Quality Management, in line with the MOHCC quality improvement framework, the hospital at the end of the second quarter has set a Quality Improvement Committee with the aim to coordinate quality improvement and quality control and has identified Working Improvement Teams for each of the above Priority areas of intervention, of which a number of them have been activated at the end of July.



## HIGHLIGHTS OF ACTIVITIES / PROGRAMMES

### 1. Inpatients and Outpatients services.

<b>Service Delivery</b>	<b>2021</b>	<b>2022 Target</b>	<b>2022 Achieved</b>
Total population	8955	10676	10676
Total number of inpatient beds	83	83	83
Total number of admissions inclusive maternity	1377	1600	1770
Total bed occupancy rate (%)	29.4%	35%	32.7%
Total institutional deliveries	679	700	620
Total deaths	78 (5.7%)	< 4.5%	45 (2.5%)
Maternal deaths	2	0	1
Total number of new outpatient department (OPD) visits	11099	13000	11565
Total number of new and repeat outpatient department (OPD) visits	24837	24000	23808
<b>Operating theatre</b>			
Number of caesarian sections	108	N/A	71
Caesarean section rate	16.2%	5-15%	11.7%
Number of major operations done excluding caesarian sections	96	N/A	26
Number of minor operations/procedures done	216	N/A	257
Number of table deaths	0	0	0
<b>Dental services</b>			
Number of procedures performed	1191	1100	1144
<b>Rehabilitation services</b>			
Number of procedures performed	594	800	917
<b>Ophthalmology services</b>			
Number of conditions attended	498	400	421
<b>Radiology services</b>			
Number of clients who had X Ray done in the dept	1937	1800	2209
Number of clients who had Ultrasound Scan done in the dept	830	750	1405
<b>Laboratory services</b>			
Number of Laboratory tests done	16789	15000	18536

## Comments

Data show a slight variance in most of the indicators compared to targets (set on pre-pandemic situation – based on highest outputs of 2019 since 2013 to date), therefore confirming a positive trend in general limited (apart from deliveries). Deliveries are on the contrary in downtrends, and this is affecting also perinatal mortality rates (refer to section Maternal services for details). The hospital has taken measures in July, to increase ANC bookings and ANC coverage, by removing any user fees for all mothers who come for a scan in the first trimester (even if not under Results Based Funding programme) and ensuring full free services for all pregnant women who are under the RBF programme.

## 2. RMNCH – Maternal & neonatal services/EMTCT/EPI/Child health.

Indicator	Output
Number of pregnant women who book for first ANC visit before 16 weeks	137(34%)
Number of pregnant women who book for first ANC visit before 12 weeks - target(40%)	60(15%)
Proportion of births attended by a skilled birth attended - monthly target	100% (620)
Pregnant women receiving two or more Tetanus Toxoid (TT2+) vaccinations	403
Caesarean sections as a percentage of all live births (Caesarean section rate) - target (10%)	11.7% (71/607)
Total number of pregnant mothers who received iron and folic during current pregnancy	1611
Number of maternal deaths	1 BID
High Risk Maternal cases referral out (Pregnant women at risk referred to from clinics)	57
Post Natal Care - Women with their new-born child receiving three postnatal care service after delivery (Day 1; Day 3 ; Day 7)	155
Proportion of pregnant women who have their BP, urine and blood samples (Hb, Syphilis, HIV) taken when they attend ANC - target	100%
Maternal case fatality rate in health institutions	0% (Home)
Number of perinatal deaths	15
Proportion of women having four or more ANC visits (ANC coverage at least four visits)	95% (592/620)
Number of maternal death audit meetings conducted – target (100%)	1 (100%)

## Comments

There has been a decline in the number of deliveries performed (-80 vs set target for the year) and a relevant increase in perinatal mortality rates (24,2 : 1.000 in 2022 vs 14,7:1.000 in 2021). Besides the reduced number of total deliveries there has been an increase in both early neonatal deaths (7 in 2022 vs 5 in 2021) and fresh still births (8 in 2022 vs 5 in 2021). Of significant note is that in 2022 there has been a significant higher number of pregnancy induced hypertension, pre-eclampsia and post-partum haemorrhages rates among the patients who delivered at the institution (see table below). Audits are regularly conducted and in 2022 besides challenges had especially in the first half of the year because of loss of skilled personnel due to migration, there is need to strengthen protocols and practices which the institution had put in place in the past 3 years especially through the use of simulations to increase responsiveness to management and monitoring of more complicated cases as statistics show increase in the complication managed at the institution. On the other side, the decline of total number of deliveries in concomitancy with increase in absolute number of complications managed, also affects mortality rates. To overcome reduction of patients coming to deliver and prevent increase in home delivery, from the month of July the hospital communicated to community and clinics clarity on full free maternal services (including USS) as per RBF programme and free USS services for all mothers who come for first scan within the first trimester (regardless of the catchment provenance). A Working Improvement Team has been appointed to work on improving service delivery in a continuous effort to promote positive outcomes. In 2023, among of the interventions planned, beside the strengthening of simulations at all departments and clinical audits, there will be the promotion of monthly webinars with case discussions with the Specialists obstetricians and Gynaecologists of GEO group, to uphold continuous professional education and learning experiences of midwifery students of the School of nursing and midwifery.

INSTITUTIONAL DELIVERIES - CONDITIONS /COMPLICATIONS	2022	% of deliveries 2022	2021	% of deliveries 2021
ANTEPARTUM HAEMORRAGE (APH)	3	0%	2	0%
BREECH DELIVERIES	3	0%	9	1%
CORD PROLAPSE	0	0%	0	0%
EPISIOTOMIES	130	21%	141	21%
EROM	0	0%	0	0%
NEONATAL SEPSIS	6	1%	4	1%
NEONATAL CEREBRAL PALSY-EPILEPSY	0	0%	0	0%
OBSTRUCTED LABOUR	0	0%	1	0%
PERI VAGINAL BLEEDING (PV BLEEDING)	0	0%	0	0%
PLACENTA ABRUPTIO	0	0%	0	0%
PLACENTA PRAEVIA	4	1%	0	0%
POST PARTUM HAEMORRAGES (PPH)	11	2%	0	0%
pPROM	3	0%	1	0%
PRE-ECLAMPSIA	16	3%	7	1%
PREGNANCY INDUCED HYPERTENSION (PIH)	30	5%	22	3%
PROM	1	0%	3	0%
SHOULDER DISTOCIA	0	0%	0	0%
TRANSVERSE POSITION	0	0%	0	0%
UTERINE RUPTURE	0	0%	0	0%
VACUUM EXTRACTIONS	16	3%	10	1%

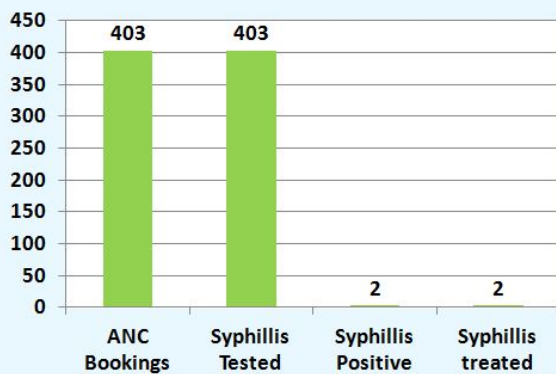
### CMAMS PROGRAMME (Comprehensive Management Approach to Maternal Services to save maternal and neonatal lives in Zimbabwe).

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.

In May-June a philanthropic mission in collaboration with obstetrician of GEO group has been promoted and clinical mentoring sessions for the hospital maternity team and the resident doctors as well as a hands-on workshop on advanced management of obstetric emergencies has been promoted for the 4 resident GMOs and 14 GMOs from other districts within the Province. In July a BEmONC training for 24 nurses working at the rural health centres and Mutoko District Hospital has also been promoted and support and supervision visits have been conducted at the clinics previously trained in BEmONC.

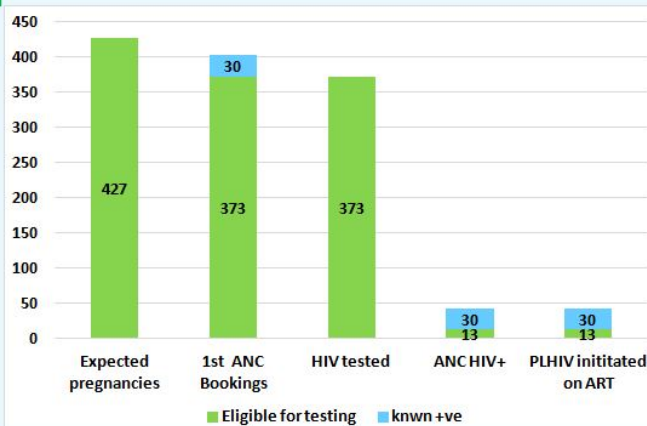


## ANC Syphilis Testing & Treatment 2022



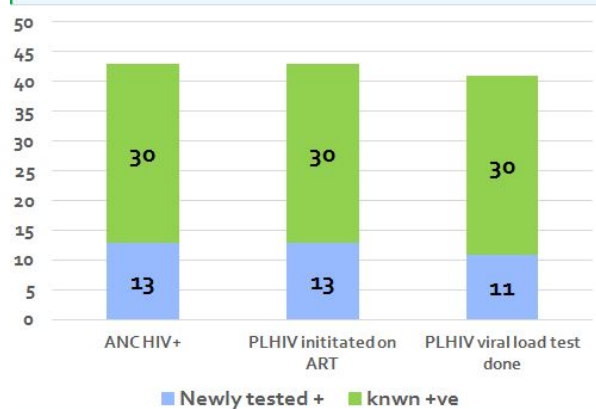
- All 1<sup>st</sup> ANC contacts were tested for syphilis.
- 2 tested positive to syphilis and were treated.

## ANC Cascade 2022



- 94% ANC coverage rate- 403 mothers booked out of the 427 expected pregnancies for the period
- 100 % testing rate for all eligible pregnant women booked
- A 3.5% positivity rate was noted from the tested pregnant women.
- All women booking with a known status were already on ART
- All newly positive women initiated on ART

## ANC ART Coverage and V/L testing 2022



- 100% of the newly tested positive initiated on ART
- Viral load testing done to 95% of the mothers booked in the period
- Results turnaround time as viral load is being done at the facility using Gene Xpert machine.
- 68% of the mothers had viral load suppression.

### Comments

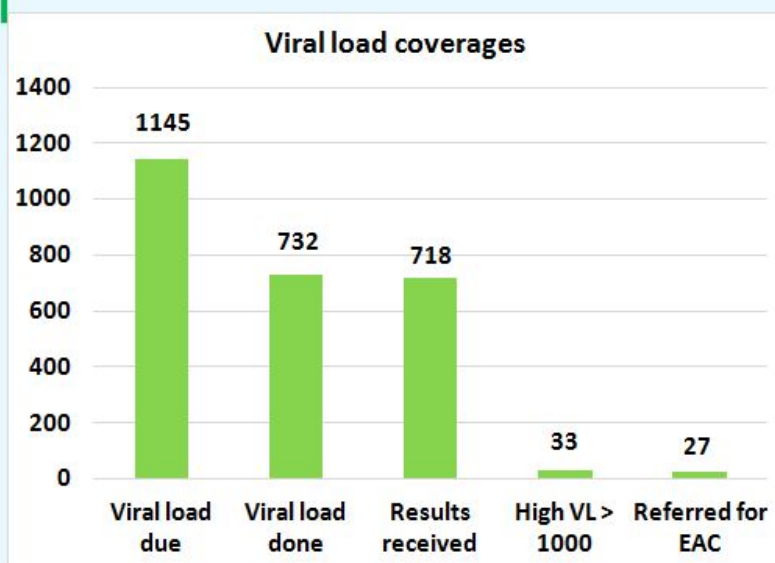
We aim to ensure viral load testing to be at 100% for pregnant mothers leaving with HIV as facility can perform GeneXpert dedicated VL testing. 56 HIV exposed infants were delivered and 100% received post exposure prophylaxis.



### 3. O.I./ART and Tuberculosis.

Indicators measuring efforts that contribute to the reduction of HIV morbidity and mortality	
Indicators	District output for the month
Number of males and females tested for HIV and received their results	1972
Number of children and adults living with HIV continuing on ART	1145
Number of adults newly initiated on ART	68
Total number of adults on ART (new and old cumulative)	1103
Number of children newly initiated on ART	2
Total number of children on ART (new and old cumulative)	42
Number of new STI cases	205
Number of repeat STIs	32

### Viral Load Coverages (2022)



- Viral load coverages of 64% achieved from all the eligible clients.
- Viral load suppression of 95% achieved from all the received results.
- Results turnaround time now less than 28 days for referred samples.

#### Comments

During the year, despite difficulties to procure laboratory reagents (secondary to unavailability from Natpharm), it has been possible to generally maintain adequate levels of reagents for the various biochemistry tests to be performed. On another note, as the availability and turnaround time for Viral load tests at Provincial level is now adequate to fully support scaling up of Viral load tests, there is need to ensure that all patients have at least 1 Viral Load and CD4 count tests as proportion of them is too low. The dedicated Working Improvement Team (WIT) will work on scaling up this in the next quarter to ensure by end of the year that systems will be in place to guarantee whenever reagents are available that all patients requiring monitoring of viral load suppression tests are followed-up accordingly.

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.

Of the 1103 adult patients currently on ART, there were: 68 new initiations, 1 Reinitiating, 4 Transfers in, 51 transfers out, 8 deaths.

Of the 42 children on ART, 2 new initiations, 0 transfers in, 5 transfers out and 0 deaths.

## To reduce the mortality, morbidity and transmission of tuberculosis by 90%

Data element	Output
Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	0
Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	0
Percentage of TB cases <u>treatment</u> success rate - all forms	97%
Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and re-lapses MT	71
Number of notified cases of all forms of TB- bacteriologically confirmed plus clinically diagnosed, new and re-lapses	71
Percentage of HIV- positive registered TB patients given ant-retroviral therapy during TB treatment	100%
Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second line treatment MT	0
Number of all TB patients who defaulted treatment MT	0
Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and /or MDR-TB) notified MT	0

### Comments

2 Deaths occurred during the reporting period. During situational analysis, it has been noted that success rate mainly represents treatment completion, therefore there is need to strengthen end of treatment radiological and/or microbiological verification of treatment success (WIT will work to strengthen it from the next quarter).

## 4. Under 5 health indicators

Indicators	output	Target
% of children who are fully immunized at 12 months (Primary course completed)	151 (63)	240(100%)
Number of ARI cases treated	255	
Number of facilities with at least one staff with IMNCI skills and attending to under 5-year children	1	
Number of health facilities with functional cold chain requirements	1	
Percentage of children aged 12 - 23 months who received BCG vaccine by their first birthday	100%	100%
Number of children who completed primary course of vaccinations	255	
Number of children received Penta 3	149 (48%)	
Percentage of children under 5 with pneumonia treated with appropriate antibiotics	255(100%)	

## Comments

There is a too low coverage of vaccine administration besides BCG which is administered to all newborn with a supermarket approach. A situational analysis done through head count of children in the villages was carried out during the year by Community Health Workers and it highlighted a discrepancy in the estimated population of children compared to the reduced actual found on the ground; however to improve coverage of EPI services, the institution will mobilize monthly outreaches within the catchment population area to reach more the community at village level in 2023 starting from January.

## 5. Malaria indicators

Indicators	Output	Thresho- lds/Target
Total number of suspected cases for the month	2605 (CHWs-1564 60%)	
Number of suspected malaria cases tested by RDT or Slide	2605 (CHWs-1564 60%)	
Number of confirmed cases	224 (CHWs-162 72%)	
Number of children under 5yrs treated for Malaria	25 (CHWs-10)	
Number of women attending ANC given IPT2	267	
Number of women attending ANC given IPT3	183	
Total number of malaria cases admitted	55	
Number of inpatient malaria deaths	1	
Total number of malaria deaths	2 (1 BID)	
Malaria case fatality rate	0.9 %	NEAR TO 0%
Proportion of suspected malaria cases tested at public sector health facilities (microscopy or RDT) excludes community testing	(1041)100%	
% of confirmed malaria cases that received recommended 1st-line ACTs at public health institutions (excludes community treatment)	(62)100%	
Proportion of confirmed malaria cases investigated (Pre - Elimination districts)	N/A	
Proportion of malaria deaths audited	100%	
Malaria incidence	2.1% (224/10676)	

## Comments

72% of the malaria cases identified have been diagnosed and treated with first line treatment directly in the community, by the CHWs. The programme is running very well and monthly meetings have been promoted with CHWs to continuously strengthen community participation and coordination on health issues. Based on this success, the hospital is trying to expand intervention and preventive measures to improve health also in maternity, child health and NCDs community awareness.

## 6. Pharmaceutical services

The hospital is facing challenges to guarantee adequate levels of medicines supply therefore is forced to procure privately medicines which on several occasions are provided free of charge to patients or below cost to support health programmes or special groups.

Medicine/pharmacy services	
Indicators	Output
Average vital drug stock status(%)	57.8%

Average essential drug stock status(%)	46.2%
Average necessary drug stock status(%)	33.3%
Number of blood units used	154
Oxygen availability(yes/no)	YES

To maximize resources, cost recovery where possible while keeping costs for patients at the minimal possible for expanded access to medicines in the rural communities and accountability, the department has been fully computerized starting from the 1<sup>st</sup> of July 2022.

## 7. INR monitoring Programme / Cardiac 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.

At present 76 patients are enrolled under follow-up (50 Harare, 5 Bulawayo, 4 Kwekwe, 13 Luisa Guidotti Hospital) with an age average of 36.7 years (min 15 – max 61).

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.

## 8. Quality improvement activities

As highlighted at page 4, the hospital has begun to activate according to the QI framework for the MOHCC, a Quality Improvement Committee and 15 Working Improvement teams, 8 of each have started conducting quality improvement processes according to 5s and KAIZEN with QC story activities as well as a leadership and management development plan has been drafted and activities in this will be initiated in September.

Of note:

- a. Pharmaceutical services: a deep review of processes has been carried out from February to June and a new software for improved management of medicines and stocks, linked to financial department has been introduced fully from the 1<sup>st</sup> of July. The new system is aimed to maximize resources, sustainability and assist in avoiding losses, ensuring to work identifying constantly the break-even point

for medicines and supplies, keeping medicines which need contribution by patients at the minimal level of cost to guarantee the possibility to the hospital to assist those in need “free of charge”.

- b. Admin/Procurement processes/Stores management/Fuel consumption; a KAIZEN exercise with QC story has been carried out during Q2 and Step 5 of KAIZEN has been completed in August to improve efficiency of coordination, monitoring of processes and minimize waste, to maximize available resources. Savings up to 30-40% of fuel consumption have been obtained with consistence from May to date.
- c. Pilot programme for waste management and waste recycle; a pilot programme for waste management and recycling waste with the aim to involve the community to promote sustainable development has been drafted and we aim to start on a small scale to study feasibility and potential impact during the course of the year 2023.
- d. 5S activities have been carried out at all departments during the period of May – June
- e. Meetings as part of a Leadership and Management Development plan have been promoted (facilitated by the Working Improvement Team— Working Environment) in October with the Heads of Departments to improve teamwork, alignment towards the Vision and Mission of the organization and will continue and cascade to other levels of the organization in the same view and to improve the working environment. The team also worked in collaboration with the Hospital Executive to review the approach to nursing staff distribution in the wards (as due to staff migration currently affecting the entire Country, since end of last year to date, 17 nurses have left the institution and shortage of staff is threatening quality of work in the wards). Despite this challenge, interventions implemented since September managed to reduce the need of locums in the wards despite September and October having been among the busiest months in the wards with bed occupancy increasing up to 45%. Quality performance has remained stable during the months as documented by the supervision done by the quality control team for the clinical areas. Although it was possible so far to overcome challenges of staff shortage not without difficulties, the Institution has very little if no margin at all to further adjust, in case of increase in the admissions rate.

## 9. Other Clinical Activities/Programmes

*Obstetric mission (May-June).* Activities carried out: Mentoring activities to clinical staff with lessons, focused groups discussions and simulations/drills, 1 workshop hands-on training for GMOs of the various districts of the province and staff of the School of Midwifery of LGH, above 100 free gynaecologic screenings (including USS services) and on-job mentoring in the labour room and surgical theatre. The activities have been promoted through the support of Mission Bambini Foundation (Italy).





*Cardiologic missions (May-June-October-November).* 4 missions have been promoted during the year within the Humanitarian programme for cardiac intervention which allowed more than 450 heart surgeries done mainly in highly specialized Cardiac Centres in Italy since its inception in 1986 and consolidated in its structure and collaboration between local and international specialists since 2014.

During the year more than 250 full cardiologic visits have been done with mentoring on management of cardiac patients and on basic principles of applied echocardiography was done to the team of resident doctors by cardiologists coming for philanthropic work.

3 children (1 more to go in December) and 1 adult have been operated in Italy and 2 adults have been operated successfully in Sudan (where the hospital has active another collaboration with a cardiac Centre run by "Emergency", an Italian NGO). These activities have been promoted through the support of Marilena Pesaresi Foundation, Mission Bambini Foundation and Rimini for Mutoko Association (Italy).

*Medical missions (October-November).* Two missions have been promoted to exchange experiences and mentoring:

1. in the use of bed side Point of care ultrasonography (POCUS), for echoscopy both in the Emergency department and in the wards for the monitoring of the critically ill patient.
2. during the Otolaryngology camp (ENT Camp), medical screening to improve in the management of basic ENT conditions and with the use of more advanced diagnostic tools (i.e., fiberscope)

*Otolaryngology (ENT) surgical camp (November).* A camp was promoted with the support from Marilena Pesaresi Foundation (Italy) to treat head and neck day surgery conditions. 30 surgical interventions have been carried out successfully (12 in general anaesthesia and 18 in loco-regional anaesthesia with or without conscious sedation). The camp gave also opportunity for the resident surgical team to perform on-job mentoring to strengthen work and teamwork in theatre, uphold continuous professional education of the skilled personnel (i.e., the resident Clinical Nurse Anaesthetist working with one Specialist Anesthesiologist full time).



*Ophthalmic/Optometrist camps (August-December).*

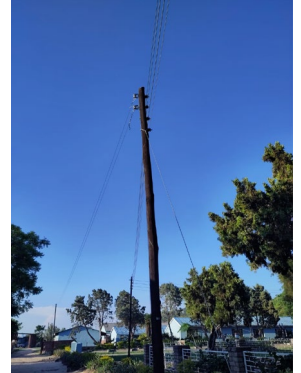
In collaboration with the Mash East Ophthalmic team, the Giovanni Spagnolli Centre (a mission clinic under the Archdiocese of Harare which has a fully equipped laboratory to produce corrective eyeglasses) and the support from ASBO (Spagnolli - Bazzoni Association – Italy) and AMOA – Italy eye health activities have been promoted. An Optometry camp has been carried out in August and an Ophthalmic/Optometry surgical and medical camp is scheduled for the first week of December.

*Oral Health Education/symposiums.*

In April the Oral Health Centre hosted a hands-on course for Dentists and Dental Therapists and the facility is now planning to host 2 symposiums early next year and promote more during the year 2023 in collaboration with the Provincial Medical Directorate and the Zimbabwe Dental Association to promote continuous professional education.

### *Water project.*

With the support of the Marilena Pesaresi Foundation the hospital is executing a project to improve the water supply and the water system of the hospital and staff residences. A new borehole was drilled, and electric lines provided. The project will be completed in the early 2023 with the finalization of installation of water reservoirs and piping to improve the current and weak water supply for hospital and staff residences.



### *Hospital Equipment.*

With support from Marilena Pesaresi Foundation and Mission Bambini Foundation (Italy) the hospital received donated hospital equipment for various departments aimed to improve resources and technology to elevate and sustain high standards of care in the rural context the hospital operates. Among the equipment donated: 2 new state of the art (electric) delivery beds, incubators, neonatal resuscitation isolettes, one defibrillator, one dental chair, one colposcope, hospital furniture and one excavator for structural work and other important material and equipment.



### *New Staff Houses.*

With support from CESVI and Rimini for Mutoko (Italy), in 2021 it was possible to start the construction of 4 flats for hospital staff which have been completed during the 2022 year. They will be of great importance to improve accommodation and leaving conditions for staff deployed at the Hospital.



### *New Pharmacy store.*

With support from UNDP through the Ministry of Health and Child Care, the construction of a new pharmacy store started in October and the project at present completed the foundations is aimed to be finalized in 2023.



## 10. 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 often at cost or sometimes 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. Currently

### 2. **LABORATORY REAGENTS SHORTAGE.**

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

### 3. **HOSPITAL REVENUE.**

The hyperinflation and reduced income caused by the fact that several patients have not adequate funds to cover required costs, 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.

RBF funds for the current year (Q1-Q2 2022) have not yet been delivered by the Ministry to the Hospital, despite the fact that we are now at the end of Q4.

### 4. **FUEL CONSUMPTION/VEICLES BREAKDOWNS.**

Despite the efforts made and the achievements obtained in improving energy sustainability by installing solar plants, secondary to the unstable national power supply, the hospital is trying to partner stakeholders to develop a project which could guarantee reduction in the use of generators by promoting long term sustainable alternative green energy with the use of new generation solar systems with batteries. A KAIZEN exercise with Quality Control story, was carried out in May to optimize fuel consumption for logistics and reduce costs. Since the exercise was implemented, savings have been made (up to 30-40%). However, the increased cost of fuel is still one of the biggest current challenges for the hospital. Vehicles and generators are also aging and more prone to breakdowns; this also impacted financially on the current year and will have an important impact in the future as well. Therefore, the need to invest on long term energy saving projects.

### 5. **LACK OF CRITICAL QUALIFIED STAFF. / STAFF VACANCIES – DIASPORA**

There is lack in strategic qualified staff: Pharmacy Staff, Radiographer/Sonographer/X-Ray operator, Hospital Food Services Supervisor, Dental Department Staff (Dental Assistant). During the year the year the hospital experienced loss of staff and at present there are 16 nurses less than the number present in 2019 (16 currently and 1 soon on the way to transfer to another hospital). The hospital analyzed with the Working Improvement Team dedicated to the area of "working environment" ways to measure and optimize staff workloads in the departments to maximize human resources to mitigate the challenges caused by the staff shortage.

### 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):

**2023 – 2024 OPERATIONAL PLAN** (BASED ON MINISTRY OF HEALTH AND CHILD CARE NATIONAL HEALTH STRATEGY and LGH HEALTH STRATEGY 2021-2025)

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)		

<b>Key Result Area: Communicable diseases.</b> <b>Goal: To reduce morbidity and mortality associated with communicable diseases</b>							
Strategies	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target (achieved)	Target 2023	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 (12)  52 (52)	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% (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% (100%)	100%	Coordination of community programme through Village Health Workers (incl. Monitoring & mentorship)

<b>Key Result Area: Communicable diseases.</b> <b>Goal: To reduce morbidity and mortality associated with communicable diseases</b>							
Strategies	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target (Achieved)	Target 2023	ACTIVITIES
Appropriately managed diarrhoeal diseases	Reduced case fatality due to diarrhoeal diseases	<5% (Achieved 0%)	<5% (Achieved 0%)	< 3% (Achieved 0%)	< 3% (0%)	<2%	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%(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% (100%)	100%	Close collaboration with District, Provincial teams (MOHCC), District Veterinary Department and Community for enhanced response to outbreaks

	3. Preparedness and response to pandemic outbreaks (COVID19 in the years 2020-2022)	N/A	Specific EPR planning & Implementation completed before detection of local outbreak (Achieved)  Review and adaptations during and after outbreaks (Achieved)	Continuous revaluation and adaptation to strengthen integrated preparedness and response to COVID19 pandemic (achieved)	Continuous revaluation and adaptation to strengthen integrated preparedness and response to COVID19 pandemic and other epidemic prone diseases (achieved)	Monitoring/increased surveillance for highly infectious epidemic prone diseases	Continuous monitoring for epidemic prone diseases - community surveillance (Active surveillance through CHWs network)/Adequate stocks of PPE/continuous support of IPC protocols at institutional level and community level (training of CHWs) / adequate stocks of transport media/ disease surveillance electronic platform for easier contact tracing
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 treatments 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 (71 initiated – 45 completed Tx, 2 deaths, transfer out – 2; 22 currently on Tx, 97 success rate)	75	Ensuring availability of Laboratory and radiological services (Gene-Xpert, Microscopy, Functional X-ray equipment)
<b>Broad Objective: Reduce new HIV infections and HIV and AIDS associated co-morbidities and Mortality</b>							
Strategies	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target (Achieved)	Target 2023	ACTIVITIES
<i>Voluntary counselling and testing</i>		2.100 (Achieved 1.775)	1.900 / (achieved 1.756)	1.900 (achieved 1.366)	1.900 (1.972)	2000	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% (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% (100%)	100%	
<b>Key Result Area: NON-COMMUNICABLE DISEASES</b>							
<b>Goal 1: To strengthen priority health programmes.</b>							
Strategies	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target(Achieved)	Target 2023	ACTIVITIES
Institution Capacity Building	% of adults screened for hypertension	100%	100%	100% (achieved 100%)	100% (100%)	100%	Screening at every entry point
	Promotion of Quality improvement results-based programme for strengthening departmental ser-	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	Expansion of institutional RBF with individual targets for continuous	Utilization of monitoring tools for each department for internal supervision and evaluation of services (monthly evaluation/planning of continuous im-

	vices, efficiency and resource utilization				evaluation of various department (achieved)	professional education (including tutorials on job done/simulations)	provement actions) Promotion of departmental periodic training sessions /drills with individual records of attendance to lead continuous professional development and improve service delivery preparedness and response to emergencies
Ensure the hospital platform provide the required equipment	Number of Laboratory examinations performed (comprehensive services)  Number of X-rays Performed  Number of Ultrasound scans performed	18.500 (Achieved 18.447); introduced microbiology (achieved)  1.600 (Achieved 1.736)  700 (Achieved 890)	18.500 (Achieved 13.613); (Haematology, Biochemistry, Parasitology, Microbiology, Blood bank services)  1.600 (Achieved 2.212)  750 (Achieved 555)	15.000 (Achieved: 13.887)  1.800 (achieved 1675)  750 (achieved 698)	15.000 (18.536)  1800 (2209)  750 (1405)	17.500  1900  1400	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  -Every pregnant mother to have at least 1 USS performed (Obs USS) -Basic USS services for emergency/basic diagnostic /procedures guided USS
Strategies	Output	2019 Target / (Achieved)	Target 2020/(Achieved)	2021 Target (Achieved)	2022 Target (Jan-Oct Achieved)		
Establishment of Oral Health Community Screening Programme.  Comprehensive Service Delivery at Institutional Level  Promoting Continuous professional development	No. of procedures performed (Comprehensive services)	1.300 (Achieved 1.921)  At least 2 interns on rotation under supervision at LGH (Achieved Supervision of 4 interns)	1.400/(Achieved 1.062)  At least 2 interns on rotation under supervision at LGH)/(1 Achieved)	1.200 (achieved 1.190)  Promotion of 2 Oral Surgery/Prosthetic dentistry Symposiums for Dentists (hands-on/live surgery) Achieved 2 Symposiums promoted	1.100 (1.143)  2 Oral Health symposiums (hands-on/live surgery) promoted (1 implemented – 2 organized ready for implementation)	Roll out of pilot. Community oral health programme (School/Clinic)  1.000  6 Oral Health Symposiums (hands-on training courses) for BDS Students - Dental Interns and Senior BDS	Screening and oral health education at school level and clinic level. Basic level of preventive interventions (fissures sealants application, simple restorations and extractions at clinic level)  Service delivery at Oral Health Centre LGH  Oral Health Continuous Education programme promoted at LGH in collaboration with PMD Mashonaland East and Zimbabwe Dental Association
Strengthening Eye health	No. of patients screened.	N/A	N/A	N/A	N/A	400	

through integration of programmes within Primary health care framework	(community health / school programme)  No. of conditions attended.  No. of eyeglasses prescribed	N/A  N/A	N/A  N/A	N/A  N/A	400(421)  (40)	600  200	
<b>Key Result Area: MATERNAL &amp; CHILD HEALTH</b> <b>Goal 1: Reduce maternal mortality ratio keeping it &lt; 140:100.000 (SDG 3.1 – towards &lt; 70:100.000 by 2030); to reduce perinatal mortality ratio from 25:1.000 in 2019, towards 12:1.000 by 2030 (SDG 3.2)</b>							
<b>Strategies</b>	<b>Outputs</b>	<b>2019 Target / (Achieved)</b>	<b>2020 Target (Achieved)</b>	<b>2021 Target (Achieved)</b>	<b>2022 Target(Achieved)</b>	<b>Target 2023</b>	<b>ACTIVITIES</b>
	Proportion of births attended by a skilled birth attendant	100% (Achieved 854)	100% (> 700 Deliveries)/684 (Achieved)	100% (> 700 Deliveries) (achieved 679)	100% (> 700 deliveries)(620)	>700	In-house training (tutorials and practical sessions with Tutor of School of Nursing and specialists)
i) Strengthen capacity of health workers in quality lifesaving skills including EmONC	Obstetrics course (Training of trainers) on the use of simulators for School of nursing and Clinical departments  Quarterly sessions for health professionals        Strengthen of maternity and neonatal department with installation of new equipment for labour ward, post-natal and neonatal high care unit.	Quarterly sessions (practical on complicated deliveries with the use of simulators) and drills on management of Obstetric emergencies for clinical staff and students (Achieved)        N/A	Quarterly sessions (practical on complicated deliveries with the use of simulators) and drills on management of Obstetric emergencies for clinical staff and students (Achieved)        N/A	Quarterly sessions (practical on complicated deliveries with the use of simulators) and drills on management of Obstetric emergencies for clinical staff and students        Renovations of labour ward/neonatal ICU/ new phototherapy / new USS and resuscitation equipment (100% achieved)	Quarterly sessions (practical on complicated deliveries with the use of simulators) and drills on management of Obstetric emergencies for clinical staff and students; Study groups on CTG interpretation and clinical audits (achieved 75%)        Shipment of new equipment (delivery beds and other material for maternity and neonatal department) (achieved)	Individual appraisal including targets of number of drills/simulations on dedicated conditions        Mentorship and drills on neonatal conditions and management of premature babies	Promotion of course for the Tutors and Senior staff on the use of simulators for upgrading skills of management of Obstetrics emergencies and complicated deliveries. Collaboration with local specialists and GEO group (ITA) to improve CEmONC, increase peer-to-peer reviews and uphold standards to current national and international best practices (this activity will also include webinars and telemedicine)        Promotion of in-house simulation of complicated deliveries/emergencies to improve preparedness to manage obstetric complications.        Continued training for efficient utilization of equipment installed.
Strengthening mortality surveillance and audit system  Promoting robust programme for continuous professional development	Perinatal mortality rate	22:1000 / (21:1000)	19:1000 / (25:1000)	19:1000 / (14.7:1000)	16 : 1000 / (24.2:1000)	20 : 1000	-Regular use Cardiotocography (CTG) for foetal monitoring during labour -Promotion of CTG study group for enhanced management and interpretation of CTG monitoring for

and mentoring							Midwives and Doctors - Promotion of audits and strengthening of mortality surveillance system -Promotion of monthly webinars with specialists for peer-to-peer review -Promotion of simulations weekly with clear objectives set for HCWs and students to uphold skills
	C/S Rate	11% (achieved 12%)	12% (Achieved 11.8%)	12% (> 5% - < 15%) (Achieved 15.9%)	15% (11.7%)	10-12%	
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 CMAMS programme implementation for pilot area) (Achieved trainings of HCWs – Nurses and Doctors; CHWs partial implementation-non yet completed full reporting system for activities done in the community)	Exchange programme for midwives and mentors with specialist high level obstetric centres	Collaboration between LGH, PMD Mashonaland East, national and international partners towards innovative approach to maternal and neonatal health services focused on 2020 WHO guidelines for intrapartum care.

**KEY Results area: IMPROVED PRESENCE OF MEDICINES AND COMMODITIES**
**Objective: To ensure availability of medicine and related commodities to guarantee quality of clinical services**

Strategies	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target (Achieved)	Target 2023	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 (57.8%)	65%	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	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target(Achieved)	Target 2023	ACTIVITIES
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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 (programme suspended because of COVID19 pandemic); 2 patients sent to Sudan for surgery	3 Cardiac missions(4) 300 visits (300) 8 surgeries (5)	4 cardiac missions 300 Visits 6 surgeries	To expand health services and promote training through collaboration with specialists and Institutions : -Full cardiologic consultations and patients referred and operated (cardiac surgery to Italy and Sudan)  -Eye Activities: daily eye clinic with Ophthalmic Nurses (1 trained, 1 under training); 2 camps for surgical removal of cataracts/year  -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.  -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
	Number of cataract surgeries performed.	OPHTHALMIC 120/ (Achieved 2 missions, 109 surgeries performed)  ENT / SURGICAL (1 ENT camp promoted with surgeries/General surgery collaboration; achieved)  OBSTETRICS&GYNAECOLOGY Training of trainers in Obstetric emergencies with use of advanced simulators; achieved May 2019)  USS Camp (Achieved Nov 2019)	OPHTHALMIC (programme suspended secondary to COVID19 pandemic) ENT / SURGICAL (programme suspended secondary to COVID19 pandemic)  OBSTETRICS&GYNAECOLOGY (1 mission promoted and 3 sessions with specialist – programme affected by COVID19 which caused suspension)  USS Camp (programme suspended secondary to COVID19 pandemic)	OPHTHALMIC (1 missions; 40 cataract surgeries)  ENT / SURGICAL (1 ENT camp) Programme suspended because of COVID19 pandemic.  Monthly Collaboration with SPECIALIST OBSTETRICIAN (to resume programme) (2 sessions promoted)  USS Camp (1 camp or live virtual training) Programme suspended because of COVID19 pandemic	2 Camps (1 camp to be promoted in Dec)  Revaluation for 1 mission possibly to be implemented (1 camp in Nov)  (OBS/GYN missions 2 – 5 sessions with specialist promoted) (2 missions combined for mentoring of resident team – no monthly collaboration with specialist OBS)  USS Camp (1 camp or live virtual training) (achieved 1 mentoring camp on bed side / POCUS)	3 Camps (150 cataract surgeries)  1 mission  2 missions (OBS/GYN) mentoring programme with on -job mentoring.  General Surgery services (consultancy programme)  1 USS Camp	

							tics and maximize cost effectiveness
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KEY RESULTS AREA : INFRASTRUCTURAL DEVELOPMENT							
Objectives : Health Infrastructure development							
Strategies	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target(achieved)	Target 2023	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.	Intervention postponed to 2023. (1 project expert analysis with full bill of quantity and impact evaluation assessment done)	Project proposal to be submitted for funding to partners for implementation in 2024.	Engagement of partners for implementation of project proposal/study evaluation done in 2022 for “Off-grid” hospital to save energy costs and reduce impact on environment by reducing the use of generators.
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 bore-hole for improved water supply (drilled 2 bore-holes)	Installation of 1 new borehole and evaluation of 2 <sup>nd</sup> for seasonal bore-hole(based on capacity test); installation of new system to stabilize water supply for residences and hospital (achieved 1 borehole and electricity supply line)	To complete project 2022 for full utilization of new borehole	-Installation of new water line for residences
To maximize utilization of water from bore-holes	Implementation of water harvesting systems for irrigation and hospital toilets	N/A	Installation of water harvesting systems and separated water lines for 1/3 of Hospital premises (20% accomplished)	Project proposal for holistic 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)	Follow-up on project proposal and continuous lobbying for implementation (no grant received)	Proposal of pilot programme for improved solid waste management and recycle of waste.	Collaboration with community to set-up a pilot programme for sustainable community waste management and recycling
To improve waste management	Installation of new technology for solid Hospital solid waste management with reduce impact on the environment	Installation of new equipment and lobbying for programme expansion (to improve reduction of impact of hospital activities on the environment (Achieved)	To study layout and possibilities for improved Hospital liquid waste management (sewage system and purification of contaminated waters)/(postponed to 2021)	Proposal submitted (Awaiting response)			
		Renovation of theatre					

To improve structure of existing clinical areas	New equipment shipped and installed.	block for improved service delivery; new equipment for initialization of High care unit (Achieved) OPD area renovations / male Ward renovations (Not planned) (Achieved)	Improvement of Labour Ward and High care unit equipment for improved quality of services (postponed to 2021 secondary to COVID19 pandemic)	Improvement of Labour Ward and High care unit equipment for improved quality of services (achieved 100%)	(Improved Pharmacy area for increased store capacity and dispensing space)	Completion of project 2022	<ul style="list-style-type: none"> <li>-To work in collaboration with partners for installation of digital CR to digitalize existing Xray unit</li> <li>- Coordination of shipment of donated equipment and installation by specialized volunteer technicians</li> </ul>
	New anaesthetic machine	N/A	Lobbing for second anaesthetic machine for theatre 2 for improved capacity and appropriate back-up of crucial equipment (Not accomplished)	Lobbing for second anaesthetic machine for theatre 2 for improved capacity and appropriate back-up of crucial equipment (100%)		Lobbing for support to digitalize Xray department	
	Expansion of Institutional Oxygen supply ability	N/A	Not on programme / (Achieved installation of piped oxygen in high care zone in Isolation ward – 4 beds)	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)	New equipment installed from container under shipment (Achieved)		
Digitalization and telemedicine	New equipment for Rehabilitation department	N/A	New equipment for rehabilitation (training rubber bands, weight, exercise tools, treadmill, bike, wheelchairs, traction kits, tense, electro stimulator) (postponed)	New equipment for rehabilitation (training rubber bands, weight, exercise tools, treadmill, bike, wheelchairs, traction kits, tense, electro stimulator) (pending)			<ul style="list-style-type: none"> <li>Shipment, installation, and training of new equipment</li> <li>Collaboration with local telecommunication company for improved and reliable internet services to allow live streaming of high-definition digital images/video.</li> </ul>
	Digitalization of X-ray imaging, health recording system and cardi-otocography		Installation of centralized server for health recording; installation of CR system for digitaliza-	Installation of centralized server for health record-			

			tion of radiologic imaging; installation of new digital cardiotocograph for improved maternal patients monitoring (postponed to 2021)	ing; installation of new digital cardiotocography for improved maternal patients monitoring. (Pending)  Installation of new unit for live streaming in High Definition of digital images for tutorials, training, and telemedicine (Achieved: equipment in place)			
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KEY RESULTS AREA : TEACHING/EDUCATIONAL/RESEARCH PROGRAMMES							
Strategies	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target(Achieved)	Target 2023	ACTIVITIES
Teaching programmes - School of nursing	No. of students trained.	PCN Upskilling programme for 30 students with at > 85% pass rate (32 students trained: 100% pass rate)	To start Advanced Midwifery Training (10 students)	Advanced Midwifery Training (12 students)(achieved)	Advanced Midwifery Training (8 students new intake 2022)	Advanced Midwifery Training (8 students)	-Training activities according to National curricula -Expanded programme with inclusion of CTG and basic ultrasound training for midwives to enhance early detection of risks of complications -Partnership with neighbouring District hospitals for field attachment of students
Promotion of continuous educational development and research to enhance service delivery and institutional development	% of students pass rate		Programme started and 8 students completed 1st year of training.		15 PCN students (79 students in 2 groups)	20 PCN students	
	No. of research projects implemented.	1 Research project (in progress)	1 project submitted and approved by partners (CMAMS)	Implementation of CMAMS programme (programme started)			-Partnership with MOHCC and different stakeholders for research aimed to improve service delivery and living conditions of communities
				Collaboration with local and international educational scientific groups for distance learning live sessions/webinars (tele-	Collaboration with local and international educational scientific groups for distance learning live ses-	Collaboration with local and international educational scientific groups for distance learning	

	No. of hands-on sessions for continuous education for students and clinical staff	33 staff members and 8 students of midwifery trained in BLS	20 sessions in management of maternal and neonatal emergencies with the use of simulators	<p>education programmes) (achieved: programme started)</p> <p>20 clinical staff 12 students of midwifery trained in BLS.</p> <p>At least 25 sessions in management of maternal and neonatal emergencies with the use of simulators (achieved 10)</p>	<p>sions/webinars (tele-education programmes)(not completed)</p> <p>20 clinical staff 18 students (midwifery/PCN) trained in BLS. (achieved)</p> <p>At least 25 sessions in management of maternal and neonatal emergencies with the use of simulators (achieved) and study groups sessions on CTG (not completed)</p>	<p>live sessions/webinars (tele-education programmes)(not completed)</p> <p>20 clinical staff 67 students (midwifery/PCN) trained in BLS.</p> <p>At least 25 sessions in management of maternal and neonatal emergencies with the use of simulators and study groups sessions on CTG</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
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**KEY RESULTS AREA : ENHANCING WORKING ENVIRONMENT / GOVERNANCE OF HEALTH SYSTEMS / HUMAN RESOURCES PERFORMANCE**

Strategies	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target (Achieved)	Target2023	ACTIVITIES
To increase number of staff premises to accommodate staff and family members.	No. of new staff premises built.	Finalization of staff premises (new 4 flats for staff and family) / (Achieved 2020)	To explore possibility of further constructions for single/family staff at maximized costs. meeting required certified Rural council standards (structural projects moved to enhanced response to COVID19: isolation ward, new area of OPD department, started relocation of admin-	To explore possibility of further constructions for single/family staff at maximized costs. meeting required certified Rural council standards. 2 new blocks (4 flats) under construction	<p>2 new blocks (4 flats) to be completed (achieved 1 Dr's house tiled)</p> <p>Renovations of Mission house (Doctor Luisa and Marilena's House – completed and functional)</p>	N/A	<p>-Utilization of local material and local reliable contractors</p> <p>-Maximization of costs using local teams directly supervised and trained by resident maintenance staff</p>

To monitor promotion of team spirit and team leadership for Managers and Heads of Departments (promotion of approach based on emotional intelligence concepts)	No. of revaluation meetings/exercises for review of team spirit and team leadership	1 revaluation exercise on team spirit and team leadership (Achieved)	<p>istration offices to separate clinical areas from admin areas for improved Infection prevention and control)</p> <p>2 revaluation exercises on team spirit and team leadership (not accomplished, introduced pilot quality programme based on teamwork performance)</p>	Roll-out of staff introduction to team spirit and leadership training in collaboration with Human resources department for holistic approach to quality programme (introduction of team spirit and team leadership indicators into institutional quality programme) (achieved: activity started in November 2021)	Roll out to departments with coordination by Human resources office (achieved starting of Leadership and Management development plan)	Cascading Leadership and management development plan at all levels at the institution (including approach based on emotional intelligence concepts)	<p>-Team building focused meeting/group discussions</p> <p>-Use of anonymous tools for evaluating leadership of managers and Heads of Departments</p>
To strengthen financial management and resource mobilization	N/A	N/A	N/A	N/A	Programme in collaboration with specialist consultant for optimization of system efficiency and auditing compliance (achieved – new system integration for pharmacy and finance management)	Resident accountant (finance officer) for improved finance system / project tracking / finance analysis Preparation of a Project management office for project lobbying, project design, implementation and monitor and evaluation	<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> <p>- New full-time employment of finance officer (Certified accountant) for improved finance system /project tracking /finance analysis ( resource maximization</p> <p>- Preparation of basis for setting of Projects management office to improve funds and resources mobilization project</p>

							tracking and monitoring and evaluation of projects impact (2024)
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KEY RESULTS AREA : COMMUNITY PROGRAMMES TO IMPROVE COMMUNITY LINKAGE AND COMMUNITY DEVELOPMENT							
Objectives : To improve community linkage and promote improved community healthy lifestyle and self-sustainability							
Strategies	Outputs	2019 Target / (Achieved)	2020 Target (Achieved)	2021 Target (Achieved)	2022 Target(Achieved)	Target 2023	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 (grant not obtained)	Project proposal for community gardening  Project proposal for pilot community waste management and recycling	- 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 domestic waste using Hospital existing solid waste sterilizer



## Conclusions – Future considerations for 2023

The year has been characterized by several positive activities and successes, despite the increased challenges represented by the shortage of staff, the global economic crisis which has affected economic stability of an already unstable environment and the increased poverty of the rural communities accessing the hospital services which has impacted in their seeking for services and general access to health. The hospital, within the Quality improvement & Quality management and Control framework of the Ministry of Health and Child Care, has attempted to put in place measures to mitigate challenges, strengthen positive areas and improve weaknesses.

In line with the Hospital strategy, aim of the next 2 years will be to strengthen institutional management and leadership to uphold partnerships for developmental projects and compliance to highest standards of projects management. In this view, activities and projects which the hospital would like to particularly work on for the years 2023-2024 are represented by:

1. Developmental projects towards energy independence, reduced impact on the environment and energy cost saving (to mobilize more resources for health service delivery).
2. Obstetrics programme (mentorship and exchange programmes for midwives and doctors) to improve maternal and neonatal outcomes.
3. Community programmes in Oral and Eye health to expand preventive and curative programmes within the primary health care framework of the Ministry of Health and Child Care
4. Surgical programmes for improved access to health to surgical services

We confirm our willingness to collaborate with different partners interested in the development of projects and programmes aimed to tackle the above-mentioned areas of intervention and 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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