

LUISA GUIDOTTI HOSPITAL

Jan – Sep 2023 Highlights of Activities and of 2024 Operational Plan

Presented by: Dr Massimo Migani (Medical Superintendent)

26th November 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 T. Dzagonga 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 in 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 2023 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 2023

CATCHMENT POPULATION	Ward 16 (LGH) – Part Ward 13 (Lot)	10.676
	Incl. Referral area	74.667
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 2023.

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. Clinical Management & Critical Care – KRA1
3. Surgical services – KRA1
4. Infection Prevention and Control – KRA1
5. O.I./EMTCT – TB services – KRA1
6. IMNCI/EPI – KRA1
7. Pharmaceuticals – KRA1
8. Laboratory Services – KRA1
9. Training/Continuous education – KRA1
10. Procurement/Store management/Logistics – KRA1
11. Maintenance/Water supply/Structural development – KRA2
12. Working Environment (Inc. Implementation of Leadership & Management development plan/Monitoring & Evaluation data collection towards Total quality management) – KRA2
13. Waste Management/Environment – KRA3
14. Community Programmes/Community development – KRA3

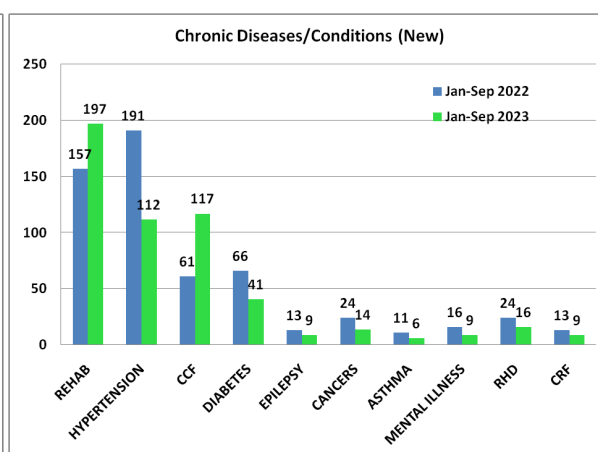
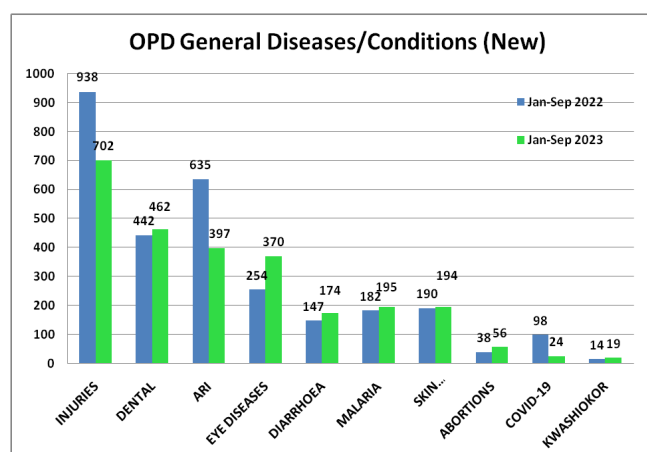
To promote quality improvement and an approach towards Total Quality Management, in line with the MOHCC quality improvement framework, the hospital has set a Quality Improvement Committee with the aim to coordinate quality improvement and quality control and has established Working Improvement Teams for each of the above Priority areas of intervention, of which a most of them have been activated at the end of July 2022. Activities have since been promoted through the QIC to assist and motivate WITs.

HIGHLIGHTS OF ACTIVITIES / PROGRAMMES

1. Inpatients and Outpatients services.

Service Delivery	Actual Jan – Sept 2022	Target Jan - Sept 2023	Actual Jan – Sept 2023
Total population	10676	10676	10676
Total number of inpatient beds	83	83	83
Total number of admissions inclusive maternity	1260	1200	1629
Total bed occupancy rate (%)	29.8%	35%	41.2%
Total institutional deliveries	432	525	619
Total deaths rate	32 (2.5%)	< 4.5%	2.7%
Maternal deaths	1	0	1
Total number of new outpatient department (OPD) visits	8709	11250	7143
Total number of new and repeat outpatient department (OPD) visits	17320	18000	16869

Operating theatre			
Number of caesarian sections	49	N/A	48
Caesarean section rate	11.3%	5-15%	7.8%
Number of major operations done excluding caesarian sections	5	N/A	0
Number of minor operations/procedures done	176	N/A	171
Number of table deaths	0	0	0
Dental services			
Number of procedures performed	873	900	890
Rehabilitation services			
Number of procedures performed	660	600	575
Ophthalmology services			
Number of conditions attended	254	300	324
Radiology services			
Number of clients who had X Ray done in the dept	1663	1350	1405
Number of clients who had Ultrasound Scan done in the dept	974	564	1389
Laboratory services			
Number of Laboratory tests done	12707	11250	15864



Comments

Data generally confirm the trend of increase in hospital general services in most of the areas above targets set at the highest pre-pandemic values (reference year 2019). There has been an increase in the bed occupancy rate compared to the same reporting period of 2022 (from 36.1% to 40.2%). The general rate of deliveries is in line with the highest ever registered by the hospital in 2019. Of note also: a) the majority of services being maternal services (53.8% of total admissions); b) the increase in total bed stay (+22% compared with the previous year) which may explain the reason for an increase in the death rate which remains still much lower than the threshold set (most of them chronic/terminally ill patients); c) there has been a decline in the OPD attendances for general conditions (not for dedicated services like Oral health,

Rehabilitation services and Eye health) compared to the previous year (-18% for new conditions and – 3% for general new and repeated visits) which is the only output significantly below target.

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

Indicator	Jan-Sept 2022	Q1 2023	Q2 2023	Q3 2023	Jan-Sept 2023
Number of pregnant women who book for first ANC visit before 16 weeks	94(32%)	37(31%)	20(19.6%)	36(35.6%)	93(30.5%)
Number of pregnant women who book for first ANC visit before 12 weeks - target(40%)	35(12%)	21(17.6%)	11(10.8%)	13(12.9%)	45(13.6%)
Proportion of births attended by a skilled birth attended - monthly target	100% (432)	100% (206)	100% (208)	100% (205)	100% (619)
Pregnant women receiving two or more Tetanus Toxoid (TT2+) vaccinations	295	119	102	101	322
Caesarean sections as a percentage of all live births (Caesarean section rate) - target (10%)	11.6	10.2%	7.7%	5.4%	7.8%
Total number of pregnant mothers who received iron and folic during current pregnancy	909	325	179	217	721
Number of maternal deaths	1 BID	1	0	0	1
High Risk Maternal cases referral out (Pregnant women at risk referred to from clinics)	41	15	16	16	47
Post Natal Care - Women with their new-born child receiving three postnatal care service after delivery (Day 1; Day 3 ; Day 7)	109	60	63	22	145
Proportion of pregnant women who have their BP, urine and blood samples (Hb, Syphilis, HIV) taken when they attend ANC – target	100%	100%	100%	100%	100%
Maternal case fatality rate in health institutions	1	0.5%	0%	0	1 (162:100.000)
Number of perinatal deaths	14 (32.4:1000)	1 (4.9:1000)	5 (24:1000)	1 (4.9:1000)	7 (11.3:1000)
Proportion of women having four or more ANC visits (ANC coverage at least four visits)	81% 350/432	88% (182/206)	91% (188/208)	86% (177/205)	88.4% (547/619)
Number of maternal death audit meetings conducted – target (100%)	1 (100%)	1 (100%)	0	0	1 (100%)

Comments

The increased trend compared to last year has been consistent throughout the current year with a relevant decrease in perinatal deaths (7 in 2023 vs 14 in 2022; perinatal deaths rates for Jan-Sept 2023: 11.3:1000 vs 32.4:1000 in the same period of 2022). Audits are regularly conducted. There is need to continue strengthening methodologies to prevent third delay while working on tackling the first delay at community level which may assist in organizing a more resilient system to mitigate also the second delay with an inclusive involvement of the community. A Working Improvement Team has been working to date to improving service delivery in a continuous effort to promote positive outcomes; in particular strengthening of regular and periodic simulations and sharing experiences with midwives and doctors from Italy under the CMAMS programme. Activities to strengthen monitoring of mothers in labour to increase alertness and response to complications have been promoted.

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

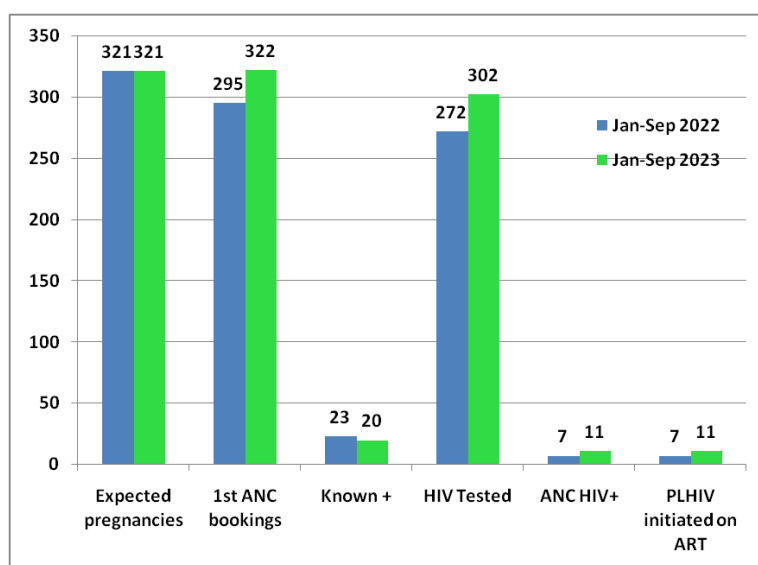
with a multilevel approach (from community health at village and primary level of health care to secondary – district level of care). The programme aims to tackle the three delays responsible for maternal and perinatal mortality through: promotion of knowledge and community direct participation to reproductive, 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.

The positive achievements obtained with the programme in 2022 brought to the drafting of a programme for 2023 aimed to exchange practices with experienced Obstetricians and Midwives coming from centre of excellence and training institutions from Italy in a spirit of peer-to-peer review, on-job mentoring and mutual collaboration in coordination with the Provincial Medical Director.

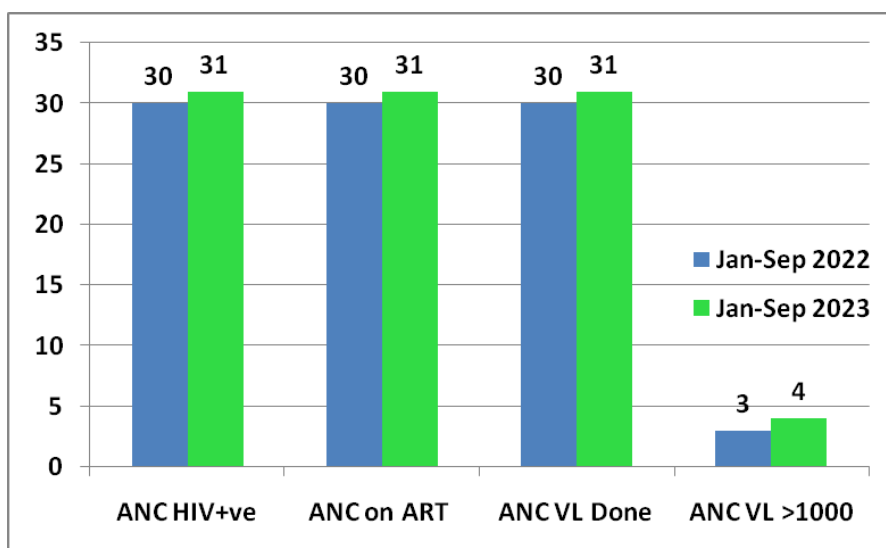
There has been an increase of transfers compared to the previous year, with significance difference in maternity, mainly caused by the current absence of a Nurse Anaesthetist which reduced the possibility to manage emergencies particularly during weekends.

TRANSFERS	Jan-Sept 2022	Jan-Sept 2023
MATERNITY	41	47
ADULT WARD	17	18
PEADIATRIC	12	11
OPD	13	15
NEONATAL	6	8
TOTALS	89	99

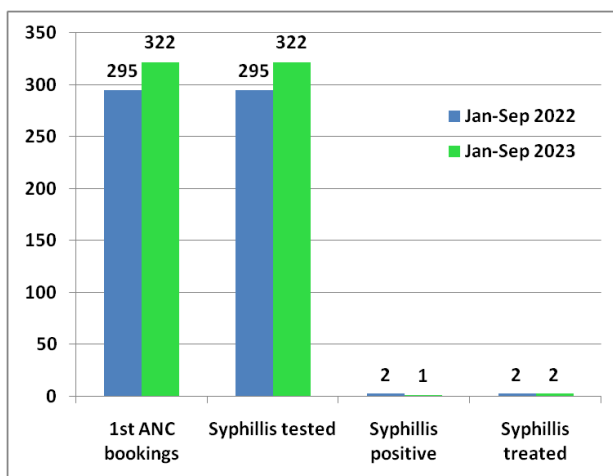
ANC Cascade Jan-Sep 2023 vs 2022



ANC ART Coverage and Viral Load Testing



ANC Syphilis testing



Comments

1 mother treated in 2023 as a contact after partner tested positive for syphilis. It has been possible to achieve 100% viral load testing for pregnant mothers leaving with HIV as facility can perform GeneXpert dedicated VL testing. 17 HIV exposed infants were delivered and 100% received post exposure prophylaxis.

3. O.I./ART and Tuberculosis.

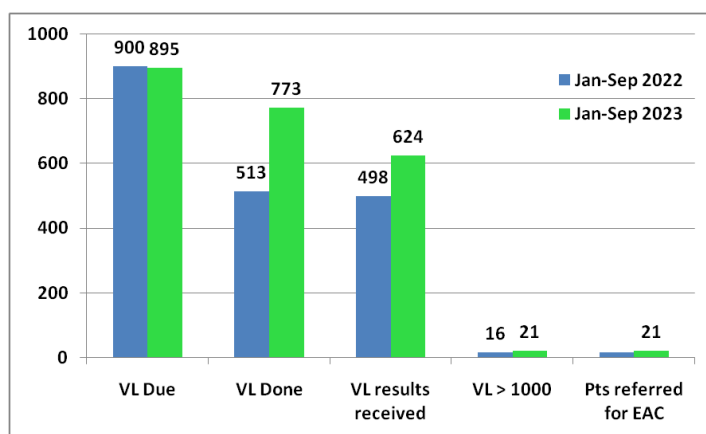
Indicators measuring efforts that contribute to the reduction of HIV morbidity and mortality		
Indicators	Jan-Sep 2022	Jan-Sep 2023
Number of males and females tested for HIV and received their results	1476	1470
Number of children and adults living with HIV continuing on ART	1125	1141
Number of adults newly initiated on ART	45	51
Total number of adults on ART (new and old cumulative)	1083	1104

Number of children newly initiated on ART	2	2
Total number of children on ART (new and old cumulative)	42	37
Number of new STI cases	198	106
Number of repeat STIs	30	3

The relevant number of reduced Sexually transmitted Infections cases (STIs) need further evaluation if part of a behavioral change in the community embracing prevention methods or reduced active screening in case detection.

Viral Load Coverage

	Jan-Sep 2022	Jan-Sep 2023
Viral load tests done	513	773
Results received	498	624
> 1000 copies/ml	13	21
Patients referred for EAC	13	21



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. To ensure that all patients have at least 1 Viral Load and CD4 count tests the dedicated Working Improvement Team (WIT) is working on scaling up testing. From Q2 it has been agreed that VL test coverage will be measured against the cohort of patients booked on every month who are due for testing, to be able to track all patients who need tests and monitor them. This, to enhance coverage and tracking of potential defaulting patients. There is need to sustain positive achievement obtained so far (86.4% of patients due for test received collection of samples of which 80.7% - equal to 69.2% of overall due – received also results; in 2022 57% of due tests were collected and 97% of them – equal to 55.3% received results). There has been a marked improvement of samples collection (+ 19.4% vs 2022) although there is still need to pursue the target of at least 95%.

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 1141 patients currently on ART, there were: 53 new initiations, 48 transfers out, 11 transfers in, 2 deaths for Q3 2023.

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

Data element	Jan-Sep 2022	Jan-Sep 2023
Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	0	0

Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	0	0
Percentage of TB cases treatment success rate - all forms	98.3%	100%
Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses MT	58	46
Number of notified cases of all forms of TB- bacteriologically confirmed plus clinically diagnosed, new and relapses	58	46
Percentage of HIV- positive registered TB patients given ant-retroviral therapy during TB treatment	100%	100%
Number of cases with drug resistant TB (RRT-TB and/or MDR-TB) that began second line treatment MT	0	0
Number of all TB patients who defaulted treatment MT	0	0
Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and /or MDR-TB) notified MT	0	0

Comments

No death occurred during the reporting period. During a review done internally with the use of the RBF checklist as part of periodic activities of the Quality Improvement Committee, it has been noted the need to strengthen activities and feedback received about contact tracing, especially for those patients who are from out of the catchment area and for whom contact tracing is notified to other facilities.

4. Under 5 health indicators

Indicators	Jan-Sep 2022	Jan-Sep 2023
% of children who are fully immunized at 12 months (Primary course completed)	108(60%)	102(57%)
Number of ARI cases treated	232	187
Number of facilities with at least one staff with IMNCI skills and attending to under 5-year children	1	1
Number of health facilities with functional cold chain requirements	1	1
Percentage of children aged 12 - 23 months who received BCG vaccine by their first birthday	100%	100%
Number of children received Penta 3	124(69%)	138 (77%)
Percentage of children under 5 with pneumonia treated with appropriate antibiotics	100%	100%

Comments

Concerning the Expanded Immunization Programme, the institution participated to integrated campaigns within the community. Despite these activities there is still a too low coverage of vaccine administration besides BCG which is administered to all newborn with a supermarket approach. In an analysis done in 2022 by head count done by CHWs at community level it has been noticed that there are relevant discrepancies between expected demographic data and existing ones. Besides this and the fact that some children cannot be reached for religious reasons, there is still need to further work with the dedicated WIT to cover gaps.

Malaria indicators and epidemic prone disease surveillance

Indicators	Jan-Sep 2022	Jan-Sep 2023
Total number of suspected cases	2015 (CHWs-1315 (65%))	1665 (CHWs-973 (58.4%))

Number of suspected malaria cases tested by RDT or Slide	2015 (CHWs-1315 (65%))	1665 (CHWs-973 (58.4%))
Number of confirmed cases	182 (CHWs- 136 (75%))	195 (CHWs- 98 50.2%)
Number of children under 5yrs treated for Malaria	23 (CHWs-9)	24 (CHWs-15)
Number of women attending ANC given IPT2	198	196
Number of women attending ANC given IPT3	164	347
Total number of malaria cases admitted	46	83
Number of inpatient malaria deaths	1	3
Total number of malaria deaths	2	3
Malaria case fatality rate	1.1%	1.5%
Proportion of suspected malaria cases tested at public sector health facilities (microscopy or RDT) excludes community testing	(700)100%	(692)100%
% of confirmed malaria cases that received recommended 1st-line ACTs at public health institutions (excludes community treatment)	(46)100%	(97)100%
Proportion of confirmed malaria cases investigated (Pre - Elimination districts)	N/A	N/A
Proportion of malaria deaths audited	100%	100%
Malaria incidence	1.7% (182/10676)	1.8% (195/10676)

Comments

58.4% 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 for the direct catchment area 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. Of note, the reduction of proportion of cases diagnosed and treated in the community by CHWs has been caused by an increase of cases imported from out of the catchment area (Mudzi District in the areas of Makaha) and diagnosed at facility level. This area is also the one contributing to an increase of severe cases treated at the hospital compared to the previous year.

5. 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	Jan-Sep 2022	Jan-Sep 2023
Average vital drug stock status(%)	57%	73%
Average essential drug stock status(%)	44%	62%
Average necessary drug stock status(%)	36%	39%
Number of blood units used	117	106
Oxygen availability(yes/no)	YES	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 1st July 2022. There has been a positive impact in ensuring stronger monitoring

and cost-optimized availability of vital medicines despite a decline in the supply from Natpharm experienced in the current year compared to the previous.

6. 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 75 patients are enrolled under follow-up (55 Harare, 5 Bulawayo, 4 Kwekwe, 13 Luisa Guidotti Hospital) with an age average of 28.7 years (min 14 – max 63).

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.

During the year it has been possible to implement philanthropic cardiologic activities to assist cardiac patients and continue building capacity at institutional level in the clinical management. To date 6 children have been escorted and operated in Italy under the programme.

7. Other clinical activities.

Ophthalmic/Optometrist camps (July).

In collaboration with the Mash East Ophthalmic team, the Giovanni Spagnoli Centre (a mission clinic under the Archdiocese of Harare which has a fully equipped laboratory to produce corrective eyeglasses) and the support from AMOA – Italy, eye health activities have been promoted. An Eye surgical and Optometry camp has been promoted in July and in collaboration with the Provincial team of Mashonaland East 201 patients were screened and treated for eye conditions and 26 cataracts surgery were performed.

Oral Health Education/symposiums.

In February and October, the Oral Health Centre hosted three hands-on workshops for Dentists and Dental Therapists in collaboration with Ministry of health and Child Care, the Zimbabwe Dental Association and the Italian Society of Periodontology and Implantology to promote continuous professional education for professionals working in the public sector of the Mashonaland East Province, City health of Harare and members of the Zimbabwe Dental Association.

An ENT surgical mission will be implemented in December to continue to try to expand access to specialist services for the rural communities and to build local capacity at institutional level in the various clinical areas for diagnosis and treatment.

8. School of Nursing.

Currently the school is training 58 Primary Care Nurses who completed their first year (one dropped out from training), and 4 Midwifery training students started in September. Of the 23 enrolled in the first group, 1 sadly deceased, 1 deferred final examination for medical reasons and 1 failed one test (both these two will sit for exams in November).

The School during the year is 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, 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. We have requested approval for implementation of a series of philanthropic missions with combined teams of Obstetricians and Midwives coming from high load Centres of excellence in Italy with the scope to share experience and provide on-job mentoring to institutional staff and training staff of the School of Midwifery. Ultimate goal is to translate as more as possible current evidence-based best practices, into the local context and the available resources. A combined group-study of teaching staff and clinical staff has been established to drive implementation of activities, knowledge transfer and monitoring of educational activities promoted at the institution.

9. Quality improvement activities

As highlighted at page 4, the hospital is implementing a quality improvement programme in line with the QI framework for the MOHCC.

Terms of reference and almost monthly meetings for the Q1 2023 were promoted parallel to Heads of Department meetings to enhance implementation of quality improvement and quality monitoring activities at various level with priority to 6 of the 14 WITs identified and established: a. Clinical management and critical care, b. Maternal neonatal and child-care, c. OI/TB/EMTCT, d. Working environment, e. Education and f. Community programmes (for improved integrated services at community level).

Of note for 2023:

- a. The Quality Improvement Committee regularly met through the year and completed a first Kaizen with Quality Control Story exercise based on the tour of the hospital done with all Heads of departments during Q1 and feedback was given to Heads of Departments.

Activities promoted and in progress:

1. Quick Kaizen and 5S activities were promoted and monitored in various departments to improve and sustain organization at various level.
2. Admin/Procurement processes/Stores management/Fuel consumption; the implementation of 2022 KAIZEN exercise with QC story has been continued to improve efficiency of coordination, monitoring of processes and minimize waste, to maximize available resources. Of note: finance department was upgraded with the introduction of a Finance Manager and comprehensive financial reports and

analysis is consistently done monthly against budget and trends; the procurement processes have been strengthened in terms of monitoring efficiency of turnaround time and there has been improvement; maintenance department has been reorganized and a new workshop has been established out of a 5S exercise with minimal expenses; now the department is working on mapping all equipment present and establish a service and maintenance plan. On-job training of personnel has been promoted through collaboration with volunteers (technicians and engineers).

3. Clinical management and Critical care; monitors, beds and ventilators donated by GOZ have been installed and strengthening of practices have been done. We aim to reorganize the adult wards to improve clinical management and monitoring of high care patients in the previous COVID-19 isolation ward now underutilized and reallocate the current adult wards to OPD services to improve patients' flow and ergonomics for both patients and staff (a development plan with bill of quantity will be completed before end of the year to engage potential funders for implementation).
4. OI/ART/TB/EMTCT; gaps in the monitoring of Viral load coverage were identified and countermeasures set, are producing results. There is need to improve monitoring of TB contact tracing.
5. Education and continuous professional development; an assessment need for continuous professional education has been done and both clinical meetings, audits and hands-on sessions/simulations has been conducted and documented, to improve clinical teams' coordination, knowledge and sustain knowledge transfer.
6. Working environment; reorganization of duty rosters to reduce as more as possible long shifts for clinical staff, optimize staff to patient's ratio and reduce locum costs have been implemented and revised managerial tools which have been designed to assist managers in planning and monitoring HRH allocation are under test (including a revised monthly roster for nursing staff which will be implemented in December). Teamwork monitoring tools will be tested as part of the Leadership and Management development plan to improve promotion and monitoring of team spirit and team collaboration. We aim to improve monitoring and evaluation tools in the new year to standardize and make structural to the organization a system of quarterly review of other key performance indicators (i.e. HR, Logistics and procurement, leadership/management and team spirit) for various departments towards total quality management.
7. Maternal neonatal and child-care; as mentioned above, a study-group has been established to investigate areas to improve maternal services (with special regards to labour ward, management of emergencies and protocols from ANC to post-natal).
8. Community programmes; some of the integrated community services planned in Q1 have been promoted during Q2 including some home-based and community-based rehabilitation services combined with palliative care has been set. Data collection tools to ensure monitoring & evaluation framework, have been completed during the Q2 for oral health community and tested. Under completion for rehabilitation and palliative care community services while the Rehabilitation Technician has started to provide house-based services and monitoring to improve assistance and support to disabled and underprivileged patients. Aim for the new year will be to engage the community to expand dialogue and planning together to improve multi-sectorial and multi-stakeholders' collaboration and coordination.

10. Structural development.

During 2023, it has been possible to almost complete the new pharmacy store project supported by UNDP through MOHCC and a study to reorganize the adult wards and OPD area to improve service delivery and

patients' flow has been completed. The project will be submitted to partners to analyze feasibility and available resources to plan for implementation.

The Water project has been completed in the major part during Q1 and now staff houses, and hospital have consistent supply of water. Under the same project it has been possible renovate some areas of the water line and to install security lights to improve working conditions and security of staff attending to water supply during the night as well as improve general security of the premises.

New tanks to equalize water supply through pressure pumps



Optimization of existing tanks after the installation of a new borehole with prolific water supply and connected 24/7 to the hospital generator through an overhead line.



The new borehole (protected water supply) installed and functional

11. 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 (Marilena Pesaresi Foundation, Rimini 4 Mutoko, UTOPHA and Piccoli Grandi Cuori Association – Italy) are supporting part of the required budget, which is always on the increase due to the high costs of medicines and sundries and the increase also of debtors.

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 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.

5. **FUEL CONSUMPTION.**

Secondary to the unstable national power supply, the hospital has been facing huge challenges in terms of fuel consumption for both vehicles (including free cost transfers to further level of care) and especially, to run hospital generators. Also, network coverage (telephone and internet) has been very unstable during the quarter, with sometimes affecting urgent communication during emergencies or to next level of care for peer-to-peer consultation. The hospital is trying to look for interested 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.

6. **LACK OF CRITICAL QUALIFIED STAFF. / STAFF VACANCIES – DIASPORA**

The challenges highlighted in the previous full year 2022 report, is persisting. The hospital received new staff deployed in October and November which alleviated staff shortage in some departments. However high staff turnover remains a challenge with the consequent threat of impact on maintaining current standards, team coordination and promoting knowledge transfer.

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 to dedicate to irrigation scheme 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)		

Strategies	Outputs	2019 Target / (Achieved)	2022 Target (achieved)	Target 2023 (Achieved Jan – Sept)	2024 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 (12) 52 (52)	12 (9) 52 (39)	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% (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% (100%)	100% (100%)	100%	Coordination of community programme through Village Health Workers (incl. Monitoring & mentorship)

Strategies	Outputs	2019 Target / (Achieved)	2022 Target (Achieved)	Target 2023 (Achieved Jan – Sept)	Target 2024	ACTIVITIES
Appropriately managed diarrhoeal diseases	Reduced case fatality due to diarrhoeal diseases	<5% (Achieved 0%)	< 3% (0%)	<2% (0.8%)	<2%	Case management according to guidelines
Enhanced disease outbreak management	1. Presence of functional coordination mechanism	100% (Achieved 100%)	100%(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% (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	N/A	Specific EPR planning & Implementation completed before detection	Continuous revaluation and adaptation to strengthen	Continuous revaluation and adaptation to strengthen integrated preparedness and	Continuous monitoring for epidemic prone diseases - community surveillance

	outbreaks (COVID19 in the years 2020-2022)		of local outbreak (Achieved) Review and adaptations during and after outbreaks (Achieved)	integrated preparedness and response to COVID19 pandemic and other epidemic prone diseases (achieved)	response to epidemic prone diseases	(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: 46 initiated – 0 deaths (15 treatment completed; Transfer out -0; currently on treatment 31 100% success rate)	60	Ensuring availability of Laboratory and radiological services (Gene-Xpert, Microscopy, Functional X-ray equipment)

Strategies	Outputs	2019 Target / (Achieved)	2022 Target (Achieved)	Target 2023 (Achieved Jan – Sept)	Target 2024	ACTIVITIES
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<i>Voluntary counselling and testing</i>		2.100 (Achieved 1.775)	1.900 (1.972)	2000 (1476)	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% (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%)	100% (100%)	100%	

Strategies	Outputs	2019 Target / (Achieved)	2022 Target(Achieved)	Target 2023 (Achieved Jan – Sept)	Target 2024	ACTIVITIES
Institution Capacity Building (clinical management)	Promotion of Quality improvement results-based programme for strengthening departmental services, efficiency and resource utilization	N/A	Full implementation of quality programme for improved supervision/monitoring and evaluation of various department (achieved)	Expansion of institutional RBF with individual targets for continuous professional education (including tutorials on job done/simulations)	Continuous use of standardized approach and monitoring tools to ensure M&E of clinical activities, individual development and outcomes	Utilization of monitoring tools for each department for internal supervision and evaluation of services (monthly evaluation/planning of continuous improvement 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)	18.500 (Achieved 18.447); introduced microbiology (achieved)	15.000 (18.536)	17.500 (15864)	18.000	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
	Number of X-rays Performed	1.600 (Achieved 1.736)	1800 (2209)	1900 (1405)	1.800	
	Number of Ultrasound scans performed	700 (Achieved 890)	750 (1405)	1400 (1389)	1700	

Strategies	Outputs	2019 Target / (Achieved)	2022 Target(Achieved)	Target 2023 (Achieved Jan – Sept)	Target 2024	ACTIVITIES
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Establishment of Oral Health Community Screening Programme.				Roll out of pilot. Community oral health programme (School/Clinic) (pilot outreaches with M&E framework test - achieved)	Institutionalize periodic sessions quarterly with m&e framework.	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)
Comprehensive Service Delivery at Institutional Level	No. of procedures performed (Comprehensive services)	1.300 (Achieved 1.921)	1.100 (1.143)	1.000 (890)	1.200	Service delivery at Oral Health Centre LGH
Promoting Continuous professional development		At least 2 interns on rotation under supervision at LGH (Achieved Supervision of 4 interns)	2 Oral Health symposiums (hands-on/live surgery) promoted (1 implemented – 2 organized ready for implementation)	6 Oral Health Symposiums (hands-on training courses) for BDS Students - Dental Interns and Senior BDS (achieved 3 for GDOs/DT in Mash East province Public sector and ZiDA)	3 6 Oral Health Symposiums (hands-on training courses) for GDOs/DT in Mash East province Public sector and ZiDA)	Oral Health Continuous Education programme promoted at LGH in collaboration with PMD Mashonaland East and Zimbabwe Dental Association

Strengthening Eye health through integration of programmes within Primary health care framework	No. of patients screened. (community health / school programme)	N/A	N/A	400 (6499 screened and 305 referred to facility during integrated outreach days with oral health)	500	Integration of community health programmes for increased screening and referral to facility for treatment of eye conditions
		400 (354)	400(421)	600 (370)	600	
	No. of conditions attended.	N/A	(40)	200 (data to be verified)	100	
	No. of eyeglasses prescribed.					
	No. of cataract surgery performed	100 (105)	100 (35)	100 (26)	100	

Strategies	Outputs	2019 Target / (Achieved)	2022 Target(Achieved)	Target 2023 (Achieved Jan – Sept)	Target 2024	ACTIVITIES

	Proportion of births attended by a skilled birth attendant	100% (Achieved 854)	100% (> 700 deliveries)(620)	> 700 (619)	> 750	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	<p>Obstetrics course (Training of trainers) on the use of simulators for School of nursing and Clinical departments</p> <p>Quarterly sessions for health professionals</p> <p>Strengthen of maternity and neonatal department with installation of new equipment for labour ward, post-</p>	<p>Quarterly sessions (practical on complicated deliveries with the use of simulators) and drills on management of Obstetric emergencies for clinical staff and students (Achieved)</p> <p>N/A</p>	<p>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%)</p> <p>Shipment of new equipment (delivery beds and other material for maternity and</p>	<p>Individual appraisal including targets of number of drills/simulations on dedicated conditions (achieved)</p> <p>Mentorship and drills on neonatal conditions and management of premature babies (achieved)</p>	<p>Strengthen individual appraisal including targets of number of drills/simulations on dedicated conditions</p> <p>Strengthening on-job mentorship and drills on neonatal conditions and management of</p>	<p>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)</p> <p>Promotion of in-house simulation of complicated deliveries/emergencies to improve preparedness to manage obstetric complications.</p>

	natal and neonatal high care unit.		neonatal department) (achieved)		premature babies	Continued training for efficient utilization of equipment installed.
Strengthening mortality surveillance and audit system Promoting robust programme for continuous professional development and mentoring	Perinatal mortality rate	22:1000 / (21:1000)	16 : 1000 / (24.2:1000)	20 : 1000 (11.3:1000)	15:1000	-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 - 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%)	15% (11.7%)	10-12% (7.8%)	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	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	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.
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Strategies	Outputs	2019 Target / (Achieved)	2022 Target (Achieved)	Target 2023 (Achieved Jan – Sept)	Target 2024	ACTIVITIES
Procurement of medicines and commodities	% Availability of medicines and medical supplies in all provinces	80% Vital (Achieved Vital 80%)	80% Vital (57.8%)	65% (73%)	75%	Optimized procurement of medicines and commodities

Strategies	Outputs	2019 Target / (Achieved)	2022 Target(Achieved)	Target 2023 (Achieved Jan – Sept)	Target 2024	ACTIVITIES

Encourage collaborative projects with other institutions and specialists	Number of projects conducted.	CARDIAC (2 Missions Mar-Nov) 300/450 achieved)	3 Cardiac missions(4)	cardiac missions 300 Visits (200)	cardiac missions 300 Visits	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
	Number of cataract surgeries performed.	OPHTHALMIC 120/ (Achieved 2 missions, 109 surgeries performed)	300 visits (300) 8 surgeries (5)	6 surgeries (6)	10 surgeries	
		ENT / SURGICAL (1 ENT camp promoted with surgeries/General surgery collaboration; achieved)	2 Camps (1 camp to be promoted in Dec)	3 Camps (150 cataract surgeries) (1 camp)	Camps (100 cataract surgeries)	
		OBS/GYN Training of trainers in Obstetric emergencies with use of advanced simulators; achieved May 2019)	Revaluation for 1 mission possibly to be implemented (1 camp in Nov)	1 mission (in plan Dec)	2 missions	
		OBSTETRICS&GYNAECOLOGY Training of trainers in Obstetric emergencies with use of advanced simulators; achieved May 2019)	(OBS/GYN missions 2 – 5 sessions with specialist promoted) (2 missions combined for mentoring of resident team – no monthly collaboration with specialist OBS)	2 missions (OBS/GYN) mentoring programme with on -job mentoring. (1 achieved)	3 missions (OBS/GYN) mentoring programme with on -job mentoring.	
		USS Camp (Achieved Nov 2019)				

			<p>USS Camp (1 camp or live virtual training) (achieved 1 mentoring camp on bedside / POCUS)</p>	<p>General Surgery services (consultancy programme)- (engagement for 2024 completed)</p> <p>1 USS Camp (0)</p>	<p>General Surgery services (1 consultancy programme)</p> <p>1 USS/internal medicine Camp</p>	<p>and theatre staff in ENT/Anaesthetics/Management of patient's post-surgery.</p> <p>-Collaboration with local and international specialists to upgrade abilities of managing complicated obstetric cases and related complications; to set basis to explore possibilities to start gynaecologic programme</p> <p>-To enhance quality of training of midwives at institutional level</p> <p>-To continue scaling up pf USS services at all levels of health services delivery to improve diagnostics and maximize cost effectiveness</p>
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Strategies	Outputs	2019 Target / (Achieved)	2022 Target(achieved)	Target 2023 (Achieved Jan – Sept)	Target 2024	ACTIVITIES
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To improve energy self-sustainability and cost recovery	KW of solar energy produced (total output)	50 KW/h solar energy produced (Nov 2019)	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 (under completion).	Project proposal to be submitted for funding to partners for implementation in 2024 (under completion).	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)	Installation of 1 new borehole and evaluation of 2 nd for seasonal borehole(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 (achieved)		-Installation of new water line for residences
To maximize utilization of water from boreholes	Implementation of water harvesting systems for irrigation and hospital toilets	N/A				
	Installation of new technology for solid Hospital solid waste	Installation of new equipment and lobbying for programme expansion (to improve reduction of impact of	Follow-up on project proposal and	Proposal of pilot programme for improved solid waste management	Proposal of pilot programme for improved solid waste	Collaboration with community to set-up a pilot programme for sustainable community

To improve waste management	management with reduce impact on the environment.	hospital activities on the environment (Achieved)	continuous lobbying for implementation (no grant received)	and recycle of waste. (not achieved)	management and recycle of waste.	waste management and recycling
	New equipment shipped and installed.	Renovation of theatre block for improved service delivery; new equipment for initialization of High care unit (Achieved) OPD area renovations / male Ward renovations (Not planned) (Achieved)	(Improved Pharmacy area for increased store capacity and dispensing space)	Completion of project 2022 (achieved) New structural plan For improved workflow of OPD/Adults ward (achieved)	Improve fluid waste management. Lobbing for OPD/Adults ward structural plan implementation	Improve maintenance of septic tanks, and management of potential risk from liquid waste (biological fluids)
To improve structure of existing clinical areas	New anaesthetic machine			Lobbing for support to digitalize Xray department (not achieved)	Lobbing for support to digitalize Xray department.	-To work in collaboration with partners for installation of digital CR to digitalize existing Xray unit - Coordination of shipment of donated equipment and
		N/A	Achieved	N/A		

Digitalization and telemedicine	Expansion of Institutional Oxygen supply ability	N/A			N/A	installation by specialized volunteer technicians
	New equipment for Rehabilitation department	N/A	New equipment installed from container under shipment (Achieved)	Lobbying for new equipment for rehabilitation	Programme for new equipment installation	Shipment, installation, and training of new equipment Collaboration with local telecommunication company for improved and reliable internet services to allow live streaming of high-definition digital images/video.
	Digitalization of X-ray imaging, health					

	recording system and cardiotocography				Lobbying for new equipment (Theatre, digital health)	
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Strategies	Outputs	2019 Target / (Achieved)	2022 Target(Achieved)	Target 2023 (Achieved Jan – Sept)	Target 2024	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)	Advanced Midwifery Training (8 students new intake 2022)	Advanced Midwifery Training (8 students) (achieved 8+4)	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
Promotion of continuous educational development and research to enhance service delivery and institutional development	% of students pass rate	1 Research project (in progress)	15 PCN students (79 students in 2 groups)	20 PCN students (new intake Jan 2024)	15 PCN students	-Partnership with neighbouring District hospitals for field attachment of students
	No. of research projects implemented.		Collaboration with local and international educational scientific groups for distance learning live sessions/webinars (tele-education)	Collaboration with local and international educational scientific groups for distance learning live sessions/webinars (tele-	Internal and external hands-on sessions (institutionalization of continuous hands-on education programme)	-Partnership with MOHCC and different stakeholders for research aimed to improve service delivery and living conditions of communities

	No. of hands-on sessions for continuous education for students and clinical staff	33 staff members and 8 students of midwifery trained in BLS	<p>programmes)(not completed)</p> <p>20 clinical staff</p> <p>18 students (mid-wifery/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>education programmes)(not completed – important challenges in network stability during the year)</p> <p>20 clinical staff</p> <p>67 students (mid-wifery/PCN) trained in BLS. (clinical sessions done)</p> <p>At least 25 sessions in management of maternal and neonatal emergencies with the use of simulators and study groups sessions on CTG (in progress)</p>	At least 25 sessions documented for CPD points	<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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Strategies	Outputs	2019 Target / (Achieved)	2022 Target (Achieved)	Target 2023 (Achieved Jan – Sept)	Target2024	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)	2 new blocks (4 flats) to be completed (achieved 1 Dr' s house tiled) Renovations of Mission house (Doctor Luisa and Marilena' s House – completed and functional) (achieved)	N/A	N/A	-Utilization of local material and local reliable contractors -Maximization of costs using local teams directly supervised and trained by resident maintenance staff
To monitor promotion of team spirit and team leadership for Managers and Heads of Departments (promotion of approach based on	No. of revaluation meetings/exercises for review of team spirit and team leadership	1 revaluation exercise on team spirit and team leadership (Achieved)	Roll out to departments with coordination by Human resources office (achieved starting of Leadership and	Cascading Leadership and management development plan at all levels at the institution (including approach based on emotional intelligence	Insitutionalization of M&E activities to monitor progress and performance of various departments efficiency, teamwork and promotion of Leadership and management at different	-Team building focused meeting/group discussions -Use of anonymous tools for evaluating leadership of managers and Heads of Departments -Work with consultants to implement/improve activities towards soft skills development programme to promote conducive working environment

emotional intelligence concepts)			Management development plan)	concepts) (in progress)	levels at the institution (including monitoring of processes and individual soft skills development plans based on emotional intelligence concepts)	
To strengthen financial management and resource mobilization	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		<ul style="list-style-type: none"> - 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 - New full-time employment of finance officer (Certified accountant) for improved finance system /project tracking /finance analysis (resource maximization - Preparation of basis for setting of monitoring and evaluation team towards concepts of total quality management (2024)

Strategies	Outputs	2019 Target / (Achieved)	2022 Target(Achieved)	Target 2023 (Achieved Jan – Sept)	Target 2024	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 continue lobbying for implementation (grant not obtained)	Project proposal for community gardening (achieved – submitted) Project proposal for pilot community waste management and recycling	Preparation for implementation of community gardening/improved stakeholders’ engagement and collaboration (multisectoral collaboration) 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 2024

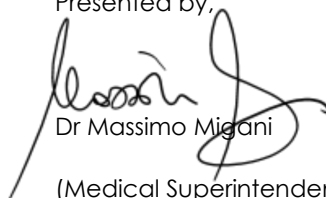
The year has been characterized by general positive trends of outcomes despite a reduction in the available resources from central level, the increase of general workloads and the financial challenges imposed by the cost of energy, transport and reduced financial capacity of patients.

Despite this, the hospital managed to cover free maternal services with improved outcomes in terms of perinatal mortality.

In summary for the next year (which it is anticipated to be still a volatile year due to the global its impact also on the local situation), we aim to:

1. Expand our preventive programmes and the work with the community trying to improve multi-sectoral collaboration and coordination at local level, with regards to prevention and treatment of non-communicable disease (particularly: maternal&child health, oral health, eye health, palliative and rehabilitative services for underprivileged). At the same time, improving preparedness and responsiveness to epidemic prone disease through the same efficient collaboration with the community.
2. Expand specialist philanthropic programmes, to increase the number of specialists missions during the year for the improvement of access to specialist services for the rural communities.
3. Continue developing leadership and governance at all levels of the institution, to maximize evidence-based high-quality management at the various departments, optimize available resources and strengthen stewardship, as well as partnership and collaboration with stakeholders.
4. Promote structural development at the institution targeted to improve cost-saving and sustainability, with particular regards to energy costs (new solar plant project).

Presented by,


Dr Massimo Migani
(Medical Superintendent)



26/11/2023