

LUISA GUIDOTTI HOSPITAL

Apr – Jun (Q2)

and

1st semester 2024 Highlights of Activities

Presented by: Dr Massimo Migani (Medical Superintendent)

25th of August 2024

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 6.451 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 139.649 citizens (data from National Census 2022 and District profile 2024 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 2024

REFERRAL POPULATION ESTIMATED	Wards from Mutoko (East and part of North) – Mudzi (part of West and South)	139.649
CATCHMENT POPULATION (Direct catchment)	Ward 16 (LGH)	6.451
MALE	48.2%	3.108
FEMALE	51.8%	3.343
UNDER 1 YEAR	3.0%	193
CHILDREN 1 – 4 YEARS	11.7%	754
CHILDREN < 5YEARS	14.7%	947
CHILDREN 5-14 YEARS	28.3%	1.824
CHILDREN 0-10 YEARS	32.3%	2.081
CHILDREN < 15 YEARS	43.0%	2.771
15 YEARS +	57.0%	3.680
WOMEN OF CHILD BEARING AGE (15 – 49)	22.5%	1.453
EXPECTED PREGNANCIES	5%	323
EXPECTED BIRTHS	4%	258

Sources:

- MOHCC Catchment Population by Health Centre – Mutoko District Document 2024
- Census 2022 with adaptation of growth rate (national average 1.5% as per Census 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, Love, Ethics, Integrity, Justice, 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.

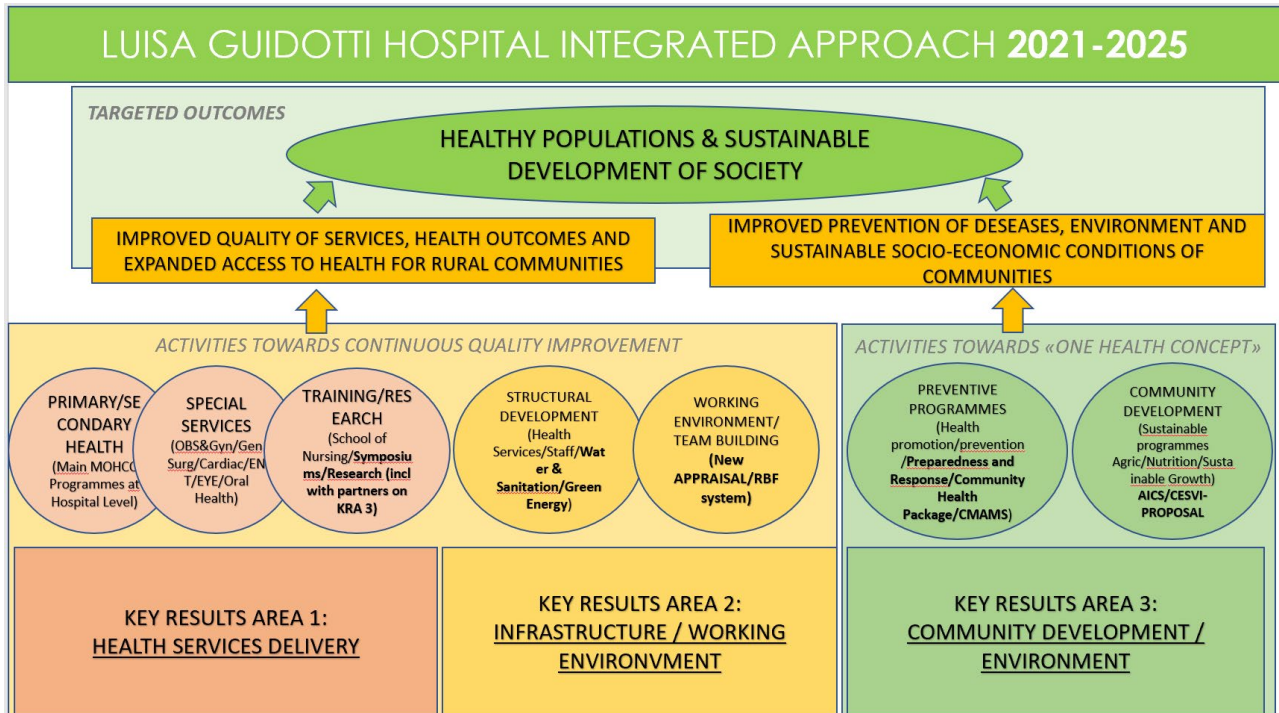
In a review of the strategic plan done according to National, Provincial and institutional priorities, the following areas have been identified as priority areas (which can be summarized under the above-mentioned 3 key results areas):

1. *Improved Leadership and Governance at all levels of the Institution (KRA1-KRA2)*
2. *Improved Quality monitoring towards TQM (KRA1-KRA2)*
3. *Sustained High quality service delivery, expanded access to health for specialist's services (KRA1)*
4. *Optimized resource utilization and introduction of innovative approach to promote sustainability (KRA1-KRA2)*
5. *Improved community health programmes through enhanced Community participation and Stakeholders engagement (KRA3)*
6. *Enhanced emergency preparedness and response to epidemic prone diseases, outbreaks and disasters (KRA1-KRA3)*
7. *Enhanced evidence-based education and research to improve skills of human capital for health (KRA1)*

Priority Working improving teams grouped according to activity/programmes comprise of:

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

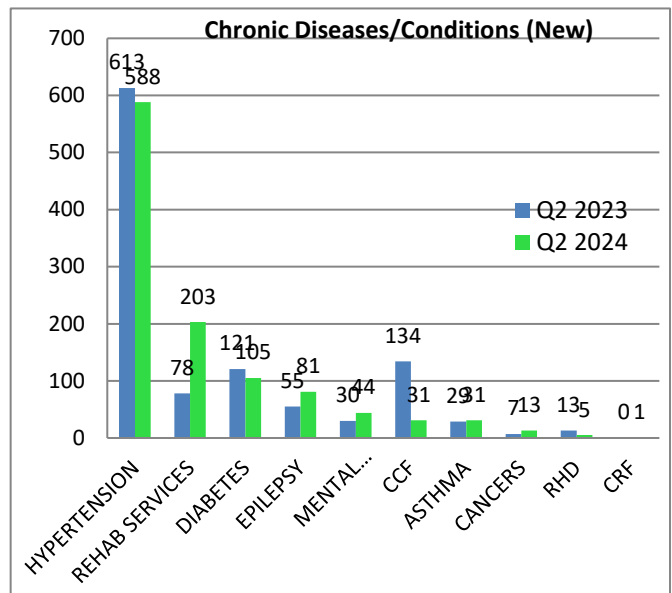
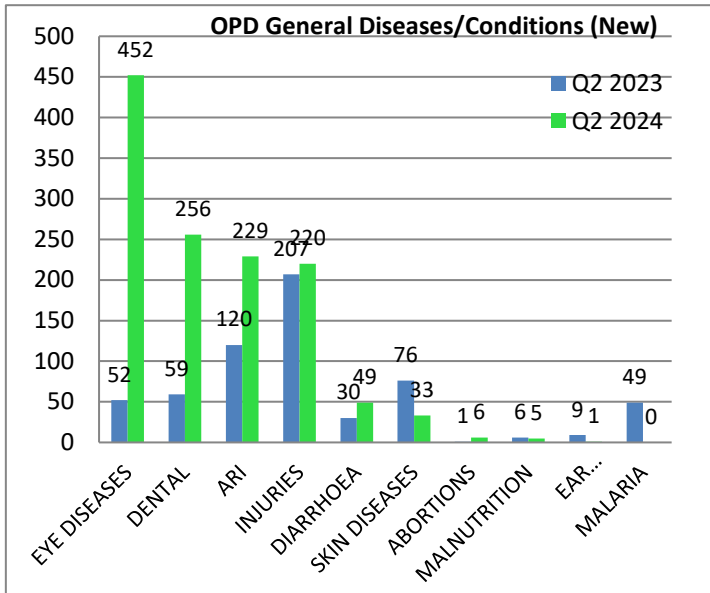
To promote quality improvement and an approach towards Total Quality Management, in line with the MOHCC quality improvement framework, the hospital has set a Quality Improvement Committee with the aim to coordinate quality improvement and quality control and has established Working Improvement Teams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



HIGHLIGHTS OF ACTIVITIES / PROGRAMMES

Service Delivery	Achieved Q2 2023	Target Q2 2024	Achieved Q2 2024	Jan-Jun 2023	Jan-Jun 2024
Total population	10676	6451	6451	10676	6451
Total number of inpatient beds	83	83	83	83	83
Total number of admissions inclusive maternity	542	400	467	1116	987
Total bed occupancy rate (%)	44.7%	35%	38.8%	42.2%	41.9%
Total institutional deliveries	208	>188	187	414	375
Total deaths rate	3.1%	< 4.5%	4.1%	2.5%	3.7%
Maternal deaths	0	0	0	1	0
Total number of new outpatient department (OPD) visits	1967	3750	2182	5126	4353
Total number of new and repeat outpatient department (OPD) visits	5788	6000	6085	12002	12151
Outreach OPD services (Oral, Eye, Rehab, general OPD services)	-	-	781	-	885
TOTAL institutional and community OPD services	5788	6000	6170	12002	13036
Operating theatre					
Number of caesarian sections	16	N/A	4	37	16
Caesarean section rate	7.7%	10-12%	6.5%	8.9%	4.3%
Number of major operations done excluding caesarian sections	0	N/A	50	0	50
Number of minor operations/procedures done	49	N/A	83	123	151
Number of table deaths	0	0	0	0	0
Dental services					
Number of procedures performed	207	300	448	518	867
Rehabilitation services					
Number of procedures performed	158	200	168	381	433
Ophthalmology services					
Number of conditions attended	52	150	207	213	369
Radiology services					
Number of clients who had X Ray done in the dept	473	450	485	984	991
Number of clients who had Ultrasound Scan done in the dept	444	425	409	929	795
Laboratory services					
Number of Laboratory tests done	6156	4500	4647	11713	9400

1. Inpatients and Outpatients services.



Comments

There has been 6.5% increase in outpatients' services attendances (new and repeated visits, including outreach services).

It is for the general reduction in trends of new OPD services that as part of the strategic interventions aimed to increase access to health to communities, started in March a programme of integrated outreach services, whereby at least 3 times every month, a team composed by staff conducts Oral Health, Eye Health, Rehabilitative services combined with community awareness and screening. From April the programme integrates a pharmaceutical component to increase access to medication for the rural community. Target of the programme are the clinics and schools in the direct catchment area including surrounding, particularly: Bondamakara, Kawere, Kowo, Madimutsa, Kapondoro, Makosa, Mushimbo and the direct.

Admissions trends have been characterized by a reduction of (13.8%) in admissions (including maternity cases) and an increase in death rate from the general wards (overall, still below target), to confirm that there is a trend in late presentations and some increase in terminal/palliative chronic conditions. The increased number of deaths may also be related to a reduction in transfers of critically ill patients as considering the first semester of 2024 vs 2023 there has been a decrease by 22.8% in transfers (main reductions noted from OPD and General wards - adult and paediatric - as it can be appreciated in the table at page 9).

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

Indicator	Q1 2024	Q2 2024	Jan-Jun 2023	Jan-Jun 2024
Number of pregnant women who book for first ANC visit before 16 weeks	34(26%)	31(27%)	57(25.3%)	65(27%)
Number of pregnant women who book for first ANC visit before 12 weeks – target(40%)	10(7.6%)	8 (6.9%)	32(14.2%)	18(7%)
Proportion of births attended by a skilled birth attended - monthly target	100%(188)	100%(187)	100%(414)	100%(375)
Pregnant women receiving two or more Tetanus Toxoid (TT2+) vaccinations	131	85	221	216
Caesarean sections as a percentage of all live births (Caesarean section rate) - target (10%)	2.2%	6.5%	8.9%	4.3%
Total number of pregnant mothers who received iron and folic during current pregnancy	216	188	504	404
Number of maternal deaths	0	0	1	0
High Risk Maternal cases referral out (Pregnant women at risk referred to from clinics)	18	12	31	30
Post Natal Care - Women with their new-born child receiving three post-natal care service after delivery (Day 1; Day 3 ; Day 7)	50	36	123	86
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%
Maternal case fatality rate in health institutions	0:100000	0:100000	214.5:100000	0:100000
Number of perinatal deaths – epidemiological indicator (total MSBs, FSBs, ENNDs)	4 21.6:1000	2 10.5:1000	7 16.9:1000	6 15.8:1000
Number of perinatal deaths - institutional management quality indicator (FSBs, ENNDs)	1 5.4:1000	0 0:1000	5 12.1:1000	1 2.7:1000
Proportion of women having four or more ANC visits (ANC coverage at least four visits)	90.8% (168/188)	92% 172/187	89.5% (370/414)	90.7% 340/375
Number of maternal death audit meetings conducted – target (100%)	- 100%	- 100%	1 (100%)	- 100%

Comments

During the Q2 2024 compared to Q1 2024 there has been a reduction in the number of intrauterine deaths (macerated still births) coming from the community, always mostly associated with hypertension. There is stability otherwise consistency in the reduction of perinatal mortality rates (both overall and institutional perinatal mortality rate – note the disaggregated data focusing on the perinatal deaths linked to the labour and delivery).

Strengthening of regular and periodic simulations and sharing experiences with midwives and doctors from Italy under the CMAMS programme and activities to strengthen monitoring of mothers in labour to increase alertness and response to complications have become part of the routine activities. A Kaizen exercise has been initiated in maternity to continue strengthening institutional services and at the same time to identify priority actions to promote community interventions aimed to reduce the macerated still births. Among the priority initiatives, those aimed to improve community awareness to reduce 1st delay, as well as promotion of early detection and treatment of hypertension in pregnancy will be prioritized in the next months in collaboration with the Districts of Mutoko and Mudzi and will be part of the key messages delivered by outreach teams to improve community awareness as it is of concern the important drop of mothers coming for a first booking within the first trimester.

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

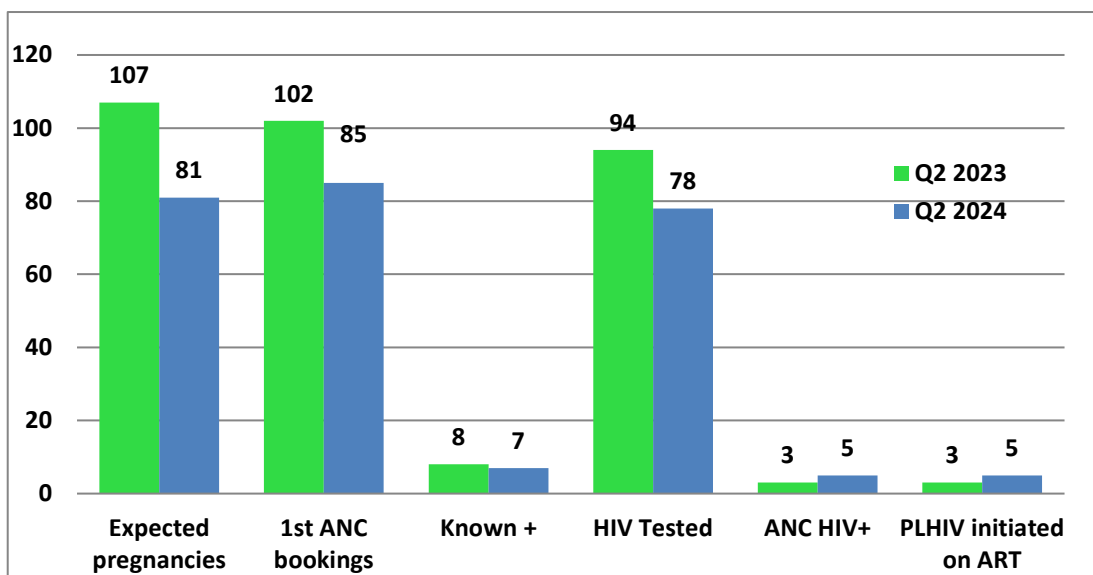
secondary – district level of care). The programme aims to tackle the three delays responsible for maternal and perinatal mortality through: promotion of knowledge and community direct participation to reproductive, maternal, neonatal and child health issues (including direct involvement of Community 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 2023-2024 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.

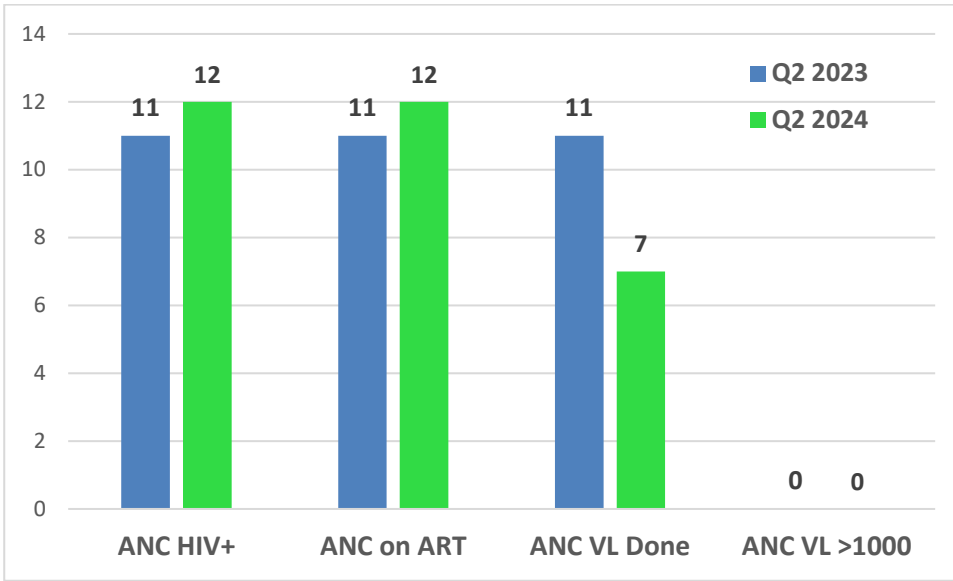
There has been a decrease of transfers from maternity, compared to the previous year, however, figures are still high mainly caused by the presence of only 2 medical doctors for most of the second quarter secondary to staff rotation which reduced the possibility to manage emergencies particularly during weekends when the nurse anaesthetist would have off-call. The total amount of transfers has a relevant decline compared to the previous year considering the periods January -June 2023 vs 2024 (-22.8%).

TRANSFERS	Q1 2024	Q2 2024	Jan-Jun 2023	Jan-Jun 2024
MATERNITY	18	12	33	30
ADULT WARD	3	10	14	13
PEADIATRIC	1	3	9	4
OPD	6	7	20	13
NEONATAL	1	0	3	1
TOTALS	29	32	79	61

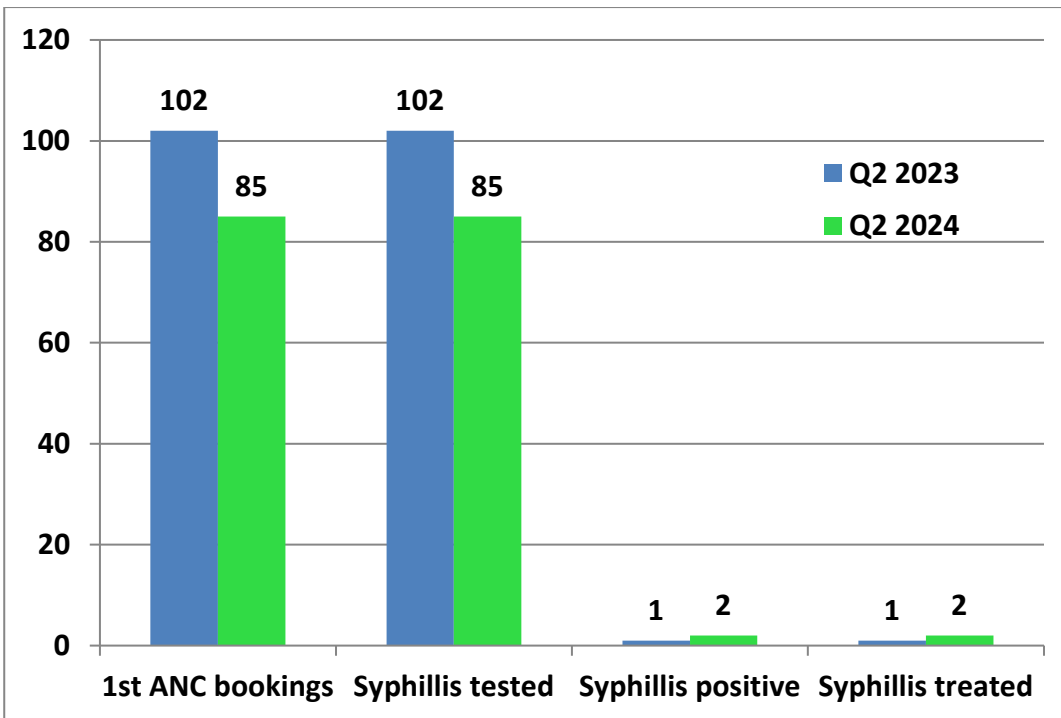
ANC Cascade Q2 2024 vs Q2 2023



ANC ART Coverage and Viral Load Testing



ANC Syphilis testing Q2 2024 vs Q2 2023



Comments

It has been possible to achieve 100% ART coverage during pregnancy. Viral load testing is done regularly for pregnant mothers leaving with HIV as the facility can perform GeneXpert dedicated VL testing; all mothers leaving with HIV due for viral load testing were tested (4 not yet due for testing), therefore VL coverage in ANC has been at 100%. 19 HIV exposed infants were delivered and 100% received post exposure prophylaxis.

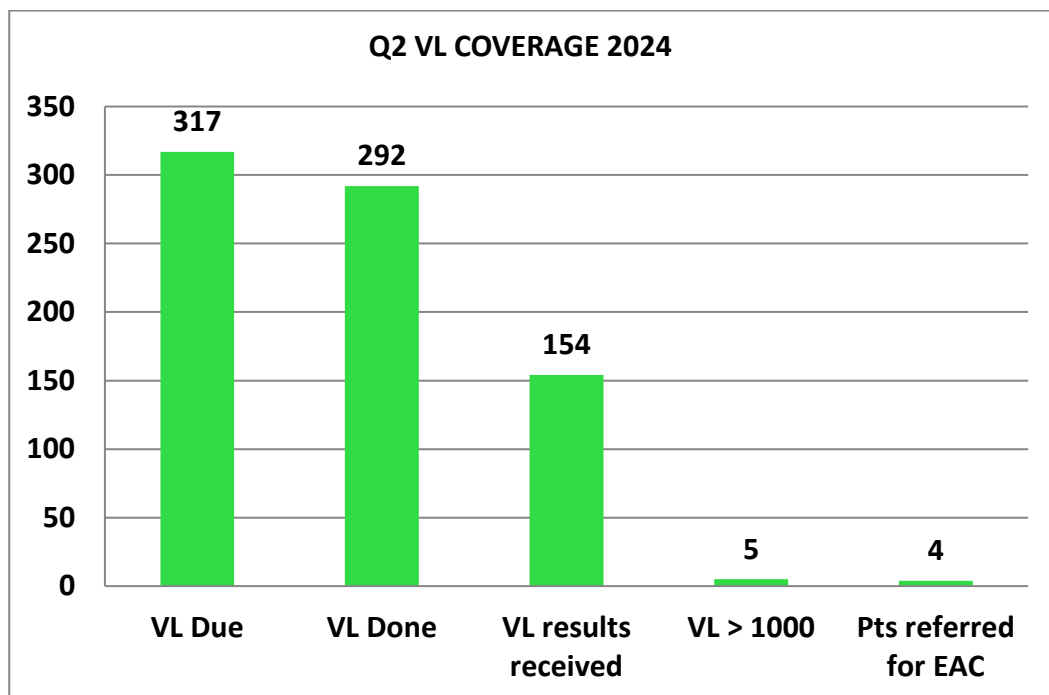
2. O.I./ART and Tuberculosis.

Indicators measuring efforts that contribute to the reduction of HIV morbidity and mortality				
Indicators	Q1 2024	Q2 2024	Jan-Jun 2024	Jan-Jun 2023
Number of males and females tested for HIV and received their results	561	443	1004	838
Number of children and adults living with HIV continuing on ART	1116	1104	1104	1156
Number of adults newly initiated on ART	26	14	40	27
Total number of adults on ART (new and old cumulative)	1079	1082	1082	1115
Number of children newly initiated on ART	2	0	2	1
Total number of children on ART (new and old cumulative)	37	36	36	41
Number of new STI cases	42	40	82	66
Number of repeat STIs	0	2	2	3

There is a relevant number of Sexually transmitted Infections cases (STIs); compared to the previous year there has been a strengthening in the reporting system which was noted with some gaps in the previous year when analyzed (during the previous year it was highlighted a reduction and found that was because of reduced reporting rather than behavioral change within the community).

Viral Load Coverage

	Q1 2024	Q2 2024	Jan-Jun 2024	Jan-Jun 2023
Viral load tests done	165	292	457	527
Results received	141	154	281	413
> 1000 copies/ml	9	5	14	9
Patients referred for EAC	9	4	10	11



Comments

There is need to sustain positive achievements obtained so far (92.1% of patients due for test received collection of samples, however, there has been a delay in receiving results with 52.7% - equal to 48.6% of overall due – receiving results). There is still need to pursue the target of at least 95% of patients reached with a VL test done and results received. One of the 5 patients with high viral load is a new initiation and the other 4 have been reached and referred for enhanced adherence counseling.

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 1118 patients currently on ART, there were: 14 new initiations, 11 transfers out, 4 transfers in, 5 deaths in Q2 2024.

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

Data element	Q1 2024	Q2 2024	Jan-Jun 2024	Jan-Jun 2023
Number of bacteriologically confirmed drug-resistant TB cases (RR-TB and/or MDR-TB) notified	0	0	0	0
Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	0	0	0	0
Percentage of TB cases treatment success rate - all forms	100%	100%	100%	100%
Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses MT	22	10 (6 laboratory confirmed – 4 clinically diagnosed)	32	32
Percentage of HIV- positive registered TB patients given ant-retroviral therapy during TB treatment	100%	100%	100%	100%

Number of cases with drug resistant TB (RRT-TB and/or MDR-TB) that began second line treatment MT	0	0	0	0
Number of all TB patients who defaulted treatment MT	0	0	0	0
Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and /or MDR-TB) notified MT	0	0	0	0

Comments

No deaths occurred during the reporting period. Strengthening of contact tracing especially for contacts coming from other districts has been identified as a priority action.

3. Under 5 health indicators

4. Indicators	Q1 2024	Q2 2024	Jan-Jun 2024	Jan-Jun 2023
% of children who are fully immunized at 12 months (Primary course completed)	12 (25%)	36 (75%)	48 (50%)	63 (53%)
Number of ARI cases treated	88	72	160	138
Number of facilities with at least one staff with IMNCI skills and attending to under 5-year children	1	1	1	1
Number of health facilities with functional cold chain requirements	1	1	1	1
Percentage of children aged 12 - 23 months who received BCG vaccine by their first birthday	100%	100%	100%	100%
Number of children received Penta 3	28 (58.3%)	41 (85.4%)	69 (71.%)	97 (81%)
Percentage of children under 5 with pneumonia treated with appropriate antibiotics	88 (100%)	72 (100%)	160 (100)	138 (100%)

Comments

Concerning the Expanded Immunization Programme, the institution participated to integrated campaigns within the community. There is 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, it has been identified that the institution is working with targets based on direct catchment area but some of the villages are not reporting yet directly to Luisa Guidotti Hospital (i.e. Bwanya area reports to Kapondoro clinic instead). Engagement has been done with the District of Mutoko to rectify this and ensure that all direct catchment area (including CHWs) will report to LGH for increased coordination of EPI activities and final response from the District Office is still pending. Aim is the correction of the current status of the institution in category 4 (RED/REC categorization). Of concern the reduction of coverage comparing 2023 vs 2024 which needs immediate action.

Malaria indicators and epidemic prone disease surveillance

Indicators	Q1 2024	Q2 2024	Jan-Jun 2024	Jan-Jun 2023
Total number of suspected cases	343 (CHWs- 49.9%)	329(CHWs- 51%)	672(CHWs -51%)	1357 (CHWs- 57.1%)
Number of suspected malaria cases tested by RDT or Slide	343 (CHWs- 49.9%)	329(CHWs- 51%)	672(CHWs -51%)	1357 (CHWs- 57.1%)
Number of confirmed cases	2 (CHWs- 50%)	2 (CHWs- 100%)	4(CHWs- 75%)	169 (CHWs-91 53.8%)
Number of children under 5yrs treated for Malaria	0	1(CHWs - 1)	1	19(CHWs - 12)

Number of women attending ANC given IPT2	81	80	161	139
Number of women attending ANC given IPT3	138	121	259	220
Total number of malaria cases admitted	1	0	1	69
Number of inpatient malaria deaths	0	0	0	3
Total number of malaria deaths	0	0	0	3
Malaria case fatality rate	0	0	0	1.8
Proportion of suspected malaria cases tested at public sector health facilities (microscopy or RDT) excludes community testing	172(100%)	161(100%)	161(100%)	172(100%)
% of confirmed malaria cases that received recommended 1st-line ACTs at public health institutions (excludes community treatment)	1(100%)	0	0	1(100%)
Proportion of confirmed malaria cases investigated (Pre - Elimination districts)	N/A	N/A	N/A	N/A
Proportion of malaria deaths audited	N/A	N/A	N/A	N/A
Malaria incidence	0.3:1000 (2/6451)	0.3:1000 (2/6451)	0.62:1000 (4/6451)	0.3:1000 (2/6451)

Comments

100% for Q2 equal to 75% as the first semester of 2024, 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. During the current year, the drought experienced without precedents has probably contributed to a reduction in malaria cases seen this 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	Q2 2023	Q2 2024	Jan-Jun 2024	Jan-Jun 2023
Average vital drug stock status(%)	73%	76%	74.5%	71%
Average essential drug stock status(%)	69%	73%	71%	59.3%
Average necessary drug stock status(%)	53%	55%	54%	36%
Number of blood units used	30	29	59	64
Oxygen availability(yes/no)	YES	YES	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 as shown in the table above.

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 67 patients are enrolled under follow-up (49 Harare, 2 Bulawayo, 4 Kwekwe, 11 Luisa Guidotti Hospital) with some occasional patients who receive service with the monitoring of their INR.

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 (January – June 2024). Philanthropic programmes

Ophthalmic camps (February – May).

In collaboration with the Mash East Ophthalmic team, 2 Eye surgical camps were promoted in February and May where patients were screened and treated for eye conditions and a total of 59 cataracts surgery were performed. We aim to promote at least another 1 more camp during the year.

Otolaryngology (ENT) medical and surgical camp (April).

An ENT surgical mission was implemented in April with a total of 95 patients attended to and 37 surgical interventions done 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.

General Surgery camp (May).

General surgical mission was implemented in May with a total of 73 patients attended to and 32 surgical interventions done 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.

Cardiology camp (May).

A medical camp was promoted in May with the assistance of one Cardiologist, to continue the follow-up of patients already operated under the cardiac humanitarian programme promoted by the hospital since 1984

(which assisted patients with more than 500 cardiac surgeries done overseas, mainly in Italy) and to screen patients to be enrolled for surgery. The programme is also aimed at support improvement of institutional management of cardiologic conditions.

Obstetrics and Gynaecology camps (Q1-Q2).

Under the Obstetrics & Gynaecology philanthropic programme, it has been possible to implement camps to improve institutional and team responsiveness towards management of obstetrics conditions and emergencies as well as to implement in June a surgical Gynaecologic mission to expand access to specialist services for the communities and support institutional capacity building of the hospital resident team.

8. School of Nursing.

Currently the school is training 58 Primary Care Nurses who completed their first year (one dropped out from training), a second group of 15 started in January 2024 and 4 Midwifery training students who will complete training in September.

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.

The school of nursing has requested the Nurses Council of Zimbabwe to conduct an inspection to evaluate the possibility to be accredited to resume training of Registered General Nurses by the 3rd Quarter of 2024.

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.

Of note for Q1-Q2 2024:

1. There has been a revision of the strategic planning of the Institution in line with the National and Provincial strategic priorities (Q1).
2. Admin/Procurement processes/Stores management/Fuel consumption has been included as part of KAIZEN exercise and monitoring tools have been finalized and rolled out to strengthen efficiency and resource optimization (Q2).
3. As part of the improvement of Working environment, sessions have been promoted to increase mentoring in leadership and management of managers and in Q2 a plan for the junior staff across departments has been set which will be implemented in Q3.
4. Community programs; the integrated outreach programme has started and has been rolled in full from March 2024 with high participation and good feedback from communities (Q2).

5. Educational research activities have been promoted during Q1, for the midwifery students in line with evidence-based medicine and to foster academic and evidence-based approach during training, to promote critical thinking and analytic capacity, fundamental for a quality improvement-oriented approach to clinical service. In Q2 the finalization of a scientific article proposal concerning documented quality improvement methodologies and activities was done in collaboration with the Provincial Medical Director and has been presented for the abstracts' selection to the Zimbabwe Medical Association in view of the Annual General Meeting and in Q3 will be submitted for peer-to-peer review for possible publication.
6. A Monitoring and evaluation team has been established under the Working environment WIT and a set of tools has been rolled out during Q2 as part of the activities aimed to work towards Total Quality Management.
7. Monthly Financial reports with balance sheet and annual internal auditing has been achieved and now is routine of the hospital activities to improve analysis, transparency, accountability and strengthen risk management.
8. The review of the exit interviews system with an electronic anonymous database for analysis has been rolled out in Q2 and now is utilized for regular feedback as client satisfaction survey in addition to the already implemented Community Based Organization's feedback.

10. Structural development.

The hospital has completed a structural renovation plan with Bill of Quantity for improvement of patients' flow from the Outpatient area and to optimize the admission blocks for adults' wards, as well as the doctors and nurses' rooms (including O.I. area) at the outpatient and emergency block and a project proposal has been submitted for potential funding. Response is expected in Q4.

After a community stakeholder meeting and consequent to the effects of the drought caused by El Niño, the hospital has engaged potential funders to see in collaboration with the District's WASH Cluster, the possibility to implement the drilling of 14 community boreholes to improve access to safe water for the prevention of epidemic prone diseases and the improvement of water, hygiene and sanitation within the hospital's direct catchment area.

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 (MarilenaPesaresi Foundation, Rimini 4 Mutoko, UTOPHA and PiccoliGrandiCuori 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**

The challenges highlighted in the previous full year 2022 report, is persisting in some departments. The hospital received new staff deployed in Q2 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.

Conclusions – Future considerations for Q3 2024

The year has been characterized by consolidation of positive trends of outcomes despite the reduced resources set-up.

The hospital had also managed to start the planned integrated outreach programme, the expanded implementation of surgical and other philanthropic missions and set a monitoring and evaluation team to improve monitoring of activities towards TQM.

In summary for the next quarter, we aim to:

1. Expand our preventive programmes and outreach with the implementation of some mentoring activities done together with the Districts of Mutoko and Mudzi to improve coordination and networking with the clinics referring to LGH and strengthen referral with special regards to maternal and neonatal health. At the same time, improving preparedness and responsiveness to epidemic prone disease through the same efficient collaboration with the community and clinics.
2. Support the specialist philanthropic programmes, to increase the number of specialists' missions for the improvement of access to specialist services for the rural communities. Special focus will be on the installation of laparoscopic equipment and the implementation of a surgical mission in November, to progressively

expand in collaboration with the Provincial Specialists' teams the "spoke" potential role in the rural area of LGH and work in coordination with the Provincial Medical Director and other partners to enhance specialists' services within the Province in a "hub-spoke" set-up and in line with the MoHCC vision and strategy.

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 and new structural renovation plan).

Presented by,


Dr. Massimo Migani
(Medical Superintendent)



25/08/2024