Navigating the New M&E Environment: Zimbabwe Case Study

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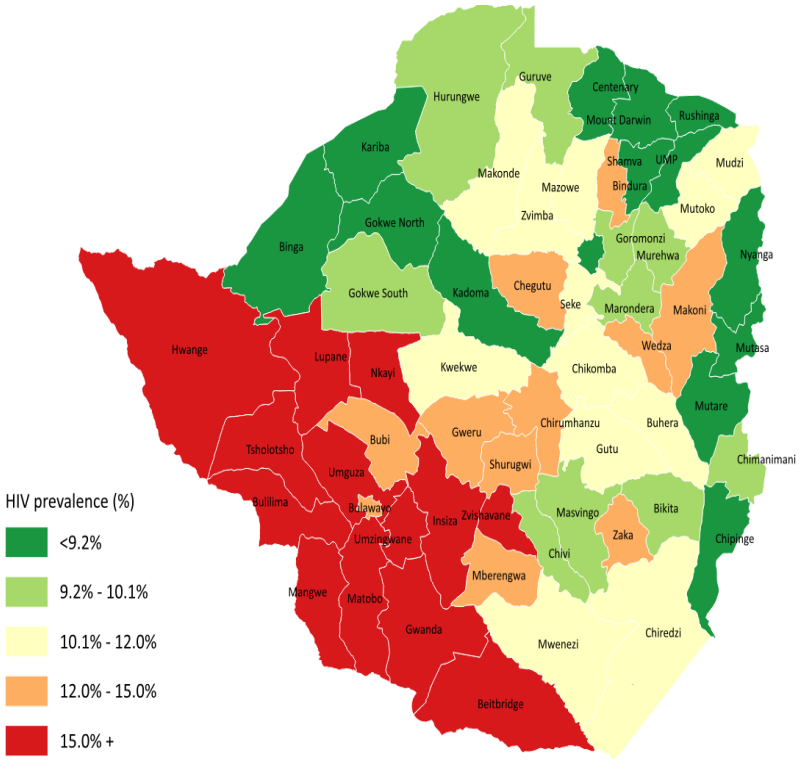
Outline

- Background
- M&E System Assessment Findings
- Highlights of ‘vulnerabilities’ from the recent M&E assessment:
  - EMR and Paper HMIS domains
  - Data Quality domain
  - M&E HRH Capacity Domain
- Key Strategic Directions

Background



Data Source: HIV Estimates and DHIS2 (2025)

HIV Epidemiology in Zimbabwe

- Est. 1.3 M PLHIV
- HIV prevalence 9.78% (15–49 age group)
- HIV Incidence per 1000 uninfected population 0.91
- TB/HIV co-infection rate: 53%
- 95-95-95 targets: Adults: 97-98-96, Children: 63-98-90
- CD4 testing coverage for eligible clients: 32% (42% had CD4 <200 cells/mm^3)

M&E Landscape

- Use of both paper-based HMIS and EMR
- EMR coverage in at least 80% of patients on ART
- Reporting done through aggregate national database (DHIS2)
- 82% of ART patients are reached through 67% IP-supported HFs

M&E System Assessment Findings: Distribution of M&E Functions by Vulnerability

Across 199 M&E functions (7 domains): 83% show partial vulnerability, reflecting mixed MOHCC–partner support

Vulnerability	%
High Vulnerability	3%
Partial Vulnerability	83%
No Vulnerability	12%
Partial M&E Gap	2%
M&E Gap	1%
Total	**100%**

A co-dependent system—operational today with partial support, but fragile without transition to government-led sustainability

MOHCC Role: Leads governance, coordination, and provides partial, non-fully institutionalized resourcing

Partner Role: Bridges critical gaps—financing DQA, M&E HR, and system strengthening functions

Common Pattern: Co-dependent delivery model—MOHCC stewardship + partner-backed implementation

DQA & M&E HR: Core system enablers but externally reliant, signaling weak domestic institutionalization

Sustainability Spectrum: 12% fully government-funded (no vulnerability) vs. 3% fully externally supported (high vulnerability)

Critical Gaps: 3% of functions lack structured support (2% partial, 1% none), posing system risk

Unlocking Insights from Paper-based and EMR HMIS Domains Assessment

- Transitioning from paper-based HIS to EMR to reduce reporting burden-**Continuous** and currently approx. 350 sites reporting through EMR for select indicators
- Developing a sustainable domestic financing model for digital health, complemented by strategic external partnerships – **Ongoing**
- Planning to have multisector collaboration (government, academia, private sector, IP etc.) through a coordinated COP-**Q3 2026**
- Developing real-time dashboards to strengthen data use for timely decision-making-**Q3 2026**
- Transitioning to fully government supported national EMR ecosystem aligned with the Digital Health Strategy - **Q4 2026**
- Establish interoperability between EMR & lab systems (in a few sites) and DHIS2-**2027**
- Implementing Health Workforce Strategy (**2023-2030**)
  - *Planning to retain core EMR development and implementation technical teams with government support – **Ongoing***

Key Insights from the Data Quality Domain Assessment

Why High Vulnerability in Data Quality Assurance Exists:

- Limited institutionalized funding for routine data quality assurance functions, leading to reliance on ad hoc or project-based support mechanisms
- Inadequate and unpredictable resourcing for routine data quality audits (DQAs), supervision, and follow-up of corrective actions
- Weak sustainability of quality assurance processes due to insufficient integration into core health system financing and operations

Emerging Enablers for Integrated Data Quality Assurance with Partial Vulnerability

- Established a Services Integration TWG to oversee harmonization of M&E and reporting systems
- Developed an essential HIV data set with core indicators aligned to the minimum package for HIV service delivery
- Streamlined and integrated some registers, reducing indicator overload and reporting forms to improve data quality and consistency

Towards a Sustainable Data Quality Assurance Strategy:

- Need to secure predictable Treasury allocation to institutionalize routine DQAs, supervision, and continuous data quality improvement activities
- Continue embedding data quality assurance within routine health system operations (facility, district, and national levels) rather than project-based support
- Need to strengthen TWG mandate to coordinate and monitor implementation of a national data quality assurance framework
- Need to integrate DQA indicators into performance management systems to ensure accountability and continuous improvement
- Need to leverage digital systems (EMR and DHIS2) to enable automated data quality checks and real-time error detection
- Need to build capacity at sub-national levels to sustain routine verification, feedback, and corrective action loops

Key Insights from the HRH Capacity Domain Assessment

- Health Workforce Strategy (2023–2030) developed and currently being implemented
- Ongoing discussions on transition of workforce to government
- Handover, take-over processes in place (government mentorship and capacity building)

M&E of HIV Services for Key Populations

- Integrated KP indicators into national HMIS (including EMR) — Capacity building needed to improve data collection and reporting quality
- Streamline CLM data into a national repository to strengthen data use for decision-making — Planned / Priority

Domain	M&E function	
HMIS: Paper-based/ DHIS2	Developing standardized key population data collection tools	
	Ensuring confidentiality and secure data storage for KP data	
	Ensuring sufficient disaggregation of KP data in reporting tools	
	Ensuring that KP data are reflected in national aggregate databases	
	Engaging KP-led organizations in data collection and validation	
HMIS: EMR	Recording key populations data in EMR while maintaining confidentiality	
	Implementation of policies, procedures, and training on KP EMR elements	
	Integrating EMR KP data with routine health service data	
Data Use	Fund, coordinate, and implement national or key population surveys	
CLM / CE in M&E	CLM data collected on KP service delivery/programming	
	CLM data informs KP service delivery/KP programming	

Category
- Highly vulnerable
- Partially vulnerable
- M&E gap
- Partial M&E gap
- Not vulnerable

Key Strategic Directions for a Sustainable M&E System in Zimbabwe

Transition to a government-led, interoperable M&E system anchored in strong governance and coordination

Streamlined HIV M&E by focusing on core indicators and reducing reporting and documentation burden through integrated EMR systems

Strengthened workforce capacity and ensure adequate M&E staffing across all levels of the health system

Enhanced data quality assurance and promote routine use of data for decision-making

Integrated community-led monitoring and KP data systems into a unified national repository for improved visibility and actionability

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Thank You!