CIDRZ External Impact Evaluation:

Summary Report

MAY, 2026

CIDRZ

CIDRZ Overview

The Centre for Infectious Disease Research in Zambia (CIDRZ) is dedicated to improving the health of all Zambians through impactful research, training, and health service delivery, in close partnership with the Government of the Republic of Zambia (GRZ). Established in 2001, CIDRZ has grown into the largest independent, non-profit healthcare and systems strengthening research organisation in Zambia, with a multi-disciplinary portfolio spanning implementation science, clinical research, social and behavioural science, epidemiology, and health systems strengthening through programmes and technical assistance.

Purpose and Scope

As part of its 2022-2026 strategic plan, CIDRZ engaged Namvela Consulting to conduct a comprehensive organisation-wide impact evaluation of its extensive and varied work within Zambia. The main objective of the evaluation was to measure progress against the mission of, "improving access to quality healthcare in Zambia through innovative capacity development, exceptional implementation science and research, and impactful and sustainable public health programmes."

This evaluation was an opportunity for CIDRZ to objectively measure the relevance, effectiveness, impact, and sustainability of its work across key thematic areas, and for critical partners and target population groups.

This impact evaluation was the first of its kind for CIDRZ and serves as a foundational exercise for CIDRZ's future impact assessments and findings have been used to inform both internal learning for its next strategic planning process and external positioning, supporting CIDRZ to maintain its leadership role within Zambia's public health ecosystem and to adapt effectively to emerging challenges and opportunities in global and national health landscapes.

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Methods

A mixed-methods design was applied, anchored in descriptive analysis from a document audit/desk review and a CIDRZ-wide staff survey, followed by qualitative enquiry through key informant interviews and focus group discussions. A collaborative approach was utilised, engaging with core CIDRZ team members at key touchpoints, mainly during the design of the evaluation, and to sense-check the initial findings. Data sources and approach included:

Desk review/document audit of CIDRZ strategic plan materials and programme/study reports, triangulated with relevant external documents.

CIDRZ staff survey (Qualtrics) analysis drew primarily on open-ended responses.

Key Informant Interviews (KIIs): 37 KIIs with government/ministry staff, funders, partners, and senior CIDRZ staff.

Focus Group Discussions (FGDs): 12 FGDs with 65 participants, including CIDRZ staff, clinic staff, and community members across selected sites.

Community participants: 24 community participants engaged in Lusaka and Copperbelt provinces.

Primary data collection was conducted across five provinces (Lusaka, Southern, Eastern, Copperbelt, and Western), with purposive sampling to reflect geographic and service delivery diversity and to ensure coverage across stakeholder groups and thematic areas.

Qualitative data were analysed thematically using a combination of deductive and inductive coding aligned to evaluation questions and OECD domains, using qualitative analysis software. Quantitative/administrative sources were analysed descriptively to support triangulation.

Findings were then sense-checked through staged interpretation workshops and leadership review to validate themes and clarify context.

KEY FINDINGS

Relevance

How, or to what extent, are CIDRZ's current activities supporting the key needs of its communities, partners and funders?

Community members, health workers, partners and government officials described CIDRZ's work as strongly aligned to the priority health needs of Zambians, due to its close alignment with government priorities, presence in clinics and communities and technical assistance work. At community and facility levels, CIDRZ's contribution was most visible where it strengthened service continuity and quality (e.g., outreach, follow-up, tracing, and facility-level systems), and where it helped address barriers such as stigma, confidentiality concerns, and access constraints for underserved groups. Partners and funders also emphasised the value of CIDRZ's delivery capability at scale, and its ability to translate evidence into operational improvements rather than producing research outputs alone.

How is CIDRZ viewed?

External stakeholders emphasized CIDRZ as a highly credible African institution, with strong local leadership and a distinctive "research + implementation" model that is closely aligned to Zambia's public health priorities and valued for its ability to combine rigorous research with practical implementation. CIDRZ is seen as a highly unique 'local' organisation, few of which exist across Sub-Saharan Africa, with some external stakeholders calling for CIDRZ regional expansion to support other, similar organisations. All stakeholder groups repeatedly characterised CIDRZ as dependable, technically rigorous, and operationally effective - particularly valued for governance and compliance strength and for the quality of its teams. This credibility was described as an asset that enables CIDRZ to convene, influence, and support government systems, and to sustain long-term partnerships.

> **All services which CIDRZ supports are done on behalf of the Minister of Health… the government considers CIDRZ as a good partner, implementing services across the whole country. It's one of the top NGOs we have in this space"**

SENIOR MINISTRY STAFF

> **They [CIDRZ] are an important strategic partner and local, most importantly they are a national organization. We don't find those to be in many countries frankly speaking, and a good steward of donor funds.**

FUNDER

> **They have a strong reputation as a researcher, as an implementer, as somebody who can support policy development and really be there as a right hand of the Ministry of Health.**

FUNDER

CIDRZ

To what extent is CIDRZ currently able to meet the changing/emerging needs of Zambia?

Internal and external stakeholders reported that CIDRZ is increasingly able to respond to evolving needs, including by diversifying beyond HIV and applying its strengths in data, implementation, and systems support to new thematic areas. At the same time, they noted that responsiveness is constrained when emerging needs require flexible non-restricted investment, such as rapid innovation, cross-cutting work across departments, or protecting specialist capacity, because much funding remains restricted and tied to specific projects. Stakeholders therefore positioned CIDRZ as well placed to meet emerging needs but stressed that doing so consistently will depend on strengthened organisational enablers (flexible resources, cross-functional ways of working, and stronger communications and positioning).

> **There's no money for the innovation side… you can have an idea, but without unrestricted funding you can't incubate it properly.**

CIDRZ STAFF

Impact

To what extent do stakeholders perceive that CIDRZ's work has been impactful, in regard to its mission?

CIDRZ's impact is strongly associated with improvements in the quality and continuity of care, strengthened data use for decision-making, and contributions to national guidelines and practices.

Health system integration and last-mile reach

Both internal and external stakeholders described CIDRZ as strengthening routine health system functions (data use, service workflows and quality improvement) while extending access for last-mile communities through outreach and differentiated models of care.

Prevention and innovation at national scale

Funders and Government staff highlighted CIDRZ's role in generating and applying evidence for preventive innovations (including support to vaccine introduction/optimisation) and in embedding new models of care into government systems, enabling wider adoption and national scale-up.

TB outcomes

One funder reported that TB notifications improved (approximately 67% to 90%) and that national TB mortality declined (from ~40 per 100 to <25 per 100 over three years), attributing a substantial share of the improvement to CIDRZ TB support.

Neonatal outcomes

Partners and Government staff described significant improvements linked to neonatal innovations, including reductions in NICU mortality and the scale-up of kangaroo care evidence and practice.

A major contribution in the HIV space

Government staff, donors and funders all describe CIDRZ as having touched "nearly all parts" of the HIV care cascade, including prevention, tracing and retention support, infrastructure and clinic systems, and differentiated service delivery models.

> **You only have to look at the achievements that Zambia has made, and on each one of those fronts there isn't one that you can pick without a finger pointing back to the role that CIDRZ has played. If it is prevention of mother to child transmission, prevention, testing rates, adherence to treatment, on all those fronts, you can see the fingerprint of CIDRZ**
>
> SENIOR MINISTERIAL STAFF

At a system level, both external and internal stakeholders highlighted CIDRZ's role in embedding tools and approaches into routine practice, such as screening tools, registers, service models and digitisation platforms, supporting durability beyond individual projects.

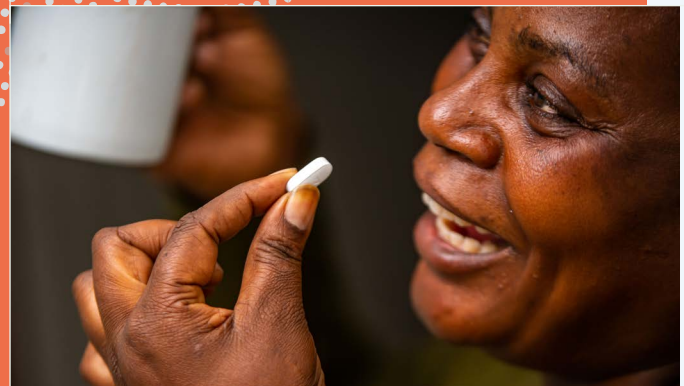
To what extent do stakeholders perceive that CIDRZ's work has been impactful, in regard to its mission?

Internal and external stakeholders attributed impact to CIDRZ's long-term presence, credibility and trusted relationships, strong technical capacity, high-quality data systems, and an implementation-oriented approach that translates evidence into practice.

Constraints were largely structural rather than technical: Funding volatility and close-outs that disrupt outreach and follow-up, and limits to scale where costs cannot be absorbed into routine (non-donor funded) budgets. These constraints were seen to reduce continuity and increase the risk that gains diminish when programme support is withdrawn.

> "When the support is withdrawn, it's the outreach and follow-up that drops first – and that's what keeps the outcomes stable."
>
> CLINIC STAFF

> "I think if you look at our HIV space in Zambia, you can't mention the progress that we have done without mentioning CIDRZ"
>
> SENIOR CLINIC STAFF



CIDRZ

Sustainability

To what extent is CIDRZ currently sustainable in terms of its mission?

Organisationally, internal and external stakeholders expressed confidence in CIDRZ's long-term viability because of its reputation for quality, established systems, and deep-seated trust with government and funders. The 2025 funding shocks were widely seen as a major stress test; internal and external stakeholders recognised that diversification helped CIDRZ remain standing, while also noting that the shock exposed vulnerabilities linked to restricted funding and dependence on project-tied funding. Internal stakeholders emphasised that sustaining CIDRZ's mission will depend on strengthening the organisational "engine" that protects core capability through volatility, including continued funding and commercial diversification, investment in strong internal functions, and fit-for-purpose brand positioning and communications.

> **CIDRZ as an institution is going to stand the test of time… they've always been the most favoured and recommended because of the quality of their work.**
>
> SENIOR MINISTRY STAFF

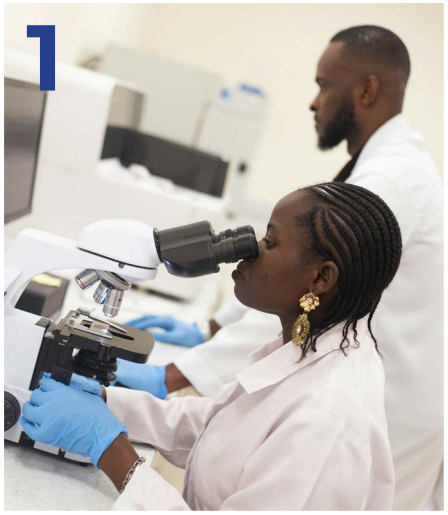
What evidence is there of the sustained impact of CIDRZ's work after project close-out?

Internal and external stakeholders reported, that CIDRZ's benefits are most likely to endure where simple innovations are institutionalised into routine systems, such as through guidelines, tools, registers, workflows, digitisation platforms, and training approaches that government and facility teams can continue using. Sustained impact was viewed as weaker where interventions rely on recurring "micro" operational enablers, fuel, transport, connectivity, outreach logistics and community follow-up, which are difficult to absorb into routine budgets and were reduced during the funding shocks. This implies that sustained impact depends on deliberate transition planning and financing strategies that protect practical and micro-enablers, alongside continued technical support and evidence use.

> **On paper it looked like it was working, but when the shock came… the system could not stand on its own when this tier of support was withdrawn.**
>
> CIDRZ STAFF

KEY TAKEAWAYS:

Strengths



A STRONG, DISTINCTIVE USP: TRULY "LOCAL" WITH A UNIQUE RESEARCH AND IMPLEMENTATION OFFERING

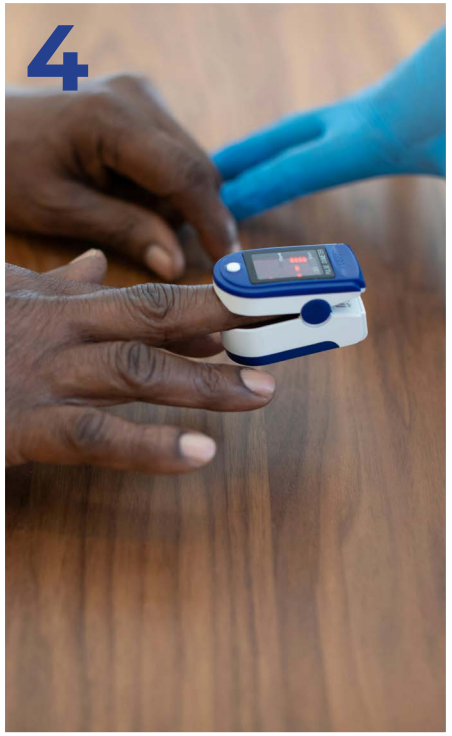
- Genuinely locally led governance and decision making (very few exist in Africa despite governments and funders specifying the need for localisation).
- Unique combined programme-and-research offering which places CIDRZ in an ideal position to turn research into action with lasting policy/programme change.

KNOWN FOR ITS TECHNICAL EXCELLENCE AND HAS MAJOR CREDIBILITY ACROSS THE SECTOR

- Clear evidence of long-standing influence on improving access to quality healthcare for Zambians and building a talent pipeline of Zambian and international clinicians and scientists.

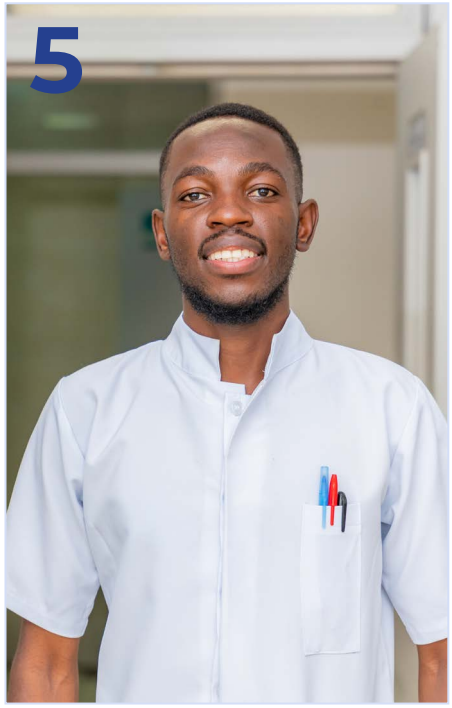
DEMONSTRABLE SYSTEM-LEVEL IMPACT

- Contributions to national policies/ guidelines.
- Raised the standard of care through staffing support, stronger confidentiality, faster diagnostics, and basic infrastructures needed to keep the system working (data bundles, incentives, transport, etc.)
- Data for decision making through digitised records and use of data for better longitudinal care (follow-up, early detection, continuum of care, etc.).
- Visible population-health contributions in priority diseases (including HIV, TB, cholera, diarrhoeal disease), with improvements in testing, linkage, retention, case detection, and mortality reductions, alongside strengthened clinic and community delivery capacity.



ENDURING HEALTH-SYSTEM INNOVATIONS THAT OUTLAST INDIVIDUAL PROJECTS

- Including tools and approaches embedded into routine practice, such as screening tools, registers, service models, digitisation platforms



CIDRZ'S PEOPLE ARE A CORE STRATEGIC ASSET

- High-calibre, experienced staff with deep technical expertise and implementation know-how underpin delivery quality, credibility, and sustained impact
- Need to invest in organisation-wide staff pathways (e.g. progression, mentoring, skills development, succession planning) rather than relying on individual supervisor interest to drive growth and retention

CLINICAL AND ACADEMIC CAPACITY DEVELOPMENT

- CIDRZ's training, mentorship, and research platforms have built enduring local capacity - strengthening the pipeline of Zambian clinicians, managers, and researchers.

DELIBERATE FUNDING DIVERSIFICATION STRATEGY

- Deliberate efforts to diversify over the last ten years have hugely benefitted CIDRZ in the last 12 months
- Strong brand in the community
- High trust within the communities

ZAMBIA'S INNOVATION ENGINE

- Described as constantly innovating and generating new ideas
- Simple and easily executable ideas seem to have longer sustained impact that complex interventions

KEY TAKEAWAYS:

Opportunities

1 FINANCING

- **Biggest risk is impact reversal when programmes end** - stakeholders describe service deterioration (TB detection and follow-up, youth-friendly and GBV supports, outreach and tracing), highlighting urgency of sustainability planning and diversified funding.
- **Need to adapt to the funding landscape** by leveraging additional communications, diversified funding (outside of US and traditional funders), and government TA and support.
- **Develop non-donor revenue streams** commercial consultancies/ spin-offs, paid data/M&E services, leveraging lab/clinical services, expanding the commercial arm with more innovative offerings.
- **Support government financing innovation**:
  - Develop and embed costed transition plans for essential recurrent inputs (transport/ operational enablers) into routine MoH/district budgets;
  - Identify new revenue sources;
  - Investment at CIDRZ level in that financial expertise (costing analysts, health economists etc)

2 SPECIALIST TECHNICAL ASSISTANCE AND REGIONAL CAPACITY DEVELOPMENT

- **Position CIDRZ as a specialist TA + evidence engine** in a constrained funding era.
  - Lean further into high-level technical assistance, research, and specialised problem-solving (rather than broad programme implementation).
- **Institutionalise capability, not just skills**: pair TA with handover milestones, SOPs, accountability loops and routine performance review systems.

Regional knowledge export: support peer African scientific and public health organisations to reach "CIDRZ-level" capability.

- CIDRZ is increasingly viewed as a regional leader
- Opportunities to spread organisational approaches to other institutions - questions around how that it does in pragmatic terms

3 GROWTH IN NEW SECTORS AND TECHNOLOGIES

- **Clear opportunity to innovate and grow into emerging sectors and tech-enabled models**.
  - Building on its credibility, data assets, and implementation track record, CIDRZ is well positioned to lead in:
    - AI-enabled analytics and decision support
    - Big data platforms
    - Environmental and climate-related health
    - Global health security (e.g. surveillance, preparedness, and rapid response)
- **Build a focused innovation portfolio**: pilot fast, scale what's feasible, and prioritise solutions that are simple enough to sustain.

4 INTERNAL FUNCTION STRENGTHENING

- **CIDRZ's communications are under-developed relative to its credibility and impact**
  - Need to strengthen external storytelling/dissemination as a priority to improve diversified fundraising efforts, influence, and positioning
  - Demonstrate impact clearly to compete in a tougher funding market and shape strategic partnerships.
- **Secure unrestricted and commercial income for improved staff development and innovation opportunities**
  - Increase flexible funding to invest in innovation and new thematic areas and retain high-calibre staff.
  - Build clearer pathways, post-PhD support, protected quality staff beyond project-closures and leadership development to sustain the expert pipeline.

Developed by **Namvela Consulting** for
the Centre for Infectious Disease Research Zambia

CIDRZ