



Final Evaluation for the Isoko y'Ubuzima Project

Final Evaluation Report

Submitted to: Water For People Rwanda

Submitted By: Athena Infonomics Limited Liability Company (AILLC) in JV with GreenWise Consult Ltd.

Date – 30 June 2026

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Executive Summary

Introduction to Isoko y'Ubuzima Project

Isoko y'Ubuzima (Thrive WASH) was a five-year water, sanitation and hygiene activity implemented in Rwanda from 14 July 2021 to 13 July 2026, funded by the U.S. Government through USAID and subsequently the U.S. Department of State. It was delivered by a consortium led by Water For People with IRC, CARE International, Vitens Evides International (VEI) and African Evangelistic Enterprise (AEE). The activity was designed for a sector whose binding constraint was not principally an infrastructure deficit but a service delivery system that did not hold: roughly 45 per cent of rural piped systems were non-functional at inception, non-revenue water (NRW) across intervention districts stood at 63 per cent, district WASH planning and life-cycle costing capacity was thin, and rural private operators (POs) were commercially and technically undercapitalised. Household access to at least basic water across the ten core districts averaged 35.2 per cent and basic sanitation coverage 67.6 per cent.

The activity pursued four strategic objectives: decentralised WASH governance (SO1), rural drinking water services (SO2), rural sanitation and hygiene products and services (SO3), and, from FY25, a Marburg Virus Disease (MVD) WASH response (SO4) added by grant modification with USD 1 million following the September 2024 outbreak. SO1 to SO3 were implemented across ten core districts; the MVD response extended to five additional districts (Gasabo, Gatsibo, Kamonyi, Kicukiro, Nyarugenge), giving a fifteen-district footprint. Life-of-project (LOP) targets were 120,000 people gaining basic water access, 96,000 receiving improved service quality from existing sources, and 100,000 gaining improved sanitation and hygiene services. The theory of change assumed a sequence in which strengthened institutions (SO1) enable functional water services (SO2), which in turn create the conditions for sanitation and hygiene investment (SO3).

Evaluation Purpose and Methodology

This final evaluation was commissioned by Water For People and conducted by Athena Infonomics in joint venture with GreenWise Consult Ltd. It assessed performance against the six OECD-DAC criteria — relevance, coherence, effectiveness, efficiency, impact and sustainability — contextualised to the activity's intervention logic, with deliberate analytical weight placed on sustainability given that the diagnosed problem at inception was systemic rather than infrastructural. Each criterion was operationalised into evaluative sub-questions linked to specific Performance Indicator Tracking Table (PITT) indicators and to Rwanda's WASH building blocks framework, producing an assessment matrix of over 120 indicators that was subsequently prioritised to protect analytical depth.

The design was mixed-methods and sequential across three phases over six weeks. Evidence streams comprised: a structured household survey of 603 households across the ten core districts, disaggregated by sex, wealth quintile, disability status and district; 55 in-depth interviews across national institutions (MININFRA, MINALOC, RURA, WASAC), district authorities, private operators, WASAC branch and SACCO managers and health facility managers; 30 focus group discussions (women's, men's, health facility user and WASH committee groups); facility observation checklists at health centres and public places; and a systematic secondary review of PITT data, annual and quarterly reports, the QIS longitudinal dataset covering 20 district institutions across four rounds (FY22–FY26), the National WASH

MIS, and the Rwanda WASH Sector Performance Report. Final phase involved data analysis, triangulation between secondary and primary sources and developing the deliverables including the final evaluation report, a presentation and a learning brief.

Key Findings

SO1: Improving Decentralised WASH Governance

A key finding of this evaluation is that Isoko y'Ubuzima strengthened WASH governance by working through existing government structures rather than alongside them, and that this institutional embedding is what makes the gains likely to survive closure. Delivery ran through the Imihigo performance system, JADF platforms, DWASHB meetings and the WATSAN sector working group; no parallel coordination mechanism was created. Institutional capacity rose consistently on the QIS longitudinal instrument: institutions scoring at least 75 per cent went from 5 of 20 at FY22 to 20 of 20 at FY26, District WASH Office averages from 61 to 91 per cent and DWASHB averages from 53 to 83 per cent, with the weakest institution (Ruhango DWASHB) moving from 35 to 90 per cent. ASSERWA moved from 50 to 75 per cent. Two features of the dataset deserve weight alongside the headline figure. The 8-percentage-point gap between WASH Offices and DWASHBs persisted unchanged across all four rounds – a structural difference between bodies with direct implementation responsibilities and bodies dependent on convening, mandate clarity and political engagement, which the DWASHB SOP revision was designed to address but which is not yet closed. And Ngororero DWASHB declined from 60 per cent (FY22) to 45 per cent (FY24) before recovering to 75 per cent, associated in project documentation with leadership transition; trajectories are not uniformly linear.

Governance improvement converted into money and into instruments government now owns. New WASH funding mobilised reached USD 8.15 million against an LOP target of USD 2.1 million, driven principally by the Bank of Kigali WASH loan product and by the use of project-prepared engineering designs to unlock WASAC infrastructure investment; approximately RWF 2 billion in feasibility studies was mobilised using standardised tools handed to WASAC Development. Mobilisation was zero for the first two fiscal years, which the evidence indicates reflects the sequencing of planning capacity before financing rather than inactivity. All ten districts hold MININFRA-validated, full-life-cycle-costed WASH investment plans containing engineering designs, functioning as shovel-ready pipelines rather than budget line-items. Revised DWASHB Standard Operating Procedures, aligned to the 2023 National Water and Sanitation Policy and closing a seven-year procedural gap, were validated in June 2026. Two Rwanda-specific courses were added to the IRC WASH Systems Academy and over 500 professionals completed Academy training. At community level, 96.0 per cent of surveyed households report increased district government involvement in WASH and attribute it to government rather than to the project – the normative shift governance programming seeks. Contribution is nonetheless partial: national building-block improvement (3.4 to 4.0 out of 5) reflects whole-of-sector effort, and Rwanda's Imihigo-driven accountability environment is a plausible partial explanation for community perceptions that this evaluation cannot rule out. District-level contribution is more directly traceable, since the QIS instrument, reflection meetings and FLCC training were activity-specific.

SO2: Improving Rural Drinking Water Services

Household access to at least basic water across the ten districts rose from 35.2 per cent at baseline to 60.5 per cent at endline, with 143,329 people gaining access against a target of 120,000 (119 per cent) through 33 rehabilitated systems against a target of 30. Improved-source use among surveyed households reached 99.2 per cent, surface water was eliminated, and 98.0 per cent of households are within a 30-minute round trip, meeting the JMP basic-service distance threshold. Gains were largest in the weakest-baseline districts – Nyamagabe rose 28.2 percentage points from 23.8 per cent. On the supply side, 225,916 people received improved service quality (235 per cent of target), and NRW fell from a 63 per cent baseline to 39.3 per cent at endline against a 38 per cent target, supported by DMA zoning, hydraulic modelling, mWater leak mapping, meter testing and the CMS-RWSS billing platform, which now maps 104,008 rural customers, integrates mobile money and four commercial banks, and has lifted average revenue collection efficiency to 86 per cent.

Reliability is the principal unresolved dimension of the water portfolio, and district variation is the more instructive finding than the average. Only 12.8 per cent of households report water available on all of the past 30 days; 45.6 per cent report availability on 20 days or fewer. District NRW maps almost exactly onto operator experience: Kirehe, Rwamagana, Nyamagabe and Nyabihu sit below 35 per cent, where recovered-water revenue (RWF 146 million) has exceeded NRW investment (RWF 101 million) with an average two-year payback, while Ruhango, Nyanza and Ngororero – districts where mid-2024 GoR policy transferred contracts to youth-led companies under the Five-Year Youth Employment Programme – remain above 38 per cent. Two shocks demonstrate both fragility and resilience: the operator transition drove accountability scores from 12 to 4 operators before recovery to target, and the FY25 stop-work order pushed NRW from 45.5 to 56.3 per cent in one quarter. Recovery in both cases was faster than the original learning curve. The binding constraint identified consistently by operators, WASH committees and district officials is capital: tariffs cover operational expenditure and minor maintenance but not capital maintenance expenditure – pump replacement, network rehabilitation, coverage extension. MKM in Rwamagana self-financing replacement pumps against its WASAC royalty agreement, and independently scaling NRW reduction district-wide from above 45 to approximately 23 per cent, demonstrates what commercially viable operation can look like but remains the exception rather than the norm.

SO3: Improving Rural Sanitation & Handwashing Services & Products

The market-based sanitation model built a functioning rural sanitation market. Against a target of 100,000, 119,262 people gained basic sanitation access (119 per cent); 245,519 people purchased products through 10 District Sanitation Centres and 127 Community Sanitation Showrooms; 51 shops recorded growing sales against a target of 50; and household investment in sanitation grew from RWF 5.9 million in FY2023 to RWF 542.8 million in FY2024 following the rollout of the Decision Intelligence structured-selling method to 150 professionalised sales agents. Demand creation was layered onto the Ministry of Health's CBEHPP rather than delivered through a parallel structure, and MBS targets are now in district and sector Imihigo contracts. The strongest sustainability signal is behavioural: during the three-month FY2025 stop-work order, Hygiene Focal Points and Village Agents continued door-to-door mobilisation without project support and households contributed over USD 316,000 toward latrine construction. Coverage nonetheless fell short of target: basic sanitation reached 71 per cent

against a 79 per cent target, with the endline survey recording 78.5 per cent on an improved facility type. Two factors explain the divergence between household-level upgrade counts and macro coverage: the MIS methodology change, and the strict JMP definition under which partial upgrades do not register. Among households that did not upgrade, cost and unawareness of affordable products were each cited by 24 per cent, and unawareness of available loans by 15 per cent. Formal financial linkage remained the weakest pillar – of 908 savings groups holding U-SACCO accounts, only 3 per cent had an outstanding loan, with collateral and business-plan requirements the named barriers. Faecal sludge management is a residual gap: 87 per cent of households have never emptied a pit, and most emptied waste is buried rather than treated.

Hygiene knowledge and reported practice are high; observed soap presence is not. Households with soap and water present at the handwashing station rose from 21.7 per cent at baseline to 65 per cent at endline (162.5 per cent of the original 40 per cent target); 95 per cent of households correctly identify soap and water as the required combination and 80 per cent report washing with soap much more often than five years ago. The handwashing message had the highest recall at 92 per cent but converted to improved practice in only 59 per cent of households.

In schools the divergence is sharper: official monitoring reports 87 per cent of schools with soap and water, while a spot-check of 41 schools across six districts found only 41 per cent with both present on the day of visit, and a survey of 576 students found 10 per cent reporting both available. The infrastructure exists; soap is not consistently restocked. This is a district education procurement and budgeting question, not a behavioural one. Men's FGDs across multiple districts described men reverting to pre-campaign hygiene behaviour more quickly than women once reinforcement stops, a gender-differentiated sustainability risk not currently reflected in CBEHPP reinforcement scheduling. And in Nyabihu, higher-income households are installing private connections and withdrawing from communal water point governance, leaving shared systems serving a residual lower-income population with a narrower fee and oversight base.

SO4: MVD WASH Response

The MVD response met every infrastructure target within a compressed delivery window, following a rapid WASH FIT assessment across nine districts that found hand hygiene compliance at 13 per cent in health facilities and effectively zero in markets and bus stations. Nine health facilities received new permanent water supply, 25 internal handwashing facilities were installed in healthcare settings, handwashing facilities were established in public places, and improved sanitation facilities in health facilities exceeded target. A two-stage cascade trained 289 senior staff across 46 hospitals who in turn trained 1,446 frontline workers, with IPC knowledge scores rising from 69 to 85 per cent. The response also produced instruments that sit with government: the revised Rwanda Guidelines on Infection Prevention and Control, an IPC Facilitator Training Manual, and 15 SOPs. Neonatology infection rates at Kibagabaga Hospital fell from 10 to 1.5 per cent over 2025. Facility managers in Nyamagabe and Rwamagana confirmed formal adoption of the revised guidelines and stated an intention to continue using WASH FIT as routine management practice, which is the strongest sustainability signal from this component. The qualified findings are equally clear: soap and alcohol-based hand rub availability is inconsistent, consumables procurement is the specific financial risk,

distribution within facilities remains incomplete (Kabaya Hospital reports wards without coverage), and disability-accessible toilets remain absent at several supported facilities.

Recommendations

The recommendations are framed around government ownership rather than continued external implementation. Each asks a named institution to absorb, fund or formally adopt something already built, piloted or validated, rather than to undertake new activity. Twenty-four recommendations are set out in full in the report; the priorities are summarised below by institution and sequenced by timeframe.

MININFRA. Finalise and formally issue the revised DWASHB Standard Operating Procedures within six months, accompanied by a ministerial circular clarifying DWASHB funding sources under the delegated rural water management model. Within one year, create a dedicated and identifiable district budget line for DWASHB operationalisation covering sitting allowances, monitoring visits and reflection meetings, through the annual district budget call circular; unclear funding is the most consistently named reason DWASHBs trail WASH Offices. Also within one year, revise CBEHPP implementation guidelines to specify male-targeted hygiene reinforcement touchpoints at defined intervals, responding to the documented gender-differentiated reversion risk.

RURA. Set a binding transition date for the CMS-RWSS handover from RURA to WASAC, or formalise a co-hosting arrangement with defined responsibilities, through a signed tripartite protocol specifying server procurement milestones and a fixed go-live date; the platform currently sits with an interim host rather than its intended owner. Over the medium term, introduce periodic independent verification of NRW and DMA functionality rather than relying on operator self-reporting, using the meter-testing methodology already piloted; design a tariff and licensing sub-model calibrated to the viability constraints of small and youth-led rural operators; and commission analysis of private-connection growth with a view to a cross-subsidy instrument that preserves the financial and governance base of communal systems.

WASAC. Within one year, extend the DMA zoning, meter testing and mWater leak-tracking package piloted in nine districts to all remaining branches through an operational directive, and institutionalise quarterly NRW task-force meetings as standing practice using the tools already transferred. Over two to three years, treat supply-continuity improvement – storage and transmission capacity – as a capital investment priority distinct from NRW reduction, ring-fenced within the multi-year investment plan and sequenced by branch using the FLCC-based district investment plans and existing supply-hours data.

DWASHBs and district governments. On issuance of the revised SOPs, formally constitute DWASHB roles and budget responsibility by district adoption resolution, and designate the District WATSAN Officer as standing convenor of the semi-annual reflection meetings in place of external facilitation. Use the updated full-life-cycle-costed investment plans as the actual basis for annual WASH budget submissions, with Director of Planning sign-off on plan currency as a mandatory attachment, and assign a named WATSAN staff member responsibility for updating them each planning cycle. Close the community accountability gap by requiring operators to submit a standardised two-page monthly technical and financial report to WASH committees as a standing agenda item, not only to WASAC and RURA. Direct peer exchange from Rwamagana and Kirehe to the three districts where NRW remains above 38 per cent, budgeted through the DWASHB and coordinated by WASAC branch managers. Absorb

Hygiene Focal Points into district community health structures so they are supervised, tasked and reimbursed on the same basis as Village Health Workers, and formally resource the DSC/CSS supply chain through a coordination agreement with PSF district managers that preserves the price-tiered relationship between distributors, centres, showrooms and village agents.

Water For People and the consortium. Before final exit, produce a district-by-district handover matrix recording the state of operator capacity, NRW monitoring infrastructure and sanitation market systems, explicitly flagging which operators are most fragile and which DSC/CSS nodes have the weakest continuation prospects, and transfer coordination of the DSC/showroom supply chain to PSF district managers through a written agreement specifying minimum coordination touchpoints.

U.S. Government and future funders. Specify institutionalisation milestones – adoption into government training and recruitment, tools hosted by a named government entity, SOPs formally approved – as reportable deliverables with intermediate deadlines rather than close-out activities, and require applicants to name at proposal stage the specific government instrument into which each intervention will be embedded. Future investments in market development or systems strengthening should be paired with a concessional or blended capital facility accessible to utilities and private operators; the evidence from this evaluation is that demand creation and capacity building deliver, and that the gap they cannot close on their own is capital.

1. WASH Context in Rwanda

1.1 WASH Scenario in Rwanda

Access to Water, Sanitation, and Hygiene Services

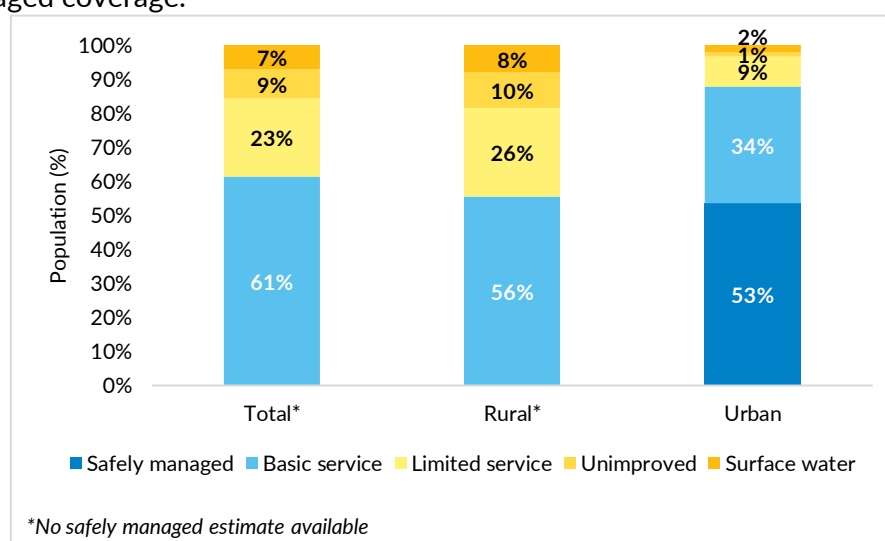
Rwanda has made remarkable strides in expanding access to WASH over the past two decades, yet significant gaps remain as the country strives toward the Sustainable Development Goal 6 targets of universal, safely managed WASH services by 2030. To understand Rwanda's WASH landscape accurately, it is essential to distinguish between two classification systems: the "improved vs. unimproved" classification, which categorizes water sources and sanitation facilities by technology type (e.g., piped water, boreholes, and protected wells as improved; unprotected wells and surface water as unimproved), and the JMP service ladder, which assesses service quality through additional criteria such as accessibility, availability, safety, and whether facilities are shared, classifying services into five levels for water and sanitation (safely managed, basic, limited, unimproved, no service) and three for hygiene (basic, limited, no service) (WHO & UNICEF, 2018). The critical distinction is that a household may use an "improved" source but still fall below "basic" service if, for example, round-trip collection time exceeds 30 minutes or the facility is shared with other households.

According to the Rwanda government source – Population and Housing Census (PHC), in 2022, 82.3% of households (95.7% urban, 76.7% rural) use improved drinking water sources, and 92.1% (95.1% urban, 91.1% rural) use improved sanitation facilities (NISR, 2023). The EICV7, reported further improvement in 2024: 89.7% of households nationally (97.1% urban, 86.4% rural) used improved drinking water sources, and 94.3% (98.3% urban, 92.7% rural) used improved sanitation facilities (NISR, 2025a). Among improved water sources, access to piped water into the home or yard rose from 9% in 2016/17 to 16% in 2023/24, while reliance on "other improved sources" such as protected wells and springs declined from 43% to 35%, indicating a gradual shift toward more reliable piped infrastructure. Open defecation has been virtually eliminated, with less than 1% of households practicing it, a major public health achievement attributable to decades of community sanitation campaigns.

Table 1: Water and Sanitation Situation in Rwanda in 2022 and 2024 (Population and Housing Census 2022 and EICV7 2025)

WASH Component	National	Urban	Rural
Census (2022)			
Improved Drinking Water Sources	82.30%	95.70%	76.70%
Unimproved Drinking Water Sources	17.7%	4.3%	23.3%
Improved Sanitation Facilities	92.10%	95.10%	91.10%
Unimproved Sanitation Facilities	7.9%	4.9%	8.9%
EICV7 (2024)			
Improved Drinking Water Sources	89.70%	97.10%	86.40%
Unimproved Drinking Water Sources	10.30%	2.9%	13.6%
Improved Sanitation Facilities	94.30%	98.30%	92.70%
Unimproved Sanitation Facilities	5.70%	1.7%	7.3%

However, when assessed against the JMP service ladder, the picture is substantially less favorable. According to the JMP 2024 household estimates, basic drinking water service – use of an improved source within a 30-minute round trip – is available to roughly 61% of households nationally: 56% in rural areas and approximately 34% in urban areas (with an additional 53% of urban households having safely managed services) (WHO & UNICEF, 2024). EICV7 provides a complementary figure: 68.3% of households use a basic drinking water service (within 30 minutes), while 21.3% fall under the "limited service" category, spending over 30 minutes to access water. Safely managed drinking water – on premises, available when needed, and free from contamination – remains unestimated at national level due to limited water quality and continuity data; only for urban areas does JMP report approximately 53% safely managed coverage.



Graph 1: JMP Drinking Water Service Ladder for Households in Rwanda (JMP, 2024)

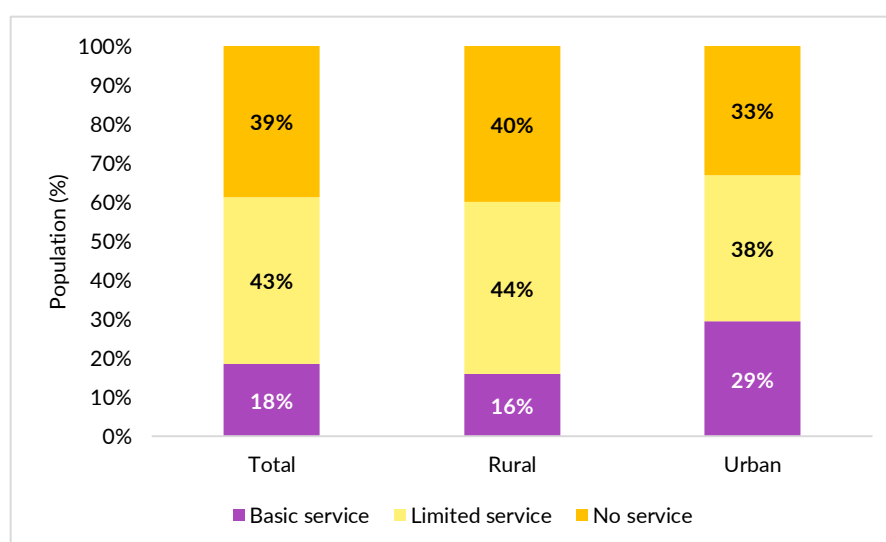
For sanitation, JMP 2024 data indicate that 81% of households have basic service nationally, but the gap between "improved" (94%) (EICV7: NISR, 2025a) and "basic" (81%) (JMP: WHO & UNICEF, 2024) reflects that many households share toilets, particularly in dense urban settlements. EICV7 found that when considering only unshared improved sanitation, the proportion was 72%. Safely managed sanitation – requiring treatment or safe disposal of excreta – remains minimal; the 2022 Census found only 5.5% of households disposed sewage into a main sewer (7.6% urban, 4.6% rural), while 44.9% discharged into courtyards and 19.5% into bush, and 18.1% in cesspool (NISR, 2023).

Table 2: Household Sewage Disposal Methods in Rwanda (Population and Housing Census 2022)

Main Mode of Household Sewage Disposal	National	Urban	Rural
In the Courtyard	44.9%	24.1%	53.1%
Bush	19.5%	12.6%	22.3%
Cesspool	18.1%	42.5%	8.1%
Sump	7.7%	8.30%	7.50%
Main Sewer	5.50%	7.6%	4.6%
Others	4.3%	4.9%	4.4%

Hygiene remains the most critical gap. According to JMP 2024 estimates, only about 18% of households nationally have a basic handwashing facility with soap and water (WHO & UNICEF,

2024), while the SDG 6 Data Portal reports an even lower figure of 16% for 2024 (UN, 2024). Rural communities are particularly underserved: just 16% of rural households have basic hygiene facilities compared to approximately 29% in urban areas (WHO & UNICEF, 2024). The majority of households either have a handwashing station without soap or water ("limited service," approximately 43%) or none at all (approximately 39%). This shortfall undermines health gains from improved water and sanitation, as evidenced during the COVID-19 pandemic.



Graph 2: JMP Hygiene Service Ladder for Households in Rwanda (JMP, 2024)

1.2 WASH Institutional Landscape in Rwanda

Rwanda's WASH sector operates through a complex, multi-layered institutional architecture comprising national ministries and agencies, 30 district governments, a national utility, an independent regulator, private service providers, and multiple development partners. This architecture reflects Rwanda's decentralization framework, which assigns significant WASH planning and coordination responsibilities to districts while retaining policy-making, financing, and regulatory oversight at the national level. The institutional framework in National Water and Sanitation Policy 2023 is well defined, with main functions – policy formulation, infrastructure development, planning, service provision, and regulation – unequivocally assigned to different entities at national and decentralized levels without major gaps or areas of overlap.

The **Ministry of Infrastructure (MININFRA)** is the apex policy and coordination authority for the WASH sector. It formulates national policies, laws, standards, and strategic plans; mobilizes resources from government, development partners, and the private sector; and serves as the principal interface with donors financing WASH investments. The **Ministry of Finance and Economic Planning (MINECOFIN)** anchors WASH financing by allocating resources through the Medium-Term Expenditure Framework, coordinating intergovernmental fiscal transfers to districts via LODA, and aligning sector plans with NST2 and Vision 2050 targets. **Rwanda Utilities Regulatory Authority (RURA)** is the independent economic regulator. It licenses water

service providers across three categories, sets and approves tariffs, monitors compliance against seven service-quality criteria, and enforces sanctions.

Water and Sanitation Corporation (WASAC) Group is Rwanda's primary WASH service delivery utility. It operates a dual model: directly managing treatment plants and distribution networks in urban and peri-urban areas under a RURA-issued license, while supporting private operators and districts in rural areas through delegated management. **Private Operators (POs)** deliver rural water services under management contracts with districts as PPPs and are licensed by RURA.

District WASH Offices provide the technical coordination capacity for day-to-day oversight. Districts report to MINALOC and MININFRA, coordinate with WASAC, RURA, and MoH on their respective functions, and participate in JSRs and JADF meetings.

Coordination Platforms and Groups

Sector coordination is anchored by the **WATSAN SWAp Secretariat**, housed within MININFRA's Water and Sanitation Directorate General, which serves as the operational hub for sector coordination, knowledge management, and stakeholder alignment. It convenes the quarterly **Sector Working Group (SWG)** – chaired by the MININFRA Permanent Secretary, currently co-chaired by AfDB, and bringing together ministries, WASAC, RURA, development partners, implementing organisations, and civil society – and organises the annual **Joint Sector Review (JSR)**, which is the primary performance assessment and forward planning mechanism. JSR data verification draws on NISR (EICV and DHS), sector reports, WASAC annual reports, the WASH MIS, and development partner reports. The project participated in the SWG through its Chief of Party and technical leads and presented building block assessments and learning products at JSRs.

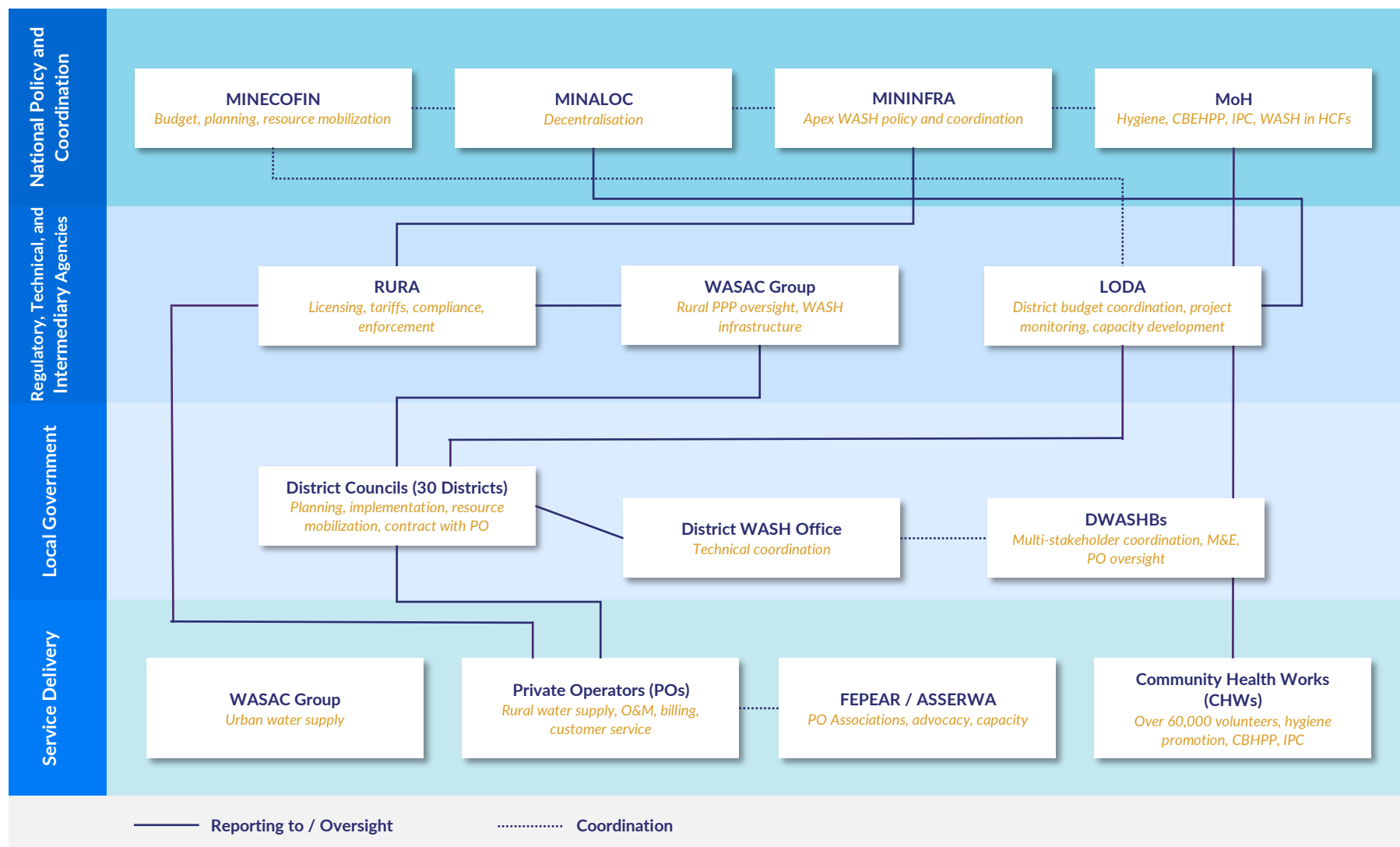


Figure 1: Institutional Landscape for WASH Sector in Rwanda

1.3 WASH Financial Ecosystem in Rwanda

Sources of WASH Financing

Rwanda's WASH sector is financed through the standard Taxes-Tariffs-Transfers (3Ts) framework. The WASH Financing Strategy 2022, developed jointly by MININFRA and UNICEF, identified an annual sector **financing gap of RWF 320 billion** and recommended a balanced mobilisation across the three streams to achieve universal access (MININFRA & UNICEF Rwanda, 2022).

Domestic budget allocations (taxes) have been volatile, declining from RWF 39.5 billion in FY 2018/19 to RWF 18.3 billion in FY 2021/22, rebounding to RWF 46.6 billion in FY 2022/23 (+102%), and falling again to RWF 40.4 billion in FY 2023/24 (UNICEF Rwanda, 2018, 2019, 2020, 2021, 2022, 2023, and 2024b)). This volatility signals that domestic WASH financing remains exposed to competing fiscal priorities and mid-year budget revisions.

Tariff revenue is collected from over 363,000 WASAC subscribers nationally under RURA-approved block tariffs, with private operators (POs) collecting fees in rural areas under regulated maximum schedules (RURA, 2024). The government's policy of full cost recovery – 100% for urban services and O&M in rural areas – has not been achieved; particularly in rural systems with affordability and collection constraints (UNICEF Rwanda, 2018).

External transfers, meanwhile, have become the dominant stream, rising from 19.9% of total WASH financing in FY 2018/19 to 65% in FY 2024/25 – driven primarily by AfDB concessional loans and bilateral contributions (UNICEF Rwanda, 2024b). UNICEF's FY 2023/24 Budget Brief cautions that "there is a need to protect domestic resources for WASH to safeguard the sector financing sustainability," noting that project-bound external resources are often biased toward urban infrastructure and ill-suited to financing recurrent O&M costs (UNICEF Rwanda, 2023).

Table 3: WASH Budget, Government and External Financing Contributions, and the Share of External Financing

Fiscal Year	Total WASH Budget (RWF Billion)	Domestic Resources (RWF Billion)	External Resources (RWF Billion)	External Share (%)
FY 2020/21	42.6	19.6	23	54.0%
FY 2021/22	55.7	23.1	32.6	58.5%
FY 2022/23	74.4	43.8	30.6	41.3%
FY 2023/24	95.7	40.4	55.3	57.8%
FY 2024/25	111	38.85	72.15	65.0%

Institutional Financing Architecture

The financing architecture spans five functions: MINECOFIN sets ceilings, prepares the budget, manages intergovernmental transfers, and negotiates external loans; MININFRA coordinates the sector and manages the drinking water and sanitation programme lines and WASAC's investment programme; WASAC Group Ltd (restructured into Utility and Development entities in September 2023) executes major capital projects and delivers urban and rural water and urban sanitation services; RURA regulates tariffs, licensing, and service quality; LODA channels formula-based transfers to the 30 districts, which are responsible for rural WASH infrastructure and PO contracts; MoH/RBC manages hygiene promotion and CBEHPP, though with minimal public investment; POs deliver rural water under PPP contracts; and the Auditor General's Office provides ex-post audit oversight.

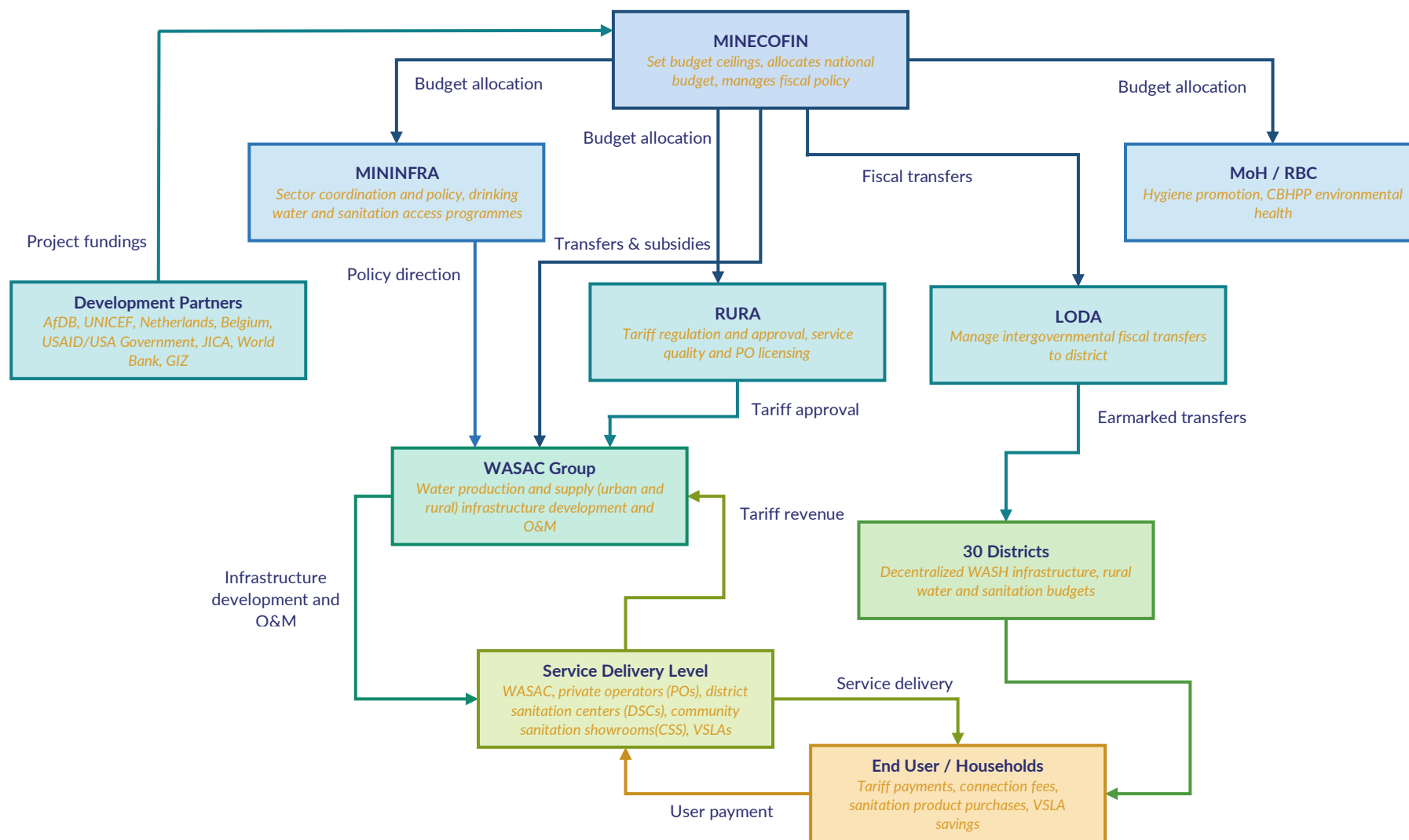


Figure 2: Institutions Involved and Institutional WASH Financing Responsibilities in Rwanda

2. Isoko y'Ubuzima Project

2.1 Project Objectives and Coverage

Isoko y'Ubuzima (Thrive WASH) was a five-year Water, Sanitation, and Hygiene (WASH) project funded by the U.S. Government, initially through the United States Agency for International Development (USAID) and subsequently transitioned to the U.S. Department of State. The project was implemented in Rwanda from **14 July 2021 to 13 July 2026** by a consortium led by **Water For People**, in partnership with the **International Water and Sanitation Centre (IRC)**, **CARE International**, **Vitens Evides International (VEI)**, and **African Evangelical Enterprise (AEE)**.

At its inception, Rwanda's rural WASH sector was characterised by systemic challenges that extended beyond mere infrastructure deficits. Rural households had low access to basic water services. A significant portion of about 45% of rural piped water systems were nonoperation, average non-revenue water (NRW) was at extreme high level. The project was designed to address persistent challenges affecting the sustainability and quality of rural WASH services in Rwanda, including limited district capacity for WASH planning and coordination, inadequate financing for long-term service delivery, high levels of NRW, weak operational and financial performance of rural water service providers, and insufficient access to affordable sanitation products and behaviour change interventions. Recognizing that infrastructure investments alone are insufficient to achieve universal and sustainable access, Isoko y'Ubuzima adopted a systems-strengthening approach aimed at strengthening the institutions, financing mechanisms, service providers, and community structures that underpin WASH service delivery.

To address these challenges, the project pursues four strategic objectives (SO):

Table 4: Strategic Objectives (SO)

Strategic Objective	Name	Description of Activities
SO1	Improving Decentralised WASH Governance	It focused on strengthening the national WASH system by building the capacity of government ministries, regulatory bodies, and district institutions. Key activities include training national and district staff, supporting sector working groups, developing multi-year action plans, and mainstreaming gender, equity, and social inclusion (GESI) ¹ into WASH policies and planning. The aim is to ensure that national and district institutions can effectively plan, monitor, and regulate water and sanitation services sustainably.
SO2	Improving Rural Drinking Water Services	This covered the rehabilitation of current inefficient water supply systems, reducing non-revenue water (water that is produced but lost before it reaches customers), building the capacity of private operators (POs) who manage water systems, and improving how districts and operators share roles and responsibilities. The project also supports the development of district-level water resource management plans and a digital customer management system for private operators.
SO3	Improving Rural Sanitation and Handwashing	The component focused on creating demand for improved sanitation through community mobilisation, training hygiene focal points and village agents, establishing school health clubs, and supporting district sanitation centres and Community Sanitation Showrooms(CSS). It also works on the supply side by

¹ Please note the project did not engage with GESI activities after the Stop Work Order in 2025

	Services and Products	training local masons, supporting sanitation entrepreneurs, and linking communities to savings groups and microfinance products so they can afford to build or improve their toilets.
SO4	Marburg Virus Disease (MVD) WASH Response Plan	Focused on Addressing Marburg Virus Disease outbreak in Rwanda through construction and repair of existing WASH infrastructure, promote handwashing practices through targeted social behavior change strategies. It also aims to ensure reduce disease transmission risks in high-traffic public and clinical settings

Project Coverage and Reach

The project operated across ten districts—Rwamagana, Kayonza, Kirehe, Ngoma, Nyagatare, Ngororero, Nyabihu, Nyanza, Ruhango, and Nyamagabe.

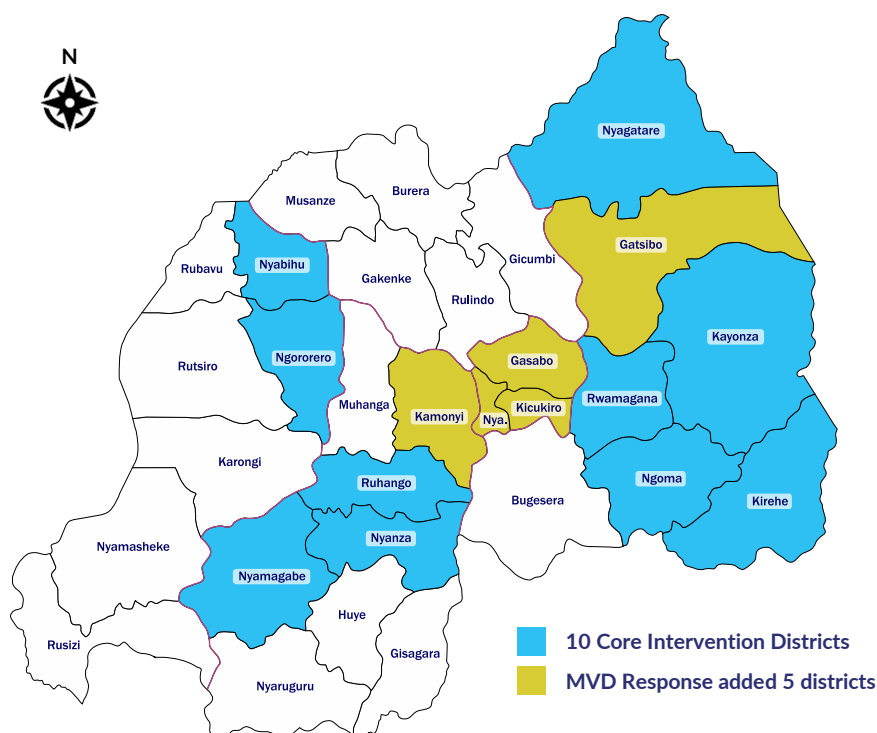


Figure 3: Isoko y'Ubuzima Intervention Districts

In FY25, funding under the **Marburg Virus Disease (MVD) WASH Response Plan** expanded project activities to selected health facilities and public spaces in Gasabo, Gatsibo, Kamonyi, Kicukiro, and Nyarugenge districts.

Project Goal:

Over the Life of Project (LOP), the activity intended to reach the following targets:

- 120,000 people gaining access to basic water supply services
- 96,000 people receiving improved service quality from existing sources
- 100,000 people gaining access to improved sanitation and hygiene services

This will be achieved via collaborating and engaging with different stakeholders through diverse approaches.

2.2 Key Stakeholders

The Isoko y'Ubuzima project worked with a wide range of stakeholders throughout its 5-year implementation period. These included ministries, regulatory bodies and district government bodies, private operators in the Rwanda's WASH sector, financial institutions, international development partners, and community-level actors. Understanding these key stakeholders' roles and engagement mechanisms is essential to assessing whether the project's approach was sufficiently embedded within Rwanda's national and district governance structures to achieve its intended objectives. A separate but related subcomponent responding to the Marburg Virus Disease outbreak added a concentrated health emergency dimension, centering engagement on the Ministry of Health, national hospitals, and public facilities across nine targeted districts.

2.2.1 The Donor and Implementing Consortium

USAID was the donor and oversight body for the Isoko y'Ubuzima Project, staying involved through site visits, advisory board meetings, and joint reviews with the project team. Its feedback shaped project priorities, such as data quality checks and support in organizing key sector meetings.

Implementing Consortium

Table 5: Implementing Consortium, their Role and Contribution to SOs

Organization	Description	Related SOs
Water For People	Lead implementing partner responsible for overall project management and coordination.	SO1, SO2, SO3, MVD WASH Response
IRC WASH	Provided technical support on WASH systems strengthening, capacity building, and district WASH investment planning.	SO1
CARE International Rwanda	Led the implementation of interventions to improve access to WASH services for all (women & PWD). Using a blended Social and Behavior Change (SBC), market-based, and sanitation approach. CARE also advanced accountability in the WASH sector through the Community Score Card (CSC) approach, strengthening community engagement and service delivery.	SO2, SO3
Vitens Evides International (VEI)	Supported private water operators through capacity assessments, non-revenue water reduction initiatives, and performance benchmarking tools.	SO2
African Evangelistic Enterprise (AEE)	Supported facilitating community-level Social and Behaviour Change (SBC) and Market-Based Sanitation (MBS) interventions through Community Score Card (CSC) training, and monitoring of sanitation financing linkages with Village Agents, VSLAs, and U-SACCOs.	SO3

2.2.2 National Level Stakeholders

The Government of Rwanda's national institutions have been central partners throughout the Isoko y'Ubuzima project, moving from initial consultation roles toward co-ownership of sector strategy, regulatory tools, and implementation systems.

Ministry of Infrastructure (MININFRA)

MININFRA as a lead government ministry provides a direction to the WASH sector through developing national policies, plans and strategies. It monitors and supervises infrastructure Projects related to water, sanitation and hygiene. MININFRA also coordinates WASH related interventions to ensure they align with the National Strategy for Transformation.

It coordinated sector-wide planning through the Sector Working Group and Technical Working Groups and providing the legal framework within which all WASH investments and service delivery arrangements operate. MININFRA prepared and disseminated nation water and sanitation policy. It also reviewed the findings of the reports such as social inclusion assessment through its WATSAN Secretariat. It also approved the action plans of the stakeholders in the WASH sector. For the Isoko y'Ubuzima to hire a consultant to conduct a study, feedback and approval from MININFRA was required. It sets national priorities, validates sector tools, and convenes the stakeholders responsible for achieving Rwanda's WASH-related SDG targets.

MININFRA's engagement was foundational to the Isoko y'Ubuzima project's efforts to strengthen decentralized WASH governance, embed systems-thinking approaches into national planning, and ensure that project-level tools including the benchmarking tool, and district WASH investment plans were formally endorsed and integrated into the national sector action plan rather than remaining standalone project outputs.

Ministry of Local Government (MINALOC)

MINALOC is a lead authority for the decentralized coordination pf WASH services and the primary overseer of the decentralization process sin Rwanda. It coordinates government programs at the local level provides a gateway to district level implementation.

MINALOC ensured that district governments effectively integrated and harmonize WASH interventions undertaken by Isoko y'Ubuzima project within districts within their territory. Representatives from MINALOC Co-led sector assessments, meeting agendas, policy dissemination, multi-year planning, developing sector strategic plans. MINALOC staff are targeted for specialised training in advocacy for sustainable WASH services, and financial sustainability. Isoko y'Ubuzima provided support to MINALOC in the provincial-level rollout and dissemination of the 2023 National Water and Sanitation Policy, specifically targeting district staff like Vice Mayors and Executive Secretaries. MINALOC also prioritised developing capacities for district level actors. MINALOC also contributed to validating the benchmarking tool before it starts used in evaluation and ranking by POs. It contributed to validating different assessments undertaken by Isoko y'Ubuzima during its implementation period including POs and FEPEARs, NRW assessments.

MINALOC was a critical stakeholder in Isoko y'Ubuzima project because its mandate directly shapes the enabling environment for decentralised WASH governance and its role in ensuring the WASH priorities are reflected in districts strategies.

Ministry of Health (MoH)

The Ministry of Health (MoH) monitors sanitation and hygiene activities from the national level to decentralised governance structures. It oversees environmental health, clinical services, and the national Community-Based Environmental Health Promotion Programme (CBEHPP). It sets national health-related standards for wastewater effluent quality and medical waste disposal while managing

Community Health Workers (CHWs) and Community Health Clubs (CHCs) to drive hygiene behavior change at the household level.

The project collaborated with MoH on the Market-Based Sanitation (MBS) and Social Behavior Change (SBC) strategies and was the lead government partner for the Marburg Virus Disease (MVD) WASH Response. It provided technical validation for SBC materials through its Health Promotion TWG and partnered with the project to conduct nationwide Infection Prevention and Control (IPC) assessments and trainings in healthcare facilities. MoH reviewed, validated, and approved SBC strategies and communication materials, co-organized national WASH campaigns, and ensured alignment with public health priorities. Instead of replacing the government model, the MoH advocated for the project to "layer" the MBS approach on top of the existing CBEHPP model. Together with the MoH, the project trained 1,735 frontline healthcare workers on MVD prevention and IPC/WASH protocols and certified 68 WASH FIT trainers to lead national facility improvements.

Isoko y'Ubuzima project's collaboration with the MoH ensures that WASH interventions are not merely infrastructure and system strengthening focused but are grounded in the behavioural changes and clinical standards necessary to improve the health and livelihoods of citizens of Rwanda.

Ministry of Finance and Economic Planning (MINECOFIN)

MINECOFIN is an important national stakeholder serves as the authority for budgeting, resource mobilization, and financial sector strategy in Rwanda. It ensures that WASH improvements are integrated into national economic planning. Its mandate to WASH sector includes allocation and monitoring of budgets to different sectors, mobilizing domestic and external funds and oversee the formation of funds, and oversee the implementation of the Sustainable WASH Finance Strategy.

MINECOFIN along with MININFRA and WASH stakeholder identified finance priorities for national strategy and to generate additional funding for increase in allocation. MINECOFIN was essential to the project's goal of achieving SDG 6 and NST2 targets due to its control over the national resource landscape.

2.2.3 WASH Regulatory Bodies and Utility

Rwanda Utilities Regulatory Authority (RURA)

RURA is the regulatory authority for WASAC and private water operators in Rwanda, responsible for licensing, tariff related decisions and performance monitoring, and the advising Government of Rwanda on policies related to Water and Sanitation sector. RURA ensures the quality-of-service delivery of private operators through inspection and audits.

Within the Isoko y'Ubuzima project, RURA served as the primary technical partner for the development and hosting of the digital Customer Management System (CMS), which professionalized billing and reporting for rural water operators. **RURA** collaborated closely with the **project** to design and integrate GESI-sensitive Key Performance Indicators (KPIs) and water usage data into its national monitoring and auditing systems. It further approved the business plan templates developed by Isoko y'Ubuzima for private POs, formally endorsing project-level tools into the regulatory framework. In collaboration with RURA, Isoko y'Ubuzima conducted Faecal Sludge Management (FSM) campaigns and dissemination of FSM regulations in schools and healthcare facilities.

RURA is highly relevant to the project's success as it provides the legal framework necessary for the long-term financial viability of rural water operators through approved and regulated tariff. Its role in licensing ensures that only qualified and professionalized private operators are entrusted with the management of rehabilitated water systems, directly supporting the project's goal of service sustainability. By hosting the CMS, RURA bridges critical data gaps, allowing for the real-time tracking

of service delivery performance, revenue collection, and Non-Revenue Water (NRW) levels across all target districts

Water and Sanitation Corporation (WASAC)

WASAC is Rwanda's primary national utility responsible for the provision of water supply and sanitation services across urban areas, and it signs delegated contracts with private operators who is responsible for providing water services in rural areas. WASAC is the central implementing agency responsible for national water and sanitation policy. It also ensures decentralization of the WASH services delivery to the district. Following recent sector reforms, WASAC has expanded its reach through branch offices in every district to oversee the management of rural water supply systems by private operators. WASAC provides technical advice to the districts, and it plays an important role in mobilising funds for infrastructure construction. WASAC implements WASH programs through coordinating with district actors.

WASAC serves as the technical anchor for the professionalization of rural water services and the eventual recipient of digital systems like the Customer Management System for Rural Water Supply Systems (CMS-RWSS). The project provides WASAC with high-level technical assistance in reducing NRW and creating its first comprehensive Climate Resilient Strategy. WASAC management and branch staff are primary beneficiaries of the project's capacity-building efforts, including specialized training in hydraulic modelling, and financial sustainability.

WASAC was fundamentally relevant to the project's sustainability because it is the recipient for the systems and standards developed during the five-year intervention. Its transition to managing rural water supply makes it the central actor for ensuring that rehabilitated systems remain functional and financially viable over the long term. By integrating project-supported tools like the NRW monitoring dashboard and the Customer Management System, WASAC gains the data transparency needed to improve service reliability which is one of the focus areas of the Isoko y'Ubuzima project.

2.2.4 District-Level Stakeholders

District governments and their associated bodies have been among the consistently engaged stakeholders throughout the Isoko y'Ubuzima project.

District Mayors

Mayors and Vice Mayors serve as the primary Service Authority and political leadership at the district level, holding the legal mandate to ensure universal water and sanitation access for their populations. Their involvement is the critical link between national WASH policies and local implementation. The Vice Mayor in charge of Economic Development (VMED) chairs the District WASH Board (DWASHB), which is the cornerstone for subnational coordination, planning, and monitoring.

These stakeholders were engaged across the ten intervention districts from the outset. The selection of districts was agreed jointly by Water For People, USAID, and MININFRA, after which the project was formally introduced to district Mayors through the Permanent Secretary of MINALOC, culminating in a foundational MoU signed by all ten Mayors alongside LODA and WASAC. Vice Mayors in Charge of Finance and Economic Development of all the 10 districts were consulted by Isoko y'Ubuzima project for sanitation and behavioural change (SBC) action plan to understand the current situation from a leadership perspective. Mayors were present during handover of rehabilitated water supply systems across targeted districts. Vice Mayors of the districts participated in district WASH annual reflection meetings to evaluate the implementation status of the yearly joint action plans, present and validate full lifecycle district WASH investment plans and formulate new action plans for the next fiscal year.

These stakeholders are among the most important as the Isoko y'Ubuzima recognizes that the technical improvements are only sustainable if backed by strong political leadership, which is required to achieve goals like efficient water supply.

District WASH Boards (DWASHBs) and District WASH Offices

DWASHBs

DWASHBs serve as the primary subnational coordination and accountability mechanism for WASH service delivery across Rwanda's districts. They bring together a multi-stakeholder platform including government officers, WASAC, private operators, and representatives from health facilities and schools. Their core functions involve strategic planning, prioritizing investments, and monitoring the functionality of existing water supply infrastructure. It forms the structured accountability for the entire sector and ensures that district resources are allocated to WASH priorities.

The project works to strengthen DWASHBs by institutionalizing Standard Operating Procedures (SOPs) and activating their specialized sub-committees for finance, water, and sanitation. These boards participate in quarterly performance reviews where they analyze WASH MIS data and assess the sustainability of local services. They are the primary recipients of training on systems thinking, which empowers them to advocate for district-level budget allocations. Furthermore, they provide a platform for validating District WASH Investment Plans and overseeing the performance of private operators.

DWASHBs are critical because they ensure that project-level interventions are translated into permanent local government governance structures. Their multi-stakeholder composition allows for a balanced approach that reflects both community needs and technical expertise during the decision-making process. As the "service authority," they are responsible for holding providers accountable, which is necessary for the long-term functionality of rural systems.

District WASH Offices

The District WASH Office acts as the cornerstone for the development and management of infrastructure aimed at achieving universal access in the Rwanda's WASH sector. These offices serve as the primary service authority responsible for coordinating, planning, and monitoring all WASH interventions within their jurisdiction. They are responsible for preparing and implementing consolidated district investment plans to increase access to basic services.

The project engaged with WASH offices was primarily through capacity building: training on WASH full life-cycle costing and investment planning; training on GIS and hydraulic modeling; training on community mobilization for safe water use; orientation on the WASH Systems Academy courses; and the annual QIS (Qualitative Information System) assessment, which tracked performance improvements across the ten districts year on year. The QIS results showed that by FY2026, District WASH Offices consistently outscored DWASHBs, partly because they directly implemented certain activities without full DWASHB involvement. Isoko y'Ubuzima used these assessment results to direct follow-up support and identify where coaching was most needed.

The project utilizes the District-Wide Approach as its core implementation framework. District offices are relevant because they coordinate all stakeholders and lead planning and budgeting.

2.2.5. Private Operators (POs)

Private Operators are commercial companies contracted by district governments to provide clean water and sanitation services to rural populations. They manage rural water supply systems where the district retains ownership of the infrastructure assets while the operator handles daily administration, operation, and maintenance (O&M). Apart from this they also handle customer metering, billing, revenue collections.

Isoko y'Ubuzima conducted assessments and identified several challenges including financial instability, NRW, capacity and finance deficits and many more. The project addressed these gaps including refining PO business plans and to include targeted strategies for NRW reduction. PO staff received intensive training in Full Life Cycle Costing (FLCC), hydraulic modeling, and preventive maintenance scheduling.

It was therefore essential to achieving the project's systems-strengthening objectives and ensuring sustainable WASH service delivery. POs are the frontline actors in delivering water supply services, the sustainability of the project's infrastructure investments depended entirely on the capacity of POs to operate and manage those systems effectively.

2.2.6 Financial sector partners

Association of Microfinance Institutions in Rwanda (AMIR)

AMIR is as an umbrella body and coordination partner for microfinance institutions in Rwanda who provides technical support, capacity building, and advocacy for member institutions, including Savings and Credit Cooperatives (SACCOs) and commercial MFIs, to ensure the provision of affordable financial services. The association is a key driver of Rwanda's national financial inclusion strategy, working to bridge the gap between formal banking systems and low-income rural populations. Through its coordination mandate, AMIR facilitates the development of innovative financial products that address specific socio-economic needs, such as agriculture and WASH financing.

Within Isoko y'Ubuzima, AMIR entered into a formal Memorandum of Understanding (MoU) with partner CARE International to co-implement demand-side financial interventions for Market-Based Sanitation (SO3). AMIR organized workshops with U-SACCO managers across the 10 target districts to design and standardize affordable savings and loan products specifically for household latrine upgrades. AMIR's technical staff are responsible for coaching and supervising local SACCO branches to ensure the effective rollout of these sanitation loans and to monitor repayment performance. Additionally, they collaborate with the project to train community-level Hygiene Focal Points (HFPs) on how to effectively promote these financial options during household mobilization visits.

AMIR is critical to the project's success because it provides the institutional mechanism to turn household demand for sanitation into actual purchase activation through accessible credit. By leveraging AMIR's existing network of financial institutions, the project embedded WASH financing within the permanent national financial architecture. Ultimately, AMIR's participation is what enables the "Market-Based" component of the sanitation strategy, ensuring that both the supply and demand for WASH products are linked by a functional financial system

Savings and Credit Cooperative Organisations (SACCO)

In the Isoko y'Ubuzima project, SACCOs specifically the decentralized Umurenge SACCOs (U-SACCOs) serve as a critical institutional link for expanding financial access to water, sanitation, and hygiene (WASH) products and services in rural Rwanda.

Isoko y'Ubuzima project utilized SACCOs as the primary formal financial mechanism to turn household demand for sanitation into actual purchases. The project linked Village Savings and Loan Associations (VSLAs) to U-SACCOs, encouraging members to move from informal group savings to formal credit for latrine upgrades and hygiene products. The project facilitated workshops with U-SACCO managers to design and standardize affordable loan products tailored for WASH investments, such as purchasing SATO pans or handwashing stations. The project worked with SACCOs to develop dedicated loan monitoring tools to improve the tracking of sanitation and hygiene-specific investments.

Village Savings and Loan Associations (VSLAs) are community-based savings groups that enable members to save collectively and access small loans for household and livelihood investments. They were highly relevant to the Isoko y'Ubuzima project as they provided an established platform for financing sanitation and hygiene improvements, promoting behaviour change, and expanding access to market-based WASH products at the community level.

2.2.7 Community Stakeholders

These stakeholders have formed the foundation of the project's demand-side and feedback architecture, anchored by a network of Hygiene Focal Points (HFPs) and Village Agents (VAs) operating across all ten districts.

Hygiene Focal Points (HFPs) are community-based volunteers comprising Village Agents, Community Health Clubs, Community Health Workers, religious leaders, youth representatives, persons with disabilities, and National Women's Council representatives who promote hygiene and sanitation practices at the local level. They support social and behaviour change communication, community mobilization, household follow-up, and feedback collection to improve WASH outcomes.

Village Agents (VAs) are community mobilizers who facilitate social and behaviour change activities, promote sanitation and hygiene products, and support linkages between households, VSLAs, and financial service providers. They play a key role in generating demand for market-based sanitation products and strengthening community uptake of WASH services.

School Health Clubs (SHCs) are student-led groups established within schools to promote hygiene, sanitation, menstrual health management, and safe water practices among learners. They support peer-to-peer learning and help institutionalize positive WASH behaviours within schools and surrounding communities.

Hygiene Focal Points (HFPs), Village Agents (VAs), and School Health Clubs (SHCs) were central to the Isoko y'Ubuzima project as key platforms for delivering social and behaviour change communication, promoting market-based sanitation, and institutionalizing positive WASH practices among households and students. Other community-level stakeholders—including Community Health Clubs, community mobilizers, water users, faith-based leaders, male champions, water point managers, and MBS demonstration villages—strengthened community ownership, accountability, inclusiveness, and the sustainability of WASH interventions.

Under the MVD WASH Response, market and bus station users emerged as a newly identified community segment with a distinct risk profile, baseline assessments found near-zero handwashing compliance at public sites, with findings from focus group discussions directly informing communication material design and pretesting, extending the project's community feedback model into an emergency public health context.

2.3 MEL Plan

Monitoring, Evaluation and Learning (MEL) plan is a management tool through which Isoko y'Ubuzima project continued to plan, measure and report progress to the US State of Department, test assumptions inherent to the Isoko y'Ubuzima Project Theory of Change; assess project successes and shortcomings and provide a foundation for the consortium's evidence-based learning agenda. It is updated annually or as needed to adopt changes to project baselines, targets or indicators.

Isoko y'Ubuzima MEL plan attempts to fulfil objectives by:

1. Responding to the USAID requirements for MEL as outlined in the USAID guidance, the plan includes following 7 high level USAID indicators.

Table 6: USAID High Level Indicators

Sr No	Indicator Code	Description
1	HL 8.3-3	No. of water and sanitation sector institutions strengthened to manage water resources or improve water supply and sanitation services as a result of U.S. Government (USG) assistance (which is linked to IR 1.2 in the Results Framework)
2	HL 8.1-1	No. of people gaining access to basic drinking water services as a result of USG assistance.
3	HL 8.2-2	No. of people gaining access to basic sanitation services as a result of USG assistance
4	HL 8.1-3	No. of people receiving improved service quality from an existing basic or safely managed drinking water service as a result of USG assistance.
5	HL 8.2-5 ²	% of households with soap and water at a handwashing station on premises
6	HL.8.4-1 ³	Value of new funding mobilized to the water and sanitation sectors as a result of USG assistance.
7	STIR - 14 ⁴	Number of investments in the digital ecosystem

These indicators connect the results of the three strategic objectives and the project's overall goal. In addition to the original 4 USAID high level indicators, and other three high level indicators was added in the later phases of the project at USAID's request. These high-level USAID indicators are integral part of the project and was designed to updated annually with baseline values, targets and actual results.

2. MEL plan serves as the common framework against which the consortium will collect comparable, consistent and accurate data on states results in the Isoko y'Ubuzima Results

² It was added in August 2022 at USAID's requests.

³ It was added in FY24 at USAID's requests

⁴ It was added in FY24 at USAID's requests

Framework and ultimately contribute to a shared understanding of what worked, what did not, and why, in a different scenario.

The MEL Plan focuses on outlining a sequence of activities and reflects an ongoing, iterative design process that emphasizes collaboration and consensus. Key components of the MEL Plan include the Isoko y'Ubuzima Theory of Change (ToC) and Results Framework, the identification of appropriate indicators to measure progress and methods for data collection and analysis, and the identification of priority learning needs and activities.

2.3.1 Theory of Change and Results Framework

The Isoko y'Ubuzima Theory of Change serves as the foundation for all MEL efforts. These key guiding resources support the project consortium in selecting appropriate indicators, targeting resources for monitoring activities, and pinpointing learning needs. This process allows USAID and other project partners to measure effectiveness and learn across project components while ensuring a focused investment in data analysis.

Isoko y'Ubuzima Theory of Change

The overall approach to developing the Theory of Change is based on Agenda for Change principles of WASH systems strengthening activities that lead to strong WASH Systems resulting in improved WASH service delivery (see Figure 1).



Figure 4: WASH System Strengthening Theory of Change

Isoko y'Ubuzima Theory of Change focuses on 3 main goals:

1. Helping national and district governments plan, monitor, and regulate water services better
2. Expanding, maintaining, and professionalizing water services
3. Increasing the supply, demand, and market options for household sanitation and hygiene.

To support these goals, a project-specific Theory of Change was created. It shows how the work to strengthen WASH systems will happen at different levels to achieve real results that support the project's overall goal.

THEORY OF CHANGE

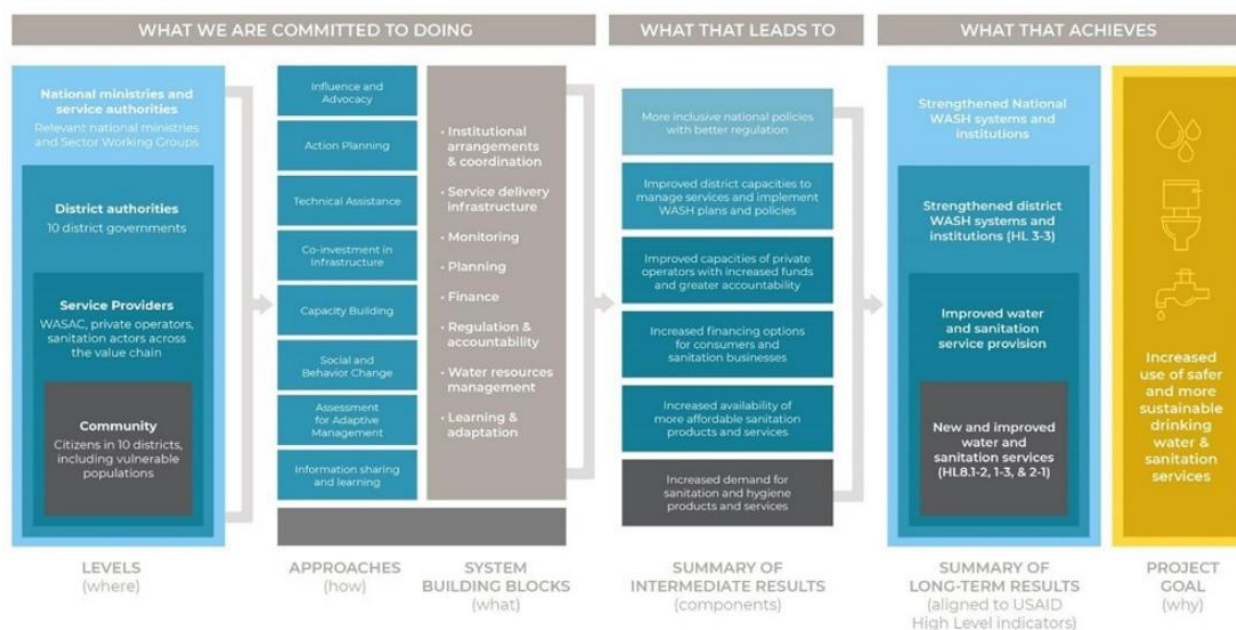


Figure 5: Isoko y'Ubuzima Conceptual Theory of Change

It begins by identifying the levels at which the project works: national ministries such as MININFRA, and service authorities, district authorities of 10 districts, service providers (such as WASAC and POs), and communities, including vulnerable populations across 10 targeted districts. The project engaged these groups through specific approaches, such as advocacy, action planning, technical assistance, capacity building of the relevant staff, co-investment in infrastructure, and social and behaviour change, while focusing on key system building blocks, including institutional coordination, service delivery infrastructure, monitoring, planning, finance, regulation, water resources management, and learning and adaptation.

These efforts were expected to produce a set of results which are summarised in figure 3, such as more inclusive national policies with better regulation, improved district capacity to manage WASH services and implement WASH plans and policies effectively. Intervention will also result into improved operating capacity and accountability among private operators, a good amount of financing options for consumers and sanitation businesses, a wide availability of more affordable sanitation products, and greater demand for sanitation and hygiene services. Over time, these intermediate results contribute to long-term outcomes, including strengthened national and district WASH systems and institutions, as well as improved and new water and sanitation services. These are the overall outcomes that align with USAID's High-Level indicators. Ultimately, all these results work together to achieve the project's overall goal: increased use of safer and more sustainable drinking water and sanitation services.

Assumptions for the Theory of Change

The Theory of Change relied on continued government commitment to the district-wide approach through sustained planning, budgeting, and implementation support. It also assumes effective use of the National WASH MIS and stable economic conditions. Successful implementation further depended on strong coordination by national and district governments among sector partners and the absence of major shocks or emergencies that could significantly disrupt program assumptions or outcomes.

Overall, the Isoko y'Ubuzima ToC provided a structured framework for addressing systemic challenges in Rwanda's WASH sector. ToC recognised that sustainable improvements in WASH

outcomes require coordinated interventions across multiple levels of the system, including national institutions, district authorities, service providers, financial actors, and communities. By combining governance strengthening, service delivery improvements, and market-based sanitation approaches, the ToC appropriately addresses both supply- and demand-side constraints affecting WASH service sustainability.

The ToC demonstrated strong alignment between identified system bottlenecks, strategic objectives, and intended outcomes. Activities implemented during the project implementation period including WASH building block assessments, district investment planning, non-revenue water reduction initiatives, private operator capacity building and many more closely reflect the pathways outlined in the ToC. The integration of gender equality and social inclusion, climate resilience, learning and adaptation, and financial sustainability further strengthens its relevance.

2.3.2 Strategic Objectives

Under the strategic objectives, there were intermediate and lower-level results through which progress was monitored, evaluated, and assessed.

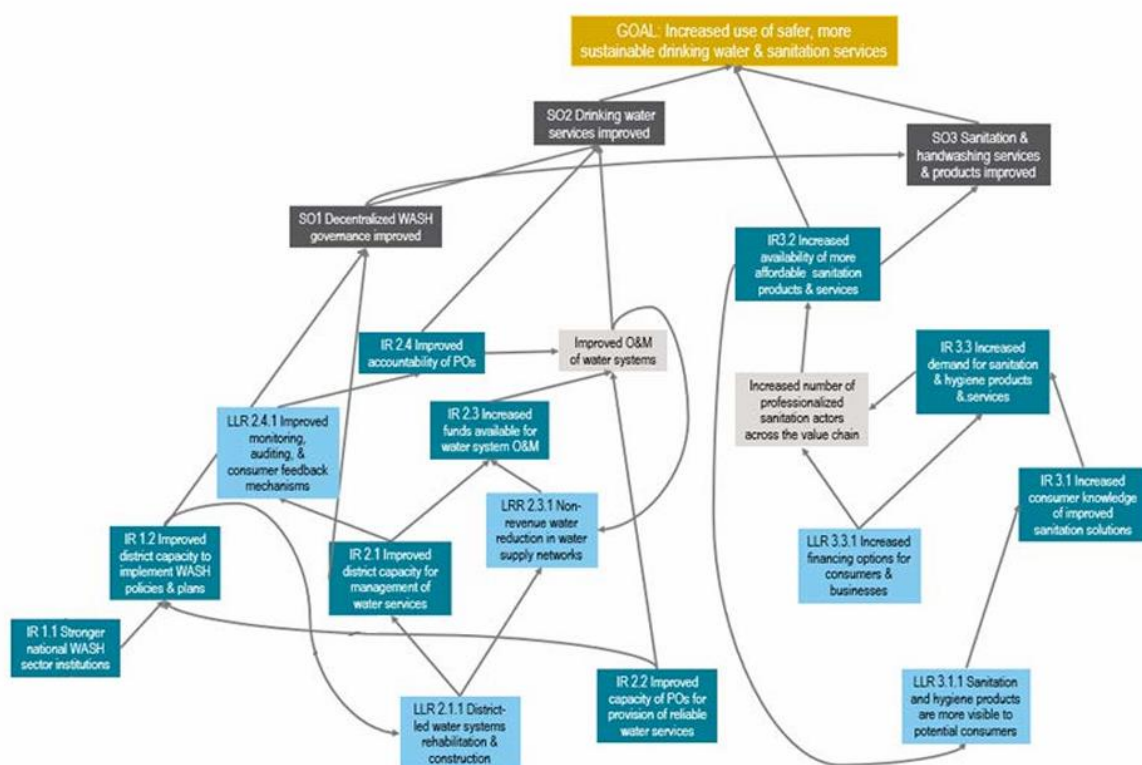


Figure 6: Detailed Theory of Change (Including IRs and LLRs)

2.3.3 Data Reporting Processes

Overall Process

The Isoko y'Ubuzima project implements a sophisticated Data Management and Reporting Structure designed to ensure accountability, transparency, and evidence-based adaptive management.

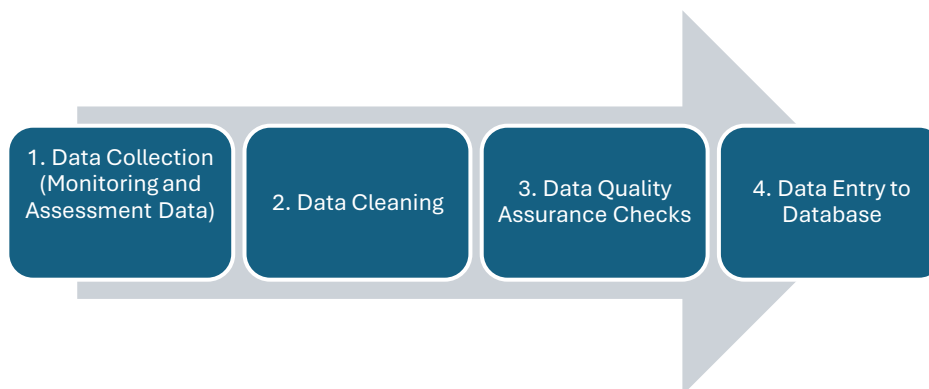


Figure 7: Data Reporting Processes

The MEL Advisor, with the support of the Chief of Party (COP) and SO Team Leaders, led the whole process from data management (collection, cleaning, storage) through quarterly and annual reporting. The reporting structure is governed by a comprehensive Monitoring, Evaluation, and Learning (MEL) Plan that aligns with US Government (USG) requirements and Rwandan national standards.

A) Data Management Process and Structure

The project employed a systematic six-stage MEL Cycle comprising: Data Collection, Data Processing, Data Analysis, Data Presentation, Data Interpretation, and Data Usage.

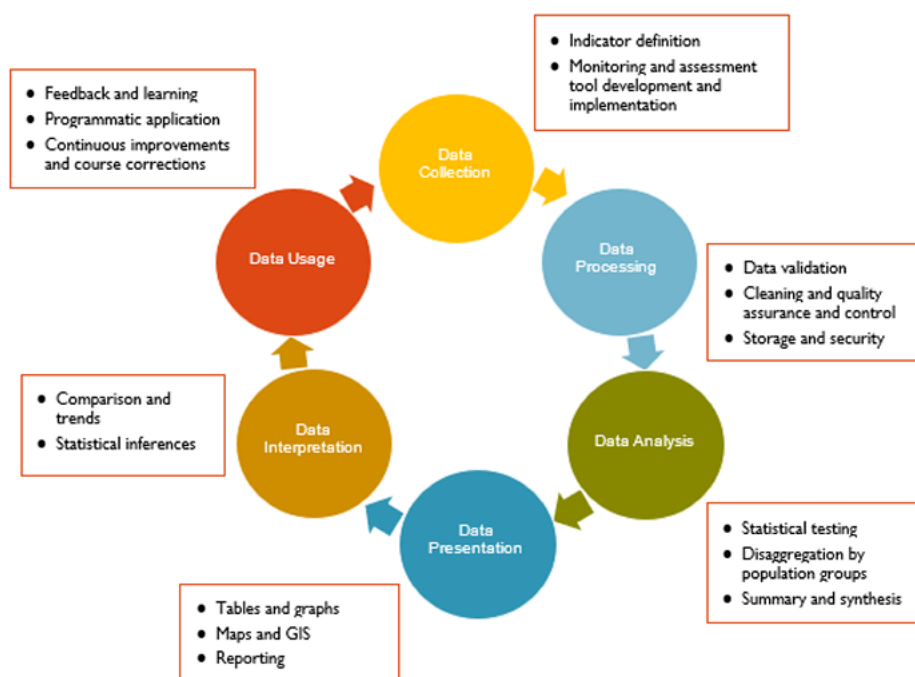


Figure 8: MEL Cycle

A customized, **cloud-based MEL database** serves as the central repository for all monitoring and assessment data. This system allows for real-time data entry from the field and enables the MEL team to generate automated dashboards and custom visualizations for various reporting requirement.

1. **Centralized Database:** The project established a customized, cloud-based MEL database (isokoyubuzimamel.org) to house all quantitative and qualitative monitoring data and assessment results. Doing this allowed for transparent and daily backed up of data compilation.

2. **Digital Tools:** Field data collection is primarily conducted using **mWater**, a mobile platform that captures survey data, photos, and GPS coordinates in real-time, reducing entry errors and time. For example:
 - Enumerators used mWater to capture photographic evidence and GPS locations of newly constructed or improved household toilets to ensure they met the official "basic service" criteria.
 - POs used mWater for real-time leak logging and repair tracking, which significantly improved field response times.
 - The project scaled up mWater use to produce leakage maps for 26 water supply systems, helping operators prioritize maintenance based on visual evidence.
3. **Data Quality Assurance (DQA):** To maintain integrity, the MEL team conducts routine internal DQAs, including 100% physical checks of some indicators (such as toilet construction) and sample-based verification by the MEL Manager and Data Quality Specialist.
 - To verify sanitation indicators, surveyors visited every reported household to confirm the status of facilities and cross-reference them with mWater photos.
 - The Data Quality Specialist independently verified a 10% sample of data against original forms, while the MEL Manager reviewed a final 5% sample for consistency in timestamps and GPS coordinates.
 - In September 2024, a USAID team requested a DQA in Nyagatare District to review the process of counting people with access to drinking water (HL 8.1-1). They requested a written note on the calculation methodology and required that district-signed factsheets be used to validate the number of people served

Data User Roles: Specific roles were defined for data management:

1. **SO leads and Advisors:** Complete the first verification of entered data and use it for monthly internal reports.
2. **MEL Manager:** Lead internal DQAs, complete a second verification, assign unique identifier numbers to every intervention, and upload final quarterly reports into the Development Information Solution (DIS).
3. **COP/DCOP:** Conduct high-level analyses of program progress and are responsible for the final submission of quarterly and annual reports to the US State Department.

B) Reporting Processes and Reviewers

The project utilized a tiered reporting system to communicate progress to stakeholders:

1. **Internal Monthly Reports:** Used by the management team to monitor progress against the work plan and identify early implementation bottlenecks
2. **Quarterly and Annual Performance Reports:** These are the primary formal reporting mechanisms detailing actual achievements against targets in the Indicator Tracking Table (ITT)

3. **US Government Review:** All quarterly and annual reports are presented in draft form to the Agreement Officer's Representative (AOR) for review and feedback before finalization and upload into the Development Information Solution (DIS).

2.3.6 Key Documents Produced

The Isoko y'Ubuzima project produced a range of documents and some of the key documents are listed below.

Table 7: Key Documents Produced throughout Isoko y'Ubuzima Project Implementation Period

Category	Key Documents / Outputs
Foundational	Monitoring, Evaluation, and Learning (MEL) Plan, Annual Work Plans.
Quantitative Records	Indicator Tracking Table (ITT), Digital NRW Monitoring Dashboards.
Assessments	QIS Institutional Strengthening Reports, Sustainability Service Checklists (SSC), Building Block Assessments & District Capacity Assessments Reports
Governance Tools	District WASH Investment Plans (DWIPs), Standard Operating Procedures for DWASHBs.
Technical/Learning	Learning briefs, Case studies, and Blogs, Success Stories
Response Plans	Marburg Virus Disease (MVD) WASH Response Plan, Environmental Mitigation and Monitoring Plans (EMMP).
Final Evaluative	Final and midterm Evaluation Report
Progress/Performance Reports	Quarterly and Annual Reports

- QIS reports provided initial baseline scores and subsequent updates to measure the effectiveness of institutional strengthening activities. It helped in assessing the level of improved governance of DWASHBs.
- Quarterly and Annual reports helped in getting a comprehensive understanding of the progress for each activity and sub activities. These reports provided the context which gave in depth explanation of each activity beyond a merely quantitative trends or data.
- Annual Work Plans established the "approved" targets and activities against which performance was judged.

3. Key findings

Over five years, Isoko y'Ubuzima worked across 15 districts in Rwanda to strengthen not just water and sanitation infrastructure, but the systems that determine whether services function and reach people reliably. This chapter addresses the questions most relevant to government decision-making: what changed for people and institutions, whether the project's theory of change held up in practice, whether gains are likely to continue without external support, and whether the model is compatible with how Rwanda's own systems work. The evaluation methodology has been detailed and attached as part of the annexures ([Evaluation Methodology](#)).

3.1 What has changed and why?

This section presents what the project achieved across five years of implementation. Rather than presenting results objective by objective, findings are organized into five themes that reflect how change happens in a water and sanitation system: whether institutions became stronger and more accountable; whether people gained better access to reliable water; whether households invested in sanitation and changed hygiene practice; whether health facilities and public places improved; and whether these gains reached those who needed them most. Each theme draws on household survey data, interviews with national and district stakeholders, focus group discussions, and project monitoring records. Where the evidence is strong, it is stated clearly. Where it is uneven or incomplete, that is stated too.

i. GOVERNANCE AND INSTITUTIONAL CAPACITY

Over five years Rwanda's WASH sector became measurably better governed, financed, and held accountable, and the evaluation's central finding is that Isoko y'Ubuzima achieved this by working through existing government structures rather than alongside them, the condition that makes the gains likely to survive project closure. Institutional capacity rose consistently and across the board: on the QIS longitudinal instrument, institutions scoring at least 75% went from a quarter of the sample to all twenty. Governance improvement translated into money, with new WASH funding mobilised reaching 388% of the life-of-project target, and into a near-unanimous community perception (96%) that district government, not the project, is responsible for WASH. The gains are a contribution rather than a sole attribution, and three gaps qualify the picture: the revised DWASHB operating procedures were validated only at closeout, community-level oversight of private operators remains incomplete, and the face-to-face training system has no post-project budget.

What Isoko y'Ubuzima worked on

SO1 operated at two levels that mirror Rwanda's own division of WASH responsibilities. Nationally, the project strengthened the planning, financial-management, and coordination capacity of WASAC, RURA, and sector associations (IR 1.1). At district level it worked through District WASH Boards (DWASHBs), District WASH Offices, and the Imihigo performance system to strengthen planning, accountability, and the integration of community feedback into decision-making (IR 1.2).

Core activities included project-preparation support to WASAC Development (standardised ToR templates, climate-resilience checklists, a resource repository); creditworthiness and financial-sustainability training for national and district utility managers; annual QIS assessments of DWASHBs and WASH Offices; revision of DWASHB standard operating procedures against the 2023 National Water Supply and Sanitation Policy; semi-annual district WASH reflection meetings; and institutionalisation of the Community Scorecard as a structured accountability mechanism. By FY26

Q2 the project had mobilised roughly 2 billion RWF (~USD 1.3 million) in WASAC-led feasibility studies prepared with its technical assistance.

The below infographic summarizes the key activities which were undertaken with national and district level stakeholders.

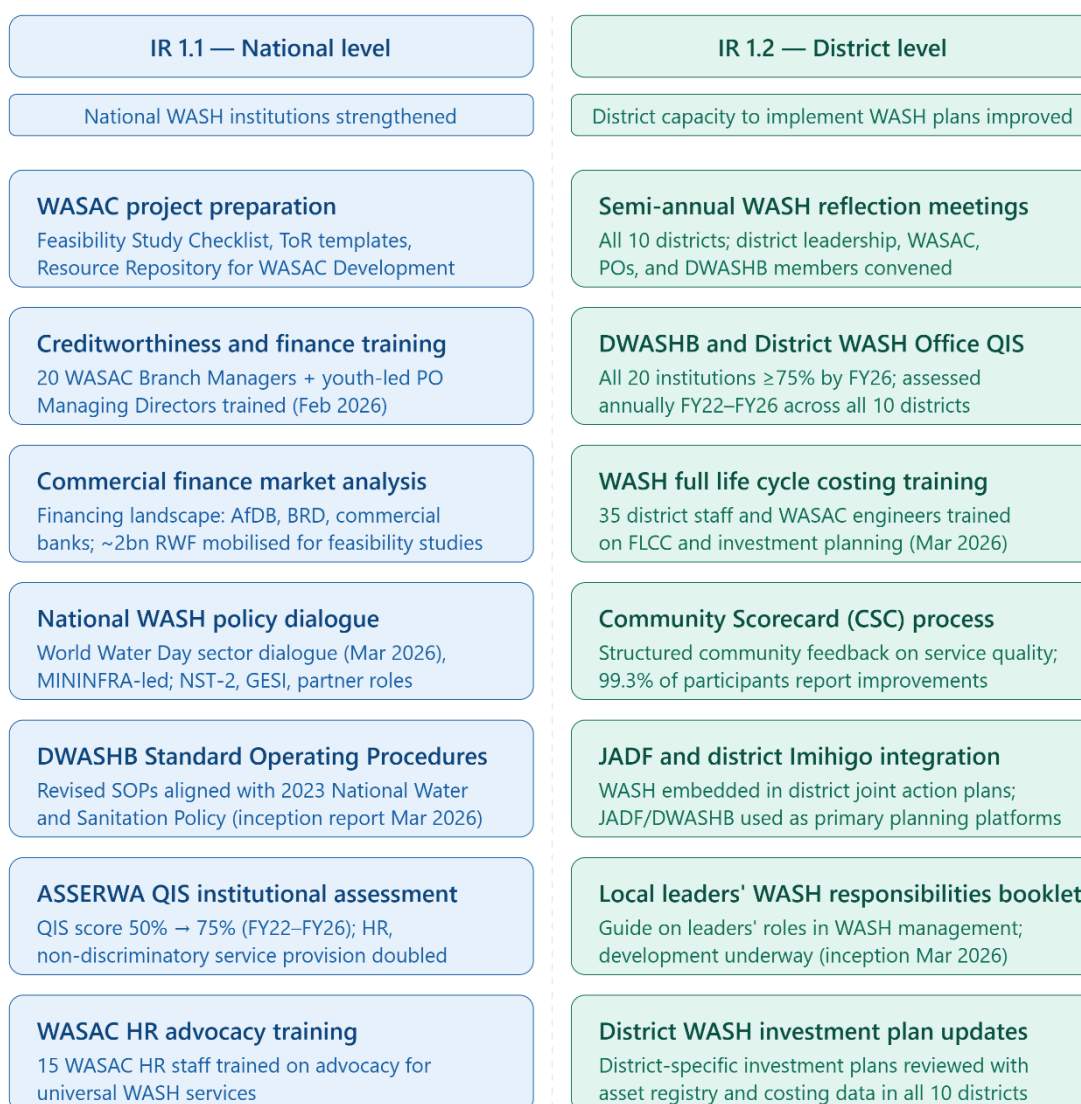


Figure 9: Key activities undertaken with national and district level stakeholders

How the model fit Rwanda's system

The model was built for Rwanda's policy architecture as it stood in 2021 and evolved with it. The 2023 National Water and Sanitation Policy codified much of what the project was already supporting: the delegated rural water management model (WASAC retains ownership, POs contracted for operations), the DWASHB coordination role, and integration of WASH into NST-2 performance frameworks. When MININFRA initiated a DWASHB SOP revision in Q2 FY26, the project adapted quickly to update the procedures governing district structures, keeping its work aligned at the point of closeout.

The Rwanda WASH Sector Performance Review (MININFRA, January 2025) explicitly identified the gaps that Isoko y'Ubuguzima's SO1 activities were targeting. On the Institutions and Coordination building block, the Review called for 'strengthening the capacity of District WASH Boards for

effective coordination of WASH interventions by WASAC branches and private operators at district level'. On Planning (score 4.5 in 2024, up from 3.2 in 2022), it noted that district WASH investment plans require translation into 'concrete, bankable projects' – precisely the gap that Isoko y'Ubuzima's FLCC training and WASAC project preparation TA were addressing. On Finance (score 3.8 in 2024, up from 2.4 in 2022), the Review cites Isoko y'Ubuzima's commercial finance landscape study as a specific contributing factor.

Crucially, SO1 was designed to work through existing GoR structures rather than alongside them, adopting the Imihigo system, JADF platforms, and DWASHB meetings as delivery mechanisms and feeding into the well-functioning WATSAN SWAp sector working group. This institutional embedding, rather than the creation of parallel mechanisms, is the recurring reason the evaluation judges the gains sustainable.

Two coordination gaps sit beyond what the project could resolve. RURA reports to MINICT rather than MININFRA, creating a structural disconnect between the water-services regulator and the sector-policy ministry; several SO1 tools (CMS-RWSS, the PO benchmarking tool) depend on a RURA-MININFRA channel the Sector Review identifies as a persistent weakness. Separately, SO1's governance architecture is anchored entirely in MININFRA/MINALOC while sanitation and hygiene behaviour-change work sits under MoH/CBEHPP structures, and there is limited formal linkage between the project's WASH-committee mechanisms and MoH's community health worker network.

Institutional Changes in Asset Management

A significant institutional disruption to Isoko y'Ubuzima's implementation occurred in August 2023, when the Government of Rwanda transferred asset management responsibility for rural water systems from districts to WASAC. VEI had designed its entire NRW-reduction and private operator capacity-building programme around districts as the primary asset owners and contractual counterparts. When the reform took effect, VEI was required to reorient all institutional engagement toward WASAC and, separately, to rebuild operator-level capacity from scratch with the newly introduced youth companies that replaced experienced private operators. The district relationships and the trained operator base that had been developed over two years of implementation were effectively disrupted simultaneously. This mid-project policy shift is not simply an implementation challenge but a finding of institutional compatibility: the project's operational architecture was designed for a regulatory model that the Government was in the process of changing. It is important to note that the reform was a deliberate GoR policy decision and not a failure of Isoko y'Ubuzima's design.

Institutional capacity: QIS evidence

The QIS longitudinal dataset, four rounds across 20 institutions from FY22 to FY26, is the strongest available evidence base for evaluating SO1 effectiveness at the institutional level.

Table 8: QIS Aggregate Performance, District WASH Offices and DWASHBs

Indicator	FY22 → FY26
Institutions scoring ≥75% (of 20)	5 of 20 (25%) → 20 of 20 (100%)
Institutions scoring ≥80% (of 20)	0 of 20 (0%) → 17 of 20 (85%)
Institutions scoring ≥90% (of 20)	0 of 20 (0%) → 10 of 20 (50%)
Lowest-scoring institution (DWASHB)	35% (Ruhango DWASHB) → 90%
District WASH Offices average	61% → 91%
DWASHBs average	53% → 83%
DWASHB-WASH Office gap	8pp → 8pp (persistent structural gap)
ASSERWA overall QIS score	50% → 75%

The progression is consistent and sustained rather than attributable to a single measurement round. Notably, Ngororero DWASHB exhibited a non-linear trajectory – declining from 60% (FY22) to 45% (FY24) before recovering to 75% (FY26). This is explicitly noted in project documentation as associated with leadership transitions and delayed engagement with DWASHB activities. It is the only institution to show a mid-project decline, and its FY26 recovery suggests that adaptive management through the reflection meeting platform helped re-engage the district. It also provides evaluative nuance: not all districts progressed linearly, and the QIS served its adaptive management function by flagging the regression in time to respond.

The persistent 8-percentage-point gap between District WASH Office and DWASHB scores across all assessment rounds merits attention. It reflects a structural feature, not a performance failure: WASH Offices have direct implementation responsibilities (site visits, construction monitoring) that generate day-to-day practice, whereas DWASHBs are coordination and oversight bodies whose effectiveness depends on regular meetings, clear mandates, and political engagement from vice-mayors and WASAC branch managers. Isoko y'Ubuzima's SOP revision activity was precisely designed to address this structural weakness, but its delayed finalisation (planned Q3 FY26) means the project closes before the procedural clarity needed for sustained DWASHB performance is fully in place.

The ASSERWA QIS trajectory (from 50% to 75%) documents institutional change in a sector association that was at marginal functional capacity at project inception. The doubling of Human Resources scores (from 50% to 100%) and Non-Discriminatory Service Provision scores (from 50% to 100%) reflects genuine organisational development – recruitment of graduates, inclusive planning processes, and routine coordination meetings – rather than paper compliance. The unchanged Monitoring and Information Systems score (50% in both years) is an honest finding that Isoko y'Ubuzima documentation does not obscure: ASSERWA's data management capacity remains its primary vulnerability.

Institutional impact: National

At national level the clearest impact is the embedded use of project-developed tools inside WASAC. Senior leadership themselves asked for a shared resource repository at the March 2026 close-out workshop, a signal that the standardised instruments (Feasibility Study Checklist, ToR templates, Resource Repository), developed with IRC and VEI and handed to WASAC Development, had moved from project consumption into institutional ownership. The measure of impact is that roughly 2 billion RWF (~USD 1.3 million) in feasibility studies were mobilised using these tools, capacity translating directly into investment rather than organisational knowledge alone.

The commercial finance market analysis, presented to WASAC's CEO and senior leadership in March 2026, identified the AfDB, BRD, and commercial banks as viable financing pathways and generated an operational plan for engaging them. Two funding concept notes had already been developed nationally (USD 15 million for AfDB's Climate Action Window, USD 110 million for AIIB), with Isoko y'Ubuzima's work contributing to the institutional conditions that made these bids plausible. The Finance building block score improvement (from 2.4 to 3.8 out of 5 between 2022 and 2024) in the Sector Performance Review is corroborated by this project-level evidence.

The project also added two Rwanda-specific courses, **WASH Systems Strengthening for Rwanda** and **District Master Planning for Rwanda**, to the **IRC WASH Systems Academy**, embedding Rwanda's governance architecture and policy framework into the curriculum rather than the Academy's global-

generic material. Over 500 professionals completed Academy courses during the project, with pre- and post-test data. The IRC KII noted that FLCC-trained district staff later requested refresher access to prepare their investment-plan revisions, a marker of applied learning rather than one-off compliance.

These online courses remain accessible to registered Rwandan users after closure, a durable learning channel. But IRC Rwanda's Lead was explicit that the face-to-face programme, training-of-trainers, district workshops, and tailored thematic sessions, is unlikely to continue without dedicated budget, and neither national institutions nor districts have budgeted staff capacity-building as a line item.

Institutional impact: District

First, all ten Isoko y'Ubuzima districts now have a **District WASH Investment Plans** that go beyond budget line-items to include detailed engineering designs for every identified water source and fecal sludge treatment facility. Unlike conventional planning documents, these plans double as shovel-ready project pipelines: when a district secures funding, it does not need to commission new feasibility work or engineering studies before procurement. The full-life-cycle costing methodology embedded in each plan reflects the FLCC training provided to district staff and allows districts to cost universal-access targets against realistic maintenance and capital expenditure figures.

Second, Isoko y'Ubuzima supported MININFRA in developing a **new Standard Operating Procedure for District WASH Boards**, validated in June 2026. The previous SOP referenced the 2016 National Policy, creating a seven-year procedural gap during which DWASHBs were operating under governance rules that no longer reflected Rwanda's decentralised WASH architecture or the delegated rural water management model introduced under the 2023 Policy. The new SOP directly addresses this, clarifying the roles and responsibilities of DWASHB members in relation to WASAC branch managers, Private Operators, and district administration – and providing a legally coherent operating framework for boards as they take on expanded coordination responsibilities post-project.

District Highlight

At a district WASH Board meeting in Rwamagana attended by the evaluation team's informants, the vice mayor announced to board members that the SOPs had been approved and would be cascaded to districts in the near term. This sequence of policy-aligned revision, ministry endorsement, and district-level communication represents a complete governance cycle and is stronger evidence of institutional embedding than draft or under-review documentation.

Third, the institutionalization of **semi-annual WASH Reflection Meetings** at district level has shifted district governance from reactive problem-solving to structured joint planning. Convened under the DWASHB platform and bringing together district staff, WASAC branch managers, private operators, and sector partners, these meetings produce joint district WASH action plans that are tracked on a rolling basis – a structured planning cycle that was not systematically in place before Isoko y'Ubuzima. The most significant sustainability signal here is Rwamagana District: following Isoko y'Ubuzima's facilitation support throughout the project, Rwamagana independently convened its own WASH reflection meeting without project prompting, issued formal invitations to all key stakeholders, and produced its own district action plan. The Vice Mayor communicated the updated DWASHB procedures to the board independently, signalling genuine ownership. IRC's Rwanda staff described this as the clearest evidence of sustainability they had observed – a district 'doing it by themselves.' Whether other districts follow this example will be a key post-project sustainability indicator.

The district reflection meeting documentation provides qualitative corroboration of the QIS findings. In Nyagatare, the Vice Mayor in Charge of Economic Affairs chaired the DWASHB reflection meeting – a visible indication of political ownership that extends beyond project staff facilitation. In Ngoma, the meeting recorded strong progress in governance interventions, specifically noting ‘full implementation of SBC and MBS strategies, DSC functionality, and community mobilisation activities.’ These observations are consistent with the quantitative QIS trajectory and support the interpretation that governance change at the district level was substantive rather than procedural.

KII evidence points the same way. The District Water and Sanitation Officer in Nyamagabe described a fundamental change in the planning culture: before the project, WASH governance was focused on infrastructure construction with limited attention to long-term sustainability or coordinated planning. By project close, the district uses monitoring data and service-level evidence to identify gaps and prioritise interventions, and WASH issues are raised regularly in both DWASHB meetings and broader district leadership forums. The Rwamagana WASAC Branch Manager independently confirmed that the operating environment improved substantially over the project period, specifically citing reductions in NRW, clearer delineation of operation and maintenance responsibilities between the district and Private Operator, and improved revenue collection. These voices collectively confirm that QIS score improvements reflect substantive changes in how WASH governance is practised rather than performance on a measurement instrument alone.

“Before the project, WASH governance was largely focused on infrastructure development with limited attention to long-term sustainability, monitoring, and coordinated planning. Through the Isoko y’Ubuzima project, WASH planning has become more evidence-based and systematic. The District WASH Board has become more active and functional, meeting regularly to review performance, discuss challenges, and coordinate stakeholders. WASH issues are now frequently raised in district leadership meetings, resulting in stronger advocacy.”

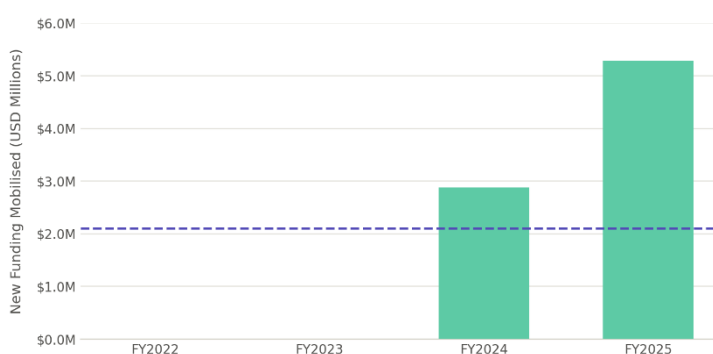
— District Water and Sanitation Officer, Nyamagabe District (KII, June 2026)

Fiscal commitment to WASH

One of the clearest tests of whether governance improvement translates into real commitment is whether districts and the broader sector begin attracting and allocating more money to WASH – not just planning for it. The project tracked this through new funding mobilized for the water and sanitation sector, with a five-year target of USD 2.1 million (approximately RWF 2.9 billion).

For the first two years, mobilization stood at zero. This was not inactivity, it was groundwork. Districts were being trained on full lifecycle costing, WASH Investment Plans were being drafted across all ten districts, and the National WASH Finance Strategy was being finalized and disseminated. The financial ecosystem was being built before funds could flow through it.

The acceleration came in FY2024, when the project began actively engaging commercial and development banks. In November 2023, ten commercial and development banks were convened to better understand the WASH sector as a business opportunity. By the end of FY2024, USD 2.88 million had been mobilized – surpassing the entire five-year LOP target in a single year. FY2025 saw a further USD 5.28 million mobilized,



Graph 3: New WASH Funding Mobilized Against Life-of-Project Target

driven by the successful launch of a Bank of Kigali commercial WASH loan product and the submission of Africa Water Investment Program proposals that leveraged the project's engineering designs directly as investment instruments.

Table 9: Cumulative WASH Funding Mobilized Against Life-of-Project Target, FY2022–FY2026

Fiscal year	New funding mobilized	Cumulative total	LOP target
FY2022	USD 0	USD 0	USD 2.1 million
FY2023	USD 0	USD 0	USD 2.1 million
FY2024	USD 2.88 million	USD 2.88 million	Surpassed
FY2025	USD 5.28 million	USD 8.15 million	388% of target
FY2026 (Q1-Q2)	Consolidation phase	USD 8.15 million (final)	388% of target

By pre-closure, the cumulative total stood at USD 8.15 million – equivalent to over RWF 10 billion – representing 388% of the original target. The two primary drivers were the Bank of Kigali WASH loan product, which created a commercial financing channel for small WASH businesses, and the use of project-prepared engineering designs to unlock large infrastructure investments through WASAC. **The earlier investment in district planning capacity and lifecycle costing was a necessary precondition for this result - districts that could not cost their WASH needs could not attract financing against them.**

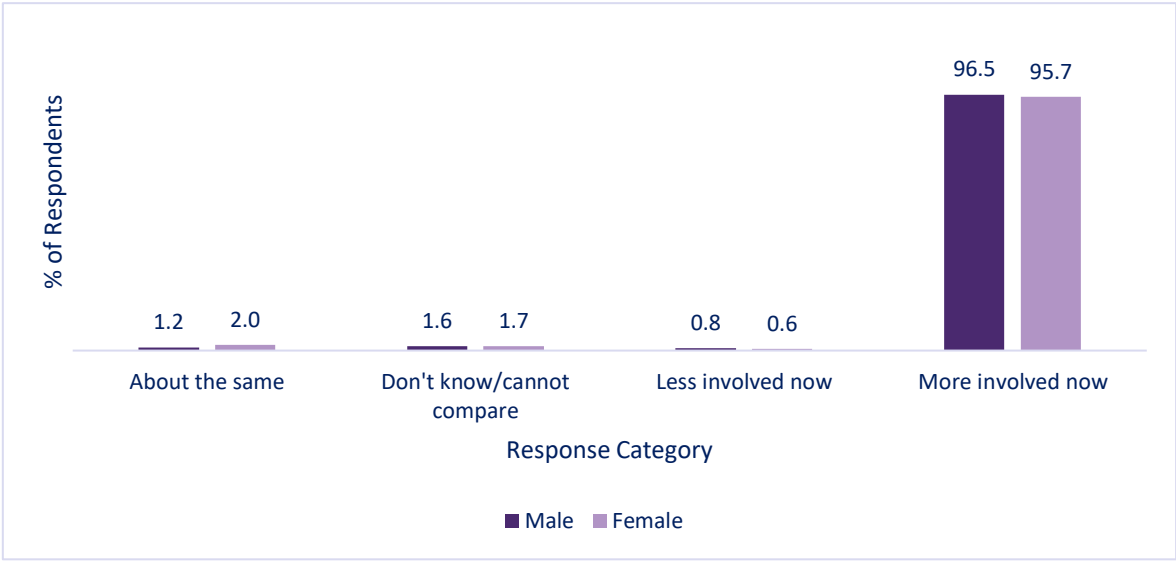
One caveat qualifies district ownership of this result. GoR WASH budget increases are typically channelled through WASAC for infrastructure, not directly into district budgets, and districts cannot mobilise from multilaterals such as the AfDB or World Bank independently, since such requests route through MINECOFIN. Even as national WASH budgets rise, district financial autonomy over investment decisions remains structurally constrained.

Community-level Normative Shift

The near-universal perception of increased district government involvement in WASH (96.0%) is the most evaluatively significant community-level impact finding. Its significance lies not only in its magnitude but in what it measures: not whether the district government actually invested more (which could be independently verified against Imihigo data), but whether communities attribute improved WASH governance to their government. **This attribution pattern – 'government did this' rather than 'the project did this' – is precisely the normative shift that governance programmes seek to achieve as a condition for sustainability.** If communities associate governance improvements with

external actors, the risk of reversion when the project closes is high; if they associate them with government, the political accountability logic is intact.

Graph 4: District Govt Involvement in 2026 vs in 2021 (in %)



A related indicator of whether district or village leaders have been observed raising WASH issues in community or political forums returns 71.1% positive. This question probes what the evaluation framework terms normative shift: whether WASH has acquired political salience independent of direct project activities. The positive rate is high by sectoral benchmarks and confirms that Isoko y’Ubuzima’s deliberate strategy of working through existing platforms (Imihigo reviews, JADF, DWASHB meetings) has produced a visible governance presence that communities associate with their elected and appointed leaders, rather than solely with the implementing partner.

Evaluative significance: The near-universal perception of increased government involvement (96%) confirms that Isoko y’Ubuzima’s model of working through decentralized governance structures rather than creating parallel mechanisms has produced a governance footprint that communities attribute to district government action. This is the institutional compatibility condition that makes post-project sustainability plausible: communities already hold government accountable for WASH, not the project.

WASH Committee Engagement and Community Scorecard Effectiveness

WASH committee awareness, which covered peoples awareness of the committees existence and its roles/functions, stands at 72.5%, and participation in committee or community WASH meetings (among those aware) is high at 78.1%. Committee effectiveness is rated positively by 95.8% of aware respondents – a result that is consistent with QIS evidence of improved DWASHB performance and with district reflection meeting reports highlighting active committee functioning in most Isoko y’Ubuzima sites.

FGD evidence from WASH committee members across Rwamagana, Ngoma, Nyamagabe, and Nyanza districts provides a rich picture of how these governance mechanisms function at the community level. Participants described committees as established through community selection processes with deliberate attention to the representation of women and different social groups. Responsibilities include monitoring water point functionality, mobilizing users for maintenance activities, resolving disputes over water access, and serving as the link between the community and local government. Most committees meet monthly, with additional meetings when operational issues

arise. Participants reported that capacity building received through the project — particularly on governance, operation and maintenance, financial oversight, and monitoring — improved their confidence in supervising service delivery and tracking functionality.

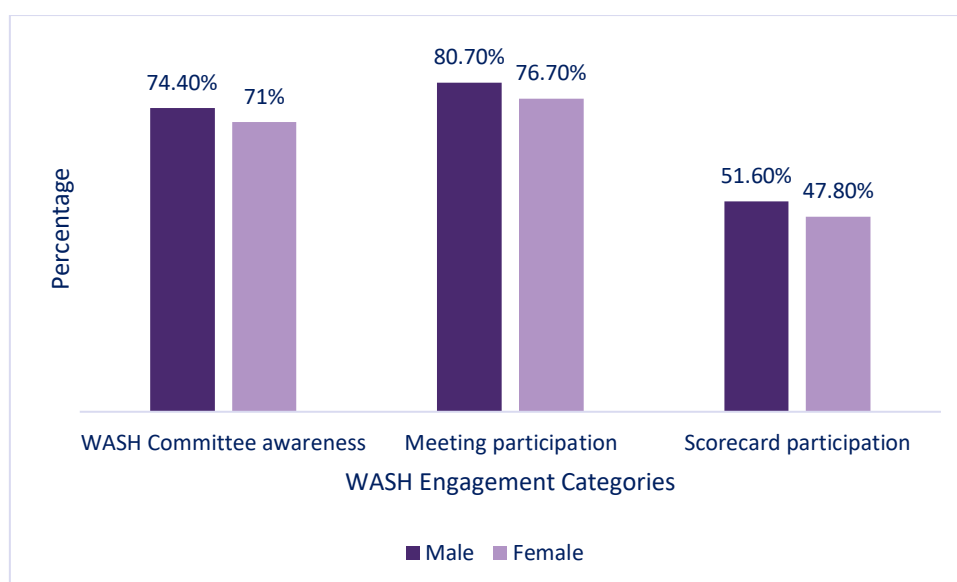
“Our committee was chosen by the community, and we meet every month to discuss water system performance, user concerns, and any repairs that need to be addressed. We also help resolve conflicts when there are disagreements over water use.”

— WASH Committee Member, Rwamagana District (FGD)

However, FGD participants consistently identified a **structural weakness in the governance chain: accountability of Private Operators to WASH committees** is functional in day-to-day communication but weak in formal oversight. While committees interact with operators regarding complaints and minor repairs, they do not routinely receive or review technical and financial reports. This finding is significant because the delegated management model depends on community-level oversight complementing WASAC and district-level supervision — where committees lack access to operator performance data, the accountability loop is incomplete. The Private Operators themselves confirmed this dynamic, acknowledging that performance expectations have become clearer under the project but that current tariff structures do not always generate sufficient reserves for major capital maintenance or network expansion.

“We work with the private operator, but we do not regularly receive or review their reports. Tariff money helps for small repairs, but it is not enough for bigger problems. We don’t have much information about how the district works with the private operator.”

— WASH Committee Members, Rwamagana District (FGD)



Graph 5: WASH Committee awareness and participation

Community Scorecard participation sits at 49.4%. This reflects the CSC mechanism's targeted deployment: not all villages received a full CSC cycle, and the mechanism was more consistently implemented in some districts than others. Among the 298 respondents who participated in a CSC process, the result is strongly positive: 94.0% report clear improvements to WASH services resulting from the process, and a further 5.7% report some improvements. Fewer than 0.3% report no improvements.

Evaluative significance: The CSC effectiveness finding (99.3% reporting improvements of any level) is internally consistent — it tells us that where the mechanism was activated, communities recognize it as effective. The more evaluatively significant question is the 50.6% who have not participated: these are communities where the CSC feedback loop was either not activated or not accessible. This is not simply a coverage gap, it is a sustainability risk, because the CSC is the primary structured community-accountability mechanism linking users to service providers. If it is not institutionalized with sufficient breadth before the project closes, there is no comparable mechanism to replace it.

Contribution analysis: disentangling Isoko y'Ubuzima's contribution

Attribution in governance programming is inherently partial. The Rwanda WASH Sector Performance Review explicitly notes multiple contributors to national-level governance improvement: JICA, UNICEF, AfDB, GIZ, WASAC's own internal reforms, and the policy transition to NST-2 all contributed to the same trajectory that Isoko y'Ubuzima was supporting. The building block improvements (from an average 3.4 to 4.0 out of 5) reflect whole-of-sector effort.

At district level, the contribution is more clearly traceable: the QIS was an Isoko y'Ubuzima specific monitoring instrument, the semi-annual reflection meetings were Isoko y'Ubuzima convened, and the FLCC training was Isoko y'Ubuzima-delivered. The Sector Performance Review itself notes 'Capacity Building Interventions through Water for People (Isoko y'Ubuzima Consortium)' in the list of specific capacity-building contributors — indicating that the sector's own documentation acknowledges Isoko y'Ubuzima's distinct role.

A plausible rival explanation for community governance improvement is Rwanda's broader political economy: a high-performing, centrally-coordinated state that maintains strong pressure on district performance through Imihigo, JADF, and MINALOC oversight. Community awareness of government engagement in WASH may partly reflect this broader governance context rather than Isoko y'Ubuzima-specific activities. The evaluation cannot rule this out, and the 96% district government engagement figure likely reflects both Isoko y'Ubuzima's contribution and Rwanda's wider governance environment. The evaluatively important question is whether Isoko y'Ubuzima accelerated this trajectory and built durable institutional capacity that will persist beyond normal government cycles — to which the QIS evidence gives a cautious yes.

District-level stakeholders themselves engaged with the attribution question directly. The WASAC Branch Manager in Rwamagana confirmed that project-specific mechanisms — training, role clarification, performance monitoring tools, and stakeholder engagement platforms — played a significant role in operationalizing governance improvements at the local level that might otherwise have remained as sector-level policy intent without practical uptake. The Private Operators in Ngoma and Nyamagabe similarly attributed improvements in clarity of O&M responsibilities and performance monitoring to project interventions, while acknowledging that broader sector reforms also contributed. This stakeholder-level attribution corroborates the evaluation's contribution analysis: Isoko y'Ubuzima's distinct value-add was operationalization and localization of governance reform, not its origination.

ii. WATER ACCESS AND SERVICE RELIABILITY

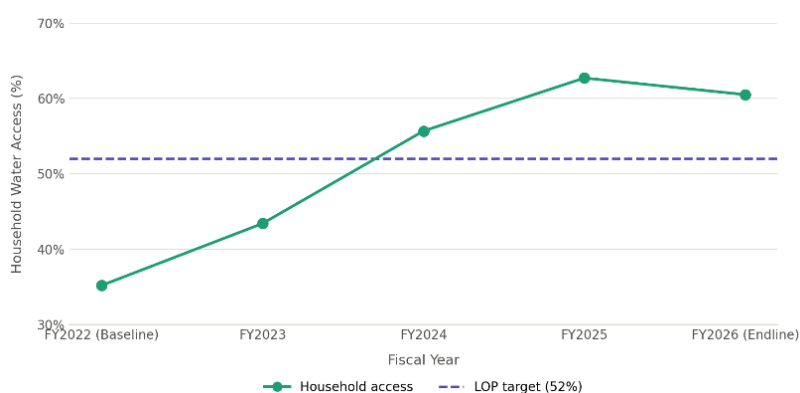
Over five years the project expanded piped water access across the ten intervention districts through systematic rehabilitation of non-functional supply systems. Key takeaways are in three-parts. **First**, the access objective was met and exceeded: improved-source coverage is now near-universal and

the life-of-project access target was surpassed. **Second**, reliability is the principal unresolved dimension of the portfolio: households have water, but not always, and seasonal and intermittent shortages persist even in rehabilitated systems. **Third**, and most consequential, the gains are not yet self-sustaining: performance measurably reverted each time external coordination was withdrawn — during the FY2025 stop-work order and the mid-2024 operator transition — and closing the sustainability gap now depends on whether RURA and WASAC can enforce independently what the project facilitated.

A. Access: target exceeded and improved-source coverage now near-universal

At project inception in 2021, an average of 35.18% of households across the ten target districts had access to basic or safely managed water. Three districts with the weakest baseline coverage were Nyamagabe (23.8%), Nyabihu (38.8%), and Kayonza (44.7%). The project's five-year target was to raise this average to 52% across all ten districts.

The first two years saw no household-level improvement in the numbers, but substantial groundwork was laid. The project developed detailed engineering designs for non-functional water supply systems across all ten districts and worked with district authorities to validate which systems would be prioritized for rehabilitation. Procurement began in late FY2023, with the first system rehabilitations coming online in Q4 of that year.



Graph 6: Improvement in Household Water Access

FY2025 saw an additional 64,440 people gain access as final major system rehabilitations were completed and the project shifted focus to constructing isolation reservoirs and reducing physical water losses. By year-end, household access had risen to 62.71%. The FY2026 endline cluster survey confirmed a final result of 60.5%, a 25.3 percentage point increase from the 35.18% baseline, achieving 116% of the LOP target.

Table 10: Household Water Access Progress Against LOP Target, FY2022–FY2026

Fiscal year	Household access (%)	People gaining access	Water supply systems (WSS) completed
FY2022 (baseline)	35.18	0	0
FY2023	43.40	3,270	1 (partial)
FY2024	55.67	57,126	12
FY2025	62.71	64,440	Additional systems + 20 reservoirs
FY2026 endline	60.5	18,493 additional	Final systems; 20 reservoirs handed over
Cumulative	+25.3 pp increase	143,329 total	33 main WSS rehabilitated

The data reveals two important patterns. First, the acceleration came from bundled procurement: once contracts were signed and mobilization began, the project completed multiple systems simultaneously rather than sequentially, creating the Q1 FY2024 spike. Second, the slight dip from

FY2025 (62.71%) to FY2026 endline (60.5%) reflects the independent cluster survey methodology at endline, which typically produces more conservative estimates than progressive WASH MIS tracking. The 60.5% figure is the most defensible estimate for sustained access at project close.

Alongside these household access figures, the project tracked a second indicator, the absolute number of people gaining new access through project-supported systems. This reached 143,329 people by endline, exceeding the LOP target of 120,000 by 19%. This includes both primary water system connections and secondary connections to isolation reservoirs designed to reduce water losses.

Table 11: Districts with the Weakest Baseline Coverage

District	FY2022 baseline (%)	FY2026 endline (%)	Change (pp)	Population gain
Nyamagabe	23.8	~52	+28.2	Significant improvement from lowest baseline
Nyabihu	38.8	~58	+19.2	Steady improvement
Kayonza	44.7	~62	+17.3	Above-average improvement
Other 7 districts	35-45 (average)	55-65	+15-25	Variable depending on infrastructure legacy

The table above shows districts with the weakest baseline coverage (Nyamagabe, Nyabihu, Kayonza) with the gains in household access, though the national estimate of 60.5% reflects an average across all ten districts.

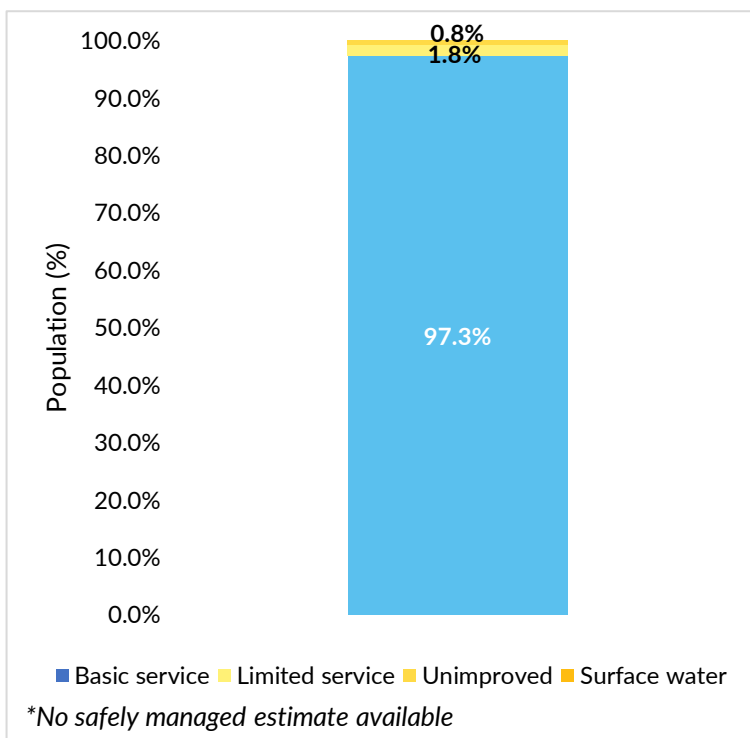
The final evaluation household survey corroborates and triangulates the district monitoring trajectory, confirming a sharp, beneficiary-level shift toward improved drinking water sources over the project's implementation period. Across 603 sampled households in the ten target districts, the share using an improved source has risen from 75.0% five years ago (2021) to 99.2% at endline (2026), an increase of 24.2% points. Unimproved sources have correspondingly collapsed from 25.0% to 0.8%, with surface water eliminated and unprotected springs falling from 14.9% to 0.5%. The dominant route into improved service has been the public tap or standpipe, which grew from 60.5% to 81.9% of households, complemented by a smaller but meaningful expansion of piped connections into compounds and yards (from 8.8% to 13.1%) and to neighbours (from 0.2% to 1.5%).

Table 12: Household drinking water source – 2021 versus 2026

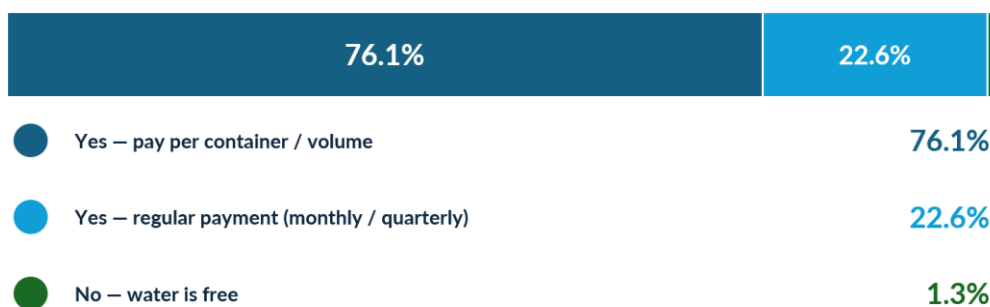
Water Source	HHs (n) - 2021	HHs (%) - 2021	HH (n) - 2026	HH (%) - 2026	Change (% point)
Piped into dwelling	6	1.0%	5	0.8%	-0.2%
Piped into compound, yard or plot	53	8.8%	79	13.1%	+4.3%
Piped to neighbor	1	0.2%	9	1.5%	+1.3%
Public tap / standpipe	365	60.5%	494	81.9%	+21.4%
Borehole or tubewell	0	0.0%	1	0.2%	+0.2%
Protected well	9	1.5%	8	1.3%	-0.2%
Protected spring	17	2.8%	2	0.3%	-2.5%
Rainwater collection	1	0.2%	0	0.0%	-0.2%
Improved Sources (A)	452	75.0%	598	99.2%	+24.2%
Unprotected well	50	8.3%	2	0.3%	-8.0%
Unprotected spring	90	14.9%	3	0.5%	-14.4%
Surface water (river, stream, dam, lake, pond, canal, irrigation channel)	11	1.8%	0	0.0%	-1.8%

Water Source	HHs (n) - 2021	HHs (%) - 2021	HH (n) - 2026	HH (%) - 2026	Change (% point)
Unimproved Sources (B)	151	25.0%	5	0.8%	-24.2%
Total (A + B)	603	100.0%	603	100.0%	0.0%

Mapped against the JMP drinking water service ladder, 97.3% of households now sit at **basic service** (improved source within a 30-minute round trip), 1.8% at **limited service**, 0.8% on unimproved sources, and zero on surface water. Safely managed service cannot be calculated from the survey data since water-quality testing data required by JMP was outside scope, and therefore, public taps cap at "Basic" under JMP. The 97.3% basic-service ceiling nonetheless represents a substantial uplift on the FY2022 baseline of 35.18% basic or safely managed access across the same districts, and provides independent confirmation that the FY2026 endline figure of 60.5% recorded through the district MIS reflects a genuine, household-experienced shift rather than an artefact of monitoring methodology alone.



Graph 7: JMP Drinking Water Service Ladder (Current Source)



Graph 8: Water Payment: Households pay for water

The evaluation survey also found that 98.7% of households (595) pay for water, and only 1.3% (8 households) receive it free. The dominant modality is pay-per-volume/container (76.1%), with 22.6% on regular monthly or quarterly billing. The average reported monthly payment is approximately 1,996 RWF. The strong skew toward per-container payment is consistent with the survey-confirmed predominance of public-tap/standpipe access (81.9%), where volumetric purchase at the kiosk is the standard model, while the 22.6% on regular billing aligns closely with the 14.6% of households on piped connections into the compound, yard, or to a neighbour. The near-universal willingness to pay is itself a strong indicator of perceived service value and provides a foundation for operator revenue sustainability – although, as noted later under affordability, the most vulnerable households still face payment constraints that affect uniform uptake.

Focus group discussions across four facilitator zones reinforce the survey pattern with consistent before-and-after narratives. Participants in the women's FGD in Rubona Sector (Rwamagana)

recounted a transition from a marshland spring with queues regularly exceeding two hours to project water points that now sit within a fifteen-minute round trip from most homes. Participants in the mixed FGD in Rugera Sector (Nyabihu) similarly described moving away from the Mukungwa river and unprotected marshland springs, with one female participant observing, *"Before, our children would go down to the river before school. When the rains came and the river was full, we were always afraid – some children have drowned there in the past. Now that water is closer, I don't have that fear every morning anymore."* Participants in the FGDs facilitated across Ngoma, Rwamagana, Nyamagabe and Nyanza districts likewise reported that the majority of households have shifted from distant or unimproved sources to closer, more reliable water points, with one Nyamagabe participant noting that *"in the past, our households depended on water located far down the hillsides. Fetching water could take more than an hour each way, and the water was often muddy after heavy rains. Since the new water supply system was established, we access clean water much closer to home."*

Key informant interviews with district authorities confirm the access expansion but also flag spatial unevenness behind the aggregate gain. The District Water and Sanitation Officer in Nyamagabe stated that project-supported systems are generally functioning well and have improved coverage in rehabilitated sectors such as Kaduha and Tare. The Rwamagana District Water and Sanitation Officer was more measured, noting that despite documented gains, *"the original goal of universal water access (water for all) across Rwamagana District has not yet been fully realised. Progress has occurred irregularly – achieved at cell or sector level in some areas, while others remain underserved."* The Shyira Sector Executive Secretary (Nyabihu) similarly observed that *"not all cells are covered due to steep, mountainous terrain and high cost of extending infrastructure,"* with some households retaining access to natural springs that reduces motivation to connect to the piped system. The Ruhango District WATSAN noted that the project supported rehabilitation of facilities that had previously caused substantial losses before water reached households, while institutional KIIs at GS Rugunga (Rwamagana) and Bunyogombe Post de Santé (Ruhango) confirmed that previously unconnected schools and clinics have received new water points through the project.

B. Reliability: the principal unresolved dimension

While household access to improved sources is now near universal, the final evaluation household survey reveals that the reliability of that service remains an area of mixed performance and is the most significant unresolved dimension of the Water portfolio at endline. The final evaluation household survey asked how many of the past 30 days water had been available, only 12.8% of households reported continuous availability ("always – 30 days") and a further 41.6% reported water available on 21–29 days ("often"). The remaining 45.6% of households reported either intermittent availability of 10–20 days (21.1%, "sometimes") or fewer than 10 days (24.5%, "rarely"). On a typical day, 21.9% of households experienced 24-hour continuous supply, 22.4% had 16–23 hours, 22.6% had 8–16 hours, and a combined 23.8% received fewer than 8 hours per day. A further 9.3% reported that hourly availability *"varies too much to say,"* itself a reliability signal. Seasonal scarcity is widespread: 67.2% of households reported experiencing some form of seasonal water shortage, even after the project's infrastructure improvements.

Table 13: Reliability of water service – past 30 days and typical-day hours

Reliability dimension	Category	Households (n)	Household (%)
Days available in past 30 days	Always (30 days)	77	12.8%
	Often (21–29 days)	251	41.6%
	Sometimes (10–20 days)	127	21.1%
	Rarely (less than 10 days)	148	24.5%
	Total	603	100.0%
Hours available on a typical day	24 hours (continuous supply)	132	21.9%

	16–23 hours	135	22.4%
	8–16 hours	136	22.6%
	4–8 hours	60	10.0%
	Less than 4 hours	83	13.8%
	Varies too much to say	56	9.3%
	Don't know	1	0.2%
	Total	603	100.0%
Seasonal scarcity	Yes	405	67.2%
	No	198	32.8%
	Total	603	100.0%

FGD evidence converges with the survey reliability findings but is markedly more positive where established operators are in place. Participants in the women's FGD in Rwamagana described supply as *"consistently available and clean; supply is only interrupted for maintenance, and such interruptions rarely exceed three hours."* Participants in the mixed FGD in Ruhango confirmed that *"we always have water, whenever it goes, it doesn't take more than one day and it's back."* By contrast, participants in the men's FGD across the four eastern and southern districts reported a clear improvement on the five-year baseline but acknowledged residual interruptions, with one male participant in Ngoma noting that *"five years ago, we could stay three or four days without water, but now interruptions are less frequent and usually resolved within a day."* Participants in the FGDs in Ngororero, Nyabihu, Kayonza and Kirehe were the most critical, identifying Irebero Village in Ndego Sector (Kayonza) as a location where households still go without water for three to four days a week, with one WASH Committee member relaying participant requests *"to extend Byimana water supply system towards us at Irebero as it is ahead us."* Participants in the women's FGDs also noted that *"system breakdowns can also temporarily disrupt access, forcing households to seek alternative sources that may be less convenient or less safe."*

Key informant interviews with the Private Operator of Albeni Water Engineering in Nyabihu illustrate the system-side reliability picture from the supply end: the operator reported managing 22 individual or household connections, 9 renovated connections and 8 active water points, with a monthly water volume of 338 m³, while flagging *"a range of management difficulties, including weak community mindset toward water conservation and infrastructure care."* The KII with the combined Ngoma and Nyamagabe Private Operators reported that DMAs are now functional and monitored regularly, that the metering system enables identification of high-loss areas, and that *"NRW reduction has contributed to increased billed water volumes and improved revenue collection."* Asked about diagnostic practice when NRW rose, the operators explained that *"monthly NRW figures are calculated by comparing bulk water production with billed consumption data... Leak detection exercises and repairs are conducted to address identified losses. By replacing old PVC pipes by HDPE pipes NRW reduces."* The Nyamagabe District WATSAN confirmed that NRW training was *"considered particularly valuable because it helped the district and Private Operator to continue reducing NRW across the district water interventions."*

The KII with the Kabuye Health Centre in Ngororero documented a roughly 77% increase in water volume reaching the facility following project pipe-network extension; the KII with Kabaya Hospital (Ngororero), however, reported that *"water supply is present and generally sufficient but does not reach all wings of the Hospital, some wards still lack coverage,"* with a maintenance request raised with the operator that remains unresolved, underscoring that even where overall volumes have improved, distribution-end reliability still has unresolved pockets. The Rugera Sector HSO Officer (Nyabihu) flagged a specific infrastructure-management vulnerability — *"water infrastructure (pipes, pumps) installed on private land do not have signs or markers showing where they are passing; this used to damage the pipes during cultivation and is difficult to locate and repair"* — which directly contributes to leakage and reactive repair burden.

The reliability that households report rests on a sustained supply-side effort to cut the water lost between source and household before it could reach or be billed to a customer. Over five years, that effort produced the project's most technically detailed results. By project close, 225,916 people had received improved water service quality, achieving 235% of the target of 96,000 people. This was delivered through 33 rehabilitated water supply systems (WSS) across 10 districts, achieving 110% of the target of 30 systems.

Starting from a baseline of 63% in FY2022, the project mapped District Metered Areas (DMA) across 10 systems in 9 districts, dividing large networks into smaller zones where water flowing in could be compared against water billed out. By FY2023, reductions under experienced operators brought NRW down to 45%. The project best of 29% came in FY2024, driven by intensive task-force coaching with operators, a house-to-house survey of 6,707 connections that identified illegal connections, unregistered customers, and faulty meters, and the rollout of an NRW monitoring dashboard now used by all 13 operators. 28 sub-DMAs were created to isolate and measure water losses at a granular level within larger systems. 39 leaking reservoirs were rehabilitated across the 10 pilot systems, removing a major source of physical loss.

C. Private Operator Capacity Improvement and Accountability

Private operators managing rural water systems became measurably more accountable and better equipped as the project built operator capacity across the full range of roles that determine service performance.

On the technical side, 103 plumbers were trained in distribution-network maintenance and leak repair, 31 engineers and technical staff in hydraulic modelling, 18 in GIS applications, and 34 in the use of the NRW monitoring tool. On the commercial and managerial side, 30 managing directors and accountants were trained in business-plan development in FY23, with a further 42 participants completing advanced financial-management training in FY25. The training of plumbers and engineers helped shift the sector from reactive fixes to proactive, data-driven network management: technicians now systematically map leakages via the mWater platform (covering 56 water supply systems), 13 Private Operators (POs) developed hydraulic models using EPANET to simulate network behavior and manage pressure zones, and staff gained hands-on proficiency in maintaining surface, submersible, and dosing pumps.

The project also deliberately widened the operator base, onboarding eight new youth-led water companies (24 staff) and training them on the CMS-RWSS and on operation and maintenance, and it equipped 18 staff from eight POs in advocacy techniques. The breadth of this coverage ranging from technical, financial, and institutional themes is itself a finding: capacity was built to professionalise operators as businesses, not only to maintain infrastructure.

Applied learning is evident across multiple districts: plumbers systematically map leakages via the mWater platform (covering 56 water supply systems by late FY25), use 20-liter jerrycans to test meter accuracy (874 customer meters tested by Q2 FY26), feed data into NRW monitoring dashboards to prioritize repairs, and deploy leak detection and repair kits for "quick and quality repairs" – practices that helped reduce NRW in Rwamagana from 65% to 15% – while technicians also demonstrated hands-on dismantling, assembly, and maintenance of surface, submersible, and dosing pumps.

A strong proficiency signal comes from the youth-led companies: following a four-day O&M training for their engineers, the proportion of trainees rated "very good" in operation and maintenance rose from 5.5 percent to 45.3 percent, and these companies were further supported to develop system-specific O&M manuals tailored to their own infrastructure. On the business side, 12 of 13 targeted operators developed practical, financially sound five-year business plans with consultant support, and

31 staff from POs and WASAC's delegated-management unit were trained specifically in analysing water-supply profitability and identifying key performance indicators.

Beyond individual trainings, the project institutionalised an annual benchmarking exercise scoring each operator across roughly 37 indicators spanning technical, commercial, financial, procurement, human resource, service quality, and regulatory compliance dimensions. Top performers hosted peers to transfer specific practices, and the tool was handed to WASAC, with five WASAC staff trained as system administrators who set up standardised data-entry templates for all 43 national operators.

Customer Management System (CMS-RWSS)

The Customer Management System for Rural Water Supply Systems (CMS-RWSS) was conceived to address a structural weakness underlying rural NRW: the absence of standardised billing and revenue platform, and the ability of operators to under-report billing data to regulators. Led by Water For People with a task force including VEI, RURA, and WASAC (and built by consultant ORION Systems), the system centralises billing, customer registration, revenue management, EBM-compliant invoicing, and accounting, making operator data simultaneously visible to WASAC, RURA, and districts.

The system was originally designed for a RURA-hosted environment, but the 2023–24 policy shift moving rural water contracts from districts to WASAC left the platform misaligned with its eventual owner, requiring an interim RURA-hosted operation-and-maintenance period and a handover to WASAC that remained pending (on IT-readiness grounds) at project close. On the adoption front, some operators initially resisted, and RURA ultimately made its use mandatory, revoking one non-compliant operator's license.

The most recent training (March 2026) equipped 44 PO accountants, plus RURA and WASAC staff (53 participants in total), to operationalise the EBM and accounting modules, with all POs slated to adopt EBM-compliant invoicing from April 2026. Furthermore, 13 operators developed operation and maintenance manuals for their systems, a prerequisite for consistent maintenance without project prompting. **The CMS-RWSS digital billing platform mapped 104,008 rural water customers, integrated with MTN Mobile Money and four commercial banks, and gave operators and WASAC real-time visibility into billing gaps.**

CMS created the digital backbone for professional rural water management: integration with mobile money and commercial banks raised average revenue collection efficiency to 86%, with top performers reaching the industry benchmark of 95% (such as PAAK KAM in Kayonza); the registration of previously invisible users contributed to a reduction in NRW by an average of 30% (dropping from a 69% baseline to 39% at endline), and the transition from manual billing to a paperless digital system with real-time dashboards now enables RURA and WASAC to remotely monitor PO performance and ensure the timely payment of royalties and regulation fees.

Capacity Building of Private Operators for Service Delivery and Accountability

By FY2026 Q2, with support from the project, 12 private operators (POs) improved service delivery, and 10 POs strengthened accountability in the project districts. To achieve these outcomes, the project delivered an integrated package of technical, financial, and community-based interventions. Service delivery improvements were driven through Non-Revenue Water (NRW) task forces, active leak detection, hydraulic modeling, mWater-based leak recording, installation of District Metered Areas (DMAs), GIS mapping, portable meter testing (which identified inaccuracies in over 78% of customer meters), five-year strategic business planning, and intensive O&M training. Accountability gains were measured via the Sustainable Services Checklist (SSC) and secured through the Community Score Card (CSC) process, a benchmarking and peer-ranking tool, RURA's rural Customer Management System (CMS-RWSS), performance-based contracts with clarified district–PO roles, and an integrated online complaint platform.

Table 14: Operator Service Delivery and Accountability Performance, FY2023–FY2026

Year	Operators with improved service delivery	Operators meeting accountability standards	What happened
FY2023	9 of 12 (75%)	7 of 12 (70%)	First annual assessment after two years of capacity building
FY2024	4 (sharp drop)	5 (sharp drop)	Government replaced experienced operators with youth companies
FY2025	11 of 12 (92%)	10 of 12 (100% of target)	Recovery after intensive reskilling
FY2026 Q2	12 of 12 (100%)	10 of 10 (100%)	–
Target	12 operators	10 operators	–

Supporting 12 POs in service delivery and 10 in accountability transformed them from informal entities into viable commercial businesses through three complementary mechanisms: a performance benchmarking tool that fostered peer-to-peer learning; financially sound five-year business plans that enabled loan access and reinvestment (e.g., MKM in Rwamagana purchased its own replacement pumps); and Community Scorecard interface meetings that resolved tariff grievances and contributed to a 93% customer satisfaction rate at endline.

In mid-2024, district water management contracts were transitioned to new operators as part of Rwanda's wider effort to expand economic opportunity for youth. The transition created a temporary skills and experience gap: incoming operators were new to the billing systems and DMA infrastructure built during the first two years, and both accountability scores and NRW moved in the wrong direction during the adjustment period. The project responded with a full reskilling programme: operators were onboarded to the CMS-RWSS billing platform, received financial management training where average scores rose from 67.5% before training to 90% after, and participated in a peer learning exchange led by the best-performing operator in Rwamagana. Recovery to LOP targets within one year of the disruption shows the approach was effective, though the pattern of reversion under both the operator transition and the stop-work order confirms that performance is not yet self-sustaining without active external coordination.

The replacement of experienced operators with youth-led companies was a Government of Rwanda initiative aligned with the Five-Year Youth Employment Program, jointly executed by the Ministry of Youth and WASAC to engage 25 youth-owned companies, resulting in 64% (9 of 14) of private operators (POs) in the intervention area becoming youth-led. Isoko y'Ubuzima project pivoted by "redoing" capacity building – facilitating RURA licensing, training 63 new PO staff on CMS-RWSS, delivering a specialized Training Manual on Business Development and Leadership Management, providing four-day O&M training to engineers from eight youth-led companies, supporting five-year strategic plans for NRW reduction, and enabling peer-to-peer learning led by operators like Ubuzima Bwiza MKM in Rwamagana – and while recovery to LOP targets within a year confirms the pivot's effectiveness, performance "dropping off" whenever oversight was removed shows the model is not yet self-sustaining without continued WASAC branch-level oversight.

PO Self Financing Infrastructure Investment, Rwamagana District

MKM, a private operator in Rwamagana District, encountered pump failures in two locations within its water supply system. Rather than waiting for external support or district intervention, MKM independently procured and installed replacement pumps, financing the investment against its royalty agreement with WASAC and accepting a recovery period before the investment would break even. At the time of the KII, communities in those areas were receiving water services as a

result of the operator's decision. This example is significant for the sustainability assessment: it demonstrates that private operators were able to internalize not only the technical capacity for system management but also the business logic of capital investment for service continuity.

A consistent finding across both supply-side informants and community-level FGD participants is that current tariff revenues, while broadly sufficient for routine operations and minor maintenance, cannot cover major infrastructure rehabilitation or capital replacement. Private operator KIIs from Ngoma and Nyamagabe confirmed that existing revenues do not provide adequate reserves for large-scale repairs or system expansion, despite improvements in revenue collection driven by CMS adoption and NRW reduction. WASH Committee members across four FGD districts independently corroborated this from the demand side, noting that community-level tariff pooling offers no buffer for capital-intensive interventions. For the evaluation, this represents a structural sustainability gap that is distinct from the operational sustainability gains the project has achieved.

Key informant interviews with the Albeni Water Engineering manager in Nyabihu and the combined Ngoma/Nyamagabe Private Operators reported strengthened contractual and performance-monitoring arrangements, training on business planning, financial management, tariffs and O&M, and improved revenue collection. The combined Private Operator KII confirmed that *"current tariffs generally cover routine O&M costs but may not always provide sufficient resources for major repairs, system expansion, or long-term capital maintenance reserves,"* echoing the survey-evidenced reliability gaps and the WASH Committee testimony that *"tariff revenues are generally sufficient only for basic operations and minor repairs, but not for major maintenance or capital-intensive repairs."*

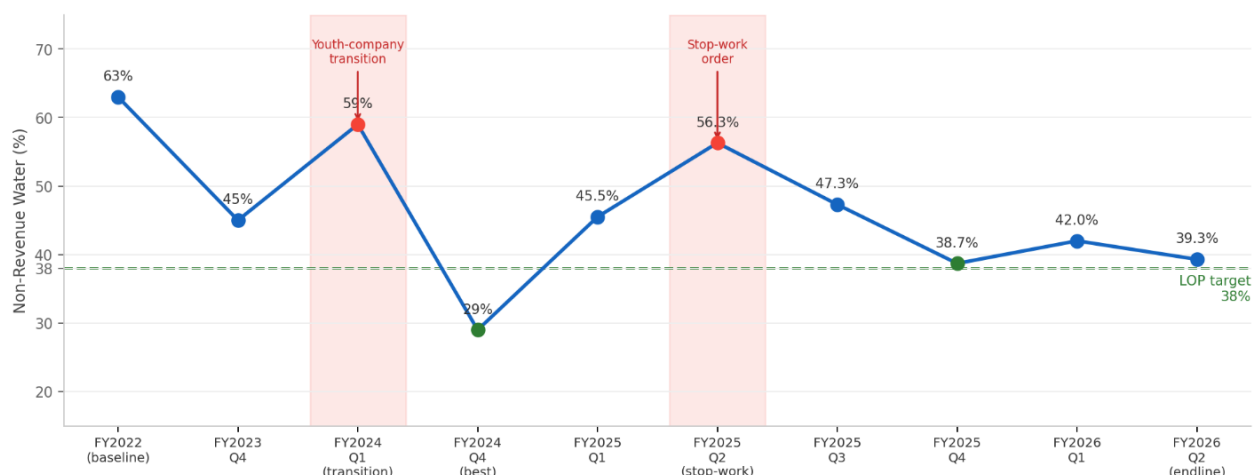
WASH Committee members participating in the FGDs consistently described that private operators tend to focus more on reactive repairs than preventive maintenance which undermines sustained progress in reducing water losses and improving financial performance, with one Nyamagabe participant observing that *"the water system works, but it is never stable. Sometimes there is low pressure or no water at all. They fix it when it breaks, but we don't see regular checking or monitoring to prevent the problems."* Key causes of water loss include undetected leaks and gaps in metering accuracy. Ngoma Committee members credited NRW gains explicitly to project investment, reporting that *"there has been an improvement in reducing non-revenue water (NRW), as the project supported the replacement of old pipes with new, higher-quality ones. As a result, we no longer observe frequent leakages these days."*

The lack of proactive maintenance reflects a systemic interplay of financial constraints, misaligned incentives, and institutional ambiguity: tariffs cover only Operational Expenditure (OpEx) rather than Capital Maintenance Expenditure (CapManEx), while the 500,000 RWF private operator (PO) threshold in Nyamagabe and Ruhango creates a "grey area" beyond which neither party budgets – compounded by an "honest limit" when pumps fail, five-year contracts deterring capital investment with decade-long returns, operator focus on revenue-generating billing over "invisible" catchments, absent digitized asset management plans, field monitoring cut as a "vulnerability point," and committees lacking PO technical and financial reports to verify "regular checking." Future programs should institutionalize Full Life Cycle Costing (FLCC) with 10-year replacement roadmaps, scale mWater geotagging for "recurring problem areas," establish a revolving maintenance fund (via a small water-bill VAT share), extend PO contracts beyond five years, clarify "preventive" vs. "curative" definitions, and empower WASH Committees to review monthly O&M reports.

NRW Reduction: A Key Impact of PO Training and CMS

A key impact of the training provided to Pos, introduction of CMS and interventions such as leak mapping via mWater, bulk and customer metering, hydraulic rehabilitation was the reduction of NRW across project districts. By project close, the districts reported an average of 39.3% NRW from a baseline of 63%.

When the stop-work order suspended all technical assistance in FY2025, NRW rose from 45.5% to 56.3% in a single quarter as operators stopped monitoring without project oversight. This is the clearest sustainability signal in this dataset. Recovery to 38.7% by FY2025 Q4 came through the Minimum Night Flow technique, which traces hidden leaks by measuring flow during the lowest-demand hours of the night, combined with targeted replacement of aged and inaccurate meters.



Graph 9: NRW trajectory across the project period

Red points mark the two external-shock quarters. The dashed green line shows the 38 percent life-of-project target. Data has been taken from Project Annual Reports and NRW assessment report.

In response to that reversion, during FY25 Q3–Q4 the consortium moved to institutionalize NRW management: transferring data ownership to WASAC branches (effective July 2025), embedding monitoring as a contractual obligation for POs, introducing two standardized reporting templates (monthly production/billing and quarterly loss-reduction tracking), tasking branch managers with setting and evaluating PO-specific NRW reduction targets, and handing over DMA infrastructure to WASAC Utility Ltd for continued leak detection and pressure management. Although performance recovered to 38.7% by Q4 FY25 once support resumed, the project's July 2026 closure marks a vulnerable transition from project-led facilitation to government-led regulation, with sustainability hinging on whether RURA and WASAC can independently enforce compliance.

The endline reading of 39.3% in FY2026 Q2 sits 1.3% above the 38% target. District-level variation maps almost exactly onto operator experience. Districts with established operators, Kirehe, Rwamagana, Nyamagabe, and Nyabihu, sit below 35%, and revenue from water savings (RWF 146 million) exceeded the total NRW investment (RWF 101 million) across those four districts, with an average payback of 2 years, ranging from 0.6 years in Kirehe to 3.3 years in Kayonza. Districts with newly introduced youth-led companies, Ruhango, Nyanza, and Ngororero, remain above 38% at endline. A meter-testing exercise conducted in FY2026 Q2 found that 78.8% of the approximately 9,213 meters tested were inaccurate, with the majority under-recording consumption and therefore under-billing – demonstrating that commercial losses remain embedded even where physical losses have been addressed. The exercise exposed commercial losses as a primary driver of Non-Revenue Water (NRW), and phased replacement generated immediate revenue recovery while also identifying unsuitable brands (e.g., the "Super" brand at 94% inaccuracy). Ten portable testing kits were handed over to WASAC, enabling the government to independently verify meter accuracy and resolve customer billing complaints without relying on external consultants. However, replacing the estimated 5,620 inaccurate meters will require resourcing and procurement planning beyond what the project provided.

Achievement highlight

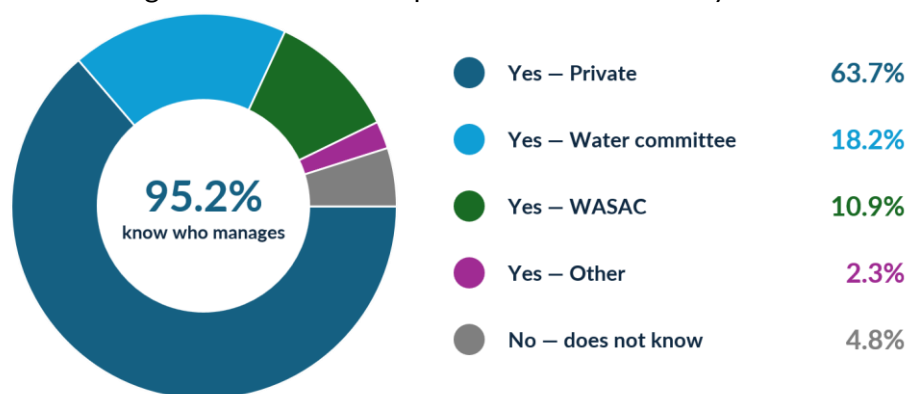
A national NRW work stream, led by WASAC and involving MININFRA and development partners, was formally established at the beginning of 2026. The work stream is currently engaged in scoping the budget requirements for countrywide NRW reduction. While the project is not the sole cause

of this institutional development, VEI's five years of consistent advocacy on NRW with national stakeholders — including WASAC, RURA, and MININFRA — and the demonstrated viability of NRW reduction at district scale created the technical and political foundation for this national platform. This is a sector-level normative achievement: prior to Isoko y'Ubuzima, NRW reduction in rural areas was not considered a mainstream priority. The creation of a dedicated national work stream signals that it now is.

A district level highlight would be Rwamagana district where one private operator scaled the NRW intervention independently to cover the entire district, reducing district-wide NRW from above 45% to approximately 23% by project end. This scale-up was operator-driven, not project-funded.

D. Accountability outcomes: households can identify and hold operators to account

The evaluation survey found that 95.2% of households (574) can identify who is responsible for managing their water supply, while 4.8% (29 HHs) report not knowing. Among those who can identify the manager, the Private Operator is the most recognized entity (63.7%), followed by the Water Committee (18.2%), WASAC (10.9%), and other arrangements (2.3%). This distribution closely mirrors the actual delegated-management model rolled out under the project, where private operators contracted by districts run day-to-day operations while WASAC provides regulatory oversight and water committees support community-level liaison. The high recognition of private operators is an accountability-relevant outcome and is consistent with the FGD evidence that operator responsiveness is broadly experienced as having improved. The 18.2% who name the Water Committee rather than the operator points to localized governance arrangements being the primary touchpoint in some sectors, while the 4.8% who do not know any manager represents the residual group most at risk of being excluded from complaint and accountability channels.



Based on 100.0% of households

Graph 10: Share of households by who they say manages their water system

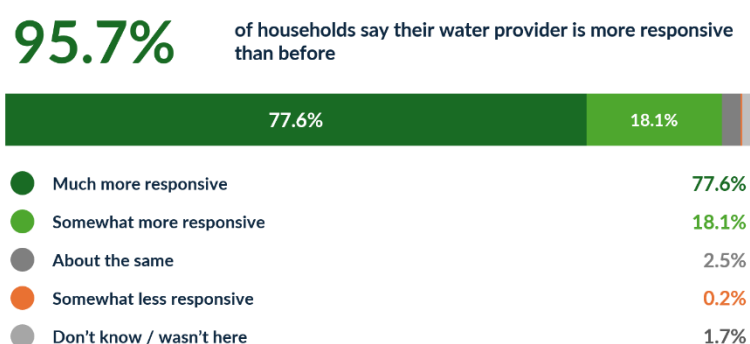
The survey also revealed that people were aware of and being better able to file complains/raise reports. 87.2% of households know where to report a water problem, only 8.0% do not, and 4.8% gave no response. Of all sampled households, 52.7% have actually reported a problem in the recent period, indicating both willingness to engage and a relatively active complaint environment; 34.2% have not reported a problem (likely reflecting absence of issues for many), 0.3% did not know, and 12.8% gave no response. Most striking is the resolution rate: of the 318 households that did report a problem, 84.3% had it fully resolved, 9.1% partially resolved, and only 6.6% unresolved. Taken together, these three indicators show a working but imperfect grievance-handling system — awareness is high, reporting is active, and the great majority of reported problems are addressed. The 6.6% unresolved share is small in proportion but corresponds to roughly 21 households at risk of disengagement from the formal system; combined with the 8.0% who do not know where to report

and the 12.8% who did not respond, there remains a measurable population at risk of being functionally outside the accountability loop. This finding sits alongside the WASH Committee testimony (cited below) that operator reporting back to community structures is not yet routine – a sign that two-way accountability flows are weaker than one-way reporting flows.

Table 15: Awareness of reporting channels, reporting behaviour, and resolution

Reporting Dimension	Category	Households (n)	Household (%)
Knows where to report a problem	Yes	526	87.2%
	No	48	8.0%
	No response	29	4.8%
	Total	603	100.0%
Reported a water problem	Yes	318	52.7%
	No	206	34.2%
	Don't know	2	0.3%
	No response	77	12.8%
	Total	603	100.0%
Was the problem resolved	Yes, fully resolved	268	84.3%
	Partially resolved	29	9.1%
	Not resolved	21	6.6%
	Total	318	100.0%

Household perceptions of provider responsiveness have shifted decisively in a positive direction over the five-year period. **95.7% of households (577) consider the provider more responsive than five years ago (2021)** – comprising 77.6% who rate the provider as "much more responsive" and 18.1% as "somewhat more responsive." Only 2.5% see no change, 0.2% perceive the provider as less responsive, and 1.7% could not assess. The concentration of responses in the "much more responsive" category (the single largest grouping in the entire table) is a strong corroboration of the project's investment in operator training, complaint-handling systems, and the CMS-RWSS platform – and aligns directly with the 84.3% full-resolution rate documented in Table 5 and the FGD observations that operators are *"attentive and responsive to community claims."* This indicator should be read together with the WASH Committee finding that operator-to-community reporting remains weak: households experience responsiveness when they initiate contact, but routine, proactive operator communication is still under-developed.



Based on 100.0% of households

Graph 11: Perceived responsiveness of the water provider compared with 2021

Insights from FGDs and KIIs confirm that operator performance and accountability, while substantially strengthened by the project, remains unevenly experienced at the user end. Participants in the women's, men's and mixed FGDs across Ngororero, Nyabihu, Kayonza and Kirehe were broadly positive, reporting that *"the operators both public and private perform well, they are always attentive and responsive to the community water-related claims and water-related tariffs are fair,"* and that *"most*

operators are performing well and responsive to community claims." One concrete tariff-fairness concern was voiced repeatedly: the 20% share allocated to local water distributors was described as insufficient relative to the workload, with one participant in Ngororero observing that *"the local distributor will be always the issue here as the share of money reserved to him or her is insufficient compared to the task."* Participants in the FGDs from the eastern and southern districts described operator performance more cautiously, noting that *"the Private Operator's performance was viewed as moderate, with improvements in metering and billing transparency compared to earlier periods,"* but that *"some respondents still reported difficulties in fully understanding meter readings and monthly bills."* WASH Committees in Rwamagana likewise reported that *"we work with the private operator, but we do not regularly receive or review their reports... we don't have much information how district works with the private operator,"* which echoes the project's own diagnosis that handover and accountability mechanisms remain unfinished.

The Rwamagana WASAC Branch Manager corroborated that *"NRW has reduced due to the project support"* and that the operator works closely with WASAC and the district WASH Board, while the Nyamagabe District WATSAN confirmed that operators receive feedback through district supervision and that *"roles and responsibilities regarding operation and maintenance are generally well understood between the district and private operators."* The Rugera SACCO Manager (Nyabihu) added a financial-service dimension to operator accountability, reporting that the SACCO now facilitates expropriation payments and water bill payments through SACCO accounts and co-finances 50% of household water tank costs under the "Tool Kits" product.

E. Affordability and safety of water

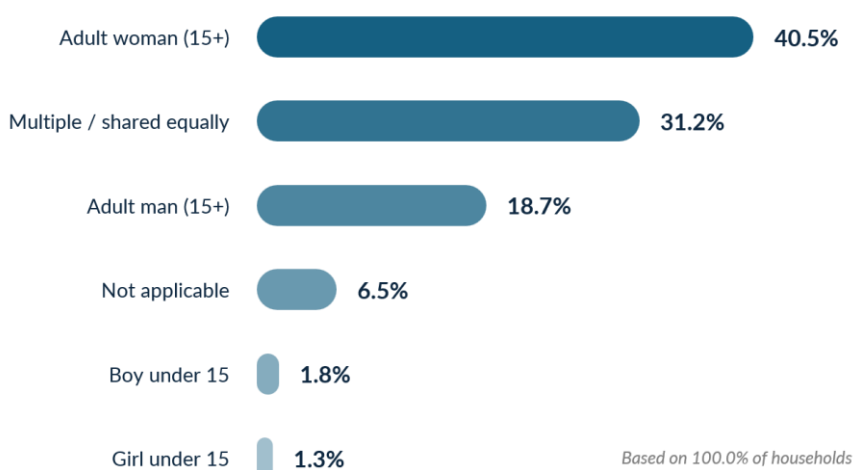
The final evaluation household survey observed that only 12.6% of households have water on premises at endline, while 87.4% still collect off-premises. Within that off-premises group, 67.8% of households complete the round trip within 15 minutes and a further 17.6% within 16–30 minutes, meaning 98.0% of all sampled households now have water within a 30-minute round trip – meeting the JMP basic-service distance threshold. Only 1.8% face round trips of 31–60 minutes and 0.2% more than 60 minutes. Critically, 97.7% of households reported that collection time has *decreased* compared to five years ago, with only 2.0% reporting it stayed the same and 0.3% reporting an increase.

Table 16: Water On/Off Premises and Water Collection Round-Trip Time

Round-trip time band	Households (n)	Household (%)
Water ON premises (A)		
Water on premises (0 minutes)	76	12.6%
Water OFF premises (B)		
Water off premises (any travel time)	527	87.4%
1 to 15 min	409	67.8%
16 to 30 min	106	17.6%
31 to 60 min	11	1.8%
More than 60 min	1	0.2%
Total (A + B)	603	100.0%

Despite this collective gain, the endline survey confirms that the burden of collection remains disproportionately female. Adult women aged 15 and over are the primary water collector in 40.5% of households (244), compared with 18.7% (113 HHs) for adult men. Children carry the burden in a smaller but non-trivial share (1.3% girls under 15 and 1.8% boys under 15), while 31.2% of households report shared collection and 6.5% have water on premises. Taken together, women and girls are the

primary or main collectors in 41.8% of households, against 20.5% for men and boys — a roughly 2:1 gendered burden ratio that the project has reduced in time terms but not in distribution.



Graph 12: Household member who most often collects water

FGD evidence enriches and explains these patterns. Participants in the women's FGD in Rubona (Rwamagana) described the time reduction as transformative for daily life, with one participant observing, *"I have three children. I used to send the eldest to fetch water and he would spend so long there that he missed class. It was a burden to him."* Participants in the mixed FGD in Nyabihu described a partial but still incomplete shift in intra-household division of labour: one male participant explained, *"Before, water was not enough... I blamed my wife for being lazy without recognising her struggle. Now we have water nearby, before going to my work I make sure that I leave 3 jerricans in house to support my wife and little ones."* Participants in the FGDs across the eastern and southern districts confirmed that *"water collection remains primarily the responsibility of women, often shared with daughters,"* but that *"the time spent fetching water has decreased significantly in areas benefiting from improved water infrastructure. This has allowed women to devote more time to income-generating activities, childcare, household responsibilities, and community participation."* Participants in the Ruhango FGD echoed the time-savings dimension, noting that *"our children used to miss school and some reach late because of looking for water which is not the case now. Mothers also would face a challenge of time management as they have a lot of chores and at the same time need to go fetch water."*

Key informant interviews with the Rugera Sector HSO Officer (Nyabihu) captured both the magnitude of the time gain and its safety dimension: *"Before, community could take more than 2-hour in queues while waiting to fetch water. Since the project started, we have clean and reliable water near homes, time savings for children and women, household hygiene transformed."* The same KII flagged a separate gendered safety concern previously associated with river-based collection, where children — particularly girls — had been at risk of drowning. One women's FGD noted residual safety concerns at peak hours, with one Nyanza participant observing that *"we can reach the water, but late evening it does not feel safe, especially when the path is dark and lonely. And in many public toilets, there is no privacy for women, so we avoid them unless we really have no choice."*

On affordability, participants in the women's FGD in Rwamagana characterised the 20 RWF per jerrican tariff as *"affordable relative to the time and labour savings it generates,"* with one elderly female participant noting, *"Before this water point, I had to pay a young man 150 RWF per jerrican and stretch one jerrican over two days to save money. Now I walk slowly, fetch water, and I'm home in five minutes."* However, participants in the men's FGD raised willingness-to-pay constraints for the most vulnerable households, while women in Rubona (Rwamagana) noted that *"some of the most vulnerable women in the group — particularly those with limited financial capacity — still find paying for water a challenge, and prefer to rely on the unprotected spring."* The Rwamagana District Water and Sanitation Officer

confirmed this dynamic from the supply side, observing that *"water revenue collected remains high relative to what the respondent described as the financial capacity of recipient households, suggesting affordability remains a live concern even where infrastructure has improved."*

Economic Stratification in Water Access

Nyabihu FGD showed that households with significant income from banana cultivation and trade have begun installing private home water connections, effectively exiting the communal water point system. Male participants described this directly, framing it as a natural result of differential economic capacity in the district. The consequence, however, is that communal water points increasingly serve a residual population of lower-income households, while higher-income households no longer contribute to the social management and cost-sharing of shared infrastructure. SACCO-based loan products enabling home water tank installation were mentioned as a financing mechanism for these private investments. This stratification has implication for the poorest households are left most dependent on communal system quality, and for long-term system governance, if the community members most capable of influencing or financing maintenance are progressively exiting the shared system. This could have long-term implications for sustainability and access.

F. Quality, Treatment and Self-Reported Health Outcomes

The final evaluation household survey observed that perceived water quality is now overwhelmingly positive at endline: 99.8% of households (602) rated water quality as good or very good, with only 0.2% reporting it as poor (frequently unclean). Within the 602 HHs (99.8%) positive group, 524 HHs (86.9%) rate the water as *very good* (clean, clear, no smell) and 78 HHs (12.9%) as *good* (mostly clean, occasional issues). It should be noted that, in interpreting these findings, the results reflect households' self-reported perceptions of water quality based on observable attributes such as appearance, clarity, and smell, and do not indicate microbiological or chemical safety. As laboratory testing of drinking water was outside the scope of this final evaluation, perception-based responses were used as a proxy to assess overall water quality as experienced by users. Water that appears clean, clear, and odourless may still contain pathogens or contaminants undetectable without testing. These findings should therefore be understood as a measure of user satisfaction and acceptability rather than of actual potability or health safety.



Figure 10: Households perceived Water Quality

Additionally, the final evaluation household survey found that the average household uses 71.6 litres of water per day at endline, equivalent to a per-capita consumption of 18.0 litres per person per day. This sits at the lower end of basic-service expectations for domestic use and is consistent with the still-imperfect reliability profile documented in Sub-section B.

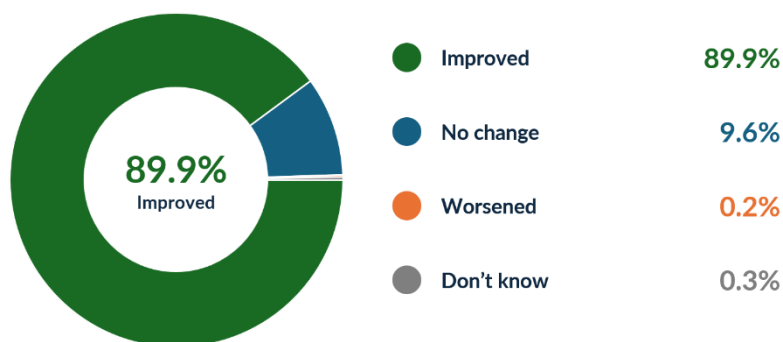
Despite the dominant positive perception, 45.8% of households always treat water before drinking and a further 21.7% sometimes treat it – meaning 67.5% engage in household-level safety practice, while 32.5% never treat. Among those who treat, boiling dominates (64.2% of all households / nearly all treaters), with ceramic filters (1.2%), settling/cloth straining (0.2%), and other methods (2.0%) accounting for the remainder. Continued treatment practice even where source quality is perceived as high indicates that the household safety habit has been internalised – a positive behavioural

outcome — but also signals that residual mistrust or precautionary behaviour persists in the absence of validated source-level quality monitoring.

Table 17: Household treat water before drinking and water treatment method

Water Treatment Dimension	Category	Households (n)	Households (%)
Treat water before drinking	Yes, always	276	45.8%
	Yes, sometimes	131	21.7%
	No, never	196	32.5%
	Total	603	100.0%
Water treatment method	Boiling	387	64.2%
	Ceramic filter	7	1.2%
	Let it settle / strain through cloth	1	0.2%
	Other (specify)	12	2.0%
	(No response/NA)	196	32.5%
	Total	603	100.0%

Key informant interviews with school administrators in Ngororero (GS Ste Raphael Kabaya) and Nyabihu (GS Gacurabwenge) flagged residual turbidity in hilly, rocky catchments that requires ongoing purchase of water-treatment chemicals — an operational sustainability cost they consider burdensome. The GS NIWE Headmaster in Rwamagana similarly noted that *"water clarity remains an issue, requiring the school to purchase water treatment chemicals — an ongoing operational cost."* On the health-facility side, the KII with Kabuye Health Centre (Ngororero) reported that *"diarrhoea and IPC-related cases have been reduced to a minimum"* following project pipe-network extension, while Kabaya Hospital reported infection-rate reductions attributable to improved handwashing, renovated toilets and laundry, and sterilisation-room relocation, with particular gains in post-delivery maternal infection cases. The KII with Bunyogombe Post de Santé (Ruhango), however, indicated that *"we still have diseases that are water-borne where children especially are the victims,"* underscoring that the project's water-quality monitoring plan — which the existing draft notes remained at zero validation against target — remains a residual gap. The Nyamagabe District WATSAN summarised the position: *"water quality and reliability have improved in areas where construction and rehabilitation and upgrades were undertaken in Kaduha and Tare sectors."*



Based on 100.0% of households

Graph 13: Water-Related Perceived Health Change Compared with 2021

Self-reported health outcomes are strongly positive. 89.9% of households (542) reported that waterborne-disease health has improved compared to five years ago, while 9.6% reported no change, 0.2% reported worsening, and 0.3% did not know. The near-90% improvement signal is one of the strongest perception-based outcome indicators in the Water portfolio and is directly consistent with the upstream gains documented in earlier sub-sections — the shift to improved sources (99.2%), the

97.3% basic-service ceiling, the high water-quality perception (99.8%), and the continued household treatment practice (67.5% always or sometimes). It is also strongly corroborated by the FGD testimony (cited below) of reduced diarrhoeal disease, particularly among children under five, and by the institutional KIIs from Kabuye Health Centre and Kabaya Hospital reporting reduced caseloads. The 9.6% reporting no change is a meaningful residual group – likely concentrated in zones with reliability gaps (Irebero Village, parts of Rwamagana and mountainous Nyabihu) or in households still relying on intermittent or sometimes-treated supply. While this is a perception measure and cannot substitute for clinical surveillance data, its scale and direction provide important triangulation of the project's intermediate-outcome theory of change.

FGD findings reinforce the perception gain and link it directly to self-reported health improvements. Participants in the women's FGDs across the eastern and southern districts noted that *"many women observed positive changes in water quality, including better taste, clearer appearance, and reduced unpleasant odours,"* and reported *"a noticeable improvement in child health since the introduction of improved water and sanitation services,"* with one Nyanza participant observing, *"Before, our children used to suffer from diarrhoea very often, especially when water was not clean. Now that we have safer water and better toilets, we rarely go to the health centre for those illnesses, and our children and ourselves we are healthier."* Participants from some FGDs similarly reported that *"with improved WASH, poor hygiene related illnesses have constantly reduced,"* with one participant stating, *"We no longer suffer from poor hygiene related illnesses."* Participants in the Ruhango FGD added the household-treatment dimension, noting that *"we used to fetch mud water for home consumption, but now we just add chlorine in the water for drinking hence reduction in water borne diseases."*

Water Access Enabling Year-Round Irrigation: An Economic Productivity Outcome

The Rwamagana mixed FGD surfaced a livelihood benefit of improved water access that goes beyond the drinking water and health framing typical of WASH evaluations. Participants described how reliable water supply has enabled household-level irrigation, allowing crop production during dry seasons that was previously impossible. One participant described this transition explicitly as a shift to year-round farming enabled by the new water infrastructure. This is an additional economic benefit of improved water access, particularly given Rwanda's agricultural economy and the significance of this for food security and household income.

iii. SANITATION INVESTMENT AND HYGIENE BEHAVIOUR

This section reads two evidence streams side by side. Secondary monitoring data – from the National WASH MIS, the mWater platform, and the project's annual and quarterly reports – carries the baseline-to-endline story, while an independent household survey of about 505 households across the ten project districts, conducted for this evaluation, provides a separate endline picture. At baseline roughly 68% of households had basic sanitation. The project's own FY2026 report puts coverage at 71% at close, short of the 79% target but above the starting point. Over five years, project-supported outlets sold more than 245,000 sanitation products and nearly 120,000 people gained basic sanitation access.

A. How far households moved on the sanitation ladder

Key findings: Household-level coverage rose steadily to 71% at close (below the 79% target), but macro MIS figures and partial upgrades that never reached a basic standard show the ladder movement was uneven.

The project tracked sanitation coverage in two ways: the overall share of households across the ten districts using basic sanitation (from the government's WASH MIS), and the actual count of families the project directly helped to build or renovate a toilet each year.

Table 18: Share of households using basic sanitation

Year	Coverage	Data source	New toilets built	Upgraded/renovated
FY2022 (baseline)	67.6%	WASH MIS	283	817
FY2023 (Q1-Q3 partial)	82.83%	WASH MIS	980	2,236
FY2024	74.33%	WASH MIS	3,554	4,588
FY2025	69.22%	WASH MIS	8,123	13,159
FY2026 Q1 (pre-closure)	71%	Independent Endline Cluster Survey	1,191	976
Five-year target	79%			

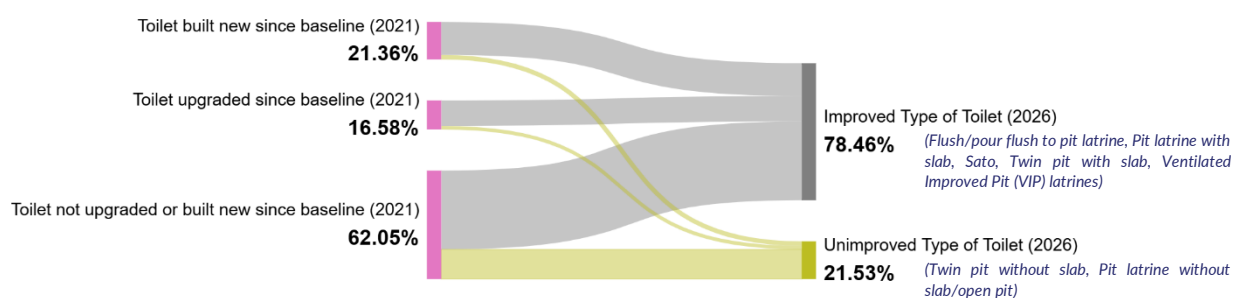
* The figures in the last two columns are year-by-year snapshots, not a running total. Each number reflects households that completed an upgrade within that specific fiscal year only.

The coverage percentage and the household count come from two different tracking systems, and that distinction matters for reading this table. The coverage figure for FY2022 through FY2025, including the 67.6% baseline, is drawn from the National WASH MIS, the government's own sector tracking system, sometimes supplemented by the EICV or DHS national surveys. The household numbers, by contrast, come from direct observation: 1,270 Hygiene Focal Points and Village Agents physically visit households, photograph the facility, confirm it meets the unshared and hygienic standard, and log it through the mWater platform.

Two factors explain why district-wide MIS coverage moved differently from the project's household-level upgrade numbers. First, between 2022 and 2025 MININFRA shifted the WASH MIS from a census to a sampling method, causing macro-level figures to fluctuate and settle lower – which is why the project relied on its own endline cluster survey rather than the MIS for its final result. Second, the MIS applies the JMP basic-sanitation definition strictly (improved, unshared, washable slab), so a partial upgrade such as a superstructure without a concrete slab counts as market activity but not as basic sanitation.

The household-level pattern is steady and cumulative: families helped each year built on top of the ones before, growing from roughly 1,100 in FY2022 to over 21,000 in FY2025, with sanitation product sales and Village Agent outreach scaling alongside it. Coverage at the macro level did not follow the same steady line, peaking early in FY2023 and settling lower by FY2025, which is part of why the project did not rely on the WASH MIS figure to report its final result. Instead, it commissioned an independent Endline Cluster Survey in FY2026, giving the project a coverage figure collected specifically for this evaluation rather than pulled from the government's ongoing sector tracking. That survey is the basis for the 71% figure against the 79% target.

The survey found that 78.46% of households were using an improved type of toilet by 2026 (flush or pour flush to pit latrine, pit latrine with slab, SATO, twin pit with slab, or VIP latrine), while 21.53% remained on an unimproved type (twin pit without slab, pit latrine without slab, or open pit). Two readings matter here. The Isoko y'Ubuzima FY2026 quarterly report had reported 71% basic sanitation access but the variance can be due to different methodologies being followed. Second, a portion of households that built new or upgraded since baseline still ended up with an unimproved toilet in 2026. This shows that spending on construction or an upgrade did not always reach a basic standard, often because the upgrade was partial, such as adding a structure without a proper slab.



Graph 14: Shift in Type of Toilets, 2021 to 2026

Gains were not gender-neutral. **Of the 38,971 people who gained access in FY2024, 19,999 were women.** A social mapping exercise across all 127 targeted sectors that year identified 763 people with disabilities who gained access, and flagged infrastructure gaps – missing ramps, non-standard tap heights, absent grab bars – that were then addressed through design adjustments.

Qualitative evidence points the same way. In focus groups, both men and women described the deeper change as behavioural rather than about infrastructure alone, citing a shift in the value households place on owning a toilet. The District Water and Sanitation Officer credited community sensitisation, behaviour-change communication, sanitation marketing, and support to District Sanitation Centres for rising demand, and local officials described cleaner compounds and a decline in diarrhoea-linked malnutrition alongside improved sanitation.

Further, the final evaluation household survey found that only 3% of households share their toilet with other households, and 97% of these shared toilets are pit latrines. Shared facilities do not count as basic sanitation, but because the share is so small, sharing is not a major drag on coverage in these districts as of 2026.

The final evaluation household survey also recorded the year in which households built or upgraded their toilet.

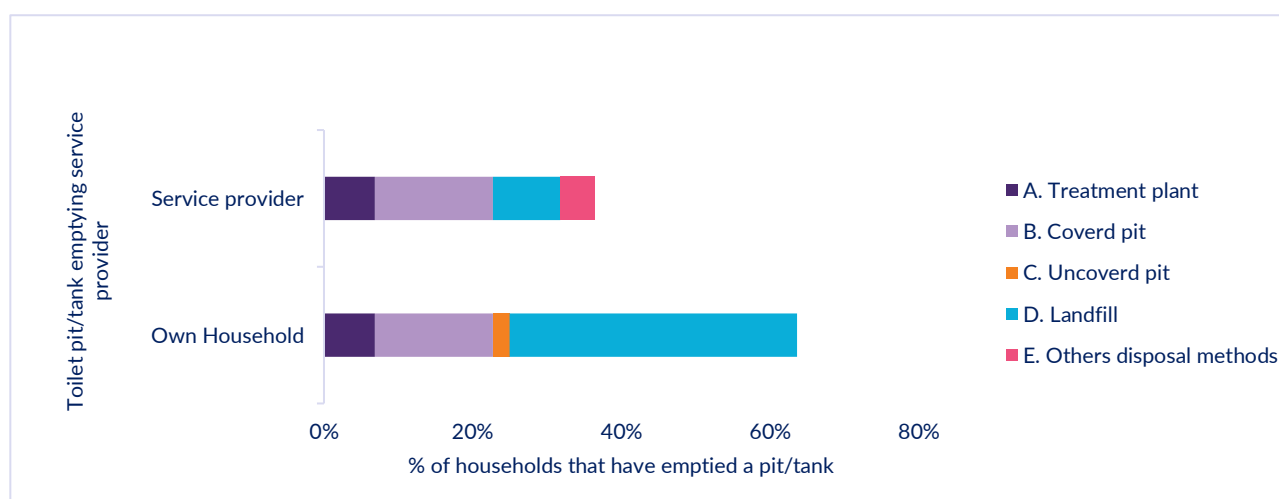


Graph 15: Toilet Upgrades by Year (2021–2026)

Source: Final evaluation household survey

Upgrades rose to a peak in 2025 and then fell in 2026. This broadly matches the project's own construction record in the table above, which also scaled up steadily through FY2025 before the pre-closure year.

Where the waste went is shown above. 87% of households have never emptied a pit or tank; among the 13% who have, 60% did so themselves and 34% used a service provider. Most emptied waste still ends up in covered pits rather than at a treatment plant – a gap that neither the shops nor the financing work was designed to close.



Graph 16: Septic Tank/Pit Emptying (Who removed it Vs Where it went)

B. What drove households to upgrade

Key finding: Demand creation under the Market-Based Sanitation strategy drove upgrading of sanitation access and use at scale, with 119,262 people gaining basic sanitation access (119% of target) and 245,519 people buying sanitation products and services through District Sanitation Centres and community showrooms. The pace of new upgrades remains sensitive to active agent presence, as the FY2025 stop-work period showed.

Using a Market-Based Sanitation approach structured around three interdependent pillars: activating household demand through structured decision-making support, strengthening the supply chain so products were physically available and affordable at sector level, and embedding financing mechanisms so households could invest progressively, Isoko y'Ubuzima built a rural sanitation market. The approach was designed to address the root cause of slow sanitation uptake in Rwanda, which assessments confirmed was not a lack of awareness but a system that did not enable households to act on it. These three pillars were not implemented as separate activities but as a connected system, and the results below reflect that.

Table 19: Sanitation market and access results

What was measured	Five-year target	Final result	What happened
Affordable sanitation choices available	15 options	15 (100%)	Met in FY2022 Q3, the earliest target reached across the whole project
Sanitation shops with growing sales	50 shops	51 (102%)	5 shops in Year 2, jumped to 40 in Year 3 after new sales training, 51 at close
People buying from project shops (DSC and CSS)	126,331	245,519 (2822%)	Sales grew each year; FY2025 was the highest at 81,904
People gaining basic sanitation access	100,000	119,262 (119%)	Peak in Year 3 (38,971); Year 4 fell to 27,399 during the stop-work period
Schools with soap and water	70%	87% (124%)	Started at 56.9%; confirmed by independent endline survey

The sections below explain how each pillar contributed to these results and what the final evaluation found.

Pillar 1: Demand Activation

Demand creation was delivered through the government's own Community-Based Environmental Health Promotion Programme(CBEHPP) rather than a parallel structure. The project worked with the

Ministry of Health and the Rwanda Biomedical Center to layer the MBS and Decision Intelligence (DQ) approaches onto CBEHPP, using Community Hygiene Clubs and Hygiene Focal Points as the mobilisation force. 392,942 individuals were reached with Social and Behaviour Change messages in Q2 FY2026 alone through this network, using a structure government already owned and can continue to operate after project close.

Demand creation under the Market-Based Sanitation approach focused on moving households from awareness to active investment decisions. The project initially mobilised 1,905 community-based agents to drive outreach and mobilisation across the ten districts. Then the approach shifted to training 150 professionalized sales agents in the Decision Intelligence (DQ)⁵ selling method. Rather than delivering hygiene messages, these agents conducted structured door-to-door conversations guiding households through four steps: identifying their sanitation need, understanding the cost of leaving it unaddressed, seeing how an available product addressed it, and estimating the value it would bring their household. This shift from large-scale mobilisation to structured decision-making support produced stronger and more consistent results. Messaging used the ERP (Elephant, Rider, Path) framework, pairing an emotional layer targeting pride, dignity, and status with a rational layer focused on health benefits and cost, producing tested lines such as 'From shame to shine' and 'My toilet, my corner'.

The largest single-year jump in both shop sales and families gaining sanitation access came in FY2024, following the rollout of this structured conversation approach at scale. Sales of 54,878 products in FY2024 alone exceeded the combined totals of FY2022 and FY2023 together. When a formal stop-work order suspended project activities for three months in FY2025, Hygiene Focal Points and Village Agents continued door-to-door mobilisation without project support, and households contributed over USD 316,000 toward latrine construction that year, pointing to a level of community momentum that held independently of project facilitation.



Graph 18: Sanitation and Hygiene Outreach/Demand Creation Prior to Toilet Upgrade Decision

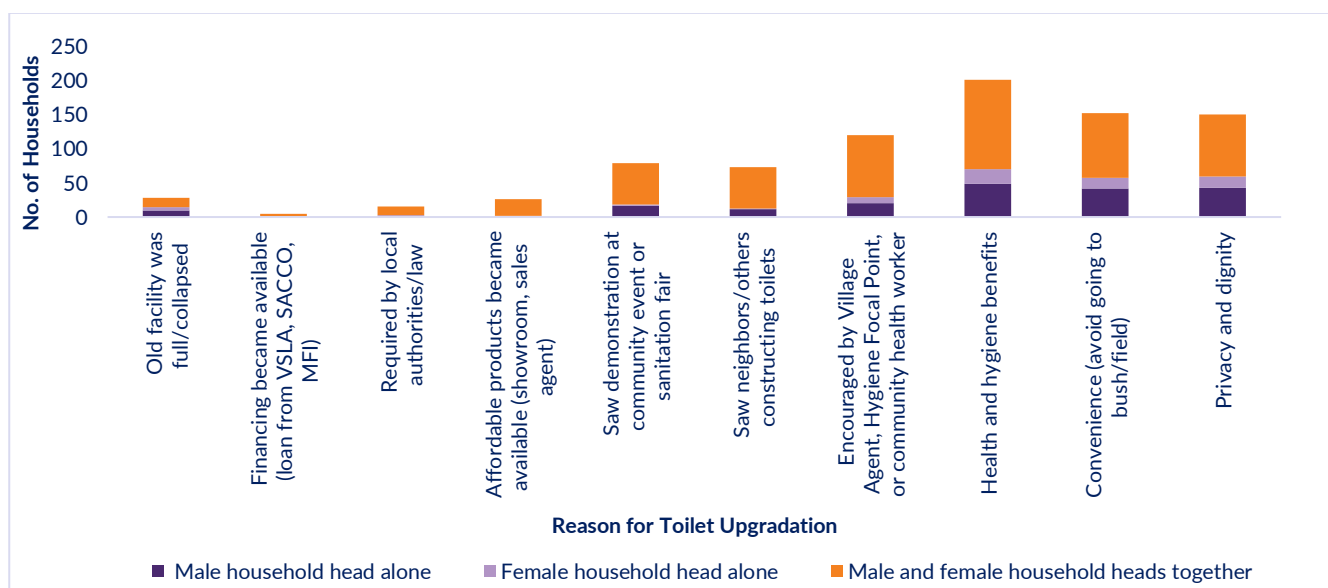
Source: Final evaluation household survey. Note: households could select more than one option.

Village Agents and Hygiene Focal Points were the most commonly named visitors before upgrade decisions, as confirmed by the final evaluation household survey. WASH Committee members also described actively supporting demand creation alongside these agents, through community sensitisation and participation in sanitation promotion activities. Local government participation in awareness campaigns further strengthened community reach beyond the project's direct outreach

⁵ Decision Intelligence (DQ) selling is a structured, four-step household sales conversation developed in partnership with the Whitten and Roy Partnership. Agents guide households through identifying their sanitation problem, understanding the cost of leaving it unresolved, seeing how available products address it, and estimating the value the investment would bring their family.

network. Sales agents conducted evening home visits specifically to engage male financial decision-makers, which contributed to men taking a more active role in sanitation purchasing decisions.

CARE International noted that households were encouraged to save with a purpose for sanitation before seeking loans, and that communities initially perceived improved toilets as unaffordable until exposure to incremental investment options and financing mechanisms shifted that perception.



Graph 19: Reason for Upgrading vs Who Made the Decision

Source: Final evaluation household survey. Note: households could select more than one option, so totals exceed the number of respondents.

Health and hygiene benefits, convenience, and privacy and dignity were the leading reasons households gave for upgrading. The household survey found that 24% of decisions were made by men alone, 10% by women alone, and the rest jointly. **Joint decision-making was more common in households where a Village Agent or Hygiene Focal Point had visited before the upgrade decision,** suggesting the outreach contributed to more equitable household decision-making on sanitation.

For the most vulnerable households, the project relied on the Government of Rwanda's existing Human Security programme as a complementary safety net rather than a direct project activity. Under this programme, district governments budget for toilet construction or rehabilitation for families in the lowest Ubudehe categories. Support is targeted at the elderly, people with disabilities, and the most deprived households, sometimes structured as cost-sharing through labour contribution rather than cash, consistent with the market-based approach. The community accountability mechanism is therefore designed to apply to households with the means to upgrade but have not acted, while direct support through the Human Security programme reaches those who cannot.

In the focus group discussions, women described playing a strong influencing role in upgrade decisions, with initial motivation frequently coming from hygiene messages delivered by village representatives or community health workers, or from exposure to sanitation demonstrations. Financial constraints and competing household priorities were cited as common reasons for delays even where the intention to upgrade existed. Both men and women described toilet upgrading as a gradual process shaped by repeated exposure to messages and peer observation over time rather than a single decision.

By project close, district and sector leaders had integrated MBS targets into their Imihigo performance contracts, and the National Women's Council had incorporated hygiene promotion into

their own local mandates, with local governments using MBS data to direct community campaigns and enforce market quality independently.

Pillar 2: Supply Systems

Pillar 2 focused on ensuring that increased demand could translate into adoption by making sanitation products and services physically available, affordable, and reliable at the community level. The project strengthened the rural sanitation supply chain by linking national manufacturers to District Sanitation Centres (DSC) and then to Community Sanitation Showrooms (CSS) creating a structured market pathway from production to household. This helped bring government set institutions (DSC) closer to the community and the people through the additional linkage via Community Sanitation Showrooms.

By project close, 10 District Sanitation Centres and 127 Community Sanitation Showrooms were operating, one CSS in every targeted sector, sitting inside existing local shops rather than as standalone outlets. In FY2023, the project convened a supply chain open day at Camp Kigali, bringing together national manufacturers, DSC operators, CSS owners, and sales agents to negotiate business relationships and coordinate product lines. This built the commercial network that the CSS model depended on.

Coordination Gap on S03 Infrastructure Sequencing

It was reported that Community Sanitation Showrooms (CARE's responsibility) could not be established until district sanitation centres (Water for People's responsibility) were in place, but there was insufficient coordination to ensure DSCs were ready when CSS were planned. This sequencing misalignment delayed community mobilisation efforts and operational challenges.

By FY2024, 54,878 sanitation and hygiene products had been sold through DSCs and CSS in a single year, with door-to-door sales agents independently accounting for 18,882 of those sales. By the end of FY2025, cumulative product sales reached 178,235, before the final year added a further 18,600 products in Q2 FY2026 alone.

Alongside the physical Community Sanitation Showrooms, **127 MBS Demonstration Villages (also referred to as iMBS or Inclusive Market-Based Sanitation villages)** were established, one in each targeted sector, where non-participating households could see upgraded toilets of early adopters in their own community, making the benefits of improved sanitation visible and tangible at village level. District authorities also actively promoted SATO pans as a household sanitation product, which reduces fly breeding, improves hygiene, and lowers water consumption, reinforcing product uptake through local government channels alongside the commercial network.

Human-Centered Design: Co-designing Products Communities Would Buy

Human-Centered Design (HCD) sessions in Ngororero, Nyanza, and Kirehe brought together potential buyers, local leaders, masons, and Hygiene Focal Points to co-design sanitation products that communities would actually want to buy. A key finding from those sessions was that households believed concrete slabs were too expensive compared to wooden ones. The participatory process corrected those cost perceptions and produced seven community-approved sanitation products: concrete slabs, plastic slabs, Safi latrines, pour-flush latrines, twin alternating pit latrines, wooden toilet seats, and SATO pans. 336 cell-level masons across six districts were trained specifically to construct these products, and 704 masons and sales agents were trained across the supply chain overall. For households with disability needs, the project worked with the Umbrella of Organizations of Persons with Disabilities to adapt designs, with specific design adaptations including modified SATO stools to ensure products were accessible for elderly users and people with disabilities.

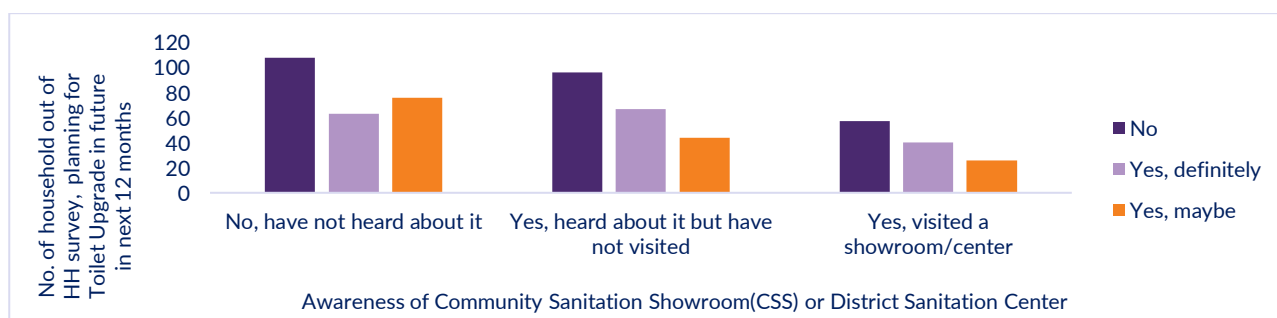


Graph 17: Materials Source by Type of Toilet Upgrade

Source: Final evaluation household survey. Note: households could select more than one option, so totals exceed the number of respondents.

The final evaluation household survey asked upgrading households where they obtained their materials. Most relied on locally produced materials and local hardware shops, with District Sanitation Centres and Community Sanitation Showrooms used by a smaller share. Village Agents acted as an additional layer introduced by the project to improve the performance of District Sanitation Centres mandated by the government, extending reach to households the DSC network alone did not consistently serve. The high product sales recorded through project shops and the household survey finding that most households sourced materials locally may both hold true if shop sales captured products bought by masons and sales agents rather than directly by walk-in household buyers.

The CSS model's reach can be read as a three-step funnel: households who heard about a CSS, those who visited one, and those who actually purchased materials there. The three steps together show how far the supply network's reach extended from awareness through to purchase.



Graph 21: Future Upgrade Plans vs Awareness of Community Sanitation Showrooms (CSS)

Source: Final evaluation household survey

Households that had visited a CSS were more likely to be planning an upgrade, which suggests CSS visits help convert awareness into intent. At the same time, a large share of households that had not heard of a CSS still intended to upgrade, pointing to demand the supply network has not yet reached.

In FY2025, the stop-work order directly affected supply chain activity. The number of people gaining access fell from nearly 39,000 to around 27,000 during that year, though households continued purchasing independently and contributing their own funds toward latrine construction.

District and local government officials further confirmed that District Sanitation Centres expanded access to modern sanitation technologies that were previously unavailable in rural areas, and that the structured supply chain linking manufacturers, DSCs, CSSs, village agents, and households improved both product availability and service reliability across the ten districts.

Pillar 3: Financing Mechanisms

Key finding: Savings-group financing scaled and broadened women’s decision-making, but the bridge to formal SACCO and bank lending has not yet reached most households.

Pillar 3 focused on enabling households and sanitation enterprises to invest progressively by embedding financing mechanisms within trusted community structures and linking them to formal financial institutions. Affordability was identified as a key barrier, and financing was integrated into the sanitation system rather than offered as a standalone service.

The project mobilised over 3,200 savings groups specifically to discuss sanitation investment, reaching 14,300 VSLA groups overall. Through VSLAs, households were able to save progressively, access internal loans, and benefit from peer support and collective accountability in making sanitation decisions. The financing impact was significant: household investment in sanitation grew from RWF 5.9 million across all of FY2023 to RWF 542.8 million in FY2024 alone, a near hundredfold increase in a single year. That FY2024 figure came from 7,586 households contributing an average of around USD 53 each to build or upgrade their toilets. In FY2025, despite the stop-work period, annual reports recorded USD 316,883 in household contributions for latrine construction and renovation.

Focus group participants described savings groups as a channel for promoting hygiene as well as financing it. As one group put it, *‘we encourage members of our VSLA to stay smart and promote the hygiene at home’*. Women in focus groups in Rwamagana described how VSLA membership directly expanded their financial autonomy and their role in household WASH decision-making. Women reported being able to save independently, access internal loans for sanitation investment, and negotiate more equally with husbands on household spending priorities.

Table 20: How households funded sanitation improvements (review meeting data, 6 districts)

Source of funding	Share of households
Savings group internal loan	43%
Own savings	36.5%
Other sources	20.5%

The data above reflects responses from VSLA review meetings held with savings group members across six districts as part of the project’s routine monitoring. The final evaluation household survey reached all households, including those outside savings groups, and found a different pattern: the largest single source was gifts or support from family and neighbours at 46%, followed by VSLA loans at 28% and own savings at 26%. The two sources differ on the main funding channel because review meetings naturally captured more savings group lending, while the household survey surfaced informal family support as the largest source across the full population. Read together, this suggests informal family help played a bigger role in sanitation financing than savings group records alone show.

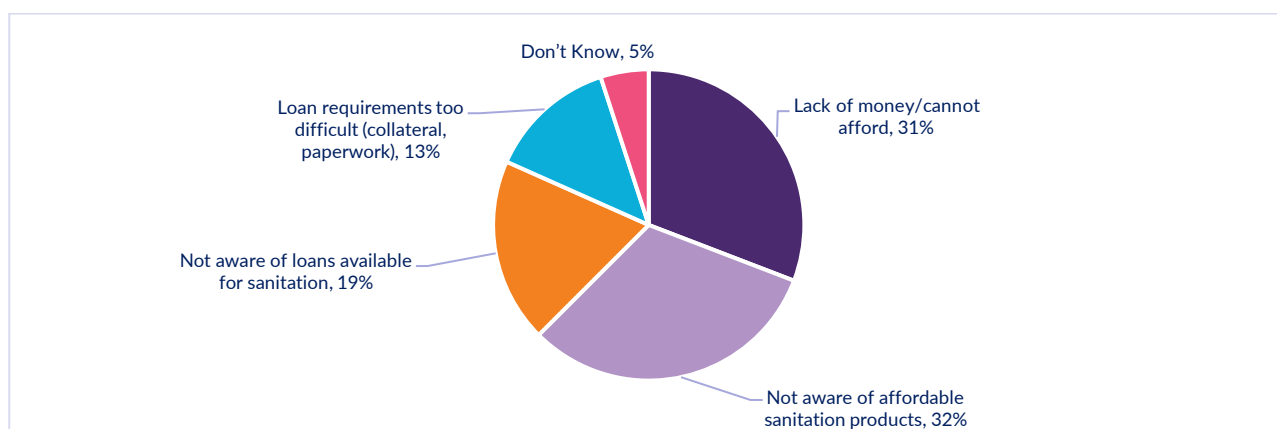
The connection between savings groups and formal financial institutions developed more gradually than anticipated. Of 908 savings groups that held accounts with a local Umurenge SACCO, only 3% had an outstanding loan from that institution. **Groups reported that collateral requirements and the need for formal business plans were barriers most rural members could not meet.** Low formal loan uptake is partly explained by awareness gaps: the final evaluation household survey found that 51%

of households had heard of a VSLA sanitation loan, 20% of a SACCO loan, and only 5% of an MFI or bank loan, while 43% had not heard of any sanitation loan product at all. Key informants pointed to installment payments through savings groups and community guarantee funds as financing approaches that worked for lower-income households, and suggested these as models worth continuing in areas where formal SACCO and bank loans remain out of reach.

The project commissioned a commercial WASH financing landscape assessment to understand barriers to household WASH financing, including behavioural, financial, and product design constraints. Based on the findings of that assessment, the project worked directly with commercial banks to design tailored WASH loan products. The Bank of Kigali launched a WASH-specific loan product in June 2025 for SMEs and private operators, and BPR, Equity, and I and M Banks customised their own WASH loan products. In FY2026, 10 entrepreneurs enrolled in a government credit scheme for small businesses. Across five years, the project mobilised USD 8.15 million in new WASH financing, reaching 388% of its original target. The engineering and costing data the project generated was also used to develop bid documents for the African Development Bank and the Asian Infrastructure Investment Bank, opening a channel to international infrastructure financing that did not exist before.

C. Who did not upgrade, and why

Not all households in the ten districts upgraded their sanitation facility during the project period. The final evaluation household survey asked households that had not upgraded in the past five years to name the main reason.



Graph 20: Main Reason for Not Upgrading the Toilet in the Past 5 Years

Source: Final evaluation household survey

Lack of money and lack of awareness of affordable sanitation products were the most commonly named reasons, each cited by 24% of non-upgrading households. Lack of awareness of available loans followed at 15%. Cost and awareness remain the two main entry points for further progress, and both are areas a successor programme can build on.

District and national officials interviewed for the final evaluation noted that household latrine construction and maintenance are increasingly recognised as contributors to reducing stunting, malnutrition, and hygiene-related diseases, connecting sanitation investment to wider nutrition and health outcomes. The District Water and Sanitation Officer confirmed that while overall sanitation coverage improved noticeably, certain remote communities and economically disadvantaged households still face barriers to accessing basic sanitation services.

Focus group discussions add texture to the cost barrier. Women described financial constraints and competing household priorities as common reasons for delays even where the intention to upgrade existed. Men named roofing, livestock, and school fees specifically as expenses that took priority over

toilet investment. Both men and women described toilet upgrading as a gradual process shaped by repeated exposure to messages and peer observation over time rather than a single decision.

Focus group discussions also surfaced one gap that the survey's low sharing figure does not fully capture. While only 3% of households across the full sample share a toilet, participants in some communities described still using a common toilet and not always seeing the need for a separate one, and noted that few households have a separate or enclosed bathroom. Male participants supported addressing this but did not offer specific solutions. The felt reality of the gap came through most clearly from women, as one participant described it: *"During our period we have to wake up early to prepare ourselves in a corner, because we don't have a proper enclosed facility."* This points to privacy and dignity, already among the leading reasons households gave for upgrading, as an area where need continues even where basic coverage is high.

These findings point to a remaining segment of households where cost, privacy, and access barriers intersect, and where targeted financing support and expanded market reach remain the clearest entry points for a successor programme.

D. Hygiene behaviour: soap, water, and what was actually observed

Key finding: Handwashing knowledge and reported practice are high, but observed soap presence is far lower – stock-outs at home and schools, plus MHM gaps, are the binding constraints on hygiene outcomes.

Hygiene behaviour change was one of the most consistent areas of work across the five years. The project reached households through a network of Hygiene Focal Points and Village Agents, reinforced messaging through schools, community meetings, radio, and health facilities, and tracked whether this was translated into actual practice at the household level. The primary measure used was physical observation at the time of the monitoring visit: whether soap and water were both present at the handwashing station, rather than relying on what households reported.

Table 21: Households with soap and water at handwashing station

Year	Share of households	Data source
FY2022 (baseline)	21.7%	National WASH MIS
FY2023	48.95%	National WASH MIS
FY2024	63.17%	National WASH MIS
FY2025	No data recorded	
FY2026 (endline)	65%	Independent project cluster survey
Original target	40%	Revised upward as results came in

**No hygiene monitoring data was recorded for FY2025. A stop-work order suspended project activities during Q2 of that year, interrupting the monitoring cycle. Outreach and mWater data submission by Hygiene Focal Points resumed in Q3 but did not generate a consolidated annual figure for that year.*

Starting from 21.7 percent in FY2022, the share of households with both soap and water at their handwashing station reached 65 percent at project close, which is 162.5 percent of the original 40 percent target. The rise from 22 percent to 49 percent between FY2022 and FY2023 was driven by the deployment of 1,270 volunteer Hygiene Focal Points, with exactly 10 placed in every sector across all ten districts. At project close, the project was working to transfer management of these focal points to district authorities.

Schools were a consistent strand of the project's sanitation and hygiene work across all five years, with health clubs operating in over 1,000 schools and peer competitions running in four districts. The national WASH MIS and the endline cluster survey both reported 87 percent of schools with soap

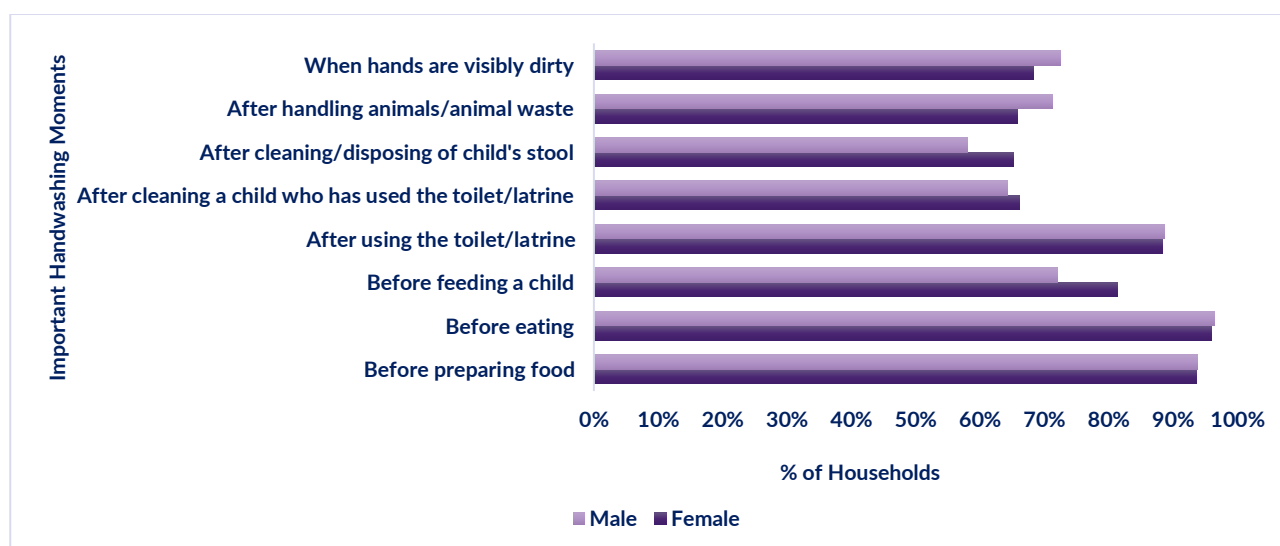
and water at handwashing stations. The project's own physical spot-check of 41 randomly selected schools across six districts found something different: only 41 percent had fully functional handwashing stations with both soap and water on the day of the visit. A student survey conducted across 576 students in 32 schools found that only 10 percent said both soap and water were available at their station, while 56 percent said neither was present. The project's own assessment points to unreliable soap supply chains as the reason: the physical stations exist in most schools, but soap runs out and is not consistently restocked.

Table 22: School handwashing station conditions, physical spot-check, 41 schools across 6 districts

Condition found on visit	Number of schools	Share
Both water and soap present	17	41%
No handwashing facility at all	12	29%
Water present, no soap	8	20%
Facility present, neither water nor soap	3	7%
Soap present, no water	1	2%
Schools having soap and water at handwashing stations, as per official wash mis figure		87%

Knowledge, communication, and behaviour change

Hygiene knowledge at the household level was high at the time of the final evaluation. 95% of households correctly identified water and soap as the right handwashing combination, and awareness of when to wash hands stood at 78%. Men and women showed similar levels of awareness across most critical moments.



Graph 22: When is it important to wash hands? (Gender wise Response)

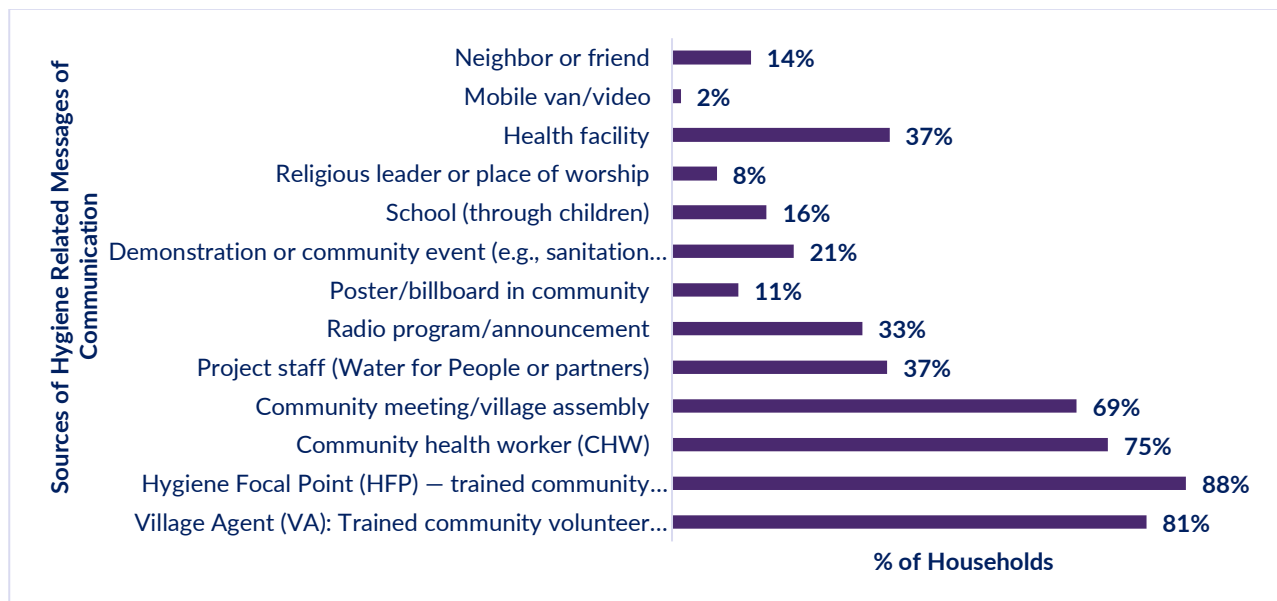
Source: Final evaluation household survey

Before preparing food, before eating, and after using the toilet were named most often by both men and women. Women showed slightly stronger awareness on child-related moments such as before feeding a child.

A clear shift in frequency was reported: 80% of households said they wash with soap much more often than five years ago, and a further 17% somewhat more often. Focus groups agreed the change was behavioural, with communities taking active ownership of hygiene standards.

Women described becoming active enforcers of hygiene norms in their households and wider community. Improved water access supported this shift: women's bathing frequency moved from roughly three times a week to daily, and tasks such as laundry, dishwashing, and compound cleaning are now part of routine household life. Children attending school in clean uniforms was raised as a visible marker of this change in communities across Ruhango and other districts. Women in focus groups across Ngoma, Rwamagana, Nyamagabe, and Nyanza reported a noticeable reduction in diarrhoea and skin infections among children under five, which they associated with improved access to clean water and better household hygiene practices.

Local government respondents confirmed visible improvements in household cleanliness, with community meetings held twice a month and cleanliness award programmes reinforcing hygiene behaviour on an ongoing basis.

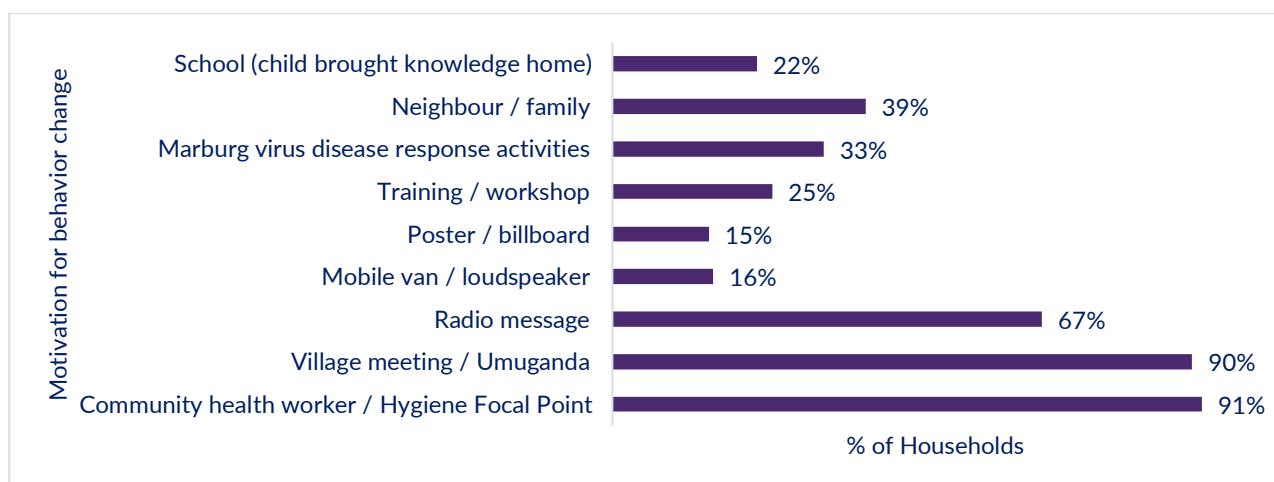


Graph 23: Reach of Hygiene Messages by Source

Source: Final evaluation household survey

Hygiene Focal Points, Village Agents, and Community Health Workers were the strongest communication channels, reaching 88%, 81%, and 75% of households respectively. Community meetings reached 69% of households. Among households who changed their handwashing behaviour, the chart below shows what drove that change.

Key informants from the implementation team noted that local government participation in awareness campaigns strengthened community penetration of hygiene and sanitation messaging beyond what the project's own outreach workers could reach alone.



Graph 24: Drivers of Handwashing Behavior Change

Source: Final evaluation household survey

The table below shows the messages households recalled and what those messages led to. Message recall is the share of households who remembered hearing a specific message. Action taken is the share who reported doing something because of it.

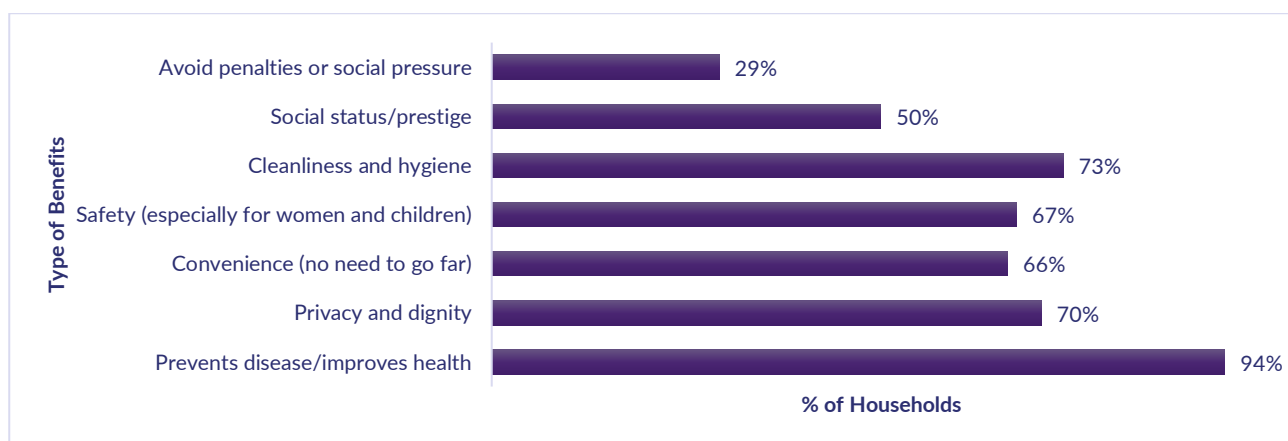
Table 23: Message recall and action taken

Message recalled	Recall	Action taken	Action
Toilets prevent disease and improve health	87%	Led us to construct or upgrade a toilet	91%
Handwashing with soap at critical times prevents disease	92%	Improved our handwashing and hygiene practices	59%
Toilets provide privacy and safety for women and children	61%	Increased concern about privacy and safety	74%
Everyone should use a toilet	49%	Made us realise the discomfort of open defecation	62%
Investing in sanitation saves money	31%	Encouraged us to prioritise sanitation spending	22%

Source: Final evaluation household survey

Toilet-related messages converted well into action. The handwashing message is the exception: the highest recalled at 92%, it led to improved practice in only 59% of households. The soap availability data in the next section explains this.

Focus groups mentioned that sustaining hygiene behaviour change requires continuous reinforcement and without ongoing reinforcement, some households risk reverting to previous practices as messaging intensity reduces.



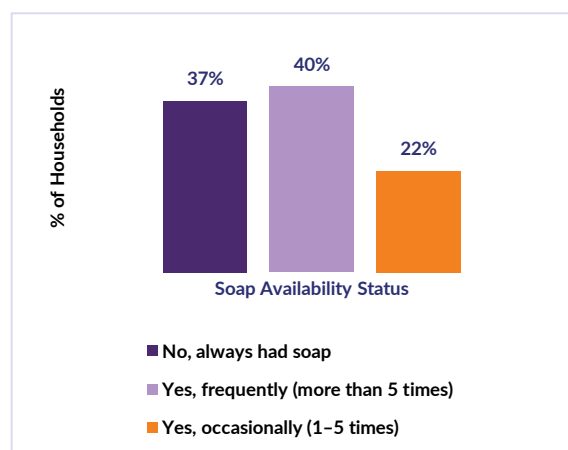
Graph 25: Perceived Benefits of Improved Toilets

Source: Final evaluation household survey

When households named the most important benefit of having an improved toilet, preventing disease and improving health came first at 94%, followed by cleanliness and hygiene, privacy and dignity, and safety especially for women and children. Health and dignity framing has been the most effective in driving both attitude and behaviour change across the programme area.

Soap and water at the point of use

Nearly two-thirds of households experienced soap stock-outs in the past month. 87% of households reported using soap and water for handwashing, but at the time of the visit enumerators found soap present at only 73% of households. 17% of households had no observable handwashing facility at all, and water was absent at 15% of handwashing points. The handwashing message recorded the highest recall but the lowest conversion to practice, and the stock-out data points to why: soap is simply not consistently available at home.



Graph 26: Household Soap Stock-Out Frequency in the Past 30 Days

Two factors drive household soap stock-outs. For low-income households, hygiene products compete with survival needs, and food takes priority when funds are short. A gender dimension compounds this: women usually notice first when soap runs out, but men typically control finances, so if a husband does not treat soap as essential the household goes without. In schools the cause differs — soap is a procurement and budget-planning issue for district education authorities, not an individual decision.

Women-Led Soap Manufacturing Enterprise Emerged from Project Training

CARE International's Program Manager described an unintended livelihood outcome: a group of women trained through the project have begun manufacturing their own hand-washing soap, growing beyond WASH product sales into small-scale manufacturing. This is a concrete, named economic spinoff from SO3 activities that illustrates market development impact beyond toilets and hand-washing adoption. This also directly tackles the risk of affordability challenges associated with soap diminishing positive outcomes over time.

Key informant interviews with schools confirm the same pattern in a different setting. Most schools have handwashing stations, but the portable unit near toilets is often empty of water and soap. Some schools still lack permanent handwashing facilities near toilets and rely on water stored in gallons. Where the project did install new facilities, these are consistently supplied and student hygiene improved, with reduced absenteeism previously linked to time spent fetching water. School WASH committees monitor hygiene regularly, teachers conduct routine checks on student cleanliness, and parents are engaged through campaigns that include home visits. WASH clubs have expanded in schools and students receive hygiene and health training, with all staff trained to support students in hygiene management. Schools also reported being able to assist children who arrive without adequate personal hygiene, which points to schools functioning as a hygiene reinforcement point beyond the classroom. In at least one school, the location of the handwashing facility limits its accessibility and effectiveness. Handwashing facilities are perceived by school staff to have contributed to reducing disease outbreaks among students. The WASH MIS and cluster survey report 87% of schools with soap and water, but the spot-check and student survey show the real situation is more uneven, which is the same gap found at the household level.

At health facilities, new handwashing stations have been installed across key service delivery points including outpatient departments, maternity, and consultation rooms. Most are functional and supplied with water and soap, and hygiene awareness materials are displayed throughout facilities. The broader health facility WASH and infection prevention picture is covered in detail in further section.

Menstrual hygiene management improved where water access and private sanitation improved together, but the gap remains wide in many areas. Women in focus groups described the household situation plainly: there is no enclosed bathing space, so they wake before the rest of the household to manage hygiene needs in private. Shared toilets and almost no separate bathrooms at home make this harder. Women in Ngoma, Rwamagana, Nyamagabe, and Nyanza specifically noted that in communities where water access and private facilities improved, menstrual hygiene became more manageable. Where those conditions are still missing, girls and women continue to deal with limited privacy, unreliable water, and the cost of menstrual hygiene products. In schools where the project worked, girls have access to water in their rooms and some schools have a dedicated MHM room with a female teacher responsible for it. Women in focus groups described public facilities at health centres and schools as still falling short on privacy and cleanliness for menstrual hygiene needs.

Men traditionally control household finances and often do not prioritize purchasing sanitary pads, leaving women and girls without adequate materials. MHM also remains widely treated as a taboo subject in many communities, limiting open conversations about needs. At school level, while most students report having a designated girls' room, 30% of schools surveyed still lack one, and only 15.6% of existing rooms are fully equipped with a bed, covered dustbin, pads, running water, and soap. A further challenge is disposal: 41% of schools and a large share of households dispose of used menstrual pads directly into toilet pits because incinerators are not available, which accelerates pit filling and contributes to broader sanitation system failures.

iv. HEALTH FACILITY AND PUBLIC PLACE WASH

A. IPC improvement and MVD response

This component was added in late 2024 in response to the Marburg Virus Disease outbreak and was active for only the final two years of a five-year project. All physical construction was compressed into roughly six months of FY2026, after environmental clearances from the Rwanda Development Board delayed the start of works through all of FY2025. The Chief of Party identified the integration of infection prevention and control with WASH programming as one of the five key lessons from Isoko y'ubuzima that he believes should inform future programming in Rwanda and elsewhere. In the KII, he mentioned that WASH practitioners typically work on water supply and sanitation, not on hospital IPC systems. The MVD response created a context in which the project's WASH expertise was applied to health facility infection control, and the resulting combination of physical infrastructure improvement, IPC training, and WASH FIT-guided management demonstrated that WASH and IPC are mutually reinforcing rather than separate domains.

When the Ministry of Health declared Rwanda's first-ever MVD outbreak in September 2024, confirming 62 cases and 15 deaths, USAID modified the project grant to inject an additional USD 1 million. A rapid needs assessment across nine target districts, using the WASH FIT tool alongside structured behavioural observation, found hand hygiene compliance in health facilities at just 13 percent, and effectively zero in public places such as markets and bus stations. The assessment traced this to the underlying infrastructure: stations lacked soap, alcohol-based hand rub, and covered bins, no facility met the recommended toilet-to-user ratio, and none of the assessed facilities had continuous water supply despite being connected to the national utility, WASAC.

Alongside infrastructure works, the project supported the Ministry of Health in finalizing the Rwanda Guidelines on Infection Prevention and Control in Healthcare and Community Settings, the IPC Facilitator Training Manual, and 15 Standard Operating Procedures covering hand hygiene, safe injections, respiratory hygiene, linen handling, sterilization, and safe and dignified burials. This gives the response a policy foundation that sits with government beyond the life of the project.

Table 24: Infrastructure delivery against targets

What was built	Target	Completed at 2026 Q2	Status
Health facilities with new permanent water supply	9	9*	Fully achieved
Healthcare facilities with internal water connections	33	33	Fully achieved
Handwashing facilities inside healthcare settings	25	25	Fully achieved
Handwashing facilities in public places	26	26	Fully achieved
Improved sanitation facilities in health facilities	4	7	Exceeded

*The 9 health facilities now connected to permanent water supplies also extend access to five surrounding communities.

Training reached frontline workers in two stages. A national Training of Trainers brought 289 senior staff, including Clinical Directors and IPC Focal Persons, across 46 hospitals, and these teams then cascaded the training to 1,446 health center workers, for a combined total of 1,735 frontline healthcare workers trained in IPC, covering hand hygiene, standard precautions, and healthcare waste management. Average knowledge scores rose from 69 percent before training to 85 percent after. Mobile van outreach carrying Ministry of Health-validated messages reached 90,000 community members across the nine target districts, meeting the outreach target in full.

Training was paired with on-the-job mentorship inside individual facilities, and this is where the clearest results appear. At King Faisal Hospital, the project helped establish a dedicated IPC and

WASH unit; environmental swabbing detected harmful pathogens including *Klebsiella*, prompting deep cleaning protocols using the four-bucket system, and 183 clinical and support staff were trained on site. At Kibagabaga Level II Teaching Hospital, the project supported construction of 11 new handwashing facilities and the marking of green and red zones to isolate suspected infectious cases; over the course of 2025, neonatology infection rates fell from 10 percent to 1.5 percent, and maternity infection rates fell from 2.5 percent to 1 percent. At Remera Rukoma Hospital, IPC training was extended to all staff including security guards, alongside construction of 12 new handwashing sinks.

B. WASH Infrastructure at Health Facilities

Qualitative evidence consistently corroborates the desk-review finding that the MVD WASH Response Plan has materially upgraded water, sanitation, and handwashing infrastructure at supported health facilities. Health Centre Managers in Nyamagabe (Mbuga HC) and Rwamagana (Mwure HC) reported that pre-project conditions featured intermittent supply, inadequate internal plumbing, and limited handwashing facilities. Project support repaired internal water distribution networks, added storage capacity, substantially improved supply reliability, and installed new handwashing stations at key points including outpatient departments, maternity wards, consultation rooms, and sanitation blocks.

At Kabuye Health Centre in Ngororero, the Chief Nurse confirmed that the project extended the pipe network—increasing water volume by an estimated 77%—separated facility tanks from the hospital’s shared supply, and added handwashing stations at the entrance and in two consultation rooms, enabling consistent access to clean, colourless water. The Director General of Kabaya Hospital reported similar gains, including reduced infection rates through improved handwashing, renovated toilets, laundry and dish-washing areas, and relocation of the sterilisation room, though supply does not yet reach all wings and one operator-side maintenance request remains unresolved.



Figure 11: Improvements in WASH Infrastructure at Health Facilities

User-side perceptions reinforce provider accounts. Health Facility User FGDs across the four eastern and southern districts reported water generally available for drinking, handwashing, and toilet use, with toilets described as “usable and relatively clean, with separate facilities for men and women” and an overall perception of improvement compared with five years ago. Mixed FGD participants in Kirehe and Kayonza noted good handwashing and hygiene conditions in public places and health facilities, mostly gender-separated. Residual gaps include broken door locks, inadequate night-time lighting, and occasional soap shortages. At Bunyogombe Post de Santé in Ruhango, the doctor noted ongoing need for handwashing reminders.

“When I visited the health centre last month, there was water in the taps and the toilets were cleaner than before. We could wash our hands after using the latrine, but sometimes there is no soap.” – Health facility user, Nyamagabe FGD

The project Infrastructure outputs (9 new HF water connections, 25 internal handwashing facilities, 7 improved sanitation blocks) are validated by provider and user testimony, showing measurable

improvements in water reliability, internal distribution, and gender-segregated sanitation. The intervention was highly relevant to baseline gaps (intermittent supply, no soap, no continuous water) and effective in delivering visible, used outputs, though equitable coverage within facilities (all wings, wards, persons with disabilities, night-time safety) remains incomplete.

C. IPC Training, Guidelines Uptake and Hand Hygiene Compliance

Qualitative evidence strongly substantiates the desk-review training cascade (289 ToTs to 1,446 frontline workers; IPC knowledge from 69% to 85%) and the recovery of hand hygiene compliance from the 13% baseline. Managers at Mbuga and Mwurire HCs reported staff participation in IPC ToT programmes covering hand hygiene, PPE use, environmental cleaning, sterilisation, and outbreak preparedness, resulting in observable improvements in compliance, PPE use, and sterilisation. Both facilities adopted the revised National IPC Guidelines, IPC Facilitator Training Manual, and SOPs, with copies in service areas, visual reminders, and use for internal refreshers and new staff orientation. Bunyogombe Post de Santé in Ruhango also applied the revised guidelines on hand hygiene, PPE, waste disposal, and sharps handling.

The WASH FIT process served as a meaningful management tool. Staff in Nyamagabe and Rwamagana conducted assessments, developed improvement plans, and implemented actions. Managers described WASH FIT as “a useful management tool because it provides a structured framework for identifying risks, prioritizing interventions, and monitoring progress” and plan to use it routinely. Hand hygiene “has improved considerably compared to the baseline period” due to combined infrastructure, training, supervision, and awareness; periodic audits occur, though rates vary by department. At Kabaya Hospital, a trained WASH team supports internal capacity and follow-up of high-risk post-delivery mothers, with reduced infections now “under track.”

User observations in Rwamagana noted more consistent hand hygiene by workers, increased glove use, and visible stations and reminders, though concerns persist about consistency during busy periods.

“...some users still expressed concern about whether these practices are consistently followed, especially during busy periods, and indicated that their sense of safety depends heavily on visible hygiene compliance at the time of the visit.” – Health Facility Users FGD synthesis.



Figure 12: IPC Training Cascade and Hygiene Practice Improvements

WASH FIT: Continued Use Intended by Facility Management

Health facility managers at two facilities interviewed stated explicitly that they intend to continue using the WASH FIT tool as part of their routine facility management processes, rather than treating it as a one-time project assessment. The Nyamagabe facility manager described it as a useful structured framework for identifying risks, prioritising interventions, and monitoring progress over time. This stated intent is the strongest sustainability signal from the SO4 health

facility component: it suggests that the WASH FIT process has been internalised as a management practice rather than experienced as an external compliance exercise.

Both health facility managers interviewed – in Rwamagana and Nyamagabe respectively – confirmed that the revised national IPC guidelines and associated SOPs have been formally adopted, with printed copies available in key service areas and visual reminders displayed to support compliance. However, both informants acknowledged that consistent implementation is constrained by factors outside the project's control: staffing limitations that reduce supervision intensity, infrastructure gaps in some wards, and intermittent shortages of soap, chlorine, and disinfectants due to procurement cycle variability. The project has successfully achieved policy-level and documentation-level compliance, but the sustainability of IPC practice is contingent on factors such as supply chain reliability and staffing adequacy that are not secured by documentation alone. MVD SBC – Awareness, Message Recall and Behaviour Change

Qualitative evidence also shows MVD-focused SBC activities achieved high message penetration and a measurable, partially time-bound behaviour shift. Users across Rwamagana, Nyamagabe, Nyanza, and Ngoma learned about MVD via health workers, radio, posters, school sensitisation, and community meetings. They recalled key messages on avoiding body fluid contact, frequent handwashing with soap, and early symptom reporting. Managers confirmed widespread display of posters, banners, and materials, plus health education sessions that increased awareness of handwashing and infection prevention. Western district FGDs noted posters in facilities and public places and broadcasts on RBA and other media.

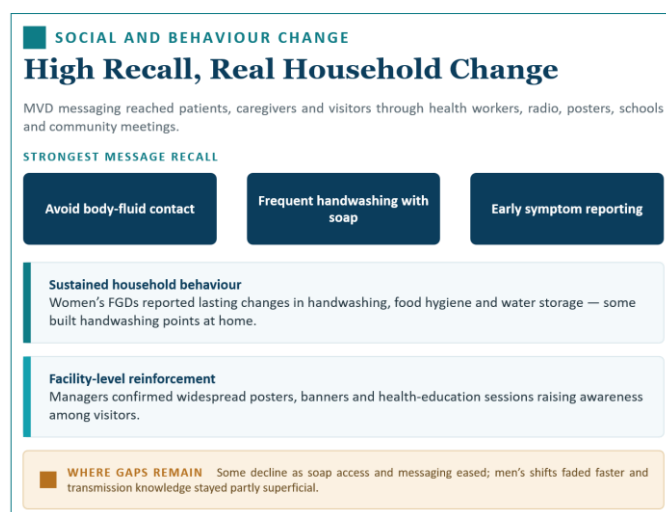


Figure 13: Results of SBC Activities

"During the Marburg awareness visits, we were told again and again to wash hands with soap and keep water covered. After seeing people in our village fall sick, I became strict at home and even made a handwashing place near the kitchen." – Rwamagana FGD participant.

A gender-differentiated pattern in hygiene behaviour maintenance has emerged across men's FGDs in multiple districts: men report reverting to pre-hygiene behaviours more quickly than women once external reminders and enforcement diminish. Women were described by male participants themselves as more consistent in maintaining handwashing and general hygiene practices over time. This pattern has implications for the future design of behaviour change programming in WASH: BCC strategies that rely primarily on community-wide messaging will reach women and men differently, and the sustainability of hygiene gains may be undermined if men's engagement is not sustained through channels and messengers that resonate specifically with them. The evaluation should flag this as a gender-differentiated sustainability risk for SO3 outcomes.

"When Marburg came, everyone was serious about washing hands — even men who normally don't care much. But after some time, people relaxed again... Women keep it better than men in most homes." — Male participant, Nyamagabe District — Men's FGD.

The activities were effective for high recall and immediate compliance during the outbreak, but sustained impact depends on continued reinforcement and consistent availability of soap and alcohol-based hand rub (ABHR).

D. Public Place WASH Compliance (Markets, Bus Stations, Border Posts and Schools)

From a near-zero baseline, qualitative evidence indicates meaningful but uneven recovery in public-place handwashing compliance. Users reported handwashing stations and toilets in some health centres and schools, with improvements in recent years. Western district FGDs confirmed re-established facilities at car parks and health sites during the MVD response. The Nyamagabe WATSAN officer noted significantly improved handwashing practices during Marburg preparedness/response, with some behaviours sustained afterward.

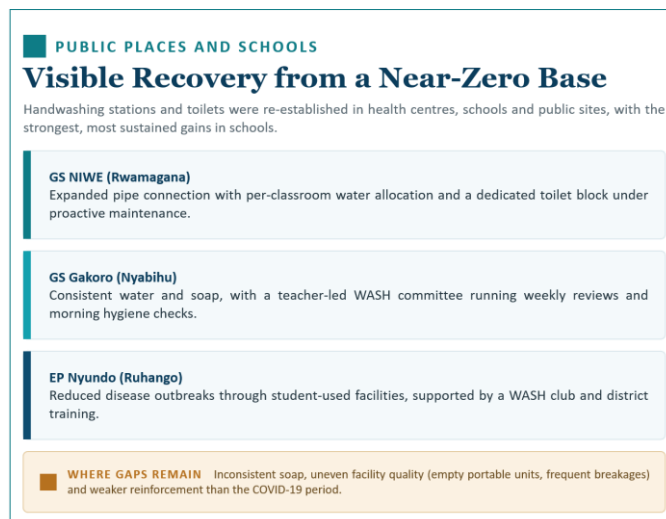


Figure 14: WASH Compliance at Public Places

School evidence is strong. GS NIWE in Rwamagana gained an expanded pipe connection, per-classroom water allocation for behaviour change, and a dedicated toilet-block handwashing facility with proactive maintenance. GS Gakoro in Nyabihu reported consistent water and soap, a teacher-led WASH committee with weekly reviews, and morning hygiene checks. EP Nyundo in Ruhango noted reduced disease outbreaks thanks to student-used handwashing facilities, supported by a WASH club and district training.

Key weaknesses persist: inconsistent soap availability ("soap and water were not always available, and many people did not consistently use the handwashing facilities"), uneven school facility quality (e.g., often-empty portable units at GS Ste Raphael Kabaya; no permanent facilities and low-quality taps at GS Gacurabwenge), and less rigorous reinforcement than during COVID-19, though MVD measures remain assured.

The project effectively re-established visible handwashing infrastructure in public places and triggered behaviour change during the MVD response. Structural improvements remain, but utilisation depends on soap availability and messaging intensity, both of which have slipped since the peak outbreak period.

E. MVD Response Integration with SO3 SBC and Wider Sector Coherence

Qualitative data revealed high integration between the MVD response and the project's broader SO3 SBC architecture, leveraging existing community engagement rather than operating as a standalone effort. The Nyamagabe WATSAN officer reported that community sensitisation, BCC, sanitation marketing, and District Sanitation Center support increased demand for improved facilities and WASH clubs, running alongside MVD hand hygiene campaigns. At Mbuga HC, MVD posters also reinforced general hygiene.

The Nyamagabe WATSAN officer described a more active District WASH Board with regular meetings, performance reviews, and stronger advocacy. The Rwamagana WASAC Branch Manager noted Water for People's participation and financial/technical support. Facility managers reported

regular district coordination via supervision, reporting, reviews, and technical sessions, with IPC/WASH indicators in routine systems and participation in MVD/emergency preparedness meetings. Achievements link to NST1 targets and future NST2/SDG 6 alignment.

F. Sustainability of IPC and WASH Gains Post-Project

Qualitative evidence points to a moderately confident but qualified sustainability outlook. Managers in Nyamagabe and Rwamagana expressed confidence that improvements can be sustained with continued management systems, citing substantially increased staff knowledge and integration of IPC into routine operations. The primary risk is limited budgets for maintenance, consumables, refreshers, and supervision. Focal staff, committees, inspection schedules, and routine procurement of soap, chlorine, and disinfectants are in place, though budget limitations occasionally affect replacements and supplies. Kabaya Hospital embeds annual WASH budgeting but relies on external sponsors for cleaning supplies. GS Gacurabwenge purchases water from vendors at 20 RWF/jerrican (45–60 jerricans/day) during outages.

Outbreak preparedness is institutionalised, with updated contingency plans, designated isolation areas, and maintained emergency stocks at Mbuga, Mwurire, Kabuye HC, and Bunyogombe, though sustaining reserves remains challenging.

Some gaps persist: facilities lack toilets for persons with disabilities and some MHM/night-time safety features. Users noted absent private menstrual spaces, inconsistent water/bins, and repair/replenishment concerns.

“...concerns were raised about limited budgets for repairs, replacement of damaged facilities, and replenishment of consumables such as soap.” – Health Facility Users FGD synthesis.

3.2 Sustainability and Risks

Over five years, Isoko y'Ubuzima rehabilitated sixteen water supply systems, built a functioning sanitation market, shifted hygiene behaviour across ten districts, strengthened infection prevention in health facilities, and embedded WASH planning within Rwanda's own governance structures. The central sustainability question is whether these gains are now sufficiently anchored in Rwandan institutions, systems, and behaviour to persist without external support.

The evidence points to a largely positive answer, with one consistent and specific limit: capital finance. Governance, skills, community habits, and accountability mechanisms are all in place. What remains exposed is the money required when a pump fails, a network needs extending, a health facility runs out of consumables, or a digital billing platform requires technical maintenance. That gap runs through every domain.

The Chief of Party (COP) offered an important reframing of the stop-work order's impact on project sustainability. While the order unambiguously disrupted implementation momentum and community engagement in the short term, it also forced an earlier and more urgent conversation about project end: communities and local leaders who had assumed Isoko y'Ubuzima's presence was indefinite suddenly confronted its absence and were required to consider who would continue the work. COP described this as a turning point in community ownership awareness, one that strengthened the project's final-year push on ownership transfer.

Governance: institutionalized, not project-dependent

The governance gains are the most durable product of the five years. District WASH Boards are meeting regularly. WASH is embedded in Imihigo performance planning across all ten districts. All ten districts have MININFRA-validated investment plans. All 20 district institutions tracked through QIS assessments improved their scores from baseline to endline, with District WASH Office scores averaging 91% and Board scores averaging 83% at endline.

What gives these numbers weight is community perception. Ninety-six percent of surveyed households report that district government is more involved in WASH than five years ago, and they attribute that involvement to government rather than to the project. People know who to hold accountable. That accountability logic does not disappear at project close.

District officials across multiple KIs confirmed that planning and budgeting have genuinely shifted. The Nyamagabe WATSAN Officer noted that WASH planning is now evidence-based and systematic, with district staff relying on monitoring data and the WASH MIS for decision-making. The Rwamagana WASAC Branch Manager described WASH improvements as part of routine operations. In FY2024, districts reported 90% completion of planned WASH activities – evidence that district ownership is translating into delivery, not just rhetoric.

The DWASHB SOPs have been completed and handed over to government for final adoption. The fact that the review process now sits with government rather than the project is itself a signal of ownership. One sustainability gap in governance that district officials named consistently is field monitoring: without external financial support, the frequency and coverage of field visits will likely reduce, and monitoring is typically the first budget line cut when district resources are stretched.

WASH investment plans and budget integration

The lifecycle costing training delivered through the project has made Rwanda's WASH sector more legible to external financiers. Districts can now articulate what they need and what it costs. MININFRA has validated all ten investment plans, and the pipeline to development banks – including the Bank of Kigali WASH loan product – is open. IRC Rwanda Lead Olivier Kanangire noted that the

national government has made a formal commitment to increase WASH budgets through 2029, and that this will cascade to the district level, though not necessarily as direct district budget lines. District Development Plans have been updated to incorporate broader WASH costs, and WASH has greater visibility in district-level resource allocation discussions than it had in 2021.

The honest limit is that district budgets face competing priorities, and capital expenditure for infrastructure replacement exceeds what current allocations cover. Rwanda's sector-wide annual financing gap is estimated at RWF 304–320 billion against required investment of RWF 400 billion. The investment planning architecture built through the project is the right vehicle for closing that gap over time. It is not closed yet.

Private operators: capable in daily work, exposed on capital

Two disruptions during implementation provide the clearest evidence of where operator sustainability stands. When the government replaced experienced operators with youth-led companies in mid-2024, NRW spiked and accountability scores dropped sharply. When the stop-work order suspended technical assistance in FY2025 Q2, NRW rose from 45.5% to 56.3% in a single quarter. Both times, performance recovered when support returned — and recovery was faster than the original learning curve, because institutional knowledge had not walked out with the operator. WASAC Branch Managers were trained alongside operators throughout the programme, so if an operator leaves, WASAC holds the knowledge to support whoever steps in.

In the districts where experienced operators have been in place longest — Kirehe, Rwamagana, Nyamagabe, and Nyabihu — NRW sits below 35% and revenue from recovered water has in most cases paid back the rehabilitation investment within three years. Operators in these districts report that current tariffs cover routine operations, staff, and maintenance. The shift in operator mindset is also notable: those who once saw leak detection and meter replacement as a cost now treat it as a revenue investment.

The honest boundary, stated by operators themselves, is major capital repair. Current tariff structures do not cover pump replacement, aging pipe rehabilitation, or coverage extension to new sectors. Operators in Ngoma and Nyamagabe indicated directly that they anticipated a successor partner would need to support capital investment after project close. The CMS-RWSS digital billing platform, now covering over 104,000 rural water customers and linked to mobile money and four commercial banks, has been handed over to RURA; its transfer to WASAC — the institution with day-to-day sector oversight — remains the one concrete action needed to close this out.

On affordability, tariffs are broadly accepted as necessary. Women in Rwamagana described paying 20 RWF per jerrican as reasonable relative to the 150 RWF they paid previously. However, the most economically vulnerable households — particularly women with limited or seasonal income — still find consistent payment difficult and sometimes revert to unprotected springs. This is a structural gap that tariff design and social protection mechanisms need to address; it predates the project and is not resolved by it.

Sanitation markets and hygiene behaviour: the most self-sustaining gains Sanitation market momentum has proven resilient. Household investment in latrines grew from RWF 5.9 million in FY2023 to RWF 542.8 million in FY2024. During the stop-work period in FY2025, households contributed the equivalent of USD 316,883 toward latrine construction without project prompting — a clear signal that demand is now self-sustaining. Savings groups, with over 3,200 mobilised, were the primary financing route; the link to formal bank finance has not yet scaled at the household level, and collateral requirements remain a barrier. The sanitation market's next frontier is reaching communities not yet covered by shops and savings group networks, and bridging the gap between informal group lending and the formal finance that larger investments eventually require.

Hygiene behaviour change is the sustainability outcome this evaluation is most confident about because it does not depend on tariff revenue, operator contracts, or government budget lines. Eighty percent of surveyed households report washing hands with soap much more often than five years ago. FGDs across all ten districts described this as settled habit. WASH committees now visit households, issue warnings, and impose fines for poor sanitation practices without project facilitation. The FGD in Ruhango stated plainly that the project's work would not stop when it closed, because communities have developed genuine ownership of these norms.

The one complication is schools. Official monitoring reports 87% of schools with soap and water at handwashing stations, but a spot-check of 41 schools across six districts found only 41% with both present on the day of the visit, and a survey of 576 students found only 10% reporting both available. The infrastructure exists. Soap runs out and is not consistently restocked. This is a procurement and budget problem within the authority of district education offices to resolve.

Health facilities: knowledge holds, supplies are at risk

IPC knowledge, protocols, focal staff, and committee structures are now part of how health facilities operate and are likely to persist. Neonatology infection rates at Kibagabaga Hospital fell from 10% to 1.5% over 2025. The Nyamagabe health facility manager confirmed that WASH FIT will continue as a standard management tool. The specific financial risk is consumables — soap, disinfectants, chlorine, and alcohol-based hand rub — which some facilities cannot consistently procure. Kabaya Hospital relies on external sponsors for a portion of supplies. Where leadership is strong, practices hold through supply gaps; where it is not, consistency suffers. This is a facility governance issue that cannot be resolved through external programming alone.

What communities said

The household survey asked 603 respondents which improvements they thought were most at risk after the project closed. They could select more than one. The figure below shows their answers.



Graph 27: Share of households selecting each as the improvement most at risk

Note: A separate 33.5% of respondents said they felt all improvements would continue. Because respondents could pick more than one row, percentages do not add to 100.

The sustainability risk data from the household survey reveals a clear hierarchy: the gains households value most are also the ones they are least confident will hold. Water service reliability, quality, and infrastructure top the risk register at 58%, followed immediately by private operators managing water

systems at 57% — two findings that are analytically inseparable. Households are not distinguishing between the physical infrastructure and the operator responsible for it; they are identifying the same fragility from two angles. That the operator-viability concern appears independently, at almost equal weight to the service itself, is a strong signal that rural communities have already absorbed the lesson that service continuity depends on whether the person running the system stays viable — which is precisely the gap that R-13 addresses and that the narrowed ten recommendations largely left unprotected.

What is notable about the lower end of the scale is that it does not mean those gains are secure — it means households perceive them as less central to daily life, or have lower awareness of the systems behind them. Hygiene promotion through village agents and VSLA/SACCO-linked sanitation loans are technically complex institutional arrangements that households interact with indirectly; their lower risk scores likely reflect limited visibility rather than genuine resilience. The 47% rating for toilet and sanitation maintenance sits at the midpoint and aligns with the evaluation's finding that SO3 gains have the least institutional anchoring of the three strategic objectives — there is no operator-equivalent accountability structure for sanitation the way WASAC and RURA provide one for water. Read together, the data reinforces the case for R-11 through R-13: the three recommendations added to address sanitation and private-operator viability are responding directly to what beneficiary households themselves identify as the programme's most exposed gains.

What holds, what still needs attention

The project built change into people, institutions, and habits that does not reverse easily. Communities already look to their district government when they want answers about water and sanitation. Governance routines, technical skills, hygiene norms, community accountability mechanisms, and the political salience of WASH in district planning are the most durable outputs of the five years.

The items requiring continued attention are practical and specific. The CMS-RWSS platform transfer from RURA to WASAC needs to be completed. School soap procurement and health facility consumable supply need district-level budget decisions. The national financing architecture, including the Bank of Kigali WASH loan product, validated district investment plans, and the development bank pipeline, is the right vehicle for capital repair and infrastructure expansion that tariff revenue alone cannot support. Field monitoring frequency is the governance sustainability gap most at risk of quiet deterioration as district budgets face competing demands.

Rwanda's WASH sector closes this chapter more capable, better financed, and more accountable to communities than it was in 2021. The foundations for what comes next are in place.

3.3 Does the model fit how Rwanda works?

The model that Isoko y'Ubuzima built and supported over five years fits Rwanda's governance architecture well and its regulatory architecture adequately. Where it does not yet fully fit is the fiscal transfer architecture — specifically, the absence of an established mechanism to fund rural capital maintenance through Rwanda's own intergovernmental systems. That gap is not a technical or design failure; the right solution has been identified and the right institutions are engaged on it. But until it is resolved, the model depends on tariff revenue and project-era financing instruments to cover a cost category that Rwanda's public financial system has not yet been designed to handle. The governance and regulatory fit determines how well government can manage and oversee the model. The fiscal fit determines whether the model can remain solvent. That distinction is what the question of institutional compatibility ultimately turns on.

Governance architecture: strong fit

Rwanda's governance architecture for WASH changed during the project period, and the model adapted rather than resisted the change. Before 2023, districts owned water assets and directly delegated operational responsibility to private operators under contracts they themselves signed. The 2023 National Water and Sanitation Policy formalised a shift that had already been developing in practice: WASAC assumed technical oversight of rural water systems, signing performance-based management contracts with private operators, while districts retained asset ownership, planning authority, and political coordination responsibility. The evaluation finds that the resulting hybrid – decentralised governance at the planning and accountability level, centralised technical oversight through WASAC – is the arrangement the model now sits inside, and the evidence suggests it is working.

District WASH Boards and WASH Offices improved their QIS scores consistently across all ten project districts between FY22 and FY26, with institutions in Rwamagana and Kirehe reaching 95%. The DWASHB reflection meetings, now running in six districts under district chairmanship, are instances of political ownership operating without project-team facilitation – the Nyagatare Vice Mayor chairing one such meeting being a concrete example of that ownership. At the technical layer, the WASAC Rwamagana Branch Manager described integration of project NRW and DMA monitoring practices into routine WASAC branch operations. The two layers are functioning in the manner the hybrid model requires: WASAC providing technical consistency, districts providing local governance accountability.

The clearest indicator of governance fit is not what the project built but what the government did with it. The revised DWASHB Standard Operating Procedures describe what the model should look like inside government's own regulatory language. The District WASH Investment Plans covering all ten project districts were pre-validated by MININFRA and are the official district-level planning instruments for reaching NST-2 targets. These are not artefacts of project implementation; they are the formal planning and governance tools that MININFRA now owns. The question the sustainability section addresses is whether they are actively used – that is a different question from whether they fit.

Regulatory architecture: adequate fit, with two named structural constraints

RURA's mandate of licensing operators, setting tariffs, and protecting consumers aligns well with the private-operator model Isoko y'Ubuzima supported. The CMS-RWSS billing platform, which maps over 104,000 rural water customers and integrates Electronic Billing Machine data for 44 trained private operators and WASAC staff, gives RURA the regulatory visibility into operator billing and performance that its oversight role requires. When the 2023 policy shifted contract authority from districts to WASAC mid-implementation, the CMS design was adapted accordingly rather than preserving an arrangement that no longer reflected how the sector worked. The system's institutional home is still RURA pending WASAC's server procurement and IT environment alignment, but the accountability chain it supports – operators report to WASAC, WASAC reports to RURA, RURA reports to the sector – is intact and functioning.

Two structural constraints limit the regulatory fit and both predate the project, though the evaluation surfaces them as risks to what the project built.

The first is institutional rather than technical. RURA sits under the Ministry of ICT and Innovation, not MININFRA. This creates a structural gap between the regulatory authority responsible for water and sanitation service standards and the ministry responsible for sector policy and investment planning. Several of the accountability mechanisms built during the project – the CMS-RWSS, the private operator benchmarking tools, the NRW monitoring dashboards – depend on functioning RURA-MININFRA coordination to translate regulatory data into investment decisions. The project worked within this arrangement and brought the two institutions into shared activities where

possible. The Rwanda WASH Sector Performance Review names the coordination channel between them as a standing sector-level priority. No single programme can resolve a structural misalignment in the executive branch, but it is the right framing: it is a sector governance question that belongs in a policy conversation at a level above this evaluation.

The second constraint is that RURA's regulatory framework for sanitation remains underdeveloped. The market-based sanitation model Isoko y'Ubuzima supported operates in a space where licensing, quality standards, and consumer-protection obligations have not yet been formally defined. This is not a block on current operations. Sanitation markets can function without full regulatory specification; they do so in Rwanda today. What it means is that the DSC/CSS network and the PSF-managed dealer channels have no regulatory anchor to ensure they persist as formal, accountable market actors rather than informal ones. That is an entry point for regulatory development, particularly as RURA progresses the tariff framework for faecal sludge management, where the same gap is more acute.

Fiscal transfer architecture: the critical unresolved fit

Rwanda's public financial system is structured primarily around capital expenditure — building new infrastructure. The mechanisms for funding capital maintenance expenditure, the cost of rehabilitating aging infrastructure, replacing failed assets, and extending networks in areas that cannot attract private investment — are not comparably developed at the district or rural level. Routine operations are covered through tariff revenue, and where operators are financially viable, this works for day-to-day management. What it cannot cover is the category of costs that falls above routine maintenance but below new capital construction: the pump replacement, the pipe rehabilitation, the storage tank repair that exceeds what tariff margins allow but does not meet the threshold for a national capital project.

The project identified this gap, modelled a structural solution, and brought the relevant institutions to the table. The WASH Finance Strategy proposed pooling the 18% VAT already collected on water bills into a ring-fenced account managed through LODA, making the redistributive logic explicit: revenue generated by the sector is returned to it for capital maintenance purposes rather than entering the general fiscal pool. As of project close, discussions between LODA and MINECOFIN on this mechanism are ongoing but not concluded. The institutional groundwork is the project's genuine contribution here — the financing study is complete, the sector-level evidence base exists, and LODA and MINECOFIN are engaged. What does not yet exist is the political decision to create the mechanism and the administrative infrastructure to operate it.

Until that decision is made, the fiscal model has a structural gap at exactly the cost category that determines long-term service continuity. Districts that received life-cycle costing training and produced FLCC-based investment plans under Isoko y'Ubuzima now have the planning capacity to identify capital maintenance requirements and sequence them credibly. What they do not have is a predictable funding source to meet those requirements. The financing, as several KII respondents noted, followed the planning capacity — but only up to the point where commercial bank products and project-era instruments could reach. Rehabilitating aging infrastructure in low-revenue rural systems is beyond what those instruments cover.

4. Recommendations

The recommendations have been framed around government ownership rather than continued external implementation: each asks MININFRA, RURA, WASAC, or DWASHBs to absorb, fund, or formally adopt something Isoko y'Ubuzima has already built, piloted, or validated, rather than to undertake new activity. Where a recommendation carries cost implications, government counterparts may wish to engage development partners and successor programmes to co-finance the transition

but the institutional decisions themselves (issuing SOPs, assigning budget lines, setting handover dates, clarifying accountability) sit within government's own authority and do not require external financing to begin.

To help structure the next steps, the recommendations have been tagged with a priority classification such as follows:

- **Sustainability** – addresses a risk that a project-built system, practice, or capacity reverts or lapses without government absorption.
- **Scale-up Opportunity** – extends a practice already proven and piloted under the project to a wider footprint.
- **Institutional Reform** – requires a change to policy, regulation, contract terms, or accountability assignment to take effect.
- **Future Programming** – addresses a structural gap best resourced through a successor programme or multi-year investment plan rather than immediate government action alone.

MININFRA

R-01 - Immediate (0–6 months)

Finalise and formally issue the revised DWASHB Standard Operating Procedures, accompanied by a ministerial circular clarifying DWASHB funding sources under the delegated rural water management model.

Evidence	FY26 QIS assessment finding that districts remain “awaiting revised SOPs” aligned to the 2023 National Water and Sanitation Policy; the SOP review reached only validated inception-report stage by March 2026.
Mechanism	Ministerial approval and gazettal of the revised SOP document (already drafted under Isoko y’Ubuzima/IRC support); issuance via a MININFRA circular to all district WASH offices referencing the 2023 policy.

R-02 - Within 1 year

Create a dedicated, identifiable district budget line for DWASHB operationalization which covers sitting allowances, monitoring visits, and reflection meetings, separate from general WASH or district-office budget lines

Evidence	Isoko y’Ubuzima Q2 FY26 advocacy plan identifies “allocation of a dedicated budget for DWASHB operationalisation” as an unresolved priority; KIIs confirmed DWASHB funding sources remain unclear.
Mechanism	Inclusion of a DWASHB operational cost line in the MINECOFIN/MININFRA annual district budget call circular for FY2026/27, with a standard costed template districts can adapt.

R-03 - Within 1 year

Design hygiene promotion reinforcement cycles with gender-differentiated approaches, ensuring that male-targeted sessions are sustained beyond initial behaviour change

Evidence	Male-only FGDs confirmed that handwashing behaviour among men is more susceptible to reversal once reinforcement stops, while women showed stronger retention post-project. This gender-differentiated sustainability risk is documented in the SO4 findings but is not currently reflected in how CBEHPP reinforcement cycles or Village Health Worker visit schedules are structured.
Mechanism	Revision of CBEHPP implementation guidelines to specify male-targeted reinforcement touchpoints at defined intervals after initial behaviour-change sessions, coordinated through the existing community health worker scheduling system under MINISANTE.

R-04 - Within 1 year

Design and pilot a targeted sanitation financing product for the bottom wealth tertile – specifically, households that have not upgraded their sanitation facility and cite cost as the primary barrier – building on the VSLA and savings-group architecture

Evidence	Household survey data shows that 31–32% of non-upgrading households cite inability to afford as the primary reason for non-adoption. VSLA and SACCO-linked savings groups were established as a financing pathway, but only 3% of linked savings groups had an active WASH loan at the time of the evaluation
Mechanism	A MINALOC-led pilot, building on existing VSLA structures in two to three project districts, of a dedicated sanitation savings-and-loan product with graduated repayment terms calibrated to the income profile of the bottom tertile. This should draw on the Bank of Kigali and ASA Microfinance engagement already initiated under IYU, where 20 women entrepreneurs opened Bank of Kigali accounts and 10 small enterprises began ASA loan applications, and on the VUP loan scheme already operational in Nyamagabe – both of which reached small WASH entrepreneurs but have not yet been structured for household-level sanitation borrowers.

RURA

R-05 - Within 1 year

Set a binding transition date for the CMS-RWSS institutional handover from RURA to WASAC or formalize a co-hosting arrangement with clearly defined responsibilities.

Evidence	KIs with key stakeholders indicated that CMS is still under RURA whereas it will be WASAC that will be managing it due to change in its scope of work.
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Mechanism	A signed tripartite handover protocol — RURA, WASAC, Water For People — specifying server procurement milestones, code-alignment deliverables, and a fixed go-live date for full WASAC ownership.
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R-06 – Midterm 2-3 years

Introduce periodic independent verification of non-revenue water and district metered area functionality for rural and private-operator systems, rather than relying solely on operator self-reporting.

Evidence	Field group discussions across four districts found district metered areas “either non-functional or weakly monitored,” and that reported non-revenue water reduction has had “limited visible impact” on the ground.
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Mechanism	A RURA-commissioned spot-verification protocol using the meter-testing methodology piloted under Isoko y’Ubuzima, applied on a sampling basis at least annually per branch or operator.
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R-07 – Midterm 2-3 years

Design a distinct tariff and licensing sub-model for small, decentralized private and youth-led rural water operators, recognizing their financial viability constraints rather than applying the standard WASAC tariff framework to them.

Evidence	Creditworthiness and financial sustainability training (20 utility managers, including 8 youth-led private-operator Managing Directors) surfaced viability gaps specific to small rural operators — undercapitalization, thin margins, limited access to commercial finance, that the standard tariff model does not accommodate, putting continued service delivery by these operators at risk post-project.
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Mechanism	RURA tariff-setting study and consultation process producing a rural-operator-specific tariff schedule, informed by the financial data already gathered during the creditworthiness training, paired with the operator-creditworthiness certification concept already under RURA consideration.
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R-8 – Midterm 2-3 years

Develop a regulatory response to the risk of private-connection exit from communal water point governance in districts where wealthier household segments are disproportionately installing household connections, to prevent progressive erosion of the cross-subsidy and governance base that communal systems depend on.

Evidence	The water services findings document a pattern in Nyabihu where wealthier households are installing private connections and, in doing so, withdrawing from communal water point governance structures – reducing both the fee base and the active citizen-oversight layer. If this pattern extends across districts as household incomes rise, it constitutes a governance risk that current regulatory instruments do not address.
Mechanism	A RURA-commissioned analysis of private-connection growth trends across Isoko y’Ubuzima districts, with a recommended regulatory or tariff instrument – potentially a cross-subsidization requirement within the private-connection tariff framework – that preserves the financial and governance base of communal systems as connection rates rise.

WASAC

R-9 - Within 1 year

Replicate the district-metered-area zoning, meter testing, and mWater leak-tracking practices piloted in nine districts across all remaining WASAC branches, and institutionalize quarterly non-revenue water task-force meetings as standing practice.

Evidence	Pilot non-revenue water reduction activity showed the average rate falling from 42% to 39.3% across two quarters – a result that has not yet been extended to non-pilot branches.
Mechanism	A WASAC Group operational directive extending the task-force model and reporting cadence branch-wide, using the pilot-district playbook and tools already developed under Isoko y’Ubuzima.

R-10 – Medium term 2-3 years

Treat supply-continuity improvement – storage and transmission capacity – as a capital-investment priority distinct from non-revenue water reduction, sequenced by branch using updated district investment plans.

Evidence	Field discussions describe systems as “functional but never stable... sometimes low pressure or no water at all” – a pattern non-revenue water reduction alone has not resolved.
Mechanism	A ring-fenced supply-continuity capital line within WASAC’s multi-year investment plan, sequenced using FLCC-based district investment plans and existing branch-level supply-hours data.

DWASHB

R-11 – Immediate 0-6 months

Formally constitute DWASHB roles and budget responsibility under the revised SOPs on issuance, and institutionalise semi-annual reflection meetings as a standing, district-chaired item on the governance calendar.

Evidence	FY26 QIS scoring shows DWASHBs consistently trailing District WASH Offices, partly because activities such as site visits proceed “without full DWASHB engagement”; reflection meetings currently rely on project facilitation in six districts.
Mechanism	A district adoption resolution constituting the DWASHB under the new SOPs, with the District WATSAN Officer designated as standing convenor for the reflection-meeting cycle in place of external facilitation.

R-12 – Annual Cycle

Use updated, full-life-cycle-costed district WASH investment plans as the actual basis for each district’s annual WASH budget submission, rather than as a parallel planning exercise.

Evidence	Refresher training on life-cycle costing tools found that investment plans and underlying asset data are “not consistently updated or used,” limiting their influence on planning and budgeting.
Mechanism	Director of Planning sign-off on investment-plan currency as a mandatory attachment to the annual WASH budget submission, linked to the corresponding MININFRA budget precondition.

R-13 – Within 1 year

Continue and formally resource the District Sanitation Centre / community sanitation showroom supply chain, preserving the price-tiered relationship between national distributors, DSCs, community sanitation showrooms, and village agents through a coordination agreement with PSF district managers.

Evidence	Sanitation supply-chain workshop findings show sales agents committed to continuing door-to-door sales post-closure but flagged that they need operational support (bicycles, branded materials) to sustain pace; the model currently depends on project facilitation to hold the pricing tiers together.
Mechanism	A DWASHB–PSF coordination agreement assigning continued oversight of the DSC/CSS network, with a modest district budget line for agent operational support.

District Government

R-14 – Within 1 year

Formally close the gap between district WASH investment plans and the district budget cycle by integrating investment plan priorities into annual district budget submissions as standard practice.

Evidence	FLCC refresher training (35 participants, March 2026) found that investment plans and underlying asset data are "not consistently updated or used," limiting their influence on planning and budgeting. Five districts now have shovel-ready project pipelines from the FLCC work but these pipelines only translate into investment if districts treat them as living budget instruments rather than static project deliverables.
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Mechanism	Districts should designate a named WATSAN staff member as responsible for investment-plan currency and update at the start of each planning cycle. Director of Planning formal sign-off on investment-plan currency as part of the annual WASH budget submission.
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R-15 – Within 1 year

Close the accountability gap between district-level DWASHB oversight and private-operator performance by requiring that operators submit monthly technical and financial reports to WASH committees in a standardized format, not only to WASAC and RURA.

Evidence	WASH Committee members across Rwamagana, Ngoma, Nyamagabe, and Nyanza consistently reported that they interact with operators on complaints and minor repairs but "do not regularly receive or review their reports" and have "not much information about how the district works with the private operator." The delegated management model depends on community-level oversight complementing WASAC supervision – where committees lack access to operator performance data, the accountability loop is incomplete.
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Mechanism	A standard two-page monthly operator report template (production volume, billing, maintenance activity, outstanding repairs) adopted by DWASHBs in all ten districts, shared with WASH committees at their monthly meetings as a standing agenda item.
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R-16 – Within 1 year

Use the Rwamagana peer-learning model as a standing peer-exchange mechanism, specifically targeting the three districts where NRW remains above 38% and youth-led operators are still consolidating..

Evidence	District-level NRW variation at project close maps almost exactly onto operator experience: Kirehe, Rwamagana, Nyamagabe, and Nyabihu below 35%; Ruhango, Nyanza, and Ngororero above 38%. MKM in Rwamagana independently scaled NRW reduction from above 45% to approximately 23% at its own initiative and has already served as a peer-learning host during the project period. The three weaker districts have new youth-led operators who went through a
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compressed reskilling programme; directed peer exchange is the most cost-effective next step for continued performance improvement.

Mechanism

DWASHBs in the lower-performing districts formally request and budget for at least one peer-learning visit to Rwamagana or Kirehe in the next planning cycle, coordinated through WASAC branch managers and using the benchmarking tool already handed over to WASAC.

R-17 – Ongoing

Absorb the Hygiene Focal Points into the district's existing community health structures, ensuring they are supervised, tasked, and reimbursed through the same systems as Village Health Workers and CBEHPP community health agents.

Evidence

The project was working at close to transfer HFP management to district authorities, but the transfer mechanism and budget are not confirmed. Without absorption into a paid, supervised structure, HFPs are likely to reduce activity when the project coordination stops.

Mechanism

District EHO offices formally incorporating HFPs into CBEHPP supervision rosters, with the same visit reporting requirements, performance spot-checks, and community health coordinator oversight that Village Health Workers receive.

WFP and Consortium

R-18 – Immediate

Produce a structured handover note, district by district, on the state of operator capacity, NRW monitoring infrastructure, and sanitation market systems at project close, specifically flagging which operators are most fragile and which DSC/CSS nodes have the weakest continuation prospects, so WASAC, DWASHBs, and any successor programme can prioritise follow-up without starting from scratch.

Evidence

District-level NRW data shows clear variation: districts with established operators (Kirehe, Rwamagana, Nyamagabe, Nyabihu) sit below 35% NRW; districts with newly introduced youth companies (Ruhango, Nyanza, Ngororero) remain above 38% at endline.

Mechanism

A district-level status matrix (one page per district), completed and shared with WASAC, MININFRA, and district WASH offices before the final project team exit.

R-19 – Future

Use the DQ selling methodology and Village Agent network as the starting point for sanitation programming in new districts.

Evidence	The Decision Intelligence selling approach, piloted from FY2023 and scaled from FY2024, produced the largest single-year jump in both shop sales and families gaining sanitation access.
Mechanism	Future programme design documents for Rwanda's rural sanitation components should include a baseline assessment of active DSC/CSS nodes from project districts in Year 1 and build from functioning nodes outward into new sectors, rather than designing a new demand-creation model. The DQ training materials, the ERP messaging framework, and the mason and agent training curricula should be requested from CARE International and Water For People as reference inputs to new programme design.

R-20 – Immediate

Formally transfer coordination of the DSC/community showroom supply chain to PSF district managers through a written coordination agreement.

Evidence	The supply chain workshop finding shows sales agents committed to continuing door-to-door activity post-closure but flagged they need operational support to sustain pace and pricing discipline. The supply chain pillar in MBS is the most structurally vulnerable at close because the pricing-tier relationship between DSCs and CSSs depends on ongoing coordination that no single actor in the chain currently owns. PSF district managers are the most natural successor given their existing private-sector coordination mandate.
Mechanism	A written coordination agreement between CARE International, PSF district managers, and DSC operators in each of the ten districts, signed, assigning ongoing supply-chain coordination responsibility to PSF and specifying the minimum coordination touchpoints (quarterly supply-chain meetings, price-tier verification, new mason and agent referrals) that PSF will maintain.

US Government

R-21 – Next funding cycle

Future awards should specify institutionalisation milestones (adoption into government training and recruitment, tools transferred to and hosted by a named government entity, SOPs formally approved) as reportable deliverables with intermediate deadlines, rather than as close-out activities.

Evidence	Isoko y'Ubuzima's most durable results are those absorbed into permanent government architecture: DWASHB SOPs approved by MININFRA, the CMS-RWSS platform hosted on RURA servers, district-initiated reflection meetings convened without implementer facilitation, and WASH Academy curricula.
Mechanism	Funding Opportunity/RFP should require applicants to name, at proposal stage, the specific government instrument (policy, SOP, budget line etc.) into which each intervention will be embedded.

Future investments in fund market development or systems strengthening should be done integrated with capital finance component.

Evidence	The project improved sanitation awareness and product availability through MBS approach and a significant reduction of NRW through capacity building and CMS system which improved collection efficiency. But financing constraints remain for households and POs. Households cited affordability issues and said many HH with people with disabilities, ultra-poor and female-headed are unable to access mainstream financing sources. Even POs said that tariffs only cover O&M costs and not capital replacement or network expansion.
Mechanism	Programmes should be structured so that demand- and capacity-side work is accompanied by a concessional or blended facility accessible to utilities and private operators for rehabilitation and expansion.

5. Annexure

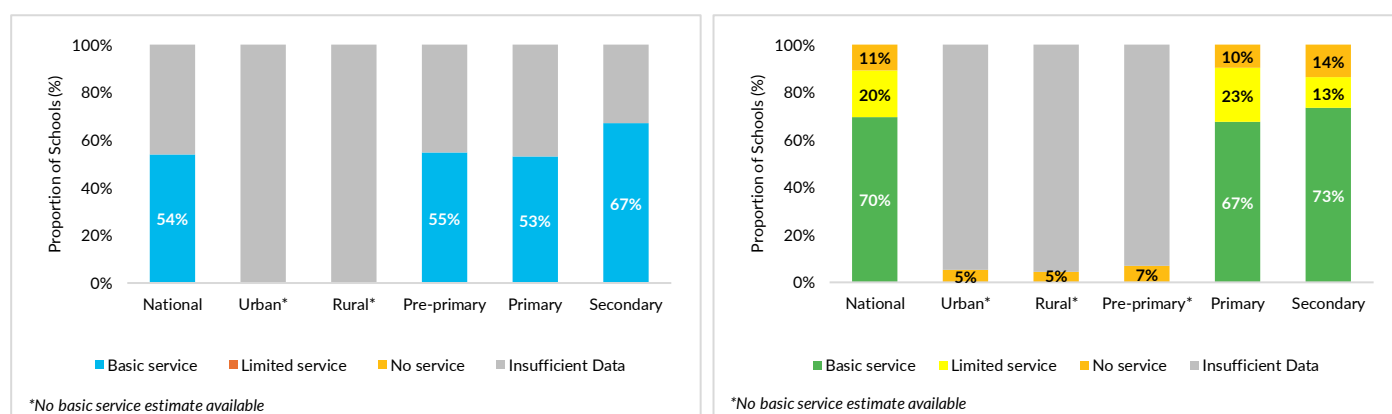
5.1 WASH Context of Rwanda (Extended)

WASH in Schools and Healthcare Facilities

Access to WASH in educational and healthcare settings represents a critical dimension, directly affecting learning outcomes, infection prevention, and the quality of care. The WHO/UNICEF JMP 2023 data indicate mixed progress in schools, with relatively better performance in sanitation than water and significant monitoring gaps, particularly for hygiene (WHO & UNICEF, 2023a). However, the WATSAN Backward-Looking Joint Sector Review (BLJSR) for FY 2023/24, published by MININFRA, provides more recent and encouraging government data that updates the JMP picture (MININFRA, 2024a).

At the national level, JMP 2023 data show that 54% of schools have access to basic drinking water services, while a substantial 46% lack sufficient data, highlighting major monitoring gaps (WHO & UNICEF, 2023a). Disaggregated data suggest somewhat higher coverage in secondary schools (67%) compared to primary (53%) and pre-primary (55%). However, the WATSAN BLJSR 2023/24 reports that schools with improved drinking water had increased to 81.6% by FY 2023/24, up from a baseline of 54.2% in FY 2018/19 (MININFRA, 2024a). This substantial improvement reflects targeted investments in school water infrastructure during the NST1 period. The MINEDUC Education Statistical Yearbook 2023/2024, covering the academic year ending July 2024, provides additional institutional data on school infrastructure, including learning materials and facility conditions, though granular WASH-specific breakdowns by JMP service levels remain limited in government reporting systems (MINEDUC, 2025).

For sanitation in schools, JMP 2023 data indicate that 70% of schools nationally have basic sanitation services, while 20% have limited services and 11% lack adequate facilities. Basic coverage is higher in secondary schools (73%) than primary (67%). Urban-rural breakdowns remain largely unavailable, with insufficient data reaching up to 95% in some disaggregated categories. No reliable JMP data exist for hygiene services across any school level or geographic category, representing a critical evidence gap for assessing handwashing facility availability - an essential element for disease prevention and menstrual hygiene management.



Graph 28: JMP Drinking Water and Sanitation Service Ladder for School in Rwanda (JMP, 2023)

In healthcare facilities, the JMP 2023 data present a more detailed but uneven picture. Water services are comparatively strong: 81% of facilities have basic water services nationally, with higher coverage in urban areas (92%) than rural (78%) and universal access in hospitals (100%) compared to 79% in non-hospital facilities (WHO & UNICEF, 2023b). The WATSAN BLJSR 2023/24 corroborates this, reporting that health facilities with improved drinking water stood at 97.2% (MININFRA, 2024a). Sanitation remains the most critical challenge in healthcare settings. Only 11% of facilities have basic sanitation services nationally, with 41% relying on limited services and 48% lacking adequate facilities entirely, rising to 52% in rural areas (JMP: WHO & UNICEF, 2023b). Hospitals perform markedly better (49% basic) than non-hospital facilities (9%). Hygiene coverage is moderate: 46% of facilities have basic hygiene services, with higher access in urban areas (62%) than rural (42%) and strong hospital performance (90%). While no facilities report complete absence of hygiene services, the high proportion under "limited service" (54%) indicates that handwashing facilities may be present but lack consistent soap or water availability. These gaps in sanitation and hygiene in healthcare settings pose significant risks for healthcare-associated infections and undermine infection prevention and control efforts.



Graph 29: JMP Drinking Water, Sanitation, and Hygiene Service Ladder for Healthcare Facilities in Rwanda (JMP, 2023)

Faecal Sludge and Wastewater Management

Faecal sludge and wastewater management represents one of the most underdeveloped segments of Rwanda's WASH sector. The vast majority of Rwanda's population relies on on-site sanitation systems - primarily pit latrines and, in urban areas, septic tanks - that contain excreta but do not treat it. The 2022 Census data reveal that only 5.5% of households nationwide (7.6% urban, 4.6% rural) dispose of sewage into a main sewer; the remainder discharge into courtyards (44.9%), bush (19.5%), cesspools (18.1%), or sumps (7.7%) (NISR, 2023). This pattern means that the overwhelming majority of fecal sludge generated across the country is either contained in pits without treatment or

discharged directly into the environment, posing significant risks to groundwater, surface water sources, and public health.

Rwanda's formal treatment infrastructure has been expanding but remains limited relative to need. As of November 2025, wastewater treatment facilities had been completed in three secondary cities – Nyanza, Kayonza, and Nyagatare - with construction underway in Musanze, Karongi, Rusizi, and Rubavu, and feasibility studies being finalised for Muhanga, Huye, Bugesera, and Rwamagana (Nyampinga, 2025).

No comprehensive national estimate exists for the volume of fecal sludge generated versus the volume actually collected, transported, and treated at formal plants. Given that formal treatment capacity currently covers only a fraction of the three secondary cities with completed facilities and that the Kigali FSTP and centralized sewerage remain under development, it is reasonable to conclude that the vast majority of Rwanda's fecal sludge and wastewater remains untreated, representing a critical gap in the country's safely managed sanitation chain.

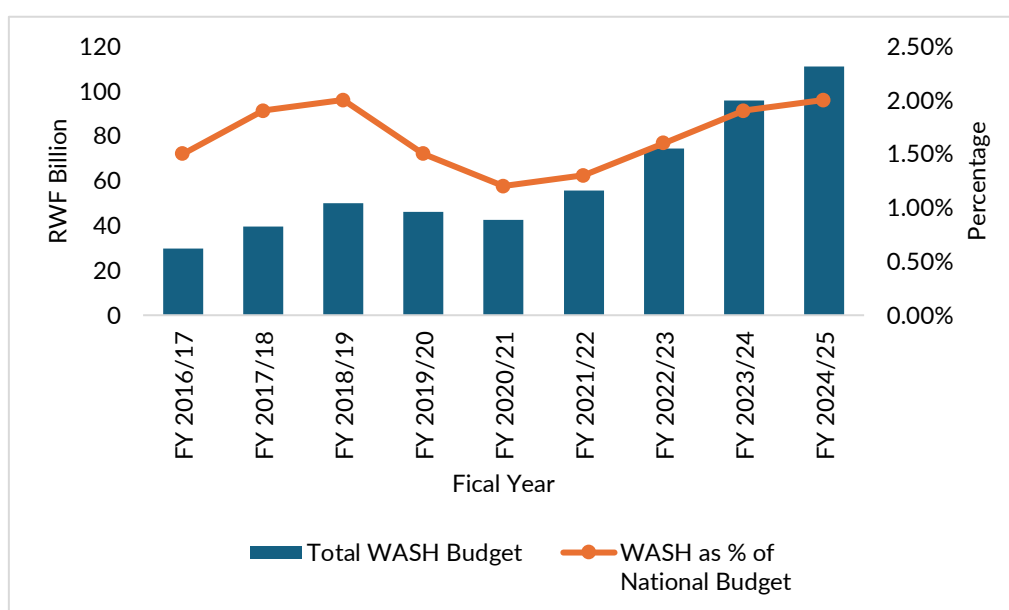
WASH Service Quality and Disparities

Beyond aggregate national coverage figures, Rwanda's WASH sector is characterised by substantial disparities across geographic, socioeconomic, and demographic dimensions. The most prominent divide is between urban and rural populations. EICV7 data show that 97.1% of urban households use improved drinking water sources compared to 86.4% in rural areas, over 10-percentage-point gap (NISR, 2025). When assessed by the JMP service ladder, the urban-rural gap widens further: approximately 86% of urban households have at least basic drinking water (including 53% safely managed), whereas only 56% of rural households achieve basic service (WHO & UNICEF, 2024). In sanitation, the disparity is inverted at the basic service level - rural areas report higher basic coverage (87%) than urban areas (56%) - because urban households are more likely to share sanitation facilities. However, urban areas have significantly higher rates of safely managed sanitation due to better excreta containment and treatment infrastructure.

Provincial disparities are equally striking. EICV7 data indicate that Kigali City has the highest proportion of households using improved water sources (96.2%) with 34.0% have piped water into dwelling/yard, while the Eastern Province has the lowest level of improved drinking water sources (82.9%) and 11.7% usage surface water sources. The EICV7 Poverty Profile Report reveals that 14 out of 30 districts have poverty rates above the national average of 27.4%, with several Isoko y'Ubuzima project districts – including Nyamagabe (51.4%), Nyanza (43.3%), Kayonza (36.6%), Nyagatare (36.4%), Ngoma (30.9%), and Ngororero (30.2%) – among the poorest (NISR, 2025b). Poverty strongly correlates with WASH access: poor households are less likely to have piped water connections, are more dependent on distant communal water points, and are less able to invest in improved sanitation or hygiene facilities.

Government WASH Expenditure Trends

The WASH budget shows a strong nominal upward trajectory, rising from RWF 29.7 billion in FY 2016/17 to RWF 111 billion in FY 2024/25 – a nearly four-fold increase. Yet as a share of the national budget, WASH has remained largely stagnant, falling from 2.7% in FY 2014/15 to a low of 1.2% in FY 2020/21 and recovering only to 2.0% by FY 2024/25 (UNICEF Rwanda, 2018 and 2024b). Per capita WASH spending rose from RWF 2,510 in FY 2016/17 to RWF 8,036 in FY 2024/25 but remains far below the RWF 19,378 per person required to meet the SDG targets by 2030. The WASH budget as a share of GDP has hovered between 0.4% (FY 2020/21) and 0.7% (FY 2024/25), indicating that WASH investment has not kept pace with broader economic growth.



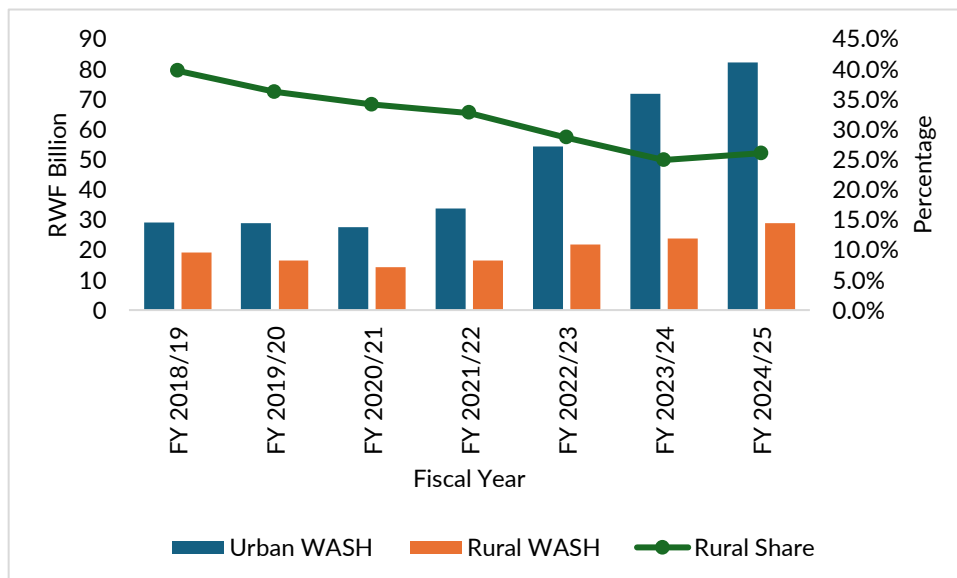
Graph 30: WASH sector budget allocation and its percentage share in the national budget

Within the WASH envelope, drinking water access dominates, absorbing RWF 78.6 billion (72%) in FY 2024/25 (UNICEF Rwanda, 2024b). Sanitation has historically been marginal – as low as RWF 0.1 billion in FY 2014/15 – but surged to RWF 19.9 billion in FY 2023/24, largely on the back of the Kigali centralised sewerage system and urban FSM investments (UNICEF Rwanda, 2023). District-level water and sanitation infrastructure allocations have been volatile, peaking at RWF 19.8 billion in FY 2022/23 before declining to RWF 13.8 billion in FY 2023/24. Hygiene and environmental health has received negligible public funding throughout, with zero allocation in FY 2021/22 and no separate budget treatment in subsequent UNICEF briefs.

Table 25: Allocation of the WASH budget to different major WASH components

Fiscal Year	Drinking Water Access (RWF Billion)	Sanitation Access (RWF Billion)	District W&S Infrastructure (RWF Billion)	Policy M&E / Hygiene (RWF Billion)	Total (RWF Billion)
FY 2017/18	25.4	0.9	12.8	0.4	39.5
FY 2018/19	32.5	6.5	10.2	0.7	49.9
FY 2019/20	35.6	4.5	5.1	1	46.2
FY 2020/21	33.2	9.3	7.8	0.5	50.9
FY 2021/22	31.7	3.5	13.9	0.2	49.3
FY 2022/23	47.2	8.8	19.8	2.5	78.3
FY 2023/24	59.7	19.9	13.8	2.3	95.7
FY 2024/25	78.6	~15.2	~11.8	~5.5	111.1

A persistent structural imbalance also exists between urban and rural allocations. Rural WASH's share of total allocations fell from 61.4% in FY 2016/17 to just 24.9% in FY 2023/24, even though the majority of Rwandans live in rural areas and rural basic water access (56%) lags urban (86%) (WHO & UNICEF, 2024). Capital development overwhelmingly dominates the WASH budget, averaging 99% of total allocations over the past seven years and leaving minimal resources for O&M (UNICEF Rwanda, 2021).



Graph 31: Urban-rural WASH budget distribution and the proportion of funding allocated to rural areas.

Budget execution has also been uneven: district-level execution improved from 55.3% in FY 2016/17 to 97.8% in FY 2018/19 before falling to 90.3% in FY 2019/20 (COVID-19), while central government execution reached only 58.1% in FY 2019/20 (UNICEF Rwanda, 2020). The WASH budget has been consistently revised downward at mid-year – by as much as 29.8% in FY 2019/20 – undermining predictability and planning, with FY 2021/22 the only year revised upward (+13%, driven by sanitation) (UNICEF Rwanda, 2021 and 2022).

Fiscal Decentralization and Intergovernmental Transfers Related to WASH

District-level WASH expenditure is financed through a blend of own revenues (generally low, higher in urban districts), MININFRA/MINECOFIN earmarked transfers, LODA block grants distributed by a formula combining surface area, population, and poverty levels, development partner contributions, and borrowing (MINECOFIN, 2025 and UNICEF Rwanda, 2023). The district share of the total WASH budget has fluctuated sharply – from 34.6% in FY 2016/17 to 10.6% in FY 2019/20, recovering to 25% in FY 2022/23 before falling again to 14.5% in FY 2023/24 – reflecting the absence of any dedicated ring-fencing of WASH at district level and the discretion districts retain over competing infrastructure needs. The Isoko y'Ubuzima project's analysis of ten districts (FY 2021/22–FY 2024/25) confirms extreme variability: Nyabihu's per capita WASH allocation rose by 553% from baseline, while Ngoma's fell by 79% over the same period (Mugabo, 2026). WASAC operates on a parallel track, financing capital investments (e.g., Kigali Bulk Water Supply, treatment plants) through government transfers and concessional loans channelled through MININFRA, while covering only O&M from tariff revenue (JICA, 2024).

Financing Channels and Mechanisms

WASH financing in Rwanda flows through several distinct channels and instruments. The primary channel is the national budget, through which MINECOFIN allocates resources to four programme budget lines as specified in the annual State Finance Laws: (i) **Drinking Water Access, managed**

centrally by WASAC; (ii) Sanitation Access, also managed centrally; (iii) Water Infrastructure and Sanitation for Districts, transferred to 30 district governments; and (iv) Water and Sanitation Policy Development, Monitoring and Evaluation (UNICEF WASH Budget Brief FY 2023/24). Of these, the first three are development (capital) budget lines, while policy monitoring falls under recurrent expenditure. Notably, 99% of the total WASH budget over the past seven years has been allocated to capital development, with negligible provision for recurrent costs including operations and maintenance (UNICEF WASH Budget Brief FY 2021/22).

The second major financing channel consists of **concessional loans and grants** from multilateral and bilateral development partners, which are channelled through the national budget as external resources. These appear in the State Finance Laws as externally financed components of MININFRA and WASAC budget lines. The AfDB's sector budget support programme (UA 75 million, approved June 2023) represents a notable innovation - a policy-based operation that provides general budget support tied to sector reform milestones rather than earmarked project funding (AfDB, Rwanda Sustainable and Resilient Water and Sanitation Program). This is complemented by traditional project-based lending, such as the AfDB's USD 250 million Sustainable Water Supply and Sanitation Program for Transformation approved in December 2023, which finances specific infrastructure investments including the Nzove water treatment plant rehabilitation and regional water supply networks (AfDB/AGTF, December 2023).

A third emerging channel is **commercial lending for WASH**. In June 2025, Bank of Kigali, in partnership with UNICEF and Water For People, launched Rwanda's first dedicated WASH loan product, offering RWF 50 million to RWF 500 million to private WASH operators and SMEs at 10-14% interest over five years. This product was designed based on a comprehensive WASH financing landscape assessment conducted by MicroSave Consulting, which identified barriers to financial sector participation in WASH, including perceived credit and market risks and the absence of appropriate financial products. The product represents a shift towards leveraging private capital to complement public financing.

At the household and community level, financing mechanisms include Village Savings and Loan Associations (VSLAs), Savings and Credit Cooperatives (SACCOs), and microfinance institution (MFI) loans. The Isoko y'Ubuzima project's MBS Strategy found that only 3% of respondents had taken loans for improved toilets, mainly from saving groups and SACCOs, indicating that formal sanitation financing remains severely underdeveloped at household level. The strategy proposed linking VSLA groups to formal financial institutions, piloting the Chomoka electronic savings management application, and facilitating in-kind loans for women sanitation entrepreneurs through District Sanitation Centres. Together, these channels - fiscal transfers, concessional lending, commercial finance, and community savings mechanisms - constitute the multi-layered architecture through which WASH financing flows from source to end use in Rwanda.

Role of Development Partners and External Funding

External resources grew from RWF 9.9 billion (19.9% of WASH budget) in FY 2018/19 to an estimated RWF 72 billion (65%) in FY 2024/25 (UNICEF Rwanda, 2018 and 2024b). This shift has been driven primarily by the AfDB, which has committed over USD 350 million since 2019, including the 2019 Sustainable Water Supply and Sanitation Program, the UA 75 million Sustainable and Resilient WASH Program, and the USD 199.5 million AfDB plus USD 50 million AGTF Phase I programme. The Netherlands signed a EUR 22 million MoU for IWRM in the Sebeya and Karambo sub-catchments. UNICEF supports systems strengthening, evidence generation, WASH in emergencies, and rural infrastructure and O&M capacity. USAID financed the five-year, multi-district Isoko y'Ubuzima project (2021–2026), led by Water For People with IRC, VEI, CARE International, and AEE, focusing on governance, water service improvement, and market-based sanitation. JICA

supports the WASAC Utility Turnaround project, focused on NRW reduction and operational efficiency in Kigali.

Government Allocations versus Externally Funded Projects

The data reveal a clear division of labour with important implications for sustainability. Government domestic resources spread modestly across all 30 districts through earmarked transfers, predominantly for rural water. External funding concentrates on large-scale urban and peri-urban infrastructure – treatment plants, bulk supply, and centralised sewerage – with higher per-project values but narrower geographic coverage; the AfDB Phase I programme alone targets approximately 1.25 million people in the Nyaruguru–Huye–Gisagara corridor (AfDB, 2023). Development partner-funded programmes such as Isoko y'Ubuzima and UNICEF's WASH interventions concentrate on systems strengthening, governance capacity, and rural service delivery – precisely the areas that receive minimal domestic budget attention. While external resources have enabled Rwanda to more than double its WASH envelope since FY 2020/21, the trajectory is unsustainable on present trends: concessional loans carry repayment obligations and grants are exposed to donor priorities. The FY 2022/23 Budget Brief therefore recommends that the government "complement external finances with more domestic resources to ensure sector financing sustainability" (UNICEF Rwanda, 2022).

5.2 Evaluation Methodology

Approach

The final evaluation of Isoko y'Ubuzima is grounded in a structured, criterion-based framework drawn from the OECD Development Assistance Committee evaluation criteria, is organized around all six evaluative lenses — relevance, coherence, effectiveness, efficiency, impact, and sustainability — through which the project's performance, outcomes, and legacy will be assessed. This framework is the internationally recognized standard for evaluating development programmes and is fully consistent with U.S. Department of State requirements for performance evaluations of federally funded assistance awards.

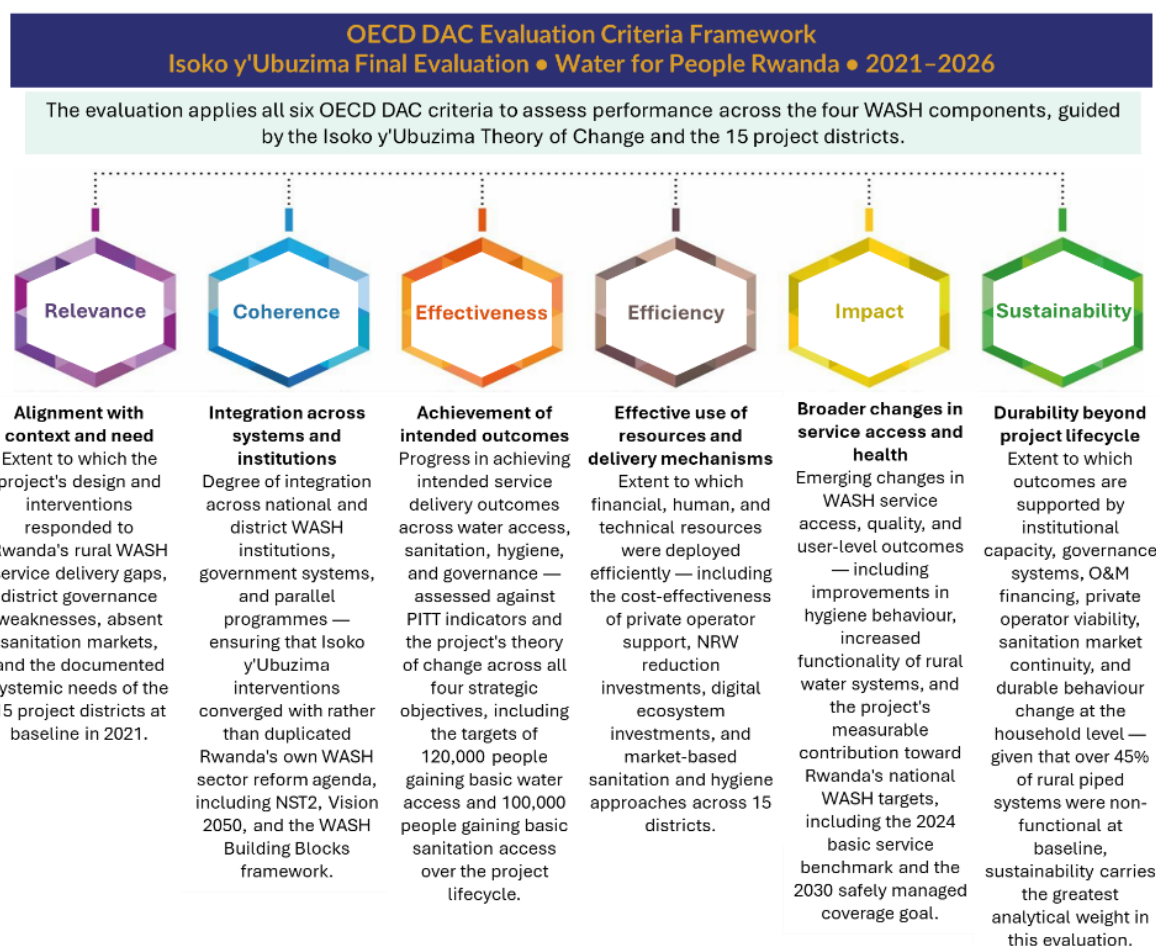


Figure 15: Contextualized OECD DAC Evaluation Criteria Framework for Final Evaluation

Critically, the OECD-DAC framework is not applied as a rigid template but as contextualized to the specific intervention logic, theory of change, and evaluation questions articulated in the Terms of Reference. Each criterion will be operationalized through a set of evaluative sub-questions drawn directly from the TOR, linked to specific indicators from the PITT, and assessed using evidence triangulated across quantitative and qualitative data sources. Coherence will examine the degree to which Isoko y'Ubuzima's interventions integrated with and reinforced Rwanda's own WASH sector reform agenda — including the District-Wide Approach, WASAC's regulatory framework, and national planning processes — rather than operating in parallel to them. Impact will assess the broader changes in WASH service access, quality, and user-level outcomes emerging from the project, including progress toward Rwanda's national targets of 100% basic water and sanitation access and safely managed coverage by 2030.

Given the baseline conditions documented across the 15 project districts — where the dominant challenge was a broken service delivery system rather than a simple infrastructure deficit — particular analytical weight will be placed on the sustainability criterion, examining whether the institutional, financial, and behavioral changes the project sought to embed have taken root durably enough to outlast the program lifecycle. The framework is fully elaborated in this Inception Report, including the precise mapping of evaluation questions, sub-questions, indicators, data sources, and methods of analysis for each criterion — forming the analytical backbone of the entire evaluation. The evaluation design is additionally aligned with Rwanda's National Evaluation Policy (2019), adopted by MINECOFIN, which establishes independence, credibility, utility, and ethical conduct as the foundational principles of evaluation practice in Rwanda.

The OECD-DAC framework will be operationalized through a mixed-methods evaluation design that combines quantitative and qualitative evidence streams in a systematic and mutually reinforcing way. Quantitative data will be drawn from household surveys administered to 505 beneficiaries across the 10 core project districts — approximately 295 water system users under SO2 and 210 VSLA members and sanitation product users under SO3 — and validated against PITT indicators. Qualitative data, drawn from 30 Focus Group Discussions and 44 In-Depth Interviews across all 15 project districts, will generate the explanatory and contextual insights necessary to assess relevance, coherence, efficiency, and sustainability. The IDIs span four levels: 15 national interviews with government ministry officials and implementing partners; 20 district-level interviews; 12 interviews with private operators, WASAC managers, and SACCO branch managers; and 8 community-level interviews with ODF natural leaders and health facility managers. The two evidence streams will be systematically triangulated within the OECD-DAC analytical matrix, with areas of convergence strengthening the confidence of findings and areas of divergence explored in depth.

The analytical framework will employ contribution analysis “a structured approach that assesses how and why an intervention contributed to observed outcomes without claiming sole credit in a multi-actor environment” as its primary causal logic, tracing the programme's theory of change across each strategic objective and assessing the strength of evidence for each causal link rather than claiming direct attribution. This is particularly important across the three core strategic objectives: for governance and institutional strengthening outcomes under SO1; for water service delivery, NRW reduction, and private operator capacity under SO2, where QIS scores and operational performance data form the primary evidence base for assessing causal links; and for market development outcomes under SO3, where multiple actors and policy levers operate concurrently alongside the programme. For the MVD WASH response component, a rapid assessment approach will be applied across the relevant districts, drawing on facility-level observation data and health system stakeholder interviews.

The evaluation upholds rigorous ethical standards throughout. All participation is voluntary and based on informed consent, data is de-identified at the point of collection, and all instruments will be administered in Kinyarwanda by trained enumerators. The evaluation will fully comply with U.S. Department of State requirements for performance evaluations of federally funded assistance awards, including evaluator independence, transparent reporting of methodological limitations, and submission of cleaned datasets alongside the final report. A structured validation of PITT monitoring data will be conducted during the inception phase, cross-checking reported actuals against source documents and annual progress reports to confirm the reliability of the quantitative evidence base before analysis begins.

Methodology

The evaluation methodology was structured across three sequential phases spanning six weeks, began with a two-week inception phase in which the evaluation team will undertake a comprehensive

secondary data review of project documents, national policies, and sector literature, finalise the assessment framework, develop all data collection instruments, and submit the Inception Report before any primary data collection commences. The second phase, running from weeks 3 to 4, constituted the primary data collection period, encompassing finalisation of the sampling plan for the 603 household surveys, 30 FGDs, and 44 IDIs; field visit planning; enumerator onboarding and training; piloting of all tools; and full quantitative and qualitative data collection across core project districts. The kick-off meeting with Water For People and key stakeholders held at the close of the inception phase in week three, following Inception Report submission and review, so that the evaluation framework and instruments are formally agreed before fieldwork commences. The third and final phase, running from weeks 5 to 6, covered data processing through quality checks and transcription, rigorous data analysis in accordance with the OECD-DAC evaluation framework using NVivo for qualitative data and R for quantitative data, and systematic triangulation of findings across all evidence streams. Draft findings presented to Water For People and key stakeholders for review and feedback, ensuring that conclusions are technically validated and contextually grounded before the final report is produced. The phase culminated in the submission of the full final evaluation report, a PowerPoint presentation of findings, and a learning brief tailored for government stakeholders – all delivered within the six-week timeline.

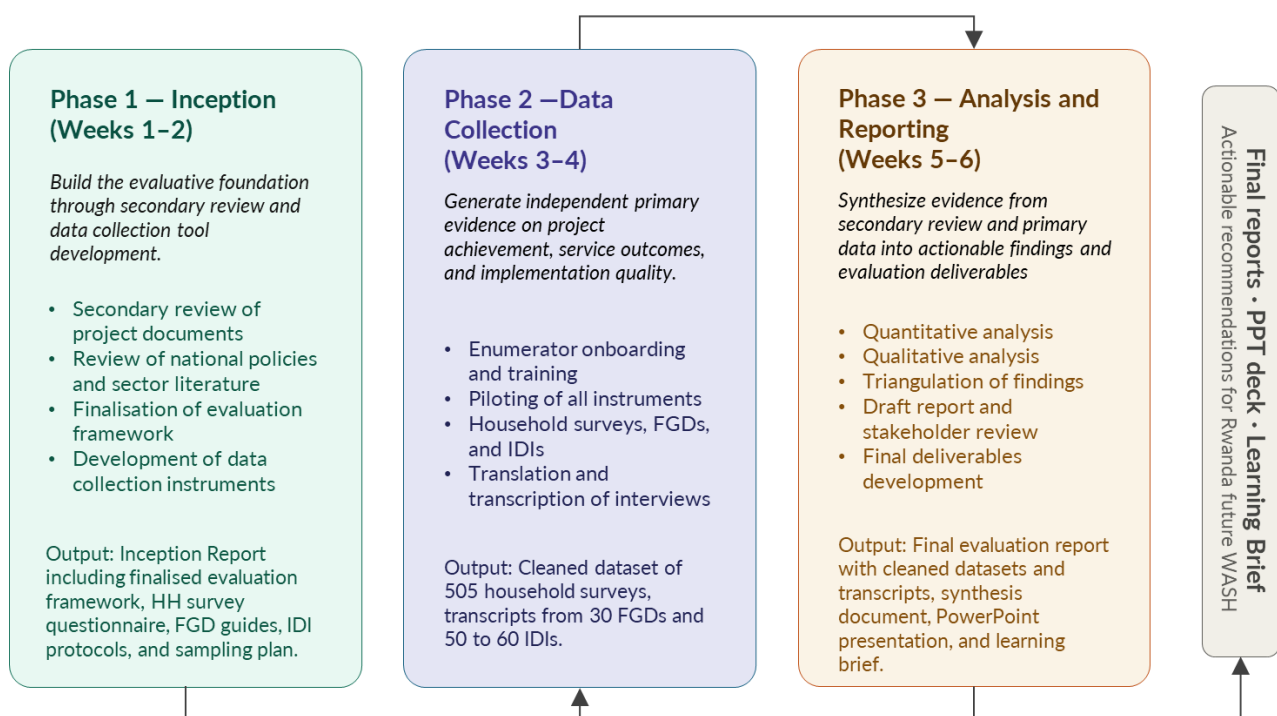


Figure 16: Final Methodology Overview

Phase 1 Inception

The inception phase established the evaluative foundation upon which all subsequent data collection and analysis activities were built. It was designed to ensure alignment between the evaluation team and Water For People on objectives, scope, methodology, and operational logistics before any primary data collection commences. The inception phase ran across the first two weeks, culminating in the submission of a formal Inception Report for review by Water For People before fieldwork begins. The phase comprised four interrelated activities, each described below.

Secondary Data Review

The evaluation team undertook a systematic review of secondary documents provided by Water For People and sourced independently, to deepen its understanding of the project's design, theory of

change, implementation history, and existing evidence base. The following documents and sources will be reviewed.

Project documentation provided by Water For People: The project details and cooperative agreement; the approved Monitoring, Evaluation and Learning Plan; approved annual and quarterly work plans; annual progress reports covering the full five-year project; other assessment reports and data sheets produced during implementation, etc.

National policy and sector frameworks: Rwanda's National WASH Policy and associated implementation strategy; the National Water and Sanitation Strategic Plan; Rwanda's Decentralisation Policy and Local Government Act, particularly as it pertains to District WASH governance responsibilities; the WASH Building Blocks framework as adopted in Rwanda; national guidelines on Operations and Maintenance of rural water supply systems; Rwanda's National Sanitation and Hygiene Policy; Infection Prevention and Control guidelines applicable to health facilities and public places; and the Government of Rwanda's Marburg Virus Disease preparedness and response frameworks.

Sector and reference data: Joint Monitoring Programme data and WASH sector progress reports for Rwanda; District WASH Board performance reports for the 15 project districts; WASAC operational and financial performance reports; data from Rwanda's WASH Management Information System; any available community scorecard reports produced under the project; baseline data and, where available, midline assessment findings; and reports from prior U.S. Government-funded WASH evaluations in Rwanda or comparable sub-Saharan African contexts, to situate Isoko y'Ubuzima's performance within the broader landscape of WASH programming.

The secondary review will serve a dual purpose: building the evaluation team's contextual and technical understanding of the WASH sector in Rwanda and the specific interventions under review, while identifying data and evidence gaps that must be addressed through primary data collection.

Development of Assessment Framework

The evaluation developed a comprehensive OECD-DAC based Evaluation Framework specifically tailored to the Isoko y'Ubuzima project, structured across all four strategic objectives and their associated intermediate results. The framework operationalised all six OECD-DAC criteria – relevance, coherence, effectiveness, efficiency, impact, and sustainability – into a detailed assessment matrix that maps each criterion to specific evaluative indicators, data sources, and analytical methods across all 15 intermediate results spanning decentralised WASH governance, rural drinking water services, rural sanitation and handwashing, and the MVD WASH response. This framework was designed not to replace Water For People's existing measurement infrastructure – including the PITT, MEL Plan, and monitoring instruments developed and maintained across five years of implementation – but to add the independent evaluative layer that routine monitoring cannot provide: assessing not only whether targets were met, but whether the project was well-designed, whether resources were used efficiently, whether outcomes will last, and whether the intervention logic held in practice. During the inception phase, the framework was triangulated against Water For People's PITT, MEL Plan, and existing survey instruments to produce a single consolidated evaluation matrix that is both externally rigorous and internally consistent with the project's five-year measurement history. The evaluation framework also took into consideration the U.S. Department of State's Standard Foreign Assistance Indicators, ensuring that findings are reportable against U.S. Government standard performance measures in addition to the OECD-DAC evaluative criteria.

Evaluation Framework: Isoko y'Ubuzima Final Evaluation

SO1: Improved Decentralised WASH Governance:

To assess whether national and district WASH institutions are stronger, more capable, and leading sector coordination and delivery independently.

Table 26: Evaluation Framework for SO1

DAC Criterion	Indicator	Indicator Definition
Relevance	Fit of WASH Systems Academy with Rwanda-specific capacity gaps	Degree to which WSA modules addressed gaps identified in the Rwanda WASH Building Blocks diagnostic across planning, financing, governance, and monitoring dimensions.
Effectiveness	Institutional use of strengthened capacities (PITT indicator)	% of trained national/district institutions that demonstrably applied a systems strengthening approach through revised plans, budget decisions, or coordination actions.
Effectiveness	Quality of Sector Working Group contribution	Number and substantive quality of WFP inputs to WASH SWG and Thematic Working Groups adopted into sector documents, standards, or inter-ministerial protocols.
Impact	Systemic WASH sector change attributable to the project	Specific, verifiable changes in national policy, regulation, or financing mechanisms attributable (with contribution logic) to project interventions — including WASH Finance Strategy, FSM Guidelines, Sewerage Guidelines.
Sustainability	Government-led WASH activity rate at national level	% of sector coordination, policy revision, and standard-setting activities at endline fully led by national institutions without WFP facilitation.
Relevance	District support prioritisation against governance baseline	Assessment of whether WFP's intensity of support across 15 districts was calibrated to pre-project governance capacity baselines at DWASHB and District WASH Office level.
Effectiveness	Operational quality of District WASH Boards (PITT indicator)	Whether DWASHBs are: (1) meeting ≥ quarterly, (2) reviewing WASH MIS data, (3) producing action points with accountability, (4) following up on prior decisions, and (5) engaging private operators on performance.
Effectiveness	WASH Investment Plan completeness and usability (PITT indicator)	Assessment of district WASH investment plans against: (1) multi-year cost estimates, (2) gender-disaggregated targets, (3) climate risk, (4) formal council approval, and (5) alignment with national WASH targets.
Effectiveness	Imihigo WASH target specificity and progression score	Change in quality and specificity of WASH targets in district Imihigo contracts from project start (2021) to near close (2025) — from vague to measurable (e.g., # functional water points, % ODF villages).
Efficiency	District WASH budget execution rate (PITT indicator)	Ratio of actual WASH expenditure to planned WASH budget allocation in each district per fiscal year during the project period.

DAC Criterion	Indicator	Indicator Definition
Sustainability	Capacity to produce new WASH plans independently post-project	Assessment of whether district WASH officers and DWASHB secretariats can produce an updated WASH plan meeting MININFRA quality standards without WFP facilitation.
Coherence	Coherence between IR 1.1 and IR 1.2 capacity trajectories	Degree to which district governance capacities built under IR 1.2 complement and connect with national institutional strengthening under IR 1.1 – avoiding gaps or duplication.
Relevance	Alignment of regulatory support with sector governance gaps	Assessment of whether RURA's capacity and mandate were the primary regulatory bottleneck, and whether project support (WASH Finance Strategy, FSM/Sewerage guidelines) targeted the most critical gaps.
Effectiveness	Adoption of project-supported national regulatory instruments	Number and quality of project-supported regulatory instruments (WASH Finance Strategy, National Sewerage Connection Guidelines, FSM Guidelines, 2023 National Water & Sanitation Policy) formally adopted and applied.
Sustainability	RURA regulatory capacity independence score	Degree to which RURA applies its regulatory mandate to rural water operators – licensing, compliance monitoring, tariff review – without requiring project technical support.
Impact	Normative shift in WASH political priority (independent of project)	Evidence that WASH has gained political salience in district priority-setting through channels independent of project facilitation. Indicators include: (1) districts voluntarily increasing WASH budget allocations beyond project-agreed targets; (2) district leaders referencing WASH in non-project political forums (Umuganda, citizen assemblies, sector coordination meetings); (3) Imihigo inclusion of WASH commitments initiated by district leadership rather than WFP prompting; and (4) qualitative evidence from key informant interviews with district leaders that WASH is viewed as a core governance priority – not solely a project deliverable. Assessed through document review and KIIs at endline, disaggregated by district.
Impact	Fitness of the Isoko y'Ubuzima governance model for government adoption and scale	Assessment of whether the governance support model deployed under Isoko y'Ubuzima – WSA-led capacity building, DWASHB strengthening, investment plan development, Imihigo integration – is compatible with government institutional structures, planning cycles, and budget processes at both national and district level. Specifically: (1) whether MININFRA/MINECOFIN have the institutional mandate and human resource capacity to replicate WSA-type capacity building at scale; (2) whether district governance mechanisms (DWASHBs, District WASH Offices) are sufficiently embedded in formal district administrative structures to continue without NGO facilitation; (3) whether the approach requires revision to fit within GoR's decentralisation framework and fiscal transfer systems; and (4) the degree to which government counterparts believe this model is scalable to districts not covered by the project. Methods: KIIs with MININFRA, MINALOC, and district mayors; document review of relevant GoR policy instruments.

SO2: Improved Drinking Water Services:

To assess whether rural water systems are more reliable, better managed, financially sustainable, and increasingly accountable to users.

Table 27: Evaluation Framework for SO2

DAC Criterion	Indicator	Indicator Definition
Effectiveness	Operational capacity of professionalised Private Operators	Composite score per PO across five domains: (1) financial record-keeping, (2) preventive maintenance scheduling, (3) user complaint handling, (4) tariff collection efficiency, and (5) regulatory reporting compliance.
Effectiveness	WASAC extension coverage trajectory	Number of community water schemes transitioned from WUC/PO to WASAC-managed or WASAC-supervised operation during the project period.
Sustainability	Financial viability of Private Operator model	Change in net operating income per project-supported PO over the project period – as an indicator of commercial viability without project subsidy.
Relevance	Responsiveness of rehabilitation to district service gaps	Extent to which rehabilitation and construction addressed districts with the lowest JMP service levels at baseline – particularly in achieving Basic or better service tiers.
Effectiveness	People gaining access to basic water services (PITT indicator)	Number of people using a project-rehabilitated or constructed water source who did not have access to basic water services (JMP-defined) at baseline.
Effectiveness	Rehabilitated system functionality rate (PITT indicator)	% of rehabilitated or constructed water supply systems producing water at or above design capacity at endline.
Effectiveness	Water collection time reduction (PITT indicator)	Mean change in one-way water collection time (minutes) between baseline and endline among project-area households.
Effectiveness	Accessibility standard compliance rate	% of rehabilitated systems where the nearest access point is within 500m and provides ≥ 20 litres/person/day per MININFRA standards.
Efficiency	Timeliness and cost-efficiency of infrastructure delivery	% of rehabilitation contracts completed within planned timeline and budget, with unit cost per beneficiary compared to sector benchmarks.
Impact	Contribution to reduced service disparities	Evidence (disaggregated by gender, wealth quintile, geography) that service reliability improvements disproportionately benefitted previously underserved communities.

DAC Criterion	Indicator	Indicator Definition
Effectiveness	Increase in funds available for routine O&M (PITT indicator)	Change in volume and reliability of funds available to cover routine O&M costs among supported operators — measured against full cost recovery benchmarks.
Effectiveness	Private Operator O&M investment rate	% of project-supported POs investing in O&M activities (preventive maintenance, pipe repairs, meter replacement) from own operating revenues without requiring project financial support.
Effectiveness	Non-revenue water (NRW) reduction rate (LLR 2.3.1)	Percentage reduction in NRW in each rehabilitated piped scheme — measured against scheme production vs. billed consumption records.
Sustainability	Financial sustainability ratio — tariff revenue vs. full O&M cost	Ratio of tariff revenue collected by POs to full O&M cost requirements per scheme per year — with 100% as the minimum threshold for sustainability.
Sustainability	District oversight of O&M financial standards	Degree to which DWASHB and District WASH Offices monitor PO financial performance and enforce O&M standards at endline without project facilitation.
Effectiveness	User-assessed improvement in Private Operator performance	Change in mean community scorecard score across project-supported PO service areas between baseline and endline.
Effectiveness	PO complaint response rate	% of formally logged user complaints or service requests that Private Operators resolved within 30 days.
Effectiveness	User-perceived PO responsiveness (PITT indicator)	% of service users reporting Private Operators are 'more responsive to needs and service requests' at endline compared to project start.
Coherence	Use of existing district and community structures for accountability	Degree to which project-supported accountability tools (community scorecards, DWASHB oversight) built on existing government structures rather than creating parallel systems.
Sustainability	District enforcement of operator accountability	Degree to which districts demonstrate capacity and willingness to enforce PO performance standards independently at endline.
Impact	Long-term government capacity to sustain and expand the PO regulatory model	Assessment of whether RURA, WASAC, and district WASH offices collectively have the institutional mandate, staffing, and budget to regulate, monitor, and support Private Operator performance at scale beyond project close. Indicators include: (1) whether RURA has issued or plans to issue formal PO licensing frameworks applicable to all rural schemes, not just project-supported ones; (2) whether WASAC's extension strategy formally allocates supervision responsibility for non-WASAC-operated schemes; (3) whether District WASH budgets include a dedicated line for PO monitoring; and (4) qualitative assessment of government appetite to expand the professionalised PO model to the remaining non-project

DAC Criterion	Indicator	Indicator Definition
		districts. Methods: KIs with RURA, WASAC management, and District WASH Officers; document review of RURA licensing pipeline and WASAC strategic plan; comparison of PO oversight intensity across districts with and without dedicated government WASH staffing.

SO3: Improved Sanitation and Handwashing Services and Products:

To assess whether rural households have the knowledge, motivation, access to products, and financial means to invest in improved sanitation and hygiene.

Table 28: Evaluation Framework for SO3

DAC Criterion	Indicator	Indicator Definition
Relevance	Appropriateness of SBC approach to binding sanitation constraints	Assessment of whether the project correctly diagnosed the primary constraint (knowledge gap vs. affordability vs. supply gap vs. social norm) and designed SBC activities accordingly – including CBEHPP and market-based demand creation.
Effectiveness	Increase in knowledge of improved sanitation and hygiene practices (PITT indicator)	Change in beneficiary knowledge of improved sanitation options, correct handwashing technique, and five critical handwashing moments between baseline and endline.
Effectiveness	KAP change on sanitation and hygiene (PITT indicator)	Change in composite KAP score across three dimensions: (1) knowledge, (2) positive attitude toward sanitation investment, and (3) self-reported and observed practice.
Effectiveness	HH sanitation and handwashing facility investment rate (PITT indicator)	Number and % of target households that constructed or upgraded a toilet and/or installed a handwashing facility following project SBC and market engagement activities.
Effectiveness	Intent to invest in sanitation or handwashing facilities	Proportion of households expressing concrete plans to upgrade or install improved sanitation/HWF following project interventions.
Impact	Equity in sanitation and hygiene improvements	Extent to which improved sanitation outcomes reached women, persons with disabilities, and low-income households – measured through disaggregated HH survey analysis.
Sustainability	Persistence of sanitation investment motivation post-project	Evidence that motivation to invest in sanitation and hygiene remains in the absence of ongoing project messaging – assessed through recall of SBC messages and self-reported hygiene practice.

DAC Criterion	Indicator	Indicator Definition
Relevance	Alignment of supply support with market bottlenecks	Degree to which project support to sanitation entrepreneurs addressed identified key constraints: skills gaps, supply chain weaknesses, last-mile delivery, and market coordination failures.
Effectiveness	Increase in functional sanitation service providers (PITT indicator)	Change in number of trained and operational sanitation entrepreneurs, suppliers, or service providers offering improved products and services in target areas.
Effectiveness	Availability of a range of sanitation product options (PITT indicator)	Presence and diversity of sanitation products (upgrades, slabs, superstructures, HWF kits) across different price points suitable for varying household income segments.
Effectiveness	Community Sanitation Showrooms /District Sanitation Centre sales volume	Number of sanitation products and services (latrine slabs, superstructure materials, HWF kits) sold through project-established Community Sanitation Showrooms and agents per quarter.
Efficiency	Cost per new functional sanitation service provider	Total project expenditure on supply-side support divided by number of trained and operational sanitation entrepreneurs active at endline.
Sustainability	Financial viability of sanitation service providers	Likelihood that supported entrepreneurs can sustain operations without project support — assessed through revenue, profit margins, and own investment plans.
Coherence	Integration of sanitation markets into district systems	Degree to which district authorities and local actors recognise and engage with market-based sanitation delivery approaches in DWASHB plans and Imihigo targets.
Relevance	Relevance of sanitation financing to household constraints	Extent to which project-supported financing options (MFIs, SACCOs, VSLAs, BRD-linked products) addressed key barriers: affordability, irregular income flows, collateral requirements, and loan product awareness.
Effectiveness	Sanitation loan/credit product availability (LLR 3.3.1)	Number of MFIs, SACCOs, and VSLAs in project districts offering a specific sanitation/hygiene loan product — and total loan portfolio value disbursed for sanitation/hygiene during the project period.
Effectiveness	Reach of financing mechanisms to target households	% of target households that accessed a financial product (loan, SACCO withdrawal, VSLA payout) specifically used for sanitation or hygiene investment during the project period.
Effectiveness	Sanitation affordability gap reduction	Change in proportion of target households reporting affordability as the primary barrier to sanitation investment between baseline and endline.

DAC Criterion	Indicator	Indicator Definition
Efficiency	Use of existing vs. parallel financial structures	Degree to which the project leveraged existing MFIs, SACCOs, and VSLAs rather than creating parallel financing mechanisms — assessed through ratio of leveraged-to-established financing channels.
Impact	Inclusion of lower-income and vulnerable households in sanitation financing	Extent to which financing mechanisms reached the poorest quintile, women-headed households, and persons with disabilities — disaggregated HH survey analysis.
Sustainability	Post-project sanitation finance product continuity	Evidence that MFIs/SACCOs plan to maintain sanitation loan products beyond project close — assessed through product retention commitments and repayment performance.
Impact	Normative shift in household and community sanitation norms (independent of project messaging)	Evidence that sanitation and hygiene have become internalised community norms rather than project-contingent behaviours. Assessed through: (1) spontaneous peer-to-peer hygiene norm enforcement observed in FGDs (community members citing social rather than project-driven motivation); (2) households investing in sanitation upgrades without any project SBC contact in the recall period; (3) community leaders or Umuganda committees independently raising sanitation standards as a local governance priority; and (4) change in stated reasons for sanitation investment (external pressure vs. personal/social norm). Methods: endline HH survey module on motivation for sanitation investment; FGDs in communities with confirmed low recent SBC contact; KIIs with village-level leaders.
Impact	Compatibility of market-based sanitation model with government service delivery mandate and structures	Assessment of whether MININFRA, district authorities, and the Rwanda Standards Board has the mandate, regulatory tools, and institutional appetite to steward a market-based sanitation delivery model at scale. Specifically: (1) whether district authorities have the capacity and interest to monitor sanitation entrepreneur performance and market quality; (2) whether existing regulation and consumer protection frameworks adequately cover sanitation product markets; (3) whether CBEHPP structures within the Ministry of Health can absorb and sustain demand generation functions; and (4) how the market-based model articulates with universal service obligations under the National Water and Sanitation Policy. Methods: KIIs with MININFRA, MINISANTE, district mayors and Social Affairs officers; review of relevant GoR regulatory instruments; structured discussion with sanitation entrepreneurs on perceived government engagement.

SO4 (MVD): WASH Response Plan — Marburg Virus Disease Prevention:

To assess whether WASH facilities in health centres and public spaces were improved, whether staff and community knowledge improved, and whether safe IPC behaviours are sustained.

Table 29: Evaluation Framework for SO4

DAC Criterion	Indicator	Indicator Definition
Relevance	Alignment of MVD-WASH SBC with MOH IPC protocols	Degree to which project SBC activities are consistent with MOH IPC protocols, national MVD preparedness guidance, and Rwanda Biomedical Centre (RBC) risk communication standards.
Effectiveness	IPC knowledge among health facility staff	Extent to which health facility staff correctly understand IPC and WASH practices relevant to MVD prevention – including the five WHO critical handwashing moments and correct technique.
Effectiveness	SBC material reach and audience coverage	% of target population in 9 project districts who report having seen or heard ≥ 1 SBC message from project materials – disaggregated by channel (mass media, posters, mobile vans, demonstrations).
Efficiency	SBC channel-specific behaviour change attribution and cost	Assessment of which SBC channels (mass media, posters, demonstrations, mobile vans, radio) were most closely associated with correct observed practice, relative to cost per channel.
Sustainability	Institutionalisation of SBC capacity in MOH and RBC	Assessment of whether SBC methodology, materials production, and behaviour change approach developed under IR 4.1 have been formally transferred to RBC and MOH as standing outbreak preparedness capacity.
Relevance	Alignment of WASH facility investments with MVD transmission risk	Extent to which project-supported handwashing stations, sanitation facilities, and water connections targeted the highest-risk areas – isolation units, treatment areas, and high-traffic public spaces.
Effectiveness	Operational status of constructed facilities (PITT indicator)	% of project-constructed or rehabilitated handwashing facilities (HWF) at health centres and public places that are functional – defined as having water AND soap/ash present at time of assessment.
Effectiveness	IPC water connection achievement rate	% of target health centres with functioning intra-facility piped water connections at consultation rooms, treatment areas, and isolation units.
Effectiveness	PWD-accessible handwashing facility compliance rate	% of project-constructed HWF meeting inclusive design standards for persons with disabilities – assessed against MININFRA/MOH inclusive design specifications.
Sustainability	Integration of facilities into routine facility service delivery	Extent to which WASH facilities are incorporated into normal facility operations – with assigned cleaning responsibilities, maintenance budgets, and supply replenishment systems – rather than treated as project assets.
Effectiveness	Sustained functionality of WASH facilities (PITT indicator)	Proportion of project-constructed/rehabilitated WASH facilities remaining functional over time – assessed through documentation of maintenance events and observed functionality at endline.

DAC Criterion	Indicator	Indicator Definition
Effectiveness	Observed handwashing practice rate at critical moments (PITT indicator)	% of sampled individuals – separately for health workers and community members – observed washing hands with soap and water at the critical moment relevant to their setting.
Effectiveness	SBC-attributed MVD prevention behaviour adoption	% of health workers and community members in target districts demonstrating correct MVD prevention behaviours – handwashing at critical moments, use of sanitation facilities, IPC protocol adherence.
Efficiency	Cost per observed behaviour change (SO4)	Total project expenditure on SO4 SBC activities divided by number of individuals demonstrating correct observed handwashing practice who were not already practising correctly at baseline.
Impact	Contribution to reduced nosocomial MVD transmission risk	Assessment of whether improved IPC behaviour at project-supported facilities plausibly reduced health worker infection risk – using contribution analysis and comparison with non-project facilities.
Sustainability	Facility WASH governance framework adoption rate	% of target health centres and public facilities where the project-developed governance/management framework for HWF has been formally adopted by facility owners or local authority – including domestic budget line for O&M.
Sustainability	Transferable lessons for future VHF outbreak preparedness SBC	Documented, evidence-based SBC lessons from SO4 that are specific enough to inform future VHF outbreak communication programme design in Rwanda – including channel effectiveness data and behaviour change attribution.

Development of Data Collection Instruments

Building directly on the secondary data review and the assessment framework, all data collection instruments were developed during the inception phase. The household survey questionnaire was designed to measure endline status on key outcome and impact indicators as specified in the PITT, enabling valid comparison against baseline values where these exist. The survey covered access to and use of drinking water services; water system functionality, reliability, and collection time; sanitation facility ownership, type, and exclusivity; handwashing facility ownership and use, with direct observation of water and soap presence at the time of interview; hygiene knowledge, and practices; awareness of and exposure to Social and Behaviour Change; perceptions of Private Operator responsiveness and service quality, including access to sanitation financing mechanisms. For the MVD component, questions covered knowledge of IPC principles, correct handwashing moments and technique, and exposure to project IPC/WASH messaging across specific channels.

The qualitative instruments – FGD guides and IDI protocols – was designed to probe the mechanisms, enablers, and barriers underlying observed outcomes across all four strategic objectives. They specifically addressed:

- Lived experience of WASH service changes – reliability, accessibility, and quality of water points and sanitation facilities since project start
- Drivers and barriers to sanitation and hygiene behaviour change, including social norms, peer influence, and what motivated (or didn't motivate) household investment
- Experience with financing options – SACCO loans, VSLAs, or informal credit for sanitation – including ease of access, affordability, and whether vulnerable groups were reached
- Institutional and governance changes – how national and district WASH bodies have evolved in their capacity, coordination, and independence from project facilitation
- Effectiveness and sustainability of private operator professionalisation – whether POs are financially viable, collecting adequate tariffs, reducing NRW, and responding to user complaints

All instruments were developed in English and professionally translated into Kinyarwanda. The tools were submitted to Water For People for review and approval before piloting. A pilot test was conducted in a non-sampled location to assess clarity, length, and cultural appropriateness, with revisions incorporated prior to the commencement of full-scale data collection.

Inception Report

The primary output of the inception phase is the Inception Report, was submitted to Water For People at the end of week two. The report included the finalised OECD-DAC Evaluation Framework mapping all six criteria across the four strategic objectives; a refined and prioritised indicator matrix; all approved data collection instruments in English and Kinyarwanda; the confirmed and field visit plan.

Phase 2 Data Collection

The data collection phase operationalised the evaluation's mixed methods design through the concurrent deployment of household surveys, Focus Group Discussions (FGDs), and In-Depth

Interviews (IDIs) across the 15 project districts. Household surveys were administered across the 10 core project districts, while FGDs and IDIs were extended across all 15 districts. This phase was governed by a structured sampling plan and field management protocol, with robust quality control mechanisms embedded at multiple levels throughout.

Household Survey

The quantitative survey component for this evaluation covered **603 beneficiaries (505 were planned)** across the **10 districts**, drawn directly from project beneficiary records. The project interventions were concentrated in selected sectors, typically two to three per district for water supply infrastructure and delivered through organized community platforms such as VSLAs for sanitation and hygiene. Sampling from confirmed beneficiary lists ensures that survey findings directly reflect the experiences of the population the project was designed to serve, and aligns the quantitative evidence base with the project's results framework and PITT targets.

Determining Sample Size

The sample size calculation applied the standard formula for survey estimation at a 95% confidence level ($Z = 1.96$), using a conservative population proportion assumption of $p = 0.50$, the value that maximised variance and therefore produced the most cautious required sample, and a margin of error of plus or minus 5 percentage points. This yielded a baseline minimum of 384 beneficiaries under simple random sampling conditions: $n = Z^2 \times p(1-p) / e^2$
 $n = (1.96)^2 \times 0.50 \times 0.50 / (0.05)^2 = 384$

Applied to the programme's two primary beneficiary populations, approximately 120,000 people reached with basic drinking water services and approximately 96,000 people reached with hygiene services as specified in the TOR, the finite population correction factor makes a negligible difference given the large size of both populations relative to the sample. The baseline minimum of 384 therefore held across both intervention streams.

Two design-specific factors required upward adjustment of this baseline minimum Design Effect (DEFF). Because beneficiaries were sampled from within specific intervention sectors and community platforms, some residual intra-cluster correlation exists – beneficiaries within the same water scheme or VSLA group share common characteristics by virtue of geographic proximity and shared intervention exposure. However, because selection was made through systematic random sampling from centralised beneficiary registers rather than a community-based random walk, this clustering effect is modest. A DEFF of 1.25 was therefore applied, reflecting a limited but honest clustering effect appropriate for list-based beneficiary surveys in comparable East African development programme evaluations:

$n \text{ (adjusted)} = 384 \times 1.25 = 480 \text{ beneficiaries}$

The margin of error at this adjusted sample size, held at the target of $\pm 5\%$, is confirmed as:
 $\text{MoE} = 1.96 \times \sqrt{(0.25/480)} \times \sqrt{1.25} = \pm 5.0\%$

Non-response and Attrition Buffer. Field experience in targeted beneficiary surveys in Rwanda indicates that beneficiary unavailability, refusal rates, and data quality exclusions typically reduce usable responses by around 5% of the target sample. Beneficiary registers

maintained over a five-year project period may also contain some inactive members or relocated households, adding a further small attrition risk. To ensure the usable sample remains at or above the DEFF-adjusted minimum of 480 after fieldwork, a buffer of 5% is applied:

$n(\text{gross}) = 480 \times 1.05 = 504$, rounded to 505

The evaluation therefore administered beneficiary surveys to 505 people across the 10 project districts, roughly covering 295 users of project-supported water systems (SO2) and 210 VSLA members and sanitation product users (SO3). The MVD WASH response component (SO4) was assessed through facility observation checklists and IDIs with health facility managers and users, consistent with the rapid assessment approach applied to this component.

Sampling Frame and Selection Procedure

The sampling frame was constructed during the inception phase from project records provided by Water For People and consortium partners, including water user registration lists for each rehabilitated system, VSLA membership rosters from SO3 implementation areas, sanitation product purchaser records from community sanitation showrooms and sales agents, and any other beneficiary tracking data maintained in the project's MEL system.

Beneficiary selection will follow a three-stage procedure:

Stage 1: District Allocation - The 505 beneficiaries was distributed across the 10 districts using PPS sampling, with each district's allocation determined by the proportion of confirmed project beneficiaries it holds relative to the total beneficiary population across all 10 districts. The district-level allocation were finalised after beneficiary registration records are obtained from Water For People during the inception phase.

Stage 2: Intervention Site Selection within Districts - Within each district, all intervention sites covering both water schemes and VSLA groups were listed. A random selection of sites was made proportional to the district's sample allocation. For example, if a district has five water schemes and the district allocation is 50 water beneficiaries, sites were randomly selected and beneficiaries drawn from each selected site in equal proportion.

Stage 3: Beneficiary Selection within Sites - Within each selected water scheme or VSLA group, the evaluation team was obtained the full beneficiary list and apply systematic random sampling to select individual beneficiaries. The total number of registered beneficiaries at the site is divided by the number required from that site to produce a sampling interval k . A random starting point is selected between 1 and k , and every k -th beneficiary on the list is then selected.

For example, if a water scheme has 200 registered users and 25 are required, $k = 200/25 = 8$. A random number between 1 and 8 is selected as the starting point, and every 8th person on the list thereafter is included in the sample.

Where a selected beneficiary was unavailable after two visit attempts, the next person on the list was selected as a replacement to maintain the sample size. All replacements were recorded and reported in the Inception Report alongside the final sampling frame. The complete beneficiary lists, site selection randomisation, and systematic sampling intervals for each district will be documented and submitted to Water For People for validation before fieldwork commences.

Focus Group Discussions

A total of 30 focus group discussions were conducted by team across four categories. The core lines of inquiry are centre on governance and functionality of the committee and their assessment of the project and its impact. Each FGD comprised 6–10 participants and last approximately 40–45 minutes.

Table 30: FGD Sample and Participant Overview

FGD Type	n	Participant Composition	Coverage
Women's community FGD	10	6–10 women (18–55); primary water collectors; HH decision-makers	1 per district × 10 districts; same village as HH survey cluster
Men's community FGD	10	6–10 men (18–55); HH heads; community leaders; water committee members	1 per district × 10 districts; same village as HH survey cluster
Health facility user FGD	5	6–10 outpatient attendees (women prioritised); recruited at facility exit	Conducted during HF assessment visit in 5 SO4 districts; no additional travel day
WASH Committee FGD	5	6–8 members drawn from the committee's leadership and active membership	Purposive sampling to cover 3 high, and 2 low performing committees
TOTAL	30		

In-depth Interviews

The team conducted 44 in-depth interviews across four levels: national (8 IDs with government ministry officials, sector working group leadership, and implementing partners), district (20 IDs covering 10 districts), private sector and operator level (16 IDs with private operators, WASAC managers, and SACCO branch managers), and community level (8 IDs with ODF natural leaders and health facility managers).

Table 31: In-depth Interviews Plan

Stakeholder	Level	n	Key Topics	Relevance to ISOKO Y'UBUZIMA
MININFRA Director WASH + Technical Officer	National	1	WASH sector systemic changes; Building Blocks evidence; institutional barriers	The project worked directly with the ministry to develop and disseminate the WASH Finance Strategy, National Sewerage Connection Guidelines, and FSM Guidelines, and MININFRA provided input and pre-validation for district full lifecycle WASH investment plans across 10 districts. The ministry also led the provincial-level rollout of the 2023 National Water and Sanitation Policy, which Isoko y'Ubuzima supported technically and financially. Interviewing MININFRA provides the authoritative national perspective on whether WASH Building Blocks have been institutionalised into government planning and whether WFP's sector-level inputs translated into systemic change.
MINALOC / Rwanda Governance Board	National	1	Imihigo WASH targets; district accountability; citizen complaint mechanisms	MINALOC coordinated the WASH sector at the decentralised level and ensured local institutions contributed to effective service delivery; it was a primary decision-maker in prioritizing district-level building blocks and capacity-development plans. Their interview provides critical insight into whether Imihigo WASH target-setting has improved in quality and accountability, whether district governance structures like DWASHBs are functioning as intended, and whether decentralisation bottlenecks are being addressed — all central to judging the sustainability of SO1 governance gains.
RURA Director Water regulation	National	1	PO compliance trends; tariff adequacy; licensing; regulatory bottlenecks	Interviewing RURA provides an independent regulatory perspective on whether project-supported POs are more compliant, whether the training and capacity-building aligned with RURA's own standards rather than creating parallel norms, and whether the tariff and licensing environment supports post-project business viability.
WFP WASH Technical Lead + M&E Officer	Implementer	2	PITT data quality; adaptive management; technical approach effectiveness	The Technical Lead can speak to the effectiveness of the technical approach across all four SOs, while the M&E Officer provides insight into PITT data quality, the reliability of monitoring data, and where self-reported data may diverge from observed outcomes. Together, they offer the granular implementation perspective needed to validate or challenge the project's reported results.
CARE International Rwanda lead	Implementer	1	Consortium coordination; SO3 market-based approach; sanitation market lessons	Their interview provides the implementing partner's perspective on how the consortium coordination functioned, whether the market-based model achieved the intended results, what challenges arose in creating sustainable sanitation demand, and whether the approach is replicable beyond the project footprint.
VEI Rwanda lead	Implementer	1	PO accountability; NRW technical approach;	Their interview provides insight into how the PO professionalisation model was designed and implemented in practice, whether the governance structures built are

Stakeholder	Level	n	Key Topics	Relevance to ISOKO Y'UBUZIMA
			DWASHB strengthening methodology	sustainable, and whether VEI's technical approach aligned with both RURA regulatory standards and WASAC operational norms.
District Mayor / Planning Officers	District	10	DWASHB functionality; WASH plan quality; budget execution; Imihigo targets	District leadership is where national policy meets local implementation; Mayors approve DDPs and sign off on WASH budget allocations, while Planning Officers manage the integration of WASH investment plans into broader district development planning. Their interview reveals whether the district WASH plans developed with project support are actually being implemented and budgeted for, whether Imihigo WASH targets are being met, what were the key learnings from the program, and whether governance capacity is strong enough to sustain WASH service delivery without project hand-holding.
DWASHB Chair / WASH Officer	District	10	DWASHB meeting functionality; PO oversight; district WASH plan quality	The interviews will provide insight into whether these boards meet regularly, exercise real oversight over private operators, produce quality plans, and will continue to function after the project ends – the most direct test of whether decentralised WASH governance has been institutionalised.
Private operators	Operator	7	Business viability; O&M capacity; community scorecard; post-project plans	Interviewing will provide first-hand evidence on business viability, whether O&M investments are adequate to maintain infrastructure, whether the community scorecard mechanism improved accountability, their relationship with RURA's regulatory requirements, and critically, their plans and financial capacity to continue operating at quality after project support ends.
WASAC District/Regional Managers	WASAC	1	Rural water management; scheme takeover viability	These managers are the link between national WASAC policy and on-the-ground rural water management; they oversee scheme performance and PO contracts at the district level. Their interviews provide the operational perspective on which project-supported schemes are performing well enough for WASAC to take over, what the realistic timeline and financial viability of handover looks like, and whether the capacity built during the project translates into the day-to-day management quality that WASAC expects.
SACCO branch managers	Finance	2	WASH loan product status; portfolio performance; post-project continuity	Umurenge SACCOs were the target institutions for WASH-specific loan products that would enable households to finance sanitation improvements. SACCO managers provide direct evidence on whether WASH loan products were actually developed and are being offered, portfolio performance and repayment rates, loan uptake trends, and whether these products will be maintained in the SACCO's portfolio post-project – a key indicator of whether the financial sustainability pathway for household sanitation investment is real.
Health facility managers (SO4)	Facility	6	HWF governance; maintenance; IPC protocol; Marburg preparedness	Their interviews provide facility-level evidence on whether governance structures are functioning, whether maintenance logs are being used and repairs happen on time, whether IPC protocols are being followed, and whether the emergency preparedness measures introduced during the MVD response have been sustained – the direct test of SO4 outcomes at the point of service delivery.
TOTAL		44		

Field Visit Plan

The endline evaluation fieldwork was structured as a dual-track deployment designed to maximize data quality while ensuring efficient use of senior evaluation time. Track A deployed field teams — each comprising one field supervisor and 5–6 enumerators — across the 10 core project districts, collecting 603 household surveys and facilitating 30 focus group discussions. Track B ran concurrently, with the Team Leader, Senior Evaluation Specialist, and National Evaluation Lead conducting 15 national-level IDIs in Kigali with government ministries, regulatory bodies, WFP leadership, and implementing partners — timed to the second half of fieldwork so that preliminary field patterns can inform the lines of inquiry at the national level. The national evaluation lead was involved in the district level in-depth interviews.

Track A: District Data Collection		Track B: National Level IDIs	
Days	Activity	Days	Activity
Days 1–2	Enumerator training, instrument piloting, tool calibration, and practice in a non-sample location	Days 1–5	TL provides remote oversight, reviews incoming field reports, and sends formal interview requests to national stakeholders
Days 3–10	3 mobile teams (total 18 enumerators) rotate across 10 core districts. Each team covers ~3–4 districts at approximately 2 days per district. National Evaluation Lead supports with district IDIs.	Days 6–10	TL and Senior Evaluation Specialist conduct 15 national IDIs in Kigali, timed so preliminary district findings can inform lines of inquiry at the national level

Deliverables per district			
Activity	Per District	All 10 Districts	Scheduling
Household surveys	~50 (PPS from beneficiary registers)	505	~15–18 per team per day across 2 survey days
FGD Women's community	1	10	Day 1 or 2 in district
FGD Men's community	1	10	Day 2 in district
FGD Health facility users	0–1	5	Selected districts with HF interventions; conducted during facility visit
FGD WASH committees	0–1	5	Purposively selected; scheduled on Day 1
District IDIs	2	20	Pre-scheduled across district days

Field Workflow					
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
18 Enumerators	50–60 surveys/day	Field Coordinator oversight	QC with flags for outliers, duplicates, and incomplete responses	In-field corrections and re-visits	Moves to Data Cleaning and Processing

Figure 17: Field Visit Plan

Quality Control Levels

Several data quality risks are inherent in large-scale field-based data collection across 15 districts, and the evaluation team had designed a series of targeted mitigation measures. All enumerators and qualitative researchers underwent two days of training covering the purpose and content of all instruments; WASH-specific technical terminology; interviewing and facilitation techniques; ethical principles including informed consent and confidentiality; and practical exercises including role plays and supervised practice sessions. Enumerators were required to demonstrate competency against a standardised checklist before being cleared for independent data collection.

Quality control was exercised at three levels throughout the data collection phase.

At the first level, the household survey was administered using a digital data collection platform (KoBoToolbox), which incorporated built-in skip logic, range validation, mandatory field constraints, and response consistency checks to prevent common entry errors in real time.

At the second level, the field supervisors conducted daily back-checks on a random sample through phone verification with respondents or, where feasible, supervisory re-visits, to verify that interviews were conducted as recorded and that responses were not fabricated or influenced by the enumerator.

At the third level, the data manager generated daily data quality reports flagging outliers, anomalies, missing values, and inter-rater inconsistencies for immediate follow-up with field teams. For qualitative data, all FGDs and IDIs were audio-recorded with participant consent, and verbatim transcripts in Kinyarwanda will be produced and reviewed by the lead qualitative researcher against original field notes to verify accuracy and thematic completeness before analysis proceeds.

Ethical Considerations

All participation in the evaluation was voluntary and based on informed consent. Prior to each interview, survey, or group discussion, field researchers explained the purpose of the evaluation, the identity of the commissioning organization, how the data will be used, and the participant's right to decline participation or withdraw at any point without consequence. For household surveys and FGDs, verbal informed consent was obtained and digitally recorded; for in-depth interviews, written consent will be sought. Special protocols were followed when engaging with vulnerable populations, including women and persons with disabilities. To safeguard confidentiality, all data was de-identified at the point of collection, stored on encrypted servers accessible only to authorized team members, and reported in aggregate or anonymized form such that no individual respondent can be identified in the final evaluation report. All data collection, storage, and reporting procedures were complied with Rwanda's Law on the Protection of Personal Data and Privacy (Law No. 058/2021), which governed informed consent, data subject rights, data security, and restrictions on cross-border data transfer.

Risks and Mitigation

The table below outlines the key risks anticipated for this assignment and our mitigation strategies.

Table 32: Risk and Mitigation for Final Evaluation

Risk	Mitigation Measure
Baseline data gaps for change indicators	PITT data quality review during inception phase was map which indicators have validated baselines. Where baselines were absent, indicators were reframed as endline status assessments and transparently flagged in the report.
PITT data quality and reliability inconsistencies across five years	Structured data quality assessment of PITT during inception, cross-checked against source documents, field trip reports, and annual progress reports. Anomalies discussed with Water For People before evaluation matrix is finalised.
Self-reporting bias overestimating hygiene outcomes	Direct observation of handwashing facility functionality – including water and soap presence –were complement and cross-checked self-reported data. Enumerators trained to record observed conditions independently of respondent reporting.
Access constraints across 15 geographically dispersed districts	Fieldwork schedule developed during inception in consultation with Water For People, who facilitated district-level access arrangements in advance. Five-day contingency buffer built into the fieldwork schedule.
Low household availability and non-response bias	Survey schedule designed around household availability patterns including early morning and late afternoon interviews. Two revisit attempts before recording non-response. 5% non-response buffer built into the 505-household sample target.

Enumerator inconsistency across districts reducing data comparability	Structured two-day enumerator training with role plays and standardisation exercises. Daily field debriefs during data collection. Senior field supervisor to back-check 10% of completed surveys.
Overstating attribution in a complex multi-actor sector environment	Contribution analysis applied consistently throughout, tracing the programme's theory of change across each strategic objective. Evaluation report clearly distinguished between what the evidence supports and what remains uncertain.
Limited evaluability of the MVD component given its emergency, mid-project origin	Inception phase clarified MVD component scope, budget, and timeline and calibrate evaluative depth accordingly. Where evidence base was insufficient, a rapid assessment approach was applied and findings presented as indicative.
Indicator overload reducing analytical depth across 120+ framework indicators	Indicator prioritisation exercise during inception phase to identify primary indicators for rigorous assessment and secondary indicators for opportunistic coverage. Prioritisation validated by Water For People before instruments are finalised.
Low availability of senior national-level IDI respondents	Water For People to facilitate national-level stakeholder access leveraging existing government relationships. Interview requests initiated during inception phase. Scheduling managed flexibly to accommodate senior officials.
Social desirability bias among district officials and private operators	IDIs conducted independently without Water For People staff present. Informed consent emphasises evaluative independence and confidentiality. Triangulation across multiple stakeholder categories used to identify and probe inconsistencies.
Community reluctance to report negative service experiences	Community FGDs conducted without private operators or district officials present. Respondent anonymity explicitly protected. Indirect question framing used where direct questioning may inhibit honest response.
Informed consent challenges in low-literacy rural communities	Verbal informed consent procedures developed as an alternative to written consent where appropriate. Enumerators trained to deliver consent process in Kinyarwanda clearly and without coercion. Written or verbal consent recorded for each respondent.

Key Outputs: Qualitative and Quantitative Data

The data collection phase produced five core outputs: a clean, validated dataset of 603 household surveys; transcripts and summary notes from 44 IDIs and 30 FGDs; completed facility observation checklists from health centres and public places under the MVD component; a field debrief log maintained throughout data collection to monitor data quality in real time; and cleaned, labelled datasets and interview records submitted to Water For People as standalone deliverables alongside the final evaluation report

Phase 3 Analysis and Reporting

In this phase, to provide an assessment of the Isoko y'Ubuzima project, we integrated information collected in the first two phases and triangulate the data for validation. Owing to the mixed-method approach used for the study, the assessment framework based on OECD DAC assists in consolidating the resultant data into a coherent narrative that addresses the assessment questions outlined. This integration ensures that the findings provide a well-rounded and comprehensive evaluation of the schemes' progress, effectiveness, and areas requiring improvement.

Data Processing and Preparation

As the data collection was underway, the team undertook systematic data cleaning and preparation to ensure analytical integrity.

Quantitative data processing: All survey data collected via digital tools (KoBoToolbox) was downloaded, de-identified, and stored in a secure, encrypted environment. The data processing workflow included automated range and consistency checks to flag outliers and logical inconsistencies, back-checks against a random 10% sample of completed surveys to verify enumerator accuracy, and coding and recoding of open-ended quantitative responses.

Qualitative data processing: Audio recordings from in-depth interviews (IDIs), focus group discussions (FGDs), and community-level discussions was transcribed verbatim in Kinyarwanda and translated into English. Transcripts were reviewed against field notes for completeness. All qualitative records are organized by respondent category and thematic area.

Quantitative Data Analysis

The quantitative analysis was conducted using standard statistical analysis software and unfolded across three levels of depth.

- Descriptive analysis established the baseline status of all indicators defined in the evaluation framework. This includes frequency distributions, means, medians, and disaggregation by key variables such as gender, district, urban/rural location, and service delivery model. Where baseline or midline data was available, trend comparisons are presented to illustrate trajectories of change across the project period.
- Indicator-specific analysis follows the definitions laid out in the evaluation framework. For each IR-level indicator, the team has computed the precise metric as defined. These reported against targets where available and benchmarked against national WASH sector standards and JMP classifications.

The evaluation drew on Water For People's existing longitudinal QIS data from the WASH Systems Index and service provider performance assessments as a time-series spanning the 2021 baseline through all available assessment rounds across the project period. These datasets are accessed and used to track the trajectory of change across institutional and service delivery dimensions over the full project period, not treated as a standalone endline snapshot

Qualitative Analysis

Qualitative data was analyzed using a framework analysis approach in NVivo, chosen specifically because it allows systematic treatment of qualitative evidence against pre-defined themes aligned to the OECD-DAC criteria and strategic objectives, while remaining open to emergent findings not anticipated in the evaluation matrix. The analysis combined both deductive processes – working from the evaluation questions and OECD-DAC criteria downward into the data – and inductive processes – allowing self-generated themes emerging from the data to surface findings beyond the pre-defined framework.

The analytical process followed an iterative sequence: summarising the major evaluation questions to be answered by the qualitative data; organising and cataloguing transcripts and notes to synthesise findings systematically; identifying and listing themes in line with the TOR evaluation questions and OECD-DAC criteria; coding the data and arranging it against respective themes with supporting quotes and citations; clustering sub-themes within each theme and developing concept maps to illustrate relationships; identifying key quotes that establish linkages between themes and outcomes; charting indexed data into thematic matrices organised by respondent group and evaluation question; and triangulating findings across IDI, FGD, and document review evidence streams, interpreting patterns, convergences, and divergences within and across respondent categories into evaluative

conclusions. Areas of convergence are strengthened the confidence of findings; areas of divergence are explored in depth to surface nuanced, contextually grounded insights. Special analytical attention is given to understanding the "how" and "why" behind observed quantitative trends – providing the explanatory depth that quantitative data alone cannot deliver.

Contribution Analysis

The contribution analysis was carried out through three steps applied consistently across all four strategic objectives:

- Starting with the project's existing theory of change, the evaluation will ask at each step: did what the project did actually lead to the changes observed? Each assumed link in the causal chain will be tested against evidence from PITT data, QIS scores, annual reports, and primary data collected in Phase 2
- For each observed change, the evaluation will ask: could something else explain this? Other actors, government reforms, sector-wide investments, or broader economic conditions that may have contributed to the same outcomes will be identified and weighed alongside the project's own activities
- The contribution story for each strategic objective will be presented in the Findings chapter of the final evaluation report, documenting what the evidence supports, how confident the evaluation is in the project's contribution, and where uncertainty remains, rather than claiming the project alone caused the outcomes

Mixed-Methods Integration for Data Analysis

Integration was achieved through two mechanisms.

- i. Triangulation cross-validates findings by comparing quantitative indicator results against qualitative accounts from different stakeholder groups (duty-bearers, service providers, community members, Water For People staff). Where findings converges, confidence in conclusions is strengthened; where they diverged, the team investigated and reported on the reasons.
- ii. Complementarity uses qualitative data to explain quantitative patterns. For example, if the quantitative analysis shows that certain districts have significantly higher water point functionality rates, qualitative data from IDIs with local government officials and utility managers were examined to identify the enabling factors.

Report Writing, Review, and Dissemination

Findings from the quantitative and qualitative analysis streams were triangulated and synthesised into a draft evaluation report, structured around the project's strategic objectives and organised to present evidence against standard OECD DAC evaluation criteria: relevance, effectiveness, efficiency, coherence, impact, and sustainability. All findings were benchmarked against JMP service ladder definitions and reported in a manner consistent with Rwanda's WASH Sector Working Group reporting norms, enabling direct comparison with national WASH sector performance data and positioning evaluation conclusions within Rwanda's sector-wide evidence base. The draft report included an executive summary, detailed findings by strategic objective and intermediate result, conclusions, and actionable recommendations directed at Water For People, its consortium partners, implementing government agencies, and future U.S. Government-funded WASH programming. The draft report submitted to Water For People for review and feedback. Following the receipt of review comments, the evaluation team incorporated all factual corrections, clarifications, and stakeholder

inputs and produce the final evaluation report, accompanied by cleaned datasets and interview transcripts as required by Water For People and the U.S. Department of State.

Building on the final report, the evaluation team developed a PowerPoint presentation distilling key findings, conclusions, and recommendations into a format suitable for dissemination at a stakeholder findings-sharing event and for internal use by Water For People and its donors. Separately, a learning brief was produced specifically for government stakeholders — including officials from the Ministry of Infrastructure, Ministry of Health, Ministry of Local Government, and DWASHB representatives across the 15 districts. The learning brief was focused on the most actionable findings pertaining to WASH governance, sustainability of rural water services, district-level capacity, and sanitation and hygiene market development. It was designed to directly inform ongoing national WASH sector planning and future district investment decisions.

Key Outputs: Final Report

After data analysis is complete and feedback on draft report is incorporated, a final report is developed and submitted to Water For People. The final report is supported by a PowerPoint presentation, a learning brief and a synthesis report.

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