



Final Evaluation for the Isoko y'Ubuzima Project, Rwanda



water for people
RWANDA



Learning Brief

Executive Summary

Isoko y'Ubuzima moved the numbers it set out to move and placed the systems that produced them inside Rwanda's own institutions. Gains in governance, water access, sanitation markets and hygiene behaviour are largely durable.

- **Governance is the most durable result.** All 20 district institutions tracked through QIS improved between FY22 and FY26 – District WASH Office averages from 61% to 91%, DWASHB averages from 53% to 83%. All ten districts hold MININFRA-validated, life-cycle-costed investment plans, and revised DWASHB SOPs sit with government for adoption.
- **Stronger planning converted into money and into ownership.** New WASH funding mobilised reached USD 8.15 million against a USD 2.1 million target, and 96% of households say district government is more involved in WASH than five years ago – crediting government rather than the project.
- **Water access exceeded target; reliability did not follow.** 143,329 people gained access (119% of target), basic access rose from 35.2% to 60.5% and improved-source use to 99.2%, with the steepest gains in the weakest-baseline districts. NRW fell from 63% to 39.3% against a 38% target, with districts under established operators below 35% and those under newly transitioned youth-led companies above 38%. But only 12.8% of households had water every day in the past month: intermittency persists even where NRW has fallen, and no institution currently owns supply continuity.
- **Sanitation demand is now self-sustaining.** 119,262 people gained basic sanitation (119% of target) and 245,519 bought products through 10 District Sanitation Centres and 127 showrooms. Household spending rose from RWF 5.9 million to RWF 542.8 million in one year, and households contributed USD 316,883 during the FY2025 stop-work period unprompted. Coverage still reached only 71% against a 79% target, and faecal sludge management remains the open end of the chain.
- **Hygiene behaviour is the gain the evaluation is most confident about, except in schools.** 80% of households wash with soap much more often than five years ago and WASH committees enforce norms unaided. Official monitoring reports 87% of schools with soap and water; spot-checks of 41 schools found 41%. Restocking is a district procurement decision.
- **The MVD response met every infrastructure target.** All 9 targeted facilities have new permanent water supply, improved sanitation reached 175% of target, and IPC knowledge among 1,735 trained workers rose from 69% to 85%. Managers intend to keep using WASH FIT as routine practice; consumable supply is the standing risk.
- **Capital finance is the single constraint running through every domain.** Governance, skills, habits and accountability are in place; tariffs cover routine operations but not pump replacement, network extension or facility consumables. Households name water reliability (58%) and private operators (57%) as most at risk. Completing the CMS-RWSS transfer to WASAC and routing capital repair through the financing architecture already built are the immediate next steps.

Program Overview

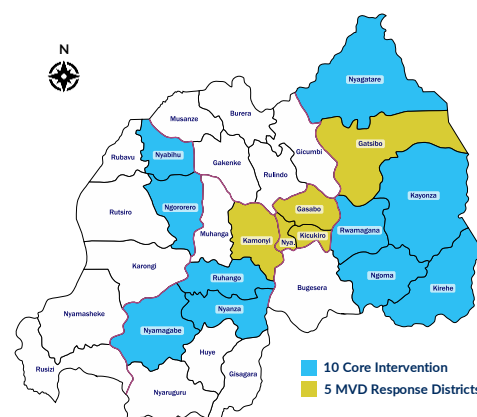
Isoko y'Ubuzima was a five-year Water, Sanitation, and Hygiene (WASH) project implemented in Rwanda, funded by the U.S. Government — initially through USAID and later transitioned to the U.S. Department of State. The project took a systems-strengthening approach, working to build the institutions, financing mechanisms, service providers, and community structures needed for these gains to remain functional well beyond the life of the project.

The project was delivered 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 Evangelistic Enterprise (AEE), with a total budget of approximately USD 22 million.

Isoko y'Ubuzima was implemented across 15 districts in total: 10 core intervention districts (Rwamagana, Kayonza, Kirehe, Ngoma, Nyagatare, Ngororero, Nyabihu, Nyanza, Ruhango, and Nyamagabe), plus 9 districts covered under the Marburg Virus Disease (MVD) WASH Response Plan — five newly added in FY2025 (Gasabo, Gatsibo, Kamonyi, Kicukiro, Nyarugenge) and four already part of the core footprint (Kayonza, Nyagatare, Nyanza, Ngororero).

Over its life, the project helped **143,329 people** gain new water access, cut non-revenue water from 63% to **39.3%**, brought basic sanitation coverage to **71%**, and lifted district WASH institutional capacity scores from as low as 53% to over 90%. Community-level trust grew: **96% of households** now say district government is more involved in WASH than five years ago.

An independent final evaluation, conducted in June 2026, assessed the project's overall performance, outcomes, and legacy — examining what changed, why, and whether the project's gains are likely to endure without external support. It combined household surveys (603 households across the 10 core districts), 30 focus group discussions, and 44 in-depth interviews across all 15 districts, triangulated against five years of project monitoring data, including QIS institutional assessments and PITT indicator tracking. This brief distills the evaluation's most actionable findings for government WASH stakeholders.



Project Strategic Objectives (SO)

- **SO1** Improving decentralized WASH governance — national and district institutional capacity
- **SO2** Improving rural drinking water services — rehabilitation, NRW reduction, private operator capacity
- **SO3** Improving rural sanitation and handwashing — market-based sanitation, demand creation, financing
- **SO4** MVD WASH Response — infection prevention infrastructure and behavior change

Key Findings – What Worked and Why

Findings are organized around four themes: **governance and institutional capacity, household water access and reliability, sanitation investment and hygiene behaviour, and health facility and public place WASH**. Each theme draws on household survey data, interviews with national and district stakeholders, focus group discussions, and project monitoring records. Together they show a project that moved the numbers it set out to

move, while also surfacing a few gaps government will need to hold onto after project close

Governance and Institutional Capacity

96% of households believe district governments are more involved in WASH today than five years ago.



- Data from Final Evaluation Household Survey

The clearest and most durable gains from Isoko y'Ubuzima are in how WASH is now planned, financed, and coordinated across Rwanda's decentralised system. At the national level, the project strengthened the planning, financial-management, and coordination capacity of WASAC, RURA, and sector associations. Working through this support, the revised **Standard Operating Procedures for District WASH Boards**, aligned to the 2023 National Water and Sanitation Policy, were developed and handed over to government for final adoption, giving districts a clearer basis on which to operationalise and finance their Boards.

The project paired institutional reform with practical capacity building. National and district utility managers received **creditworthiness and financial-sustainability training**; a commercial-finance market analysis, presented to WASAC's Chief Executive Officer and senior leadership, mapped viable financing pathways through development banks and commercial lenders; and two Rwanda-specific courses were added to the IRC WASH Systems Academy, through which more than 500 professionals completed training over the life of the project. Together, these efforts built a cohort of managers better equipped to plan, cost, and finance services rather than depend on one-off external support.

At the district level, the shift is measurable. District WASH Boards are meeting regularly, WASH is embedded in Imihigo performance planning across all **ten districts**, and all ten districts now hold MININFRA validated investment plans. Every one of the **20 district institutions** tracked through the project's QIS assessments improved between FY2022 and FY2026. District WASH Office scores rose from **61% to 91%**, and Board scores from **53% to 83%**, with the lowest performing institution climbing from 35% to 90%. By FY2026, all 20 institutions scored above 75%, and half scored above 90%, up from zero at baseline.

Behind these scores is a real change in planning culture. District officials describe WASH decisions now being made from monitoring data and the WASH MIS rather than ad hoc judgment, and this ownership is translating into delivery: districts completed 90 percent of planned WASH activities in FY2024. It is also translating into resources. New WASH funding mobilised reached USD 8.15 million against a USD 2.1 million target, evidence that stronger planning and credible data are helping districts make a persuasive case for investment.

One condition will determine whether these gains hold. The governance weakness district officials name most consistently is field monitoring. Because monitoring is typically the first line cut when district budgets tighten, the frequency of field visits is likely to decline without a dedicated domestic financing line — making the protection of monitoring budgets the single most important step government can take to sustain what has been built.

Water Access and Service Reliability

143,329 people gained new water access, achieving 119% of the target.

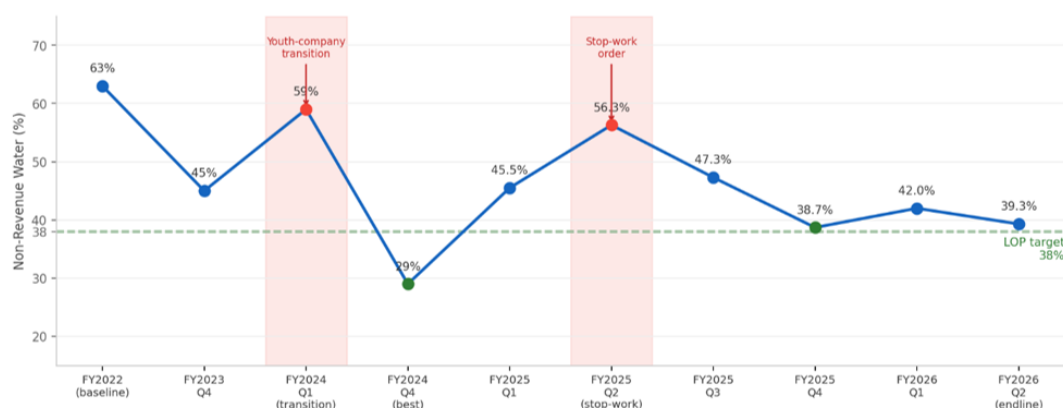
Household basic water access across the ten districts rose from **35.18% to 60.5%**, and 119% of the life of project target. The steepest gains were observed in the districts that started furthest behind like Nyamagabe which rose from 23.8% to roughly 52%, and Nyabihu from 38.8% to roughly 58%. The final evaluation's own household survey corroborates this at the source level: households using an improved water source rose from **75% to 99.2%** between 2021 and 2026, driven mainly by expansion of public taps and standpipes, with unimproved sources nearly eliminated.



Figure 1: Water point/ Mutenderi Sector/ Ngoma District

Alongside access, **225,916 people** received improved water service quality through non-revenue water reduction and rehabilitation of 39 systems across all ten districts, 235% of the 96,000 target. By FY2026 Q2, the project strengthened **12 POs in service delivery** and **10 POs in accountability**, transforming them into viable commercial businesses through NRW management, CMS-RWSS digital billing, business planning, and Community Scorecards – achieving 86% revenue collection efficiency and 93% customer satisfaction at endline. Additionally, a **CMS-RWSS platform**

was developed under this project which mapped 104,008 rural water customers, integrated MTN Mobile Money and four banks, and – now mandatory for all POs – lifted revenue collection efficiency to 86% and cut NRW from 65% to 15% in Rwamagana. The project also trained **103 plumbers**, **31 engineers**, and **72 managers/accountants**, enabling proactive, data-driven network management – with mWater leakage mapping across 56 systems and EPANET hydraulic models built by 13 POs. Furthermore, a FY2026 Q2 test found 78.8% of 9,213 meters inaccurate (mostly under-billing), exposing commercial losses as a key NRW driver; **10 testing kits** handed to WASAC enable independent verification, though replacing 5,620 faulty meters needs further resourcing.



Graph 1: NRW trajectory across the project period (Source: Project MEL data)

Red points mark the two external-shock quarters. The dashed green line shows the 38 percent life-of-project target.

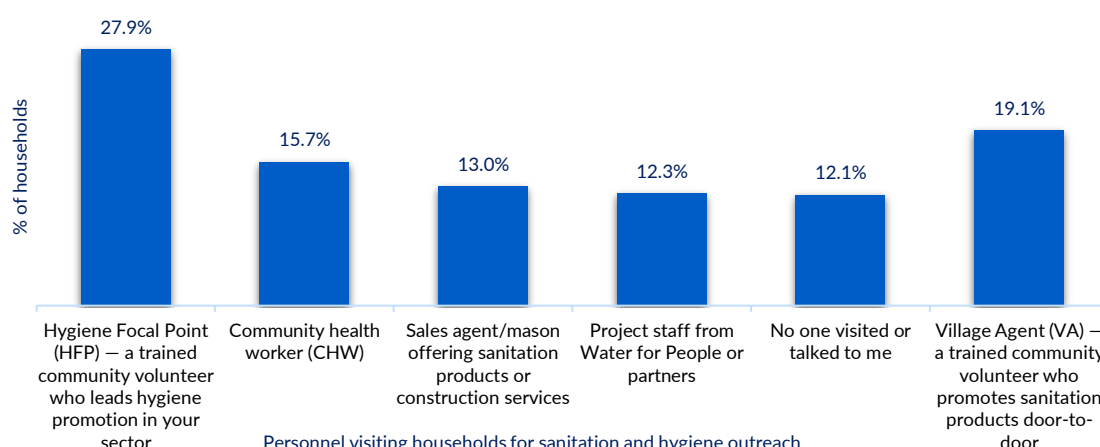
On non-revenue water specifically, the project mapped District Metered Areas across 10 systems in 9 districts, bringing NRW down from a baseline of **63% to 39.3%** by FY2026, just above the 38% target. This was done through leak detection, meter replacement, and a house to house survey of 6,707 connections that uncovered illegal connections and faulty meters. NRW fell as low as **29%** in FY2024 under intensive coaching, then spiked to **56.3%** in a single quarter when a stop work order suspended technical assistance and

operators stopped monitoring altogether. One private operator in Rwamagana scaled the approach independently district wide, cutting NRW from above 45% to roughly **23%** without further project funding. Another significant achievement was the setting up of a national NRW work stream led by WASAC which will help extend this practice beyond the original pilot districts.

Reliability tells a more mixed story. Only **12.8% of households** reported having water available every day in the past month. Even so, the project's other outcomes point in a positive direction. Operator accountability improved substantially: private operators met **100%** of the life-of-project accountability target by FY2025, up from 70% at the first assessment two years earlier. Household-level accountability improved too: **95.2%** of households can now identify who is responsible for managing their water supply, and **95.7%** consider their provider more responsive than five years ago. Awareness of how to raise a problem is similarly high, **87.2%** of households know where to report a water issue, and among those who did report one, **84.3%** had it fully resolved. Households are also drinking safer water: **99.8%** rate water quality as good or very good, and **89.9%** report an improvement in waterborne-disease-related health compared to five years ago.

Sanitation Investment and Hygiene Behavior

Basic sanitation coverage rose to 71%, and **119,262 people gained access to improved sanitation** – 119% of target. But the more instructive story is how that access was created and why it is holding. Rather than build latrines directly, the project adopted a Market-Based Sanitation (MBS) approach that strengthened the reach, acceptance, and availability of sanitation products, generating a market that can outlast the programme. The MBS approach was built across three interdependent pillars: demand activation, supply systems, and financing mechanisms. By the end of the project, **245,519 people had purchased sanitation products and services through District Sanitation Centres (DSC) and Community Sanitation Showrooms (CSS)**, representing 2,822% of the revised end-of-project target.



Graph 2: Sanitation and Hygiene Outreach/Demand Creation Prior to Toilet Upgrade Decision
Source: Final evaluation Household Survey

On demand activation, what made this durable was where the outreach lived. It ran through a dedicated network of **1,270 Hygiene Focal Points and 635 Village Agents**, embedded directly into the government's own Community Based Environmental Health Promotion Programme rather than run as a parallel structure. Using the ERP behavioural framework, which paired emotional messaging around pride and dignity with practical, cost-based arguments, agents sold over **25,000 SATO pans**. Within this total of 245,519,

sales specifically through District Sanitation Centres and community sanitation showrooms continued to grow, with a further **35,241** sold in the second quarter of FY2026. When households were asked who had visited or spoken with them before their most recent toilet upgrade decision, Hygiene Focal Points and Village Agents were the contacts most frequently named, cited by **88% and 81%** of households respectively.

On supply systems, **10 District Sanitation Centres and 127 community sanitation showrooms**, one in every targeted sector, made sanitation products physically available at village level for the first time. Seven products were co-designed with communities through a **Human-Centered Design process**, and **704 masons and sales agents** were trained to supply and install them across the ten districts.

On financing mechanisms, funding for latrine construction and upgrades came largely through savings groups. Over **3,200 Village Savings and Loan Associations** were mobilized around sanitation investment. Among members who participated in review meetings across six districts, **52%** reported actively investing in sanitation or hygiene products; of the funding sources they cited, **43%** named savings-group internal loans, **36.5%** relied on their own savings, and the remaining 20.5% used other sources.

Household **spending on sanitation** products rose from **RWF 5.9 million to RWF 542.8 million** in a single year.



- Data from Project Document

Households with soap and water present at their handwashing station rose from **21.7% to 65%**, and **80% of surveyed households** said they wash hands with soap much more often than five years ago. A separate, narrower measure looked specifically at households who recalled the message that handwashing prevents disease (92% recall) and asked whether that particular message changed their practice; only **59%** said it had. The evaluation attributes this gap largely to soap stock-outs rather than awareness: nearly two-thirds of households experienced a soap stock-out at home at some point in the past 30 days.

Focus group evidence reinforces that behaviour change, not infrastructure alone, is driving sustained toilet use. This tracks with what households themselves report: when asked the most important benefit of having an improved toilet, **94%** named disease prevention and better health, ahead of privacy, dignity, and convenience, indicating that toilet ownership has become linked to household health and standing rather than treated as optional. Communities in Ruhango reported that WASH committees now visit households, issue warnings, and enforce sanitation norms without any project facilitation.

Two gaps temper the picture and point to the next phase of work. On fecal sludge management, **87% of households** have never emptied their pit or septic tank; among the 13% who have, most emptied waste still ends up in a covered pit rather than a treatment facility, meaning upgraded sanitation is not yet matched by safe end-of-chain waste disposal. And in schools, official monitoring reports 87% of facilities with soap and water present, but independent spot checks of 41 schools found only **41%** had both on the day of the visit. The infrastructure exists; soap is simply not being consistently restocked, a budget and procurement issue within the authority of district education offices to resolve.

Marburg Virus Disease Response

The Marburg response delivered water systems and handwashing infrastructure where they were urgently needed, but its most significant legacy is less visible than the pipes and

100% of targeted **health facilities (9/9)** now have new permanent water supply, and project contributed to improved sanitation in 7 health facilities, reaching **175%** of its target.



- Data from Project Document

stations. For the first time in Rwanda's WASH sector, health and WASH institutions planned, invested, and responded as one — jointly assessing needs, coordinating investment, and mounting a shared response. This integrated model was new to the sector, and it stands as the component's most transferable contribution to the country's outbreak preparedness: a template for how future health emergencies can be met.

The starting point was stark. A rapid needs assessment across the nine MVD-response districts found hand-hygiene compliance in health facilities at just 13 percent, and effectively zero in public places such as markets and bus stations. Not one assessed facility had continuous water supply, despite being connected to the national utility. Against that baseline, the project re-established handwashing stations and toilets at car parks, markets, and health sites, and moved quickly to close the water and hygiene gaps inside health facilities themselves.



Figure 2: IPC Training Cascade and Hygiene Practice Improvements (Source: End-line Evaluation FDGs and IDIs)

Recovery from near zero was real, and it was strongest where systems could hold it. Schools showed the most durable gains — consistent water and soap, teacher-led WASH committees, and weekly hygiene checks in several project schools. Public places improved sharply during the response itself but slipped afterward, a candid reminder that hygiene behaviour in high-traffic settings depends on sustained soap availability and messaging intensity, both of which have eased since the peak of the outbreak. The pattern is instructive for future responses: infrastructure secures the gain, but only institutional ownership sustains it.

Facility-level results were fully achieved or exceeded. By project close, all 9 targeted health facilities had new permanent water supply, 33 healthcare facilities had internal water connections, 25 handwashing facilities were installed inside health settings, and 26 handwashing facilities in public places — all met in full. Improved sanitation facilities reached 7 against a target of 4 (175% achievement). IPC training covering hand hygiene, PPE, environmental cleaning, sterilisation, outbreak preparedness, and healthcare waste management reached **1,735 frontline workers** via a two-stage cascade (from 289 senior staff to 1,446 facility-level workers), lifting average IPC knowledge scores from 69% to 85%. Mobile outreach carrying Ministry of Health-validated messaging reached 90,000 community members across the nine districts, meeting the outreach target in full.

The clearest sustainability signal came from the facilities themselves. Managers in Nyamagabe and Rwamagana confirmed they intend to keep using the project's WASH FIT management tool as routine practice — a sign that the response has changed how facilities manage WASH, not just what infrastructure they hold. Both flagged the same constraint: consistent supply of soap, chlorine, and disinfectant is governed by district procurement cycles, an area that sits with district and ministry systems rather than anything the project

can resolve directly, and one worth naming as the practical condition for keeping these gains alive.

Sustainability and Risks

Over five years, Isoko y'Ubuzima rehabilitated 33 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 evidence points to a largely positive sustainability outlook across most of the portfolio.

Governance was found to be the most durable product of the five years. All 20 district institutions tracked through QIS assessments improved between baseline and endline, and DWASHB Standard Operating Procedures have been handed over to government for final adoption, a signal that the review process now sits with government rather than the project.

Two disruptions during implementation, the mid-2024 shift to youth-led operator companies and the FY2025 stop-work order, both caused temporary drops in performance, but recovery was faster than the original learning curve each time, since WASAC Branch Managers were trained alongside operators and retained institutional knowledge even when individual operators changed. In the districts with the longest-serving operators, Kirehe, Rwamagana, Nyamagabe, and Nyabihu, non-revenue water sits below 35%, and revenue from recovered water has largely paid back rehabilitation investment within three years.

Hygiene behaviour change is the outcome the evaluation is most confident will last, since it depends on neither tariff revenue nor government budget lines: 80% of households report washing hands with soap much more often than five years ago, and WASH committees now enforce sanitation norms on their own.

Sanitation markets have also shown real resilience, though on a less settled footing. Household investment in latrines grew from RWF 5.9 million to RWF 542.8 million in a single year, and during the FY2025 stop-work period, households contributed the equivalent of USD 316,883 toward latrine construction without any project prompting, a clear signal that demand no longer depends solely on active facilitation.

Risks that remain

Asked directly what they thought was most at risk after project close, households in the endline survey pointed first to water: 58% named water service, reliability, or infrastructure, and 57% named private operators managing the systems, followed closely by 47% naming toilets and sanitation maintenance and 36% naming sanitation shops staying open. A separate 33.5% of respondents said they believe all improvements will continue.

Table 1: Household survey responses on which improvements they feel are most at risk over the long term

Most at risk areas	Survey response
Water service, reliability, quality, or infrastructure	58%
Private operators managing water systems	57%

Most at risk areas	Survey response
Toilets and sanitation maintenance	47%
Sanitation shops and sales agents staying open	36%
WASH committees and community scorecards	28%
Hygiene promotion through Village Agents and health workers	26%
Access to sanitation loans through savings groups or banks	20%

Source: Final evaluation Household Survey



Figure 3: Water tank rehabilitated /Tare Sector/ Nyamagabe District

Capital finance was the one consistent limit that ran through every domain. Governance, skills, community habits, and accountability mechanisms are largely 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. The honest boundary named by private operators themselves is major capital repair: current tariffs cover routine operations but not pump replacement or network extension, and the CMS-RWSS billing platform, now serving over 104,000 rural water customers, has been handed to RURA, with its transfer to WASAC remaining the one concrete step needed to close this out. The one governance risk district officials name consistently is field monitoring, typically the first line cut when district budgets tighten. In sanitation, schools remain the exception to otherwise strong hygiene

gains, where soap supply, not awareness, is the gap still open. And health facilities show the same pattern as the rest of the portfolio: IPC knowledge and routines are likely to persist, but consumable supply, soap, chlorine, and disinfectant, remains a facility-level governance issue that external programming alone cannot resolve.

Taken together, Rwanda's WASH sector closes this chapter more capable, better financed, and more accountable to communities than it was in 2021. What requires continued attention is practical and specific: completing the CMS-RWSS transfer to WASAC, resolving school and health facility consumable budgets, and channeling capital repair through the financing architecture the project has already built, since tariff revenue alone was never designed to cover it.

Recommendations

The recommendations below respond directly to the gaps identified in this evaluation, asking government to formally take over what Isoko y'Ubuzima has already built, piloted, or validated, rather than starting something new. Where a recommendation carries cost implications, government may engage development partners to co-finance the transition, but the core actions, issuing SOPs, assigning budget lines, setting handover dates, sit within government's own authority and can begin immediately.

Institution	Recommendation	Why	Timeframe
MININFRA	Finalize and issue revised DWASHB SOPs, with a ministerial circular clarifying funding sources	Districts still awaiting SOPs aligned to the 2023 policy; review reached only inception stage	0–6 months
	Create a dedicated district budget line for DWASHB operationalization	DWASHB funding sources remain unclear to districts	Within year 1
	Design hygiene promotion reinforcement cycles with gender-differentiated approaches, sustaining male-targeted sessions beyond initial behaviour change	Men's handwashing behaviour reverts faster than women's once reinforcement stops; this isn't currently reflected in reinforcement cycles or Village Health Worker schedules	Within year 1
	Design and pilot a targeted sanitation financing product for the bottom wealth tertile, building on the VSLA/savings-group architecture	31–32% of non-upgrading households cite affordability as the primary barrier, but only 3% of linked savings groups had an active WASH loan	Within year 1
RURA	Set a CMS-RWSS transition date from RURA to WASAC, or formalize co-hosting	Platform sits with RURA but WASAC will manage it going forward and the transition at the earliest can enable long term sustainability	Within year 1
	Introduce independent verification of NRW and DMA functionality	District metered areas found "non-functional or weakly monitored" in the field	2–3 years
	Design a distinct tariff/licensing model for small, youth-led operators	Standard tariff model doesn't accommodate their thin margins and limited financing access	2–3 years
	Develop a regulatory response to private-connection exit from communal water point governance	Wealthier households installing private connections are withdrawing from communal governance, eroding the fee base and citizen-oversight layer communal systems depend on	2–3 years
WASAC	Replicate DMA zoning, meter testing, and mWater tracking branch-wide	Pilot cut NRW from 42% to 39.3% in nine districts but hasn't scaled further	Within year 1
	Treat supply-continuity (storage/transmission) as a distinct capital-investment priority	NRW reduction alone hasn't resolved chronic low pressure and outages	2–3 years
DWASHBs	Formally constitute roles and budget under revised SOPs; institutionalize reflection meetings	DWASHBs consistently trail District WASH Offices; reflection meetings still rely on project facilitation	0–6 months
	Use costed investment plans as the actual basis for annual budget submissions	Investment plans currently exist as a parallel exercise, not a budgeting input	Annual cycle
	Formally resource the DSC/CSS supply chain via PSF coordination agreement	Sales agents plan to continue but need operational support to sustain pace	Within year 1
District Government	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.	FLCC refresher training (35 participants, March 2026) found investment plans and asset data 'not consistently updated or used'. Five districts have shovel-ready pipelines that need living-budget treatment.	Within year 1

Institution	Recommendation	Why	Timeframe
	Close the accountability gap between DWASHB oversight and private-operator performance by requiring monthly technical and financial reports to WASH committees in a standardised format.	WASH Committees across Rwamagana, Ngoma, Nyamagabe and Nyanza reported they 'do not regularly receive or review operator reports'. Delegated model requires community-level oversight complementing WASAC supervision.	Within 1 year
	Use the Rwamagana peer-learning model as a standing peer-exchange mechanism, targeting the three districts where NRW remains above 38% and youth-led operators are still consolidating.	NRW variation maps onto operator experience: Kirehe/Rwamagana/Nyamagabe/Nyabihu <35%; Ruhango/Nyanza/Ngororero >38%. MKM Rwamagana scaled NRW from 45% to ~23% independently and has served as peer-learning host.	Within 1 year
	Absorb 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 agents.	The project was working 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.	Ongoing
Implementing Consortium	Produce a structured handover note on the state of operator capacity, NRW monitoring infrastructure and sanitation market systems at project close – flagging which operators are most fragile and which DSC/CSS nodes have the weakest continuation prospects.	District-level NRW data shows clear variation: established-operator districts (Kirehe, Rwamagana, Nyamagabe, Nyabihu) sit below 35%; youth-operator districts (Ruhango, Nyanza, Ngororero) remain above 38% at endline.	Immediate
	Use the Decision Intelligence (DQ) selling methodology and Village Agent network as the starting point for sanitation programming in new districts.	The Decision Intelligence (DQ) selling approach, piloted from FY2023 and scaled from FY2024, produced the largest single-year jump in both shop sales and families gaining sanitation access.	Future
	Formally transfer coordination of the DSC / community showroom supply chain to PSF district managers through a written coordination agreement.	Supply chain workshop findings show sales agents committed to continuing but need operational support. Supply chain is structurally most vulnerable at close because the pricing-tier relationship depends on ongoing coordination that no single actor currently owns.	Immediate
US Government	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	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	Next funding cycle

Institution	Recommendation	Why	Timeframe
	Future investments in fund market development or systems strengthening should be done integrated with capital finance component.	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	Next funding cycle