Nearly a billion people in the world drink dirty water. Two billion don’t have a sanitary toilet. Three billion use campfires every day. Governments and charities spend billions of dollars every year to address these problems. And there are big successes in some places, but more innovation is needed.

In Rwanda, most rural villagers drink untreated water and burn firewood on open stoves. For the past ten years, our team has been learning how to address these challenges. In 2014, we reached nearly half a million people with water filters, improved cookstoves, and extensive health education. In 2015, we are on track to reach another two million people.

In the last three months, we’ve had a staff of nearly 1,000 working across the western province of Rwanda, a 6,000 square kilometer area, distributing filters and stoves at 400 community meetings and visiting nearly 110,000 homes. Working with the Rwanda National Police and the Ministry of Health, we moved 220,000 products to commandeer this system and apply it to household drinking water.

This approach stands in contrast to a typical approach in poverty reduction programs globally. Typical funders, from church and community groups, universities, all the way up to the U.K. Department for International Development, the U.S. Agency for International Development, and the World Bank, provide funding for projects that are intended to improve the health and livelihood of people in developing communities. These include things like water pumps and water filters, cookstoves, latrines, and solar lighting systems.

This funding usually lasts a couple of years, and during that time the implementers will try to evaluate their impact. If you can afford it, you might run a randomized controlled trial to see if the projects are improving health or other outcomes. But, usually sooner rather than later, the funding runs out, and everyone moves on.

This has resulted in sad statistics. Some estimates suggest that at least half the water programs in some African countries are broken a few years after they’re installed.

Our intention is to instead lay the foundations for a long-term presence in Rwanda, making substantial contributions to public health and economic development.

The program, called Tubeho Neza (meaning “let us live well”) is a partnership between DelAgua and the Rwandan Ministry of Health. We recruited more than 850 community health workers to manage the distribution and help households with installation and maintenance. This year, we’ll be back in nearly every household reinforcing healthy behaviors.

Independent researchers from the London School of Hygiene and Tropical Medicine and Emory University are running a randomized controlled trial and using cellular sensors, household surveys, and other techniques to measure uptake, correct usage, and water and air quality improvements.

Many of us have heard of the idea that a donation of something like $25 will bring water to someone for his or her entire life in a developing country. But $25 donations haven’t solved this problem yet.

We need new and better business models, to engage businesses in these challenges, in a way that can help pay for ongoing services. We need payments to be based on performance, and not pictures and promises.

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