

Applying the TIDieR-WASH Checklist to CARE International's Community Score Card (CSC) Intervention in Rwanda Under the Isoko y'Ubuzima Project



Background of CARE Program

CARE, through the USAID-funded Isoko y'Ubuzima project, aims to enhance sustainable and inclusive WASH (Water, Sanitation, and Hygiene) services across Rwanda. The project emphasizes community participation and accountability to improve service quality and equity. One key intervention within this project is the Community Score Card (CSC), a participatory approach that enables communities to assess WASH service delivery and engage service providers and local authorities in structured dialogues to enhance accountability and responsiveness.

Summary of Methods Used to Develop the Checklist Report

The checklist case study was developed by Marie Nicaise Ugabinema, Project Manager and Judith Mukeshimana, Gender Equality and Social Inclusion Technical Advisor from CARE Rwanda using a combination of project documents, activity reports, donor reports, and prior evaluations. The case study synthesizes details from ongoing program implementation (July 2021 – July 2026). Each reporting item within the case study is summarized based on implementation details documented in project reports, following the guidance provided by the TIDieR-WASH Checklist. These summaries are intended to illustrate case study examples for each item in the checklist. More comprehensive details on the intervention can be found in the original project reports.



Community scoring exercise.

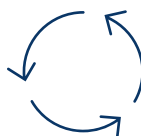
Description of the Intervention Using the Checklist



1. Name

Provide a name or phrase that describes the intervention.

Community Score Card (CSC) for WASH services under Isoko y'Ubuzima.



The Isoko y'Ubuzima Project is a five-year USAID-funded initiative to expand sustainable and equitable WASH services in Rwanda by strengthening government capacity, fostering community accountability through the CSC approach, and addressing social barriers to access and participation.

2. Theory of Change

Describe how the intervention is expected to affect the target outcomes.

The Isoko y'Ubuzima Project is a five-year USAID-funded WASH initiative focused on expanding access to safe, sustainable drinking water and sanitation services across ten districts in Rwanda. Led by Water for People, in collaboration with International Rescue Committee (IRC), Vitens Evides International (VEI), CARE International, and African Evangelistic Enterprise (AEE) Rwanda, the project focuses on improving government capacity to manage WASH services, expanding and professionalizing these services, and fostering market-based solutions for household sanitation and hygiene.

Key challenges include inadequate infrastructure, poor management, limited community involvement, and a lack of platforms for discussing WASH quality. To address these, the project emphasizes strengthening District WASH Boards, ensuring marginalized populations have a voice, and implementing a Community Score Card (CSC) for accountability and dialogue between stakeholders.

A social mapping assessment tool will identify barriers to WASH services, including gender discrimination, which will inform action plans during CSC events. The overall goal is to promote sustainable WASH services by enhancing institutional accountability, participation, and addressing social barriers through policy dialogue.



The CSC approach is based on the theory that participatory evaluation of WASH services will strengthen provider accountability, improve service quality, and foster community ownership. Through facilitated dialogue between community members, service providers, and local authorities, the intervention identifies service gaps and co-develops solutions. Participatory data collection and scoring provide actionable feedback on access to clean water, sanitation infrastructure, and hygiene education. This ensures that the priorities of marginalized groups—such as people with disabilities and vulnerable households—are centered in decision-making.

The process increases transparency, builds trust, and establishes mechanisms for ongoing accountability. By improving infrastructure and equitable resource distribution through joint action planning, the intervention is expected to lead to better health outcomes, including reduced waterborne diseases and improved sanitation conditions. Over time, these collective efforts contribute to stronger local governance, greater community resilience, and sustainable improvements in WASH services beyond the life of the project.



The CSC approach has improved WASH service delivery and equity in the Philippines, Nepal, and Rwanda by strengthening community engagement, addressing service gaps, and prioritizing the needs of marginalized groups.

3. Prior Evidence

Describe any prior effectiveness evidence for this or related interventions.

The CSC approach has demonstrated success in improving WASH service delivery and promoting equitable access in various contexts.

In the Philippines, the CSC process led to sustained improvements in WASH infrastructure by enhancing coordination between communities and local governments.¹ Communities used the scorecard process to track the condition of sanitation facilities, water sources, and hygiene behaviors. In response, local governments implemented proactive measures, including the repair of damaged water sources and the construction of new sanitation facilities, leading to long-term service improvements.

In Nepal, the CSC approach helped ensure that marginalized groups—such as women, the elderly, and people with disabilities—were included in the decision-making process for WASH services.² The feedback gathered through the scorecard highlighted inequities in access to water and sanitation, which led to the prioritization of these groups in resource allocation and service delivery improvements.

In Rwanda, the Isoko y'Ubuzima project has used the CSC approach to effectively identify critical issues, including insufficient water supply, fluctuating water prices, lack of public toilets, poor management of water user committees (WUCs), and social inclusion challenges. Through CSC process and other strategic activities, the project has mobilized communities, trained facilitators, and engaged stakeholders at multiple levels to address these challenges. The proposed solutions are practical and aimed at achieving sustainable improvements. Key actions include the construction and extension of water supply systems, upgrading public sanitation facilities, creating and training water committees, and ensuring accessible WASH services for marginalized populations. By fostering public-private partnerships, promoting community engagement, and enhancing accountability, the program aims to build a robust framework for effective WASH service delivery.

¹ Philippines Department of the Interior and Local Government. (2018). Using Community Scorecards to Improve Water and Sanitation in Local Governance.

² Shrestha, P., & Joshi, D. (2017). Community Scorecards and the Promotion of Equitable WASH Services in Nepal. *Journal of Water, Sanitation, and Hygiene for Development*, 7(4), 624-630. DOI: 10.2166/washdev.2017.221



Implementation in 10 rural districts in Rwanda, targeting households, schools, health facilities, service providers, and local governments.

4. Location and setting

List the geographical locations and settings where implementation occurred.

Implementation occurred in rural settings in 10 districts across the Eastern (Kirehe, Ngoma, Kayanza, Nyagatare and Ngoma districts), Southern (Nyamagabe, Nyanza and Ruhango districts), and Western (Ngororero and Nyabihu districts) Provinces of Rwanda. The intervention targeted households, schools, health facilities, service providers, and local government entities to ensure a holistic and collaborative approach to improving WASH services through community engagement and structured feedback mechanisms.



Rwanda, aiming for middle- and high-income status by 2050, is advancing WASH services through national strategies and decentralized governance, but faces ongoing challenges with rural water access, sanitation quality, affordability, and service delivery capacity.

5. Context

Detail all known relevant contextual factors for each location reached by the intervention.

Rwanda, a landlocked country in central Africa bordered by Uganda, Tanzania, Burundi, and the Democratic Republic of Congo, covers 26,338 km² with a population density of 445 people per km². The country has maintained political stability since the 1994 genocide against the Tutsi. Rwanda aims to achieve Middle-Income status by 2035 and High-Income status by 2050 through its second National Strategy for Transformation (NST-2), focusing on sustainable development. The economy experienced robust growth, with real GDP increasing by over 8.5% in 2024 and projected to average 7.1% growth from 2025 to 2027, supported by expansions in agriculture, services, and industry.

The Ministry of Infrastructure (MININFRA) in collaboration with various stakeholders aims to advance Rwanda's water and sanitation sector in alignment with Vision 2050 and the second NST-2. The country has the Water and Sanitation Sector Strategic Plan (WSS SSP) 2024–2029 seeks to address current challenges and capitalize on opportunities to ensure universal access to clean water and improved sanitation by 2029.

WASH governance in Rwanda is structured around the principles of decentralization, stakeholder engagement, and alignment with national policies aimed at achieving universal access to clean water and improved sanitation. The government, through MININFRA and the Rwanda Water and Sanitation Corporation (WASAC), provides strategic direction and oversees the implementation of WASH initiatives. Local authorities play a crucial role in executing these policies at the community level, ensuring services are tailored to local needs.

Isoko y'Ubuzima, as one of the WASH stakeholders, operate in areas considering various contextual factors that collectively impact the sustainability and effectiveness of WASH interventions in Rwanda, requiring continuous stakeholder engagement and adaptive policy implementation to address emerging gaps:

- 60-70% of the rural population in each of the provinces has access to improved water sources. The Eastern and Western Provinces both face challenges with consistent access to clean water, as a large part of the population relies on surface water sources, which are vulnerable to contamination. The Southern Province faces challenges with seasonal water shortages, due to heavy reliance on rainwater harvesting and limited infrastructure due to the hilly terrain.

- Private operators manage rural water supply systems through public-private partnerships (PPPs), but their operational capacity varies, affecting the quality and continuity of services.
- Concerns over affordability persist, particularly for low-income households, despite the introduction of social tariffs by the Rwanda Utilities Regulatory Authority (RURA) and the WASAC. Many households still struggle to afford water, leading to reliance on unsafe sources.
- Around 60% of the rural population in each Province has access to improved sanitation. Challenges related to wastewater management, open defecation, quality sanitation infrastructure, lack of waste disposal systems, and affordability persist. The WASAC is the public utility responsible for sanitation services, promoting improved and affordable sanitation facilities and managing wastewater.
- Governance structures, such as District WASH Boards, play a crucial role in coordinating service delivery. However, challenges such as limited financial resources, inadequate monitoring mechanisms, and inconsistent enforcement of policies hinder their effectiveness.



The CSC approach strengthens Rwanda's decentralized WASH governance by fostering community feedback, building accountability, and supporting service improvements through participatory decision-making and trust-building with local authorities.

6. Suitability

Justify why the intervention is relevant and appropriate for where it was implemented.

The CSC approach aligns with Rwanda's decentralized governance model and commitment to community engagement, enabling direct feedback loops between citizens and service providers. By fostering participatory decision-making, the CSC approach allows communities to assess WASH service delivery and articulate their concerns directly to service providers and local government authorities. This inclusive engagement builds accountability and responsiveness, ensuring that service improvements reflect community needs. Furthermore, the structured dialogue facilitated through the approach encourages trust-building between stakeholders, promoting sustained community ownership and commitment to WASH improvements. The approach also supports the functionality of existing governance mechanisms, such as District WASH Boards, by providing community-driven data that informs policy decisions and resource allocation.



The CSC approach is implemented by CARE, AEE, and local authorities to integrate community feedback into WASH improvements.

7. Implementers

List all the institutions who provided each intervention or type of activity.

The CSC approach is implemented by CARE International and AEE in partnership with local authorities, including District WASH Boards and sector-level officials. These local authorities play a crucial role in ensuring that community feedback is integrated into policy discussions and service improvements. Additionally, trained facilitators from both CARE and AEE guide the process by organizing community dialogues, scoring sessions, and interface meetings. Their involvement ensures that data collection and action plans are effectively implemented and monitored over time.



Over 1,200 community members and 248 power holders engaged in inclusive CSC sessions and dialogue to improve WASH services.

8. Recipients

Report the number of recipients or the population reached, and descriptive statistics of those recipients.

1,257 community members participated in the CSC sessions, including 700 women, 557 men, and 208 individuals with disabilities. The intervention was designed to be inclusive, ensuring that vulnerable groups such as people with disabilities had an active role in the process. Community members engaged in participatory scoring exercises that highlighted service gaps and priorities. 248 power holders, such as District WASH Boards members and project officers, participated in the self-assessment of their districts. Additionally, 881 participants attended interface meetings, which facilitated structured dialogue between communities and power holders, including representatives from District WASH Boards and local authorities. These meetings played a key role in developing actionable plans to address identified challenges and improve WASH service delivery.



Separate CSC sessions captured the perspectives of women, men, youth, and people with disabilities.

9. Targeting

Report whether any intervention components were targeted to specific subpopulations, how they were targeted, and how the target subpopulations were identified.

Specific attention was given to women, men, youth, and people with disabilities. Each group participated in separate CSC sessions before coming together and consolidating findings. These sessions were designed to ensure that the perspectives and unique challenges of each demographic were fully captured.



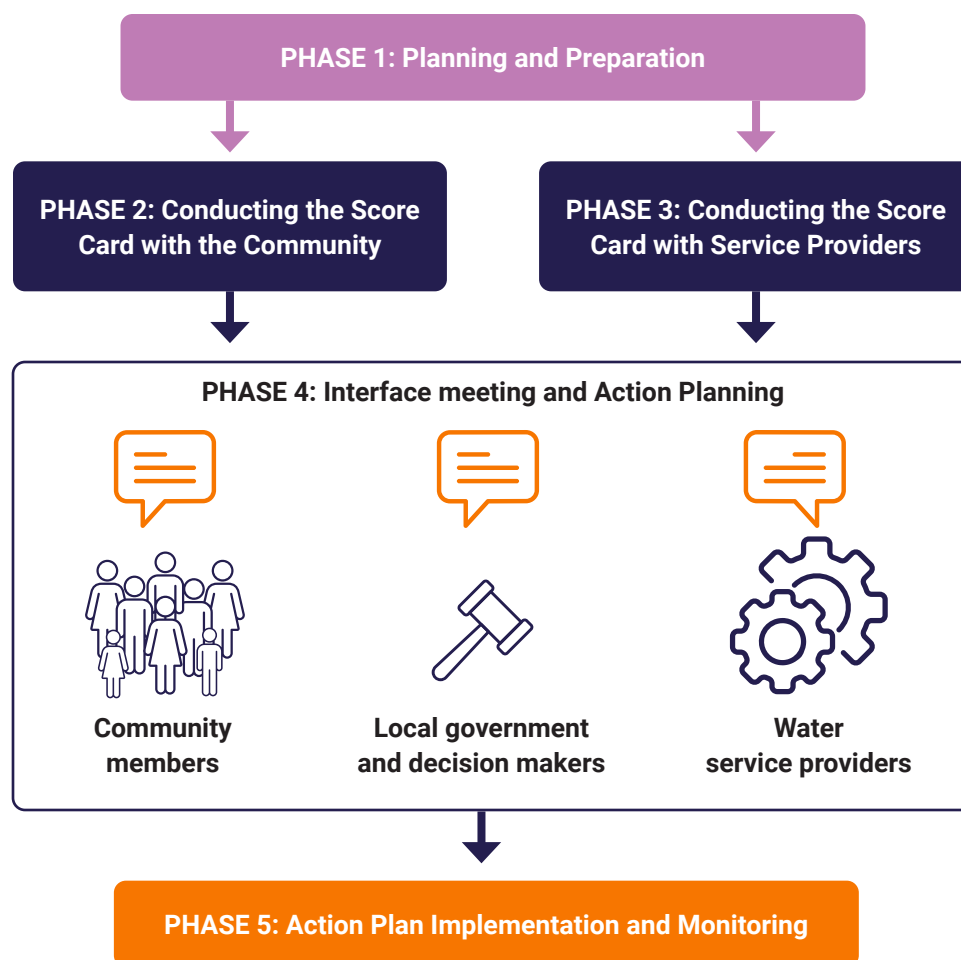
Activities included facilitator training, community scoring, power holder self-assessments, and district-level interface meetings to improve WASH services.

10. Activities

Provide a clear, detailed description of the activities included, their procedures, and supporting activities.

Activities included facilitator training, community scoring, power holders' self-assessment, and interface meetings. The facilitator training was a two-day intensive training focused on CSC methodology, facilitation skills, and data collection techniques. CSC sessions provided structured feedback on WASH services using pre-designed assessment tools. The action plans developed during the CSC sessions are reviewed during follow-up sessions which occur during data quality assurance activities to ensure the plans are being implemented and progress is monitored. Additionally, power holders, including District WASH Board members and project officers, conducted self-assessments to evaluate and score key WASH issues in their districts. The intervention culminated in district-level interface meetings attended by stakeholders, including service providers, local government officials, and community representatives, where gaps were identified, action plans were formulated, and commitments were made to enhance service delivery and sustainability.

The diagram below provides an illustrative process of the CSC approach.



Caption: Phase one of planning and preparation includes the training of facilitators and introduction to local authorities. The Phase five of action plan implementation and Monitoring is where the community members, local government and water service providers share feedback or updates on how the action plan is being implemented.



Facilitators were trained once; CSC sessions occur annually with follow-ups, scoring, and interface meetings to drive WASH improvements.

11. Intervention dose

Quantify the frequency and number of contacts between implementers and recipients, and the duration of those contacts.

The facilitator training occurred one time and included two days of training. CARE staff train field staff from our implementing partner AEE who also train community level facilitators. CSC sessions occur annually at each site, with semi-annual follow-ups to ensure ongoing engagement and accountability. Each session lasts an average of 4 hours, involving structured discussions, scoring exercises, and group consensus-building. Self-assessment sessions, conducted by power holders and District WASH Boards, last between 1.5 to 2 hours, focusing on identifying service gaps and areas for improvement. Interface meetings, which facilitate direct engagement between service providers and community members, last between 2 to 4 hours, allowing ample time for in-depth dialogue, action planning, and commitment tracking to improve WASH services.



Fidelity is monitored through data checks, field visits, reflection meetings, and semi-annual reviews.

12. Fidelity

Report fidelity monitoring and actual fidelity. Include any planned or unplanned modifications to the intervention.

Fidelity monitoring is conducted through regular data quality assurance checks, field supervision visits, and structured reflection meetings with facilitators and stakeholders. These activities ensure adherence to the CSC methodology, identify implementation challenges, and provide opportunities for iterative improvements. Additionally, semi-annual progress reviews assess the effectiveness of action plans and track commitments made by stakeholders to enhance WASH services. Adjustments are made based on real-time feedback and documented in periodic reports to improve future implementation.



Primary costs included training, community sessions, materials, monitoring, and administration.

13. Costs

Report the program costs by activity category and input type.

The intervention's primary costs included facilitator training, community engagement sessions, materials, monitoring, and administrative support. A full financial breakdown is available in supporting documentation.

The table below outlines the key activity categories and associated costs (in Rwandan Francs - RWF), including the contribution from USAID:

No.	Activity	Amount (RWF)	USAID	% of total
1	Training of trainers staff	756,000	538	2%
2	CSC introductory meetings (new sectors and district level)	16,940,000	12,052	35%
3	Training of community CSC facilitators (new)	14,226,000	10,121	29%
4	Community scoring at sector level	12,497,100	8,891	26%
5	Interface meeting	4,500,000	3,201	9%
	Total	48,919,100	34,802	100%



Structured guidelines, training, and materials supported consistent, high-quality CSC session delivery and monitoring.

14. Materials

Describe all materials delivered as part of the intervention or used to guide the intervention.

The project developed structured guidelines to standardize the facilitation CSC sessions, ensuring a consistent, inclusive, and high-quality process. These guidelines clearly define the roles of facilitators, participants, and stakeholders, detailing procedures for scoring, data collection, and follow-up activities. To support implementation, facilitators received training on the CSC process along with instructional materials, such as PowerPoint presentations for reference. Additional materials, including flip charts, markers, and a CSC tracking tool, were provided to facilitate effective session delivery and ensure the ongoing monitoring of action plan implementation. This structured approach equips facilitators with the necessary resources to conduct sessions efficiently and track intervention progress over time.