Making Citizen Participation Central to Local Development Planning and Implementation: The CAP Model
Summary

CARE’s decade-long experience in implementing the Community Action Planning (CAP) model in Ghana has produced solid evidence for its relevance in enhancing citizen participation and influence in local governance, particularly in local development planning and decision making. Not only did the CAP create a trusted space for citizen participation in local decision making, particularly around local development planning, but it further empowered community members to be active citizens capable of engaging in community collective efforts to address issues affecting their lives and wellbeing, and to hold their local leaders accountable.

The CAP model has been initiated by CARE Ghana. Based on its successes in mobilizing citizens for local community development, the model has since been taken up by a wide range of development stakeholders working in Ghana. CARE Ghana’s long outstanding experience using the CAP model coupled with the fact that CAP feeding into District Assemblies Medium Term Development Plan is a national requirement and the wide uptake of the model by other development partners working in local development and decentralization in Ghana provided compelling motivation for CARE to advocate for the institutionalization of the CAP model. CARE Ghana therefore conducted an assessment of existing CAP models in Ghana to gather evidence on the effectiveness and relevance of CAP in relation to citizen participation and influence in local governance. The purpose of the undertaken CAP assessment is two-fold: (1) provide evidence for policy advocacy and influencing on the institutionalization of the CAP model; and (2) inform the re-versioning of the CARE CAP model to align it with the 2nd edition of the National standards CAP manual.

Background

CARE Ghana has initiated the CAP model in 2002. Since then, the country programme has used the CAP model in a wide range of sectorial programming including the agriculture and food security programmes; forest and natural resource management programmes; water and sanitation programmes and climate change resiliency amongst others. Furthermore, CARE Ghana has widely shared its CAP experience with a wide range of development stakeholders in Ghana, resulting in an uptake of the model by the main local and national development stakeholders in the fields of local development and decentralisation including UNICEF; Send Ghana; Ibis; and SNV. In addition, the CARE CAP model has significantly informed and influenced the development of a national CAP standards manual under the auspices of the National Development Planning Commission (NDPC), which is currently on its second edition.

The CAP model has proven to be an effective process for engaging citizens to collectively mobilise to identify and prioritise their concerns, identify what they can address by themselves, and devise action plans aimed at influencing local development planning and implementation decision making. The purpose of developed community action plans is to ensure local development plans and actions address the most critical and outstanding needs (goods and services) of communities comprising a specific
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administrative entity. Hence the ultimate aim of the CAP model is to make citizen participation and voice central to the local development planning and implementation decision making. Through CAP, CARE has acted upon alleviating one of the main reasons behind the failure of development efforts, namely lack of active and effective citizen participation and voice in development decision making.¹

The successes of the CARE CAP model over more than ten years have prompted CARE Ghana to commission a study to assess and document the CAP model with the primarily objective to influence the Ghana National Development Planning Commission (NDPC) to institutionalize the CAP model as part of the 2013 planned overhaul of the national development planning guidelines in order to inform the 2013-2018 Medium Term Development Plans (MTDP) cycle.

The NDPC was established by Ghana’s 1992 constitution and subsequent legislation. The NDPC has the mandate to coordinate and harmonise national development planning, with the District Assemblies (DAs) and the Regional Coordinating Councils (RCCs) being the primarily decentralised units for coordinating local development planning and implementation. In order to fill the governance gap between the central government and the lowest administrative entity and to facilitate community participation in planning and managing the development process, DAs are required to mobilise citizen participation in the preparation of the districts’ MTDPs. However, in reality this does not happen due to (1) lack of national guidelines on how to mobilise and resource citizen participation in the DA development planning processes and decision making; and (2) non-existence of a formal platform for DAs to engage citizen in local development planning from the village level up to the DA level.

The past MTDPs were developed following guidelines issued by the NDPC (NDPC, October 2011). The process is made up of 19 steps. It starts with a performance review of the previous year’s MTDP, after which the current needs and aspirations of the communities within the district are collated and harmonised into priority areas. The latter prioritisations from the various area councils in the district are further harmonised and then integrated into the district MTDP. The process continues with the preparation of an indicative financial plan and district annual action plans, which are linked with the annual budget. The concluding steps are the implementation of these annual action plans, monitoring and evaluation and the development of district communication strategy. Suffice it to say that according to the NDPC Guidelines, the District Planning Coordinating Unit (DPCU), one of the key actors in the process, is the sine qua non in the preparation of the plan. However, guidelines were not clear on how community needs and priority concerns would be identified, and integrated in the MTDPs and in the district annual action plans. CAP provided the perfect platform for filling this gap. Hence CARE championed policy advocacy led the NDPC to integrate the CAP model as a platform for mobilizing citizen participation in the preparation of the MTDPs and DAAPs.

What is Community Action Planning?

CAP is a community-led planning process that enables communities to investigate and debate the needs and aspirations of their area and take responsibility for making things happen through developing a vision on how to make their community a better place. CAP goes beyond the traditional needs assessment by digging deeper into the available community resources rather than the mere focus on communal needs. In this way, CAP ensures a high level of community ownership of local resources, and thus increases the likelihood of their sustainability. Through increasing citizen participation, CAP
empowers communities and provides a platform for local authorities-citizens dialogue on local development issues, particularly on faced challenges and priorities. This dialogue also provides an avenue for enhancing accountability in local governance.

The CAP, as an approach, underscores the role and need of the facilitator to be aware of the internal community dynamics in addition to ability to relay the expectations of the community participating in the process. CARE has therefore invested heavily in the training of community facilitators in order to guide the community through CAP.

The CAP process includes six main steps: 1) initiating community entry; 2) undertaking a community situational analysis; 3) developing a community vision; 4) development of CAP matrix; 5) validation of developed action plans, and 6) implementing and monitoring the action plans. The CAP process itself starts with community members being guided by their trained facilitators and working together with district officers and other civil society representatives to conduct an assessment of the state of the community. The community is divided into groups including vulnerable groups including men, women, community members with special needs and children who are given an opportunity to independently raise their concerns in smaller groups before the entire community is brought together to discuss issues raised by each group. This helps community members to collectively identify and agree on issues to be addressed.

Afterwards, a community action plan is developed to prioritize and address the identified issues. Not only is CAP based on the participation of communities, but also ensures buy-in from community

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**Goals of Community Action Planning**

- **Increasing participation and representation** of citizens in the design and implementation of local development plans.
- **Strengthening citizen empowerment** in relation to defining and influencing the prioritisation of local development needs and concerns, particularly poor, vulnerable, and marginalised groups living in rural and hard to reach communities.
- **Fostering citizens-authorities interaction and dialogue** for consensus building on local development agenda.
- **Achieving accountability** in the defining and implementation of development plans at community and DA levels.

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**Steps of Community Action Planning**

1. Community Entry
2. Community Situational Analysis
3. Community Vision
4. Community Matrix
5. Validation of Action Plans
6. Monitoring of Implementation
leadership structures and DA officials. The presence of the DA officials makes it possible for community members to take advantage of their technical knowledge and experience on the best strategies to address identified issues during planning and to network with them to obtain district level support. The draft community action plans are eventually validated by the community and a ceremony is usually held to formally hand over copies to the relevant District Chief Executive and technical officers for their action. This process helps to facilitate a direct accountability engagement between community members and DA authorities as agreed follow up actions from discussed community concerns and needs will be monitored by the community.

The innovation of the CAP model lies in the fact that developed action plans are used by communities as advocacy and accountability tools when engaging their respective DA authorities and other development partners working in their areas. Developed action plans are used as a menu of priority needs from which the DA and other development partners can pledge support. These pledges are thereafter monitored by the community to ensure accountability. Hence CAPs become effective tools for monitoring local development commitments from various stakeholders in a particular locality.

In order to have an effective CAP, key considerations need to be present. These factors include: identification and participation of key stakeholders throughout the process, competent facilitation, utilization of appropriate data collection formats and tools, capacity building for all key stakeholders, availability of financial resources to support the process, collection, collation and regular sharing of evidence based documentation that showcases achievements, de-politicization of the process, synergistic work in concert with other existing projects, programmes and development partner initiatives, policy advocacy to make duty bearers responsive and to create an enabling environment. The CAP model has provided an avenue for holding both District Assemblies and NGOs accountable to their commitments to the MTDP implementation – the stakeholder meeting is a great platform for District Assemblies, NGOs and other stakeholders to discuss progress made on the implementation of commitments made towards the MTDP. CARE has drawn an extensive amount of experience in dealing and addressing these key contributing factors to the success of the CAP model.

Evidence and Impact

Evidences of the impact of CAP have been documented through a series of reports and evaluations. The impact of the CAP model has been observed at three main levels: 1) local development planning processes; 2) community empowerment; and 3) service delivery.

1. Local development planning processes

The CAP model has helped to transform local development planning processes in CARE Ghana programming areas into more participatory and responsive processes. These processes are characterized by real constructive
engagements between citizens and local authorities around identification and prioritization of local development needs and initiatives. The majority of surveyed communities highlighted the role that the CAP model has played in aligning local government or district level objectives with those of community members. This alignment takes place through dialogue between a particular community and their local authorities on the developed community action plan. Through the dialogue, local authorities agree with communities on identified actions that will be integrated in the MTDPs, and thereafter in the annual action plans of the district which have budgetary allocations. In this way, CAP transforms the local development planning into a process that responds to the most critical needs of citizens as identified by them. Representation in the planning process would have been low according to the NDPC guidelines, had it not been for the intervention of CAPs in district development planning.

Communities in CARE Ghana operational areas who implemented the CAP model further highlighted that mobilizing and strengthening citizen’s participation in local development planning processes is something that the CAP is able to achieve. This is mainly propelled by the fact that CAP, as a process, promotes inclusion and ownership by various groups in the community including vulnerable ones through providing an opportunity to voice opinions, highlight their priorities and ultimately achieve greater consensus together with others on these issues. This process when well facilitated leads to stronger social cohesion and greater understanding of local development planning processes; how to influence local government decision making on community development needs; and the benefits of collective action to influence local authorities decision making.

Not only is CAP praised by communities but also by other NGOs and by the DAs themselves. According to Eric Kavaarpuo of IBIS, Ghana, “once the CAP process is well facilitated you have every vulnerable group adequately represented and able to share their opinions such that everyone gets heard”. On the other hand, DAs indicated that developed CAPs in their communities have provided them with the critical information on existing resources which informed the preparation of their MTDPs. In addition, DAs commended CARE’s work on CAP as these generated valuable information on the profiles of the communities in their districts.

2. Community empowerment

The CAP model has contributed to the empowerment of communities where CARE Ghana has implemented the model. This was done through a noticeable enhanced community engagement in their DA led local development processes and initiatives using the spaces for citizens-local authorities created by the CAP model. Furthermore, the CAP model has contributed to increased awareness and knowledge of community members on existing resources in their community that can be leveraged to address some of their needs and concerns. In most communities in Northern Ghana where CARE Ghana has
implemented the CAP model, communities have identified local resources that can be leveraged to increase their food security during drought periods, and alternative livelihoods that can enhance women’s economic status. The awareness and knowledge gained have led communities to be tuned to engage in individual and collective action towards addressing some of the challenges they identified in their CAPs. For example, communities started planting trees, diversifying crops, changing their planting seasons, and moving away from valleys where floods destroy crops as ways of adapting to climate variability. This manifested itself in the application of community based adaptation planning methods – techniques acquired through a CARE supported initiative in northern Ghana.³

Furthermore, DAs responsiveness to communities’ needs by directly addressing some of the issues captured into developed CAPs have contributed to motivate communities to enhance their engagement with DAs on local development processes and initiatives. Hence the integration of some community priorities into the DAs’ medium development plans has played as a catalyst for enhanced community-DA collaborative engagement on identified development issues.

Also, the CAP model has demonstrated impact on intra-community relationships by sparking community dialogue, through which solutions to local problems were jointly explored and agreed upon. For example, in a CARE supported community in Northern Ghana, members of the community engaged in the CAP process have identified issues related to soil fertility as one of their development priorities. Through discussions community members agreed to revive the use of climate smart farming techniques that were introduced by CARE but were never applied. Furthermore, community members agreed to support sensitisation campaigns on improved farming practices such as enclosing livestock animals within fenced areas so that their dung can be used to fertilise the soil. As result of participating in CAP activities, communities have become more united due to the regular meetings that they have instituted after going through the CAP development processes.

Empowering women and other vulnerable groups through influencing development planning, implementation processes and decision making was one function of CAP. Many women community members said that their participation in the CAP development has in a way changed both the attitude of men towards women within communities. Most men and women have now developed a higher degree of trust in each other, something that has enhanced intra-community dialogue (See the box below).

"Before CAP came to this community, whenever we had to sit down and plan issues we only met to talk of how we could buy things to sacrifice to our Gods and not discuss our community challenges. During such meetings women were not even allowed around the meeting area. In those days only the elderly were chosen and given yams and other gifts to take to the District Assembly to lobby for support, and most of the time some people always deceived them by taking their gifts at Nalerugu with the false promise of presenting it on their behalf to the Assembly at Gambaga, which usually would not happen. However, with CAP in our community, there was a change. We have realized we do not need anybody to lead us to the Assembly. Those who cheated us cannot cheat us any longer because we can now meet with the DCE or Coordinating Director ourselves to present our problems. CAP has also enlightened us on the need to include women in our meetings and I must admit some of them even say more sensible things than the men. At our meetings now, women are most of the time more than men. We have come to realize that there is strength in unity."

_Yakubu Adam, Yunyoranyiri Community_
3. Service delivery

In communities where CARE Ghana has implemented the CAP model, evidences show an increase in access and utilization of existing basic services, including education, health, water and sanitation. This was achieved as a result of enhanced awareness and knowledge on existing services and how to access them that was enabled by CAP proceedings, and interventions done in response to needs identified in developed CAPs by both DAs and other development partners. In some communities, developed CAPs have led to construction or repair of infrastructure such as schools, clinics, boreholes and toilets. The Kugri community, for instance, now benefits from a Community Health Planning Services (CHIPS) compound equipped with the Kumasi Ventilated Improved Pit Latrine (KVIP), urinal and other ancillary facilities, two water boreholes, one pick-up vehicle and electricity. In the Akara Community, CAP facilitated the construction of furnished classroom blocks in addition to the rehabilitation of existing school infrastructure.

"At first illiteracy was very high because there were no schools. Most of the children were made to take care of animals and fetch water, farm or spend their time cooking. As part of the CAP process, we prioritized the need for a junior high school (JHS) and kept engaging the DA after we had formally handed over the CAP document to the DCE. Later a structure was built and roofed with thatch, and eventually a JHS was also built. This to me is the most significant achievement of CAP in my community, because we decided this was a priority and followed up till we got it. In my opinion the JHS has helped the community a lot."

Azibidim Apiidi, Bugri-Bulpielsi Community
Institutionalisation of the Community Action Planning model

Realizing the significance of the CAP model, and making use of generated evidences of the impact of the model on citizen participation in local governance, CARE engaged the NDPC to influence the incorporation of the CAP model into the national guidelines for national development process to inform the 2013-2018 MTDP. The purpose of CARE policy advocacy initiative on CAP was to influence the institutionalisation of the model, and thus harmonise the implementation of the CAP model across all DAs in Ghana.

1. Integrating CAP into Development Planning Regulations

CARE used a two-pronged policy influencing strategy for the institutionalisation of CAP: (1) use of third party assessment of the impact of the CAP model to convince the NDPC on the relevance of the model in relation to citizen participation in local development planning model; and (2) direct support to the NDPC to conduct a wide consultation on the new guidelines for the 2013-2018 MTDP cycle.

1.1 Use of third party assessment of the impact of the CAP model:

CARE’s aim to influence the institutionalisation of CAP within Ghana’s development planning started with efforts towards documenting the impact of the various existing CAP models in Ghana. CARE Ghana commissioned an independent evaluation of the impact of the existing CAP models in Ghana, with the intent to gather evidence of the relevance of the model in relation to citizen participation in local governance. The evaluation showed that CAP models involve all segments of the community in the identification of development needs as well as solutions. The findings and recommendations of the evaluation were validated in a workshop in which representatives from the NDPC, DAs and peers NGOs participated. The CAP evaluation validation workshop was aimed at influencing NDPC thinking on CAP, and thus set the scene for further engagement on the need for institutionalisation of CAP.

1.2 Direct support to the NDPC:

CARE supported the NDPC to conduct consultations throughout the country to inform the new guidelines for the 2013-2018 MTDP cycle. Provided support enabled the NDPC to develop new regulations with direct inputs from civil society representatives from across the country. Section 21 (1) of Act 479 and Section 19 of Act 480 requires NDPC to make regulations to provide for: (i) Procedures for submission of development plans, (ii) Forms and time for submission of plans and (iii) Provisions to give effect to the two Acts. Upon enacting the regulations, these will seek to achieve the following objectives: decentralized planning, participatory planning, identification of structures and establishment of procedures for decentralized planning and to ensure transparency in the planning process “Planning Systems Regulations”.

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2. Enabling factors of CARE policy influencing strategy on the institutionalisation of CAP

A number of strategies were reported by key district and national level stakeholders as underpinning CARE’s policy influencing efforts for the institutionalization of the CAP model. These included:

- **Transparency**: Creating momentum through engaging key stakeholders throughout the process and regularly sharing information on events and achievements as the progress on efforts towards policy influencing on the institutionalisation of the CAP model.
- **Documentation**: Building an evidence base of the impact of the CAP model using third party independent evaluations and assessment of CAP work in Ghana.
- **Partnerships**: Establishing and maintaining relationships with key decision and policy makers including Chiefs, District Chief Executives, planners at the local level and NDPC officials at the national level.
- **Advocacy**: Lobbying and influencing the key decision and policy makers at both the district and national levels. Building formal and informal alliances for policy advocacy with other civil society organizations engaged in CAP activities at the national level.

In implementing these strategies the following crucial enabling factors were noted at the community and district levels:

- **Stakeholder Engagement**: This starts by conducting a thorough stakeholder analysis in order to identify all the relevant and key stakeholders at the district level. Afterwards, identified key stakeholders should be engaged from the planning stage. For example, contacting and constantly engaging relevant government as well as civil society representatives at the district level from the CAP planning stage.
- **Capacity Development**: On one hand, capacity of key district level stakeholders is developed on the tools to be utilized during the CAP process. These actors included district coordinating directors, district planners, budget officers, civil society project officers and representatives as well as community facilitators. On the other hand, citizens are empowered through exposing them to relevant development ideas and concepts on food security, livelihoods, social accountability etc. Subsequent training is undertaken for the district and community level teams in lobbying and advocacy to engage and influence duty bearers and other stakeholders to deliver on the CAPs.
- **Citizen Platforms**: Creating a platform for citizens to engage with representatives of government both at the district level and at the national level. Communities and their representatives were supported to formally present copies of their community action plan to key stakeholders including the District Chief Executive for the District Assembly, partner civil society organizations etc.
Crucial enabling factors highlighted by national level stakeholders as having enhanced the process include:

- **Stakeholder Engagement**: Engagement and involvement of key duty bearers, specifically representatives of the Ministry of Local Government and Rural Development (MLGRD) as well as the National Development Planning Commission (NDPC).

- **Coalition Building**: Engaging and forging alliances with other relevant Civil Society Organizations working on CAP such as Africa 2000 Network – Ghana and IBIS-Ghana at the national level.

- **Knowledge Exchange**: Knowledge sharing with key stakeholders such as for example the National CAP Facilitators workshop which provided hands-on field level training on skills for developing community action plans. In addition, various stakeholder fora and annual review sessions as well as periodic studies helped to identify and capture learnings for wider sharing.

- **Financial Support**: Timely provision of substantive financial support to the key duty bearer (NDPC) for organizing platforms to assess the relevant national policy documents (ACT 470 and ACT 480) and to formulate legislative instruments that capture the need to develop CAP.

- **Follow-up**: Follow-up activities to ascertain the level of progress on various agreed milestones related to promoting CAP, helped to remind all stakeholders of their agreed roles and to work at timely delivery of their commitments.

“Inviting me to participate in the training of facilitators which involved preparing an action plan for a community was extremely effective and helped deepen my understanding of the process.”

Kwaku Adjei-Fosu, Deputy Director, NDPC

“Yes in sometimes very subtle ways and other times formal, CARE identified like-minded organizations and engaged them. This obviously was beneficial to CARE because these organizations already had an on-going interest in CAP!”

Eric Kavaarpuo, IBIS Ghana
Lessons Learnt

A number of valuable lessons were learnt and can be highlighted from the CARE programming model experience as follows:

**CAP’s Positive Impact on Development Planning is Well Established**

CAP is very instrumental in transforming local planning into a more participatory and responsive process. CAP helps in empowering communities and in creating spaces for dialogue within community and between communities and authorities. Through CAP, communities can have better access to basic services. The CAP process is also effective at whipping up community enthusiasm and self-initiatives.

**Institutionalisation of CAP is Viable through Networking and Advocacy**

Institutionalisation of CAP is a worthy process but one that requires commitment, coordination and funding. Collaborating and working together with other civil society organizations creates a synergistic effect which is very good for advocacy. Greater momentum can be built if the timing of the engagement is very strategic. Consequently finding a good entry point is useful for achieving advocacy objectives. Directing adequate financial resources to support institutionalisation is vital. Flexibility of funding to be able to cater for unanticipated needs of the CAP public policy advocacy process is very important to stay on course.

**Engaging Stakeholders Is Vital to the Success of CAP**

Engaging all the key stakeholders from the start to plan a CAP process and keeping them involved and informed throughout the process is crucial for building momentum. Getting key duty bearers to physically participate in the development of a community action plan is effective for convincing them about the usefulness of CAP and influencing them to recognize the importance of engaging communities and promote same. The plenary sessions of the CAP process are essential particularly to enable vulnerable groups to speak out and be heard. Working with local partners who know the terrain and can monitor and provide follow-up support to communities is useful for achieving tangible results.

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