

Special contribution to the 7th Global Report on Local Democracy and Decentralization (GOLD VII) on the **Economies of Equality and Care**

Local democratic innovations expanding the notion of care:

Participatory Budgeting as an enabler
of care-based local development

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This paper was authored by the late Yves Cabannes, whose outstanding work and dedication to local democracy were unmatched. As coordinator of this publication, UCLG has undertaken the responsibility to ensure that Yves's research and ideas are preserved and shared as a testament to his exceptional scholarship.

Yves completed this contribution to the GOLD VII process on the Economies of Equality and Care before his untimely passing in January 2025. We have made every effort to faithfully honor his original work, ensuring it reflects his voice, insights and intentions.

We extend our deepest gratitude to Yves for his remarkable contributions to the municipalist movement, which will continue to inspire and enrich the field. This publication is dedicated to his memory and legacy.

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1. Credits

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The present work would not have been possible without their contributions, patience and good will.

SECTION 1. Presentation and Introduction

1.1. Presentation of the collaborative study and expected outcome

The present collaborative study titled “Local democratic innovations expanding the notion of care: **Participatory Budgeting (PB) as an enabler of care-based local development**” is part of the Global Observatory on Local Democracy and Decentralisation (GOLD) research process, through which UCLG, United Cities and Local Governments, will articulate a Multimedia Journal, called GOLD VII, giving rise to different contributions about “Economies of Equality and Care”.

In addition, this study contributes to the work of the OIDP, the International Observatory on Participatory Democracy, a UCLG consultation mechanism on local democracy that, among different activities, organises and delivers every year the Award “Best Practice in Citizen Participation”. Those nominations to both 2022 and 2023 OIDP Awards that were related to PB allowed to root the study in multiple cities and regions in the world.

1.2. Driving questions and key issues explored

This report explores the extent to which Participatory Budgeting (PB), a form of decision- making that actively involves citizens in prioritising how public resources are spent, contributes to expanding the notion of Care and to generate caring cities and territories. In order to carry out this overarching exploration, the report intends to provide practiced based answers complemented by experts’ opinions to the following questions:

- What has been the evolution of participatory democracy, especially the participatory budgeting during and after COVID - 19?
- To what extent participatory budgeting is an enabler of care-based local development?
- Why, and to what extent Participatory democracy and PB, in particular, is essential for a caring city?
- What are the key lessons and recommendations to improve PB as enabler of Care?

1.3. What is participatory budgeting and its democratic significance

Participatory budgeting has been a major innovation in participatory governance worldwide, with more than 7,000 experiences listed across at least 40 countries. Participatory budgeting is, at its core, a form of decision-making that actively involves the citizenry in prioritising spending of public resources. PB pioneers in Porto Alegre, Brazil, the city where PB was consolidated as a practice in 1989, proposed a general definition still relevant today: PB is a mechanism or a process through which people make decisions on the destination of all or a portion of the public resources available or else are associated to the decision-making process¹. Beyond this general definition, PB experiments span a broad spectrum: from symbolic participatory gestures with little transformative impact to actions of structural change in cities' governance systems. However, there is no single definition of participatory budgeting. It is a concept and a practice that varies significantly from one context to another. Definitions have evolved through time, various of them remaining in line with the original one that will be used in the present document.

The Brazilian definition was complemented with insights on who participates and on the importance of debate, in reference to the deliberative value of democracy: *"Participatory budgeting is a direct democracy process that is voluntary and universal through which people can debate and decide on budgets and public policies"*². Originally PB referred not only to decisions about part or all of the public budget but also to decisions on public policies. Most of the participating cities and regions have their own definitions, bringing and combining different types of democracy to the debate: direct, deliberative, collaborative, *démocratie de proximité* (proximity or local democracy). A possible definition is that PB, as participatory democracy "combines direct democracy and representative democracy" (Porto Alegre).

1.4. Research process, method and tools

Five different tasks were carried out to conduct the study.

¹ Boaventura de Sousa Santos, "Participatory budgeting in Porto Alegre: toward a redistributive democracy." *Politics & society* 26, no. 4 (1998): 461-510.

² Yves Cabannes, "Participatory budgeting: a significant contribution to participatory democracy," *Environment & Urbanization. Participatory Governance Vol. 16 No1, (April 2004)* IIED: London.

1.4.1. Definition of the universe of the study

The first activity consisted in a joint revision [OIDP / Author] of 2022 & 2023 OIDP Award entries. As a result, out of the 200+ applications, 44 were selected [see list in appendix X]. that explicitly related to Participatory Budgeting under multiple forms. The applications that were not related to PB but that came from cities and regions with PB experience were not included, in order to limit the already huge size of the sample. The surprisingly high number of cases identified (20 for 2022, 24 for 2023) suggested that PB had resisted the effects of isolation/individualization due to COVID-19 restrictions, and, conversely, emerges again as an expanding democratic practice that needs to be better understood, from both a perspective of care and in participatory democratic terms.

Complementing the universe of practices. Despite their high number, various regions with either a long-established PB practice or a more recent one were not represented in the sample [See Table 1]. Because of the global perspective of both the OIDP and UCLG GOLD VII report, it was jointly decided to complement the 44 cases with some others from underrepresented regions. A long list of potential cases was established and explored. As a result of the mobilization of networks, direct visits and contacts, as well as an examination of global PB dynamics, three more were able to join³: Perm Territory, Russia; Chengdu, Sichuan Province, China and Talatona, Luanda, Angola. Despite its significant scale of 47 cases in total, this universe is at no point in time mirroring the distribution of PB practices in the world. However, it is probably one of the largest comparative studies ever made so far at the international level, with all the challenges that such a scale entails.

1.4.2. Preliminary analysis of the 44 practices and preliminary findings

This preliminary analysis was complemented by the examination of the visual material and documents available on the cities' site, when existing, such as PB regimes, decrees or laws, listing of approved PB projects and more rarely list of citizens' original ideas and proposals, rate of implementation of projects [seldom, though], calendars and timelines, interviews and films. For over half of the cases, information is solid, transparent and accessible, allowing for a fair understanding

³ Practices from Tunis, as exemplary of the Arab world, were not included as they are currently all suspended. The same happened with Mozambique, at a point in time quite an important country in the Southern part of Africa, and none could be mobilised among the few emerging in Central Asia: language was a real barrier to communication. The documentation of the long standing PB case of São Leopoldo, Rio Grande do Sul, Brazil could not be made as the city was struck by catastrophic flooding. Yerevan and Armenian PB could not document their experience either and despite their uniqueness.

of the practice. Those relying exclusively on digital platforms faced the difficulties of valuable information being either deleted or outdated if local governments' leading political parties change, and even worse when newcomers decided to interrupt PB outright.

1.4.3. Design of tools and instruments

Three instruments were designed in four languages, English, French, Spanish and Portuguese, and applied to document the quite heterogeneous PB practices:

- *A data set on participatory budgeting allows the establishment of a City PB profile* [see Appendix 5]. It was adapted and updated from one that has been used over the past decades in other comparative studies with OIDP or URBAL. [See Appendix 4 on the five similar studies conducted since 2000 and the participating cities and regions]. The 50 questions are organized under the following blocks: [i] Basic data on your municipality; [ii] Local finance and municipal budget; [iii] Participatory Budgeting and [IV] Innovative features.
- *A Quantitative and qualitative questionnaire on PB as an enabler of care from a post-COVID perspective.* Requests for visual data complement it. [See Appendix 6]
- *Guidelines for the interviews of key persons* at the international level, able to connect PB and Care and bring a substantive understanding of their links. As for the other two, these guidelines were discussed and enriched by the OIDP and UCLG teams. As a result, 25 flexible questions are organized under four interconnected blocks: [a] exploring the notion of care; [b] Participatory Budgeting during and after COVID-19; [c] PB as an enabler of care-based local development and [d] Looking forward: challenges ahead and solutions. [See Appendix 7]

1.4.4. In depth documentation of 27 PB practices from different cities and regions

The 44 cities and regions that entered the OIDP Award competition in 2022 and 2023 were invited to document their experience, 34 expressed interests, but 24 only concluded their documentation and contributed voluntarily to the immense wealth of the present study. These 24 were complemented by 3 additional cases from other regions, summing up 27 in total. The data gathered was processed by

the author and is now the knowledge basis for the present report, which is therefore rooted in multiple contexts.

1.4.5. Listening to multiple voices to construct a notion of Care

One of the biggest challenges of the present study was conceptual for two main reasons: The first one is that the notion of care is understood and defined differently from place to place, and to complexify even more, the translations are not homogenized; The second is that various PB-engaged actors have had limited exposure to the notion and do not know what care means, while others and this was an important preliminary finding, are connecting PB with the notion of care.

At the same time, as expressed during the Launch of the GOLD VII process with partners, in May 2024, UCLG *“does not currently have a definition of care because what is wanted to do with GOLD VII is to create this definition of care collectively, based on the experiences of cities that are already calling themselves caring cities. Instead of doing it the other way around, creating a definition from the academia and then transposing it to the realities of the different cities”*.

This perspective coincides neatly with the one followed in the present study, so much so that the in-depth interviews conducted with 15 specialists focused on building a definition from multiple realities and multiple understandings. As can be appreciated in Appendix 2, the interviewees, 9 women and 6 men, come from different horizons, that allows multiple and nuanced approaches to PB and Care: local and regional governments; associations of cities; scholars; NGOs and activists; Elected officials.

After a test phase, a standard protocol was established: interviews were conducted in English, Spanish, French or Portuguese, followed with a transcript from audio into a Word document, and edited by the person interviewed, complemented where needed Even if such a process was painstaking, it resulted in quite a rich and nuanced material.

1.5. Limits of the present report: what will not be explored or not explored enough

The present report was constrained in length and workload. As a result, drastic choices had to be made and some valuable information and issues were not included. They would deserve additional research work in the future:

- The findings based on the significant information gathered on the 20 cities and regions that entered the OIDP 2022 and 2023 Awards but did not provide in-depth documentation are quite limited. Even if such findings do not contradict any of the conclusions of the present report based on 27 practices, they could have enriched it further.
- A limited portion only of the 15 interviews fuels the present report: these *“caring voices about PB”* are so rich and diversified that they would deserve a full book, with additional findings (see recommendations).
- The visual material on the 27 cities remains unique, consisting in pictures, videos, communication material of all sorts, on both the process and just as importantly on projects implemented. They are a powerful and lively account of the impact of these practices and add to the compelling evidence contained in the present report.
- The interpretation of the 4,000+ projects implemented through PB and of those related to Care according to cities could have been deeper, and of great interest, considering that most research and literature focus on processes, particularly social and political, and much less on the concrete outcomes that constitute the *“reality check”* of the contribution of PB to expand the notion of care.
- The highlights on innovations brought by the 27 practices from different regions, was very partially included, while they were the core of past similar studies (See Appendix 4). They were organised in a multi-dimensional comparative analysis illustrated by the local practices: [I] participation and democratization of local governance; [II] finance and fiscal dimension, comparing the portion of municipal budget discussed, the amount of planned PB resources actually spent, or the impact on fiscal revenues; [III] the institutional, legal and normative dimension; [IV] the spatial dimension comparing for instance the logics of territorial budget allocation and finally, [V] the local economic development dimension. This analysis would deserve an additional research report on its own.

SECTION 2. Relevance and significance of the 27 studied PB practices

2.1. Overall metrics: a surprisingly high level of people's-controlled budget

In overall terms, around **60 million inhabitants** live in the 27 cities and regions studied here that practice PB [see Graph 1, Timeframe of PB in the 27 participating cities and regions and number of inhabitants]. In addition, the amount of PB public resources that were debated through PB processes of different nature and decision-making processes and actually spent in projects of multiple nature such as public works, basic services, activities, care related projects, exceed **1 billion US dollar**, as will be detailed in section 5 of the present report. Such a high amount, unthinkable three decades ago, clearly indicates the importance that PB has gained as a financial mechanism for local development and the relevance of exploring further this mechanism in a perspective of Care.

2.2. Uneven territorial and regional spread of the documented cases

As illustrated by maps 1 and 2, location of participating PB practices, the 27 documented cases located in 16 countries mirror quite partially the spread of PB practices at the global level.

Map 1. Location of non-European participating PB practices

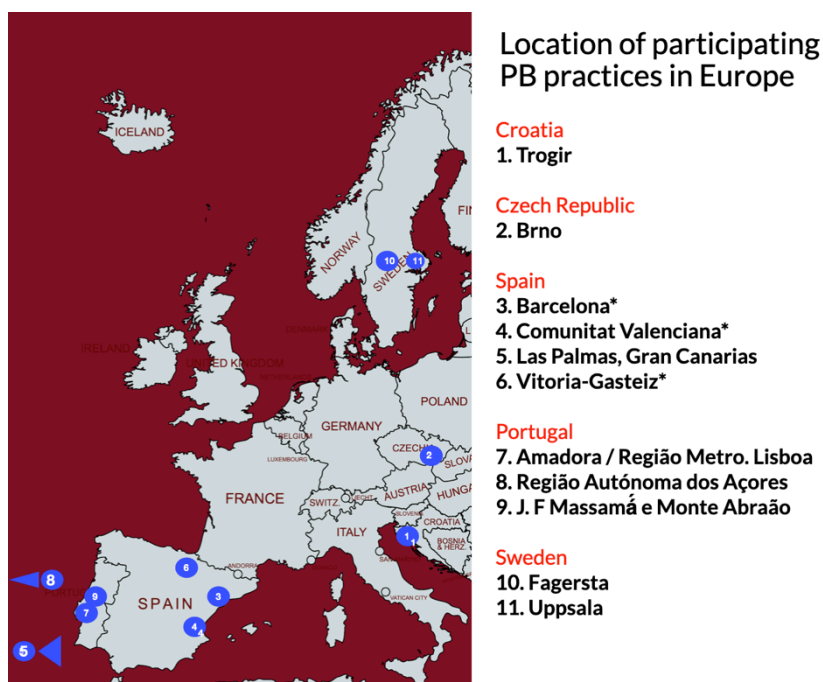
Location of participating PB practices



Source: Author, 2024, based on data from ODP Award entries

North and South America is fairly well represented through 8 practices with the notable absence of Brazil, or Peru and Dominican Republic, both countries with the first national laws on PB at the national level in the early 2000s; **Europe** is well represented as well with 11 practices. However, they do not mirror the European spread of PB throughout the continent. **Asia/Eurasia and Africa** with 3 cases each are largely under-represented, while the unique case from the **Middle East and West Asia** (MEWA) do reflect the limited number of experiences in the region.

Map 2. Location of European participating PB practices



Source: Author, 2024, based on data from OIDP Award entries

2.3. Excellent spread in terms of government tiers, with a growing importance of the regional level

Despite the fact that various innovative practices could not be fully documented by cities and regions (see Appendix 3 for full list), the present sample of 27 cases is rich in terms of the variety of Government tiers where PB is practiced. This is especially relevant as it opened the possibility of exploring the potential of PB as an enabler of care at different and multiple territorial levels. In summary, they are present at all local levels:

- *Supra Municipal: Province / State / Comunitat/ Departments:* Manabí Province in Ecuador; Jalisco Federal State, Mexico; Azores Islands Region, Portugal; Velingara Department, Haute Casamance, Senegal; Perm Krai, one of Russian Federal Entities, and Valencian Autonomous Community, Spain. This string of cases is of utmost interest as supra-municipal PB and their impact is a much less studied phenomenon.
- *Supra Municipal: Metropolitan Region,* with the 20 million+ inhabitants Megacity-Region of Chengdu, China.
- *Municipal.* Municipalities still represent as in the past the bulk of current PB practices and such a situation is well mirrored with the cases documented.

However, these Local Governments cover a wide range of towns and cities including multi millions capital cities (Tehran, Iran), large peripheric municipalities of Metropolitan Regions (Talatona, Angola; Zapopan, Mexico); or smaller ones, such as Djougou, Benin; Cordoba, GP and Rosario, Argentina; Denver, USA; Naga City, The Philippines; Barcelona, Las Palmas de Gran Canarias and Vitoria Gasteiz (Spain).

- *Infra-municipal*: for instance, Massamá e Monte Abraão Parishes (*Junta de Freguesia* in Portuguese). These limited cases in terms of practices do not reflect the reality of numerous practices taking place precisely in poorer districts or neighbourhoods or very small, urban, peri urban and rural villages and settlements. This is the case in particular in Uppsala or Trelleborg, Sweden, where PB takes place in rural districts. As will be demonstrated, this scale is of prime interest when exploring the contribution of PB for expanding the notion of Care.
- A special mention needs to be made to the National University of Rosario that brings to the fore another type of practice beyond the public realm and of prime interest as all their projects are Care related.

2.4. The various PB practices cover quite a broad spectrum of cities and human settlements

Table 1. Population ranking of participating cities and regions

Population	Africa	Mewa	Europe	Asia	America
>5 million		Tehran, Iran		Chengdu, China	Jalisco State, Mexico
3		1		1	1
1 million to 5 million			Barcelona, Spain Comunitat Valenciana	Perm Krai, Russia	Córdoba, Argentina Manabí Prov. Ecuador Zapopan, Mexico
6			2	1	3
500 to 1 million	Vélingara Department, Senegal				Denver, USA General Pueyrredón, Argentina Rosario, Argentina (2 practices)
4	1				3
100 to 500 000	Djougou, Benin		Amadora, Portugal Brno, Czech Rep Las Palmas, Canarias Spain Prov. Azores, Portugal Uppsala Sweden Vitoria-Gasteiz, Spain	Naga, Philippines	

8	1		6	1	
< 50 000			Fagersta Sweden Massamá e Monte Abraão, Portugal (2 practices) Trogir, Croatia Trelleborg Sweden		
4			4		
TOTAL 25	2	1	12	3	7

Source: Author, 2024, based on data from ODP Award entries

Notes: Two practices presented in Rosario [University PB and Municipal PB], Massamá e Monte Abraão presented two practices [Youth PB and Parish PB]

Table 1, *Population ranking of participating cities & regions* highlights the great variety of the present sample in terms of size and number of inhabitants, ranging from multi-million Megacities and Regions to villages and small cities, below 50,000 inhabitants, and in various cases much less. The series brings cities and regions of quite different types and positions within the national urban network: capital cities, secondary towns, regional capital, urban hubs in agricultural regions; densely populated peripheries of large capitals, service towns within under-equipped territories; rural market settlements, etc.

2.5. PB as a malleable and flexible practice able to leave “no space or territory behind”

Such a spread is of great interest as it will help to understand better how PB is malleable and flexible enough to adapt to quite different contexts and bring solutions locale specific, and at multiple scales. Previous research concluded that PB can contribute to leaving “no space or territory behind”. The next sections will evidence to what extent PB contributes to caring for different territories, at different scales. This multiplicity of tiers raises as well the issue of whether one government tier is more conducive than others to expand the notion of Care.

SECTION 3. How Participatory Budgeting reacted to COVID-19: lessons from the field

This section explores the following interconnected questions: What has been the evolution of participatory budgeting during and after COVID-19? What changes occurred, if any? To what extent these changes impacted on the contribution of PB to more caring cities?

3.1. Highly different impact of the pandemics on PB processes

For various of the participating cities the pandemic brought dramatic consequences and exacerbated social and territorial inequalities (underlined for instance by Denver or Cordoba), let alone the confinement and forced isolation. As expressed by most cities, *“the requirement for social distancing and mobility restrictions meant that direct interaction with citizens was considerably limited”* (Zapopan, Mexico), or *public meetings were cancelled* (Brno).

However, one should remember that in some countries, confinement rules were much less strict and, as a consequence, the impact on PB processes was more limited, as underlined by various contributors and practices: In Perm Krai, Russia, for instance, *“despite the widespread disruptions caused by COVID-19, the impact on initiative budgeting at the local level was notably minimal”*. Such a situation was not specific to Perm Krai, but common to most Russian territories, as expressed by Ivan Shulga : *“Actually, in Russia not many PBs stopped. As you know in the post-soviet countries, if something is institutionalized, it's very difficult to stop it. The system is rigid, it's not very flexible. That's why most of the PB experiences continued”*. A similar situation occurred in Sweden as noted by Lena Langlet: *“Sweden was really not like other countries during the pandemic. We didn't close down our society”*. Limited impact on PB process was found as well in isolated small villages or small cities, as exemplified by Trogir in Croatia: *“We did not face any major difficulties during the pandemic. In the 2020 cycle of PB we had restrictions on public gathering of 50 people per public forum. So, we organized online voting complementarily. However, we still had most of the participants in person rather than online”*.

PB resources were often reduced, or even diverted, legally or not. In various cities, PB implementation, even if maintained, suffered from public budgetary restrictions resulting from the slowing down of economic and commercial

activities and tax collection (Djougou, Benin, for instance) or from the channeling of a part of PB resources towards emergency activities. For instance, in Chengdu, China, during the pandemic lockdown “the municipal government issued a temporary policy, which allowed 20% of the PB funds to be used for pandemic prevention and control”. Being the largest PB in terms of scope and resources allocated and probably being the stricter in terms of lockdowns and restrictions, other negative effects affected PB: “Because many costs for pandemic prevention were borne directly and indirectly by local villages and communities, many villages and communities tried every means to misappropriate the funds that should be decided by residents, for the purpose of anti-pandemic”.

3.2. Adaptation of PB during the pandemics

An examination of graph 1, *Timeframe of PB in the 27 participating cities and regions* allows to identify different situations in relation to inscription of the processes and their consolidation through time. All in all, they represent a unique amount of know-how and accumulated experience of 171 PB cycles, be them annual, bi-annual or over a government mandate as for Barcelona. Four different situations were identified and are important to differentiate when analysing their adaptation to the pandemics

Graph 1. Timeframe of PB in the 27 participating cities and regions and number of inhabitants

City or Region & Country	Inhabitants (Year)	PB Cycles	2002	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Rosario / Argentina	1,009,037 (2023)	22	1	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Córdoba / Argentina	1,505,150 (2022)	15		1	2	3	4	5	6	7	8	9	10	11	12		13	14	15
Chengdu / China	20,938,000 (2020)	15			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Manabí Province / Ecuador	1,596,389 (2023)	9			1	2	3	4	5							6	7	8	9
Amadora / Portugal	171,454 (2021)	14			1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Massama & Monte Abraão PB/ Portugal	47811 (2021)	10								1	2	3	4	5	6	7	8	9	10
Perm Region [Krai] / Rusia	2,495,000 (2024)	7											1	2	3	4	5	6	7
Zapopan / Mexico	1,476,491 (2020)	7											1	2	3	4	5	6	7
Vitoria-Gasteiz / Spain	255.886	3											1	2					3
Brno / Czech Republic	400,566 (2023)	7											1	2	3	4	5	6	7
Naga / Philippines	209,170 (2020)	6											1	2	3	4	5	6	
Azores Autonomous Region / Portugal	236,413 (2021)	5											1	2		3	4	5	
Trogir / Croatia	12,393 (2021)	6											1	2	3	4	5	6	
Uppsala / Sweden	245,329 (2023)	5											1	2	3	4	5		
Las Palmas, Gran Canaria / Spain	378,027 (2023)	6											1	2	3	4	5	6	
Massama & Monte Abraão YPB / Portugal	44,811 (2021)	5												1	2	3	4	5	
Talatona / Angola	1,565,987	4														1	2	3	4
Barcelona / Spain	1,630,000	1																	1
Vélingara Department / Senegal	356,499 (2021)	4														1	2	3	4
Rosario National University / Argentina	1,009,037 (2023)	4														1	2	3	4
Djougou / Benin	365,954 (2022)	1																	1
Fagersta / Sweden	13,222 (2023)	3															1	2	3
General Pueyrredon / Argentina	667,082 (2022)	6			1	2	3	4											5
Denver / USA	713,252 (2022)	2																	1
Jalisco Federal State / Mexico	8,348,000	2																	1
Valencian Autonomous Community / Spain	5,097,967 (2022)	1																	1
Tehran / Iran	9,067,826 (2022)	2																	1
City or Region & Country	Inhabitants (Year)	172	2002	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023

Source: Author, 2024. Data from local studies

Six cities and regions enjoy quite a consolidated experience. Interestingly PB was interrupted in 2020 in only one of them [Cordoba, Argentina] whereas it was relaunched in 2020 precisely during the year of the pandemics in Manabí Province, Ecuador, after some years of interruption. In ten cities and regions PB had been launched for the first time one to three years before the pandemics in 2020. Despite all difficulties, only two of them, both from Europe, interrupted their PB process during the pandemics.

Quite interestingly, and this was a counter-intuitive finding, four of the participating cities, regions and institutions [Rosario University] launched their PB the very year of the pandemics with all the difficulties and needed adaptations that such a launching entailed. Surprisingly as well, seven of them started their PB processes in the aftermath of the pandemics, either in 2021 or 2022.

The very fact that very few were interrupted, and that quite a significant number PB practices were prioritized during or right after the pandemic highlights the vitality of PBs and participatory democracy, despite difficulties. It raises two questions that are explored in the next sections: which modifications or adaptations occurred if any, and in which directions in terms of [a] participatory democratic deepening or shallowing and [b] their contribution to caring cities.

3.3. Three major changes after the pandemics

3.3.1. Maintaining or moving towards online PB process and massive use of digital tools

For various cities, the introduction of more digital tools is perceived as a positive advancement, as expressed in the following testimonies: *“One positive effect of COVID-19 is the Digitalization. After the pandemic, digital approaches and tools were kept by the government and the practice preserved”* (Chengdu, China); *“No changes were made. The entire process is set up from the beginning so that all project submissions and voting are done electronically”* (Brno, Czech Republic); the same holds true in General Pueyrredón city, Argentina: *“following the end of the pandemic the 2022 PB edition was planned digitally”*.

However, in various cases digital tools and platforms are highlighted as important for specific uses only: *“the introduction of the initiative budgeting portal “Managing Together” serves a crucial role in informing citizens. Through this portal, residents have access to comprehensive information about ongoing*

initiatives, upcoming projects, and the impact of past investments” (Perm Krai, Russia).

3.3.2. Multiplication of online and offline hybrid systems

The intensification of use of digital tools and on-line processes during COVID-19 led in various cases to quite specific hybrid systems, with variable mix of on-line and off-line tools, that would need a much deeper analysis in terms of advancement or not of participatory democracy: *“the 2022 edition was developed in a hybrid format (online and in person) considering the growing interest of Azoreans in this form of participatory democracy, as well as the potential that digital technologies offer, ensuring greater cohesion between the nine islands”* (Azores Region). Hybrid PB became a common practice for some of those launched in the very year when COVID-19 implied restrictions. This is the case of Velingara Department, Senegal, that kept the digital PB platforms to allow those living far away to remain connected with the process: *“following the end of the pandemic, the Velingara Departmental Council adopted a hybrid format for the Participatory Budget (PB) meetings, combining traditional public meetings with the use of digital platforms. This allows citizens who cannot travel or who live far from the meeting venues to participate remotely”*.

A strong area of Hybridity relates to the **voting phase**, where online and offline methods are combined. As an example, Rosario National University comments: *“The start of our PB process coincided with the COVID-19 pandemic. A greater face to face presence during the process has been the main post pandemic change. In 2022, we added the possibility of voting in face-to-face booths, which had an electronic device (tablets). In 2023, on-site ballot boxes were integrated in the different academic units, where people could write their ideas on paper (in addition to being able to do so in the virtual forum). The majority of faculties and undergraduate schools opted for presential vote only, but two maintained their on-line system”*.

In some cities, such as Cordoba, Argentina, the changes that occurred in the PB digital model reflect a broader interest for creation of e-government *“Another important component introduced by the pandemic was the incorporation of e-government and the use of ICTs in the modernisation of the state [and PB]... The ‘Citizen App’ made it possible to **make complaints** on a wide variety of urban issues”*. This opinion of ICTs as a facilitator to channel citizen complaints, for instance if their PB proposal was technically rejected, or if PB projects implementation is delayed, echoes various other cities, for instance Chengdu.

3.3.3. Back to in-person process

Conversely to the digital approach and hybrid PBs with high levels of ICTs, various cities insisted on a strong emphasis on in-person processes to strengthen participatory democracy and direct democracy. Six compelling testimonies illustrate this tendency and the importance of face-to-face processes:

- *“The participants returned to face-to-face mode of consultation, unlike the online mode that became the norm during COVID-19”* (Naga City, The Philippines); *“Following the end of the pandemic, significant changes have been introduced in the PB process, focusing on the reactivation of face-to-face citizen participation... in line with the principles of a vibrant democracy responsive to the needs and aspirations of its community”* (Zapopan, Mexico).
- The appeal to face-to-face, deliberative formats and direct democracy seems particularly the case in **small localities** such as Trogir, Croatia (12,000 inhabitants): *“We abandoned online model, since our participants were more interested in participating on public forums in person”*; or Fagersta, Sweden: *“After the pandemic, we could be more present at schools and other places where youths are. We work a lot with physical meetings”*; in **parishes** such as Massama & Monte Abraão, Portugal: *“With the end of the pandemic, we’re back to meeting citizens at various stages in various public places”*, and in **rural places and settlements** even in large municipalities such as in Uppsala, Sweden: *“The ability of the municipality to arrange face to face meetups was appreciated after the end of the pandemic”*.
- Denver, USA, testimony highlights the limits of virtual communication and ICT tools, primarily for the underprivileged: *“While virtual meetings worked for Cycle 1, we had to support residents with digital access, as many of our participants did not have their own computers, laptops or WIFI... or the technology skills”*. Another important observation relates to the quality of in-person PB process and its decision-making capacity: *“By switching to in-person Community Steering Committee meetings, we’ve seen more robust conversation and relationships among all participants. We have also been able to make decisions faster, and I believe that may be due to the dynamics of in-person conversations”*.

3.4. The COVID-19 crisis triggered profound PB changes and new perspectives in relation to Care

Various local and regional governments highlight that the period led to profound positive changes and allowed redesigning PB, an emblematic case being Rosario, Argentina (Special mention of the ODP Award 2023). According to the current team in place: *“After 20 years of uninterrupted PB process, there was a need to rebuild the trust relationship with neighbours, alongside a participatory ecosystem”*. Various innovations were introduced, others were reactivated such as house-to-house visits; Neighbourhood Councils; Citizen Acupuncture Laboratories; Citizen Consultations; Citizens' Ideas Bank; and Public Proposals Bank on the Rosario Participa website.

The information shared by the cities and regions remained quite in line with the preliminary findings based on the analysis of the material available for the 44 entries [see appendix 3 for full list]. At that stage, three different powerful linkages and contributions of PB as an enabler of Care were identified.

One refers to **“caring for the others, caring for my neighbour”**, and caring for specific social groups such as the youth, women, people with physical or mental disabilities, or the older people. A more inclusive PB approach, as a result of the pandemic, with greater care for people and the excluded is the case of Naga City, the Philippines: *“After the pandemic, participatory budgeting has become more inclusive and more cautious of the processes involved”*. A contribution from A. Sukhova reinforces this greater care: *“I think after the COVID pandemic people started to think more about the neighbours and communities... the COVID influenced people’s minds and maybe after that more social oriented projects and ideas under the PB started to emerge”*.

Secondly, some PB experiences bring **Care for specific territories**, commonly or historically left behind, and this can be small villages or rural areas in expanding cities, slums, or underserved neighbourhoods, excluded regions, or indigenous peoples’ territories.

An important finding resulting from the in-depth analysis relates to **public open spaces**, which gained a greater value and role after COVID-19, both as meeting and convivial spaces, that were closed during pandemics time: *“PB consultation meetings were then held in public and open places, such as markets, main streets or open sports fields”* (Talatona, Angola). In addition, these multi-cultural and conviviality arenas gained popularity among PB proposals, in a large number

of cases, across regions. In the own words of the participants of Jalisco State, Mexico: *“the perception of public spaces evolved after the pandemic. During the pandemic, people felt closed in and used to say, ‘well, at least there is a park in front of my house, I can go out’. Before, when you proposed a project ‘here, we are going to build a park’, people would say ‘no way, a park for what?’ It was like an empty space, meaningless. Now the people fight for and defend the parks”.*

Thirdly, some PB practices highlight their **Care for the Planet in its broader sense of living species**. They embrace for instance green PB or thematic PB on environment or sustainable development. As an example, Amadora, Portugal, for the first time introduced a thematic PB exclusively focused on environmental projects right after the pandemic. In Rosario, *“in the 2023–2024 editions of the PB, care for the environment was made more tangible in actions that were incorporated and listened to in order to mitigate climate change and reduce the impact on populations living in vulnerable situations ”.* Such a stronger link is no surprise, as a recent comparative ODP co-published study highlighted the contribution of PB to climate adaptation and mitigation. They mirror a growing trend, largely understudied.

3.5. PB and participatory democracy helped to mitigate the negative COVID impacts

Participatory Budgeting resilience during and after the pandemics, and the emergence of a new generation of PB practices in the world, contributed to face the dramatic impact of COVID-19 and mitigate some of its negative effects. What the analysis revealed, comforted by the experts’ testimonies, is that COVID-19 triggered more Care sensitive PBs, resulting from changes of attitudes and perceptions from citizens and their governments. The next section will explore in greater detail to what extent PB expanded the notion of care in recent years and how Care is perceived by PB practitioners.

SECTION 4. Care, Caring Cities and Regions from a PB practitioners' perspective

4.1. Features summarising the notion of care

One important result of the present collaborative study is that one city and one Federal State, both Mexican, explicitly inscribed their participatory budgeting as part of an Integral Care System (Zapopan municipality) and an Integral Care System Law (Jalisco Federal State). While Zapopan is one of the local governments of Jalisco State, they operate independently as far as Care related programs are concerned. However, this coexistence is no surprise as they are both governed by the same political party, Citizen Movement (Movimiento Ciudadano). These are pioneering and recent examples that illuminate how Care and Participatory Budgeting are getting intrinsically connected. Even if such laws and policies are exceptional, various of the studies do have a clear perspective of Care, conceptually and in practical terms, as will be further explored in the next section.

The definitions proposed will be briefly presented, followed by the unfolding of some key features of care and caring cities, as proposed by specialists from different regions in the world.

Definition of Care Zapopan, Mexico

PB in Zapopan is explicitly part of an Integral Care System and the **“Nos Toca Cuidar Program”** (It's Our Turn to Care)⁴ with a clear definition of Care: *“A ‘caring city’ acknowledges the importance of promoting the well-being and quality of life of all its inhabitants, especially those who are vulnerable or in need of special care. It promotes a culture of mutual care and solidarity in the community. In this context, a caring city is characterised by: Inclusion and accessibility; Support to carers; Promotion of health and well-being; Care for vulnerable groups; Participation and collaboration”*. Their definition helps to understand Zapopan's PB model and the way Care relates to PB. The PB voted projects, whatever they are, seek to have as many of the characteristics of a caring city as possible, in response to the requests submitted by citizens.

⁴ Gobierno de Zapopan, Municipio de Zapopan, “Programa Nos Toca Cuidar,” Accessed December 2024. <https://www.zapopan.gob.mx/programas-nos-toca-cuidar/>

Definition of Care, State of Jalisco, Mexico

The Integral Care System Law for the State of Jalisco⁵ became official in February 2024 and provides a unique and facilitating framework for their Participatory Budgeting process. It delineates what Care is about, introduces thematic entry points and identifies actors that have to be prioritised: *“Care encompasses self-care, the provision of direct care for others, the provision of the preconditions in which care takes place and the management of care, in order to live in dignity, related to the development and existence of people, such as food, cleaning, clothing, care of children and dependents, household management, shopping or purchase of necessary supplies for household members, emotional support, maintenance of social relations, among others”* (art. 3, Law of the Integral Care System for the State of Jalisco, Feb 2024).

Participatory Budgeting specialists sketching the notion of Care

In order to complement, enrich and nuance the definition of Care from a PB point of view, here are extracts from hour long conversations with PB and Care specialists. They are clustered under six main ideas that emerged along the interviews, and are illustrated with citations:

- Care is a personal attitude and an engagement: *“Care is an attitude, an embodiment”* (Marina Chang); it is a way of being, a quality of how you are and refers to your sense of purpose (Karol Yañez); Care as a verb, a bodily engagement, interactive and reciprocal (Celia Ramírez)
- Care starts with oneself, *“care for you to be able to care for the others”*; Notion of *“self-care”* as a pre-condition for taking care of each other (various interviewees)
- The notion of Care *“needs to be expanded, beyond health care”*, was expressed under different forms by many; for instance, *“care is usually too narrow, should not be limited to health care and the carers* (Karol Yañez)
- Care is inter-personal, meaning about *“the other”*: it increases social protection, and of the vulnerable in particular. Various opinions cited below highlights the alterity dimension of Care, and that is part of the DNA of various of the documented PB practices. In the interviewees own words:
 - Care is about children, the disabled, etc., (Ahmad Rifai);
 - Enable people in difficult situation (Willme Dias);

⁵ Estados Unidos Mexicanos. Gobierno del Estado de Jalisco, *“ LEY DEL SISTEMA INTEGRAL DE CUIDADOS PARA EL ESTADO DE JALISCO,”* (2024). [Integral Care System Law. Jalisco State](#)

- Genuine interest for the well-being of people ... I am because you are, because we are, care is reciprocal (Celia Ramírez). It is not patronizing and echoes the notion of “with” the people, not “for” them, as various studies underlined. Care is about the social protection basically of the most excluded, child care and long-term care [elderly].
- Caring for the planet in the sense of all living beings, all living entities on the planet, with no frontier between human, non-human and nature. Again, this dimension of care was a common thread, expressed under different ways. For instance, in Catherine Bassani’s own words: *“Soin”, a common translation in French of care, does not totally correspond to the idea we have of Care. I think there are several terms that, taken together, can define this notion. First of all, **the attention we pay** to others or to ‘nature’ (I make no distinction between humans and nature, it’s a whole that makes up the living). For me, it is attention to the living that characterises care”*.
- Caring about places and territories. Surprisingly, less references were made to Care as a way to *“leave no place behind”*, when compared to those frequently emerging through the PB studies.

4.2. To what extent PB contributes to better caring cities?

A broad array of answers was obtained, followed by a string of compelling evidence, suggesting that PB do contribute, under different shades, to better caring cities. They are briefly summarised below.

A broad array of answers was obtained, followed by a string of compelling evidence, suggesting that PB do contribute, under different shades, to better caring cities. They are briefly summarised below.

“Unfortunately, I would say no”. Out of all the interviewees, this strong statement from Viana municipality, 2 million+ inhabitants in Luanda Province, Angola, constitutes a healthy call of attention upon what remains to be done. In Willme Dias’ own words: *“... Sometimes the people that don’t have a voice, they don’t have a say, and they don’t know about the projects. They are left behind because they have absolutely no idea what’s going on. And those who have, let’s say, a certain level of education, they’re no longer concerned with basic things such as food and health care”*. Such a situation, unfortunately, is still the case in many PB practices and this makes the positive experiences and testimonials presented

here all the more important. Although this perception might be perceived as negative at first glance, it leads to highlight the importance of education as a basic pillar, and how an extreme case of inequalities makes it difficult to promote a vision of care in a community, something obvious and well known, but too often underscored.

PB brings Trust and Trust is essential for Caring cities. Lena Langlet highlights a crucial contribution of PB as it can change people’s perceptions of their municipality and build trust: *“when you listen to the young people ..., you can really hear that they have a lot more trust for the municipality. They say, ‘we see that the municipality **takes care of us**. We see that they give us responsibility. We see that they give us the possibility to meet, to fulfil our ideas’. So, if PB could be trusted, there would also be a more caring municipality”*. Interestingly, trust is not limited to citizens-municipality but to relations among citizens as well: *“in Sweden, we could see that there also be **trust between people**”*. Her colleague, Andrew North complements: *“once this trust through PB is established, the conversation goes beyond PB: we talk of other things connected to the municipality”* and one of the reasons of the trust being that *“there’s a face on the municipality for them”*. **“Yes” or “absolutely, yes”** was the dominant position expressed with nuances, different “why” and complementary views: In Rosario for instance, *“PB is a tool that serves as a strategy to engage with neighbours, not only through the works or projects that they propose, but also to build citizenship, to reach out with other issues that neighbours would not usually be interested in [but care for]”*. Similarly, Ivan Shulga highlights numerous pre-COVID Russian PB practices, like Sakhalin, *“where we have many projects that directly address the needs of people with disabilities”*. Her colleague, Anna Sukhova complements: *“for Russia, the overwhelming majority of PB projects are about local basic infrastructure and all of them are about caring cities in the sense that they are about clean water, roads, children’s playgrounds, community centres, so on and so forth”*. These comments highlight the way PB allows addressing and solving issues that are very close to the needs and the every-day life of citizens, understood here as a caring practice. Both insist on pre-conditions that are discussed again in the present report: on the one hand the need to engage NGOs organizations that are able to work with vulnerable people in order to promote really socially oriented or care oriented PBs and, on the other to go beyond infrastructure projects to “soft” ones. The issue of “soft” PB projects, in opposition to “brick and mortars”, investment ones, will be discussed further down.

Engaging with people with disabilities. *"It's very important because the share of people with disabilities is huge: it might be 10 to 12% of the total Russian population for example, but if you count the members of their family, you might have one third of the population. The problem is that the dialogue with this category of people is normally top down. Officials decide by themselves what they need or they think they need" ... "they do not realise that in many cases their problem is not money. The real problem is that they are excluded. Nobody talks to them. Sometimes it's quite difficult to talk to these people and PB is a great solution for it. And I'm sure because I saw this example in Sakhalin"* (Ivan Shulga). PB appears as a way to engage and turn visible the most vulnerable and those left behind. What remains at stake, though, is to really put their care and the care of society in general much higher in the agenda than what might remain a top-down approach.

Every project is a piece of evidence! Any resident can come and see the project as it has been built on the ground, in concrete terms. What emerges from a recent survey on social impacts is a great deal of thanks from all sides, especially from the project promoters to the members of the coordination committees and the municipal services. Everyone involved testify that they gave a lot more time than they expected, but that they got a lot more out of it than they put in (Catherine Bassani)

Very high rate of implementation of approved projects, because of our PB method based on care: *"From the very first year, I realised that our original approach was efficient: we don't waste ideas, we don't waste volunteer time, we don't waste public money, and so on. We pay attention to everything, we care"* (ibid.)

Capacity to provide concrete care related solutions to all neighbours. Such a capacity, according to Jorge Avila is related to a PB model based on establishing a close relation with citizens [*cercanía* in Spanish], carried out by municipal teams through proactive door to door, neighbour by neighbour, face to face communication. A second aspect is that any action related to PB in Rosario is *"considered positive, as long as it dignifies people and considers the value for life, the human value"*. A third element is that *"when we analyse the projects deposited in the Citizen Bank of Proposals, a key commitment is that human rights should prevail" ... "a major focus of the participatory budget is a human rights approach"*.

4.3. Participatory Budgeting entry points conducive to expanding the notion of care

This section explores if some PB entry points could be essential to expanding the notion of Care such as health, community life, peace and security or basic services for all.

[I] A first observation is that there is a need to explore further the concept of care and to deconstruct it, in order to better position the multiple contributions of PB to its different dimensions. A convergent view considers that *“the concept of care is still very much closely tied to health, what I consider to be a ‘narrow’ approach”* (Celia Ramírez). In the first instance, Care should become more integral embracing living creatures, living organisms and human beings as part of it. In order to construct a more integral notion of care, opened to multiple entry points that PB could relate to, *“an enriched vocabulary and narrative should be created”* (Karol Yañez) that could lead to a different narrative.

[II] The entries mentioned do largely resonate with those mentioned in the local studies, with multiple references to caring for public spaces and other territories, and developing caring capacity in collective spaces; In terms of issues, PB projects related to mental health, particularly in post COVID times, to food systems and to *“decolonising food through the lens of care”* (Marina Chang). A third entry commonly mentioned falls under PB projects caring for the planet and related to the environment.

[III] In order to further expand the notion of Care, PB could address different issues at the same time, but in an interconnected way, as suggested in the following contribution: *“It seems to me that there are three interlinked points of entry, which are the three pressing issues we are facing today, i.e., the social emergency, the ecological emergency and the democratic emergency. These three dimensions are to be found, perhaps not entirely by chance, in all the participatory budgeting projects proposed in Nantes. Citizens need to take action to tackle these social, ecological and democratic threats. Of course, the threat is greater in certain countries that live under authoritarian regimes, but in France we can see the extent to which people are mobilising around these urgent issues, no doubt because democracy, social justice and ecology are currently under severe attack”* (Catherine Bassani). One interesting value added here, beyond the closely knitted approach, is to put back participatory democracy at the core of a care-based PB approach.

4.4. Do Care needs relate to different territorial scales from national to neighbourhood levels? Is there one more relevant than the others?

Addressing this question is of prime interest in the research as the multiple PB practices examined are taking place from Regional, Provincial, State and Departmental tiers, down to metropolitan, municipal and infra municipal ones, such as districts, parishes and neighbourhoods (see table 3 and section 2). Before examining in the next section which PB projects are voted and implemented at each one of these administrative and political tiers, here are summarized four major findings:

[1] Care is a multi-scalar issue that needs to be unpacked & understood for each one of the political & administrative tiers. As a result, PB implemented in any of these tiers has a specific role to play to enhance the role of Care in different territories and at different scales.

- *“I think there is an urgent need to build and strengthen our caring capacities to organise and manage all our commons – whether it’s land, seed, heritage, food, and farming traditions with multiple layers of activities and actors through different territorial scales from local to global, and to the earth itself. The interactions between different territorial scales are fluid and dynamic. We are trying to navigate spaces to exercise our agency, individually and collectively” (Marina Chang).*
- *“The notion of care is a multi-scalar one. Take water for instance, there are times when we don’t have water here in our street and we ask for the water tanker truck, but water is an issue that goes beyond the scale of the city, water flows in the earth, it is linked to climate change, and we need to think and act from that perspective” (Karol Yañez).*
- *“I think care relates to all levels” (Anna Sukhova).*

However, according to specific countries and political culture, also depending on the political domain or action at stake, one tier will be more adequate than others. An illustrative case are post-soviet countries where the regional level remains the best entry:

- *“The bureaucratic system is more or less similar. Of course, the national government defines policies and sets priorities. But then, the level which has both responsibilities for and also flexibility in implementing social protection programs, is the regional one. We have tried to strengthen the*

social protection/ care agenda in PB processes and we always ended up with the regional level. So, while something still can be done at the municipal level, if we want to do something serious and systematic, we should focus on the regional level” (Ivan Shulga).

[II] A second finding, and a major challenge, is that a comprehensive approach to care necessarily needs an **interconnection of these different scales**. This is why PB at regional or Provincial levels such as in Manabí Province in Ecuador, Jalisco State in Mexico, Valencian Autonomous Community in Spain or Perm Krai in Russia have achieved so much. They were able to impulse, root and strengthen localised & municipal PB processes related to Care that would have been much more difficult for any of these territories to develop by themselves. The same holds true with Chengdu sub provincial City of 20+ million inhabitants in China, that impulses every year over 3,200 independent PB processes in rural and urban sub districts and villages. In more general terms, various provincial or State level PBs have been instrumental in reaching out isolated and less developed districts or municipalities that would have faced difficulties in implementing PB. This is the case of Russian PBs, for instance in Stravroprol Krai that pioneered Initiative Budgeting in the country; of Mexican State PBs such as in Nuevo Leon, or again in Jalisco State with the PB practice “*Jalisco, Vamos Juntos*”⁶ previous to the current one documented in the present report. In these cases, PB was carried out in priority to the poorest municipalities of the State.

This being said, **inter-connection of spaces refers as well to inter-municipal cooperation**, i.e., active at the same scale (Azores Region PB for instance). Instead of competing one against each other to access usually meagre public PB resources, they are caring one for the other, complementing their roles in solidarity. Some transnational municipal PBs are acting under the same logic⁷.

City to city cooperation and decentralised cooperation modalities have reinforced PB processes, primarily in the African region. Financial support from European municipalities or regions, for instance French ones in Cameroon or Spanish Regional Solidarity funds in Morocco, have allowed to fund specific PB projects and support the project as a whole. City to City exchanges, for instance

⁶ Cornejo Hernández Fernando, “Vamos juntos: Hacia una sociedad más participativa y corresponsable,” *Gobierno de Jalisco: Guadalajara (2017)*.

⁷ Cerveiro – Tomiño, two small cities on each side of the Portuguese / Spanish border], see Yves Cabannes, “Contributions of Participatory Budgeting to climate change adaptation and mitigation. Current local practices around the world & lessons from the field,” *Barcelona: IOPD; Barcelona: UCLG; Dakar: Enda ECOPOP; Paris: FMDV; Surakarta: Kota Kita Foundation; London: UCL / DPU, (2020)*. <https://oidp.net/en/publication.php?id=1716>

between Brazilian and Mozambican municipalities allowed for mutual learning processes, locally beneficial. The double approach of intermunicipal cooperation and connection is further reinforced by Karol Yañez, referring to the Mexican realities: *“There are some dynamics that work more at the municipal or inter-municipal level, because cities, at least in Mexico, are made up of more than one municipality, due to the expanded growth they are experiencing, which implies more integrated management. For example, it is not enough to have green public spaces in every block or neighbourhood, but rather a network of interconnected green spaces at the city level”*.

[III] The third converging point is that the “local” scale is the most important one for PB to enhance a perspective of Care. Various of the testimonies below help to unpack what falls under “local” and why this scale is essential:

- *“I think that care needs relate to the infra-municipal level, because the smaller the group, the easier to choose, implement, and manage PB projects”* (Willme Dias).
- It’s at a local level that residents are regaining power, while acting together, and it just so happens that their priority is the quality of their relationship with others and with the environment; it means recovering the original meaning of democracy: sovereignty for the people (Catherine Bassani).
- *“Some dynamics are more at the street or block level. For example, where I live, we have ‘neighbourhood WhatsApp’, which we use for cleaning, planting trees, and beautifying our street, to get organised to call the neighbourhood guards or municipal police to carry out patrols; and they report to the ‘WhatsApp’ whether everything is in order at night”* (Karol Yañez).
- The lowest municipal level is also very important: the social workers who provide care to persons in need, are located at the lowest level. For example, in the case of Tajikistan, it’s the level of Jamoat (kind of commune). They are working with persons in need, they provide the services to take care of people. People leave there, they do not live *“at the national level”*, they live in villages and neighbourhoods. And the enabling environment is there (Anna Sukhova).
- It is at the local level you have most contact with the citizens, and it is there you have the possibilities to make changes, to make a better life for people. You can’t have PB on a national level. And it’s difficult on a regional

level too. I think that the local level, the municipality, is the one that is the force for PB (Lena Langlet).

[IV] **Fourthly, the notions of “cercania”, “proximity”, “proximité”** were mentioned in nuanced forms under two meanings by various interviewees and they echoed the contributors from the studies: first, precise and variable spaces that are essential not only for meetings but as key PB projects to be supported and second, they refer to the social relations of closeness inherent to care, as exemplified here: *“Proximity varies according to the project being envisaged. The street, for example, if the aim is to calm down the traffic and share the space between all users, cars, bicycles and pedestrians. The staircase, if it means reclaiming this space squatted by drug dealers by organising neighbours’ celebrations. The sports ground, if the aim is to restore the balance of use between girls and boys by organising times dedicated to both”* (Catherine Bassani).

4.5. PB processes are as important as PB projects

One unique contribution of PB practices, across the board, and that greatly explain their expansion over the past three decades, is their capacity to generate on a short term, multiple projects of different kind that will improve people’s day-to-day life and that people decide upon. Next section will examine these thousands of projects in the 27 documented cases and identify those that are care-related.

However, **one major finding of the present study is that PB processes can be, and de facto are, conducive to caring cities.** Denver, USA, summarizes well this importance: *“Participatory budgeting is essential to a caring city not only for the care-based projects that result from the process but for the process itself and its ability to build trust in the community. Trust in government and hope for our communities are prerequisites to democracy. Yet those are fleeting resources in the U.S., and consequences of such deficits can be seen in statistics about low voter turnout and a poor sentiment in civics. Participatory budgeting breaks the barriers between government and governed and builds authentic relationships in community. In Denver PB, we show up, not as the machine that government often feels like, but as a human who listens and is responsive”*. This testimony echoes closely others expressed in this report, about the intrinsic link between Care and

Trust, and the need for PB facilitators to *“actively listen to people”* and *“to establish humane and warm relationship with citizens who participate”*.

Highlighting the importance of PB processes when speaking about Care is a critical argument, as it places life and caring at the core. This is critically underlined by Anna Calvete Moreno, Head of Research at UCLG *“local and regional governments that organize participatory processes and meetings at times when women might not so busy with caring duties, they are caring. When they do not impose a particular dress code, they are caring. When they are prioritizing children’s participation, when they do not expect too scientific/well elaborated proposals, remaining open to all citizens’ capabilities and knowledges, they are caring”*.

In order to demonstrate how PB can foster caring cities and territories in practice, two subsequent issues need to be deeply addressed:

- The first one is which are the key moments and actions for expanding the notion of care during the first cycle of PB, that ends up with the vote and selection of projects.
- And the second, is the identification of key moments during the implementation of PB projects.

Both of them are approached in this study through interviews and PB practices.

4.5.1. Key moments and actions for expanding the notion of care during the first cycle of PB, till the selection of prioritised projects

Lessons learned and examples garnered were multiple and would deserve a much more extended and detailed reporting. However, they can be organised under three basic issues: **[a] the quality and the nature of the relations** established with people participating, always preserving their capacity to engage and decide; **[b] importance of venues and meeting places** that require special characteristics; **[c] change of attitudes and behaviour** by participants [public, NGOs, CBOs, ...]

[a] Quality and nature of the relations and communication with people participating, always preserving their capacity to engage and decide.

Various key moments were identified and in particular the collective drafting of the operating charter, i.e., the rules of the game, called sometimes PB rules and regulations, that in best cases are written by the residents and to which they will

refer all through PB process, as in the case of Nantes. Another key moment is the establishing contacts with specific actors, as stressed by Ivan Shulga *“You should start with the question, for whom you are doing the PB. And then you should think how to reach out to these people, that’s critical, and if you want to engage marginalized migrants, unemployed, former prisoners or whoever else, there is a need to conduct a customized communication campaign. That, in Central Asia, cannot be done without NGOs and the civil society organizations”*.

Even if the role of NGOs and the civil society organizations remains essential in multiple contexts to engage with the most vulnerable as part of PB processes, UCLG GOLD VI report⁸ rightly pointed out the risks of “hijacking” vulnerable people’s voice during participatory processes, and this is not foreign to PB. This occurs when some participatory initiatives unhelpfully substitute the direct participation of low-income residents with that of non-governmental organizations (NGOs) or local elites, or co-opt marginalized residents rather than amplifying their voice in decision-making. More broadly speaking, such a potential risk leads to ensuring that participation can effectively reach disadvantaged groups and not just those who are most accessible. This may entail communicating during PB process in several different languages spoken in the city or territory in question and respecting cultural codes that go beyond the sole language.

[b] Proper selection of venues that require special characteristics

Choosing and planning gathering places accessible for all and comfortable for people of all sorts is a recurrent issue, illustrated for instance by this testimony: *“Within a care approach, you must plan and ensure that it is a universally accessible place, with what is needed to generate the assembly, for instance to have some food available for the people who join, because you want them to participate in the best way. Still, maybe they didn’t even have breakfast. And so, they have to have food, easy access to the place, basic services and a comfortable environment”* (Macarena Raya).

The quality and the place of meetings does not refer to assemblies only, but just as importantly to the co-construction of the PB project as underlined here: *“Indeed, the choice of the venue is a high point and an integral part of a PB project, as projects are often designed around a specific location. The residents*

⁸ UCLG, GOLD VI, “Pathways to urban and territorial equality. Addressing inequalities through local transformation strategies,” *United Cities and Local Governments, Barcelona, (October 2022)*. [Link to GOLD VI](#)

involved meet at the chosen location to help them imagine their project, whether it's a public infrastructure or a festive event. Some places are particularly symbolic. I'm thinking in particular of a small square under a bridge, which used to be a refuge for homeless people: the police evicted the occupants and covered the square with rubble to prevent them from moving back in, making the space inaccessible to everyone... In response, the local residents came up with 'multi-activity' schemes to reclaim this public space, and they themselves removed all the rubble with a certain pride" (Catherine Bassani).

[c] Change of attitudes and behaviour by participants and listening to people

Probably the most important aspect underlined refers to learning or developing the capacity to **actively and permanently listen to people**: *"Permanent listening' is the most important element of all the PB steps". For instance, "when you knock on a door, the neighbour does not just answer in an abstract way. His or her answer is full of feelings, of catharsis, and you have to unravel what is behind it in order to be able to extract inputs useful for the PB Project Public Bank" (Macarena Raya)*

Active listening means being transparent about what is being said, accept criticism, promote and respect different voices in a similar way, not allowing anyone to monopolize the turn to speak (e.g., men vs women, experts vs non-experts, vulnerable groups not used to speaking in public or simply to be listened to, local government officials vs citizens). It refers as well to managing conflicts and tensions that might arise during deliberation. The capacities of active listening and mediation are not a given and require a proactive attitude from PB promoters to develop such skills. Interestingly, cities and regions including those who participated in the present study have been designing and implementing different methods such as training programs, capacity building of PB facilitators, raising awareness campaign for instance for civil servants and local governments elected, manuals of different kinds and of simple access, videos and films.

4.5.2. Key moments and actions for expanding the notion of care during the second cycle of PB, i.e., during the implementation of PB projects till their inauguration

PB projects implementation is probably the most underrated phase from a care perspective, and yet an essential one. If the voted projects are implemented

solely by the public sector or through private sector bidding, without keeping alive the participatory and caring approach developed during the first cycle, much of what was gained might be lost. The case studies and interviews highlight at least three crucial aspects to expand the notion of care during that phase.

[a] First, technical support & advice and training of people involved, be them from communities or from municipal government. Extracts from different interviews converge here:

- *“I think the choice of the facilitator is very important at the implementation phase. After the project is selected, you have to choose who is going to implement it. If it is a soft project, you have to find a well-trained and able facilitator that would be willing to do things in a way that everyone can understand. That is very difficult because you have serious problems with education, very high level of illiterate people, and that is a difficulty”* (Willme Dias)
- *“Technical support by the State Government to the people in charge of the project from the municipal governments, advising them and providing training on the specific topics. This is also part of the care, not leaving them on their own”.* This is primarily the case when projects are innovative, and here were mentioned concrete cases such as dry toilets, the creation of mental health spaces or the use of recreational and artistic tools for the prevention of addictions (Celia Ramírez).

[b] Second, dialogue with communities should continue all through the “second cycle of PB”, that embraces implementation / monitoring and evaluation phases

Communities need to have the capacity to be directly involved and participate during the implementation phase. A first critical moment is the involvement in the concrete planning and design of voted care related projects, as underlined below:

- *“It’s really important to continue the dialogue with the communities after the voting, as in some cases, it stops. As a result, the implemented projects might for instance not be accessible for people with disabilities or do not actually address the initial needs of the community”* (Ivan Shulga).
- *“We can open up for citizens that have made the proposals to be part of the process to implement the projects. I think that Fagersta PB is a very good example, where the young people that made a proposal, took part in*

the process to implement the PB project and activities. They can't just step aside" (Lena Langlet).

This is particularly important when implementation is carried out by public or private companies not necessarily accustomed to listening to people's desires and expectations and that do not, or cannot, understand that their clients are the community. In multiple cases, the people who have been successful in having their project voted rightfully feel that the money obtained is theirs and that their initial will, even when not detailed enough to be implemented, should be respected. The shift towards "community as client" is particularly sensitive and sometimes complex to accept by implementers. It raises the issue, probably insufficiently addressed to date, of how to get the private sector on board of PB processes, and of Care related ones in the first place.

A second major area of citizen's involvement during the implementation PB cycle are the monitoring of their projects and the oversight of allocated resources spending. A third area refers to the visual communication of the project advancement at local level through different means that can be carried out by the beneficiaries and the local governments. These ideas are expressed in different and complementary ways:

- *"During the execution phase, we involve the neighbours in monitoring, which can be done through the platform Rosario Participa, and we invite them to meetings in person at the place where the project is being executed. We always aim for clarity and sincerity with the neighbours" (Macarena Raya). Being transparent about the difficulties in project implementation (delays, extra costs) is effectively the only way to keep trust alive.*
- *"The village creates a kind of information service [about the PB projects advancement] that is done by the villagers, and therefore easier to conduct. This service information is actually a kind of agreement like a citizen charter between the village government and the villagers" (Misbah Hassan)*
- *"For rehabilitation or adaptation works, an information banner is displayed so that people could continue to be involved. The aim is to ensure that whoever passes by identifies that the work is the result of a participatory and collaborative process. Conveying the purpose of the project can help to generate ownership in the community" (Celia Ramírez & María Esther De la Garza).*

[c] Third, the inauguration of the completed investments projects and activities voted through PB constitutes a highpoint.

Project completion needs to be celebrated, as it reactivates the caring relations that might have emerged during the PB process. This moment is not just about inaugurating a project and cutting a ribbon, it is a celebration, a party, during which the tensions that may have existed, the problems, delays and difficulties that are part of any process are put aside. It is a moment of popular and communal rejoicing, in which, subtly, the celebration goes beyond political parties. Inaugurations are a propitious moment that allow engaging with people who did not present projects or never participated in the PB process to get closer, perceive the benefits they can obtain for them and their community and gain trust and confidence in a more caring perspective. Two testimonies develop and enrich this key moment:

- *“Great things happen when the project is inaugurated. It’s a moment of great generosity when the project is offered to the public. That’s when the project promoters [from the communities] become the best ambassadors. Yes, these moments are very important”* (Catherine Bassani)
- (During inaugurations) *“The point is to ensure that the origin of the process is not lost, to always remember that it was the result of the voice of the people in assemblies... and to value the process itself.”* (María Esther De la Garza & Celia Ramírez). This is a way to care for the project, so that it does not become politically partisan, [or captured by any elite] so that people are aware of where it came from, what its aim was.

4.6. Underpinning ethical values that “glue” together the various edges of Caring PB

A common ground highlighted under different ways and means (written communication material, set of PB rules, images, pictures or promotional videos, etc) refers to **Ethical values of “Caring PBs”**. It is striking to identify once and again the values of solidarity, *“buen vivir”*, quality of life, conviviality, compassion, empathy, and many more subtle terms that are the founding principles or the human values for PB as enabler of Care. These ethical values are a common thread and at the same time they “glue” together the various edges of PB

expanding Care and Caring cities. All together they go far beyond the medical dimension of the term Care, as underlined here: *"Care obviously encompasses the notions of respect, quality of relationships, responsibility, courage and mutual aid, as well as benevolence and openness. And, of course, it involves sharing: sharing experiences, sharing culture, sharing perspectives, that it is sharing which brings people together, to achieve a common culture"* (Catherine Bassani).

SECTION 5. Results and achievements: an assessment of PB contributions to expanding the notion of Care in cities and regions

5.1. Number of projects funded through PB in the 27 cities and regions

The detailed computing of the data provided by the participating cities in this study indicates that over 100,000 (104,131 specifically) PB projects have been eligible in these cities and at different PB cycles, once passed the technical assessment of citizen’s proposals by cities and regions, and over 30,000 (32,241) have been voted and approved. The method used for this study was to consider only those that had been actually completed by the end of 2023. They represent only a portion that varies from case to case of PB projects voted. Indeed, those that, for whatever reasons, have not been implemented, or were delayed, or still under implementation were left out, and this was done after further exchanges with each one of the local teams. As a result, a significant number of 29,568 completed projects were identified that have been proposed and voted on by citizens. This means that, according to the information available, 2,673 projects (32,241 voted minus 29,568 completed) were either not implemented or still under implementation.

The reference period usually varied between 1 and 3 years, otherwise indicated by the local teams. All in all, these data refer to 96 PB cycles, most of them being annual, and a few bi-annual. The number of projects voted and implemented varies greatly from city to city, as summarized in table below : Chengdu is a unique and odd case with an estimated figure of 8 500 Care related projects approved per year and most of them are implemented in 12 months; Three territories (Perm region in Russia, Manabí Province in Ecuador and Tehran municipality have been implementing more than 500 projects each; They are followed by Trogir / Croatia; Amadora / Portugal; Las Palmas / Spain; Cordoba and Rosario / Argentina that have implemented during their reference period between 100 and 500 projects; Four practices (Barcelona, Jalisco State, Brno and Azores region) mentioned between 50 and 100, while the 14 others are much smaller, and for many of them more recent [see table below].

Table 2. Number of completed PB care related projects per cities and regions

Number of projects	Cities & Regions	Total
Over 1000	Chengdu	1
500 - 1000	Manabi Province; Perm Krai; Tehran	3
100 -500	Amadora; Cordoba; Las Palmas; Rosario; Trogir	5
50 -100	Azores Region; Barcelona; Brno; Jalisco State	4
below 50	All other regions and cities	14
Total		27

Source: Author, 2024. Data from local studies

5.2. Proportion of PB projects relating to Care

A central investigation of the present research was to assess the quantity, the value and the proportion of Care related projects, if any, funded through PB practices. Only a limited quantity of the data obtained and computed is presented in this report. However, the available information would deserve further processing and interpretation.

As expressed already, the cities and the regions were invited to define what they considered “care related projects”. This inductive, bottom up, practice-based approach resulted quite productive and allowed to construct the typology that will be presented further on. In order to carry out this detailed review, it was decided to examine systematically. Considering that out of the 29,568 completed PB projects 25,650 were from Chengdu over the 2021–2023 period, and as no list of projects could be gathered from this Chinese Provincial capital, it was decided to systematically examine the 3,918 completed projects implemented by the 26 remaining practices. Otherwise, distorted results and misleading conclusions could have been drawn. This being said, and considering its huge contribution, the Chengdu PB experience deserves specific research on its own.

Based on the cities and regions own definitions, out of the 3,918 projects, **1,255 Care related projects were identified, representing about one third of the total.** Such a high proportion was an unexpected result that clearly indicates that **Participatory Budgeting significantly expands the notion of Care, and contributes to Caring cities.** The first estimates that would need, again, a longer report rounds **250 000 million dollars valued PB projects**, as a conservative estimate, and still excluding Chengdu. The preliminary results obtained for the 44 PB entries to the OIDP Award indicate that many more do exist.

From a purely quantitative view point, this proportion is highly variable, and depends on the definition of Care and the number and value of projects:

- Jalisco State, The University of Rosario, Velingara department in Senegal and Denver considered that 100 % of their project were care related. Interestingly the situation is recent and primarily post COVID-19. We added the case of Fagersta, Sweden, where all funded projects are Care sensitive.
- For another group of cities, the proportion varies between 50 to 95% . This is the case in particular of Brno (76%), Massama and Monte Abraão Union of Parishes for both Youth PB (79%) and Parish PB (54%), and Las Palmas de Gran Canarias (from 67 to 87% according to the years).
- When considering the absolute number of Care related PB projects implemented the figure varies greatly from less than 50 up to more than 100, as in Krai Territory (300 over 2021 - 2023); Las Palmas de Gran Canarias (173 from 2018 to 2023); Azores Region (130 over 2018 -2020) and Iran capital city, Tehran (105 during the 2021/2023 cycle).

5.3. Typology of Care related projects as defined by participating cities

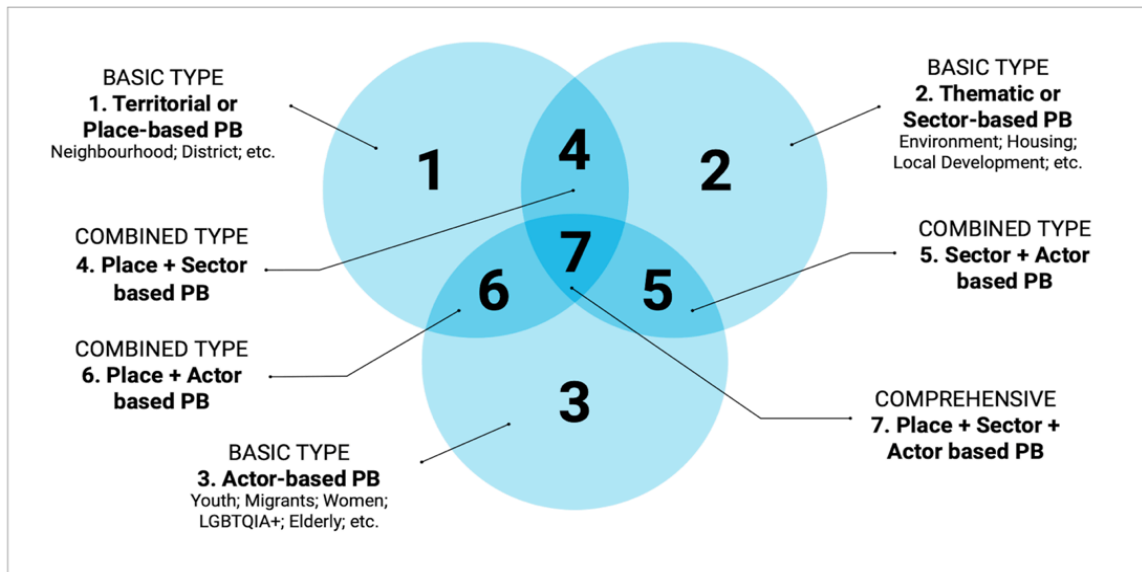
5.3.1. 3.1 A tool to position which types of PB are more conducive to care

The 1,255 Care related PB projects that were identified and analysed constitute an immense portfolio of innovative and, for many of them, “out of the box” proposals for care-based projects. In order to better connect PB as a potential enabler of care, a typology and an analytical tool have been used (see below) to differentiate the multiple types of PB that exist and explore which ones can be considered more conducive to Care. Their understanding is important for a fruitful dialogue between practitioners involved in Care and those coming from a PB perspective. This typology and analytical tool have been developed by the author and applied over the last 25 years to compare highly heterogeneous PB practices (See Appendix 5), and again for the study on *the role of Participatory Budgeting in addressing the needs of disadvantaged groups*⁹.

⁹ For a shorter version of this research conducted for the World Bank in 2018/2019, see: Yves Cabannes, “Participatory Budgeting: contributions to reversing social and spatial priorities,” in Crawford, G and Abdulai, A-G (eds), *Research Handbook on Democracy and Development*, Edward Elgar Publishing: Cheltenham (2021): 442 – 460. <https://www.elgaronline.com/view/edcoll/9781788112642/9781788112642.00037.xml>

As illustrated in Graph 2, three basic PB types and four combined types are differentiated:

Graph 2. Three basic types, three mixed and one comprehensive / integral type



Source: Cabannes, 2022

Source: Cabannes, 2022

[1] Territorial or place-based PB are conducted at the neighbourhood, district, or city level, and are the majority of PB cases. A “common pot of resources” is being debated and usually for a wide range of eligible projects falling under the responsibility of a given city or district.

[2] Thematic or sector-based PB relates to processes that debate and determine the resources to be allocated to specific sectors such as education, basic services, health, employment, housing, transport, etc., usually at the city or district levels. The respective directorates of education, health, public works, etc., may conduct the process in close collaboration with PB staff. In some cases, PB may initially only be implemented in one sector. Gradually, over the years, PB may be extended to other sectors, depending on the willingness of the different directorates, lobbying by citizens, and political decisions. The themes can change from year to year following changing city priorities. In some cases, sectoral priorities are defined in the city’s strategic plan or a similar document.

[3] Actor-based PB is less commonly implemented. This approach allocates earmarked resources to specific vulnerable or disadvantaged groups, such as the elderly, indigenous groups, the African- Brazilian population in Brazil, LGBTQIA+ groups, immigrants, the homeless, etc.

Four mixed types of PB combine the three basic types:

[4] Place-based + Sector-based PB are quite common. Usually, the overall budget in debate is divided into two parts: one that will be earmarked for specific sectors [health, education, etc.] and another one for the districts and /or the city as a whole.

[5] Sector-based + Actor-based PB are those that earmark resources for a specific sector, e.g., housing and for a specific social group, e.g., low-income renters, homeless, etc. They are not that frequent.

[6] Place-based + Actor based PB are those PB practices where resources in debate at city, district or neighbourhood levels constitute a “common pot of resources”. However, various methods and tools are used to facilitate access to these resources for specific disadvantaged groups, for instance, women, the youth or the elderly.

[7] Comprehensive PB: Place-based + Sector-based + Actor-based PB are rare but quite relevant in the context of this study. They combine a territorial approach covering a whole city or a whole village and specific sectors. In addition, measures are introduced to address the needs of specific disadvantaged social groups¹⁰.

5.3.2. Place based PB, focusing on specific areas (number 1 in the graph)

Various cities define their Care related projects as those aiming at regeneration or improvement of public spaces, green spaces, open spaces, rivers and river banks insofar as they are conducive to more conviviality and therefore contributing to more caring cities. This is the case in General Pueyrredón (Argentina), Zapopan (Mexico) or Uppsala rural districts PB (Sweden). Moreover, these open places of conviviality tend to benefit specific social groups to care for: for instance, according to Chengdu, China, to senior people and children who are the prime users.

5.3.3. Focused and thematic PB perspective (number 2 in the graph)

A first observation is that various cities narrowed down Care PB projects to those directly related to health, and generally with a broad perspective (mental,

¹⁰ Extract from the book *Leave No One Behind. Participatory Budgeting contribution* [Cabannes, Y, to be published in 2025, UN Habitat: Nairobi].

physical addressing COVID-19 impact, nutritious food baskets during COVID etc). Illustrative examples come from Valencian Autonomous Community; Naga (Health related and a lot to face COVID-19 effects); Djougou (Refurbishment and equipment project for the municipal health laboratory; Purchase of COVID awareness and prevention materials)

Other cities are developing thematic Care related PB focusing not only on health, but including other sectors such as welfare, well-being, and environment. For instance, each one of the 10 PB projects implemented by Velingara relate, according to the Department authorities, to Care and illustrate well a Thematic type PB (*number 2* in graph), that includes Health, as well as other issues such as Environment (care for the planet) and Welfare with projects related to food security, education and Social Welfare. Similarly, the large number of PB projects selected in Tehran fall essentially under public equipment's and primarily sports i.e., thematic PB.

However not all these PB projects fall under "thematic PB" (*number 2* in the graph) but are typically Mixed actors' based / Thematic PB (*number 5* in the graph), linking up Health to specific under-privileged groups (i.e., huge number of "Healthy Manabí" projects for deprived groups in Manabí Region) or post-COVID mental health related projects for the youth, many of them being from foreign origin (Fagersta).

5.3.4. Emergence of more actor's based PB, primarily youth PB and other underprivileged or excluded groups (*number 3* in graph)

One important finding is that a significant number of practices focus on specific social groups, in a perspective of "leaving no one behind" and caring for the most vulnerable (*number 3* in graph). The most frequent under this modality are of two different kinds: those PB designed primarily for the **Youth, teenagers or infants** but outside the school and **School-based PB**. One can highlight: The union of parishes of Massama & Monte Abraão Youth PB; Zapopan and Cordoba Youth PB; Fagersta, Sweden Youth PB "Your idea"; Vitoria Gasteiz infantile PB; Las Palmas de Gran Canarias young and teenagers PB, to name a few.

However, one can identify the inclusion of care for other groups such as the elderly. Similarly, Velingara Department, Senegal, indicates a focused PB towards: "*young people, women, people with disabilities, economic players who are often excluded*"; Naga PB, Philippines refers to mothers, children and the elderly, while

Chengdu, China highlights the decisive importance of caring for senior, the youth or unemployed mothers. Denver, in the USA, ranks clearly as a major objective to “increase equitable outcomes for under-resourced residents (especially for communities of colour, immigrants and refugees, people with disabilities, and youth populations). PB projects in their totality fall under two categories: Care for vulnerable and historically underserved residents, and care for underserved communities”. The PB-funded projects are a clear signal as well of how PB is a practical activator of care [i.e., Shower trailers for unhoused residents or tiny homes for unhoused residents].

These practices under a rich array of approaches and results need to be looked into quite carefully as they relate closely with “leave no one behind,” a guiding principle of the SDGs and are directly linked with economies of care & caring cities.

5.3.5. Multiple combinations of PB types

Historically, Porto Alegre, in Brazil, where PB was first consolidated, remains a classic example of PB combining a Place-based and a Sector-based PB (*number 4* in the graph), with resources earmarked for some sectors on the one hand and for the different regions of the city on the other. A second major finding of the study is how cities and regions are combining basic PB types [number 1, 2, 3] with mixed forms of PB that combine these three basic types [number 4, 5, 6 in the graph]. Their experience paves the way for a better understanding of how to expand the notion of Care through PB. Various examples are identified.

- One of the most advanced University-based PB worldwide, at Rosario National University, is another practice where 100 % of the projects are related to Care and organised under a mix of Topics based PB (*number 2* in the graph). Health Care; Inclusion; strengthening conviviality very much in line with caring for the others; Care for learning environment to improve the students’ wellbeing; and a combination of Topic based and under privileged actor’s based PB (for instance inclusion of persons with disabilities) that correspond to *number 5* in the graph.
- Massamá and Monte Abraão Parishes in addition to their Youth PB (typically *number 3* in the graph), focuses for their Parish PB on specific actors such as the elderly, the youth, people with limited resources and mixed PB combining specific topics for specific actors, in order to expand their caring capacity such as kids and access to food; kids and public spaces; visually impaired and transport; better pedestrian access for

citizens with reduced mobility will]. All these projects again correspond to *number 5* in the graph.

- The 120 PB projects that Azores Autonomous Region in Portugal considers Care related highlight the multiple combinations used to address the complexity of Care. Some are actors based (focusing on young people, *number 3* in the graph); some are thematic-based PB (such as tourism, Environment [no plastic, test ground for melliferous flora species], Culture, science, *number 2* in the graph); and some are placed based (Sea and Sea life, with for instance funded projects to pick up sea rubbish, *number 1* in the graph). In addition to these basic types, some of the resources are typically for mixed sector / actors PBs – *number 5* in the graph, with social inclusion of people with disabilities.
- Examining the 60 funded Care related projects through Brno PB in Czech Republic since 2017 leads to a similar conclusion, with a mix of actors-based PB (for young people); Sectorial PB (welfare, education, culture, environment) and some mixed types (for instance health sector & women, funding projects on women’s cancer prevention).

5.4. Summary of findings

The unpacking of what cities and regions consider care related PB projects and the analysis of these projects suggests the following conclusions:

- The first one is that there is no unified definition of Care related projects, even if they all fall mostly under the broad categories identified since the preliminary findings:
 - **Care for people, care for my neighbours, and primarily the most vulnerable and underserved.** In relation to the definition of Care, as elaborated in the previous section, one could not find many specific projects related to “caring for oneself” as a previous step to caring for others.
 - **Care for the planet.** The first insight from preliminary findings was expanded beyond green and environment projects towards living species in a much broader perspective, embracing for instance sea life (i.e., Azores) or caring for animals such as pollinators bees.
 - **Care for those spaces left behind.** Again, the original perspective was enriched thanks to the present examination. In addition to PB caring for territories left behind, such as rural districts, or villages, the

examination identified the importance of open spaces in cities of all kinds, as vectors of conviviality and of caring for my neighbours and for my immediate environment as a piece of the “planet”.

- Various cities underline that PB, because of the direct involvement of citizens, is conducive to ***caring for projects*** that people want, struggle and vote for. **This is a powerful conclusion in relation to PB capacity to expand the notion of Care.** Caring about projects means caring about my immediate environment, preserving my neighbourhood and as a consequence, contributing to more caring cities. It also means caring for urban governance, believing in democracy, in the coproduction of solutions.
- The examination of PB practices highlight the multiple ways citizens and their governments implement PB and expand the notion of care on the ground. Field examination clearly indicates that there is not one but multiple PB types that can be combined in order to optimize resources and answer more closely to local care - related needs as felt by people. This being said, the actor’s-based entry point focusing on the underprivileged and its combination either / or with specific sectors (health, environment, welfare, drug, violence) and/or with specific territories (rural settlements, underserved areas, derelict public open spaces) seems a positive way to expand a care-based perspective. This expansion does not question the imperative necessity of the promotion of cities to apply the lens of care in each and every decision, action, process that takes place, in line with GOLD VII’s starting point. The role of PB in relation to Care is to push its horizons towards those left behind, be them either people or territories, in specific places and specific times. The capacity of PB to have addressed the disproportionate impact of COVID 19 on the most vulnerable social groups, as explained in section 3, is in that sense quite revealing about its contribution, and capacity to adapt to shocks.

5.5. SDGs that cities and regions associate with their PB practices: Growing importance of SDG 3

To address the challenge of a lack of definition of Care, and as a consequence the difficulty to establish linkages between Care and Participatory Budgeting, the study analysed which of the SDGs the 44 cities and regions were claiming to

targeting through PB¹¹. Table 6, below, confirms the results obtained in past studies¹²: SDG 11 (*make cities and human settlements inclusive, safe, resilient and sustainable*) and SDG 16 (*Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels*) remain central to PB: 27 cities and regions out of the 44 indicated SDG 11 and 23 indicated SDG 16. Associating PB to the attainment of various targets of both Goals is of prime interest, as SDG 11 paves the way to materialising the Right to the City, and current debates on PB highlight its capacities to achieve various aspects of the Right to the City, in an H. Lefebvre perspective, and beyond the targets contained in SDG 11. Among them lies its capacities to reclaim the commons, in theory and in practice, for instance through PB projects that are reclaiming public open spaces at neighbourhood or city levels. Such an exploration would deserve further debates and research.

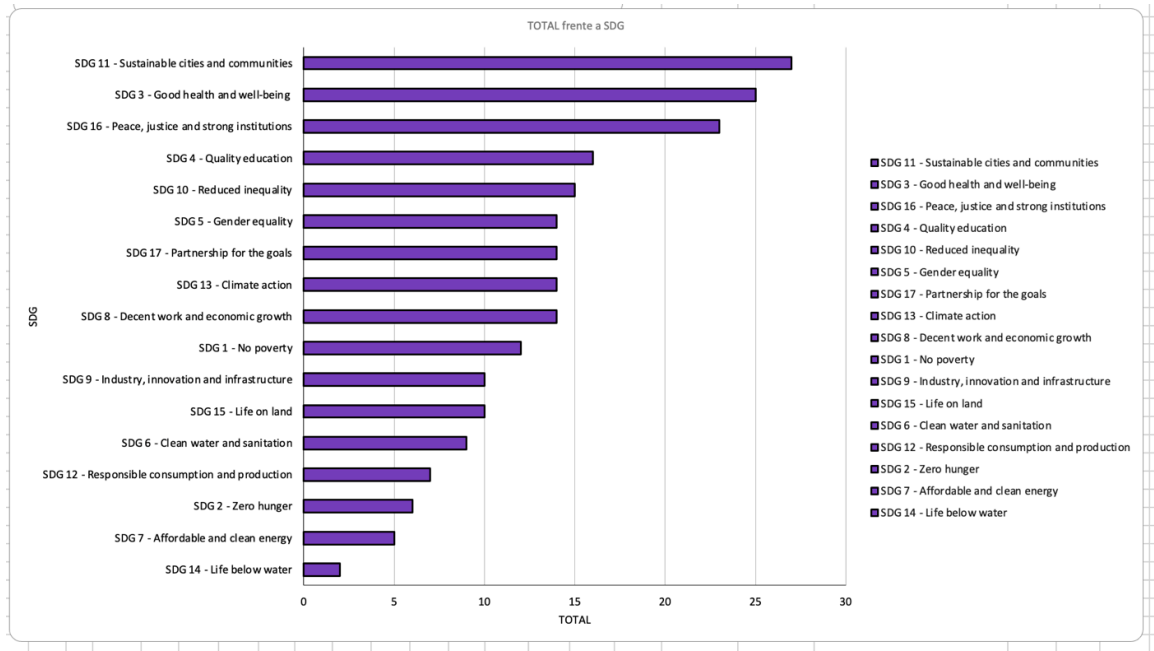
Now, what is new and is an important finding of the present analysis is the importance gained in recent years by SDG 3, indicated by 25 cities out of the 44: *“Ensure healthy lives and promote well-being for all at all ages”*. This result indicates how gradually cities and local governments plan their PB process as an enabler of healthy lives and well-being, two dimensions closely related to the notion of Care. This finding is largely complemented by the review of Care related projects in each one of the 27 cities and regions that participated in the collaborative study. Considering the evidence gained during the present in-depth analysis and the interviews, SDG 3 appears as an interesting proxy for contribution of PB to Care, that could be used as such in the future. What remains to be observed over the next years is whether the increasing interest towards SDG 3 was COVID 19 and post COVID 19 related, or mirrors a more structural trend, as strongly suggested by changes occurring in cities such as Cordoba or Rosario in Argentina, and other ones in Mexico or Senegal.

¹¹ Information contained in the 44 entries to IOPD 2022 and 2023 Award.

¹² Yves Cabannes, “Participatory Budgeting: a powerful and expanding contribution to the achievement of SDGs and primarily SDG 16.7,” *Gold Policy Series # 2, United Cities and Local Government / Global Observatory on Local Democracy, Barcelona: UCLG, (2019)*.

Yves Cabannes, “The contribution of participatory budgeting to the achievement of the Sustainable Development Goals: lessons for policy in Commonwealth countries,” *Commonwealth Journal of Local Governance 21, Sydney: UTS ePRESS (2019): 1-19*.

Graph 3. Sustainable Development Goals (SDG) associated with PB practices



Source: Author, 2024, based on 2022 and 2023 ODP Award entries

SECTION 6. Why participatory democracy and PB are crucial for expanding the notion of Care and building caring cities

This section summarizes the answers provided by participating cities and regions to the central question of the present report: Are Participatory Democracy and PB in particular essential for expanding the notion of care and building caring cities? And in case they are, why is that so? All voices from different places in the world answered neatly “yes”, for a relatively long list of reasons. Their answers are diverse, quite complementary, and would deserve a much longer report. Taken as a whole, they strongly express that PB is not only a set of excellent tools and methods that per se are conducive to expanding the notion of Care. What is at stake is that participatory budgeting entails and is intrinsically embedded in Participatory Democracy, that goes well beyond Representative Democracy. This is probably the key universal message gained through this global analysis, as expressed in different languages, under different tones and with a string of compelling examples brought by cities and territories practicing PB. **Expanding the notion of Care and building caring cities can be fully achieved with a different political perspective, through Participatory Democracy. And PB plays a spearheading role for this democratic deepening. This constitutes a major finding of the present report.**

Organizing such a wide array of opinions results in a difficult task and most probably some nuances have been lost. Anyhow, to organise ideas, the structured rationale proposed by Velingara Department in Senegal that emphatically stated *“Yes, participatory democracy, and more specifically the Participatory Budget (PB), are essential for a city that cares for others”* – “qui prend soin d’autrui” in French – was used as a starting point and was enriched by the voices and rationale from the other cities and regions. They are organised under the following headings:

1. Citizen are at the heart of the decision, and this brings a large number of democratic changes that expand the notion of care
2. Transparency and accountability, that strengthens trust, are a key ingredient for expanding the notion of care
3. PB allows to meet citizens’ need and demands, and those of underprivileged in particular

4. Participatory Democracy through PB brings collaboration, solidarity and social cohesion, that strengthen a sense of community
5. PB generates spaces for dialogue, mutual listening and horizontal relationships that lead to caring cities
6. Last but not least, it gives visibility to different care practices and values, by taking them out of the purely domestic sphere

6.1. Citizens are at the heart of the decision, and this brings a large number of democratic changes that expand the notion of care

Not less than 11 out of the 27 practices (Velingara, Djougou, Perm, Azores, Amadora, General Pueyrredón, Tehran, Rosario, Jalisco, Brno, Las Palmas) explain in their own words how PB expands the notion of Care, when citizens stand at the core of the decision-making process. Instead of synthesizing their views in a few sentences, the choice was to give space to complementary testimonies on a central issue for the report. A similar method will be used for each one the six key ideas previously mentioned:

- PB enables citizens to take an active part in identifying their community's priority needs and in decision-making on the allocation of public resources. This direct involvement of citizens strengthens their sense of belonging and responsibility towards their community (Velingara).
- PB and Participatory Democracy are essential because, unlike other planning tools carried out by consultancy firms that peddle preconceived ideas, PB puts the various social strata at the heart of the decision-making process. It mobilises and brings together elected representatives, local authorities, civil society and government experts in the search for community needs. This multi-disciplinary team directly gathers the needs of the local population in their living environment. PB enables the elected authorities to get to the heart of the people's problems so that they can find suitable solutions (Djougou, Benin).
- Participatory democracy, including initiative budgeting, can indeed play a crucial role in fostering a caring city. Initiative budgeting, in particular, allows citizens to **directly participate in deciding how public funds are allocated**, ensuring that the needs of various groups are considered (Perm Region, Russia)

- The Azores PB is seen as a crucial element in building a ‘participatory democracy’. It allows citizens to have an **active voice in making decisions** about the application of public funds (Azores Autonomous Region, Portugal). Such a perspective is quite similar to the one expressed by another Portuguese local government: *“PB is an instrument of participatory democracy that has made it possible for citizens to **actively intervene in municipal budgets**, ensuring that their ideas and proposals are transformed into projects that improve the quality of life”* (Amadora municipality, Portugal).
- *“Yes! I strongly believe that participatory democracy and participatory budgeting are essential for a care-centred city. These practices foster active community participation in decision-making about how resources are allocated and how projects are implemented in the city. This is especially important in times of crisis, such as the pandemic, when community needs can rapidly evolve. It is therefore critical to have the collaboration and input of all citizens to ensure effective and fair city responses”* (General Pueyrredón, Argentina). Such a vision echoes Tehran municipality stressing the importance of PB and participatory democracy in times of crisis, when caring for those affected is more important than ever *“During crises, pandemics, and epidemics, the principles of participatory democracy and budgeting become crucial for a city focused on care. This is because public involvement, active service provision, and cross-sector collaboration with other national medical institutions rely on the city’s health and treatment capacities. Therefore, when planning and budgeting for a care-oriented city, the involvement of stakeholders and influencers is essential”* (Tehran, Iran)
- PB empowers people and communities: *“Citizen Participation not only enriches decision making, it also empowers individuals and communities by giving them the ability to actively shape their environment and quality of life”* (Rosario)
- Co-responsibility and care are achieved through the active involvement of people in decision-making from design to implementation and monitoring of voted actions, this as part of a Democracy that is not only participatory but also **collaborative** (Jalisco Federal State).
- Brno, Czech Republic, underlines an important consequence that is directly linked to the core of participatory democracy [people’s power in making decisions] and again PB is a good tool: *“in cases where people can make*

decisions about their surroundings, they identify more with their city, take better care of their surroundings and really care for them. A good example are the projects implemented from PB, where people often take care of these projects themselves, organize community meetings, etc.”

- Las Palmas, Gran Canarias, Spain proposes as well an articulated rationale that falls under the different headings of the present summary and states: *“Participatory budgeting is an essential and fundamental tool for city care for different reasons, the first one being that it allows citizens to be involved in decision-making on how public resources are allocated, fostering inclusiveness and democracy”.*

6.2. Transparency and accountability, that strengthens trust, are a key ingredient for expanding the notion of care

In local actors’ own voices: *“PB improves transparency and accountability in the management of public resources by involving the community in the execution of the budget”* (Las Palmas); The PB process is transparent, enabling citizens to monitor the use of public funds and hold elected representatives to account. This transparency strengthens trust between citizens and local authorities and contributes to better governance (Velingara, *ibid*); Our PB process is of great importance to young people as **their trust in the municipality increases** and that the winning proposals increase contact between different groups of young people (Fagersta, Sweden).

6.3. PB allows to meet citizens’ need and demands, and those of underprivileged in particular

Once again, multiple local studies highlight the importance of this third issue, each one of them in their own ways (Velingara, Chengdu, Naga City, General Pueyrredón, Las Palmas, Talatona, Massamá e Monte Abraão, to name a few)

- PB makes it possible to finance projects that meet the real needs of citizens, **particularly in areas related to care**, such as health, education, food security and social well-being (Velingara, *ibid*)
- PB meets directly the demands of citizens, empowering citizens to make the caring project decisions directly. It is essential. If you want to improve the performance of public budgets on caring projects, PB is a good

option...as caring projects relate much to residents' families, which is an essential part of everyone's everyday life (Chengdu, China)

- PB and Participatory Democracy are instrumental in bringing out the **common sentiment** of the people (Naga City, Philippines)
- Participatory Democracy and PB enable policies and projects to be more inclusive, transparent and responsive to the real needs of the population, which contributes to building a city that is more solidarity-based, resilient and geared towards the care and wellbeing of all its inhabitants. (General Pueyrredón, Argentina)
- PB Prioritises community needs by allowing citizens to propose and vote on projects, programmes, works, etc. Participatory budgeting ensures that the **real needs** of the population are addressed, contributing to a more supportive and equitable society (Las Palmas, *ibid*).
- Through PB, it is possible to assign a substantial part of the budget to care through the approval by residents of their needs (Talatona, Angola)
- Thanks to the participation of citizens, projects can be implemented that take care of the most vulnerable ones, regardless of the will of the people they elect (Massamá e Monte Abraão, Portugal).

6.4. Participatory Democracy through PB brings collaboration, solidarity and social cohesion, that strengthen a sense of community

PB fosters social cohesion by bringing citizens together around common objectives and encouraging **collaboration** between the various players in the community. Projects financed by the PB can contribute to the sustainable development of the territory by taking into account environmental, social and economic aspects (Velingara, *ibid*). Quite astonishingly, Perm Krai highlights with quite similar words, how the strengthening of social cohesion, through PB process and deliberation, the latter as an essential dimension of participatory democracy, citizens develop a share sense of solidarity and, ultimately, a greater **care for their city and its inhabitants**: *"Initiative budgeting [the most common form of Russian PB] can strengthen social cohesion by bringing people together to work towards common goals. Through deliberation and collaboration, citizens from diverse backgrounds can bridge divides, build relationships, and develop a shared sense of solidarity and care for their city"*.

- It enables citizen participation in decision-making by bringing them closer to the Provincial Government of Manabí, with a social impact on the common development of the territories, especially with regard to priority groups (Manabí Province).
- It strengthens the social fabric, fostering collaboration and teamwork among residents, strengthening **their sense of community** (Las Palmas, *ibid*)
- Our experiences tell us that participatory democracy and PB are great ways to raise the local commitment/involvement that help different areas, none the least rural and villages, prosper and develop (Uppsala, Sweden).
- *“PB initiative helps to develop citizens’ **“sense of responsibility”**, as they have the opportunity to present proposals and vote for the ideas they consider most beneficial to the community”* (Azores, *ibid*). In doing so, they go beyond their own immediate interests and care for others and for their neighbourhood, for the common good.

6.5. PB generates spaces for dialogue, mutual listening and horizontal relationships that lead to caring cities

Contributions to this issue came essentially from innovative Latin American practices:

- *“PB, as a participatory democracy exercise, generates spaces for dialogue, listening, debates and the possibility of tackling problems from an intersubjective perspective. Here, the views of those in vulnerable situations complement those of both technical experts and civil servants, civil society organisations, etc., seeking different alternatives for their approach and resolution”* (Cordoba).
- *“The construction of horizontal communication in the deliberation for a percentage of the budget implies the construction of a trusted framework, which, with its rules and times, allows to voice out all members of the educational community to be heard, respecting their diversity, but also strengthening the building of collective agreements. These empowering, inclusive and collaborative practices strengthen the construction of a more democratic and inclusive University of Care”* (Rosario National University).

- *“The aim (through PB) is to design public spaces and municipal programmes that are inclusive and accessible, enabling the full and equal participation of all, including those with disabilities or special needs” (Zapopan, Mexico).*

6.6. PB gives visibility to different care practices and values, by taking them out of the purely domestic sphere

Here is a powerful explanation from Cordoba, Argentina, that illuminates how participatory democracy practices and policies actually **expand the notion of Care beyond the domestic sphere**. It is an important finding for the present chapter: *“The approach and recognition of care work by the state and civil society organisations [through participatory democracy and PB in the first place] enables the visibility of care practices, taking them out of the purely domestic sphere and recognising that there is also an unrecognised extension of domestic work into public life. When the state, together with civil society and the market, carry out care policies and programmes such as PB, they allow for decommodification, gender equity by taking on actions linked to childcare, education, recreation and culture, training and education to improve employability conditions, the completion of primary and secondary school, the generation of trades, care for people with disabilities, care for the elderly, etc”.*

This powerful statement gives continuity to the feminist motto from the 1960’s “the personal is political”: care is a social, and therefore a political issue, that needs to be posited at the core of political debates and participatory democracy in the first place. And Participatory Budgeting, when sensitive to Care, is a powerful enabler to take Care out of the restricted domestic sphere, as clearly underlined by Cordoba’s representative. Such participatory budgeting processes contribute to the “3 R” emphasised for long by feminists’ scholars and practitioners insofar **recognizing** care work; **redistributing** it individually between men and women but within the society as a whole – and notably local governments – and **reducing** its burden.

SECTION 7. Key findings and recommendations

7.1. Summary of findings & conclusions

[1] Participatory Budgeting (PB) as a Tool for Care: PB has proven effective in promoting inclusivity, human rights and addressing care needs, especially for vulnerable populations, including but not only the elderly, youth, and those with disabilities, as we will all need care support throughout our lives, multiple times if not permanently.

Current participatory budgeting practices from different regions and cities in the world do contribute to building Caring Cities and to expanding, conceptually and in practice the notion of Care. About one third of the ± 3,000 projects examined that were voted by citizens and actually implemented are related to Care and for most of them benefitting the underprivileged under multiple ways, contributing to leaving no one behind and no place behind.

More recently, a significant number of cities and regions that documented their practice underline that 100 % of the projects funded through PB are Care related. This is quite a new tendency that represents a huge and unmissable opportunity for UCLG theory of change towards Care as an enabler of equality, justice, democracy and sustainability.

[2] Multi-Tier Implementation: PB's flexibility allows it to operate at various government tiers (regional, metropolitan, municipal, infra-municipal), highlighting its adaptability to diverse contexts and scales. This is an important call to all UCLG and IOPD Local and Regional Government's members and partners.

[3] Impact of COVID-19 on PB: The pandemic triggered innovations in PB processes, such as hybrid (online-offline) methods, capacity to address the effects of the pandemics on vulnerable groups, and heightened attention to care-related projects, particularly in public spaces, health services and multiple aspects of daily life. It will be important to reflect on how other crises (housing crisis, environmental collapse, social unrest and mistrust in public institutions) can affect PB or trigger positive responses.

[4] Trust Building: PB, and Care sensitive PB in particular, fosters trust among citizens and, at the same time, between governments and citizens, enhancing participation and promoting community collaboration.

[5] Environmental and Sustainability Focus: PB increasingly includes environmental and sustainability projects, emphasizing care for the planet alongside social priorities.

[6] Systemic Challenges: PB faces challenges such as unequal territorial distribution, limited financial resources, and the need for more systematic integration of care at the policy level. – being able to tackle these challenges from an area-based, people-based or thematic-based perspective, or a combination thereof, offers multiple opportunities.

[7] Processes are as important as Projects: PB processes themselves, including community dialogue and decision-making mechanisms, significantly contribute to fostering a caring urban culture in addition to the specific projects that are voted on by the people. These processes refer to the way citizens get together for the proposal of projects, the way they co-construct these projects, debate about them, raise awareness within their communities about their benefits and mobilise potential voters around building a common good. It refers as well to the ways, times, and human values that are respected during the implementation of the voted projects (participatory planning and design of projects and activities, consultations, monitoring of expenses and advancement; celebration of inauguration).

[8] Ethical Foundation: Values such as solidarity, mutual aid, “buen vivir”, quality of life, conviviality, compassion, empathy, and respect are critical and founding principles to the success of PB in creating caring cities. These ethical values are a common thread and at the same time they “glue” together the various edges of PB processes under different ways and means, such as written communication material, set of PB rules, images, pictures or promotional videos.

7.2. Recommendations and ways forward to expand care-oriented PB

[1] Deepen inclusive and human rights based participatory and deliberative democracy as a precondition for caring cities and territories

In order to unleash PB potential towards building caring cities, PBs should focus on **empowering** citizens, and those in greatest needs in the first, and on community led **process**, devolving decision- making power and power of initiative to the citizenry.

Preserving and expanding the **deliberative** dimension of PB, leaving moments and spaces for people to debate and discuss about the projects they want for

caring cities remains essential. The temptation and ease to limit to an online and digital/virtual exercise, is a major risk and a democratic step back, that might lead to a loss of institutional memory, in case the digital and accessible platform is deleted by a government that interrupts the existing PB process.

Lessons from the field demonstrate that strong links with the legislative power and the involvement of city councillors allows on the long run to have stronger and easier PB to conduct. However, deepening participatory democracy through PB, means that PB should be a civic, community based, independent from political parties in its conduction. A sensitive issue when speaking of care related PB is the political parties tempting co-optation of vulnerable groups involved in the process. Participation is not just a tokenistic approach primarily for the elite, the formally educated and the better off, it is about including a human rights perspective and leaving no one behind. Various of the Care sensitive PB practices do have an explicit relation with Human Rights, as for instance in Zapopan, Mexico, or at The University of Rosario, for whom the notion of Care is embedded in the framework of policies or strategies for the Promotion and Protection of Human Rights. We therefore affirm that participatory policies and PB in the first place provide a space for strengthening them.

Being strategic when designing a Care sensitive PB process is critical, and in particular when intending to work with the most vulnerable groups and leave no one behind. As documented experiences highlights, such an intention needs tailor made **communication and information campaign** [how to work with people who do not read or write, with physically or mentally handicapped, with those struggling to get a rough place to sleep for the next night], training of facilitators involved, specific times and venues for meetings, gaining support from NGOs and from CBOs working with such social groups, etc.

Linked to this, **transparency and accountability** become paramount in several ways:

- A. in communicating the benefits of PB and particularly of PB to foster Care, also to get more people involved in this process.
- B. in conducting monitoring and evaluation to a) improve public management, b) knowledge production, and c) contribute as a local-to-global community to expand pb and care from the local level.

[2] Foster an enabling environment for expanding Caring cities through PB with legal, institutional, financial and policy provisions

Generating an enabling government is key to shift from pilot, qualitative PB practices sensitive to Care to more massive and redistributive PB.

[2.1] Fostering an enabling environment requires legal, institutional and policy provisions

Evidence gained through the study indicates that various policy, legal and institutional solutions are conducive to expanding the notion of care through PB, to upscaling existing practices and to consolidating them through time. A major recommendation of the present report is to take into consideration the following existing solutions, ordered by level of importance:

- Anchoring of Care sensitive PB in a formalised and institutionalized system of participation and as part of an *Integral Care System* (Zapopan municipality) or an *Integral Care System Law* (Jalisco Federal State).
- Linking explicitly and formally PB and Care, as exemplified by Rosario, Argentina where PB and PB projects must be in line with the five pillars of the *Municipal Management Plan*, and at least three of them are quite related to care: Inclusive and Caring Cities; Climate Change and Resilient Cities and finally, Coexistence and Culture of Peace,
- Inscribing PB under the framework of municipal policies and turning PB into a “game changer”. This approach is exemplified by Las Palmas de Gran Canarias, Spain. Their *Participatory Budgeting with children and the youth*, an underserved social group, is built as an opportunity to generate dynamics of change in the municipality’s policies. *The Municipal Plan for Childhood and Youth objective* is to bring children and the young at the centre of political action, with PB at its core. Similarly, General Pueyrredón municipality in Argentina inscribed its PB as part of the Open Government Municipal Plan, strongly democratising access to ICT towards the underserved and facilitating their active engagement through online and presential modalities.
- Planning and implementing Care sensitive PB with SDGS in mind, and as a way to attain, not all but some of them, and SDGs 11, 16 and 3 as a crucial one, as stated in Section 6.
- Avoiding to implement PB as a self-standing participatory practice, and instead connecting PB with other participatory channels and spaces, and the co-construction of the city as a whole. Care sensitive PB become part of robust participation system, as exemplified by a growing number of

cities and regions such as Vitoria Gasteiz, Azores Region, Brno and the National University of Rosario, to complement those already mentioned.

- Legal and institutional anchoring of PB in national and regional law and municipal ordinances does not per se provide an expansion of Care or an automatic deepening of democracy, but do provide stronger conditions of sustainability and reduces volatility. In doing so, it enables a facilitating environment towards caring approaches. Municipal ordinances and regional laws have sealed PB continuity since 2002 in Rosario (By-law 7326/2002); 2008 in Cordoba; 2016 in Perm Krai (No. 654-PK on initiative budgeting); 2017 Naga city (People’s Budget Ordinance No. 2017-072); 2019 Tehran (Decree 134 of Tehran’s Fourth Transformation and Development Program 2022-2025).
- Formalising at municipal city council or provincial assemblies either PB principles and rules or participation in broader terms, as done for instance in Barcelona (2017 and 2022 rules of participation); Brno (Principles and Methodology of participatory budgeting); Amadora (2019 PB norms) or Manabí Province’s Manual of PB Procedures.

[2.2] Increase significantly and optimise the financial resources channelled to Care related PB

Fostering an enabling environment conducive to a shifting of scale requires to increase significantly and **optimise** the financial resources channelled to Care related PB. Most of the experiences analysed are still very limited when considering the amount of resources they put in debate. The use of the simple ratio of US\$ / Inhabitant / per year **actually spent** with PB, indicates that very few of the 27 cities spent more than 5 \$/Inh/year, and even less passed the minimum 10 \$ threshold. And yet, various PB experiences in the world earmark more than 50 \$ or 100 \$ / Inh / year. As a result, most of the PB experiences analysed in this study might remain quite significant from a qualitative point of view, but fall short from a quantitative one, and are not at scale with the necessities. However, a significant increase of resources does not mean that mechanically Care related PB will quantitatively expand. As rightly underlined by Ivan Shulga, *“if PB design is poor, money does not help!”*. Such an alert leads to the following recommendations to improve the quality of the PB design in a perspective of Care.

[3] Care sensitive PB require both hard and soft infrastructure

Quite in tune with stage 2 of the GOLD VII process, the care infrastructures referred to go much **beyond hard infrastructure** (the construction of; “brick and mortar” or investments in works), and includes **not only services** (i.e., being able to maintain the employees of a facility that was funded through PB, feeding children, ensuring psycho and legal support to women victims of GBV...) but also all of these practices (the way we care for these children, these women), relations (those CSOs we work with to provide the service and with whom we need to have a caring relationship), policy decisions (the times at which the centres or other facilities are open, bearing in mind the needs of the beneficiaries and their carers–families). As encapsulated by one of the interviewees: *“It’s a bit like hard and soft in computing: the two separated are not very effective”*. When referring to PB, and primarily to expanding the notion of Care through PB, this recommendation unfolds into two specific ones:

- Eligible PB projects should include and combine both investments and activities and,
- Financial resources should be earmarked for specific activities, and not limited to fund Care related PB projects only

[3.1] Eligible PB projects should include and combine both investments and activities

Eligible PB projects should include and combine both **investments** [hardware] and **Activities** / functioning [software, less tangible projects]. One of the major hurdles identified so far to expand the notion of Care with PB is when eligible projects are exclusively limited to investments in public works and cannot include activities and running costs. Unfortunately, this is still a limitation imposed by quite a large proportion of PBs worldwide.

Most specialists interviewed insisted on combining both types of projects, and this is a major recommendation: *“PB should be mixed. Because for example, a community day-care [funded through PB] will require a physical space. But it will also require people that are committed to taking care of the children, almost without any reward, and keep the children fed, to keep them away from the streets”* (Willme, Angola); *“Both types should complement! if, for instance a sports facility is voted and built, but there is no resources to pay for coaches or materials, or to have a vehicle to go and take people to the games afterwards, then it is incomplete and often the project ends up as a ‘white elephant’”* (Celia, Jalisco); *“In Nantes, we have opted for a mixed budget, because this is precisely what enables us to keep this issue of care and attention alive over the long term.*

An investment budget will be used, for example, to build infrastructure in the public space, and thanks to the operating budget, residents will be able to bring the place to life by organising festive events and activities” (C. Bassani). Important to note that both types of projects should be **connected** as much as possible, and not happen in parallel.

However, in case that resources are strictly limited or villages law regulate the use of resources, as in Indonesia, PB should be more about empowerment and therefore soft projects are essential. M. Misbah, from Indonesia, explains: *“Empowerment projects are key, like economic empowerment and education...but when we try to bridge people’s aspiration for economic empowerment, we struggle to realize it.”*

[3.2] Financial resources should be earmarked for specific activities, and not limited to fund Care related PB projects only

One serious limitation of Care related PB, and of PB in general, is to limit the destination of public resources exclusively to projects, without taking enough into consideration parallel costs that are needed to unleash PB potentials and to sustain the process through time. The recommendation is to plan financial resources for the following activities, and to do so with citizens, as they will contribute to optimise their use.

- **Human resources** and a permanent dedicated team at government level is probably the first item to consider. It will be essential not only to conduct the process but to connect with other services at the implementation stage and help to unlock difficulties. As learned from the field, care related PB need PB facilitators liaising within the local governments. This dedicated team can be complemented with external contracted services for specific tasks.
- **Media campaigns** for mobilisation, for information, for dissemination of PB outcomes use a multiplicity of means, as good practices are showing. Reaching out specific vulnerable groups needs specific tailor-made campaigns, sometimes including translation into local or foreign languages (migrants, refugees), and the use of communications means well beyond web-based platforms. Reaching out proactively those who participate less needs to be included into financial planning, and this is especially important to expand the notion of care through PB

- **Training and capacity building** is another budgetary item to consider, as largely underlined by various local studies, unfortunately often missing as well [see recommendation 9]
- **Knowledge production on care related projects.** Even if ICTs have facilitated greatly the collection of essential data on project proposals, projects voted, advancement of projects implementation, number and origin of participants at each stage of the process, etc., in-depth documentation of experience and their external evaluation by universities, research centres or others remains more the exception than the rule. The high number of PB practices that could not document, even in a simple form, their experience in the present study needs to be considered. And yet, evaluation and reports are essential to inform all partners, and the citizens in the first place on what worked well and on what could be improved to face shortfalls. They are essential as well to accumulate know-how and knowledge and share it within a community of practice.

The costs unpacked here usually represent a mere fraction of the values put in debate for PB projects and saving on them is a strong limiting factor to expand the notion of care through PB.

[4] Foster international collaboration

This recommendation proposes that UCLG and OIDP establish a working group or permanent commission on Participatory Budgeting (PB) for Caring Cities, involving leading cities and institutions to promote a care-based approach globally, while also facilitating a community of practice and creating a "Knowledge Common" to share data, best practices, and training resources on PB and care.

[4.1] Set up a UCLG - OIDP working group or a permanent commission on Participatory Budgeting for Caring Cities

This recommendation is an invitation to UCLG in coordination with OIDP, to set up a working group or a permanent commission on Participatory Budgeting for Caring Cities. It could be spearheaded, in case they accept, by the cities, regions, institutions and citizens organisations that through the recent years and despite difficulties have coined and embraced a unique PB care-based approach. Jalisco State in Mexico, Denver in the USA, The University of Rosario and the municipality of Rosario in Argentina, Fagersta in Sweden, Velingara Department in Senegal or Nantes in France have a lot to offer and are able, all together **to set up a plan of**

action to expand powerfully the notion of Care in their own cities and regions and in many more. Most of the other participants to the present effort are contributing highly, in their own way to expand the notion of Care, and should be invited as well.

The WG will increase UCLG advocacy power in favour of Care sensitive PB towards the international Community, such as UN-Habitat and United Nations as a whole, The European Union, national associations of cities and/or other partners.

[4.2] Facilitate a community of practice around PB and Care and generate a “Knowledge Common”

This recommendation, linked the previous one, is directed again to OIDP and UCLG. Facilitating a **community of practice around PB and caring cities** that would involve interested parties appears as another priority. Generating a **knowledge common**, substantiated by solid, robust and verified data and not limited to web-based information platforms remains highly recommendable and a priority. This could include for instance exchange visit programs, exposure and on-site training, working papers on innovative Care related PB practices as the ones documented here, videos and visual information.

[5] Carry out Multi actor’s training and build capacities on issues related to Care

In line with actions taken by some cities and regions transiting from PB to Care sensitive PBs, we recommend to put in place practical training programmes and capacity building activities in order to strengthen the awareness and agency of the different actors involved in PB. Such programmes should take place at the very beginning of the process, but should be continued till the inauguration of the voted projects. Training of PB facilitators able to support processes with a perspective of care, implies training centres and specific training programs, not limited to cities but that must exist at regional and national level, in order to seriously scale up the role of PBs as an enabler of care-based local economic development. It is also a precondition for better caring cities.

SECTION 8. Final quotes from caring voices about participatory budgeting

Here are some key and powerful messages collected after hours of interviews, for the readers of the GOLD VII Multimedia Journal.

A first set of messages with strikingly long-distance echoes refer to the central role of **citizens**, be them called neighbours, people or communities. We should listen to them, trust them, give them power and **build caring cities through PB with them, and not only for them:**

- ***“Never doubt that a small group of thoughtful, committed citizens can change the world: indeed, it’s the only thing that ever has”.*** Quote attributed to Margaret Mead (Celia Ramírez)
- *“Trust your citizens, your people, their views and minds. It’s important to listen to them and to hear what they need and then to respond to their needs. They know better”* (Anna Sukhova)
- *“Don’t be afraid to give power to the people!”* (Catherine Bassani)
- *“Community leadership! (Protagonismo vecinal in Spanish)... Always consulting neighbours about what they see, what their priority agendas are and trying to link them to the government agenda”* (Macarena Raya)
- *“It is not about taking decision **over** people, but **with** people, and that makes trust”* (Lena Langlet), a quote in line with *“Govern **for and with** the people”* (María Esther De la Garza)
- *“If you want to go fast, go alone. If you want to go far, go together.”* Quote supposedly of African origin (Celia Ramírez)

Messages of courage and persistence, despite difficulties: expanding the notion of care through PB is and will be a trial-and-error evolutionary process:

- *“Do not give up on PB!”* (Willme Dias)
- *“Even if PB is a strict method, if you follow it, it can be very flexible”* (Anders Nordh)

Care for children, be strategic in engaging with the vulnerable

- *“Public spaces and caring for children are keys to bringing PB and Care together.”*(Macarena Raya)
- *“PB should be inclusive, and the politicians, officials, implementers should invest a lot of thinking about the strategy and how to make it inclusive.”*(Ivan Shulga)

Indonesian voices invite to expanding the notion of Care towards villages and rural territories, unfortunately often forgotten by a predominantly urban thinking:

- *“There are many good practices at the village level... Organic facilitators from the villages are key, but more are needed. Capacity building is necessary to make sure that it happens” (Misbah Hassan)*
- *“Strengthening civil society can be one proposal, but making effective advocacy to the government in general is just as important” (Ahmad Rifai)*
- *“We are not enough. PB needs collaboration from many parties at the village level. Organic support groups that have different skills must collaborate” (Ervyn Kaffah)*

These messages taken as a whole speak to hearts and minds and bring food for thought on how to expand PB towards more caring cities.

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SECTION 9. Appendix

Appendix 1

Contributors to the case studies

AFRICA

1. Talatona, Luanda Province, Angola

- José de Oliveira dos Santos Bastos, Talatona Municipal Administrator
- Fernando Kituxi, Coordinator of the Technical Committee for the Management of Participatory Budgeting (CTGOM)

2. Djougou, Benin

- Djibril Amadou, First Deputy Mayor

3. Vélingara Département, Senegal

- Elhadji Kama Diaoune, General Secretary of the Department

AMERICAS

4. Córdoba, Argentina

- Germán Bossa, Undersecretary for Participatory Policies
- Adrián Vitali, Director for Participatory Budgeting and Neighbourhood Participation Associations (Juntas de Participación Vecinal)
- Juan Pedro Battaglino, Director for Institutional Strengthening

5. General Pueyrredón, Argentina

- Federico Carlos Mamonde, Director of Modernisation and Strategic Information, General Pueyrredón municipality

6. Rosario, Argentina

- Macarena Raya Saudejaud, Director of Citizen Liaison and government transparency, Rosario municipality

7. National University of Rosario, Argentina

- María Laura Sartor and María de los Ángeles Zayas, members of the UNR Participatory Budgeting coordination team

8. Manabí Province, Ecuador

- Richard Alarcón Cedeño, Analyst
- Edgar Santana Rivera, Analyst

9. Jalisco Federal State, Mexico

- Celia Andrea Ramirez Arechiga, Director General of Liaison, Secretariat for Planning and Citizen Participation, Jalisco Federal State Government

10. Zapopan, Mexico

- Adriana Janeth Zamora López, Head of the Social Innovation Unit of the Directorate of Citizen Participation of the Municipality of Zapopan

11. Denver, United States of America

- Kiki Turner, People's Budget Program Administrator, City and County of Denver
- Christin Brandow, Senior City Planner, CPD
- David Light, Staff Planner, CPD

ASIA

12. Chengdu, China

- Ming Zhuang, Director, Social Equity and Participation Centre, China

13. Perm Region, Russia

- Vladimir Vagin, Head of the Centre of Initiative Budgeting, Financial Research Institute, Ministry of Finance
- Kharin Oleg Executive director of the Council of Municipalities of the Perm Krai
- Valeria Paksivatkina, expert at the Centre for Initiative Budgeting

14. Naga City, The Philippines

- Wilfredo B. Prilles Jr, City Planning and Development Coordinator

EUROPE

15. Trogir, Croatia

- Ruža Kovačević Bilić, Head of Department of Social Affairs, PB project manager

16. Brno, Czech Republic

- Bc. Mikeš Martin, Coordinator of Participation

17. Barcelona, Spain

- Orland Blasco, Active Democracy Directorate Projects Coordinator

18. Valencian Autonomous Community, Spain

- Alberto Llobell López, Deputy Director General for Citizen Participation

19. Las Palmas, Gran Canarias, Spain

- Technical Unit for Citizen Participation, Las Palmas de Gran Canarias City Council

20. Vitoria-Gasteiz, Spain

- Xavier Gaviña Arenaza, Head of Citizen Participation

21. Amadora, Portugal

- Amadora Participatory Budgeting team, Amadora City Council

22. Azores Autonomous Region, Portugal

- Maria Filomena Mendes Vieira, Coordinator of the Azores Participatory Budgeting Team

23. União das J. F Massamá e Monte Abraão, Parish PB, Portugal

- Domingos Veiga, Technical responsible for Participatory Budgeting

24. União das J. F Massamá e Monte Abraão, Youth PB, Portugal

- Domingos Veiga, Technical responsible for Participatory Budgeting

25. Fagersta, Sweden

- Annika Hedberg, Strategist in Social Sustainability

26. Uppsala, Sweden

- Helena Nordström Källström, Strategic rural planner

MEWA. MIDDLE EAST AND EAST ASIA**27. Tehran, Iran**

- Mehdi Fallahpanah, Head of Comparative studies and internationalization Office

Appendix 2

List of interviewees, position, connections to Care and to Participatory Budgeting

1. Willme Dias de Faria Francisca



Position: Chief of the Department of Legal Affairs and Exchange, Viana Municipality, Luanda Metropolitan Region, Angola

Connection to Care: Legal advisor of people in a vulnerable situation

Connection to PB: CTGOM oversight [Technical Committee for the Management of Participatory Budgeting / Comitês Técnico de Gestão do Orçamento do Municípes]

Date of interview: 25/03/ 2024

2. Karol Yañez



Position: Full-Time Researcher at the Council of Research of Sciences, Humanities and Technology of Mexico (CONAHCYT)

Connection to Care: I am currently researching initiatives on care and urban planning as well as building an integrated perspective/notion of the meaning and practices of care for cities in Mexico.

Connection to PB: Limited

Date of interview: 11 April 2024

3. Jen Chang (Marina)



Position: Honorary Associate Professor, The Bartlett Development Planning Unit, UCL

Connection to Care: A thinker and practitioner of care

Connection to PB: An informal participant to PB

Date of interview: 17th April 2024

4. Celia Ramírez Aréchiga



Position: Director General of Liaison, Secretariat for Planning and Citizen Participation, Jalisco State Government, Mexico

Connection to Care: Woman, Mexican, daughter, granddaughter, older sister, mother.

Graduated in medicine and a master's degree in Sociomedical Sciences, passionate about community and collective care and self-care as a key strategy for primary prevention and passionate about qualitative research methodologies. Feminist workshop leader and accompanier for unlearning stereotypes and favoring

the exercise of new masculinities and positive parenting with attachment.

Activist for reflection and action on climate change and human rights defender.

Certified by the HeartMath Institute as a clinical trainer in emotional self-regulation, personal, social and global coherence.

Connection to PB: General Director of Liaison, which includes the Directorate of Citizen Consultation. Promoter of the incorporation of the concept of "Public Administration" in our daily actions, whereas public servants we are only responsible for managing resources based on the needs of the people and their realities, not on what happens at the desk. Fervent believer that co-responsibility and care are achieved through the active involvement of people in decision making from design to implementation and verification of actions. Collaborative democracy.

Date of interview: XXX

5. María Esther De la Garza Guerrero



Position: Director of Citizen Consultation, Secretariat for Planning and Citizen Participation, Jalisco State Government, Mexico

Connection to Care: Woman, Mexican, daughter, sister, partner, dog and cat family carer, animal protector and defender of human and environmental rights.

Graduate in psychology and master's in human development, pedagogue and recently graduated from the Diploma in Subjective Well-being.

Connection to PB: Part of the first participatory budgeting exercises in the municipality of Zapopan, developing the methodology and initial process as part of the Directorate of Citizen Participation. Currently Director of Citizen Consultations, in charge of the design of consultation processes and the promotion of citizen advocacy in public decision-making.

Date of interview: XXX

6. Catherine Bassani



Position: Deputy Mayor of Nantes, responsible for participatory budgeting; my profession is organisational management consultancy.

Connection to Care: My political commitment is motivated by ecological and social justice, which means taking care of the most vulnerable members of society. As Deputy Mayor for environmental health from 2014 to 2020, I've come to realise that care concerns all living organisms: humans, animals, plants, water, air and soil.

Connection to PB: I set up and deployed an "original" Participatory Budgeting in Nantes since 2021.

Date of interview: XXX

7. Anna Sukhova



Position: Senior Social Protection Specialist, World Bank, Almaty, Kazakhstan

Connection to Care: Support to implementation of social protection programs in Europe and Central Asia countries.

Connection to PB: Development and implementation support to PB in Russia in 2010-2022.

Date of interview: May 17, 2024

8. Ivan Shulga



Position: Senior Social Protection Specialist, World Bank, Almaty, Kazakhstan

Connection to Care: No direct connection. However, social protection is the direct area of my expertise in the Bank.

Connection to PB: Task leader for numerous WB supported participatory budgeting initiatives in Russia (in 2007 - 2022).

Date of interview: May 17, 2024

9. Macarena Raya



Position: Director of Citizen Liaison and Governmental Transparency, Municipality of Rosario, Argentina

Connection to Care: Promoting an agenda, based on Respect and Care as a public value to strengthen social bonds and the construction of citizenship from a perspective of all rights for all.

Connection to PB: Responsible for the participatory budgeting since 2020

Date of interview: 20/05/2024

10. Jorge Angel Avila



Position: General Coordinator of the Secretariat of Outreach and Citizenry Management, Municipality of Rosario, Argentina

Connection to Care:

Promote an agenda based on Respect and Care as a public value to strengthen the work of each Directorate of the Secretariat in liaison with citizens.

Connection to PB: Monitoring and development of new strategies to take forward the PB, management 2024-2027.

Date of interview: 20/05/2024

11. Misbah Hasan



Position: Secretary General (Coordinator) of National Secretariat of FITRA (Indonesian Forum for Budget Transparency), Jakarta, Indonesia.

Connection to Care: FITRA is conducting research and advocacy of the budget for the prevention of violence against women and children, the reduction of stunting at district and villages level, the fulfilment of adequate drinking water and sanitation needs in villages and coastal areas, the mapping of the economic potential of tourism villages, and the strengthening of budget advocacy of reproductive health for women with disabilities.

Connection to PB: FITRA works in many municipalities across Indonesia in assisting village budgets and participatory budgeting process at village level.

Date of interview: 29 May 2024

12. Eryvn Kaffah



Position: Deputy General Secretary of FITRA (National Secretariat Indonesian Forum for Budget Transparency), Jakarta, Indonesia.

Connection to Care: FITRA is conducting research and advocacy of the budget for the prevention of violence against women and children, the reduction of stunting at district and villages level, the fulfilment of adequate drinking water and sanitation needs in villages and coastal areas, the

mapping of the economic potential of tourism villages, and the strengthening of budget advocacy of reproductive health for women with disabilities.

Connection to PB: FITRA works in many municipalities across Indonesia in assisting village budgets and participatory budgeting process at village level.

Date of interview: 29 May 2024

13. Ahmad Rifai



Position: Executive Director, Kota Kita

Connection to Care: Kota Kita works in the urban sector and promotes the involvement of marginalized groups in the city in determining agendas related to their wellbeing. Recently, we have collaborated with residents in social housing to build a public park that prioritizes inclusivity for the elderly, children, and people with disabilities. We are also working with women's groups to strengthen their economic capacity by targeting SMEs and enhancing the digital marketing of their products.

Connection to PB: Kota Kita supports the participatory budgeting (PB) process in urban areas. Our PB-related projects include creating an information platform to make PB in Indonesia more well-informed and accountable. We also promote the implementation of green PB to address climate change adaptation issues in urban communities.

Date of interview: 29 May 2024

14. Lena Langlet



Position: Head of Democracy and management section, Swedish Association of Local Authorities and Regions [SALAR], Sweden

Connection to Care: In my section we are responsible for supporting cities and regions in developing trust and good life for all citizens and in participation and to do this in collaboration with citizens.

Connection to PB: I together with Anders Nordh started the first network for cities in Sweden to work with PB out of inspiration from municipalities around the world. We have learned a lot from Giovanni Allegretti and Yves Cabanes.

Date of interview: June 14, 2024

15. Anders Nordh



Position: Development Manager, Swedish Association of Local Authorities and Regions [SALAR], Sweden

Connection to Care: Building trust for democracy and the institutions and make people safe and healthy.

Connection to PB: Working with PB since 2009 for municipalities in Sweden or Works with implementation of PB in municipalities in Sweden.

Date of interview: June 14, 2024

Appendix 3

List of OIDP Award PB entries 2022 & 2023 and title of experience

List of OIDP Award PB entries [2022 Award]

PB ENTRIES TO OIDP AWARD 2023			
CITY OR REGION	COUNTRY	CONTINENT	NAME OF THE EXPERIENCE
1. Vélingara	Senegal	Africa	Participation de la collectivité dans l'élaboration et la validation du budget du département (Budget participatif)
2. Tibiri	Niger	Africa	Budget participatif
3. Rosario UNR	Argentina	LATAM	Presupuesto Participativo Universidad Nacional de Rosario (PPUNR)
4. Sakarya	Turkey	MEWA	Project Workshop with Young Participation
5. Córdoba	Argentina	LATAM	Presupuesto Participativo Joven
6. Vitoria-Gasteiz	Spain	Europe	Vitoria-Gasteiz HOBETUZ / Mejorando Vitoria-Gasteiz
7. Naga	Philippines	ASPAC	People's Budget Ordinance and Voluntary Local Review of Sustainable Development Goals (SDGs) in Naga City
8. Azores	Portugal	Europe	Orçamento Participativo dos Açores (OP Açores)
9. Bordeaux Metropole	France	Europe	Bordeaux Metropole launches its first metropolitan participatory budget!
10 Posadas (1)	Argentina	LATAM	Presupuesto Participativo
11 Tehran (1)	Iran	MEWA	Participatory budgeting through the project "I Am a Mayor"
12 Fagersta	Sweden	Europe	Din Idé
13 Uppsala	Sweden	Europe	Participatory budget in rural areas
14. Pikine Nord 2	Sénégal	Africa	Budget participatif sensible au handicap
15 Rosario Municipio	Argentina	LATAM	"Presupuesto Participativo 2023-2024: Laboratorios Ciudadanos como dispositivos de innovación en la gestión de políticas públicas en Rosario (Argentina)."
16 Zapopan (1)	México	LATAM	Construyendo comunidad con el presupuesto participativo
17 Freguesias de Massamá e Monte Abraão	Portugal	Europe	Orçamento Participativo
18 Tiassale	Côte d'Ivoire	Africa	Appui Au Renforcement Des Capacités Des Acteurs Locaux Sur Les Mécanismes De La Gouvernance Inclusive A Travers La Promoti
19 Provincia de Manabí (2)	Ecuador	LATAM	Presupuesto Participativo: "YO PARTICIPO para hacer más grande a Manabí"
20 Denver	USA	NORAM	Denver Participatory Budgeting Program: Cycle One
21 Nuevo León (1)	México	LATAM	Proyectos Participativos Escolares
22 Santa Ana Tzacuala, Acaxochitlán	México	LATAM	Presupuesto Participativo: Hidalgo Florece
23 Jalisco [Estado]	México	LATAM	Caravana "Queremos Escucharte, 2022": Mecanismo de Gobernanza para la Designación Participativa de Presupuesto
24. Las Palmas, Gran Canaria	España	Europe	Proceso Participativo con la infancia
24 PRACTICES 2023			

Source: Author, 2024.

List of OIDP Award PB entries [2023 Award]

PB ENTRIES TO OIDP AWARD 2023		
CITY OR REGION	COUNTRY	NAME OF THE EXPERIENCE
1. Vélingara	Senegal	Participation de la collectivité dans l'élaboration et la validation du budget du département (Budget participatif)
2. Tibiri	Niger	Budget participatif
3. Rosario UNR	Argentina	Presupuesto Participativo Universidad Nacional de Rosario (PPUNR)
4. Sakarya	Turkey	Project Workshop with Young Participation
5. Córdoba	Argentina	Presupuesto Participativo Joven
6. Vitoria-Gasteiz	Spain	Vitoria-Gasteiz HOBETUZ / Mejorando Vitoria-Gasteiz
7. Naga	Philippines	People's Budget Ordinance and Voluntary Local Review of Sustainable Development Goals (SDGs) in Naga City
8. Região Autónoma dos Açores	Portugal	Orçamento Participativo dos Açores (OP Açores)
9. Bordeaux Metropole	France	Bordeaux Metropole launches its first metropolitan participatory budget!
10 Posadas	Argentina	Presupuesto Participativo
11 Tehran	Iran	Participatory budgeting through the project "I Am a Mayor"
12 Fagersta	Sweden	Din Idé
13 Uppsala	Sweden	Participatory budget in rural areas
14. Pikine Nord	Sénégal	Budget participatif sensible au handicap
15 Rosario Municipio	Argentina	"PP 2023-24: Lab. Ciudadanos como dispositivos de innovación en la gestión de políticas públicas en Rosario (Argentina)."
16 Zapopan	México	Construyendo comunidad con el presupuesto participativo
17 Freguesias de Massamá e Monte Abraão	Portugal	Orçamento Participativo
18 Tiassale	Côte d'Ivoire	Appui Au Renforcement Des Capacités Des Acteurs Locaux Sur Mécanismes De La Gouvernance Inclusive A Travers La Promoti
19 Provincia de Manabí	Ecuador	Presupuesto Participativo: "YO PARTICIPO para hacer más grande a Manabí"
20 Denver	USA	Denver Participatory Budgeting Program: Cycle One
21 Nuevo León	México	Proyectos Participativos Escolares
22 Santa Ana Tzacuala, Acaxochitlán	México	Presupuesto Participativo: Hidalgo Florece
23 Jalisco [Estado]	México	Caravana "Queremos Escucharte, 2022": Mecanismo de Gobernanza para la Designación Participativa de Presupuesto
24. Las Palmas, Gran Canaria	España	Proceso Participativo con la infancia
25 PRACTICES 2023		

Source: Author, 2024.

Appendix 4

Table of the five comparative studies on PB over 2000–2024 period

Appendix 4. Table of the five comparative studies on PB over 2000 -2024 period

PB Contribution to	Publication 1st Edition	1st URBAL	2nd URBAL	3rd IIED / Gold	4th IOPD	5th Gold	TOTAL
		Participatory Democracy	Democracy	Basic services	Climate adapt.	Care	
Main PB Cycles studied		2001-2003	2001-2004	2010-2012	2017-2019	2020-2023	
		2003	2004	2014	2020	2025 ?	
Africa							
Angola	Talatona					1	1
Benin	Djouougou					1	1
Cameroon	Yaoundé 6			1			1
	Yaoundé 1				1		1
RD Congo	Luhwindja				1		1
Madagascar	Ampasy Nahampoana			1			1
Mozambique	Dondo			1			1
	Pemba				1		1
Senegal	Dalfort Foirail				1		1
	Rufisque Est			1			1
	Velingara Dpt					1	1
America							
Argentina	Buenos Aires	1	1				2
	Córdoba					1	1
	General Pueyrredon					1	1
	Rosario	1	1	1			4
	Rosario Nat. University					1	1
Bolivia	El Alto		1				1
Brasil	Alvorada	1	1				2
	Belem	1	1				2
	Belo Horizonte	1	1	1			3
	Campinas	1	1				2
	Canoas			1			1
	Caxias do Sul	1	1				2
	guaruitos			1			1
	Icapui	1	1				2
	Julz de Fora	1	1				2
	Mundo Novo	1	1				2
	Porto Alegre	1	1	1			3
	Recife	1	1				2
	Sao Paulo		1				1
	Santo André	1	1				2
	Várzea Paulista			1			1
Chile	Quillota			1			1
	La Serena			1			1
	San Antonio			1			1
Colombia	Medellin			1			1
	Pasto		1				1
	Puerto Asis	1	1				2
Ecuador	Cuenca	1	1		1		3
	Cotacachi	1	1				2
	Manabí Province					1	1
El Salvador	San Salvador		1				1
Mexico	Iztapalapa			1			1
	Jalisco Federal State					1	1
	Mexico/ Del Cuauhtemoc	1	1				2
	San Pedro Garza Garcia				1		1
	Zapopan					1	1
Peru	Ilo	1	1	1			3
	Villa El Salvador (2)	1	1				2
Uruguay	Montevideo	1	1				2
USA	Chicago 49th Ward			1			1
	Denver					1	1
Asia / Eurasia							
China	Chengdu			1		1	2
Indonesia	Semarang						0
Iran	Tehran					1	1
Russia	Arzgir				1		1
	Bashkortostan				1		1
	Perm Krai					1	1
Philippines	Naga City					1	1
Taiwan	New Taipei City				1		1
Europe							
Croatia	Trogir					1	1
Czech Republic	Brno					1	1
France	Bobigny	1	1				2
	Bordeaux				1		1
	Metz				1		1
	Saint Denis	1	1				2
Germany	Rheinstetten	1	1				2
Italy	Pieve Emmanuele	1	1				2
Portugal	Águeda				1		1
	Amadora					1	1
	Massamá e Monte Abraão OP CITY					1	1
	Massamá e Monte Abraão OPY					1	1
	Azores Region					1	1
	Casals			1			1
	Palmela		1				1
Spain	Barcelona					1	1
	Cordoba	1	1				2
	Las Palmas, g. Canaria					1	1
	Molina de Segura				1		1
	Seville			1			1
	Valencia Comunitat					1	1
	Vitoria Gasteiz					1	1
Spain+Portugal	Cerveira-Tomiño				1		1
Sweden	Fagersta					1	1
	Uppsala					1	1
NUMBER OF CASES		25	30	20	14	27	116
PB Contribution to		Participatory Democracy		BASIC SERVICES	CLIMATE	CARE*	

* First phase of the study considered 49 different PB practices, in 29 cities and regions

Appendix 5

Data set to document Participatory Budgeting practices (Tool 1)

I. BASIC DATA ON MUNICIPALITY/REGION

1. City Name, State, Country
2. Mayor's name and contact details (email)
3. Contact of person in charge of Participatory budgeting – Address, phone, email
4. Total population (source and year): Men, Women
5. Urban Population, Rural population
6. Prime nations and /or migrant population (in % of the total population)
7. Main productive activities
8. Number of councillors [disaggregate women and men]
9. Number of city employees [disaggregate women and men]
10. List down key local authority responsibilities (Health, education, urban infrastructures, etc.)
11. Political system to elect (or nominate) city councillors and mayor
12. Starting and ending dates of current political mandate

II. LOCAL FINANCE AND MUNICIPAL / REGIONAL BUDGETING

13. Overall Municipal / Regional Budget in local currency or equivalent US \$
 - 2022 (estimated and actual)
 - 2023 (estimated and actual)
 - 2024 (estimated)
14. % of Municipal Budget for investments (capital budget):
 - 2022 (estimated and actual)
 - 2023 (estimated and actual)
 - 2024 (estimated)
15. % of Municipal Budget to service debt (reimbursement of loans and interests)
 - 2022, 2023 , 2024

III. PARTICIPATORY BUDGETING

(1) Basic number and metrics

- 16. In which year did PB start?
- 17. Number of PB cycles since the start?
- 18. Number of **proposed** ideas or projects by citizens for 2021, 2022, 2023 and before if data is available
- 19. Number of **eligible projects** for the vote or final decision for 2021, 2022, 2023 and before if data is available
- 20. Number of **approved** projects for 2021, 2022, 2023, and before if data is available
- 21. % [or number] of PB-approved projects actually **implemented**

(2) Financial dimension of PB

- 22. What is the **amount** of municipal budget decided through PB since its launching and per year (local currency or US\$)
- 23. What is the **origin** of resources made available for PB (national resources, specific projects, own resources, subsidies, donations, etc.)
- 24. What has been the impact of PB on tax collection?
- 25. Are there any criteria for PB resource allocation (by region, by topic, or by agents, for example?)
- 26. What are the criteria for PB project selection: voting only, number of beneficiaries, % of citizen co-financing, vulnerable groups benefited, etc.

(3) Community participation and representation

- 27. How many people participate per year (disaggregate women and men)
- 28. Number of people voting online and offline (2021, 2022, 2023), disaggregate women and men
- 29. Is there any PB Council or similar system?
- 30. Who are the members of the PB Council or similar instances?
- 31. How PB delegates and councillors (women and men) are elected? Who can be elected? (number of delegates by participants)
- 32. Which is the final instance that decides upon the participatory budget?
- 33. How gender, ethnic and age issues are addressed?

34. Are there any specific citizen instances (commission, informal groups, etc.) for budgetary oversight and follow-up of PB-approved projects? Who carries out this control?

35. Are actual figures on PB project disbursements and project implementation made public? Through which channel (s)?

(4) Municipal public participation. Local Authority commitment

36. What is the role of the municipal administration throughout the PB process (staff commitment and role; operational links with departments in charge of participation, engagement in specific actions such as “priority caravans”)?

37. What are the relationships with the legislative branch throughout the PB process?

38. Are the demands made during the PB process scrutinized? Is there any technical assessment? How is it carried out? By whom?

39. Which activities are performed to inform and mobilize citizens?

40. How are PB results disseminated once being approved?

(5) Legal framework and institutionalization of PB process

41. Is there any formal or informal instrument for the implementation of participatory budgeting (by-laws, decrees, locally established set of rules)?

42. Are there any other participatory instruments in the city or region, such as multi-stakeholder round tables, thematic councils, parish, or neighbourhood assemblies? How is PB related to these participatory instruments?

43. What is the relationship between participatory budgeting and other official documents or urban planning regulations, such as strategic plans, urban development plans or master plans?

44. Is PB a consultative process or a decisional one where citizens have the power to decide?

(6) Spatial Dimension

45. Is the municipality decentralized into boroughs, sub-districts, sub-municipalities, regions, parishes or other forms? How many are there?

46. In how many regions, districts, sub-districts, etc. is PB organized?

47. What are the criteria, if any at all, for breaking out PB resources among the various municipalities, districts, regions, areas or parishes?

48. What are the amounts received by each district, region, parish, etc. (2022, 2023 estimated for 2024)

IV. INNOVATIVE FEATURES

- 49.** Summarize the main innovative features of your PB experience (which turns it into a unique experience)
- 50.** Add any other information that you consider relevant.

Thank you for participating in this collaborative research!

Author:

Position:

Date:

Appendix 6

Quantitative and qualitative questionnaire on PB as an enabler of care from a post COVID-19 perspective (Tool 2)

Question 1. Which have been the most striking effects of COVID-19 on the PB process in your city or province?

Question 2. What have been the major changes, if any that were introduced to PB after the end of the pandemic?

Question 3. Number and list of projects approved that are related to care At least for 2021, 2022, 2023 or the last 3 years PB was implemented if it was interrupted

Important. The projects can be listed under the categories that work better for you, and that reflect your understanding of care and caring cities.

Question 4. Value of PB-approved projects that are related to Care [Same comments as above.]

Question 5. % of care-related approved projects (in number) in relation to the total of projects approved [Same comment as above]

Question 6. % of care-related approved projects (in value) in relation to the total amount debated through PB.

At least for 2019, 2018, 2017 or the last 3 years PB was implemented if interrupted.

Question 7. Relation (in %) of projects actually implemented in relation to projects that were approved through PB decisions [consider only the care related ones]

Question 8. Do you think that Participatory democracy and PB, in particular, is essential for a caring city? Yes? No? Why?

2. Visual data

- at least 2 pictures with captions on projects that you think are the most emblematic among those funded through PB (if possible, with people on them)
- at least 2 pictures with captions on important moments of PB process (meetings, voting,...)

Appendix 7

Guidelines for in-depth interviews (Tool 3)

Block A. Exploring the Notion of Care

1. What are the key features that, according to you, summarise the notion of care? [How would you define Care?]
2. Which are key entry points that you consider essential to expanding the notion of Care? [such as health, Community life, Peace and security, basic services for all, etc]
3. How do care needs relate to different territorial scales, such as neighbourhood, municipal, national or even international?
4. Do you think that talking about care unlocks previously blocked agency [capacity to act]? In other words, putting care on the table is useful for developing a care agenda.

BLOCK B. Participatory Budgeting during and post COVID-19

5. What changes occurred during the pandemic [2020, 2021] in the PB cities you know?
6. What changes took place after the end of the pandemic [2022, 2023] in the PB cities you know? Was it a step forward or backward?
7. After the pandemic did the notion of care expand in the PB process?

Block C. PB as an enabler of care-based local development

8. Do you think that PB has contributed to better caring cities in the ones you know? No, Yes,....In which cities?
9. What sort of contributions? Could you provide a couple of pieces of evidence?
10. What type of PB is more enabling [conducive] to Care: actor-based, sector-based, territorial-based, or mixed forms
11. What type of PB projects are more conducive to a perspective of Care: investments [“brick and mortar”, basic services projects, tangible, etc] or activities [soft, intangible, function related]

12. PB Cycle 1, from its start to the final prioritisation of projects: what are the key moments [or the key ingredients] for expanding the notion of care?
13. And during the PB implementation phase -cycle 2, which are the key moments and events that better illustrate PB as an enabler of Care
14. Could you highlight up to five concrete and paradigmatic projects funded through PB that, in your opinion, were conducive to Care? [Or better illustrate economies of care] Tell us why
15. What were the concrete outcomes and impact concerning Care?
16. Are such projects documented? Can you help to do so?
17. Is there a better tier of government to develop PB in a perspective of Care: provinces, municipalities, districts, parishes, or villages?
18. Do you think that benefits and outcomes brought by PB are marginal to the needs in cities you know? Yes, No
19. Could you expand and tell why they are either significant or insignificant?

BLOCK D. Looking forward: challenges ahead and solutions

20. Do you think that PB modified significantly the relations between local governments and the citizens, organized or not [insist here. Exclusively about PB as an enabler of care]. If yes, explain what sort of modifications took place.
21. Do you think that care-related PB projects bring additional problems to local governments [additional financial burden resulting, complexity of implementation, management and maintenance costs, etc.] What is your opinion? If this is the case, how should this challenge be addressed?
22. What are the key challenges to be addressed if we want to scale up the role of PBs as an enabler of care-based local economic development?
23. Most compelling evidence you can provide to advocate for PB as an enabler of Care? [for Caring PBs, or for PBs sensitive to Care]
24. Any key message for the readers of the GOLD VII Multimedia Journal?
25. Any resources that could help, such as reports, videos, or evaluations?