

DESIGNING PARTICIPATION FOR BETTER HEALTH OUTCOMES:

What Local Governments Can Learn from Participatory Budgeting in Kenya



Executive summary

Participatory budgeting is widely promoted as a way to strengthen local democracy, but evidence on its effects on concrete development outcomes – especially health – remains limited. This policy brief summarises findings from a randomised controlled trial in rural Kenya that tested three forms of citizen participation – consultation, voting, and deliberation – in decisions over local health investments.

The results are striking. Villages that used participatory budgeting experienced reductions in infant mortality relative to villages using standard top-down decision-making. More structured forms of participation, especially voting and deliberation, produced the deepest reductions. These approaches also increased citizens' sense of fairness, trust in local government, and willingness to contribute time and effort to maintaining public goods.

The central lesson is clear: participation works, but how it is designed matters. Moving beyond token consultation toward structured, inclusive participation can save lives while strengthening democratic governance.

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A line of villagers waiting to cast ballots for their preferred project. Photo: Michael Touchton

Table of Contents

Executive summary	2
Why participation design matters for health	4
Key findings from the Kenya study	5
What local governments can do differently	6
Implications for development partners and donors	6
Conclusion	7

Why participation design matters for health

Local governments are increasingly responsible for delivering essential health-related services such as water, sanitation, and primary care infrastructure. At the same time, many countries legally mandate citizen participation without specifying how it should be carried out. As a result, participation often takes the form of low-impact consultations that collect opinions but leave decisions unchanged.

Participatory budgeting (PB) is a process in which citizens help decide how to spend public funds. Residents identify priorities and vote or deliberate on which projects receive funding. Governments then work with communities to implement the selected projects.

Evidence from Kenya shows that participatory budgeting can directly improve health outcomes when citizens have real decision-making power. In villages where residents voted or deliberated on health investments, infant mortality fell by more than 25 percent on average. These improvements occurred within a short time frame and at relatively low cost, making participatory budgeting a highly cost-effective policy tool.

Consultation: Citizens share their preferences through surveys or meetings, but researchers aggregated preferences and made final decisions.

Voting: Residents choose among proposed projects through a formal, secret-ballot vote. The option receiving the most support is funded.

Deliberation: Community members engage in structured discussion, give their preferences, consider trade-offs, and seek consensus before making a final decision (confirmed by secret ballot vote).

Just as important, participation strengthened social foundations for long-term development. Communities that participated more deeply were more willing to invest in future projects and to collectively maintain shared infrastructure.

Key findings from the Kenya study

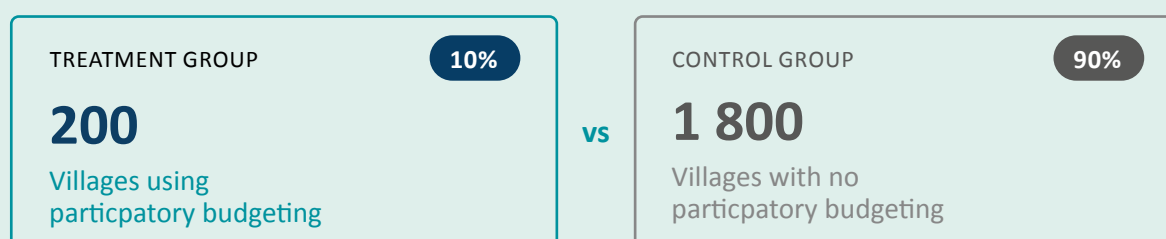
- Villages using participatory budgeting experienced a roughly 22 percent reduction in infant mortality compared to control villages.
- Voting and deliberation produced the largest effects, outperforming simple consultation.
- Participatory processes increased perceptions of fairness and trust in local government.
- Communities with more inclusive participation showed greater collective ownership and maintenance of public goods.
- No evidence of elite capture was found when processes were well structured and facilitated.

These findings build on and extend earlier ICLD-supported work on participation and citizen satisfaction by demonstrating that participatory design affects not only attitudes, but life-saving outcomes.

VILLAGE GOVERNANCE SURVEY

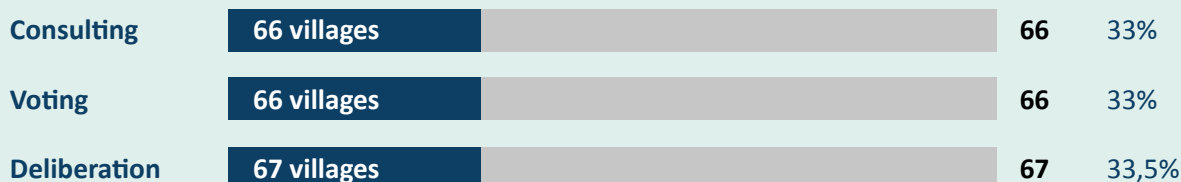
Participatory Budgeting Adoption Across 2 000 Villages

Of 2 000 villages surveyed, 200 (10%) adopted participatory budgeting and form the treatment group. The remaining 1 800 villages serve as the control group



TREATMENT METHODS AMONG ADOPTERS (N = 200)

Each method approx. one-third



2 000
Total villages surveyed

200
Treatment group
participatory budgeting

1 800
Control group
(no participatory budgeting)

3
Treatment methods

Source: Village Governance Survey · Data as reported · Figures may not sum exactly due to rounding

What local governments can do differently

The evidence points to several actionable lessons for policymakers and practitioners designing participatory processes.

Capacity building for local officials and facilitators is essential.

Move beyond consultation

Collecting citizen preferences through surveys or public meetings is a start, but it is not enough. Participation is most effective when citizens can influence binding decisions. Local governments should prioritize mechanisms that allow residents to choose among options, not merely comment on them.

Use voting for scalable, low-cost participation

Voting-based participatory budgeting offers a strong balance between impact and feasibility. It produces large health gains, is relatively easy to administer, and can be scaled quickly across communities. Secret ballots and clear rules help ensure legitimacy and broad participation.

Invest in deliberation where equity and inclusion are priorities

Deliberative processes require more time and facilitation, but they are especially effective for incorporating marginalized voices and building consensus. Where resources allow, deliberation can improve both the quality and equity of decisions – particularly in diverse or unequal communities.

Link participation to visible outcomes

Participation builds trust when citizens see concrete results. Publicly connecting decisions to implemented projects, through ceremonies, signage, or community action days, reinforces the value of participation and sustains engagement over time.

Build participation into existing systems

Participatory budgeting should not be treated as a one-off project. Embedding it into regular planning and budgeting cycles increases sustainability and reduces administrative burden.

Implications for development partners and donors

The findings from this study suggest that participatory governance should be understood not only as a democratic reform, but as a practical tool for improving development and health outcomes in low-resource settings. When citizens are given meaningful opportunities to shape decisions over local public goods, particularly through structured voting or deliberation, communities are more likely to select projects that align with their most pressing needs, to invest effort in maintaining those projects, and to realize measurable improvements in well-being.

The observed reductions in infant mortality underscore that participation is not merely symbolic: institutional design choices can have life-saving consequences. For local governments, this implies that legally mandated participation should be treated as an opportunity for impact rather than a procedural burden. Well-designed participatory processes can strengthen trust, legitimacy, and cooperation while also improving the effectiveness of public spending. For development partners, the results caution against equating participation with consultation alone. Supporting deeper forms of inclusion, while remaining attentive to costs, facilitation capacity, and context, can yield returns that extend beyond governance indicators to core human development outcomes.

More broadly, the evidence highlights a virtuous cycle: participatory institutions that deliver tangible improvements in health and services reinforce citizens' confidence in local government, which in turn sustains engagement and collective action over time. Designing participation carefully is therefore central to both democratic strengthening and sustainable development.

Conclusion

Participatory governance is often justified on democratic grounds alone. Evidence from Kenya shows that it can also be a powerful public health intervention, when designed well. By shifting from symbolic consultation to meaningful citizen decision-making, local governments can improve health outcomes, strengthen trust, and build more resilient communities.

Consultation, voting, and deliberation can each play a role depending on local conditions, resources, and policy goals. What matters most is that participation moves beyond symbolic inclusion and is credibly linked to real decisions and visible outcomes. When citizens see that their involvement leads to concrete improvements, trust in local government grows and collective action becomes easier to sustain.

For local governments and development partners, this study reinforces the importance of treating participation as a core component of development policy for health rather than an administrative requirement. Carefully designed participatory institutions can strengthen democratic practice while delivering tangible health benefits for communities. By learning from evidence and adapting participatory models to local contexts, policymakers can ensure that participation contributes meaningfully to both improved governance and better, healthier lives.

