Measuring Peace, Justice and Inclusion

September 2023

SDG 16.6.2: Understanding satisfaction with public services for more effective, accountable and inclusive public institutions

The delivery of basic public services is a core responsibility of governance systems. This lies at the heart of the social contract: public systems must meet expectations of their population especially in terms of access to health, education and basic public services in order to remain legitimate. Measuring people's satisfaction with public services is important provides an important reflection of the health of governance systems themselves and the strength of the social contract between people and the state. This brief is part of a series produced by the UNDP Global Policy Centre for Governance to highlight the importance of data collection on SDG 16 Indicators to help policy makers in making evidence-informed decisions. Focusing on SDG indicator 16.6.2, which measures people's satisfaction with three categories of public services: health care, education and government (administrative) services[i], the brief illustrates why the indicator is important to measure, its methodology, examples of how such data is already being collected around the world and how data on this indicator can help government shape public sector policies.

Why measure satisfaction with public services

Around the world, governments are facing a moment of reckoning around state-citizen relations, with social movements calling for improved government performance in delivering quality services in a transparent and accountable manner to their populations.[ii] Recognizing how frayed the relationship between state and society is at this time, the United Nations Secretary-General has proposed a new social contract as part of "Our Common Agenda" to address

humanity's most pressing challenges and to be considered as part of defining the *Pact for the Future*.[iii] Enhancing public sector capabilities is also one of the *High Impact Initiatives* featured in the lead up to the SDG Summit to accelerate progress across all the SDGs in the last years leading up to 2030.[iv]

The delivery of public services constitutes one of the most tangible and essential functions of public institutions. As such, it

underpins the social contract between state and citizens, with governments expected to guarantee the right to quality basic services, allowing individuals to live long, fulfilling and productive lives. This right is well established in the international normative framework, in particular with regards to health care and education (see Box 1).

To meet the demands for inclusive and responsive governance (see also SDG Indicator 16.7.2 and SDG Indicator 16.7.1b and 16.7.1c), public institutions must strive to deliver on the expectations of their populations. To do this in an evidence informed manner, it is necessary to first measure and understand the current level of satisfaction with public services, monitor how it evolves over time and then put in place policies to address bottlenecks and shortcomings.

Satisfaction measurements allow public administration officials to identify the existence and sources of dissatisfaction, set clear benchmarks for monitoring quality of service delivery over time and across different regions within a country and establish strategies to target quality improvements. Satisfaction survey results can also help to:[v]

➢ Inform budgetary allocations, by determining which areas need the most investment;

➢ Monitor and motivate public employees, by providing them insights on successes and shortcomings;
➢ Increase accountability, by making performance data available publicly;
➢ Improve confidence in government performance and in the trustworthiness of public institutions;
➢ Enhance the overall effectiveness and efficiency of public service delivery, by using satisfaction data to shape broader public sector reforms;
➢ Identify barriers to access to service and design appropriate mechanisms to ensure an inclusive and responsive service delivery.

There is increasing evidence that satisfaction with public services and trust in government are positively correlated. This has led to greater effort by governments to evaluate public services regularly through household surveys, rather than to rely solely on expert-based assessments of government performance, as has traditionally been the case.[vi]

The actions of public managers can influence the objective outcomes or accomplishments of government, which are then experienced or perceived by service users who report their satisfaction based on said experience (see Figure 1).[vii]

Box 1 – Key international standards on the right to quality public services

Universal Declaration of Human Rights (Art. 21) – "2. Everyone has the right to equal access to public service in his country."

International Covenant on Civil and Political Rights (Art. 25) – "Every citizen shall have the right and the opportunity, without any of the distinctions and without unreasonable restrictions … c) to have access, on general terms of equality, to public service in his country."

International Covenant on Economic, Social and Cultural Rights (Art. 12) – "1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: … (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness."

Convention on the Elimination of All Forms of Discrimination against Women (Art. 12) – "1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, …"; (Art. 10) – "States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure to them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: … (a) The same conditions … for access to studies and for the achievement of diplomas in educational establishments … ; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training; (b) Access to the same curricula, the same examinations, teaching staff with qualifications of the same standard and school premises and equipment of the same quality;"

International Convention on the Elimination of All Forms of Racial Discrimination (Art. 5) – "… States Parties undertake … to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights:
… (d) Other civil rights, in particular: … (iv) The right to public health, medical care, social security and social services; (v) The right to education and training;"

Convention on the Rights of the Child (Art. 24) – "1. …States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."; (Art. 28) – "1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (a) Make primary education compulsory and available free to all; (b) Encourage the development of different forms of secondary education…."

United Nations Declaration on the Rights of Indigenous Peoples (Art. 14) – "2. Indigenous individuals, particularly children, have the right to all levels and forms of education of the State without discrimination." (Art. 24) – "1. …Indigenous individuals also have the right to access, without any discrimination, to all social and health services."

UNESCO Convention against Discrimination in Education (Art. 4) – "The States Parties to this Convention undertake furthermore to formulate, develop and apply a national policy which, by methods appropriate to the circumstances and to national usage, will tend to promote equality of opportunity and of treatment in the matter of education …". (Art. 5) – "The States Parties to this Convention agree that:
a. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms; it shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace."

Figure 1: Conceptual Framework – Government Performance, Citizen Satisfaction, and Trust
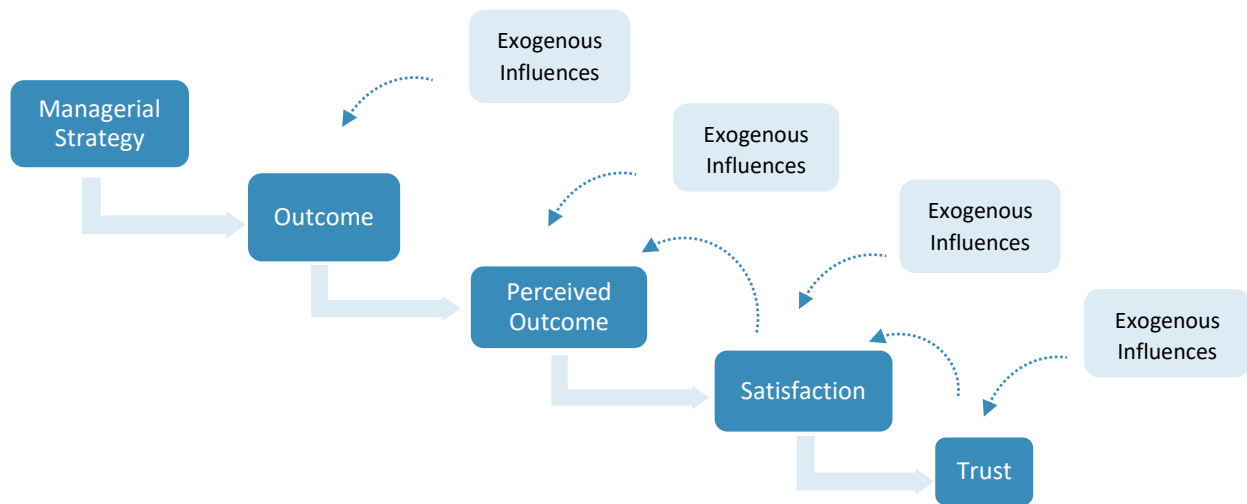
Source: Van Ryzin (2007). "Pieces of a Puzzle: Linking Government Performance, Citizen Satisfaction, and Trust." *Public Performance & Management Review*, June, 2007, Vol. 30, No. 4 (June, 2007), pp. 521-535. https://www.jstor.org/stable/20447648

Positive satisfaction may lead to perceptions of the government or service provider as more trustworthy, while negative satisfaction could result in changing voting patterns, migration (leaving a jurisdiction or country), protesting or voicing discontent and feelings of apathy and marginalization. These dynamics were at play for instance during the Arab Spring uprisings, which were triggered by perceived poor quality of services, among other causes.[viii] According to recent analysis by the OECD on the drivers of trust, government competence, as defined by responsiveness and reliability in delivering public services and anticipating new needs as they arise, is a strong predictor of trust in public institutions.[ix]

While there are clear linkages between quality of services, satisfaction and trust, it is necessary to be cautious claiming causality. For example, the objective performance of the service provider might be influenced by exogenous factors outside public managers'

control, such as changes in crime incidence; similarly, perceived outcomes are subject to the influence of respondents' demographic characteristics, service characteristics (e.g. frequency of use, directness of contact), subjective views on quality, the media and political attitudes towards the government.

Another important determinant of satisfaction to take into account is expectations, given that research has shown that respondents tend to compare performance with prior expectations when forming overall satisfaction judgments.[x] This can be seen at a more macro-level, for example, in the rising expectations of citizens in middle-income countries, and the "institutional development trap" that often characterizes these countries, whereby improvements in public services do not keep pace with people's demands, and a lack of institutional capacity makes it difficult to meet expectations.[xi] Given that expectations evolve over time, the public sector needs to

be able to innovate and adapt quickly to emerging challenges. Expectations often also vary between individuals and different groups of people, so improving one aspect of service delivery may increase satisfaction for some segment of the population but not others, whose expectations may be linked to another aspect.

Results of satisfaction surveys provide important insights into people's perceptions and experience of government competence, especially at the local level as well as for services that are directly experienced, frequently used, needed, and/or used by choice.[xii] Furthermore, attribute-based survey methodologies, such as the one adopted for SDG indicator 16.6.2, can help address challenges related to exogenous factors, including expectations, in linking quality of services, by focusing respondents' answers on specific service attributes such as accessibility or financial affordability (see the next section).

Measuring satisfaction with public services

The 2030 Agenda for Sustainable Development recognizes that **developing effective, accountable and transparent institutions at all levels** (SDG Target 16.6) is necessary to build more peaceful, just and inclusive societies. The first indicator under this target, SDG indicator 16.6.1, aims to measure the effectiveness of public institutions by looking at government expenditure as a percentage of the originally approved budget, by sector, as reported in national Budget Laws. Indicators assessing public service provision under other goals, such as SDG 3.8.1 on the coverage of essential health services or SDG 4.a.1 on school facilities, draw from administrative sources to measure service provision. The indicator 16.6.2 aims at complementing these indicators by providing a measure to reflect the actual experience of service users by measuring levels of public satisfaction with three service areas (health care, education and government services), as outlined in Table 1.

It is important to note that SDG 16.6.2 is an experience-based indicator, insofar as it measures satisfaction *based on people's last experience* with selected public services in the past 12 months. Focusing on this specific reference period can help delimited the experience in a time frame to allow temporal comparisons, reduce the effect of perception, minimize memory bias effects and ensure the most reliable results, since only those who have actually used health care, education and government services in the past year answer the survey questions.

When choosing which public services to assess, the focus was given to those that are truly of general interest, available in most countries and essential to human development – such as preventive and primary health care services, and primary and lower secondary education. The third category of services, government services, was added because they are not monitored under any other Goals. It looks specifically at two services with a high frequency of use: 1) the provision of government-issued identification documents (such as national identity cards, passports, driver's licenses and voter IDs) and 2) civil registration of life events such as births, marriages and deaths.

Table 1: Interlinkages between SDG 16.6.2 data and other SDG indicators

Other related SDG indicators focused on coverage, inputs and outcomes (measured with administrative data)	SDG 16.6.2 data on public satisfaction (measured with survey data)		
	Health care	Education	Government Services
1.4.1: Proportion of population living in households with access to basic services	X	X	
1.a.2: Proportion of total government spending on essential services (education, health and social protection)	X	X	
3.7.1: Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	X		
3.8.1: Coverage of essential health services	X		
3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income	X		
3.b.3: Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	X		
4.1.1: Proportion of children and young people (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex		X	
4.a.1: Proportion of schools offering basic services, by type of service		X	
4.c.1: Proportion of teachers with the minimum required qualifications, by education level		X	
10.2.1: Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities	X	X	X
10.3.1: Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law	X	X	X
16.5.1: Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months	X	X	X
16.9.1: Proportion of children under 5 years of age whose births have been registered with a civil authority, by age			X
17.19.2: Proportion of countries that (b) have achieved 100 per cent birth registration and 80 per cent death registration			X

The SDG16 Survey Initiative Questionnaire was co-developed by UNDP, OHCHR and

UNODC to support countries in monitoring progress towards the SDG 16 targets by

guiding implementation of the survey-based indicators for which data are still scarce[xiii] and ensuring international comparability. The specific survey module for SDG 16.6.2 asks respondents to rate each service on five specific attributes, as detailed in Table 2, in addition to providing a final rating on overall satisfaction, all using a four-point scale.[xiv]

Table 2: Attributes for each service area

Health care	Education	Government Services
1. Accessibility ("easy to get to the place")	1. Accessibility ("can be reached by public or private transportation, or by walk, in less than 30 minutes")	1. Accessibility ("office, website or telephone number was easily accessible")
2. Affordability ("expenses were affordable")	2. Affordability ("school-related expenses are affordable")	2. Affordability ("fees were affordable")
3. Quality of facilities ("clean and in good condition")	3. Quality of facilities ("in good condition")	3. Equal treatment for everyone ("all people treated equally")
4. Equal treatment for everyone ("all people treated equally")	4. Equal treatment for everyone ("all children treated equally, including admission to schools")	4. Effective delivery of service ("process was simple and easy to understand")
5. Courtesy and treatment ("the doctor or other health-care staff you saw spent enough time with you")	5. Effective delivery of service ("quality of teaching is good")	5. Timeliness ("amount of time was reasonable")

Attributes-based questions are asked before the overall satisfaction question in the survey, so as to facilitate recall and foster a common understanding among respondents of which aspects of "good-quality" service provision are being considered. National experiences have also shown that asking attributes-based questions prior to a question on overall satisfaction helps respondents recall their last experience with more specificity, leading to greater accuracy of responses. Attributes-specific questions can help paint a more informed picture of government performance, highlighting which characteristics of public services need improvement.

It is recommended that at minimum data on SDG 16.6.2 is disaggregated by sex, income and place of residence (urban/rural, administrative regions), and if possible, also by disability status, age and nationally relevant population groups. This is crucial in order to understand where inequalities in public service provision exist and which groups are most at risk of being left behind. Rural areas, for example, are often characterized by the limited availability and quality of public services, and this exclusion can be further compounded by intersecting factors such as gender, socio-economic status, age, migration status, ethnicity, disability, among others.[xv]

Examples of data collection on satisfaction with public services

At the national level, countries are collecting data on satisfaction with public services in a variety of different ways. Since the adoption of the 2030 Agenda for Sustainable Development, a global methodology for collecting data on the SDG 16 indicator was proposed but their integration in national statistical systems is still ongoing with countries progressively adapting. Since 2022 UNDP called all countries to report on

available data on SDG Indicator 16.6.2. The SDG database now has harmonized global data on satisfaction with public services available for countries that have reported on this indicator. Six countries reported on the indicator in 2022, namely, **Belarus, Gambia, Israel, Mexico, State of Palestine,** and **Tunisia**. The number of countries reporting is expected to increase with the availability of a clear methodology on the indicators as outlined in the SDG 16 Survey tools.

This section illustrates some of the available data related to satisfaction with public services being collected in different countries – some which are not fully aligned with the indicator 16.6.2 but which help illustrate the impact of data collection on satisfaction with public services to help inform policy making.

In **Mexico,** since 2011 the National Survey on Governmental Quality and Impact (ENCIG) collects information biannually on the population's recent experiences with and perceptions of public procedures and services provided by different government levels.[xvi] The ENCIG covers public health care, public education at primary and secondary level, and procedures to obtain a

passport and services required from the civil registry (certificates related to birth, marriage, death, etc.), among other service areas. Mexico's methodology is one of the national examples that helped to inform the development of the SDG 16.6.2 indicator and hence is closely aligned with it.

In 2021, 77.3% of the population using the health services of the Mexican Institute of Social Security (IMSS) – the largest national provider – reported clean and orderly facilities, 62% reported enough doctors and 59% timely care, while overall satisfaction stood at 52%, up from 44% in 2019 (see Figure 2).[xvii] There were wide variations across states and across healthcare providers.

On public education, some of the attributes respondents are asked to reflect on include class sizes, affordability, quality of teaching and adequate facilities. 83% of the user population of the public education service in primary, secondary or high school said there are sufficient teaching staff, but only 60% reported classrooms without student saturation (see

Figure 2: Characteristics of health services provided by the IMSS in Mexico

Percentage of respondents who reported...

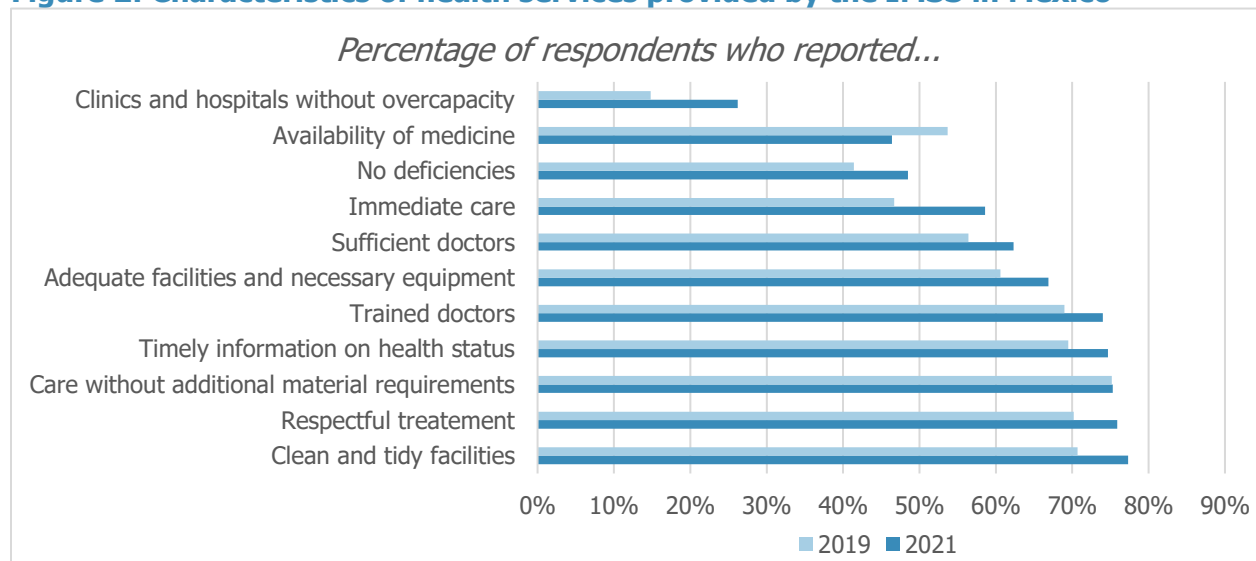| Category	
Clinics and hospitals without overcapacity	
Availability of medicine	
No deficiencies	
Immediate care	
Sufficient doctors	
Adequate facilities and necessary equipment	
Trained doctors	
Timely information on health status	
Care without additional material requirements	
Respectful treatement	
Clean and tidy facilities	

■ 2019 ■ 2021

Figure 3). Overall, 71% of users were satisfied with public education services. Finally, satisfaction with government procedures, payments and requests varied across states (lowest figure at 76% and highest at 91%), with the north of the country having generally higher satisfaction rates than the south

Figure 3: Characteristics of the public education services in Mexico
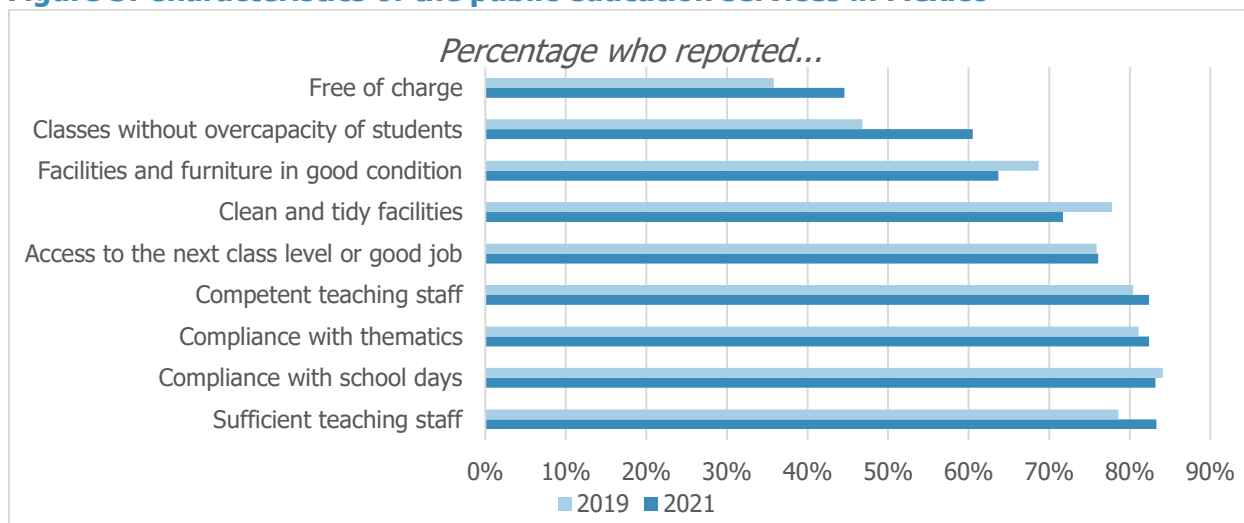
Similarly, **Tunisia** which implemented the SDG16 Survey, saw satisfaction rates vary from region to region: in 2021, the centre-east and the northeast consistently performed better than the national average across services provided by clinics and basic health centres, local and regional hospitals, and primary, middle and high schools.[xviii] Table 3 below summarizes the regional differences that emerged from the survey and reflect regional inequalities that have been well-documented in the literature.[xix]

These inequalities have also explained differences in the quality of education services across municipalities.[xx]

Specific questions on service attributes were asked in Tunisia and shed further light on potential drivers of dissatisfaction. For instance, a majority of respondents pointed to the lack of medication in clinics and hospitals. In schools, staff shortages were a real concern, with absentee teachers being a concern across primary through high school.

Table 3: Satisfaction rates for health and education services in Tunisia, by region

Services / Regions	Clinics and Basic Health Centres	Local and Regional Hospitals	Primary Schools	Middle and High Schools
South-West				
South-East				
Centre-West				
Centre-East				
North-West				
North-East				
Greater Tunis				

In **Pakistan**, the Social and Living Standards Measurement Survey conducted every two years provides geographically disaggregated data on satisfaction with public services, at provincial and district level, and by rural/urban divide.[xxi] In the 2019-2020 edition of the survey, rural households had lower satisfaction rates with the use of basic health units and schools than urban households, with a 10 percentage-point gap nationally on health services.[xxii]

In the **Dominican Republic**, the public administration monitoring system (SISMAP) requires all bodies and entities of the public sector to administer a satisfaction survey in the first semester of each year to report on the quality of services offered and on the Citizen Satisfaction Index.[xxiii] The questionnaire used is based on the private sector SERVQUAL model is structured around service attributes.[xxiv] The Citizen Satisfaction Index derived from the assessment of the attributes is aimed at improving the services provided and developing of a culture of monitoring and evaluation in public institutions.

In **Norway**, the Citizen Survey, first implemented in 2010 and conducted every two years by the Norwegian Agency for Public and Financial Management (DFØ), looks at satisfaction with public institutions such as the public welfare agency, the hospitals, the police, etc., as well as with twelve specific services provided by municipalities/counties, such as health and education services, public transportation, etc.[xxv] Rather than applying the same generic questions across all services, each service provider can tailor the attributes included in the survey, among which are quality, accessibility, information and communication, competence, trust and overall satisfaction.[xxvi] The survey also requests non-users to provide a response. This helps provide insights into how these two sub-segments of the population may view public services differently and the reasons behind why they chose not to use it.

Other countries that monitor public satisfaction with services but without referring to specific attributes include **Türkiye**[xxvii], where satisfaction levels with both health and educational systems have declined between 2012 and 2021. Some other national surveys cover only one of the three service areas included in the SDG 16.6.2 methodology. For instance, the **South Africa** Governance, Public Safety and Justice Survey (GPSJS)[xxviii].

Finally, a number of regional and global surveys collect non-official data on satisfaction with public services across several countries, for example, the Gallup World Poll, the European Quality of Life Surveys (EQLS), the European Social Survey (ESS), the European Quality of Government Index compiled by the University of Gothenburg, and a number of regional barometers (Afrobarometer, Latinobarometer, etc.).[xxix] However, methodologies vary widely from one source to another and do not necessarily align with the SDG 16.6.2 methodology. However, they do provide useful information on public service delivery. For example, the OECD has published the results of its 2021 Survey on the Drivers of Trust in Public Institutions, which is conducted in 22 OECD countries. Reliability, fairness and responsiveness were identified as the strongest drivers of trust,

and it found that a majority of people are satisfied with their health systems (62%), education (58%) and administrative services (63%).[xxx]

Specific methodologies have been developed for conflict-affected contexts. To investigate the relationship between state legitimacy/attitudes towards the government and satisfaction with service delivery, the Secure Livelihoods Research Consortium (SLRC) surveyed people living in conflict-affected areas in five countries: through three rounds (2012/2015/2018) in **Pakistan**, **Nepal** and **Uganda**, and two rounds (2012/2015) in **Sri Lanka** and the **Democratic Republic of the Congo**. The findings of this panel data on people's access to and experience with the delivery of health and education services, as well as public water provision, can help inform programmes in post-conflict settings, for example, those aiming to restore state legitimacy for sustaining peace.

Policy implications of data on satisfaction with public services

Survey data on satisfaction with public services can complement other performance indicators to inform more evidence-based policymaking to improve or in other ways adjust public service delivery. Performance management can help bolster the competence of public institutions, including their responsiveness and reliability, a first step towards more effective governance for sustainable development. A better understanding of people's challenges and needs in using public services can also ensure that no service user is left behind and that public services are delivered in an equitable and inclusive way.[xxxi] This section highlights how countries have approached linking the data and policy loop by using survey data to inform their approach to public sector reform.

A good practice to sustain a dynamic feedback loop between government and service recipients include adopting a "user journey" or "life-events" approach, as done for example by the **French** Government's Secretariat-General for Government Modernization. A user journey maps out the interactions that users will experience through a service and over time, allowing public officials to identify the different stages of the relationship and the procedures in order to structure a global response based on the issues and needs of users.[xxxii] Similarly, the Federal Statistical Office of **Germany** collects satisfaction data on 22 life events for citizens, allowing for improvement across all levels of government and in all situations where citizens might interact with government services.[xxxiii]

However, having the data does not automatically lead to policy changes. Often barriers to substantive policy reform to improve access to public service delivery include weak political support or leadership, lack of accountability, especially in cases where several government entities are involved, insufficient complementary data to provide a holistic picture beyond what survey data can tell us, and the absence of a whole-of-government approach with multisectoral collaboration to translate data to government policies, among others.[xxxiv] There is also a risk that there is insufficient analysis of the data and that it is not translated into actionable recommendations, leading to inadequately formulated policies.

In **Vietnam**, the Provincial Governance and Public Administration Performance Index (PAPI) measures citizen experience with the performance of central and local

governments across eight dimensions, including governance quality and public service delivery.[xxxv] The results of the PAPI have been used by central state agencies to identify policy gaps and inform future policymaking.[xxxvi] The PAPI initiative was first rolled out in 2010 in 28 randomly selected provinces before expanding to all provinces the following year, and the results of the 2011 PAPI show that the 2010 survey had a positive effect on governance indexes and citizen satisfaction.[xxxvii]

The National Governance Survey 2017/2018 was the first survey conducted in **Nepal** to understand people's perceptions on different dimensions of governance, including public service delivery. It was launched as the country embarked on the implementation of federalism following the promulgation of a new Constitution in 2015.[xxxviii] In its paper on "Quality of Public Service in Nepal," the Nepal Administrative Staff College, which also administered the survey, proposed a roadmap around four main areas of reform, each with specific recommendations on: 1) the framework of public service; 2) accessibility of services; 3) integrity and accountability; and 4) overall service quality.[xxxix]

In the **Dominican Republic**, the Ministry of Public Administration gives out several awards to recognize excellence in the quality of public services, including the National Award for Quality and Recognition of Promising Practices in the Public Sector.[xl] It celebrates the public institutions that have taken quality management initiatives to improve service recipients' experience, including hospitals, schools and prosecutor's offices. The objectives of the awards are to promote self-monitoring and evaluation by the institutions, exchange lessons learned, and boost overall performance. In 2022, the Grand Prize went to the National Energy Commission (CNE), and it was also announced that two sectoral awards will be added in 2023 to acknowledge best practices in Education and Public Health.[xli]

In **Tunisia**, survey results on satisfaction with public services, as discussed in the previous section, were used to inform policy dialogue through significant stakeholder engagement involving civil society, public institutions, including the President's Office, various ministries and local government, as well as UN representatives. Notably, this took the form of a roundtable that gathered all the stakeholders to discuss the analysis of results and how to translate them into policy recommendations and tangible solutions. These were elaborated in three spotlight reports drafted by civil society organizations and three policy briefs prepared by institutional actors.[xlii]

In 2003, **Türkiye** implemented the Health Transformation Programme in response to low patient and provider satisfaction with the health-care system. Poor quality of health-care services was reflected not only through the low satisfaction ratings (at 39.5 percent in 2003) but also by objective indicators such as a low life expectancy and high maternal and infant mortality rates. Major reforms sought to strengthen the institutional capacity of the Ministry of Health (MoH), introduce universal and compulsory health insurance, streamline service delivery, expand the health-care workforce, develop human capital and digitize the health information system.[xliii] By 2012, the population's satisfaction with the health-care system in Türkiye had increased to 74.8 percent.[xliv] A cornerstone of the reforms was the family medicine model in the provision of primary health care. It was first implemented in 33 provinces as a pilot project from 2005-2008, and an October 2008 survey by the MoH reported higher patient satisfaction

rates in provinces where the family medicine model was implemented (86%) as compared to the rest of the provinces (75%). By 2010, the model was implemented nationwide, and up until today, patient satisfaction surveys continue to be conducted by the MoH annually to inform further adjustments and reforms.

The **United Arab Emirates**, for example, has embraced digital transformation of the public sector and has moved towards paperless Government to reduce processing time of government processes. This has resulted in both high adoption rates of e-services, with 75% of the population using at least one service once a month, and raising satisfaction in the past few years from 70% in 2017 to 87% in 2020.[xlv] All service areas, from application/renewals of IDs to getting medical appointments, recorded satisfaction rates above 4 out of 5. Satisfaction was also found to be positively correlated with

frequency of use. The two attributes of e-government services that are the strongest predictors of intention to use services and of increasing satisfaction are system quality and information quality.[xlvi]

According to the UN's E-Government Survey, the number of countries providing e-information and e-services increased from 145 to 151 between 2020 and 2022.[xlvii] Measuring satisfaction of public services can be embedded as part of the transformation process as countries a shift towards digital government and more proactive, citizen-driven approaches to service delivery. Collecting information on user needs, including vulnerable groups such as migrants, persons with disabilities or older persons, and measuring user satisfaction are important mechanisms to improve the accessibility and usability of e-services.

What is next for measuring SDG 16.6.2?

As of 2022, countries have been invited to report on SDG indicator 16.6.2 on an annual basis. The SDG16 Survey questionnaire, developed jointly by UNDP, UNDOC and OHCHR, provides a tool that countries can use to help collect data on most survey based indicators, including this one. As the custodian agency for SDG 16.6.2, UNDP is committed to continuing to raise awareness about the importance of reliable, inclusive, effective and accountable public institutions that provide essential services to all segments of the population, especially those most deprived and at risk of being left behind.

This may entail helping countries to improve public service delivery, for example by (see

Box 2 for examples of UNDP support in these areas at country level):

- ➢ Adopting whole-of-society and other innovative approaches in the design of solutions by engaging service users and other key stakeholders.
- ➢ Re-designing public services with human-centred, and design and systems thinking approaches, building on behavioural insights and user feedback.
- ➢ Implementing monitoring and evaluation mechanisms that include collecting user survey data but also rely on other quantitative and qualitative performance indicators.
- ➢ Understanding the drivers of dissatisfaction with public services

and how they relate to other existing governance challenges such as corruption, discrimination, etc.

➢ Formulating policies to address deficiencies in the delivery of health care, education and administrative systems to close the gaps in satisfaction with public services.

➢ Investing in the digitization of public services through the creation of e-government portals and "one-stop shops" while keeping in mind the needs of the most vulnerable groups, ensuring that they are not being left further behind by technological solutions.

➢ Shifting organizational culture to be more customer-oriented through capacity-building and the training of public servants involved in service provision to enhance their technical but also soft skills, e.g. communication skills, empathy, etc.

Box 2 – Examples of UNDP support to improve public service delivery

In **Liberia**, UNDP supported the establishment of County Service Centres (CSCs) as part of a national decentralization programme aimed at bringing public services closer to people, enhancing citizen participation and reducing inequalities. CSCs are one-stop shops for basic administrative services such as obtaining a birth certificate or a driver's license, pay ing property taxes or acquiring a deed for land. More recently, UNDP piloted a digital platform (mobile and web-based) to monitor and respond in real time to citizens' perceptions of public services provided by the CSCs.

In **Georgia**, UNDP has been running studies on citizen satisfaction with public services provided by municipalities since 2013 to help monitor the quality of public services. The services covered include education, health care and government services (obtaining/renewing ID cards, property registration, etc.), among others. In addition to overall satisfaction, specific attributes are assessed, such as accessibility with respect to health care, public schools and government services, timeliness in receiving emergency medical care/required administrative documents, quality of facilities in medical institutions/public schools and the competence of doctors/teachers.

In **Bhutan**, the Royal Civil Service Commission (RCSC), the Public Service Delivery Division (Cabinet Secretariat) and UNDP launched together an initiative in February 2021 to improve public service delivery through enhanced citizen engagement and innovative participatory approaches. This builds on the findings of a Public Service Delivery survey conducted by the RCSC that identified three top attributes that citizens care about when accessing public services: 1) promptness of service providers; 2) professionalism and 3) time taken for the service to be delivered. With the aim to develop a web-based tool allowing people to rate the service they have used, this initiative will feed the results into a dashboard in real time for decision makers to make continuous improvements.

In 2020, UNDP worked with the Agency of the Republic of **Kazakhstan** for Civil Service Affairs to support a public monitoring survey aimed at assessing people's opinion on 70 public services. A total of 9,211 respondents from 260 localities across the country participated in the survey, rating the Ministry of National Economy the highest in satisfaction levels among all central government agencies, while the Ministry of Industry and Infrastructural Development came in last. Respondents expressed dissatisfaction with the lack of publicly available information, technical issues with the e-government portal and in some cases, the incompetence of staff.

In **Guinea-Bissau**, UNDP promoted design thinking, an innovative and human-centred approach, to improve public service delivery, specifically at the Notary Office, one of the busiest service providers for the Ministry of Justice. In the process, it interviewed 255 users and 40 staff to understand the challenges faced by the Office, including overcrowding and inadequate equipment. A remodelled office was co-created with key stakeholders, including staff, users, representatives from the High Commission for COVID-19, UNICEF, and the student Association of Lusófona University, and was inaugurated in December 2021.

In **Colombia**, through a joint collaboration with Peace Research Institute Oslo (PRIO) and Universidad de los Andes, UNDP surveyed more than 11,000 residents in conflict-affected areas of Colombia to understand the impact of the implementation of the peace agreement. This survey was an important step to listen to the voices of people affected the legacy of armed conflict as well as additional fragilities such as high levels of poverty, institutional weakness and the presence of illicit crops/illegal economies. The survey identified a statistically significant correlation between perceived improvements in health and education services and levels of trust in local governments. The different perspectives illustrated by the findings of the survey helped to inform the broader discourse on the implementation of the peace agreement, including which communities may be at risk of being left behind.

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