

Perception of Public Services

Latin America



Lexia

Study: Perception of Public Services

Comissioned for: The Global Initiative for Economic, Social, and Cultural Rights

Conducted by: LEXIA

General objective

To understand people's perception of public services, particularly education and health, to strengthen the agenda of defending these services as a means to ensure human rights.

Specific objectives

- To explore the associations and meaning of public services for people.
- To understand the perception of the involvement of the private sector in these services, particularly those of education and health.
- To identify myths and popular beliefs existing around these public services-
- To explore the relationship between these public services and the fulfillment of their rights.
- To identify disparities and barriers in the access to these services by country and by specific conditions of individuals, including:
 - Physical or neurological disabilities
 - Gender identity and sexual diversity
 - Older adults
 - People at risk of multidimensional poverty
 - Women (vs men)
- To identify possible messages connecting with people and promoting the agenda of public services.

Methodology

Between **November 29 and December 6, 2023**, 8 online group sessions were performed in 4 Latin American countries with the following distribution:

Country	Profile	Age
Mexico	Men and Women of medium/Medium-Low SEL	18 to 25 years of age
	Vulnerable groups (emphasis on disabilities)	Over 50 years of age
Colombia	Men and Women of medium/Medium-Low SEL	36 to 50 years of age
	Vulnerable groups (emphasis on Afro-Colombian women)	26 to 35
Chile	Vulnerable groups (emphasis on the LGBTQ+ community)	18 to 25 years of age
	Men and Women of medium/Medium-Low SEL	26 to 35 years of age
Guatemala	Vulnerable groups (emphasis on indigenous communities)	36 to 50 years of age
	Men and Women of medium/Medium-Low SEL	Over 50 years of age

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1 Perception of public services in Latin America

High-quality, universal, and inclusive public services are essential for a fair and equitable society as they are key tools for ensuring the human rights of people in every country.

In this context, the *Global Initiative for Economic, Social, and Cultural Rights (GI-ESCR)* promotes an agenda that invites governments to take responsibility of providing these services with the necessary characteristics to ensure that all people, regardless of their condition, can have access to them and that their rights are respected.

To achieve this objective, it is important to understand how people perceive these public services as a starting point to design communication strategies that can gain the support of decision makers and the general public alike.



The key variable is the purchasing power

The semantic field that dominates the conversation about public or private services is defined by the economic capacity of people and families. Public services, to the extent that they are free, are perceived as a fundamental help to avoid spending on them and be able to use their income on other priorities of daily life: food, housing, transportation, electricity, gas, etc.

This means that public services are perceived more as an “economic support” rather than as “a right.”

“The problem here is when people do not have the possibility of acquiring such service, so we go back to the point where it is more part of the privilege to be able to be healthy, to be able to have decent transportation, and more things that should be given for free by the government.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

Only above a certain level of income and after having basic needs covered are people in the position to decide between private and public services. The possibility of choosing a private service is a privilege determined by purchasing power.

“These are organizations that are good in some way, but because you are paying for that service, but if you wouldn't be paying for them, these wouldn't be as good.”
Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

“If the population does not have economic resources, then they cannot, for example, go to a private hospital, they cannot go and pay, for example, for a birth delivery for, let's say, 5,000 or 6,000 quetzales to have good care provided, so that is the difference. And in the public side that is not the case, that is the service that the state provides, but unfortunately sometimes the conditions in hospitals are not so adequate.” Guatemala, Women of indigenous origin, 36 to 50 years of age, Medium-Low SEL

“You need to have a very low-income to apply for these benefits or have the greatest amount of money to have access to them. You have to be at one extreme or the other to be able to get these services.” Chile, LGBTQ+ Community, 18 to 25 years of age, Medium-Low SEL

A reality full of scarcity

This perception is reinforced by everyday experience rather than by abstract ideas about what is public or private.

People from middle-low and low socioeconomic levels face a world of scarcity where various public services often have deficiencies and limitations. Transportation, mobility, security, food, education and health—the shortages they report from their own experience are evident in all of these.

These shortcomings are broad, ranging from supplies, facilities and infrastructure, to the number and capacity of staff, up to the lack of financing and poor administration of services.

“I think there is a lot of deficit, lots of it, Pitalito is a coffee-growing town, with a lot of countryside, a lot of coffee trade. We are a coffee-growing powerhouse, but then the roads are not maintained, and if the farmer does not deliver his product there is no town, there is nothing. Those roads are terrible, they definitely are. Farmers themselves fix the roads so everyone can help themselves because the government doesn't.” Colombia, Men and Women, 36 to 50 years of age, Medium-Low SEL

“The roads are very unattended, there are many streets which are supposed to be traveled every day but have many potholes.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“Healthcare is terrible. As for transportation, it's the same, that is, Colombia literally seems as if it was Venezuela, I mean, instead of going forward everything

goes backwards.” Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

“Speaking of transportation, I live here in Zone 18, up here we still haven't gotten the Transmetro because it is in the roundabout in la Atlántida, so it doesn't benefit us. And yes, that helps because they still charge one quetzal, while the transurbanos charge 5 and the little buses charge 5, and if we use 2 when we don't earn much money, half of the salary goes to transportation.” Guatemala, Men, and women, Over 50 years, Medium-Low SEL

“Medicines are very scarce, healthcare products are quite scarce, if you go to a government or public hospital, there is a lot of scarcity, usually there is almost nothing.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“In addition to the staff, there is a lot of shortage of supplies, suddenly you don't have anything to work with in a public hospital. When you want to provide service to someone, well, you don't have a way to do it. Why? Because you don't have the supplies.” Chile, Men and Women, 26 to 35 years of age, Medium-Low SEL

“How are we going to consume more fruits and vegetables if our basic food basket has gone sky high and the basic income we have is not even enough to cover the basic food basket?” Guatemala, Men, and women, Over 50 years, Medium-Low SEL

“In terms of security, the truth is that in Colombia there is no security, in other words, one cannot go out in the street with the peace of mind to say, 'I am going out and nothing is going to happen to me,' the truth is that security in Colombia is very bad.” Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

“Free” services as a double-edged sword

Faced with the difficulty of even covering basic needs, people give credit to the government for what they receive for free. This represents an important relief within a context of need and breaks the limitation of access, although not necessarily that of quality, as determined by the purchasing power.

However, in countries like Guatemala and Mexico, where there is such an evident scarcity and people expect not to receive anything, the fact that what they receive from the government is free makes them feel grateful for the simple fact of having something. If it is free, they are willing to relegate corruption and bureaucracy to a secondary level of importance. If it is free, they feel that they cannot demand quality or dignity.

“Many people have been able to study because the government provides notebooks and pencils, so I imagine myself in the same position, I can only study at the university because I have access to it for free, because if I haven't I would not have

been able to study” Mexico, Men and Women with disabilities, Over 50 years, Medium-Low SEL

“I live as far as the Gustavo A. Madero municipality, I don't know if you know Mexico City, but I live as far as Gustavo A. Madero. I live near Lindavista, so imagine, moving from Lindavista to CU (National Autonomous University of Mexico's Campus) is crazy, that's one thing, ok, it's like the option you have been offered by the government and you are like, 'well ok, it's a free option'.” Mexico, Men and Women with disabilities, Over 50 years, Medium-Low SEL

“A medicine, so to speak, which was very expensive on its own, but even so the government provided that benefit with social support and it was for free, so I think it is fine, even though there is corruption and definitely a lot of bureaucracy.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“It is seen in that economic part that, well, in a private hospital if you need studies there will be a laboratory with a tomography or magnetic resonance imaging, on the other hand, in a public hospital, there might not be one or another medicine, but the majority is being given to you for free.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“When it is a private school, more is demanded of the teacher, and the education is better, but it is for the same reason, because they have these demands and the teacher has to comply, they are evaluated, and they have to meet expectations, because that's why they hire them, so when it is private the education is better, but many families do not have the resources to pay for that private education, so we have to go to the public one because of the same economic situation.” Guatemala, Women of indigenous origin, 36 to 50 years of age, Medium-Low SEL

The importance of management: administration and financing

Poor resource management is a central cause of poor-quality services. Public services need administrative improvement so that they can be of quality. This ranges from central government to local administrations and includes managers at the end of the service delivery chain.

Furthermore, administration must be complemented by good financing and correct use of these resources. On the one hand, the government has to invest in these services to provide them with the necessary elements (supplies, infrastructure, technology, training, etc.) to do it right. On the other hand, they must be well financed to be able to properly pay the people who provide the service.

“Doing things well, the money is enough, right? Here in Guatemala, we say: ‘Troubled waters means gain for fishermen’ and somehow we suffer in the peripheral places of the city from serious problems with the services that the

government offers: roads, water, electricity, medical services.” Guatemala, Men and Women, Over 50 years, Medium-Low SEL

“We would have to start regulating the issue of salaries, encouraging the professionals to like working in public service.” Chile, Men and Women, 26 to 35 years of age, Medium-Low SEL

“Doctors do not have a good salary, therefore, they cannot be expected to provide excellent healthcare, because they have to find a way to have compensation for the lack of money. Better salaries for the healthcare sector, purchase of supplies, not just equipment but also medicines.” Guatemala, Men and Women, over 50 years of age, Medium-Low SEL

Faced with this importance of resource management, corruption becomes a barrier to having quality services. It is considered that corruption is widespread and that politicians always seek to benefit themselves instead of the people.

“The government is corrupt, and I think that we have all been affected to a greater or lesser extent by government deficiencies, whether in terms of health, economy, transportation, etc., etc... So, because it is corrupt, there is deficiency in all this because in order to increase profits they decrease public spending.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

Low expectations and exoneration of government responsibilities

Their experience of limited access to this type of services, added to a disconnection from large systems (institutions, State, and government) leads people to expect very little from the government. In fact, this breakdown in the relationship they make between their rights and the government's obligations is such that they take responsibility away from the government and, instead, thank it when there is some form of these services, no matter how deficient these may be. In some cases, the individual efforts of people who do contribute improvements within the public sector are emphasized and are well valued.

“We have been forcefully displaced; however, I have not obtained any benefits from being displaced, because I do not receive anything from the government.” Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

“We do not demand our rights for education and for public healthcare and we have allowed it to remain like this, that is why our government does not care about the hospitals, that there are not medicines, that there are not enough doctors, but in other words, they do not do their job, that's what I feel” Guatemala, Women of indigenous origin, 36 to 50 years of age, Medium-Low SEL

“Something that I find appropriate are the trans polyclinics (healthcare units for transgender people) that have been opened in many hospitals, but many times they have been created based on the efforts of specific professionals, so I don't know if I should thank the government for that.” Chile, LGBTQ+ Community, 18 to 25 years of age, Medium-Low SEL

The need to restructure the relationship with the government

People do not have a clear relationship with their governments. With some exceptions, the link is driven the expectation of consistent lack and deficiency of public services. On the one hand, it is based on the “gratitude” for receiving something at no cost, even if they would like to have better services as a right, they have given their condition as rightsholders and taxpayers.

On the other hand, there is no trust in the willingness and capability of the government in ever providing these services—they have been pushed to resignation by a lack of change. There is a need for a narrative on which people can build trust and the expectation that the demands for their rights can actually translate into better services.

“The government is indifferent to all the problems of Colombian society, it does not worry about whether the roads or health of Colombians is good, and I do not believe that it is not aware of the things that we have to go through when we get sick and have to go to a hospital.” Colombia, Men and Women, 36 to 50 years of age, Medium-Low SEL

“Politicians have promised things, such as that health and education are going to improve. We are in 2023 and everything remains the same or worse coming out of a pandemic, so it is difficult for one as a person to do something, to make any contribution.” Chile, Men and Women, 26 to 35 years of age, Medium-Low SEL

“They make a lot of promises, but they do not fulfill what they promise, that is, everything remains in words, so to speak. They [politicians] promise many things while they are in campaign, but what happens is that when they achieve their wanted positions, they do not fulfill any promise.” Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

On the contrary, there is an established relationship with the private services regarding money issues, which defines an expectation of the type “he/she who pays is in charge.”

“Nowadays, he/she who has money has the power, so if you have money, obviously they are going provide you with services quickly, and because there are people like us who had to move away from our homes because of being victims of armed

conflicts, then there are people who don't really have a chance to get these services." Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

Taxes as a turning point from gratitude towards demand

Taxes that all people pay stand out as one of the few points on which a demand is legitimized. Given people's low expectations of the government and the obvious deficiencies they experience in public services, they can use the taxes they pay to complain about not seeing their money reflected in improvements in services.

"Unfortunately, our governments see us drowning and do not rescue us, right? Things are getting worse. What do they do with so much tax? Look at the municipality, so many taxes but, what are they doing with our Guatemala?" Guatemala, Men and Women, Over 50 years, Medium-Low SEL

"I don't think it's fair that we have to be paying enormous amounts of money out of our pockets for something that should be guaranteed for us, because taxes are also paid for that and these are not reflected in any way" Chile, Men and Women, 26 at 35 years of age, Medium-Low SEL

"To demand more from our authorities, so that education and health are the priority, to demand more so that they give equipment to hospitals, because we are up to date with our taxes." Mexico, Men, and women with disabilities, Over 50 years, Medium-Low SEL

"The government has to give it because taxes are paid." Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

Citizenship emerges as a secondary basis to legitimize their demands. However, this is not as strong as the claim derived from taxes because of the distrustful relationships with their government and a lacking sense of collectiveness as a nation.

"As soon as you are born on Mexican soil, you have to have free access to education and have a good quality of life, medically speaking, and it's not just "well, I have to work to be able to have it," no, that's something that we must have to have access to, regardless of whether it is free or private, and it is up to you to decide which one is best for you." Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

Public or Private: Differentiated access based on socioeconomic level

The role of privileges and classism is present in the discussion of public services. It is assumed that private services are for the rich people and the public services are for the common people.

At the same time, it is considered that paying for a service is not always a guarantee of quality and that sometimes it is not enough. As detailed below, even private companies sometimes provide poor services. This perception is clearer in educational services than in health services.

“He who has money does what he wants, so obviously when you have money you can have access to many good things and many privileges.” Chile, Men and Women, 26 to 35 years of age, Medium-Low SEL

“Lots of people don't like to be placed with poor people, so to speak, or those with lower incomes, because well, in reality I think there is still some classism, and whether because of color, which would imply racism, or because of ethnicity, and people with better resources have access to better options to make pressure to get what they want, so I think it would not work (if only public services existed and not private ones).” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“Not because it is a more expensive service, a service in which you are paying, you will necessarily get good attention, it is not always like that.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“Since they had the means to pay it, if that person only missed one subject, the important thing was to pay for the semester and then he/she would pass.” Colombia, Men and Women, 36 to 50 years of age, Medium-Low SEL

“I study in a private school, I don't worry about it, I pay for my course and they will pass the course; on the other hand, in a public school you have to fight against your position, that is, you have to prepare yourself because if I don't fight to earn that position, they will kick me out.” Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

The value of the public services within a context of inequality

In an abstract way, public services are conceived as better because of what it implies in terms of justice in the face of prevailing inequality. However, in practice, people do not see that it is possible for their countries to have completely public services precisely because those are such unequal societies. That is, even if everything were public, access and quality would be determined by money and family or power relationships.

Their experience has shown them that the public service does not guarantee access or equity, and the deficiencies that they have experienced firsthand make them understand that the public services need to improve before they can defend it.

Of course, government in some cases works as an equalizer by giving access to private services to people who cannot pay for it. An example of this are the study scholarships with which people from lower socioeconomic levels can enter prestigious private institutions.

“These are gold-standards that should be in every space in which there are services to provide, but since that is not the case, it is still cool that there are specialized places.” Chile, LGBTQ+ Community, 18 to 25 years of age, Medium-Low SEL

“If private schools disappear, that would crowd us out or impact us in terms of the support we receive, because there are people in those private schools who give donations, they provide coverage for the children when the universities are private schools, they give them a scholarship, so in part it would affect us if private schools did not exist or private schools ended.” Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

The disconnection of the abstract in the face of the reality of experience

People do not connect systems and institutions with their reality; they judge public services based on the experience they have had and specific interactions with the services.

In their perception, private and public services as abstract ideas, as concepts, are neither good nor bad. Their judgment is based on the experiences they have had with the public services and the private services to make their judgment about the local services they use.

They consider that the decisions and solutions that are promoted at the national level do not apply at the local or state level. Although they hear changes from the national government, the reality ends up being different in regards to what they experience.

“What I was telling you happened to me with a private company, and many times I have also had good provision of services in the public sector, but the problem was with the private company. So it is like a balance, because if we are going to talk about transportation, many times the private company provides me with a better service than the public one; and if we are going to talk about education it will be the same, they will teach a little more because if I pay for this, then I also have to put pressure to get what I want, so you have to demand better quality, compared to the public education. And then I would be like in an intermediate position, and I would have like a scale that doesn't lean towards one side or the other, but in reality, I don't lean towards any of the two [public or private services] because I have had good experiences.” Colombia, Men and Women, 36 to 50 years of age, Medium-Low SEL

“Because the IMSS (Mexican Institute of Social Security, by its acronym in Spanish) is administered by the president there, and those [hospitals] that are from here are administered by the local government here, and well, there is a lot of difference in attention and all that.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

Private services: an escape valve

The provision of services by private companies is seen as a complement to the public service that acts as an escape valve: it helps to respond to a demand that would otherwise overwhelm a purely public system.

Furthermore, it is a scheme that allows public resources to be released so that people without high socioeconomic levels can be provided with services, since it is considered that those who have the purchasing power should, and in fact do, pay to obtain these private services.

If private services did not exist, it is considered that inequality would worsen because the people who have contacts, relationships and money would be the ones who would have the most access to public services, preventing the people from lower socioeconomic levels from having access to these services.

Seeking to make all services exclusively public is not a priority interest for people and they do not believe it is viable in Latin America.

The private sector also takes pressure off the government and frees it from its obligation to provide these quality services.

“Many times, the government offers the service free of charge, but since it is deficient it is better to go to a private company or a private hospital precisely to receive adequate care.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“Private institutions help a lot, because if everything was transferred to the government, many children would be left without education because we do not have schools, education would honestly collapse.” Guatemala, Women of indigenous origin, 36 to 50 years of age, Medium-Low SELSEL

“The importance of having the public and the private, but as Fernanda says, neither extreme is good, then we must look at equity, the organization.” Chile, Men and Women, 26 to 35 years of age, Medium-Low SEL

“[If everything were public] it would be a disaster because we know that in Colombia there are not as many public schools or public universities, so for me it would be a disaster, to be honest. And as for private universities or schools, I have nothing against that because obviously those who have money pay for it.” Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

“If even more people arrive [to the healthcare system], there would definitely not be time for anyone, except precisely those who have the means to pressure for immediate attention.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

The quality of private services: attention comes first

It is perceived that, in most cases, the services of private companies have better quality than those of public ones because they are better financed. The assumption is that whoever has a higher income and can pay will look for the private services.

In addition to the greater financing that translates into better facilities, equipment, supplies and personnel, what creates a greater difference in the perception of the private services over the public ones is the attention: it is faster and more personalized.

“Obviously if you pay your money, obviously they will attend to you quickly, you will save time.” Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

“Well, someone working in the private company has the option to decide whether to go to one or the other, it’s not like there is no other option for him/her; we go back to this same concept of immediacy, if I need something right now, like I just had an accident, I don’t have to wait to be attended to.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“If we had the chance and the money to go to a private service company, they would have given attention immediately, but in our case we had to go to a public one, and even though they saw how my brother came, they were just like, “ah yes, In a moment they will take care of him; well, it’s ok, they will take care of him in a minute, the doctor will show up eventually”, and they do nothing.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“The good thing about private service is that it has more specialties. So, you can have mental health centers that are focused on the LGBTQ community, and that is still nice because you know that you are going to meet people who understand to some extent or who at least are not going to decide that all your life problems have to do with you being gay.” Chile, LGTBQ+ Community, 18 to 25 years of age, Medium-Low SEL

The risk of the interaction of the private sector with the public one

Private companies do relate to the corruption seen in the government and politicians, especially when it comes to benefiting friends and families. It also becomes a factor of inefficiency when cost overruns

are generated because the private sector charges the government much more for providing a service that it itself could provide.

The worst situation occurs when public resources are used to finance private services and what results is a service of poor quality that does not serve the people who need it most.

“I believe that they do provide a higher quality service, but I also believe that they charge the government three times as much for it, because many times they are family members or acquaintances of the government, which is why they are paid without issue. I believe that the government could provide the same quality service by managing it well.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“The other day, my daughter was 9 months old and she was suffering from leukemia, and I took her to the Carlos Holmes [Hospital], which is private, but since she has an agreement with Famisanar, then it covered everything for me, however, they said that she had nothing, and the girl was sick for a week, and I took her to San Juan de Dios and they did all the tests and they told me that the girl was suffering from leukemia. At the Carlos Holmes hospital they have bad care, and everyone says that Carlos Holmes hospital is bad because they let everyone die there, can you imagine?” Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

The value of being able to choose

The services provided by the government are a given, while the private services are an option. The relevance of going against private companies is questioned because this means eliminating options.

It would be fair if all services were public so that money does not become a limitation to access, but it is good to have the possibility of choosing where to go, especially when their experience in public services has been deficient and the shortcomings evident.

“I think it would be better if there were better paid salaries and so on, and for people to choose where they want to pay, but for that they would have to provide a salary that allows them to choose.” Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

“Then rights to access to such services would be mandatory, regardless of whether you have money or not, it is a right that we should all have, it would be an additional if I want or can pay something additional, like what I was saying, about prepaid healthcare. I already have the option for my son to go to a private school because I already can and I want him to go to a private school, as it is an option that one chooses.” Colombia, Afro-descendant women, 26 to 35 years of age, Medium-Low SEL

Responsibility shifts to the individual

People impose an individual responsibility, on themselves and other people, to provide and make up for shortcomings in public services (to educate their children, take care of the family's health, transportation, food, etc.).

"Although perhaps the education is not of good quality, since everyone has the possibility of receiving classes and studying, it would depend a lot on us as parents to support our children so that they too can succeed." Guatemala, Women of indigenous origin, 36 to 50 years of age, Medium-Low SEL

"I believe that we cannot demand good things from the government if we are not, let's say, good people. I believe that, if starting from this day we educate our children to be honest and things like that, tomorrow we will have better public officials, we will have good hospitals and good schools, because the budget already exists, so with better reason there will be better ones in the next years. I think that's what we can do." Mexico, Men and Women, 18 to 25 years of age, Medium-Low SEL

Loss of autonomy and agency

While the shortcomings of public services impose a responsibility on people to make up for them, the weight that purchasing power has on access and quality of services ends up eliminating people's agency and limiting their autonomy to make their life decisions.

In this sense, those who do not have the resources are forced to adapt as best as they can to what is available within their context; they cannot control or decide on situations, such as services, that affect their daily lives.

"People who have always had access to the private system don't realize that other people don't, so they tell you for example "oh, look for help" and you are like "where?", and they are like "I don't know" or they don't see that everyone has the responsibility to go to therapy to solve your problems, but you can't always do that." Chile, LGBTQ+ Community, 18 to 25 years of age, Medium-Low SEL

"Well, it will depend a lot on the possibility of each individual because there, in a private school, more is taught, so our children have more possibilities, but it depends on each family, their economy, their money." Guatemala, Women of indigenous origin, 36 to 50 years of age, Medium-Low SEL

"The economy has had a very large deficit, and it means that one does not have a dignified life. For example, we cannot give our children a super education because we do not have money, it is not enough to cover basic needs." Colombia, Men and Women, 36 to 50 years of age, Medium-Low SEL

The public service is not “for everyone,” it is for those who need it most

The ideal situation would be for public services to be of quality and for everyone to be able to access them so that income would not be a barrier. However, the reality of scarcity and precariousness in which people without high socioeconomic levels find themselves leads them to expect that those who can do it, pay for private services.

Thus, as the vision of public services predominates as a palliative to the shortcomings and limitations derived from low purchasing power, it is perceived that these services should be concentrated in the populations that need them most and that don't have the possibility of accessing them in the private market.

For this reason, people who misuse services are criticized, as they do not make a proper use of things available, no matter how little of them, and instead they use the few public benefits (financing, support, etc.) when they do not require it, leaving more vulnerable groups with a greatest scarcity within the system.

“Despite the fact that the government is inefficient, it provides many benefits. Currently, it gives pensions to older adults, scholarships for students, economic support to single mothers. The government is trying to support in this way, although I believe that the process does not have adequate screening. Sometimes support programs are given to people who do not need them. For example, it can be the case that students use their economic support to buy alcoholic beverages, to go to parties, leaving aside those who do need economic support to buy books, to be able to transport themselves to school, even to eat.” Mexico, Men and women, 18 to 25 years of age, Middle-Low SEL

“Honestly, they don't receive any support, or anything. We can see teachers who have no way to support themselves. However, there are people who are receiving support from the government that they don't need, and on the other hand there are people who really need it but do not receive it.” Colombia, Afro-descendant women, 26 to 35 years of age, Middle-Low SEL

Dignity as the cornerstone of public services

Quality public services dignify people. For popular sectors, being able to access education and health services, or any other quality service, is part of having a dignified life. It becomes the basis for being able to care for and provide for their families.

“From the countryside we get food, but we don't have income for a rent or for other things. In the city, on the other hand, we can have a job that covers this type of need. However, everything is too expensive, it is too, too expensive. To have a dignified life in the city is very difficult. And on the other hand, in the countryside we can't access so easily to a dignified education.” Colombia, Men and women, 36 to 50 years of age, Middle-Low SEL

“We are all supposed to have the right to both dignified health and dignified education, or quality education and health services.” Colombia, Afro-descendant women, 26 to 35 years of age, Middle-Low SEL

A comprehensive view of the public service system

Between the disconnection with the government and the responsibility that people attribute to themselves, a system of underlying, cross-sectional, and interconnected issues emerges that conditions people's perception of public services and that, therefore, must be addressed comprehensively in order to promote a real change in the agenda of these services, including their access and quality.

Likewise, dignity plays a fundamental role in determining the quality of a service. Good care and fair treatment make for a good, quality service. Services that take people into account and respond to their needs correctly have quality, which is often used as a synonym for dignity.

2 Differences in perception between education and health

All the elements discussed in the previous section apply to both education and health systems. However, there are relevant differences between the evaluation of education and health services due to the very nature of these services and the situations in which they are used.

The perception of the public education system is comparatively better than that of public health when compared to private-offered services. This is mainly because education is a long-term process in which each person can influence the outcome, whereas health is a situation of imminent risk for which very specialized knowledge is required: life is not to be trifled with.

What is needed to improve

To improve public services in both education and health, it is necessary to work in three main areas:

- **Infrastructure.** Better facilities are needed to provide adequate conditions for a good service.
- **Supplies.** This is the area where shortages in services are most tangible and common. The necessary materials with which the service is provided and without which, even if the other two areas are covered, it cannot be a complete and quality service.
 - Technology is a component that stands out as absent in the public services provided today, especially in education, but also in health.
- **Personnel.** Although this is not the most evident area of shortage, it is recognized as the most serious and determining factor in achieving good quality. The personnel of these services need to improve in three interconnected ways:
 - More personnel to meet demand and improve care.
 - Adequate on-the-job training regarding subject mastery and humane treatment.

- A dignified wage that recognizes their work and encourages more people to join and work in these services.

The way in which each of these needs can impact each system is different, but they are the essential cornerstones of a quality public services.

2.1 Education

Education is considered a tool to improve people's lives insofar as it gives them access to better paying jobs. Everyone would like to use education services constantly. It is a long and low-intensity process, in which the outcomes are seen in the long term, even if its quality is measured on a day-to-day basis with what children are learning.

This contributes to the fact that the perception of public education compared to private education does not have a great difference, thanks to the fact that it does not imply situations of vital urgency, nor does it have indicators as clear and categorical as a person's health.

In addition, education gives a great responsibility to the family. Firstly, to train children as people with values who in the future will be good people and will help to solve some of the perceived problems of public services. Secondly, to complement the school's teaching and to evaluate how much the child benefits from his or her education—both responsibilities fall mainly on mothers.

The main difference between public and private education is personalized attention. The student-teacher ratio allows for closer monitoring and content to be tailored to the student. This is why it is key to have more teachers in each school and that they are better prepared with the necessary pedagogical skills.

Bilingualism is also perceived as a quality differentiator. English is taught in private schools, a language associated with high-paying jobs and high incomes within the framework of the hegemonic economic system.

On the other hand, one advantage of public schools is that they are free, which frees up the family budget. Education would be a large investment for a family struggling to cover its day-to-day expenses.

When there is food support for children, it is perceived as a very complete benefit.

“Here in the municipality of Funza we have a public school, and it is one of the best there is. In fact, there are many students from private schools that switch to this school.” Colombia, Men and women, 36 to 50 years of age, Middle-Low SEL

“Yes, I would enroll them in a public school, I would only verify that it had the necessary conditions, mainly classrooms and bathrooms in good condition. On the subject of academic training, I think that nowadays a public school can be very similar to a private school.” Mexico, Men and women, 18 to 25 years of age, Middle-Low SEL

“I don't think academic education is bad, I studied in a public school, and it has a good academic training. As long as we put love and effort into it, education will be good.” Colombia, Afro-descendant women, 26 to 35 years of age, Middle-Low SEL

“Provide maintenance to the schools that need it. Provide the support teachers need, such as materials to teach classes. Computers and projectors needed to teach more modern or more dynamic classes with the children.” Mexico, Men and women, 18 to 25 years of age, Middle-Low SEL

“Schools in poor condition. For example, in my village during this school year there were no level 1 teachers. Parents had to get together and go to the School Supervision to request a teacher for the children. This situation is present in all schools, I don't think it is only here in my village.” Guatemala, Women of indigenous origin, 36 to 50 years of age, Middle-Low SEL

“They still do not cover the inclusion of digital systems adequately, especially in the public sector. There are already many interfaces, many programs, many systems that can streamline this service.” Mexico, Men and women, 18 to 25 years of age, Middle-Low SEL

“Academic training is much more personalized when you attend a private school. The teacher has more patience, and everything related, because it is not easy to deal with 20 or 30 children.” Colombia, Afro-descendant women, 26 to 35 years of age, Middle-Low SEL

“Because tuition fees are paid and they are very expensive, the child chooses. The academic training is more personalized, which results in the children opening their minds more and being able to have a better development and a better PSU score. But why? Because the service is paid, and they are not manipulated by an academic training that is free and as old-fashioned as that of the time when Pinochet studied.” Chile, Men and women, 26 to 35 years of age, Middle-Low SEL

“The groups are very saturated, and I prefer to have my children in a group that can be of 10 students, where the teachers can pay more attention to them, and they have more opportunities than in a group of 30 students. On the other hand, in private schools they have more options, the students are bilingual, they practice some sport, they have more opportunities to learn some other activity that in the long-term will benefit them more and will give them more opportunities in the workplace compared to a public school.” Mexico, Men and women, 18 to 25 years of age, Middle-Low SEL

“In Timbiquí the education is not bad, but it is not that it is good either. Sometimes people have to leave their homes because of insecurity. This is where the government should have a project, where an agreement can be reached. People cannot be moving because it affects the education of the children. Agreements should be made so that children and adolescents do not go into the mountain [monte]. If possible, provide them with scholarships or support so that they also feel loved and can better versions of themselves.” Colombia, Afro-descendant women, 26 to 35 years of age, Middle-Low SEL

“Private school is an investment in our children, for their own good. I think that academic education is the best thing we as parents can give our children, to train good Guatemalans, because that is also what makes them good citizens.” Guatemala, Women of indigenous origin, 36 to 50 years of age, Middle-Low SEL

“That they study in a public school is good, because since I don't work it helps me a lot, so I don't generate more expenses. In a private school there are many things that parents have to pay for, and in general we have to think more about our economy, because now everything is too expensive.” Colombia, Afro-descendant women, 26 to 35 years of age, Middle-Low SEL

2.2 Health

Health, as opposed to education, is a service that is required in many acute emergency situations. Everyone would like to avoid needing to use health services as much as possible. Because it is a life-threatening situation, it is demanded more as a right and its quality is measured immediately and tangibly.

Bad experiences in which they are dissatisfied are common, mainly because they were not attended with the promptness required by the situation, there was a lack of clarity and poor treatment. In several cases they have had to resort to private health services due to the inability to resolve their situation in an overburdened public health system.

In this context, an essential variable in the health service is time: for the person to be seen, diagnosed, given an appointment with the indicated specialist and receive the treatment he/she needs. In private health services there is the possibility of choosing and there is immediacy of care, which is not the case in the public health service.

In the public health service, there are evident deficiencies: poor attention, excessive waiting time, shortage of medicines, lack of personnel and lack of training. There is also a serious deficiency to receive the complete medical process: the doctor's appointment is covered by the system, but the medicines to take care of the appointment's diagnosis, in many occasions, must be paid for from their own pockets.

Primary care in public hospitals is not so bad, although it is delayed and frustrating due to the lack of clarity and impersonal attention. When it is difficult to have a diagnosis or when more specialized treatment is required (secondary or tertiary care) then private healthcare is differentially better in quality.

- In some countries, such as Mexico and Chile, some medical specializations in public or university hospitals are positively valued, even to the point of being considered better than in private hospitals. These star institutions can be relevant references in the narrative that defends the value of public services.

Faced with helplessness and the cost of healthcare, many people resort to traditional ways of treating medical conditions, such as local healers and home remedies. They only resort to the health system when the situation is serious enough for them to consider it indispensable.

In this regard, an important issue is preventive health. Preventive measures such as exercise and healthy eating are not emphasized, mainly because this becomes a luxury of time and money in a context of strong economic limitation.

“My daughter lives with bronchitis crisis, if she gets sick today and I ask for an doctor’s appointment, they will schedule it for the next month, because there is no pediatrician. I cannot wait a month for a physician to see her and prescribe a treatment, it is an urgent situation. I have to go to the emergency room and wait 8 to 10 hours, with the risk that she could catch another disease because more children are arriving with more illnesses. So that’s what it is, having to go and humiliate yourself for something that you can’t control at home.” Chile, Men and women, 26 to 35 years of age, Middle-Low SEL

“If you go to a public hospital, and a fractured patient arrives, when he/she enters the hospital they say: ‘yes we attend him/her, we need certain things, you have to bring your plaster bandages, you have to bring your pins...’ They ask for all the material for the patient’s care, and if the patient doesn’t have it, they don’t operate.” Guatemala, Men and women, Over 50 years of age, Middle-Low SEL

“For me, my health comes first before any other situation, that’s my way of thinking, that’s why we choose private health care, because of the quality of health care. That is to say, if I get sick I would want to be better attended than anyone else.” Mexico, Men and women, 18 to 25 years of age, Middle-Low SEL

“Pitalito is a town, I suffer from high blood pressure and the medicines are not delivered on time, we have to buy them. The emergency department takes a long time to attend, sometimes they don’t know what disease you suffer from, we have to go back to the hospital, yes, it is complicated.” Colombia, Men and women, 36 to 50 years of age, Middle-Low SEL

“On one occasion when I went to the hospital, they simply sent me home to rest. My husband took me to the emergency department of a private clinic, and I am still alive, so that is a big difference from a public health service to a private one.” Guatemala, Women of indigenous origin, 36 to 50 years of age, Middle-Low SEL

“Studying for a medical degree is expensive, even in areas such as nursing it is quite expensive and many people do not have enough money. People who enter to study do not have enough money or they drop out. On the other hand, there are people who maybe do have enough money but could not get into a medical degree. Therefore, there are not enough physicians graduating, there are not enough physicians who can care for the sick, that tells us about a deficiency in the supply of medical services.” Mexico, Men and women, 18 to 25 years of age, Middle-Low SEL

“I think we should take preventive actions, sometimes we simply neglect our health. If we have some physical discomfort we say, ‘I can’t ask for permission to miss work because they will deny it’, but if we are unhealthy, we can’t work either.” Guatemala, Men and women, Over 50 years of age, Middle-Low SEL

3 Differences between countries

In general, there are no structural differences in the perception of these public services. The variations are specific to each country's situation and socioeconomic context.

The biggest difference is between Chile, a country with more developed infrastructure and services and a more urban population, and Guatemala, which is much more rural and has a weaker State. Mexico and Colombia fall within this spectrum of differences, with a middle class that has different levels of access and quality of public services.

This section develops the most important differences and nuances the findings by framing them within the political and social context of each country.

3.1 Mexico

The perception of people in Mexico takes place within a political context in which President Andrés Manuel López Obrador (AMLO) has built his platform on a discourse of dignifying historically marginalized groups and a commitment to fight corruption.

Although there has been a reduction of more than 13% in the number of people living in poverty in Mexico during his term (currently 36.3% are living in poverty), lack of educational attainment has been maintained (0.4% increase) and the number of people lacking access to health services has increased by 23%, reaching 39.1% of the Mexican population.¹

In this sense, people from popular sectors have felt more identified and respected by a government that recognizes their needs and includes them in the public discourse, but nevertheless, they continue to face deficient public services, more so in the case of the health system than in the education system.

Perception of public services in Mexico

Purchasing power is a cross-cutting factor within the discourse of people because of the palpable prevalence of inequality and inequity, which is part of a broader picture of upper-class privilege.

¹ Data from Coneval, ENIGH Survey 2022.

Hand in hand with this comes into play the discussion on the quality of public services. In Mexico, quality is linked above all to the attention received, the treatment and personalized service, the recognition of others and their conditions, which in turn is what builds dignified public services.

Improvements for these services to become quality services are focused on the management of resources, on the improvement of what already exists. The changes that are demanded are oriented to the local level: on the one hand, that the states or local authorities themselves manage the services, and on the other hand, that each person within these systems does a better job.

The fact of being included in AMLO's discourse makes the popular sectors have a stronger relationship with the government which, combined with the low expectations they have historically had of those in power, results in people not demanding drastic changes from the government. At the national level they see some improvements, such as monetary supports, which act as temporary relief.

3.2 Guatemala

At the time this study was conducted, Guatemala was in the midst of a presidential campaign. In this context, two contrasting visions and discourses were in opposition, with the then president Alejandro Giammattei building a conservative and free market vision, and the current president, Bernardo Arévalo, focusing his campaign against corruption and the political establishment. This situation permeated the discourse of the people, who were aware of the importance and value of their vote to choose the rulers, which ended up defining the government's actions in relation to public services.

Guatemala has the highest poverty rate of the countries in the study, with 55.2% of the population living in poverty.²

Perception of public services in Guatemala

Public services in Guatemala are very deficient, even in education, which, while still better than the health system, has large differences with respect to private education. This generates a low expectation towards the government's obligations and leads to a greater recognition towards the government when there is something, no matter how little.

In this sense, it is the country where the greatest responsibility is placed on the individual, particularly in the education of the new generations to be good people. At the same time, there is a perception that reality must be accepted as it is, with the limitations that this implies, seeking the best development of each individual and his or her family.

The greatest limitation for things to improve are politicians, who are considered not to be interested in supporting people. An important weight is placed on the people's ability to choose who governs them and there is an interest in uniting the people, but this remains at a discursive level.

² World Bank data, 2023.

3.3 Colombia

In Colombia, similar to the case of López Obrador in Mexico, President Gustavo Petro has built his political platform on the dignification of historically marginalized people and the creation of reforms to transform public systems, including education and health. His discourse has focused against the political establishment, the interests and power of private companies and in favor of greater market regulation to protect people and their rights.

In Colombia, 36.6% of the population living in poverty, with a lack of educational attainment of 24.3% (both similar to Mexico) and 2% of people with barriers to access health services.³

Perception of public services in Colombia

In Colombia, the discourse on public services again focuses on purchasing power and the inequity that exists, conditioned by living costs that do not even cover basic needs.

Rurality (versus big cities) has great implications on the access and quality of public services. For this reason, the network of complementary services such as transportation, security and food become so important that they entail additional costs even for accessing public services.

There is a strong emphasis on dignity and, by extension, dignified life as a goal of public services. Particularly for health, criticism focuses on the quality of services and the care received. The shortage of supplies becomes a secondary limitation when not even an adequate diagnosis and humane treatment is achieved.

In this case, the greatest barrier to improvement is the personal interests of politicians and the lack of interest in investing in public services.

3.4 Chile

The perception of public services in Chile is the most different among the countries in the study. This is due to the country's level of economic development, the availability of much more structured public services with better quality, to which a larger part of the population has access, and the political context of recent years, centered on the constituent process.

On the one hand, the middle and lower-middle classes have higher incomes, with access to services that are of better quality and in some cases free of charge. This is reflected in 6.5% of people living in poverty, with a lack of educational attainment of 0.9% and 6.3% without access to health services⁴, well below other countries.

³ Data from the National Administrative Department of Statistics, GEIH Survey 2022.

⁴ Data from the Ministry of Social Development and Family, Casen Survey

On the other hand, since the social outbreak in 2019 and the constituent process in Chile, a collective discourse of demand and exigency has been built towards the government and the State so that it ensures to all people the minimum necessary to have a dignified life and a quality of life that allows the development of each person.

Perception of public services in Chile

Although public services that are free are recognized and appreciated, there is a high level of demand and less conformism. High standards are demanded, not only minimal improvements, and it is where public services are more strongly seen as a right of all people as citizens of the country.

Chile is the only country among those studied in which the State is referred to as responsible for providing public services. The government in turn, which may or may not be interested in creating quality public services and extending free services, is separated from the State as the ultimate responsible for providing them.

Centralization and the differences between the capital and the other regions play an important role in the perception of public services. Specifically, the fact of knowing that there is greater access and quality in the city is used as a point to demand high standards.

4 Perspectives of vulnerable groups and discrimination

While purchasing power and income inequality is the most frequently mentioned factor in the limitations that people suffer in accessing quality public services within the current reality of Latin America, when there are conditions of intersectionality in the factors of discrimination, people face an even greater scenario of limitations. In some cases, the lack of sufficient income to cover basic needs and having to choose which service to use the income for is the result of the structural discrimination they suffer.

This section presents the main challenges and barriers faced by each group, recognizing that, even when all suffer the deficiencies of public services even more than the general population, the nature and reason for these limitations changes according to the identity or conditions of the group.

Physical and motor disabilities (Mexico)⁵

The challenges faced by people with physical or motor disabilities in relation to public services derive from the lack of understanding or consideration of the situation in which they live and the implications of their disabilities. This generates two main types of barriers: those related to procedures and those related to care.

The procedures for accessing public services are inherently bureaucratic, but in the case of people with disabilities they are even more so, precisely because of their disabilities: they have the additional burden and effort of adapting to the system. They must constantly be proving that they have these conditions and sorting through a lot of paperwork just to get to the same starting point as the general population.

“I showed my disability certificate, and you know what they told me, that the paperwork could not be done because it was a certificate from the State of Mexico, and then obviously I got upset, and I said, “ Oh you bastard, so in Mexico City I don't have legs, but in the State of Mexico I do”, in other words it is an incoherence. And it's still the same government, there have been improvements, but the improvements are not enough.” Mexico, Men and women with disabilities, Over 50 years of age, Middle-Low SEL

On the other hand, the care they receive in public services and from government entities is good, but inadequate to the extent that it assumes them as less capable and limits their agency. They recognize that there are certain protocols they must follow, but many times these protocols assume that, because of their disability, they cannot do routine actions and that results in limiting their independence.

“I don't even have to go to a government agency to notice the mistreatment or non-compliance. If I go to a Bancomer or BBVA as it is now called, BBVA is a very consolidated financial system, they have all the computers, they have trained people, but if I want to open a savings account or a business account as a person with a disability, I am going to encounter all the obstacles in the world.” Mexico, Men and women with disabilities, Over 50, Middle-Low SEL

“I work for an inclusion employment agency, and it is very difficult to place people with visual impairment in a job, because companies are afraid.” Mexico, Men and women with disabilities, Over 50 years of age, Middle-Low SEL

⁵ For each vulnerable group, the country in which it was analyzed in this study is identified in order to highlight that the experience of these same groups in other countries may have different aspects and specific conditions. However, our experience throughout all the studies with these groups in Latin America allows us to affirm that the situations of discrimination experienced by each group are comparable and the deficiencies of public services are essentially the same.

Women of indigenous origin (Guatemala)

Women who identify as part of the indigenous population are in a situation of intersectional discrimination and inequality. They face income inequality, gender inequality and the burden of care for being mothers, discrimination from the hegemonic power that has traditionally controlled public services, and what all the above implies for access to and quality of public services.

Although there is no explicit mention of racial discrimination based on their skin color or indigenous identity, their living conditions are the result of structural discrimination that is reflected in their place of residence and the money they have to cover their needs. They live in rural or urban areas where services are of poor quality, if they exist at all, so they are forced to make additional expenditures on private services or travel to access them.

“Those who suffer most from these situations are the people with the lowest incomes, who often have no voice or vote.” Guatemala, Women of indigenous origin, 36 to 50 years of age, Middle-Low SEL

“They do not give priority, or in other words, they turn their backs on people who suffer, and who do not have that social conscience. In rural areas many suffer from health problems, but health services do not reach very remote communities.” Guatemala, Women of indigenous origin, 36 to 50 years of age, Middle-Low SEL

Afro-descendant women (Colombia)

Like women of indigenous origin, Afro-descendant women are in an intersectional context that is a determining factor in access to and quality of public services. Likewise, the structural discrimination that has historically occurred means that these people live in regions far from urban areas where public services in general, and those with quality in particular, are concentrated.

They identify and recognize the differences between the main cities and the reality that they experience on a day-to-day basis. Rurality becomes a reflection and result of this inequality, which in turn translates into worse services. These are areas and populations that have been marginalized and neglected by the government.

“The same services that are provided in a city like Bogota should be provided to people in the township of the Pacific. I turn on the tap and I have 24-hour water service, but it is not the same case for people in a township, a village, because those kinds of services are not accessible to them, even though they are supposed to be services that every person should receive.” Colombia, Afro-descendant women, 26 to 35 years of age, Middle-Low SEL

“That's where we realize the inequality, because many of us would want our children to have a better education even if we didn't have enough money.” Colombia, Afro-descendant women, 26 to 35 years of age, Middle-Low SEL

LGBTQ+ community (Chile)

The challenges encountered by the LGBTQ+ community derive from their identification with this community and occur at two extremes of this identity: the lack of recognition at one extreme and the oversimplification that this identification is the only thing that defines them at the other, in both cases limiting their development as individuals and rightsholders.

At the extreme of non-recognition, these people face public services that do not accept their identity and impose social roles, collective identities, and discriminatory discourses on them. Such impositions not only do not connect with these people, but also make them feel invisible and invalidated. This is especially the case of education, which represents a rigid, binary world where there is no room for people like them. They are left in a vacuum between resignation and confusion.

“I was bullied throughout my entire school life; from the time I was a child until I started university. And once I went to university, I felt like I could find myself and discover my rights, and my voice could be finally heard. It seems like I never had such room before starting college.” Chile, LGBTQ+ Community, 18 to 25 years of age, Middle-Low SEL

“Being a student, for example...I assumed myself as a trans person once I knew what it meant to be a trans person. So, if I had known about it much earlier, I would have made the transition much earlier as well. That way, I would have saved myself a lot of traumas that are caused by the same thing.” Chile, LGBTQ+ Community, 18 to 25 years of age, Middle-Low SEL

On the other hand, a rigid reality is imposed to them precisely because their self-identification with the LGBTQ+ Community is the only characteristic by which they are judged. By doing so, all other parts that make up their identity are eliminated and treated in a monolithic manner. Such is the case of health care. Medical personnel tend to fall into the bias of assuming that any physical condition the LGBTQ+ Community may suffer from is related to their identity within this group. In addition, this bias can hinder these people from getting a well-paid job that allows them to access to specialized services of higher quality. Such services could acknowledge their identity and act in a proper and integral manner.

“I’ve received public health care many times and when that had happened and I told the physicians: ‘I have these symptoms, I feel ill, ..., etc.’, suddenly, the only conclusion they had made is: ‘I see! It’s because you’re trans’. Like: ‘this is the only source of your problems and that’s why you always feel ill’. So, they frequently see our sexual orientation, or gender expression, or whatever, like: ‘I get it! Your problems are because of that. And since I don’t understand such stuff and think it’s weird, you have this problem in your life, which involves all your problems’.” Chile, LGBTQ+ Community, 18 to 25 years of age, Middle-Low SEL

5 Gender inequality and the burden of care

Income inequality and discrimination based on any individual characteristic highlights the shortcomings of public services in Latin America. In particular, gender inequality has become a common denominator because of the burden that falls on women.

Women, but especially those who are mothers, are generally the most affected and vulnerable group in terms of public services:

- They are responsible for childcare, as well as feeding and household chores (multitask burden).
- A responsibility to educate and take care of their children and other family members is imposed on them.
- They must bear the additional costs involving time, transportation, feeding, etc.

“As for me, I recently had to press charges against my ex-partner because he abused me physically, verbally, and psychologically. I had to go to three different courtrooms because he didn’t show up. He didn’t show up several times and nothing happened, they always sent him a subpoena after another. I ended up mad at them in the courtrooms and told them: ‘well, if something happens to me, a precedent has been set. I can’t be absent from work as often as I want. You have to understand that I’m the head of household and my children are financially dependent on me. Obviously, I’m also their main emotional support’.” Colombia, Men and women, 36 to 50 years of age, Middle-Low SEL

“For example, if public schools disappeared, a large percentage of parents, particularly widowed women with 2, 3 children, would be affected by this situation. They could not support their children, especially when they have young children.” Guatemala, Indigenous women, 36 to 50 years of age, Middle-Low SEL

“I have a daughter who is a single mom. So, when I was working, I used to help her to pay for her son’s school expenses. Also, my other daughter and her husband helped and paid for my granddaughter’s school expenses. They were studying when the pandemic came. I lost my job...and my daughter, a single mom, also lost her job.” Guatemala, Men and women, over 50 years of age, Middle-Low SEL

“I was living in Maicú and worked in Calical, so I had to commute across Santiago. Then, the metro was built, and it took me 40 minutes to commute, which meant I got to sleep 2 extra hours a day. So, it clearly improved my life. Also, my oldest child was a little baby back then, so I had to, like, carry my bag, our lunch boxes, the baby stroller... Can you imagine riding the bus carrying all these bags and stuff?” Chile, Men and women, 26 to 35 years of age, Middle-Low SEL

“I wasn't even paid minimum wage at my last job, and I pay the rent for a room where I live with my son. I pay 250 thousand Colombian pesos for rent, and 58 thousand Colombian pesos for utilities. Also, I pay for my child's school transportation and supplies, for my transportation to school, for our food... I mean, I'm both mom and dad at the same time and 350 thousand Colombian pesos are almost useless to me.” Colombia, Afro-descendant women, 26 to 35 years of age, Middle-Low SEL

Because of the social role assigned, women are essential in how the perceptions of these services are constructed and in the community's standing on these issues.

Therefore, they are the most involved group, with greater intention to act on the shortcomings they see and experience. Any strategy designed should take mothers as the starting point and central axis: they are the foundation for change.

6 The system of public services

The perception that people have of education and health as public services is based on their first-hand experience combined with the public conversation that takes place in each country. Together, these elements build a system that shapes how public services are experienced and perceived.

We present an analytical model that schematizes all the components behind the way people experience and perceive services: it will be necessary to take them into account to improve the public services as a fundamental condition to promote and defend the revaluation of the public sector.

This system has eight elements.

1. The first element involves income, which is the main limiting factor for access. It also determines the possibility of resorting to private services, so it also relates to inequality.
2. The management of resources becomes the main cause for the lack quality public services, made worse by a corruption that permeates all actions of politicians and breaks the trust with the government.
3. The relationship with the latter is shaped by people's disengagement and low expectations towards any real improvements.
4. The fourth element is the civic culture, which places the individual as the main capacity of agency, responsible both for taking advantage of the services that are offered, as well as for the poor care provided when a person has a role in education and health.
5. The latter is linked with the fifth element, dignity, which highlights the importance of the care received as part of the service evaluation and the distinction between access and quality.
6. The following two elements, discrimination and inequality, are structural phenomena that are characteristic of Latin American societies, which have a clear mark on the perception of people

of lower-middle socioeconomic level and vulnerable groups. Such groups are for whom these public services are more relevant to guarantee their rights and enable them to get ahead.

7. Lastly, the network of interconnected services, such as food and transportation, becomes a precondition to access the education and health services that are often not available in the geographic areas in which these people reside.

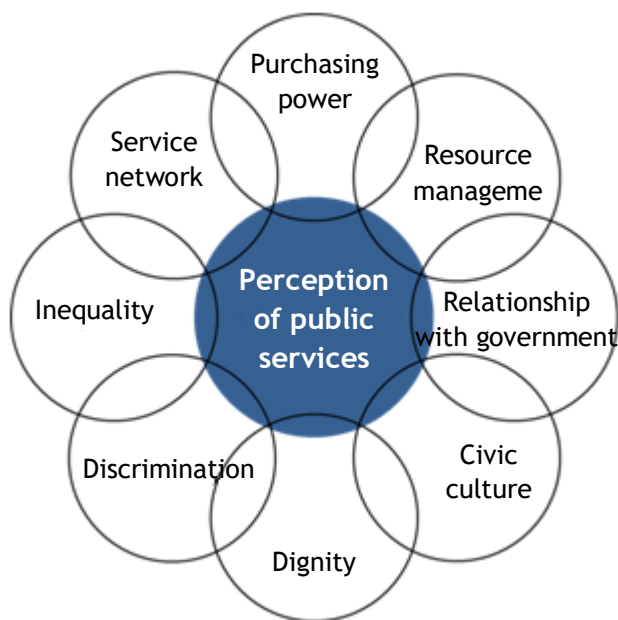


Fig. 1 - The system of public services.

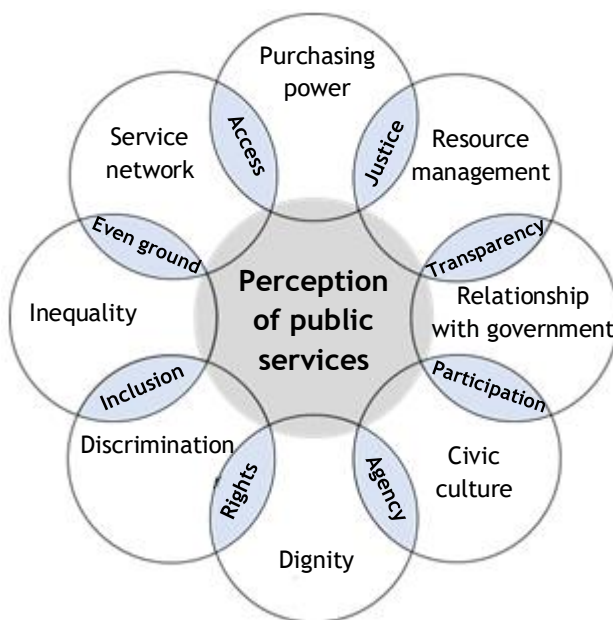


Fig. 2 - A comprehensive approach to the public services system.

6.1 Purchasing power

Income is very relevant in people's discourse about public services because of its relationship to purchasing power, which defines their capacity to choose between public and private services, and the access they have and the quality they receive in two senses:

- First, by the ability to pay for private services that result in a more personalized attention.
- Second, by underscoring the income inequality and its implications in terms of privileges that they identify and affect their daily lives.

The foregoing, added to the importance given to personal effort, means that income becomes people's greatest demand. This can be solved through more opportunities with well-paid jobs, the basis for a dignified life in which people can help their families get ahead.

They do not demand that those with higher incomes be limited but expect better incomes because that means an even ground on which everyone can build their lives and support their families.

“For example, they say: ‘let’s eat healthier, let’s take better care of ourselves’ but these are conditions that sometimes we can’t afford. One of these conditions is precisely to have a good nutrition. We may not be able to have it because we don’t have enough income. So, it’s an obvious gap and if there was a salary increase, maybe we could even have a better life in general. We would have access to many more things and not only the basics to survive. We could truly enjoy life.” Mexico, Men and women, 18 to 25 years of age, Middle-Low SEL

6.2 Resource management

The lack of good resource management is the main barrier preventing the government from providing high-quality public services. A lot more could be achieved with the money that is already available if it was well managed at all levels, without necessarily meaning more funding to meet the service needs.

An important factor that limits the good resource management is corruption, which spreads throughout the government and even to the private sector, as politicians benefit their friends and family. In addition, the private sector is said to generate more inefficiency within this system of corruption because the government must pay more for a service it could provide itself.

Government regulation of the private sector is not part of popular discourse because it is assumed that the government is on the side of the private sector for individual benefit. The government does not have the capacity to supervise at the local level what the private sector does, nor is it in its interest to do so.

In addition, corruption takes place at a local level and in the particular interactions of people with those who manage and deliver the services. Those who can do so pay to receive faster, more personalized services or to bypass the rules. This happens systematically, with networks designed for such purpose regardless of whether it is the public or private sector.

As a whole, corruption ends up becoming the cause of people’s resignation: they feel that, until there is a change in this regard, there is little that individuals can do.

“We’ll always be at disadvantage. Hopefully God will take the lead in the new change of government next year. The only thing we can do is to ask God to give wisdom to those who are in the government so that corruption will no longer continue as it has been. People are already suffering a lot.” Guatemala, Men and women, Over 50 years of age, Middle-Low SEL

“If you go to a health care facility and get treated, it’s because someone in your family works there, for example, a nurse, a physician, or a security guard. If that’s not the case, then you need to wait for hours to get care.” Colombia, Men and women, 36 to 50 years of age, Middle-Low SEL

“But the garbage collection was a private service, which I think is a good alternative if it’s going to be a professional service provider that knows how to do things.”

However, we sadly fall into the situation that the owner of this private garbage collection service turns out to be the alderman's or town mayor's best friend."

Mexico, Men and women with disabilities, Over 50 years of age, Middle-Low SEL

6.3 Relationship with government

The relationship of people with the government is distant. On one side, there is zero trust because of corruption, and it is believed that politicians have no interest in helping people, except when it benefits themselves.

On the other, the government at the national level is perceived too detached and distant from what they experience in their daily lives: they only see what affects them on a day-to-day basis. Expectations of people from the government are so low that they take away the government's responsibility to provide high-quality universal public services.

In this sense, what is public (that is, the government with which people do have a relationship and at least a minimum level of demand) is local. Within such local spaces, people do seek to be heard and able to participate in terms of demanding the government to address shortcomings. Even so, the government only usually addresses specific and extraordinary cases where people demand for not receiving a service that is urgent, for example in health, or that has had repeated shortcomings, such as in education, and not for the system in general.

"A period of government lasts four years and maybe the government in turn fully agrees with your existence. But then, the next one wants you to be dead. So, it's extremely hard to be sure about these things. Especially after the last constitutional referendum was rejected." Chile, LGBTQ+ Community, 18 to 25 years of age, Middle-Low SEL

"I live in the countryside, or as I call it, in a rural area, and I must go to Neiva with one of my little girls who suffers from an orphan disease. And it turns out that all this time that my child has been treated has been thanks to Supersalud, the Superintendencia de Salud (Bureau of Health). I constantly demand for them to comply with my child's visits, for them to do her routine checkups. Otherwise, they would not treat her at all." Colombia, Men and women, 36 to 50 years of age, Middle-Low SEL

6.4 Civic culture

The civic culture is where people focus the greatest responsibility and agency to make a change in their lives.

At the individual level, they take on the responsibility to complete the shortcomings of public services, teaching their children good citizen values or preventing illnesses and taking care of their family's health. This burden falls disproportionately on mothers (as developed previously).

At the society level, each person is expected to use the services that are available in a responsible and ethical manner. They strongly criticize those who take advantage of the supports offered by the government without needing them. Particularly, they condemn those of higher socioeconomic level who take away the possibility of accessing these supports from those to whom it could really make a significant difference.

In addition, they constantly blame the people who are at the end of the service delivery chain—the teacher who educates their children, the nurse who admits them to the hospital—for the shortcomings they see in the system. This has to do with the fact that those at the end of the chain are the ones who interact directly with them. In other words, it has to do with what is tangible to them, as well as with the importance of good care and client-friendliness in the evaluation of service quality.

“I believe that children do learn in public schools. Responsibility should be shared equally between parents and teachers because teachers can’t be completely responsible for our children’s education, right? We, as parents, are responsible for checking our children’s homework, for monitoring their progress at school.”
Guatemala, Men and women, Over 50 years of age, Middle-Low SEL

“Beyond institutions, and rules, and programs, and everything else, at the end of the day, the last component of the chain are the people providing services. Unfortunately, if this person happens to be unqualified for the job, or ignorant about the disability culture and laws...well, we must deal with this kind of barriers.”
Mexico, Men and women with disabilities, Over 50 years of age, Middle-Low SEL

6.5 Dignity

Dignity is a cornerstone in the perception of the public service quality. It is not only about measurable and explicit access, but also about the quality, which is more closely linked to the people providing it. The fact that there is a building available to become a school does not mean that there is education.

This differentiation highlights two essential aspects in the perception of public services: the fact of paying for a service and the care received.

The fact of paying for a private service makes people feel that they can demand a good service. In contrast, a public service is deemed to be free, and no matter how bad it is, they are grateful to have it. This leads to the acknowledgment of private services as being of better quality, mainly due to the faster, more personalized, and accurate care received.

This type of care and how it is perceived is linked to dignity. Human treatment acknowledges and appreciates the person who receives it. It is essential in the perception of a service’s quality.

“We actually would prefer to go to a private clinic, because we’re like: ‘They provide a better service’. And I’d not say that our lives are safe with them because the only owner of our lives is God, right? But at least the service is much better.” Guatemala, Indigenous women, 36 to 50 years of age, Middle-Low SEL

“There are opportunities to change by trainings, and attitude changes...because something that really stands out at IMSS is the personnel’s bad attitudes. And I think that if there was a good client or patient care, the overall service would be much better. Well, I strongly believe that it has a lot to do with the employees’ attitudes.”

Mexico, Men and women, 18 to 25 years of age, Middle-Low SEL

6.6 Discrimination

Discrimination brings the shortcomings of public services to the forefront and in the most acute way. It permeates everything that relates people with the public service system: the government does not create systems that are adapted to their needs; the people who provide the services directly do not have the training to serve them and, in addition, it makes them unable to earn the income that would give them access to specialized services.

Any characteristic that is different from those of the people who traditionally have held power, and on which the education and health systems have been built, results not only in a greater limitation of access, but also in mismatching services that in many cases are not adequately designed to meet the needs of these people.

Vulnerable groups—whether because of skin color, ethnicity, or because of being female, belonging to the LGBTQ+ community, or having any form of physical or neurological disability—face a system of services that sometimes fails to recognize them as individuals and alienates them precisely because of these differences.

“Health and education are truly binary areas. They’re made only for men and women. But for example, we, the trans people, are invisible in the education area. It’s super hard to see oneself reflected as a dissent group. Know what I’m sayin’?”

Chile, LGBTQ+ Community, 18 to 25 years of age, Middle-Low SEL

“So, it’s already difficult to access any service, whichever you prefer... a government service, ... any service. It’s complicated and if you add a disability to the equation, then it gets even more complicated. So, instead of making those services more accessible to us ... those services, or ways to complete any type of procedure become more complex instead of easier.” Mexico, Men and women with disabilities, Over 50 years of age, Middle-Low SEL

6.7 Inequality

Inequality, which is widespread and structural in Latin America, brings to the discussion of public services essential issues that must be addressed, such as classism, privilege, and justice. The importance of purchasing power generates a resentment discourse and emphasizes inequality.

Differences in income also permeate the surrounding context of services: when there is so much inequality, you cannot expect a hungry child to pay attention in class or ask people to eat a healthy diet to prevent disease when they can barely afford to put food on the table.

The fair thing would be for all people to be able to have a dignified life, with access to high-quality education and health services, allowing them to help their families to get ahead. In this sense, the public sector benefits from a higher moral value: it is what belongs to everyone, it is what is fairer, and represents the capacity to get ahead.

“All of this goes hand in hand with the poverty, and with that existing difference which, no matter how hard the government, whichever one it is, is trying to reduce it... well, still, us as Mexicans...I mean, there are different kinds of Mexicans and the rich ones, be it from the political class or from higher social class, they always win. Meanwhile, the poorest people, well, they are still poor and will be living in the same conditions because they do not have enough money to get ahead.” Mexico, Men and women with disabilities, Over 50 years of age, Middle-Low SEL

“There are people who only have one meal a day, I mean, just one daily meal and that’s it, nothing else. Well, that would not be a decent life because we need to eat breakfast and dinner, and we also need money for school expenses and some other things we would like to have. So, that would not be a dignified life.” Colombia, Men and women, 36 to 50 years of age, Middle-Low SEL

6.8 Network of services

The whole discussion about inequality and limited access reveals the interconnectedness of services and the importance of considering the full network that goes beyond education and health but is needed for them to be truly a service.

Shortcomings of these systems force people to travel long distances, on roads in poor conditions and in inadequate transportation. This also implies paying for food and the difficulty in meeting the cost of time due to job responsibilities, all within a context of insecurity.

It becomes a vicious cycle, where the very income required to access these services need to be invested in simply getting to them. In this cycle, women once again bear the brunt of the social burden imposed on them.

“Life in Pitalito is very hard. The evening comes and there’s no other choice: we must pick up the children coming home from school...so much insecurity.” Colombia, Men and women, 36 to 50 years of age, Middle-Low SEL

“That sometimes for any reason whatsoever people are sent to Neiva, from here in Pitalito to Neiva. The journey takes three to four hours, and the road is not in the best conditions. For example, if it’s an emergency where a person is pretty sick, that’s tricky. It’s the same with medicines. We are forced to go back and forth for a

long time. If you need a medicine, it takes two or three months to get it. When the medication order is finally available, it's already expired and there's nothing else to do. You need to make another doctor's appointment to formulate the medicine again and once you've done that, you need to wait a long time to get your medicine."

Colombia, Men and women, 36 to 50 years of age, Middle-Low SEL

"Those who use transportation the most are the community, I mean, the natives, the villagers, all who do not have private transportation." Guatemala, Men and women, Over 50 years of age, Middle-Low SEL

"We all have to survive, and work...and we spend a lot of time immersed in that. So, it's hard to also worry about topics such as fighting for our rights." Chile, LGBTQ+ Community, 18 to 25 years of age, Middle-Low SEL

7 Towards a new narrative

We propose below the elements needed to shape a narrative that defends the value of States providing high-quality public services.

Change the fundamental narrative: from gratitude for what little is given to demanding their rights

The precariousness of public services is normalized and accepted in Latin America. The fact that services have shortcomings and limitations is perceived as normal and natural, which is why there is a low expectation of improvement. There is resignation and conformity.

The fact that public services provided by the government do not involve a direct expenditure by people has a positive side: people have access to a service they could not pay for; and a negative side: by not paying directly, they do not feel entitled to demand that these services be provided with dignity and high quality.

The narrative should strengthen its positive side and combat its negative side head-on. The advocacy of free services should not be assimilated by tolerating precariousness.

Change in self-perception: from Resigned people to Change agents / from Clients to Rightsholders

It is essential to promote a change in the way people in precarious situations see themselves. If they are satisfied with precarious services, governments will have no incentive to improve service quality. It is crucial to prevent them from falling into the trap of clientelist networks that ensure the reproduction of a system that does not improve their living conditions. Getting people to assume themselves as rightsholders and with the capacity to be agents of change is fundamental to improve the quality of services.

Health and education services are fields that are not unrelated to the social system: ALL public sectors need to be improved

Large sections of the population live in environments full of deficiencies in multiple dimensions: food, mobility, security, unemployment, etc. Initiatives that promote the improvement of public education and health services must consider the set of circumstances that affect individuals and communities. Therefore, it is key for governments to increase their investment and management quality in the improvement of ALL services they provide to their populations.

Public is Local

For people, the concept of public is not abstract but a reality that is experienced. For this reason, changes in perception will only be the result of concrete and tangible experiences that are lived daily. This represents a great challenge in terms of communication and positioning because what is said will always be validated or invalidated in the local experience. The national level is too big and unclear. It depends on very distant people (geographically and politically). At the local level, the sense of community stands out, of which they do feel part of and able to act on. This, in turn, underlines the individual responsibility of people.

Vindicating the value of what is Public: Improving the Experience, Celebrating success stories, Prestigious advocates

Due to multiple factors (low funding, poor management, corruption, favoritism, bureaucracy, overcrowding, lack of accountability, etc.), people frequently experience public services with poor quality (worsened perception regarding health). Perception is constructed more by real experiences than by ideologized narratives about the value of what is public and what is private.

A vindication of what is public implies significant changes in the following three aspects:

- a) Real, evident changes in the service delivery.
- b) Recognizing and praising institutions and individuals who provide exemplary service (teachers, schools, physicians, clinics, etc.).
- c) In both education and health, there are world-class public institutions in every country: schools, universities, hospitals, research centers. The key is to call on these institutions and their leaders to be advocates for the value of the public sector.

Emphasize the rights instead of the gratuity

A decent and better life is impossible without access to high-quality health and education. It is fundamental to strengthen any narrative that promotes equality and even ground for all people.

This change from resigned gratitude to actively claiming a right may be constructed on three cornerstones:

- a) Being human - Everyone deserves a decent life; education and health are basic tools to achieve it.

- b) Belonging to a nation -The very fact that a person is a citizen of a country entitles him/her to a decent life.
- c) Paying taxes - Everyone pays taxes, even the poorest ones (if it is not income tax, it will be excise tax) for which you are entitled to receive back from the government.

In terms of communication, it can be expressed as follows: because I'm a Person / because I'm Chilean (Guatemalan, Mexican, Colombian, etc.) / Because I pay my taxes, me and my family have the right to have decent, high-quality education and health services.

Women: Key Audience

Latin America does not stand out for its progress in gender equality. This is clearly manifested in the relationship with education and health services, which are closely linked to the care economy. In an ideal world (to which we should aspire and towards which many specific groups of people are striving), the responsibility of linking these services to everyday life should be for everyone. In today's reality, women, especially mothers, have the most contact with these services, which makes them an informed and interested audience.

Allies in the defense of rights

People spend a great deal of their time surviving and raising their families, leaving little energy and attention for the defense of their rights. Therefore, it is essential to support the development of intermediate entities (social movements, civil society organizations, parents' associations, unions, etc.) that articulate, fight for, and promote the agenda of improving public services. These entities can also serve to channel the willingness to participate of people who would achieve little if they fought alone.

Clearly define the role of private services in the new narrative

Private services regarding education and health are not perceived in a negative manner. In fact, they have positive ratings in two aspects:

- a) **Release mechanism to meet the demand for services.** - The need for educational and health services is so great that the fact of having numerous private providers helps to meet it. The non-existence of this provision would seriously worry the low-income population who would be in danger of losing access (both because in an unequal society, priority would be given to the wealthy, influential people, and because of the inevitable fragmentation of resources in the face of a greater demand: 'it never rains but it pours').
- b) **Freedom to choose differentiated service and quality.** - High-quality education and health with special characteristics in terms of opportunity, care, innovation, etc. is an attractive asset for those who can access them thanks to the fruits of their labor. Private offers in this area connect with the desire to choose and the freedom to do so, which are also an aspiration of people.

Private offers that take advantage of being financed with public money are marginally identified, which are considered unfair in such cases. Of course, the key here is an adequate regulation that prevents the diversion of public resources to private hands that do not offer the expected services.