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QUALITY OF LIFE FRAMEWORK FOR PUBLIC SERVICES IN THE REGIONAL HUB PARTICIPATING COUNTRIES

Astana, 2017

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Author: Colin Knox, Professor, Graduate School of Public Policy, AOE "Nazarbayev University"

The present publication has been prepared as a result of the Innovative Solutions Scheme (hereinafter – Scheme), organised by the Regional Hub of Civil Service in Astana in 2015 to identify, disseminate and assist in replicating the most successful innovative solutions in public administration, civil service and disseminate this knowledge among participating countries of the Hub.

The first round of the Scheme resulted in preparation of six projects aimed at modernizing public administration and improving public service delivery.

The views expressed in this publication are those of the authors and do not necessarily represent those of the Regional Hub of Civil Service in Astana and United Nations Development Programme.

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About the Innovative Solutions Scheme

In 2015, the Regional Hub of Civil Service in Astana launched the Innovative Solutions Scheme aimed at supporting initiatives to modernize the public administration, to improve public service delivery, and to encourage innovation and creativity in public institutions.

The Scheme was elaborated as a tool to identify and assist in replicating the most successful innovative solutions in public administration and disseminate this knowledge among participating countries of the Hub.

 The objectives of initiating the Scheme include:

➢ To encourage service to citizens and motivate public servants in the region to sustain the momentum of innovation and improvement of the delivery of public services;

➢ To collect and disseminate successful practices and experiences in public administration to support efforts for improving public service delivery;

➢ To promote, encourage and facilitate networking among institutions and organizations relevant to public administration and strengthen the networks of the Hub;

➢ To enhance professionalism in public service by fostering the successful innovative practice and excellence in public service delivery.

The following themes were selected as priority ones for the Scheme in 2015 a) "Enhancing Service Delivery in Public Education"; and b) "Innovative Methods of Protecting Meritocratic Principles in Selection and Promotion Processes of Civil Servants".

The Scheme implementation in 2015 resulted in six research projects, including the present project prepared by Colin Knox, Professor, Graduate School of Public Policy, AOE "Nazarbayev University".

Executive Summary

This approach moves public bodies away from a focus on 'efficiency' and 'process' towards achieving better outcomes, the primary purpose of their organization and its officials.

What is a Quality of Life Framework?

A quality of life framework is a new approach to thinking about the ways in which we deliver public services. It draws on work done by the European Union, OECD and academic scholars[1]. The aim of the approach is to focus attention on the results or outcomes that public services intended to achieve. One way in which to operationalize an outcomes-based accountability approach is to use a 'quality of life' framework where the ultimate outcome is to improve the quality of people's lives. To do this requires a shift in the way in which public services are provided towards an outcomes-focused, multi-agency approach offering better value for public money spent. We do this by asking the question: how do public services impact on the quality of people's lives? Often this will depend on a range of social, economic and environmental services, which collectively go towards improving quality of life. What is important to highlight is that these services will be context specific. The significant change in thinking here on the part of public officials is to recognise that citizens receive service which cut across the traditional boundaries of ministries/departments/local governments and the ultimate goal is to improve the quality of their lives.

What is new (the 'innovative solution') about this approach?

There are at least two things, which are new about this approach. First, although the approach originated in developed countries, it has not been tried and tested in emerging economies with a specific appreciation of the context in which they operate. Second, and mindful of the very different political, social and economic circumstances, which prevail in developing countries, we build this approach into the peer-to-peer learning network platform developed by the Regional Hub. The *Regional Hub of Civil Service* was established in 2013 by the United Nations Development Programme (UNDP) with the support of the Kazakhstan government and is located in Astana. Some 30+ countries and 5 international organisations have signed up to participate in the Hub and its mission is to contribute to the development of more

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[1] Mark Friedman (2005) *Trying Hard is not Good Enough:* how to produce measurable improvements for customers and communities, FPSI Publishing; Geert Bouckaert and Wouter Van Dooren (2016) 'Performance Measurement and Management in Public Sector Organizations' in T.Bovaird and Elke Loeffler (eds) *Public Management and Governance* (3rd ed). Routledge; Boarini, R., Kolev, A. and McGregor, A. University of Sussex (2014) *Measuring well-being and progress in countries at different stages of development:* Towards a more universal conceptual framework. OECD Development Centre Working Paper 325: Paris. UK Audit Commission (2015). *Local quality of life indicators:* http://www.audit-commission.gov.uk;http://ec.europa.eu/eurostat/statisticsexplained/index.php/Quality_of_life_indicators_-_measuring_quality_of_life

effective civil service systems and more efficient public service delivery in Central Asia and the Caucasus. The Hub serves as a 'multilevel platform where participating countries are engaged in exchanging and testing up-to-date knowledge which will build capacity, generate innovative solutions and contribute to global agendas on civil service excellence'. The Hub can therefore use the quality of life framework as the basis of peer-to-peer learning across the countries involved.

Why might this approach be relevant?

One of the criticisms frequently made of public services is that they are too provider-driven. In other words, the needs of the organisations offering public services come before those of the citizens receiving them. Sometimes this is referred to as 'silo-driven' government where public services are delivered vertically from the providing organization to the citizen rather than horizontally to meet the needs of users. This is often referred to as the lack of 'joined-up' government. What the quality of life framework attempts to do is to turn this approach on its head and consider public services provision from the perspective of the user. Moreover, if we are able to capture whether public services collectively improve the quality of people's lives then we are able to benchmark the performance of our services within countries (between regions, for example) or across countries and learn lessons from one another in a peer-to-peer supportive learning environment.

How do we do it?

In practical terms we develop a basket of comparable indicators which define for us 'quality of life' in the selected developing countries. To show how this works in practice we have selected 3 case study countries (Azerbaijan, Georgia and Kazakhstan) which are active in the Regional Hub as examples of operationalizing a quality of life framework (see Table 1). In other words, we have taken the outcomes based framework as the starting point for this analysis and adapted it to suit the needs of our case study countries. It is, of course, the case that the indicators we have selected are somewhat subjective in terms of the measures, which constitute the quality of people's lives in the 3 case study countries. Other researchers may select (slightly) different indicators to assess quality of life as a concept. It is also true that the usefulness of this approach is highly dependent on the robustness of the data, which is used to populate the framework. We show the sources used for these examples by way of illustration (see footnote 2). This too might generate a debate about the reliability and validity of the data available to ensure the framework is robust. What constitutes 'quality of life' across developing countries could, in itself, be the subject of further discussions amongst countries participating in the Regional Hub. That said, it seems fairly obvious,

at a general level, that the quality of people's lives will be impacted by public services such as: education, crime, social housing, health care, employment opportunities and so on.

Three things are clear from the research. First, illustrating the use of this approach in practice will promote debate about moving towards outcomes based accountability, rather than the routine focus on inputs, process and outputs which has traditionally dominated how governments approach public service provision and reform. Second, 'quality of life' as a concept has widened the debate about how governments are performing, well beyond the narrow confines of economic development, towards a bottom-up focus on whether the lives of their citizens are actually improving. Third, benchmarking countries (or indeed regions within countries) will allow for quality of life comparisons, which will inevitably drive up performance and allow best practice to evolve and be shared in a context-specific way.

How can we use the results?

Even a cursory examination of these data (Table 1) indicates some interesting comparisons. Consider, for example, some of the large differences in crime rates across the three countries where Kazakhstan performs poorly. On the other hand, look at the large amount of government spending in Kazakhstan on per capita health care compared to Azerbaijan and Georgia. Consider also, Georgia's performance in terms of corruption and civil liberties where they perform extremely well by comparison with Azerbaijan and Kazakhstan. And, finally, note Azerbaijan's GINI index score which shows greater income equality across the distribution of income or consumption expenditure than either Georgia or Kazakhstan. This kind of benchmarking exercise should therefore prompt questions about what good practice countries can share with each other in a peer-to-peer learning medium to ultimately raise the quality of life of their citizens as a collective.

What improvements can be made?

From the quality of life data, how can we improve and what are lessons to be learned? What, for example, can Kazakhstan learn from Georgia and Azerbaijan in terms of crime prevention? Should Georgia be investing more public funding in health care? Is secondary school attendance a problem in Azerbaijan that is feeding into a lower graduation rate in tertiary education, and what can it learn from Georgia and Kazakhstan in this regard? A quality of life framework provides the evidence that allows cross-country learning and ultimately improves the way governments approach the delivery of public services. It attempts to do this mindful of context

and may represent a move away from a 'one-size-fits-all' model associated with public management reforms, which appeared to offer promise but have proved difficult to embed in developing countries. The focus of this 'innovative solution' is to encourage an outcomes based accountability approach facilitated through peer-to-peer learning. If done successfully we could promote realistic improvements in public services at a pace of development consistent with the growth of emerging economies and mindful of their cultural, political and historical contexts.

Table 1: Quality of life indicators

Indicators of quality of life[2]	Azerbaijan	Georgia	Kazakhstan
Happiness index (highest score the best)	5.29	4.25	5.92
GDP per capita (US $)	3,702	3,791	6,472
Homicide rate per 100,000 people	2.5	2.7	7.4
Burglary rate per 100,000	11.3	39.8	351.4
Assault rate per 100,000 people	1.7	5.7	7.9
Robbery rate per 100,000 people	2.5	11.7	110.1
Car theft per 100,000 people	0.6	2.8	5.1
Health expenditure as % of GDP	6.0	7.4	4.4
Government expenditure on health per capita (US$ per capita)	91	75	308
Healthy life expectancy (years)	63	65	60
Life expectancy (years)	70.8	74.7	71.6
Hospital beds per 1,000 people	4.6	2.9	7.6
Poverty head count ratio as national poverty line (% of population)	7.6	17.7	5.5
Unemployment rate (% of total labour force)	6.0	12.4	5.0
GINI index (score of 0 = perfect equality)	16.64	41.58	27.42
Poverty headcount ratio at $5 a day (PPP)	40.35	80.55	34.72
Adult literacy rate	99.8	99.7	99.7
Public spending on education as % of GDP	2.1	2.0	3.1
Gross graduation ratio (tertiary education)	15.4	24.9	61.4
Out of school rate % (secondary schools)	12.8	6.8	0.1
CO_2 emissions per capita (metric tons of carbon)	0.99	0.49	4.43
Improved sanitation (%)	89	86	98
Improved water supply (%)	87	100	93
Human Development Index (1= most developed)	0.75	0.75	0.79
Corruption Perceptions rank (lowest = very clean)	119	48	123
Civil Liberties (1 = highest)	6	3	5

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[2] Sources included: IMF World Economic Outlook (WEO), April 2016; world-development-indicators-wdi-july-2016; UNODC International Homicide Statistics, 2014; UNODC International Burglary, Car Theft and Housebreaking Statistics, 2014; unodc-assaults-kidnapping-robbery-sexual-offences-sexual-rape-total-sexual-violence-2014; National Health Accounts, 1995-2014; UN World Health Statistics, 2014; World Development Indicators (WDI), July 2016; Poverty and Equity Database, 2015; Education Statistics (World Bank), June 2016; Fossil-Fuel CO_2 Emissions by Nation, 2015; WHO/UNICEF Water Supply Statistics, 2015; Transparency International; and, Knoema data.

Quality of Life Framework for Public Services

Background information

One of the key problems in the planning and delivery of public services is that provider organisations (ministries, oblast, akimats and government agencies) focus on inputs and activities while neglecting the outcomes and impact of services on citizens. In that sense public services are provider-led and lose sight of the end user – the public for whom services are intended. This innovative solution is an attempt to refocus the provision of public services on citizens.

The plan was designed 'to provide a strong national platform needed to overcome both short-term challenges and achieve the country's ambition of joining the top 30 developed countries by 2050'[3].

Using Kazakhstan as an example illustrates the potential of moving towards outcomes-focused public services. In May 2015 President Nazarbayev, soon after his re-election, launched the 100 concrete steps programme, entitled *Plan of the Nation*. The plan comprises 5 reform pillars: the creation of a modern and professional civil service; ensuring the rule of law; industrialization and economic growth; a unified nation for the future; and, transparency and accountability of the state. Two of these pillars (modern and professional civil service, and transparent and accountable state) align very closely with the aims of the Regional Hub.

More specifically, the subject of this case study research links directly with the following inclusion in the 100 concrete steps:

> Creating a results-oriented state governance system with standardized and minimal procedures for monitoring, assessment and control. A disciplinary oversight system should be based only on achieving stated targets. All procedural tasks and interim oversight should be abolished. State agencies will have independence in their activities aimed at achieving the set targets[4].

This internally conceived *Plan of the Nation* incorporates a number of the issues highlighted by the OECD Public Governance Review of Kazakhstan (2014) which recommended (inter alia):

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[3] Erlan Idrissov 'Kazakhstan: 100 steps toward a new nation: Kazakhstan's Foreign Minister on the reforms sweeping the nation' The Diplomat, 25th July 2015.

[4] *Establishing an Accountable State*, Step 91 in 100 Concrete Steps, Plan of the Nation, Kazakhstan March 2015.

➢ The need to improve horizontal co-ordination between ministries at the central level. Currently, the relations between ministries are confined by their strategic plans, yet many other issues require cross-ministry co-operation, for which co-ordination mechanisms are still insufficiently developed.

➢ Advancing performance and accountability system for programme and management results. Kazakhstan has already made significant achievements in terms of performance assessment, such as streamlining a system of assessing effectiveness of public organisations, undertaking programme assessments and developing the concept of state audit. Yet indicators appear to be too numerous, often focusing on output and process indicators[5].

In summary, the 100 concrete steps agenda and the OECD report offer the policy context to implement the innovative solution proposed in this paper.
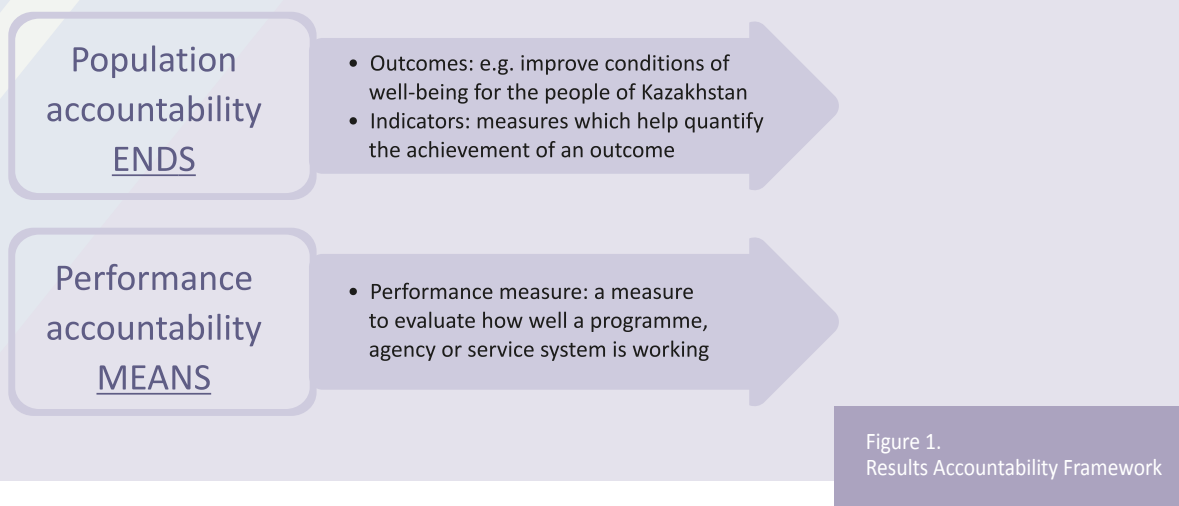
Statement of the problem

The problem with complex multi-level governance structures is that ministries, oblasts, and akimats work through separate functional mechanisms, which offer citizens very fragmented public services, resulting in a lack of 'joined-up' government. Yet citizens' needs in health and social care, education, employment etc. often straddle several public sector organisations. This results in provider-led public services, which are disjointed for citizens. Decentralisation of functions to local government creates further opportunities for fragmentation of provision and institutionalism with a greater propensity for 'budget maximizing bureaucrats', more concerned with their own career aspirations than the efficient and effective delivery of public services for which they are responsible[6]. In short, the problem is one of top-down bureaucratic paternalism ('we know best') which emphasizes processes and outputs but fails to focus on outcomes or the impact of public services on those who use them. One example of turning this model 'upside down' is through life episodes research, which essentially charts the experience of public service users to major episodes in their lives: a major health incident; losing their job; the experience of poverty - living on social protection/security etc[7]. To what extent can public services react in a coordinated way to these major episodes in people's lives?

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[5]   OECD *Public Governance Review Kazakhstan:* Review of the Central Administration (2014).

[6]   Patrick Dunleavy (1991) *Democracy, Bureaucracy and Public Choice.* Hemel Hempstead: Harvester Wheatsheaf.

[7]   *The Journey to the Interface:* How public service design can connect users to reform. Demos (2006)

Population accountability
ENDS

- Outcomes: e.g. improve conditions of well-being for the people of Kazakhstan
- Indicators: measures which help quantify the achievement of an outcome

Performance accountability
MEANS

- Performance measure: a measure to evaluate how well a programme, agency or service system is working

Figure 1.
Results Accountability Framework

The innovative solution

There are three parts to the innovative solution proposed in this research:

(a) Develop an outcomes based accountability (OBA) model for public services;

(b) Devise a framework for quality of life indicators;

(c) Consider an appropriate implementation mechanism, which will deliver user-led public services[8].

We discuss each of these in some detail.

Part 1: Outcomes based accountability

Outcomes based accountability is a conceptual approach to planning services and assessing their performance that focuses attention on the results or outcomes that the services intended to achieve. It's aim is to move organisations away from a focus on 'efficiency' and 'process' towards making better outcomes, the primary purpose of their organization and its employees[9] (see Policy Outcomes in the manual/guidance notes for more detail). Outcomes based accountability is made up of two parts:

➢ Population accountability which is about the well-being of whole populations, and

➢ Performance accountability, which is about the wellbeing of client populations (see Outcomes Based Accountability: step-by-step in the manual/guidance notes for more detail).

An example of accountability for whole populations would be all the people of Kazakhstan. This first kind of accountability is not the responsibility of any one organisation or programme. So, if we want to improve the well-being of the people of Kazakhstan it will involve many partner organisations. Population accountability lies with partners and stakeholders working together (see Population Accountability in the manual/guidance notes for more detail).

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8   This research will draw on the work of: Mark Friedman (2005) *Trying Hard is not Good Enough:* how to produce measurable improvements for customers and communities, FPSI Publishing; Geert Bouckaert and Wouter Van Dooren (2016) 'Performance Measurement and Management in Public Sector Oragnisations' in T.Bovaird and Elke Loeffler (eds) *Public Management and Governance* (3rd ed). Routledge; and Colin Knox and Paul Carmichael (2015) 'Local Government Reform: community planning and the quality of life in Northern Ireland' *Administration*, Vol. 63 (2), 2015 pp.31-57 (with Paul Carmichael).

9   Gillian Pugh: *Outcomes Based Accountability:* a brief summary.

Example: Rising Crime

→ Experience

→ Measure

→ Story behind the baseline (causes)

→ Partners

→ What Works

→ Action Plan to address the problem

Violent offences per 1,000 population BASELINE

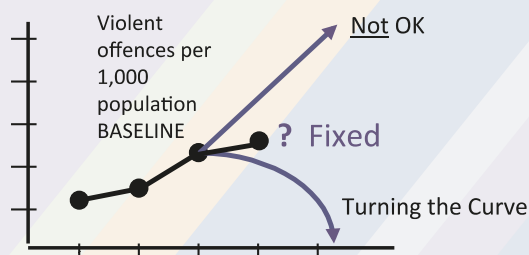Not OK

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Turning the Curve

Figure 2.
'Turning the Curve'

The second kind of accountability, performance accountability, is about one particular department or organisation. It is about the programmes and services provided, and the role of managers and practitioners in making sure their programmes are working as well as possible. Performance accountability lies with service providers and commissioners (see Performance Accountability in the manual/guidance notes for more detail).

These are two profoundly different kinds of accountability. The relationship between programmes and populations is poorly understood. The relationship between performance (means) and population accountability (ends) is a contributory one that comes down to **scale**. There are repeated demands that programmes show their worth by impact on populations. This is a big requirement – programmes should be able to show their effects on their customers or users. The distinction between population and performance accountability can be illustrated in figure 1.

Central to the OBA approach is a process described as 'turning the curve' (see figure 2). An outcome in need of improvement is described and then consideration is given to what is likely to happen over time if nothing changes. Plotted on a graph, this projected trend data provides a baseline against which subsequent progress can be measured. By initiating effective and timely action to achieve better outcomes, one can expect to achieve results that move away from the projected baseline, thereby 'turning the curve'. Figure 2 shows an example of tackling rising crime to illustrate this point. At present the *experience* of the community is that crime is rising and if this issue was addressed a successful outcome would be a greater sense of security and safety in their homes, children walking to school, people enjoying their neighbourhoods. One *measure* to capture progress towards this outcome is 'violent offences per 1,000 population'. Using this measure, we can establish a baseline and chart the trend over time, including a forecast of what will happen if nothing is done to address the problem. A key question to ask is what lies behind each set of baseline data – *the story behind the baseline?* Why has crime been rising in this example? What explains this upward trend in violent offences and is it similar in other regions or areas? The next step is to establish which stakeholders or *partners* (public, private and NGO organisations) need to come together to achieve better policy outcomes.

Taking into account the data above and the story behind the baseline, the next stage is to determine what changes would help to bring about the intended better outcomes, or *what works*. This might include:

➢ Evidence from effective interventions in other areas, including examples of 'what works' from research and shared knowledge of best practice.

➢ 'No cost' or 'low cost' ideas that may not be accredited by research but have the potential to be effective based on experience and knowledge of the community.

➢ Innovative approaches that can stimulate creative thinking, even if the actual idea seems 'off the wall'.

➢ Solutions based on having a fixed but generous pot of money available to pay for them.

An *action plan* is then put in place to address the problem identified. Four criteria are suggested that can be used to test the potential value of components in an action plan:

➢ Specificity: is the proposed action specific enough to be implemented?

➢ Leverage: how big a contribution will it make to improving outcomes and 'turning the curve'?

➢ Values: is the proposed action fair and ethical?

➢ Reach: is it feasible and affordable?

SMART Objectives = Specific, measurable, agreed upon, realistic and time-based objectives.

Conventional SMART criteria can also be used to assess whether solutions are realistic and deliverable. An action plan can include 'no cost' and 'low cost' ideas to achieve 'quick wins' but it may also involve significant investment by the partner organisations working collaboratively to achieve improved outcomes with an associated budget for interventions. For example, one of the causes of rising crime (the story behind the baseline) could be 'economic crime' occasioned by poor employment prospects amongst young people without an income from work, caught in the poverty trap and limited prospects for their future. Hence, addressing rising crime may involve agencies such as the police, education and training providers, and the experiences of young people who have successfully managed to escape the poverty trap.

Figure 3.
How Can We Improve the Quality
of People's Lives?

Part 2: Quality of life indicators

Taking the concept of outcomes based accountability; it is possible to extend this approach into a wider 'quality of life' framework which can be used at different levels of analysis (country, region/oblast, akimat). The **ultimate outcome** here is to improve the quality of people's lives in Kazakhstan (or other countries in the Regional Hub) – figure 3. To do this, requires a shift in the way in which public services are provided towards an outcomes-focused, multi-agency working offering better value for public money spent. We do this by asking the question: how do public services impact on the quality of people's lives? (see Background to the Development of Quality of Life Indicators in the manual/guidance notes for more detail). The United Kingdom (UK) Audit Commission developed a range of indicators that offer a composite picture of social, economic and environmental well-being in areas (in this case a local authority area in the UK)[10].

A key feature of these indicators is that they are easily accessible and reduce the burden on ministries, oblasts, akimats and their partners to gather extensive data. The indicators are sufficient in number to provide a balanced view of social, economic and environmental themes yet concise enough to focus attention on the key issues. The guiding principle is that 'less is more' – the fewer the indicators, the better, as experience has shown that practitioners tend to grow the number of indicators. The ultimate objective is to form a coherent set of outcomes based indicators, which capture 'quality of life' as a concept (see List of local Quality of Life Indicators in the manual/guidance notes for more detail).

Using quality of life indicators allows for benchmarking across areas chosen as the unit of analysis. So, for example, it would be possible in Kazakhstan to compare the quality of life for citizens across the 16 regions which can stimulate debate as to why one region has a better/worse quality of life than another and, in so doing, raise public awareness of the reasons involved. This kind of quantification would allow regions to review, justify and set regional objectives and priorities, monitor change, and assess and evaluate progress over time ('turning the curve'). It also creates opportunities for partnership working and joint action within and across public, private and third sector organisations (described above in the OBA process).

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[10]   UK Audit Commission (2015). *Local quality of life indicators:* http://www.audit-commission.gov.uk

The indicators used to measure the quality of life in the United Kingdom vary in type and design. Some rely on a range of different data sources and collection methods. Some are hard quantitative data and are relatively objective, whereas other rely on surveys, which collect the opinions or attitudes of the public on service provision. Many of the data are already collected by various government bodies or agencies but have not been presented in this composite way before. Quality of life indicators should align with country (national) priorities and progress on meeting outcome targets will rely on multi-agency working.

In the United Kingdom, there are 45 indicators, which constitute the concept of *Quality of Life* under the following nine headings (figure 4):

We offer an example of the indicators from 3 key categories: health, education and housing. These indicators are, of course, very country specific, reflecting the context of UK and the level and quality of public services therein.

Example 1: Health and Social Well-Being Indicators

➢ Age standardised mortality rates for: all cancers; circulatory diseases; and, respiratory diseases.

➢ Infant mortality.

➢ Life expectancy at birth (male and female).

➢ The percentage of households with one or more person with a limiting long-term illness.

➢ Teenage pregnancies per 1,000 females aged 15-17.

Example 2: Education and Life-long Learning Indicators

➢ The percentage of half days missed due to total absence in primary and secondary schools

➢ The proportion of young people (16-24 year olds) in full-time education or employment.

➢ The proportion of working-age population qualified to NVQ skills levels 2 & 4.

➢ The percentage of 15-year-old pupils in schools achieving five or more GCSEs at grades A*-C or equivalent.

Example 3: Housing Indicators

- ➢ The total number of new housing completions.

- ➢ Affordable dwellings completed as a percentage of all new housing completions.

- ➢ Household accommodation without central heating.

- ➢ The percentage of residents who think that people sleeping rough on the streets or in other public places is a very big or fairly big problem in their local area.

- ➢ The percentage of all housing that is unfit.

- ➢ House price to income ratio.

What these indicators show is the small number of measures used to capture key concepts that comprise quality of life in the UK in core areas of health, education and housing (see Case Study in using Quality of Life Indicators in the manual/guidance notes for more detail). These indicators are presented for illustrative purposes and their 'read-across' to other countries in the Regional Hub must, of necessity, be limited since these countries are at much different stages in their development. The key potential is to embrace the concept of outcomes based accountability and develop quality of life indicators that are appropriate for each country in the Regional Hub.

Part 3: Implementing OBA and the quality of life

The critical part of this innovative solution case study is putting it into practice. How can the concepts of outcomes based accountability and quality of life indicators be implemented in the real-world settings of countries participating in the Regional Hub? Drawing on the example of the United Kingdom, it is important to allocate statutory responsibility to a government organization for oversight of quality of life improvements. In this case, the local authority (akimat) has, through a process entitled *Community Planning*, legal responsibility to play a lead role (with other public services providers) in developing a plan based on quality of life indicators.

In other words, the unit of analysis or geographical domain is the local authority (akimat) which, along with other public service providers or stakeholder bodies, must work collectively to improve the quality of life of its citizens. They must work together to impact positively on quality of life using the indicators above to check their priorities and progress. This can involve skewing their collective resources, rather than finding new funding to tackle issues which impact negatively on the quality of their citizens' lives.
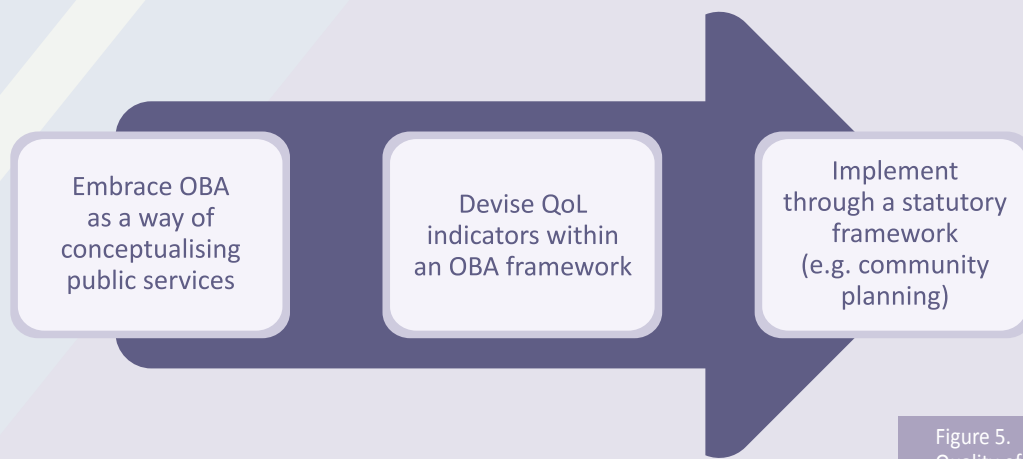
There are multiple benefits to introducing this approach. It created a very open and transparent system of governance and allows for benchmarking across the appropriate unit of analysis (region, akimat etc). The indicators used to constitute quality of life can be refined over time and allow for public organizations to focus on what matters to their citizens – if they are not impacting positively on quality of life, should we be providing specific services at a cost to the public purse? This innovation promotes inter-agency collaboration, which has been enormously difficult to achieve otherwise. Public sector organizations continue to work in silos, within their own functional remit with limited ambitions to engage in 'joined-up' government. We summarise the innovative solution in figure 5 below.

Roll-out across the Regional Hub

What needs to be done in order for the concepts outcomes based accountability and quality of life to be applied on countries across the Regional Hub? Several issues need to considered, in no order of importance:

I. Each country will need to develop its own measures of what constitute 'quality of life' in their specific context. Although the broad principles are likely to apply – quality of life in most places will be affected by education, health and housing services – clearly, the baseline and expectations of progress will be different. Each country must therefore develop its own quality of life indicators.

II. It is important that the data, which comprise the quality of life are robust, valid and reliable to make the exercise credible. There is little point in devising a quality of life based index on spurious data just to make particular regions or akimats look good.

III. It should be recognized that external factors can impact on the quality of people's lives which are outside the control of public service providers. At the time of writing, for example, there are major floods in the north of England from freak storms with many people having to evacuate their homes. None of this was predictable and yet it has impacted significantly on the quality of people's lives in the affected areas.

IV. A key consideration here is the unit of analysis or geographical area, which will be used to develop this approach. For example, there are disparities across the regions of Kazakhstan with rural areas in the west and south of the country lagging behind in terms of their quality of life. Does this make the region a suitable unit of analysis or should we be comparing urban and rural regions separately?

V.   Critical to this whole process is the willingness of and support for inter-agency working. Where this does not exist, moving to a model, which embraces outcomes based accountability and quality of life indicators will be problematic. There needs to be the political will for this to happen, clearly signaled and enforced.

VI. Finally, the response of officials working within public sectors organisations is critical to the success of this model. Street level bureaucrats are well placed to implement these ideas fully or stymie the approach for their own career interests. Some officials may feel exposed if the data highlight poor performance in their regions/akimats and therefore try to discredit the model. Others will see it as a way to enhance their career ambitions and at the same time contribute to an improved quality of life for public service users.

Three Quality of Life Case Studies

Background

To illustrate the concept of the quality of life approach in practice, we have selected 3 case study countries which are active participants in the UNDP Regional Hub: **Azerbaijan, Georgia and Kazakhstan**. The choice of the three countries was taken with the advice of Regional Hub officials and some similarities in the stages of development of each country (see table 2). In particular, Azerbaijan, Georgia and Kazakhstan have been involved in a Regional Hub peer-to-peer initiative in which countries share knowledge, stories and lessons learned based on their reforms. According to the Regional Hub 'this approach avoids copying best practices of advanced economies and identifies best fitting and effective reforms, which are appropriate for their country-specific context through engaging peers in discussions so they use lessons learned at home and implement what works best for them.'[11] Azerbaijan, Georgia and Kazakhstan are currently involved in sharing their extensive experiences in One-Stop-Shops as the first learning activity. It therefore seems appropriate to use these three countries to explore the quality of life concept.

In each case we developed a basket of comparable indicators which defined for us 'quality of life' in developing countries (the Official Development Assistance (ODA) list shows Azerbaijan and Kazakhstan as 'upper middle income countries, and Georgia as a 'lower middle income country). In other words, we have taken the outcomes based framework as the starting point for this analysis and adapted it to suit the needs of our case study countries. It is, of course, the case that the indicators we have selected are somewhat arbitrary in terms of the measures, which constitute the quality of people's lives in the 3 case study countries. Other researchers may select slightly different indicators to assess quality of life as a concept. However, three things are clear from this research. First, illustrating the use of this approach in practice will promote the debate about moving towards outcomes based accountability, rather than the routine focus on inputs, process and outputs, which traditionally has dominated how governments approach public service provision. Second, quality of life as a concept has widened the debate about how governments are performing well beyond the narrow confines of economic development towards a bottom-up focus on whether the lives of their citizens are actually improving. Third, benchmarking countries (or indeed regions within countries) will allow for quality of life comparisons, which will inevitably drive up performance and allow best practice to evolve and be shared.

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[11]   Effective Institutions Platform Concept note: Peer-to-Peer Learning Alliance (May 2016)

The European Union also publishes quality of life data though Eurostat. The publication presents a detailed analysis of 8+1 dimensions, which can be measured statistically to represent the different complementary aspects of quality of life, complementing the indicator traditionally used as the measure of economic and social development, gross domestic product. Eight of these dimensions concern the functional capabilities citizens should have available to effectively pursue their self-defined well-being, according to their own values and priorities. The last dimension refers to the personal achievement of life satisfaction and well-being. For each quality of life dimension a set of selected relevant statistical indicators is presented and analysed. Trends over time and differences between countries or demographic groups are discussed. The 8 + 1 dimensions are as follows: Material living conditions (income, consumption and material conditions); Productive or main activity; Health; Education; Leisure and social interactions; Economic and physical safety; Governance and basic rights; Natural and living environment; and Overall experience of life[12].

The OECD has developed a similar framework to measure well-being outcomes in OECD countries. They have tailored this tool to measure well-being outcomes in non-OECD countries according to two broad pillars. The first pillar, material conditions, comprises consumption possibilities, work, housing conditions and infrastructure dimensions. The second pillar, quality of life, comprises health status, education and skills, social connections, empowerment and participation, vulnerability and subjective well-being. These ten dimensions are used to measure well-being and are complemented with another set of indicators to assess the sustainability of well-being into the future[14]. While both the EU and OECD quality of life frameworks offer real potential as a route map towards outcomes based accountability in Kazakhstan, there are limitations. The research tells us that context is key to successful public sector reforms. Taking a generic model, adapted by the OECD for developing countries, appears to ignore the importance of context so clearly highlighted in the literature.

OECD defines well-being as 'encompassing the aspects of life which are considered as essential to meet one's needs, to pursue one's goals and to feel satisfied with life'[13].

[12] http://ec.europa.eu/eurostat/statistics-explained/index.php/Quality_of_life_indicators_-_measuring_quality_of_life

[13] Organization for Economic Cooperation and Development [OECD] (2015) Multi-Dimensional Review of Kazakhstan: Volume 1 – Initial Assessment (page 45). OECD Publishing, Paris

[14] Boarini, R., Kolev, A. and McGregor, A. University of Sussex (2014) Measuring well-being and progress in countries at different stages of development: Towards a more universal conceptual framework. OECD Development Centre Working Paper 325: Paris.

Table 2: Case Study Countries Overview

	Azerbaijan	Georgia	Kazakhstan
Basic facts	Population: 9,780,780 Ethnic groups: Azerbaijani 91.6%, Lezgian 2%, Russian 1.3%, Armenian 1.3%, Talysh 1.3%. Religion: Muslim 96.9% (predominantly Shia), Christian 3% Government type: Presidential Republic Independence: 30 August 1991 (from the Soviet Union)	Population: 4,931,226 Ethnic groups: Georgian 83.8%, Azeri 6.5%, Armenian 5.7%, Russian 1.5%, other 2.5% Religion: Orthodox Christian (official) 83.9%, Muslim 9.9%, Armenian-Gregorian 3.9% Government type: semi- presidential republic Independence: 9 April 1991 (from the Soviet Union)	Population: 18,157,122 Ethnic groups: Kazakh (Qazaq) 63.1%, Russian 23.7%, Uzbek 2.9%, Ukrainian 2.1%. Religion: Muslim 70.2%, Christian 26.2% (mainly Russian Orthodox). Government type: presidential republic Independence: 16 December 1991 (from the Soviet Union)
Economy	Azerbaijan's high economic growth has been attributable to large and growing oil and gas exports, but some non-export sectors also featured significant growth, including construction, banking, and real estate.	Georgia's economy sustained GDP growth of more than 10% in 2006-07, based on strong inflows of foreign investment and robust government spending. However, GDP growth slowed following the August 2008 conflict with Russia, and sunk to negative 4% in 2009 as foreign direct investment and workers' remittances declined in the wake of the global financial crisis. The economy rebounded in 2010-13, but FDI inflows, the engine of Georgian economic growth prior to the 2008 conflict, have not recovered fully. Unemployment has also remained high.	Kazakhstan's vast hydrocarbon and mineral reserves form the backbone of its economy. The economic downturn of its Eurasian Economic Union (EEU) partner, Russia, and the decline in global commodity prices have contributed to an economic slowdown in Kazakhstan, which is experiencing its slowest economic growth since the financial crises of 2008-09. Kazakhstan embarked on an ambitious reform agenda to modernize its economy and improve its institutions, including a floating exchange rate that sparked further devaluation of the tenge.

General Reforms	Corruption in the country is problematic, and the government, which eliminated presidential term limits in a 2009 referendum, has been criticized. Although the poverty rate has been reduced and infrastructure investment has increased substantially in recent years due to revenue from oil and gas production, reforms have not adequately addressed weaknesses in most government institutions, particularly in the education and health sectors, as well as the court system.	Progress on market reforms and democratization has been made in the years since independence, but this progress has been complicated by Russian assistance and support to the separatist regions of Abkhazia and South Ossetia. Popular and government support for integration with the West is high in Georgia. Joining the EU and NATO are among the country's top foreign policy goals.	Current issues include: developing a cohesive national identity; managing Islamic revivalism; expanding the development of the country's vast energy resources and exporting them to world markets; diversifying the economy outside the oil, gas, and mining sectors; enhancing Kazakhstan's economic competitiveness; developing a multiparty parliament and advancing political and social reform; and strengthening relations with neighbouring states and other foreign powers.
Civil service reforms[15]	There have been significant initiatives in e-government and the development of one-stop-shops. There are renewed efforts to expand the fight against corruption, including giving citizens greater access to information. Partnership with the private sector in delivering public services is also a key element in current and future reforms.	Very successful anti-corruption initiative in the police system within the Ministry of Internal Affairs and roll-out to other parts of the civil service. A Civil Service Reform Concept has been developed which will ensure the independence of civil service free from political influence and offering a fair system of career promotion.	Radical reduction in the number of political appointees and greater professionalization of the senior civil service through the introduction of 'Corps A' officials. Current proposals under '100 Concrete Steps' to build a professional civil service, incorporating a competency and competitive approach.

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[15] The Regional Hub has developed country profiles for a number of participating countries. This section draws on that information. For further details see: http://www.regionalhub.org/category/library/country-profiles

The indicators

The indicators selected to illustrate quality of life as a composite measure are set out in table 3 below. The data were collected from a variety of secondary sources referenced in appendix 1 of this paper and represent the most up-to-date data available at the time of writing. They are listed in no particular order of importance.

Table 3: Quality of Life Indicators: Comparing the 3 Countries

Indicators of quality of life	Azerbaijan	Georgia	Kazakhstan
Happiness index (highest score the best)	5.29	4.25	5.92
GDP per capita (US $)	3,702	3,791	6,472
Homicide rate per 100,000 people	2.5	2.7	7.4
Burglary rate per 100,000	11.3	39.8	351.4
Assault rate per 100,000 people	1.7	5.7	7.9
Robbery rate per 100,000 people	2.5	11.7	110.1
Car theft per 100,000 people	0.6	2.8	5.1
Health expenditure as % of GDP	6.0	7.4	4.4
Government expenditure on health per capita (US$ per capita)	91	75	308
Healthy life expectancy (years)	63	65	60
Life expectancy (years)	70.8	74.7	71.6
Hospital beds per 1,000 people	4.6	2.9	7.6
Poverty head count ratio as national poverty line (% of population)	7.6	17.7	5.5
Unemployment rate (% of total labour force)	6.0	12.4	5.0
GINI index (score of 0 = perfect equality)	16.64	41.58	27.42
Poverty headcount ratio at $5 a day (PPP)	40.35	80.55	34.72
Adult literacy rate	99.8	99.7	99.7
Public spending on education as % of GDP	2.1	2.0	3.1
Gross graduation ratio (tertiary education)	15.4	24.9	61.4
Out of school rate % (secondary schools)	12.8	6.8	0.1
CO_2 emissions per capita (metric tons of carbon)	0.99	0.49	4.43
Improved sanitation (%)	89	86	98
Improved water supply (%)	87	100	93
Human Development Index (1= most developed)	0.75	0.75	0.79
Corruption Perceptions rank (lowest = very clean)	126	50	126
Civil Liberties (1 = highest)	6	3	5

Quality of Life
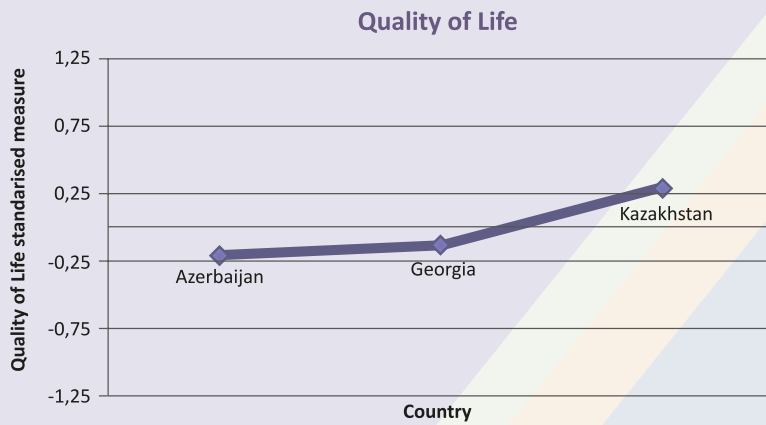
The analysis

Even a cursory examination of these data indicates some interesting comparisons.

Consider, for example, some of the large differences in crime rates across the three countries where Kazakhstan performs poorly. On the other hand, look at large amount of government spending in Kazakhstan on per capita health care compared to Azerbaijan and Georgia. Consider also, Georgia's performance in terms of corruption and civil liberties where they perform extremely well by comparison with Azerbaijan and Kazakhstan. And, finally, note Azerbaijan's GINI index score which shows greater income equality across the distribution of income or consumption expenditure than either Georgia or Kazakhstan. This kind of benchmarking exercise should therefore prompt questions about what good practice countries can share with each other to ultimately raise the quality of life of their citizens as a collective.

A higher order of analysis is also possible with these data. We can make an overall quality of life comparison across the three countries using the statistical technique one-way between-groups analysis of variance. So, we can make a composite assessment of quality of life using the collective of indicators above, each of which uses a different basis of measurement.

This allows us to answer the research question:

Is there a difference in quality of life amongst citizens living in Azerbaijan, Georgia and Kazakhstan (based on the selected measure above)?

The analysis therefore comprises:

- ➢ One categorical variable with 3 distinct groups – the categorical variable is 'country' and the 3 groups are Azerbaijan, Georgia and Kazakhstan.

- ➢ One continuous variable – the quality of life scores from the table above, standardised to allow for direct comparison across the disparate range of measures.
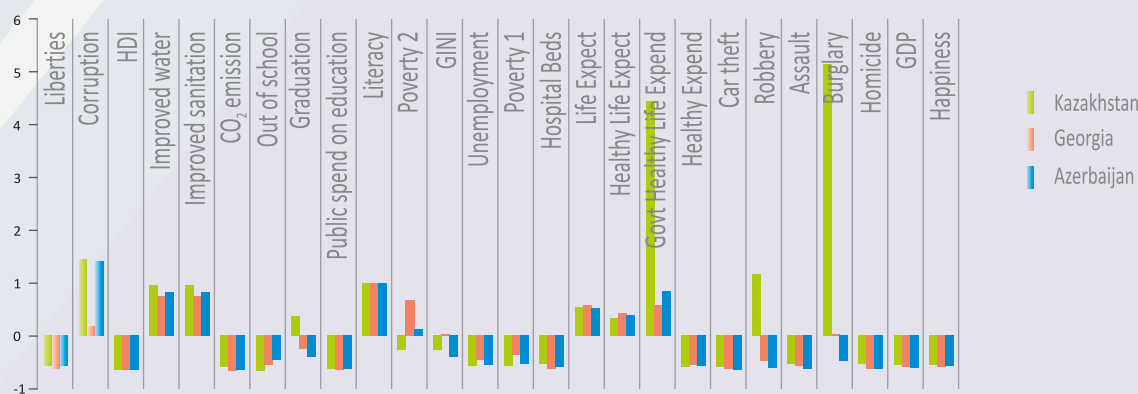
Figure 7.
Quality of Life across the 3 case study countries

The results from the data analysis are as follows:

Table 4: Descriptives

	N	Mean	Std. Deviation	Std. Error
Azerbaijan	24	-.2108268	.58025355	.11844376
Georgia	24	-.1344095	.57195854	.11675055
Kazakhstan	24	.2913162	1.51952016	.31017075
Total	72	-.0179734	1.00623128	.11858549

Table 4 gives information on each of the 3 countries: the number of quality of life measurements, means and standard deviation, standardized to reflect the different measurement types.

Table 5: Analysis of Variance (ANOVA)

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.514	2	1.757	1.773	.177
Within Groups	68.374	69	.991		
Total	71.888	71			

Table 5 gives both between-countries and within-countries sums of squares, degrees of freedom etc. The key statistic here is the column marked Sig. If the Sig. value is less than or equal of .05, there is a significant difference somewhere among the mean quality of life scores for the 3 countries. This does not tell us which country is different from which other country. In our analysis the significance value is .139 (which is greater than .05) indicating that there is no statistically significant difference in the quality of life across Azerbaijan, Georgia and Kazakhstan.

Figure 6 shows the means plot of the standardized indicators as an easy way to compare quality of life across the 3 countries. You can see that Azerbaijan and Georgia are fairly similar in terms of quality of life for citizens and Kazakhstan marginally better but as the analysis above suggests the differences across the 3 countries is not statistically significant. Areas for sharing good practice where one country can learn from another are best detected from table 2 above and figure 7 below.

Conclusions

The case study example set out above offers a framework for examining how the concept of 'quality of life' can be used in three developing countries actively involved in the UNDP Regional Hub network. The benefits of this approach is the sharing of good practice across the hub countries on what they need to do in order to improve the quality of life of citizens in their respective countries. It also shift countries into thinking about outcomes based accountability rather than inputs and processes, so often the approach taken by governments (in developed and developing countries). In this example there is no statistically significant difference between the 3 case study countries, yet there are lessons to be learned. What, for example, can Kazakhstan learn from Georgia and Azerbaijan in terms of crime prevention? Should Georgia be invested more public funding in health care? Is secondary school attendance a problem in Azerbaijan that is feeding into a lower graduation rate in tertiary education and what can it learn from Georgia and Kazakhstan in this regard? A quality of life framework provides the evidence that allows cross-country learning and ultimately improves the way governments approach the delivery of public services.
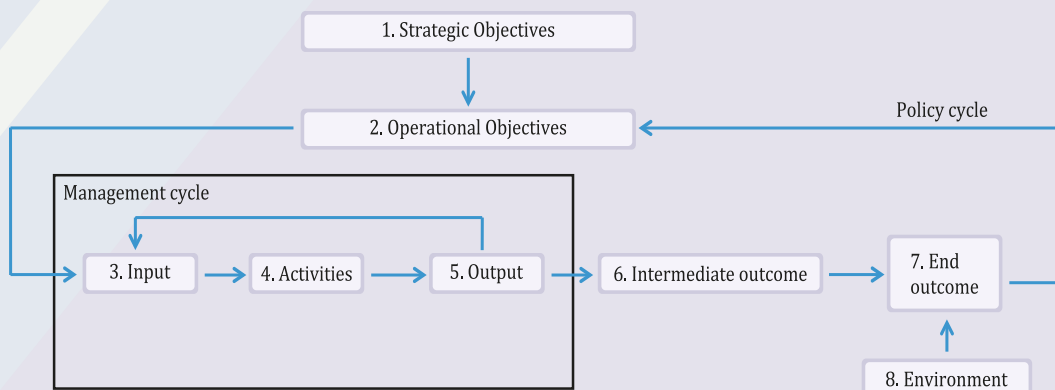
```
1. Strategic Objectives
        │
        ▼
2. Operational Objectives ◄─────────────────────  Policy cycle

  Management cycle
  ┌──────────────────────────────────────────┐
  │  3. Input → 4. Activities → 5. Output      │ → 6. Intermediate outcome → 7. End outcome
  └──────────────────────────────────────────┘
                                                              ▲
                                                     8. Environment
```

Figure 8.
The Policy and Management Cycle
Bouckaert and Van Dooren (2016)

Manual For Replication: Guidance Notes[16]

Understanding policy outcomes

To understand outcomes based accountability it is useful to locate the concept in a wider framework of the policy management cycle in the public sector[17]. The input-output model gives a systemic overview of the aspirations of an organization (or programme) – see figure 8 (box 1). These are general 'end purposes' that are usually derived from the organisation's mission statement or general policy documents. The next step in the policy cycle is to infer more operational objectives from these general strategic guidelines (box 2). Next we enter the management cycle i.e. the daily operations of the organization.

The management cycle consists of the inputs that go into the organization, the activities for which the inputs are used and the outputs that are realized by these activities (boxes 3, 4 and 5). Personnel, infrastructure, finance and appliances are some typical inputs. With these inputs, activities are undertaken. For example, a school will organize lessons and a library will shelves books that may be lent out. The activities result in outputs (e.g. number of students passing exams or number of books on loan). Management should be concerned that the inputs yield the right amount and quality of outputs by organizing the activities in the best possible way. Therefore, the manager's feedback loop focuses primarily on inputs and outputs (from box 5 to box 3).

Once the outputs, i.e. products and services, are provided, they ought to have an impact on society. The crucial question is what outcomes result from the outputs. A sharp distinction must be made between outputs and outcomes. **Outcomes are events, occurrences, or changes in condition, behavior or attitudes. Outcomes are not what the programme or organization itself did, but the consequences of what the programme of organization did.**

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[16] Manual draws extensively on the Mark Friedman (2005) *Trying Hard is not Good Enough:* how to produce measurable improvements for customers and communities, FPSI Publishing; Geert Bouckaert and Wouter Van Dooren (2016) 'Performance Measurement and Management in Public Sector Oragnisations' in T.Bovaird and Elke Loeffler (eds) *Public Management and Governance* (3rd ed). Routledge; and Colin Knox and Paul Carmichael (2015) 'Local Government Reform: community planning and the quality of life in Northern Ireland' *Administration*, Vol. 63 (2), 2015 pp. 31-57 (with Paul Carmichael).

[17] Geert Bouckaert and Wouter Van Dooren (2016) 'Performance measurement and management in public sector organisations' in T. Bovaird and E. Loeffler Public Management and Governance (3rd ed.) London: Routledge.

The number of patients treated and discharged from a mental hospital (output indicator) is not the same as the percentage of discharged patients who are capable of living independently (outcome indicator).

We can make a distinction between intermediate outcomes and end outcomes (boxes 6 & 7). This is pragmatic but important division between the ends ultimately desired and the interim accomplishments that are expected to lead to those end results (although, of course, they may not). Since a long time may elapse between the delivery of outputs and the occurrence of end outcomes, the causality between the output and the end outcome may be difficult to establish. The impact of the environment (box 8) should also be assessed. The policy maker must be concerned that the desired outcomes are achieved. The policy maker's feedback loop is the confrontation of the outcomes with the objectives (boxes 1 & 2), which closes the circle. It should be noted that, although this clear-cut distinction between the policy and management cycle is valuable for analytical purposes, it does not exist in reality. In making decisions, managers, need policy guidelines and political decisions on the allocation of resources, while policy makers in turn need information on the feasibility of outputs and thus expected outcomes, and perhaps also on the level of trust that is being created.

A typology of indicators

- *Input indicators:* e.g. number of employees, money spent, number of hospital beds, number of public buses.

- *Output indicators:* e.g. number of pupils taught, number of patients discharged, and vehicle miles.

- *Intermediate outcome indicators:* e.g. new knowledge, increased skills, number of recovered patients, user satisfaction with services

- *End outcome indicators:* increased grades achieved in schools, reduction in unemployment, increased health and well-being.

- *Societal environmental indicators:* e.g. age structure, economic indicators such as the growth of GDP.

Outcomes Based Accountability: Step-by-Step

STEP 1: What are the quality of life conditions (results) we want for our community and the children and families who live there?

STEP 2: What would these conditions look like if we could see, feel and experience them.

STEP 3: How can we measure if these conditions exist or not (indicators)? Are the measures getting better or worse? Where are we headed if we just keep doing what we're doing now?

STEP 4: How are we doing on the most important of these measures? Why are these conditions getting better or worse?

STEP 5: Who are the partners that have a role to play in doing better?

STEP 6: What works to do better? What can we do that is no-cost or low-cost in addition to things that cost money

STEP 7: What do we propose to do?

Figure 9.
Outcomes Based Accountability:
Step-by-Step

Population Accountability

Population – can be whole population, sub-population of geographic area

↓

Results: what results do we want for the population?
Example: Improved quality of life for the people of Kazakhstan

↓

Experience: how will people experience the results we want?
Example: better quality of education, health and housing provision

↓

Quality of Life Indicators   →   Baselines
Monitor progress again indicators   'Turning the curve'

↓

Stories behind the baseline
(Information and research about the causes of the baseline trend)

↓

Partners involved in implementing interventions

↓

What works   →   Criteria
(Information and research about solutions)
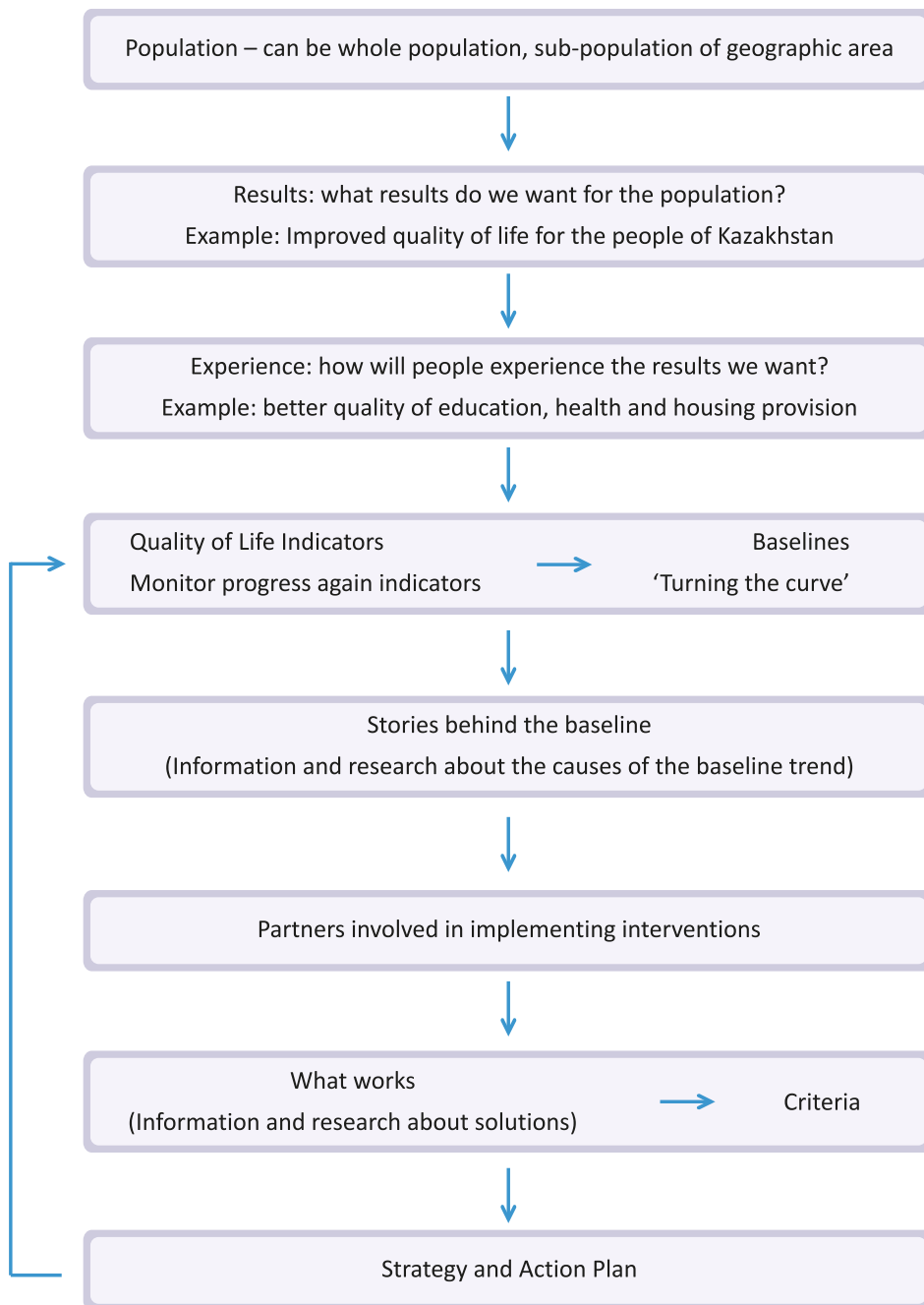
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Strategy and Action Plan

Figure 10.
Population Accountability

Performance accountability

Performance accountability for services follows similar steps already described for population accountability, but starts with identifying the services users (see figure 10 above). Seven questions are identified that organisations routinely ask themselves, questions that can be as useful for staff supervision as they can for monthly or quarterly monitoring:

1. Who are our users?

2. How can we measures if our users are better off?

3. How can we measure if we are delivering services well?

4. How are we doing on the most important of these measures?

5. Who are the partners that have a role to play in doing better?

6. What works to do better, including no-cost and low- cost ideas?

7. What do you propose to do?

Performance management categories

	Quantity	Quality
Effort	How much did we do?	How well did we do it?
Effect	Is anyone better off? (Number)	Is anyone better off? (%)

The aim is to distinguish between quantity and quality, and between inputs, outputs and outcomes or results. The bottom right hand box – what proportion of service users are better off (quality of effect) – is the most important, but the one that is often neglected.
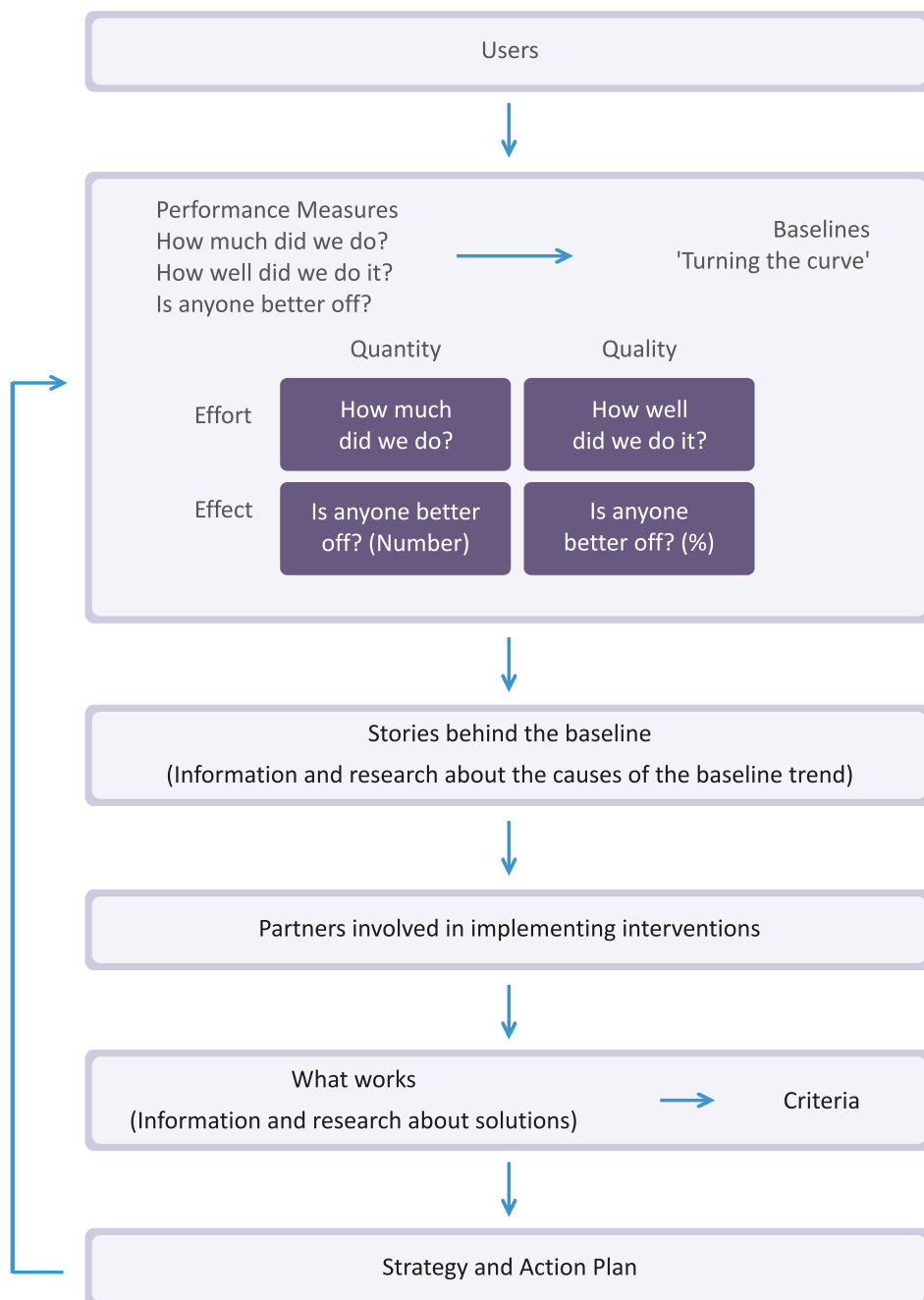
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┌─────────────────────────────────────────────────────────────┐
│                           Users                              │
└─────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────┐
│ Performance Measures                          Baselines       │
│ How much did we do?          ───────→         'Turning the curve' │
│ How well did we do it?                                        │
│ Is anyone better off?                                         │
│                    Quantity           Quality                 │
│          Effort  ┌──────────┐     ┌──────────┐                │
│                  │ How much │     │ How well │                │
│                  │ did we do?│    │ did we do it? │           │
│                  └──────────┘     └──────────┘                │
│          Effect  ┌──────────┐     ┌──────────┐                │
│                  │ Is anyone better │ Is anyone │              │
│                  │ off? (Number)    │ better off? (%) │        │
│                  └──────────┘     └──────────┘                │
└─────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────┐
│                Stories behind the baseline                    │
│   (Information and research about the causes of the baseline trend) │
└─────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────┐
│          Partners involved in implementing interventions      │
└─────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────┐
│                What works                         Criteria     │
│   (Information and research about solutions)  ───→             │
└─────────────────────────────────────────────────────────────┘
                              ↓
┌─────────────────────────────────────────────────────────────┐
│                Strategy and Action Plan                       │
└─────────────────────────────────────────────────────────────┘
```

Figure 11.
Performance Accountability

What are quality of life indicators?

The quality of life indicator set outlined here includes 45 key measures to help 'paint a picture' of the quality of life in a local area. The indicator set covers a range of important sustainable development issues that influence our long-term well-being. It helps measure the key issues of importance that have been derived from national policy priorities for Kazakhstan, as well as research and public surveys. All the indicators in this set have been devised from national data sources in the United Kingdom, with information available at the regional/Oblast (Akimat and municipality) levels. This makes it possible to bring together robust, accurate data for each area to enable local comparisons.

How local quality of life indicators can be used?

Oblasts and other government agencies already report on a range of performance indicators. Local quality of life indicators have been developed to provide an overarching 'snapshot' of the key issues that Oblasts/Akimats/municipalities and their partners need to consider. Indicators can be used to:

 ➢ paint a picture of quality of life issues locally;

 ➢ facilitate comparisons of performance between different areas;

 ➢ stimulate debate and raise public awareness;

 ➢ review, justify and set local objectives and priorities;

 ➢ monitor change and assess and evaluate progress over time; and

 ➢ enhance partnership working, shared ownership and joint action.

The local quality of life indicators do not focus on any one local agency but on all the local partners working together to address the issues involved in improving quality of life and local services.

Background to the development of quality of life indicators

The development of the local quality of life indicator set builds on a long process of developments and indicator sets in this area. The purpose has been to learn from this previous work and create one nationally agreed set of robust indicators (in the UK) that link to key current policy developments and help local communities to become more sustainable. It is clear that the local quality of life indicator set as a whole will need regular review as policy changes and data collection and reporting mechanisms develop over time. They will certainly need adaptation if applied to a developing country such as Kazakhstan.

The final good practice set of 45 local quality of life indicators for use by Oblasts/ Akimats or municipalities are set out below. They reflect the key headline issues that sustainable communities should monitor.

The local quality of life indicators:

> ➢ include important new indicators on health inequalities and sustainable communities;

> ➢ are sufficient in number to provide a balanced view of the issues, yet concise enough to focus attention on the key issues;

> ➢ form a coherent set covering almost all the key quality of life and sustainability issues; and

> ➢ present a picture of a whole area.

The indicators vary tremendously in type and design, and rely on a range of different sources and collection methods for the data. Some are based on hard data and are relatively objective, whereas others rely on surveys and subjective opinion.

Some of the indicators are aligned with national performance indicators and collection processes but several do not currently form part of any national performance management process (in the UK). It is this mix of indicator types with the wide coverage of issues that makes the quality of life indicators so unique.

The indicators have been developed for voluntary use. Progress on outcome indicators is usually affected by many external factors; they are often long term and are more difficult to define. There is also insufficient information about trends and the likely impact of actions to be sure that targets are not arbitrary. Akimats and municipalities may wish to consider developing local targets for those indicators where performance is poor, or for a small number of key priorities. Indicators provide key measures to help 'paint a picture' of the quality of life in an area covering a range of important environmental, social and economic issues.

Indicators can be used to produce area profiles at the level of the Oblast. They bring together all the data, information and assessments about local quality of life and public services. The area profiles approach has the advantage of going beyond the use of just indicators, or a focus on only one particular agency, to look at all the services and quality of life issues in a local area.

An area profile places strong emphasis on people and place and on issues that cut across traditional service boundaries – for example, a complete picture of the needs of specific sectors of the community, such as children or older people.

Area profiles are created using a variety of tools. Each tool helps the user explore and understand the quality of life and local services with regard to an aspect of the local community. A good area profile involves analysis of the following aspects:

➢ indicators of local quality of life and context statistics;

➢ public funding into and spending patterns within a local area;

➢ local residents' and service users' views on quality of life;

➢ independent inspectorate judgements about local services;

➢ the community and NGO contribution to local quality of life and services; and

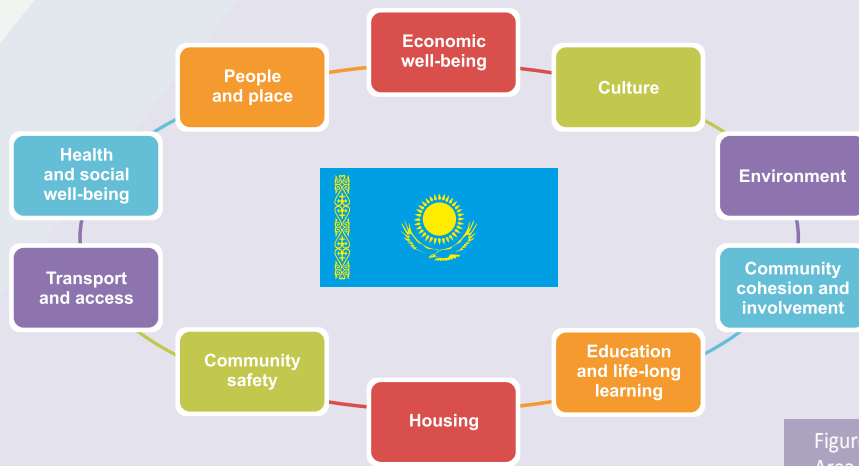➢ the business and private sectors' capacity and contributions to local quality of life and services.

The profiles produced by each of these six components are then used in the final process of bringing it all together – a synthesis of the findings.

The result of this synthesis is an area profile (Oblast level) that can be used in different ways:

i. To provide a summary for the public of all the data and assessments for the local area. For example, key findings could be published online, in a leaflet, or in a local newspaper article. This will help local people to hold public services to account and empower them to take decisions about priorities and services in their local area.

ii. Public sector organisations (council, police, health, NGO and private sectors) could apply the information to highlight problem areas where improvement is most needed.

iii. The government, national agencies, and regulators could draw on area profiles to identify strengths, weaknesses and trends in local areas. This will help them to agree on how best to target their support and improve public services.

These area profiles could be used to inform 'one-stop-shops' in Kazakhstan of services which need to be improved. The views of residents and service users could then be gathered to assess whether improvements have taken place following interventions. For the first time, data and information about a local area will be brought together in one place in an easily accessible format that is available to the public, regulators and service providers. The data and information will be structured around the ten quality of life themes within the local quality of life indicator set. Local quality of life indicators can play an important role in providing a 'headline' set of indicators to provide a snapshot overview of the quality of life and services in a local area.

List of local quality of life indicators

Table 6

People and place

Priorities for improvement in the local area, as defined by local residents.

Community cohesion and involvement

The percentage of residents who think that people being attacked because of their skin colour, ethnic origin or religion is a very big or fairly big problem in their local area.

The percentage of residents who think that for their local area, over the past three years, community activities have got better or stayed the same.

Election turnout

Community safety

The percentage of residents surveyed who said they feel 'fairly safe' or 'very safe'outside a) during the day; b) after dark.

a) Domestic burglaries per 1,000 households.
b) Violent offences committed per 1,000 population.
c) Theft of a vehicle per 1,000 population.
d) Sexual offences per 1,000 population.

The percentage of residents who think that a) vandalism, graffiti and other deliberate damage to property or vehicles; b) people using or dealing drugs; and c) people being rowdy or drunk in public places is a very big or fairly big problem in their local area.

The number of a) pedestrian and; b) cyclist road accident casualties per 100,000 population.

Culture and leisure

The percentage of the population within 20 minutes travel time (urban – walking, rural – by car) of different sports facility types.

The percentage of residents who think that for their local area, over the past three years the following have got better or stayed the same a) activities for teenagers; b) cultural facilities (for example, cinemas, museums); c) facilities for young children; d) sport and leisure facilities; and e) parks and open spaces.

Economic well-being

The percentage of the working-age population that is in employment.

a) The number of Job Seekers Allowance claimants as a percentage of the resident working age population and; b) percentage of these who have been out of work for more than a year.

a) The total number of VAT registered businesses in the area at the end of the year. b) The percentage change in the number of VAT registered businesses.

Job density (number of jobs filled to working age population).

The proportion of the population living in the most deprived areas in the country.

The percentage of the population of working age that is claiming key benefits.

The percentage of a) children and b) population over 60 that live in households that are income deprived.

Education and life-long learning

The percentage of half days missed due to total absence in a) primary and; b) secondary schools maintained by the local education authority.

The proportion of young people (16-24 year olds) in full-time education or employment.

The proportion of working-age population qualified to a) NVQ2 or equivalent and; b) NVQ4 or equivalent.

The percentage of 15-year-old pupils in schools maintained by the local authority achieving five or more GCSEs at grades A*-C or equivalent.

Environment

The proportion of developed land that is derelict.

The proportion of relevant land and highways that is assessed as having combined deposits of litter and detritus.

Levels of key air pollutants.

Carbon dioxide emissions by sector and per capita emissions.

Average annual domestic consumption of gas and electricity (kwh).

Daily domestic water use (per capita consumption).

The percentage of river length assessed as (a) good biological quality; and (b) good chemical quality.

The volume of household waste collected and the proportion recycled.

a) The percentage area of land designated as sites of special scientific interest (SSSI) within the local authority area in favourable condition; and b) the area of land designated as a local nature reserve per 1,000 population.

Health and social well-being

Age standardised mortality rates for a) all cancers; b) circulatory diseases; and c) respiratory diseases.

Infant mortality.

Life expectancy at birth (male and female).

The percentage of households with one or more person with a limiting long-term illness.

Teenage pregnancy, conceptions under 18 years, per 1,000 females aged 15-17.

Housing

The total number of new housing completions.

Affordable dwellings completed as a percentage of all new housing completions.

Household accommodation without central heating.

The percentage of residents who think that people sleeping rough on the streets or in other public places is a very big or fairly big problem in their local area.

The percentage of all housing that is unfit.

House price to income ratio.

Transport and access

The percentage of the resident population who travel to work a) by private motor vehicle; b) by public transport; c) on foot or cycle.

The percentage of the resident population travelling over 20 km to work.

The percentage of residents who think that for their local area, over the past three years, that a) public transport has got better or stayed the same; b) the level of traffic congestion has got better or stayed the same.

Estimated traffic flows for all vehicle types (million vehicle km).

Other indicators

The indicators above cover important quality of life areas.

Others which might be useful are:

- ➢ The percentage of people surveyed who feel that their local area is a place where people from different backgrounds get on well together.

- ➢ The percentage of people surveyed who feel they can influence decisions affecting their local area.

- ➢ Percentage of people surveyed finding it easy to access key local services.

- ➢ The number of childcare places.

A UK Case Study in Using Quality of Life Indicators

To operationalise the concept of quality of life indicators as a way of capturing well-being, the author selected one of the new local authorities, Armagh, Banbridge and Craigavon Council (ABC Council) to test community planning in practice. Armagh, Banbridge and Craigavon Council is the second largest council in Northern Ireland, covering 554 square miles with 200,000+ citizens, has 7 district electoral areas and 41 wards, with 1,195 employees and a budget of £50m+.

The methodology employed was to adapt the Audit Commission framework under the broad thematic areas above using data which were available and disaggregated by the new 11 council areas. There was no direct read-across from the Audit Commission indicators which constituted 'quality of life' measurement. However, using a combination of available NI data from: the 2011 census, multiple deprivation statistics, investing in health, and population statistics (Northern Ireland Neighbourhood Information Service: NINIS), a basket of indicators were collated to represent 'quality of life' in Northern Ireland. The empirical work is, therefore, limited by the availability of data for the new 11 councils as the unit of analysis. Hence, there could well be criticism of those variables selected for this study as representing in aggregate 'the quality of life'. As more data become available the basket of indicators could be refined further.

Using the methodology above, quality of life indicators were collated for the case study Council and similarly at the Northern Ireland wide level. This allowed the author to test whether Armagh, Banbridge and Craigavon Council was performing significantly better or worse than the Northern Ireland average and to highlight those areas, within a community planning framework, which needed the attention of key delivery agencies in, for example, health, education, policing etc. This analysis represents a baseline measurement for the case study council against which its future performance can be judged in terms of improving the quality of life of its constituents. Moreover, if developed across all council areas, it would allow for benchmarking one council against another with the aim of lifting public services performance across all councils.

Each of the categories (see table 7 for detailed statistics) comprising the composite measure of 'quality of life' was tested for statistical significance as follows:

(a) **Community Safety:** An independent-samples t-test was conducted to compare the variables which comprise community safety for Armagh, Banbridge and Craigavon Council and Northern Ireland as a whole. There was no significant difference in the scores for ABC Council (M = 7.53, SD = 10.67) and Northern Ireland overall (M = 9.25, SD = 13.65; t (8) = -.22, p = .83 two-tailed). The magnitude of the differences in the means (mean difference = -1.72, 95% CI: -19.59 to 16.14) was very small (eta squared = .006).

(b) **Education and Lifelong Learning:** An independent-samples t-test was conducted to compare the variables which comprise education and lifelong learning for Armagh, Banbridge and Craigavon Council and Northern Ireland as a whole (table 3). There was no significant difference in the scores for ABC Council (M = 52.20, SD = 37.75) and Northern Ireland overall (M = 50.96, SD = 36.16; t (12) = .06, p = .95 two-tailed). The magnitude of the differences in the means (mean difference = 1.24, 95% CI: -41.8 to 44.3) was very small (eta squared = .0003).

(c) **Economic well-being:** An independent-samples t-test was conducted to compare the variables which comprise economic wellbeing for Armagh, Banbridge and Craigavon Council and Northern Ireland as a whole (table 3). There was no significant difference in the scores for ABC Council (M = 80.96, SD = 103.77) and Northern Ireland overall (M = 85.55, SD = 108.90; t (20) = -.101, p = .92 two-tailed). The magnitude of the differences in the means (mean difference = -4.58, 95% CI: -99.19 to 90.02) was very small (eta squared = .0005).

(d) **Health and Social well-being:** An independent-samples t-test was conducted to compare the variables which comprise health and social wellbeing for Armagh, Banbridge and Craigavon Council and Northern Ireland as a whole (table 3). There was no significant difference in the scores for ABC Council (M = 53.05, SD = 42.25) and Northern Ireland overall (M = 54.34, SD = 43.12; t (10) = -.052, p = .96 two-tailed). The magnitude of the differences in the means (mean difference = -1.28, 95% CI: -56.20 to 53.63) was very small (eta squared = .0003).

(e) **Housing and Social well-being:** An independent-samples t-test was conducted to compare the variables which comprise housing and social wellbeing for Armagh, Banbridge and Craigavon Council and Northern Ireland as a whole (table 3). There was no significant difference in the scores for ABC Council (M = 26.22, SD = 22.56) and Northern Ireland overall (M = 25.43, SD = 22.58; t (10) = .06, p = .95 two-tailed). The magnitude of the differences in the means (mean difference = .78, 95% CI: -28.25 to 29.82) was very small (eta squared = .0003).

To standardise the different variable measurement units, we express the statistics in table 7 as z-scores.

Table 7: Quality of Life Indicators

Quality of Life Variables	ABC Council	Northern Ireland overall	Difference between ABC and NI	Better than NI stats	Worse than NI stats	Z-score difference between ABC and NI
Community Safety						
Anti-Social Behaviour per 1,000 pop. (2013)	26.14	33.18	7.04	Better		0.9362
Domestic Burglaries per 1,000 pop. (2013)	3.01	3.14	0.13	Better		0.2591
Violent offences with injury per 1,000 pop. (2013)	6.71	7.74	1.03	Better		0.10341
Sexual offences per 1,000 pop. (2013)	1.14	1.22	0.08	Better		0.26774
Hate Crime per 1,000 pop. (2013)	0.66	1	0.34	Better		0.22277
Education and Lifelong learning						
Free School Meals per 1,000 pop. (2013) – post primary	12.42	14.57	2.15	Better		0.09032
Further Education Professional and Technical qualifications per 1000 pop (2012)	69.96	55.3	-14.66	Better		2.81747
% Attendance rates post primary schools (2012)	93.18	92.9	-0.28	Better		0.33002
% Attendance rates primary school (2012)	95.11	94.93	-0.18	Better		0.31272
Enrolments at higher education institutions per 1,000 pop. (2012)	32.44	35.2	2.76		Worse	-0.19584
% School leavers with 5+ GCSE (E+M) (2012)	61.6	62.2	0.6		Worse	-0.1778
% School leavers with no GCSEs (2012)	0.7	1.6	0.9	Better		0.1259
Economic Well-Being						
Multiple disability benefit recipients per 1,000 pop. (2014)	131.38	137.45	6.07	Better		0.76841
Employment and support allowance claimants per 1,000 pop. (2014)	48.64	52.38	3.74	Better		0.36536
Job seekers allowance (age 16-64) per 1,000 pop. (2014)	27.34	30.89	3.55	Better		0.3325
Participants disposed in bankruptcy cases per 1,000 pop. (2013)	0.95	0.95	0	Same	Same	-0.28158
Mortgage cases received per 1,000 pop (2013)	2.07	2.02	-0.05		Worse	-0.29023

Invest NI start-ups from regional start initiative per 1,000 pop (2012)	0.72	0.86	0.14	Worse	-0.25737
Invest NI investment offers per 1,000 pop. (2012)	2.72	2.73	0.01	Worse	-0.27985
Invest NI assistance £ per head pop. (2012)	68.71	69.48	0.77	Worse	-0.14839
Invest NI investment £ per head pop. (2012)	321.46	328.01	6.55	Worse	-0.85144
Income deprived per 1000 pop. (2010)	214.96	242	27.04	Better	4.3958
Employment deprived (18-59/64) per 1,000 pop. (2010)	71.65	74.27	2.62	Better	0.17162
Health and Social Well-Being					
Heart disease raw prevalence per 1,000 patients (2014)	37.36	38.81	1.45	Better	0.03076
Mental health raw prevalence per 1,000 patients (2014)	7.56	8.54	0.98	Better	0.11206
Dementia raw prevalence per 1,000 patients (2014)	6.14	6.67	0.53	Better	0.1899
Obesity raw prevalence per 1000 patients age 16+ (2014)	107.38	112.5	5.12	Better	0.60407
Life expectancy male 2009-11	77.39	77.5	0.11	Worse	-0.26256
Life expectancy female 2009-11	82.49	82	-0.49	Better	0.36634
Housing and Social Well-Being					
% Non-decency rates dwellings (2009)	21.5	15.1	-6.4	Worse	-1.38866
% Households in fuel poverty (2009)	46.3	43.7	-2.6	Worse	-0.73133
% Households without central heating (2009)	0.6	1	0.4	Better	0.21239
% Dwelling tenure: owner occupied (2011)	59.5	61.7	2.2	Lower	-0.09897
% Dwelling tenure: social housing (2011)	21.4	16.5	-4.9	Higher	-1.12919
% Dwelling tenure: private rented (2011)	8	14.6	6.6	Lower	0.86008
Road Safety					
Collisions per 10,000 pop (2013)	29.64	31.81	2.17	Better	0.09378
Casualties per 10,000 pop (2013)	45.5	50.21	4.71	Better	0.53315

Appendix: Sources of Data for Quality of Life Comparison

Happiness index (highest the best): The World Happiness Report is a landmark survey of the state of global happiness. The first report was published in 2012, the second in 2013, and the third on April 23, 2015. Leading experts across fields – economics, psychology, survey analysis, national statistics, health, public policy and more – describe how measurements of well-being can be used effectively to assess the progress of nations. The reports review the state of happiness in the world today and show how the new science of happiness explains personal and national variations in happiness. They reflect a new worldwide demand for more attention to happiness as a criterion for government policy. The report is published by the Sustainable Development Solutions Network (SDSN).

Gross domestic product (US dollars, billions): GDP at purchaser's prices is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources. Data are in current U.S. dollars. Dollar figures for GDP are converted from domestic currencies using single year official exchange rates.
Source: IMF World Economic Outlook (WEO), April 2016

GDP per capita: is gross domestic product divided by midyear population. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources. Data are in current U.S. dollars.
Source: World Development Indicators (WDI), July 2016

Homicide rate (Rate per 100,000 population): "Intentional homicide" is defined as unlawful death purposefully inflicted on a person by another person
Source: UNODC International Homicide Statistics, 2014

Burglary rate: "Burglary" means gaining unauthorised access to a part of a building/ dwelling or other premises; including by use of force; with the intent to steal goods (breaking and entering). "Burglary" should include; where possible; theft from a house; apartment or other dwelling place; factory; shop or office; from a military establishment; or by using false keys. It should exclude theft from a car; from a container; from a vending machine; from a parking meter and from fenced meadow/compound.
Source: UNODC International Burglary, Car Theft and Housebreaking Statistics, 2014

Assault at the national level, rate (Rate per 100,000 population): 'Assault' means physical attack against the body of another person resulting in serious bodily injury; excluding indecent/sexual assault; threats and slapping/punching. 'Assault' leading to death should also be excluded.
Source: UNODC Assaults, Kidnapping, Robbery, Sexual Offences, Sexual Rape, Total Sexual Violence, 2014

Robbery at the national level, rate (Rate per 100,000 population): «Robbery" means the theft of property from a person; overcoming resistance by force or threat of force. Where possible; the category "Robbery" should include muggings (bag-snatching) and theft with violence; but should exclude pick pocketing and extortion.
Source: UNODC Assaults, Kidnapping, Robbery, Sexual Offences, Sexual Rape, Total Sexual Violence, 2014

Theft, Private Cars, Rate (Rate per 100,000 population): Private Cars' means motor vehicles, excluding motorcycles, commercial vehicles, buses, lorries, construction and agricultural vehicles.
Source: UNODC International Burglary, Car Theft and Housebreaking Statistics, 2014

Total health expenditure (% of GDP): Total health expenditure is the sum of public and private health expenditure. It covers the provision of health services (preventive and curative), family planning activities, nutrition activities, and emergency aid designated for health but does not include provision of water and sanitation.
Source: National Health Accounts, 1995-2014

General government expenditure on health per capita (US$ per capita at exchange rate) in 2013
Source: National Health Accounts, 1995-2014

Healthy life expectancy (years)
Source: UN World Health Statistics, 2014

Life expectancy at birth (years): Life expectancy at birth indicates the number of years a newborn infant would live if prevailing patterns of mortality at the time of its birth were to stay the same throughout its life.
Source: World Development Indicators (WDI), July 2016

Hospital beds per 1,000 people (per 1,000 people): Hospital beds include inpatient beds available in public, private, general, and specialized hospitals and rehabilitation centers. In most cases beds for both acute and chronic care are included.
Source: World Development Indicators (WDI), July 2016

Poverty headcount ratio at national poverty line (% of population)
Source: Poverty and Equity Database, 2015

Income Inequality – GINI index: Gini index measures the extent to which the distribution of income or consumption expenditure among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The Gini index measures the area between the Lorenz curve and a hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. Thus a Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.
Source: World Development Indicators (WDI), July 2016

Poverty Headcount Ratio – Poverty headcount ratio at $5 a day (PPP) (% of population)
Source: Poverty and Equity Database, 2015

Adult (15+) literacy rate (%): Total is the percentage of the population age 15 and above who can, with understanding, read and write a short, simple statement on their everyday life. Generally, 'literacy' also encompasses 'numeracy', the ability to make simple arithmetic calculations. This indicator is calculated by dividing the number of literates aged 15 years and over by the corresponding age group population and multiplying the result by 100.
Source: Education Statistics (World Bank), June 2016

Expenditures on Education – Public spending on education (% of GDP): Public expenditure on education as % of GDP is the total public expenditure (current and capital) on education expressed as a percentage of the Gross Domestic Product (GDP) in a given year. Public expenditure on education includes government spending on educational institutions (both public and private), education administration, and transfers/subsidies for private entities (students/households and other privates entities).
Source: World Development Indicators (WDI), July 2016

Gross graduation ratio. Tertiary (ISCED 5A) first degree (%): Total is the total number of female graduates in tertiary ISCED 5A programmes (first degree) expressed as a percentage of the total population of the age where they theoretically finish the most common first degree programme in the given country.
Source: Education Statistics (World Bank), June 2016

Out-of-school rate for children of lower secondary school age (%). Total is the number of children of official lower secondary school age who are not enrolled in lower secondary school expressed as a percentage of the population of official lower secondary school age.
Source: Education Statistics (World Bank), June 2016

CO_2 Emissions from Fossil-fuel – Per capita CO_2 emissions (metric tons of carbon per capita): Carbon dioxide emissions are those stemming from the burning of fossil fuels and the manufacture of cement. They include carbon dioxide produced during consumption of solid, liquid, and gas fuels and gas flaring.
Source: Fossil-Fuel CO_2 Emissions by Nation, 2015

Sanitation: Proportion of Total population served with Improved Sanitation (%) (Percent)
Source: WHO/UNICEF Water Supply Statistics, 2015

Water Supply: Proportion of Total population served with Improved Water (%) (Percent)
Source: WHO/UNICEF Water Supply Statistics, 2015

The Regional Hub of Civil Service in Astana (ACSH), an initiative of the Government of Kazakhstan and United Nations Development Programme, was established in March 2013 by 25 countries and 5 international organisations. It receives financial and institutional support from the Government of Kazakhstan and it relishes the backing of UNDP as the key implementing partner.

The ACSH is a multilateral institutional platform for the continuous exchange of knowledge and experience in the field of civil service development, aiming at supporting governments in the region through fostering partnerships, capacity building and peer-to-peer learning development activities; and evidence-based solutions, informed by a comprehensive research agenda. The geographical range of participants stretches from the North America and Europe, through the CIS, the Caucasus and Central Asia to ASEAN countries, demonstrating that partnership for civil service excellence is a constant and universal need for all nations.