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Investigating the Impact of the Social Security Organization's Performance on Community Mental Health with Emphasis on Citizenship Rights in Zahedan

ABSTRACT

The performance of social security systems plays a critical role not only in ensuring economic protection but also in shaping public mental health and perceptions of citizenship rights. In Iran, particularly in socioeconomically marginalized regions such as Zahedan, inefficiencies and inequities in the Social Security Organization (SSO) have raised concerns about their broader psychosocial implications. Despite numerous organizational reforms and policy efforts, the impact of service delivery on citizens' mental well-being and sense of civic inclusion remains underexplored in local contexts. This study aimed to investigate how the performance of the Social Security Organization in Zahedan affects the mental health of citizens, with specific emphasis on the protection and perception of their citizenship rights. This research employed a qualitative design using semi-structured interviews with 21 purposively selected participants from Zahedan, including insured individuals, healthcare professionals, social workers, and legal experts. Data were collected between September 2024 and August 2025. Thematic analysis was conducted through open, axial, and selective coding using NVivo software, with data collection continuing until theoretical saturation was reached. Five core themes emerged: (1) organizational dysfunction, (2) psychological and emotional consequences, (3) erosion of citizenship rights, (4) inequity and social exclusion, and (5) systemic barriers to access. Participants reported emotional distress, loss of trust, and perceived violations of dignity and rights due to bureaucratic inefficiency, lack of mental health support, and discriminatory service delivery. Structural and cultural gaps within the SSO were identified as major contributors to citizens' psychological burden. The findings highlight a critical link between institutional performance and mental health, suggesting the need for citizen-centered, equitable, and transparent reforms in the SSO, especially in underserved areas like Zahedan.

Keywords: Social Security Organization; Mental Health; Citizenship Rights; Zahedan; Service Delivery; Qualitative Study; Institutional Trust.

Introduction

Over the past two decades, there has been a growing recognition of the non-material effects of social protection services, particularly their implications for emotional and psychological stability. Research increasingly shows that inefficient, opaque, or inequitable service delivery can result in chronic stress, a sense of helplessness, and deterioration of mental health, particularly among vulnerable groups [1, 2]. When beneficiaries are forced to navigate bureaucratic complexities, endure long waiting times, or receive unequal treatment, the very institutions meant to provide stability and protection become sources of anxiety and social alienation.

The Iranian Social Security Organization, as the largest provider of insurance and healthcare coverage in the country, has undergone numerous reforms and structural transformations, yet questions remain about the accessibility, quality, and equity of its services. Studies have shown that inefficiencies within the Social Security Organization (SSO) — including managerial shortcomings, centralized decision-making, and outdated procedural systems — have led to systemic dissatisfaction among insured citizens and have weakened public trust [3-5]. These outcomes are particularly pronounced in peripheral and underserved regions such as Zahedan, where disparities in access to services exacerbate already-existing mental health burdens.

The relationship between social protection systems and mental health is especially salient in contexts where economic precarity and institutional inadequacy intersect. In a study by [6], it was found that inefficiencies in the delivery of healthcare services within the SSO significantly reduced user satisfaction, which in turn contributed to psychological distress, especially among low-income and elderly populations. Similarly, [7] emphasized that inequities in the spatial and demographic distribution of SSO health facilities created a profound sense of marginalization among the insured, which negatively affected their perception of citizenship and belonging.

Beyond service quality, a significant determinant of mental well-being in relation to social security systems is the degree to which citizens feel recognized, respected, and protected under the law. The concept of citizenship rights in welfare systems implies not only the right to access benefits but also to be treated with dignity and equality in public service contexts. Unfortunately, in many developing and transitional societies, these rights are often undermined by bureaucratic paternalism, lack of transparency, and limited legal recourse mechanisms [8, 9]. In Zahedan, where minority groups and rural residents often report feelings of systemic neglect, the SSO's failure to provide responsive, citizen-oriented services can become a contributing factor to long-term psychological harm.

To respond to these multifaceted challenges, scholars and policymakers have begun calling for institutional reforms that prioritize human-centric, digitally-enabled, and equitable service delivery models. According to [10], the integration of artificial intelligence and digital technologies into social security systems has the potential to reduce procedural delays, improve communication channels, and ensure more personalized responses to user needs. However, successful implementation depends on more than just technological infrastructure; it requires organizational readiness, skilled personnel, and a culture of continuous learning [11, 12].

Despite these insights, there remains a significant gap in context-specific empirical studies that explore how these structural and technological transformations translate into lived experiences at the community level. Most existing studies have focused on national policy evaluation, strategic planning, or digital transformation frameworks, with limited attention paid to psychological outcomes or citizenship dynamics in local settings like Zahedan. For instance, while [13] and [14] have contributed valuable models for e-learning and policy foresight in the SSO, few have examined how these models tangibly impact mental health perceptions among end-users.

Moreover, the literature on future studies and scenario planning in the Iranian SSO context offers valuable foresight strategies but often lacks behavioral or emotional dimensions. For example, [15] and [16] present robust frameworks for envisioning the organization’s long-term future and managerial capability development, yet they do not address the micro-level emotional and psychological implications of service interactions. This omission highlights a critical need for qualitative, grounded research that brings citizen voices to the center of organizational evaluation.

At the same time, the organizational complexity and multi-layered mandate of the SSO — ranging from health service provision to retirement and unemployment benefits — make it both a lifeline and a stressor for millions of Iranians. According to [17], the SSO's internal leadership and crisis management models are in urgent need of reform, particularly with respect to responsiveness, local engagement, and transparency. In regions like Zahedan, where economic hardship and social instability already pose significant threats to well-being, the performance of the SSO can mean the difference between resilience and despair.

To that end, the present study seeks to fill a critical gap in existing scholarship by exploring how the performance of the Social Security Organization in Zahedan impacts the mental health of the insured population and shapes their perception of citizenship rights. Through a qualitative design based on semi-structured interviews with a diverse group of stakeholders — including service recipients, healthcare professionals, legal experts, and social workers — this research aims to uncover the lived experiences, perceptions, and emotional responses triggered by institutional encounters with the SSO.

Specifically, the study investigates themes such as service satisfaction, perceived fairness, emotional consequences of delays and inefficiencies, awareness of rights, and trust in institutional mechanisms.

Methods and Materials

This study employed a qualitative research design with a focus on exploring the perceived impact of the Social Security Organization's performance on the mental health of the community, emphasizing the concept of citizenship rights. The study was conducted in Zahedan, Iran, between September 2024 and August 2025. A purposive sampling technique was used to select participants who had either direct interaction with the Social Security Organization or held relevant knowledge and experience regarding its performance and its implications on mental health and civic rights.

A total of 21 participants were interviewed, including citizens, social activists, health professionals, and local policy experts. Participants were selected to ensure diversity in perspectives while also ensuring relevance to the research objectives. The sampling process continued until theoretical saturation was reached, indicating that no new themes or insights were emerging from additional data.

Data were collected using semi-structured interviews, allowing for flexibility in probing emerging themes while maintaining consistency across core research questions. The interviews were conducted face-to-face and lasted between 40 to 90 minutes. All interviews were recorded with participants' consent and were subsequently transcribed verbatim for analysis. An interview guide was developed to ensure coverage of essential topics, including perceptions of organizational performance, mental health implications, and the observance of citizenship rights by the Social Security Organization.

The collected data were analyzed using thematic analysis, following Braun and Clarke's six-phase framework. This approach allowed for the identification of recurring patterns and in-depth interpretation of participant narratives. The data coding and organization process was facilitated using NVivo software, which enhanced the rigor and traceability of the analytic process. Initial codes were generated inductively from the raw data, and themes were subsequently refined through iterative comparison and constant reference to the interview transcripts.

To ensure trustworthiness, the research incorporated strategies such as member checking, peer debriefing, and audit trail documentation. These measures aimed to enhance the credibility, transferability, and dependability of the findings.

Findings and Results

The study included 21 participants from Zahedan, selected through purposive sampling to ensure diversity of perspectives relevant to the research objectives. In terms of gender, 12 participants were female (57.1%) and 9 were male (42.9%). Regarding age distribution, 4 participants (19.0%) were aged 25–34, 7 (33.3%) were between 35–44, 6 (28.6%) were aged 45–54, and 4 participants (19.0%) were 55 years or older. In terms of educational attainment, 2 participants (9.5%) held a diploma, 6 (28.6%) had a bachelor's degree, 9 (42.9%) had completed a master's degree, and 4 (19.0%) possessed a doctoral degree. Participants also represented a variety of professional backgrounds, including retired Social Security recipients (n=5), healthcare professionals (n=4), university faculty members (n=3), social workers (n=3), legal experts (n=2), activists in civil society organizations (n=2), and journalists or media professionals (n=2). This demographic diversity helped capture a broad range of lived experiences and interpretations related to the Social Security Organization's performance and its impact on mental health and citizenship rights in the local context.

The open coding phase served as the foundational step in the analysis process, during which raw interview transcripts were meticulously reviewed to identify meaningful textual units. These units were labeled with conceptual tags, or open codes, that reflected recurring ideas, perceptions, or concerns expressed by the participants. This phase was entirely inductive, allowing the data to speak for itself without pre-imposed categories. A total of 21 interviews were coded using NVivo software, and approximately 75 distinct open codes were identified across the dataset. These codes represent key elements related to participants' views on the performance of the Social Security Organization in Zahedan, particularly in terms of its influence on mental health and the recognition of citizenship rights. The codes were later used in axial and selective coding to form broader themes and core categories.

Table 1.

Open Codes and Referencing Interviews

Open Code	Interview Reference(s)
Lack of access to quality services	1, 3, 7, 12, 18
Long wait times	2, 4, 8, 11, 13, 20
Bureaucratic inefficiency	1, 5, 6, 9, 14, 21
Poor communication with clients	3, 6, 10, 12, 15
Lack of transparency	4, 9, 16, 18
Emotional distress due to service delays	2, 5, 7, 14
Inadequate mental health support	3, 11, 17, 19
Disrespectful staff behavior	2, 8, 10, 16
Ignoring elderly needs	1, 7, 13, 15
Disregard for citizens' dignity	3, 6, 14, 20
Limited service coverage	1, 4, 9, 19
Confusion about rights	2, 5, 8, 16
Unequal treatment of clients	3, 11, 13, 21
Service centralization in urban areas	4, 6, 15, 18
Psychological insecurity	1, 7, 10, 12
Helplessness in navigating procedures	2, 5, 11, 14
Stress caused by financial burden	3, 6, 9, 13, 17
Delayed pension payments	1, 4, 8, 16
Lack of follow-up in service provision	2, 5, 10, 15
Social distrust toward the organization	3, 7, 12, 18
Absence of complaint handling system	4, 6, 9, 14
Feeling of being ignored	1, 5, 8, 17
No psychological counseling services	2, 6, 11, 19
Rights awareness gap	3, 7, 13, 20
Cultural insensitivity	4, 9, 14, 18
Dependency on in-person visits	1, 4, 10, 12
Gender-based neglect in services	2, 5, 13, 15

Overload in local branches	3, 8, 11, 17
Untrained personnel	1, 6, 9, 18
Lack of digital service options	2, 7, 14, 19
Poor infrastructure	4, 10, 15, 20
Stigma in seeking mental health help	3, 6, 13, 21
Lack of legal support mechanisms	1, 5, 11, 17
Fear of retaliation after complaints	2, 8, 14, 18
Staff unawareness of rights frameworks	3, 7, 10, 16
Feeling abandoned by state systems	1, 4, 9, 19
Over-reliance on paperwork	2, 6, 13, 15
Lack of crisis intervention protocol	3, 11, 17, 21
Emotional exhaustion in families	4, 5, 12, 18
Misalignment of policies with local needs	1, 7, 10, 14
Minimal outreach programs	2, 8, 13, 16
Marginalization of vulnerable groups	3, 6, 9, 19
Unmet expectations post-retirement	1, 5, 11, 17
Mental health not prioritized	2, 4, 7, 15
Inconsistent service standards	3, 8, 10, 18
Ambiguity in responsibilities	1, 6, 13, 20
Frustration with system complexity	2, 5, 9, 14
Feeling voiceless in policymaking	3, 7, 12, 16
Lack of integrated care system	4, 8, 11, 19
Delays in claim processing	1, 5, 10, 17
Limited mental health literacy	2, 6, 9, 13

The axial coding phase involved organizing and connecting the open codes into broader conceptual categories by identifying relationships among them. While open coding fragmented the data into distinct pieces, axial coding reassembled it by linking similar or related open codes under unified thematic categories. This phase allowed for the emergence of core dimensions that reflected participants' shared experiences, systemic problems, and perceptions regarding the Social Security Organization's influence on mental health and citizenship rights in Zahedan. Through a constant comparative method, the codes were clustered around phenomena, causal conditions, contextual factors, strategies, and consequences. A total of 21 axial codes were extracted, each encompassing several related open codes derived from the earlier phase.

Table 2.

Axial Codes and Their Corresponding Open Codes

Axial Code	Related Open Codes
Service Delivery Inefficiency	Lack of access to quality services, Long wait times, Bureaucratic inefficiency, Overload in local branches, Inconsistent service standards
Mental Health Neglect	Inadequate mental health support, No psychological counseling services, Mental health not prioritized, Stigma in seeking mental health help, Lack of crisis intervention protocol
Violation of Citizenship Dignity	Disrespectful staff behavior, Disregard for citizens' dignity, Feeling of being ignored, Feeling voiceless in policymaking
Rights Awareness Deficiency	Confusion about rights, Rights awareness gap, Staff unawareness of rights frameworks, Limited mental health literacy
Gender and Cultural Insensitivity	Cultural insensitivity, Gender-based neglect in services, Marginalization of vulnerable groups
Centralization of Services	Service centralization in urban areas, Dependency on in-person visits, Poor infrastructure
Emotional and Psychological Burden	Emotional distress due to service delays, Psychological insecurity, Emotional exhaustion in families, Helplessness in navigating procedures
Ineffective Communication and Follow-up	Poor communication with clients, Lack of follow-up in service provision, Ambiguity in responsibilities
Technological Gaps	Lack of digital service options, Over-reliance on paperwork
Lack of Legal and Structural Support	Absence of complaint handling system, Lack of legal support mechanisms, Fear of retaliation after complaints
Financial Pressure and Stress	Stress caused by financial burden, Delayed pension payments, Unmet expectations post-retirement
Organizational Distrust	Social distrust toward the organization, Feeling abandoned by state systems, Frustration with system complexity
Workforce Incompetency	Untrained personnel, Staff unawareness of rights frameworks
Procedural Ambiguity	Ambiguity in responsibilities, Confusion about rights, Misalignment of policies with local needs
Inequity in Service Delivery	Unequal treatment of clients, Inconsistent service standards
Absence of Integrated Care	Lack of integrated care system, Minimal outreach programs
Policy Misalignment	Misalignment of policies with local needs, Ambiguity in responsibilities
Lack of Outreach and Public Engagement	Minimal outreach programs, Feeling voiceless in policymaking

Structural Limitations	Poor infrastructure, Overload in local branches, Bureaucratic inefficiency
Disempowerment of Vulnerable Populations	Marginalization of vulnerable groups, Helplessness in navigating procedures
Communication Barriers	Poor communication with clients, Cultural insensitivity, Emotional distress due to service delays

This axial coding process enabled the consolidation of 75 open codes into 21 meaningful thematic categories, illustrating the complex interplay of structural, institutional, psychological, and social factors that shape public perception of the Social Security Organization's performance. The codes reflect systemic inefficiencies and the lack of citizen-centered approaches, particularly in the domains of mental health care and the protection of citizenship rights. The identified axial codes serve as an analytical bridge between raw data and the development of higher-level concepts in the selective coding phase, laying the groundwork for identifying a central category that integrates the entire phenomenon under study.

The final stage of the grounded theory analysis involved selective coding, where the researcher identified and refined the core categories (selective codes) that represented the central themes of the study. This phase aimed to integrate and synthesize the axial codes into broader, more abstract categories that could explain the central phenomenon — in this case, the impact of the Social Security Organization’s performance on community mental health and citizenship rights in Zahedan. The process entailed a critical review of the relationships among axial codes to determine patterns of causality, influence, and interdependence. The resulting five main selective codes reflect the multidimensional nature of the organizational, psychological, social, legal, and structural challenges expressed by participants.

Table 3.

Selective Codes and Corresponding Axial Codes

Selective Code (Main Category)	Associated Axial Codes
Organizational Dysfunction	Service Delivery Inefficiency, Workforce Incompetency, Ineffective Communication and Follow-up, Structural Limitations
Psychological and Emotional Consequences	Mental Health Neglect, Emotional and Psychological Burden, Organizational Distrust
Erosion of Citizenship Rights	Violation of Citizenship Dignity, Rights Awareness Deficiency, Lack of Legal and Structural Support
Inequity and Social Exclusion	Gender and Cultural Insensitivity, Inequity in Service Delivery, Disempowerment of Vulnerable Populations
Systemic Barriers to Access	Centralization of Services, Technological Gaps, Absence of Integrated Care, Policy Misalignment, Lack of Outreach and Public Engagement

The selective coding phase clarified the overarching narratives emerging from participants’ experiences. The first major category, *Organizational Dysfunction*, highlights how inefficient procedures, incompetent staff, and poor communication compound the public’s frustration with service delivery. The second, *Psychological and Emotional Consequences*, underscores how these dysfunctions manifest in emotional distress, insecurity, and mental health deterioration. The third, *Erosion of Citizenship Rights*, reveals a perceived decline in dignity, legal protection, and awareness of fundamental rights — core tenets of a just society. The fourth, *Inequity and Social Exclusion*, exposes how gender, cultural, and social disparities intersect to marginalize vulnerable groups. Finally, *Systemic Barriers to Access* captures the structural and policy-level obstacles — such as centralization, lack of digital services, and poor outreach — that limit equitable access to services.

Together, these five core categories present a coherent and multi-layered understanding of how the performance of the Social Security Organization in Zahedan is intimately tied to community mental health outcomes and perceptions of citizenship rights. These insights lay the foundation for developing policy recommendations and reform strategies grounded in the lived experiences of those most affected.

Discussion and Conclusion

The findings of this qualitative study revealed that the performance of the Social Security Organization (SSO) in Zahedan exerts a profound influence on community mental health and citizens' perception of their rights. The thematic analysis of interviews with 21 participants identified five core categories: Organizational Dysfunction, Psychological and Emotional Consequences, Erosion of Citizenship Rights, Inequity and Social Exclusion, and Systemic Barriers to Access. These categories reflect the deep interconnection between institutional performance and psychosocial well-being. Participants emphasized that experiences of neglect, inefficiency, and injustice within the SSO contributed to emotional distress, social distrust, and a diminished sense of civic inclusion. These findings are consistent with previous national studies highlighting the structural and operational shortcomings of Iran's social security framework [1, 2].

One of the dominant findings was the perceived inefficiency of service delivery, including long wait times, lack of follow-up, and bureaucratic complexity. Participants reported feelings of frustration and helplessness when navigating administrative procedures, which they believed negatively impacted their mental health. These experiences align with findings by [4], who demonstrated that excessive bureaucracy in the SSO undermines service efficiency and exacerbates user dissatisfaction. Similarly, [3] highlighted the role of ineffective time management in producing institutional delays, contributing to stress among beneficiaries. The bureaucratic burden, particularly in the absence of technological integration, emerged as a key psychological stressor, reinforcing the notion that poorly designed systems can directly affect users' emotional well-being.

Another critical insight from the data relates to the neglect of mental health services within the SSO structure. Participants overwhelmingly expressed concern that mental health support is either absent or insufficient, especially in underserved areas like Zahedan. Despite the SSO's responsibility to provide holistic care, psychological services are rarely prioritized. This resonates with the observations of [6], who found that mental health provisions in direct healthcare units managed by the SSO were underutilized and underfunded. Furthermore, [17] identified leadership shortcomings in crisis response, noting that the lack of preparedness and targeted intervention contributes to community-level psychological vulnerabilities. In this light, the SSO's failure to incorporate mental health as a core component of its service model is not just an operational gap but a violation of the public's right to comprehensive health protection.

The erosion of citizenship rights emerged as both a thematic finding and an emotional reality expressed by participants. Feelings of being ignored, disrespected, or denied basic entitlements created a sense of civic disenfranchisement. Respondents described experiences that compromised their dignity, including discriminatory treatment, lack of legal recourse, and limited awareness of rights. This is consistent with the findings of [8], who argued that the organizational culture of the SSO often fails to reflect a rights-based approach, particularly in relation to citizen dignity and justice. [9] similarly emphasized the importance of embedding citizenship values in social security policy, cautioning that the absence of rights-awareness and participatory mechanisms undermines institutional legitimacy. In Zahedan, where ethnic, geographic, and economic disparities are pronounced, such institutional failures compound broader patterns of marginalization and exclusion.

A related dimension involves social inequity and exclusion, particularly concerning women, rural populations, and the elderly. Participants noted that service distribution is geographically biased, with urban centers receiving the majority of resources and attention. This supports the work of [7], who highlighted the unequal distribution of healthcare facilities in the

SSO and its implications for service equity. In addition, cultural insensitivity and gender-blind policies were mentioned as contributing to further alienation. Respondents felt that the SSO did not recognize the diverse needs of different demographic groups, often applying a one-size-fits-all approach to service delivery. These outcomes align with [14], who identified a lack of foresight in the organization's policy design, particularly in accommodating diverse social groups.

From a structural perspective, the centralization of decision-making and absence of digital innovation were cited as major impediments to effective service delivery. Participants argued that reliance on outdated, paper-based processes increases delays, reduces transparency, and inhibits accessibility—particularly for individuals living in remote or underserved regions. These concerns are echoed by [11], who identified the lack of knowledge management systems and digital infrastructures as a key limitation within insurance organizations like the SSO. Meanwhile, [10] emphasized the transformative potential of artificial intelligence in improving responsiveness, efficiency, and user satisfaction within social protection systems. However, the study participants indicated that such technologies have not been widely adopted in Zahedan, reinforcing digital divides and undermining the potential for equitable access.

Beyond technological concerns, the data pointed to organizational capacity gaps, particularly in terms of staff training, policy coherence, and leadership vision. Participants described interactions with uninformed or unmotivated personnel and pointed to the absence of accountability mechanisms. This reflects the findings of [5], who examined the weaknesses in decision-making practices within the SSO. Moreover, the study by [12] revealed similar findings in relation to virtual training systems, arguing that lack of internal coordination and support limits the success of reform initiatives. Additionally, [16] underscored the importance of managerial foresight and futures-oriented competencies in enabling sustainable improvements in SSO operations — capacities that participants in this study found largely lacking in Zahedan.

While the central findings of this study affirm known challenges in Iran's social security system, they also extend the conversation by emphasizing mental health as a key impact domain. Unlike previous research that has focused predominantly on financial, structural, or policy-level concerns [13, 15], this study demonstrates that the consequences of poor organizational performance are deeply psychological. Anxiety, frustration, emotional fatigue, and loss of trust were frequently mentioned by participants as direct consequences of their interactions with the SSO. These emotional responses are not simply byproducts of inefficiency — they are symptoms of systemic neglect and violations of public dignity.

Furthermore, the findings suggest that citizens' perception of their rights is shaped not only by legal frameworks but also by their lived experiences of service delivery. When institutions fail to respect, inform, and engage with users as rights-bearing individuals, it creates a disconnect that can weaken social cohesion and reduce civic engagement. In this way, the SSO is not merely a welfare provider; it becomes a site where state-society relations are continuously negotiated. Therefore, strengthening the mental health of the insured population in Zahedan requires not only technical reforms but a normative shift toward citizen-centered governance.

While this study offers valuable insights into the intersection of organizational performance, mental health, and citizenship rights, it has several limitations. The qualitative design, though rich in depth, limits generalizability beyond the Zahedan context. The sample size, although appropriate for qualitative saturation, may not reflect the full diversity of experiences across different demographic or occupational groups. Moreover, the study relied exclusively on self-reported experiences, which may be influenced by recall bias or subjective interpretation. The absence of quantitative metrics such as stress levels or mental health assessments also limits the ability to correlate findings with clinical indicators.

Future studies should consider adopting **mixed-methods approaches** to combine subjective experiences with objective data on mental health outcomes. Longitudinal designs could help track the impact of organizational reforms on psychological well-being over time. Comparative research between provinces or urban-rural populations would also be valuable in identifying systemic patterns or disparities. Additionally, further investigation into the role of digital technologies and AI-driven platforms in improving mental health outcomes through social security systems would expand the current literature. Finally, examining the perspectives of frontline SSO staff could provide a more holistic understanding of institutional dynamics.

To address the findings of this study, policymakers should prioritize decentralization and improve local responsiveness in regions like Zahedan. Mental health services must be formally integrated into the core structure of the Social Security Organization, accompanied by public awareness campaigns. Service delivery should be reoriented around the principles of dignity, inclusion, and transparency, ensuring that users are treated not as passive recipients but as empowered citizens. Investment in staff training, digital infrastructure, and culturally sensitive outreach programs is essential to rebuild public trust. Lastly, the development of grievance mechanisms and legal support systems will enhance accountability and strengthen the civic foundation of the SSO.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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