Manual to Support National Data Collection on
SDG Indicator 16.6.2:

Proportion of population satisfied with their last experience of public services

UNDP Oslo Governance Centre

Table of Contents

This Manual will be periodically reviewed as the indicator is further refined, building from methodological discussions, possible new recommended standards and national experiences in measuring SDG 16.6.2.

For assistance in data collecting, processing and computing data for this indicator, or if you have questions around the inputting of SDG 16.6.2 data through the UNDP SDG 16 Reporting Platform, please contact SDG16indicators@undp.org at the UNDP Oslo Governance Centre.

1. Introduction

Indicator 16.6.2 measures the levels of satisfaction with people's last experience with public services, in the three service areas of health care, education and government services (i.e. services to obtain government-issued identification documents and services for the civil registration of life events such as births, marriages and deaths). This is a survey-based indicator that emphasizes citizens' experiences over general perceptions, with an eye on measuring the availability and quality of services as they were actually delivered to survey respondents.

Respondents are asked to reflect on their last experience with each service and to provide a rating on five "attributes", or service-specific standards, of health care, education and government services (such as access, affordability, quality of facilities, etc.). A final question asks respondents for their overall satisfaction level with each service.

UNDP has translated the methodology for measuring this indicator into a set of questions, which can be found in the **Governance Survey** module of the SDG 16 Survey Initiative Implementation Manual and Questionnaire. Additional information on this indicator can be found in its Metadata and Indicator Brief documents.

2. Rationale

Governments have an obligation to provide a wide range of public services that should meet their citizens' expectations in terms of access, responsiveness and reliability/quality. When citizens cannot afford some essential services, when their geographic or electronic access to services and information is difficult, or when the services provided do not respond to their needs or are of poor quality, citizens will naturally tend to report lower satisfaction not only with these services, but also with public institutions and governments. In this regard, it has been shown that citizens' experience with front-line public services affects their trust in public institutions. Mindful of this close connection between service provision/performance, citizen satisfaction and public trust, governments are increasingly interested in better understanding citizens' needs, experiences and preferences to be able to provide better-targeted services, including for underserved populations.

Measuring satisfaction with public services is at the heart of a people-centred approach to service delivery, and it is an important outcome indicator of overall government performance. Yet while a large number of countries have experience with measuring citizen satisfaction with public services, there is also a great deal of variability in the ways national statistical offices and government agencies in individual countries collect data in this area, in terms of the range of services included, the specific attributes of the services examined, and question wording and response formats, among other methodological considerations. This variability poses a significant challenge for cross-country comparison of such data.

SDG 16.6.2 focuses on global reporting on the three service areas of (1) health care, (2) education and (3) government services. These are "services of consequence", salient for all countries and for both rural and urban populations within countries. They are also among the most common service areas covered by national household or citizen surveys on satisfaction with public services.

3. Related Indicators

SDG indicator 16.6.2, measured from citizen surveys, is an important complement to other SDG indicators assessing various aspects of public service provision that draw from administrative sources, such as SDG 3.8.1 on coverage of essential health services[1] and SDG 4.a.1 on school facilities2. While these indicators focus on similar attributes as those measured by SDG 16.6.[2], such as 'accessibility' and 'quality of facilities', they may not reflect people's actual experience of education facilities or healthcare services due to the methodological challenges of collecting quality data from administrative sources.

Amongst SDG indicators assessing various aspects of public service provision, indicator 1.4.1, which measures the "proportion of population living in households with access to basic services" has particular relevance to indicator 16.6.2:
•   Indicator 1.4.1 measures 'Access to Basic Health Care Services' by drawing on readily available data reported on SDG indicator 3.7.1 on access to reproductive health (Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods). Indicator 16.6.2 therefore provides important additional information by (1) broadening the scope of measurement from reproductive health to 'basic healthcare services' as internationally defined, and (2) by assessing five key attributes of healthcare service provision not assessed by 1.4.1, namely access, affordability, quality of facilities, equal treatment for everyone and doctor's attitude, and (3) by using survey data to measure people's satisfaction with healthcare services based on their last experience.

•   Indicator 1.4.1 also measures 'Access to Basic Education' by drawing on readily available data reported on SDG indicator 4.1.1 on educational achievements (Percentage of children/young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics). Indicator 16.6.2 therefore provides important additional information by (1) assessing four key attributes of education service provision not assessed by 1.4.1, namely access, affordability, quality of facilities and equal treatment for everyone, and (2) by using survey data (SDG 4.1.1 uses test scores) to measure people's satisfaction with education services based on their first-hand experience with such services.

Indicator 16.6.2 can also be used to complement SDG target 10.2 on the promotion of the "social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status", which only has one indicator measuring economic exclusion (SDG 10.2.1 – Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities). Indicator 16.6.2 therefore provides important additional information to measure progress against this target by providing data on social inclusion.

Similarly, 16.6.2 can also be used to complement SDG target 10.3 on "Ensuring equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard", which only has one indicator measuring felt discrimination on various grounds (SDG 10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law). Indicator 16.6.2 therefore

---

[1] 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)

[2] 4.A.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)

provides important additional information to measure progress against this target by helping to identify in which service area the incidence of discrimination is highest.

Finally, SDG 16.6.2, with its focus on 'accessibility', 'equal treatment' and other important attributes of public services, provides important complementary information to analyze results on SDG 16.5.1 on the 'Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months'. In other words, people may resort to bribery when the quality of public service provision is too poor, as revealed by SDG 16.6.2.

4. Key Concepts and Definitions

Health-care services: The questions on health-care services focus on respondents' experiences (or that of a child in their household who needed treatment and was accompanied by the respondent) with primary health-care services (over the past 12 months) – that is, basic health-care services provided by a government/public health clinic or covered by a public health system. This can include health-care services provided by private institutions, as long as such services are provided at reduced (or no) cost to beneficiaries, under a public health system. Respondents are specifically asked not to include in their answers any experience they might have had with hospital or specialist medical care services (for example, if they had surgery) or with dental care and teeth exams (because in many countries, dental care is not covered by publicly funded health-care systems).

The beginning of this section focuses on unmet needs for health services, where we ask the respondent if there was any specific instance when they did not get health service when they *really needed* it. For those respondents who are hesitant about this "really" qualifier, the enumerator might explain that by that we mean a condition or emergency that either objectively or subjectively required some kind of medical help or examination to make the condition go away or to make sure that it does not get worse, or to verify that it is not severe. Any of these three may be considered an acute need for medical assistance. We should not count common colds and minor injuries that usually go away themselves. However, as always, the respondent's subjective judgement should drive the response; for example, a common cold nowadays could be a COVID-19 symptom, and medical assistance is typically required simply to distinguish between the two.

Attribute-based questions on health-care services focus on 1) Accessibility (related to geographic proximity, delay in getting an appointment, waiting time to see a doctor on the day of appointment); 2) Affordability; 3) Quality of facilities; 4) Equal treatment for everyone; and 5) Courtesy and treatment (attitude of health-care staff).

Education services: The questions on education services focus on respondents' experience with the public school system over the past 12 months, that is, if there are children in their household whose age falls within the age range spanning primary and secondary education in the country. Public schools are defined as "those for which no private tuition fees or major payments must be paid by the parent or guardian of the child who is attending the school; they are state-funded schools". Respondents are asked to respond separately for primary and secondary schools if children in their household attend school at different levels. Primary school should be providing a curriculum equivalent to ISCED 1, while secondary school at minimum should be providing a curriculum equivalent to ISCED 2 and 3.[3] Attribute-based questions on education services focus on 1) Accessibility (with a focus on geographic proximity); 2) Affordability; 3) Quality of facilities; 4) Equal treatment for everyone; and 5) Effective delivery of service (quality of teaching).

---

[3] UNESCO (n.d.). *International Standard Classification of Education (ISCED).*

Government services: The battery on government services focus exclusively on two types of government services: 1) Services to obtain government-issued identification documents (such as national identity cards, passports, driver's licenses and voter cards) and 2) Services for the civil registration of life events such as births, marriages and deaths. This particular focus on these two types of services arises from the high frequency of use of these services. Attribute-based questions on government services focus on 1) Accessibility; 2) Affordability; 3) Equal treatment for everyone; 4) Effective delivery of service (delivery process is simple and easy to understand); and 5) Timeliness.

5. For National Statistical Offices (NSOs)

The recommended methodology for this indicator can be found in the SDG 16 Survey Initiative, under the Governance Module, that includes indicator 16.6.2 (Satisfaction with Public Services) and indicator 16.7.2 (External Political Efficacy). For the former, the SDG 16 Governance module requires national adaptations by national implementation partners as follows:

- (with reference to the introductory segment before question **SPS_H1.**) National implementation teams are invited to use the nationally relevant name of this type of institution instead of a literal translation of "public health clinic".

- (with reference to question **SPS_E1.**) National implementation teams are advised to revise the age range (currently 5-18 years-old in the international source questionnaire) with the appropriate age range spanning primary and secondary education in the country.

- (with reference to questions **SPS_G1, SPS_G5.**) National implementation partners / NSOs are expected to tailor the list of government-issued identification documents in this question to their national context and include only those in use in the country, and for which citizens actually need to file an application. For instance, national identity cards may not exist, or voters' cards may simply be mailed to a person before voting, etc. Depending on the national context, other relevant ID documents that could be added include permanent resident cards and citizenship cards. Where there is a relevant migrant subgroup, the listing of documents should include those that are specific for this group (i.e. residence permit, etc.).

- (with reference to question **SPS_G2.**) NSOs are to replace "civil registration services or other relevant agencies" with the name of the particular agency(ies) responsible for issuing such identification documents in the country.

- (with reference to question **SPS_G7.**) NSOs may skip this question if obtaining these types of documents cannot be done online in their country.

Note: NSOs are encouraged to report on SDG 16.6.2 although they may have used an alternative SDG 16 data collection methodology or partially implemented the SDG 16 Governance module.

Besides the necessary components, the SDG 16 Questionnaire includes additional optional questions about assessing unmet needs in all three dimensions of public service provision. NSOs are not required to report on the non-necessary questions.

A copy of the SDG 16 Governance module – Indicator 16.6.2 is found in Annex 1 with the necessary questions highlighted with an '*'. The reporting entity is encouraged to review this module and verify its alignment with their questionnaire. If the national methodology and questionnaire presents deviations from the recommended methodology and questionnaire, please highlight them in the metadata section of the

reporting platform, in the space provided for *Other Methodological Notes/Deviation*. Additionally, we invite the national reporting entities to upload their questionnaires used to measure this indicator.

For assistance in data collecting, processing and computing data for this indicator, or if you have questions around the SDG 16 Governance module, please contact SDG16indicators@undp.org at the UNDP Oslo Governance Centre.

6. Method of Computing SDG 16.6.2

Reporting on SDG 16.6.2 should be done separately for each of the three service areas. (NB: questions on education may refer to either primary or secondary education – and separate computation of results is recommended for the two levels, resulting in *de facto* four service areas). Computation involves the computation and reporting of the following three estimates, for each service area:

1) The share of respondents who responded positively (i.e. 'strongly agree 'or 'agree') to each of the five attributes questions;
2) The simple average of positive responses for the five attribute questions combined; and
3) The share of respondents who say they are satisfied (i.e. those who responded 'very satisfied' or 'satisfied') in the overall satisfaction question.

For instance:

Attributes of healthcare services	Positive responses	Attributes of primary education services	Positive responses	Attributes of secondary education services	Positive responses	Attributes of government services	Positive responses
Accessibility	*50% respondents 'strongly agree' or 'agree'*	Accessibility		Accessibility		Accessibility	
Affordability	*60% respondents 'strongly agree' or 'agree'*	Affordability		Affordability		Affordability	
Quality of facilities	*73% respondents 'strongly agree' or 'agree'*	Quality of facilities		Quality of facilities		Effective service delivery process	
Equal treatment for everyone	*55% respondents 'strongly agree' or 'agree'*	Equal treatment for everyone		Equal treatment for everyone		Equal treatment for everyone	
Courtesy and treatment (Attitude of healthcare staff)	*42% respondents 'strongly agree' or 'agree'*	Effective delivery of service (Quality of teaching)		Effective delivery of service (Quality of teaching)		Timeliness	
Average share of positive responses on attributes of healthcare services	*(50+60+73+55+42)/5 = 56%*	**Average share of positive responses on attributes of primary education services**		**Average share of positive responses on attributes of secondary education services**		**Average share of positive responses on attributes of government services**	

Share of respondents satisfied with healthcare services overall	(23% 'very satisfied' + 37% 'satisfied') = 60%	Share of respondents satisfied with primary education services overall		Share of respondents satisfied with secondary education services overall		Share of respondents satisfied with government services overall	

Note: It is important for NSOs to clearly report, for each question, the number of respondents who selected "don't know" (DK), "not applicable" (NA) or "refuse to answer" (RA), and to exclude such respondents from the calculation of shares of positive responses. For instance, if 65 respondents out of 1000 respondents responded DK, NA or RA on the first attribute-based question, the share of positive responses for this attribute will be calculated out of a total of 935 respondents, and the reporting sheet will indicate that for this particular question, 65 respondents responded DK/NA/RA.

Global Reporting

While the reporting of all elements is important, member states are strongly encouraged to report on the average share of positive responses across the five attribute questions; and the share of respondents who say they are satisfied in the overall satisfaction question), separately for each service area.

---

7. Disaggregation Requirements of SDG 16.6.2

Indicator 16.6.2 aims to measure how access to services and how the quality of services differs across various demographic groups. Empirical analysis to identify the strongest demographic determinants of citizen satisfaction with public services reveals that the most relevant disaggregation categories for SDG indicator 16.6.2 are (1) income, (2) sex and (3) place of residence (urban/rural, and by administrative region e.g. by province, state, district, etc.)

At a minimum, results *for each one of the three service areas* covered by this indicator (healthcare, education and government services) should be disaggregated by these three variables:

- **Income:** Income (or expenditure) quintiles
- **Sex:** Male/Female
- **Place of residence:** Living in urban/rural areas and/or living in which administrative region (province, state, district, etc.)[4]

To the extent possible, all efforts should be made to also disaggregate results by disability status and by 'nationally relevant population groups':

- **Disability status:** 'Disability' is an umbrella term covering long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder the full and effective

---

[4] Based on the premise that decentralization efforts are aimed at extending local rights and responsibilities across the national territory, indicator 16.6.2 can help detect unequal access to services and disparities in the quality of services across localities. There is a risk for erroneous conclusions to be drawn from national aggregates unable to detect variations at sub-national level.

participation of disabled persons in society on an equal basis with others[5]. If possible, NSOs are encouraged to add the [Short Set of Questions on Disability developed by the Washington Group](#) to the survey vehicle used to administer the 16.6.2 batteries to disaggregate results by disability status.

- **Nationally relevant population groups**: groups with a distinct ethnicity, language, religion, indigenous status, nationality or other characteristics.[6]
- **Age:** Empirical analysis shows that there is no statistically significant association between the age of respondents and satisfaction levels. However, if countries choose to also disaggregate results by age, it is recommended to follow UN standards for the production of age-disaggregated national population statistics, using the following age groups: (1) below 25 years old, (2) 25-34, (3) 35-44, (4) 45-54, (5) 55-64 and (6) 65 years old and above.

Reporting institutions are encouraged to fill in as much information as possible when completing the table in [UNDP SDG 16 Reporting Platform](#) given the disaggregation complexity required to compute this indicator for each service. An example of the SDG 16.6.2 reporting platform healthcare services table and its corresponding share of positive responses table is as follows:

1. Healthcare services

	Accessibility ("It was easy to get to the place where you received healthcare services.")	Affordability ("Expenses for healthcare services were affordable to you/your household.")	Quality of facilities ("The healthcare facilities were clean and in good condition.")	Equal treatment for everyone ("All people are treated equally in receiving healthcare services in your area.")	Attitude/courtesy of healthcare staff ("The doctor or other healthcare staff you saw spent enough time with you [or your child] during the consultation.")	Simple average of positive responses for the five attribute questions combined
Total/National						
Male/Female						
Male						
Female						
Urban/Rural						
Urban						
Rural						
Income or expenditure quintiles						
Quintile 1						
Quintile 2						
Quintile 3						
Quintile 4						
Quintile 5						
Disability status						
Disabled						
Not disabled						
Nationally relevant population groups						
Population group A						
Population group B						
Population group C						
Age groups						
Below 25						
25-34						
35-44						
45-54						
55-64						
Over 65						

---

[5] UN General Assembly, Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106, available at: http://www.refworld.org/docid/45f973632.html

[6] The population of a country is a mosaic of different population groups that can be identified according to racial, ethnic, language, indigenous or migration status, religious affiliation, or sexual orientation, amongst other characteristics. For the purpose of this indicator, particular focus is placed on minorities. *Minority groups are* groups that are numerically inferior to the rest of the population of a state, in a non-dominant position, whose members—being nationals of the state—possess ethnic, religious or linguistic characteristics differing from those of the rest of the population and show, even if only implicitly, a sense of solidarity directed towards preserving their culture, traditions, religion or language. While the nationality criterion included in the above definition has often been challenged, the requirement to be in a non-dominant position remains important (OHCHR, 2010). Collecting survey data disaggregated by population groups should be subject to the legality of compiling such data in a particular national context and to a careful assessment of the potential risks of collecting such data for the safety of respondents.

Share of respondents who say that overall, they are satisfied with the quality of healthcare services (i.e. 'very satisfied' or 'satisfied')	
Total/National	
Male/Female	
Male	
Female	
Urban/Rural	
Urban	
Rural	
Income or expenditure quintiles	
Quintile 1	
Quintile 2	
Quintile 3	
Quintile 4	
Quintile 5	
Disability status	
Disabled	
Not disabled	
Nationally relevant population groups	
Population group A	
Population group B	
Population group C	
Age groups	
Below 25	
25-34	
35-44	
45-54	
55-64	
Over 65	

8. Additional guidance in filling the information in the reporting platform

*Important

> **Weighted Data**
>
> The data entered in the UNDP SDG 16 Reporting Platform should be weighted considering the following:
>
> - A minimum of 25 unweighted individuals experiencing a dispute is necessary to provide weighted statistics on ethnic groups, citizenship and migration background
>
> - Ethnic groups (A, B, C), Migration background (A, B, C) and Citizenship (A, B, C) should be defined at country level.
>
> - Ethnic groups should not include majority ethnic groups

9. Reference Documents

SDG 16.6.2 Metadata
https://unstats.un.org/sdgs/metadata/?Text=&Goal=&Target=16.6

SDG 16.6.2 Indicator Brief
https://www1.undp.org/content/oslo-governance-centre/en/home/library/sdg-16-appetizer-16-6-2.html

SDG 16 Survey Initiative Implementation Manual
https://www.undp.org/library/sdg16-survey-initiative-implementation-manual

Questionnaire: SDG 16 Survey Initiative Implementation Questionnaire
https://www.undp.org/sites/g/files/zskgke326/files/2022-03/UNDP-SDG16-Survey-Initiative-Implementation-Questionnaire.pdf

Annex 1: Governance Module used to measure SDG 16.6.2 as set out in the SDG 16 Survey Initiative Questionnaire

Source: SDG 16 Survey Initiative Questionnaire

16.6.2 Proportion of the population satisfied with their last experience of public services (SPS)

<<Ask all>>
I would like to ask you a few questions about your experience with *primary healthcare services*. Please exclude your experiences with surgery, dental care and teeth exams, and focus only on primary health services, such as those with a *public health clinic*[7] or a government-employed doctor or nurse. These experiences may be personal or related to a child below 18 years of age in your care.

<<Ask all>>
VERSION IF SCR2_D <> 2
SPS_H1A. Was there any time *during the past 12 months* (since MONTH YEAR) when you, or a child in your care, *really* needed a medical examination or treatment?
<<Read out, one response only>>
01 – Yes, yourself
02 – Yes, both yourself and a child   98 – Don't know —> SKIP TO SPS_H4.
03 – Yes, a child, but not yourself   99 – Prefer not to say —> SKIP TO SPS_H4.
04 – No, neither yourself nor a child in your care
needed medical examination or treatment —> SKIP TO SPS_H4.

VERSION IF SCR2_D = 2
SPS_H1B. Was there any time *during the past 12 months* (since MONTH YEAR) when you *really* needed a medical examination or treatment?
<<Read out, one response only>>
01 – Yes   98 – Don't know —> SKIP TO SPS_H4.
04 – No —> SKIP TO SPS_H4.   99 – Prefer not to say —> SKIP TO SPS_H4.

<<Ask if SPS_H1A or SPS_H1B < 4>>
SPS_H2A. Did you have a medical examination or treatment performed *by public health services each time* you really needed it (such as from public clinics or from doctors, nurses in primary care)?
<< Readout, one response only >>
01 – Yes, each time   98 – Don't know
02 – No, not each time, but at least one time   99 – Prefer not to say
03 – No, never

<<Ask if SPS_H1 = 3>>
SPS_H2B. Did the child/children in your care have a medical examination or treatment performed *by public health services* (such as from public clinics or from doctors, nurses in primary care) *each time* (s)he/they really needed it?
<< Readout, one response only >>
01 – Yes, each time
02 – No, not each time, but at least one time
03 – No, never

---

[7] Use the specific name of public health facilities providing primary healthcare services in the country

SPS_H3. What was *the main reason* for not having the medical examination or treatment from public health services the *last time* it happened?
<<Read out, one response only>>

01 – Could not afford (too expensive)
02 – Too long waiting list or waiting time
03 – Too far to travel or no means of transportation to get there
04 – Didn't know any good medical doctor or health professional
05 – Could not take time because of work, care for children or for other reasons
06 – Wanted to wait and see if the problem got better on its own
07 – Fear of medical doctors, hospitals, examination or treatment
08 – Healthcare facilities are not clean
09 – Healthcare facilities are not adequately equipped or lack medicine
77 – Other reasons: _____

88 – Not using public health services for primary care (uses private healthcare, alternative medicine, etc.)
98 – Don't know
99 – Prefer not to say

VERSION IF SCR2_D <> 2
* SPS_H4. (If optional section H1-H3 was asked, add: **Let me confirm:**) **Did you or a child in your care receive medical examination or treatment *from primary public health services* (such as from public clinics or from doctors, nurses in primary care) in** <country> **at least once over the past 12 months, that is since** <<MONTH YEAR>>**?**
<<Read out, one response only>>
01 – Yes, yourself
02 – Yes, both yourself and a child
03 – Yes, a child, but not yourself
04 – No, neither yourself nor a child in your care received medical examination or treatment from these places over the past 12 months —> SKIP TO SPS_E1

98 – Don't know —> SKIP TO SPS_E1
99 – Prefer not to say —> SKIP TO SPS_E1

VERSION IF SCR2_D = 2
* SPS_H4. (If optional section H1-H3 was asked, add: **Let me confirm:)** **Did you receive medical examination or treatment *from primary public health services* (such as from public clinics or from doctors, nurses in primary care) in** <country> **at least once over the past 12 months, that is since** <<MONTH YEAR>>**?**
<<Read out, one response only>>

01 – Yes	98 – Don't know —> SKIP TO SPS_E1
04 – No —> SKIP TO SPS_E1	99 – Prefer not to say —> SKIP TO SPS_E1

* SPS_H5.

I now want to ask you some questions about the *last time* you had a medical examination or treatment provided by public health services, *in the past 12 months*.
I now want to ask you some questions about the *last time* your child had a medical examination or treatment provided by public health services, *in the past 12 months*.
Thinking about this last experience, how much do you agree with the following statements:

<<Read out items and answer categories, one response per line>>

		Strongly agree	Agree	Disagree	Strongly disagree	DK	REF
A	It was easy to get to the place where you received healthcare services.	3	2	1	0	98	99
B	Expenses for healthcare services were affordable to you/your household.	3	2	1	0	98	99
C	The healthcare facilities were clean and in good condition.	3	2	1	0	98	99
D	All people are treated equally in receiving healthcare services in your area.	3	2	1	0	98	99
E	The doctor or other healthcare staff you saw spent enough time with you [or your child] during the consultation.	3	2	1	0	98	99

* SPS_H6.

***A. Overall*, how satisfied or dissatisfied were you with the quality of primary healthcare services you received *on that last consultation*?**
***B. Overall*, how satisfied or dissatisfied were you with the quality of primary healthcare services the child in your care received *on that last consultation*?**

03 – Very satisfied   98 – Don't know
02 – Satisfied   99 – Prefer not to say
01 – Dissatisfied
00 – Very dissatisfied

<< Ask if SCR2_D = 1, else skip to SPS_G1>>

* SPS_E1. The next few questions focus on your experience with the primary and secondary public school system. By this, I mean schools that are funded by the government. Are there children in your care whose age falls between 5 and 18 years old[8]?

01 – Yes, more than one   98 – Don't know —> SKIP TO SPS_G1
02 – Yes, just one   99 – Prefer not to say —> SKIP TO SPS_G1
03 – No —> SKIP TO SPS_G1.

<< Ask if SPS_E1 = 2>>

SPS_E2A. Does this child attend a *public* primary or secondary school regularly?

01 – Yes, a primary school[9]   98 – Don't know —> SKIP TO NEXT SEGMENT
02 – Yes, a secondary school[10]   99 – Prefer not to say —> SKIP TO NEXT SEGMENT
04 – No —> SKIP TO NEXT SEGMENT

<< Ask if SPS_E1 = 01>>

SPS_E2B. Do all of these children attend a *public* primary or secondary school regularly?

01 – Yes, a primary school   98 – Don't know —> SKIP TO NEXT SEGMENT
02 – Yes, a secondary school   99 – Prefer not to say —> SKIP TO NEXT SEGMENT
03 – Yes, some attend primary, some secondary school
04 – No

<< Ask if SPS_E2A = 04 OR SPS_E2B = 04 >>

SPS_E3A. What is the *main* reason for this child/some children in your care not to attend a public school regularly?

<<Read out, one response only>>

01 – Cannot afford school-related expenses (administrative fees, books, uniforms, transportation, etc.)
02 – The nearest school is too far away and/or transportation is not available
03 – School facilities are in poor conditions
04 – The school and its compound are not safe
05 – Teachers and other school staff do not treat children with respect
06 – Teachers are ineffective/not adequately trained
07 – Teachers are often absent
08 – Child/children need to stay home to help with housework/farm/other work
09 – No culturally or religiously appropriate educational programs available
10 – School not equipped for children with special learning needs
77 – Other reasons: _____

98 – Don't know
99 – Prefer not to say

---

[8] Revise age range (5-18 years old) with the appropriate age range spanning primary and secondary education in the country.

[9] Primary school should be proving a curriculum equivalent to ISCED 1

[10] Secondary School at minimum should be providing a curriculum equivalent to ISCED 2 and 3

SPS_E3B. What kind of education does the child / children in your care who do not regularly attend public schools receive?
<<Read out, multiple responses permitted>>
01 – They attend a private school
02 – They are home-schooled
03 – They receive education but not in formal structure (they attend youth literacy and education for out-of-school children or other programmes).
04 – They receive no formal education (they work at home or elsewhere, they have their own children, etc.)

98 – Don't know
99 – Prefer not to say

* SPS_E4. You said not all children attend public schools. Are there any children in your care who attend public primary or secondary schools regularly?
<<Read out, one response only>>
01 – Yes, primary school
02 – Yes, secondary school
03 – Yes, both
04 – No —> SKIP TO NEXT SEGMENT

98 – Don't know —> SKIP TO NEXT SEGMENT
99 – Prefer not to say —> SKIP TO NEXT SEGMENT

* SPS_E5_1. Considering the public *primary* school of children you care for (eldest child, if children attend different public primary schools), how much do you agree with the following statements?
<<Read out items and answer categories, one response per line>>

		Strongly agree	Agree	Disagree	Strongly disagree	DK	REF
A	The school can be reached by public or private transportation, or by walk, in less than 30 minutes and without difficulties.	3	2	1	0	98	99
B	School-related expenses (including administrative fees, books, uniforms and transportation) are affordable to you/your household.	3	2	1	0	98	99
C	School facilities are in good condition.	3	2	1	0	98	99
D	All children are treated equally in the school attended by the child/children in your household, including admission to these schools.	3	2	1	0	98	99
E	The quality of teaching is good.	3	2	1	0	98	99

* SPS_E5_2. (And) Considering the public *secondary* school of the children you care for (eldest child, if children attend different public secondary schools), how much do you agree with the following statements?

<<Read out items and answer categories, one response per line>>

		Strongly agree	Agree	Disagree	Strongly disagree	DK	REF
A	The school can be reached by public or private transportation, or by walk, in less than 30 minutes and without difficulties.	3	2	1	0	98	99
B	School-related expenses (including administrative fees, books, uniforms and transportation) are affordable to you/your household.	3	2	1	0	98	99
C	School facilities are in good condition.	3	2	1	0	98	99
D	All children are treated equally in the school attended by the child/children in your household, including admission to these schools.	3	2	1	0	98	99
E	The quality of teaching is good.	3	2	1	0	98	99

* SPS_E6_1. *Overall*, how satisfied or dissatisfied are you with the quality of education services provided by the primary *public* school attended by the child/children in your care (eldest child, if children attend different public primary schools)?
03 – Very satisfied   98 – Don't know
02 – Satisfied   99 – Prefer not to say
01 – Dissatisfied
00 – Very dissatisfied

* SPS_E6_2. *Overall*, how satisfied or dissatisfied are you with the quality of education services provided by the *secondary public school* attended by the child/children in your care (eldest child, if children attend different public primary schools)?
03 – Very satisfied   98 – Don't know
02 – Satisfied   99 – Prefer not to say
01 – Dissatisfied
00 – Very dissatisfied

* SPS_G1. I am now going to ask you a few questions about government services in [country name]**.** *In the past 12 months*, **did you need to obtain or renew a government-issued identification, such as a national identity card, a passport, a driver's license, a voter's card, or a certificate of birth, death, marriage or divorce[11]?**

01 – Yes   98 – Don't know —> SKIP TO NEXT MODULE
02 – No —> SKIP TO NEXT MODULE.   99 – Prefer not to say —> SKIP TO NEXT MODULE

SPS_G2. Did you *try* to obtain *all* document(s) you needed from the civil registration services or other relevant agencies[12]?

01 – Yes, all   98 – Don't know
02 – No, not all   99 – Prefer not to say

SPS_G3. Please specify the document(s) you needed but did *not* try to obtain
<< Read list, prompt for "other", if respondent refuses enter "not mentioned" >>

		mentioned	not mentioned
A.	National identity card	1	0
B.	Passport	1	0
C.	Driver's license	1	0
D.	Voter's card	1	0
E.	Certificate of birth, death, marriage or divorce	1	0
X.	Other, write in: _____	1	0

SPS_G4. What is the *main reason* you did not try to obtain such a document(s) from the civil registration services or other relevant agencies?
<<Read out, one response only>>
01 – Cannot afford to (administrative fees are too expensive)
02 – Too difficult to access the 'point-of-service' (office, phone number, website)
03 – The staff do not treat people with respect
04 – The process for applying and obtaining such documents is too complicated
05 – It takes too long to get what you need
77 – Other reasons: _____

98 – Don't know
99 – Prefer not to say

---

[11] NSO to tailor the list of government-issued identification documents in this question to their national context and include only those in use in the country, and for which citizens actually need to file an application. For instance, national identity cards may not exist, or voters' cards may simply be mailed to a person before voting, etc. Depending on the national context, other relevant ID documents that could be added include permanent resident cards and citizenship cards. Where there is a relevant migrant subpopulation, the listing of documents should include those that are specific for this group (i.e. residence permit, etc.)

[12] NSO to replace 'civil registration services or other relevant agencies' with the name of the particular agency(ies) responsible for issuing such identification documents in the country.

* SPS_G5. Let me confirm; did you attempt to obtain or renew a government-issued identification, such as a national identity card, a passport, a driver's license, a voter's card, or a certificate of birth, death, marriage or divorce[13] *in the past 12 months*, **that is since** <<MONTH YEAR>>?
<< One response only>>

01 – Yes	98 – Don't know —> SKIP TO NEXT MODULE
02 – No —> SKIP TO NEXT MODULE.	99 – Prefer not to say —> SKIP TO NEXT MODULE

* SPS_G6. I now want to ask you some questions about *the last time* **you tried to obtain such a document** *in the past 12 months*. **Please tell me what the last document you tried to obtain was:**
<< Read-out, one response only>>

01 – national identity card	77 – other document
02 – passport	
03 – driver's license	98 – Don't know —> SKIP TO NEXT MODULE
04 – a voter's card	99 – Prefer not to say —> SKIP TO NEXT MODULE
05 – certificate of birth, death, marriage or divorce	

SPS_G7. Did you apply for this document online?[15]
[15] NSOs can skip this question if obtaining such documents cannot be done online in their country.

01 – Yes	98 – Don't know
02 – No	99 – Prefer not to say

---

[13] NSOs should tailor the list of government-issued identification documents in this question to their national context and include only those in use in the country, and for which citizens actually need to file an application. For instance, national identity cards may not exist, or voters' cards may simply be mailed to a person before voting, etc. Depending on the national context, other relevant ID documents that could be added include permanent resident cards and citizenship cards. Where there is a relevant migrant subpopulation, the listing of documents should include those that are specific for this group (i.e. residence permit, etc.)

* SPS_G8. Thinking about this last time you tried to obtain << name of the document identified by the respondent in SPS_G6 >>**, how much do you agree with the following statements?**
<<Read out items and answer categories, one response per line>>

		Strongly agree	Agree	Disagree	Strongly disagree	DK	REF
A	The office, website or telephone number was easily accessible.	3	2	1	0	98	99
B	The fees you needed to pay for the document or the certificate were affordable to you/your household. <<code 3 if free of charge>>	3	2	1	0	98	99
C	The process for applying and obtaining the document or the certificate was simple and easy to understand.	3	2	1	0	98	99
D	All people are treated equally in receiving government services in your area.	3	2	1	0	98	99
E	The amount of time it took to obtain the document or the certificate was reasonable.	3	2	1	0	98	99

* SPS_G8. *Overall*, how satisfied or dissatisfied were you with the quality of government services you received *on that occasion*, that is when you tried to obtain << name of the document identified by the respondent in SPS_G6 >> **in the past 12 months?**
03 – Very satisfied
02 – Satisfied   98 – Don't know
01 – Dissatisfied   99 – Prefer not to say
00 – Very dissatisfied