



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Transport (DLTC)
Staff Questionnaire

Visit Reference Number

Details of FSD Monitoring Site

Name of Facility					Type of office (level)	
District						
Municipality						
Street Address						
GIS coordinates					Date of monitoring visit	DD/MM/YYYY
Type visit	Baseline <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>				

Details of Staff Member

First Name						Telephone		
Last Name						Contact Details	E-mail	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>					Other	
Designation (Level)							Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	<input type="checkbox"/> African	<input type="checkbox"/> Coloured	<input type="checkbox"/> Asian	<input type="checkbox"/> White				
Name of monitor								

GENERIC PUBLIC SERVICE QUALITY OF SERVICE PERFORMANCE AREAS

A						Comments
A. Performance Areas						
1	Location & Accessibility					
1.1	According to your knowledge, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>
1.2	According to your knowledge, how far do citizens from the surrounding areas generally have to travel to get to the facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-16km <input type="checkbox"/>	17-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>
1.3	According to your knowledge, what mode of transport do most citizens take to get to this facility?	Walk <input type="checkbox"/>	Private <input type="checkbox"/>	Public <input type="checkbox"/>	Other <input type="checkbox"/>	
1.4	Is there a ramp with rails at the entrance of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
1.5	When inside the facility, are there provisions to allow ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Location & Accessibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

2. Visibility & Signage					
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	Internal signage: Is there a signboard that contains information on costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.5	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.6	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.7	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.8	Do facility staff wear name tags at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.9	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the visibility & signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
3. Queue Management & Waiting Times					
3.1	Does this facility have a queue management system in place? If yes, specify what kind of system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.3	Does the queue management make provision for the elderly, citizens with disabilities & sickly (including pregnant women)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.4	Is there a help desk to assist citizens in filling forms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Queue Management & Waiting Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate queue management & waiting times of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

4. Dignified Treatment					
4.1	Do you treat citizens with friendliness, dignity and respect?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	When attending to citizens, do you address them in the language of their choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	Are you knowledgeable in your respective areas of expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.4	When attending to the citizens, are you efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate dignified treatment in this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5. Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Does the facility have a waiting area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Is the office equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Are the ablution facilities/ toilets clean?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.6	Are the ablution facilities provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate cleanliness & comfort of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6. Safety					
6.1	Do you feel safe in and around the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Are there security guards at the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.4	Does this service centre have a first aid kit in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.5	Are there internal access control measures around places such as the cashier work stations, filling rooms, server & strong rooms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate safety of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

7. Opening & Closing Times					
7.1	Are there opening and closing times displayed on the main entrance of the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	Are the opening & closing times adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or attending staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Opening & Closing Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate opening & closing times of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8. Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.4	Does the facility conduct citizen satisfaction surveys every six months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate complaints & compliments system of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
B. Sector Specific Standards					
1 Service standards		Tick the appropriate		Comments	
1.1	Does this customer contact centre have minimum service level agreements in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.2	If yes, are the prescripts of the agreement adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2 Turn around times for the issuing of licences		Tick the appropriate		Comments	
2.2	Is the 10 days turn around time for processing applications on licenses achievable/ realistic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.3	Is there a system for monitoring turnaround times on applications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



The Presidency: Department of Planning Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Transport (DLTC)
Citizen Questionnaire

Visit Reference Number

Details of Citizen

First Name					Contact Details	Telephone	
Last Name						E-mail	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				Other	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of facility							
Type of visit	Baseline Visit <input type="checkbox"/>		Improvements monitoring 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>				
Name of monitor					Date of monitoring visit	DD/MM/YYYY	

A Performance Areas

Comments

1 Location & Accessibility

1.1	How long did it take you to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.2	How far did you have to travel to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.3	What mode of transport did you use to get to this facility?	Walk <input type="checkbox"/>	Bus <input type="checkbox"/>	Taxi <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp with rails at the entrance of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

Location & Accessibility

1 2 3 4

How would you rate accessibility and location of this facility
Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

2 Visibility & Signage					
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.2	External signage: Is there facility identification/ signboard at the main gate/entrance of this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.3	External signage: Is there a signboard that contains information on services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.4	Internal signage: Is there a signboard that contains information on costs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.5	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.6	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.7	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.8	Do facility staff wear name tags at all times?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.9	Are the contact details of the facility management clearly displayed in the facility ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Visibility & Signage		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate visibility & signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
3 Queue Management & Waiting Times					
3.1	Does this facility have a queue management system in place? If yes, specify what kind of system.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.2	If you answered yes above, Is this effective (e.g. are the queues moving quickly) ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.3	Does the queue management make provision for the elderly, citizens with disabilities & sickly (including pregnant women)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.4	Is there an official assigned to assist citizens in filling forms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Queue Management & Waiting Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate queue management & waiting times in this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

4 Dignified Treatment					
4.1	Do staff treat you with friendliness, dignity & respect in this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	Did the staff member address you in the language of your choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	Did the staff member assisting you seem to be knowledgeable with the work they were doing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.4	When attending to you, was the staff member efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate dignified treatment of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Is the facility clean?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Are the facility's toilets clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Are the ablution facilities provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate cleanliness & comfort of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Do you feel safe in and around the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Are there security guards at the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.4	Are there access control measures around places such as the cashier work stations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate safety of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

7 Opening & Closing Times					
7.1	Are the opening and closing times displayed outside the main gate or entrance of the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	According to your knowledge, are the opening & closing times adhered to?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.3	Did you (now or in the past) experience any disruption to service due to tea breaks, lunch breaks or staff meetings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opening & Closing Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
				4	<input type="checkbox"/>
How would you rate opening & closing times of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.4	Have you ever been part of this facility's citizen satisfaction survey?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complaints & Compliments Management System		1	<input type="checkbox"/>	2	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
				3	<input type="checkbox"/>
					<input type="checkbox"/>
				4	<input type="checkbox"/>
How would you rate complaints & compliments system of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Transport (DLTC) Monitor Questionnaire

Visit Reference Number

Details of Monitor

Name																	
Department																	
Persal Number																	
Gender		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>												
Race		African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Asian	<input type="checkbox"/>	White	<input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Telephone																	
Contact Details	E-mail																
	Other																
	Name of Facility																
Date of visit		DD/MM/YYYY	Baseline visit	<input type="checkbox"/>	Improvements monitoring	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>

A Performance Areas		Comments										
1	Location & Accessibility											
####	According to your knowledge, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>						
####	According to your knowledge, how far do citizens from the surrounding areas generally have to travel to get to the facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>						
####	According to your observations, what mode of transport do most citizens take to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>							
####	Is there a ramp with rails at the entrance of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
####	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)						

2	Visibility & Signage					
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
2.2	External signage: Is there facility identification signboard at the main gate/entrance to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
2.3	External signage: Is there a signboard that contains information on services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
2.4	Internal signage: Is there a signboard that contains information on costs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
2.5	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
2.6	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
2.7	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
2.8	Are facility staff wearing name tags?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
2.9	Are the contact details of the facility management clearly displayed in the facility ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Visibility & Signage	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
						4
						How would you rate visibility & signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
3	Queue Management & Waiting Times					
3.1	Does this facility have a queue management system in place? If yes, specify what kind of system.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
3.2	If you answered yes above, Does it seem to be effective? (e.g. are the queues moving quickly, are people shown the right queues, etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
3.3	Does the queue management make provision for the elderly, citizens with disabilities & sickly (including pregnant women)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
3.4	Is there a help desk to assist citizens in filling forms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Queue Management & Waiting Times	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
						4
						How would you rate queue management & waiting times in this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
4	Dignified Treatment					
4.1	According to your observation, do staff treat citizens with friendliness, dignity & respect in this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
4.2	According to your observation, do staff members address citizens in the language of their choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
4.3	According to your observation, do staff members seem to be knowledgeable with their work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
4.4	When attending to citizens, are staff members efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Dignified Treatment	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
						4
						How would you rate dignified treatment of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

5 Cleanliness & Comfort					
5.1	Does the facility appear clean?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.2	Is the facility well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.3	Do the waiting areas have enough seating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.4	Is office equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.5	Are the facility's toilets clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.6	Are the toilets suitably resourced? (e.g. have toilet paper, soap, hand towels)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Cleanliness & Comfort		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate cleanliness & comfort of this facility			
		Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
6 Safety					
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Does this service centre have a first aid kit in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.5	Are there access control measures around places such as the cashier work stations, filling rooms, server & strong rooms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Safety		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate safety of this facility			
		Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
7 Opening & Closing Times					
7.1	Are the opening and closing times displayed outside the main gate or entrance of the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	According to your observation at the time of the monitoring visit, were the opening & closing times adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.3	Did you observe any disruption to service due to tea breaks, lunch breaks or staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Opening & Closing Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate opening & closing times of this facility			
		Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints, etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.4	Are there records that this facility undertakes citizen satisfaction surveys?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate complaints & compliments system of this facility			
		Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			

C Summary of Findings and Recommendations (For completion during de-briefing)			
	Performance Areas	Key Findings	Recommendations
1	Location and Accessibility		
2	Visibility & Signage		
3	Queue Management & Waiting Times		
4	Dignified Treatment		
5	Cleanliness & Comfort		
6	Safety		
7	Opening & Closing Times		
8	Complaints & Compliments Management System		
10	Are there any good practises / procedures to be noted?		



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Education (School)
Staff Questionnaire

Visit Reference Number

Details of FSD Monitoring Site

Name of School					
District					
Municipality					
Street Address					
GIS coordinates					
Type of visit	Baseline visit <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>			
Date of visit	DD/MM/YYYY				
Type of school	<input type="checkbox"/> Primary school	<input type="checkbox"/> Secondary School	<input type="checkbox"/> Combined School	<input type="checkbox"/> Other	
Number of registered learners					

Details of Staff Member

First Name					Contact Details	Telephone	
Last Name						E-mail	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				Other	
Designation (Level)					Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Race	<input type="checkbox"/> African	<input type="checkbox"/> Coloured	<input type="checkbox"/> Asian	<input type="checkbox"/> White			
Name of Monitor							

A	Performance Areas	Comments					
1	Location & Accessibility						
1.1	According to your knowledge, how long does it take the learners from the surrounding areas to get to this school?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.2	According to your knowledge how far do most learners reside?	<3km <input type="checkbox"/>	4-10km <input type="checkbox"/>	11-20km <input type="checkbox"/>	>20km <input type="checkbox"/>		
1.3	According to your knowledge, what mode of transport do most learners take to get to this school?	Walk <input type="checkbox"/>	Private <input type="checkbox"/>	Public <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp with rails at entrances to the building to assist learners/ parents (in cases where there is a need) to access the school building?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
1.5	When inside the school, are there provisions to allow ease of movement for learners/ parents with disability?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
2	Visibility & Signage						
2.1	External signage: Is there visible signage on the roads or paths leading to this school?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.2	External signage: Is there visible signboard at the main gate/entrance of this school?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.3	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.4	Internal signage: Does the signage inside direct learners/ parents to where teaching or the administrative block areas are?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.5	Do teachers & administrative staff wear name tags at all times?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.6	Are the contact details of the principal/ management displayed in the administrative block?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate visibility & signage of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
3.	Waiting areas						
3.1	Is there an assembly area in the school?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
3.2	Do learners have a designated seating area for lunch breaks?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Waiting areas		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate waiting areas of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

4 Dignified Treatment					
4.1	Does staff treat learners/parents with friendliness, dignity & respect at this school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.2	Is the medium of instruction in the school in line with that of the region?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.3	Are the teachers knowledgeable in their respective subject areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Dignified Treatment		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate dignified treatment in this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Is the school clean ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.2	Is the school well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.3	Are there enough desks & chairs in the class rooms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.4	Are the desks & chairs in good condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.5	Are the ablution facilities/ toilets clean ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.6	Are the ablution facilities provided with the necessary toiletries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.7	Are there adequate toilets for learners (girls & boys) in this school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Cleanliness & Comfort		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate cleanliness & comfort of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Do you feel safe in and around the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Are there security guards at the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety procedures displayed at the school, to assist learners in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Does this school have a first aid kit in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.5	Is there perimeter fencing around the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Safety		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate safety of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

7 Opening & Closing Times						
7.1	Does the school adhere to the school hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7.2	Are there disruptions to teaching time (i.e. staff meetings, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Opening & Closing Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
How would you rate opening & closing times of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)						
8 Complaints & Compliments Management System						
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.2	Are there guidelines displayed in a place where they can easily be seen or accessed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
How would you rate complaints & compliments of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)						
B Sector Specific Standards						
1 Teacher attendance				Tick the appropriate		Comments
1.1	Is teacher attendance recorded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
1.2	Does the school achieve the departmental norm for teachers to be at school teaching for 7 hours per day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2 Workbook, textbook & stationery						
2.1	Did the school order the textbooks & workbooks on time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2	Were the orders for textbooks & workbooks received on time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3	Did the school order adequate stationery for the year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3 Teaching support				Tick the appropriate		Comments
3.1	Does the school have the necessary support material (faxes, computers, telephones, internet etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.2	Does this school have a sports ground/s?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.4	Does this school have a library / science lab?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

**Frontline Service Delivery Monitoring: Education (Schools)
Citizen Questionnaire**

Visit Reference Number

Details of Citizen							
First Name					Contact Details	Telephone	
Last Name						Email	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				Other	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Facility					Name of Monitor		
Type of visit	Baseline visit <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Date of monitoring visit	DD/MM/YYYY						
A	Performance Areas				Comments		
1	Location & Accessibility						
1.1	How long did it take you to get to this school?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.2	How far did you have to travel to get to this school?	<3km <input type="checkbox"/>	4-10km <input type="checkbox"/>	11-20km <input type="checkbox"/>	>20km <input type="checkbox"/>		
1.3	What mode of transport did you use to get to this school?	Walk <input type="checkbox"/>	Private <input type="checkbox"/>	Public <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp with rails at entrances to the building to assist learners/ parents (in cases where there is a need) to access the school building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
1.5	When inside the school, are there provisions to allow ease of movement for learners/ parents with disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	Location & Accessibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

2						Visibility & Signage								
2.1	External signage: Is there visible signage on the roads or paths leading to this school?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
2.2	External signage: Is there visible signboard at the main gate/entrance of this school?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
2.3	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
2.4	Internal signage: Does the signage inside direct learners/ parents to where the classes or administrative block areas are?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
2.5	Do teachers & administrative staff wear name tags at all times?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
2.6	Are contact details of the principal/ management displayed in the administrative block?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Visibility & Signage						1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate visibility & signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
3.						Waiting areas								
3.1	Is there an assembly area in the school?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
3.2	Do learners have a designated seating area for lunch breaks?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Waiting areas						1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate waiting areas of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
4.						Dignified Treatment								
4.1	Does staff treat learners/parents with friendliness, dignity & respect at this school?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
4.2	Is the medium of instruction in the school in line with that of the region?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
4.3	Are teachers knowledgeable in their respective subject areas?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Dignified Treatment						1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate dignified treatment in this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

5. Cleanliness & Comfort					
5.1	Is the school clean?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the school well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Are there enough desks & chairs in the class rooms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Are the desks & chairs in good condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Are the ablution facilities/ toilets clean?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.6	Are the ablution facilities provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.7	Are there adequate toilets for learners (girls & boys) in this school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate cleanliness & comfort of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6. Safety					
6.1	Do you feel safe in and around the school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Are there security guards at the school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the school, to assist learners in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.4	Is there perimeter fencing around the school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate safety of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
7. Opening & Closing Times					
7.1	Does the school adhere to the school hours?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	Are there disruptions to teaching time (i.e staff meetings, etc)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opening & Closing Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate opening & closing times of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

8. Complaints & Compliments Management System										
8.1	Is there an identified/ labelled complaints & compliments box / register in the school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
8.2	Are there guidelines displayed in a place where they can easily be seen or accessed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
8.3	Does the school have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
	Complaints & Compliments Management System	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate complaints & compliments of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Education (School) Monitor Questionnaire

Visit Reference Number

Details of Monitor

Name											
Department											
Persal Number		Gender		Male		Female					
Race		African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Contact Details	Telephone										
	E-mail										
	Other										
Name of Facility											
Date of visit	DD/MM/YYYY	Baseline visit <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								

A	Performance Areas	Comments
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1	Location & Accessibility	
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####	According to your observation, how long does it take learners from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46-1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
	According to your observation how far do most learners travel to get to this school?	<3km <input type="checkbox"/>	4-10km <input type="checkbox"/>	11-20km <input type="checkbox"/>	>20km <input type="checkbox"/>		
	According to your observation, what mode of transport do most citizens take to get to this facility?	Walk <input type="checkbox"/>	Bus <input type="checkbox"/>	Taxi <input type="checkbox"/>	Other <input type="checkbox"/>		
	Is there a ramp with rails at entrances to the building to assist learners/ parents (in cases where there is a need) to access the school building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
####	When inside the school, are there provisions to allow ease of movement for learners with disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

2	Visibility & Signage	
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2.1	External signage: Is there visible signage on the roads or paths leading to this school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.2	External signage: Is there visible signboard at the main gate/entrance of this school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.3	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.4	Internal signage: Does the signage inside direct learners where the classes/ administrative block areas are?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.5	Do teachers & administrative staff wear name tags at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.6	Are contact details of the principal/ management displayed in the administrative block?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate visibility & signage of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

3	Waiting areas				
3.1	Is there an assembly area in the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.2	Do learners have a designated seating area for lunch breaks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Waiting areas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate waiting areas of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
4	Dignified treatment				
4.1	Does staff treat learners/parents with friendliness, dignity & respect at this school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.2	Is the medium of instruction in the school in line with that of the region?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.3	According to your observations, do teachers seem knowledgeable in their respective subject areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Dignified treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate dignified treatment in this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
5	Cleanliness & Comfort				
5.1	Does the school appear clean?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.2	Is the school well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.3	Are there enough desks & chairs in the class rooms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.4	Are the desks & chairs in good condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.5	Are the ablution facilities/ toilets clean?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.6	Are the ablution facilities provided with the necessary toiletries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.7	Are there adequate toilets for learners (for girls & boys) in this school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Cleanliness & Comfort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate cleanliness & comfort of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
6	Safety				
6.1	Do you feel safe in and around the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Are there security guards at the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety procedures displayed at the school, to assist learners in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Does this school have a first aid kit in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.5	Is there perimeter fencing around the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate safety of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
7	Opening & Closing Times				
7.1	Does the school adhere to the school hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	During the visit, were there any disruptions to teaching time (i.e staff meetings, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

	Opening & Closing Times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate opening & closing times of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
8 Complaints & Compliments Management System						
8.1	Is there an identified/ labelled complaints & compliments box / register in the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.2	Are there guidelines displayed in a place where they can easily be seen or accessed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.3	Does the school have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Complaints & Compliments Management System	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate complaints & compliments system of this school Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

C Summary of Findings and Recommendations		
Performance Areas	Key Findings	Recommendations
1 Location and Accessibility		
2 Visibility & Signage		
3 Queue Management & Waiting Times		
4 Dignified Treatment		
5 Cleanliness & Comfort		
6 Safety		
7 Opening & Closing Times		
8 Complaints & Compliments Management System		



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Social (SASSA)
Staff Questionnaire

Visit Reference Number

Details of FSD Monitoring Site

Name of Facility					
District					
Municipality					
Street Address					
GIS coordinates					
Type of office	Local office <input type="checkbox"/>	Pay-point <input type="checkbox"/>	Mobile <input type="checkbox"/>		
Date of visit	DD/MM/YYYY	Baseline visit <input type="checkbox"/>	Improvements monitoring	1 <input type="checkbox"/>	2 <input type="checkbox"/>
				3 <input type="checkbox"/>	4 <input type="checkbox"/>
				5 <input type="checkbox"/>	6 <input type="checkbox"/>
				7 <input type="checkbox"/>	8 <input type="checkbox"/>

Details of Staff Member

First Name					Contact Details	Telephone	
Last Name						Email	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				Other	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Designation (level)							
Name of monitor							

A						Comments	
1	Location & Accessibility						
1.1	According to your knowledge, how far do citizens from the surrounding areas generally travel to get to the facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.2	According to your knowledge, how long does it take citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.3	According to your knowledge, what mode of transport do citizens take to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp with rails at entrances to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)
2	Visibility & Signage						
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.5	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.6	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.7	Do facility staff wear name tags at all times?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.8	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		How would you rate visibility & signage of this facility Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)

3	Queue Management & Waiting Times					
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.4	How much time do citizens spend in the queues before being assisted?	1-15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46-60 min <input type="checkbox"/>	> 60 min <input type="checkbox"/>
3.5	Does this office have a customer help desk to assist with queue management	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Queue Management & Waiting Times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate queue management & waiting times of this facility Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)

4 Dignified Treatment					
4.1	Do you treat citizens with friendliness, dignity and respect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.2	When attending to citizens, do you address them in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.3	Are you knowledgeable in your respective areas of expertise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.4	When attending to the citizens, are you efficient (i.e., do what you need to do promptly)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Dignified Treatment		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate dignified treatment in this facility Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)			
5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.2	Is the facility well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.3	Do the waiting areas have enough seating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.4	Is the office equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.5	Are the ablution facilities / toilets clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.6	Are the ablution facilities provided with the necessary toiletries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Cleanliness & Comfort		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate cleanliness & comfort of this facility Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)			
6 Safety					
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

6.4	Does this facility have a first aid kit in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate safety of this facility Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)
7	Opening & Closing Times					
7.1	Are there opening and closing times displayed on the main entrance of the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7.2	Are the opening & closing times adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or attending staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Opening & Closing Times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate opening & closing times of this facility Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)

8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate complaints & compliments of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
B Sector Specific Standards: SASSA					
1 Turnaround times for applications for social grants from current average of 3 days.		Tick the appropriate		Comments	
1.1	Do you know about the national target of 3 days turnaround times for applications of social grants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.2	Do you believe it to be realistic/ achievable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.3	Does this SASSA Office achieve this national target of 3 days turn around time on applications for social grants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.4	Is there a monitoring system for turn around times on applications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

**Frontline Service Delivery Monitoring: Social (SASSA)
Citizen Questionnaire**

Visit Reference Number

Details of Citizen							
First Name					Contact Details	Telephone	
Last Name						Email	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				Other	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of monitoring visit	DD/MM/YYYY	Baseline visit <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>				
Name of Facility					Name of Monitor		
A	Performance Areas				Comments		
1	Location & Accessibility						
1.1	How long did it take you to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.2	How far did you have to travel to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.3	What mode of transport did you use to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	Location & Accessibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate location & accessibility of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

2	Visibility & Signage				
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.5	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.6	Do facility staff wear name tags at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.7	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate visibility & signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
3	Queue Management & Waiting Times				
3.1	Is there a queue management system in place? If yes, specify what kind of system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.3	Does the queue management system make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.4	How much time did you spend on the queues before being assisted?	1-15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46-60 min <input type="checkbox"/>
3.5	Does this office have a customer help desk to assist with queue management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Queue Management & Waiting Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		How would you rate queue management & waiting times of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			

4 Dignified Treatment					
4.1	Do staff treat you with friendliness, dignity & respect in this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	Did the staff member address you in the language of your choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	Does staff seem knowledgeable in their respective areas of expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.4	When attending to you, was the staff efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate dignified treatment of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Are the facility's ablution facilities clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Are the ablution facilities provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate cleanliness & comfort of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

6 Safety					
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Are there security guards in this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Safety		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate safety of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
7 Opening & Closing Times					
7.1	Are the opening and closing times displayed on the main entrance of the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	Are the opening & closing times adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.3	Have you in the past/ now experienced disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or attending staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Opening & Closing Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate opening & closing times of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints, etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate complaints & compliments system of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Social (SASSA) Monitor Questionnaire

Visit Reference Number

Details of Monitor

Name											
Department											
Persal Number											
Contact Details	Telephone										
	E-mail										
	Other										
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>							
Race	African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Asian	<input type="checkbox"/>	White	<input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Facility											
Date of visit	DD/MM/YYYY	Baseline visit	<input type="checkbox"/>	Improvements monitoring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A Performance Areas

Comments

1 Location & Accessibility											
1.1	According to your knowledge, how far do citizens from the surrounding areas generally have to travel to get to the facility?	1-5 km	<input type="checkbox"/>	6-10 km	<input type="checkbox"/>	11-15 km	<input type="checkbox"/>	16-20 km	<input type="checkbox"/>	> 20 km	<input type="checkbox"/>
1.2	According to your observation, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min	<input type="checkbox"/>	16-30 min	<input type="checkbox"/>	31-45 min	<input type="checkbox"/>	46- 1 hr	<input type="checkbox"/>	> 1 hr	<input type="checkbox"/>
1.3	According to your observation, how do most citizens get to this facility?	Walk	<input type="checkbox"/>	Public	<input type="checkbox"/>	Private	<input type="checkbox"/>	Other	<input type="checkbox"/>		
1.4	Is there a ramp with rails in the front of the building to assist citizens with disabilities, the elderly & the sickly including pregnant women to access the building?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Location & Accessibility		1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
2 Visibility & Signage											
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.3	External signage: Is there a signboard that contains information on services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.5	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.6	Do facility staff wear name tags at all times?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.7	Are the contact details of the facility management clearly displayed in the facility ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Visibility & Signage		1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate visibility & signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

3 Queue Management & Waiting Times					
3.1	Does this facility have a queue management system in place? If yes, specify what kind of system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.3	Does the queue management make provision for the elderly, citizens with disabilities & sickly (including pregnant women)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.4	According to your observation, how much time do citizens spend on the queues before being assisted?	1-15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46-60 min <input type="checkbox"/>
3.5	Does this office have a customer help desk to assist with queue management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Queue Management & Waiting Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate queue management & waiting times of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
4 Dignified treatment					
4.1	According to your observation, do staff treat citizens with friendliness, dignity & respect in this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.2	According to your observation, do staff members address citizens in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.3	According to your observation, do staff members seem to be knowledgeable with their work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.4	When attending to citizens, are staff members efficient (i.e., did what they needed to do promptly)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Dignified treatment		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate dignified treatment of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Does the facility appear clean?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.2	Is the facility well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.3	Do the waiting areas have enough seating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.4	Is the staff's equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.5	Are the facility's ablution facilities clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.6	Are the ablution facilities provided with the necessary toiletries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Cleanliness & Comfort		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate cleanliness & comfort of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Are there security guards in this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Does this office have a first aid kit in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Safety		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate safety of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

7 Opening & Closing Times					
7.1	Are the opening and closing times displayed on the main entrance of the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	Are the opening & closing times adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.3	During the time of the monitoring visit, did you experience disruptions to services as a result of staff members taking tea breaks, lunch breaks or attending staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Opening & Closing Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate opening & closing times of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate complaints & compliments system of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
C Summary of Findings and Recommendations					
Performance Areas		Key Findings			Recommendations
1	Location and Accessibility				
2	Visibility & Signage				
3	Queue Management & Waiting Times				
4	Dignified Treatment				
5	Cleanliness & Comfort				
6	Safety				
7	Opening & Closing Times				
8	Complaints & Compliments Management System				



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: SAPS (Police station)
Staff Questionnaire

Visit Reference Number

Details of FSD Monitoring Site

Name of Facility					
District					
Municipality					
Street Address					
GIS coordinates					
Date of visit	DD/MM/YYYY	Type of visit	Baseline <input type="checkbox"/>	Improvements monitoring	1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> <input type="checkbox"/>

Details of Staff Member

First Name				Contact Details	Email	
Last Name					Telephone	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			Other	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Designation (level)				Name of monitor		

A Performance Areas						Comments
1 Location & Accessibility						
1.1	According to your knowledge, how far do citizens from the surrounding areas generally have to travel to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>
1.2	According to your knowledge, how long does it take citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>
1.3	According to your knowledge, what mode of transport do citizens take to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>	
1.4	Is there a ramp with rails in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
2 Visibility & Signage						
2.1	External signage: Is there visible signage on the roads or direction markers leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.5	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.6	Do facility staff wear name tags at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.7	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate visibility & Signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

3 Queue Management & Waiting Times					
3.1	Does this facility have a queue management system in place? If yes, specify what kind of system.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.3	Does the queue management make provision for the elderly, citizens with disabilities & sickly (including pregnant women)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Queue Management & Waiting Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
4 Dignified Treatment					
4.1	Do you treat citizens with friendliness, dignity and respect?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	When attending to citizens, do you address them in the language of their choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	Are you knowledgeable in your respective areas of expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.4	When attending to the citizens, are you efficient (i.e., do what you need to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Is the office equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Are the ablution facilities / toilets clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.6	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's Cleanliness and Comfort. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

6 Safety					
6.1	Do you feel safe in and around the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Is there access control at the main entrance of the police station?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.4	Does this office have a first aid kit in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
7 Opening & Closing Times					
7.1	Are the operational hours adhered to?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opening & Closing Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there a complaints & compliments system for services rendered (i.e Suggestion box /compliments register/ Provincial Hotline/CPF meetings/ Presidential Hotline), in the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complaints & Compliments Management System		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

B Sector Specific Standards: Policing				
1 Average turnaround time to calls for assistance: Alpha, Bravo & Charlie		Tick the appropriate		Comments
1.1	Do you meet the target of 19 mins turn around time on Alpha calls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.2	Do you meet the target of 24 mins turn around time on Bravo calls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.3	Do you meet the target of 21 mins turn around time on Charlie calls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.4	Are the reaction time targets achievable/ realistic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.5	Is there a monitoring system for these response times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2 Vehicles		Tick the appropriate		Comments
2.1	Does this police station have sufficient/adequate vehicles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.2	Is there a schedule for vehicle maintenance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3 Services				
3.1	Are forms for the different services offered available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.2	Are there victim friendly rooms that are resourced, i.e for sexual assaults, domestic violence, etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.3	Are there different holding cells for males, females and juveniles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.4	Are there lockable filing cabinets/ an electronic docket system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

**Frontline Service Delivery Monitoring: SAPS (Police Station)
Citizen Questionnaire**

Visit Reference Number

Details of Citizen

First Name					Contact Details	Email	
Last Name						Telephone	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				Other	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Facility					Name of Monitor		
Date of baseline visit	DD/MM/YYYY	Baseline visit <input type="checkbox"/>	Improvements monitoring				
			1	2	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

A Performance Areas

Comments

1 Location & Accessibility

1.1	How long did it take you to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.2	How far did you have to travel to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.3	What mode of transport did you use to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

Location & Accessibility

1 2 3 4

How would you rate accessibility and location of this facility
Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

2 Visibility & Signage					
2.1	External signage: Is there visible signage on the roads leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.3	External signage: Is there a signboard that contains information on services??	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.5	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.6	Do facility staff wear name tags at all time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.7	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
3 Queue Management & Waiting Times					
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Queue Management & Waiting Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the facility's queue management system and waiting times Score: 1 - 4(1 Poor, 2 Fair, 3 Good, 4 Very good)					

4 Dignified Treatment					
4.1	Do staff treat you with friendliness, dignity & respect in this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	Did the staff member address you in the language of your choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	Does staff seem knowledgeable in their respective areas of expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.4	When attending to you, was the staff efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Does the facility appear clean?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Is there working air conditioning / heating in the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Are the ablution facilities/ toilets clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.6	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's Cleanliness and Comfort. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

6 Safety					
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Is there access control at the main entrance of the police station?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Safety		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
7 Opening & Closing Times					
7.1	According to your knowledge, are the operating hours adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	Did you (now or in the past) experience any disruption to service due to tea breaks, lunch breaks or staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Opening & Closing Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there a complaints & compliments system for services rendered (i.e Suggestion box /compliments register/ Provincial Hotline/CPF meetings/ Presidential Hotline), in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: SAPS (Police Station) Monitor Questionnaire

Visit Reference Number

Details of Monitor

Name													
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>									
Race	African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Asian	<input type="checkbox"/>	White	<input type="checkbox"/>	Disability	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Department													
Persil Number													
Contact Details	Telephone												
	E-mail												
	Other												
Name of Facility													
Date of visit	DD/MM/YYYY	Baseline visit	<input type="checkbox"/>	Improvements monitoring	1	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>

A	Performance Areas	Comments
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1	Location & Accessibility											
	According to your observation, how far do citizens from the surrounding areas generally have to travel to get to the facility?	<table border="1"> <tr> <td>1-5 km</td> <td>6-10 km</td> <td>11-15 km</td> <td>16-20 km</td> <td>> 20 km</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	1-5 km	6-10 km	11-15 km	16-20 km	> 20 km	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-5 km	6-10 km	11-15 km	16-20 km	> 20 km								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	According to your observations, how long does it take the citizens from the surrounding areas to get to this facility?	<table border="1"> <tr> <td><15 min</td> <td>16-30 min</td> <td>31-45 min</td> <td>46- 1 hr</td> <td>> 1 hr</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<15 min	16-30 min	31-45 min	46- 1 hr	> 1 hr	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<15 min	16-30 min	31-45 min	46- 1 hr	> 1 hr								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	According to your observation, how do most citizens get to this facility?	<table border="1"> <tr> <td>Walk</td> <td>Public</td> <td>Private</td> <td>Other</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Walk	Public	Private	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Walk	Public	Private	Other									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
	Is there a ramp with rails in the front of the building to assist citizens with disabilities & the elderly to access the building?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>									
	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>									
	Location & Accessibility	<table border="1"> <tr> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> <td>3</td> <td><input type="checkbox"/></td> <td>4</td> <td><input type="checkbox"/></td> </tr> </table> <p>How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)</p>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>		
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>					

2	Visibility & Signage									
2.1	External signage: Is there visible signage on the roads leading to this facility?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.2	External signage: Is there visible signage at the main gate/entrance to this facility?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.3	External signage: Is there a signboard that contains information on services?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.5	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.6	Internal signage: Does the signage inside direct citizens where to go & for what service?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.7	Are all staff members wearing name tags?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.8	Are the contact details of the facility management clearly displayed in the facility ?	<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
	Visibility & Signage	<table border="1"> <tr> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> <td>3</td> <td><input type="checkbox"/></td> <td>4</td> <td><input type="checkbox"/></td> </tr> </table> <p>How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)</p>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>			

3 Queue Management & Waiting Times				
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Queue Management & Waiting Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
4 Dignified treatment				
4.1	According to your observation, do staff treat citizens with friendliness, dignity & respect in this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.2	According to your observation, do staff members address citizens in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.3	According to your observation, do staff members seem to be knowledgeable with their work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.4	When attending to citizens, are staff members efficient (i.e., did what they needed to do promptly)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dignified treatment		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
5 Cleanliness & Comfort				
5.1	Does the facility appear clean?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.2	Is the facility well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.3	Do the waiting areas have enough seating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.4	Is the office equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.5	Are the ablution facilities / toilets clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.7	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cleanliness & Comfort		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the facility's Cleanliness and Comfort. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
6 Safety				
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.2	Is there access control at the main entrance of the police station?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.4	Does this office have a first aid kit in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

7 Opening & Closing Times					
7.1	According to your knowledge, are the operating hours adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	Did you (now or in the past) experience any disruption to service due to tea breaks, lunch breaks or staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Opening & Closing Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there a complaints & compliments system for services rendered (i.e Suggestion box /compliments register/ Provincial Hotline/CPF meetings/ Presidential Hotline), in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
C Summary of Findings and Recommendations					
Performance Areas		Key Findings		Recommendations	
1	Location and Accessibility				
2	Visibility & Signage				
3	Queue Management & Waiting Times				
4	Dignified Treatment				
5	Cleanliness & Comfort				
6	Safety				
7	Opening & Closing Times				
8	Complaints & Compliments Management System				



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Local Government (MCCC)
Staff Questionnaire

Visit Reference Number

Details of FSD Monitoring Site

Name of Facility								
District								
Municipality								
Street Address								
GIS coordinates								
Date of visit DD/MM/YYYY	Type of visit	Baseline <input type="checkbox"/>	Improvements monitoring	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

Details of Staff Member

First Name					Contact Details	Email	
Last Name						Telephone	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			Disability	Other	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Designation (level)					Name of monitor		

A	Performance Areas						Comments
1	Location & Accessibility						
	According to your knowledge, how far do citizens from the surrounding areas generally have to travel to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
	According to your knowledge, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
	According to your knowledge, what mode of transport do citizens take to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
	Is there a ramp with rails in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
2	Visibility & Signage						
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.5	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.6	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.7	Do facility staff wear name tags at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.8	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate visibility & Signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

3 Queue Management & Waiting Times					
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Queue Management & Waiting Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
4 Dignified Treatment					
4.1	Do you treat citizens with friendliness, dignity and respect?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	When attending to citizens, do you address them in the language of their choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	Are you knowledgeable in your respective areas of expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.4	When attending to the citizens, are you efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Is the office equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Are the ablution facilities / toilets clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.6	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the Cleanliness & Comfort of the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

6 Safety					
6.1	Do you feel safe in and around the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Are there security guards at the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.4	Does this office have a first aid kit in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
7 Opening & Closing Times					
7.1	Are the operational times displayed outside the main gate or entrance to the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	Are the opening & closing times adhered to?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opening & Closing Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complaints & Compliments Management System		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

B Sector Specific Standards: MCCC				
1	MCCC's Norms & Standards or Service Charter	Tick the appropriate		Comments
1.1	Does this facility have norms and standards or a service charter in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.2	Are these norms and standards / service charter communicated to your clients ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2	Turnaround Times	Tick the appropriate		Comments
2.1	Are there standards on turnaround times for making duplicate statements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.2	Are there standards on the time taken to provide reading and financial details on electricity and water consumption?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.3	Are there turn around times on the period taken to provide details on a water leak?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.4	Are there standards on the time taken to resolve a misallocation of a payment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.5	Are there prescribed turnaround times on the time taken to open a new municipal services account – existing services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2.6	Are there turn around times for the resolution of customer complaints/ compliments in this Customer Care Centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

**Frontline Service Delivery Monitoring: Local Government (MCCC)
Citizen Questionnaire**

Visit Reference Number

Details of Citizen

First Name					Contact Details	Email			
Last Name						Telephone			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				Other			
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Name of Facility					Name of Monitor				
Date of visit	DD/MM/YYYY	Baseline <input type="checkbox"/>	Improvements monitoring						
			1	<input type="checkbox"/>	<input type="checkbox"/>	4	5 <input type="checkbox"/>	6 <input type="checkbox"/>	<input type="checkbox"/>

A Performance Areas

Comments

1 Location & Accessibility

1.1	How long did it take you to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.2	How far did you have to travel to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.3	What mode of transport did you use to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

Location & Accessibility

1 2 3 4

How would you rate accessibility and location of this facility
Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

2 Visibility & Signage					
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.2	External signage: Is there visible signage at the main gate/entrance to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.3	External signage: Is there a signboard that contains information on services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.5	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.6	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.7	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.8	Are all staff members wearing name tags?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.9	Are the contact details of the facility management clearly displayed in the facility ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Visibility & Signage		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
3 Queue Management & Waiting Times					
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Queue Management & Waiting Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

4 Dignified Treatment					
4.1	Do staff treat you with friendliness, dignity & respect in this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	Did the staff member address you in the language of your choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	Does staff seem knowledgeable in their respective areas of expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.4	When attending to the citizens, is the staff efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Are the ablution facilities / toilets clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Do you feel safe in and around the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Are there security guards at the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

	Safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
7 Opening & Closing Times						
7.1	Are the operational times displayed outside the main gate or entrance to the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7.2	Are the opening & closing times adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Opening & Closing Times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
8 Complaints & Compliments Management System						
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Complaints & Compliments Management System	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Local Government (MCCC) Monitor Questionnaire

Visit Reference Number

Details of Monitor

Name												
Department												
Persal Number												
Contact Details	Telephone											
	E-mail											
	Other											
Name of Facility												
Date of visit	DD/MM/YYYY	Baseline	<input type="checkbox"/>	Improvements monitoring	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	Male <input type="checkbox"/>	Female	<input type="checkbox"/>									
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No	<input type="checkbox"/>				

A Performance Areas

Comments

1 Location & Accessibility

1.1	According to your observations, how far do most citizens from the surrounding areas generally have to travel to get to this facility?	1-5 km	<input type="checkbox"/>	6-10 km	<input type="checkbox"/>	11-15 km	<input type="checkbox"/>	16-20 km	<input type="checkbox"/>	> 20 km	<input type="checkbox"/>	
1.2	According to your observations, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min	<input type="checkbox"/>	16-30 min	<input type="checkbox"/>	31-45 min	<input type="checkbox"/>	46-1 hr	<input type="checkbox"/>	> 1 hr	<input type="checkbox"/>	
1.3	According to your observations, how do most citizens get to this facility?	Walk	<input type="checkbox"/>	Public	<input type="checkbox"/>	Private	<input type="checkbox"/>	Other	<input type="checkbox"/>			
1.4	Is there a ramp in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
Location & Accessibility		1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)		

2 Visibility & Signage

2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.2	External signage: Is there visible signage at the main gate/entrance to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.3	External signage: Is there a signboard that contains information on services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.5	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.6	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.7	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.8	Are all staff members wearing name tags?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
2.9	Are the contact details of the facility management clearly displayed in the facility ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							
Visibility & Signage		1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)		

3 Queue Management & Waiting Times				
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Queue Management & Waiting Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
4 Dignified treatment				
4.1	According to your observation, do staff treat citizens with friendliness, dignity & respect in this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.2	According to your observation, do staff members address citizens in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.3	According to your observation, do staff members seem to be knowledgeable with their work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4.4	When attending to citizens, are staff members efficient (i.e., did what they needed to do promptly)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Dignified treatment		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
5 Cleanliness & Comfort				
5.1	Is the facility clean ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.2	Is the facility well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.3	Do the waiting areas have enough seating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.4	Is the office equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.5	Are the ablution facilities / toilets clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5.6	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cleanliness & Comfort		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
6 Safety				
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.2	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.4	Does this office have a first aid kit in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Safety		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

7 Opening & Closing Times				
7.1	Are the operational times displayed outside the main gate or entrance to the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.2	Are the opening & closing times adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Opening & Closing Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
8 Complaints & Compliments Management System				
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
C Summary of Findings and Recommendations				
Performance Areas		Key Findings		Recommendations
1	Location and Accessibility			
2	Visibility & Signage			
3	Queue Management & Waiting Times			
4	Dignified Treatment			
5	Cleanliness & Comfort			
6	Safety			
7	Opening & Closing Times			
8	Complaints & Compliments Management System			
9	Sector Specific Standards			
10	Are there any good practises / procedures to be noted?			



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Health (Clinic, CHC and Hospital)
Staff Questionnaire

Visit Reference Number

Details of FSD Monitoring Site

Name of Facility	Type of facility		Clinic <input type="checkbox"/>	CHC <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other:	
District							
Municipality							
Street Address							
GIS coordinates							
Date of visit	DD/MM/YYYY	Baseline <input type="checkbox"/>	Improvements monitoring				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Details of Staff Member

First Name				Contact Details	Email	
Last Name					Telephone	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			Other	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Designation (level)				Name of monitor		

A Performance Areas						Comments
1 Location & Accessibility						
1.1	According to your knowledge, how far do citizens from the surrounding areas generally have to travel to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>
1.2	According to your knowledge, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>
1.3	According to your knowledge, what mode of transport do citizens take to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>	
1.4	Are there ramps with handrails of an acceptable gradient available at the entrances to this health facility ?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
2 Visibility & Signage						
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
2.5	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
2.5	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
2.6	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
2.7	Do facility staff wear name tags at all times?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
2.8	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate visibility & Signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

3 Queue Management & Waiting Times					
3.1	Is there a queue management system in place? If yes, specify what kind of system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.3	Is there a queue manager, marshal or triage officer available to assist patients in the queue/ to show people where to sit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.4	Are the current waiting times indicating approximately how long patients will wait displayed on a board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.5	Is there a help desk, situated in a prominent position in the public area or at the entrance of this health facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.6	Are there special queues designated for specific groups of patients, i.e the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Queue Management & Waiting Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
4 Dignified Treatment					
4.1	Do you treat citizens with friendliness, dignity and respect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.2	Do you assist citizens in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.3	Are you knowledgeable in your respective areas of expertise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.4	When attending to the citizens, are you efficient (i.e., did what they needed to do promptly)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Dignified Treatment		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Are the ablution facilities / toilets clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Is there at least one toilet for disabled persons in a unit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.6	Is there clean water and disposable cup for patients in waiting areas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the Cleanliness & Comfort of the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Do you feel safe in and around the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Are there security guards at the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.4	Are there clear signs of no unauthorised entry on the door to limit people traffic in secure areas, i.e feed areas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
7 Opening & Closing Times					
7.1	Are the opening and closing times displayed outside the main gate or entrance to the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	Are the opening & closing times adhered to?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.4	Are the names and contact details of the pharmacist on duty who provides services after hours available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opening & Closing Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.4	Do you undertake Patient satisfaction surveys as per the DOH Essential measures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
B Sector Specific Standards: Health					
1 Availability of medicines and other basic supplies		Tick the appropriate		Comments	
1.1	Do you have a document outlining the terms of agreement for the supply of medicine & other basic supplies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.2	Is there evidence that compliance with the agreement (1.1 above) is being monitored and appropriate action taken, when necessary, in the supply of medicine stock?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.3	Does this facility have a document outlining the delivery schedule of medicines & basic supplies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2 Waiting times for Citizen		Tick the appropriate		Comments	
2.1	Do you have agreed norms and standards for waiting times for citizens in this health facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.2	Do you believe it to be realistic and achievable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

**Frontline Service Delivery Monitoring: Health (Clinic, CHC, Hospital)
Citizen Questionnaire**

Visit Reference Number

Details of Citizen

First Name					Contact Details	Telephone		
Last Name						Email		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				Other		
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date of monitoring visit	DD/MM/YYYY		Baseline visit <input type="checkbox"/>	Improvements monitoring				
				1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Name of Facility					Name of Monitor			

A Performance Areas

Comments

1 Location & Accessibility

1.1	How long did it take you to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.2	How far did you have to travel to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.3	What mode of transport did you use to get to this facility? How did you get citizens get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Are there ramps with handrails of an acceptable gradient available at the entrances to this health facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
2 Visibility & Signage						
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.5	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.6	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.7	Do facility staff wear name tags at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.8	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
3 Queue Management & Waiting Times						
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.3	Is there a queue manager, marshal or triage officer available to assist patients in the queue/ to show people where to sit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

3.4	Are the waiting times indicating approximately how long patients will wait displayed on a board?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
3.5	Is there a help desk, situated in a prominent position in the public area or at the entrance of this health facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
3.6	Are special queues designated for specific groups of patients, i.e the disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Queue Management & Waiting Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
4 Dignified Treatment										
4.1	Did staff treat you with friendliness, dignity and respect?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
4.2	Did staff assist you in the language of their choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
4.3	Is staff knowledgeable in their respective areas of expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
4.4	When attending to you, was staff efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Are the ablution facilities / toilets clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Is there at least one toilet for disabled persons in a unit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.6	Is there clean water and disposable cup for patients in waiting areas?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Do you feel safe in and around the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Are there security guards at the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

7 Opening & Closing Times					
7.1	Are the opening and closing times displayed outside the main gate or entrance to the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	Are the opening & closing times adhered to?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.4	Are the names and contact details of the pharmacist on duty who provides services after hours available?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opening & Closing Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
			<input type="checkbox"/>	4	<input type="checkbox"/>
		How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.4	Have you ever, or know of someone who has participated in a patient satisfaction survey in this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complaints & Compliments Management System		1	<input type="checkbox"/>	2	<input type="checkbox"/>
			<input type="checkbox"/>	3	<input type="checkbox"/>
			<input type="checkbox"/>	4	<input type="checkbox"/>
		How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Health (Clinic, CHC and Hospital) Monitor Questionnaire

Visit Reference Number

Details of Monitor										
Name										
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
Department										
Persal Number										
Contact Details	Telephone									
	E-mail									
	Other									
Name of Facility			Type of facility	Clinic <input type="checkbox"/>	CHC <input type="checkbox"/>	Hospital <input type="checkbox"/>	Other: _____			
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other: <input type="checkbox"/>		
Date of visit	DD/MM/YYYY	Base	Baseline visit <input type="checkbox"/>	Improvements monitoring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A Performance Areas	Comments
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1 Location & Accessibility

1.1	According to your observation, how far do citizens from the surrounding areas generally have to travel to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.2	According to your observation, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.3	According to your observation, what mode of transport do citizens take to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Are there ramps with handrails of an acceptable gradient available at the entrances to this health facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

	Location & Accessibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
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2 Visibility & Signage					
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.3	External signage: Is there a signboard that contains information on services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.5	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.6	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.7	Do facility staff wear name tags at all times?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.8	Are the contact details of the facility management clearly displayed in the facility ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Visibility & Signage		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
3 Queue Management & Waiting Times					
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.3	Is there a queue manager, marshal or triage officer available to assist patients in the queue/ to show people where to sit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.4	Are the current waiting times indicating approximately how long patients will wait displayed on a board?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.5	Is there a help desk, situated in a prominent position in the public area or at the entrance of this health facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.6	Are special queues designated for specific groups of patients, i.e the disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Queue Management & Waiting Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
4 Dignified Treatment					
4.1	According to your observation, do staff treat citizens with friendliness, dignity & respect in this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	According to your observation, do staff members address citizens in the language of their choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	According to your observation, do staff members seem to be knowledgeable with their work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.4	When attending to citizens, are staff members efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.2	Is the facility well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.3	Do the waiting areas have enough seating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.4	Are the ablution facilities / toilets clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.5	Is there at least one toilet for disabled persons in a unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.6	Is there clean water and disposable cup for patients in waiting areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Cleanliness & Comfort		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Are there clear signs of no unauthorised entry on the door to limit people traffic in secure areas, i.e. feed areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Safety		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
7 Opening & Closing Times					
7.1	Are the opening and closing times displayed outside the main gate or entrance to the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	Are the opening & closing times adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.4	Are the names and contact details of the pharmacist on duty who provides services after hours available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Opening & Closing Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

8 Complaints & Compliments Management System				
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.4	Are there records that this facility undertakespatient satisfaction surveys as per DOH Essential measures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
C Summary of Findings and Recommendations				
Performance Areas		Key Findings		Recommendations
1	Location and Accessibility			
2	Visibility & Signage			
3	Queue Management & Waiting Times			
4	Dignified Treatment			
5	Cleanliness & Comfort			
6	Safety			
7	Opening & Closing Times			
8	Complaints & Compliments Management System			



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Justice (Court)
Staff Questionnaire

Visit Reference Number

Details of FSD Monitoring Site

Name of Facility					
District					
Municipality					
Street Address					
GIS coordinates					
Date of visit	DD/MM/YYYY	Type of visit	Baseline <input type="checkbox"/>	Improvements monitoring	1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>

Details of Staff Member

First Name				Contact Details	Email	
Last Name					Telephone	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			Other	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Designation (level)				Name of monitor		

A Performance Areas

Comments

1 Location & Accessibility

According to your knowledge, how far do citizens from the surrounding areas generally have to travel to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
According to your knowledge, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
According to your knowledge, what mode of transport do citizens take to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
Is there a ramp with rails in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Location & Accessibility	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4(1 Poor, 2 Fair, 3 Good, 4 Very good)	

2	Visibility & Signage				
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.3	External signage: Is there a signboard that contains information on services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.5	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.6	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.7	Do facility staff wear name tags at all times?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.8	Are the contact details of the facility management clearly displayed in the facility ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Visibility & Signage	1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
	How would you rate visibility & Signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)				
3	Queue Management & Waiting Times				
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.4	When inside the court, is there someone directing citizens to where they need to sit/ to the court room where the case will be heard?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Queue Management & Waiting Times	1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
	How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)				

4 Dignified Treatment					
4.1	Do you uphold the human dignity of citizens that utilise court services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.2	When attending to citizens, do you address them in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.3	Are you knowledgeable in your respective areas of expertise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.4	When attending to the citizens, are you professional?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Dignified Treatment		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.2	Is the facility well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.3	Do the waiting areas have enough seating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.4	Is the office equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.5	Are the ablution facilities / toilets clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.6	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Cleanliness & Comfort		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the Cleanliness & Comfort of the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Does this office have a first aid kit in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Safety		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4(1 Poor, 2 Fair, 3 Good, 4 Very good)					

7 Opening & Closing Times					
7.1	Are the operational times displayed outside the main gate or entrance to the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	Are the opening & closing times adhered to?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opening & Closing Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.4	Does this facility adhere to the 14 day turnaround time for replying to complaints?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complaints & Compliments Management System		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
B Sector Specific Standards: Court					
1	Turnaround times: feedback to public regarding progress with their case.	Tick the appropriate		Comments	
1.1	Do you have agreed norms and standards for turnaround times for feedback to public regarding progress with their case?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
1.2	What is the average turnaround time for providing feedback regarding progress with cases to members of the public by the court?				
1.3	How do you monitor the turnaround time on cases?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2	Service charter	Tick the appropriate		Comments	
2.1	Are you familiar with DOJCD service charter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.2	As per the service charter, citizens at domestic violence & maintenance service points should not wait longer than 2hours in the queue without being attended to, is this the practice in this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.3	For domestic violence, protection order is to be issued within 1 day of it being granted, is this practice adhered to?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.4	Does this court finalise maintenance orders within the specified 90 days?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

**Frontline Service Delivery Monitoring: Justice (Court)
Citizen Questionnaire**

Visit Reference Number

Details of Citizen

First Name					Contact Details	Telephone		
Last Name						Email		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				Other		
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date of monitoring visit	DD/MM/YYYY		Baseline visit <input type="checkbox"/>	Improvements monitoring				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Name of Facility					Name of Monitor			

A Performance Areas

Comments

1 Location & Accessibility

1.1	How long did it take you to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.2	How far did you have to travel to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.3	What mode of transport did you use to get to this facility? How did you get citizens get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

2 Visibility & Signage					
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.3	External signage: Is there a signboard that contains information on services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.5	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.6	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.7	Do facility staff wear name tags at all times?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.8	Are the contact details of the facility management clearly displayed in the facility ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Visibility & Signage		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
3 Queue Management & Waiting Times					
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.4	When inside the court, is there someone directing you to where you need to sit/ to the court room where your case will be heard?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Queue Management & Waiting Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

4 Dignified Treatment										
4.1	Does staff uphold the human dignity of citizens that utilise court services?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
4.2	Did the staff members address you in the language of your choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
4.3	Do staff members seem to be knowledgeable with their work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
4.4	When attending to you, was staff professional?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
5 Cleanliness & Comfort										
5.1	Is the facility clean ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
5.4	Are the ablution facilities / toilets clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
5.5	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>					
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	How would you rate the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

6 Safety					
6.1	Do you feel safe in and around the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Are there security guards at the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
7 Opening & Closing Times					
7.1	Are the operational times displayed outside the main gate or entrance to the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	Are the opening & closing times adhered to?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opening & Closing Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints etc)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.4	In cases where you've complained, did this facility adhere to the 14 day turnaround time for replying to complaints.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complaints & Compliments Management System		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Justice (Courts) Monitor Questionnaire

Visit Reference Number

Details of Monitor

Name							
Department							
Personal Number							
Contact Details	Telephone						
	E-mail						
	Other						
Name of Facility							
Date of visit	DD/MM/YYYY	Baseline	Improvements monitoring				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	1	2	3	4	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>

A Performance Areas **Comments**

1 Location & Accessibility

1.1	According to your knowledge, how far do citizens from the surrounding areas generally have to travel to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.2	According to your knowledge, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.3	According to your knowledge, what mode of transport do citizens take to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

2 Visibility & Signage

2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.5	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.6	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.7	Do facility staff wear name tags at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.8	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

	Visibility & Signage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
3 Queue Management & Waiting Times						
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.4	When inside the court, is there someone directing citizens to where they need to sit/ court room where the case will be heard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Queue Management & Waiting Times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
4 Dignified treatment						
4.1	According to your observation, does staff uphold the human dignity of citizens that utilise court services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
4.2	According to your observation, do staff members address citizens in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
4.3	According to your observation, do staff members seem to be knowledgeable with their work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
4.4	When attending to the citizens, is staff professional?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Dignified treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
5 Cleanliness & Comfort						
5.1	Does the facility appear clean ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
5.2	Is the facility well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
5.3	Do the waiting areas have enough seating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
5.4	Is the office equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
5.5	Are the ablution facilities / toilets clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
5.6	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Cleanliness & Comfort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
6 Safety						
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.2	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.4	Does this office have a first aid kit in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

	Safety	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
7 Opening & Closing Times						
7.1	Are the operational times displayed outside the main gate or entrance to the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7.2	Are the opening & closing times adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	Opening & Closing Times	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
8 Complaints & Compliments Management System						
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints, etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.4	Does this facility have a record / register of complaints?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
B8	Complaints & Compliments Management System	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
C Summary of Findings and Recommendations						
	Performance Areas	Key Findings			Recommendations	
1	Location and Accessibility					
2	Visibility & Signage					
3	Queue Management & Waiting Times					
4	Dignified Treatment					
5	Cleanliness & Comfort					
6	Safety					
7	Opening & Closing Times					
8	Complaints & Compliments Management System					
9	Sector Specific Standards					
10	Are there any good practises / procedures to be noted?					



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Home Affairs
Staff Questionnaire

Visit Reference Number

Details of FSD Monitoring Site

Name of Facility	Type of facility		Large office <input type="checkbox"/>	Medium office <input type="checkbox"/>	Small office <input type="checkbox"/>	Other:	
District							
Municipality							
Street Address							
GIS coordinates							
Date of visit	DD/MM/YYYY	Baseline <input type="checkbox"/>	Improvements monitoring				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>

Details of Staff Member

First Name				Contact Details	Email	
Last Name					Telephone	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>			Other	
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Designation (level)				Name of monitor		

A Performance Areas					Comments	
1 Location & Accessibility						
1.1	According to your knowledge, how far do citizens from the surrounding areas generally have to travel to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>
1.2	According to your knowledge, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>
1.3	According to your knowledge, what mode of transport do citizens take to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>	
1.4	Is there a ramp with rails in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Location & Accessibility		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
2 Visibility & Signage						
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	Internal signage: Is there a signboard that contains information on costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.5	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.6	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.7	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.8	Do facility staff wear name tags at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.9	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	How would you rate visibility & Signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

3 Queue Management & Waiting Times					
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Queue Management & Waiting Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
Dignified Treatment					
4.1	Do you treat citizens with friendliness, dignity and respect?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	Do you assist citizens in the language of their choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	Are you knowledgeable in your respective areas of expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.4	When attending to the citizens, are you efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Is the office equipment (faxes, telephones, computers, air conditioning) in working condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Are the ablution facilities / toilets clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.6	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the Cleanliness & Comfort of the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

6 Safety					
6.1	Do you feel safe in and around the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Are there security guards at the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.4	Does this office have a first aid kit in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
7 Opening & Closing Times					
7.1	Are the operational times displayed outside the main gate or entrance to the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	Are the opening & closing times adhered to?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opening & Closing Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complaints & Compliments Management System		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

B Sector Specific Standards: Home Affairs				
1 Service charter		Tick the appropriate		Comments
1.1	Does this office have the service charter in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2 Turnaround times for issuing Identity Documents (ID)		Tick the appropriate		Comments
1.1	Do you have agreed norms and standards for turnaround times for issuing Identity Documents (ID) for this service office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.2	Are the targets for issuing of IDs are realistic and achievable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.4	Do you have a system, for monitoring the turnaround times on applications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

**Frontline Service Delivery Monitoring: Home Affairs
Citizen Questionnaire**

Visit Reference Number

Details of Citizen

First Name					Contact Details	Telephone						
Last Name						Email						
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				Other						
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Date of monitoring visit	DD/MM/YYYY	Baseline visit <input type="checkbox"/>	Improvements monitoring			1	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Facility					Name of Monitor							

A Performance Areas

Comments

1 Location & Accessibility

1.1	How long did it take you to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.2	How far did you have to travel to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.3	What mode of transport did you use to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				

Location & Accessibility

1 2 3 4

How would you rate accessibility and location of this facility
Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

2 Visibility & Signage					
2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	Internal signage: Is there a signboard that contains information on costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.5	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.6	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.7	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.8	Do facility staff wear name tags at all times?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.9	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Visibility & Signage		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
3 Queue Management & Waiting Times					
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Queue Management & Waiting Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

4 Dignified Treatment					
4.1	Do staff treat you with friendliness, dignity & respect in this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.2	Did the staff member address you in the language of your choice?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.3	Does staff seem knowledgeable in their respective areas of expertise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.4	When attending to the citizens, is the staff efficient (i.e., did what they needed to do promptly)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dignified Treatment		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.2	Is the facility well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.3	Do the waiting areas have enough seating?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.4	Are the ablution facilities / toilets clean and well maintained?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
5.5	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cleanliness & Comfort		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

6 Safety					
6.1	Do you feel safe in and around the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.2	Are there security guards at this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Safety		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
7 Opening & Closing Times					
7.1	Are the operational times displayed outside the main gate or entrance to the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	Are the opening & closing times adhered to?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Opening & Closing Times		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
8 Complaints & Compliments Management System					
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints etc)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Complaints & Compliments Management System		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					



The Presidency: Department of Planning, Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Home Affairs Monitor Questionnaire

Visit Reference Number

Details of Monitor

Name												
Department												
Persal Number												
Contact Details	Telephone											
	E-mail											
	Other											
Name of Facility												
Date of visit	DD/MM/YYYY	Baseline	<input type="checkbox"/>	Improvements monitoring	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	Male <input type="checkbox"/>	Female	<input type="checkbox"/>									
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No	<input type="checkbox"/>				

A Performance Areas

Comments

1 Location & Accessibility

1.1	According to your observations, how far do most citizens from the surrounding areas generally have to travel to get to this facility?	1-5 km <input type="checkbox"/>	6-10 km <input type="checkbox"/>	11-15 km <input type="checkbox"/>	16-20 km <input type="checkbox"/>	> 20 km <input type="checkbox"/>	
1.2	According to your observations, how long does it take the citizens from the surrounding areas to get to this facility?	<15 min <input type="checkbox"/>	16-30 min <input type="checkbox"/>	31-45 min <input type="checkbox"/>	46- 1 hr <input type="checkbox"/>	> 1 hr <input type="checkbox"/>	
1.3	According to your observations, what mode of transport do citizens take to get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
1.4	Is there a ramp in the front of the building to assist citizens with disabilities & the elderly to access the building?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
1.5	When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
Location & Accessibility		1	2	3	4	How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

2 Visibility & Signage

2.1	External signage: Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
2.2	External signage: Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
2.3	External signage: Is there a signboard that contains information on services?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
2.4	Internal signage: Is there a signboard that contains information on costs?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
2.5	Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
2.6	Internal signage: Does the signage make provision to accommodate citizens that are illiterate? i.e. visuals/symbols	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
2.7	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
2.8	Are all staff members wearing name tags?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
2.9	Are the contact details of the facility management clearly displayed in the facility ?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>			
Visibility & Signage		1	2	3	4	How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

3 Queue Management & Waiting Times					
3.1	Is there a queue management system in place? If yes, specify what kind of system	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.2	If you answered yes above, Is the queue management system effective (e.g. are the queues moving quickly, are people shown the right queues, etc.) ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.3	Does the queue management make provision for the elderly and citizens with disabilities, sickly including pregnant women?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Queue Management & Waiting Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the facility's queue management system and waiting times Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
4 Dignified treatment					
4.1	Does the staff treat citizens with friendliness, dignity and respect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.2	When attending to citizens, do they address them in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.3	Are staff you knowledgeable in their respective areas of expertise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.4	When attending to the citizens, is the staff efficient (i.e., did what they needed to do promptly)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Dignified treatment		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate Dignified treatment in the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
5 Cleanliness & Comfort					
5.1	Is the facility clean ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.2	Is the facility well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.3	Do the waiting areas have enough seating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.4	Is the office equipment (faxes, telephones, computers, air conditioning) functioning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.5	Are the ablution facilities / toilets clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.6	Are the ablution facilities / toilets provided with the necessary toiletries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Cleanliness & Comfort		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Are there security guards at this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety procedures displayed at the facility, to assist in an emergency situation? i.e. evacuation plan, fire extinguishers, emergency exits etc.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Does this office have a first aid kit in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Safety		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
How would you rate the general level of safety at the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

7 Opening & Closing Times				
7.1	Are the operational times displayed outside the main gate or entrance to the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.2	Are the opening & closing times adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7.3	Are there disruptions (to services) as a result of staff members taking tea breaks, lunch breaks or staff meetings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Opening & Closing Times		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the adherence to opening and closing times for this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
8 Complaints & Compliments Management System				
8.1	Is there an identified/ labelled complaints & compliments box / register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.2	Are the guidelines/ procedures displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.3	Does the facility have the complaints & compliments procedures in place (how to complain, feedback mechanisms, contact of person dealing with complaints,etc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Complaints & Compliments Management System		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		4 <input type="checkbox"/>	How would you rate the complaints and compliments system at the facility (if applicable) Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
C Summary of Findings and Recommendations				
Performance Areas		Key Findings		Recommendations
1	Location and Accessibility			
2	Visibility & Signage			
3	Queue Management & Waiting Times			
4	Dignified Treatment			
5	Cleanliness & Comfort			
6	Safety			
7	Opening & Closing Times			
8	Complaints & Compliments Management System			
9	Sector Specific Standards			
10	Are there any good practises / procedures to be noted?			