



The Presidency: Department of Performance 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 visit 1 <input type="checkbox"/>	Improvements visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <input type="checkbox"/>	

Details of Staff Member

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

GENERIC PUBLIC SERVICE QUALITY OF SERVICE PERFORMANCE AREAS

A	A. Performance Areas					Comments
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: Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 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	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	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	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"/>		
8.2	Are there guidelines displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Is there a complaints & compliments box/ register in the facility?	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	Do you know about the national norms & standards for DLTCs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.2	If yes, are there adhered to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2 Turn around times for the issuing of licences					
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 Performance 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 visit1 <input type="checkbox"/>		Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <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 <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 of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3 External signage: Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4 Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 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 and citizens with disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3.4 Is there a forms assistant assigned to assisting 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	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 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	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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"/>	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	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"/>			
8.2	Are there guidelines displayed in a place where you can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.3	Is there a complaints & compliments box/ register in the facility?	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"/>	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)



Details of Monitor											
Name											
Department											
Postal 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"/>				
Contact Details	Telephone										
	E-mail										
	Other										
Name of Facility											
Date of visit	DDMMYY	Baseline visit <input type="checkbox"/>	Improvements monitoring visit 1 <input type="checkbox"/>	Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <input type="checkbox"/>						
A Performance Areas					Comments						
#### 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: Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
2.4	Internal signage: Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
2.5	Internal signage: Does the signage make provisions to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
2.6	Are facility staff wearing name tags?	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, 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 and citizens with disabilities?	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 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 <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 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	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
6.3	Are there safety guidelines displayed at the facility, to assist citizens in an emergency situation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
6.4	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	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"/>								

8.2	Are there guidelines displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.3	Is there a complaints & compliments box/ register in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.4	Are there records that this facility continuously 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 Performance 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 visit 1 <input type="checkbox"/>	Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <input type="checkbox"/>			
Date of visit	DD/MM/YYYY						
Type of school	Primary school <input type="checkbox"/>	Secondary School <input type="checkbox"/>	Combined School <input type="checkbox"/>	Other <input type="checkbox"/>			
Number of registered learners							
Details of Staff Member							
First Name							
Last Name						Telephone	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Contact Details		E-mail		
Designation (Level)					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 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 point/s 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	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 (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	Are there security guards at the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the school, to assist learners in an emergency situation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Is there perimeter fencing in 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	Does this 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"/>		
8.2	Are there guidelines displayed in a place where parents/ learners can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Is there a complaints & compliments box/ register in the school?	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"/>		
1.1	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					
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 Performance 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"/>							
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 visit 1 <input type="checkbox"/>			Improvements monitoring visit 2 <input type="checkbox"/>		Improvements monitoring visit 3 <input type="checkbox"/>			
Date of monitoring visit	DD/MM/YYYY									
A	Performance Areas					Comments				
1	Location & Accessibility									
	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"/>				
	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"/>					
	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"/>					
	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/ 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 point/s 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 facility 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 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	Are there security guards at the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the school, to assist learners in an emergency situation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Is there perimeter fencing in 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	Does this 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"/>		
8.2	Are there guidelines displayed in a place where parents/ learners can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Is there a complaints & compliments box/ register in the school?	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 Performance Monitoring and Evaluation

Office of The Premier: _____ Province

Frontline Service Delivery Monitoring: Education (School) Monitor Questionnaire

Visit Reference Number

Details of Monitor

Name							
Department							
Personal Number							
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	White <input type="checkbox"/>	Disability <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 visit1 <input type="checkbox"/>	Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <input type="checkbox"/>		

A Performance Areas Comments

#### Location & Accessibility						
####	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						
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 point/s 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	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 girls & boys) for learners 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	Are there security guards at the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.2	Do you feel safe in and around the school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.3	Are there health & safety guidelines displayed at the school, to assist learners in an emergency situation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.4	Is there perimeter fencing in 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	Does this 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"/>	
8.2	Are there guidelines displayed in a place where parents/ learners can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
8.3	Is there a complaints & compliments box/ register in the school?	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 Performance 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 Improvements monitoring visit 1 <input type="checkbox"/> Improvements monitoring visit 2 <input type="checkbox"/> Improvements monitoring visit 3 <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 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 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: Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 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 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"/>	> 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 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 Average, 3 Good, 4 Very good)			
6 Safety					
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>		
8.2	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	Is there a complaints & compliments box / register in the facility?	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 Performance 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 visit 1 <input type="checkbox"/>	Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <input type="checkbox"/>				
Name of Facility						Name of Monitor				
A	Performance Areas					Comments				
1 Location & Accessibility										
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"/>					
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"/>					
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"/>						
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"/>							
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: Does the outside signboard contain information on services & costs					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>								
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?					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"/>	> 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	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	Are there security guards in this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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"/>	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	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"/>			
8.2	Are there guidelines displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8.3	Is there a complaints & compliments box / register in the facility?	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 Performance 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	DDMM/YYYY	Baseline visit <input type="checkbox"/>	Improvements monitoring visit 1 <input type="checkbox"/>	Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <input type="checkbox"/>

A Performance Areas

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?	<input type="checkbox"/> 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	
1.2	According to your observation, how long does it take the citizens from the surrounding areas to get to this facility?	<input type="checkbox"/> <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	
1.3	According to your observation, how do most citizens get to this facility?	<input type="checkbox"/> Walk	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Other		
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)
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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: Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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)
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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	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 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	Are there security guards in this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>		
8.2	Are there guidelines displayed in a place where citizens can easily see or access them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
8.3	Is there a complaints & compliments box / register in the facility?	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 Performance 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 <small>DD/MM/YYYY</small>	Type of visit	Baseline <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/>	Improvements monitoring 2 <input type="checkbox"/>	Improvements monitoring 3 <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 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: Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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's needed 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 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 the Cleanliness & Comfort of the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

6 Safety					
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Does this police station have a safe where work equipment, i.e guns and keys are locked?	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, especially for those services that are not 24hrs?	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	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"/>		
8.2	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	Is there a complaints & compliments box / register in the facility?	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 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 these 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"/>		



The Presidency: Department of Performance 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 <input type="checkbox"/>	Improvements monitoring 2 <input type="checkbox"/>	Improvements monitoring 3 <input type="checkbox"/>		

A Performance Areas Comments

1 Location & Accessibility						Comments
	1-5 km	6-10 km	11-15 km	16-20 km	> 20 km	
1.1 How long did it take you to get to this facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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: Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 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 facility 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 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	Is there working air conditioning / heating in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.6	Are the facility's toilets clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.7	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 the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
6 Safety					
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there safety guidelines displayed at the facility, to assist citizens in an emergency situation?	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, especially for those services that are not 24hrs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	According to your knowledge, are the operating hours 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"/>	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	Does the facility have a 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"/>		
8.2	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	Is there a complaints & compliments box / register in the facility?	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)			



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

Visit Reference Number

Details of Monitor									
Name									
Gender									
Race									
Department									
Persil Number									
Contact Details									
Name of Facility									
Date of visit									
A Performance Areas									
1 Location & Accessibility									
According to your observation, how far do citizens from the surrounding areas generally have to travel to get to the facility?									
According to your observations, how long does it take the citizens from the surrounding areas to get to this facility?									
According to your observation, how do most citizens get to this facility?									
Is there a ramp with rails in the front of the building to assist citizens with disabilities & the elderly to access the building?									
When inside the facility, are there internal ramps to allow for ease of movement for the elderly & the disabled?									
Location & Accessibility									
2 Visibility & Signage									
2.1 External signage: Is there visible signage on the roads or paths leading to this facility?									
2.2 External signage: Is there visible signage at the main gate/entrance to this facility?									
2.3 Internal signage: Does the signage reflect the dominant language(s) of the surrounding area?									
2.4 Internal signage: Does the signage make provision to accommodate citizens that are illiterate?									
2.5 Internal signage: Does the signage inside direct citizens where to go & for what service?									
2.6 Are all staff members wearing name tags?									
2.7 Are the contact details of the facility management clearly displayed in the facility ?									
Visibility & Signage									

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	Is there working air conditioning / heating in the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.6	Are the facility's toilets clean and well maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	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 the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there safety guidelines displayed at the facility, to assist citizens in an emergency situation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.4	Does this police station have a safe where work equipment with security risks, (i.e guns and keys) are locked as per code of conduct	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, especially for those services that are not 24hrs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7.2	According to your knowledge, are the operating hours 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"/>	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	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"/>		
8.2	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	Is there a complaints & compliments box / register in the facility?	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 Performance 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	<small>DD/MM/YYYY</small>	Type of visit	Baseline <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/>	Improvements monitoring 2 <input type="checkbox"/>	Improvements monitoring 3 <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: Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 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 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 the Cleanliness & Comfort of the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			

6 Safety					
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>		
8.2	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	Is there a complaints & compliments box / register in the facility?	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 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		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 Performance 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"/>		Improvements monitoring 2 <input type="checkbox"/>	Improvements monitoring 3 <input type="checkbox"/>		

A Performance Areas Comments

1 Location & Accessibility							
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"/>	
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"/>	
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"/>		
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"/>				
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	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?					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	Are all staff members wearing name tags?					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?					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	Is the office 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 the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
6 Safety					
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>		
8.2	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	Is there a complaints & compliments box / register in the facility?	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 Performance 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		Baseline <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/>	Improvements monitoring 2 <input type="checkbox"/>	Improvements monitoring 3 <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

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							How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
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 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	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?	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	Are all staff members wearing name tags?	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							How would you rate the visibility and signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
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?	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 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 the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)				
6 Safety				
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>	
8.2	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	Is there a complaints & compliments box / register in the facility?	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 Performance 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"/>	Improvements monitoring 2 <input type="checkbox"/>	Improvements monitoring 3 <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: Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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	Is there a queue manager or marshal or triage officer available to assist patients in the queue/ 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?	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	Is there a help desk situated in a prominent position in the public area at the entrance to 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 assist citizens in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.2	Do you treat citizens with friendliness, dignity and respect?	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 there working air conditioning in the facility (for infection control)?	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	Is there at least one toilet for disabled persons in a unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.7	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	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there safety guidelines displayed at the facility, to assist citizens in an emergency situation?	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	Does this health facility have an up to date procedure for the management of complaints which includes acknowledgement / investigation/ response and timelines and mitigation strategy?	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	Is there a complaints & compliments box / register in the facility?	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 Performance 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"/>		Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>		White <input type="checkbox"/>	
Date of monitoring visit	DD/MM/YYYY	Baseline visit <input type="checkbox"/>	Improvements monitoring visit 1 <input type="checkbox"/>	Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <input type="checkbox"/>	
Name of Facility				Name of Monitor		

A Performance Areas

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: Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 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 or marshal or triage officer available to assist patients in the queue/ where to sit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
3.4	Are the current waiting time 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 at the entrance to 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 assist you in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4.2	Did staff treat you with friendliness, dignity and respect?	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	Is there working air conditioning in the facility (for infection control)?	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	Is there at least one toilet for disabled persons in a unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.7	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	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there safety guidelines displayed at the facility, to assist citizens in an emergency situation?	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	Does this health facility have procedures for the management of complaints which includes acknowledgement / investigation/ response and timelines and mitigation strategy?	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	Is there a complaints & compliments box / register in the facility?	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"/>	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)					



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

Visit Reference Number

Details of Monitor

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"/>
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>
Date of visit	DDMMYYYY	Base	Baseline visit <input type="checkbox"/>	Improvements monitoring visit 1 <input type="checkbox"/>
			Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <input type="checkbox"/>

A Performance Areas Comments

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)

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: Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 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 or marshal or triage officer available to assist patients in the queue/ 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?	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	Is there a help desk situated in a prominent position in the public area at the entrance to 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	Is there working air conditioning in the facility (for infection control)?	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	Is there at least one toilet for disabled persons in a unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5.7	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	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there safety guidelines displayed at the facility, to assist citizens in an emergency situation?	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	Does this health facility have an up to date procedure for the management of complaints which includes acknowledgement / investigation/ response and timelines and mitigation strategy?	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	Is there a complaints & compliments box / register in the facility?	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)			
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 Performance 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"/>	Improvements monitoring 2 <input type="checkbox"/>	Improvements monitoring 3 <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: Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
2.4 Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 make provision for the elderly and citizens with disabilities?	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 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 the Cleanliness & Comfort of the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
6 Safety					
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>		
8.2	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	Is there a complaints & compliments box / register in the facility?	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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.3	How do you monitor the turnaround time on cases?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2 Service charter					
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 Performance 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 visit 1 <input type="checkbox"/>	Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <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: Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 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?	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	Is the office 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 the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>		
8.2	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	Is there a complaints & compliments box / register in the facility?	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)					



Frontline Service Delivery Monitoring: Justice (Courts) Monitor Questionnaire

Visit Reference Number

Details of Monitor						
Name						
Department						
Persal Number						
Contact Details	Telephone					
	E-mail					
	Other					
Name of Facility						
Date of visit	Baseline <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/>	Improvements monitoring 2 <input type="checkbox"/>	Improvements monitoring 3 <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 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: Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 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?	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	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 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 the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
6 Safety						
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>					
8.2	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	Is there a complaints & compliments box / register in the facility?	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"/>					
BS	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 Performance 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	GD/MM/YYYY	Baseline <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/>	Improvements monitoring 2 <input type="checkbox"/>	Improvements monitoring 3 <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

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: Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 make provision for the elderly and citizens with disabilities?	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 assist citizens in the language of their choice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
4.2	Do you treat citizens with friendliness, dignity and respect?	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 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 the Cleanliness & Comfort of the facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>		
8.2	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	Is there a complaints & compliments box / register in the facility?	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 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	Do you believe the norms and standards are realistic and achievable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.3	Does the Home Affairs Office achieve its norms and standards regarding turnaround times for issuing Identity Documents (ID)?	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 Performance 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 visit 1 <input type="checkbox"/>	Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <input type="checkbox"/>		
Name of Facility					Name of Monitor			

A	Performance Areas	Comments
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1 Location & Accessibility

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"/>	
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"/>	
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"/>		
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"/>				
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: Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.4	Internal signage: Does the signage make provision to accommodate citizens that are illiterate?	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 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?	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	Is the office 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 the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
6 Safety					
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>		
8.2	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	Is there a complaints & compliments box / register in the facility?	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)					



Details of Monitor						
Name						
Department						
Personal Number						
Contact Details	Telephone					
	E-mail					
	Other					
Name of Facility						
Date of visit	Baseline <input type="checkbox"/>	Improvements monitoring 1 <input type="checkbox"/>	Improvements monitoring 2 <input type="checkbox"/>	Improvements monitoring 3 <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 <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	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 literate?	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	Are all staff members wearing name tags?	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?	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) 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 the facility's Cleanliness and Maintenance. Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
6 Safety						
6.1	Are there security guards at the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.2	Do you feel safe in and around the facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6.3	Are there health & safety guidelines displayed at the facility, to assist in an emergency situation?	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	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"/>			
8.2	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	Is there a complaints & compliments box / register in the facility?	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?				