



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	<b>Location &amp; Accessibility</b>					
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"/>			
	<b>Location &amp; Accessibility</b>	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	<b>Visibility &amp; Signage</b>					
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2	<b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.5	<b>Internal signage:</b> 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"/>			
	<b>Visibility &amp; Signage</b>	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	<b>Queue Management &amp; Waiting Times</b>					
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"/>			
	<b>Queue Management &amp; Waiting Times</b>	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	<b>Dignified Treatment</b>					
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"/>		
	<b>Dignified Treatment</b>	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)					
<b>5. Cleanliness &amp; Comfort</b>					
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"/>		
	<b>Cleanliness &amp; Comfort</b>	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)					
<b>6. Safety</b>					
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"/>		
	<b>Safety</b>	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)					
<b>7. Opening &amp; Closing Times</b>					
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"/>		
	<b>Opening &amp; Closing Times</b>	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)					
<b>8. Complaints &amp; Compliments Management System</b>					
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"/>		
	<b>Complaints &amp; Compliments Management System</b>	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>B. Sector Specific Standards</b>					
<b>1 Service standards</b>		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"/>		
<b>2 Turn around times for the issuing of licences</b>					
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

<b>1 Location &amp; Accessibility</b>					
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"/>			
<b>Location &amp; Accessibility</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate accessibility and location of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)</b>
<b>2 Visibility &amp; Signage</b>					
2.1 <b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2 <b>External signage:</b> Is there facility identification/ signboard at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3 <b>External signage:</b> Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4 <b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.5 <b>Internal signage:</b> 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"/>			
<b>Visibility &amp; Signage</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate visibility &amp; signage of this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)</b>
<b>3 Queue Management &amp; Waiting Times</b>					
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"/>			
<b>Queue Management &amp; Waiting Times</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate queue management &amp; waiting times in this facility Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)</b>
<b>4 Dignified Treatment</b>					
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"/>			

	<b>Dignified Treatment</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate dignified treatment of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>5 Cleanliness &amp; Comfort</b>						
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"/>			
	<b>Cleanliness &amp; Comfort</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate cleanliness &amp; comfort of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>6 Safety</b>						
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"/>			
	<b>Safety</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate safety of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>7 Opening &amp; Closing Times</b>						
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"/>			
	<b>Opening &amp; Closing Times</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate opening &amp; closing times of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>8 Complaints &amp; Compliments Management System</b>						
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"/>			
	<b>Complaints &amp; Compliments Management System</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate complaints &amp; compliments system of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)



Frontline Service Delivery Monitoring: Transport (DLTC) Monitor Questionnaire

Visit Reference Number

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"/>						
<b>A Performance Areas</b>					<b>Comments</b>						
<b>#### Location &amp; Accessibility</b>											
####	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"/>								
<b>Location &amp; Accessibility</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate accessibility and location of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
<b>2 Visibility &amp; Signage</b>											
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
2.2	<b>External signage:</b> Is there facility identification signboard at the main gate/entrance to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
2.4	<b>Internal signage:</b> Does the signage inside direct citizens where to go & for what service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
2.5	<b>Internal signage:</b> 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"/>								
<b>Visibility &amp; Signage</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate visibility &amp; signage of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
<b>3 Queue Management &amp; Waiting Times</b>											
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"/>								
<b>Queue Management &amp; Waiting Times</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate queue management &amp; waiting times in this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
<b>4 Dignified Treatment</b>											
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"/>								
<b>Dignified Treatment</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate dignified treatment of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
<b>5 Cleanliness &amp; Comfort</b>											
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"/>								
<b>Cleanliness &amp; Comfort</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate cleanliness &amp; comfort of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
<b>6 Safety</b>											
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"/>								
<b>Safety</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate safety of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
<b>7 Opening &amp; Closing Times</b>											
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"/>								
<b>Opening &amp; Closing Times</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate opening &amp; closing times of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
<b>8 Complaints &amp; Compliments Management System</b>											
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"/>	
	<b>Complaints &amp; Compliments Management System</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/>
<b>How would you rate complaints &amp; compliments system of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)				
<b>C Summary of Findings and Recommendations ( For completion during de-briefing)</b>				
	<b>Performance Areas</b>	<b>Key Findings</b>		<b>Recommendations</b>
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	<b>External signage:</b> Is there visible signage on the roads or paths leading to this school?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.2	<b>External signage:</b> Is there visible signboard at the main gate/entrance of this school?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.3	<b>Internal signage:</b> Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.4	<b>Internal signage:</b> 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"/>		
	<b>Dignified Treatment</b>	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"/>		
	<b>Cleanliness &amp; Comfort</b>	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"/>		
	<b>Safety</b>	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 <b>Opening &amp; Closing Times</b>					
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"/>		
<b>Opening &amp; Closing Times</b>		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 <b>Complaints &amp; Compliments Management System</b>					
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"/>		
<b>Complaints &amp; Compliments Management System</b>		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 <b>Sector Specific Standards</b>					
1 <b>Teacher attendance</b>		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 <b>Workbook, textbook &amp; stationery</b>					
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 <b>Teaching support</b>					
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"/>		Other				
Race		African <input type="checkbox"/>	Coloured <input type="checkbox"/>		Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Facility						Name of Monitor				
Type of visit		Baseline visit <input type="checkbox"/>	Improvements monitoring 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	<b>Visibility &amp; Signage</b>				
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.2	<b>External signage:</b> Is there visible signboard at the main gate/entrance of this school?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.3	<b>Internal signage:</b> Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	<b>Internal signage:</b> 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"/>		
	<b>Visibility &amp; Signage</b>	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	<b>Waiting areas</b>				
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"/>		
	<b>Waiting areas</b>	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	<b>Dignified Treatment</b>				
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"/>		
	<b>Dignified Treatment</b>	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. <b>Cleanliness &amp; Comfort</b>					
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"/>
<b>Cleanliness &amp; Comfort</b>		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. <b>Safety</b>					
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"/>
<b>Safety</b>		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. <b>Opening &amp; Closing Times</b>					
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"/>
<b>Opening &amp; Closing Times</b>		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. <b>Complaints &amp; Compliments Management System</b>					
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"/>
<b>Complaints &amp; Compliments Management System</b>		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"/>	Disability
				Asian <input type="checkbox"/>	White <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact Details	Telephone						
	E-mail						
	Other						
Name of Facility							
Date of visit		DD/MM/YYYY	Baseline visit <input type="checkbox"/>	Improvements monitoring visit1 <input type="checkbox"/>	Improvements monitoring visit 2 <input type="checkbox"/>	Improvements monitoring visit 3 <input type="checkbox"/>	

**A Performance Areas** **Comments**

<b>#### Location &amp; Accessibility</b>						
####	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"/>				
	<b>Location &amp; Accessibility</b>	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)
<b>2 Visibility &amp; Signage</b>						
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this school?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
2.2	<b>External signage:</b> Is there visible signboard at the main gate/entrance of this school?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
2.3	<b>Internal signage:</b> Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
2.4	<b>Internal signage:</b> 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"/>				
	<b>Visibility &amp; Signage</b>	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)

<b>3 Waiting areas</b>				
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"/>	
<b>Waiting areas</b>		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)				
<b>4 Dignified treatment</b>				
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"/>	
<b>Dignified treatment</b>		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)				
<b>5 Cleanliness &amp; Comfort</b>				
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"/>	
<b>Cleanliness &amp; Comfort</b>		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)				
<b>6 Safety</b>				
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"/>	
<b>Safety</b>		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)				
<b>7 Opening &amp; Closing Times</b>				
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"/>	
<b>Opening &amp; Closing Times</b>		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)				
<b>8 Complaints &amp; Compliments Management System</b>				
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"/>	
<b>Complaints &amp; Compliments Management System</b>		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)				
<b>C Summary of Findings and Recommendations</b>				
<b>Performance Areas</b>		<b>Key Findings</b>		<b>Recommendations</b>
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	
<b>1 Location &amp; Accessibility</b>							
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"/>			
<b>Location &amp; Accessibility</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		<b>How would you rate accessibility and location of this facility</b> Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)
<b>2 Visibility &amp; Signage</b>							
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.2	<b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.5	<b>Internal signage:</b> 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"/>			
<b>Visibility &amp; Signage</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		<b>How would you rate visibility &amp; signage of this facility</b> Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)
<b>3 Queue Management &amp; Waiting Times</b>							
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"/>			
<b>Queue Management &amp; Waiting Times</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		<b>How would you rate queue management &amp; waiting times of this facility</b> Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)

<b>4 Dignified Treatment</b>					
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"/>		
<b>Dignified Treatment</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		<b>How would you rate dignified treatment in this facility</b> Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)			
<b>5 Cleanliness &amp; Comfort</b>					
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"/>		
<b>Cleanliness &amp; Comfort</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		<b>How would you rate cleanliness &amp; comfort of this facility</b> Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)			
<b>6 Safety</b>					
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"/>		
<b>Safety</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		<b>How would you rate safety of this facility</b> Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)			
<b>7 Opening &amp; Closing Times</b>					
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"/>		
<b>Opening &amp; Closing Times</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		<b>How would you rate opening &amp; closing times of this facility</b> Score: 1 - 4 (1 Poor, 2 Average, 3 Good, 4 Very good)			

<b>8 Complaints &amp; Compliments Management System</b>					
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"/>		
<b>Complaints &amp; Compliments Management System</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		<b>How would you rate complaints &amp; compliments of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)			
<b>B Sector Specific Standards: SASSA</b>					
<b>1 Turnaround times for applications for social grants from current average of 3 days.</b>		<b>Tick the appropriate</b>		<b>Comments</b>	
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				
<b>A</b>	<b>Performance Areas</b>					<b>Comments</b>				
<b>1 Location &amp; Accessibility</b>										
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"/>							
<b>Location &amp; Accessibility</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate location &amp; accessibility of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					

2						<b>Visibility &amp; Signage</b>					
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.2	<b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.5	<b>Internal signage:</b> 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"/>						
<b>Visibility &amp; Signage</b>		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						<b>Queue Management &amp; Waiting Times</b>					
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"/>						
<b>Queue Management &amp; Waiting Times</b>		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						<b>Dignified Treatment</b>					
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"/>						
<b>Dignified Treatment</b>		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"/> 5-10 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		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	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		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	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"/>	>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"/>			
<b>Queue Management &amp; Waiting Times</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate queue management &amp; waiting times of this facility</b> 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"/>			
<b>Dignified treatment</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate dignified treatment of this facility</b> 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"/>			
<b>Cleanliness &amp; Comfort</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate cleanliness &amp; comfort of this facility</b> 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"/>			
<b>Safety</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate safety of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)



<b>7 Opening &amp; Closing Times</b>					
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"/>		
	<b>Opening &amp; Closing Times</b>	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)					
<b>8 Complaints &amp; Compliments Management System</b>					
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"/>		
	<b>Complaints &amp; Compliments Management System</b>	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>C Summary of Findings and Recommendations</b>					
<b>Performance Areas</b>		<b>Key Findings</b>		<b>Recommendations</b>	
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					<b>Visibility &amp; Signage</b>
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.2	<b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.5	<b>Internal signage:</b> 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"/>		
		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					<b>Queue Management &amp; Waiting Times</b>
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"/>		
		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					<b>Dignified Treatment</b>
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"/>		
		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					<b>Cleanliness &amp; Comfort</b>
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"/>		
		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)			

<b>6 Safety</b>					
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"/>		
	<b>Safety</b>	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)					
<b>7 Opening &amp; Closing Times</b>					
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"/>		
	<b>Opening &amp; Closing Times</b>	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)					
<b>8 Complaints &amp; Compliments Management System</b>					
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"/>		
	<b>Complaints &amp; Compliments Management System</b>	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>C Sector Specific Standards: Policing</b>					
<b>1 Average turnaround time to calls for assistance: Alpha, Bravo &amp; Charlie</b>		Tick the appropriate		Comments	
1.1	Do you meet the target of <b>19 mins</b> turn around time on Alpha calls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.2	Do you meet the target of <b>24 mins</b> turn around time on Bravo calls?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
1.3	Do you meet the target of <b>21 mins</b> 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"/>		
<b>2 Vehicles</b>		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"/>				
<b>Location &amp; Accessibility</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate accessibility and location of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

2 <b>Visibility &amp; Signage</b>					
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.2	<b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
2.5	<b>Internal signage:</b> 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"/>		
<b>Visibility &amp; Signage</b>		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 <b>Queue Management &amp; Waiting Times</b>					
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"/>		
<b>Queue Management &amp; Waiting Times</b>		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 <b>Dignified Treatment</b>					
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"/>		
<b>Dignified Treatment</b>		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)			

<b>5 Cleanliness &amp; Comfort</b>					
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"/>		
<b>Cleanliness &amp; Comfort</b>		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)					
<b>6 Safety</b>					
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"/>		
<b>Safety</b>		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)					
<b>7 Opening &amp; Closing Times</b>					
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"/>		
<b>Opening &amp; Closing Times</b>		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)					
<b>8 Complaints &amp; Compliments Management System</b>					
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"/>		
<b>Complaints &amp; Compliments Management System</b>		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	Male <input type="checkbox"/>	Female <input type="checkbox"/>								
Race	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/>	White <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Department										
Persil Number										
Contact Details	Telephone									
	E-mail									
	Other									
Name of Facility										
Date of visit	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 Comments

1 Location & Accessibility

According to your observation, 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	
According to your observations, 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	
According to your observation, how do most citizens get to this facility?	Walk <input type="checkbox"/>	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Other <input type="checkbox"/>		
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"/>				
<b>Location &amp; Accessibility</b>	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"/>				
<b>Visibility &amp; Signage</b>	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)	



<b>3 Queue Management &amp; Waiting Times</b>					
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"/>		
<b>Queue Management &amp; Waiting Times</b>		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)					
<b>4 Dignified treatment</b>					
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"/>		
<b>Dignified treatment</b>		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)					
<b>5 Cleanliness &amp; Comfort</b>					
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"/>		
<b>Cleanliness &amp; Comfort</b>		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)					
<b>6 Safety</b>					
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"/>		
<b>Safety</b>		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)					

<b>7 Opening &amp; Closing Times</b>					
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"/>		
<b>Opening &amp; Closing Times</b>		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)					
<b>8 Complaints &amp; Compliments Management System</b>					
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"/>		
<b>Complaints &amp; Compliments Management System</b>		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>C Summary of Findings and Recommendations</b>					
<b>Performance Areas</b>		<b>Key Findings</b>		<b>Recommendations</b>	
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	<b>Location &amp; Accessibility</b>						
	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"/>			
	<b>Location &amp; Accessibility</b>	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	<b>Visibility &amp; Signage</b>						
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.2	<b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>		No <input type="checkbox"/>			
2.5	<b>Internal signage:</b> 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"/>			
	<b>Visibility &amp; Signage</b>	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"/>		
	<b>Safety</b>	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"/>		
	<b>Opening &amp; Closing Times</b>	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"/>		
	<b>Complaints &amp; Compliments Management System</b>	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**

<b>1 Location &amp; Accessibility</b>							
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"/>				
	<b>Location &amp; Accessibility</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate accessibility and location of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	



2						<b>Visibility &amp; Signage</b>					
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.2	<b>External signage:</b> Is there visible signage at the main gate/entrance to this facility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.3	<b>Internal signage:</b> Does the signage reflect the dominant language(s) of the surrounding area?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
2.5	<b>Internal signage:</b> 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"/>						
<b>Visibility &amp; Signage</b>		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						<b>Queue Management &amp; Waiting Times</b>					
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"/>						
<b>Queue Management &amp; Waiting Times</b>		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						<b>Dignified Treatment</b>					
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"/>						
<b>Dignified Treatment</b>		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)	

<b>5 Cleanliness &amp; Comfort</b>					
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"/>		
<b>Cleanliness &amp; Comfort</b>		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)			
<b>6 Safety</b>					
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"/>		
<b>Safety</b>		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)			
<b>7 Opening &amp; Closing Times</b>					
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"/>		
<b>Opening &amp; Closing Times</b>		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)			
<b>8 Complaints &amp; Compliments Management System</b>					
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"/>		
<b>Complaints &amp; Compliments Management System</b>		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: 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** Comments

1 Location & Accessibility						Comments
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"/>	
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"/>			
<b>Location &amp; Accessibility</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate accessibility and location of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
2 Visibility & Signage						
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2	<b>External signage:</b> Is there visible signage at the main gate/entrance to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3	<b>Internal signage:</b> Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.5	<b>Internal signage:</b> 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"/>			
<b>Visibility &amp; Signage</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the visibility and signage of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)

<b>3 Queue Management &amp; Waiting Times</b>				
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"/>	
<b>Queue Management &amp; Waiting Times</b>		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)				
<b>4 Dignified treatment</b>				
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"/>	
<b>Dignified treatment</b>		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)				
<b>5 Cleanliness &amp; Comfort</b>				
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"/>	
<b>Cleanliness &amp; Comfort</b>		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)				
<b>6 Safety</b>				
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"/>	
<b>Safety</b>		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)				
<b>7 Opening &amp; Closing Times</b>				
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"/>	
<b>Opening &amp; Closing Times</b>		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)				
<b>8 Complaints &amp; Compliments Management System</b>				
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"/>	
<b>Complaints &amp; Compliments Management System</b>		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>C Summary of Findings and Recommendations</b>				
<b>Performance Areas</b>		<b>Key Findings</b>		<b>Recommendations</b>
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	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2	<b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.5	<b>Internal signage:</b> 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)

<b>3 Queue Management &amp; Waiting Times</b>						
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 there special queues designated for specific groups of patients, i.e the disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Queue Management &amp; Waiting Times</b>		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)
<b>4 Dignified Treatment</b>						
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"/>			
<b>Dignified Treatment</b>		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"/>		
	<b>Cleanliness &amp; Comfort</b>	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"/>		
	<b>Safety</b>	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"/>		
	<b>Opening &amp; Closing Times</b>	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"/>					
<b>Complaints &amp; Compliments Management System</b>		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"/>				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

<b>1 Location &amp; Accessibility</b>							
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"/>				
	<b>Location &amp; Accessibility</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate accessibility and location of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
<b>2 Visibility &amp; Signage</b>							
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.2	<b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.5	<b>Internal signage:</b> 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"/>				
	<b>Visibility &amp; Signage</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the visibility and signage of this facility</b> 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"/>
Date 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"/>

**A Performance Areas** Comments

1 Location & Accessibility						Comments
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"/>	
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"/>			
<b>Location &amp; Accessibility</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate accessibility and location of this facility</b> 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"/>		
<b>Visibility &amp; Signage</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>How would you rate the visibility and signage of this facility</b> 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"/>		
<b>Queue Management &amp; Waiting Times</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>How would you rate the facility's queue management system and waiting times</b> 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"/>		
<b>Dignified Treatment</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>How would you rate Dignified treatment in the facility</b> 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"/>		
<b>Cleanliness &amp; Comfort</b>		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"/>		
<b>Safety</b>		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"/>		
<b>Opening &amp; Closing Times</b>		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)					

<b>8 Complaints &amp; Compliments Management System</b>					
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"/>
<b>Complaints &amp; Compliments Management System</b>		1	<input type="checkbox"/>	2	<input type="checkbox"/>
		3	<input type="checkbox"/>	4	<input type="checkbox"/>
<b>How would you rate the complaints and compliments system at the facility (if applicable)</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)					
<b>C Summary of Findings and Recommendations</b>					
<b>Performance Areas</b>		<b>Key Findings</b>			<b>Recommendations</b>
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	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"/>					
<b>Location &amp; Accessibility</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate accessibility and location of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)		
2 Visibility & Signage							
2.1 <b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
2.2 <b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
2.3 <b>External signage:</b> Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
2.4 <b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
2.5 <b>Internal signage:</b> 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"/>					
<b>Visibility &amp; Signage</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate visibility &amp; Signage of this facility</b> 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"/>					
<b>Queue Management &amp; Waiting Times</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the facility's queue management system and waiting times</b> 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"/>		
<b>Dignified Treatment</b>		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)			
<b>5 Cleanliness &amp; Comfort</b>					
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"/>		
<b>Cleanliness &amp; Comfort</b>		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)			
<b>6 Safety</b>					
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"/>		
<b>Safety</b>		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)			
<b>7 Opening &amp; Closing Times</b>					
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"/>		
<b>Opening &amp; Closing Times</b>		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)			
<b>8 Complaints &amp; Compliments Management System</b>					
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"/>		
<b>Complaints &amp; Compliments Management System</b>		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>B Sector Specific Standards: Court</b>					
1	<b>Turnaround times: feedback to public regarding progress with their case.</b>	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"/>		
<b>2 Service charter</b>					
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

<b>1 Location &amp; Accessibility</b>							
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"/>				
<b>Location &amp; Accessibility</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the visibility and signage of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
<b>2 Visibility &amp; Signage</b>							
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.2	<b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
2.5	<b>Internal signage:</b> 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"/>				
<b>Visibility &amp; Signage</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the visibility and signage of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
<b>3 Queue Management &amp; Waiting Times</b>							
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"/>				
<b>Queue Management &amp; Waiting Times</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the facility's queue management system and waiting times</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	
<b>4 Dignified Treatment</b>							

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"/>		
	<b>Dignified Treatment</b>	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)					
<b>5 Cleanliness &amp; Comfort</b>					
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"/>		
	<b>Cleanliness &amp; Comfort</b>	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)					
<b>6 Safety</b>					
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"/>		
	<b>Safety</b>	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)					
<b>7 Opening &amp; Closing Times</b>					
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"/>		
	<b>Opening &amp; Closing Times</b>	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)					
<b>8 Complaints &amp; Compliments Management System</b>					
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"/>		
	<b>Complaints &amp; Compliments Management System</b>	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									
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"/>		
<b>A Performance Areas</b>					<b>Comments</b>				
<b>1 Location &amp; Accessibility</b>									
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"/>					
<b>Location &amp; Accessibility</b>			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)		
<b>2 Visibility &amp; Signage</b>									
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?		Yes <input type="checkbox"/>	No <input type="checkbox"/>					
2.2	<b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?		Yes <input type="checkbox"/>	No <input type="checkbox"/>					
2.3	<b>External signage:</b> Does the outside signboard contain information on services & costs?		Yes <input type="checkbox"/>	No <input type="checkbox"/>					
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>					
2.5	<b>Internal signage:</b> 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"/>					
<b>Visibility &amp; Signage</b>			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)		
<b>3 Queue Management &amp; Waiting Times</b>									
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"/>					
<b>Queue Management &amp; Waiting Times</b>			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)		
<b>4 Dignified treatment</b>									
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"/>					
<b>Dignified treatment</b>			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)		
<b>5 Cleanliness &amp; Comfort</b>									
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"/>					
<b>Cleanliness &amp; Comfort</b>			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)		
<b>6 Safety</b>									
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"/>					
<b>Safety</b>			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)		
<b>7 Opening &amp; Closing Times</b>									
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"/>					
<b>Opening &amp; Closing Times</b>			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	<b>Complaints &amp; Compliments Management System</b>	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"/>		
	<b>Dignified Treatment</b>	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)					
<b>5 Cleanliness &amp; Comfort</b>					
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"/>		
	<b>Cleanliness &amp; Comfort</b>	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)					
<b>6 Safety</b>					
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"/>		
	<b>Safety</b>	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)					
<b>7 Opening &amp; Closing Times</b>					
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"/>		
	<b>Opening &amp; Closing Times</b>	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)					
<b>8 Complaints &amp; Compliments Management System</b>					
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"/>		
	<b>Complaints &amp; Compliments Management System</b>	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>B Sector Specific Standards: Home Affairs</b>					
<b>1 Turnaround times for issuing Identity Documents (ID)</b>		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

**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"/>				
<b>Location &amp; Accessibility</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate accessibility and location of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)	

**2 Visibility & Signage**

2.1 <b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2 <b>External signage:</b> Is there facility identification signage at the main gate/entrance of this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3 <b>External signage:</b> Does the outside signboard contain information on services & costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4 <b>Internal signage:</b> Does the signage make provision to accommodate citizens that are illiterate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.5 <b>Internal signage:</b> 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"/>			
<b>Visibility &amp; Signage</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the visibility and signage of this facility</b> 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"/>			
<b>Queue Management &amp; Waiting Times</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the facility's queue management system and waiting times</b> 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"/>		
	<b>Dignified Treatment</b>	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)					
<b>5 Cleanliness &amp; Comfort</b>					
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"/>		
	<b>Cleanliness &amp; Comfort</b>	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)					
<b>6 Safety</b>					
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"/>		
	<b>Safety</b>	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)					
<b>7 Opening &amp; Closing Times</b>					
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"/>		
	<b>Opening &amp; Closing Times</b>	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)					
<b>8 Complaints &amp; Compliments Management System</b>					
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"/>		
	<b>Complaints &amp; Compliments Management System</b>	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"/>	
<b>A Performance Areas</b>					<b>Comments</b>	
<b>1 Location &amp; Accessibility</b>						
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"/>			
<b>Location &amp; Accessibility</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate accessibility and location of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>2 Visibility &amp; Signage</b>						
2.1	<b>External signage:</b> Is there visible signage on the roads or paths leading to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.2	<b>External signage:</b> Is there visible signage at the main gate/entrance to this facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.3	<b>Internal signage:</b> Does the signage reflect the dominant language(s) of the surrounding area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.4	<b>Internal signage:</b> Does the signage make provision to accommodate citizens that are literate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2.5	<b>Internal signage:</b> 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"/>			
<b>Visibility &amp; Signage</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the visibility and signage of this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>3 Queue Management &amp; Waiting Times</b>						
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"/>			
<b>Queue Management &amp; Waiting Times</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the facility's queue management system and waiting times</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>4 Dignified treatment</b>						
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"/>			
<b>Dignified treatment</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate Dignified treatment in the facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>5 Cleanliness &amp; Comfort</b>						
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"/>			
<b>Cleanliness &amp; Comfort</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the facility's Cleanliness and Maintenance.</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>6 Safety</b>						
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"/>			
<b>Safety</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the general level of safety at the facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>7 Opening &amp; Closing Times</b>						
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"/>			
<b>Opening &amp; Closing Times</b>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<b>How would you rate the adherence to opening and closing times for this facility</b> Score: 1 - 4 (1 Poor, 2 Fair, 3 Good, 4 Very good)
<b>8 Complaints &amp; Compliments Management System</b>						
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"/>	
<b>Complaints &amp; Compliments Management System</b>		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>C Summary of Findings and Recommendations</b>				
	<b>Performance Areas</b>	<b>Key Findings</b>		<b>Recommendations</b>
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?			