



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
EDUCATION

Ref: 2/3/3

FRONTLINE SERVICE DELIVERY MONITORING TOOL FOR ALL SERVICE DELIVERY POINTS OF LIMPOPO DEPARTMENT OF EDUCATION (LDOE).

Developed by Integrated Monitoring and Evaluation (IM&E) Directorate

Notes: This tool is developed in-house to assess front-line service delivery points focusing at Head Office, Schools, Circuits and Districts under Limpopo Department of Education. The tool is customized from the Department of Planning, Monitoring & Evaluation (DPME) Frontline Service Delivery Monitoring (FSDM) Programme that seeks to instil a culture of self-monitoring so that improvements to the quality of service delivery is realised with an overall aim of advancing planning, accountability, responsibility and reporting through monitoring. The FSDM programme monitors the quality of service delivery by assessing the levels of compliance to service delivery standards of public service facilities focusing on 8 generic Key Performance Areas which are relevant to Batho Pele Service principles used throughout government for delivering quality service to users of facilities.

For any enquiry: please contact: Dr Rasila BN: Director: Integrated Monitoring and Evaluation
Contact: 0727473078 or 083 241 0772

NAME OF FACILITY	(School, circuit, district or any office)		EDUCATION DISTRICT:	
MUNICIPALITY	LOCAL:		DISTRICT:	
STREET ADDRESS				
DATE OF THE VISIT				
DETAILS OF THE FACILITY RESPONDENT				
NAME & SURNAME OF HEAD				
GENDER	MALE		FEMALE	
CONTACT DETAILS	TELEPHONE			
	EMAIL			
	OTHER			
DETAILS OF THE MONITOR				
NAME & SURNAME				
GENDER	MALE		FEMALE	
CONTACT DETAILS	TELEPHONE			
	EMAIL			
	OTHER			

GENERIC PUBLIC SERVICE QUALITY OF SERVICE PERFORMANCE AREAS

Please respond by **YES** or **NO** and where applicable, mark with x. Rate the score between 1 – 5; where

1 = poor; 2= fair; 3 = satisfactory; 4 = good; 5= excellent.

Item	Performance Area	Response guide/option					Comments
1.	Location & Accessibility						
1.1	How many schools/ circuits do you service?	1-10	10-20	20-30	30-40	40-50	
1.2	According to your knowledge, how long in driving does it take the citizens/clients from the surrounding areas to get to this facility?	10-20 min	>30 min	30 min -1hr	1hr - 1hr30min	2hrs and more	
1.3	According to your knowledge, how far do citizens/clients from the surrounding areas generally have to travel how long to get to the facility?	1- 5km	10- 15km	15-20km	20-30km	Between 40 - 100km	
1.4	According to your knowledge, what mode of transport do most citizens/clients take to get to the facility?	Walk	Private	Public	Other		
1.5	Is there a ramp with rails at the entrance of the building to assist clients and officials with disabilities & elderly to access the building?	Yes			No		
1.6	How efficient is your switchboard/ landline accessible to callers?	Not efficient	Efficient	Somewhat efficient	Highly efficient		
1.7	How would you rate location & accessibility in this facility?	1-poor	2- fair	3 - satisfactory	4- good	5 - excellent	
2.	Visibility & Accessibility						
2.1	Is there visible signage on the roads or paths leading to this facility?	Yes			No		
2.2	Is there facility identification signage at the main gate /entrance of this facility?	Yes			No		
2.3	Does the signage inside direct clients where to go and for what service?	Yes			No		
2.4	Do staff wear name tags/ access cards for identification at all times?	Yes			No		
2.5	Are the contact details of the facility management clearly displayed	Yes			No		
2.6	Are the pictures of the current political heads displayed at the entrance facility?	Yes			No		
2.7	How would you rate visibility & accessibility in this facility?	1-poor	2- fair	3 - satisfactory	4- good	5 - excellent	

Item	Performance Area	Response guide/option					Comments
3.	Queue Management & Waiting Times	Yes or No					
3.1	How would you rate queue management and waiting times of this facility?	1-poor	2- fair	3 - satisfactory	4- good	5 - excellent	
4.	Dignified treatment /Courtesy	Yes or No					
4.1	Do you treat clients with dignity and respect? Motivate your response.	Yes			No		
4.2	Do you address the clients in the language of their choice?	Yes			No		
4.3	Are you efficient in addressing their concerns?	Yes			No		
4.4	How do you rate dignified treatment in this facility?	1-poor	2- fair	3 - satisfactory	4- good	5 - excellent	
5.	Cleanliness & Comfort	Yes or No					
5.1	Is the facility clean and well maintained? i.e surrounding, offices and ablution facilities?	Yes			No		
5.2	Does the facility have a waiting area?	Yes			No		
5.3	Are the office equipment (telephone, computer, air conditioning e.t.c) in a working conditions?	Yes			No		
5.4	Do you have toilets for clients and staff with disabilities in this facilities	Yes			No		
5.5	How would you rate cleanliness & comfort of this facility?	1-poor	2- fair	3 - satisfactory	4- good	5 - excellent	
6.	Safety	Yes or No					
6.1	Are there access control measures to and around the facility?	Yes			No		
6.2	Are there health & safety guidelines displayed or a committee at the facility to assist in emergency situation	Yes			No		
6.3	How would you rate safety of this facility?	1-poor	2- fair	3 - satisfactory	4- good	5 - excellent	
7.	Operating times/ Opening & closing times	Yes or No					
7.1	Are there opening and closing times displayed on the main entrance of the facility?	Yes			No		
7.2	Are they adhered to?	Yes			No		
7.3	Do staff sign the daily register?	Yes			No		
7.4	How would you rate operating times of this facility?	1-poor	2- fair	3 - satisfactory	4- good	5 - excellent	
8.	Compliment & Complaints	Yes or No					
		Yes			No		

Item	Performance Area	Response guide/option					Comments
8.1	Do you have complaints & compliments management procedures in the facility?	Yes		No			
8.2	Are there guidelines displayed in a place where clients can easily access them?	Yes		No			
8.3	Is there a complaints or suggestion box in the facility?	Yes		No			
8.4	Do you conduct client/citizen satisfaction survey on every six month? How would you rate complaints management	1-poor	2- fair	3 - satisfactory	4- good	5 - excellent	

Summary of comments:

Signatures:

Name of the IM&E Practitioner

Signature

Date of the visit

Name of the facility respondent

Signature

Facility stamp

