

STUDY TO ASSESS THE IMPACT OF TQM-ISO TRAINING  
PROGRAMME FOR ELECTED REPRESENTATIVES  
AND FUNCTIONARIES OF LOCAL GOVERNMENTS

JUNE 2019

Submitted to  
Kerala Institute of Local Administration  
Thrissur



Centre for Socio-economic & Environmental Studies (CSES)

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[www.csesindia.org](http://www.csesindia.org)

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# INTRODUCTION

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## CHAPTER I

### 1.1 Background

Kerala Institute of Local Administration (KILA) has the mandate of facilitating and accelerating the socio-economic development of the State through strengthening the Local Self Government Institutions (LSGIs). KILA has been engaged in the capacity building interventions on local governance and decentralization ever since its inception in 1990. As part of its initiatives for strengthening the service delivery of local government institutions, KILA embarked upon the initiative of training Grama Panchayats to achieve TQM-ISO certification in 2013. It was seen that though LSGIs had brought in radical changes in terms of self-governance i.e. power to the people, there was still a lot to achieve in terms of good governance and service delivery to the public. The intent behind the initiative of providing training on TQM-ISO was thus to make the LSGIs capable enough to improve on the hardware and software aspects of service delivery, and thus to improve the quality of service to the public. This necessitated bringing in the concept of quality to the stakeholders involved in service delivery to the public – i.e. the elected representatives and officials involved in the administration of the LSGIs, making them assimilate the essential principles of Total Quality Management and teaching them the roadmap to achieve ISO certification, the touchstone of Total Quality Management.

Though KILA had been providing training on TQM-ISO certification right from 2013, it was the LSGIs' prerogative to select an external consultant for ISO certification till 2017. However, from 2017 onwards KILA has taken on the mantle of providing training as well as acting as a Consultant for all the LSGIs. KILA wanted to assess the impact of the training programme it had provided to

the LSGIs for the period wherein KILA was just a trainer and not an implementation partner. For this, KILA had given the mandate to the Centre for Socio-economic & Environmental Studies, to do a study and assess the impacts of the training programme it had rendered till the end of 2017.

## **1.2 About the Training Programme**

The approach under the twelfth five-year plan (2012-17) of both the Central and State governments places utmost importance on good governance and improving quality of services rendered to the public and for this, it has recommended Total Quality Management (TQM) as a tool. Achieving ISO certification through TQM was seen as a means to this end of improving service delivery and achieving good governance. In this context, the state government had initiated a programme for improving the quality of service delivery from Grama Panchayats (GPs). As part of this, the GPs are envisaged to implement TQM and obtain ISO 9001-2008 certification. Towards this end, KILA has been providing training to elected representatives and Secretaries of GPs from 2013 onwards. The training programmes were held at the KILA premises in Thrissur and typically, it was attended collectively by the President/Vice President and the Secretary/Asst. Secretary of the GPs. The primary objective of the training programme was to make the participants assimilate the principles of TQM-ISO and make them capable of facilitating the changes required in the GP to adhere to the TQM principles and achieve ISO certification and thereby improve the effectiveness and efficiency of service delivery rendered to the public. Thus, the onus was on the trainees to act as change agents, initiate the change management once they go back to their respective LSGIs, based on the training they had received with the support of Consultants.

According to the programme documents, the training programme aimed to ensure that the participants were able to undertake the following activities:

1. Explain good governance concepts and practices
2. Explain effective file management and record keeping



3. Explain office procedures needed to ensure effective service delivery
4. Explain 5 'S' framework for effective office management
5. Explain TQM principles and strategies
6. Explain procedures for obtaining ISO certification
7. Preparing action plan for TQM and ISO certification

The content of the training programme included:

1. Good governance and Total Quality Management
2. Principles of Total Quality Management
3. Assessment of the present status of office management of GPs
4. TQM-Citizen survey
5. TQM-quality policy formulation
6. Quality circles
7. Record management
8. Resource management - human resources, infrastructure, environment for effective functioning
9. Basics of ISO
10. ISO - Implementation process

The two-day training employed a participatory approach. Preparing action plans for the local governments for service delivery improvement and ISO certification were also part of the training programme.

Table 1.1 provides the details of the number of beneficiaries of the training programme over the years. The number of personnel trained under the programme, which started in 2013-14, is 2551. Over the years, 40 batches of training were organized. Altogether representatives from 946 GPs and one district panchayat (Wayanad, which was demand-based) was covered was covered by the training programme. (Wayanad District Panchayat is the only District Panchayat which has been given training along with the GPs. However, this study has only looked at the GPs which were trained.)

**Table 1.1: Number of Beneficiaries of the TQM ISO Training Programme**

Year	Number of batches	Number of GPs / DP	Number of participants
2013 - 14	10	218	596
2014 - 15	6	120	347
2015 - 16	2	3 (2 GP + 1 DP)	74
2016 - 17	2	37	110
2017 - 18	2	60	136
2018 - 19	18	508	1288
Total	40	946	2551

Source: KILA

The process of achieving ISO certification starts with the selection and recruitment of a consultant for handholding the LSGI through the steps involved for acquiring ISO certification. The selection and recruitment of a Consultant had to happen as soon as the trained delegates were back at the LSGI and the executive committee meets and makes the formal decision to go for ISO certification.

As mentioned earlier, as suggested by KILA, the scope of this study is limited to the training programmes which were conducted prior to the year 2017, when KILA's role was confined to the training part alone and it was left to the LSGI to select an external consultant through a tender process and go for the certification.

### **1.3 Objective of the Study**

The broad objective of the present assignment is to assess the impacts of the training programme on Total Quality Management and ISO certification, for the trainees from the GPs prior to the year 2017.

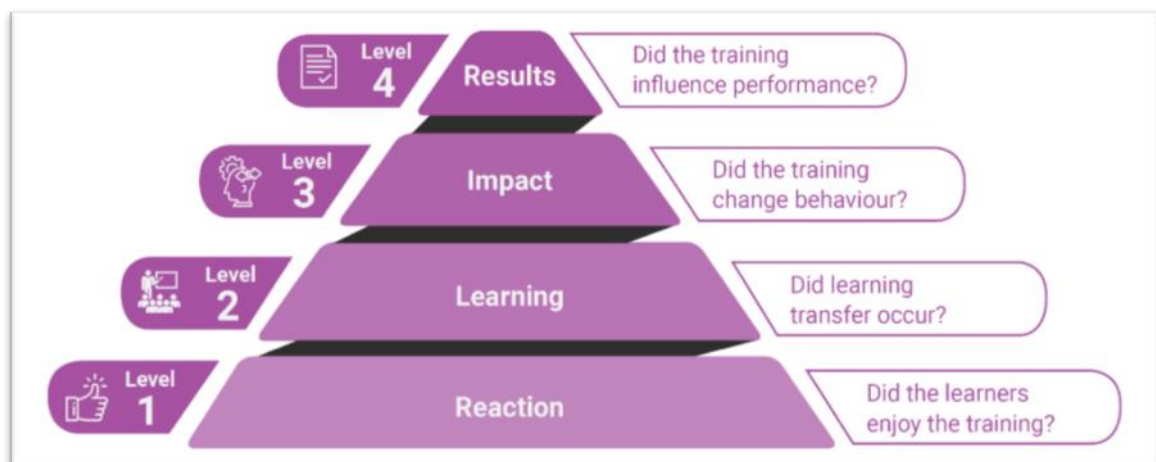
### **1.4 Methodology**

To assess the impact of any training programme, the training objectives have to be looked at first. In this case, the primary objective was to arm the LSGI trainees with the skills and knowledge on TQM and ISO so that they could

kickstart the process of TQM and acquire ISO certification with the aid of an external consultant. But beyond the very basic output of how many LSGIs were able to acquire the coveted outcome of achieving ISO certification, there are also outcomes on multiple dimensions - on the individual front of the trainees who attended the training, on the LSGI as an organization and the citizens who are the final beneficiaries of the improvements brought in the LSGIs on account of TQM/ISO.

To evaluate the impact of the training programme conducted by KILA, we have used the impact evaluation model propounded by Donald Kirkpatrick. Kirkpatrick's model looks into account the impact of the training along 4 dimensions:

**Illustration 1 - Kirkpatrick's Model of Evaluation of Impact of Training**



1. Reaction - How did the respondents react to the training programme? This is more like the immediate impression the trainees have on the training, like a smile sheet on the training.
2. Learning - What impact did the training have on the learning of the respondents?
3. Behaviour - What impact did the training have on the behaviour of the respondents?
4. Results - Did the training programme bring about the intended outcomes?

The methodology involved collecting data from both the programme implementers and change agent participants (functionaries at the local level). In order to accomplish the objectives, the study had the following components.

#### **1.4.1 Review of Programme Documents**

The objective was to identify and review documents and materials to understand the capacity development objectives, identify indicators and measures and identify the outcomes and outputs expected from the capacity development programme. The type of changes expected and the nature of evidence available to assess these changes were studied. The training curriculum and course materials were reviewed to understand its suitability for different target segments so as to realize the project objectives.

#### **1.4.2 Discussions with Officials of KILA and Trainers**

Discussions were conducted with the officials of KILA who are involved in the capacity development programme for Total Quality Management and ISO to understand the process, constraints in capacity development, success and failure factors.

#### **1.4.3 Sample Survey of Participants of the Capacity Building Programme**

The most important component of the research was to obtain feedback from the participants of this capacity building programme. As per the programme documents, elected representatives and officials from 946 GPs had participated in the programme. But since the scope of the study was confined to the GPs which had participated in the programme prior to 2017, only the participants from the 378 GPs which had participated in the programme before 2017 were included in the sampling frame. Of these, it was seen that participants from 59 GPs had attended the training twice and those from 3 GPs had attended the training thrice. All the 373 GPs were sorted based on the date of their last training, then by district from north to south and then in alphabetical order in

each district. Hundred GPs were selected from the 380 GPs using systematic random sampling method.

All the GPs visited had got the training from KILA before 2017 in different batches. In at least one-third of the GPs visited, the current elected representatives/officials from the GP had attended the training programme post 2016. There were also instances where neither the current elected representatives nor the officials from the GP had ever attended the training program.

**Table 1.2: Number of Grama Panchayats Visited per District**

District	Number of Grama Panchayats
Kasargod	5
Kannur	15
Wayanad	5
Kozhikode	11
Palakkad	8
Malappuram	5
Thrissur	8
Ernakulam	5
Idukki	8
Kottayam	8
Alappuzha	4
Pathanamthitta	4
Kollam	4
Thiruvananthapuram	10
<b>Total</b>	<b>100</b>

Responses were gathered from the elected representatives (President or Vice President) and the Secretary or Assistant Secretary of the GP, only if they had attended the training programme of KILA. Responses were also gathered from one office staff per GP who had not attended the training programme (this included Office Assistants, LD Clerks, Sr. Clerks, Head Clerks and Technical

Assistants), and three citizens, who had been to the GP for any service, this could be different services. The details of the interviews conducted in the 100 GPs in the sample is given below -

- 55 Presidents / Vice-Presidents
- 58 Secretaries / Asst. Secretaries
- 100 Office Assistants
- 300 citizens

#### **1.4.4 Research Instruments**

The following research instruments were prepared for the study:

1. Questionnaire for interviews with elected representatives (President/Vice President)
2. Questionnaire for interviews with Secretary/Asst. Secretary
3. Questionnaire for interviews with other Staff (other than Secretary/Assistant Secretary) who did not attend the KILA training programme on TQM-ISO.
4. Questionnaire for interviews with citizens
5. Schedule for reviewing the performance of Panchayats

The questionnaire for reviewing the performance of the Panchayats included had questions which were to be asked to the Secretary and it also had questions which had to be filled up by the interviewer based on his observations inside the Panchayat office.

#### **1.4.5 Field Work**

Prior to the fieldwork, a two-day intensive training programme was conducted to sensitize the investigators and supervisors about the issues relating to capacity building programme and anticipated problems in data collection. The training programme was aimed at aiding the investigators in completing the questionnaires/schedules with precision and reliability. The training

programme included one-day field-testing of the research instrument in real life setting by the investigators (this was not taken for data analysis).

### **1.5 Limitations of the Study**

One of the major limitations of the study has been the fact that this study has happened 2-5 years after the respondents attended the training programme. Therefore, the respondents have to recall from their memories, aspects related to the training which they underwent a few years back. This might have affected the quality of the feedback to some extent. It may be noted that the elections to the local self-governments were held last in November 2015 and this was a major reason why some of the GPs in the sample did not have elected representatives who had attended the training programme prior to 2017. Because of the transfer of Secretaries/Asst. Secretaries, some of the GPs did not have the same Secretary/Asst. Secretary who had taken part in the training during the period 2013-17. Due to the above reasons, the response of elected representatives and Secretaries/Asst. Secretaries could not be obtained from all the 100 GPs in the sample.

Also, some of the trainees would have attended the training programme during 2017 or afterwards when KILA took on the mantle of providing consultancy for ISO implementation. Therefore, it is possible that some of the aspects they recall about the training programme could be based on programmes outside the frame of reference of this study. To sum up, it would not be prudent to ascribe all the improvements that is seen in the GPs at the individual, job related and societal level to the training programmes under the reference period alone, as KILA has been continuously interacting with GPs after the reference period also.

### **1.6 Structure of the Report**

This report is divided into four chapters. This introductory chapter provides a description of the objectives, methodology and limitations of the study.

Chapter II presents the findings of the study. Chapter III presents case studies of a few Grama Panchayats which participated in the TQM-ISO training programme. Chapter IV presents the conclusions and recommendations emerging from the study.



# FINDINGS OF THE STUDY

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## CHAPTER II

### 2.1 Introduction

As mentioned earlier, the purpose of the training was to build capabilities at the Grama Panchayats to embark upon the path of Total Quality Management and achieve ISO Certification. The trainees were the instruments for initiating this change with the support of consultants. For the training to deliver its intended impacts, the trainees have to be intrinsically motivated and for this, they need to feel good about the training. Only this would bring in an environment conducive for learning. With the learning acquired, they need to bring about a change in themselves and on others with their behavior and attitude and this has to be reflected in the performance of the GP. Therefore, this study has attempted to look at the impact delivered by the training program along a sequential chain, from their:

- Reaction - how favourably the respondents perceive the training with regard to the learning environment?
- Learning - what has been internalized from the training?
- Behaviour - What has been the change in the attitude and behaviour?
- Results - Has the intended outcomes been achieved?

### 2.2 Reaction

In this section, what is being assessed is the perceptions the trainees had regarding the training. Normally in a training impact evaluation, the immediate response gathered from the trainees after the training is taken as the “reaction”. For the training to leave a positive impact and further the learning and desired behaviour from a training, it is imperative that the reaction to the training has to be positive. It is more of a hygiene factor, i.e. scoring high on the reaction does not guarantee learning, but scoring low on reaction can weaken the

motivation of a trainee to learn and change behaviour, thus impacting the very purpose of the training. The reaction of the trainees - the President/VP and the Secretary has been gathered on the trainers, the training materials and the physical infrastructure. A five point scale was used to assess the rating given by the trainees. One of the limitations of this study is that the reaction is obtained 3-5 years after the respondents received the training.

### 2.2.1 Feedback on the Trainers

The respondents were asked to rate their opinion on the following aspects pertaining to the trainer:

- Trainer's knowledge
- Language employed
- Level of engagement
- Ability to field questions
- Experience sharing, team building and practical sessions

The perceptions of the trainees regarding the aspects relating to the Trainers are captured in Table 2.1. A score of 1 corresponds to Very Poor, 2 – Poor, 3 – Fair, 4 – Good and 5 – Excellent. The mean of the scores on each aspect is given below.

**Table 2.1: Average Score on Trainers (Score out of 5)**

Aspect	President/VP	Secretary/Asst. Secretary
Trainer's knowledge	4.09	4.13
Simplicity of Language	4.15	4.19
Engagement with Participants	4.15	4.11
Ability to answer questions	4.08	4.23
Experience sharing	4.15	4.02
Team building	4.12	4.18
Practical sessions	4.12	4.11
<b>Base</b>	<b>55</b>	<b>58</b>

Source: Primary Survey

Overall, it was seen that the trainees were satisfied with the performance of the trainers. The mean score given by the elected representatives as well as the officials on all the aspects pertaining to the trainers was slightly more than 4, meaning it hovered slightly over “good”. However, the highest rating given on the trainers by the officials was on “ability to answer questions”, which received the lowest rating by the elected representatives. It is possible that the trainers may not have been able to answer some of the queries raised by the elected representatives as effectively as that of the Secretaries/Asst. Secretaries. Therefore, future programmes should be able to address the concerns of the elected representatives considering their roles and responsibilities and their backgrounds. Some of the suggestions given on improvement included:

*“Some of the trainers should have more in-depth knowledge. The practice of reading out from the slides may be discontinued”*

*“The sessions should have been more interactive”*

*“There has to be more clarity in clearing our doubts”*

The language used by the trainers was another aspect which some of the trainees commented upon as needing improvement.

*“Make the language simple”*

Another point which was raised by a few trainees, especially from GPs low on development funds, was the need for addressing their specific issues and guide them with a roadmap, drawing from examples of similar GPs.

*“We needed examples and sharing of experiences from GPs similar to ours constrained on funds, on how they achieved ISO”*

The aspects of experience sharing was emphasised by a few officials as they felt they needed real time examples which they could emulate.

## 2.2.2 Feedback on the Training Material

On the training material, the aspects that were rated included:

- Structure
- Language
- Case studies
- Explanation of steps for ISO certification.

The respondents had to rate the above aspects on a five point scale, with a score of 1 corresponding to Very Poor, 2 – Poor, 3 – Fair, 4 – Good and 5 – Excellent.

The respondents were also asked to give their rating on the extent to which the training material was helpful, and if the duration of the programme was sufficient and the perceptions of the trainees are captured in Table 2.2. The respondents had to rate the aspects with a score of 1 corresponding to Not at all, 2 – A little, 3 – To some extent, 4 – Very and 5 – Very much.

**Table 2.2: Average Score on Training Material (Score out of 5)**

Aspect	President/VP	Officials
Structure of Learning Module	4.04	4.08
Simplicity of Language	4.17	4.04
Case Studies	3.98	3.94
ISO Steps	4.17	4.13
How far Learning Material was helpful	4.15	4.13
Duration of the programme	3.28	3.62
Base	55	58

Source: Primary Survey

Many of the trainees felt that the duration of the training programme was inadequate, and this aspect was voiced more by the elected representatives than the Secretaries/Asst. Secretaries. Some of the trainees felt that the training programme should have been for three days at the least. As noted earlier, the

need for the training sessions to be more interactive was also emphasised. There were also a few trainees who mentioned that the language employed in the learning material needed to be simpler.

Some of the suggestions that came up on the training material were:

*“May include sessions on time management”*

*“The quality of the printed training material can be better. The pages of the training manual stick to each other and tears off when trying to open a page”*

## **2.3 Learning**

Under learning, the primary object of evaluation is the extent of “learning” that happened under the training programme. The learning that is acquired in a training programme can manifest itself under three broad areas – change in attitude, skills and knowledge.

### **2.3.1 Recognizing the need for TQM-ISO**

One of the desired outcomes of the TQM-ISO training is bringing about a change in the attitude of the trainees towards TQM-ISO, by making them realize the importance of TQM-ISO and understand how implementing TQM-ISO can engineer improved quality of service to citizens. For the success of TQM-ISO implementation, there has to be a positive attitude towards TQM-ISO among all stakeholders involved and not just the trainees. Therefore, the respondents for attitude measurement included trainees as well as other office staff who had not received the training. Table 2.3 captures the attitude of the trainees as well as other office staff towards TQM-ISO. The respondents were asked to mark their agreement/disagreement on the statements pertaining to their attitude with a score of 1 corresponding to Strongly disagree, 2 – Disagree, 3 – Neutral, 4 – Agree and 5 – Strongly Agree.

**Table 2.3: Average Score on Attitude towards TQM-ISO (Score out of 5)**

Recognizing the need for TQM-ISO	President /VP	Secretaries / Asst. Secretaries	Other Office staff
TQM-ISO is essential for LSGIs to be efficient	4.42	4.12	4.34
Implementing TQM-ISO can improve quality of service to citizens	4.62	4.34	4.37
<b>Base</b>	<b>55</b>	<b>58</b>	<b>100</b>

Source: Primary Survey

Overall, the participants tended to more than agree on the need for TQM-ISO and that implementation of the same can enhance service delivery. However, the need for TQM-ISO and on the implementation of the same was sold more strongly among the elected representatives than the officials. There were some officials who were lukewarm on the concept of ISO and who thought that this would add to the burden of work and maintenance of the ISO certification would also increase the work load.

But when the office staff who had not undergone the training were asked to comment on the need for TQM-ISO, they appeared to be more in agreement for the need for this and the mean score obtained was higher than that of the secretaries.

### 2.3.2 Assimilation of the TQM-ISO Process

Table 2.4 presents the responses on how well the training programme was helpful in understanding the process of ISO certification and preparing an action plan for ISO certification. The respondents were asked to mark their agreement/disagreement on the statements pertaining to how helpful the training was with regard to the above aspects, with a score of 1 corresponding to Not at all, 2 – A little, 3 – To some extent, 4 – Very and 5 – Very much.

**Table 2.4: Average Score on “How Helpful was the Training Program?”  
(Score out of 5)**

Aspect on	President/VP	Officials
Helpful in understanding the process of ISO	4.35	4.09
Helpful in preparing an action plan for ISO implementation	4.15	3.96
<b>Base</b>	<b>55</b>	<b>58</b>

Source: Primary Survey

Though making the decisions which can set the GP on the path to ISO is a collective responsibility, the onus of operationalising the task rests with the Secretary of the GP. But it was seen that the Secretary/Asst. Secretary’s rating on how well they have comprehended the process and implementation of ISO, was slightly lower than that of the elected representatives. The following comment by one of the Secretaries reflected the opinion of many others:

*“It appeared simple in the classroom session, but back in the GP it’s not so”*

The point that needs to be noted is that with regard to the preparation of an action plan, the mean score was 3.96 on the part of the officials which implies that there were some nitty-gritties that had eluded them. The Secretaries/Asst. Secretaries could be given additional sessions as they have a major role in operationalising the implementation, once the leadership of the GP decides to go for TQM-ISO.

Table 2.5 gives a break-up of the opinions of the Secretaries/Asst. Secretaries on the extent to which they thought that the training was a help in preparing an action plan.

Nine out of the 58 officials interviewed said that the training programme was helpful only “to some extent”, whereas two said that it was helpful only to “a little” extent.

### 2.3.3 Transfer of Learning

Table 2.6 assesses the transfer of learning from the training premises to the work environment. One of the primary objectives of the training provided by KILA was to equip the trainees to transfer the knowledge to their team back in the office and initiate the steps needed for ISO certification. Table 2.6 reveals the extent of transfer of learning that happened once the trainees were back at their GPs - whether the process of obtaining ISO was explained to the team members, whether the action plan they made during the training was discussed and whether the learning materials were shared.

**Table 2.5: Did the Training Help in Preparing an Action Plan?: Response of the Secretaries/Asst. Secretaries**

Extent of help	Number of respondents	%
A little	2	3.4
To Some Extent	9	15.5
Much	36	62.1
Very Much	11	19.0
<b>Base</b>	<b>58</b>	<b>100.0</b>

Source: Primary Survey

**Table 2.6: Did Transfer of Learning Occur?**

Aspects related to Transfer of Learning	%	
	President/VP	Secretary/Asst. Secretary
Explained the process of obtaining ISO	96.4	96.2
Discussed the Action Plan which was created during training	80.8	94.2
Shared the learning materials	84.9	78.2
<b>Base</b>	<b>55</b>	<b>58</b>

Source: Primary Survey



Though the answers to the above questions were self-reported, it is still seen that on the question of action plan, about one-fourths of the elected representatives mentioned that it was not discussed, though only 6 percent of the officials said so. But there was more agreement in the case of the sharing of learning materials, about one-fifths of the elected members as well as the officials reported that the learning materials were not shared.

When the same question was asked to the Office staff who had not attended the training, it was seen that 10 percent of them replied that the process of ISO has not been explained to them. And more than one-third mentioned that the learning material was not shared to them.

### 2.3.4 Agreement on the Extent of Awareness of ISO Concepts among the Elected Members and Secretaries/Asst. Secretaries

Table 2.7 indicates what the respondents thought about the percolation of the idea of TQM-ISO and the vision/mission/quality policy among the elected members as well as the officials. The aspects probed were:

- The extent of conviction on the need for TQM and ISO certification
- Awareness on TQM concepts and ISO certification
- Awareness on vision/mission/quality policy

The respondents were asked to mark their agreement/disagreement on the statements pertaining to the above aspects, with a score of 1 corresponding to None including the respondent, 2 - A few, 3 - Some, 4 - Almost all and 5 - All.

**Table 2.7: Average Score on Extent of Awareness (Score out of 5)**

Extent of awareness of Elected Members and Staff	President/VP	Secretary/Asst. Secretary
Elected members convinced on the need for TQM-ISO	4.16	4.11
Panchayat staff convinced on the need for TQM-ISO	4.40	4.23
Elected members well aware of TQM concepts and ISO cert. process	3.98	3.91

Panchayat staff well aware of TQM concepts and ISO cert. process	4.16	4.07
Elected members well aware of Vision, Mission and Quality Policy	3.96	3.89
Panchayat staff well aware of Vision, Mission and Quality Policy	4.18	4.14
<b>Base</b>	<b>55</b>	<b>58</b>

Source: Primary Survey

On the conviction on the need for TQM-ISO, the elected members gave themselves a score of 4.16, slightly lower than the score they gave for the Panchayat staff which was 4.4. The elected members also gave themselves a score below 4 on the awareness they had of TQM concepts and ISO certification as well as the awareness on Vision/Mission/Quality Policy.

The officials also were in sync with the feelings of elected members in that they also gave a lower score for the elected members than themselves for the three aspects considered. Thus it was apparent that more clarity on TQM/ISO principles needed to be infused among the elected members, considering the diversity of background that they might be bringing forth. One of the core principles of TQM is leadership and here it was seen that the drivers of the change management, the elected members, were slightly short of confidence, when it came to the technical knowhow in implementing the change.

## 2.4 Behavioural Changes

Even if the respondents give a very positive reaction on the training per se and admit to the fact that the training has brought about a change - in the attitudes, skills and knowledge, the impact would not be felt if there was no proportionate change in the behaviour of the respondents. For any training to make an impact beyond the confines of the classroom, it has to make a personal impact on the trainee in terms of changes in behaviour. So here, we assess the impact of the training on an individual level.

### 2.4.1 Involvement and Participation of the Staff

Since there were limitations on assessing the behaviour through observation in a study with a limited time frame, we have taken the self-reporting route in assessing the changes brought about by the training on the staff – primarily the secretaries. Table 2.8 indicates what the Secretaries/Asst. Secretaries thought about the involvement and participation of office staff. The respondents were asked to mark their agreement on a series of statements pertaining to the involvement and participation of the staff with a score of 1 corresponding to None, 2 – A few, 3 – Some, 4 – Almost all, 5 – All.

**Table 2.8: Average Score on Involvement and Participation (Score out of 5)**

Aspect	Secretaries/Asst. Secretaries
My subordinates put utmost effort in practising TQM	4.27
Our roles and duties related to ISO implementation are clearly defined	3.98
We work together as a team to achieve goals	4.22
I have full confidence in the office staff	4.30
Base	58

Source: Primary Survey

Except for the clarity related to the division of labour pertaining to ISO implementation, for which the score was 3.98, for all the other aspects pertaining to involvement and participation, the score was over 4, with 4.22 for ‘working together’, 4.27 for ‘the effort put in by subordinates’ and a score of 4.3 for ‘the confidence in subordinates’.

#### 2.4.2.1 Impact of ISO Implementation – Impact on Self (Secretaries/Asst. Secretaries)

The trainees (Secretaries/Asst. Secretaries) were also asked on the personal changes in the productivity front, that is how positively has the ISO implementation impacted their work. Table 2.9 gives the presentation of the average score of the respondents on this aspect. The respondents were asked to

mark their agreement on a series of statements pertaining to the change in their productivity and job related skills with a score of 1 corresponding to Strongly Disagree, 2 – Disagree, 3 – Neutral, 4 – Agree, 5 – Strongly Agree.

**Table 2.9: Average Score on Impact of Training on Self (Score out of 5)**

Personal Changes	Secretaries/Asst. Secretaries
Able to be more productive at work	4.07
Job-related skills have improved	4.02
<b>Base</b>	58

Source: Primary Survey

The self-assessment was that there was agreement on the statements that productivity and job-related skills have improved, though it has to be noted that the score was only hovering around “agree” and not straying further into “strongly agree”.

#### **2.4.2.2 Impact of ISO Implementation – Impact on Self (Other Office Staff)**

But when the office staff (other than Secretaries/Asst. Secretaries) who had not undergone training were asked about whether their job-related skills have improved, they also were in agreement and their responses had a mean score of 4.06.

The trainees were also asked on what they thought of the changes brought about by the ISO implementation on their colleagues. The respondents were asked to mark their agreement on a series of statements pertaining to the change in the productivity and job related skills of their colleagues, with a score of 1 corresponding to Strongly Disagree, 2 – Disagree, 3 – Neutral, 4 – Agree, 5 – Strongly Agree and the findings are presented in Table 2.10

**Table 2.10: Average Score on Impact of Training on Colleagues  
(Mean Score out of 5)**

Changes in Colleagues	Score - Secretaries/Asst. Secretaries
Competencies and skills of colleagues have improved	3.69
Colleagues have become more productive	3.79
<b>Base</b>	58

Source: Primary Survey

However, when it came to the impact on colleagues, the reported change in competencies and skills as well as productivity was much lower than the change they had claimed for themselves. It hovered below “agree”, though closer to “agree” than “neutral”. Thus, it appears that the software impact of the TQM process, in terms of bringing about a change in the human behaviour aspect, needs to be strengthened further.

In many GPs, the officials as well as the elected representatives lamented about the lack of support from all the stakeholders. Some commented that the training from KILA should be given to all the stakeholders under one roof at locations in their own districts and this has to be made mandatory.

## 2.5 Results

The basic intended outcome of the training was to make the representatives of the GPs capable of getting their GPs achieve ISO certification. Among the sample of 100 GPs which had participated in the TQM-ISO training, only half of them were ISO certified. Of the 20 GPs for which recertification was due (after three years), only half of them had done the recertification.

The very process of embarking on the TQM-ISO path is to bring about positive changes on various aspects impacting service delivery and customer satisfaction. A positive reaction, transfer of learning, changes in behaviour – all of these would come to nought if the ultimate objective of the training is not met – desired outcomes or the intended results. The final frontier of the impact

of the training is on how the changed behaviour and the application of learning has brought about the intended changes in the institution as well as on service to the public is the impact on the institution and the society. Therefore, the next section has tried to analyse whether the final result of the training has translated into improved service to the public and better productivity in the office.

### 2.5.1 Perceived Improvements on Amenities

To evaluate the results of the training, Table 2.11 gives an analysis of how the Secretaries/Asst. Secretaries perceive the impact of the training with respect to improved outcomes. They were asked whether they had felt any improvement with respect to: amenities to citizens, workstations in office, complaint redressal, speed of service delivery, time taken to retrieve records and interpersonal relationship.

**Table 2.11: Perceptions regarding Improvements on Amenities**

Aspects	Secretaries/Asst. Secretaries (%)	
	Improved	No Change
Amenities to Citizens	83.9	16.1
Workstations in office	83.9	16.1
Complaint redressal	82.1	17.9
Speed of service delivery	85.5	14.5
Time taken to retrieve records	71.4	28.6
Interpersonal relationship in office	84.8	15.2
Base	<b>58</b>	

Source: Primary Survey

More than four-fifths of the respondents opined that there was an improvement on all aspects except record retrieval. Twenty Nine percent of the respondents opined that there has not been any improvement in the time taken to retrieve records. This is an aspect to worry about as one of the major thrust areas in the

TQM process was in getting the record room sorted out. But this was one of the major barriers cited by the officials in the TQM-ISO implementation.

### 2.5.2 Impact of the New Record Keeping System

The key issue that was perceived to be hampering the service levels of the GPs was the inordinate delay in retrieving information, which was often difficult to

**Table 2.12: Perceptions regarding the new record system**

Has the new record keeping system helped?	Other Office Staff (%)
No improvement	7.0
Some improvement	21.0
Good improvement	46.0
Significant improvement	25.0
<b>Base</b>	<b>100</b>

Source: Primary Survey

locate. Therefore, setting up a record room and maintaining compliance with standard operating procedures in record keeping and updating has been a major thrust area in TQM implementation.

The office staff other than Secretaries/Asst. Secretaries

who had not undergone TQM-ISO training were asked to respond on what they thought of the improvements regarding the new record keeping system and their perceptions are captured in Table 2.12.

When the office assistants were asked if the new record keeping system had improved the ease of retrieving records, only 7 percent said that there was no improvement and about 21percent said there was some improvement. But about 46 percent said there was good improvement and about one-fourth said there was significant improvement.

Table 2.13 shows a comparison of the perceptions regarding the improvements in record keeping as felt by the Secretaries/Asst. Secretaries of the ISO GPs as against those of non-ISO GPs.

It was seen that Secretaries/Asst. Secretaries of half of the ISO certified GPs have the perception that there was significant improvement in the condition of record keeping, whereas among the non-ISO GPs, it was only 12 percent.

Overall, among the ISO certified GPs, the perception was that the change was for the positive in record keeping whereas among the non-ISO GPs, about two-fifths said there was no improvement.

**Table 2.13: Perceptions of Secretaries/Assistant Secretaries regarding Improvements in Record Keeping – ISO vs. non-ISO GPs**

Condition of Record keeping	ISO GPs (%)	Non-ISO GPs (%)
Deteriorated	0.0	6.0
No Improvement	0.0	36.0
Some improvement	10.0	24.0
Good Improvement	40.0	22.0
Significant Improvement	50.0	12.0
<b>Base</b>	<b>50</b>	<b>50</b>

Source: Primary Survey

Though, this was only a perception among the functionaries, observation method was employed to actually assess the extent of physical changes brought about in the record room. Following are the observations of the study team:

- In 92 percent of the 50 ISO certified GPs, all the records were arranged in chronological order as against 62 percent for non-ISO GPs
- In 90 percent of the ISO certified GPs, all the records were properly labelled as against 54 percent in non-ISO GPs
- Only about 13 percent of the ISO certified GPs followed colour coding (for easy identification of the type of record). In non-ISO GPs, it was just 2 per cent.

The improvements in results have to be there on multiple dimensions – improvements in infrastructure, improvements in service delivery parameters and improvements in customer satisfaction.

### **2.5.3 Front Office Infrastructure - ISO GPs vs. Non-ISO GPs**

Looking at the moments of truth a customer would experience, the first touch point a customer of the LSGI would have would be the front office. In Table



2.14, an analysis of how the ISO and non-ISO LSGIs fare on the aspects pertaining to the front office infrastructure is presented.

**Table 2.14: Comparison - ISO vs. Non-ISO GPs - on Front Office Infrastructure**

Front Office Infrastructure	% of GP	
	ISO	Non-ISO
Staff present in front office counter	98.0	94.0
Available and adequate seating	96.0	68.0
Writing desk for citizens	92.0	76.0
Stationery available and usable	48.0	44.0
Application forms available at front office	92.0	76.0
Potable water available, with glass	94.0	74.0
TV in working condition	62.0	26.0
Clean toilets with water connection and accessories	94.0	76.0
Wash basin available	80.0	64.0
Ramp for disabled	60.0	30.0
Complaint box	100.0	90.0
Tapal box	66.0	44.0
First-aid kit	52.0	16.0
Newspaper	74.0	56.0
Touchscreen facility for application tracking	10.0	6.0
<b>Base</b>	<b>50</b>	<b>50</b>

Source: Observations/Primary Survey

Clearly, GPs which had achieved ISO certification fared much better on all the aspects. Thus one of the major gains which the GPs had made on account of the ISO implementation has been on the gains in physical infrastructure. But it was seen that even among ISO certified GPs, there were certain aspects that needed a lot of improvement such as;

- Touch screen facility for application tracking (only one-tenth had)
- Ramp for disabled (only 60% had this)
- Available and usable stationery (only about a half had this)

Even after the training, it is seen that among the non-ISO GPs, basic amenities such as adequate seating is still lacking in many GPs. About one-third of the non-ISO GPs still had inadequate seating facilities. About one-fourth of them lacked potable water, application forms and a writing desk.

#### 2.5.4 Presence of Aspects Assisting Front-office Functioning - ISO GPs vs. Non-ISO GPs

Table 2.15 gives a comparison between the ISO certified and non-ISO GPs by ascertaining the presence of aspects which facilitate front-office functioning.

**Table 2.15: Comparison - ISO vs. Non-ISO GPs - on Aspects Assisting Front Office Functioning**

Aspects assisting Front Office Functioning	ISO GP (%)	Non-ISO GP (%)
Updated Front Office Diary	76.0	76.0
Intercom	42.0	28.0
Information Directory	80.0	66.0
Office orders and Duty assigned registers	96.0	90.0
<b>Base</b>	<b>50</b>	<b>50</b>

Source: Observation - Primary Survey

About three-fourths of the GPs had a Front Office Diary, among both ISO and non-ISO GPs. However, it was seen that even among ISO certified GPs, the diaries and registers are updated just before an audit, or periodically at intervals and not kept updated as a regular practice.

#### 2.5.5 Availability of Information - ISO GPs vs. Non-ISO GPs

One of the thrust areas in making the LSGIs more people-centric is in making timely information available to the public. Table 2.16 gives a comparison between the ISO and non-ISO GPs on the display of information which is mandatory in a GP.

**Table 2.16: Comparison – ISO vs. Non-ISO GPs – on Availability of Information**

Availability of Information	ISO GP (%)	Non-ISO GP (%)
Notice Board	88.0	78.0
Display of phone numbers of elected members/heads of office	94.0	68.0
RTI Information	100.0	88.0
Birth-Death Registration Notice	12.0	6.0
Vigilance and Anti-corruption Notice	92.0	88.0
Complaints redressal, Ombudsman information	94.0	76.0
Attendance board	50.0	26.0
Gram Sabha board	26.0	16.0
Committee meeting board	34.0	24.0
<b>Base</b>	<b>50</b>	<b>50</b>

Source: Observation - Primary Survey

The least displayed information was the Birth-Death Registration notice which was seen only in 12 percent of the ISO certified LSGIs, whereas in the case of Non-ISO LSGIs, this was a paltry 6 percent. Gram Sabha Board and Committee meeting board were displayed only in about one-fourth and one-third of the ISO certified LSGIs respectively, whereas in the case of non-ISO LSGIs, the corresponding figures were 16 percent and 24 percent. Attendance Board was displayed only in half of the ISO certified GPs and in the case of non-ISO LSGIs, only one-fourth of them had it.

### **2.5.6 Aspects Pertaining to Cleanliness and Hygiene**

The cleanliness and hygiene inside a GP is a factor that can help create a positive impression on citizens visiting the GP. Table 2.17 gives a comparison between the ISO certified and non-ISO GPs on the aspect of cleanliness.

**Table 2.17: Comparison – ISO vs. Non-ISO GPs – on Cleanliness**

Aspects pertaining to Cleanliness	ISO GP (%)	Non-ISO GP (%)
Adequate trash bins	70.0	76.0
Work-stations free from dust	100.0	98.0
Files and other articles properly arranged	94.0	84.0
Floor is clean	98	86
Any kind of waste dumped inside the building or in premises	14.0	20.0
<b>Base</b>	<b>50</b>	<b>50</b>

Source: Primary Survey

It was observed that ISO certified GPs scored better on the orderly arrangement of files and cleanliness of floor. But in the availability of adequate trash bins and dust-free work stations, ISO certified GPs were not any better, but fared marginally poor. But in terms of waste seen inside the building or premises, only about 15 percent of the ISO certified GPs reported the presence of some form of trash whereas for the non-ISO GPs, it was about one-fifth.

### **2.5.7 Service Delivery**

Till now, the discussion focussed on whether the implementation of ISO has helped in improving the infrastructural capabilities which in turn would help in service delivery to the public. Whether there has been a change in the objective parameters of service delivery to the citizens is examined further. For this, a comparison between ISO certified GPs and non-ISO GPs is undertaken on the number of days taken to deliver three types of services viz., issue of certificate of building ownership, issue of birth certificate and issue of building permit. For each certificate/service, the date of receipt of the application and the date of service fulfilment was collected from the records of the Panchayat office. Most recent cases were considered for this assessment. In the case of issue of Building Ownership Certificate, 100 cases were obtained from ISO certified GPs

in the sample and 115 cases from non-ISO GPs. The findings corresponding to the certificate of Building Ownership is presented in Table 2.18.

**Table 2.18: Time Taken for Issue of Building Ownership Certificate: Comparison – ISO vs. Non-ISO GPs**

Time Taken	Percent of Certificates Issued	
	ISO GPs	Non-ISO GP
Same Day	70	63
1 to 3 days	19	15
4 to 7 days	1	10
More than a week	10	12
Average number of days taken	1.64	2.27
<b>Base</b>	<b>100</b>	<b>115</b>

Source: From the records of the Sample GPs

The stipulated time for issue of Building Ownership Certificate is 3 days. The average number of days for an ISO certified GP to issue Building Ownership Certificate was 1.64 days against 2.27 days for a non-certified GP. In the case of ISO certified GPs, only 11 percent went above the stipulated time whereas in the case of non-ISO GPs, this was double at 22 percent. Clearly, the implementation of ISO particularly the setting up of the record room had a major impact on this service parameter.

The time taken for issuing Birth Certificate was collected from 30 ISO GPs and 48 non-ISO GPs and the findings are presented in Table 2.19.

**Table 2.19: Time Taken for Issue of Birth Certificate: Comparison-ISO vs. Non-ISO GPs**

Time Taken	Percent of Certificates Issued	
	ISO GPs	Non-ISO GP
Same Day	20	27
1 to 7 days	70	46
More than a week	10	27
Average number of days taken	3.58	5.37
<b>Base</b>	<b>30</b>	<b>48</b>

Source: From the records of the sample GPs

In the case of Birth Certificates, the available cases were less as Birth Certificates can be issued online. Birth certificate is normally issued online on the same day and can get delayed when there are discrepancies in the submitted application. It was seen that in only 20 percent of the cases examined, ISO certified GPs were issuing the certificate within the stipulated period whereas in the case of non-ISO GPs, the corresponding figure was 27 percent. But the average number of days taken for issuing Birth Certificate was 3.58 for ISO certified GPs as against 5.37 for non-ISO certified GPs.

Records relating to the time taken for issuing the Building Permit was also examined as part of the study. Time taken for 109 cases in ISO GPs and 148 cases in non-ISO GPs and the findings corresponding to the time taken for issue of Building Permit is presented in Table 2.20.

**Table 2.20: Time Taken for Issue of Building Permit:  
Comparison - ISO vs. Non-ISO GPs**

Time Taken	Percent of certificates issued	
	ISO GPs	Non-ISO GP
Within a Week	22	24
7 to 14 Days	48	50
15 Days	13	11
Above 15 Days	17	15
Average number of days taken	12.49	11.83
<b>Base</b>	<b>109</b>	<b>148</b>

Source: Observation - Primary Survey

The stipulated time for issue of Building ownership certificate is 15 days. It was seen that even in the case of ISO certified GPs, about 17 percent went above the stipulated time whereas in the case of non-ISO GPs, this was only 15 percent.

Thus, it was seen that except in the case of issue of certificate of Building ownership, the average number of days taken by ISO certified GPs was better than that of non-ISO GPs.

## 2.5.8 Improvements in Service Levels and Citizen’s Charter

The ISO certified GPs were observed to have enhanced their service levels with respect to the stipulated time provided in the citizen’s charter. The officials were asked if the GP had reduced the time limit for any services and if so whether they had updated the citizen’s charter. It was found that about two-thirds of the ISO certified GPs had reduced the time limits for some of the services as against one fourth by non-ISO GPs. While 88 percent of the ISO GPs had the citizen charter with timelines for services displayed, it was 71 percent in the case of non-ISO GPs. Of the ISO certified GPs which had reduced the time limit for some of the services, only 42 percent had actually updated the time limits on the citizen’s charter as against 31 percent of the non-ISO GPs.

## 2.5.9 Citizens’ Feedback

The most important expected outcome of the TQM-ISO certification process is the enhanced customer satisfaction due to increased productivity, increase in quality of service delivery and the increased customer centricity of the GP staff interfacing with the citizens. Therefore, how the citizens perceive the service they get from the GPs was measured through a citizen survey.

### 2.5.9.1 Perceptions on Staff Related Service Aspects

In each GP, three citizens who visited the GP for the fulfilment of a service were asked to rate on the satisfaction they had on the service provided, courtesy of staff and explanation provided by the staff on a 5 point scale with a score of 1 – Very much dissatisfied; 2 – Dissatisfied; 3 Fair; 4 – Satisfied;

**Table 2.21: Average Rating on Staff related Service Aspects Comparison – ISO vs. Non-ISO GPs**

Aspect related to service	Score - ISO GP	Score - Non-ISO GP
Satisfaction on service rendered	4.19	4.11
Courtesy of staff	4.18	3.98
Explanation by the staff	4.17	3.99
<b>Base</b>	<b>150</b>	<b>150</b>

Source: Citizen Survey

5 – Very much satisfied. Table 2.21 presents the average scores of ISO GPs and non-ISO GPs on staff related service aspects.

It was seen that the satisfaction levels of citizens in the ISO certified GPs was a notch higher than those in the non-certified GPs.

### 2.5.9.2 Perceptions on Service Ambience

The citizens were also asked on their opinion of the service ambience – cleanliness, seating, waiting time and speed of service. Table 2.22 presents the average scores of ISO GPs and non-ISO GPs on service ambience.

**Table 2.22: Average Rating on Service Ambience:  
Comparison – ISO vs. Non-ISO GPs**

What has been the improvement?	ISO GP (%)	Non-ISO GP (%)
Improved Cleanliness	91	78
Improved Seating	93	76
Decrease in waiting time	79	66
Improved speed of service	80	67
<b>Base</b>	<b>150</b>	<b>150</b>

Source: Citizen Survey

Again, it was seen that there is marked difference in the service ambience between ISO and non-ISO GPs. The most significant difference was in the physical infrastructure – seating facilities, where the difference was 17 percentage points. But it was seen that even after ISO certification, about one-fifth of the respondents in the ISO GPs did not feel that there was any improvement when it came to waiting time and speed of service.

### 2.5.9.3 Service Delivery Experience

It was seen earlier that some of the services are not delivered on the same day. It was also found that in some cases, it is not delivered within the time norms fixed for delivering the service. To avoid multiple visits to GP office, it is desirable to inform the citizens about the date of service delivery. This aspect



has been explored in the citizen survey. Further, the citizens who received the service were asked whether they received the service on the due date. The responses of the citizens are presented in Table 2.23.

**Table 2.23: Practise of Intimating a Specific Date for Service Delivery and Delivering the Service on Due Date: Comparison - ISO vs. Non-ISO GPs**

Aspects related to service delivery	ISO GP (%)	Non-ISO GP (%)
Percent of applicants who were given a specific date for receiving the service (Base=69 for ISO GPs and 95 for non-ISO GPs)	80.0	73.0
Percent of applicants who received the service on or before the due date (Base=137 for ISO GPs and 147 for non-ISO GPs)	74.0	63.0

Source: Citizen Survey

In both providing a specific date for service delivery and in ensuring that the service is provided on the due date, the performance of ISO GPs were better than non-ISO GPs. But even in ISO GPs, about one-fifth of the citizens were not given a date on which the services will be delivered. It was also seen that in the case of ISO GPs, about three-fourths had received the service on the due date whereas in the case of non-ISO GPs, this was about two-thirds only.

# CASE STUDIES

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## CHAPTER III

In this chapter, it is attempted to capture the changes in some of the sample GPs after participating in the TQM-ISO training of KILA through case studies with a view to understand further the strengths and weaknesses of the training programme. We have selected a few case studies purposively, of which one (Panangad GP) highlights a GP which has successfully achieved the certification and has made improvements in its physical infrastructure as well as services offered to the public. Another one (Ambalappuzha North GP) which has achieved certification, but the essence of TQM has not percolated to the entire organisation. Cases of two GPs (Vellathooval GP and Mookkannoor GP) which failed to recertify and another one (Kadampanad GP) which has not achieved ISO certification yet are also presented in this chapter. First, we present the changes in a GP which had achieved ISO certification and successfully achieved the recertification as well.

### 3.1 Panangad

Though the representatives from Panangad GP (Kozhikode district) had received training in the year 2013, the GP achieved ISO certification in June 2015. The GP was able to do the recertification in March 2019. There is a quality circle functioning in the GP and the meetings of the Quality Circle were found to be regular with minutes of the meetings recorded. The plan fund utilisation before achieving ISO certification was only 72%, but currently it is 100%. The GP had reduced the time limits for certain services and these were found updated in the Citizen's charter. The record room was also found to be neatly arranged with all records properly labelled. By physically verifying the receipt and issue of the last three certificates issued (Certificate of Building Ownership, Birth Certificate, Building Permit), it was seen that the certificates were all

issued within the stipulated time or less. All the amenities for citizens were also found to be present such as ample seating facilities, writing desk, potable water, TV, clean toilets, wash basin, ramp for disabled etc. The office premises were clean and tidy, with ample dust bins and no trace of any kind of waste. Overall, it was a shining example of an efficiently functioning GP. The Secretary of the GP had received the award for the best GP and his opinion on the ISO certification was that implementing TQM-ISO can enhance the quality of service rendered through a GP and he averred that the time taken for service delivery has reduced on account of the changes made in the GP through TQM-ISO implementation. The same opinion was resonated by the Office Assistant who said that the public does not have to wait for too long in the office for any service.

Now we will walk through a GP which had obtained ISO certification, but which was not found to be embracing the essence of TQM-ISO. There are many GPs which have obtained ISO certification and where recertification is not due and the following case could be illustrative of a few of such GPs.

### **3.2 Ambalappuzha North**

Ambalappuzha North GP obtained ISO 9001 certification in March 2017. Here are some observations about the panchayat office.

- Token system was present at front office. Though the citizens present at the time of the visit were taking a token number, the front office staff were not calling the token number. The token number call display always indicated "0". People who had generated a token number waited for a while until they came to realize that a token generated queue system was not in place.
- The front office and the waiting area were pretty crowded. A counter for one-time settlement of trade licence fee was functioning here. A fan at the front office area was not functioning, amid the high customer traffic and the summer.

- A kiosk for file tracking and GP related information was dumped inside the front office counter. The office staff was not aware of why it was not put to operation.
- When enquired about the absence of attendance board of staff, one of the staff members explained that the board was removed some months back when someone had marked the attendance with a permanent marker.
- One of the staff members, when enquired about the ISO status of their office, was not aware that his panchayath office is ISO 9001 certified. Both the Assistant Secretary and the Head Clerk at Ambalappuzha North GP were unaware that their office had ISO certification. This was a scenario which was not limited to Ambalappuzha North and was seen elsewhere as well. When a staff with a lower tenure in the office was approached for data collection, he/she always has to redirect the investigator to someone who had a higher tenure in that office, as he/she is the only resource person related to TQM - ISO and others either had no such experience or were new to that office. The reasons for this lack of awareness were found to be:
  - No orientation was given to new postings (fresh appointments / posting by transfer), as a result they are not aware of the TQM practices and ISO certification their office possesses.
  - TQM practices such as quality circle meetings and training requirements or competency gap analysis was not prevalent in the office.
- Staff agree that they just comply documentation requirements for ISO 9001 prior to the yearly surveillance audit. They start writing minutes of Quality Circle meetings and start setting up records room two week prior to the surveillance audit. The staff claim that they work overtime to perfect the documentation requirements and to reset the record room prior to the audit.

- The records room was in a pathetic condition as the records lacked proper labelling and was stacked one on top of another preventing ease of access. The office attendant herself agreed that finding a record is a time taking process and the speed of record retrieval has decreased over the period as a result of poor record keeping. When asked to show the record room, one of the clerks instructed the office assistant to show only those shelves that they had arranged a couple of days ago for the purpose of surveillance audit.

Next, we present cases of two GPs which had obtained ISO certification, but failed to do the recertification.

### **3.3 Vellathooval (Idukki)**

Vellathooval GP participated in the TQM - ISO training at KILA in 2013 and had obtained ISO in 2014. The GP failed to retain ISO as they did not conduct re-certification audit. The secretary who has a tenure of one year and 9 months at Vellathooval GP had the opinion that he has no role in TQM - ISO as this office was already ISO certified when he joined the office. Further interactions revealed that no roles and duties related to TQM was assigned to office staff. As most staff who were present while obtaining ISO had left on account of transfer, people who replaced them had no knowledge of TQM-ISO. These factors led to abandoning TQM practices in the office. Similar is the case with some other panchayat offices in the state. Kumily in Idukki, Edavilangu and Anthikkad in Thrissur are some of the other panchayat offices which failed to retain ISO certification due to lack of trained staff.

### **3.4 Mookkannoor (Ernakulam)**

The GP obtained ISO certification in November 2015 but failed to re-certify after three years. Interview with the secretary and the president revealed that their office ended up in losing the certification as a result of a confusion that existed among quite a few GPs. The Panchayat committee was not certain about who they should approach for re-certification, whether it is to be taken up through

KILA or they could directly approach the certification agency. Similar was the case with Pattazhi – Vadakkekara GP in Kollam.

Finally we have the case of a GP which had taken part in the training, but has not succeeded in achieving ISO Certification.

### **3.5 Kadampanad (Pathanamthitta)**

The panchayat had participated in the TQM – ISO training twice - first in 2014 and then in 2017. No progress has been recorded by the GP with respect to ISO implementation till date. Changes in the GP committee after LSG elections in 2015 and the lack of interest in ISO among the present committee are the major reasons that prevent the office from obtaining ISO certification. It was also noticed that the person at the panchayat secretary position will not hold his office for more than 6 months in this office, which also prevents the office to begin ISO project. The elected members and the staff were not aligned with the vision on achieving ISO certification.

# CONCLUSIONS AND RECOMMENDATIONS

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## CHAPTER IV

### 4.1 Conclusions

The primary objective of the TQM-ISO training during the period 2013-17 done by KILA was to equip the trainees to act as change agents, arm them with the knowledge necessary to galvanise their GPs into the path of quality. During this period, KILA's role was that of the trainer and it was the responsibility of the collective leadership of the GP to initiate the process for ISO certification. So, in a way, the immediate impact of the study would be in looking at how many of the GPs which attended the training had obtained the ISO certification. In our sample, only half of the GPs which had attended the TQM-ISO training had obtained ISO certification.

- Of the ISO certified GPs which had to go recertification at the end of three years after certification, only half of them were successful in maintaining the ISO certification. This certainly indicates the failure of consultants in making the staff and elected representatives in such institutions to internalise the TQM-ISO principles.

The major reasons for the failure to do the ISO recertification can be classified under:

- Most GPs had taken ISO certification as a project and not as a practice. As a result, ISO related procedures and practices cease to exist once the certification is obtained. This was especially seen in the case of the GPs which had obtained certification earlier with the help of external consultants. The consultant would do everything and make sure that the GP gets certified, but the essence of TQM would not have been ingrained into the functioning of the GP.

- Post elections, the Panchayat Committee changes as a result when re-certification is due, the GPs would be housing a new team which sometimes lacks commitment/ awareness about the process. This stalls all the TQM-ISO activities in the GP and stalls re-certification.
- In some cases, the consultants do the ground work and obtained certification for the GP, later no one was there to follow-up.
- The Management Representative for ISO implementation in most cases is the Secretary. Once the Secretary gets transferred, the one who comes in as a replacement may not have hands on experience in ISO or may not be familiar with the TQM concepts.
- Lack of clarity on who should be approached for recertification. This delayed the recertification process in the case of Mookkannur. Now the process is underway with the help of KILA.

The major reasons why nearly half of the GPs were unable to obtain ISO certification can be classified under:

- Have not completed work on setting up the record room yet as per the guidelines. Eg. Chirakkal, Muzhuppilangad, Payyavur, Thrippangottur, Pulpalli, Omasseri, Thurayur, Muthalamada, Kavasseri, Varavur.
- Office space constraints. The GPs plan to start the process of ISO certification only after moving into a new office. Eg: Padanna, Kottiyur, Cherupuzha, Kunnamangalam.
- The earlier official was not keen on initiating the process. Eg. Madayi
- Office staff still unable to inculcate the need for ISO eg. Poothadi, Thachambara
- Lack the basic infrastructure and fund limitations eg. Koorachund, Puthunagaram, Kattur etc.
- Change in elected committee due to elections/transfer of officials and the discontinuity in the TQM-ISO efforts



- Weak interpersonal relationship between the elected representatives and the officials

Difficulty in setting-up the record room is cited as a major reason by the panchayaths where the TQM is in the implementation stage.

The training facilities, quality of trainers and the learning material were generally well received. The most common refrain heard was the inadequacy of the duration of the training. Many of the trainees felt that two days was a little too cramped for assimilating all of the learning. Some of the trainees did feel that the language in the learning material as well as the language employed by the trainers can be made more simple.

Overall, the TQM-ISO initiative have had a positive impact on the GPs. As some office staffs of the ISO GPs put it:

*"There is less stress, there is less work burden"*

Many of the office staff expressed the opinion that the improvements made in the record room had greatly facilitated their functioning and made the work less tedious.

*"There is better conducive environment at work, the interactions with the public have improved"*

*"Improved satisfaction from improved customer satisfaction"*

*"Less customer complaints"*

Many of the trainees mentioned that the improved functioning of the office because of TQM practices had enhanced the office atmosphere. The interpersonal relationship between staff improved as there was generally less stress because of fewer customer complaints. The engagement with the public had also improved. The image of the GP had gone up because of the improved infrastructure and improvements in service rendered, which, in turn, has raised the morale of the staff, among many ISO certified GPs.

The training has been largely successful in helping the trainees to understand the importance of TQM-ISO and also made them aware of the processes involved in achieving ISO certification. Most of the trainees appeared to understand the notion of “Quality” and the importance of “customer-centricity” and the fact that *raison d’être* of the GP is serving the citizen.

It was also seen that the service levels of the GPs which had achieved ISO certification was better than non-ISO GPs, when we look at the average number of days taken for service delivery – in the case of Building Ownership and Birth Certificate. In the case of Building Permit, though there was not much difference between ISO GPs and non-ISO GPs, both were providing the service within the stipulated time.

The quality of physical infrastructure in ISO certified GPs was also much higher than those in non-ISO GPs, especially when it came to basic amenities such as seating facilities, potable water, writing desk, clean toilets etc. The improvements in physical infrastructure and service delivery was also validated in the citizen survey where ISO GPs score higher on service delivery parameters and service ambience.

Thus, it can be seen that the training provided by KILA to the GPs has provided an impetus in initiating the GPs on the path to greater service quality and increased customer of the citizens it serves. However, the failure of a significant number of GPs to go for ISO recertification indicates the need for providing continuing support and motivation to elected representatives and staff.

#### **4.2 Recommendations**

- Since the duration of the training was generally felt inadequate, the number of days of training may be increased to three days.
- The language employed by the trainers as well as that in the learning material should be made simpler. This was a concern more apparent among the elected representatives and this has to be addressed. To the

extent possible, jargons in English should be made understandable in the local language.

- Though most of the concepts can be shared in a combined classroom of elected representatives and Secretary/Asst. Secretary, the Secretaries need more training on the implementation part. This is because the roles and duties of the elected representatives are different from that of the Secretaries and the onus of actually implementing the processes rests with the Secretary. Some of the Secretaries/Asst. Secretaries did mention that they needed more clarity when it came to the nuances of implementation. This is an aspect that has to be addressed.
- A handout that explains ISO documentation and procedures will be helpful and will serve as a reference. The learning material should also include pictorial representations of setting records etc.
- It would be better to approach the training in a more decentralized manner covering as many stakeholders from a GP as possible. This would improve participation and involvement and would reduce the burden on a few trainees to 'sell' the concept of TQM-ISO back at the GP. Getting the whole office to assimilate the spirit of TQM is an arduous task and this is why some of the elected representatives as well as officials wanted the training to be made mandatory for all the stakeholders and for this, it has to be done at a district level which would ensure maximum participation.
- The training should involve more of experience sharing by the trainers. One of the barriers cited by GPs low on development funds was that they were financially constrained. The training should include examples of how GPs similarly constrained and sharing similar backgrounds have overcome such barriers and achieved ISO certification. The case studies should be prepared bearing in mind the profile of the GPs whose representatives would be attending the training. A possible series of

objections which the trainees might have in mind, but may not voice openly should be anticipated and the trainer himself should voice such objections and illustrate how such objections can be overcome.

- The training should involve field trips to a GP which has achieved ISO certification and that can be seen as a role model. This would not only help the trainees to know more about the TQM processes, but also bolster the morale and pride of the ISO certified GPs and motivate them. KILA may consider elevating the status of a few ISO certified GPs as of 'Role Model ISO GPs'.
- A major problem when it comes to holding onto a continuous process such as TQM would be the discontinuity in the leadership of the GP because of changes in elected representatives and transfer of Secretaries. The only way to overcome this would be by continuously giving refresher and orientation classes to the GPs at the local level. This would ensure that all the stakeholders are armed with the knowledge on the TQM processes and practices. The use of digital technology such as Skype can be thought of for this.
- The study finds that some of the GPs start the ISO certification process after considerable lag. It is also found that half of the GPs did not go for ISO certification. This calls for introducing additional interventions to motivate the GPs to go for ISO certification immediately after the training programme. The need for follow-up by KILA is necessary once the trainees go back to the respective GPs. The follow-up should be undertaken not only in GPs which are yet to go for ISO certification but also in ISO certified GPs as they often fail to go for recertification.
- The study also finds that even after getting ISO certification, some of the GPs are not following the practices envisaged in ISO certified GPs.

Thus, to sum up, the TQM-ISO training by KILA during the period 2013-17 has had a positive impact on raising the quality of services rendered through the GPs. But the improvements that are seen could also be partly because of the continuous and intensive interventions that KILA has been doing ever since they have taken on the mantle of handholding the GPs through ISO implementation and certification process. However, more continuous interventions, monitoring and feedback would be needed to ensure that the certifications are not a one-off achievement, but the process of TQM gets ingrained to their work culture and motivates the stakeholders to keep raising the bar ensuring customer satisfaction.