

TOTAL QUALITY MANAGEMENT (TQM) IN GRAM PANCHAYATS OF KERALA: A CASE OF DERAILED MISSION

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Abstract

The charm of the Kerala Model of Decentralisation is its good governance initiatives and strategy of the People's Plan Campaign (PPC). In addition, Total Quality Management (TQM) is implemented to improve the service delivery of Local Governments (LGs) and to obtain ISO certificate. This TQM-ISO mission is a process of attitude change and is considered as a step towards excellence in the service delivery of LGs. This article is a status review of the efficiency of TQM in LGs. The literature provides ample evidence that the TQM approach enhances citizens' satisfaction. However, this study found that the TQM in LGs of Kerala become mechanistic. This is due to the overemphasis on hard aspects and ignoring soft aspects. Thus, the implementation of TQM in LGs is a derailed mission and a case of trivialisation. Based on the findings, this study suggests course correction and pursuing TQM in its letter and spirit.

Keywords: Decentralisation, Good Governance, TQM, Citizen Satisfaction, Service Delivery.

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Introduction

The Kerala model of decentralisation is well known for its good governance initiatives and participatory planning methodology. The landmark initiative of Kerala was the launch of decentralisation through the People's Plan Campaign (PPC), which provided due space for people in local planning. (Rajan & Biju, 2022a; Vijayanand, 2016). Total Quality Management (TQM) in Gram Panchayats (GPs) of Kerala and obtaining an ISO 9001:2008 certificate were noteworthy efforts. The ISO 9001:2008 certification is the hallmark of the quality management system of an organisation. This certification is an indication that the service delivery process of the organisation is of high quality and meets international standards (Rajan & Biju, 2015a).

TQM, widely known in the corporate sector, was fine-tuned to the local government's context in Kerala and was launched through a sequential process of awareness, experimentation, documentation, studies, capacity building, and policy decision (Rajan & Biju, 2015a). The concept was introduced in 2006 through the Module on Certificate Course for Elected Representatives of GPs in Kerala, and the same was first implemented in Cheruvanoor-Nallalam GP (Rajan, 2008). Intending to transform the local governments of Kerala into people-friendly governments, the Government of Kerala issued guidelines in 2013 to implement TQM in all Gram Panchayats (GPs) and obtain ISO 9001: 2008 (Government of Kerala, 2013). To enable the GPs for this, a capacity building programme entitled 'People-Friendly Panchayats' was designed and implemented (Rajan & Biju, 2022b).

Now all the GPs in Kerala have ISO certification with the claim of TQM in place (KILA, 2020). TQM in GPs was envisioned to guarantee service delivery quality for the satisfaction of citizens. However, there arise many concerns from the field about the implementation of TQM in its letter and spirit. Hence, this study is to assess the efficiency of TQM in the GPs of Kerala.

Literature Review

The concept of Total Quality Management (TQM) is revealed by its name itself; 'Total', 'Quality', and 'Management'. 'Total' indicates the total involvement of all stakeholders, i.e. collective involvement of elected representatives, officials, and citizens. 'Total' also means quality in all functional domains of local governments. 'Quality' denotes quality in all respects – in the delivery of services so as to attain citizen satisfaction. 'Management' reflects the mechanism to attain the organisational objectives. Hence, TQM is an instrument to ensure complete quality for citizen satisfaction through a proper mechanism (Rajan & Biju, 2015a). TQM would create an environment for efficient and more productive utilisation of the organisation's resources (Dow, Samson & Ford, 1999; Sousa & Voss, 2001; Zu, Robbins & Fredendall, 2010).

TQM is a consciously induced organisational culture to create customer satisfaction through continuous improvement (Kanji, 2010). In order to achieve continuous improvement, it is suggested that more efforts should be directed towards a long-term assessment of TQM and the outcomes of its implementation. Dale (2002) noted that TQM is a saga towards excellence. Hence, the improvement process once started should never end. Everybody in the organisation has to know the philosophy of TQM, process of implementation, and areas of continuous improvement. Many organisations attempted for TQM sans a holistic vision, and therefore remain incomplete or deviate from the mission. For example, Yu et al. (2017) measured the degree of TQM's execution and it was observed that nearly 50 per cent of organisations adopted it without a holistic approach and remained ornamental. This has significant impacts on human and financial resources (Prajogo & Sohal, 2003; Yunis et al., 2013). TQM is the result of compound assets comprising technology, culture, and philosophy, which cannot be easily duplicated (Schendel, 1994; Zhang et al., 2012). TQM is an effective tool for attaining customer satisfaction and better performance, provided focus is given to both hard and soft elements. The hard

elements of TQM deal with the infrastructure facilities, record room, preparation of manuals, and benchmarking of service. The soft elements include initiatives for continuous improvement, continuous monitoring, continuous training, five-S framework, citizen feedback, grievance redressal, regularity of internal audit, and renewal of citizen charter. The soft elements are generally difficult and not apparently visible. The sustenance of TQM to a great extent depends on the soft elements.

The literature on TQM is plenty. However, literature on TQM in the context of local governance is scanty. Adrian Wilkinson et al. (1998) rightly remarked that, "The topic of quality and Total Quality Management (TQM) is often discussed in relation to the private sector, especially in manufacturing industries. This is partly because most TQM models are based on manufacturing, and many of the tools and techniques used in TQM are specific to manufacturing processes." Few studies highlight the significance of implementing TQM in local governments. According to West et al. (1993), TQM may be appealing to local governments because it can help departments gain a better comprehension of the requirements of society. Adopting TQM can positively influence the performance quality of local governments, leading to the satisfaction of both citizens and employees (Psomas et al., 2017). TQM principles can be applied to leverage the quality of service by local governments (Islam, 2006). The pitfalls of TQM can be directly attributed to the top management's ambivalent attitude towards quality and their failure to consistently accelerate the momentum of the drive for continuous improvement, ultimately impeding excellence achievement (Kanji, 2010). Changing the people of an organisation is more challenging than changing things. Active leadership and collective involvement are inevitable for achieving the mission of quality (Kanji, 2010).

The inadequate quality of service delivery by the local governments will be discouraged through TQM (Mabele & Singh, 2018). Celik & Sasic (2021) explored the implementation of TQM based on ISO 9000 to enhance the quality of service in local

governments. TQM is an organisational culture with a commitment to customer satisfaction through continuous improvement. In Gram Panchayats (GPs), implementation of TQM means achieving satisfaction of citizens through continuous improvement. This requires the involvement of all personnel in the GP working towards the common goal of quality (Kanji, 1990). Taking into consideration the pressing need to ensure citizen satisfaction by improving the service quality of local governments, a tool like TQM is inevitable (Rajan & Biju, 2015a).

The Government of Kerala initially implemented TQM in the form of Front Office Management (FOM) (Rajan & Biju, 2013). However, a study revealed that FOM is only a cosmetic beauty. This is because only the hard aspects of TQM like infrastructure were given importance, leaving aside the softer aspects (Rajan & Biju, 2013). Realising this problem, the government initiated the implementation of TQM and ISO certification by all GPs in Kerala through guidelines in 2013 (Government of Kerala, 2013). After the initial implementation of TQM-ISO mission in GPs, a field inquiry was conducted by KILA. It revealed the fact that the ISO Consultants were not performing the tasks efficiently (Rajan, & Biju, 2015b). To address this issue, the Government of Kerala issued a revised guideline in 2015 (Government of Kerala, 2015). In tune with this, KILA shouldered the responsibility of providing consultancy on TQM to the GPs. The resource team of KILA steered the process through the TQM District Coordinators (Rajan & Biju, 2022b).

As a government closer to the people, there has been an increasing concern for improving the service delivery mechanism of Gram Panchayats. TQM, which is a continuous process aimed at improving the quality of service delivery, would be a stepping stone towards this aim. It covers both hard and soft elements. The hard elements include the infrastructure facilities, information boards, documents and records, record room, and fixing benchmarks for service delivery through citizen charter. The soft elements include continuous training, continuous monitoring, conducive work

environment, teamwork, continuous improvement through citizen feedback, grievance redressal, upkeep and modernisation of facilities, continuous reduction of service delivery time, and active working of QC. To accomplish the purpose of TQM in its letter and spirit, it has to be implemented by focusing on both hard and soft elements (Biju S. K. & Rajan J. B., 2019). It is expected that the ISO-certified GPs should have TQM in place, in its entirety. This article assesses whether the journey of TQM in GPs of Kerala is moving forward or staying at the shore from where it started.

Research Problem

The TQM in the GPs of Kerala and ISO certification is a unique initiative. However, the researchers encountered that the TQM implementation process in the GPs is not efficient. The GPs have been focusing more on hard elements than soft elements. Moreover, many of the GPs are implementing TQM for ISO certification rather than quality enhancement. These issues have not been studied so far. Hence, the present study.

Objectives

This study aims to assess the efficiency of implementing TQM in the GPs of Kerala, in terms of hard and soft aspects. In view of this, the objectives are to measure:

- The knowledge level of the functionaries,
- The changes that occurred in the GPs due to TQM, and
- The efficiency of the TQM process in the GPs.

Research Method

This study is based on qualitative research method (Pawar, 2004), with GPs as the research unit. Both primary and secondary data sources

were relied on for the purpose of the present study. Primary data was gathered using the methods of Key Informant Interview (KII) and observation. KII was conducted focusing on two open questions – (i) what do you think about TQM in Panchayat?, and (ii) What are the changes that happened in your GP, after the implementation of TQM? The first question was to assess the knowledge level of TQM's philosophy and the second question was to assess the changes after TQM. The status of infrastructure was assessed through observation method, using a checklist. The effectiveness of the process of implementation of TQM-ISO was assessed through document verification, with the help of a checklist.

The sampling frame for data collection was made in three stages. In the first stage, three districts were selected using the purposive sampling method, considering the accessibility of researchers (Agarwal Y. P., 1998). The districts selected were Thrissur, Ernakulam, and Alappuzha in Kerala. In the second stage, a sample of 16 GPs was selected from these districts based on simple random sampling method. The GPs selected were Adat, Avanur, Kaiparamb, Kolazhy, and Avinissery from Thrissur district; Pallipuram, Kuzhipalli, Edakkad, Nayarambalam, and Njarakkal from Ernakulam district; and Kanjikkuzhi, Muhamma, Muthukulam, Purakkad, Ambalapuzha, and Thakazhi from Alappuzha district. The sample of key informants was identified using the purposive sampling method. For this, 10 categories of informants were identified - five from elected representatives and five from officials of GPs. Thus, a total of 160 responses from 16 GPs in Kerala were collected.

Analysis and Discussion

Knowledge Level: The success of TQM depends on the level of knowledge about its concept by all in the organisation. The responses about TQM collected through KII are measured on a five-point scale and the average score is given in Table 1.

Table 1*Knowledge Level on TQM*

S. No.	Category of Respondents	Average Score (Value out of 5)	Average Score (%)
1	President	1.5	30
2	Vice President	1.1	23
3	Development Standing Committee	1.3	26
4	Welfare Standing Committee	1.3	25
5	Health Standing Committee	1.4	28
All Elected Representatives [(1) to (5)]		1.3	26
6	Secretary	1.7	34
7	Assistant Secretary	1.5	30
8	Junior Superintendent/Head Clerk	1.6	31
9	Clerk	1.7	34
10	Peon	1.3	31
All Officials [(6) to (10)]		1.5	31
Overall Score		1.4	29

Source: Survey data, 2022.

The overall average score value on knowledge level is 1.4, with 29 in percentage terms. This indicates the low level of knowledge of the respondents about the philosophy of TQM. Even though the knowledge level of officials is comparatively higher as revealed by the score, the difference between 1.5 and 1.3 is not pronouncing. The low knowledge level of TQM of the personnel reflects the inefficiency of its implementation.

Changes after TQM: The changes after the implementation of TQM, as perceived by the respondents, were collected using open-ended questions. These opinions were consolidated into nine categories (Table 2).

The elected representatives and officials primarily perceive the tangible or hard aspects of TQM such as the establishment of record rooms and infrastructure improvements, with a frequency of 33 and 20, respectively. It is important that the sustenance of TQM relies heavily on the soft aspects. But among the opinions that have implications on soft aspects, only the reduction in service delivery time has double-digit. The

surprising fact is that the frequency of 'no change' – 94 overall – is more than the eight major changes perceived by the respondents. From these, it can be observed that only the hard aspects of TQM dominated in the GPs and the soft aspects are neglected. The soft aspects of TQM such as citizen focus, suitable working environment, teamwork, continuous training, feedback mechanism, and grievance redressal are not pronouncing in the GPs. The first and foremost principle of TQM is customer focus, the frequency of which is the least.

The Quality Circle (QC) is a platform to ensure the effectiveness and sustainability of TQM. The frequency of QC formation is not pronounced in the changes perceived by the respondents, as it is a single digit of five only. A further enquiry revealed that the functioning of QC is mechanistic. It is formed just to fulfil the requirement of ISO certification. QC is formed in all GPs studied, but without conceiving its spirit. They neither prepared guidelines for QC nor conducted continuous meetings. The continuous training and monitoring mechanism activities to further the quality system are also lacking.

Table 2*Frequency* of Opinion about Changes after TQM*

S. No.	Change	Elected Representatives	Officials	Total
1	Setting up record room	11	22	33
2	Improvement of infrastructure	8	12	20
3	Reduction in service delivery time	15	7	22
4	Formation of Quality Circle	1	4	5
5	Reduction in grievances	1	1	2
6	Teamwork	2	0	2
7	Citizen focus	0	1	1
8	Work environment	1	0	1
9	No change	54	40	94

Source: Survey data, 2022.

* The sum of frequencies is not included, as more than one opinion are shared by the respondents.

As there is not much difference in scores of ten categories, major categories of elected representatives and officials only are given in the table.

Status of Infrastructure: The analysis of changes after the implementation of TQM perceived by the respondents revealed that major change is on the hard aspects rather than the soft. This is further substantiated by the status of infrastructure. The

data on the same was collected by the researchers through observation method. The data so collected was measured through scoring and presented in Table 3.

Table 3*Status of Infrastructure Facilities after TQM*

District	Facilities					
	To Public (Benchmark 15)		To Officials (Benchmark 18)		Information Boards (Benchmark 12)	
	Average Score (Value)	Average Score (%)	Average Score (Value)	Average Score (%)	Average Score (Value)	Average Score (%)
Ernakulam	12.0	80.0	16.0	88.9	10.8	90.0
Thrissur	12.2	81.3	17.4	96.7	10.8	90.0
Alappuzha	12.5	83.3	15.7	87.0	11.5	95.8
Total	12.3	81.7	16.3	90.6	11.0	88.2

Source: Survey data, 2022.

The scores on infrastructure are in a better position – facilities to the public at 82 per cent, the officials at 91 per cent, and information boards at 88 per cent. It is evident that the GPs are giving priority to facilities to officials over the public. Among these, GPs in Alappuzha have the highest average score in facilities to the public and information boards. It is a fact that the state-of-the-art facilities are an inevitable component of TQM. But giving importance to the facilities alone, and that too more priority to the officials, is not justifiable. The priority given to the infrastructure (hard aspects) is due to the fact that TQM is not conceived in its letter and spirit. The following paragraph proves this.

Process of TQM: TQM has been implemented in the GPs of Kerala by adhering to 14 major tasks that are further divided into 34 sub-tasks. The accomplishment of 14 tasks depends on the fulfilment of their sub-tasks. Hence, the score value for each of these tasks is computed by considering scores for sub-tasks. In other words, the fulfilment of 14 tasks is measured on the basis of 34 sub-tasks. These sub-tasks are induction training, training on status analysis, status report, formation of QC, guidelines for QC, formation of sub-team, citizen survey report, updation of citizen charter, visioning, display of vision and mission, awareness on vision and mission by all, record room arrangement, responsibility setting, training on quality manual, quality manual preparation, training on Systematic Operating Procedure (SOP), SOP preparation, infrastructure for the public, infrastructure for officials, information board, maintenance of infrastructure, e-Governance, competency mapping, third-party audit, action taken report on third-party audit, continuous training, continuous monitoring, regularity of internal audit, regularity of management audit, grievance redressal, citizen feedback mechanism, regular functioning of QC, existence of five-S framework, and regularity in the renewal of citizen charter (For details, see Rajan & Biju, 2015a). The status of tasks was reviewed through the document verification method. Each of the 34 sub-tasks is

assigned the value of one if the GP has accomplished it, otherwise assigned the value of zero. The scores computed in this manner for the major tasks – both value and percentage - are given in Table 4.

The total average score of the GPs on the TQM process is 16 out of 34, which is 46 per cent (Table 4). It shows that there is a huge gap in the implementation process. The induction training that is followed by e-governance shows better scores at 100 and 94 per cent, respectively. The induction training is the entry point without which the TQM process cannot be initiated. Hence, all GPs have fulfilled that step. The software designed by the Information Kerala Mission (IKM) has been deployed by all GPs. Some of the software like Sulekha (Software for planning), Saankya (Software for accounting), etc., are mandatory too. This compels all GPs to deploy them and hence gained a better score of 94 per cent. Whereas the scores on status analysis, formation of sub-teams, setting vision and mission, competency mapping, and continuous improvement are not pronouncing. Among these, the formation of sub-teams was given the least priority during the implementation process. This task is intended to ensure the active involvement of all in the TQM process. But the score of a mere 12.5 indicates that the team formation is weak. The sustainability of TQM is based on the effectiveness of continuous improvement efforts. This can be made possible through continuous training, which requires competency mapping and identification of competency gaps. The linkage of competency mapping and continuous improvement was not conceived by the GPs and has been given only the least priority; the scores for both are 25 per cent only. The visioning process is the crux, which sets the direction in proper perspective, but the score is only 31 per cent. A further enquiry revealed that no organic process of visioning is taking place in the GPs by involving all. The display boards on vision and mission are prepared mechanistically by the Consultants without any visioning exercise but through a participatory process.

Table 4*Scores on TQM Process*

S. No.	Tasks	Total Score (Value)	Score (%)
1	Induction training (1)	16.0	100.0
2	Status Analysis (2)	4.0	25.0
3	Quality Circle (2)	7.5	46.9
4	Formation of sub-theme team (1)	2.0	12.5
5	Citizen Survey Report (2)	8.0	50.0
6	Vision & Mission Setting (3)	5.0	31.3
7	Record room (2)	11.5	71.9
8	Quality Manual (2)	8.0	50.0
9	Systematic Office Procedure (2)	8.0	50.0
10	Infrastructure (4)	9.9	66.0
11	E-Governance (1)	15.0	93.8
12	Competency Mapping (1)	4.0	25.0
13	Quality Audit (2)	10.0	62.5
14	Continuous Improvement (9)	4.1	25.7
Total Score (34)		15.6	45.9

Source: Survey data, 2022.

The values in () are the total values of that task, based on the number of sub-tasks.

Observations and Findings

The major observations from the study and the findings are presented below.

Lack of Knowledge: The active involvement of elected representatives and officials is inevitable to ensure vibrant local governance. Their knowledge of TQM philosophy is important for its efficient implementation. The average score of 1.4 and 29 in per cent terms show a low level of knowledge of TQM philosophy, respectively, among elected representatives and officials. The average score of the officials is slightly higher than that of the elected representatives. Perhaps, the officials are more aware of the technicality of the guidelines as compared to the elected representatives. Moreover, officials are bound to accomplish it since TQM in GPs is a State government's mission. This study reveals the fact that there is no trickle-down effect of knowledge. The involvement of TQM Consultants in the dissemination of knowledge is not effective.

Skewed Towards Hard Aspects: The Mimetic Desire theory defines the behaviour of human beings as having the desire to copy the things that others have. (Vicky Gunn, 2014). This is what happened in GPs too, as far as TQM is concerned. The GPs concentrated more on the hard aspects of TQM than the soft aspects, as the former are visible and easy to accomplish. The efforts for TQM in GPs end up with the setting up of a record room, improving infrastructure, and reduction in service delivery time. The soft aspects of TQM such as teamwork, continuous training, grievance redressal, feedback mechanism, and effective work environment were not given importance. The TQM Consultants as well as the functionaries only wished to label GPs as ISO certified with all the paraphernalia that is visible, but ignored the process behind the creation of such accoutrements. The functionaries are ignorant of the efforts for the sustainability of the arrangements, modifications, and extensions made even in the infrastructure and record management. Thus, in the absence of a

vibrant process as well as soft elements of TQM, the ISO certification is only ornamental.

For the Sake of Quality Circle (QC): The guidelines, training module, and handbook on TQM explain in detail the importance of QC, its formation, general framework for the QC, and the do's and don'ts. But this has not transformed in its letter and spirit. QC is formed in all GPs but only for the namesake. But the spirit behind the formation of QC, the continuous meetings of QC, and the similar activities suggested are not well taken.

Out of Focus: The first and foremost principle of TQM is 'citizen focus.' But this came as the least ranked change perceived by the respondents. The preamble of the Kerala Panchayat Raj Act of 1994 envisages the increased participation of citizens in planning. The prime principle of TQM is citizen focus by way of addressing the expectations of the citizen through citizen survey and publishing a citizen charter. The publication of the citizen charter is a commitment of the GP to fulfil the expectations of citizens. It is also important to collect citizen's feedback to assess their satisfaction with service delivery. All these processes should be implemented sequentially to transform the GP into a citizen-friendly institution, the vision of Kerala. However, the analysis of data shows that majority of the processes are either missing or carried out mechanically merely to create records for ISO certification.

Public is Secondary: One of the major changes in GP after the implementation of TQM is the improvement of infrastructure facilities. However, priority is given to the officials than to the public for the facilities. Among the three districts, GPs in Alappuzha have the highest average score in facilities to the public and information boards. The overemphasis given to infrastructure facilities (hard aspects) is due to the wrong conceptualisation of TQM.

Mechanistic Process, Derailed Mission: As per the training module, KILA proposed 14 steps for the TQM process in GPs. The initial step was induction training as a premise for TQM implementation, followed by other steps. The GPs conducted the

induction training but either missed or mechanically completed most of the other processes, as revealed by the low scores on the status analysis, the formation of sub-teams, the setting of vision and mission, competency mapping, and continuous improvement. Among these, the formation of teams was given the least priority. This task is to ensure the involvement of all in the TQM process. This missing link in the process is the cause that derailed the mission.

Sustainability at Peril: Sustainability is inevitable for any initiative. The sustainability of TQM is based on the effectiveness of continuous improvement efforts. This can be made through continuous training, continuous monitoring, creativity, and innovation. Continuous training requires competency mapping and competency gap identification. The linkage between competency mapping and continuous improvement is not well conceived by the GPs and given the least priority.

Tailor-made Vision: The vision for the GP should be made through the process of visioning workshops by involving all officials and elected representatives in the GP. This visioning process, involving all, motivates the participants and ensures their sense of ownership. This will induce them to work with clear objectives directed towards the vision and mission. This study observed that the envisaged visioning process is missing. It is learnt that the vision and mission are formulated mechanically either from the thinking of a few officials or from the ready-made vision of the TQM Consultant.

Summary and Conclusion

The introduction of TQM in GPs of Kerala was envisaged for transforming them into people-friendly institutions, to ensure citizen satisfaction. In view of this, the Government of Kerala took a policy decision to implement TQM and avail ISO certificate for all GPs in the State. In this mission, the ISO certificate is only a hallmark of the existence of TQM in GPs. It is a fact that ISO is only a means and not an end, which reflects that a

quality management system is in place. Unfortunately, the mission was not well conceived by the GPs due to several reasons. The initial vibrancy of TQM was lost over the period, and the process turned out to be no more than a ritual. The real spirit behind the mission has been diluted and drifted towards the mere aim of availing ISO certificate for the sake of the certificate. TQM is a change management process where capacity building plays an incredibly significant role, but it has failed even to ensure the minimum level of knowledge by all in the GPs. Internalising the process and evolving a competent team within the institution are inevitable for the effectiveness and sustainability of TQM. Neither the mission is internalised by GPs nor is a creative internal team built up to fulfil the mission, resulting in lack of institutional knowledge.

Throughout TQM implementation, the focus was shifted more towards the hard than the soft aspects. The process was misconceived as the mere setting up of infrastructure and record room. There has been a tendency to go for posh infrastructure instead of neat and tidy infrastructure. The ISO records were kept more for the quality audit and obtaining the certificate than for ensuring the very purpose of citizen satisfaction. The fact is that all the GPs in Kerala obtained an ISO certificate, but miserably derailed from the mission. The ISO certificate remains cosmetic and a case of trivialisation.

The Government of Kerala, without realising the reality of the derailed mission, is glorifying the TQM of GPs that 'all Panchayats in Kerala are now ISO certified.' Enthused by this, the State government also attempted to scale up the initiative to other tiers of Panchayat Raj Institutions (i.e. Block Panchayats and District Panchayats), Urban Local Governments (Municipalities and Municipal Corporations), and other government institutions. But the nomenclature for scaling up processes is labelled as 'ISO Certification'; which has deviated from the letter and spirit of the original label of the capacity building programme in 2013 as 'People-

friendly Panchayats: ISO 9001 Certification Through TQM'. The missing of 'people' and 'TQM' from the caption of the scaling-up initiative cannot be taken lightly as they are the reflection of a derailed mission. This is further substantiated by the change in designation of the Consultants of KILA who are engaged for capacity building on TQM in districts. Initially, these Consultants were designated as 'TQM Coordinators' but now they are known as 'ISO Coordinators.' The so-called ISO Coordinators of KILA merely concentrate on the creation of ISO records and arrange to avail ISO certificate, without bothering with the systematic steps for TQM, a behavioural change process. This missing step in the process has severely affected its result too.

It is high time that the State government must intervene in the TQM initiative and take a position that quality matters more than quantity. There is a dire need for course corrections, which should begin with capacity building. The capacity building programme originally envisaged for TQM needs to be revisited. The Consultants of KILA are to be redesignated as 'TQM Coordinators' and an unclouded vision has to be inculcated in them. The focus should be on real capacity building rather than training events. The exit plan for TQM Consultants of KILA should also be prepared as part of the revised capacity building plan and an internal team has to be seriously developed in each Panchayat in view of building up institutional knowledge. This will ensure a sense of ownership and sustainability. We are of the positive view that these observations and recommendations will help in the accomplishment of the mission of TQM towards the vision of people-friendly institutions.

Acknowledgement: The authors are thankful to Dr. Saji Stephen (Former Principal, Government College, Thiruvananthapuram) and Mr. Praveendas B. (Freelancer) for offering critical comments on this manuscript. Thanks are also due to the functionaries of sample GPs who spared valuable time and shared information.

Author's Contribution:

- J. B. Rajan: Study Design, Editing & Finalising literature review, Data collection tools, Data validation, Data Analysis & Interpretation, Skeleton of the paper, Drafting, Fine Tuning & finalising
- Biju. S. K.: Study Design, Literature review, Data collection tools, Testing data collection tools, Data Collection, Drafting, Data Analysis & Interpretation
- Femina Joy: Literature review, Testing data collection tools, Data Collection, Data Analysis & Interpretation, and Drafting

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