



**National Academy of Customs
Excise & Narcotics
India**



SEVOTTAM

Towards a Citizen



Friendly Government

A Study Material

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CHAPTER-I

"SEVOTTAM" AN INTRODUCTION

The Department of Administrative Reforms and Public Grievances (DARPG) has developed a model for **benchmarking Excellence in Public Service Delivery (Sevottam)**. The word "Sevottam" is made of two words- 1) Seva and 2) Uttam, which construes delivery of Services with Excellence of Standard. This is a Service Delivery Excellence Model undertaken by the Govt. of India as a project to introduce the following schemes in the area of Public Service Delivery.

1. Citizen's Charter
2. Public Grievance Redress Mechanism Rating; and
3. Excellence in Service Delivery.

The Sevottam framework takes note of best-in-class practices across the world and yet remains grounded in Indian realities. Learning from international best practices like the UK Charter Mark, the US Business Excellence Model and the Malcolm Baldrige National Quality Award, European Foundation for Quality Management Framework, as well as ISO 9000 series of standards have been considered to develop the framework.

The model was further fine tuned on the basis of the discussions held with senior officers of the Ministry of Personnel, Public Grievances and Pensions, Quality Council of India, Bureau of Indian Standard and the Planning Commission in September 2005. It was presented before the Core Group on Administrative Reforms on October 25, 2005 who approved the scheme with the direction to place it before the Cabinet for immediate launch of the scheme.

Capability Maturity Models and Six-Sigma Techniques have also been interwoven into the framework to create a mechanism that is truly world class and yet simple enough to be taken up by a wide variety of Government Organizations. Based on the model the Bureau of Indian Standard (BIS) has developed a quality standard for Public Service Quality Management Systems, Indian Standard **IS: 15700:2005** a first of its kind in the world.

The Bureau of Indian Standards (BIS) has developed generic standards for quality service delivery (IS 15700:2005). Based on the standards developed by BIS, the Govt. Department shall develop their own **sectoral standards for improvement in service delivery**. Once the sectoral standards are achieved through a systemic

process, the **organizations can go in for certification under IS 15700: 2005**. Periodic surveillance under the certification will ensure that the improvements made by the Deptt. are institutionalised and a sustainable system for managing the quality of public service delivery is established.

The Bureau of Indian Standards (BIS) has already identified 19 training institutes for capacity building of the resource persons towards formulation of sectoral standards for the Ministries; these training institutes are attached with. The training institutes would assist the officials of the Ministries to minutely examine the issues before formulating **sectoral standards** of the Ministries to bring excellence in their service delivery.

There are ten forerunner Ministries/Departments identified for implementation of Sevottam during the first phase, which are currently at various stages of progress. Ministry of Finance, Department of Revenue, Central Board of Excise and Customs is one of the Departments identified for implementation of the Sevottam.

Genesis of Sevottam

Department of Administrative Reforms and Public Grievances, Ministry of Personnel & Training, Government of India initiated an exercise seeking solutions to the following issues:

- Aligning public service delivery performance in India with citizen's expectations
- Institutionalizing continuous improvement and assessment of performance in the Government organizations against clear and improving standards
- Benchmarking quality of service delivery by government organizations and grading them on performance
- Providing public service providing government organizations a scheme for acquiring (and retaining) a symbol of excellence in service delivery

The solutions are now developed into a model coined Sevottam

The *Sevottam* has been launched as a certification scheme which provides for the award of the *Sevottam* symbol of excellence to public service organizations that implement and are able to show compliance to a set of management system requirements that have been specified in a specially created standard document. It takes into account unique conditions of service delivery by Public service organizations in India and the sectoral and regional variations in service delivery standards and offers a systematic way to identify weaknesses in specific areas and rectify them

through systemic changes and process re-engineering. Obtaining a *Sevottam* symbol of excellence requires: -

- Successful implementation of Citizen's Charters
- Service Delivery Preparedness and achievement of Results
- Sound Public Grievance Redress Mechanism

***Sevottam* is supported by a Standard**

Based on the objectives of *Sevottam*, the Bureau of Indian Standards (BIS) has developed IS 15700: 2005 after following the laid down procedures for standard formulation. A panel of 15 experts from 11 organizations including Govt. Departments, Industry associations, PSUs, DARPG, TCS, QCI, BIS, prepared the draft standard over a course of 3 meetings. The Draft Standard was widely circulated for comments amongst 250 stakeholders, including the Secretaries of Government Departments, all major industry associations & others. The comments received were scrutinized by the Panel and taken into account for preparing the final draft. The final draft was approved by the Quality Management Sectional Committee and then by the Management & Systems Division Council of BIS.

Salient features of IS: 15700

General

- The Indian Standard has been structured around the Quality Management Systems Principles and practices adopted for ISO 9001 implementation. However there are significant differences between IS 15700 and ISO 9001 and should not therefore be taken as an alternative for each other.
- The Indian standard lays down Quality Management performance requirements for Public Service Organizations with focus on Service Quality, Public Grievance redress and citizen interface
- It is a *Generic* Standard which means that it lays down general requirements and conditions that need to be implemented. The actual standards of services rendered and the manner of their effective and efficient delivery are to be specified by the Department / Organization concerned.
- The Standard is applicable to all public service organizations, irrespective of size or type of service
- It is a *Certifiable* standard, which means that the department / organization can be assessed by independent audit teams to determine whether they comply to the various requirements specified in the Standard and if they do then a certificate of compliance can be awarded to them.

Principal contents

IS 15700 focuses on 3 key elements: -

- a) Formulation of a realistic Citizen's Charter through a consultative process
- b) Identification of services rendered, Service delivery processes, their control and delivery requirements
- c) An effective process for complaints handling In order to sustain the key elements, the Standard lays down requirements for an effective and efficient management system which includes:
 - i. Commitment of the Top management & its responsibilities for effective control and provision of resources
 - ii. Periodic review of the system including monitoring of measurable objectives, customer feedback indices
 - iii. Internal quality audits
 - iv. Continual improvement

It is envisaged that in the course of implementation and to meet the requirements specified in the Standard IS 15700, the Departments would be taking the following typical actions: -

- Process improvement and systemic changes
- Review of obsolete rules and regulations
- Implementation of IT initiatives
- Decentralization
- Greater responsibility / better training to cutting edge employees
- Improved infrastructure, basic facilities, etc.

A system for awarding *Sevottam* certification has been institutionalized. In the long term all Ministries/Departments need to start preparing for achieving *Sevottam* within defined time frame. Service Delivery Organizations that start immediately will be the pioneers in achieving *Sevottam*. The DARPG is now setting up a dedicated unit with technical support from Quality Council of India and other professional organizations for providing handholding support to Ministries/Departments for *Sevottam* implementation as directed by PMO. This Training document has been prepared to provide support for the training of executives in the Ministries / departments who will be responsible for implementation.

India is among the first countries in the world to have an excellence model supported by a standard for managing public service delivery. Before going into detail aspects of the components of the SEVOTTAM it is necessary to discuss "Quality Management System"

CHAPTER-II

Quality Management Systems

General concepts

Introduction

All organizations, large or small, have an established way or system of doing business. A quality management system is about how an organization manages its business activities, which are associated with quality of service. Quality management system helps an organization to build systems, which enable it to provide quality service consistently. It may be clarified that characteristics of the service(s) and their standards (norms) are defined in the respective service standards, and not in the quality management standards. Therefore, quality management system standards are not alternate to service standards. In fact, they are complementary to each other. The use of service standards together with quality management system standards help in not only maintaining but also continually improving quality of services, which may result in enhancing customers' satisfaction and competitiveness.

Quality management systems standards take into consideration eight quality management principles, namely, customer focus, leadership, involvement of people, process approach, system approach to management, continual improvement, factual approach to decision making, and mutually beneficial supplier relationships, which are relevant and applicable to all organizations providing service.

Quality management standards promote the adoption of a process approach when developing, implementing and improving the effectiveness of a quality management system, to enhance customer satisfaction by meeting customer requirements.

For an organization to function effectively, it has to identify and manage numerous linked activities. Set of inter-related or interacting activities, which transforms inputs into outputs, is termed as process.

Often the output from one process is the input to the next process. The application of a system of processes within an organization, together with the identification and interactions of these processes, and their management, can be referred to as the 'process approach'.

An advantage of the process approach is the ongoing control that it provides over the linkage between the individual processes within the system of processes, as well as over their combination and interaction. In addition, it highlights the value addition at every stage. When used within a quality management system, such an approach emphasizes the importance of

- understanding and meeting requirements,
- the need to consider processes in terms of added value,
- obtaining results of process performance and effectiveness, and
- continual improvement of processes based on objective measurement.

(Note-Introduction is an extract from IS: 15700, Foreword)

Seven Quality Management Principles

Leadership

Leaders establish unity of purpose and direction of the organization. They should create and maintain the internal environment in which people can become fully involved in achieving the organization's objectives.

Involvement of People

People at all levels are the essence of an organization and their full involvement enables their abilities to be used for the organization's benefit.

System Approach to Management

Identifying, understanding and managing interrelated processes as a system contributes to the organization's effectiveness and efficiency in achieving its objectives

Process Approach

A desired result is achieved more efficiently when activities and related resources are managed as a process

Continual Improvement

Continual improvement of the organization's overall performance should be a permanent objective of the organization.

Factual Approach to Decision Making

Effective decisions are based on the analysis of data and information

Mutually Beneficial Supplier Relationships

An organization and its suppliers are interdependent and a mutually beneficial relationship enhances the ability of both to create value.

Important Terms & Definitions

IS/ISO 9000: 2005 Quality management systems - Fundamentals and vocabulary (Third revision) provides definitions and explanations, where relevant for general terms used in the context of quality management. Whenever in doubt, this International Guide should be referred. The following terms are frequently used in relation to the implementation of IS 15700 and are therefore reproduced with elaboration as necessary

Quality - Degree to which a set of inherent characteristics fulfils requirements. The earlier definitions of quality (see Fig 1) described it as an attribute or a function of some variable. It should be noted that the present definition presents quality as a relational value (degree) based on its ability to satisfy all stated or implied requirements. Examples of quality requirements are shown in Fig 2.

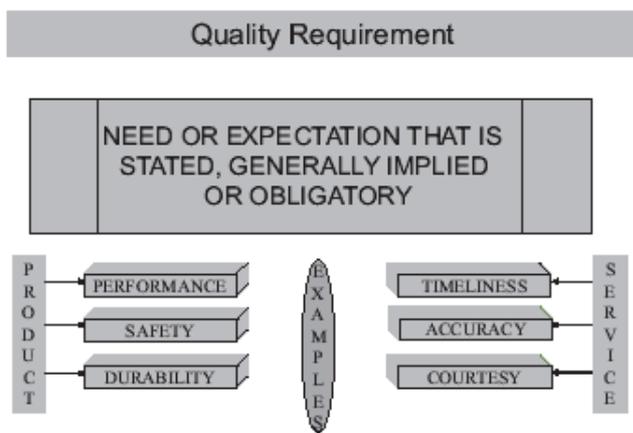


Fig 1

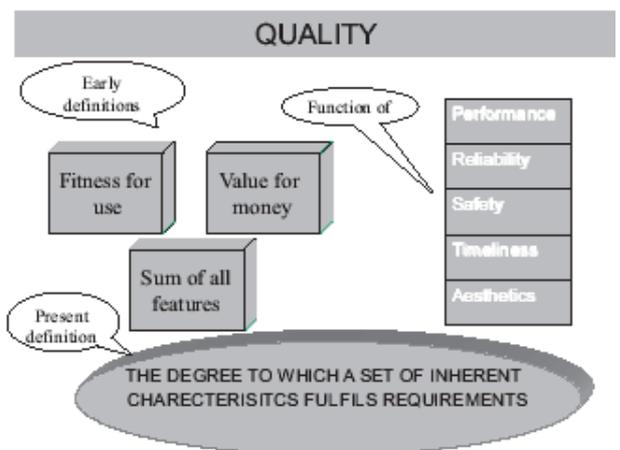


Fig 2

Customer - Organization or person that receives a product and/or service. Example: Consumer, client, citizen, end-user, beneficiary and purchaser.

Customer Satisfaction - Customer's perception of the degree to which the customer's requirements have been fulfilled. Customer complaints are a common

indicator of low customer satisfaction but their absence does not necessarily imply high customer satisfaction. Even when customer requirements have been agreed with the customer and fulfilled, this does not necessarily ensure high customer satisfaction.

Complaint (Grievance) - Expression of dissatisfaction made to an organization related to its products, services and/or process(es), where a response or resolution is explicitly or implicitly expected.

Public Service Organization - An organization, which provides service(s) to public at large and/or whose activities influence public interest. Example: Government ministries and departments, Regulatory bodies, Public utility service providers, etc.

Service - The results generated, by activities at the interface between the organization and the customer and by organization's internal activities, to meet customer requirements.

Service Delivery - The organization's activities, including those at the customer interface, necessary to provide the service.

Stakeholder (Interested Party) - Person or group having an interest in the performance or success of an organization. Example: Customers, owners, people in an organization, suppliers, bankers, unions, partners or society.

Top Management - Person or group of people, who directs and controls an organization at the highest level several requirements specified for top management in IS: 15700 shall apply to this person or group of persons collectively. Top management is subject to both internal as well as external audits.

Citizens' Charter - Citizens' charter is a document declaring the intentions and the commitment of an organization for providing effective and efficient service, taking into account customer's expectations and minimum acceptable levels of service, thereby providing assurance that the organization complies with the service quality standards.

Service Quality Policy - The overall intentions and direction of an organization as regards service quality, as formally expressed by top management. An organization needs to establish both the Citizen's charter which is a public declaration of intentions and commitments towards quality, and the Quality Policy which is a driving statement for the staff and other partners in service delivery that facilitates the framing of service quality objectives, which form a part of internal management.

Service Quality Objectives - Something sought, or aimed for, related to service quality

PDCA Cycle - It is a quality loop that can be applied for any quality initiative or programme. It comprises of four stages to manage the programme, which are:

- **Plan:** establish the objectives and processes necessary to deliver results in accordance with customer requirements and the organization's policies;
- **Do:** implement the processes
- **Check:** monitor and measure processes and product against policies, objectives and requirements for the product and report the results;
- **Act:** take actions to continually improve process performance

Understanding the *Process Approach*

For organizations to function effectively, they have to identify and manage numerous interrelated and interacting processes. An activity using resources, and managed in order to enable the transformation of inputs into outputs, can be considered as a process. Often, the output from one process will directly form the input into the next process. The systematic identification and management of the processes employed within an organization and particularly the interactions between such processes are referred to as the "process approach".

Examples of inputs and outputs

- equipment
- materials
- components
- energy
- information
- financial resources
- design

Process approach assumes greater significance when applied in the context of the service organization, because unlike manufacturing organizations, here due to simultaneous production and consumption of services, the related processes and their interactions have to be managed with a greater degree of control and precision. An advantage of the process approach is the ongoing control that it provides over the linkage between the individual processes within the system of processes, as well as

over their combination and interaction. In addition, it highlights the value addition at every stage.

When used within a quality management system, such an approach emphasizes the importance of

- understanding and meeting requirements
- the need to consider processes in terms of added value
- obtaining results of process performance and effectiveness, and
- continual improvement of processes based on objective measurement.

In plain words process approach would mean recognizing that a series of processes are needed to provide a service. The typical actions to manage the process (es) are:

- Systematically defining the activities necessary to obtain a desired result
- Establishing clear responsibility and accountability for managing key activities
- Analyzing and measuring of the capability of key activities
- Identifying the interfaces of key activities
- Focusing on resources, methods, & materials.

RECOMMENDATION FOR SERVICE DELIVERY ASSESSMENT

The main part of the model consists of criteria that ascertain how well the organization is tuned into the requirements of the three components that form the Sevottam model. It is also recommended that there shall be an outside and inside assessment system to ascertain achievement of standard of Citizen Charter, Service Delivery Excellence and Public Grievance Redress. These assessment systems shall indicate the standard achieved by the organization. However, before the organization undertakes a systematic assessment, it needs to have some basics in place. The basic eligibility conditions as well as the next level of criteria are explained in the following sub section-

1. **Assessment Framework-** The assessment framework takes into account two kinds of questions- i). to assess basic compliance and ii). to assess quality of processes through which compliance is achieved.
2. **Compliance Assessment-** This part of the assessment acts as a screening mechanism to filter out organizations that do not meet the basic requirements to even enter the assessment process. Currently it consists of 5 criteria that ascertain whether the organization has started applying some tools that can improve service delivery and is therefore, likely to benefit from the assessment process. The criteria are articulated in the form of questions that offer binary choices (Yes/No). In case the organization does not clear these criteria, it

indicates that building appreciation of the tools needs to be started in right earnest and gives pointers on what to do.

3. **Process Quality Assessment-** This part of assessment acts as a rating mechanism to assess the quality of tools application and its utilization for improved service delivery. It consists of 11 criteria for each of the three modules, viz. Citizen's Charter, Public Grievance Redress, and Service Delivery Capability thereby comprising 33 criteria in all. These criteria ascertain the extent to which the organization is applying service delivery improvement tools in a systematic manner and is able to learn from experiences. The criteria are articulated in the form of questions that can invite rating on a five-point scale ranging from "Ad hoc" to "Systematic" action. The rating given in response to each question needs to be backed up by evidence attached with the application. An organization that scores well on these criteria deserves commendation for having understood the utility of service improvement tools and for putting this understanding to good use.

Assessment Based Awards- The results of external assessment can be used to give Awards to organizations that may have put in commendable performance. This will be a useful application when a large number of organizations achieve high level of performance and creating healthy competition is expected to institute a culture of excellence among them. For such an award, all three components need to be assessed as part of an integrated model.

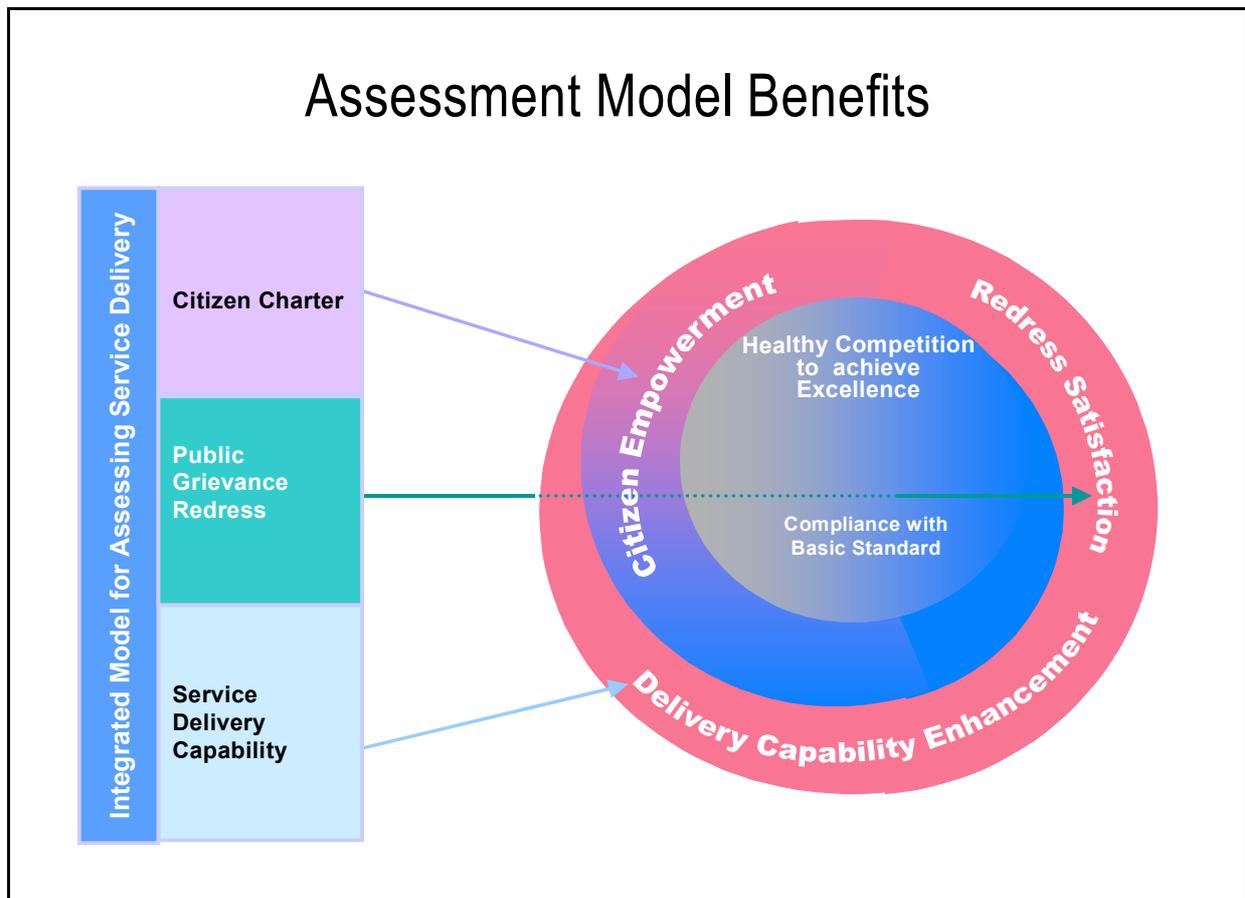
Change Management-

Change Management is at the heart of this assessment improvement initiative, particularly changing the culture and mindset of government officials from an 'administration' focus to 'performance management'. The response of the public officials to adapt these new initiatives, which require greater transparency, accountability and openness, will be crucial to implementation success. Prototype test of this model was carried out purely as an assessment exercise, but eventually change management needs to be integrated with the assessment exercise.

Conclusion-

This document recommends a model for assessing the quality of service delivery to by Public Service Organizations in India. While model design is important to establish credibility of any assessment exercise, real benefits will also depend on commitment from the highest political and administrative levels to drive this exercise. The following figure summarizes the model criteria linkage with three specific benefits

and shows at the core how organizations can move from meeting basic standards to healthy competition for bringing excellence in service delivery.



Citizen's Charter Mark Model Criteria-Benefits Linkage

The above figure summarizes the model criteria linkage with three specific benefits and shows at the core how organizations can move from meeting basic standards to healthy competition for achieving excellence on the three dimensions in this model.

CHAPTER-III

OBJECTIVE OF SEVOTTAM

(A) CITIZEN'S CHARTER (CITIZEN EMPOWERMENT)

Historical Background

The concept of Total Quality Management in Training for State/Central Training Institutions was introduced in the year 1996-97 with the following objectives:-

- Raise awareness of Quality and Performance standards in the management of training within government.
- Develop criteria for national standards for training institutes, trainers, consultants through a lead institution, in partnership with 4/5 state level institutes; and
- Apply TQM methodology and techniques in the functioning of government training institutes 11 Government institutes participated in the programme.

In a Conference of Chief Ministers of various States and Union Territories held on 24 May, 1997 in New Delhi, presided over by the Prime Minister of India, an "Action Plan for Effective and Responsive Government" at the Centre and State levels was adopted. One of the major decisions taken during the conference was that the Central and State Governments would formulate Citizens' Charters, starting with those sectors that have a large public interface (e.g. Railways, Telecom, Posts, Public Distribution Systems). The Charters were required to include:

- standards of service and time limits that the public can reasonably expect,
- avenues of grievance redress and
- a provision for independent scrutiny with the involvement of citizen and consumer groups.

Well over 100 Citizens' Charters by the Central Government Ministries/ Departments/ Organizations and more than 600 Charters by various agencies of State Governments & Administrations of Union Territories have already been formulated. Most of the national Charters are posted on the government's websites and are open to public scrutiny.

Problems faced in implementing the Charters

Even though the initiative carried a sincere purpose of improving accountability and transparency in the government service delivery and received high levels of

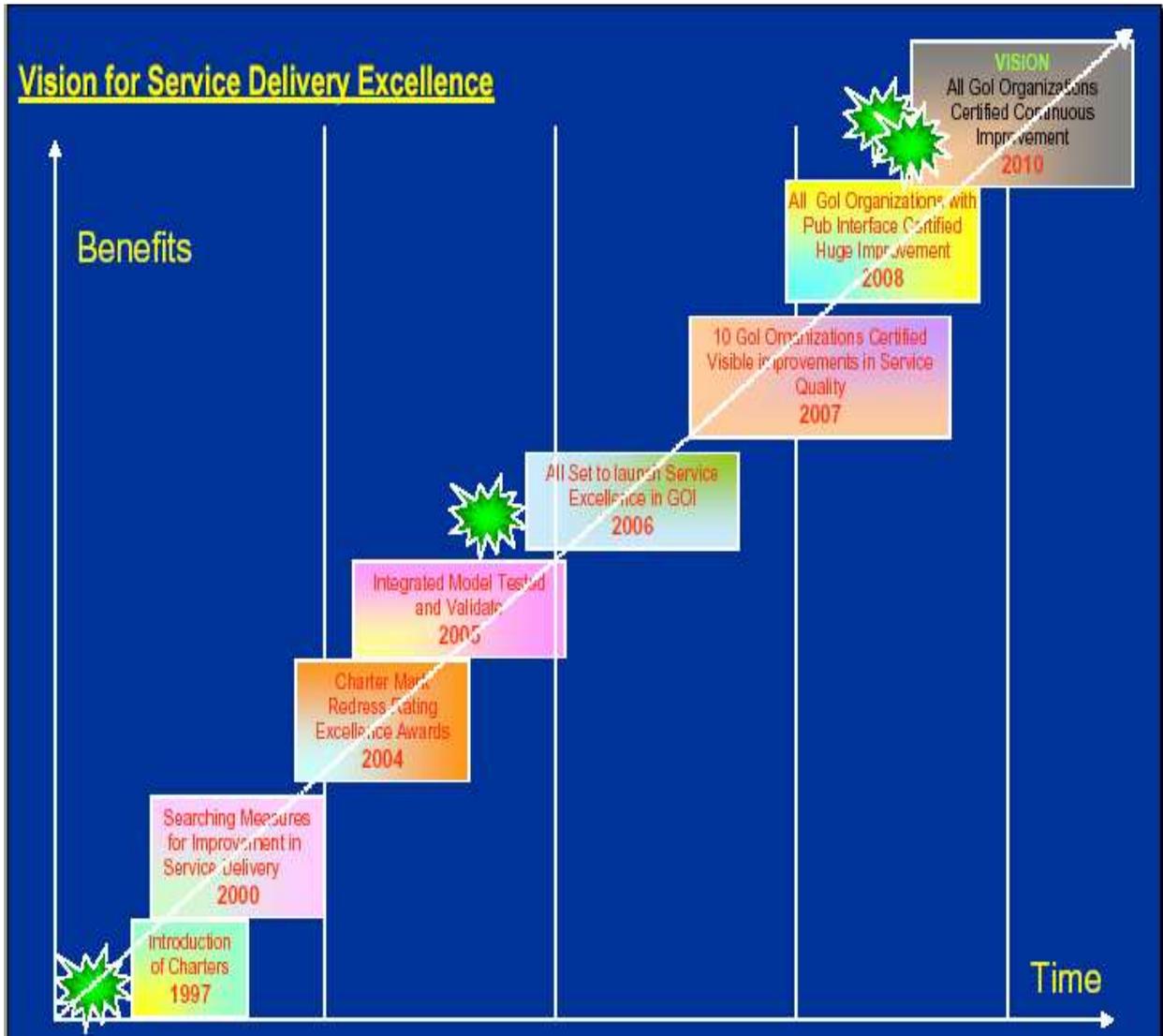
compliance, it did not achieve the desired results. Some of the reasons that were later analyzed were: -

- The Charters were published mostly to fall in line with government direction, instead of being internal initiatives for improvement and thus became relegated to a routine activity
- During formulation, the consultation process (with public and others) was minimal or largely absent. They did not therefore reflect the true expectations of the consumers of the government service
- In majority of cases, the concerned staff were not adequately trained and sensitized.
- Transfers and reshuffles at the crucial stages of formulation / implementation of a Citizens' Charter severely undermined the strategic processes which were put in place and hampered the progress of the initiative
- The standards / time norms of services in Citizens' Charter were either too lax or too tight and therefore, unrealistic. This treatment created an unfavorable impression about their purpose and sincerity.
- The concept behind the Citizens' Charter was not properly understood. Information Brochures, publicity materials, pamphlets produced earlier by the organizations were mistaken for Citizens' Charters.

Lessons learnt

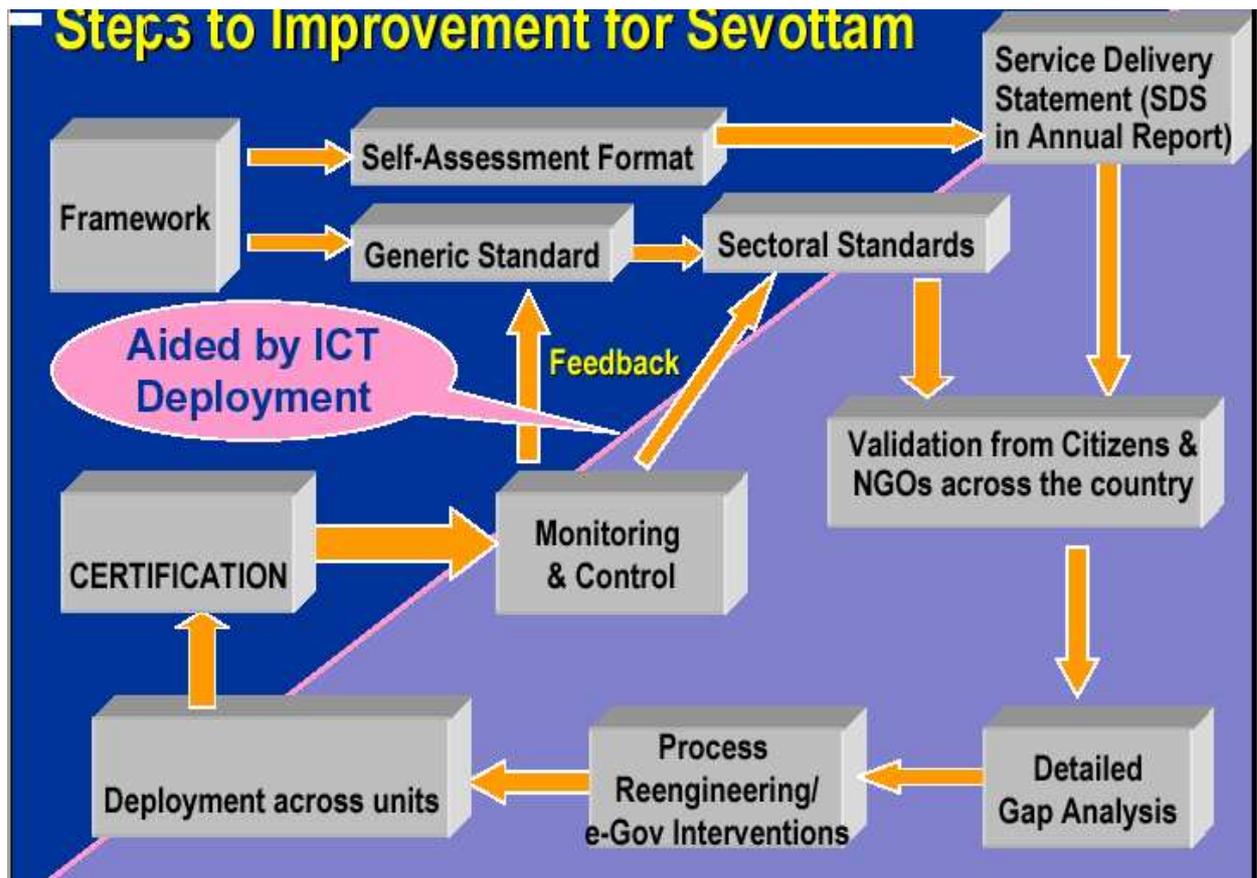
Like any new effort, the Citizens' Charter initiative has been looked at with skepticism by bureaucrats as well as citizens. An effective awareness campaign amongst all the Stakeholders at the initial stage is thus essential to overcome this skepticism. These awareness campaigns need to be designed and delivered innovatively and effectively. Merely issuing of Citizens' Charter does not change the mindset of the staff and the clients, developed over a period of time. Regular, untiring and persistent efforts are required to bring about the attitudinal changes.

A new initiative always encounters barriers and misgivings from the staff. Resistance to change, particularly among the implementing staff is also natural. Involving and consulting them at all the levels of formulation and implementation of Citizens' Charter has to be factored in for overcoming this resistance. At the same time reforming all the processes at once encounters massive resistance. It is advisable to break it into small components and tackle one at a time. A built-in mechanism is needed for monitoring, evaluating and reviewing the working of the Charters, preferably through an outside agency. Keeping in view the above discussed facts, a new Citizen Charter has been drafted by the DAR& PG incorporating all three components along with Quality Assurance, Outside Review Process for performance appraisal and Certification. The historical development may be appreciated in better manner by the following chart.



The overarching objective of the project is to improve quality of service delivery, within which an intermediate outcome is expected from each of the three components. The first component is *CITIZEN'S CHARTER*. This requires effective charter implementation thereby opening up a channel for receiving citizen's feedback on how the organization determine service delivery standard. The improvised Citizen's Charter makes the information on citizen's entitlement public; keeping citizens better informed and hence empowering them to demand better services. Therefore, it brings for the people of nation a status of Citizen Empowerment. The visions of the new project "SEVOTTAM" and different steps to improve it are given as under: -

Steps to Improvement for Sevottam



CITIZENS' CHARTER, SERVICE PROVISION AND COMPLAINTS HANDLIGN

The Citizens' Charter shall contain-

1. Vision and mission statement of the organization
2. List of key services being offered by the organization, and
3. Measurable service standards for the services provided and remedies available to the customer for non-compliance to the standards.

The Citizens' Charter shall-

1. represent a systematic effort of the organization to focus on its commitment towards its customers;
2. be simple and easily understandable and also printed in local languages, as required;
3. be non-discriminatory;

4. describe or refer to complaints handling process;
5. include the name, address, telephone number and other contact details of the public grievance officer;
6. be periodically reviewed for updation and continual improvement;
7. highlight expectations of the organization from its customers, wherever required; and
8. provide information on the date of issue of the citizens' charter and persons who were consulted during its preparation.

Service Provisions-

The organization shall-

1. ensure that services being provided by the organization take into account expectations of the customer and regulatory requirements;
2. ensure that the service delivery processes are in line with the objectives defined by the organization;
3. assure the quality of the products and/or services purchased and/or outsourced, which affects its service quality;
4. ensure availability of procedures/work instructions, information, wherever necessary, and their implementation so that service delivery processes are carried out as specified;
5. ensure availability and use of suitable equipment, monitoring and measuring devices;
6. ensure calibration or verification of measuring equipment t specified intervals, or prior to use, wherever necessary;
7. identify the verification status of the service or service delivery process at relevant stages;
8. identify, verify, protect and safeguard the customer property, whenever provided by the customer for its use in service; and
9. ensure implementation of monitoring and measurement including time norms as specified in the Citizens' Charter.

Complaints Handling-

The organization shall establish a documented procedure for complaint handling process. Various steps in the complaints handling process shall include the following: -

1. identification of complaint prone areas in a systematic manner and determine the time norms for their redress;
2. providing information concerning complaints handling process in clear language and formats accessible to all. Such information shall include-

- a. where and how the complaints can be made,
 - b. minimum information to be provided by complainant, and
 - c. how much time will be taken in satisfying of complaints.
3. widely publicizing the information about complaints handling process through print, web and other medial. The name, address, telephone number and other contact details of the public grievance officer of the organization shall also be displayed prominently at the reception and other convenient places in the organization;
4. unique identification of the complaint and recording necessary information including relevant details of complaint, remedy requested, due date of redress, relevant data related to the complaint and immediate action to be taken;
5. acknowledgement of each complaint promptly giving the complaint number along with an indication of the redress time and the name designation and telephone number of the employee to be contacted for all future correspondence;
6. investigation of relevant circumstances and information relating to complaint. The level of investigation shall be commensurate with the seriousness and severity of the complaint. If the complaint cannot be immediately resolved, it shall be dealt in a manner which would lead to its effective redress as soon as possible and the complainant shall be intimated;
7. communication of the decision to the complainant regarding his complaint immediately after the decision is taken and getting his feedback. In case the decision is not in line with the remedy requested by the complainants, the justification for the decision taken along with alternative internal and external recourse available for appeal shall also be intimated after which the complaint shall be closed; and
8. nominating 'Ombudsman' who could be approached if normal service delivery mechanism does not respond.

IMPLEMENTATION, MONITORING, MEASUREMENT AND IMPROVEMENT

IMPLEMENTATION-

The organization shall-

- a. establish Single-Window system at points of public contact to facilitate disposal of applications;
- b. set up Information and Facilitation Centers (IFC) and helplines for information on procedures, application status, etc;
- c. widely publicize the citizens' charter through organization's website, media and sending copies to the stakeholders.
- d. Prominently display the citizens' charter in the organization and

- e. Publish annually the data relating to performance, namely commitment relating to citizens' charter in the annual report or by some other suitable means.

MONITORING AND MEASUREMENT -

The organization shall monitor and measure-

- a. The characteristics of the service and service delivery processes to verify that the service quality objectives and service standards have been met. This shall also be carried out at all stages and locations where the organization has an interface with the customer;
- b. The performance, namely commitment made in the citizens' charter and complaints handling procedure on a regular basis and report to top management with recommendations for improvement; and
- c. The working of the complaints handling machinery through random checks.

In addition, the editor's/grievance column of the local newspapers shall be regularly examined by the organization for picking up cases, as appropriate. Records of the evidence of conformity shall be maintained.

CUSTOMER SATISFACTION

The organization shall establish and implement a system for measuring customer satisfaction through suitably designed methodology. This information shall be used for continual improvement.

Quality in Public Services

Balance of Interest

Public servants have a tougher job to do than managers in the private sector. Public Service, as distinct from private service involves balancing the needs of the individual or group of customers within the broader framework of the public interest. Additionally, needs and expectations from Public service may vary for different groups. For example the issue of permitting commercial establishments in Delhi had two opposing demands. While the traders association demanded the continuation of small businesses in residential areas to sustain the livelihood of traders, the Resident Welfare Associations vehemently opposed it on the grounds that commercial activity disturbs the privacy and peace of residents.

They may also have to balance the interests of immediate clients with those of citizens (society) as a whole. For example the rights and privileges and justifiable needs of service quality of tax payers (individual / corporate) are subject to their compliance with the statutory provisions which have been laid to serve the society. An assessee may have reason to be dissatisfied with the imposition of penalties or other deterrent measures but the public servant may use discretion where he thinks it (the imposition of penalty) is in public interest. In such an event, the public servant, while carrying out his statutory duties as to ensure that the affected party is dealt in a fair and transparent manner, is duly informed of the procedures and his own rights and is dealt with the dignity he deserves as a citizen himself. In public services, therefore, the satisfaction of immediate clients needs to go hand in hand with the confidence of all citizens in the institutions of government. Equally, Clients are also citizens themselves, whose pride and belief in citizenship can be strengthened or weakened by the service experience.

Equity

Equity is a key principle in public services. A public service has to be conceived and designed in a manner that the benefits of the services offered are available equally and without discrimination to all clients / members of the public. In reality, this is rarely achieved and biases based on background of the client, e.g. economic status, social status, community, native hood on the one hand and the influence factors of other clients leads to imbalances in dispensing the services, which in turn multiplies in the overall perception of the quality of services.

Note: Personal greed and corruption in public services are also factors that significantly influence the principle of equity, but these are being dealt on an institutional level by the Government by bodies such as the Vigilance Commission and instruments such as the RTI Act, and through administrative reforms. These are not directly covered within the scope of IS 15700, although some of the provisions of the Standard would have an effect on the reduction of these factors. In Public Services, where the discretion in the hands of individuals has significant influence on the need of the client, e.g. law enforcement, licensing, leasing, issue of commodities etc. the service design should incorporate inherent safeguards to protect as far as the possibly the principle of equity and non-discrimination. E-governance models are being developed with major objectives being reduction of personal discretion and eliminating human delays. However measures such as an effective complaints and appeals mechanisms and setting up of public committees can also contribute significantly in eliminating biases and indiscriminate use of discretion.

Citizen Centric Service

Government service delivery is citizen-centered. It should be conceived and executed with the needs, perspectives and satisfaction of citizens foremost in mind. The quality of government service delivery can and should contribute to strengthen democratic citizenship, the bonds of confidence and trust between citizens, and between citizens and the government. It should be conceived and executed from the outside-in—not inside-out—with the needs, perspectives and satisfaction of citizens foremost in mind.

Many of the clients of government are “involuntary clients,” whose service relationship with government derives from their obligations as citizens, or from the rights of other citizens. For example, the maintenance of law and order requires citizens to abide by law, while the public service protects them against violations by offenders.

CITIZEN AND CUSTOMER -

By “**Customers**”, we mean the direct users or recipients of government services. But the Customers of government services are not “just” Customers, as they would be in the private sector. They are also themselves taxpayers and citizens, and therefore bearers of rights and duties in a framework of democratic community. **Citizens** expect excellent performance from public services. They are also quick in forming opinions based on failures observed by themselves, through experiences of others as well as on general perceptions of the quality of particular public services. In a survey titled ‘Citizens First’ carried out by the Citizen-Centered Service Network, composed of senior service delivery officials from the government in Canada, the following factors emerged: 95% of people expect the quality of public service to be as high as or higher than that provided by the private sector. Five factors explain over 70% of satisfaction or dissatisfaction in using a government service: timeliness; fairness; courtesy/going the extra mile; competence and outcome. When all five factors are done well, ratings of 80% or better are achieved. But when just one driver is inadequate, ratings drop by 20 percentage points.

- The most important driver is timeliness: 60% of the time, when citizens are not satisfied, it is because we take too long.
- One in four times when citizens try to find a service, they have trouble locating the right access point.
- When citizens access the right organization, 60% are then disappointed by being shunted to voice mail, passed off to several different people who don't know the answer (and don't promise to find it and call back), or other impediments.

- Sixteen per cent of requests need more than one organization to solve their request (for example, a passport requires a provincial birth certificate).
- Citizen's priorities for service improvements include improved telephone service, one-stop service, reduced red tape, and more mail and electronic service delivery.

Distinction between State functions and Services

In rendering public service the dimensions of state functions and service to the customers may have to be segregated. This is important because a public servant's prime responsibility is to implement law as it exists (with the underlying assumption that law serves the common interest of the society). However while delivering services required by law, it is always possible to do so with service orientation, i.e. facilitating the client in the service delivery. For example most clients, except professionals, are generally not aware of the legal provisions, their interpretations, the exemptions etc. A service provider could set up a facilitation cell (a requirement of IS 15700) where all such information and other assistance could be provided. A congenial environment, helpful staff, politeness & courtesy, fair and patient hearings, timely dispensation of applications & complaints / appeals are all service quality dimensions that can be incorporated in statutory services and monitored. Other public services e.g. Postal / telephone/ banking/ healthcare/ education services are pure services. In fact many of these services are in competition with the private sector.

However in reality the several problems faced by Service providers, the bureaucratic methods of work, lack of infrastructure, mismanagement or inefficient provision of resources , a general lack of accountability and lack of training contribute to deficiency in these services being deficient and inefficient in relation to the counterpart services in private sector. Even for those services where statutory service constitute the core function, there are several activities that are pure services. For example in the Income tax Department, Revenue collection, anti-evasion instruments are State functions, while Processing of refunds, information dissemination are pure Service functions. When conducting the initial analysis and determining Service Standards, it is recommended that the State and Pure Service functions should be segregated. The service dimensions applicable to each function should then be identified for subsequent treatment.

Public services in India - Issues & Solutions

A recent study was carried out by the Transparency International in India for various public services. While the main emphasis of the study was to evaluate the degree of corruption, it also examined the possible causes and the expectations of the

public for making improvements. Following are the findings of the study as relevant to quality of Public Services:

1. Classification of Services

The Study classified Public Services with the following attributes.

- Monopolistic nature of services
- Large Public Interface and intensity of interface
- Services directly affecting day-to-day life of the common man
- High dependence on these services by the common man
- Essentiality of the services
- Spread of services across the country

It can be seen that each classification has a bearing on the quality of services as well as on the treatment for improvement. For example when services are monopolistic such as the Railways, lack of competition preclude any focus on customer retention and consequently on the services offered. Even Service Standards are developed to suit the requirements of the service provider and the customer requirements are also laid based on the perception of the service provider rather than proactively determining their expectations.

A large public interface and intensity of interface implies more visibility e.g. Road Corporations - PWD (interface with deliverable) , postal services (interface with personnel and deliverables), State transport services etc. Because of peculiar nature of service sector, instances of failures get talked about much more than compliances. Thus the service provider has to exert more in raising compliance levels (of service outcome), compared to services where interface is low (in the extreme case - internal security agencies that are a part of the public service spectrum, but have no visible interface, hence hardly anyone complaints on their performance). Essentiality of Services e.g. Power / Water supply require uninterrupted supply as the critical factor. In certain ways, public transport, healthcare and primary education are also essential services, where availability, accessibility and reliability are major quality determinants. Each of the above classification could be similarly illustrated on the basis of existing public services and their major quality requirements.

The Study also classifies Services as Basic and Need based:

- Basic Services (Examples)
 - Electricity supply
 - Water Supply
 - Govt. Hospitals
 - Public Distribution
 - Schools (Secondary education)
 - Public transportation

- Need Based Services (Examples)
 - Income Tax
 - Municipal
 - Judiciary
 - Land administration
 - Police (Crime / Traffic)

2. Problems faced by Service Providers

The major problems expressed by the staff working for the public services that prevented them from rendering better quality of services are as follows

- **Basic Services:**
 - i. Heavy Work load : Increasing load without addition of personnel
 - ii. Outdated infrastructure : e.g electricity / water distribution
 - iii. Lack of Incentive (linked to customer satisfaction)
 - iv. Political interference
- Need Based Services:
 - i. Citizens do not abide by law
 - ii. Citizens do not complain
 - iii. Pressure of influential people
 - iv. Lack of training to staff to cope with increased customer expectations
 - v. Centralized decision making : layers of bureaucracy

3. Improvements suggested by Citizens

- Citizen's Interface:
- Citizen's Charter
 - a. Should be drafted in consultation with all stakeholders
 - b. Should have realistic and measurable action standards-not just statement of intent
 - c. Penal provisions for failures against declared standards
 - d. Should be properly displayed and easily available to users
 - e. Should be periodically reported upon by independent agency
- **Faster Grievance Redress Mechanism:**
 - i. Should be faster
 - ii. To improve confidence, service provider should display information on complaints received, resolved and pending
 - iii. Information should be available on whom to approach if grievances are not attended in normal course

- **Satisfaction Surveys:**
 - i. Periodical, Independent surveys to benchmark, measure and track quality of service
 - ii. Findings should be made public
- **Public Awareness:**
 - i. Generate greater awareness about various standards of services, procedures and initiatives
- **Public Hearings:**
 - I. Appoint Ombudsman for holding periodic public hearings with stake holders
- **Internal systems:**
- **Simplify procedures:**
 - a. Make Rules, forms simple & user friendly
 - b. Provide more assistance to users
 - c. Work to reduce dependence on middlemen / touts
 - d. Display samples of filled forms / agreements
- **Greater transparency:**
 - a. Publish reports on public expenditure
- **Use of Technology:**
 - i. Use ICT (Information & Communication Technology) Enabled Services to reduce personal interaction
- **Outsource certain services:**
 - a) Based on Service level agreement with Integrity pact
- **Users Committees:**
 - i. Should be empowered to seek accountability of deficient services
- **Performance based incentives to staff:**
 - a. Introduce fixed and performance based components in staff compensation package
 - b. Link variable component to objectives and measurable outcomes e.g. customer satisfaction
- **Training of Staff:**

- i. How to deal with citizens
 - ii. How to manage stress
 - iii. Technology aids
- Separate Regulations and Service functions.
 - Involve RWAs in delivery processes
 - For example setting up ward committees and empowering them.

The inputs provided in the above survey reflect the expectations of the common man. These are for guidance of the trainees and do not necessarily find equivalent provisions in the Indian Standard IS 15700. However most of these issues are appropriately covered.

Integration of Public Services: -

Users experience public services as a whole rather than a series of departments. This means that 'seamless services' are an aspect of good quality services and that requires different departments and organizations to work together in partnerships. Interfaces within the Department are often become weak links and causes of service failure. During implementation of a Service improvement programme these interfaces should be specially identified and the roles and responsibilities at both ends of the interfaces should be clearly defined. A similar approach would be required when services are outsourced.

Outsourced services are rendered on behalf of the organization and the liability for any action arising out of deficient service would rest with the organization. This becomes critical when legal requirements are also to be complied as may be applicable with the public service organizations. In such cases, a Service level Agreement (SLA) must be entered into with the outsourced service supplier establishing the exact nature of service and the service standards required, together with performance guarantees and liability clauses. The SLAs should be constantly reviewed. The empanelment of Tax return preparers by Income Tax Department is an example of such outsourced service.

CHAPTER-IV

Excellence in Service Delivery

(A) Current Initiatives for improving Service Delivery-

Excellence in Service Delivery postulates that an organization can have an excellent performance in service delivery only if it is managing the key ingredients for good service delivery well, and building its own capacity to continuously improve delivery. Citizen's charters and Information Facilitation Counters (IFCs) introduced in 1997 DAR&PG issues policy guidelines to monitor effective implementation. Prompt and Effective public grievances redress mechanism in all govt. organizations. RTI makes Proactive Voluntary Disclosure mandatory for all public authorities. National e - Governance Plan seeks to create the right governance and institutional mechanisms for a citizen-centric and business-centric environment. Outcome-based budget requires placing Ministries spending information in public domain.

There is increasing emphasis on Transparency and Accountability in GOI

(B) Development of 'Sevottam' model: -

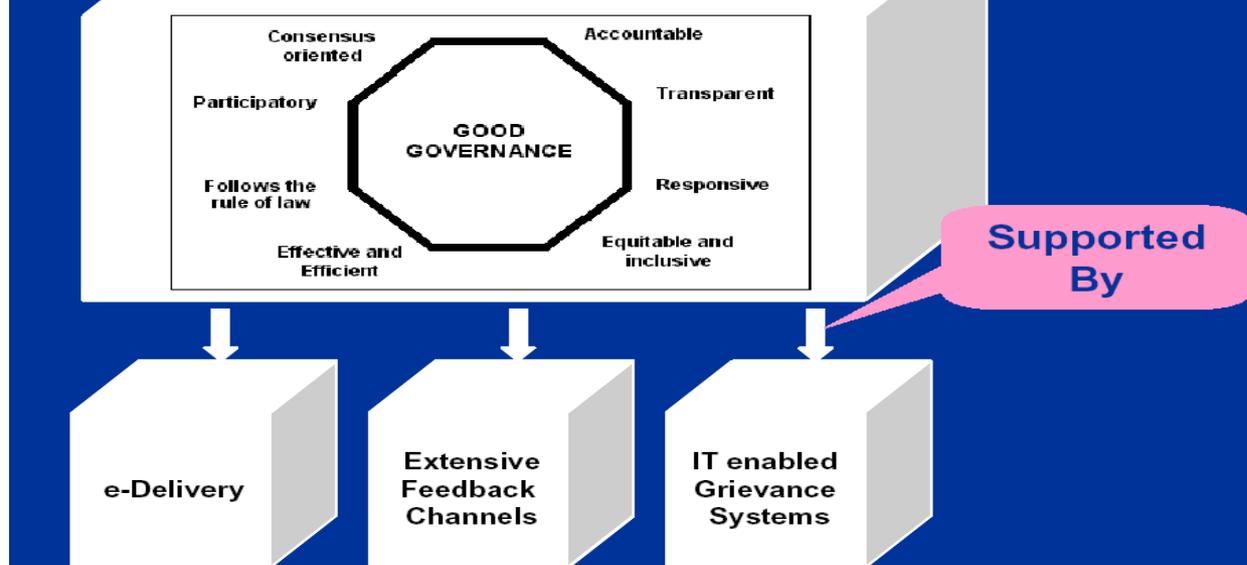
Several studies conducted from 1997 to 2004 by DAR&PG indicated that: - unless there is a mechanism to assess the impact of these initiatives on service delivery with respect to certain standard is made, much of these initiatives would fail to deliver desired results. Thus, a project was undertaken by DAR&PG with technical support from Tata Consultancy Service (TCS) to develop an assessment -improvement model for public service delivery. The model took special note of NeGP of the Government. The DAR&PG involved govt. deptts. and civil society representatives at each step of the process through national level workshops and focused discussions.

Sevottam is a key initiative for bringing about service delivery excellence

(C) Good Governance: International Best Practice: -

This model has developed taking into account the best practices of responsive, transparent, effective and efficient, citizen-centric good governance. The following model describes it in a better manner.

Sevottam takes note of International Best Practices; yet grounded in Indian Realities



(D) Sevottam Model: Details

- Five compliance criteria based on DARPG guidelines in respect of citizen charters and grievance redress mechanism
- Assessment conducted at two levels- parent Deptt. (responsible for making policies) AND service outlet (where policies get implemented & maximum citizen interface takes place)
- Nine "QUALITY of compliance" criteria for which a requirement standard has been developed- this covers the three areas of citizen charters, grievance redress and service delivery capability.

Tenor of exercise is not to pass judgment, but to help start with a self-assessment and build capacity to improve service delivery

E) Sevottam Model: Quality Criteria: -

If an organization meets the basic eligibility conditions and goes through the next level of assessment, then at the first level there are three modules corresponding to each of the above concepts. At the next level, each module comprises three criteria to ascertain effectiveness of each tool in improving service delivery. The following schematic shows the modular structure of this part of the prototype.

Modules (3)		Criteria (9)	
Integrated Model for Assessing Service Delivery	Citizen Charter	1.1	Implementation
		1.2	Monitoring
		1.3	Review
	Public Grievance Redress	2.1	Receipt
		2.2	Redress
		2.3	Prevention
	Service Delivery Capability	3.1	Customers
		3.2	Employees
		3.3	Infrastructure

- i. **Charter Effectiveness:** - In Indian context, an assessment will need to cover the entire range of processes right from charter design and formulation to implementation of charter commitments and periodic review of commitments based on stakeholder's needs. Organizational readiness for receiving a "Mark" will be assessed on the basis of a wider connotation of Charter Effectiveness consisting of three elements- 1). How the contents of the charter are decided upon and disseminated, 2). How far the contents reflect actual achievements, and 3). How they are updated in accordance with citizens needs.
- ii. **Grievance Redress Mechanism (GRM):** - The Objective of any Public Grievance Redress Mechanism Rating System is to encourage a redress mechanism, which resolves public grievances in an effective and speedy manner. In addition, complaints also provide vital feedback that indicates efficiency and effectiveness of service delivery. Based on such feedback, agencies can take remedial and preventive actions to strengthen grievance-prone areas. In the Indian context, it is important to encourage an organizational approach that is focused on efficient handling of grievances received, as well as on taking suitable actions that eliminate chronic grievance prone area. The assessment of "Grievance Redress Mechanism" need to take into account the three aspects of

grievance handling: - 1) how they are received, 2) how they are resolved and 3) how they are prevented.

- iii. **Service Delivery Excellence (SDE):** - "Organizational Performance Excellence" all over the world is based on two kinds of inputs: - 1) the results that the organization can show and 2) the manner in which the results are being achieved. This aspect essentially focuses on actions taken by the organization to enhance its delivery capability by strengthening the inputs that go into better delivery such as quality of strategic planning, human resources, information management etc. In the Indian context, such endeavours need to be encouraged **better resource utilization for improved infrastructure, technology usage and human resource management**, which are key ingredients for improved service delivery.

The standard of excellent service delivery, grievance redress mechanism and empowerment of citizens may be ensured through assessment of result. The assessment model also needs to be updated periodically to keep it abreast with emerging developments. Changed management as well as Research and Development have therefore, been identified as important focus areas for running this model, in addition to administration of the assessment process and its culmination in **Certification or Awards**.

Indian Standard for Public Service Delivery

The standard "IS 15700:2005" will be the basis for obtaining certification for Service Delivery Excellence. The standard is specifically tailored to meet the needs of India government organizations and is based on the assessment- improvement model developed by DARPG and TCS. IS 15700:2005 has been published in Dec 2005.

"Sevottam" is currently under implementation in 10 GOI Deptts.

Service Excellence Model: Synergy with e-Gov initiatives

All GOI Ministries have to display charters on their respective websites DARPG maintains centralized database at www.goicharters.nic.in

The Public Grievances Redress and Monitoring System (PGRAM) designed for online lodging of grievances for better monitoring

IT is the main component of the 'Infrastructure' criteria of the model

ICT can be the major tool for reducing human intervention in service delivery to promote transparency through better access

GOI is committed to improving transparency and access in service delivery

Implementation: -

Sevottam is currently under implementation in ten Government of India Ministries and Departments identified on the basis of large public interface. **The Action Plan** to implement "Sevottam" in all Government of India Ministries and Departments within a period of **two years** has been received from the **PMO**. Which is elaborated as below: -



CHAPTER-V

Implementing IS: 15700

Explanation of IS: 15700

IS: 15700 is a *Generic Standard* that enables an Organization to establish systems to provide quality services consistently, effectively and efficiently. It also provides for systems to ensure *Continual Improvement in Services and Processes*. It is a certifiable standard, which implies that it contains requirements that can be demonstrated by the service provider and evaluated for compliance, by an external agency such as a certification Body.

The Standard does not lay down Department specific requirements, which are to be specified by the Department itself. It is however applicable to all organizations, which can be termed as *Public Service Organizations*, irrespective of size or type of service. Public service organizations including *Government Ministries and Departments, Regulatory Bodies, Public Utility Service Provider, etc*, which are either directly providing service to society at large or those which through their policies, directives, regulations, etc, indirectly affect the services being provided by these service providers, are eligible for certification under this scheme. For example, *Government Ministries/Departments, Public transport services, Public water supply services, Public distribution services, Insurance companies, Public health care services, Postal services, Telecommunication Services, Education services, Regulatory bodies, etc*. It also permits certification of multiple sites that a department or a *Public Service Organization* may have. However for these organizations, the certification scope shall include all central functions where policy is formulated and directed and who will be responsible for the activities of the Organization.

As mentioned in the Scope, it does not apply for employment related disputes referred for resolution outside an organization.

The standard provides emphasis on `citizen focus' and includes following three key elements:

- Formulation of a realistic *Citizen's Charter* through a consultative process
- Identification of services rendered, *Service delivery processes*, their control and delivery requirements

- An effective process for complaints handling

The Salient features of IS 15700 are also described in Chapter 1

Process approach: -

The Standard requires the adoption of process approach in setting up the quality Management System of the Organization. An activity using resources, and managed in order to enable the transformation of inputs into outputs, can be considered as a process. Often the output from one process directly forms the input to the next. The application of a system of processes within an organization, together with the identification and interactions of these processes and their management, can be referred to, as the "process approach. Process approach affords much greater control on the inter linkages between various processes and their combination. The Standard also encourages the adoption of 8 Quality Management Principles, as enunciated in ISO 9000.

Clause 3 of the Standard contains the various terms used and their definitions; these have been dealt in Chapter 3.

Clause 4 of the Standard contains the various requirements for controlling the various documents and records needed to support the quality management system. These have been dealt in Chapter 7. Documented procedures are required for the control of documents and records.

Clause 5 specifies several requirements for Top Management of the organization, some of which are actions for which Top management is directly responsible and others where it has to ensure by other means that the actions are being taken. Direct responsibilities of Top Management include: -

- establishing a Quality Policy for the organization
- constituting a Working group for preparing the Citizen's Charter
- appointing a member of its management as the Nodal Officer at the Apex level and where applicable Nodal officer(s) at the Unit level
- conducting management reviews

Indirect responsibilities which are to be ensured by Top Management are as follows:

- Determining customer requirements and meeting them
- Documentation of Service Quality Policy and citizen's Charter and ensuring that these are appropriate, communicated and made available to all employees and stake

holders, commit to comply with all requirements and continual improvement, and reviewed from time to time.

- Establishing service quality objectives and complaints handling objectives ensuring that they include inputs from customers and legal requirements.
- establishing and communicating responsibilities and authorities at various levels to implement the requirements of the Standard
- establishing processes for effective communication **Clause 5** also specifies requirements in respect of the following:
 - Service Quality Policy: - it should be written in a manner that it can provide the basis for setting the service quality objectives and complaints handling objectives
 - Service quality objectives and complaints handling objective: These must derived from the service quality policy and established at relevant functions and levels within the organization. All the objectives shall be measurable and documented.
 - Working Group for preparing Citizen's Charter: - The Working Group is a fairly represented body having membership from top management function, middle management, staff unions, customers and other important stakeholders. Their selection itself should be done in a transparent manner. The Working Group is responsible for the identification of all key services and stakeholders of the organization. The Citizen's charter should be prepared in consultation with all stakeholders and got approved from appropriate authority. The Working Group is also responsible for the issue and regular updating of the Citizen's charter. The Nodal Officer at the Apex level is the member secretary of the Working Group and all actions have to be coordinated by him.
- Responsibilities of Nodal Officer include the establishment of all the required processes for service delivery, citizen's charter, complaints handling. He is also the principal Public Grievance Officer of the Organization. He is responsible for obtaining feedback from customers and organizing internal quality audit and to present the findings to Top management during management reviews, suggesting improvements based on the available feedback. The Nodal Officer at the unit level is required to perform similar functions and also to report regularly to the Apex level Nodal Officer on the unit level performance of the Quality System.
- Management reviews are to be conducted by Top Management (Group) on a periodical basis to ensure that all established systems and processes are suitable and adequate to satisfy the requirements of the Standard and the established Service Standards and Objectives. The Outcome of the review should include recommendations for improvements and any changes in the previously established standards and objectives.

Clause 6 of the Standard deals with management of resource requirements for implementing the Standard and the service improvement programme. Resources include persons, infrastructure, and work environment.

The requirements for persons relate to two aspects. One they should be aware of their job responsibilities and the tasks to be performed, which should be defined and they should be trained to cover any gaps. Training should also include the quality management procedures and objectives and what the individual must do to attain those objectives (which may include objectives cascaded to individual level). Training is also required on the complaint handling procedures and the individual's responsibility in discharging them.

The other aspect relates to the service environment where employees have to deal with customers and therefore need to be sensitized and where necessary trained in soft skills such as communication, behaviour (courtesy), promptness, and the importance of providing support and correct information that is necessary for service outcome.

The organization must take both these aspects into consideration for proper deployment of people and in their development. Records are necessary to demonstrate evidence that the training and deployment was done as per plan. Infrastructure and Work environment have to be reviewed in the context of their contribution in effective service delivery. Some aspects of both tangible equipment and physical environment has direct bearing on the quality of service as transacted or experienced by the customer, while others relate to support processes that may not be visible to the customer but their influence on the processes and on the persons may be significant.

The Standard requires all needs of infrastructure and work environment to be determined by the organization, which implies a concerted action with evidence of planning, provision of the resources determined, again evidenced through the procurement and supplies and later ensuring that these remain in the desired condition through maintenance, augmentation etc. It is obvious that the review of needs and provision shall be an ongoing activity and may also involve long term planning as a part of continual improvement or breakthrough improvement plans.

Clause 7 covers the three principal requirements of the Standard, which are the formulation and implementation of the Citizen's Charter, Service delivery processes and Complaint handling procedures.

Clause 7.1 specifies the minimum contents of the Citizen's Charter and the process that must be adopted for its formulation and updating. The contents must include the following:-

- Vision and mission statement of the organization,
- List of key service(s) being offered by the organization
- Measurable service standards for the service(s) provided
- Remedies available to the customer for non-compliance to the standards.
- Complaints handling procedure or reference to it
- Name, address, telephone number and other contact details of the public grievance Officer;
- Any obligation on the part of the consumer necessary for fulfillment of the Service
- Date of issue of the citizens' charter
- Stakeholders consulted in preparing the Citizen's Charter

While all elements are important, the contents at b), c), d) and e) constitute the most significant elements of the Charter. The Standard also provides for the process that should be adopted in formulating the Charter at Clause 5.6.2 (Setting up of Working Group) and for its review and updating at Clause 7.1.2. The interactions with stakeholders specified in both these clauses are provided to ensure that the Service standards incorporated in the Citizen's Charter actually represent the customer's needs and are not restricted because of constraints faced or convenience of the service organization.

The Standard also specifies some key characteristics of the Citizen's Charter. It should

- Represent a systematic effort of the organization to focus on its commitment towards its customers
- be simple and easy understandable
- printed in local languages, as required;
- be non discriminatory

It is the responsibility of the working group to ensure that these Characteristics are represented in Charter itself and in the process. This shall be a matter of evaluation during external audits.

Clause 7.2 specifies various considerations that an organization must have in determining and establishing its delivery processes. Delivery processes have to be aligned first to the attainment of the Service standards, including compliance to regulatory requirements that have been declared through the Service Charter, or other means, and second for the attainment of quality and complaints related

objectives set by the organization. It is possible that during the quality management implementation phase some processes have to be modified. Standardizing these processes may have to be done through documented Procedures or Work Instructions to ensure uniform understanding and implementation. While this is a choice of the organization, once determined, it is essential that the procedures are implemented fully and all concerned persons are aware of them. A special provision has been made for procedures for procurement and outsourcing, which should 'assure' that the right quality of product / service, is being procured. Where equipment play a significant role in service provision it should be ensured that they are available at the point of use and where they are used for any verification, they have to be calibrated, for which records need to be maintained. In many services, customers deposit their documents or other property with the service provider. In other cases, they provide personal information to the department. The standard requires that these should be adequately protected while in the custody of the organization to prevent deterioration, damage, loss, theft, pilferage or unauthorized transfer. If applicable, the organization would be expected to demonstrate the planned process and actions taken in this regard.

Clause 7.3 requires the establishment of a documented procedure for Complaints handling and specifies in detail the various steps / stages that need to be built into the procedure. The terms "complaint" and grievance" have been used synonymously in IS 15700 and the implementing organization may use the term applicable to them. Complaints are an expression of dissatisfaction, oral or in writing, about the service or actions of an agency or its staff as well as the complaint handling process itself affecting an individual or group. It can also concern a failure by an organization to comply with its service standards in its citizen charter or other pledges made by the organization regarding services it provides to the public. Public complaints may include complaints made by members of the public on their dissatisfaction with any service delivery process including administrative action such as:-

- Unjust/ not in accordance with the existing laws and regulations,
- Causing excessive delays in service delivery,
- Abuse of power,
- Mal administration
- Ineffective service delivery,
- Lack of transparency and discrimination in the delivery of the services.
- Service devoid of courtesy and human touch.

The Standard requires an analysis of the complaints received to identify complaint prone areas and to use this information as a basis for setting the time norms for their redress. The standard also requires classification of complaints as critical, major or minor depending upon seriousness and severity. This information

should be used for the degree of investigation, the promptness of actions including redress and corrective actions. The organization needs to publish information on complaints received periodically and it should include: -

- Numbers and types/categories of complaints;
- Average redressal time for complaints;
- Action taken as a result of complaints to improve services.
- Complaints resolved and pending

Clause 8 of the Standard predominantly covers the Monitoring and Improvement actions of the overall Quality Management cycle; however Clause 8.1 requires organizations to take some specific actions. These are common and mandatory for all organizations. These are:-

- The setting up single window systems at points of public contact
- Setting up information and facilitation centers and help-lines
- Widely publicizing the citizens' charter
- Prominently display the citizens' charter
- Publishing annually the data relating to performance

These actions are customer focused and their implementation would imply that the organization would not lose the customer orientation. Single window options can be extended to mean identified persons in offices who can deal with customers for all their needs as a single point contact. The annual publication of data relates to fulfillment of service quality objectives.

Clause 8.2 has two major approaches for monitoring and measurement of the service Improvement-efforts. The first approach relates to internal verifications, inspection, checks and where measurable objectives have been specified or service standards laid, recording of quantified results. The points of verification and the persons responsible have to be identified as a part of the process flow itself. However it is necessary to monitor at the points of service delivery. The second approach is the measurement of customer satisfaction as an ongoing activity. A suitable methodology or procedure should be evolved for capturing the customers' perception of service received and the satisfaction derived. Measurements need to be made for all dimensions of service including personal behaviour by obtaining feedback on scaled response sheets. This is a mandatory requirement and will be checked during External Audits.

Clause 8.2 also requires capturing data related to complaints.

Clause 8.4 requires all information gathered through monitoring and measurement activities to be analyzed and processed as indicative statistics to enable meaningful deductions and decisions for further improvements.

Clause 8.3 covers requirements for internal audits, which is an integral element of all Management-systems. A detailed discussion on internal audits is covered in a subsequent Chapter.

Clause 8.5 requires organizations to take corrective actions whenever any non-conformances are observed with respect to service standards and established procedures internally or through complaints. This calls for conscious efforts and shall be an element of external evaluation; hence recording of observed non-conformances, investigations carried out and corrective actions taken is essential. When a non conformance has not actually occurred but there are strong indicators of its occurrence, preventive actions need to be initiated and records maintained.

Documentation for Service Quality Management System

Why Documentation

Quality Management System of an organization is required to be a Formal System. A documented system is expected to help in fulfilling the requirements of such a system, which are: -

- Need for system dependent organization (not a person dependent one).
- Documented system provides evidence of Management Commitment to Quality based practices.
- Practices demonstrating competence of the organization to achieve objectives.

Further a documented system: -

- Enables communication of intent.
- Ensures consistency of action.
- It is a source for responsibility and authority.

Advantages of Documentation

The advantages of having quality management system documentation for an organization are many. These include, but are not limited to the following: -

- It fully describes the quality management system of the organization and provides a permanent reference for: -

- i. Implementation of Service Quality Management System
 - ii. Maintenance of QMS on day-to-day basis.
- It provides information for cross-functional groups so that they understand interrelationships better. It also leads to clarity in thinking (common understanding) and avoids differing perceptions of how to do work.
 - i. It aids in communicating the management's commitment to quality to its employees.
 - ii. It helps in making employees to understand their role within the organization, thus giving them an increased sense of purpose and importance of their work.
 - iii. It helps in providing mutual understanding between employees and the management.
 - iv. It provides a basis for expectations of work performance.
 - v. It provides objective evidence that specified requirements have been achieved /met.
 - vi. It provides a clear, efficient framework for operation.
 - vii. It provides a ready basis for training new employees and periodic re-training of current employees.
 - viii. It provides a basis for order and balance within the organization and consistency in operations based on documented processes.
 - ix. Provides a basis for continual improvement.
 - x. It helps in providing confidence to customers, based on documented systems.
 - xi. Helps in demonstrating to stakeholders the capabilities of the organization
 - xii. It prevents use of ad-hoc and fire-fighting approach to management.
 - xiii. It provides a clear framework of requirements for suppliers.
 - xiv. Provides a basis for auditing and evaluating the quality management system.
 - xv. Providing a basis for evaluating the effectiveness and continuing suitability of the quality management system.

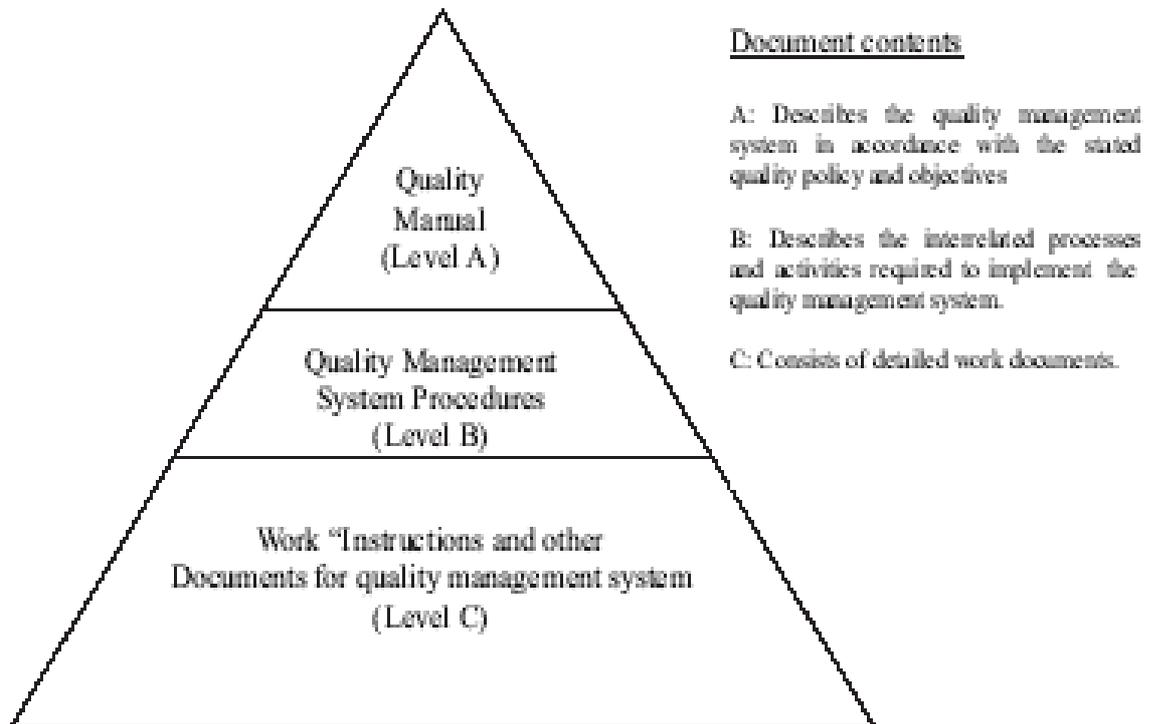
However one must not forget the **pit falls** of over-Documentation. It should be a value-adding activity, for deriving maximum benefits from the system.

Types of Documents

General

The arrangement of Quality Management System documentation typically follows either the processes of the organization or the structure of the applicable quality standard, or a combination of both. Any other arrangement that satisfies the organization's needs may also be used. The structure of the documentation used in the quality management system may be described as a hierarchy. This structure

facilitates the distribution, maintenance and understanding of the documentation. A typical hierarchy of quality management system documentation is given below.



The development of a hierarchy depends on the circumstances of the organization and its structure. The advantage of structuring of documentation are: -

- Ease of distribution.
- Ease in maintaining Confidentiality.

The extent of the quality management system documentation can differ from one Organization to another due to:-

- The size of the organization and type of activities,
- The complexity of processes and their interactions, and
- The competence of personnel.

The quality management system documentation may include definitions. The vocabulary used should be in accordance with standard definitions and terms, which are referenced in IS 15700 or ISO 9000 or are in general dictionary usage. IS 15700: 2005 requires following documents to be prepared: -

- Service quality manual
- Citizen's charter
- documented procedures required by the standard

- i. Control of documents
- ii. Control of quality records
- iii. Complaints Handling

- Documents required by the organization to ensure the effective planning, operation and control of its service and service delivery processes;
- Records required by the standard;

Other Documents that could be in use or developed as a part of the QMS are

- Standard Operating Procedures (SOPs)
- Work instructions;
- Forms;
- Specifications;
- Office manuals
- Documents like Quality plans, charts, text books, software, drawings, memos & notices, etc;
- External documents e.g. Legislative Documents, Rules, Instructions issued by Government / Statutory authority from time to time
- Records.

Only those documents need to be brought under the Quality Management System that has a direct bearing on the quality of service at the service interface (delivery point) or for those processes that directly support the interface processes.

Service Quality Manual

It is the top level document specifying Quality Management System of a laboratory. It is generally an intent document, outlining the system and practices of the laboratory, used to implement the QMS. Purpose of this document is to present broad guidelines to assist the laboratory to describe in a systematic way, the methodology it uses to implement its quality management system. **Clause 4.2 of IS 15700** specifies the minimum content for a service quality manual. The format and structure of the manual is a decision for each organization, and will depend on the organization's size, culture and complexity. Some organizations may choose to use the quality manual for other purposes besides that of simply documenting the QMS. The typical content sheet on which the structure of service quality manual may be developed is given in **Annex D** of Guidance Document of IS 15700.

Citizens' Charter

It is a document declaring the intentions and the commitment of an organization for providing effective and efficient service, taking into account customer's expectations and minimum acceptable levels of service, thereby providing assurance that the organization complies with the service quality standards.

Quality Procedures

These are documents that provide information about how to perform activities and operations consistently, at a system/administrative level. It is an operating level document for carrying out any management activity. The structure and format of the documented procedures (hard copy or electronic media) should be defined by the organization in the following ways: text, flow charts, tables, a combination of the above, or any other suitable method in accordance with the needs of the organization. The documented procedures should contain the necessary information) and should contain a unique identification. Documented procedures may make reference to work instructions that define how an activity is performed. Documented procedures generally describe activities that cross-different functions, while work instructions generally apply to tasks within one function.

Internal Audits

Internal Audit requires an organization to look into its own system, procedures and activities in order to ascertain: -

- whether they are adequate and are being complied with.
- whether the system is as efficient and effective as it should be, and
- whether changes are needed.
 - i. It is a management tool to gain insight in to performance levels of all functional areas.
 - ii. To discover actual and potential weak areas.
 - iii. It helps in establishing internal bench marks for improvements.
 - iv. An internal audit can help in promoting interchange of good practices among various functions and department.
 - v. By rotating the auditing personnel in successive audits, the organization can provide to its personnel a better appreciation of other work areas, thereby improving decision making.
 - vi. Existence of an internal audit system prevents casual approach to work and often provides a challenge to prove efficiency.

Internal Audit Objectives

- Assessing the compliance or conformance with respect to intents and/or specified requirements.
- Assessing the compliance and effectiveness of established system.
- Assessing opportunities for improvement in the existing Quality Management System.

- Evaluation of suppliers competence in fulfilling contract requirements.
- Assessing compliance to regulatory requirements.

Terms used in relation to Internal Audits

Audit: Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled

Audit Criteria: A set of policies, procedures or requirements used as a reference - against which collected audit evidence is compared define the criteria.

Audit Evidence: Records, statement of facts or other information relevant to the audit criteria which is verifiable constitutes the evidence. Audit Evidence can be qualitative or quantitative.

Audit Findings: These are the results of the evaluation of the collected audit evidence against audit criteria. Audit findings can indicate either conformity or non-conformity with audit criteria or opportunities for improvement.

Audit Conclusion: Outcome of an audit, provided by the audit team/auditor, after consideration of the audit objectives and all audit findings.

Auditor: Person with the competence to conduct an audit.

Auditor Qualification: The combination of personal attributes minimum education, training, work and audit experience and competencies possessed by an auditor. The scope of the audits are generally defined by the Extent and Boundaries of an audit, typically referring to Physical location, Organizational units, Areas, Sections, Activities, Time period covered, etc.

Reference base for an audit is:

- Requirements specified in Indian Standard (IS 15700)
- Service Standards and Service Delivery Standards
- Stated Objectives and policies.
- Formally defined procedures
- Customer specifications.
- Legislations and Regulations

Internal Audit Planning

Audits are planned and managed to ensure that they are conducted in an effective and consistent manner and that the audit conclusions are credible. Audits are conducted using established methods and techniques to ensure that audit evidence and audit findings are relevant, reliable and sufficient to yield consistent audit conclusions.

Some basic plan must be drawn to decide the various activities and aspects that need be audited. These include internal functions performed by various groups within the department and also the external functions performed by the subcontractors,

suppliers, or other outside groups. Based on the importance and criticality of the functions and activities the frequency may be decided/varied within the overall frequency stipulated for the entire audit program. The plan can be drawn up in the form of matrix that shows all groups/functions/activities required to be audited along one axis and the planned and executed audits on the other axis. Depending on the criticality of the function/activity higher frequency can be planned by repeating the same. Similar plan can be made for external audits. An example of the matrix is shown below.

Departments	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Audit Planned

Audit Executed

Audit Planned Audit Executed
Scheduling of Audits

Based on the overall plan made as above, an annual audit schedule should be developed. The audit schedule should take in to consideration the following factors :

- Resources available.
 - Criticality and importance of the activity.
 - Proper timing for auditing various activities - audit should be scheduled at times when the activities can be observed, rather than be limited to auditing just records.
 - More frequent audits may be desirable in areas with known problems or where large number of complaints has been received.
 - The audit schedule should have certain amount of flexibility built in to it to be able to be modified in view of new information received, changes in nature of activity, special management requests, etc. The prepared audit schedule should be distributed to all concerned. A detailed audit planning schedule may then be prepared, say on a quarterly basis giving information regarding;
- Activity to be audited.
 - Audit dates.

- Audit team leader and members.

It is important that all affected managers of the audited group receive a copy of this schedule, including the external parties if they are included in the audit schedule. There are suggested nine steps that are useful in helping prepare for an audit. These are:

- Define the Purpose of the audit.
- Define the scope of the audit.
- Determine the resources to be applied.
- Identify authority for the audit.
- Identify the performance standards to be used.
- Contact the audited.
- Develop written checklist.
- Review performance history of the audited.
- Develop the initial understanding of the control systems.

While each audit is likely to be different from the others, these steps are common to all types of audits that may be performed. Hence an auditor can design and create his/her own checklist for preparation phase in order to ensure that all the steps are covered. The next step is to establish the scope of the audit. The scope establishes the limits and boundaries of the audit and identifies the items, groups and activities to be examined. Defining the scope also helps in making the most efficient use of the audit resources - manpower as well as time resources. The scope of an audit will vary considerably. Typically in an internal audit scenario, it is better for audit managers to breakdown the entire task in to smaller segments while planning the audit so that time availability of both the auditor and the audited departments can be planned and utilized effectively and optimally.

Examples of a typical Internal Audit scopes can be:

- Counter Services
- Complaints handling
- Personnel Management section
- Purchase activity.
- Entire Quality Management system of the organization

The scope of an audit has a great deal of effect on its length. If the scope is too large, it will be difficult to complete the audit in a reasonable time. Conversely too narrow a scope will waste valuable resources. In view of this, time resources of both auditors and audited and personnel availability should be kept in mind at audit planning itself and subsequently while deciding the audit scope. It should be properly balanced with the depth and extent requirement of the audit. Keeping track of the audit scope, may be one of the more challenging tasks for the audit team and particularly the team

leader. Often during the course of the audit additional areas in need of examination appear which may be outside the original scope of the audit. It must be decided at this point, whether the concern is important enough to be pursued immediately or it can wait separate examination at a later date. In order for the audit to be effective and successful the audit team members must be trained and should be aware of the rules and procedures and also must be knowledgeable of the processes to be audited.

Audit Checklist

A list of items to be examined / verified during the audit, prepared after examination of all audit criteria and documents is termed as audit checklist. This checklist serves as a guide to each member of the audit team, in order to assure that the full scope of the audit is adequately covered. It also provides a place for the documentation of each auditor's examination of evidence. Checklists should be used for reference as *Aide Memoir*, however and auditor should not become their servants. There is tendency to undermine the importance of checklists by the experienced auditors, however this often results in over-looking of vital aspects by them, if they choose to ignore checklists, thereby resulting in ineffective and inefficient audits.

Check list can also be classified as:

- **Criteria Checklists** - these are based on the Indian Standard and are used to verify the degree of compliance of the established system with the requirements of IS 15700
- **Assessment Checklists** - these are based on the procedures, process flow carts, standards etc. developed within the department and are used to verify whether the laid down criteria are being actually implemented Checklists can be standardized and given to the auditors for conducting audits.

Conducting the Internal Audit

An internal audit is less formal than an external audit, yet it must be conducted in a professional manner without prejudices or biases that an internal auditor may carry owing to his knowledge and experience. It is a fact finding activity and the results have to be generated, both for positive as well as negative compliances based on objective evidence alone. Before conducting an internal audit, the auditor (s) must ensure that the audited has been informed of the audit scope, date, time etc and that he (the principal) audited is actually available for audit.

The requirement for conducting a formal opening meeting is essential in an external audit, but optional for internal audits. If opening meeting is conducted, the

auditor must inform the purpose, scope, process and duration of the audit and agree on the status of the reference documents. Internal audits shall involve the examination of availability and understanding of documents, such as manuals, procedures, etc, the examination of records to establish compliance levels, the examination of analyzed data to see that measurements are taking place as intended and being used for trends analysis, the physical setting and environment where service delivery is taking place, the organization of responsibilities and duties within the department, effectiveness of information flow and channels of communications and interview with personnel within the audit scope to establish that they are aware of their responsibilities, and their contributions in meeting quality objectives. All audits are based on samples, as it is impossible to examine all the documents, records and personnel on cent per cent basis. The selection of the right sample is therefore very critical in an audit.

Audit Findings and Observations

Audit findings are the results of evaluation of collected audit evidence against the audit criteria and can indicate either conformity or non-conformity with audit criteria or opportunities for improvement. Generally speaking, the unsatisfactory conclusions are termed as findings/ non-conformities and opportunities for improvements as observations. In any case findings/non-conformities are generally, something that can lead to, or has resulted in a condition adverse to quality and needs to be corrected immediately. An observation is a detected system weakness which, although not a non-conformity, if not corrected, will in time result in degradation of product or service quality. In internal audit scenario observations assume great significance since they can become definite vehicles for improvement.

Non-Conformities (Non-Conformances)

In audit parlance a non-fulfillment of a requirement is termed as a non -conformity. Non-conformity can be classified as major or minor. A major non-conformity is: -

- Absence of a procedure required by standard.
- Significant failure to implement a procedure.
- Direct-effect on quality of results.

All other non-conformities are minors.

During the audit where auditor finds no evidence of discrepancies they should proceed quickly. If there are problems auditors must examine the evidence to the depth necessary to gain objective evidence.

Corrective Action

The official definition of this term is - **"Corrective Action is the action to eliminate the cause of detected nonconformity or other undesirable situation."** There could be more than one cause for nonconformity. Corrective action is the action taken to prevent reoccurrence, as opposed to preventive action which is taken to prevent occurrence. Further there is a distinct difference between corrective action and correction, which is the action to eliminate detected non-conformity. The basic principle of corrective action is that, as a first step the conditions adverse to quality must be promptly identified and corrected. The next step is to do a root cause analysis to identify the reasons for its occurrence in the first place and then take actions to prevent its repetition. This later portion of the corrective action process is most difficult to implement. The true causes of problems are difficult to identify.

Any corrective action program has three fundamental components:

- To find the problems.
- To fix the problems (Correction).
- To correct the causes of problems (Corrective action).

The audit program along with other forms of monitoring like inspection and surveillance addresses only the first step - Finding problems. When addressing the solutions to problems/non-conformities, it is important that immediate correction of the specific reported deficiency, not be confused with action taken to correct the cause of the problem and prevent its recurrence. The action of corrective action program is to analyze and remove these impediments to quality, safety, reliability, productivity, etc. It must be a serious and continuous process. In most cases when a deficiency / non-conformity is pointed out, immediate action is taken to correct the same, however it may take some time for the audited to complete the root cause analysis for the problem occurred, identify the action required to be taken to prevent recurrence of such problem in future, which may in fact take some more time. The reporting for the internal audit program could allow for the same.

Audit Report

The final **Product** of any auditing activity is the audit report. Hence for the auditing activity to be credible and successful it is essential that audit report has certain characteristics, which are: -

i. Verifiability

The audit report should be verifiable. By giving appropriate references to specific items, records, persons, locations, activity, etc an element of verifiability can be built in to the report. One of the main purposes of the structured checklists is to record

verification information. The completed checklist should be kept in file as backup. Simple, clear and direct language of the report can also reinforce the element of verifiability of the report.

ii. Inferences

An inference is a statement about the unknown made on the basis of the known. For example, one may infer say lack of control over purchase activity from the number of rejections of the received material on receipt. The technique of gathering and analyzing facts allows for presentation of the inferences in an understandable and logical fashion, so that any reasonable person, presented with the same facts will draw similar conclusions. However one must keep in mind that most people would need more convincing (stronger facts and more of them) if the inference does not support a previously held conviction.

iii. Judgments

Judgments are expressions of approval or disapproval. Like inferences, they can not be avoided. Hence an auditor must be aware of the judgments used in the report. The most important part of the entire report, the summary section is basically one big judgment. While making a judgment it is very essential that they must be made very clear and understandable and by providing adequate evidence as gathered during the audit. This is especially true if the judgments are of adverse nature from the receivers' point of view. The Internal Audit report shall include all the non conformities determined and the corrective actions proposed by the audited together with an indication of the time frame for taking the corrective actions. In internal audits, it is also a good practice to report positive compliances based on the checklist and auditors suggestions for improvements. The Report is submitted to the audit manager, who reviews it and takes further actions for closing out the internal audit.

iv. Response to the Audit Report

After the audit report is issued, a response is required from the audited, if any nonconformities, findings or observations are presented. 30 to 45 days from receipt of audit report is typically the turnaround time for this response. Although for some of the nonconformities, depending upon the magnitude of gap, especially if they are document adequacy based, the correction and the corrective action may be same - modifications in Quality manual, procedure and/or work instructions. However in many cases the audited responsible for the relevant area may require time to think over all the aspects of changes required to be made, the repercussions of changes on other aspects of the management system, etc, before finalizing the changes.

Follow-Up Audit Activities and Audit Close Out Actions

Once the response has been analyzed and found acceptable, the promised corrective action needs to be verified in some fashion before the non-conformity can be closed. The options available for this are: -

- The response adequately describes the conditions of change and there appears a reasonable chance of success, than the same may be accepted and nonconformity may be closed immediately.
 - If, some proposed corrective action involves new or revised documents, the same could be forwarded to the auditors and based on the documentary evidence of satisfactory corrective action the same may be closed.
 - In certain cases merely a promise and subsequent production of documentary evidence of corrective actions by the audited, may not be considered adequate to determine the effectiveness of the corrective action in mitigating the problem. In such cases a follow up visit will be required to verify the implementation and effectiveness of the corrective action. This visit is generally restricted to verification only and does not call for looking in to the entire system or new audit areas, and is best done by the auditor(s) who had carried out the earlier audit.

In actual practice closeout action for the audit may be a combination of all the three options as stated above. For some of the Nonconformities, even though they are closed based on objective actions, it may be desirable to verify subsequent continued compliance. This can be done by keeping appropriate notes for the auditors during subsequent audits, by the audit manager.

Keeping track of the corrective action required to be taken within the agreed time frame, arranging for verification of its adequacy (taking the help of team leader/auditor) is the responsibility of the audit manager of the auditing organization.

Implementing IS: 15700

In order to ensure smooth implementation of the standard, in this chapter a step by step approach has been adopted. It will enable the organizations to proceed in an orderly manner without missing out any significant activity. Further, activities that are required to be undertaken at the central office as against those to be done at the front end have been separately dealt with. There may be some organization specific activities that may be suitably built into these steps.

Implementation Plan for Central Office

- Set up high level organizational steering committee

- Organize first meeting of steering committee
 - Awareness Training for Steering Committee / Implementation Committee members
 - Organize meeting of Implementation Committee
 - Planning and conducting initial qualitative survey among customers
 - Collation of Comments and suggestions from Initial survey
 - Organize 1st Workshop meeting of public dealing staff and supervisory officers
 - Organize external training on IS 15700 for Potential trainers / implementers (3 days)
 - Organize 2nd Workshop meeting of public dealing staff and trained officials
 - Identify Service Outlets for Pilot Project
 - Appoint Nodal Officer for Service Outlet
 - Organize internal training of related staff in Service Outlets
 - Formulation of Citizen's Charter¹
 - Facilitate drawing of improvement plan for each outlet²
 - Documentation of Quality Manual and 3 mandatory Procedures
- 1 See Implementation Plan for formulation of Citizen's Charter
2 See Implementation Plan for Service outlet

Formulation of Citizens' Charter

- Set up Working Group for recasting of Citizen's Charter (10 -12 member group)
- Organize first meeting of Working Group for Citizens Charter
- Prepare 2nd Survey Questionnaire (Measurement of Gap between customer expectations and perceptions in respect of service)
- Organize second meeting of Working Group for Citizens Charter
- Conduct Second Survey
- Collate other general information for inclusion in Citizens Charter
- Collate results of second survey
- Organize third meeting of Working Group for Citizens Charter
- Wide circulation of recommended Citizens charter (web site publication, internal circulation, other relevant stakeholders)
- Organize staff meeting to discuss proposed Citizens Charter
- Organize fourth meeting of Working Group for Citizens Charter
- Approval of Citizens Charter
- Issue to all offices / PR Department / IT Department for wide dissemination

Implementation Plan for Service Outlet

- Identify front line services
- Linking support processes
- Listing service deficiencies (based on inputs available)
- Prioritizing major deficiencies using weightages (ranking by employees)

- Significant impact on customer satisfaction
- Repeated occurrences
- Selecting top 80 % problems based on combined weightages
- Root cause analysis (through brain storming / Fish bone analysis / Why- Why analysis etc and other inputs available) for each service deficiency - Identifying responsible causes: persons, procedures, equipment, consumables
- Documenting possible improvement actions
- Classifying improvement actions

TYPE A: Solutions through small re-arrangements, without additional resources

TYPE B: Solutions within administrative powers at unit level - training, local procedures, local level resources

TYPE C: Solutions beyond units jurisdiction - Policy, Administrative Procedures, Personnel, Computing hardware / Software

- Introducing TYPE A changes within local environment
- Action Planning for TYPE B Solutions.
- Reference to Superior Office for TYPE C Solutions
- Implement TYPE B / C changes as per Action Plan and keep reviewing
- Recording perceptible improvements for each change
- Documenting Work Instruction for stabilizing changes
- Introducing Document Control Procedure
 - Listing all existing applicable procedures / instructions / Rules and Regulations relevant to customer services
 - Preparing Master list of applicable documents
 - Establishing latest status of each document - ensuring availability
 - Identifying forms / registers / relevant to customer services
 - Reviewing adequacy of forms - simplifying where permissible
 - Bringing additional work instructions under document control
 - Designating approving authority for document control
 - Numbering all documents
 - Issuing documents through document control procedure
- Introducing Record control procedure
 - Master file index
 - Reorganizing storage / archiving systems for quick retrievability
 - Fixing record shelf life
 - Introducing Complaints Handling Procedure
 - Deciding Appellate authority

- Integrating Service Standards in workflow when Citizens Charter (CO level activity) is ready
- Formulating internal process standards to support service standards
- Adopting Service Quality Manual / Quality Objectives (CO level activity) under Document Control System
- Setting up internal monitors to check service standards and records thereof
- Introducing Procedure for continuous monitoring of customer feedback
- Setting up data analysis worksheets
- Setting up Display boards for Quality Policy, Citizens Charter Service Standards, Complaints handling relevant information
- Training of internal auditors
- Conducting Internal Audits and taking follow up corrective actions
- Conducting Management Review (Service Outlet level)
- Setting up system for monthly submission of reports to CO / Superior Office
- Apply for certification after 3 months of management review

Summary of Action for Implementing IS: 15700

Suggested Steps

Step 1 - Preparation

For successful implementation of the standard, it is important all concerned in an organization are fully aware of the underlying philosophy, key concepts and the processes involved in making its practice operational. It is crucial to realize that while the standard is certifiable, and any certified organization can take legitimate pride in having fulfilled the requirements of the standard, *it is at best a means to an end and not an end in itself*. The key focus of the standard is the "customer" or "citizen."

All actions or activities carried out for implementing this standard must necessarily be citizen-centric and intending not only to provide him/her a far greater satisfaction, but also empower a common citizen to expect and seek a vastly superior service quality. To that extent, it will require a major paradigm shift in the approach to providing service, thereby creating an entirely new work culture that is service oriented, citizen-centric, quality driven and with a strong bias for action. Training and retraining is perhaps the major tool for ensuring proper preparation of the organization not only at the intellectual level, but also at the mental/emotional level, that will result in willing and enthusiastic implementation of the standard.

Step 2- Documentation

In the chapter on Implementation a step by step approach has been given. A good starting point will be to start working on Citizens' Charter, followed by developing Quality Manual and other mandatory documentation.

Step 3 Implementation

It will involve aligning the day to day operations/ working of the organization to the requirements of the standard, making some mid-course correction if required, till smooth switch over takes place and the new work culture develops. Top management commitment and involvement of people will go a long way in successful implementation of the standard.

Step 4 Internal Audit

A round of internal audit will provide the necessary feed back and support for making it an on going activity. Continual improvement which is the back bone any quality initiative is fully applicable to quality of service in this case as well.

Step 5 Use of P D C A Cycle

Even after successful implementation, it will be a good idea to use the PDCA concept for perpetual customer/citizen satisfaction.