WORLDWIDE QUALITY ASSURANCE LTD

SEVERN HOUSE, MANDALE BUSINESS PARK, DURHAM, DH1 1TH, UK

INITIAL - (STAGE 1)

AUDIT REPORT

COMMISSION ON HUMAN RIGHTS
Site 1 - Region III, San Fernando City, Pampanga
Site 2 - Region IV-A, San Pablo City, Laguna

Report Number/Type/Date/Duration	Certification Standard UKAS / Non-UKAS	Site address and contact telephone numbers
IA Initial Assessment – Stage 1 Date 14, 20 November 2018 Man-Days 3	UKAS ISO 9001:2015	Site 1 - Region III, San Fernando City, Pampanga Site 2 - Region IV-A, San Pablo City, Laguna

Proposed Scope of Certification	Proposed EA Code
Provision of Human Rights Protection, Promotion, and Policy Advisory Services in Region III and Region IV-A	

	AUDIT PLAN	**Company Name**	Commission on Human Rights
		Client Number	

Type Of Audit	**Initial Stage** √	**Surveillance** ☐	**Recertification** ☐	**Transfer** ☐	**Special** ☐
Sites to be Audited	Site 1 - Region III, San Fernando City, Pampanga Site 2 - Region IV-A, San Pablo City, Laguna				

Planned Audit Dates(s)	14 , 20 November 2018	**Time Duration**	8:00 am-6:00 pm
Audit Team & Responsibilities	Nellie Ang (Team Leader), Agnes Manuel-Picardo		

Audit Objectives	To assess conformity to ISO 9001:2015 Standard and readiness to Stage 2 Certification Audit.
Audit Criteria	ISO 9001:2015 Standard
Audit Scope	Provision of Human Rights Protection, Promotion, and Policy Advisory Services in Region III and Region IV-A
Confidentiality	WQA staff and auditors will keep all client information confidential and shall not disclose any such information to a third party, except required by law or accreditation bodies as part of our accreditation requirements. All staff and auditors have signed independence, impartiality, conflict of interest and confidentiality statements.

Date	**Time**	**Assessor**	**Area – Region Iv – A, San Pablo City, Laguna**
14 November 2018	8:00 –8:30 am	Nellie Ang Agnes Manuel-Picardo	Opening Meeting – Video Conferencing
	9:00 – 12 am	Nellie Ang (Central)	**Top Management** 4.0 Context of the Organization 5.0 Leadership 6.0 Planning 9.3 Management Review
		Agnes Manuel-Picardo (Region IV-A)	**Human Rights Protection** 8.5 Provision of Services 8.6 Release of Services 8.7 Control of Non-Conforming Outputs 9.1 Monitoring, Measurement, Analysis and Evaluation **Human Rights Policy Advisory** 8.5 Provision of Services 8.6 Release of Services 8.7 Control of Non-Conforming Outputs 9.1 Monitoring, Measurement, Analysis and Evaluation
			Noon Break
	1:00 -4:00 pm	Nellie Ang (Central)	8.1 Operational Planning and Control 8.2 Requirements for Products & Services 9.2 Internal Audit 7.5 Documented Information

		Agnes Manuel-Picardo (Region IV-a)	**Human Rights Promotion** 8.5 Provision of Services 8.6 Release of Services 8.7 Control of Non-Conforming Outputs 9.1 Monitoring, Measurement, Analysis and Evaluation **Administration and Finance** 7.1 Resources 7.2 Competence 7.3 Awareness 7.4 Communication 8.4 Control of External Providers
	4:00- 5:00 pm	Audit Team	Consensus Review
	5:00 pm	Audit Team and Organizations key personnel	Closing Meeting – Video Conferencing

Date	Time	Assessor	Area – Region III – San Fernando Pampanga
20 November 2018	8:00 –8:30 am	Nellie Ang	Opening Meeting
	9:00 – 12 am	Nellie Ang (Region III)	**Human Rights Protection** 8.5 Provision of Services 8.6 Release of Services 8.7 Control of Non-Conforming Outputs 9.1 Monitoring, Measurement, Analysis and Evaluation **Human Rights Policy Advisory** 8.5 Provision of Services 8.6 Release of Services 8.7 Control of Non-Conforming Outputs 9.1 Monitoring, Measurement, Analysis and Evaluation
			Noon Break
		Nellie Ang (Region III)	**Human Rights Promotion** 8.5 Provision of Services 8.6 Release of Services 8.7 Control of Non-Conforming Outputs 9.1 Monitoring, Measurement, Analysis and Evaluation **Administration and Finance** 7.1 Resources 7.2 Competence 7.3 Awareness 7.4 Communication 8.4 Control of External Providers
	4:00- 5:00 pm	Audit Team	Consensus Review
	5:00 pm	Audit Team and Organizations key personnel	Closing Meeting

Audit Plan Prepared By	Name	Nellie Ang
	Signature	NA
	Date	23 October 2018

The audit plan is flexible enough such as to permit any changes that can become necessary as the on-site audit activities progress.
The audit is based upon a representative sampling method therefore there may be non-conformances within the system that have not been identified during this audit.
Please inform WQA Ltd if you object to the appointment of the auditor or team members stated in this audit plan prior to the audit date.

Note any deviations or issues affecting the completion of the audit plan.

ATTENDANCE REGISTER

Opening Meeting : Time: 8.00   Date: 14 Nov 2018

NAME (PRINT)	POSITION
PLEASE REFER TO LIST OF ATTENDANCE IN THE ATTACHMENT	

Closing Meeting : Time: 20.00   Date: 14 November 2018

NAME (PRINT)	POSITION
PLEASE REFER TO LIST OF ATTENDANCE IN THE ATTACHMENT	

9001:2015 REQUIREMENTS

The following checklist must be used to ensure that the certified company is compliant with the requirements of ISO 9001:2015. The checklist focuses on the new requirements e.g. clause 4.1 & 4.2.

REQUIREMENT	EVIDENCE REVIEWED	COMPLIANT
Copy of Standard Available	There are a total of 24 copies of ISO 9001:2015 Standard, for the QMS Team, Region III, and Region IV-A use.	YES
Training and awareness in new requirements.	Internal Auditor: 1. ISO 9001:2015 Interpretation and Application, May 2-3, 2017, by Neville Clark 2. ISO 9001:2015 Internal Auditor Training (Process Risk and Performance Based Approach), July 10-11, 2017, by Neville Clark 3. ISO 9001:2015 Internal Quality Audit Training, Sept 14-15, 2017, by Xpert International 4. Tools & Techniques for Internal Auditing, Feb 28-Mar 2, 2018, by Association of Government Internal Auditors, Inc. Process Owners: 1. Internal Quality Audit Training , 14-15 Sept,2017 , 23 attendees, Xpert International 2. Internal Quality Audit Training , 9 Oct,2017 , 14 attendees, Xpert International	YES
Understanding of Clauses 4.1 & 4.2	The Context of the Organization forms the basis for the whole Quality Management System. CHR considered all issues relevant to its purpose and strategic direction that may influence the performance of its QMS. Determined during Strategic Planning Meetings, these are classified as either Internal or External Issues. For continual improvement of the QMS, CHR monitors and reviews these Internal and External Issues in its Management Reviews. Internal Issues are as follows: 1. Ageing of cases that averages at 1,200 days 2. Weak Organizational Structure, Systems, and Processes 3. Lack of clear and effective Promotions and Communications Strategies 4. Lack of Budget and other Resources including but not limited to Human Resources and Research Infrastructure External Issues are as follows: 1. Increase in Extra-Judicial Killings, Summary Execution, Torture Cases, Inhuman and Degrading Treatment in the execution of Anti-Crime Campaign 2. Legislative Prioritization of the Re-imposition of Death Penalty and Lowering of the Minimum Age of criminal responsibility 3. Negative Perception on Human Rights by the general public which shapes the paradigm shift of Duty Bearers'	YES

	Perception on the role of Human Rights in the society 4. Unabated high Poverty Rate that negates enjoyment of economic, social, and cultural rights 5. Worsening climate/environment which causes increasing displacement of people and communities 6. Continuing Insurgency 7. Business and Worker problems due to the ASEAN Economic Integration and Development Aggression 8. Aggressive Foreign Intrusion 9. New Human Rights Laws, including Human Rights Education and Training Policies, are already in place 10. Formulation of a new Philippine Developmental Plan, budget reforms of the Department of Budget and Management 11. Increasing attractiveness of the CHR to Donors 12. Media Mileage on Human Rights Issues The above Lists of Internal and External Issues were used to determine CHR's Strengths, Weaknesses, Opportunities, and Threats (SWOT) during the Context Analysis Workshop with the Civil Society Organizations held in May 2018.	
How have they addressed the Risk Based Approach?	**Risk and Opportunity Management** Top Management is responsible for incorporating Risk-Based Thinking in the organization's culture, i.e., in its daily operation. The scope of its Risk and Opportunity Management process includes the assessment of each process and sub-process in the QMS for potential nonconformity, problem, or failure. For each issue, the Potential Cause and Potential Effect are defined. The current Control Prevention and current Control Detection in combination with the Risk Priority Number (derived from Severity, Occurrence, and Detection Ratings) will prompt the responsible units to come up with a more effective Risk Management and Target Completion Date. Evaluation is performed after six months for further recommendation and reassessment of the Risk Priority Number, as part of the Continual Improvement of the QMS. The Risk Registry (CHR-QMS-RR-002) is submitted by the different departments as follows: Human Rights Protection – with 6 risks Human Rights Policy Advisory – with 1 risk Human Rights Promotion - with 3 risks Administrati9n and Finance – with 3 risks	YES
Involvement of Leadership.	**Leadership – Top Management** The Commission En Banc (CEB) is the highest authority in CHR. One of its many responsibilities is the establishment and maintenance of the QMS and other relevant management systems. The CEB is composed of a Chairperson and four Commissioners appointed by the President of the Philippines. The CEB ensures effective leadership by designating to each Commissioner a Focal Commissioner responsibility in the areas of Operations Management, Operations Oversight, Committee & Task Force Organization, and Review of Investigative Findings for proper top management support to its mid-level management.	YES

	The Executive Director is the highest authority in the directorate which is the mid-level management composed of Office Heads/Directors in the Central Office and the Regional Offices, The current Executive Director spearheads the QMS set-up and implementation project	
	Top Management demonstrated its leadership and commitment to the QMS in all phases of the PDCA Cycle in order to achieve and maintain control and continual improvement of the processes and services to its customers. They are as follows:	
	Plan • Establish the Organizational Context and Strategies • Determine the Customer and applicable Statutory and Regulatory Requirements and Commitments Do • Develop the Quality Policy and Quality Objectives of the QMS in alignment with its Context and Strategic Direction • Provide Resources • Assign Process Owners • Focus on improving Customer Satisfaction and achieving Quality Objectives • Address Risk and Opportunities Check • Review System and Process Performance Data ensuring alignment is maintained with context and strategy • Review Quality Policy and Quality Objectives Act • Agree to changes and implement improvements to maintain the integrity of the QMS and its processes	
Has the Quality Policy been communicated and is it understood?	**<u>Quality Policy and Objectives</u>** In line with its Company Mission, Vision, and Core Values, the Quality Policy of CHR is as follows: *We, the Commission on Human Rights, commit to provide prompt, accessible, responsive, and excellent public services in accordance with our Constitutional mandates and universal human rights standards, and continually improve our Quality Management System to meet the requirements of our clients and stakeholders.* Top Management leads in assuring the fulfilment of its commitment for quality through active participation of all employees and effective implementation of Quality Management System. Quality Objectives are defined from the Agency Strategic Plan. These outcomes-oriented institutional objectives are cascaded to departments and individuals, wherein the success indicators of each are specified under the Strategic Performance Management System (SPMS) which will eventually be linked with Performance Monitoring. The Quality Plan shows the Quality Objectives, Success Indicator, and Responsible Units. (CHR-QMS-QP-001), for Human Rights Protection Program, Human Rights Policy Advisory Program, Human Rights Promotion Program, and	YES

	Administration and Finance.	
Has clause 8.4 been addressed?	**Externally Provided Products and Services** External Providers has three classifications: 1. External Providers for supplies, materials, and equipments 2. External Providers for Computer Maintenance, Housekeeping, and Security Services 3. External Providers for Project Staff and Consultancy Services All externally provided products or services conform with applicable provisions of 2016 Revised Implementing Rules and Regulations of Republic Act 9184 or the Government Procurement Act, an act providing for the modernization, standardization, and regulation of the procurement activities of the Government and for other purposes via competitive bidding. All procurements are according to Budget approved by Department of Budget and Management (DBM). The Annual Procurement Plan is derived from CHR's Strategy Plan which maps out to Programs, Activities and Projects Plan (PAP) per department, and the Annual Work and Financial Plan (AWFP) and Project Procurement Management Plan (PPMP) per PAP. Budget Utilization is monitored on a monthly basis. Procurement is made by logging on-line to the Philippine Government Electronic Procurement System (PhilGEPS) of the DBM, Items worth at least 50,000 pesos must be posted for bidding. Available Items are printed in the DBM Procurement Service Price Quotation and Stock Availability Certification. Items not available in the PhilGEPS will have to be purchased from accredited suppliers, after canvassing from at least 3 suppliers (these suppliers applied for accreditation through PhilGEPS as well). Evaluation of External Providers is performed annually, or as a project or consultancy service is completed (E.g. Evaluation Sheet/Feedback Form for External Providers – for lease of venue).	YES
Is there Documented Information where required?	**Documented Information** All Mission Orders, Implementing Rules and Regulations are derived externally from the 1987 Philippine Constitution, Executive Orders, and Republic Act of the Philippines. Internally, all Core Process Procedures and Work Instructions (PAWIM) for implementation are approved by the Commission En Banc through a signed Resolution. Other Documented Information includes Process Flowcharts, Memorandum, Analysis and Reports. These are maintained and retained as evidences of QMS implementation and conformity to the ISO 9001:2015 Standard. Mandatory Documents:	YES

	1. Scope of the QMS (4.3), found in Quality Manual 2. Quality Policy (5.2), found in Quality Manual 3. Quality Objectives (6.2), found in Quality Manual; Departmental Quality Objectives and Targets are also filed with the different department heads. 4. External Providers – Accreditation and Evaluation (8.4), found in Quality Manual and Purchasing procedures Mandatory Records 1. Calibration Records (7.1.5.1) not appicable 2. Employee Competence (7.2) – Resume, Education, Trainings, Work Experience, Seminar Evaluation Form Summary 3. Review of Requirements of Products (8.2.3) from Needs of Interested Parties, Customer Satisfaction Survey, Strategic Plan, 4. Design and Development Planning (8.3.2) not applicable 5. Design and Development Inputs (8.3.3 not applicable 6. Design and Development Control (8.3.4) not applicable 7. Design and Development Outputs (8.3.5) not applicable 8. Design and Development Changes (8.3.6) not applicable 9. Production and Service Provision (8.5.1) Citizen's Charter, Social Media Page and Accounts 10. Traceability(8.5.2) MAREIS and PENTAHO System 11. Property of 3rd Party (8.5.3) MAREIS 12. Control of Changes in Production Provision (8.5.6) CHR Resolution 13. Release of Products (8.6) Final Investigative Report, Monthly and Annual Jail Visitation Report, Policy Advisory Submitted, 14. Control of Non-Conforming Outputs (8.7) Individual Performance Monitoring and Coaching Form (IPMCF), Developmental Planning Form 15. Effectiveness and Performance of QMS (9.1) Customer Satisfaction Survey Result, Evaluation of Outsourced Services, Quality Plan, Accomplishment Report, Board Performance Report, Annual Strategic Planning, Management Review 16. Internal Audit (9.2) Internal Quality Audit Plan, Audit Findings 17. Management Review (9.3) Minutes of the Management Review Meeting 18. Non-Conformity and Corrective Action (10.2) Corrective Action Report	

AUDIT EVIDENCE

CHR Resolution AM2018-217 Quality Management System Manual, Executive Order No. 605 s.2007 Institutionalizing Quality Management Systems in Government, Citizen's Charter, Customer Feedback Form (CHR-CHAD-FORM-003), List of Relevant and Prioritized Interested Parties (CHR-PMO-ML-002), Quality Plan (CHR-QMS-QP-001), Risk Registry (CHR-QMS-RR-002),Severity Criteria, Occurrence Criteria, Detection Criteria, Procurement Flow Chart (CHR-R03-PR-011), Work Instructions on the Evaluation of External Providers (R03-WI-001, Project Procurement Management Plan, Annual Work and Financial Plan, Report of Budget Utilization Rate on Obligations and Disbursement, Agency

Procurement Request, DBM Procurement Service Price Quotation and Stock Availability Certification, Multi-Media Request Form (CHR-SCD-FORM-013), Guidelines for the One-Voice Policy of the Commission, Interim Guidelines for Social Media Operations, Interim Guidelines for Regional Social Media Operations, Social Media Do's and Don'ts, CHR Facebook Community Rules, Social Media Campaigns, Transaction Documentation Form (CHR-CHAD-FORM-010), CHAD Referral Slip, OED Routing Slip (CHR-OED-RS-001), Individual Performance Commitment and Review Form (iPCR), Office Performance Commitment and Review Form (OPCR), Developmental Planning Form, Individual Performance Monitoring and Coaching Form (IPMCF), SPMS Calculator, Summary of Regional Office 3 Completed Request For Action Reports 2018, CHR Resolution No. AM 2016-293 – CHR Investigation and Case Management Manual, Investigation and Case Management Flow Chart (CHR-R03-PR-004), CHR Procedures and Work Instructions Manual – Preventive Jail Visitation, Jail Visitation Flow Chart, (CHR-R03-PR-002) Regional Jail Visitation Plan (CHR-LO-VD-FR-001-001, Jail Visitation Plan Implementation Monitoring Matrix (CHR-LO-VD-FR-001-002), Monthly Jail Visitation Accomplishment Report, Annual Jail Visitation Accomplishment Report, Jail Visitation Form – Jail Profile (CHR-LO-VD-FR-002-001), Jail Visitation Form – Inmate Profile (CHR-LO-VD-FR-002-002), Jail Visitation Report (CHR-LO-VD-002-005), Client Satisfaction Survey Results for Jail Visitation, Legal Counseling / Assistance Flow Chart (CHR-R03-PR-003), HR Policy Advisory Flow Chart (CHR-R03-PR-006), HR Promotions – Advocacy Linkages Flow Chart (CHR-R03-PR-005), HR Education Flow Chart (CHR-R03-PR-004), Records Management Flow Chart (CHR-R03-PR-008), Cash Advance on Travel Flow Chart (CHR-R03-PR-010), Cash Flow Remittance Flow Chart (CHR-R03-PR-009), Recruitment for 1st, 2nd. And 3rd Level Positions Flow Chart (CHR-R03-PR-007), Project Procurement Management Plan, Annual Work and Financial Plan, Report of Budget Utilization Rate on Obligations and Disbursement, Service Vehicles Maintenance Logbook, Daily Maintenance Activity for Vehicles, Equipments Maintenance Logbook, Daily Maintenance Activity for Building Premises, Fixtures, and Furnitures by Utility Worker, Monthly Maintenance on Building Premises, Computers, Furniture and Fixtures, Quarterly Maintenance on Vehicles

OPPORTUNITY FOR IMPROVEMENT

OFI Reference No.	Detail of OFI	Related Clause in Standard
OFI 1 NA	. There is a new Capacity Assessment conducted by the United Nations Human Rights and the Asia Pacific Forum last August 6 to 20, 2018. Result of this Assessment includes a review of the current strengths and weaknesses of the Commission as well as the extent of the fundamental elements the current system possess in order to meet its mandate. Consider to use this as new inputs to the Context of the Organization, and identify improvements to the QMS.	4.0, 10.3
OFI 2 NA	The ff are indicators of Non-Conforming Outputs: 1. Low Customer Satisfaction Rating from the Customer Feedback Form 2. Customer Complaint from the Customer Feedback Form 3. Negative Feedback from Customer Feedback Form of Strategic Communication Division 4. Low Rating in the Individual Performance Commitment Review using the Strategic Performance Management System 5. Non-Conformity Findings from the Internal Quality Audit and External Quality Audit	8.7

		These Non-Conforming Outputs must be documented and controlled via the Request for Action Guideline (Corrective Action Report). The Request for Action Guidelines must be updated to address non-conformities described in (1) to (4) above.	
OFI 3 NA		The Management Review Meeting must include in its agenda the Effectiveness of Action Plans taken to address Risk and Opportunities, Non-Conformities and Corrective Actions, and Performance of External Providers.	**9.3**
OFI 4 AMP		Region IV-A does not have an updated Master List of Documents.	**7.5**

NON-CONFORMITIES ARISING FROM THIS AUDIT

NC Reference No.	Detail of NC	Related Clause in Standard
NC 1 AMP	Region IV-A does not have a Procedure for the Evaluation of External Providers	8.4

Number of Non-Conformities
1

Number of OFI's
4

The non-conformities identified require corrective and preventive action, firstly to correct the identified non-conformance and secondly to examine the underlying cause and implement the changes necessary to prevent recurrence. The investigation and resulting actions may take time, and therefore require the preparation of an action plan.

In the event of non-conformities being raised please submit a plan for review no later than ???.

AUDIT SUMMARY

General Summary

This Assessment was conducted in two sites, Region III in San Fernando Pampanga and Region IV-A in San Pablo Laguna. In addition to this, one man-day was spent to interview Top Management in the Central Office, which is composed of the Commission en Banc and the Executive Director, to address leadership issues and support processes.

The Assessment covered the following core processes:

1 Investigation and Case Management
   The Regional Offices, as frontliners, implement the process, from investigation to case resolution and filing. All cases are uploaded to the MAREIS System for monitoring and evaluation of performance of this process. In addition to this, a PENTAHO SQL Query is already in place to support the information management needs of the Regional Offices. Some cases are for legal assistance or financial assistance only, and the Regional Office also extend their help until the client is satisfied.

2. Jail Visitation
   The Regional Office also conducts visits to jails and detention centers, following PAWIM on Jail Visitation. The PAWIM is approved by the Commission En Banc as the implementing rules for the conduct of this process, as well as the information to be gathered and reported. The MAREIS has a Jail Visitation Module to hold relevant records on Jail Profile and Inmate Profile.

3. Human Rights Promotion
   The Regional Offices implement this process by conducting education and training programs, information campaigns. Civil Service Organizations are sometimes tapped as partners for this endeavour.

4. Policy Advisory
   Regional Office provides advisory and technical services for the development and implementation of Human Rights Policies.

At 30 years of being the watchdog of the Filipino people on Human Rights, independent from the Executive, Legislative, and Judicial Branches of the government, the CHR upholds its mandates from its creation by the 1987 Philippine Constitution to the present proudly, at its home-base and in international forums, led by a dedicated team of lawyers and administrators. The CHR uses modern information technology to hold records, monitor status, and deliver management reports with ease and efficiency, anywhere in this archipelago of more than 7000 islands(latest count=7641).

Capability of the Management System

Three main features are found in the CHR QMS to promote efficiency:
1. Performance Management System
2. Citizen's Charter
3. Client Feedback System

In addition to this, two QMS support systems have been true to its name:
1. Public Affairs and Strategic Communications
2. Planning and Management Information System

Internal Audit and Management Review Process – Conformity and Effectiveness

Internal Audit

The following ISO 9001:2015 Trainings were completed by the Internal Audit Division Officer-in-Charge before the Internal Quality Audit:

1. ISO 9001:2015 Interpretation and Application, May 2-3, 2017, by Neville Clark

2. ISO 9001:2015 Internal Auditor Training (Process Risk and Performance Based Approach), July 10-11, 2017, by Neville Clark

3. ISO 9001:2015 Internal Quality Audit Training, Sept 14-15, 2017, by Xpert International

4. Tools & Techniques for Internal Auditing, Feb 28-Mar 2, 2018, by Association of Government Internal Auditors, Inc.

Other members of the Internal Audit Division were also trained in various Internal Auditing Courses.

Process Owners attended an Internal Quality Audit Training in two batches by Xpert International, Sept 14-15, 2018 with 23 attendees and Oct 9, 2018 with 14 attendees.

The Internal Audit was conducted from September 18-19, 2018 following an Audit Plan compliant with ISO 9001:2015. Root Cause Analysis was performed on the Audit findings and Corrective Actions were recommended. A Detailed Audit Report and Summary of Findings were available.

Management Review

Management Meeting was held last Oct 19, 2018 with all Regional Directors in attendance. Inputs to the Management Review were compliant to ISO 9001:2015 standard except for:
1. Effectiveness of Action Plans taken to address Risk and Opportunities,
2. Non-Conformities and Corrective Actions, and
3. Performance of External Providers

Improvement

CHR Capacity Assessment was conducted last August 6 to 20, 2018 by United Nations Development Programme (UNDP) and Asia Pacific Forum (APF). The previous Capacity Assessment was in 2015 at the start of the term of the 5th Commission (Term 2015-2022). Now on its half-time, the Capacity Assessment aims to:
1. have a rigorous review of CHR's current strength and weaknesses,
2. assess the extent to which it has the fundamental elements to meet its mandate of Promoting and Protecting Human Rights in the Philippines,
3. propose strategies and actions for strengthening capacity and filling the capacity gap,
4. identify critical priorities, and
5. provide a roadmap for organizational development.

The output of this Capacity Assessment should be used for continual improvement of the QMS

Is it recommended to proceed to Stage 2.	YES	NO	If NO, what is required to progress to Stage 2? If YES, what is the proposed audit date?
	YES		November 29, 2018

AUDIT PROGRAMME

Activity/Dept/Operation	Type of Assessment					
	Initial Audit	Initial Audit Stage 2	1st Surveillance	2nd Surveillance		Re-certification
Date (M / Y) – Insert **P** – Planned / **D** Done	**14,20 Nov 2018 - D**	**29 Nov2018 - P**	**10/2019 - P**	**10/2020 - P**		**10/2021 - P**
Duration (Days)	**3 MD**	**2 MD**				
Top Management	√	√				
Administration & Finance	√	√				
Human Rights Protection	√	√				
Human Rights Policy Advisory	√	√				
Human Rights Promotions	√	√				

CONTACTING YOUR CLIENT MANAGER

Should you require clarification of this report, wish to contact your Client Manager before the next visit or have any other queries please contact:-

Nellie Ang
achi_nellie@yahoo.com
Telephone: +639163203899
Alternatively please contact our customer services team on +44 (0) 191 384 0666

SCOPE OF THIS AUDIT VISIT

The activities assessed are listed in the audit plan.

The audit was based on random samples and therefore non-conformities may exist which have not been identified.

If you wish to distribute copies of this report external to your organisation, then all pages must be included.

This report and related documents are prepared for and only for **Commission on Human Rights** clients and for no other purpose. As such, WQA does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose which the report may be used, or to any other person to whom the report is shown or in to whose hands it may come, and no other persons shall be entitled to reply on the report.

Signed for on behalf of WQA	Signed for on behalf of the Client
Client Manager / Lead Assessor	

SUMMARY OF VISIT DETAILS

VISIT DETAILS	
ACTUAL VISIT DATE	14, 20 November 2018
NEXT VISIT DATE	29 November 2018
RE-CERTIFICATION DUE	
NO. OF NON-CONFORMITIES	1
PERSON SEEN	Around 50 managers and staff
CORRECTIVE ACTION DUE	
NUMBER OF EMPLOYEES	800

Worldwide Quality Assurance Ltd would like to thank all involved for the professional attitude and assistance during the assessment.

NOTES

Should you wish to speak with WQA in relation to your certification, please contact our customer services team:-

Customer Services
Worldwide Quality Assurance Ltd
Severn House,
Mandale Business Park,
County Durham,
DH1 1TH,
UK

Tel: +44 (0) 191 384 0666

IMPARTIALITY and CONFLICTS of INTEREST

WQA are committed to the management of impartiality and identification of conflicts of interest as part of its certification activities, details of which are available on www.worldwideqa.com and in your Conditions of Business.

DATA PROTECTION

WQA are registered with the Information Commissioners Office (ICO) and the Managing Director of WQA is appointed as the Data Controller. Any person who believes that their data may have been captured as part of this audit and requires further information on its use can make a formal request via our website www.worldwideqa.com.
All requests will be responded to within 30 calendar days of receipt of the request.

WQA

Commission on Human Rights Philippines
ATTENDANCE REGISTER

Subject: Stage I Initial Assessment
ISO 9001 = 2015

Date: NOV 14, 2018

Venue: Conference Room B

No	Attendee Name	Position	HP/Telp.	E-Mail	Sign Opening	Sign Closing
1	RUDY G. SANTOS	IA IV				
2	ESTREN L MANUELO	OIC, CHAD	294-8709	marienfor@gmail.com		
3	SHIELA MARICONE C. PAEZ	PO II	922-0418	smpaez.16@gmail.com		
4	Gino Chan Jr.	IA IV		chan.iad.chr@gmail.com		
5	YSOBEL MARIA RIVERA	IA II		rivera.iad.chr@gmail.com		
6	IRMA JULIET F. SILUBRICO	OIC-MISD	922-0418	irmajulietmails@gmail.com		
7	GRETA B BELTRAN-TARUN	OIC PMVD				
8	JUNELLI B. MORENO	SII - PMO		junelli.bms@gmail.com		
9	KHRISTINE LORRAINE CACATIAN	TSIV-OED				
10	FABIAN G SANTOS	OIC				
11	Jacqueline de Guia	DED		jacquedeguia@gmail.com		
12	RAMON EVRILO O. BUENSUCESO	MAA-III		ISMO.CHR2011@GMAIL.com		
13	MARC Louie Fikpno	OIC		macidepno@gmail.com		
14	MENDOZA, Jan Deo	PO II				
15	JUNELLI MORENO					
16	Rankine O. Alonzo	IA-1		rankinealonzo@gmail.com		
17	Irma Jul					
18	Marie Therese Daya	OED		theresedya@gmail.com		
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25						

WQA-APAC 38 Issue 2
WQA-APAC June 2014

ATTENDANCE REGISTER

Subject: Commission on Human Rights
Regional Office III - San Fernando Pampanga

Venue: ISO 9001:2015 Initial Assessment Stage 1 Audit

Date: 20 November 2018

page 1 of 2

No	Attendee Name	Position	HP/Telp.	E-Mail	Sign Opening	Sign Closing
1	Jasmin N. Ragino	RD		chrreg3@yahoo.com		
2	ELMER L. MANIEGO	SIIV				
3	Raymund P. Navarro	SI III		investigadornavarro@...		
4	Leorae D. Valmonk	Atty. IV		leoraedvalmonk@gmail.com		
5	MARTIN G. CALIMAT	AO IV				
6	Leila G. Pronum	Admin Asst				
7	Jennif Y. Orolfo	Admin Asst. IV				
8	Jaime Q. Dazo	Admin Officer				
9	Norberto O. Fortillas	SI 3		belad.fortillas@yahoo.com		
10	Joan E. Andrada	Atty. IV				
11	John M. Andrada	Atty. IV				
12	CONRADO D. Graphon	Admin Aide SI				
13	Maria Niña T. Ocampo	Admin Asst II	9618577			
14	ARTEMIO X. PENAFUERTE	ADMIN AIDE IV				
15	Hardiliza Oralveson	PLD-I-O-II				
16	Junnie Kaye Carches	PLD TEC				
17	Paras, Abygail D.C.	PLD TES				
18	CABRERA, JAYNARD S.	HRPD/TBI				
19	Joel B.T. Ocampo	SI 1				
20	Chavian Ishmael M.	SI-1				
21	MARCO EDSUND	AGn				
22	Sagum, Limmuel	SI-IV				
23	Paul G. Paras	Process Server				
24	Raynaldo R. Gumm	ADMI				
25	MANOHAI S. SANA	DDU				
26	Jurelli B. Martin	SI II				

ATTENDANCE REGISTER

Subject : Commission on Human Rights
Region III - San Fernando Pampanga

Venue : ISO 9001:2015 Initial Assessment Stage 1 Audit

Date : 20 November 2018

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No	Attendee Name	Position	HP/Telp.	E-Mail	Sign Opening	Sign Closing
1	Gino Chen Jr.	IA III				
2	YSOBEL MARIA RIVERA	IA II				
3	GINETA A. BUSTIMAN-TARAN	OIC				
4	IRMA JULIET F. SILUBRICO	MISD-OIC				
5	Bhgan Paolo L. Hicano	MAA I				
6	MENDOZA, Jan Deo	IO II				
7	RAMON ENRICO D BULUSBUGAN	MAA IV				
8	SHIELA MARIGONE C. PAEZ	PO II				
9	ANTONIO X. PEÑAFUERTE	ADMIN AIDE II				
10	CONRADO L. VIATON	AO III				
11	Claire C. Bacani	SI II				
12	MARLO KTENO	BP				
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