

WORLDWIDE QUALITY ASSURANCE LTD
SEVERN HOUSE, MANDALE BUSINESS PARK, DURHAM,
DH1 1TH, UK




INITIAL - (STAGE 2)

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 2 Date 29 November 2018 Man-Days 2	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 <input type="checkbox"/>	Recertification <input type="checkbox"/>	Transfer <input type="checkbox"/>	Special <input type="checkbox"/>
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)	29 November 2018			Time Duration	8:00 am-6:00 pm
Audit Team & Responsibilities	Nellie Ang (Team Leader), Agnes Manuel-Picardo				

Audit Objectives	To evaluate effectiveness of implementation of the QMS and conformity to ISO 9001:2015 Standard.
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	Areas : Region III, San Fernando, Pampanga Region IV – A, San Pablo City, Laguna
29 November 2018	8:00 –8:30 am	Nellie Ang Agnes Manuel-Picardo	Opening Meeting
	9:00 – 12 am	Nellie Ang (Region III)	<u>Human Rights Protection</u> Evaluation of Departmental Objectives and Targets Evaluation of Individual Performance Effectiveness of QMS Implementation- Ability to Perform as Planned Internal Corrective Action and Effectiveness Measurement of Quality and Recommendation Measurement of Customer Satisfaction and Recommendation
		Agnes Manuel-Picardo (Region IV-A)	<u>Human Rights Policy Advisory</u> Evaluation of Departmental Objectives and Targets Evaluation of Individual Performance Effectiveness of QMS Implementation- Ability to Perform as Planned Internal Corrective Action and Effectiveness Measurement of Quality and Recommendation Measurement of Customer Satisfaction and Recommendation
	Noon Break		
	1:00 -4:00 pm	Nellie Ang (Region III)	<u>Human Rights Promotion</u> Evaluation of Departmental Objectives and Targets Evaluation of Individual Performance Effectiveness of QMS Implementation- Ability to Perform as Planned Internal Corrective Action and Effectiveness Measurement of Quality and Recommendation Measurement of Customer Satisfaction and Recommendation
		Agnes Manuel-Picardo	<u>Administration and Finance</u> Evaluation of Departmental Objectives and Targets Evaluation of Individual Performance

		(Region IV-a)	Effectiveness of QMS Implementation- Ability to Perform as Planned Internal Corrective Action and Effectiveness Measurement of Quality and Recommendation Measurement of Customer Satisfaction and Recommendation
	4:00- 5:00 pm	Audit Team	Consensus Review
	5:00 pm	Audit Team and Organizations key personnel	Closing Meeting – Video Conferencing

Audit Plan Prepared By	Name	Nellie Ang
	Signature	
	Date	23 November 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: 29 Nov 2018

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

Closing Meeting : Time: 6.00 Date: 29 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.	<p>Internal Auditor:</p> <ol style="list-style-type: none"> 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. <p>Process Owners:</p> <ol style="list-style-type: none"> 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	<p>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.</p> <p>For continual improvement of the QMS, CHR monitors and reviews these Internal and External Issues in its Management Reviews.</p> <p>Internal Issues are as follows:</p> <ol style="list-style-type: none"> 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 <p>External Issues are as follows:</p> <ol style="list-style-type: none"> 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

	<p>Perception on the role of Human Rights in the society</p> <ol style="list-style-type: none"> 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 <p>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.</p>	
How have they addressed the Risk Based Approach?	<p><u>Risk and Opportunity Management</u></p> <p>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.</p> <p>The Risk Registry (CHR-QMS-RR-002) is submitted by the different departments as follows:</p> <p>Human Rights Protection – with 6 risks Human Rights Policy Advisory – with 1 risk Human Rights Promotion - with 3 risks Administration and Finance – with 3 risks</p>	YES
Involvement of Leadership.	<p><u>Leadership – Top Management</u></p> <p>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.</p>	YES

	<p>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</p> <p>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:</p> <p>Plan</p> <ul style="list-style-type: none"> • Establish the Organizational Context and Strategies • Determine the Customer and applicable Statutory and Regulatory Requirements and Commitments <p>Do</p> <ul style="list-style-type: none"> • 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 <p>Check</p> <ul style="list-style-type: none"> • Review System and Process Performance Data ensuring alignment is maintained with context and strategy • Review Quality Policy and Quality Objectives <p>Act</p> <ul style="list-style-type: none"> • 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?	<p><u>Quality Policy and Objectives</u></p> <p>In line with its Company Mission, Vision, and Core Values, the Quality Policy of CHR is as follows:</p> <p><i>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.</i></p> <p>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.</p> <p>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.</p> <p>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</p>	YES

	Administration and Finance.	
Has clause 8.4 been addressed?	<p><u>Externally Provided Products and Services</u></p> <p>External Providers has three classifications:</p> <ol style="list-style-type: none"> 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 <p>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.</p> <p>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.</p> <p>Budget Utilization is monitored on a monthly basis.</p> <p>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).</p> <p>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).</p>	YES
Is there Documented Information where required?	<p><u>Documented Information</u></p> <p>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.</p> <p>Mandatory Documents:</p>	YES

	<ol style="list-style-type: none"> 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 <p>Mandatory Records</p> <ol style="list-style-type: none"> 1. Calibration Records (7.1.5.1) not applicable 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 1. Property of 3rd Party (8.5.3) MAREIS 2. Control of Changes in Production Provision (8.5.6) CHR Resolution 3. Release of Products (8.6) Final Investigative Report, Monthly and Annual Jail Visitation Report, Policy Advisory Submitted, 4. Control of Non-Conforming Outputs (8.7) Individual Performance Monitoring and Coaching Form (IPMCF), Developmental Planning Form 5. 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 6. Internal Audit (9.2) Internal Quality Audit Plan, Audit Findings 7. Management Review (9.3) Minutes of the Management Review Meeting 8. Non-Conformity and Corrective Action (10.2) Corrective Action Report 	
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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, CHR Region III Summary of Resolved Cases Jan to Oct 2018 (Source:MAREIS), CHR Region III Summary of Cases Resolved for Financial Assistance Jan to Oct 2018 (Source: Resolutions Hard Copy), CHR Region III Accomplishment on Resolution of Backlog Cases Jan to Nov 2018 (Source:MAREIS PENTAO), CHR Region III Monthly Summary of Accomplished Feedback Form Aug to Nov 2018 (Source:PACD), CHR Region III Programmed Trainings, Education, and Information Campaigns Accomplished in 2018, HR Region III Human Rights Promotion Division Percentage Increase in Post Test Passing Rate 2018

OPPORTUNITY FOR IMPROVEMENT

OFI Reference No.	Detail of OFI	Related Clause in Standard
OFI 1 AMP	Region IV-A Jail Visitation - Consider observing preventive health & safety measures during jail visitation	8.5
OFI 2 AMP	Region IV-A Administration - Document Controller to be knowledgeable in the documents relating to all processes to have a better filing system - Administration to safe-keep important files and docs relating to bank transactions in a secured cabinet.	7.5, 8.5

NON-CONFORMITIES ARISING FROM THIS AUDIT

NC Reference No.	Detail of NC	Related Clause in Standard
	(NONE)	

Number of Non-Conformities
0

Number of OFI's
2

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 ???.

Previous Report Number	Were Non-Conformities Raised?	YES	NO	If Yes, have they been addressed and closed effectively?
		Y		Yes

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.

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 PENTAHQ 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.

	Success Indicator	Accomplishment
1	>= 77% of targeted 90 cases resolved on time	As of 31 Oct 2018, total of 93 accomplished. Success Rate = 103%
2	>= 10% of resolved cases from backlog cases	As of 29 Nov 2018, total of 23 accomplished. Total Backlog= 162 Success Rate = 14%
3	>= 77% of target 15 cases for financial assistance processed on time	As of 31 Oct 2018, total of 13 accomplished. Success Rate = 87%
4	3 to 4 cases investigated cases of killing, kidnapping, enforced disappearance, arbitrary detention, and torture of journalists, associated media person, trade unionist, and human rights advocate	Accomplished; Confidential
5	>= 5% of HRV cases recommended for prosecution and administrative actions that are acted upon	Accomplished; Confidential
6	>= 70% of clients who are satisfied with the quality and timeliness in the delivery of protection services	August – 97% September – 100% October – 100% November – 100%

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.

Success Indicator:

1. >= 60% of programmed visitations in jails/detention centers implemented

Accomplishment:

1. 103 Programmed Visitations, Total of 91 Actual Visitations, Success Rate = 88% Source: Jail Visitation Report

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.

	Success Indicator:	Accomplishment:
1	>= 85% of programmed trainings, education activities, and information campaigns are implemented	As of date, Total of 40 Accomplished Targeted Promotions = 24 Success Rate =167%
2	>= 3% increase in the number of participants who passed the post-training tests compared to the pre-test	From 1 st Qtr to 2 nd Qtr – 1% From 2 nd Qtr to 3 rd Qtr – 5%

4. Policy Advisory

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

	Success Indicator:	Accomplishment:
1	>= 3 programmed policy issuances submitted / released on time	As of date, 2 submitted on time, Additional 1 being drafted
2	>= 1 HR situationer and sectoral report issued./ submitted on time	HR Protection for Women
3	>= 77% of inputs / comments to sectoral / thematic issues and concerns submitted on time	
4	>= 1 local policy advisory / position paper incorporated in LGU policies/ordinances/programs	Accomplished

Summary of Activity Evaluation Scores July to Sept 2018

Date	Ave. Score
Jul 13	4.01
Jul 19	4.12
Jul 26	4.4
Aug 14	3.4
Aug 24	4.1
Sep 5	4.6
Sep 20	4.0
3 rd Qtr Ave.	4.1

Administration and Finance

Reports:

1. Project Procurement Management Plan
2. Annual Work and Financial Plan
3. Report of Budget Utilization Rate on Obligations and Disbursement,

	Success Indicator:	Accomplishment:
1	>= 77% of PAPs completed within the prescribed deadline	Success Rate = 88% as of date
2	>= 77% of budget allocation utilized within the prescribed deadline	Success Rate = 88% as of date
3	>= 77% of all reportorial requirements submitted within the prescribed deadline	Success Rate = 88% as of date

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

Customer Satisfaction – Public Assistance and Complaints Desk

(Source of Data – Customer Feedback Form)

Region III Rating	Aug 2018	Sept 2018	Oct 2018	Nov 2018
Total Respondents	39	35	36	25
Extremely Satisfied	64.10%	51.43%	44.44%	52%
Very Satisfied	25.64%	25.71%	30.56%	28%
Satisfied	7.69%	22.86%	25%	20%
Unsatisfied	0	0	0	0
Extremely Unsatisfied	2.56%	0	0	0

Recommendation: To have a Vernacular Version of the Customer Feedback Form.

In addition to this, two QMS support systems have been true to its name:

1. Public Affairs and Strategic Communications

Social Media Presence :

Facebook Account Name - chrgovph

Facebook Likes : 4th Qtr 2017 = 36,293

29 Nov 2018 = 46,927 29.3% Increase in 2018

Official Twitter Account Name - chrgovph

Twitter Followers : 4th Qtr 2017 = 1,567

29 Nov 2018 = 2,787 77.8% Increase in 2018

Social Cards : 113

Infographics: 72

Uploaded Videos Expressing Support : 14

Social Media Posts : OK Card

Obligasyon at Karapatan

Nasaan ang CHR?

CHR Clarifies

HR 101
Infographics
Videos

Official Website Name - www.chr.gov.ph

Recognition from HRONLINEPH.com:

“ 8th Human Rights Pinduteros Choice for Human Rights Website”

as the best Human Rights Website to promote, defend, and assert Human Rights utilizing the Internet as a Communication Platform.

2. Planning and Management Information System

Projects currently in the pipeline to benefit the QMS are:

- Enhanced MAREIS
- Human Rights Observatory- online system for public use
- Electronic National Government Accounting System ENGAS of the Commission on Audit, with a server to be installed at the Central Office.

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 Certification?.	YES	NO	If NO, what is required to progress to Certification?
	YES		Recommend to ISO 9001:2015 Certification

AUDIT PROGRAMME

Activity/Dept/Operation	Type of Assessment					Re-certification
	Initial Audit	Initial Audit Stage 2	1 st Surveillance	2 nd Surveillance		
Date (M / Y) – Insert P – Planned / D Done	14,20 Nov 2018 - D	29 Nov 2018 – D	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



Client Manager / Lead Assessor

Signed for on behalf of the Client

SUMMARY OF VISIT DETAILS

VISIT DETAILS	
ACTUAL VISIT DATE	29 November 2018
NEXT VISIT DATE	
RE-CERTIFICATION DUE	
NO. OF NON-CONFORMITIES	0
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

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ATTENDANCE REGISTER

Subject: Commission on Human Rights
Region III San Fernando Pangasinana
ISO 9001:2015 Stage 2 Audit

Date: 29 November 2018

Venue :

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11	Ishmael M. Chauhan	SI I				
12	JOAN E. ANDRAGA	Atty. IV				
13	JOHN ANDRAGO	Atty. IV				
14	RAYMOND P. NAVARRO	ADMI				
15	ALMA C. DORAN	SI I				
16	Paras, Abigail D.	TES				
17	JOY DINE CRONIN	TI				
18	Sanchez, Jannie Kaye	TES				
19	DAVID G. SORE	Adm. Asst.				
20	JENNIFER Y. GOLF	Adm. Asst. II				
21	Flordeliza Balaguer	IO II				
22	Maria Nina T. Ocampo	Adm. Asst.				
23	MAITA G. CAGUIAT	AD IV				
24	JAMES N. REGNO	PO				
25						