



Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

January 02, 2025

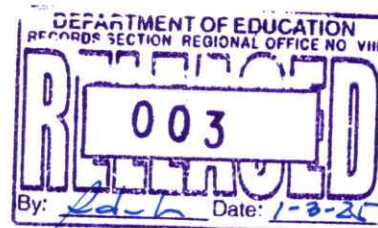
OFFICE MEMORANDUM
PPRD-2025- **003**

**DISSEMINATION OF INTER-REGION INTERNAL QUALITY
AUDIT SUMMARY REPORT OF REGIONAL OFFICE VIII**

To: Director III
Functional Division Chiefs
All Others Concerned

1. Attached is Memorandum DM-OUHROD-2024-3614 titled 'Inter-Region Internal Quality Audit Summary Report of Regional Office VIII,' which contains the comprehensive findings for the Office from the audit conducted last September 26-27, 2024.
2. The audit findings are classified as Conformities (C), Opportunities for Improvement (OFI), and Nonconformities (NC).
3. Each functional division and Quality Management Team is encouraged to carefully review the report, prioritize the findings based on risk assessments, and promptly develop comprehensive corrective action plans.
4. Immediate dissemination of and compliance with this Memorandum are desired.


EVELYN R. FETALVERO, CESO III
Regional Director 



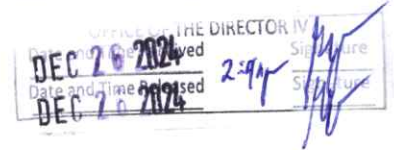
PPRD-RCB



Republika ng Pilipinas
Department of Education
 OFFICE OF THE UNDERSECRETARY
 HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT



MEMORANDUM
 DM-OUHROD-2024- 3414



TO : **EVELYN R. FETALVERO**
Regional Director
Region VIII – Eastern Visayas

FROM : **WILFREDO E. CABRAL**
Undersecretary for Human Resource and Organizational Development

SUBJECT : **Inter-Region Internal Quality Audit Summary Report of Regional Office VIII**

DATE : 17 December 2024

The Internal Quality Audit (IQA) is conducted to evaluate the conformity of offices with ISO 9001:2015 standards and to gauge the impact of the Quality Management System (QMS) on the organization’s daily operations. The conduct of IQA before the external audit, as required under the ISO 9001:2015 standards, also provides the Regional Offices an avenue to reassess its conformity to their established QMS, reevaluate its effectiveness, and identify opportunities for improvement in their processes and procedures to achieve their quality policies and objectives.

The Inter-Region IQA was conducted on September 9-27, 2024, in accordance with DM-OUHROD-2024-1475 titled *Conduct of Inter-Region Internal Quality Audit for the Regional Offices*. The IQA Teams from the regional offices conducted interviews and systematically assessed the QMS Planning Documents and Operations Manuals of the regional offices assigned to them. Upon completion of the audit, the IQA Teams discussed initial audit findings and outstanding issues with the Top Management and personnel of the regional office through a closing meeting.

In this connection, the enclosed **IQA Summary Report** of your regional office is hereby transmitted, for reference and guidance. Kindly ensure that the identified Opportunities for Improvement (OFIs) are addressed and acted on. The audit reports can be accessed through this link: <https://bit.ly/2024IQAREportsROVIII>.

For questions or concerns, please contact the National Quality Management System (NQMS) Secretariat through the following official contact details: phone number at (02) 8 633-5375 or email at nqmssupport@deped.gov.ph.

DEC 23 2024



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Doc. Ref. Code	DM-OUHROD	Rev	00
Effectivity	03.23.23	Page	1 of 6



AUDIT FINDINGS SUMMARY

REGION VIII – Eastern Visayas

A. CONFORMITIES

Top Management, QMR & Secretariat, ORD Units

1. Top management demonstrates leadership and commitment with respect to the quality management system and customer focus.
2. Conduct of Management Review is strictly in accordance with the prescribed procedure and matrix.
3. The PAU has a review mechanism to ensure that only Press Releases that were reviewed and approved by Top Management are released publicly.
4. The office has an "Online Client Satisfaction Measurement and Generation of Certificate of Appearance" to effectively monitor and measure the customers' perceptions of the degree to which their needs and expectations have been fulfilled. The client response data are obtained daily, and the reports from the responses are generated weekly and sent to the concerned functional divisions for their immediate information and action.
5. The office has determined and selected opportunities for improvement and implemented any necessary actions to meet customer requirements and enhance customer satisfaction by acting on the customer feedback obtained from its online CSM (e.g. Improvement in the Customer Lounge).
6. The PAU initiates the issuance of the RFA when there are customer complaints about the necessary action of the personnel involved. There is also a root-cause analysis to further the elimination of the causes of non-conformities. The PAU has innovated the Region 8 Public Assistance Action Center to track the complaints from 8888 and the actions taken therein.
7. The Information and Communication Technology Unit has created the Technical Assistance Portal where the personnel can request online for any technical assistance they may need.
8. The Legal Unit has initiated the creation of a Google Form for those requesting Certification of No Pending Case to capture the request.

Quality Management System Teams

Risk Management Team (RMT)

1. The Risk Management Cycle per Quarter is in accordance with the prescribed timeline in the PAWIM.
2. Utilization of Risk and Opportunity Registry Monitoring Checklist.
3. The office maintains updated Risk and Opportunity Registries and Risk and Opportunity Monitoring and Review forms. For Quarter 2, there was an agreement during the REXECOM Meeting on August 27, 2024, that the "Risk and Opportunity registry shall be retained for Quarter 1 and Quarter 2." For Quarter 3, there is an ongoing (scheduled September 23-27, 2024) Risk Management Review per Office Memorandum FD-2024-469 dated September 12, 2024.

Knowledge Management Team (KMT)

1. There is a centralized repository of all QMS Documents:
 - QMS Office for the hard copies; and
 - Google Drive for the scanned copies.

Training and Advocacy Team (TAT)

1. Conducts L&D Needs Assessment relative to QMS, and proposed Needs-Based Capacity Building for the NQMS Teams to address the needs. All planned activities are indicated Quality Management Communication Plan.
2. The impact of the trainings was evident on the performance of the employee and OMS Teams in the delivery of their service and improvement of the quality management system.

Quality Workplace Team (QWT)

1. Established 6S Implementation Guidelines.
2. In the absence of a Work Instruction Manual from the Central Office, the Office has contextualized PAWIM on QWT.
3. There is a Quality Workplace Assessment conducted for each office, and the findings during the assessment were transmitted to the Top Management.

Quality Assurance Division

1. The office has determined external and internal issues relevant to its function as reflected in its SWOT Matrix.
2. Services provided are all in accordance with the declared processes and requirements of each process are communicated to the clients.
3. The office issued annually a list of schools with Government Permits/Recognition issued to private schools for information of the general public to ensure the security and continuous learning of students.

Policy, Planning, and Research Division

1. The office has determined external and internal issues relevant to its function as reflected in its SWOT Matrix.
2. There is an internal policy on the screening of BERF-funded research received from the SDOS to add another layer of control.
3. Services provided are all in accordance with the declared processes and requirements of each process are communicated to the Clients.

Human Resource Development Division

1. The office utilizes the RO and SDO Consolidated Office Learning Plan to meet the learning/professional development needs of personnel.
2. The office utilizes the Level 3 Evaluation Report and Professional Development (PD) Compliance Monitoring Tool to monitor and evaluate the participants' application of learning after attending the learning and

delivery program. The office issued Regional Memorandum No. 1052 dated September 6, 2024 - PNU-LISQUP Scholars Tracking to monitor and track all PNU-LISQUP Scholars to address issues and provide timely and appropriate technical assistance. With regard to this, a capstone project entitled "Professional Development Programs Monitoring System" was one of the outputs of a scholar.

3. The office implemented the "Project RO WEN" of the DepEd RO Wellness and Empowerment Nexus for its employee welfare.
4. The office conducted Its Induction Program last August 15-16, 2024. To augment the conduct of the Induction Ceremony, the office has planned to develop a Coursebook pursuant to Regional Memorandum No. 112 s. 2024-Workshop on the Development of the Coursebooks for Non-teaching personnel on Oct 28-31, 2024 to be attended by RO & SDOs and School Heads.

Field Technical Assistance Division

1. The office has an updated SWOT Matrix as of July 3, 2024, to continuously determine its relevant external and internal issues.
2. The office utilizes Technical Assistance Needs Assessment. The request for Technical Assistance is coursed through the PIR. There is both a Pre and Post Deployment Conference for Regional Field Technical Assistance Composite Teams per Office Memo FTAD-2023-223 DTD 4/22/24 and OM FTAD-2024-357 dtd 7/10/24. The office utilizes the Regional Technical Assistance Provision Result as its monitoring tool for the provision of technical assistance.
3. The office has implemented "HARAMPANG TA" or the Harmonizing Regional Activities through Management of Programs/Projects Anchored on New Governance in the provisions of Technical Assistance. There is also a Search for Best Practices on Technical Assistance Provision.

Finance Division & Cash Section

1. The office continuously reviews and updates its internal and external issues, list of relevant interested parties, and quality control plans as can be seen in its Updated SWOT Matrix and List of Relevant Parties as of July 2, 2024. The office has an updated Operations Manual and Quality Control Plan as of September 4, 2024, as a result of its review as seen in the Minutes of the Meeting for the Revision of Operations Manual and Quality Control Plans.
2. The office has issued OM FD-2024-468 dated September 11, 2024, for the Dissemination of Updated Finance Forms.
3. The office implements its service provision under controlled conditions and ensures that the documentary requirements for its service provision are met by utilizing various monitoring tools such as the DV Registry, PO Registry, and PR Registry.

Education Support Services Division

1. The office has determined external and internal issues relevant to their function as reflected in their Quarter 3 SWOT Matrix.

2. Tools and equipment available and used by the Health and Nutrition Section are well maintained and were calibrated as evidenced by the Calibration report by the DOST.
3. Presence of promising projects along Partnership Building, Learner Support, and Employee Welfare.
4. The ESSD is in coordination with the GSU for the maintenance of infrastructure and for the DRRM.

Curriculum and Learning Management Division

1. Availability of Monitoring and Evaluation tools. Results of the analysis and evaluation of the data and information from their monitoring activities were utilized as the basis for policy review.
2. The office has completed the development materials for Junior and Senior high school done during the Workshop on Designing Effective Reading Assessments in Support of the National Reading Program Sept 16- 19, 2024 per RM CLMD-2024-943 dated August 16, 2024.
3. Improvements have been implemented such as the project K3-Felt Foundation for Effective Learning Transition.

Administrative Services Division

1. The Office has an orderly filing and recording system and is adapting the digitization of documents.
2. The organization determines and provides the people necessary for the effective implementation of its quality management system and for the operation and control of its processes through its efficient hiring process. As of the date of the audit, there were only three unfilled positions.
3. The organization maintains Quality Control Plans for its operational planning and control and implements its service provision under controlled conditions. (e.g. Procurement Unit has issued OM No. 460 s. 2022 dated 8/12/2022 to disseminate the Process Flow on the Preparation and Processing of Purchase Order for compliance).
4. The organization utilizes a review/quality assurance mechanism to ensure that externally provided products and services conform to their requirements. Products that do not conform with the required specifications are not accepted by the AMS, hence, not released to the end-user. The office also utilizes a "Performance of External Providers/Supplier Service Evaluation Survey. Negative feedback from clients is being communicated to the external providers for their immediate action and response.
5. The Office has an Improvement and Upgrading Plan 2024 to keep track of and improve its infrastructure to support its processes and achieve the RO's quality objectives.
6. Availability of monitoring tools in each office and for services being provided.

B. OPPORTUNITIES FOR IMPROVEMENT (OFI)

Top Management, QMR & Secretariat, ORD Units

1. Filling out/signatory of the issued RFA relative to customer complaints should be in accordance with PAWIM.

Quality Management System Teams
Knowledge Management Team (KMT)

1. The office has established a centralized coding system but may consider having an inventory of all existing logbooks of the Functional Division and having a Control Number for each logbook.
2. PAWIM P-005 5.3.1.2 Registration of Internal Documents

Quality Assurance Division

1. The office has not yet released/experienced releasing any non-conforming output as of the time of audit but may consider establishing an internal mechanism/control to ensure that outputs that do not conform to the requirements or have errors are identified and controlled to prevent their unintended use.
2. ISO 9001:2015 Clause 8.7.1 Control of Non-conforming outputs.

Field Technical Assistance Division

1. The interaction of the process should be clearly stated in the QCP of CI for SBM.

Finance Division & Cash Section

1. The interaction of processes and the correct source of input should be clearly stated in the QCP. The office may consider incorporating current controls for errors that may be committed by the Division Offices in encoding in its system.

Administrative Services Division

General Services Unit

1. The office has an existing individual performance evaluation of the security guards, however, may consider establishing controls to be applied to externally provided services such as the Security Agency to ensure that they conform to the set requirements of the office.
2. ISO 9001:2015 Clause 8.4.1 Control of externally provided services.

C. NONCONFORMITIES (NC)

None



Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY

HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT

MEMORANDUM

DM-OUHROD-2024-_____

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CGMA-ISO No. 100-001
27 JAN 2024

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C. NONCONFORMITIES (NC)

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