I. INTRODUCTION

This Internal Quality Audit (IQA) Programme is issued to fulfill the requirements of ISO 9001:2015. This document provides the objectives, guidelines, methods, tools, and other relevant information deemed necessary in the conduct of an Internal Quality Audit.

II. DEFINITION OF TERMS

Audit Checklist	Is an audit tool which includes the audit evidence, and list of conformities, nonconformities and opportunities for improvement
Audit Plan/ Itinerary	Is a set of plans pertaining to all matters relating to the conduct of individual audits
Audit Programme	Is a set of guidelines used prior to, during and after the conduct of an Internal Quality Audit (IQA)
Auditor Pool	Is a list of personnel qualified to conduct IQA
Conformity	Is a compliance from a standard or requirement; abbreviated as C
Corrective Action	Is a step or plan to eliminate the root cause(s) of a non-conformity
Internal Quality Audit	Also termed as a First-party audit; Audit conducted internally prior to the conduct of an External Quality Audit; abbreviated as IQA
Nonconformity	Is a deviation from a standard or requirement; abbreviated as NC
Opportunity For Improvement	Is a situation where the evidence presented indicates a requirement has been effectively implemented, but based on auditor experience and knowledge, additional effectiveness or robustness might be possible with a modified approach *(adopted from the definition used in ISO/ TS 16949);* abbreviated as OFI
Process Transformation Tool	Is an audit tool used to identify the controls, inputs, activities, outputs and resources needed in a certain process
Regulatory Requirement	Is a given obligation by an authority which gets its mandate from a legislative body
Statutory Requirement	Is defined by a legislative body and shall be binding and obligatory

III. OBJECTIVES

The Internal Quality Audit (IQA) Programme aims to:

a. check the level of understanding, appreciation, and implementation of the CHR Quality Management System;
b. obtain information for the continuing improvement of the CHR QMS processes;
c. verify conformity with applicable statutory and regulatory requirements as well as ISO 9001:2015 requirements; and
d. obtain and maintain ISO 9001:2015 certification.

IV. ACCOUNTABLE UNIT

The Internal Audit Division (IAD) will be the process owner of the IQA Programme and will take the lead in the conduct of the internal audit of the quality management system of the Commission, assisted by an Internal Quality Audit Pool. The Management Information Systems Division of the Planning and Management Office which initially handled the IQA process will turn over the function and pertinent documents to the IAD under a Transition Action Plan.

V. FREQUENCY

The internal audit shall be conducted semi-annually. However, the Commission may decide to direct the conduct of an IQA as it deems necessary, such as when there are operational issues and conflicts or request from internal or external parties; such request should be approved and endorsed by the Executive Director.

VI. SCOPE OF AUDIT PROGRAMME

The audit shall cover the following management, core and support processes, and subsequent processes to be developed:

PROCESS	*OFFICE/ UNIT*
MANAGEMENT	
Governance & Policy Making	• Commission en Banc • Office of the Chairperson • Office of the Executive Director • Office of the Commission Secretary • Regional Offices • Other involved offices
Planning	• Planning Management Office– Planning Division • Management Information Systems Div. • Office of the Chairperson • Office of the Executive Director • Regional Offices • Other involved offices
Performance Monitoring & Evaluation	• Planning Management Office– Planning Division • General Administration Office– Human Resource Development Division • Office of the Chairperson • Offices of the Commissioners

	• Regional Offices • Other involved offices
Institutional Communication	• Public Affairs & Strategic Communications Office – Strategic Communications Division • Office of the Executive Director • Regional Offices • Other involved offices
Quality Management	• Planning & Management Office –Management Information Systems Division • Offices of the Commissioners • Office of the Executive Director • Regional Offices • Other involved offices
Institutional Process Improvement	• Planning & Management Office –Management Information Systems Division • Offices of the Chairperson • Office of the Executive Director • Regional Offices • Other involved offices
QMS Audit	• IQA Sub-team • Internal Audit Division (upon establishment)
Management Review	• Commission en Banc • Office of the Chairperson • Offices of the Commissioners • Office of the Executive Director • Regional Offices • Other involved offices
Secretariat Services for the CEB	• Office of the Commission Secretary
CORE	
Investigation and Case Management	• Investigation Office • Legal Office • Field Operations Office • Regional Offices • Other involved offices
Jail Visitation	• HR Protection Office – Visitorial Services Division • Regional Offices
HR Promotion	• HR Promotion Office • HR Centers Management Office • Regional Offices • Other involved offices
Provision of Policy Advisory Services	• HR Policy Advisory Office • HR Centers Management Office • Regional Offices
Program Development	• HR Centers Management Office • Other involved offices
SUPPORT	
Operations Scheduling	• Office of the Executive Director
General Services	• General Administration Office • Regional Offices
Records Management	• General Administration Office • Office of the Commission Secretary

	• Regional Offices
Financial Management	• Financial Management Office • Regional Offices • Other involved offices
Human Resource Development	• General Administration Office– Human Resource Development Division • Regional Offices
Internal Legal Services	• Legal Office • Regional Offices
Information & Communication Technology Management	• Planning Management Office —Management Information Systems Division
Programs & Projects Development, Monitoring, & Evaluation	• Public Affairs & Strategic Communications – Office Project Management and Coordination Division
Customer Assistance	• Public Affairs & Strategic Communications – Citizen's Help & Action Division
Customer feedback/complaints handling	• Public Affairs & Strategic Communications – Citizen's Help & Action Division

VII. THE INTERNAL AUDIT TEAM

The Commission has designated an interim Internal Quality Audit Team comprising of representatives of the various offices and units who have been trained in Internal Quality Audit by the Development Academy of the Philippines (DAP). They constitute the current IQA Pool which shall be continually enhanced under the IAD as the process owner.

A. Qualifications of an Auditor – A permanent employee of the Commission may be designated as IQ Auditor provided he/she meets the following requirements:
   1. Has a Bachelor's Degree
   2. Has at least one (1) year of work experience in the Commission
   3. Has received at least twenty-four (24) hours of training in IQA
   4. Has received at least twenty-four (24) hours of training in Quality Management System (QMS)

B. Evaluation of Auditors – To ensure the high quality of auditors in the Audit Pool, auditors shall be subject to performance evaluation at four levels: self-evaluation, peer (co-auditor) evaluation, customer evaluation (auditee) and supervisor evaluation (Team Leader).

C. Maintenance of the Audit Pool – There shall be continual enhancement of auditing competence through various capacity building activities such as refresher courses on IQA and QMS, formal trainings for both prospective and current auditors, calibration workshops, coaching and mentoring, attendance in Lead Auditors Courses, attendance in international conferences on QMS and quality audits, among others.

D. Selection of auditors for specific audit assignments shall consider the following audit competencies:

   1. The personal attributes of the (candidate) auditor include the following:
      - ✓ Ethical
      - ✓ Open-minded
      - ✓ Diplomatic
      - ✓ Observant
      - ✓ Tenacious
      - ✓ Perceptive
      - ✓ Versatile
      - ✓ Decisive
      - ✓ Self-reliant

   2. Auditing Skills including such as but not limited to:

- ✓ Audit planning
- ✓ Preparation of checklists
- ✓ Gathering of audit evidence (e.g. conducting interviews, reviewing records)
- ✓ Evaluating audit evidence against audit criteria
- ✓ Preparing audit reports

VIII. METHODS, PROCESSES AND TOOLS

The conduct of the internal audit shall be guided by the following methods, processes and tools:

A. Use of Audit Checklist – Prior to the actual conduct of audit, the auditors should have prepared the audit checklist which should be reviewed and approved by the IQA Sub-team Leader. The audit checklist serves as the auditor's guide during the conduct of the actual audit. It provides structure and continuity to an audit and can ensure that the audit scope is being followed.

B. Briefing and debriefing – This is the method of communicating with the auditees the purpose and other important information about the conduct of the audit and the results and findings of the audit. The briefing is done at the opening of the audit, while the debriefing is done at the closing of the audit.

C. Interview – Interviewing the auditee is a technique in gathering audit evidence. Interviews may be conducted through a panel or one-on-one conversation.

D. Documents Review – Studying the records and documents shall be undertaken to validate information and findings from the interview or to generate new information.

E. Verification – Verification of audit findings with the auditees shall be done as scheduled in the audit plan.

F. Audit Reporting – This is a process of summarizing audit findings by preparing written reports including NCs and OFIs and presenting them to concerned parties.

G. Use of Request For Action (RFA Tool) – This is a set of guidelines with a template used to provide appropriate action(s) to a certain issue or problem.

H. Use of IQA Findings Template – This is a template used in listing findings *(C, NC, and/or OFI),* objective evidence to support such findings and requirements complied or deviated from ISO 9001:2015 clauses.

IX. ROLES AND RESPONSIBILITIES

A. **IQA Team Head** - The IQA team head is the head of the Audit Training Pool who has the general responsibility of ensuring the conduct of a timely and effective internal audit. He/she shall call for and preside over meetings, conferences and briefings of the Internal Quality Audit (IQA) Team. The responsibilities include such as but not limited to the following:

- ✓ Ensure the timely and effective implementation of audits based on the Internal Audit Programme;
- ✓ Submit Final Audit Report for acceptance of the Commission en Banc; and
- ✓ Serve as the head in all matters related to the preparation, implementation and monitoring of Internal Quality Audit

B. **Team Leader** - The IQA Team is subdivided into smaller teams which shall be headed by the team leader. His/ her responsibilities include such as but not limited to the following:

- ✓ Select audit team members based on qualifications indicated in this programme and ensure that auditors are not assigned to their respective processes;
- ✓ Take charge of the preparation of the Audit Plan/Itinerary of his/her team;
- ✓ Supervise and monitor the implementation of the Audit Plan/Itinerary;

- ✓ Preside over the meetings of the Audit Team, discuss and clarify audit matters and resolve issues;
- ✓ Conduct the opening meeting to discuss audit objectives, scope, method, duration and requirements to the process owners and staff (auditees);
- ✓ Assist auditors in preparing audit reports;
- ✓ Finalize the Team's Audit Report findings and submit to IQA Leader;
- ✓ Discuss findings to Auditees during the Closing Meeting;
- ✓ Resolve problem(s) with auditees (if there are any); and
- ✓ Perform audit-related tasks as may be required from time to time.

C. **Auditors** – The auditors are the persons with the competence to conduct an audit. Their responsibilities include such as but not limited to the following:

- ✓ Assist the Team Leader in the preparation of the Audit Plan/Itinerary
- ✓ Cooperate and actively participate in meetings and discussion sessions to be organized by the Team Leader in all matters of the audit
- ✓ Prepare the handouts, forms and other IQA related documents
- ✓ Document data gathered including interview(s) with auditees;
- ✓ Verify accuracy of collected information;
- ✓ Maintain security and confidentiality of records;
- ✓ Collate all data gathered during the internal audit;
- ✓ Supply information on template for NCs and OFIs;
- ✓ Prepare audit findings and audit report; and
- ✓ Perform audit-related tasks as may be required from time to time.

D. **Auditees** – The auditees are the competent personnel being audited. Their responsibilities include such as but not limited to the following:

- ✓ Ensure availability of all relevant documents and of all relevant staff particularly a list of statutory and regulatory requirements applicable to the processes/ offices;
- ✓ Prepare a corrective action plan on the basis of the audit report; and
- ✓ Coordinate with the audit team as may be required from time to time

X. AUDIT PLANNING

Internal Quality Audits are either planned or spot/unplanned. Planned audits are audits conducted with an approved plan by the Chairperson and with the itinerary communicated to the auditees. Spot or unplanned audits are audits conducted with an approved plan by the Chairperson where the itinerary is not specified and not communicated to the auditee.

Regardless of the type, all audits must be adequately planned using planning tools, such as but not limited to the following:

- ✓ Documents Review
- ✓ Process Transformation Tool

- ✓ Audit Checklist
- ✓ Audit Plan/ Itinerary

The IQA Head shall call for planning meetings or sessions involving the members of the IQA Team to start at least two months before the scheduled audit. The IQA Team shall determine assignment of audit areas and prepare the Audit Check List, Process Transformation tool, Audit Plan/Itinerary and other preparations, such as official directives. It shall ensure that auditors will not be assigned to audit their own process/ work.

Auditees shall be officially notified at least three (3) weeks prior to the conduct of the planned IQA. The directive shall be issued by the Executive Director and shall indicate the audit itinerary.

To have a wider understanding and appreciation with the audit area, a Documents Review shall be conducted. Assigned auditor(s) should request necessary documents from the auditee in advance.

The Audit Team shall prepare audit checklists and process transformation tools at least two (2) weeks prior to the conduct of audit.

The Audit Plan/Itinerary should be approved by the Chairperson at least a month before the actual conduct of the audit. It shall include the following:

- ✓ audit objectives
- ✓ scope of audit
- ✓ schedule and venue of audit
- ✓ expected time and duration of audit activities *(meetings, inspections, etc.)*
- ✓ identification of units and processes to be audited
- ✓ selection of audit team members based on qualifications
- ✓ identification of their roles and responsibilities
- ✓ logistic arrangements
- ✓ confidentiality requirements
- ✓ any follow-up actions
- ✓ expected issuance/release of audit reports

XI. GUIDELINES IN THE CONDUCT OF AUDIT

Auditors shall bear in mind the following:

A. The auditor should be professional at all times, avoid being judgmental, be fair and objective and follow audit procedures and other required procedures.
B. The Audit should be properly opened with a meeting with the auditees to clarify why the audit is being conducted, level off expectations, discuss the audit plan and answer questions. The Audit Team Leader shall preside over the opening meeting.
C. Auditors should ensure that they cover all the necessary processes being audited by using tools such as Audit Checklist, Process Transformation and others.
D. During the interview, Auditors should frame their questions to the level of understanding of their auditees. The use of open-ended questions and follow-up questions to further clarify concerns is appropriate.
E. Auditors should ensure thorough documentation of responses as well as observations by checking facts and making notes.
F. At the end of the interview, auditors should present a summary of their discussions with the auditees.
G. Auditors should never offer or recommend any action(s). When pressed for an advice by the auditee, auditors can phrase such advice in a question that enables the auditee to identify the appropriate action(s) him/herself.
H. Auditors should also prepare to counter different risks or reactions of the auditee, like hesitancy of the auditee to be the subject of an audit, the refusal to subject himself and their records to an audit, or the questions on the authority of the auditors to conduct the audit, and the like. In the event of a strong resistance or situation that prevents the auditors to gather information and achieve the objectives of the audit, the Audit Team Leader may call off the audit and make the necessary documentation of the events that transpired.

I. After the interviews, auditors should immediately draft their report on their findings, observations and conclusions.

J. The audit shall be properly closed with a report back to the auditees to present the findings on Nonconformities (NCs) and opportunities for improvement (OFIs) as well as best practices. During the closing meeting, the auditors should strive to seek agreement of the auditee on the findings. If there are areas of disagreement, this should be documented and included in the revised report.

K. Furthermore, the auditees shall be informed that they will be issued Request for Action (RFA) on their Non-conformities and Opportunities for Improvements which should be acted upon in accordance with time schedules set in the guidelines on Corrective Actions.

XII. REPORTING AND MONITORING

A. Audit Reporting consists of the following phases

1. ***Reporting to the auditee*** – At the conclusion of the audit, team members shall meet to discuss the findings, observations and data gathered during the audit. The draft Report on findings is presented for validation and acceptance by the auditee at the closing meeting. This presents an opportunity to clarify further the issues and revisions on the report are incorporated. The template for the Audit Report is provided in herein Guidelines.
2. ***Reporting to the IQA Team Head*** – Team Leaders shall finalize their respective reports to be consolidated at a calibration meeting to be called by the IQA Team Head. The final Report shall be completed within five working days from the conclusion of the audit.
3. ***Reporting to Management*** – The Final Audit Report shall be presented at the Management Review as scheduled.

B. The Final Audit Report shall be submitted to the Executive Director for his endorsement for the Management Review. It should contain the following information:

- ✓ Audit objectives and Scope of Audit
- ✓ Findings and observations including information about Nonconformities (NCs) as well as Opportunities for Improvement (OFIs).
- ✓ Good practices
- ✓ Any unresolved issues during the closing meeting

C. Issuance of Request for Action on Non-Conformities (NCs) and Opportunities For Improvement (OFIs)

1. Upon completion of the Final Audit Report, the IAD Chief shall issue Request for Action to concerned process owners on findings on NCs and OFIs.
2. RFAs emanating from the audit shall be submitted to the MISD for monitoring and evaluation of the corrections and corrective action plans.

XIII. PERFORMANCE METRICS

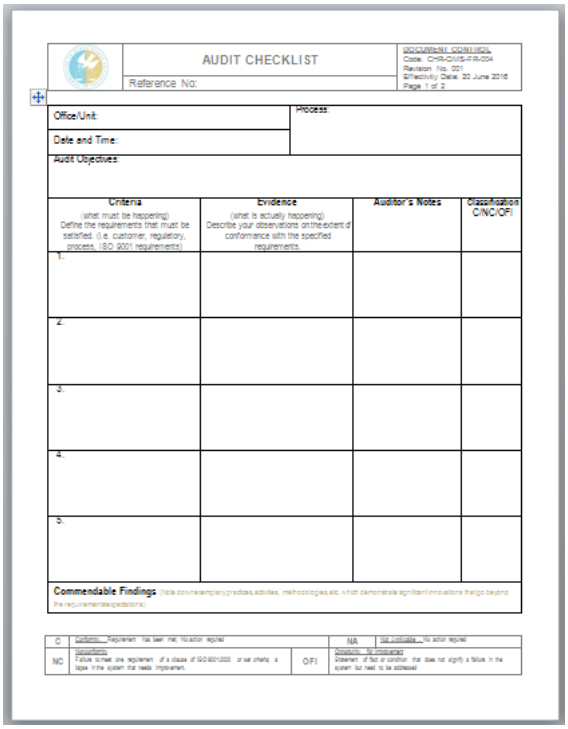
A performance metrics shall be developed by the IAD that will include measures on Quality and Timeliness. This will ensure that auditors will also be audited and evaluated based on their performances prior, during and after the conduct of internal audit.

XIV. RESOURCES

The Commission shall commit to timely and effective conduct of the Internal Quality Audit. To conduct an effective IQA, resources shall be made available and provided. These include such as but not limited to providing competent manpower, machines/equipment, supplies and sufficient budget for travels, accommodations, meetings and the like.

XV. APPENDIX

- **Audit Checklist**



AUDIT CHECKLIST

Reference No:

Office/Unit:

Process:

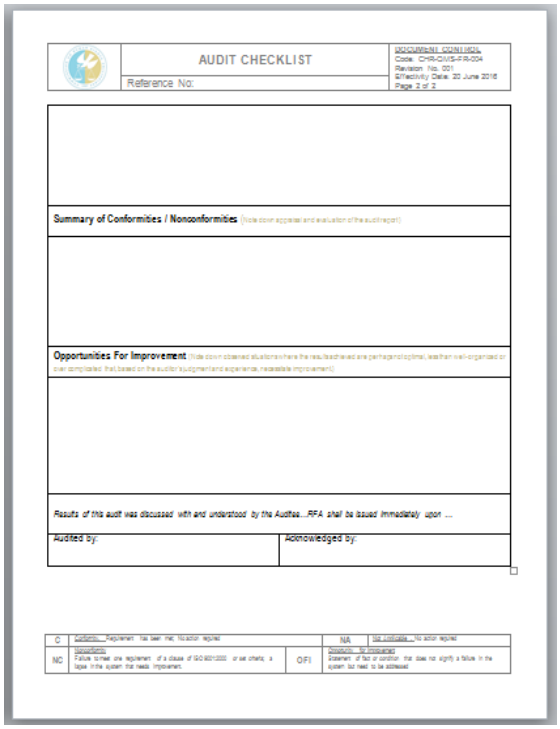
Date and Time:

Audit Objectives:

Criteria (what must be happening) Define the requirements that must be satisfied. (i.e. customer, regulatory, process, ISO 9001 requirements)	Evidence (what is actually happening) Describe your observations on the extent of conformance with the specified requirements.	Auditor's Notes	Classification C/NC/OFI
1.			
2.			
3.			
4.			
5.			

Commendable Findings (Note down exemplary practices,activities, methodologies,etc. which demonstrate significant innovations that go beyond the requirements/specifications)

C	Conform: Requirement has been met; No action required	NA	Not verifiable; No action required
NC	Nonconform: Failure to meet one requirement of a clause of ISO 9001:2000 or set criteria; a lapse in the system that needs improvement.	OFI	Opportunity for Improvement: Statement of fact or condition that does not signify a failure in the system but need to be addressed



AUDIT CHECKLIST

Reference No:

Summary of Conformities / Nonconformities (Note down appraisal and evaluation of the audit report)

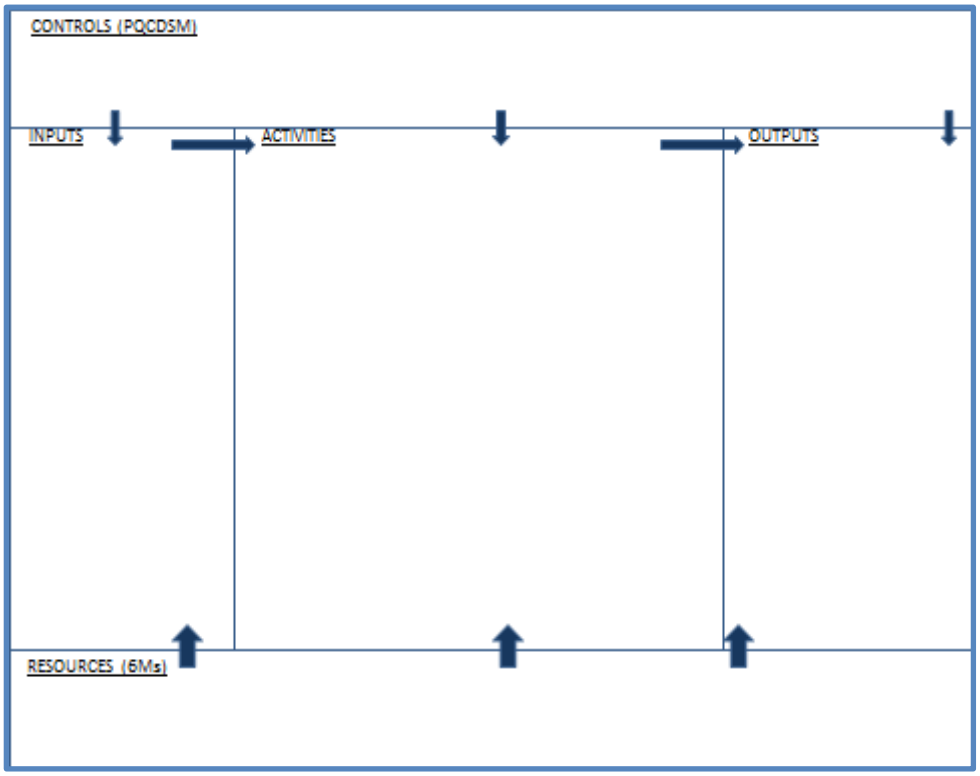
Opportunities For Improvement (Note down observed situations here that, if addressed, are perhaps not optimal, weaker-well-organized or even completed, that based on the auditor's judgment and experience, necessitate improvement)

Results of this audit was discussed with and understood by the Auditee...RFA shall be issued immediately upon ...

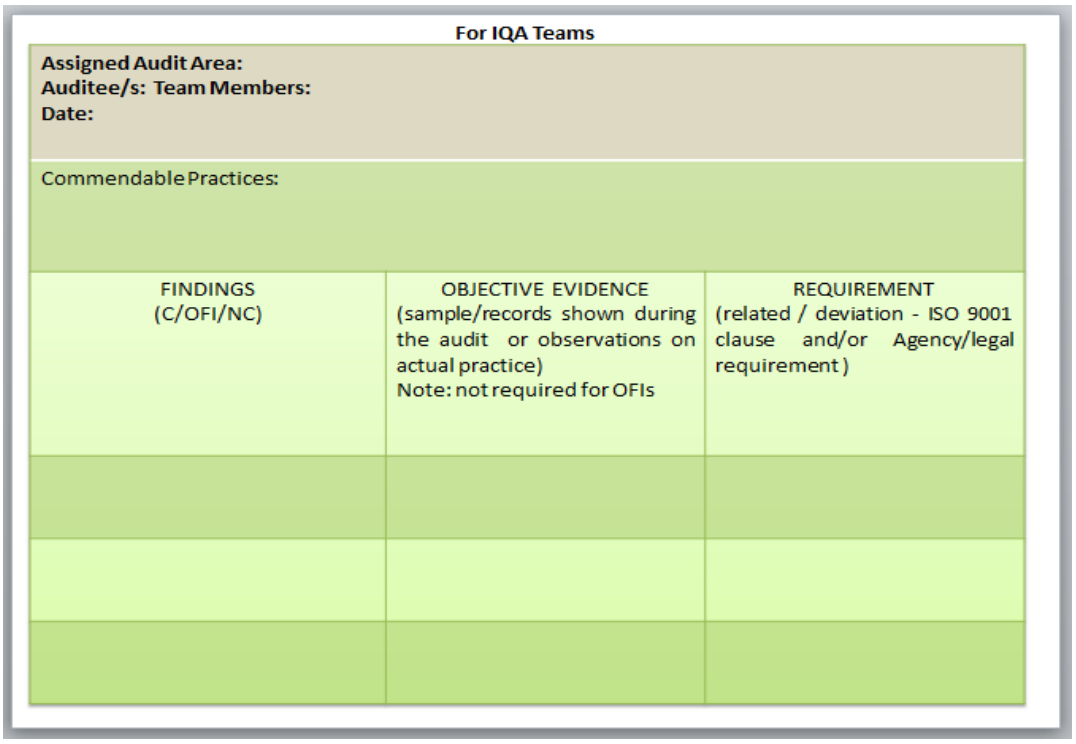
Auditee by: Acknowledged by:

C	Conform: Requirement has been met; No action required	NA	Not verifiable; No action required
NC	Nonconform: Failure to meet one requirement of a clause of ISO 9001:2000 or set criteria; a lapse in the system that needs improvement.	OFI	Opportunity for Improvement: Statement of fact or condition that does not signify a failure in the system but need to be addressed

- **Process Transformation Template**



- **IQA Findings Template**



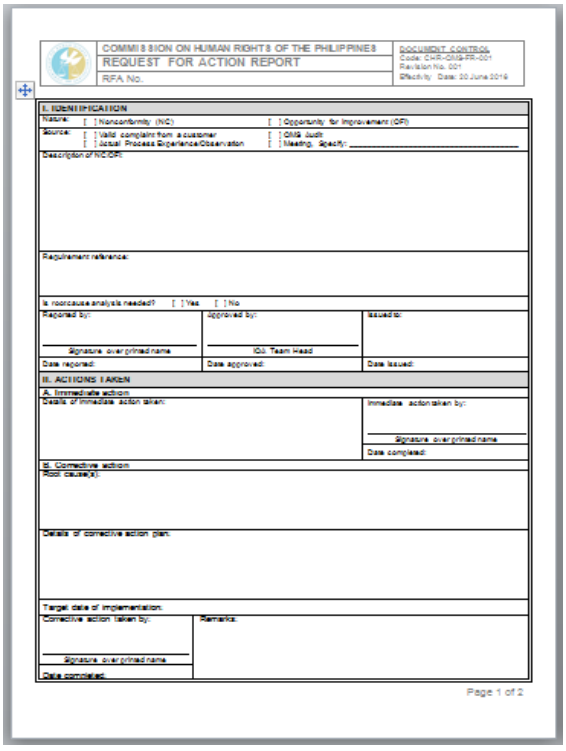
For IQA Teams

Assigned Audit Area:
Auditee/s: Team Members:
Date:

Commendable Practices:

FINDINGS (C/OFI/NC)	OBJECTIVE EVIDENCE (sample/records shown during the audit or observations on actual practice) Note: not required for OFIs	REQUIREMENT (related / deviation - ISO 9001 clause and/or Agency/legal requirement)

- **Request For Action (RFA) Form**



COMMISSION ON HUMAN RIGHTS OF THE PHILIPPINES
REQUEST FOR ACTION REPORT
RFA No.
DOCUMENT CONTROL
Code: CHR-ONS-FR-001
Revision No. 001
Effectivity Date: 20 June 2014

I. IDENTIFICATION
Nature: [ ] Nonconformity (NC) [ ] Opportunity for Improvement (OFI)
Source: [ ] Valid complaint from a customer [ ] ORS Audit
[ ] Actual Process Experience/Observation [ ] Meeting, Specify: _____
Description of NC/OFI:
Requirement reference:
Is root cause analysis needed? [ ] Yes [ ] No

Reported by:	Approved by:	Issued to:
Signature over printed name	IQA Team Head	
Date reported:	Date approved:	Date issued:

II. ACTIONS TAKEN
A. Immediate action
Details of immediate action taken:
Immediate action taken by:
Signature over printed name
Date completed:
B. Corrective action
Root cause(s):
Details of corrective action plan:
Target date of implementation:
Corrective action taken by:
Remarks:
Signature over printed name
Date completed:

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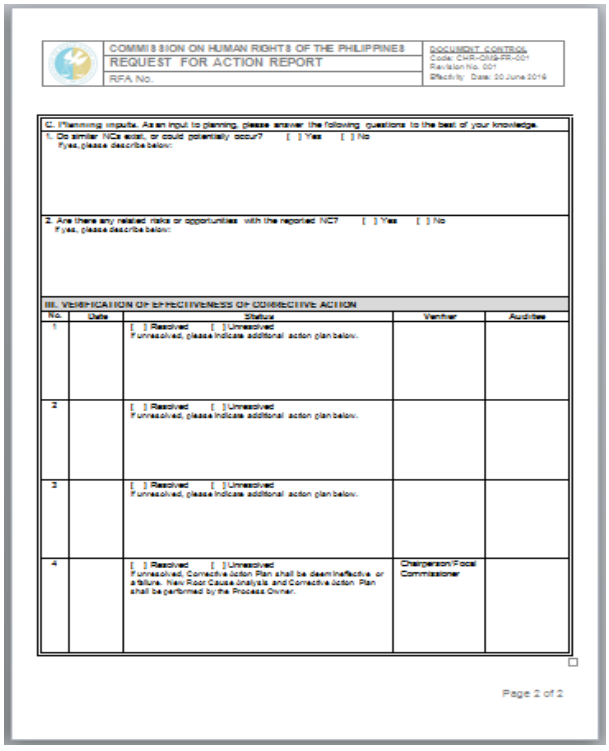

COMMISSION ON HUMAN RIGHTS OF THE PHILIPPINES
REQUEST FOR ACTION REPORT
RFA No.
DOCUMENT CONTROL
Code: CHR-ONS-FR-001
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C. Planning inputs. As an input to planning, please answer the following questions to the best of your knowledge.
1. Do similar NCs exist, or could potentially occur? [ ] Yes [ ] No
If yes, please describe below:
2. Are there any related risks or opportunities with the reported NC? [ ] Yes [ ] No
If yes, please describe below:

III. VERIFICATION OF EFFECTIVENESS OF CORRECTIVE ACTION

No.	Date	Status	Verifier	Auditee
1		[ ] Resolved [ ] Unresolved If unresolved, please indicate additional action plan below.		
2		[ ] Resolved [ ] Unresolved If unresolved, please indicate additional action plan below.		
3		[ ] Resolved [ ] Unresolved If unresolved, please indicate additional action plan below.		
4		[ ] Resolved [ ] Unresolved If unresolved, Corrective Action Plan shall be deem ineffective or a failure. New Root Cause Analysis and Corrective Action Plan shall be performed by the Process Owner.	Chairperson/Focal Commissioner	

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XVI. APPROVAL

DOCUMENTED INFORMATION	
Note: This revised IQA Programme was prepared by the QMS- IQA Team under the leadership of the Management Information Systems Division (MISD). This, however is a living document and may be updated as deemed necessary.	
Document Code	**CHR-PMO-GU-002**
Revision No.	001
Effectivity Date	December 19, 2016
Prepared by	**THE QMS- INTERNAL QUALITY AUDIT (IQA) TEAM (2016)**
Submitted by	**DIR. MA. NERISSA M. NAVARRO- PIAMONTE** PMO Director; IQA Team Head
Endorsed by	**DIR. BENEDICTO G. ANTAZO** Executive Director
Approved by	**HON. JOSE LUIS MARTIN C. GASCON** Chairperson