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**01 100 1734801**

**Audit Report as per**

**ISO 9001: 2015**

**for**

**Office of the Vice President**

**Main Office: No. 100 11th Street, Barangay  
Mariana, New Manila 1112, Quezon City,  
Philippines**

**Extension Office: 7th Floor, Ben-Lor Build-  
ing, Quezon Avenue, Quezon City, Philip-  
pines**

Client	Standard(s)	Certification Number(s)	Audit Type
Office of the Vice President	ISO 9001:2015	01 100 1734807	Recertification

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**Audit Leader** : Rafael T. Magsino

**Audit Team** : Ernesto Demoy, Jean Laguitao, Lionell Aala, Cecilia Ignacio

**Client's representative** : Undersecretary Philip Francisco U. Dy  
Assistant Secretary Sofia C. Yanto-Abad

**Audit Date** : 2020-12-14

## 1 Audit result

Management system effectiveness was verified on site by means of random sampling by an appropriately selected audit team. This applies in particular to the compliance of workflows with standard requirements and the descriptions in management system documentation. The special features of the organization's business activities, the applicable statutory and regulatory requirements and the requirements set forth in other generally applicable documents were also taken into account. This was done by means of a sampling approach, by conducting interviews and reviewing the appropriate documentation. Audit findings and recommendations regarding opportunities for improvement have been set forth in Sections 4 of this report.

<input type="checkbox"/>	The last audit revealed nonconformities which have been demonstrably corrected. The corrections and corrective actions taken in this respect have been verified.						
<input type="checkbox"/>	A stage 1 audit was performed and the organization found ready for certification. Identified weaknesses, if any, have been eliminated and the respective corrective action verified.						
<input checked="" type="checkbox"/>	The current audit revealed the following nonconformities: <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Standard(s):</th> <th style="text-align: center;">No. of major nonconformity</th> <th style="text-align: center;">No. of minor nonconformity</th> </tr> </thead> <tbody> <tr> <td>ISO 9001</td> <td style="text-align: center;">Zero (0)</td> <td style="text-align: center;">Zero (0)</td> </tr> </tbody> </table>	Standard(s):	No. of major nonconformity	No. of minor nonconformity	ISO 9001	Zero (0)	Zero (0)
Standard(s):	No. of major nonconformity	No. of minor nonconformity					
ISO 9001	Zero (0)	Zero (0)					
<input type="checkbox"/>	The major nonconformities (No. x) with individual standard elements require a re-audit to verify the effectiveness of the corrections and corrective actions (probable date: ddmmyyyy)						
<input checked="" type="checkbox"/>	The organization has established and maintains an effective system to ensure compliance with its policy and objectives. The audit team confirms in line with the audit targets that the organization's management system complies with, adequately maintains and implements the requirements of the standard(s).						

The auditor therefore recommends:

<input checked="" type="checkbox"/>	Award of the new certificates.
<input type="checkbox"/>	Maintenance of the existing certification.
<input type="checkbox"/>	Inclusion of the changes (see Section 3) in the scope of application of existing certifications
<input type="checkbox"/>	Maintenance or issue of the certificates only after successful completion of a re-audit.

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## 2 Scope

### 2.1 Description of the organization

The Office of the Vice President (OVP) was originally created under the 1935 Constitution but was abolished under the 1973 Constitution.

In year 1987, the OVP was re-established and mandated as the second highest executive office of the land, pursuant to Article VII of the 1987 Constitution; Presidential Proclamation No. 3 dated March 25, 1986; and Executive Order No. 240 dated July 24, 1987.

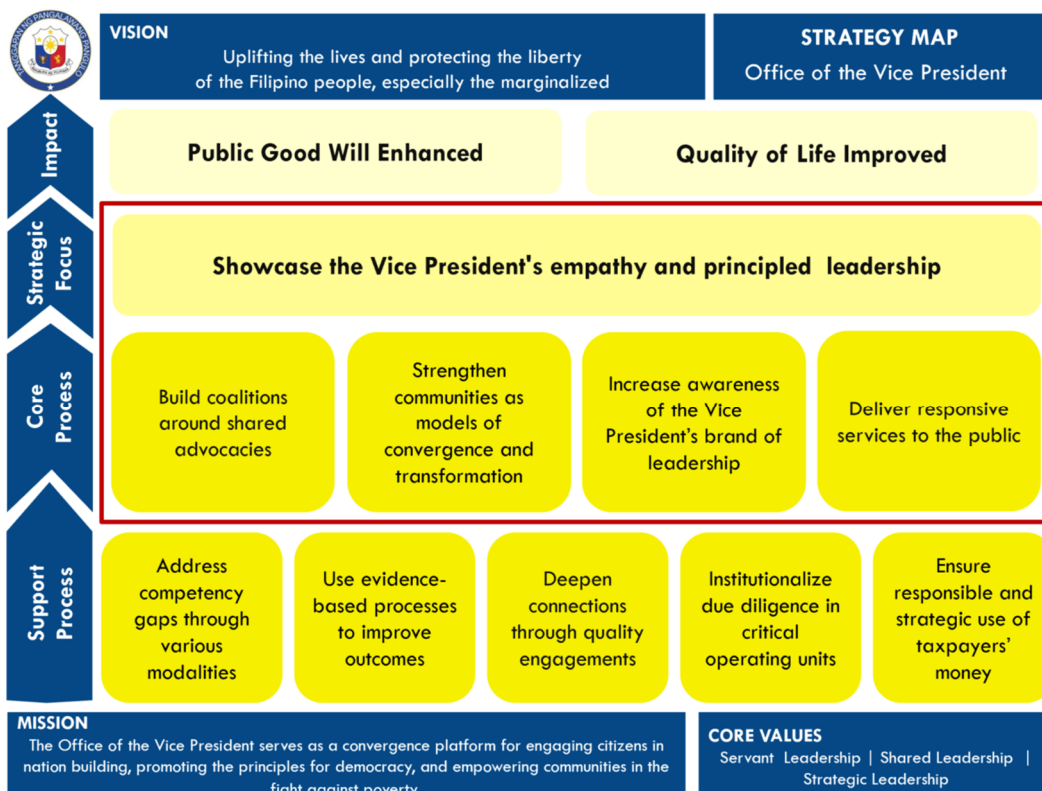
The OVP's primary mandate is to enhance good governance that shall serve the nation & people's essential needs, interests and welfare.

The OVP envisions itself as a government office which serves as benchmark for exemplary public service, exhibiting the highest standards of professionalism, integrity, and accountability.

The OVP actively works for the welfare of the Filipino people and contribute to nation-building, economic development, and political stability, by fostering fidelity to the constitution of the Republic of the Philippines and upholding the highest standard of professionalism in the civil service.

The OVP adheres to the principle that public office is public trust and are committed serve the Filipino people with utmost professionalism, dedication and integrity.

The OVP is mandated to protect and uphold the Philippine Constitution and support all duly constituted authorities in all programs geared towards nation building, economic development, and political stability.



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## 2.2 Scope of certification

Scope of certification: (per standard):	Performance of Executive, Ceremonial, and Advocacy Functions in the Service of the Nation.
ISO 9001 standard requirements to be excluded from the scope:	8.3 Design and Development
Reasons for exclusions:	The Office of the Vice President is a government service delivery agency and is not responsible in designing and developing any product. Services offered by the office are assistance in nature to the general public. Most programs implemented are created to support the constituent development and livelihood.

Internal auditing throughout two-site organization was verified with a positive result. The management representative has appropriate authority over these sites included in the organization.

The organization operates on a regular work schedule, i.e. 8:00 AM to 5:00 PM, Monday through Friday.

The following sites and their scopes are included in the scope of certification:

Site No. (CN ext.)	Sites included in cert. Name/address of site	No. of emp.	Scope and processes	Standard(s)	Audited
01	<u>Main office:</u>  <b>Office of the Vice President</b>  No. 100 11 <sup>th</sup> Street, Barangay Mariana, New Manila 1112, Quezon City, Philippines	89	Performance of Executive, Ceremonial, and Advocacy Functions in the Service of the Nation.	ISO 9001:2015	<input checked="" type="checkbox"/>
02	<u>Extension Office:</u>  <b>Office of the Vice President</b>  7 <sup>th</sup> Floor, Ben-Lor Building, Quezon Avenue, Quezon City, Philippines	133	Performance of Executive, Ceremonial, and Advocacy Functions in the Service of the Nation.	ISO 9001:2015	<input checked="" type="checkbox"/>

Main Office processes were audited at Extension Office, as the former is not available due to busy activities in line with the response to the recent emergency events: successive super typhoon and severe tropical storm. Main Office auditees went to the extension office for the audit proper.

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### 3 Changes in the management system / Contract review

The following changes have been implemented in the management system and the management system documentation since the last audit. Major changes are:

- Emergence of pandemic related issues, interested parties, risks and opportunities
  - Internal issuances on the alternative working arrangement and safety protocols were released, consistent with the guidelines issued by the Civil Service Commission
  - Developed a Business Continuity Plan using the Plan, Adopt, Monitor, Assess framework. Various measures were implemented under the new normal
  - Establishment of a new program, Ahon Laylayan, to provide assistance to sectors severely affected by the pandemic
- To develop unifying and agile leadership on all levels, a reorganization was implemented as granted by the Department of Budget and Management:
  - Phase I involved the creation of Internal Audit Division and Legal Division, transfer of Public Assistance Division to the Office of the Chief of Staff, renaming of offices (Strategy Management Office, Ceremonial and Diplomatic Affairs Division, Media and Public Relations Division) and restructuring of the Research and Development Studies Division to Knowledge Management Division.
  - Phase II, which is yet to be granted, involves the creation of the Human Resource Management Division and General Services Division and Conversion of Administrative Division to Cash Division.
- Revised Guidelines on Risk Management and Control of Non-Conforming Services to streamline current system and improve the monitoring process

The implementation of these changes in the existing management system and the management system documentation were verified within the framework of the audit.

The description of the scope in the certificate appropriately reflects the scope of the management system.

The audit plan was not changed during the audit.

### 4 Audit findings

The audit findings related to the audited standards are listed in the Annexes to this report (see. Annex ISO 9001). All information gained during the audit will be treated with strict confidentiality by the audit team and the certification body. In view of the sampling approach applied to the audit, weaknesses and nonconformities may still exist which have not been identified during the audit.

No.	Unit/Department Site	Positive findings

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1	All	<p>On top of regular core services, the Office demonstrated agility in establishing CoViD initiatives and programs which promptly helped frontliners and sectors severely affected by the pandemic, e.g. Sewing Communities Jeepney &amp; Tricycle Drivers Assoc., Farmer Communities, Donors, Volunteers, Health, Transport and ICT Sector, LGUs &amp; NGAs.:</p> <p>CoViD Response Initiatives:</p> <ul style="list-style-type: none"> <li>- PPE sets (441,480 sets)</li> <li>- Local production of PPE suits (38,954 suits)</li> <li>- Free Shuttle Service for Frontliners (NCR: 8 routes, 2 runs, 20,229 passengers; Cebu: 4 routes, 30 days, 11,768 passengers)</li> <li>- Dormitories for Frontliners (12 in NCR, 9 in Cebu)</li> <li>- Food and care packages (17,271 packages)</li> <li>- Assistance to communities, stranded workers, etc. (55,936 relief packs, 42,258 kg of vegetables, 4,089 facemaks, 1,521 mattresses, 24,656 test kits)</li> </ul> <p>CoViD Recovery Programs:</p> <ul style="list-style-type: none"> <li>- Community &amp; AB Mart (2 Online Palengke Platforms in 4 locations with sustainable livelihood and training support for 44 vendors and 7 tricycle drivers)</li> <li>- Bayanihan e-Skwela (21 instructional videos, Community Learning Hubs with 43 in the pipeline)</li> <li>- Bayanihanapbuhay, Trabaho (23,103 Job Vacancies in 42 Locations from 293 Employers, 14,246 Registered Applicants, 5,795 TrabaHOPE internships for OSYs)</li> <li>- Bayanihan Mart (55 published entrepreneurs and 23 in the pipeline)</li> </ul> <p>Disaster Response During CoViD:</p> <ul style="list-style-type: none"> <li>- P8.83M worth of interventions in Batangas and Cavite for Taal Volcanic Eruption</li> <li>- Deployed Teams to 5 regions, 12 provinces, 38 cities/municipalities for Typhoon affected communities</li> <li>- Distributed relief packs for fire affected communities in 7 cities &amp; municipalities in NCR and IV A, mobilizing P 2.8 Million to assisting 3,741 families</li> </ul> <p>Disaster Recovery During CoViD:</p> <ul style="list-style-type: none"> <li>- BAHAYanihan (100 beneficiaries in 2 Barangays awarded with houses on 60 sqm lots)</li> <li>- 30 boats given to fisher folks in Aurora, whose boats were destroyed)</li> </ul>
2	All	<p>Efforts, over four years, to augment funds by partnering with 330 organizations resulted to the following, among others:</p> <ul style="list-style-type: none"> <li>- Mobilization of Php 440 M worth of resources benefitting around 562,000 families and individuals in 381 communities</li> <li>- 53, 837 beneficiaries of Medical Assistance (with 11 partner hospitals nationwide), amounting to Php 1.032 B</li> <li>- Provided 239 interventions in 17 regions, 42 provinces, 106 cities &amp; municipalities</li> <li>- Served over 265,000 families and individuals</li> <li>- Php 128 M resources mobilized</li> <li>- Interventions include assistance to families and individuals affected by typhoons, conflict, fire, earthquakes, volcanic eruption, landslide, etc.</li> </ul>
3	Management	<p>Strategic objective was established relevant to COVID-19 response efforts to effectively measure and monitor related performance.</p>

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4	Management / Strategic Management Office	Guidelines on Risk Management and Control of Non-Conforming Services were revised to streamline current system and improve the monitoring process.
5	All	For two (2) consecutive years since FY 2018, the Office received the highest audit rating from the Commission on Audit (COA) for rendering an unqualified opinion on the fairness of presentation of its financial reports.
6	All / Internal Audit Team	Introduction of Swimlane enhances process description and their interaction, and facilitates process approach in internal auditing as well as planning of processes.  Newly created Continual Improvement Form promotes risk prevention or mitigation.
7	Partnership Building and Community Empowerment	Availability of project documentations, monitoring and evidences is noteworthy.
8	Partnership Building and Community Empowerment	Retention of existing partners for consecutive years signifies mutually beneficial relationship and stakeholder satisfaction.
9	All / Strategy Management Office	New Risk Registry template provides more quantitative and objective risk evaluation.
10	Media and Public Relations Division / Ceremonial and Diplomatic Affairs Division	The level of awareness and commitment of the personnel is high as manifested by the active participation during the audit process.
11	General Administrative Services	Timely payment of utilities and other outsourced service providers to help sustainability of their business promotes relationship management; one of the quality management principles.
12	Management Information Services Division	57 units of laptop computers distributed to employees facilitated work from home as part of the business continuity plan.
13	Top Management / Knowledge Management Division	Establishment of knowledge management that was rolled out last November to institutionalize lesson learned and best practices that are helpful to future administrations
14	Purchasing / Procurement of external services And products	Initiative to use ERP system for procurement and budgeting that will be in full utilization by January 2021  Annual assessment of agency procurement compliance indicator with a rating of 2.6 (highest 3) validates due diligence in compliance to all regulatory requirements.
15	Social Services Program Process	Revised Policies and Guidelines to enhance the provision of medical and burial assistance effective June 30, 2020, increased coverages for beneficiaries.

The following recommendations and opportunities for improvement provided by the audit team are intended to contribute to the continuous improvement of the management system.

No.	Unit/Department Site	Recommendations and opportunities for improvement
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1	Internal Audit – Corrective Action	<p>In the Corrective Action Form:</p> <ul style="list-style-type: none"> <li>- Identified root cause portion of the previous format should be included in the new version of the form.</li> <li>- Nonconformity action plan milestones should include correction/s and corrective action/s separately.</li> <li>- As Continual Improvement form is linked to risk management, so is the Corrective Action Form should be.</li> </ul>
2	Central Records Unit	To better infuse improvement/s in records keeping and storage, consider to free up spaces used up by non-record related supplies.
3	Administration	Fire extinguishers wrapped in plastic will hinder emergency response.
4	Partnership Building and Community Empowerment – Quality Objectives	Consider establishing quality related process measures aside from the timeliness.
5	Partnership Building and Community Empowerment – Risk Assessment	Consider reviewing and assessing risk associated to prolonged power outages and prolonged wide-area network outage that may affect achieving the intended results of a process.
6	MPRD – Media and Public Relations Division/CDAD (Ceremonial and Diplomatic Affairs Division)	<p>May need to update Risks Registry to include other issues encountered (e.g handling of fake news, Use of virtual engagements instead of the face to face.)</p> <p>May also consider a more frequent monitoring of performances by the unit to ensure prompt action in case of issues or non-attainment.</p> <p>CDAD:</p> <p>Consider conducting a trend analysis of the Proponent Satisfaction Results for continual improvement, (e.g. 1<sup>st</sup> semester result 2019 vs 1<sup>st</sup> semester result 2020).</p> <p>Ensure final recommendation/action is reflected in the Post Engagement Report on the identified issue. (e.g. Post Engagement Report dated Jan. 20, 2020)</p>
7	MPRD - Customer Feedback/Complaints	Ensure to establish tracking of customer complaints/feedbacks including corresponding corrective action/s. This will be checked next audit.
8	General Administration	Consider registering form/s used in system implementation and have it approved, e.g. Monthly Facilities Maintenance Check Sheet
9	Management information system	<p>Consider establishing timeline for the rollout of Office 365.</p> <p>In Helpdesk, consider setting lead time and monitoring to ensure that job requests will be attended timely.</p> <p>Ensure that MISD PM and corresponding form will consistently be utilized since with the new normal, dependency to ICT infrastructure increased.</p>

# Audit Report



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10	Social Services Program Process	<p>Consider to improve Customer Satisfaction Summary Report to prevent wrong assessment, as some respondents gave rating of 1 (poor) which they misconstrued as highest rating.</p> <p>Consider to assess and document (e.g. could be in MOA) the allowable % amount of grants or coverage which could still be utilized based on available funds upon utilizing funds stipulated in MOA.</p>
11	Planning	<p>Newly developed project (i.e. Bayanihanapbuhay) to link employers and employees thru a third party (i.e. Elevatech) platform as a tool to help increase employment. It was observed that the relevant MOA is yet to be finalized while the platform is already in use.</p> <p>Likewise, consider to check potential risks on the said project in the absence of agreed and signed MOA. Documented minutes of the meeting may be considered while waiting for MOA accomplishment.</p>

## 5 Dates

**Due Date for the next audit**

2021-12-14

**Agreed date for the next audit**

2021-11-14 (Tentative)

2020-12-20

Date

 Rafael T. Magsino, Ernesto Demoy, Jean Laguitao, Lionell Aala, Cecilia Ignacio

Audit Leader / Auditor(s)

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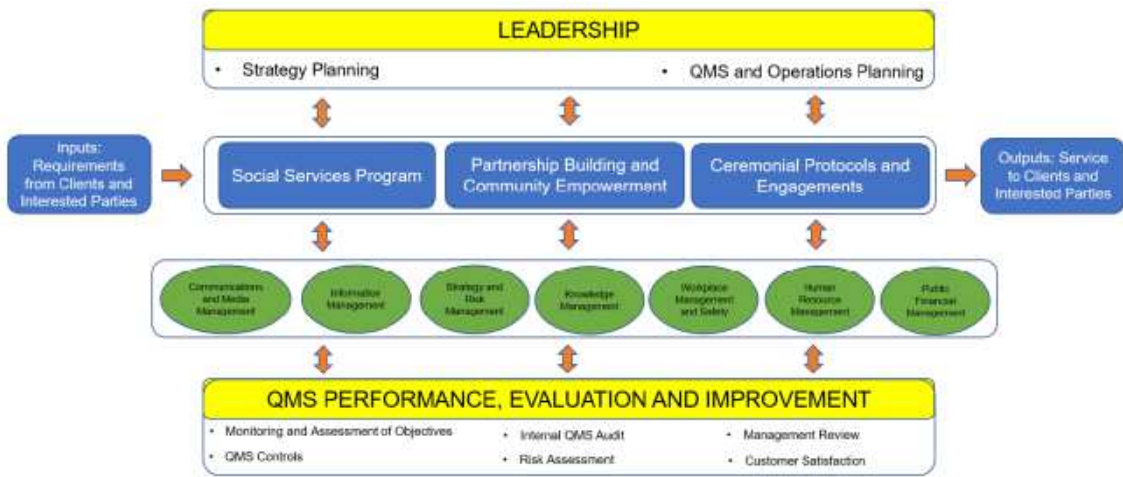
## Annex ISO 9001:2015

Item	Audit result
Context of the organization	<p>The organization has determined internal and external issues related to the following subject areas:</p> <ul style="list-style-type: none"> <li>• Political</li> <li>• Resources</li> <li>• Legal</li> <li>• Technological</li> </ul> <p>The organization continuously reviews its context under the Plan-Do-Check-Act (PDCA) Cycle. The OVP strengthens its impact on society through quality management made suitable to its current context. The agency has identified and analyzed the key factors that affect its ability to ensure quality service delivery, enumerating risks and issues, best practices and opportunities for improvements, as well as interested parties and applicable regulatory requirements related to its manpower, processes, materials, measures, and work environment in three documents, namely:</p> <ul style="list-style-type: none"> <li>• Process Improvements and Opportunities Registry</li> <li>• Registry of Interested Parties and Legal/Regulatory Requirements</li> <li>• Risk Registry</li> </ul> <p>Issue currently most relevant to the OVP is the Corona Virus Disease pandemic.</p> <p>The organization has identified interested parties and the requirements of these parties. The Registry of Interested Parties and Regulatory Requirements contains the list of interested parties or parties that can affect, be affected by, or perceive themselves to be affected by the services offered by the OVP. Parties indicated cover both internal and external parties. For oversight agencies, such as the Department of Budget and Management, Commission on Audit, and Civil Service Commission, a list of corresponding regulatory requirements applicable to the OVP's operations are also indicated in line with the Office's commitment to ensuring compliance with these requirements, in addition to ensuring continuous improvement resulting in customer satisfaction.</p> <p>Other examples for such parties are:</p> <ul style="list-style-type: none"> <li>• The President</li> <li>• Stakeholders / Constituents</li> <li>• Government Agencies</li> <li>• International Community</li> <li>• Private Partners</li> <li>• Local Government Units</li> <li>• Suppliers (internal / external)</li> <li>• Media</li> <li>• Employees</li> <li>• Citizen</li> </ul>
Policy / objectives	<p>Top Management has declared its quality policy binding and implemented. The quality policy is appropriate and provides a framework for the respective quality objectives. It commits all employees to pursue continuous quality system improvement.</p> <p>2020 first semester key quality objectives and corresponding accomplishment, per Office Performance and Accomplishment Review, and corresponding 2020 include:</p> <p>Strategic Objective</p> <ul style="list-style-type: none"> <li>• SO1: COVID-19 Response Efforts - Average rating on all COVID-19 Response Initiatives: Average rating on all COVID-19 Response Initiatives was rated Very Satisfactory</li> </ul> <p>Core Functions</p> <ul style="list-style-type: none"> <li>• CF1: Sustain internal management reforms through improved internal service delivery and prudent spending of funds</li> </ul>

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	<ul style="list-style-type: none"> <li>◦ Strategy document and proposed program adjustments cascaded to staff by end of first quarter: Cascaded to the staff last February 18, 2020</li> <li>◦ Draft guidelines on the Disbursement and Utilization of Funds for FY 2020 Locally Funded Projects approved with minor changes: Approved with minor changes</li> <li>• CF2: Enhanced Public Goodwill for the Vice President and the OVP - Enhanced Public Goodwill for the Vice President and the OVP: Weight redistributed; No survey was released for 1st Semester</li> </ul> <p>Strategic Priorities</p> <ul style="list-style-type: none"> <li>• SD01: Leadership and Development Strategy that nurtures professional growth to maximize employee potential - Overall % improvement on HRD pillars based on PRIME HRM Level II Assessment: PRIME HRM Level improved by a total of 57.29%</li> <li>• SD02: Strategic continuous improvement of systems and processes for efficient and effective service delivery to all stakeholders - % of newly created positions under the Phase 1 Reorganization filled up by May 2020: 39 out of 46 or 84.78% of the newly approved positions under Phase 1 of Reorganization have been filled up by May 2020</li> </ul> <p>Core Functions</p> <ul style="list-style-type: none"> <li>• Sustain internal management reforms through improved internal service delivery and prudent spending of funds</li> <li>• 76-85% OVP Budget Utilization Rate (Average Obligation and Disbursement Rate): 96% Average BUR (i.e., 98% Obligation Rate and 94% Disbursement Rate)</li> <li>• Unqualified Opinion on the FY 2019 Financial Statements with 50% or more of the audit recommendations: Unqualified opinion on the FY 2019 Financial Statements</li> <li>• Average rating of the AFSSO units on core functions: Accounting: 4.07; Budget 4.21; HRMD: 4.67; PPU4.16; ADM 4.46; Cash 4.60</li> </ul> <p>All accomplishments got ratings of 4.0 - 5.0 (highest). Acceptable rating is 3.0. Objectives and associated indicators are also established across all units and levels of the organization. These are measurable and are controlled, communicated and up-dated regularly.</p>
Process control including outsourced processes	<p>The processes available in the organization have been identified and documented. Process workflows and interactions have been described and appropriately controlled. The processes are evaluated at regular intervals by means of key performance indicators.</p> <p>Core services within the scope of product realization include:</p> <ul style="list-style-type: none"> <li>• Angat Buhay partnerships against poverty</li> <li>• Provision of Medical Assistance</li> <li>• Provision of Burial Assistance</li> </ul> <p>Key processes within the scope of product realization include:</p> <ul style="list-style-type: none"> <li>• Provision of Financial Assistance</li> <li>• Partnership Building and Community Empowerment</li> <li>• Advisory Services</li> <li>• Ceremonial Protocols and Engagements</li> <li>• Communications and Media Management</li> <li>• Strategy and Risk Management Services</li> <li>• Workplace Management and Safety</li> <li>• Public Financial Management</li> <li>• Information Management</li> </ul> <p>The following processes have been outsourced:</p> <ul style="list-style-type: none"> <li>• Printing Press</li> </ul>

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	<p>These processes are appropriately reviewed and controlled.</p> <p>OVP Business Process Model</p>  <p>The diagram illustrates the OVP Business Process Model. At the top is a yellow box labeled 'LEADERSHIP' containing 'Strategy Planning' and 'QMS and Operations Planning'. Below this is a row of three blue boxes: 'Social Services Program', 'Partnership Building and Community Empowerment', and 'Ceremonial Protocols and Engagements'. To the left of the first box is a blue box 'Inputs: Requirements from Clients and Interested Parties' with an arrow pointing to it. To the right of the last box is a blue box 'Outputs: Service to Clients and Interested Parties' with an arrow pointing from it. Below these three boxes is a row of seven green ovals representing management functions: 'Communications and Media Management', 'Information Management', 'Strategy and Risk Management', 'Knowledge Management', 'Workplace Management and Safety', 'Human Resource Management', and 'Funds Financial Management'. At the bottom is a yellow box labeled 'QMS PERFORMANCE, EVALUATION AND IMPROVEMENT' containing 'Monitoring and Assessment of Objectives', 'Internal QMS Audit', 'Management Review', 'QMS Controls', 'Risk Assessment', and 'Customer Satisfaction'. Double-headed red arrows connect the Leadership box to the Social Services Program, Partnership Building, and Ceremonial Protocols boxes. Double-headed red arrows also connect these three boxes to the QMS Performance box. Double-headed red arrows connect the QMS Performance box to each of the seven management function ovals. Double-headed red arrows also connect each of the three middle boxes to each of the seven management function ovals.</p>
Risk-based thinking	<p>The requirements for risk-based thinking are being realized in the organization as follows:</p> <p>Risk-based thinking has been applied for the following <b>processes</b>:</p> <ul style="list-style-type: none"> <li>• Office of the Chief of Staff</li> <li>• VP Private and Ceremonial Division</li> <li>• Local Affairs and Special Projects Division</li> <li>• Public Assistance Division</li> <li>• Media Affairs</li> <li>• Administrative and Financial Office</li> <li>• Accounting Division</li> <li>• Budget Division</li> <li>• Research and Development Studies</li> <li>• Planning and Management Division</li> <li>• Management Information System</li> </ul> <p>Examples of <b>risks and opportunities</b> of processes identified are:</p> <ul style="list-style-type: none"> <li>• Lean staffing of HR unit and can only focus on transactional services. This makes HR unable to deliver services based on required/ expected outcomes.</li> <li>• Security risk</li> <li>• Unproductive staff members because of no clear output or outcome when required to attend meetings</li> <li>• Non-observance of/non-compliance to existing rules (DBM Circular No. 2005-4); Non-provision of accident insurance may result in severe harm or death to OVP employees</li> </ul> <p>Examples of <b>measures</b> taken to react on identified risks are:</p> <ul style="list-style-type: none"> <li>• Trainings for HR Staff; deployment of an HR Information System; proposal to expand HR into a Division.</li> <li>• Presence of security detail within the building; use of biometric access system, CCTV in the work stations</li> <li>• Delegation of authorities and clarification of roles and responsibilities with regard to Angat Buhay</li> <li>• Insurance options – under discussion</li> </ul>

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Item	Audit result
	<p>Examples of risks and opportunities concerning the <b>context</b> of the organization are:</p> <ul style="list-style-type: none"> <li>• Corona Virus Disease</li> <li>• 2019 elections – Angat Buhay activities which LGUs have participation may be put on hold because of shift in priority.</li> <li>• Low personnel engagement due to work conflicts and burnout</li> </ul> <p>Concerning risk based thinking the following <b>tools</b> are used:</p> <ul style="list-style-type: none"> <li>• Risk Registry</li> <li>• Process Improvements and Opportunities Registry</li> </ul> <p>The Risk Registry contains the list of risks resulting from an analysis of the OVP's issues, interested parties, applicable regulatory requirements and processes. These risks are evaluated in accordance with defined criteria and treated as appropriate.</p> <p>The lessons learned in addressing both challenges and opportunities posed by the OVP's context is regularly documented through these registries for purposes of best practice sharing and institutional memory. These are maintained by the Planning Division (PD) and subject to changes based on periodic Management Review.</p> <p>The Process Improvements and Opportunities Registry contains a comprehensive list of best practices and opportunities that are either being implemented or planned by Offices/Divisions/Units within the organization.</p>
Customer-related and other requirements	<p>The organization analyses and evaluates customer requirements and/or enquiries and any documented, assumed, statutory and regulatory requirements within the scope of a production and feasibility study performed in a team.</p> <p>The OVP reviews all inquiries and requests received from clients to ensure that their requirements can be met in full and any ambiguities resolved. The determination and capture of service requirements includes the clarification and agreement of client needs. Any requirements not specified by the client but necessary for service implementation or compliance with any laws or regulations is also considered part of this process.</p> <p>All client orders/contracts, inquiries/request are reviewed to ensure that service, quantity and delivery requirements can be satisfied.</p> <p>Documented information of these reviews are retained.</p> <p>Capability, facility and service information are supplied to customers via website, brochures, email and other relevant media.</p> <p>Communications such as inquiries, quotes, orders and amendment details are appropriately maintained and identified by client and reference number.</p> <p>The following process requirements significantly affect product or service quality:</p> <ul style="list-style-type: none"> <li>• Citizen's charter</li> <li>• Resource requirements</li> <li>• Ethics and compliance</li> </ul> <p>Key regulatory, statutory and customer-related requirements include:</p> <ul style="list-style-type: none"> <li>• DBM National Budget Circular No. 559 dated June 26, 2015 Guidelines in the Realignment of Funds under FY 2015 General Appropriations Act (GAA), and Other Purposes</li> <li>• DBM National Budget Circular No. 557 dated June 3, 2015 Guidelines in the Use of Personnel Services Appropriations under the FY 2015 General Appropriations Act (GAA) GAA FY 2017 RA 10924, Section 89; COA-DBM Joint Circular No. 2014-1 dated July 1, 2014 Guidelines on Prescribing Use of Modified Formats of the BFAR's</li> <li>• Government Accounting Manual (GAM) for National Government Agencies</li> <li>• RA 9485 (Anti-Red Tape Act) for frontline services.</li> </ul>



Client	Standard(s)	Certification Number(s)	Audit Type
Office of the Vice President	ISO 9001:2015	01 100 1734807	Recertification

Item	Audit result
	<ul style="list-style-type: none"> <li>• Civil Service Memorandum Circular No. 6, s. 2012 Guidelines in the Establishment of the Strategic Performance Management System (SPMS)</li> <li>• 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184: Government Procurement Reform Act</li> <li>• RA 9470 (National Archives of the Philippines Act of 2007)</li> <li>• Executive Order No. 2, s.2016: Operationalizing in the Executive Branch the People's Constitutional Right to Information and the State Policies to Full Public Disclosure and Transparency in the Public Service and Providing Guidelines Therefor</li> <li>• RA 6713 (Code of Conduct and Ethical Standards for Public Officials and Employees)</li> <li>• RA 7432 as amended (Expanded Senior Citizens Act of 2010) for provisions for senior citizens.</li> <li>• RA 10173 (Data Privacy Act)</li> <li>• RA 9710 (Magna Carta of Women)</li> <li>• BP 344 (Accessibility Law) in relation to Section 25 of RA 7277 (Magna Carta for Disabled Persons)</li> </ul>
Customer satisfaction and complaints	<p>The organization maintains documented and effective procedures governing the handling of information, data analyses, improvement actions and responses to customer feedback.</p> <p>The requirements of clients are taken into account at all stages of service delivery. OVP gathers client feedback as mandated by Anti-Red Tape Act of 2007 (R.A. 9485). Gathering of feedback is done through the following mechanisms: feedback forms, e-mail, media columns, SMS, calls and letters, among others. The frequency of monitoring these feedbacks depends on each mode. When customer complaints are received, this will be recorded, analyzed and corrected to the satisfaction of the customer and the company. Data obtained from the client satisfaction monitoring is reported to the management to be used as a basis for decision making.</p>
Internal audit and management review	<p>The organization measures MS implementation, maintenance and effectiveness by means of annually scheduled system audits by eleven qualified multidiscipline internal auditors. The organization reliably carries out these audits; latest of which on October 19 through November 6, 2020. The forty one opportunities for improvement identified in these internal audits had been corrected, through the Continuous Improvement form, by the time the audit documented in this report was performed. There was no nonconformity found.</p> <p>Top management reviews the organization's quality management system at regular intervals and in line with the requirements to ensure its continuous suitability, adequacy and effectiveness. The management review of November 27, 2020 was carried out in accordance with the requirements and was effective.</p>
Use of certificate and logo	<p>The logo and the certificate are used in compliance with the requirements. This has been checked by sampling. The sampling included business cards, company brochures or websites or others.</p>

Chapter of standard	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	6.3		
Rating *	1	1	1	1	1	1	1	1	1	1		
No. of nonconformity	0	0	0	0	0	0	0	0	0	0		
Chapter of standard	7.1	7.2	7.3	7.4	7.5	8.1	8.2	8.3	8.4	8.5	8.6	8.7
Rating *	1	1	1	1	1	1	1	4	1	1	1	1
No. of nonconformity	0	0	0	0	0	0	0	0	0	0	0	0
Chapter of standard	9.1	9.2	9.3	10.1	10.2	10.3						
Rating *	1	1	1	1	1	1						

# Audit Report

Client	Standard(s)	Certification Number(s)	Audit Type
Office of the Vice President	ISO 9001:2015	01 100 1734807	Recertification

No. of nonconformity	0	0	0	0	0	0						
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- \* **Rating:**
- 1 = conforming
  - 2 = not audited in this audit
  - 3 = nonconformity (see nonconformity report)
  - 4 = not applicable