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01 100 1734807

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	Surveillance Audit (FA1)

Contents

1	Audit result	3
2	Scope.....	4
2.1	Description of the organization.....	4
2.2	Scope of certification	5
3	Changes in the management system / Contract review.....	6
4	Audit findings	6
5	Dates.....	8

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Audit Leader : Mary Grace Balobalo

Audit Team : Minda Fe Villapando, Ramoncito Puyat

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

Audit Date : 2021 November 19

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 type="checkbox"/>	The current audit revealed the following nonconformities: <table border="0" style="width: 100%; border-collapse: collapse;"> <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 type="checkbox"/>	Award of the new certificates.
<input checked="" 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.

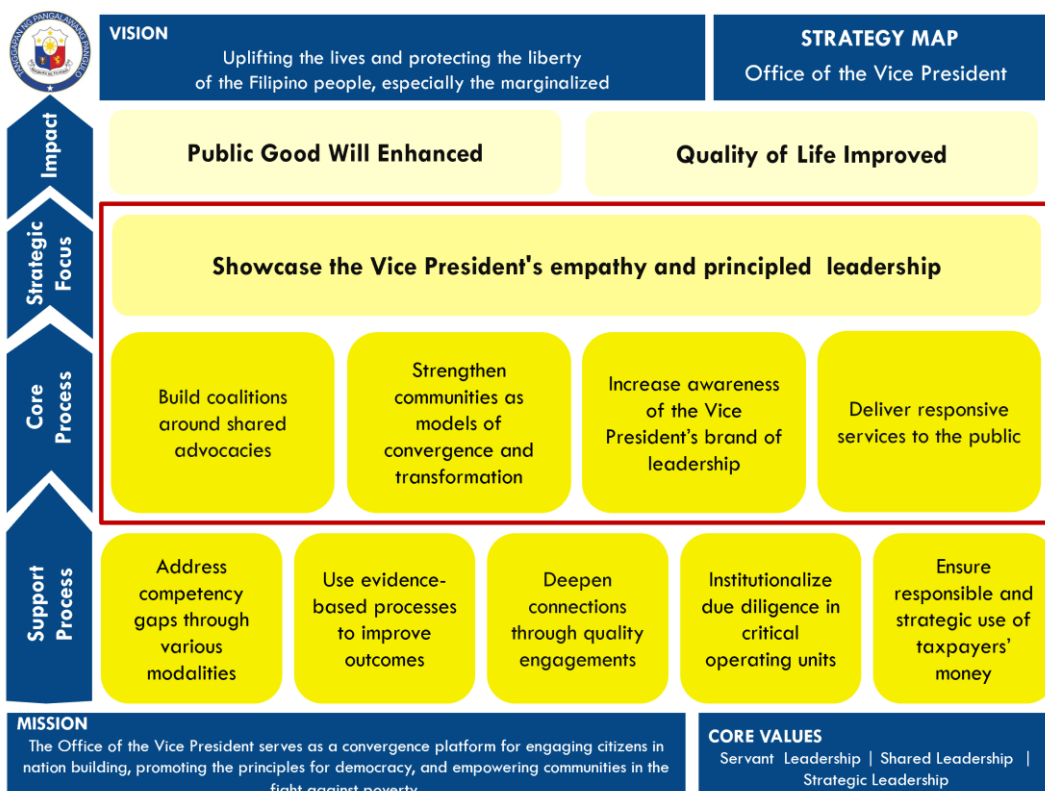
The OVP’s primary mandate is to enhance good governance that shall serve the nation & people’s essential needs, interests and welfare.

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 audit was conducted 100% remotely using ICT (Information and Communication Technology). The used method was effective to achieve the audit objectives.

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> Office of the Vice President No. 100 11 th Street, Barangay Mariana, New Manila 1112, Quezon City, Philippines	110	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> Office of the Vice President 7 th Floor, Ben-Lor Building, Quezon Avenue, Quezon City, Philippines	142	Performance of Executive, Ceremonial, and Advocacy Functions in the Service of the Nation.	ISO 9001:2015	<input checked="" type="checkbox"/>

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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:

- Implementation of CSC's HR Prime
- Employee recognition through PRAISE Award
- Complete staffing of Knowledge Management Division

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
1	OVP-wide	3 consecutive years of highest audit rating from Commission on Audit. For the 3 rd time, the OVP earned an "unqualified opinion" for its 2020 Financial Report.
2	Area and Constituency Concerns Division	Outstanding performance based on the Division Performance Accomplishment Report of the Area and Constituency Concerns Division for 1 st Semester 2021.
3	Knowledge Management	BISEntal –is a platform launched last year, it contains all information that employees need to know about the Office of the Vice President. This is currently ongoing development through re-scoping and the effectiveness of the output of re-scoping is evaluated through User Testing, ref. O365 App KM Material User Test Result. This improvement is noteworthy.
4	Planning	383% (1,150/300) achievement of number of strategic partnership established as of 3 rd Qtr. 2021). Over achieving of the target is due to implementation of Bayanihan E-Konsulta establishing partners with volunteer doctors and with donors that responded and provided various items for relief or for OVP use in the different Covid-19 operations.

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5	OVP Programs	Existing and New OVP programs' accomplishments/ achievements despite limited budget of the Office. <ul style="list-style-type: none"> - Medical Assistance - COVID 19 Response - Bayanihanapbuhay - Bayanihan mart - Bayanihan e-eskwela - E-konsulta - others
6	Continual Improvement	To support the medical and psychological need of the OVP personnel, especially during the pandemic, a resident doctor, 2 resident nurses, a resident psychologist and an OD consultant are provided to all personnel.
7	Awards	The CSC has informed the OVP that all the criteria for award of CSC PRIME-HRM for all 4 HR Pillars were met, and only waiting for decision for what level of award is being granted (either Level I or II).
8	Human Resources	Integration of Competency-Based Assessment (CBA) in the assessment of the 4 HR Pillars for employees and in the application and testing during recruitment of new employees. Onboarding of new employees is now done asynchronously through pre-recorded sessions to avoid face-to-face and reduce unavailability due to schedules.
9	Procurement	During the Covid-19, most of the paper records of procurement have been converted to electronic format.

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
1	CDAD	Consider ways on how Team Assessment can still be done despite busy schedule of team members.
2	Internal Audit	Retention period of audio records of conduct of internal audit needs to be defined in the control of documented information.
3	Customer feedback and complaints	Consider to define in the management system documentation the following: <ul style="list-style-type: none"> - response time to acknowledge feedback and complaints - communication of the status of feedback and complaints to clients

Audit Report



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4	Social Services Program Process	Consider to formally document the Operational Covid-19 Related Risk Register. Example, form number, version and effective date.
5	MIS / Competence & Awareness	Consider monitoring the training and awareness offerings of the agencies and groups who espouse cybersecurity practices, such as the DICT-Cybersecurity Bureau, and CS-HUB, as they may provide valuable training inputs for knowledge and planning purposes at cost-effective rates.

5 Dates

Due Date for the next audit


December 14, 2022

Agreed date for the next audit

November 2022

November 24, 2021

Date


Mary Grace Balobalo/ Ramoncito Puyat, Minda Fe Villapando

Audit Leader / Auditor(s)

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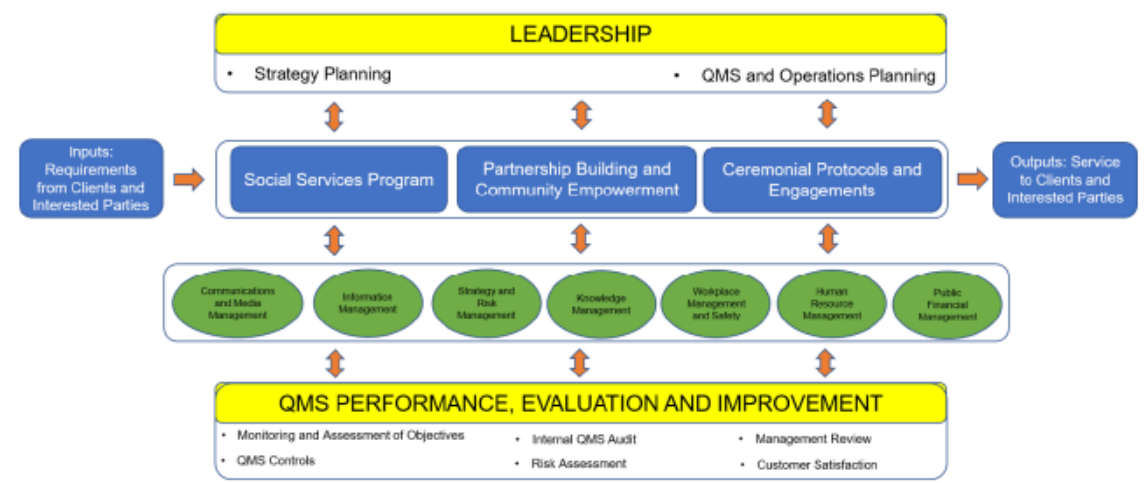
Annex ISO 9001:2015

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"> • Political • Resources • Legal • Technological <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"> • Process Improvements and Opportunities Registry • Registry of Interested Parties and Legal/Regulatory Requirements • Risk Registry <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"> • Stakeholders / Constituents • Government Agencies • International Community • Private Partners • Local Government Units • Suppliers (internal / external) • Media • Employees • Citizen/ Public • Non-Government Organizations • Non-Government Agencies
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>The quality objectives are measurable and are controlled, communicated and updated regularly.</p> <p>Key quality objectives include:</p> <p>Strategic Objective</p>

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	<ul style="list-style-type: none"> • COVID 19 Response Effort <p>Core Functions Objectives</p> <ul style="list-style-type: none"> • Sustain internal management reforms through improved internal service delivery and prudent spending of funds • Enhanced public goodwill for the Vice President and OVP • Timely completion of Continuous Professional Development Modules <p>This is in reference to Office Performance Commitment Review of the OVP's Chief of Staff. The OPRC is reviewed and reported semi-annually. Other units of OVP have their respective OPRCs Office level performance since 2017 to 2021 1st semester was reviewed. Consistent high performance rating was noted. The strategic objectives, performance indicators and targets reviewed include:</p> <ul style="list-style-type: none"> • Institutionalize Internal Reforms: Average rating of at least 4 for all COVID 19 response operations; 3 suggestions/action items for AFSO/ OACOS from the employee engagement survey implemented • Bayanihan e-Konsulta Overall operations: 80-90% of cases processed/ facilitated from April 7-June 25, 2021 • Bayanihan e-Konsulta Emergency: 80-90% of cases processed/ facilitated from April 7-June 25, 2021 • Assistance to communities relief packs. Provide relief goods to target communities of the OVP: 80 to 90% relief packs delivered. • Others
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"> • Angat Buhay partnerships against poverty • Provision of Medical Assistance • Provision of Burial Assistance <p>Key processes within the scope of product realization include:</p> <ul style="list-style-type: none"> • Provision of Financial Assistance • Partnership Building and Community Empowerment • Advisory Services • Ceremonial Protocols and Engagements • Communications and Media Management • Strategy and Risk Management Services • Workplace Management and Safety • Public Financial Management • Information Management <p>The following processes have been outsourced:</p> <ul style="list-style-type: none"> • Printing Press <p>These processes are appropriately reviewed and controlled.</p>

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	<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 these boxes is a blue box 'Inputs: Requirements from Clients and Interested Parties' with an arrow pointing to the first box. To the right is a blue box 'Outputs: Service to Clients and Interested Parties' with an arrow pointing from the last box. Below the three blue boxes is a row of seven green ovals: 'Communications and Media Management', 'Information Management', 'Strategy and Risk Management', 'Knowledge Management', 'Workplace Management and Safety', 'Human Resource Management', and 'Public 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 arrows connect the Leadership box to the three blue boxes, the three blue boxes to the seven green ovals, and the seven green ovals to the QMS box. Single-headed arrows also connect the inputs and outputs boxes to the main process flow.</p>
Risk-based thinking	<p>The requirements for risk-based thinking are being realized in the organization as follows: Risk-based thinking has been applied for the following processes:</p> <ul style="list-style-type: none"> • Office of the Chief of Staff • VP Private and Ceremonial Division • Local Affairs and Special Projects Division • Public Assistance Division • Media Affairs • Administrative and Financial Office • Accounting Division • Budget Division • Research and Development Studies • Planning and Management Division • Management Information System <p>Examples of risks and opportunities of processes identified are:</p> <ul style="list-style-type: none"> • Inefficiency on website development and administration • Delayed processing of payment to vendor/ suppliers • Directive of VPLR are not properly captured/ executed <p>Examples of measures taken to react on identified risks are:</p> <ul style="list-style-type: none"> • Close coordination with MISD on handling technical issues, Identify L&D needs in coordination with HRMD • Extended working hours of staff and personnel • Assignment of Directive Monitoring Coordinator <p>Examples of risks and opportunities concerning the context of the organization are:</p>

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	<ul style="list-style-type: none"> • Risks involved in the conduct of physical engagements during the pandemic: risks to the health and safety of VPLR, staff, proponent, and guests; inability to perform tasks due to exposure to the virus; and difficulty adhering to constantly changing rules from the IATF/concerned LGUs 2019 elections – Angat Buhay activities which LGUs have participation may be put on hold because of shift in priority. • COVID-19 exposure of staff and frontliners during operations, especially due to the Delta variant. • Possible use of the platform “ BAYANIHANAPBUHAY” for abuse and exploitation <p>Concerning risk based thinking the following tools are used:</p> <ul style="list-style-type: none"> • Risk Registry • Process Improvements and Opportunities Registry <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/ mandate of the Office of the Vice President.</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"> • Citizen’s charter • Resource requirements • Ethics and compliance <p>Key regulatory, statutory and customer-related requirements include:</p> <ul style="list-style-type: none"> • 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

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	<ul style="list-style-type: none"> • 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 • Government Accounting Manual (GAM) for National Government Agencies • RA 9485 (Anti-Red Tape Act) for frontline services. • Civil Service Memorandum Circular No. 6, s. 2012 Guidelines in the Establishment of the Strategic Performance Management System (SPMS) • 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184: Government Procurement Reform Act • RA 9470 (National Archives of the Philippines Act of 2007) • 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 • RA 6713 (Code of Conduct and Ethical Standards for Public Officials and Employees) • RA 7432 as amended (Expanded Senior Citizens Act of 2010) for provisions for senior citizens. • RA 10173 (Data Privacy Act) • RA 9710 (Magna Carta of Women) • BP 344 (Accessibility Law) in relation to Section 25 of RA 7277 (Magna Carta for Disabled Persons)
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> <p>Customer satisfaction from external stakeholders from 2017 to 2021 (January to October) has improve significantly for medical assistance and burial assistance from 89.19% to 98.51% (medical assistance), 97.78% (burial assistance). The average satisfaction rating for critical engagement of the VP has consistently been very satisfactory with no rating below 4.80 (rating scale of 1 to 5) in the last 5 years.</p>
Internal audit and management review	<p>The organization measures QMS implementation, maintenance and effectiveness by means of annually scheduled system audits by ten qualified multidiscipline internal auditors. The organization reliably carries out these audits; latest of which on September 2 through October 15, 2021. The 54 opportunities for improvement identified in this audit were issued Continuous Improvement Form to document actions taken. There was no nonconformity raised by the audit team.</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 12, 2021 was carried out in accordance with the requirements and was effective.</p>

Audit Report

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Item	Audit result
Use of certificate and logo	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.

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
Chapter of standard	9.1	9.2	9.3	10.1	10.2	10.3						
Rating *	1	1	1	1	1	1						
No. of nonconformity	0	0	0	0	0	0						

- * **Rating:**
- 1 = conforming
 - 2 = not audited in this audit
 - 3 = nonconformity (see nonconformity report)
 - 4 = not applicable