



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA
Office of the Management Representative
Corrective Action Plan

Audit Name and number: CUEA ISO INTERNAL QUALITY AUDIT – CUEA/VC/MR/03-02
(Conducted on 14th to 17th November 2016)

CUEA LANG'ATA CAMPUS NAIROBI

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
CAR No. 1 of 9 Area: Internal Communication (Minor) Clause No. ISO 9001:2008 Clause 5.5.3	<p>Requirement: Top Management shall ensure that appropriate communication processes are established within the organization and that communication takes place regarding the effectiveness of the quality management system.</p> <p>NC:/Evidence: (a) Policy for communication for the University was not in place, the University Council had requested one by developed – Communication and International Relations. (b) There was lack of evidence of communication in regard to movement of aspects of procedures from one department to another – Immigration and Insurance (Human Resources); and (c) Communication, both internal and external needed to be captured and</p>	<p>(a) The University did not have a communication policy in place.</p> <p>(b) Following the restructure process, clear job descriptions had yet to be put in place.</p>	<p>(a) Put in place a University Communication Policy and create awareness to the University Community.</p> <p>(b) Each function to have clear job descriptions in place.</p>	<p>(a) Ensure that the draft University Communication Policy is processed for approval.</p> <p>(b) TO create awareness of the communication policy.</p> <p>(c) HR function to initiate review of all Job Descriptions.</p> <p>(d) All Heads of Function to ensure that Job</p>	<p>May 2017</p> <p>June 2017</p> <p>10th March 2017</p> <p>April 2017</p>	<p>C&IR</p> <p>C&IR</p> <p>HR</p> <p>HOFs</p>

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
	there was no evidence that this was the case.			Descriptions affecting their functions have been reviewed.		
CAR No. 2 of 9 Area: Monitoring and Measurement of Processes (Minor) Clause: ISO 9001:2008 Clause 8.2.3	<p>Requirement: The organization shall apply suitable methods for monitoring and, where applicable, measurement of quality management system processes. These methods shall demonstrate the ability of the processes to achieve planned results. When planned results are not achieved, correction and corrective action shall be taken, as appropriate.</p> <p>NOTE: When determining suitable methods, it is advisable that the organization consider the type and extent of monitoring or measurement appropriate to each of its processes in relation to their impact on the conformity to product requirements and on the effectiveness of the quality management system.</p> <p>NC:/Evidence:</p> <p>(a) Quality objectives were not being monitored in the following functions: (i) Faculty of Science, (ii) Finance Departments, (iii) ICT Department, (iv) School of Business, and (v) University Library.</p> <p>(b) The Department had not undertaken any monitoring and measurement of the activities it carried out – University Registry</p>	There was an extensive lack of understanding of authorities and responsibilities in the University's functions in regard to the University QMS	Ensure that quality objectives and other processes affecting the QMS monitored and measured regularly.	Ensure that mandates and responsibilities towards the QMS functions are clarified at all levels.	May 2017	UMB

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
CAR No. 3 of 9 Area: Internal Audit (Minor) Clause: ISO 9001:2008 Std Clause 8.2.2 and CUEA/VC/MR/0 3 cl. 6.2.5.1	<p>Requirement: The management responsible for the areas being audited shall ensure that any necessary corrections and corrective actions are taken without undue delay to eliminate detected nonconformities and their causes. Follow up activities shall include the verification of the actions taken and the reporting of verification results (see 8.5.2)</p> <p>CUEA/VC/MR/03 cl. 6.2.5 – The audit team members shall ensure that appropriate corrective actions are suggested and agreed upon by the auditee. The close out audit shall be carried out within 30 days.</p> <p>NC:/Evidence: (a) Insurance and Immigration (Human Resource) – there was need to ensure that Auditors close their audits and that the Department approved the audit findings as required; (b) Transport and Maintenance (Estate and Infrastructure) – Previous audits needed to be closed; and (c) Procurement Office – Previous audits had not been closed.</p>	(a) Audits were not motivated. (b) Some Auditees do not avail themselves to facilitate the closure of audits	Ensure that the Internal Quality Audits are closed 30 days after they are conducted.	(a) Have a schedule drawn for the pending payments of the Internal Quality Auditors. (b) After every Internal Quality Audit the Heads of Function and Internal Quality Auditors meet for corrective action planning and closing of audits.	April 2017 2 weeks after Internal Quality Audits	CFO MR HOFs / IQAs
CAR No. 4 of 9	Requirement: The organization shall take action to					

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
Area: Corrective Action (Minor) Clause: ISO 9001: 2008 Clause 8.5.2	<p>eliminate the causes of non conformities in order to prevent recurrence. Corrective actions shall be appropriate to the effects of the non conformities encountered.</p> <p>A documented procedure shall be established to define requirements for</p> <p>(a) Reviewing non conformities (including customer complaints,</p> <p>(b) Determining the cause of non conformities,</p> <p>(c) Evaluating the need for action to ensure that non conformities do not recur,</p> <p>(d) Determining and implementing action needed,</p> <p>(e) Records of the results of action taken (see 4.2.4), and</p> <p>(f) Reviewing the effectiveness of the corrective action taken.</p> <p><u>NC:/Evidence:</u></p> <p>(a) Transport and Maintenance (Estates and Infrastructure) – Lack of mitigation measures (Corrective action) to ensure that areas of non-compliance had been addressed;</p> <p>(b) Faculty of Arts and Social Sciences – After both internal and external audits non-conformities had been raised but there was no evidence that corrective action had been done;</p> <p>(c) Institute of Regional Integration and Development – Previous</p>	Heads of Function do not take responsibility for Corrective Action even when prompted to do so. This is because their Job Descriptions are not explicit about their leadership role in QMS matters.	Ensure that root cause analysis, correction and corrective action is done for previous audits.	Review Job Descriptions for Heads of Function to explicitly include their role in QMS matters.	30 th April 2017	HR

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
	<p>Corrective Action Requests (CARs) had not been addressed;</p> <p>(d) University Registry – Non conformities raised during the last audit had not been addressed;</p> <p>(e) Communication and International Relations – Remedial action in relation to quality objectives not being measurable and lacking a basis from where to be measured had not been done; and</p> <p>(f) Procurement Office – Corrective Action for non conformities raised during the last audit were not done.</p>					
<p>CAR No. 5 of 9</p> <p>Area: Analysis of Data (Minor)</p> <p>Clause: ISO 9001: 2008 Clause 8.4</p>	<p>Requirement:</p> <p>The organization shall determine, collect and analyze appropriate data to demonstrate the suitability and effectiveness of the quality management system and to evaluate where continual improvement of the effectiveness of the quality management system can be made. This shall include data generated as a result of monitoring and measurement and from other relevant sources.</p> <p>The analysis of data shall provide information relating to</p> <p>(a) Customer satisfaction (see 8.2.1)</p> <p>(b) Conformity to product requirements (see 8.2.4)</p> <p>(c) Characteristics and trends of processes and products, including opportunities for preventive action</p>					

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
	<p>(see 8.2.3 and 8.2.4), and (d) Suppliers (see 7.4)</p> <p>NC:/Evidence: (a) Finance Department – despite data being analyzed on financial aspects, there was need to prepare reports detailing what the analyzed data entailed and have these disseminated accordingly (b) Institute of Regional Integration and Development – there was no evidence that data analysis had been done. Evaluation reports were not availed to the Auditor at the time of the audit; (c) School of Business – Data on class attendance and customer complaints needed to be analyzed; (d) University Registry – The function had collected data on customer complaints but the analysis and reports had not been done; (e) Transport and Maintenance (Estates and Infrastructure) – there was need to have report of analyzed data communicated to relevant users; (f) Examinations Office – Data was not being collected or analyzed; and (g) Procurement Office – data collected had not been analyzed.</p>	Decisions at various levels in the University are made without the use of factual evidence from analyzed data.	Ensure that data is collected, it is analyzed, reports generated and disseminated to support decision making.	<p>(a) Ensure that regular reports inform decision making at various levels; and</p> <p>(b) Audit on aspects of the use of disseminated reports on improvement during subsequent audits.</p>	<p>30th May 2017</p> <p>30th May 2017</p>	<p>UMB</p> <p>MR / Internal Quality Auditors</p>
CAR No. 6 of 9 Area: Control of Documents (Major)	<p>Requirement: Documents required by the quality management system shall be controlled. Records are a special type of document and shall be</p>					

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
Clause: ISO 9001: 2008 Clause 4.2.3	<p>controlled according to the requirements given in the ISO 9001:2008 cl. 4.2.3</p> <p>A documented procedure shall be established to define the controls needed</p> <p>(a) to approve documents for adequacy prior to issue</p> <p>(b) to review and update as necessary and re-approve documents</p> <p>(c) to ensure that changes and the current revision status of documents are available at points of use</p> <p>(d) to ensure that relevant versions of applicable documents are available at points of use</p> <p>(e) to ensure that documents remain legible and readily identifiable,</p> <p>(f) to ensure that documents of external origin determined by the organization to be necessary for the planning and operation of the quality management system are identified and their distribution controlled, and</p> <p>(g) to prevent the unintended use of obsolete documents, and to apply suitable identification them if they are retained for any purpose.</p> <p>NC:/Evidence:</p> <p>(a) Academic Linkages (i) Procedure of Affiliations of Colleges needed to be reviewed; and (ii) CUEA Policy Manual for Academic</p>	(a) The restructuring process is affecting review.	Review all procedures that have been affected by the restructuring.	(a) Functions to conduct proper induction of their new staff.	31 st May 2017	HR / HOFs

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
	<p>Linkages was last approved in 2006.</p> <p>(b) Finance – Procedure for payments needed to be reviewed to include other platforms of payments that had been adopted</p> <p>(c) Transport and Maintenance (Estates and Infrastructure) – The tool that captures customer requests and logs needed to have the clients ascent that they were satisfied with the service rendered and it also needed to be labeled and serialized</p> <p>(d) Documents in use in the following areas had not been uniquely identified: (i) School of Business – Customer Compliant Register; (ii) Research, Innovation and Graduate Training (- Evaluation Form for Training, - Quality Policy Statement Displayed was obsolete; and – A number of documents presented to the Auditor had not been approval or were not on official headed paper), (iii) Insurance ad Immigration – (HR) – Changes in Procedures not communicated to the Management Representative’s Office for amendment; (iv) ICT Department – The ICT Policy document had yet to be adopted by the University Council, (v) Procedures transferred to the Department of Communication and International Relations still appeared under the ICT Department, (vi) All audited function – there was need to review documents in relation</p>	<p>(b) Adequate induction for the new functions is yet to be done.</p> <p>(c) Some functions do not have a staff member allocated to document management.</p>		<p>(b) Train on Control of Documents and Institutional Knowledge Management.</p> <p>(c) Each function to have a staff designated for document management.</p>	<p>31st May 2017</p> <p>31st May 2017</p>	<p>MR</p> <p>HR</p>

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
<p>Area: Management Review (Major)</p> <p>Clause: ISO 9001: 2008 Clause 5.6.1 and 5.6.2</p>	<p>organization's quality management system, at planned intervals, to ensure its continuing suitability, adequacy and effectiveness. This review shall include assessing opportunities for improvement and the need for changes to the quality management system, including the quality policy and quality objectives.</p> <p>Records from management reviews shall be maintained (see 4.2.4)</p> <p>The input to management review shall include information on (a) results of audits, (b) customer feedback, (c) process performance and product conformity, (d) status of preventive and corrective actions, (e) follow-up actions from previous management reviews, (f) changes that could affect the quality management system, and (g) recommendations for improvement.</p> <p>NC:/Evidence: (a) Management review had not been done in the following areas: (i) Insurance and Immigration (HR Office); (ii) School of Business; (iii) University Registry; (iv) Faculty of Arts and Social Sciences; (v) Research, Innovation and Graduate Training; (vi) Examinations Office; (vii) Faculty of Theology; (viii)</p>	<p>(a) Though the procedure states that Management Review at functions will be held at least twice every year, it is not a scheduled activity for the functional areas.</p>	<p>Functions to carry out Management Review by 6th April 2017.</p>	<p>Have management review for functional areas scheduled to be two weeks after audits.</p>	<p>6th April 2017</p>	<p>MR HOFs</p>

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
	<p>Transport and Maintenance (Estates and Infrastructure); and (ix) Procurement Office</p> <p>(b) Management Review had not been conducted as per the ISO 9001:2008 Prescribed format: (i) Academic Linkages; (ii) University Library; and (iii) Catering Department.</p>	(b) There is lack of adherence to the Management Review guidelines.				
<p>CAR No. 9 of 9</p> <p>Area: Provision of Resources (Major)</p> <p>Clause: ISO 9001: 2008 Clause 6.1</p>	<p>Requirement: The organization shall determine and provide the resources needed (a) to implement and maintain the quality management system and continually improve its effectiveness, and (b) to enhance customer satisfaction by meeting customer requirements.</p> <p>NC:/Evidence: Performance of some activities has been affected at the following functions due to unavailability of funds: (a) DQA – Course evaluation not done due to lack of paper; (b) Academic Linkages – back up not done due to lack of external hard drive; (c) MR Office – Circulation of framed quality policy statements not done due to lack of transport; (d) Research, Innovation and Graduate Training – Implementation</p>	<p>(a) Lack of equitable distribution of resources</p> <p>(b) Approved budgets had not been given to the functional heads</p>	Ensure resources are distributed equitably	<p>(a) Find ways to raise funds maximize the use of available resources;</p> <p>(b) Ensure that resources are distributed according to the changes occasioned by the restructure process</p> <p>(c) Ensure that approved budgets are distributed to Heads of Function at the beginning of each financial year.</p>	31 st May 2017	<p>HOFs</p> <p>DVC AFP</p> <p>CFO</p>

CAR No Area audited Clause	Requirement Non Conformity/Evidence	Root Cause	Correction	Corrective Action	Completion Date	Responsible Person(s)
	<p>of Quality Objective No. 1 due to lack of funds;</p> <p>(e) ICT Department – Low facilitation on resources to facilitate activities such as printing and acquisition of other computer accessories;</p> <p>(f) Need for adequate resources to facilitate effectiveness of the functions activities (i) Faculty of Education – Procedure for teaching practice, (ii) Faculty of Science – Generally, (iii) School of Business – (Generally)</p> <p>(g) Registry – Need to acquire tamper, fire and waterproof cabinets for sensitive document and customer property;</p> <p>(h) Library – Lift is not operational;</p> <p>(i) Finance – Many suppliers still not paid;</p> <p>(j) Understaffing in the following functions: (i) Institute of regional Integration and Development: (ii) Procurement; (iii) Directorate of Quality Assurance</p> <p>(k) Procurement Office – Lack of storage space for records</p>					

Mary N Getui

Signed: Prof Mary N GETUI
MANAGEMENT REPRESENTATIVE

13th March 3017
Date