



KENYA BUREAU OF STANDARDS

ISO 9001: 2008

2nd SURVEILLANCE AUDIT REPORT

FOR

CATHOLIC UNIVERSITY OF EASTERN AFRICA

GABA ELDORET CAMPUS

AUDIT NO.

KEBS/QMS/SC/146/01/16

1.0 INTRODUCTION

Organization	:	Catholic University of Eastern Africa – Gaba Eldoret Campus.
Representative	:	Simon Kang'ete, the Director
Dates of audit	:	17 th March 2016. No of audit days – 1
Audit Basis/Criteria	:	ISO 9001:2008, CUEA QMS Documents.
Audit Scope	:	Key processes as well as selected support processes as indicated in the timetable
Audit No	:	KEBS/QMS/SC/146/01/16
Previous audit no.	:	KEBS/QMS/146/01/2015
Audit Type	:	SURVEILLANCE
Audit Team	:	Anthony Maritim (AM) – Lead Auditor Elizabeth Kisilu (EK) - Auditor
Audit objective(s)	:	a) Establish continued conformity to the ISO 9001:2008 requirement & continual improvement of the CUEA QMS b) Evaluate the ability to meet the applicable statutory, regulatory & contractual requirements for the purpose of continued certification c) Evaluate the continual improvement of the system

2.0 AUDIT SUMMARY

The purpose of the audit was to evaluate the continued fulfilment of the requirements of ISO 9001:2008 standard of the quality management System implemented by CUEA for the purpose of continued certification.

The audit was carried out as per the attached audit timetable, appendix A. The opening and closing meetings were held on 17th March 2016. Attendance register is attached.

During the audit, the auditors were given maximum cooperation which enabled them to effectively gather the information and evaluation of the same to come up with the audit findings and conclusions in this report.

The auditors established that;

- There was evidence of maintenance of course descriptions and outlines to guide in course delivery by lecturers.
- CATs are administered through presentations by students as well as sit ins.
- Monitoring of class attendance by students is done by use of class attendance forms.
- There was evidence of monitoring of quality objectives through performance contracting tools.
- Community service activities are planned and implemented.

However, it was noted that,

- Monitoring of lecturers class attendance is not effectively undertaken.
- Some records being maintained are not uniquely identified.
- Internal audits are not being carried out as planned.
- Some proposed corrective actions are correction, hence cannot effectively address the identified non conformities.
- Data analysis is not being undertaken appropriately.

During the audit, several positive findings and areas of improvement were recorded as in clause 3.0 of this report. In addition, a total of three (3) minor non-conformities were identified.

During the closing meeting, it was agreed that, an Acceptable Corrective Action Plan (CAP) for the non-conformities shall be submitted to the lead auditor within two (2) weeks.

RECOMMENDATION

The audit team shall recommend for continued certification of CUEA QMS subject to; Submission of an acceptable corrective action plan (CAP)

Anthony Maritim



21st March 2016.

Lead Auditor

3.0 Detailed Report

3.1 Education

3.1.1 Positive findings

- i. There was evidence of orientation of students upon admission.
- ii. Delivery of courses is guided by course descriptions and course outlines. Course outlines for Developmental Psychology, ED 101, dated 8th January 2016.
- iii. There was evidence in the timetable to show that, course ED 101 is taught from 2pm to 5pm.
- iv. Timetable for January – April 2016 trimester was available.
- v. Students for course ED 101 select various topics to research on and do presentations that constitute marks for a second CAT. A presentation by a student, REGN.BED/GC/409/4/15 was evaluated.
- vi. There was evidence of teaching notes prepared at the start of every trimester, and being used to teach the students.
- vii. Lecturers' class attendance for the undergraduate regular programme is monitored by use of register, CUEA/DVC/ACD/GBA/UG/PT.REG.2015/B2.
- viii. Measurable quality objectives have been established and being monitored by use of performance contracting reporting tool.
- ix. The objectives were reviewed and dated 23rd November 2015.

3.1.2 Areas for improvement

- i. Two CATs are supposed to be administered in a trimester; however, the course outlines of course ED 101 indicated only one(1).
- ii. Lecture evaluation is supposed to be conducted twice in a trimester. The last report available is dated 9th November 2016.
- iii. Monitoring of course coverage by lecturers is not being done effectively.
- iv. Evidence of make-up for the lost lectures was not demonstrated during the audit.

3.2 Students Affairs Department

3.2.1 Positive findings

- i. The department organizes and coordinates students' affairs which include sports accommodations, HELB and other scholarships and clearing of students.
- ii. Requests for counselling are received and booked in the counseling appointments forms.
- iii. Case notes on appointment are maintained and clients are required to consent before counseling session began.
- iv. The clients being counseled are requested to give feedback.
- v. Report on counseling activities dated April 2015 was availed during the audit.
- vi. Training of peer counselors starts with interested students applying for the same. An application by ms. Faith dated 18th August 2014, further to an advert ref; CUEA/GC/DOS/IM/1/2014 dated 15th August 2014.
- vii. The peer counsellor, J. Kiplimo was selected and a commitment letter, MBA/GC/617/13/14 dated 28th August 2014.

- viii. Successful peer counsellors underwent training as per memo, CUEA/GBA/DOS/IM/2/2015, that took place from 6th October 2014 to 10 November 2015 and also on 2nd February 2015.
- ix. There was evidence of community service undertaken. Cancer screening held on 4th March 2016 and a visit to a children's Home on 5th March 2016.

3.2.2 Areas for improvement

- i. The quality objectives maintained are not measurable as they lack the basis of the targets established.
- ii. A tool for monitoring the quality objectives has not been developed.
- iii. Data analysis on counseling cases is not being carried out effectively to demonstrate trend.
- iv. The forms being used by those clients undergoing counselling to give feedback are not identified.

3.3 Management Representative

3.3.1 Positive findings

- i. An internal audit schedule is maintained.
- ii. Internal audits were conducted from 30th October to 6th November 2015, and reports maintained. A total of 25 non conformities were identified, 12 of which being major.
- iii. The MR was audited on 2nd November 2015 and 1 non conformity identified. There was evidence of follow up activities carried out.
- iv. Management review meetings are held twice in a year. Minutes of a meeting held on 4th February 2016 maintained.

3.3.2 Areas for improvement

- i. The agenda on process performance and product conformity was not discussed effectively during a management review meeting held on 4th February 2016.
- ii. An internal audit planned for 8th to 19th February 2016 has not been carried out.
- iii. The Post Graduate department was audited on 2nd November 2015 and 2 non conformities were recorded, both being categorized as major. Completion date for the corrective actions was recorded as June 2016, however, a follow up was carried out on 3rd March 2016, audit No. CUEA/MR/intaud/2015.

3.4 Faculty of Arts and Social Sciences

3.4.1 Positive findings

- i. Quality objectives that are measurable and line with quality policy have been established.
- ii. Two course evaluations are carried out every trimester to ensure quality teaching by lecturers.
- iii. There was evidence that Monitoring of teaching is done eg Teaching Monitoring report for 1st Trimester 2015/2016 dated 9th November 2015 where in faculty of social sciences undergraduate, 6 courses were evaluated

indicating that the highest lecture scored 5.0 and lowest 4.10.CUEA/DVC/ADM/GBA/DQA/QMS/10/13/F03

- iv. There was evidence that proper communication and feedback mechanism has been put in place by holding at least one meeting with the students and thereafter with the lectures.eg Minutes of departmental meeting held with Bachelor of Science students on 13th November 2015 where 16 students were in attendance. Minutes were confirmed and owned as maintained in CUEA/DVC/ACD/GBA/USC/DM/01/2012.
- v. Workload allocation planning is done by having a meeting with students to discuss which units they want to do in the following trimester, after which a meeting with the lecturers is held to discuss allocation.
- vi. There was evidence that Faculty of Arts and Social Sciences participated in the community service at Our Lady of Hope Children's home on 12th March 2016 where 58 students and staff participated as one of the commitments in the quality policy.
- vii. Lecturers are vetted before they are issued with appointment letters by the Coordinator.eg Part time lectures vetting form for Finance and accounting January-April trimester was availed. Request for lecture appointment was also availed. Maintained in CUEA/DCV/ACD/GBA/US/CORR TO NBI/01/2015
- viii. Timetable for August-December 2015 trimester was available at the time of audit.Eg Lecture timetable for Bachelor of commerce undergraduate.
- ix. There was evidence that class attendance registers are signed eg Lecturer attendance August/ Sep 2015 showing time in and time out was availed.
- x. Data is collected on academic performance per unit and analysed eg Grade analysis mark sheet bachelor commerce August-December 2015 was availed where the average mark was classified as A,B,C and D.
- xi. Having meeting with students in a round table, whatsapp group where they discuss issues freely with the coordinator has highly improved communication.

3.4.2 Areas of improvement

- i. Records of feedback provided to lecturers after evaluation could not be retrieved at the time of audit.eg Monitoring teaching report for 1st Trimester 2015/2016 dated 9th November 2015

3.5 Examination Office

3.5.1 Positive findings

- i. Quality objectives that are measurable and in line with quality policy have been established.
- ii. Documents required for QMS have been developed and implemented eg the Examination and Administration procedure.
- iii. Proof reading of typed examinations has been scheduled to be done by the lecturer setting the exam.
- iv. There was evidence that an induction meeting is done to lecturers before invigilation of examinations high quality of exam invigilation. Eg Invitation memo to lecturers to attend the induction meeting held on 24th November 2015.Minutes of the induction were also maintained.

- v. Invigilation guidelines has been developed and communicated to invigilators.ie
Invigilation guidelines Approved by the Senate meeting of 14th March 1997(NO.7/14/3/97)
- vi. Schedule of activities towards 2015/2016 academic year examination was available. ie schedule dated 11th September 2015 was available. CUEA/DVC ACD/GBA/EXM QMS
- vii. There was evidence that lecturers submit units in offer and the exam drafts based on units on offer to examination office for planning purposes. Records maintained in CUES/DVC AC/GBA/EXM SF/F.13
- viii. Examination rules were available and communicated to the lecturers and students through meetings and notice boards. Examination rules approved by the Senate meeting of 14th March 1997 (Min No.7/14/3/97)
- ix. There was evidence that examination setting and administration schedule has been done for the Jan –April Trimester was developed and is being implemented as per the procedure.eg Schedule of activities towards April 2016 examination dated 14th Jan 2016
- x. Exams are stored in a safe located in the examinations room .
- xi. Control measures have been put in place to ensure the access to the examination room is controlled eg A notice to examination room “Strictly out of bound” and the key for the safe is maintained by the two examination staff.
- xii. Printing of examination is done in the controlled room.
- xiii. CAT/EXAMINATION SCRIPT EXAMINATION form is filled 30mins before the start of exams.
- xiv. Records of CAT/EXAMINATION SCRIPT COLLECTION FORM are maintained. Eg for examination CIS 611 E-Commerce Strategy undertaken on 4/12/2015 were collected by the coordinator for Post graduate studies on 4/12/2015. Records maintained in CUEA/DVC ACD/GBA/EXM QMS.

3.6. Community Services

3.6.1 Positive findings

- i. Quality objectives that are measurable have been established.
- ii. There was evidence that that the auditee was aware of quality policy. Quality policy was communicated in by having it displayed in the office.
- iii. There was evidence that CUEA participated in 2 community service activities in the month of march 2016.ie
 - Cancer screening-for male and female where 85 male and 66 Females were screened. Done by The Eldoret Hospics on 4th March 2016.
 - Help Our Lady of Hope Children’s Home where a 3 door bathrooms fitted with showers, Helped in Carrying of firewood from the forest to the Home, Shaving of children among others were done. A report for the same with photos was evident.
- iv. There was evidence that Community service committee communicated to all heads of departments GABA campus to prepare departmental community service activities and budget for the period between June 2016 and June 2017.Memo dated 16th march 2016.
- v. There was evidence that community service evaluation is being done .Eg Some questionnaires issued to participants of Our Lady of Hope Children’s Home were filled and returned .

- vi. Reports of community service undertaken are communicated to the director, and community service office in the main campus.eg Email dated 20/5/2015 on book harvest to Racecourse primary school in January 2015.
- vii. Records were easily retrievable
- viii. Resources are provided to ensure community services activities are undertaken as planned. Eg allocation of budget and approval for activities to be undertaken.

3.6.2 Areas of improvement

- i. 7.2 appendix B work instruction for emergency community service was not attached in the procedure at the time of the audit.

4.0 Other information

- 4.1 There were no changes to audit scope/audit objectives.
- 4.2 There were no unresolved issues
- 4.3 There was no misuse of the certification mark

5.0 AUDIT CONCLUSION/OVERALL OPINION OF THE AUDIT TEAM

- 5.0.1 Based on the findings above, it is the opinion of the auditors that,
 - The implemented Quality Management System conforms to the requirements of ISO 9001:2008 standard.
 - The system is able to meet statutory, regulatory & commitments.
 - The quality management system being implemented is effective.
- 5.0.2 The auditors will recommend for continued certification of CUEA QMS after submission of a CAP.

Appendices

- 1. Audit Timetable
- 2. Opening and closing meeting attendance register
- 3. CAR forms

A.K. Maritim
Lead Auditor



21st March 2016.