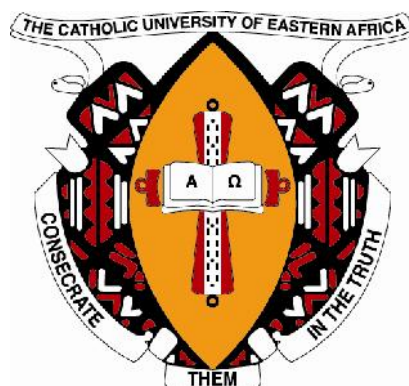# Office of the Management Representative

Report for the CUEA Lang'ata Campus
Internal Quality Management System Audit

February, 2014

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Audit Client:	The Catholic University of Eastern Africa
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Audit Number: CUEA/VC/DQA/03/2014-01

Audit Type: First Party (Internal) Quality Audit

Audit Objective: (a)   Assess the effectiveness of the CUEA QMS; and
                              (b)   Identify areas that require improvement

Audit Dates: 10th to 21st February 2014

Audit Criteria: (a)   ISO 9001:2008 Standard
                              (b)   CUEA QMS Documentation

1.0   Introduction

As is a requirement of the Procedure for Internal Quality Audits CUEA/VC/DQA/03 audits were carried out at CUEA Lang'ata Campus between 10th to 21st February 2014. The objective of this quality audit was to evaluate the effectiveness the CUEA QMS and identify areas that require improvement. At total of 314 findings were raised from the audit as follows:
(a)   Positives   208
(b)   Opportunities for improvement   102
(c)   Non-conformities   28

This report sequenced into findings, QMS effectiveness, areas of strength and weakness, summary (uncertainty or obstacles), conclusions and recommendation.

Table 3.1 provides the areas that were reviewed.

2.0   Audit Findings

The audit findings that follow have been classified into three major categories: positives, opportunities for improvement and non-conformities. The non-conformities raised have further been categorized as either major or minor.

The findings are detailed below:

2.1   DIRECTORATE OF QUALITY ASSURANCE / MANAGEMENT REPRESENTATIVE

2.1.1   Positives
(a) Staff understood the Quality Policy Statement.

(b) The Department has documented procedures.

(c) Records were easily retrievable.

(d) Auditees were conversant with the processes of the Department.

(e) There was evidence of Management Review meeting held on 25th November 2013.

2.1.2   Opportunities for Improvement
(a) Explanation given by auditees indicates that DQA and MR are distinct departments requiring separate documentation. However, currently the two are treated as one. Therefore, there is need to create documents for each department.

(b) There is need to define the term CPA used in cl. 6.1.3 and 6.2.4 respectively. The same clauses refer to appendices A & B when actually there is only one appendix.

(c) Even though there was evidence of review meeting held on 25th November, 2013, there was a typo that need some correction.

2.2   EXAMINATIONS OFFICE

2.2.1   Positives
(a) The section has collaborative staff. Attendance of ALL members of staff for the audit was a sign of team work.

(b) Documents in the section were available at the point of use. They were legible and readily identifiable.

(c) Quality objectives of the section had been developed and documented in line with the University Quality Policy.

2.2.2   Opportunities for Improvement
(a) Files could have a summary / content of the items, like index, at the beginning to enhance easy retrieval of records.

(b) The Examinations Office Quality Objectives: They could be formulated to include the word quality, at least in the title, and clearly show the aspect of quality and how it can be gauged.

(c) The section could hold regular meetings to assess its progress.

2.2.3   Non-conformities

Minor
There was no evidence that meetings take place, perhaps due to the challenges of administration that had prevailed in the section. According to ISO 9001:2008 Standards cl. 5.6.2 and 5.6.3 and also CUEA QMM cl. 5.6.1.1, it is required that MRMs be held at planned intervals following a prescribed format.

2.3 REGISTRY

2.3.1 Positives
(a) The Auditee was cooperative and welcoming.

(b) Documents and records were easily traceable.

(c) The Auditee was well versed with Departmental Standard Operating Procedures.

(d) Customers are communicated to as evidenced during the audit by means of: Letters, Notices, E-mails and lists of records.

2.3.2 Opportunities for Improvement
(a) Though the filing was good, it needs to be improved by having proper labeling system for easier identification.

(b) The procedure for graduation needs to be reviewed (revised) to accommodate two graduations per year.

(c) During the Departmental Quality Management Meeting, there is need to follow the ISO standard format.

2.3.3 Non-conformities

Minor
1. Management Review Meeting – through the Department held a meeting on 15th November 2013 to review the status of the past audits, the minutes of the agenda did not follow the ISO 2001: 2008 cl. 5.6.1 format.

2. Customer property – It was found that the Department (auditee) does not have adequate storage mechanism or back-up to safeguard their customers' property (certificates and transcripts) as per ISO 9001:2008 clause 7.5.4.

Major
Quality Objectives – The auditee had no approved quality objectives; they were neither displayed anywhere in the office. This is against ISO 9001:2008 cl. 5.4.1. The Quality Objectives are under review as meant by the Auditee and according to the Departmental meeting held on 15th November 2013.

2.4 FACULTY OF LAW

2.4.1 Positives
(a) There was evidence of various communications done by the Faculty to the students and this was evidenced by various notices that were seen on the notice boards.

(b) Communication to the members of staff of the Faulty is done mostly by emails and memos.

(c) Files in the Faculty are properly labeled and kept which enables ease in retrieving.

(d) The auditees understand and are in control of the procedure for Judicial Attachment and they use it to implement the core course.

(e) There was also evidence that proper channels for approval of documents are followed and in timely manner.

(f) Schedule for meetings for the trimester were available and was easily retrieved.

2.4.2 Opportunities for Improvement

(a) The Faculty needs to revise their objectives in order to improve and identify realistic goals, the objectives that are there were developed in 2011.

(b) The Faculty needs to sensitize the students on the importance of using the suggestion box for feedback purposes.

2.4.3 Non-conformities

Minor
1. Minutes for the meeting called by the Judicial Attachment Coordinator with HODs and Dean of Faculty of Law were not available.

2. Minutes for the meeting called by the HOD with the DEB to moderate and approve the Judicial Attachment marks were not available.

3. The Faculty had not done the data analysis on the customer feedback, complaints, complements and suggestions.

Major
There was evidence that the Faculty's forms and records were not uniquely identifiable as evidenced by the form that students fill to register for Judicial Attachment.

2.5 COMMUNITY SERVICE

2.5.1 Positives
(a) The Department's quality objectives were available and measurable.

(b) The Department has a report on community service activities for the last academic year 2012-2013.

2.5.2 Opportunities for Improvement
(a) The Department is in the process of acquiring an external disk to save office documents.

(b) The Department needs to communicate to the respective officers once the budget is approved.

(c) The Department should include cl. 6.3.2 in the procedure for community service.

(d) The Community Service Officer to get her job description from the HR Office.

2.5.3 Non-conformities

Minor
1. The Department has collected customer feedback but had not done data analysis.

2. The Department held management review meeting to discuss the audit results, however, did not follow the format for management review.

3. The Department had not on quarterly basis filled the monitoring and evaluation framework for the quality objectives and no written report.

2.6 CENTRE FOR SOCIAL JUSTICE & ETHICS

2.6.1 Positives
(a) Quality Policy - The Quality Policy is well communicated to the members of staff at the Center. The auditees had an understanding of the CUA Quality Policy Statement and they were very conversant with it in terms of its relation to the University's Mission and Vision. The Policy Statement was however, not on display at the time of audit but the auditees explained that it was recalled to the DQA Office for revision and so they would display it as soon as they got it back.

(b) Objectives
   – The Centre had four objectives at the time of audit. The objectives were measurable.
   – There was evidence that the Center's objectives were being implemented according to the timelines. Generally, the objectives were SMART at the time of audit.
   – The auditor sampled objective number three which stated that "To annually empower the agents of evangelization in AMECEA and beyond through education for leadership, justice and peace in the light of social teaching". This had been achieved through offering of short courses as evidenced by the course outlines, class attendance registers and appointment letters.

(c) Control of Records - The files were well organized and easily retrievable at the time of audit. They were easily identified and well stored. However, the index to the files was available but not strategically placed to guide file retrieval.

(d) Internal Communication - There was evidence that the Centre conducts meetings every month. Due to the urgency of some issues, they resolved to be meeting twice per month beginning February, 2014. This was captured in the minutes of the meeting held on 30th – 31st January, 2014.

(e) Community Service - The Community Service activities at the Centre are very many some of which are pre-meditated while some are sporadic/emergencies. For example, there is a schedule of such activities for instance January-April Trimester where there are scheduled ones while some for instance as documented in a report dated August-December 2012, there was a beehive

of activity dubbed **"The Kenya Youth Initiative"** which showed how sporadic the community service activities can be in the center.

(f) Corrective Action - The Centre has already started making corrections as per the corrective action requests during the last audit. For example, serialization of the forms which were without serial numbers during the last audit.

(g) Preventive Action - This is well taken care of such that, for example, when offering the short courses, there has to be funding for those courses. However, funding is done once in three years after which more funding has to be solicited for. To prevent cases whereby students have already registered for the courses and there are no ready funds, the Director for the Centre works round the clock to ensure timely funding is in place for subsequent use.

2.6.2 Opportunities for Improvement

(a) The Files Identification Index should be displayed together with the filing cabinet to guide the retrieval of the files.

(b) To hasten the corrections as suggested in audits, Corrective Action Forms to avoid cases whereby the following audit reports the same findings which may result to non-conformities. For example authentication of documents.

(c) The Center collects feedback from the students on regular program to evaluate the program generally. This is done by verbal interaction in class. There should be a mechanism put in place to capture the evidence and to confirm that such evaluation is done.

2.6.3 Non-conformities

Minor
1. The course outline for May-June 2012 was not dated and stamped at the time of the audit to confirm that it was an up to date and approved copy. This also applies to the course evaluation forms.

2. The Center has a Customer Feedback Transaction Register which is not effectively used in terms of its use to capture customer feedback. Hence, no data collected.

2.7   UNIVERSITY CHAPLAINCY

2.7.1   Positives

(a) The Department has developed quality objectives which can be linked to the University wide objectives and a clear way of achieving and monitoring each objective and they are clearly displayed.

(b) The documents have been well kept and it is easy to retrieve.

(c) The Department has developed ways of getting priests to celebrate mass and ways to communicate.

(d) The Department has sourced for funds to enable it carry out procedure for Eucharistic Mass celebration and enable it pay stipends to the celebrants.

(e) The Department prepares the report of the use of the donor funds and submits it to the donor. This in turn encourages accountability thus gaining donor confidence in funding.

(f) Data analysis is carried out.

(g) There is customer feedback especially on the stipends that are paid to the priest who celebrate mass.

2.7.2 Opportunities for Improvement
(a) Communication needs to be worked out to streamline the activities of the campuses and how they can work together to achieve the set objectives.

(b) Need to develop more procedures related to the department as it is not only one procedure that is used. There is need to identify all the process needed for the QMS. Those which have been identified, the identifier should be in all the pages and not only on one page.

(c) There is need for the Department to uniquely identify all the forms that they are using.

(d) Need for top management to consider availing resources in terms of office space and equipment to the department. Putting in mind the kind of activities this office carries, privacy is of paramount importance and currently the Chaplain and the Secretary share offices.

2.8 LIBRARY

2.8.1 Positives
(a) The Department has developed quality objectives which can be linked to the University wide objectives.

(b) The auditees are aware where the Departmental procedures are in the intranet.

(c) The Department has carried out it management review meeting to address the previous audit issues.

(d) The documents have been well kept and it is easy to retrieve.

2.8.2 Opportunities for Improvement
(a) There is need to review the procedure for Borrowing and Returning Information Resources to be in line with the current practice and any other obsolete procedures in the Department to conform to the current practices in the Department.

(b) Encourage the various sections to utilize the system functionalities to generate information that can be used to make decisions. For example, which books are more borrowed, the number of information resources per faculty that are available in the library, etc.

(c) Review of the library policy to be consistent with the operations.

(d) Have feedback mechanism that can assist the Department have customer feedback for improvement.

2.9 ALUMNI RELATIONS

2.9.1 Positives
(a) The Department had carried out a Management Review. There were minutes of a meeting held on 4.11.2013 and all aspects of the requirements were adhered to.

(b) The Department had various activities which they carried out. These activities are posted to the alumni through e-mail and social media.

(c) Registration of the alumni is done during the time one is clearing for graduation.

(d) The members of the Department were aware of the departmental quality objectives which were well displayed in the office.

(e) From the previous audit the department had a non-conformity on data management system. However they are collaborating with the Registry Department on how to move forward.

(f) Data of the alumni is collected and analyzed.

(g) Customer feedback is carried out.

(h) There is effective communication in the Department.

2.9.2 Opportunities for Improvement
The Department is having its files and documents stored in two different places, however they should move with speed to have them in one place.

2.10 INSURANCE AND IMMIGRATION

2.10.1 Positives
(a) Quality Policy
The auditee was aware of the Quality Policy and its impact in regard to his work.

(b) Department Quality Objectives - Specific quality objectives have been established at the function. There was evidence that the Department is working towards meeting its first objective in form of a response to a letter written to the Ministry of Immigration in regard to timelines for processing work permits, special permits, special permits and foreign registration.

(c) Procedure – CUEA/DVC ADM/I&I/04: PROCEDURE FOR GROUP PERSONAL ACCIDENTS (STUDENTS) - The following evidence was available in regard to adherence to Procedure for Group Personal Accidents (Students):

- There was evidence that claim packages are submitted to the Assistant Administrator, claim for student D W Wamuma completed on 31st January 2014.
- There was evidence that files were maintained for claims launched. File for M Ngumbi, Patrick Nderitu/George Mwiti and Faith M Bwire.
- There was available a list of those claims that have been forwarded to the Insurance company.
- There was evidence of provision being made to revert to claimants in case the forms are incomplete. Telephone contacts recorded on the form.
- There was evidence that the AA checked to ensure that the amount of claim tallies with accepted liability by the company, discharge vouchers claim no 010/092/004624/2011 with amount of Kshs 22,100/ was available.
- There was evidence that cheques are written in the name of the University. Photocopy or cheque for F M Bwire.

(d) Document Management - Filing in the Department is well managed. Documents are filed in their appropriate files. Box files are well labeled. They have the necessary reference numbers, the tile of the file and the department of the file.

(e) Customer Feedback - The Assistant Administrator is developing a questionnaire to collect data in regard to customer feedback to evaluate customer satisfaction.

(f) Data Analysis - Data is collected in regards to processing of Kenya Pupil Pass from 2008 to 2013.

(g) Management Review - Functional Management Review has been conducted as per the requirement of Procedure for Management Review (CUEA/VC/DQA/07). The agenda follows the format required both by the ISO 9001:2008 std cls. 5.6.1 and the above mentioned procedure. There was evidence of a record of the previous meeting held on 18th November 2013. Minutes have been signed for circulation.

(h) Corrective Action - The auditee has carried out corrective action for non-conformities raised at the function.

2.10.2 Opportunities for Improvement
(a) Procedure for Damaged Property Claims (CUEA/DVC ADM/I&I/03)
As at the time of the audit the Department only handled claims for motor vehicle and group personal accidents. Claims for damaged property were being handled by different departments. Their part in the process is to provide the claim forms. This should be indicated clearly in the procedure.

(b) Department Quality Objectives - Quality Objectives 2 and 3 may not be achievable though they are measurable. They need to be revised so that responsibility is within the scope of the Department.

(c) Procedure for Group Personal Accident (Students) – CUEA/DVC ADM/I&I/04
- The spelling error in the title of the procedure needs to be corrected.

- Records need to be kept in regard to the receipt of claim packages from the claimants and their submission to the respective insurance company.
- A mechanism should be put in place to ensure the received claim packages are completed.
- The list of claims forwarded to the Insurance Company needs to indicate details regarding the date of receipt of the claim, when it was forwarded to the insurance company and who forwarded the claim to the insurance company.
- There is need for evidence that the AA submits the cheques to the Financial Department.

(d) Document Management - Spring files for the claimants need to have reference numbers.

(e) Customer Feedback - The instrument for collecting customer feedback should be completed and administered. Data collected should be analyzed and reports written and disseminated.

(f) Data Analysis - Report on data on pupils passes dated 13th December 2013 needs to be disseminated.

2.10.3 Non-conformities

Minor
Responsibility, authority and communication: There was no evidence of official communication have been sent to the Officer in Charge of I&I that the function had been moved to the HR Department with effect from 1st September 2011.

2.11 ACADEMIC PROGRAMMES OFFICE

2.11.1 Positives
(a) Last audit had opportunities for improvement on customer feedback questionnaire.

(b) Data for customer feedback had been well analyzed and a report generated.

(c) Records are well kept. Keep it up.

(d) The Department has quality objectives well designed but more clarity needs to come out.

2.11.2 Opportunities for Improvement
The department needs to re-look at its three quality objectives – have them revised in order to remain relevant.

2.12 FACULTY OF SCIENCE

2.12.1 Positives
(a) The departmental procedures are in place within all Departments under the Faculty.

(b) Customer communications are done through: memos, letters, notices, and meetings. The feedback is collected through the HODs and class representatives.

(c) There is a very organized and timely schedule for moderation of the examinations. Form reports given in meeting. There is a schedule for Faculty meetings prepared on 8th January 2014.

(d) Data collection is done and reported in the monthly meeting through the HODs being analyzed.

(e) Monitoring and evaluation is done through the HODs and Class representative in all sections.

(f) Management review meeting are held and this is evidenced by the meeting of 17th December 2013.

2.13   CATERING DEPARTMENT

2.13.1 Positives
(a) Management Review meetings had been held on 3rd November 2013 as per the minutes shown.

(b) The auditee was aware of non conformities that were raised in the previous audit.

(c) Departmental Quality Objectives were smart and well understood by the auditee.

(d) Special diet forms file was available.

(e) Menu was also well prepared and strategically placed.

(f) Files were easily retrievable.

(g) LPOs file was availed and was kept orderly.

(h) Documents are legible and easily identifiable.

2.13.2 Opportunities for Improvement
(a) Follow up on the current LPOs that have not reached the department as they are the custodian of the LPOs, and an update of the file which still has LPOs upto 2012.

(b) Catering should come up with a method of analyzing data from the feedback forms as per the three departmental quality objectives.

(c) Book for recording breakages should be labeled as per the procedure.

2.13.3 Non-conformities

Minor
The customer feedback complaints which are addressed through forms are filled and were availed but they did not have dates.

2.14 DEPARTMENT OF RESEARCH

2.14.1 Positives
(a) The Department files are well labeled and filed in the cabinet.

(b) The Department has been holding management review meetings to discuss audit reports, with the last one being held on 20th November 2013.

(c) The Department is charged with the responsibility of overseeing the publishing of Eastern Africa Journal of Humanities and Sciences (EAJHS).

2.14.2 Opportunities for Improvement
(a) The Department has under the Procedure for Publishing Journals (CUEA/DVC ACD/DOR/01) some journals, for example, African Christian Studies, Association of Catholic Universities and Institutes of Higher learning in Africa and Madagascar (ACUHIAM), which they have nothing to do with their production i.e., they are handled by the University Press.

(b) The Eastern Africa Journal of Humanities and Social Sciences is supposed to published biannually, but this has not been done since, 2010.

(c) Non-conformity of 3 of 5 (There is no evidence of regular preparation of reports of workshops) of the last audit has not been implemented.

(d) The membership for the Editorial Board and Advisory Board is not clear. It appears members whose contribution to the body of research is questionable are handpicked without a clear cut criteria to form the Boards.

(e) The documentation for provision of a research grant for last year (2013) was not traceable.

(f) There was no evidence for follows-ups for the delay in funding for the publishing of the journals.

2.15 FACULTY OF EDUCATION

2.15.1 Positives
(a) The faculty had a good working environment with spacious offices.

(b) The auditee was conversant with the operation of the Faculty procedures.

(c) Records were well maintained and identifiable.

(d) The office is well organized and equipped providing a good environment of working and furnished to serve customers.

(e) The Faculty Objective No. 3 "To enhance the Faculty capacity in research, publication and community Service…', Faculty publications were available in shelf.

(f) The student assemblies are held regularly with minutes and Faculty workshops are planned. Last workshop was held on February 7, 2014 with the next scheduled for May 2014.

(g) The Faculty had discussed the previous audit report in departmental meeting. From the previous audit, the identified area of improvement of Standard Operating Procedure the decision arrived at is realistic as to involve the academic arm of the University to address holistically.

(h) Evaluation of Lecturers was done. Analysis of 2012 Ref: CUEA/DQA/assessrpt/ 2011/2012/T1 was the latest report.

(i) Course outlines were available and approved before use. Evidence of one of Educational Planning, PhD Students Ref. No. CUEA/DVC ACD/TC 2013/14 was available.

2.15.2 Opportunities for Improvement

(a) The faculty needs to request the functional area concerned on analysis on evaluation of lecturers regularly for continual improvement and timely response to customer needs. The most current evaluation report available was of 2012.

   ISO 9001:2008 cls 7.2.1: Requirement "The organization shall determine requirements: (a) specified by the customer, including the requirements for delivery and post-delivery activities, (b) not stated by the customer but necessary for specified or intended use, where known".

(b) Internal data analysis was not available at the time of audit even through the faculty had officer in charge of data management.

   ISO 9001:2008 cls 8.2.1: Requirement on Customer Satisfaction. As one of the measurements of the performance of the QMS, the organization shall monitor information relating to customer perception as to whether the organization has met customer requirements. In this view, the organization is the Faculty of Education.

2.16   PROCUREMENT DEPARTMENT

2.16.1 Positives
(a) The auditees were welcoming.

(b) The auditees were comfortable with their processes. Auditees were conversant with the process of the department.

(c) Documents were well kept and records were properly identifiable and easily retrievable.

(d) The quality objectives are measurable.

(e) Work instructions were as per the departmental process. One understands what the other does and works with no coercion.

(f) The department had the knowledge of their customers' hence better treatment of their clients.

(g) The department had upper hand on what may be called complex or straight forward quotation.

(h) Even though there were four major criteria used during pre-qualification exercise, more hidden specifications are considered like conformity with the product required.

(i) Minutes were presented backing up the tendering pre-qualification exercise as latest on a meeting held between 29th -33st May 2013 at Portiuncula (Franciscan).

(j) The communication from PO to end users for evaluation of the suppliers was shown dated 20/11/203 – Supplier Re-evaluation.

(k) The department had an MR meeting as required to review their pervious KEBS audit (DATE 16-10-2013).

2.16.2 Opportunities for Improvement

(a) The Cash Purchase Form (cl. 6.1) has no value adding hence need to be removed since finance department has the same working form.

(b) The purchasing process (21 minimum days) seems to be unnecessarily long and tedious.

(c) Under the selective tendering, the BQs duly prepared by CUEA consultant from the DVC Finance are received by the PO. This is not very clear as in, who are the consultants and what tender requirements BQs. Hence there is need for a clerk of works officer for technical advice.

(d) The disposal of stores is a noble idea but it is less effective. It is not clear on what can be disposed through tendering from the Financial Administrator's office and who to instigate it.

(e) There is a need for a strategic positioned bigger tender box during the tendering.

2.17   DEAN OF STUDENTS' OFFICE

2.17.1 Positives

(a) The auditees were cooperative, punctual and almost all the staff members were available for the audit exercise.

(b) The Department carries out Management Review meetings after every audit and keeps the minutes.

(c) The Department members are aware of the quality objectives and work to meet the goals. Statistical data is collected to measure the achievement of these objectives.

(d) The procedure for administration of scholarships, loans, bursaries and trust funds is practically in use.

2.17.2 Opportunities for Improvement
(a) One of the Departments quality objectives is to increase students involvement in community service annually by 50%. The responsibility of data collection while achieving this objective should be made more precise and clear.

(b) The procedure for administration of scholarships, loans, bursaries and trust funds does not highlight methods of applying for loans or bursaries. The procedure needs to be reviewed or work instructions formulated for loans and bursaries applications.

(c) The data showing students sports involvement needs to have an analysis report. This report should highlight reasons for decline or stagnation in achieving the 50% annual growth in some sports disciplines.

2.18   HOUSE KEEPING

2.18.1 Positives
(a) The auditees were aware where they could access the Quality Management Systems documentations in relation their QMS.

(b) Effectiveness of Corrective Actions - All Corrective Action for the non-conformities raised during the last internal audit had been addressed and on evaluation were seen to be effective.

(c) Departmental Quality Objectives - Functional Quality Objectives had been reviewed. The objectives are monitored using monitoring and evaluation logical framework (logframe) and data was collected and analyzed and the results used to review the objectives.

(d) Procedure – CUEA/DVC ADM/HSK/01: PROCEDURE FOR LAUNDRY SERVICE
   – There was evidence that the Procedure for Laundry Service (CUEA/DVC ADM/HSK/01) was being adhered to.
   – Laundry bags are collected and the laundry lists signed by the laundry attendants were available.
   – There was evidence that verification of the contents of the laundry bag and the laundry list was done and the person who receives the laundry signs the list.
   – There was also evidence that clothes are returned to the respective rooms and lists are signed both by the person in the laundry who releases the clothes and the attendant who take the clothes to the rooms.

(e) Document Management - There was evidence that document management in the House Keeping Department is properly done. Documents are placed in their respective files and the files are well labeled and easily accessible.

(f) Data Analysis - Data was collected for processes carried out in the Department. The data was analyzed and reports were written. Reports for repairs and maintenance of facilities were available.

(g) Customer Feedback - Customer satisfaction is evaluated by collecting their feedback on the services offered by the Department. Questionnaires are used. Reports are generated from the data that is analyzed.

(h) Management Review - There is evidence that Functional Management Review meetings are held according to the requirements of procedure CUEA/VC/DQA/07 on Management Review. Records of the meetings are kept in form of minutes. The meetings take the format prescribed in the above mentioned procedure.

2.18.2 Opportunities for Improvement

(a) Procedure for Laundry Services (CUEA/DVC ADM/HSK/01)
The laundry list used by staff and students for their laundry is the same list used by the attendants when they request for laundry of items when the clean vacant rooms. A different list should be used for this purpose clearly indicating that it is the request from the attendants.

(b) Data Analysis - Though reports are generated from data collected from processes and customer feedback they are not disseminated to other relevant users for decision making.

(c) Document Management - After reports are developed they need to be signed.

2.19   LEGAL OFFICE

2.19.1 Positives

(a) Quality Policy Statement
  – It was evident that the auditees were very able to state the quality policy stamen which entailed Quality Research, Quality Teaching and Community Service, this also include the vision and mission of the University (CUEA-QMM, 5.3.2)
  – The Quality Policy statement is well displayed alongside the Departmental Quality Objectives.

(b) Departmental Quality Objectives
  – Quality objectives have been established at relevant functions and levels within the Department and their implementation is being monitored in some areas.
  – Responsibilities and authorities have been determined and communicated to the University by providing, the legal advice and support to the overall university functions on day to day basis to ensure legal compliance.
  – The quality objective was also reviewed according to the recommendation made by the last auditor where the quality objectives are in place but there is need to review quality objective number 4 and 5 and have them stamped.

(c) There was evidence that legal requirement requests document was forwarded to legal officer by the DVC Administration. CUEA/DVC ADM/LGO/01 cl. 6.2.

(d) There was evidence that the Legal Officer reviews the requirements and makes comments then returns them to the DVC Administration. For example the Memo between the CUEA and the Frame work of reference between the African Sisters Education Collaboration 28.08.2013. The LO shall review requirements, make comments then return them to the DVC-Administration. CUEA/DVC ADM/LGO/01 cl 6.3.

2.19.2 Non-Conformity

Minor
Management Review: There was no evidence that management review meetings were carried out, according to the requirements by the University that Management Review should be carried out at least once annually. CUEA-QMM cl 5.6.

2.20   FINANCE

2.20.1 Positives
(a) The auditees cooperated very well with the auditor in trying to improve the system by providing necessary information and evidences needed by the auditor. The Auditees were able to retrieve information both soft and hard copies. They seem to understand their work well and try to assist the customers as per the demands of the CUEA QMS equipments.

(b) The objectives of the Finance Section audited are achievable.

(c) The records for the customers asking for refunds is available and shows that the customers receive good services as expected with no much delay.

(d) Suppliers were paid on time as indicated in objective no. 7, for instance on 17/12/2013, there was mobile transfer file CUEA/DVCFIN/FIN/payments-Africa Medilink.

2.20.2 Non Conformities

Major
Concerning the feedback from Customers, there was no data that had been collected and analyzed.

Minor
1. Objective No. 2 had not been implemented as required. There was no evidence that the report was written for January 2014.

2. The auditees said that the section audited has meetings. However, the Minutes for the meetings could not be retrieved.

2.21   CORPORATE COMMUNICATIONS

2.21.1 Positives
(a) The auditees were very cooperative and positive about the audit.

(b) Even through the quality policy was not displayed as it had been taken away by DQA for revision, the auditees understood it well and they were able to relate it to their role.

(c) The quality objectives were displayed.

(d) The Department has tools for monitoring and measuring processes including:
- Plan of activities. This list targets / objectives formulated by the various sections in the department showing activities for each objective, progress and the person responsible. The document ref: is CUEA/CCD/CCD/08/13 for August-December 2013 Semester.
- Customer feedback form which are randomly issued to customers during events. Evidence of dully filled forms and a report with the compiled data was availed. The report was entitled "Commission for University Education 11th Exhibition Report".

(e) Internal Communication is done through:
- Telephone
- Email evidenced by a letter to the DVC, Registrar, and Academic Programme Coordinator dated 14th February 2014 Subject "CUEA Two Page Advert for Express Communication
- Letters evidence by a letter sent to DVC – Academics CUEA/CCD/adv./02/14 REF: "Request for CUEA to be Promoted in the Kenya Education Directory 2014 Edition"
- Other channels: Meetings, notice board

(f) The Department collects data on customer feedback and Marketing Exercise Evaluation and data was shown and analysis of the same was in progress

(g) The staff in the department were trained by the DQA to do data analysis so that will take care of the issues that were raised in the previous audits concerning data analysis

(h) The department is charged with insuring that customer's complaints are addressed in all functional areas in the university. The new customer feedback form is in its final stages of approval to replace the previous one that was inefficient.

(i) The department held a management review meeting on 7th February 2014 evidenced by CUEA/CCD/Dept.min/02/2014 whose agenda was "Customer Complaints"

(j) The filing system was well done. Files were uniquely identified for easy identification and retrieval.

(k) To ensure quality of services, the staff in the department are assigned tasks according to their professional qualifications e.g. photography, marketing, and events coverage. Job Description were available in a file "CUEA/CCD/1B – Human Resource Dept 2013".

(l) The department participates in community service activities. In June 2013, the department participated in Community Service at Kenyatta National Hospital where it covered the event and participated in the logistics of the day. The report was availed "Community Service Week 3rd-8th June 2013". This academic year 2013/2014 the department conducted 3 career talks to 3 secondary schools. The schools include – Kianda School on 21st of September 2013, Aquinas High School on 20th September 2013, Alliance Boys courtesy of St John the Baptist Riruta Parish and the Young Adults Catholic Association on 4th August 2013 "The young Adults Catholic Association Career Day". In February 2014, 1 career talk and a tour were conducted for Consolata Secondary School, Embu. An e-mail for the school requesting for the tour and the positive response for the CCM dated 20th January 2014 was availed.

(m) The department has a list of marketing activities that are to be undertaken. The activities are found in a document ref: CUEA/CCD/CCDSTRAT/02/14 for January – May 2014 Semester. Implementation of the activities has begun with Holy Family Basilica, St. Peter's Parish Kikuyu; Nigerian Students in Kenya will have a forum with the Nigerian Embassy officials at the City Campus where the department will market programs and courses. A letter date 14 February 2014 Ref: CUE/CCD/Spon/02/14 was availed subject "Request for CUEA to Sponsor the Nigerian Students in Kenya Association with a Room in City Campus to hold the Nigerian Student Forum". The request was approved on 17th February 2014; Advertising on the media is in progress. A correspondence with Nation TV to advertise on the TV for 2 weeks dated 17th February 2014 Subject: "CUEA NTV Proposal" was availed.

2.21.2 Opportunities for Improvement

(a) There was a file that was not properly identified called "Exhibitions 2011". There is need to put proper identification on this file and any other that is not properly identified.

(b) There is need to expedite data analysis process to avoid back log of unanalyzed data as data is collected all the time.

(c) The department needs to liaise with the DQA to be provided with a template of Monitoring and Evaluation Logical Framework of the Campus/Faculty/Department quality objectives of the Catholic University of Eastern Africa.

(d) The department should ensure that quality objectives are measurable, specific, achievable and time bound.

2.21.3 Non-Conformity

Minor
The audit identified one non-conformity categorized as a minor non-conformity. All the three quality objectives are not measurable and they need to be revised in order to clearly indicate the targets that the department aims to achieve and against which they can measure their performance in the course of the stated timelines and comfortably indicate how far they are to achieving the targets in percentages. They should also be achievable. The objectives are:

1. To provide transformative research that responds to the needs of the university customers by collecting customer feedback and acting on it every trimester. No data analysis and report was available to measure this.

2. To enhance quality and effective teaching and learning by ensuring that the communication services in the university are effectively delivered by a team of training staff through training annually. The trainings have not been implemented, there is need to show how many staff trainings will be targeted annually, or how many staff will be trained annually and this will help the department to rate itself in terms of achieving the stated targets.

3. To build the image of the university by supporting community service and marketing activities that cater for the needs and expectations of its customers every trimester, creating a clear profile and reputation for the University's corporate identity and mission in the community. The department has undertaken several community service activities but there is no targeted number

of activities against which that the department can measure its performance there is need to indicate how many marketing and community service activities the department want to undertake in the trimester.

2.22 ST BAKHITA HOSTELS

2.22.1 Positives
(a) Quality objectives are available within the department.

(b) Departmental minutes are available.

2.22.2 Opportunities for Improvement
(a) Management review meetings have not been held.

(b) Safety of the area is not guaranteed since there are no fire exit signs and fire assembly points.

2.22.3 Non-Conformity

Minor
1. Customer feedback analysis are not being carried out on a regular basis.

2. Management review meetings have not been held.

Major
Forms in use by the Department has not been uniquely identified.

2.23 EVENING PROGRAMMES

2.23.1 Positives
(a) The Department of Evening Programmes has quality objectives which are displayed on the notice board.

(b) The procedure for administration of evening programmes is available in soft copy.

(c) The continuous monitoring and evaluation of the Evening Programme are made through the registration book. It contains the section for signing in and out. This was substantiated through the evidence of the Department of Commerce dated 3 March 2014.

(d) The customers service feedback is received through the suggestion box. The evidence of such a feedback is form – Commerce, 2nd Year 2011.

(e) As a means to control documents, the Department of Evening Programme has records of units taught and time tables. These records are in soft copy. The hardcopies are not available.

2.23.2 Opportunities for Improvement
There was no evidence of recent customer service feedback.

2.22.3 Non-Conformity

Major
The last management review meeting was in 2012. The minutes of that management review meeting were not properly documented.

2.24 TRANSPORT AND MAINTENANCE

2.24.1 Positives
(a) The procedure for control of documents was well effected.

(b) The procedure for transport was well adhered to and the work instructions were clear and well understood by users.

(c) The Department was very neat and office space was big enough and well equipped for day to day running of the activities of the Department.

2.24.2 Opportunities for Improvement
(a) Documents should be filed and the files well numbered for future reference.

2.25 FACULTY OF ARTS & SOCIAL SCIENCES

2.25.1 Positives
(a) Customer feedback is done through meeting students and complaints responded to.

(b) Examination moderation is done, memos and moderation minutes are done.

(c) Fieldwork for students is done and guidelines developed to the enhancement of the fieldwork.

(d) Course allocation is done in a meeting.

(e) Work guidelines for staff have been developed and are accessible online.

(f) Objectives are constantly reviewed to keep to current trends.

2.25.2 Opportunities for Improvement
(a) Develop customer feedback and data analysis mechanism.

(b) Information storage and retrieval needs to be improved.

(c) The Dean's Office needs to keep minutes from Departmental meetings to enhance coordination.

(d) There is need for approval and updating of Course Outlines.

2.26 INTERNAL AUDIT

2.26.1 Positives
(a) The function has one audit plan as laid down by the procedure.

(b) The Internal Audit Department has two members for Internal Audit Fieldwork.

(c) There is evidence that the Department carried out fieldwork and summarized the reports.

(d) The Department carries out Risk Assessment and takes preventative measures. By the time of the audit the function had a risk register of 2013.

2.26.2 Opportunities for Improvement
(a) Top Management – has to constitute an Internal Audit Committee which has been raised since the audits of May 2012 (Audit No. CUEA/VC/DQA/2012/02).

(b) Internal Audit Department says it has Audit Plan of 2013, the document was not easily identified. This shows that the filing system is not good.

(c) The working environment is stifling the Internal Audit to executive their duties proficiently. The office space is small to accommodate the staff members.

2.27 ICT DEPARTMENT

2.27.1 Positives
(a) It was observed that there is high level of awareness among the office staff in regard to the role of the Departmental Objectives and what needs to be done by each person its realization.

(b) There is evidence that some of the quality objectives have been attained. For example installation of wireless in some of the Campuses namely, Main Campus, Nairobi City Campus and Gaba Campus.

(c) There is appropriate implementation of the Procedure for updating CUEA website (CUEA/DVC ADM/ICT/03). For example there is evidence of communication to the web team from various HoDs requesting for website updated and action taken to update the website accordingly.

(d) In terms of collecting and analyzing feedback from customers, the department has already made a decision to do a customer feedback survey on monthly bases (Ref: Minutes of staff meeting 24/2/2014)

2.27.2 Opportunities for Improvement

(a) It was reported that a MRM took place after the audit of 23.10.2013. However, minutes had not been produced of such a meeting in line with ISO 9001:2008 Standard cl. 5.6.

(b) It was observed that the file for minutes of MRM is not well labeled and that minutes of MRM were interfiled with other documents which had nothing to do with management review meetings.

(c) The previous corrective actions request (1 of 2) on customer feedback had only partially been completed. Although the department had made a requisition for an e-ticketing software, this had not been approved by the procurement committee due to budget constraints.

2.27.3 Non Conformities

Major

The Department does not have a mechanism for monitoring the achievement of various departmental quality objectives, i.e. the department does not have a log-frame for this purpose. The available implementation schedule does not follow CUEA format and does not contain ways of monitoring, sources of data and status of the various quality objectives.

2.28   HUMAN RESOURCES DEPARTMENT

2.28.1 Positives

(a) The Auditee(s) were cooperative and positive about the audit exercise.

(b) They were calm and supportive during the audit session.

(c) Documents were readily available and easily retrievable at the point of use.

(d) Quality Policy Statement - the auditees were conversant with their role as a department in contributing to the overall CUEA Quality Policy Statement.

(e) Quality Management Review Meetings – were held monthly, a copy of the Minutes for the previous one were available.

(f) Departmental Quality Objectives: they were sound, smart and measurable, and they had been signed by the HR Manager.

(g) Procedure for Disciplinary Action: was well understood and effectively applied. Some disciplinary cases had been concluded. No appeals had been made by those who received summary dismissal yet. There was an oversight on one case, where a member of staff went to court to demand damages for infringing on personal rights, but this was before the procedure was in place. The Vice Chancellor constitutes a panel to deal with each case depending on its nature and magnitude in accordance with the HR manual.

(h) Disciplinary issues are discussed by DVCs during inter-faculty meetings as a precautionary measure.

(i) Document Management and Control: the department handles sensitive and confidential staff personal information of family and /or health nature. These information is kept under high level of confidentiality by only the staff who are authorized to deal with the files. There are lockable cabinets for keeping confidential files and data.

(j) Follow up of Previous CARs: There are still some (old) job descriptions that have not been submitted by HODs. A follow-up letter has been sent to remind the few HODs who have not submitted them to do so. A follow-up meeting would be held to hasten the process. However, all new appointments have their job descriptions ready for signing upon appointment. HODs are involved in job descriptions for the staff who work under their departments and they are the immediate supervisors of those positions.

(k) Customer feedback: The old customer feedback recording system is no longer operational. The department has received some compliments from satisfied customers through emails and verbal expressions. A new method is being devised for the whole University.

2.28.2 Opportunities for Improvement
(a) Indicate "Revised" on the Departmental Quality Objectives and indicate the date when they were adopted.

(b) Fast track the HODs who have not yet submitted job descriptions for positions that were pre-existing prior to the introduction of ISO procedures.

(c) Devise a mechanism of communicating disciplinary actions taken as a deterrent to the CUEA community.

(d) Hasten the introduction and application of a Performance Management system (PMS) to ensure high performance standards among staff.

(e) Strive to introduce a Balance Score Card (BSC).

(f) Apply high level of engagement and negotiation for financial release in accordance with the approved budgets practically for training purposes.

(g) Design a Staff Appraisal System as envisaged.

2.29   UNIVERSITY INFIRMARY

2.29.1 Positives
(a) The Department has three measurable quality objectives which were available at the point of use.

(b) There was evidence of training of staff in form of applications for various courses.

(c) Documents are readily available and identifiable.

2.29.2 Opportunities for Improvement
There is no ambulance to provide for transport emergency services.

2.29.3 Non Conformities

Major
There is no evidence that the infirmary has been registered by the Ministry of Health.

Minor
The floor of the building is made of timber which has worn out.

2.30   SOCIAL EDUCATION & ETHICS

2.30.1 Positives
(a) Quality Policy Statement – found that function as in touch with the Quality policy and the role it played towards meetings its objectives.

(b) Procedures – were available at the point of use, the auditees were conversant with its operations.

(c) Quality Objectives – Departmental objectives were available, approved and displayed.

(d) Management Review Meetings – There was evidence that the Department held Management Review Meetings evidenced by the minutes for 18th February 2014 held at the Director's CJSE) Office.

(e) Status of Previous Corrective Action – Management review meeting showed that changes that could affect the QMS of the function were acted upon.

(f) Customer Feedback – there was evidence that feedback on clients was one. A customer feedback analysis was available. The HOD looked at the attendance registers every two weeks after opening to monitor students' attendance.

(g) HOD used random spot checks in class.

(h) Students consulted in office in case there was a problem with a problem with teaching and problems were sorted.

(i) Customer feedback book was available at point of use. Also used mid-term evaluation form to monitor lecture performance.

(j) Records were well kept and documented. There was a filing system in place. Allocation of units was done and included in the teaching timetable. There was a file with the Class attendance Registers, though current registers were not available at time of audit.

(k) Course Outlines were up to standard. They were duly signed, stamped and filed and readily available.

2.30.2 Opportunities for Improvement
(a) There is need to designate appropriate storage space for the marked scripts which are currently being stored in the Head of Functions Office.

(b) Latest Class Attendance registers were not available at time of audit.

(c) Teaching timetable was not signed and stamped.

2.31   CUEA PRESS

2.31.1 Positives
(a) The auditees were cooperative, quite positive and seemed well informed of their systems and procedures; they were calm and supportive during the audit session.

(b) Documents were easily and readily available and retrievable at the point of use

(c) Documents are readily available and identifiable.

(d) Quality Policy Statement – the Department's contribution / role to the CUEA Quality Policy was well understood.

(e) Quality Management Review Meeting – were held at least once each trimester. The minutes of the previous meeting were available.

(f) Customer Property – like flash discs, CDs and printed works are handled with care by only the staff responsible for the jobs. Flash discs and other electronic devices are returned to the customer immediately after the work is downloaded on the editors computer. Client works are confidentially kept.

(g) Procedure for printing – operations of this procedure were well understood and adhered to accordingly.

(h) Preservation of Products – Three copies of any work printed / produced in the press are kept in the press achieves for record and preservation purposes.

(i) Control and measurement of equipment (Calibration).

(j) ICT staff visit periodically to check on the status of the computers.

2.31.2 Opportunities for Improvement
(a) Calibration reports should be fixed on the machines or kept in the files.

(b) Need for periodic maintenance of equipment / repair the main printers in readiness for potential jobs, since the two main printers have not been operational for some time.

(c) Acquire and store enough work materials to avoid lack of printing paper while it is the core material for the department.

(d) Emergency jobs are sometimes problematic especially when they are presented close to the deadline or do not deserve to be classified as emergency.

(e) Sub contract external systems / equipment specialists to be calibrating machines periodically to avoid eventual accidents, fire incidences or poor quality output (products).

(f) Clearly define where the CUEA Press belongs: is it under the CUEA consultancy or DVC – Administration in terms of protocol? Should the director receive instructions from two bosses? This brings conflict of interest which interferes with work output.

(g) Need to review the existing procedures to conform to the new realities in the department like the role of the consultancy in approval of outsourced jobs and payments.

2.32   PLANNING AND DEVELOPMENT

2.32.1 Positives

(a) Quality Policy Statement: It was evident that the auditees were very able to state the policy statement i.e. Quality Research, Quality Teaching and Community Service (CUEA-QMM, 5.3.2)

(b) Quality objectives have been established at relevant functions and levels within the Department and their implementation is being monitored in some areas.

(c) Responsibilities and authorities have been well spelled out, i.e. where the Vice Chancellor is supported to come in and signed the document or proposals. This is according to the procedure CUEA/DVC FIN/PND/01 cl 6.1.2. The Coordinator shall send proposal(s) together with details of the ongoing projects to donor institutions requesting for funds. Normally these are sent by the Vice Chancellor but written by the Coordinator. Where there was evidence that Rector sent the proposal to the donor.

(d) There was evidence that the coordinator initiated the research before coming up with the computer project to the University where the research material was available at the time of need example 'Agencies for Development Assistance' sources of support for community based socio-economic and a religious projects in less industrialized countries. 8th Edition by Maral Sylvester, FIC, Pierre Aubin, MSC and Bervemy A Hennigan. Where the procedure requires that the coordinator shall initiate a research in the areas of interest of the donor (CUEA/DVC FIN/PND/01 cl. 6.1.1. Different donors give different conditions for the requirements in the submission of a proposal.

(e) There was evidence that the project proposal was sent together with details of the ongoing projects to the donor institutions requesting for funds through the Vice Chancellor, where the project title CUEA – Equipping the Youth to competently face the Socio-Economic and Political Challenges of the 21st Century in the AMECEA Region and Beyond. While the date of submission as August 5th 2013. This requirement is stipulated in CUEA/DVC FIN/PND/01, cl. 6.1.2. The Coordinator shall send proposal(s) together with details of the ongoing projects to donor institutions requesting for funds. Normally these are sent by the Vice Chancellor but written by the Coordinator.

(f) There was an evidence that the letter of gratitude was written in October 25th 2013, our Ref: PND/Planning/Apprec/IM/0Cl. 6.2.7

(g) There was evidence that Management Review Meetings was carried out according to the requirements by the University that the management review should be carried out once annually. CUEA-QMM cl. 5.6.

2.33   FACULTY OF THEOLOGY

2.33.1 Positives

(a) The Department has clear well defined and measurable objectives and achievable ISO 9001:2008, 5.4.1, 7.1 a for example objective on interdisciplinary session theme *Quest for African Political Theology* for 2013 as captured on 6.11.2013 CUEA/DVC ACD/THEO/4

(b) There was evidence that the procedure on approval of themes is done by the Chairperson on behalf of the Dean Theology CUEA/DVC ACD/THEO/4 cl 6.6.

(c) There was evidence on communication by the chair to the presenters whose papers had been accepted for the presentation during the 2014 interdisciplinary, CUEA/DVC ACD/THEOL/4, cl. 6.8.

(d) The Dean of Faculty is fully aware of the procedure on interdisciplinary session as indicated on the budget he approved on the 28/02/2014, CUEA/DVC ACD/THEO/4 cl. 5.0.

(e) The Faculty has a mechanism to capture customer feedback during session as evidenced by minutes dated 23/05/2013 and the subsequent analysis report dated 27/02/2013.

(f) There is evidence that the Faculty holds Management Review Meetings to discuss audit reports as indicated on the 29/01/2014, however, the HOD First Cycle had not submitted report of the previous audit when the auditor visited the Faculty.

2.34   FACULTY OF COMMERCE

2.34.1 Positives

(a) The function has quality objectives in place.

(b) Allocation of units for the January – April trimester was done in accordance with the Procedure or Teaching (CUEA/DVC ACD/TCH/01). Evidence was available.

(c) Course outlines in use during the current semester were available. The sampled ones (sampled by the auditor) had all be approved by the respective Heads of Departments – for Marketing and Management and Accounting and Finance; signed and stamped on 13/1/2014.

(d) Staff in the Faculty endeavour to use current study methods and references. Evidence was available of full time and part time staff orders to the departments for books.

(e) There was evidence of peer review among the Faculty members, mainly through moderation of set examination paper. Subject specialist teams are also in place though not very active.

(f) All staff in the faculty (academic and non academic) are actively involved in ensuring the welfare of the students and supporting their learning. They provide counseling of students, advising on course path, advising on course path, and forward cases they are not able to handle to other CUEA functions for assistance.

(g) There was evidence of course evaluation by students. Evaluation feedback from the Director of Quality Assurance is provided to lecturers through the Dean and Heads of Department. Evidence was available. Evidence of formative evaluation for this trimester's units on offer was ongoing and was available.

(h) Evidence was available of: registration forms completed by students seeking allocation of supervisors, allocation of supervisors, usually done by the two project coordinators.

(i) Evidence was available of the defense sessions of student's research projects.

(j) Efforts were in place to collect feedback from the Faculty's clients though the clients were not making good use of the clients were not making good use of the avenues available.

2.34.2 Opportunities for Improvement
(a) Though there is evidence available that the Faculty responds to students concerns (as part of the community service), there is need for a structured format of recording students issues arising from the teaching – learning process to bring to the attention of the Deans. Such forms could be available at various points of use, for use by all members of staff who serve the students.

(b) There is need to procure equipment that will support the sue of modern technology for teaching-learning process, for example projectors for use by staff members.

(c) Lecturers make use of diverse forms for motivating learners. The University requires a structured incentive system, for example the Dean's list, whose criteria and benefits need to be known by all students and staff.

(d) There is need for identified moderation form for use in moderation of examination papers and results by all teaching faculties.

(e) The existing subject specialist team needs to be revamped, with a possible consideration of forming such teams across all teaching faculties.

(f) There is need for a more formal / structured way of briefing the students on the project supervision process.

(g) There is need for a uniformed format of documenting student supervision. A form for entering key aspects from every supervision would facilitate monitoring and evaluation of the research supervision process.

(h) The challenge of collecting data from clients requires more sensitization on the users on the need to avail feedback which will be used towards improvement of quality in CUEA.

3.0   QMS Effectiveness

The number of audit findings raised as indicated above is 314 with 28 of them being non conformities and 94 being opportunities for improvement.

It can therefore be concluded that:

(a)   Number of Non Conformities as per Categorization
From a total of twenty eight (28) non conformities raised, nine (9) of them were major, while nineteen (19) were minor.

(b)   Number of Non Conformities based on:
(i)   Document Audit
In the University Registry a non conformity was raised in relation quality objectives not being displayed or reviewed. Another non conformity was raised in regard to procedure CUEA/DVC ACD/REG/02; the work instruction not having been appended. These gives a total of two (2) non-conformities from the document audit.

(ii) Implementation Audit
A total of twenty six (26) non conformities were raised in relation to implementation of the QMS. These were as follows:

– Management review	Five (5)
– Monitoring and evaluation of quality objectives and processes	Three (3)
– Control of records	Seven (7)
– Data analysis	Five (5)
– Management Responsibility	One (1)
– Implementation of Quality Objectives	Two (2)
– Control of documents	One (1)
– Compliance of Statutory and regulatory requirements	One (1)
– Infrastructure	One (1)

(iii)Clauses as per the Criteria Document (ISO 9001:2008 Standard)
Below is outlined the general and specific clauses of the ISO 9001:2008 standard, contravened:

Table 3.1: Criteria Document Contravened

	General Clause	Specific Clauses		Number	Subtotal
1.	4.0 Quality Management	4.2.3	Control of Documents	1	
		4.2.4	Control of Records	7	8
2.	5.0 Management Responsibility	5.3	Quality Objectives	2	
		5.5.1	Responsibility and Authority	1	
		5.6	Management Review	5	8
3.	6.0 Resource Management	6.3	Infrastructure (a)	1	1
4.	7.0 Product Realization	7.2.1	Determination of requirements related to product (c)	1	
		7.5.4	Customer Property	1	2
5.	8.0 Measurement, Analysis and Improvement	8.2.3	Monitoring and Measurement	3	
		8.4	Data Analysis	5	8

(iv) CUEA QMS Documents Contravened

Non conformities were raised in contravention to the following CUEA documentation:

– CUEA QMM
– CUEA/VC/DQA/01
– CUEA/VC/DQA/02
– CUEA/VC/DQA/05
– CUEA/VC/DQA/07
– CUEA/VC/AUD/01
– CUEA/DVC ACD/REG/02

(v) Strengths and Weaknesses of the QMS

The audit findings bring out from the positives, non conformities and opportunities for improvement the following strengths and weaknesses of the CUEA QMS:

Strengths

– The Quality Policy has been well communicated and staff understand their roles in achieving it;
– Staff also understand their roles in regard to the achievement of the quality objectives established at their respective functions;
– QMS documentation is available at all relevant points of use;
– Standard Operating procedures are being implemented; and
– Auditees are aware of the audit process and cooperate with auditors during the process.

Weaknesses

– There is lack of evidence of proper implementation of the Procedure for Management Reviews;
– The procedure for Control of documents is also not being adequately implemented;

- There is ineffective implementation of the procedure for control of records which in turn affects the retrieval of records;
- Data analysis is not being carried out sufficiently;
- Corrective and preventive action procedure is not effectively implemented;
- Audits not being conducted within the scheduled period;
- Customer feedback is not being addressed satisfactorily; and
- Monitoring and measurement of some processes and the quality objectives is yet to be properly embraced.
- Lack of adequate storage mechanism or back-up to safeguard customer property – certificates and transcripts.
- Lack of adequate office space.

4.0   Assessment of Audits

The sample that was selected covered all areas within the scope of the QMS. Audits were carried out in academic and administrative functions. All faculties were represented. The research and community service functions were also represented in the audit. Below are tables summarizing the audit finding for the two successive audits:

4.1   AUDIT OF FEBRURY 2014 – CUEA/VC/DQA/03/2014/1

Table 4.1: Summary of Audit No – CUEA/VC/DQA/03/2014/1, February 2014

	Particulars		Numbers	Percentage (%)
(a)	Departments sampled for audits		38	
(b)	Departments Audited		34	89.5%
(c)	Positive Findings		211	62.8%
(d)	Opportunities for Improvement		97	28.9%
(e)	(i)	Major Non conformities	10	3.0%
	(ii)	Minor Non conformities	18	5.4%
		Total Non conformities	28	8.4%
	Total Findings		**336**	**100.0%**
	Total Negative Findings		125	37.2%

4.2   AUDIT OF OCTOBER 2013 – CUEA/VC/DQA/03/2013/2

Table 4.2: Summary of Audit No – CUEA/VC/DQA/03/2013/2, October 2013

	Particulars		Numbers	Percentage (%)
(a)	Departments sampled for audits		65	
(b)	Departments Audited		44	67.7%
(c)	Positive Findings		275	64.9%
(d)	Opportunities for Improvement		83	19.6%
(e)	(i) Major Non conformities		20	4.7%
	(ii) Minor Non conformities		46	10.8%
	Total Non conformities		66	15.6%
	Total Findings		**424**	**100.0%**
	Total Negative Findings		149	35.1%

4.3   COMPARISON OF AUDITS

From the tables above it can be noted that a larger percentage (86.8%) of functions was audited during this audit (February 2014) than in the previous audit (October 2013) where the percentage audited was 67.7%, though the functions that were sampled were fewer. Three (3) sections sampled for audit were not audited because either the auditor or the auditees were unavailable for the exercise. These functions included: Directorate of Academic Linkages, Institute of Regional Integration and Development and AIDs Control Unit. The Directorate of Quality Assurance was treated as one function as the Office of the Management Representative.

Opportunities for Improvement raised during this audit were at 28.9% which was a significant rise from the 19.6% during the October 2013 audits.

The number of non conformities raised has declined, with the major non conformities having reduced by 1.7% and the minor non conformities having gone down by 5.4%.

Generally, the findings show an improvement in the Quality Management System although there are still quite a number of areas that still need to be addressed as noted from the Opportunities for Improvement and the Non Conformities presented above.

5.0   Audit Plan

The Audit Plans were prepared by respective Audit Teams in line with the requirement of the procedure for Internal Audit (CUEA/VC/DQA/03, clause 5.4 and 6.2.3.5)

6.0 Summary (Uncertainty or Obstacles)

Key grounds that could diminish the reliability of this audit conclusions consist of sections that were not audited because assigned auditors or auditees were unavailable. Also challenges in categorizing of audit findings has a potential to greatly hinder effective Corrective and Preventive Actions to address the non conformities and opportunities for improvements raised.

7.0 Conclusion

From the audit reports and documentation received from the audit teams, positive were 208, opportunities for improvement 102 and non conformities 28. Total number of negative findings was 130 (38.5%). A conclusion can be made that based on the areas that were sampled, the CUEA QMS is effective and the areas of improvement that have been identified will make it possible for continual improvement when the corrective and preventive actions have been implemented as appropriate.

8.0 Recommendations for Improvement

The following are suggestions for improvement of the Quality Management System:
(a) Refresher training for Top Management on QMS;
(b) Training on Document Management;
(c) Provision of statistical packages such as SPSS to facilitate data analysis;
(d) Training for implementation of customer feedback and complaint handling;
(e) Follow up training on monitoring of quality objectives and other processes;
(f) Unscheduled audits to be conducted as deemed necessary by the Management Representative;
(g) All heads of function to ensure that all opportunities for improvements and non conformities raised from September 2011 are addressed;
(h) Ensure that extent analysis is done and all functions;
(i) Ensure the procedure for Internal Audits is effectively implemented to encourage audits to be conducted when they have been scheduled;
(j) Continue awareness trainings included for suppliers of out sourced services,
(k) Infirmary to seek registration with the Ministry of Health;
(l) Have the floor of the Infirmary revamped; and
(m) Research Department to reactivate the Eastern Africa Journal of Humanities and Sciences.

9.0 Appendices

9.1   APPENDIX A: DEFINTION OF TERMS USED

Audit Client: Organization or person requesting an audit

Audit Scope: Boundaries of the audit e.g. physical locations such as departments, procedures, activities

Audit Team: One or more auditors conducting an audit supported if needed by technical experts

Audit Criteria: Set of policies, procedures or requirements

Audit Findings: Results of the evaluation of the collected audit evidence against audit criteria

Audit Evidence: Records of statements of fact or other information, which are relevant to the audit Criteria

Evidence: Data supporting the existence or verity of something

Non conformity: Non fulfillment of a requirement

Major Non Conformity: Contravention requirements of ISO 9001:2008 Standard and / or the QMS documentation and has a significant effect on the QMS and / or product / service.

Minor Non Conformity: May not contravene requirements of ISO 9001:2008 but has the potential to affect the quality of the product / services or effectiveness of QMS.

Opportunity for Improvement: A potential non-conformity.

Critical Non Conformity: Non fulfillment of requirements that is under no circumstance acceptable.

9.2 APPENDIX B: DEPARTMENTS SAMPLED FOR THE AUDIT

Department

1. Top Management (Briefing)
2. Directorate of Quality Assurance / Management Representative
3. Human Resource
4. Finance
5. University Chaplaincy
6. ICT
7. Corporate Communications
8. Legal Office
9. Housekeeping
10. Transport and Maintenance
11. Alumni Relations
12. Planning and Development
13. Procurement
14. Examinations Office
15. Library
16. Faculty of Arts and Social Sciences
17. Faculty of Theology
18. Faculty of Commerce
19. Faculty of Education
20. Centre for Social Justice and Ethics
21. Academic Programmes Development
22. Community Service
23. Research
24. AIDS Control Unit
25. Academic Linkages
26. Faculty of Science
27. Institute of Regional Integration and Development
28. Dean of Students
29. Faculty of Law
30. University Infirmary

Department

31. Evening Programme
32. Social Education and Ethics
33. Catering
34. CUEA Press
35. Insurance and Immigration
36. St Bakhitta Hosteles
37. Registry
38. Internal Audit

Approval for Distribution:

Signed: _____   Date: 20th March 2014

Prof Mary N GETUI
MANAGEMENT REPRESENTATIVE