

# Office of the Management Representative



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## Report for the CUEA Gaba Campus, Eldoret Internal Quality Management System Audit

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April, 2017



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<b>Audit Number:</b>	CUEA/VC/DQA/03/2017-01		
<b>Audit Type:</b>	First Party (Internal) Quality Audit		
<b>Audit Objective:</b>	(a) Assess the effectiveness of the CUEA QMS (b) Adherence to QMP, SOP, and Legal, Statutory and Regular requirements; and (b) Identify areas that require improvement		
<b>Audit Dates:</b>	4 <sup>th</sup> to 5 <sup>th</sup> April 2017		
<b>Audit Criteria:</b>	(a) ISO 9001:2008 Standard (b) CUEA QMS Documentation (c) Statutory and Regulatory Requirements		

## 1.0 Introduction

As is a requirement of the Procedure for Internal Quality Audits CUEA/VC/DQA/03 audits were carried out at CUEA Gaba Campus, Eldoret between 4<sup>th</sup> and 5<sup>th</sup> April 2017. The objective of this quality audit was to evaluate the effectiveness of the CUEA QMS and identify areas that require improvement. At total of 146 findings were raised from the audit as follows:

(a)	Positives	96
(b)	Opportunities for improvement	42
(c)	Non-conformities	8

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

Table 4.1 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. There are two categories of non-conformities, i.e., major or minor.

The findings are detailed below:

### 2.1 AMECEA PASTORAL INSTITUTE

#### 2.1.1 Positives

- (a) General Findings: The staff welcome the audit team to the Office and was aware of the ISO 9001:2008 Standards. The Department dealt with Pastoral agents from AMECEA region its functions were to train pastoral agents from the church and the society.
- (b) Quality Policy: The staff of the Department were aware of the quality policy which include research, teaching and community service. The function had taken part in Community Service or Outreach program date 27<sup>th</sup> March 2017, a list of 25 participants was available. There was also a letter dated 28<sup>th</sup> March 2017 to the IVREA Sisters for an Educational Pastoral Outreach for their aspirants.
- (c) Quality Objectives: The Function had established four quality objectives that were duly signed and stamped. The Auditee was able to explain the relevant of each of the objectives and how they could be achieved.
- (d) Internal Communication: There was evidence that communication was done through memos and notices, evidenced by a Memo dated 21<sup>st</sup> February 2017 sent to the Gaba Community for the Way of the Cross. These had been filed, for Internal Communication CUEA/API COR/GBA/MEM/14/F1. Externally there was communication done through electronic mail, evidenced by communication and feedback received.
- (e) Responsibility and Authority: Communication on Responsibility and Authority had been effectively done at the Function, evidenced by a Handover Report from the Former Office bearer to the current office bearer. The staff had appointment letters and Job Description that outlined duties and responsibilities, the Appointment Letter for the Head of Function was dated CUEA/GAB/ACD/JD/04 dated January 2017 was available.

#### 2.1.2 Opportunities for Improvement

- (a) Control of Records: The Function participated in the Campus Community Service activities, however at the time of the audit the report of community service conducted on 28<sup>th</sup> March 2017 was not availed to the Auditors. During the audits retrieving of documents was difficult, evidence, the auditee was unable to find a file evidence for Objective No. 3 which had the documents for invitation for the seminars and workshops (ISO 9001:2008 clause 4.2.3).

- (b) Monitoring of Quality Objective: At the time of audits, the Quality Objective No. 3 on Invitation for the seminars and workshops had no documents for invitation of participations and there were no tools to measure the attainment of the objectives.
- (c) Customer Complaint and Feedback Handling: The Function knew its customer. There was however, no structure in place to handle customer complaints, evidenced by a handwritten copy of customer satisfaction which lacked the necessary identification hence it could not be controlled.
- (d) Analysis of Data: The Department has not determined the data it needed to be collected and no structured way to collect the data. The last time data had been collected and analyzed was in 2012.

### 2.1.3 Observations

- (a) The function had new members who had just been appointment, therefore, there was need for proper orientation on the new tasks and also the implementation of the QMS.
- (b) There was need to update the Master List to enable the easier retrieval of records.

## 2.2 OFFICE OF THE CAMPUS MANAGEMENT REPRESENTATIVE (CMR)

### 2.2.1 Positives

- (a) General Findings: The staff was present and welcoming at the time of the Audit. The aim of the audit was to ascertain adherences to ISO 9001:2008 Standard and CUEA QMM, CUEA QMPs, SOPs and the legal and regulatory requirement. The function was part of the entire Directorate of Quality Assurance. The function coordinated training, audits and also worked with the external Certifying Body (CB) and other relevant quality assurance bodies.
- (b) Quality Policy: The role played by the Function in achieving the quality policy included creating awareness through conducting training and sending online material that helped create awareness (implementers' training, internal quality auditors, training for management), during audits the auditors discuss issues with Auditees creating an opportunity for training, monitoring internal audits and working with KEBS (ISO 9001:2008 clause 5.3).
- (c) Quality Objectives:
  - (i) Quality Objective 1: 'To ensure 30% awareness on quality assurance at the Campus every year for effective maintenance of the QMS' – The function maintains a log frame (monitoring and evaluation logical framework of Director of Quality Assurance quality objective created o 19<sup>th</sup> May 2014. The log frame shows that the Department had created 88% of awareness in the Campus (ISO:2008 clause 5.4.1).
  - (ii) Quality Objective 2: The audit plans had been captured in the academic calendar which ensured that at least 2 audits were done every academic year, evidenced by audit notification dated 7<sup>th</sup> November, 2016. Audit No. CUEA/VC/MR/03-02 and Audit Notification dated 29<sup>th</sup> March 2017, Audit No. CUEA/VC/MR/2017-01 File No CUEA/DVC ADM/DQA/GBA/DQA/10/13/F03. (ISO 9001:2008 clause 5.4.1).

- (iii) **Quality Objective 3:** To ensure that customer satisfaction had increased by 50% the Department does course monitoring and evaluation. Data was collected through monitoring of teaching process form. CUEA/DVC ACD/TCH/01 FM01. At the time of audit there was evidence of data analysis done on the course evaluation in August 2016 for Academic year 2015/2016 which captured rating per lecture, rating per faculty and the overall campus rating that was a mean of 4.5%. (ISO 9001:2008 clause 5.4.1).
- (iv) **Quality Objective 4:** Annually increase community service participation by at least 10%. The department participated in 2 community service activities. (a) The department carried out community service within the campus by cleaning the New Tuition Block as evidenced by New Community Service Our Lady of Hope Children's Home on 12<sup>th</sup> March, 2016 and a report of the community service was available in soft copy. (ISO 9001:2008 cl. 5.4.1).
- (d) **Monitoring and Measurement of Processes:** The Function monitoring and measurement through Internal Audit which was carried out to measure and monitor the effectiveness of QMS and also customer satisfaction measurement: collects feedback on monitoring and evaluation in teaching (ISO 9001:2008 clause 8.2)
- (e) **Control of Non-Conforming Products/Services:** The department implements and handle results of audits and the non-conforming products by: (a) On non-conforming products or service the department tried to identify the facts and collected data. A form on customer complaint handling was filled and forwarded to the respective function. The function developed corrective action or communication made follow up to ensure that the customer had been satisfied. The documents were filed at CMR's office for future reference, File no. CUEA/DVC ADM/GBA/DQA/CSR/10/14.FO1, (ISO 9001:2008 clause 8.3)
- (f) **Management Review:** The last Management Review was done 31<sup>st</sup> March 2016, Minutes of the Management Review meeting were available and filed CUEA/DVC/ADM/DQA /CSR/10/14/F01. (ISO 9001:2008 clause 5.6)
- (g) **Analysis of Data:** The Function maintained a logframe: Monitoring and Evaluation Logical Framework of Director of Quality Assurance quality Objective created on 19<sup>th</sup> May, 2014. The information was being used to improve the department's effectiveness and measured the achievement on the objectives. That helped the department to gauge whether the objective had been achieved (ISO 9001:2008 clause 8.4)
- (h) **Responsibilities and Authorities:** The CMR had an appointment letter dated 12<sup>th</sup> June, 2013 Ref PPR/HR/SNR/RC/06/2013/3, File CUEA/DVC FIN/GBA/PRC/HAJ/04/14/F01. He had available a Job Description dated April 2014 Ref NO. FIN/GBA/PRC/HAJ/04/14/F01, (CUEA 9001:2008 clause, 5.5.1, 6.2.1)

## **2.2.2 Opportunities for Improvement**

### **Internal Audits:**

- (i) A session was organized where corrective and preventive action was discussed and implemented within a month. A follow up was done to check on the effectiveness of the implementation. A schedule of implementation of Audit Awareness dated 6<sup>th</sup> June 2016 Audit No. CUEA/VC/MR/03/2016-01A. A follow up on audit for University Library (file no. CUEA/DVC ADM/GBA/DQA/LIB/03/14/F01) was done on 15<sup>th</sup> November 2016, which

was conducted as scheduled. At the time of audit no effectiveness of corrective action had been done to measure the effectiveness of the corrective action, (ISO 9001:2008 clause 8.3).

- (ii) The Department had not been audited since March, 2016, (ISO 9001:2008 clause 8.2.2)

### 2.2.3 Observation

The Department had overall good working environment, however, more filing space should be created to cater for the files at the function.

## 2.3 EXAMINATIONS

### 2.3.1 Positives

- (a) General Findings: The Auditee was welcoming and cooperative during the audit. He provided evidence where it was available. In addition the Office was well kept, neat and tidy.
- (b) Effectiveness of Preventive Action for Opportunities of Improvement from the Previous Audit: Three OFI had been identified during the previous audit of November 2015. The Function had prepared a Preventive Action Plan and implemented it sufficiently as follows:
  - (i) Departmental Meetings – These were now taking place evidenced by minutes availed to the Auditor that had been duly signed for circulation.
  - (ii) Moderation of Examinations – There was evidence that a moderation guide form was being given Coordinators who had to complete it. The Officer in Charge of Examinations did the monitoring and follow up to ensure that this was adequately done.
  - (iii) Customer Feedback Handling – The Examination Centre had customized the Service Feedback Form available in the Procedure for Customer Complaint and Feedback handling (CUEA/VC/MR/08) and uniquely identified it as CUEA/VC/R/08 fm 02. The Form had been implemented and used to collect data for the period of August to December 2016. Analysis of the data had been done and report prepared.
- (c) Quality Policy: The Quality Policy had been well displayed and the Auditee understood it and was able to articulate his role in its achievement.
- (d) Quality Objectives: The quality objectives for the function were in place and had been derived from the Corporate Quality Objective. They were attainable and measurable.

There was effort towards the achievement of quality objective No. 3 ‘To annually increase community service activity participation by 10%’. The Function staff had participated in the Campus wide community service activity that had taken place on 4<sup>th</sup> and 5<sup>th</sup> March 2016. A report was availed to the Auditor. In addition, there had been plans to conduct a functional community service activity, evidenced by a letter to the In charge of Community Service dated 23<sup>rd</sup> March 2016.

- (e) Responsibilities and Authorities: Responsibilities and Authorities had been defined through Job Descriptions, for instance, a Job Description for the Officer in Charge of Examinations was



availed to the Auditor. Also available was a letter for deployment for a new staff working in the Examination Centre, dated 18<sup>th</sup> March 2017, reference GC/SKN/caa/03/2017/22.

- (f) Control of Documents: Documents at the Function had been uniquely identified, sampled as evidence was the Service Feedback Form – unique identification no. CUEA/VC/MR/08 fm 02. Minutes of the Management Review of 3<sup>rd</sup> March 2015 had been duly approved for circulation.
- (g) Control of Records: Records at the Function had been well filed, properly labeled and had unique identification. A filing index was in place ad folios showing what documents were in the files were in use. There was also evidence that soft documents were well filed in the computer using folders. Documents were easily retrievable and in good condition. Records were well organized.
- (h) Analysis of Data: There was evidence that data had been collected from staff regarding services rendered by the Examinations Centre. Collection had been done using Form CUEA/VC/MR/08 fm 02.

A report had been generated from the analyzed data for the period August to December 2016. There was evidence that the reports had been used to make decisions on dealing with the issue of poor response time at the function. Action taken had been to ensure that the doors inside the Function were kept open so that customers could be heard knocking.

Reports that had been prepared were shared with the Management, sampled was the Report on Collection of Examination Drafts.

- (i) Internal Communication: Internal communication took place at the Function and this was evidenced by an Internal Memo to all Coordinators given deadlines (15<sup>th</sup> March 2017) for submission of examination drafts. The memo was dated 6<sup>th</sup> March 2017. There was also evidence that the Function used emails to communicate as the above memo had been forwarded to the Coordinators on 6<sup>th</sup> March 2017 at 1:08pm.
- (j) Compliance to Statutory, Regulatory and Legal Requirements: It is a requirement that examination be proofread. There was evidence that was had been taking place. A form for proofreading of examination for MLI 501Contempoary Literacy Theories for the Faculty of Arts and Social Sciences was availed to the Auditor.
- (k) Management Review: Management Review had been conducted. The last one was done on 3<sup>rd</sup> November 2015. Minutes for the meeting were available.
- (l) Preventive Action: There was evidence that Opportunities for Improvement identified during the audits that took place in November 2015 had been addressed. Evidence availed to the Auditor was in form of a Preventive Action Plan which had been fully implemented and remedial action taken was effective.
- (m) Customer Complain Handling: Customer complaints were mainly from students. These were received in form of letters addressed to the Officer of the Examination Centre. Sampled evidence was letter requesting change of Examination Date, dated 22<sup>nd</sup> November 2016 for a Unit in Strategic Management.

### 2.3.2 Opportunities for Improvement

- (a) Monitoring and Measurement: Monitoring and Measurement of the Quality Objectives was not being done. In addition, there was no evidence that customer complaints received were being monitored.
- (b) Control of Documents:
  - (i) Job Descriptions provided to the Auditor during the audit had not been signed by the Human Resource Manager.
  - (ii) Memos presented to the Auditor had not been done on Official University Letterhead.
- (c) Internal Communication: Though reports for analysis of data were shared which respective users there was need to have some form of evidence of this forwarding, for instance, a cover letter copied and filed or have the report forwarded by email.
- (d) Management Review: No management review had taken place since November 2015, and there was need to management review to follow the format laid down by the ISO 9001 standard clause 5.6.1 and 5.6.2.
- (e) Customer Complaint Handling: The Procedure for Customer Complaint Handling, CUEA/VC/MR/08 clause 6.1 was not being adhered to when handling customer complaints.

## 2.4 EVENING AND WEEKEND PROGRAMME

### 2.4.1 Positives

- (a) General Findings: The office function included time tabling and monitoring of the teaching process to ensure smooth learning.
- (b) Quality Policy: There was general awareness of the quality policy and implementation of the quality management system, (ISO 9001:2008 clause 5.3).
- (c) Quality Objectives: The department had established 4 quality objectives approved on 7<sup>th</sup> November 2016. The department had 3 objectives. Quality Objective No. 2 to annually reduced customer complaints by 50% was measure, (ISO 9001:2008 clause 5.4.1). During the audit was noted that for the first objective, the department had established a customer complaint log.
- (d) Responsibilities and Authorities: The Officer in the Department had his responsibilities and authorities defined and delegated as Administrative Assistant. At the time of the audit there was evidence of appointment letter for Michael Oduya (Ref. CUEA/SK/nc/Sept.16/003). Dated 2<sup>nd</sup> September 2016. There was also a Job Description (ACD/GAB/REG/JD/01) signed by Office holder on 5<sup>th</sup> September, 2016, (ISO 9001:2008 clause 5.1, 6.2.2)
- (e) Audit of Procedure:
  - (i) The Department handled the teaching time table. The Officer received a list of all unit on offer each trimester (through emails) and developed a draft of time table and if it was

accepted by Coordinator the Administrative Assistance print and post it on the Notice Boards or send through email.

- (ii) At the time of the audit there was evidence of Unit on Offer for January – April 2017 that had been sent through mail by the Coordinator Undergraduate Studies Commerce, from ([gwairimu@cuea.edu](mailto:gwairimu@cuea.edu)) on 13<sup>th</sup> December, 2016. On the Unit on offer sheet, there was evidence that Dr Teclé was going to be allocated a course CMM 412: Productions and Operations. The attached list of Unit on Offer had been created on 5<sup>th</sup> December, 2016 at 10:59am and updated on 13<sup>th</sup> December, 2016. There was also evidence of Unit on Offer for postgraduate studies sent on 29<sup>th</sup> November, 2016 by Coordinator, Postgraduate Studies, Sr Lucy Wanza ([lwanza@cuea.edu](mailto:lwanza@cuea.edu)). There was evidence that course CMH 613: Global strategic HRM was going to be taught by Dr Geoffrey Kimutai. The soft copy record was created on 27<sup>th</sup> 2016 at 1:10pm
- (iii) At the time of the audit there was evidence that the Administrative Assistant sent the tentative timetable to the Coordinator on 15<sup>th</sup> December 2016, (the record had been crated on 7<sup>th</sup> November 2015). Dr Geoffrey Kimutai was allocated to teach CMH 613: Global Strategic HRM on Wednesday at 5:30pm to 8:30pm.
- (iv) There was evidence that the Department maintained attendance for postgraduate dons lecturer(CUEA/DVC/ACD/GBA/PG/PT.REG/2016/BK1)
- (v) At the audit, there was evidence that the department had a checklist for monitoring lecture attendance. As per the checklist, it was noted that the lecturer had not attended 15 lecture hours from Wednesday 25<sup>th</sup> January 2017 to Wednesday 15<sup>th</sup> February 2017.
- (f) Management Review: At the time of audit there was evidence that the department conduct management review. Minutes of Management Review meeting held on 5<sup>th</sup> September 2016 and approved for circulation on 11<sup>th</sup> September, 2016 were available.

#### **2.4.2 Opportunities for Improvement**

- (a) Quality Objectives: At the time of audit it was noted that Quality Objective No. 2 and 3 were activities of the Department. The Department had not collected neither analyzed data on the measureable objective, (ISO 9001:2008 clause 5.4.1, 8.4)
- (b) Responsibilities and Authorities: However, at the time of Audit the Job Description (ACD/GAB/REG/JD/01) and handover report had not been signed by the Supervisor and Human Resource Manager, (ISO 9001:2008 clause 4.2.3)
- (c) Monitoring and Measurement of Processes: At the time of the Audit there was no evidence that the lecturer for CMH 613: Global Strategic Human Resource Management had signed the attendance register, (ISO 9001:2008 clause 8.2.3).
- (d) Analysis of Data: There was no evidence that Attendance Register data had been analyzed, (ISO 9001:2008 clause 8.4)
- (e) Internal Communication: There was no evidence that monitoring checklist resulted in the lecturer for CMH 613: Global Strategic Human Resource Management having been informed that he had missed lecture hours (ISO 9001:2008 clause 5.53).

- (f) Preventive Action: At the time of the audit there was no evidence that opportunity for improved on signing of registers that had been raised during the past three audits had been effectively addressed, evidence of the case of the Lecturer for CMH 613: Global Strategic Human Resource Management, who in the current semester had not signed the attendance register.

### 2.4.3 Observation

- (a) The department documents were not filed and not easily retrievable.
- (b) The work environment of the office was spacious but the office was very cold.

## 2.5 FINANCE DEPARTMENT

### 2.5.1 Positives

- (a) General Findings: The function deals with invoicing, student reception, processing supplier's payments and banking. Generally all financial and cash issues are handled by this Office.
- (b) Quality Policy: There was general awareness of quality policy statement and implementation of quality management system, (ISO 9001:2008 clause 5.3).
- (c) Quality Objectives: The Department had established four quality objectives approved for use on 5<sup>th</sup> March 2016. Objective No 2 stated that the Department shall reduce the outstanding students debts by 20% by the end of the Academic year 2015/2016, starting from 1<sup>st</sup> July 2015. At the time of the audit there was evidence that the Department analyzed data on quality objectives. As per the report of data analysis the previous debt of Kshs 31,210,979 had been reduced to 7,041,101.00 which represented 77.44% reduction in outstanding debts collected. This was a sample for August to December 2016 trimester (ISO 9001:2008 clause 5.4.1, 8.4).
- (d) Responsibilities and Authorities: The Officers at the Function had been delegated responsibilities and authorities as Accountant/In charge Finance (dated 27<sup>th</sup> January 2016) and Cashier (dated 26<sup>th</sup> May, 2014), (CUEA/DVC FIN/FIN/GBA/JD/11/13, ISO 9001:2008 clause 5.1, 6.22).
- (e) Monitoring and Measurement of Process: The department measures effectiveness of work through performance target, audit and department report the financial management and decision making was centralized and therefore provide checks and balances through various authorization and authentication for data entry, processing and outputs.
- (f) Procedure for Request for Petty Cash:
- (i) The Department also implemented departmental procedures effectively. At the time of audit there was evidence that the department implement the procedure for request for petty cash from main campus on reimbursement of petty cash float of Kshs 200,000/-. The individual staff made claim which were endorsed by Heads of Function. The Finance Department collected all request and make petty cash request summary and total. The summary was printed and approved by the Cashier, Accountant and Director. At the time of audit there was summary of petty cash payment made on 13<sup>th</sup> July 2016 that was duly approved. The request for cash made by Mr Samuel Terrah for two bags of Charcoal and

collected on 29<sup>th</sup> June 2016 of Kshs 4,000/- had been surrendered on 22<sup>nd</sup> July, 2016 (Petty Cash Rcp#003081).

- (ii) The imprest surrender and supporting document follow according to the petty cash voucher. At the time of audit there was evidence that petty cash survey form approved on 13<sup>th</sup> September 2016 had petty cash flow from (Rcp#003079 to Rcp#003104), CUEA/DVC FIN/FIN/GBA/PCV/06/16).
- (iii) The signatories for Petty Cash request authorities ad responsibilities were fined and delegated through introduction. The introduction process was done by the Management identification of signatories and introducing them to the banks. At the time of audit, there was evidence of introduction of signatories through minutes of management board meeting held on Friday, 5<sup>th</sup> January 2016 and approved for circulation on 9<sup>th</sup> January, 2016, (CUEA/DVC FIN/FIN/GBA/BS/06/10-Bank Statement).

### **2.5.2 Opportunities for Improvement**

- (a) Responsibility and Authority: At the time of audit, there was evidence that the Department has 2 staff performing the function of other Officer provided by Finance Department procedures such as Credit Controller, Financial Accountant, Senior Accountant, Chief Finance Officer. However, at the time of the audit there was no evidence that those duties and responsibilities had been defined in their Job Descriptions or appointment. The Department had made a request for an additional staff on 25<sup>th</sup> January, 2017. However, by the time of the audit there was not evidence of feedback on the request, (ISO 9001:2008 clause, 5.1, 6.2.2).
- (b) Monitoring and Measurement of Processes: At the time of the audit there was no evidence of internal and external financial audit report stating the auditor opinion and performance of the Department, (ISO 9001:2008 clause 8.2.3)
- (c) Control of Records: The request for cash by Mr Samuel Terrah for 2 bags of Charcoal, collected on 29<sup>th</sup> June 2016 of Kshs 4,000/- was surrendered on 22<sup>nd</sup> July 2016 (Petty Cash Rcp#003081), had not been supported by document of original transaction (receipt) and therefore a letter had been drawn and approved by the Director through a letter dated 4<sup>th</sup> July, 2016, ref PRC/CUEA/GBA/POC/07/2016-01, (ISO 9001:2008 clause 4.2.4).

### **2.5.3 Observations**

- (a) The Department has overall a good working environment which has been redone and its more spacious, but the security mechanisms need to be improved.
- (b) The Procedure for Campuses needed to be revised to reflect the current organization structure and Official title / positions.

## **2.6 GABA PUBLICATIONS**

### **2.6.1 Positives**

- (a) General Findings: The Auditees welcomed the Auditor cordially and provided documents that were needed in time. Auditees were cooperative.

- (b) Quality Policy: At the time of the Audit there was evidence that the Department helped in the realization of the University Policy (ISO 9001:2008 clause 5.4.1) by assisting research, evidenced by a manuscript article written by Prof Kahiga Filed in File CUEA/DR/PUD/PIW 2015. There was evidence that research was done by the existence of 4 recent products of AFER Vol. 58, Nos. 1, 2, 3 and 4 for 2016.
- (c) Quality Objectives: The Function had two measurable quality objectives (ISO 9001:2008 standard, clause 5.4.1). These were well displayed and they were being realized by Publishing AFER and Spearhead which were evidenced by the issues of 2016. The Writers' Conference had been held in September 2016, from 20<sup>th</sup> to 22<sup>nd</sup> September and there was evidence of a poster advertising the function.
- (d) Responsibilities and Authorities: There was evidence of authorization to work in the Department and the responsibilities held there in according to requirement as evidenced by the availability of the Job Description of the Head of Department Rev Dr Jordan Nyenyembe, No. CUEA GBA/PUB/JD/01, and Appointment Letter of Japheth Lang'ata, PPR HRM/MLS/01 2015/2, both which were duly signed (ISO 9001:2008 Standard, clause 5.5.1).
- (e) Control of Documents and Records: These were well done in the Department as manifested by a master list. The files were well labeled as evidenced by Customer Care File No 18 GBA/PUD/CS/0-42011/F01). There was evidence that there was soft copy filing at the Department, Minutes of the Editorial Board Meeting 4<sup>th</sup> December 2014 at CUEA Gaba Campus in the laptop of the Assistant Editor.
- (f) Analysis of Data: There was evidence at the time of the audit that data analysis was being done at the Department according to the Quarterly description statistics of customer survey, and data analysis was done as evidenced by the data analysis of September-December quarter of 2016 in File GBA/PUD/DA.082011/F01. There was evidence that departmental reports had been done, Report of 7<sup>th</sup> December 2016 to the Advisory Board in File CUEA/EXD/GBA/PUD/EABM/052011/F01, (ISO 9001:2008 Standard, clause 8.4).
- (g) Internal Communication: There was evidence that internal communication was being done at the Department, evidenced by a memo dated 21<sup>st</sup> March 2017 from the Infirmary Department, and an Invitation for a meeting of 18<sup>th</sup> May 2016, (ISO 9001:2008 Standard clause 5.2, 5.5.3, 7.2.3, 6.2 and 7.1).
- (h) Compliance to Statutory and Regulatory Requirements: This was being observed evidenced by a schedule of Publication work being done on a book by Rev. Dr. Jordan Nyenyembe in File CUEA/DVC/ADMN/GBA/PUD/EWS/10/2011/F01. As regards research, there was already a call on writers to do research towards this year's Writers' Conference to take place from 19<sup>th</sup> to 21<sup>st</sup> of September 2017 at CUEA Gaba Campus, (ISO 9001:2008 Standard, clause 7.2.1).
- (i) Internal Audits: Audit had been done on 9<sup>th</sup> February 2015, and 3 opportunities for improvement had been identified.
- (j) Preventive Action: Preventive Action plan had been done on 27<sup>th</sup> November 2015 to address the opportunities for improvement that had been raised. Action for two of the three opportunities for improvement had been completed.

(k) Management Review: There was evidence that Management Review meeting had been conducted on 17<sup>th</sup> November 2015, (ISO 9001:2008 standard, clause 5.6).

(l) Customer Complaint and Feedback Handling: The handling of customer feedback and complaints was being well done by the department as evidenced by the answers to the questionnaires filed in File CUEA/EXD/GBA/PUD/ICS/042011/F01, which show customer satisfaction.

## **2.6.2 Opportunities for Improvement**

(a) Control of Documents: The files mater list did not have a unique identifier at the time of the audit (ISO 9001:2008 clause 4.2.3)

(b) Control of Records: The soft copy filing should be done on a machine that belonged to the Department for reliability and performance (ISO 9001:2008 clause 4.2.4).

(c) Internal Audits: There was need for close out of the opportunities for improvements raised during the last audit, (ISO 9001:2008 clause 8.2.2).

## **2.6.3 Observations**

(a) In the departmental reports, some issues had been reported such as request for computers that were strong enough to handle the programmes used in Publication of 5<sup>th</sup> October 2015, and nothing had been done to date.

(b) The approval of the Editorial Policy of Gaba Publications that had been raised as an opportunity for Improvement in the last audit was still pending. The higher University Offices had not worked on it.

## **2.7 HOUSEKEEPING**

### **2.7.1 Positives**

(a) General Findings: The Department members were welcoming and they were aware of the quality management systems and the procedures in the Department.

(b) Quality Policy: The Department members were aware of the quality policy and the role they played towards its implementation.

(c) Quality Objectives: The Department had 3 measurable quality objectives which were well displayed and monitored, evidenced by the monitoring tool; customer survey satisfaction form CUEA/HSK/GBA/CSS/FMS/ signed on 30<sup>th</sup> October 2015.

(d) Control of Documents: Approval for accommodations were done by the Director, evidenced by form CUEA/GBA/HSK/RAL/FM12 and letter from the MR to the house keeper on training, dated 21<sup>st</sup> April 2015, unique identification CUEA/GBA/HSK/RAL/F12.

(e) Procedure for Accommodation: Where payment was done outside office hours, the House keeper received the money and recorded it on the accommodation and service charges form and forwarded the money to finance the following day, evidence by form

CUEA/GBA/HSKR/ASC/FM02. Filed in accommodation and service charge form file CUEA/GBA/HSK/04/2010/F3.

- (f) Internal Communication: The department communicated to the rest of the organization evidenced through memo dated 25<sup>th</sup> November 2015 ref GC/CBA/caa/11/2015/134.
- (g) Management Review: The Department carried out its management review following the previous audits. The department came up with the corrective and preventive actions. The audits were close on 30<sup>th</sup> May 2016.

### **2.7.2 Opportunities for Improvement**

- (a) Customer Complaint and Feedback Handling: By the time of audit there was no data collected or analyzed therefore there was no current report on customer feedback. There was need for more papers to generate the feedback forms for the customers. The last analysis was done on 27<sup>th</sup> May 2016. The analysis report was available, CUEA/HSK/GBA/CDA/FM14 in the file customer feedback Data Analysis CUEA/HSK/GBA/CDA/19/2013/F10. There was need to have current reports for continuity (CUEA/VC/MR/08)
- (b) Control of Documents: Communication was done through memos, for example, internal memo date 22<sup>nd</sup> June 2016 by the In Charge of Housekeeping to the Gaba Community, however they had not been uniquely identified (ISO 9001:2008 clause 4.2.3).

### **2.7.3 Observations**

- (a) The Department needed to device ways of collecting data instead of relying total on paper, so that they could analyze data and understand their customer's needs.

## **2.8 ICT DEPARTMENT**

### **2.8.1 Positives**

- (a) General Findings: The staff was present at the time of the audit. The aim of the audit was to ascertain adherence to ISO 9001:2008 Standard and CUEA QMM, CUEA QMPs, SOPs and the legal and regulatory requirements. The Department provided support services to CUEA Gaba Campus staff and students and ensures that systems (Internet and Computers) were working well.
- (b) CUEA QMS Awareness: The Department met the overall Quality Policy in research where the Department managed resources like Internet which were key components in research. In teaching the function supports by proving resources like projectors which aid lecturer in teaching and by ensuring that the projectors were working well. In Community Service the function participates in over all Gaba campus Community Service activities (ISO 9001:2008 clause 5.3)
- (c) Internal Communication: The Department communicated with the rest of the organization through email and internal memos as evidenced by Internal Memo, CUEA/GBA/ICTD/1/11/16 dated 29<sup>th</sup> November 2016 on delegation. File No CUEA/SYSADMIN/GBA/ICT/06/11. Evidence was also available of an email sent to the Director and the ICT Manager on 1<sup>st</sup> April, 2017 on Remote Teaching Class, acknowledgment of the communication was done on 3<sup>rd</sup> April 2017, (ISO 9001:2008 clause 5.5.3)



- (d) Internal Audits: Monitoring and measurement was done through Internal Audit (ISO 9001:2008 clause 8.2), the function had last been audited on 2nd November, 2015 and four areas of improvement had been identified. Three of the areas had been addressed as follows:
- (i) The department had created and File No. CUEA/SYSADMIN/GBA/ICT/PJD/01/16 to track staff performance measurement targets;
  - (ii) The function had created a File No. CUEA/SYSADMIN/GBA/ICT/01/16 for Job Descriptions. However, the file needed to be portioned for Job Descriptions and Performance Targets; and
  - (iii) The procedure for software forms had been removed since it was not applicable to the campus.
- (e) Procedure for User Support Services:
- (i) The function adhered well to the procedure for user support services, (CUEA/DVC ADM/ICT/02).
  - (ii) Unresolved user requests were handled by the ICT staff wrote to the concerned party, evidenced by email written on 21<sup>st</sup> February, 2017 to Network and System Administrator on network port which was not working. Feedback had been received on 21<sup>st</sup> February, 2017 and the network port issued had been resolved, (CUEA/DVC ADM/ICT/02 clause 6.3.2).
- (f) Management Review: The last Management Review took place on 10<sup>th</sup> November 2015, evidenced by minutes filed in File No. CUEA/VC/GBA/ICT/QMSD/03/11.
- (g) Responsibilities and Authority: These had been communicated to the Function by use of Job Descriptions File CUEA/SYSADMIN/GBA/ICT/JD/02 was filed, but for Mr. Charles Waswa was available in soft copy, (ISO 9001:2008 clause 5.5.2, 6.2.1).

## **2.8.2 Opportunities for Improvement**

- (a) Quality Policy: The Department participates in overall Gaba Campus Community service activities. At the time of the audit there was no evidence of certificate issued Service Participation. The Department was yet to organize its Community Service Activity, (ISO 9001:2008 clause 5.3)
- (b) Quality Objectives: At the time of audit the Department objectives that were being displayed were not in use. However, there were new departmental quality objective available in soft copy that will need for be reviewed before the close of academic year 2016 / 2017. The Department quality objectives had been cascaded from the ICT Department main Campus, ISO 9001:2008 clause 5.4.1).
- (c) Customer Complaint and Feedback Handling: The Department used questionnaires for collection of customer feedback, that were filled by staff and students, as evidenced by Service Feedback form (CUEA/VC/MR/08/fm 02) File No. CUEA/DQA/GBA/EV-ICT/06/14. At the time of audit the data collected was for 2014 and analyzed done dated back to 20/05/2015, (ISO 9001:2008 clause 5.4.1).

- (d) Control of Documents: Completed Evaluation of Photocopy Service Form (CUEA/ICT/Evaluation) File No. CUEA/DQA/GBA/EV-ICT/06/14 had not been dated, (ISO 9001:2008 clause 4.2.3).
- (e) Analysis of Data:
- (i) The customers fill the customer feedback forms and drop them in the feedback box, the box was then opened at the end of the trimester, the forms were analyzed, however at the time of the audit there was no evidence of data analysis. Evaluation of photocopy service form (CUEA/ICT/Evaluation) File No. CUEA/DQA/GBA/EV-ICT/06/14, had been filled though it did not have any dates making it difficult to know when they had been completed. At the time of the audit no data analysis had been done to measure customer satisfaction. However, the function had acted on some of the issues raised for instance on the photocopier cleanliness, an email had been sent to Bookhouse on 22<sup>nd</sup> February 2017 and feedback was yet to be received. A follow up email had been sent on 7<sup>th</sup> March, 2017 still no feedback, (ISO 9001:2008 CLAUSE 7.2.3, 7.2.1, 8.2.1 and 8.4).
  - (ii) The department determined, collected and analyzed data based on customer feedback forms which were to be collected and analyzed at the end of very trimester. At the time of audit there was no evidence that data analyzes had been done on customer feedback for the last trimester August – December 2016 (ISO 9001:2008 clause, 8.4).
- (f) Preventive Action: The department had records of maintenance of Computers (File N. CUEA/ICTMGR/GBA/ICT/PMS/03/11) at the time of audit the Computer Laboratory Preventive maintenance Schedule form (CUEA/SYSADMIN/GBA/ICT/03-11/1/F01 were relating to May 2012. – This was raised as an opportunity for improvement during Internal Audit done on 2<sup>nd</sup> November 2015.
- (g) Control of Documents: Some editing needed to be done for a literature search request form in use to reflect where “FOR OFFICAL USE ONLY” category should start to allow comprehensive completion by students making requests.

### **2.8.3 Observations**

- (b) The Department had created a File No. CUEA/SYSADMIN/GBA/ICT/PJD/01/16 for Job Description but the file needed to be portioned for Job Descriptions and Performance Targets.
- (c) The Department had last been audited on 2<sup>nd</sup> November 2015.

## **2.9 HUMAN RESOURCE DEPARTMENT**

### **2.9.1 Positives**

- (a) General Findings: The staff were cooperative and welcomed the audit team. The aim was to conform the effectiveness of the ISO 9001:2008 standards, the CUEA QMM, CUEA QMPs and the SOPs. The Department was a liaison office working hand in hand with the HR Office at the Main Campus.
- (b) Quality Policy: The Department was aware of the three pillars of University quality policy and it contributes towards its attainment. The Department takes part in community service which

was one of the three pillars of the quality policy as evidenced by a memo dated 14<sup>th</sup> March 2017 from the Office of the Director: Appeal for Food for Drought victims in West Pokot. The Auditee was also a member of the Community Service Committee as evidenced by a letter of appointment dated 3<sup>rd</sup> August 2016.

- (c) Quality Objectives: The Department had 3 quality objectives that were duly stamped and dated 14<sup>th</sup> March 2016. The Department had a log frame to capture and monitor the attainment of the quality objectives.
- (d) Internal Communication: The Department communicated through memo, mails, and telephone calls primarily used within the organization. In the case of mails a record had been kept as evidenced by Internal Delivery Book. The Department also made use of the external communication for instance communication to Dominic Kalovya through the Director on 22<sup>nd</sup> March 2017 evidenced by the response was on 23<sup>rd</sup> March 2017.
- (e) Customer Complaint and Feedback Handling: The Department captured customer feedback, there was evidence that customer feedback were collected in the service feedback form CUEA/VC/MR 08/fm 02. There was also a report in the file CUEA/DVC ADM/GBA/ADT/01/001 for the data collected and analyzed in 2016.
- (f) Preventive Action: The Department did evidence of the previous Preventive Action Plan of the audit done on 3<sup>rd</sup> November 2015.
- (g) Management Review: The Department conducted management review as per the format outlined in the ISO 9001:2008 standard 5.6.2 in 13<sup>th</sup> June 2016. Minutes of the Management Review were available.
- (h) Product Conformity: The Auditee was able to identify non-conforming products / service for an example of non conforming product was a contract that was not reviewed on time. From the above example there was evidence of a request for the renewal of contract dated 28<sup>th</sup> February 2017 which had not been reviewed on despite a request being done on 20<sup>th</sup> January 2017 but to date no communication had been made (ISO 9001:2008 clause 8.3)
- (i) Responsibilities and Authorities: These had been communicated through a letter to the Auditee had a letter reassignment as Administrative Assistant in charge Human Resource dated March 2015. However, there was no formal appointment for other duties assigned to the Auditee.

#### **2.8.4 Opportunities for Improvement**

Analysis of Data: The Department conducted data analysis and generated a report dated September 2016. However, data analysis lacked a unique identifier and the period it was conducted. Reports generated from collection and analysis was not disseminated to the concerned parties for action for the improvement of the QMS.

#### **2.9.3 Observation**

- (a) Training Needs Assessment had not been conducted since 2015 because the needs assessment were conduct by the Human Resource Department in Nairobi. The Department needed to come up with a mechanism of conducting this since Training Needs Assessment played a pivotal role in realization of efficiency and effectiveness of employees.

- (b) Sections needed to be merged as one unit for ease of administration at time of audit the Auditee handling other duties without any formal appointment.

## **2.10 MOTOR VEHICLE AND MAINTENANCE**

### **2.10.1 Positives**

- (a) General Findings: The Auditees were aware of the Quality Policy. Quality objectives were available and well displayed in the department.
- (b) Quality Policy: The Auditee understood the quality policy.
- (c) Quality Objectives: Quality Objectives in place were well understood by the Auditees.
- (d) Quality Management System: The Auditees were also conversant with the Standard Operating Procedures that concerned their Department.
- (e) Control of Documents: Documents had been properly approved with signature and stamp and where on official University headed paper.
- (f) Internal Communication: This was being done through email and memos.
- (g) Analysis of Data: There was evidence that data was being collected and analyzed.
- (h) Management Review: Management Review had been done after the previous audits.
- (i) Corrective Action: The nonconformities during the last audit had been well addressed.
- (j) Preventive Action: Opportunities of Improvements identified during the previous audit had been well addressed.
- (k) Compliance to Statutory, Legal and Regulatory Requirements: The function ensured that legal, statutory and regulatory requirements were being adhered to.

### **2.10.2 Opportunities for Improvement**

Control of Records: The Auditees needed to maintain some records not only on soft copy but also as hard copies for safety purpose.

### **2.10.3 Observation**

Motor Vehicle and Maintenance's service was very vital to most if not all members of Gaba fraternity. It is therefore necessary that keen and serious attention needs to be given to comments made by customer to ensure that appropriate action is taken to improve customer satisfaction in service delivery.

## 2.11 UNDERGRADUATE STUDIES - COMMERCE

### 2.11.1 Positives

- (a) General Findings: The Staff member was present and welcoming at the time of the audit. The aimed at ascertaining adherence to ISO 9001:2008 standards and CUEA QMM, CUEA QMPs, SOPs and the legal and regulatory requirements. The Department ensured that all aspects of teaching were catered for, teaching preparation, examination, forwarding results to registry department, and encouraging lecturers to do research which aided them in teaching. Also they participated in Community Service Activities.
- (b) Quality Policy: The Department's main role was to coordinate the teaching aspects, engage with community service department to ensure that students and lecturers participated in community service. The department worked together with post graduate studies to do training on Research whose main aim was to encourage MBA students who had disappeared to reappear. As evidence by the training programme held on 26<sup>th</sup> November 2016, in File No. CUEA/DVC ACD/GBA/USC/COMS/01/2016, (ISO 9001:2008 clause 5.3).
- (c) Quality Objectives: The Department had 5 quality objectives. The Department monitored and measured the achievement of its quality objectives by of use a log frame that was done every semester. As evidence, monitoring and evaluation logical framework of Undergraduate Studies August-December 2016 Semester in soft copy. Which would be used in preparation of the Department's report at the end of the Academic Year, (ISO 9001:2008 clause 5.4.1).
- (d) Internal Communication: The department communicated with the rest of the organization by use of Memos, emails, SMS, WhatsApp groups. As evidenced by an Internal Memo Ref CUEA/ACD/UGS/04/15 dated 4<sup>th</sup> April, 2017 on submission of Research Project, File No. CUEA/DVC ACD/GBA/US/MEM/MINS/01/2015. Confirm that the SMS communication had reached the designation, the individual(s) for example an SMS requesting a lecturer to collect their Appointment Letter from the Office sent on 13<sup>th</sup> March 2017 to 13 lecturers. Evidence of a lecturer who collected their appointment letter on 14<sup>th</sup> March, 2017 and signed the Adjunct Lecturers (August – December 2016 Signing Sheet Ref. CUEA/DVC ADM/HRM/frm 4 (ISO 9001:2008 clause 5.5.3).
- (e) Customer Complaint and Feedback Handling: The function had established that customers were satisfied or dissatisfied with their services by having departmental meetings with the students (Evidence, Departmental Meeting Attendance Sheet dated 31<sup>st</sup> March 2017, File No. CUEA/DVC ACD/GBA/US/DM/01/2012) and lecturer once every trimester as evidenced by Minutes of the Undergraduate Department held on 1<sup>st</sup> February, 2017 available in soft copy. Students aired their issues on the WhatsApp groups. Some students send SMS as evidenced by SMS sent on 30<sup>th</sup> March 2017 for complaint on exam results CIS 111: Information Technology, the issue was forwarded to the Directors Office for action since the issue was non-payment of the lecturer, (ISO 9001:2008 clause 7.2.3, 7.2.1 and 8.2.1)
- (f) Internal Audit: Monitoring, measurement, analysis and improvement of processes was done to ensure conformity and effectiveness of QMS by: Internal Audit: The Department had been audited twice, October 2015 and May 2016. The last Internal Audit was done on 30<sup>th</sup> May 2016 and a log frame for Department Quality Objectives was also used to monitor and evaluate the process at the end of the academic year 2016/2017, (ISO 9001:2008 clause 8.2).

(g) Procedure for Teaching:

- (i) The department members understand and adhere to the procedure for teaching.
- (ii) The department handles practical's by the student requesting for a letter on fieldwork. Students allowed to go for field work or attachment were 3<sup>rd</sup> year students who were provided with a log book which they fill during their field study. Supervisor was allocated by the Undergraduate Coordinator. Once the student was through with attachment they wrote a report, (CUEA/DVC ACD/TCH/01 clause 6.2).

(h) Responsibilities and Authorities: These have been communicated to the Department by use of Job Descriptions, evidence, Job Description Ref No CUEA/GAB/ACD/JD/02 dated November 2015 for Grace Mureithi, (ISO 9001:2008 clause 5.5.1, 6.2.1).

### 2.11.2 Opportunities for Improvement

(a) Quality Objectives:

- (i) Objective No 2: Evaluation and monitoring was done by the CMR every trimester. At the time of the audit no evaluation and monitoring had been done as required by the objective 'to ensure quality teaching by ensuring a minimum mean of 4.7 in course evaluations in each of the undergraduate courses, (ISO 9001:2008 clause 5.4.1)
- (ii) Objective No 5: To increase customer satisfaction 50% every academic year. A meeting was held with the CMR for a baseline survey to be done for the whole campus (general survey). At the time of the audit the CMR confirmed that the discussion had taken place but there was no documented evidence on the same, (ISO 9001:2008 clause 5.4.1)

(b) Customer Satisfaction: Measurement was done using an evaluation and monitoring form which at the time of the audit had yet to be done, (ISO 9001:2008 clause 8.2.1)

(c) Procedure for Teaching: The office of the Undergraduate Studies coordinator ensure that Lectures adhere to the Procedure for teaching: By requesting for attendance sheet, course evaluation that is done every trimester, course outline that the lecturer presents at the beginning of the trimester, CATS. Sample taken: Lecturer Shikuku K. Otieno CEC 211: Intermediate Micro Economics Attendance sheet for the month of January 2017 (at the time of audit the Lecturer Attendance Sheet lacked a unique identifier) File No. CUEA/DVC/ACD/GBA/USG/ATT/01/2016. At the time of audit the Course Outline presented by Shikuku K. Otieno CEC 211: Intermediate Micro Economics was not available, on CATS a memo dated 3<sup>rd</sup> April, 2017 Ref. CUEA/ACD/UGS/04/17 was written on Submission of CAT Marks and Class attendance Sheets for units taught January – April Trimester by Tuesday 11<sup>th</sup> April 2017. File. No. CUEA/DVC/ACD/GBA/US/MEM/MINS/01/2015 (CUEA/DVC ACD/TCH/01 cl.6.1.10)

(d) Control of Nonconforming Products / Services: After audit the department held management review meetings where the results of internal audits are discussed and root cause analysis done to check on the cause of the non-conformity and ways of to prevent their occurrence. An Undergraduate Department Meeting was held 12<sup>th</sup> October, 2016, the management review was done by at the time of audit the review agenda were not in line with the Management review meeting Agenda requirement. (ISO 9001:2008 cl. 8.3, 5.6)

- (e) Management Review: The last Management Review was done on 12<sup>th</sup> October, 2016. File No. CUEA/DVC/ACD/GBA/USC/DM/01/2012. Though at the time of audit the Agenda was not in line with the Management review meeting Agenda requirement. (ISO 9001:2008 cl. 5.6)

### 2.11.3 Observation

- (a) Suggestion boxes are not being used for collection of customer feedback.
- (b) The department's members exhibited cooperation during the exercise.

## 2.12 UNDERGRADUATE STUDIES - EDUCATION

### 2.12.1 Positives

- (a) General Findings: The Auditor was given a good cooperation and also the audit process ended successfully, the department deals with coordination of school focused program and teaching practice for education student. Departmental staff demonstrated general understanding of CUEA quality policy.
- (b) Mission and Vision: Department supports CUEA Vision and Mission through teaching, research and engagement in University Community Service activities.
- (c) Internal Communication: Department communicated through memo and email, evidence of email for supervision Gaba campus was available sent to Dr Kanga on 27<sup>th</sup> March 2017 at 3:41pm. A memo to students on registration for teaching practice was done on 24<sup>th</sup> March 2017: File name communication.
- (d) Control of Records: Department keeps track / record of each examination booklet (marked) before storage in examinations store for easy search of records in-case of missing marks.

### 2.12.2 Opportunities for Improvement

- (a) Quality Objectives: The department had established quality objectives and displayed them in November 2015. However, the established quality objectives had not been reviewed monitored neither analyzed at the time of audit.
- (b) Procedure for Teaching Practicum / Practice:
- (i) Department implements the SOP for teaching practicum, at the time of audit a summary list of students who had registered for teaching practicum for May-August 2017 trimester was available however, there was no evidence that the summary had been forwarded for allocation of supervisors. The summary also had no necessary approved and controls.
  - (ii) Coordinator School Focus and teaching practice was invited (teaching practice committee member) to attend a departmental meeting on 4<sup>th</sup> April 2017 at 2:45pm in Nairobi whose agenda was: Teaching Practicum / Practice placement for May – August 2017 – requisition of Teaching Practicum / Practice materials and supervisor facilitation – review of Teaching Practicum / Practice materials, and handbook, AOB. However, the coordinator was not able to attend the meeting in Nairobi due to financial constraints,

registration list for students to proceed on Practicum for May-August trimester had not been finalized.

- (iii) There was no evidence that a briefing meeting for students who were due for practicum for May – August 2017 trimester had been done neither was any communication on the same done, (CUEA/DVC ACD/ETP/01 clause 6.2.3)
  - (iv) There was no evidence of allocation of practicum responsibilities had been done by the coordinator at the time of the audit. However, an email was sent to Dr Kanga on 27<sup>th</sup> March 2017 at 3:41pm for Gaba supervisors.
- (c) Customer Complaint and Feedback Handling: At the time of the audit the department had not established any mechanism / tool for collecting customer feedback data.
- (d) Control of Documents: Departmental files were not uniquely identified / labeled for easy document retrieval.

### 2.12.3 Observation

- (a) Document retrieval was noted to be slow
- (b) Office floor required refurbishment, face lift office with tiled floor
- (c) Storage space for the office was inadequate
- (d) Lighting system / bulb was inadequate for office use. Install new bulb / lighting system
- (e) Improvement of safety and storage of departmental files especially on shelves
- (f) Delay in implementation of teaching practicum preparations / process for May – August 2017 trimester
- (g) Need for QMS awareness training to department staff
- (h) Facilitation of department's activities in terms of finances

## 3.0 Non Conformities

During this Internal Quality Audit of the CUEA Gaba Campus, Eldoret a total of eight (8) non conformities were raised, where five (5) of the nonconformities was categorized as **minor** while three (3) were categorized as **major**. The nonconformities raised were as follows:

### 3.1 MINOR NON CONFORMITIES

#### 3.1.1 Control of Records:

- (a) Publications Department – Soft copy filing was done on an individual's computer



- (b) AMECEA Pastoral Institute – At the time of the Audit the document presented as evidence had not been filed, retrieved from a drawer) and no records were available for Management Review Meeting
  - (c) Undergraduate Studies in Education – Most of the files were not uniquely identified or labled for easy document retrieval
- 3.1.2 Responsibilities and Authorities: Finance Department – Responsibilities and authorities are not properly defined and delegated to the two staff handling over ten procedures.
- 3.1.3 Analysis of Data: Analysis of data was not being done in the following functions:
- (a) ICT Department
  - (b) Evening and Weekend Programmes
  - (c) AMECEA Pastoral Institute
- 3.1.4 Procedure for Internal Audit (CUEA/VC/DQA/03): Previous audits had not been closed in all the Departments that have been audited in the last audits.
- 3.1.5 Procedure for Customer Complaint Handling (CUEA/VC/MR/08): Lack of adherence of procedure for Customer Complaint:
- (a) Evening and Weekend Programme
  - (b) AMECEA Pastoral Institute
  - (c) Undergraduate Studies Education
  - (d) Examinations Centre
- 3.2 MAJOR NON CONFORMITIES**
- 3.2.1 Control of Documents:
- (a) Undergraduate Studies Commerce – Class attendance sheet lacked unique identification
  - (b) Publication Department – The Master List for files did not have unique identification
  - (c) Evening and Weekend Programme – Job Descriptions and Handover reports had not been duly signed by Supervisor and HR Manager
  - (d) Undergraduate Studies Education – Summary Lists on Practicum for May to August 2017 had not been properly authorized
  - (e) Examinations:
    - (i) Job Descriptions had not been signed by HR Manager
    - (ii) Memos presented to the Auditor at the time of the Auditor had not done on Official University Letterhead
  - (f) House Keeping – Internal Memo dated 22<sup>nd</sup> June 2017 by In-Charge of Housekeeping to Gaba Community had no unique identification
- 3.1.6 Management Review: Management Review had not been done in the past year in the following functions:
- (a) Campus Management Representative Office
  - (b) ICT Department
  - (c) AMECEA Pastoral Institute
  - (d) HR Department
  - (e) Examinations Centre
- 3.2.3 Monitoring and Measurement of Processes: Monitoring and Measurement of Quality Objectives was not taking place in the following Functions:
- (a) Undergraduate Studies Commerce
  - (b) Evening and Weekend Programmes

- (c) Undergraduate Studies Education
- (d) AMECEA Pastoral Institute
- (e) Examination Centre

## 4.0 QMS Effectiveness

The number of audit findings raised as indicated above were 146 with Positive findings being 96, opportunities for improvement being 42 and 8 of them being non conformities. It can therefore be concluded that:

### 4.1 NUMBER OF NON CONFORMITIES AS PER CATEGORIZATION

From a total of eight (8) non conformities raised, five (5) were minor, while three (3) of them was major.

### 4.2 CRITERIA DOCUMENT CONTRAVENED

**Table 4.1: Criteria Document Contravened**

9	General Clause	Specific Clauses	Number	Subtotal
1.	4.0 Quality Management System	4.2.3 Control of Documents	1	2
		4.2.4 Control of Records	1	
2.	5.0 Management Responsibility	5.5.1 Responsibilities and Authorities	1	2
		5.6 Management Review	1	
3.	8.0 Measurement, Analysis and Improvement	8.2.1 Customer Satisfaction	1	4
		8.2.2 Internal Audits	1	
		8.2.3 Monitoring and Measurement of Processes	1	
		8.4 Analysis of Data	1	

#### 4.2.1 CUEA QMS Documents Contravened

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

- CUEA QMM
- CUEA/VC/DQA/03
- CUEA/VC/DQA/07
- CUEA/VC/MR/08

### 4.3 STRENGTHS AND WEAKNESSES OF THE QMS

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

#### 4.3.1 Strengths

- (a) Staff are aware about the Quality Management System and their roles towards ensuring its proper functioning;
- (b) Staff were cooperative with the Internal Quality Auditors during the audit;

- (c) Quality Objectives had been established at functional level and these had been cascaded from the Corporate Quality Objectives;
- (d) The Campus does ensure that statutory, regulatory and legal requirements are being adequately adhered to;
- (e) Standard Operating Procedures at the different functions are being well implemented;
- (f) Staff have been furnished with Job Descriptions hence defining authorities and responsibilities;
- (g) Internal Communication is taking place using different modes, for instance, telephone, email, memos, smses, and whatsapp, among other methods; and
- (h) Non conformities services / products are identified and addressed.

#### **4.3.2 Weaknesses**

- (a) Management review is not being conducted according to the format as prescribed the guidelines of the International ISO 9001:2008 standard;
- (b) Records are not being well controlled;
- (c) Control of documents is not being properly adhered to;
- (d) Analysis of data is not being done hence decisions are not being aided by facts;
- (e) Monitoring and measurement of processes is not being done;
- (f) There is lack of adherence to the procedure for customer complaint and feedback handling;
- (g) In some areas due to restructure there is need to harmonize the responsibilities and authorities; and
- (h) Procedures at the campus do not reflect what is happening on the ground at the campus.

## **5.0 Assessment of Audits**

This was the third audit being conducted at the Campus and it covered all areas at the CUEA Gaba Campus Eldoret within the scope of the QMS. Areas audited included administrative and academic functions.

## 5.1 AUDIT OF APRIL 2017 – CUEA/VC/DQA/03/2017/1

**Table 4.1: Summary of Audit No – CUEA/VC/DQA/03/2017/7, April 2017**

	Particulars	Numbers	Percentage (%)
(a)	Departments sampled for audits	12	100
(b)	Departments Audited	12	100
(c)	Positive Findings	96	65.75
(d)	Opportunities for Improvement	42	28.77
(e)	(i) Minor Non conformities	5	3.42
	(ii) Major Non conformities	<u>3</u>	<u>2.05</u>
	Total Non conformities	8	5.48
	Total Findings	146	100.0%

## 5.2 AUDIT OF NOVEMBER 2016 – CUEA/VC/DQA/03/2016/2

**Table 4.2: Summary of Audit No – CUEA/VC/DQA/03/2016/2, November 2016**

	Particulars	Numbers	Percentage (%)
(a)	Departments sampled for audits	9	100.00
(b)	Departments Audited	9	100.00
(c)	Positive Findings	60	62.50
(d)	Opportunities for Improvement	24	25.00
(e)	(i) Major Non conformities	4	4.17
	(ii) Minor Non conformities	<u>8</u>	<u>8.30</u>
	Total Non conformities	<u>12</u>	<u>12.47</u>
	Total Findings	96	100.0%

From the tables above it can be noted that all twelve areas sampled for audit were audited. There was an increase of 3.25% in the positive findings during this audit. Opportunities of improvement identified during this audits had also increased by 3.77%. Total number of non-conformities raised during the last audit were at 12.47% as opposed to this audit were the total non-conformities raised were only 5.48% of the total findings. The findings indicate that there is a drop in the nonconformities that were raised. In addition the number of major non-conformities has reduced by 6.25%.

## 6.0 Audit Plan

The Internal Quality Audit for April 2017 was carried out by eight auditors. Each area was visited by one auditor expect for the AMECEA Pastoral Institute and the Human Resources function. An audit notification was prepared and served to all staff according to the requirements of the Procedure for Internal Audits (CUEA/VC/MR/03, clause 5.4 and 6.2.3.5).

## 7.0 Summary (Uncertainty or Obstacles)

Key grounds that could diminish the reliability of this audit conclusion would be the challenges in categorizing the audit findings.

## 8.0 Conclusion

From the audit reports and documentation received from the audit team, positive findings totaled 96 while opportunities for improvement and nonconformities raised were 50 in total.

It is the conclusion of the audit that the QMS at the CUEA Gaba Campus Eldoret was well being implemented. If the areas of opportunities and nonconformities raised are addressed effectively then there is confidence that the QMS at the Campus will continue run effectively.

## 9.0 Recommendations for Improvement

The following are suggestions for improvement of the Quality Management System:

- (a) There is need for refresher training of the Internal Quality Auditors to enable them carry out Internal Quality Audits efficiently and effectively;
- (b) There is need for training of all staff to be given awareness training in the new standard (ISO 9001:2015);
- (c) Implementers also require training to ensure proper implementation of the ISO 9001:2015 standard to enable re-certification;
- (d) Each individual in the department / function should be able to retrieve documents necessary for their services even when persons in charge of records in not available, therefore there is need to ensure easy retrieval of documents and records by adherence to the Procedure for Control of Records;
- (e) All functions should monitor the progress of achievement of their functional quality objectives. Once achieved they should be reviewed and evidence of attainment should be maintained;
- (f) Customer complaints and feedback handling procedure needs to be properly implemented at all functions. Complaints should be recorded and follow up done to ensure that they are all addressed appropriately and remedial action taken to avoid re-occurrence;
- (g) Functions at the campus should identify the data in their processes, collect it and analyze it. Reports that are generated need to be disseminated. Findings should be used for decision making;

- (h) There is need for the Campus Management Representative's Office to ensure follow up and close out of all audits. In addition, each functional head should ensure that opportunities for improvements identified and non-conformities raised as well addressed and their audits have been closed out;
- (i) There is need to ensure regular of functions. Audit schedules should alternate functions, however, main areas such as the Office of the Campus Management Representative and academic functions are audited during each audit;
- (j) Procedure for control of documents needs to be followed. Documents should be on university letterhead with the appropriate approvals / authorization. In addition, all Job Descriptions available at functional level need to be appropriately signed for approval by the Human Resource;
- (k) Management Review shall be conducted regularly (at least twice each year). Record shall be maintained. There is need to ensure areas that cannot be resolved within the functions should be escalated to managerial / supervisory levels above. In cases where individuals run functions alone, they can prepare Management Review reports and share them with their supervisors. Management review shall follow the format laid down in the ISO 9001:2008 standard;
- (l) Though there has been restructure there is need to review the finance function staffing at the campus;
- (m) There is need to ensure that course outlines are availed to the students during the first class. A copy should be maintained with the Heads of Department Office. Course attendance sheets should be signed by student and lecturer each time they attend class;
- (n) All functions should identify their non-conforming products / services and ensure that corrective action has to be taken to ensure customer receive the right services and products; and
- (o) There is need to ensure the Procedure for Teaching Practice and Practicum is properly adhered to.

## 10.0 Appendices

### 10.1 APPENDIX A: DEFINITION 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.

## **10.2 APPENDIX B: DEPARTMENTS SAMPLED FOR THE AUDIT**

### **Department**

1. Campus Management Representative's Office
2. Transport and Maintenance
3. AMECEA Pastoral Institute (API)
4. Undergraduate Studies in Commerce
5. ICT Department
6. Housekeeping Department
7. Finance Department
8. Publications Department
9. House Resource Department
10. Examination's Centre
11. Evening and Weekend Programme
12. Undergraduate Studies in Education



## 10.3 APPENDIX C: AUDIT PLAN



# THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

A.M.E.C.E.A.

## Office of Director

P. O. Box 62157  
00200, NAIROBI  
Kenya  
Telephone: +254 20 8891601-6  
Fax: +254 20 8891261

Our Ref: CUEA/MR/intaud/2017-01  
Issue Date: 29<sup>th</sup> March 2017  
Audit No: CUEA/VC/MR/03/2017-01

### NOTIFICATION OF INTERNAL QUALITY AUDIT

This is to notify all staff that as a requirement of CUEA/VC/MR/03, Procedure for Internal Audit and ISO 9001:2008 Standard Clause 8.2.2, the Corporate Internal Quality Audits will take place on **Tuesday, 4<sup>th</sup> April, 2017** and **Wednesday, 5<sup>th</sup> April, 2017**, as per notification issued by Management Representative on **30<sup>th</sup> May 2017**.

1. Organization: **The Catholic University of Eastern Africa, Gaba Campus**
2. Date of Internal Audit: **Tuesday, 4<sup>th</sup> April 2017 and Wednesday, 5<sup>th</sup> April 2017**
3. Objective of Audit: **The objective of the audit is to assess the effectiveness of the CUEA AMS and identify areas that require improvement**
4. Scope of audit: **As per time table below.**
5. Basis of Internal Audit: **ISO 9001:2008, CUEA QMM, CUEA QMPs, SOPs**
6. Audit Time:

Margaret Meena	-	Audit Team Leader	(MM)
Moses Kimani	-	Auditor Coordinator	(MK)
Judy Simatwa	-	Auditor	(JS)
Cyprian Kyomuhendo	-	Auditor	(CK)
Teresia C Maiyo	-	Auditor	(TM)
Hesbon N Wanyama	-	Auditor	(HW)
Christine Nabisere	-	Auditor	(CN)
Charles M Waswa	-	Auditor	(CW)

7. Internal Audit Time Table as below

<b>Audit Day / Date</b>	<b>Time</b>	<b>Activity / Audit Area / Aspects</b>	<b>Participants</b>
Monday, 3 <sup>rd</sup> April 2017	3:00pm – 4:00pm	Auditors Briefing	Campus MR/Audit Team
Tuesday, 4 <sup>th</sup> April 2017	8:30am – 9:00am	All HOFs to be audited MR and Audit Team CUEASO Official	Opening Meeting
	9:00am – 11:00am	(a) Transport & Maintenance	HW / Auditees
		(b) AMECEA Pastoral Institute (API)	CW / MM / Auditees
		(c) Undergraduate Studies in Commerce	JS / Auditees
	<b>11:00am – 11:30am</b>	<b>Health Break</b>	
	11:30am – 1:30pm	(a) Undergraduate Studies in Education	CN / Auditees
(b) ICT Department		TS / Auditees	
(c) Housekeeping Department		TM / Auditees	
<b>1:30pm – 2:30pm</b>	<b>Lunch Break</b>		
2:30pm – 4:30pm	(a) Finance Department	CK / Auditees	
	(b) Publications Department	CW / Auditees	
	(c) Human Resource Department	MM / Auditees	
	(d) Examinations Centre		
Wednesday 5 <sup>th</sup> April 2017	9:00am – 10:00am	Office of the CMR	JS / Auditees
	10:00am – 11:00am	Evening and Weekend Programme	MK / Auditees
	<b>11:00am – 12:30pm</b>	<b>Health Break</b>	
	11:00am 12:30pm	Auditors Meeting	Audit Team
	<b>1:00pm – 2:00pm</b>	<b>Lunch Break</b>	
	2:00pm – 3:00pm	Briefing of the Executive Director	Audit Team
	3:00pm – 4:00pm	Closing Meeting	Audit Team / All Staff
	4:00pm – 5:00pm	Compilation of Audit Report	CMR / Audit Team Leader

**Requirements**  
Auditor's Room  
Printing facilities

A handwritten signature in blue ink, appearing to read 'm Meena', is enclosed in a light blue rectangular box.

**Margaret Meena**  
**AUDIT TEAM LEADER**

10.5 APPENDIX D: OPENING AND CLOSING MEETING ATTENDANCE REGISTER



OPENING / CLOSING AUDIT MEETING MINUTES REGISTER


Audit No: CUEA/VC/MR/03	Date: 17 April 2017
Function / Department: CUEA Gaba Campus Eldoret	
Auditee Representative: Director - CUEA Gaba Campus Eldoret	
Audit Team No: 01	Team Leader: Margaret Meena
Scope of the Audit /Aspect audited: CUEA Gaba Campus CUEA Gaba Campus, Core Effectiveness and Areas for Improvement	

ATTENDANCE RECORD

S/N	Name	Position/Title	MEETING	
			4 <sup>th</sup> APRIL 2017 Time: 9:45am Opening (Sign)	5 <sup>th</sup> APRIL 2017 Time: 2:00pm Closing (Sign)
1	Simon Kuyilian Dinkub		[Signature]	[Signature]
2	Rafael	Admission	[Signature]	[Signature]
3	Rev. Fr. Joseph Ekanja	API Coordinator	[Signature]	[Signature]
4	Rev. Dr. Jordan Ekanja	API	[Signature]	[Signature]
5	Wifina Nabwera	Admission	[Signature]	[Signature]
6	Heshon Wanyama	Auditor	[Signature]	[Signature]
7	Judy Siobon	Auditor	[Signature]	[Signature]
8	Theresa Mairya	Auditor	[Signature]	[Signature]
9	Charles Wanyama	Auditor	[Signature]	[Signature]
10	FRANCO KIRIKUAMANI	ACCOMMODATION	[Signature]	[Signature]
11	FR. CYPRIAN KIRIKUAMANI	Auditor	[Signature]	[Signature]
12	MOSES KIRIKUAMANI	Auditor	[Signature]	[Signature]
13	MARGARET MEENA	Auditor	[Signature]	[Signature]
14	Berline Jomay	Registrar	[Signature]	[Signature]
15	Arthur Wanyama	sub-director	[Signature]	[Signature]
16	Dr. Bernard K. Wanyama	Campus Auditor	[Signature]	[Signature]

ISSUED BY MANAGEMENT REPRESENTATIVE

CUEA/VC/MR/03 fm1

Signed:   
Margaret Meena  
AUDIT TEAM LEADER

Date: 18<sup>th</sup> April 2017