ISO 9001: 2008

2ND SURVEILLANCE AUDIT REPORT

FOR

CATHOLIC UNIVERSITY OF EASTERN AFRICA

Audit No. KEBS/QMS/SC/146/01/2016

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Appendices……

SECTION 1: INTRODUCTION

Name of organization:	Catholic University of Eastern Africa P.O. Box 62157-00200 **NAIROBI**
Dates of audit:	22nd & 23rd March 2016.
No. of audit days:	Two
Person Contacted:	Prof. Mary Getui – MR
Audit No:	QMS/SC/146/01/2016
Previous Audit No:	QMS/SC/146/01/2015
Type of Audit:	2nd Surveillance audit
Audit scope:	Research, Teaching (Curriculum Implementation) and Community Service and sampled as indicated on the time table below
Audit Criteria:	ISO 9001:2008 CUEA QMS Documentation Applicable Legal and Statutory Requirement
Audit team:	Dr. J. Mokamba (JM) – Lead Auditor Anthony Maritim (AM) – Auditor

Audit Purpose/Objectives:

- Establish continued conformity to the ISO 9001:2008 requirement & continual improvement of the CUEA QMS
- Evaluate the ability to meet the applicable statutory, regulatory & contractual requirements for the purpose of continued certification
- Evaluate the continual improvement of the system
- Evaluate the effectiveness of the correction and corrective actions from the previous audit

Section 2: SUMMARY OF AUDIT FINDINGS

ISO 9001 Quality Management System (QMS) 2nd surveillance audit was conducted on 22nd & 23rd March 2016 at Catholic University of Eastern Africa- Karen

During the audit the auditors were accorded the necessary support and cooperation needed to carry out an effective audit. All the areas planned as per the schedule were audited and the audit findings were discussed during the closing meeting.

Following the audits, several positive findings and general observations (Areas of Improvement) were made as highlighted in the detailed report.

The auditor found that:

- Quality Policy is established, communicated and understood by staff
- Performance has continued to improve in the institution
- The management was committed to the maintenance of the system.
- The quality objectives have been reviewed and communicated
- Infrastructure has continued to improve and the modern library that is being used is spacious and conducive for studying.
- Ramp stairs have been established in most of the buildings
- Security has been enhanced with the construction of the modern electrical monitoring at the gate.

However the auditors also found that:

- Some records not readily retrievable when required
- The corrective actions taken are not appropriate

- Some departments take long to respond to issues
- Analysis of data is not consistent
- No proper monitoring of the achievement of the established targets.

A total of **4** nonconformities two of which were classified as major and two as minor (NCs) were identified. Details of the NCs are indicated on Corrective Action Request forms (CARs) attached in Appendix 3.

Areas of improvement were also identified which indicate opportunities for improvement. These areas have the potential to become nonconformities if nothing is done about them.

The NCs were discussed during the closing meeting. The auditees were requested to submit to the Auditors an appropriate corrective action plan to address the root causes of the **4 NCs** raised within 14 days. It was agreed that verification of the implementation and effectiveness of corrective actions taken on the **2 Major NCs** will be checked during the 3rd surveillance audit.

The audit team recommends Catholic University of Eastern Africa to Conduct an extent analysis to identify and address similar weaknesses in all other areas and processes which were not sampled during the audit.

All the areas planned to be audited were covered during the audit. Effectiveness of the corrective actions taken to address the nonconformities identified during the 1st surveillance for the audits carried out during the 1st surveillance were reviewed. The audit team established that two of the corrective actions taken were not effective that resulted to the two major NCs raised.

It is the opinion of the audit team that the implemented QMS meets most of the requirements of ISO 9001. Catholic University of Eastern Africa has continually improved effectiveness of the QMS and most of the sampled legal requirements are met.

Recommendation for continued certification of the QMS will be based on the approval of appropriate corrective action plan for the **4** NCs raised and subsequent follow up and close out of the **two** major NCs by checking the corrections and corrective actions undertaken and effectiveness thereof evaluated and found to be effective. Verification of the implementation and effectiveness of corrective actions taken will be confirmed during the 3rd surveillance audit.

Dr. J. Mokamba 29th March 2016

Lead Auditor

Section 3: DETAILS OF AUDIT FINDINGS

3.1 FACULTY OF THEOLOGY

Aspect: Outreach Programme/Community Service

3.1.1 Positives

i There were six measurable quality objectives within the Faculty objective.

ii It was confirmed that implementation of the quality objectives set was being done. Department of Spiritual Theology visited St. Kizito on 12/3/2016, distributed learning and sports materials and sports were done with them and records maintained in soft.

iii Evidence that academic staff were sensitized on the of academic related activities were availed as per communication dated 20/2/2015 and another one dated 17/7/2016

iv Communication from Dean of Education dated 4/12/2015 on the certificates of the trained staff and the training that was to take place between 9-11/12/2015 was availed.

v There were computer and printer in the office of the Faculty and were in good condition.

vi It was confirmed that records on the community services are maintained as sampled report dated 12/5/2015 and 14 & 15/5/2015 respectively.

vii The 2014/2015 annual report from the Sacred Liturgy department dated 11/5/2015 was available and the number of papers presented.

viii There was evidence that articles have been published on the refereed journals and records maintained as sampled quarterly journal Vol.31 No. 3 Sept. 2015 and for December 2015 underway.

3.1.2 Areas of Improvement

i No basis of the 10% increase of the community service activities

ii Records of the distributed items were not maintained.

iii The schedule for the activities to be carried out are not established.

3.2 CENTRE FOR SOCIAL JUSTICE & ETHICS

Aspect: Teaching

3.2.1

Positives

i There are six quality objectives in place which are measurable.

ii The centre has a total of eight staff six within and two staff outside the centre and they have planned

iii It was confirmed that the call for papers was done to commemorate world day of social justice dated 2016.

iv There were reports for the centre for coordination of research international federation for Catholic universities.

v Draft of the article "involvement of the youth in the promotion of justice and peace" and one article published in Waliggo in Uganda.

vi It was confirmed that reports are done and records maintained as sampled minutes of the meeting dated 11/9/2015.

vii There was evidence that communication was done to the participants to come to the conference as per the letters dated 10/2/2016 to UNESCO and National Values and Cohesion

viii It was confirmed that grant from centre for coordination of research (IFCU) dated 2/11/2015 was in place

ix There was evidence that course outlines for August-December 2015/2016 were developed and distributed on 1/9/2015.

x Records were readily retrieved as sampled class attendance register for JPE 313 Management of Change in Peace Processes dated Aug-Dec.2015/2015 and report for community service carried out in Narok County between 26-29/02/2016.

3.2.2 Areas of Improvement

i There is no work plan for the achievement of some quality objectives.

ii No evidence that course outlines are given out on the first day.

iii Tool for monitoring the lecturer attendance not in place.

3.3 HOUSE KEEPING

Aspect: Accommodation

3.3.1 Positives

i The records are clearly labelled according to the control of records and are well arranged in the shelves and in lockable cabinets.

ii The established quality objectives 1, 2 and 4 were measurable

iii The activities for housekeeping community service have been defined.
iv It was confirmed that five seedling of avocado have been planted in nursery as a means of increasing the community service.
v There was evidence that customer satisfaction survey dated 11/11/2015 and evaluation forms dated 29/10/2015 were availed.
vi The data was collected and analysed on the customer satisfaction.
vii It was confirmed that actions on the recommendations given from the previous meetings were done.
viii Duty roster for January 2016-January 2017 was in place and was being implemented.
ix It was confirmed that daily monitoring of the cleaning was being done and records maintained in the CUEA/DVC AD/HSK.
x There was evidence that enquiries are done and records maintained on the availability of the rooms. Sms dated 20/3/2016, email dated 16/7/2015 and approved by the DVC for the year 2013/2014/2015 was available and 2 people for January 2016.
xi It was confirmed that communication is done to the catering department as documented on the delivery note dated 29/1/2016 handing the list of students accommodated.
xii Complaints are captured in the CUEA/DVC ADM/HSK/BOOK request and evidence that actions were being taken. On 14/3/2016 a complaint about the faulty water heater in visitors' room 1 was sorted out the same day.

3.3.2 Areas of Improvement

i Minutes discussing the activities to increase community service were not maintained.
iv The customer feedback forms dated 29/10/2015 were not marked.
v Monitoring of the cleaning was last done on 21/1/2016
vi Blocks A-F were not checked on 12/10/2015 and bathrooms Blocks on 21/1/2015 3-4 were dirty and no evidence of it being checked if done.

3.4 MANAGEMENT REPRESENTATIVE

Aspect: Audits and Management Review

3.5.1 Positives

i The institutions holds biannual audits in the month of February and October and the records are maintained.

ii There was evidence that appointment was done on 21/10/2015 for the audits that were carried out between 30th October to 12th November 2015.

iii There was evidence that auditors who were used to carry out audit between 30th October to 12th November 2015 were competent as sampled NQI/2013/793 and 451/NQI/2015 dated 28/3/2015.

iv It was confirmed that reports were forwarded to the MR's office on 1/3/2015

v It was confirmed that follow up of the audits was carried out on 11/12/2015

vi There was evidence that management review meetings are held and the agenda conforms to the standard as sampled on the availed minutes dated 23/3/2015 and 17/6/2015.

vii There was evidence that implementations of the recommendations dated 23/3/2015 were acted on as per the minutes dated 17/6/2015 that required the quality objectives to be reviewed.

viii The department has moved to the new building where the room is more spacious.

ix The quality policy has been established and communicated.

x The complaint register MR CUEA was availed, updated and there was evidence that complaints are handled and feedback given CUEA/VC/MR 08/L 01. and other complaints escalated.

xi It was confirmed that auditors are not used to audit their own departments

3.4.2 Areas of Improvement

i The numbering of the procedure for accommodation CUEA/DVC ADM/HSK/01 not systematic i.e from 6.6.1 jumps to 6.5

ii The report from the lead auditor took long to be sent to the MR

iii Some reports take a little long to be availed.

3.5 MAINTENANCE

3.5.1 Positives

i There are four quality objectives in place approved on 28/08/2015.

ii Quality policy has been established and communicated within the department.

iii There was evidence that activities have been defined and are being implemented towards increasing customer satisfaction as sampled repair of mail office door dated 21/3/2016 and repaired the same day, repair made on 15/3/2016 and acted on the same day.

iv The fire extinguishers in many buildings were serviced 09/12/2015 by Atlas Fire Security and were due for service in June 2016.

v The monthly duty schedule for cleaners for the months of January to February 2016 for two sampled cleaners were upto date and were being followed.

vi There was evidence that supervision was being done on the implementation of the schedule.

vii It was confirmed that monthly maintenance reports are being done and records maintained as sampled reports for January and February 2016.

viii There was evidence that implementation of the recommendations from the previous report were being implemented. Recommendations of the month of January were acted on in February. Attendance to the community service was done dated 1st & 2nd March 2016 where 12 members attended.

3.5.2 Areas of improvement

i Quality objectives number two and four look like activities and no basis for the increase of 50% customer satisfaction. The reduction of cost by 2% on the utilization of resources.

ii No evidence of clarification done on the unaccomplished work

iii Criteria for the cleaning is not done to define what well done is.

3.6 FACULTY OF COMMERCE

3.6.1 Positives

i. Project coordinators receive topics from students on areas of specialization and identify preferred supervisors through application forms, CUEA/DVC ACD/FOC/FM 17. The application forms provide details to allow for allocation of supervisors.

ii. A student, Kavira filled the forms and proposed Mr. Kweyu as a supervisor, however, after analysis, Dr. Abraham was allocated because of area of specialization.

iii. There was evidence of Project allocation list for regular programme for September 2015 as per evidence dated 18/9/2015.

iv. It was confirmed that students filled a register when picking the application forms and signs when they surrender. The students for unit CRP 411 filled the register.

v. There was evidence that applications for CRP 411 dated 30/11/2015 were allocated on 20/1/2016.

vi. Communication of approval of research topics and allocation of supervisors is done through notice boards and copies to individual supervisors and records are maintained.

vii. It was confirmed that oral defence is done and research project evaluation forms, CUEA/DVC ACD/FOC/FM/05 completed. Lilian Mwakuwa defended her project on 18/3/2016 and a total marks awarded by 3 panellists were 27, 34 and 36.

viii. Marks are summarized in a mark sheets, CUEA/DVC ACD/FOC/FM 06. Marks of Marketing & Management unit for August – December 2015 trimester was available.

ix. In teaching process, approved course outlines for trimester August to December 2015, unit CMH 311 was available and dated 31/8/2015.

x. There was evidence that, course outlines were availed to students of Unit CMM 413, trimester II of 2015/16 on 13/1/2016. The student leader signed on behalf of the students. The Course outline was approved on 11/1/2016.

xi. There was evidence of availability of class attendance registers units CMM 412 and CMM 111 for semester I, 2015.

xii. Moderation of examination drafts by each department is done. There was evidence of an invitation letter dated 17/2/2016, CUEA/DVC CAD/FOC/M&M 2014. Examination moderation guide, CUEA/DVC ACD/FOC/Fm 12 is used. Examination drafts for Unit CMH 423 were undertaken on 24/2/2016.

xiii. There are five measurable Quality objectives maintained and the document is dated 23/10/2015.

3.6.2 Areas for improvement

i. The register being used completed by students when collecting and surrendering project application forms is not identified.

ii. The number of CATs to be administered during a trimester is not documented in some of the course outlines.

iii. The Class attendance registers for units CMM 412 and CMM 111 for semester I, 2015 are not signed by the CoDs.

iv. There was no evidence to show that, Class attendance registers are being analyzed.

3.7 ACADEMIC PROGRAMMES DEVELOPMENT

3.7.1 Positive findings

i. The department coordinates development of academic programmes to ensure the programmes meets the set criteria and policies.

ii. Requests are received from departments proposing developing new programmes. Department of Geography wrote a letter dated 25/2/2014 wishing to develop a Master of Arts in Geography programme.

iii. A draft programme dated August 2014 is maintained and was approved by the Faculty Academic Board during a meeting of 28/5/2014, minutes, Min4/28/05/2014 maintained.

iv. The Senate approved the programme during its meeting of 7/11/2014, min. 4/7/11/2014.

v. Need assessment was carried out and a report dated 14/7/2014.

3.7.1 Areas for improvement

i. The needs assessment report dated 14/7/2014 is not signed by the author.

ii. Timelines for developing new programme not documented.

iii. A revised version of a programme of studies for the 2008-2012 is not ready.

3.8 DEAN OF STUDENTS

3.8.1 Positive Findings

i. Private hostels wishing to affiliate with the institution are required to do an application. A request by St. Joseph's & Anthony Centre dated 31/7/2012, with services offered, costs, rules & regulations were availed.

ii. A letter of affiliation, dated 29/9/2015 was given to St. Josephs & Anthony Centre further to an inspection of the facility.

iii. A list of 12 affiliated hostels was availed.

iv. Re-evaluation of existing hostel facilities was done on 24th to 31st January 2014 and report dated 31/1/2014 maintained. Evidence of the Lale house inspection report and areas of improvement was in place.

v. Counselling of client is done upon a client books for the session and filled consent forms. The consent forms as well as referral letters are kept in CUEA/DOS/FCMM/VOL.1/2011/.

vi. Case notes are taken during the counselling sessions and are kept in individual files. Evidence of a client, M.R. 3092015 who booked an appointment on 30/9/2015. The case notes were generated on the same date and a supervisor checked and signed on 2/10/2015.

vii. It was confirmed that feedback on counselling services is done. A report for 2014/2015 maintained.

viii. The academic committee addresses the same and minutes of the students governing meeting held on 29/9/2015 maintained.

3.8.2 Areas of improvement

i. Time for re-evaluation and inspections of hostel facilities is not documented.

ii. There was no evidence of capturing and analyzing students complaints received.

iii. Four Quality objectives have been documented and are dated 22/1/2016. However no basis of the set targets.

3.9 INTERNAL AUDITS

3.9 Positive Findings

i. The annual audit programme being maintained was approved on 31/7/2015.

ii. A Draft report of review of financial statements dated March 2016, the same is yet to be discussed with the auditee.

iii. Analysis as working papers maintained showed that, no income from cafeteria and canteen in 2014 and 2015

iv. Kisumu campus was audited in Sept. 2015, 10 -11, and attendance maintained. Report dated October 2015, and working papers maintained.

v. Follow up activities are done during the audit for the previous findings. Kisumu campus report indicates issues followed up for audit done in 2014, July, and no action has been done.

vi. There was evidence to show that, audit reports are forwarded to the VC on time.

vii. Feedback from auditees of GABA Eldoret campus and Kisumu campus by use of forms, CUEA/VC/AUD/03/fm 01 was undertaken and dated 23/9/2015.

3.9.2 Areas for improvement

i. The audit programme for the year 2015/16 indicates that, Payables of Suppliers was to be audited in October 2015. This was not done.

ii. There was no evidence produced to show that, the HOD of Finance was notified of an audit of Review of financial statement carried out in September 2016.

iii. The auditees do not provide specific responses to observations recorded by internal audits team. They only acknowledge the findings as true.

iv. The audit committee is yet to meet to receive audits reports.

v. There was no evidence to show that the working papers and draft audit reports are ready two days after field work is completed.

vi. Feedback from auditees of GABA Eldoret and Kisumu campus were collected by use of CUEA/VC/AUD/03/fm01, dated 23/9/2015. No analysis of the collected information is undertaken.

3.10 CORPORATE COMMUNICATIONS DEPARTMENT

3.10.1 Positive Findings

i. The department handles internal and external communications.

ii. Internal communications includes adverts placement on the website and External communication includes advertisement of programmes, media coverage, exhibitions.

iii. Marketing of university plan is prepared at every intake. Justification for finance to undertake marketing activities for January 2016 intake dated 9/11/2016. An approval was given for Ksh.1.656 million.

iv. It was confirmed that complaints are received and addressed. Feedback is given to the customer. Complaint dated 26/9/2015 and feedback on 8/10/2015.

v. Four Quality objectives are maintained. Monitoring of the objectives is done by use of staff performance and management appraisal form, twice in a year. A report for July-December 2015 was availed during the audit.

3.10.2 Areas for Improvement

i. Maintenance of AVAYA telephone system-issues raised in a report dated 28/11/2014 not done by service provider. A letter to DVC administration ref; CUEA/CCD/tel./06/2015, dated 17/6/2015 on challenges of maintenance and repairs of faulty extensions. No feedback has been received as at time of the audit.

ii. Last Complaint received was in the month of September 2015, 25th. Register no. CUEA/VC/MR 08/R 01. CLAUSE 6.1.5 of CUEA/VC/MR/08.

3.11 SCHOOL OF POST GRADUATE SCHOOL

3.11.1 Positive findings

i. The school was launched on 21/5/2014.

ii. The school coordinates activities of the Post graduate studies. Orientation of new students was held on 8/1/15 and 7/1/2016 as per registration forms maintained. A programme for the orientation held on 7/1/2016 availed.

iii. Policies for the school have been developed and dated November 2014-9 policies. The same are yet to be approved.

iv. Dean's committee meets regularly to discuss issues regarding academic activities.

v. The school also attends students meetings to hear and discuss various issues affecting them.

vi. The school Director attended the academic staff evaluation committee meeting held on 16/7/2015 and minutes maintained.

vii. Dean's committee meetings held on 16/11/2015-minutes.

viii. Measurable Quality objectives maintained.

3.11.2 Areas of Improvement

i. The school has not developed quality procedures.

ii. The school has not maintained a final list of all admitted PG students.

iii. Different faculties organize meetings as per calendar of events. A special meeting of the Faculty academic board was called on 8/2/2016, No minutes availed during the meeting.

iv. The school needs to have a Centre to plan and implement its activities.

v. The students hand book was published in 2004, has never been revised.

vi. The registration forms used to capture students attending induction sessions are not identified

3.12 ADMISSION DEPARTMENT

3.12.1 Positive Findings

i. Brochures that summarizes admission requirements are provided to the students when they make an enquiry

ii. Applications are received and summarized. Summary for January 2016, for the undergraduate's students. The summary is as per departments. Meeting of Undergraduate Academic Board held on 16/12/2015.

iii. The department uses the approved summarized data to generate letters of acceptance to the applicants.

iv. Follow up to those admitted students is done to get reasons for not reporting on time.

v. A final report of all the registered students as at the current semester maintained. Unit CMM 511, managerial ethics attendance register for January- April 2016 maintained. This will be used in the department to monitor registered students.

3.12.2 Areas for Improvement

i. Milka-Tsongo was admitted with admission no. 1028850 to the faculty of Social sciences department of development studies during the intake of January 2016. The file has no evidence of personal information like, certificates, application letters and admission letter.

ii. There is no list of a number of applicants recommended by the UAB for admissions.

iii. Late applicants are not subjected to analysis by the UAB.

iv. There is no system of capturing complaints from the customers/applicants and continuing students. An avenue of dropping suggestions not in place within the dept.

4.0 OTHER ISSUES

4.1 Use of mark

There was no misuse of the certification mark. The mark was being used on the calendars, letterheads and brochures.

4.2 Changes to the Quality Management System

The quality management office has been relocated to the new building and a lot of restructuring is taking place.

4.3 Handling of Complaints

Complaints handling is relatively adequate.

4.4 Evaluation of effectiveness of Previous Corrective Actions

The evaluation of effectiveness of the corrective actions for the 7 NCs recorded during the 1st surveillance audit of 12th & 13th May 2015 was carried out and it was found to be ineffective for CARS 1 & 2 OF 7 that led to two major NCs..

4.5 Changes to surveillance audit programme

The audit programme was discussed and there was need to amend it appropriately.

4.6 Unresolved issues

The Nairobi Campus scheduled for the 2nd not audited to be audited in the 3rd surveillance

Section 5: Audit Conclusion/Overall opinion of audit team

The audit team recommends Catholic University of Eastern Africa to conduct an extent analysis to identify and address similar weaknesses in all other areas and processes which were not sampled during the audit.

It is the opinion of the audit team that the implemented QMS meets most of the requirements of ISO 9001, Catholic University of Eastern Africa has continually improved effectiveness of the QMS and that most of the sampled legal requirements are met.

Recommendation for continued certification of the QMS will be based on the approval of appropriate corrective action plan for the **4** NCs raised and subsequent follow up and close out of the **two** major NCs by checking the corrections and corrective actions undertaken and effectiveness thereof evaluated and found to be effective. Verification of the implementation and effectiveness of corrective actions taken will be confirmed during the 3rd surveillance audit.

It was agreed that the submission of acceptable CAP be done before or by **16th April 2016** and the subsequent follow up of the **2 major** NCs be done on **30th May 2016.**

Appendices:

- Audit time-table/ Audit scope
- Opening and closing meeting attendance registers
- Corrective Action Request (CAR) Forms

APPENDIX 1: AUDIT TIME-TABLES/SCOPE

Day/Date	Time	Activity	Element of ISO9001	Key Participants
TUE. 22ND MARCH 2016	0900-0930	Opening meeting	N/A	Audit team, Top Mgt MR, HODs
	0930-1100	Faculty of Theology	7.1, 7.3, .2.3,8.5.1	JM, Auditee representative
		Faculty of Commerce	7.1, 8.2.3, .4,8.5.1	AM, Auditee representative
	1100-1115	**HEALTH BREAK**		
	1115-1300	Centre for Social Justice & Ethics	8.1, 8.2.3,8.5.1	JM, Auditee representative(s)
		Academic Programme Development	7.5, 8.1, 7.6, 8.2.3	AM, Auditee representative
	1300-1400	**LUNCH BREAK**		
	1400-1530	House Keeping	7.1,7.2.3, 7.5.1, 8.2.1, 8.2.4	JM, Auditee representative
		Dean of Students	6.3, 7.2.3, 8.2.1,	AM, Auditee representative
	1530-1700	Corporate Communication	7.2.3, 8.2.1	JM, Auditee representative
		Admissions	7.1, 8.2.3,8.5.1	AM, Auditee representative
	1700-1730	Auditors' Review Meeting	N/A	Audit Team
WED. 23RD MARCH , 2016	0830-1030	Management Representative	5.5.2, 8.2.2, 8.5.2	JM, Auditee representative(s)
		School of graduate studies	7.1, 8.2.3, 8.5.1	AM, Auditee representative
	1030-1045	**HEALTH BREAK**		
	1045-1215	Internal Audits	7.1, 7.5.1, 8.2.4,	AM, Auditee representative(s)
		Maintenance	8.2.1, 7.1, 8.4	JM, Auditee representative(s)
	1215-1300	Follow up of the previous NCs	Audit Team	Audit Team
	1300-1400	**LUNCH BREAK**		
	1400-1600	Auditors' Review Meeting	N/A	Audit Team
	1600-	Closing meeting	N/A	All

CER/F/06: CORRECTIVE ACTION REQUEST (CAR) FORM

CAR NO._____1___ OF __4_

ORGANIZATION:	**CATHOLIC UNIVERSITY OF EASTERN AFRICA - CUEA**
AUDIT DATE 22nd - 23rd March 2016	**AUDIT NO:** KEBS/QMS/SC/146/01/2016
Area under review: Monitoring and Measurement of Processes	**Clause of criteria document:** ISO 9001:2008 Clause 8.2.3 CUEA/DVC ACD/FCT/RPT/01 Clause 6.6

Requirement:

The organization shall apply suitable methods for monitoring and, where applicable, measurement of the quality management system processes. These methods shall demonstrate the ability of the processes to achieve planned results. When planned results are not achieved, correction and corrective action shall be taken, as appropriate.

6.6. The supervisor shall ensure that the student completes the project and prepares four hard

bound copies and a soft copy.

Nonconformity/evidence:

There was no evidence that monitoring of the achievement of the quality objectives established was being done at the following:

Faculty of Theology

Centre for Social Justice & Ethics

House Keeping

Examinations

Academic Programmes Department

At the Faculty of Commerce there was no evidence that monitoring of the students' research progress was being done.

Signed: Auditor_____ Auditee _____

Category: ☐ MAJOR ■ MINOR

Root Cause:

Correction (as applicable):

Corrective action to be taken to prevent recurrence:

Signed: Auditee_____ **Date of completion** _____

Signed: Auditor _____ **Auditor's Name** _____

Follow up *(to be completed by the auditor):*

Action fully completed ☐

Action partially completed ☐

No action taken ☐

Details:

Signed…… …… ……

Auditor Name Date

Effectiveness of corrective action *(to be completed at follow up for Major NCs and during the next audit for Minor NCs):*

Was the corrective action taken effective? YES ☐ NO ☐

Details:

Signed…… …… ……

Auditor Name Date

CER/F/06: CORRECTIVE ACTION REQUEST (CAR) FORM

CAR NO._____ 2___ OF __4

ORGANIZATION: **CATHOLIC UNIVERSITY OF EASTERN AFRICA - CUEA**	
AUDIT DATE: 22nd - 23rd March 2016	**AUDIT NO:** KEBS/QMS/SC/146/01/2016
Area under review Corrective Action	**Clause of criteria document:** ISO 9001:2008 Clause 8.5.2

Requirement:

The organization shall take action to eliminate the causes of nonconformities in order to prevent recurrence. Corrective actions shall be appropriate to the effects of the nonconformities encountered.

Nonconformity/evidence:

The identified route cases and corrective actions for the NCs raised at 1st Cycle Baccalaureate for the audits carried out on 10/11/2015 are not effective.

Signed: Auditor_____ Auditee _____

Category: ☐ MAJOR ■ MINOR

Root Cause:

Correction (as applicable):

Corrective action to be taken to prevent recurrence:

Signed: Auditee_____ **Date of completion** _____

Signed: Auditor _____ **Auditor's Name** _____

Follow up *(to be completed by the auditor):*

Action fully completed ☐

Action partially completed ☐

No action taken ☐

Details:

Signed…… …… ……

Auditor Name Date

Effectiveness of corrective action *(to be completed at follow up for Major NCs and during the next audit for Minor NCs):*

Was the corrective action taken effective? YES ☐ NO ☐

Details:

Signed…… …… ……

Auditor Name Date

CER/F/06: CORRECTIVE ACTION REQUEST (CAR) FORM

CAR NO._____ 3___ OF __4

ORGANIZATION: CATHOLIC UNIVERSITY OF EASTERN AFRICA - CUEA	
AUDIT DATE: 22nd - 23rd March 2016	**AUDIT NO:** KEBS/QMS/SC/146/01/2016
Area under review: Analysis of Data	**Clause of criteria document:** ISO 9001:2008 Clause 8.4

Requirement:

The organization shall determine, collect and analyse appropriate data to demonstrate the suitability and effectiveness of the quality management system and to evaluate where continual improvement of the effectiveness of the quality management system can be made. This shall include data generated as a result of monitoring and measurement and from other relevant sources.

Nonconformity/evidence:

There was no evidence that analysis of data was done at the following:

Faculty of Commerce - Class attendance registers

APD if a revised programme attained 50% of new materials or not.

At counselling data to demonstrate regular and recurring cases.

At the CSJ&E data to monitor the achievement of the collection of Ksh.5million per year.

At the maintenance no data is maintained on the kind of repairs that are carried out.

This is recurring CAR NO.1 of 7 for the audits carried out on 12th to 13th May 2015.

Signed: Auditor_____ Auditee _____

Category: ■ MAJOR ☐ MINOR

Root Cause:

Correction (as applicable):

Corrective action to be taken to prevent recurrence:

Signed: Auditee_____ **Date of completion** _____

Signed: Auditor _____ **Auditor's Name** _____

Follow up *(to be completed by the auditor):*

Action fully completed ☐

Action partially completed ☐

No action taken ☐

Details:

Signed…… …… ……

Auditor Name Date

Effectiveness of corrective action *(to be completed at follow up for Major NCs and during the next audit for Minor NCs):*

Was the corrective action taken effective? YES ☐ NO ☐

Details:

Signed…… …… ……

Auditor Name Date

CER/F/06: CORRECTIVE ACTION REQUEST (CAR) FORM

CAR NO._____ 4___ OF __4_

ORGANIZATION: **CATHOLIC UNIVERSITY OF EASTERN AFRICA - CUEA**	
AUDIT DATE: 22nd - 23rd March 2016	**AUDIT NO:** KEBS/QMS/SC/146/01/2016
Area under review: Internal Communication	**Clause of criteria document:** ISO 9001:2008 Clause 5.5.3 CUEA/DVC ACD/THEO/03 Clause 6.4 & 6.6

Requirement:

Top management shall ensure that appropriate communication processes are established within the organization and that communication takes place regarding the effectiveness of the quality management system.

6.4. The HoD shall communicate to the Dean of Faculty the plan of the activities of the Outreach Programme/Community Service and request for approval of the activities.

6.6. The HoD shall immediately communicate the date and the venue agreed upon to the members of the Department and to the Dean of Faculty.(Evidence of communication)

Nonconformity/evidence:

A need assessment was carried out and a report dated 14th July 2014. A draft programme on MA Geography was approved on 7th November 2014 Min.4/7/11/2015. The draft is yet to be sent to Commission for University Education for approval. A letter dated 3rd July 2015, ref. CUEA/DVC/ACPD/PROPOSED PROGS/GEOGS/07/2015 requesting payment to the CUE has not yet been responded to.

No feedback on the letter from communications to DVCA ADMIN dated 17/6/2015 on the challenges of maintenance of faulty extensions

There was no evidence that the date, venue agreed upon and planned activities were communicated to the Dean of Faculty of Theology on the community service that was carried out on 12/3/2015 at St. Kizitu by the department of Spiritual Theology.

This is recurring CAR No. 2 of 7 for the audits carried out on 12th to 13th May 2015.

Signed: Auditor_____ Auditee _____

Category: ■ MAJOR ☐ MINOR

Root Cause:

Correction (as applicable):

Corrective action to be taken to prevent recurrence:

Signed: Auditee_____ **Date of completion** _____

Signed: Auditor _____ **Auditor's Name** _____

Follow up *(to be completed by the auditor):*

Action fully completed ☐

Action partially completed ☐

No action taken ☐

Details:

Signed…… …… ……..

Auditor Name Date

Effectiveness of corrective action *(to be completed at follow up for Major NCs and during the next audit for Minor NCs):*

Was the corrective action taken effective? YES ☐ NO ☐

Details:

Signed…… …… ……..

Auditor Name Date

Appendix 2: Opening and Closing meeting attendance Register

A hard copy of the register is in the respective Catholic University of Eastern Africa file at KEBS-Certification Body.

Appendix 3: Corrective Action Request Forms (CARs)

A hard copy of filled CARs is in the respective Catholic University of Eastern Africa file at KEBS-Certification Body.

Dr. J. Mokamba 29th March 2016

Lead Auditor