

# PCGG

## QUALITY MANUAL




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	<p align="center"><b>PRESIDENTIAL COMMISSION ON GOOD GOVERNMENT</b></p> <p align="center"><b>QUALITY MANAGEMENT SYSTEM</b></p> <p align="center"><b>INTRODUCTION</b></p>	Doc Ref No.	QM-01	
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The Presidential Commission on Good Government (PCGG) Quality Manual (QM) defines and clarifies policies, systems, and procedures adopted to implement and continually improve the Quality Management System (QMS) of the Commission.

This QMS Manual, together with associated documents mentioned hereto, aims to:


- Describe the basic elements of the QMS of the PCGG and serve as a reference for its implementation and continual improvements;
- Provide information to the internal and external stakeholders and enable them to observe and implement the QMS that is being maintained at the PCGG; and
- Serve as a reference and guide for newly-hired personnel and make them familiar with and appreciate the PCGG's QMS.

This Manual is intended to be used by all the units of the PCGG. It shall be used to adopt the elements of PCCG's QMS toward the achievement of satisfaction of PCGG's stakeholders.



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## A. Creation of the Presidential Commission on Good Government (PCGG)

On 28 February 1986, President Corazon C. Aquino, who was then exercising both legislative and executive powers as President of a revolutionary government installed after the EDSA People Power Revolution, issued Executive Order (EO) No. 1 creating the PCGG.

On 12 March 1986, President Aquino issued Executive Order No. 2, freezing the assets of President Ferdinand E. Marcos, his immediate family, close relatives and business associates in the Philippines. It also authorized the PCGG to negotiate with foreign governments for the recovery of ill-gotten wealth abroad.

Former Senator Jovito R. Salonga was appointed as the PCGG's first chairperson. The power of President Aquino to legislate lasted until 25 March 1986 when she issued Proclamation No. 3 adopting a provisional constitution or Freedom Constitution. President Aquino was vested with power and duty to recover the ill-gotten wealth of her predecessor.

On 07 May 1986, Executive Order No. 14 was issued conferring to the Sandiganbayan the exclusive and original jurisdiction over all such cases of ill-gotten wealth. The exclusivity of the jurisdiction of the Sandiganbayan was stressed in *BASECO* and in *PCGG v. Peña, et al.*

The 1987 Constitution also emphasizes the sequestration and recovery of ill-gotten wealth. Section 26, Article XVIII, to wit:


“SECTION 26. The authority to issue sequestration or freeze orders under Proclamation No. 3 dated March 25, 1986 in relation to the recovery of ill-gotten wealth shall remain operative for not more than eighteen months after ratification of this Constitution. However, in the national interest, as certified by the President, the Congress may extend said period.

A sequestration or freeze order shall be issued only upon showing of a prima facie case. The order and the list of the sequestered or frozen properties shall forthwith be registered with the proper court. For orders issued before the ratification of this Constitution, the corresponding judicial action or proceeding shall be filed within six months from its ratification. For those issued after such ratification, the judicial action or proceeding shall be commenced within six months from the issuance thereof.

The sequestration or freeze order is deemed automatically lifted if no judicial action or proceeding is commenced as herein provided.”

In June 1987, President Aquino issued Presidential Proclamation 131 and Executive Order 229, implementing Article II Section 21 of the Philippine Constitution, which states that “*The State shall promote a comprehensive rural development and agrarian reform.*” Towards this end, “Comprehensive Agrarian Reform Law of 1988” was enacted to formalize the automatic appropriation of PCGG's recovered funds for that purpose. Since then, funds recovered by the PCGG have funded 80% of the Philippine budget for the Comprehensive Agrarian Reform Program.



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## B. Mandates

Section 2 of Executive (EO) No. 1 series of 1986 mandates the PCGG to assist the President with respect to the following:

1. The recovery of ill-gotten wealth accumulated by former President Ferdinand E. Marcos Sr., his family, relatives, subordinates and close associates, whether located in the Philippines or abroad, including the takeover or sequestration of all business enterprises and entities owned or controlled by them during his administration, directly or through nominees, influence, connection or relationship;
2. The investigation of such cases of graft and corruption as the President may assign to the Commission from time to time; and
3. The adoption of safeguards to ensure that the above practices shall not be repeated in any manner under the new government, and the institution of adequate measures to prevent the occurrence of corruption.

## C. Powers

In Section 3 thereof, the PCGG is entrusted with the following powers:

- a. Conduct investigations;
- b. Provisionally take over business enterprises, until otherwise disposed of or privatized.
- c. Enjoin or restrain acts that threaten or impair its efforts;
- d. Administer oaths and issue both *subpoenas ad in testificandum* (testimony of witnesses) and *duces tecum* (production of records and documents);
- e. Cite persons in direct or indirect contempt, and impose corresponding penalties therefore;
- f. Seek and secure assistance from any government agency, office, or instrumentality; and
- g. Promulgate such rules and regulations as may be necessary to fulfill its tasks.

Executive Order No. 2, series of 1986, on the other hand, vested the PCGG with the following additional powers, among others:

- a. Freeze all assets and properties in the Philippines in which former President Marcos Sr. and/or his wife, Mrs. Imelda Romualdez Marcos, their close relatives, subordinates, business associates, dummies, agents, or nominees have any interest or participation; and
- b. Request and appeal to foreign governments wherein any such assets or properties may be found to freeze them and otherwise prevent their transfer, conveyance, encumbrance, concealment or liquidation.


Under Executive Order No. 14 series of 1986, as amended, the PCGG, to effectively pursue its mandate, was authorized to do the following:

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- a. File and prosecute all cases, civil or criminal, investigated by it under the aforesaid EO Nos. 1 and 2, or in connection therewith; and
- b. Grant immunity from criminal prosecution to any person who testifies to the unlawful manner in which any respondent, defendant or accused has acquired or accumulated the property or properties in question in cases where such testimony is necessary to prove violations of existing laws.

The PCGG was also tasked to continue the prosecution of all pending legal actions pertaining to behest loans filed by the defunct Presidential Ad Hoc Fact-Finding Committee on Behest Loans pursuant to Executive Order (EO) No. 425 series of 2005. In addition, the PCGG is mandated by the said law to perform the following:

- a. Conduct inventory of all behest loans, identify the lenders and borrowers, including the principal officers and stockholders of the borrowing firms, as well as the persons responsible for granting the loans or who influenced the grant thereof;
- b. Identify the borrowers who were granted "friendly waivers," as well as the government officials who granted these waivers, and determine the validity of these waivers;
- c. Determine the course of action that the government should take to recover those loans, and recommend appropriate actions to the Office of the President (OP);
- d. Investigate, conduct an inventory, and study all non-performing loans which shall embrace both behest and non-behest loans; and
- e. File and prosecute the corresponding legal action for the recovery of deficiency claims arising out of behest and non-behest loans that have been defaulted.

When it was created in 1986, the PCGG was under the control and supervision of the Office of the President. However, on 27 July 2007, President Gloria Arroyo issued Executive Order No. 643, placing the PCGG under the administrative supervision of the Department of Justice (DOJ).

While there is no implementing rules issued on the transfer of PCGG under DOJ's administrative supervision, the PCGG is guided by the doctrine in *Pimentel vs. Aguirre*, G.R. No. 132988 series of 2000, which distinguishes supervision from control.

### Vision

"By 2028, PCGG is recognized as a permanent anti-corruption agency of the government and as a champion in the recovery of ill-gotten wealth of all public officials."

### Mission


As an anti-corruption agency, PCGG recovers ill-gotten wealth of former President Ferdinand E. Marcos Sr., his family and cronies, and other public officials, investigates graft and corruption cases of public officials, and institutes measures to prevent graft and corruption in the future.

### Core Values

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The PCGG Core Values are the following:

Integrity **(I)** - committed to uphold strong moral principles and honesty.

Meritocracy **(M)** - committed to hire, promote and reward people based on performance.

Professionalism **(P)** - pledged to perform and discharge duties with the highest degree of excellence.

Accountability **(A)** - accountable for all actions, processes, and the results being produced.

Co-ownership **(C)** - work as a collective contributing individual input to achieve shared goals.

and Transparency **(T)** - perform functions with openness to information, processes, and to the principals, beneficiaries, partners and others stakeholders.

The Commission firmly believes that the demonstration of such values can bring a great impact on the delivery of its mandated functions to ensure efficient, quality, and effective public service to all its stakeholders.



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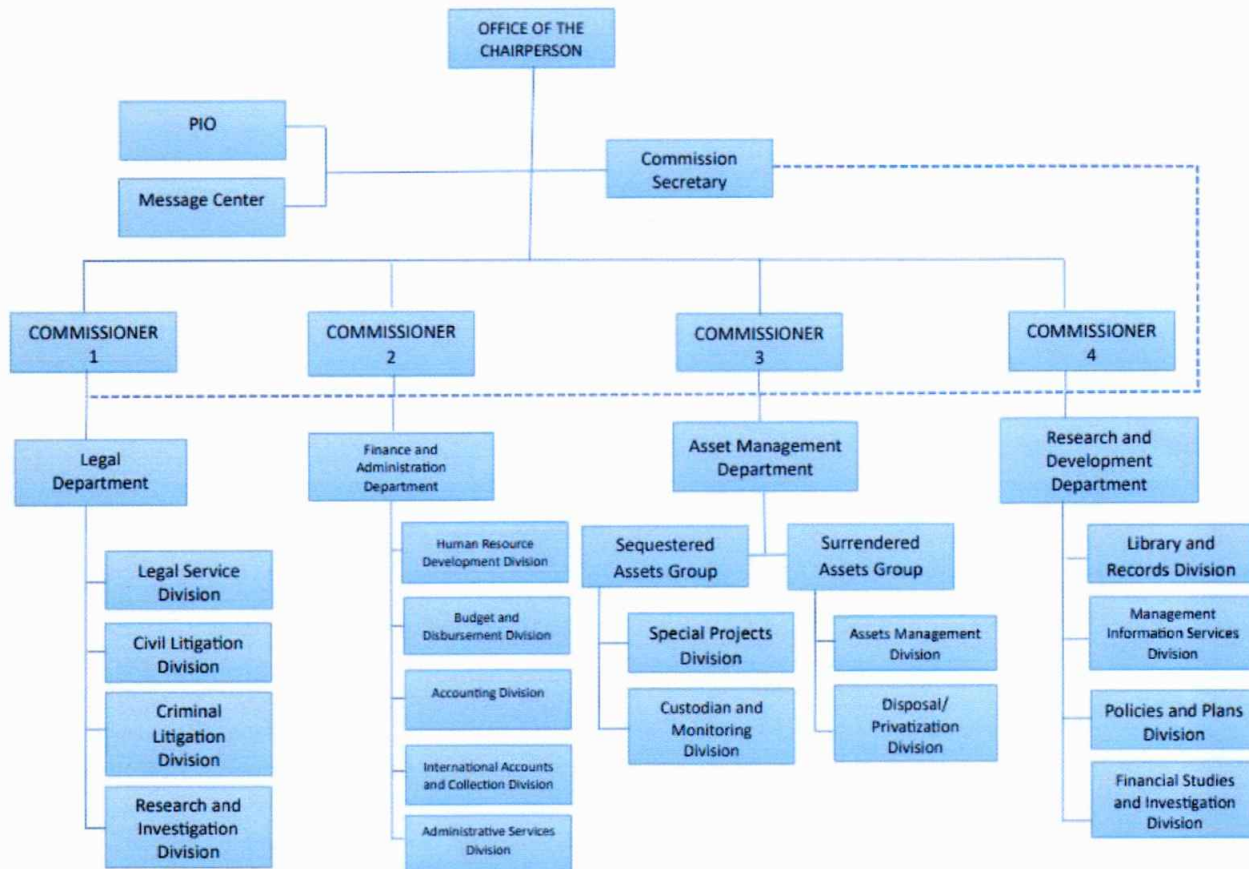
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**PRESIDENTIAL COMMISSION ON  
GOOD GOVERNMENT**  
**QUALITY MANAGEMENT SYSTEM**  
**ORGANIZATIONAL STRUCTURE**

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**PCGG ORGANIZATIONAL CHART**



**FUNCTIONAL DESCRIPTIONS**

**1. EXECUTIVE OFFICES**

- Overall responsible for the Commission's tasks of assisting the President with regard to the accomplishment of the mandated mission of the Commission;
- Provide direction for the formulation and adoption and/or approval of policies, procedures, programs, and plans pertaining to employees and operations of the Commission;
- Oversee and provide direction for the formulation, implementation, and evaluation of strategic and operational plans of the Commission;
- Oversee and provide direction during the periodic conduct and outputs of management review, performance review, and internal quality audit (IQA);
- Responsible for the international operations of the Commission, and in this connection, travels abroad to confer with lawyers and/or take such actions as may be warranted;


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- Consult/Meet with the President and other high government officials in connection with matters concerning the Commission;
- Attend hearings of Congress in relation to budget proposals and other matters affecting the Commission, as may be required;
- Oversee the working relations with the Office of the Solicitor General (OSG) in connection with the filing and prosecution of cases/pleadings with the Sandiganbayan and/or the Supreme Court;
- Oversee assignments given to consultants and advisers rendering service with the Commission on a voluntary or consultancy basis; and
- Participate and/or cooperate in the implementation of government programs as may be called for in their capacities as Chairperson and Commissioners of the PCGG.

### 1.1. OFFICE OF THE COMMISSION SECRETARY


- Schedules Commission meetings;
- Prepares the Agenda, Commission Resolutions, and Minutes of Meetings;
- Prepares Office Orders;
- Acts as custodian of the Secretariat records;
- Performs other functions as may be assigned by the Commission;

### 1.2. PRESS INFORMATION OFFICE

The Commission's Press Information Office (PIO) is engaged in dealing with press matters and the dissemination of official information to local/foreign media and the public. It functions under the direct supervision of the Office of the Chairperson.

- Prepares press statements and letters to the editor for approval of the Office of the Chairperson;
- Provides news summaries to the Office of the Chairperson, Commissioners, and other offices;
- Handles press conferences, briefings and interviews of the Chairperson and Commissioners;
- Maintains directory of various media organizations (print, tv, radio and wire agencies);
- Coordinates with other agencies of government on PCGG and related matters;
- Maintains records of PCGG articles and other reports relevant to the operation of the Commission;
- Implements information dissemination and media-related activities of the Commission;
- Regularly monitors news and issues on PCGG (courts, online news, and other social media platforms);
- Acts as the Public Assistance Office of the Commission, i.e., administers the conduct of client feedback satisfaction survey;
- Acts as content manager of the PCGG website and other social media platforms.



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### 1.3 MESSAGE CENTER

The Message Center is mainly responsible for the efficient administration of the Commission's incoming external correspondences through its proper handling, processing, and timely distribution to intended recipients. This shall mean any written form of communication for business/official and occasionally, for personal purposes, such as letters, memos, notes, and the like.

- Deals promptly and accurately with the distinct types of correspondence;
- Ensures scanning of correspondence and attachments prior to distribution or transmittal;
- Ensures the timely distribution or transmittal of correspondence;
- Maintains an Inward Correspondence Register, noting all information required in Section 2 of Procedures of the Message Center;
- Exercises care and caution required for specific correspondence received; and
- Handles indexing of scanned correspondences for cross reference, file log and tracking.

## 2. SEQUESTERED ASSETS GROUP

The Sequestered Assets Group (SeqAG) is responsible for asset inventory, security, administration, and maintenance of the sequestered assets towards their conservation and preservation. The custodianship functions start with the proper order from the Commission:


- Formulates plans, programs & policies relative to the operational function of the Commission over the sequestered assets and properties.
- Conducts a detailed inventory of the assets;
- Locate and evaluate its status and condition through regular property inspections;
- Administers and maintains the status and condition of the said assets;
- Provides security to assets to avoid losses and/or damage while in PCGG custody;
- Maintain the central records of asset folders and databases and the safekeeping of asset documents; and,
- Ensures property appraisals are up-to-date to monitor the market value of the assets.

### 2.1. CUSTODIANSHIP AND MONITORING DIVISION

The Custodian and Monitoring Division is primarily responsible for the formulation, implementation and evaluation of plans, activities and programs for the efficient administration and monitoring of assets under sequestration and litigation, including assets under the direct and full control of the Commission.

- Conducts ocular inspection and physical inventory;
- Procures/retrieves documents and collects data/information relative to the operations of the sequestered corporations;



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- Monitors the operations as well as the financial status of sequestered corporations, in coordination with the Financial Studies and Investigation Division;
- Maintain an updated list of incumbent members of the Board of Directors of sequestered corporations with government nominees;
- Manages and supervises sequestered properties under the custody of PCGG;
- Updates the estimated value of assets under sequestration or litigation;
- Secure and maintain documents (such as, but not limited, to TCTs, Tax Declarations, SEC records like Articles of Incorporation, By-Laws, Financial Statements, General Information Sheet, etc.) relative to sequestered assets;
- Assists the Legal Department in providing an updated status and valuation of sequestered assets ; and
- Performs other functions as may be required by the Commission through the SeqAG Director.

## 2.2. SPECIAL PROJECTS AND INVESTIGATION DIVISION

The Special Projects and Investigation Division is tasked with the transfer of ownership/titling/registration of rights on surrendered and recovered assets, conduct of investigation of assets, supervision and administration of all special projects, and ensure performance of appropriate property management measures for special projects assigned by the Commission.

- Conducts investigation in relation to sequestered assets and properties subject of dissipation or concealment;
- Handles and updates the status of surrendered and recovered landholdings covered by CARP, in coordination with the Surrendered Assets Group;
- Undertakes consolidation of titles of surrendered and recovered real properties in the name of the REPUBLIC/PCGG;
- Conducts ocular inspection and physical inventory of surrendered and recovered properties in coordination with the Surrendered Assets Group;
- Assists the Legal Department in securing documents, data, and information for the prosecution of pending cases filed by PCGG; and
- Performs other functions as may be required by the Commission through the SeqAG Director.


## 3. SURRENDERED ASSETS GROUP

- Formulates plans, programs & policies relative to the operational function of the Commission over the surrendered corporations/assets/ properties;
- Develops operating systems for effective management & supervision of the Surrendered Assets Group;
- Directs all administrative & management undertaking of the Surrendered Assets Group;
- Prepares and reviews directives, memoranda, office orders and circulars pertaining to the department's plans, programs, systems and policies; and



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### 3.1. ASSETS MANAGEMENT DIVISION

- Conducts periodic inventory and ocular inspection of surrendered/recovered assets;
- Monitors the operations as well as the financial status of surrendered/recovered corporations;
- Updates the estimated value of surrendered/recovered assets;
- Secures and maintains documents (such as, but not limited, to TCTs, Tax Declarations, SEC records like Articles of Incorporation, By-Laws, Financial Statements, General Information Sheet, etc.) of all surrendered/recovered assets;
- Updates the company profile and executive summary of surrendered/recovered assets; and
- Recommends new plans, policies and procedures in coordination with the other departments, divisions or agencies to enhance the Commission's existing policies and procedures in the operation and administration of the Division; and
- Performs other functions as may be required by the Commission.

### 3.2. DISPOSAL AND PRIVATIZATION DIVISION

- Creates systems and procedures to effectively implement/monitor all activities related to asset disposition, preservation and maintenance;
- Prepares privatization plan for surrendered/recovered assets for disposition;
- Prepares bid documents and assists the Special Bids and Awards Committee in the conduct of disposition activities;
- Assists in the presentation to Privatization Council (PrC) of the Department of Finance of PCGG's proposed privatization plan;
- Assists in the formulation of policies and procedures to enhance the Commission's existing policies on the disposal and administration of disposable assets;
- Monitors and ensures that all assigned disposable assets are adequately secured, preserved and maintained; and
- Performs other functions as may be required by the Commission.


## 4. RESEARCH AND DEVELOPMENT DEPARTMENT

- Formulates plans, programs, and policies relative to the research and investigative functions of the Commission;
- Develops, supervises, and administers operating systems for the effective planning, management, monitoring, and coordination of the projects and programs of the department;
- Prepares and reviews directives, memoranda, office orders, circulars and bulletins pertaining to or otherwise affecting research plans, programs, systems, and policies;
- Provides technical advice to the Commission on matters relating to or affecting research activities;
- Coordinates assistance and exchange of information with other local investigative government agencies, as well as with foreign government agencies under the Mutual Legal Assistance Agreements; and
- Performs other functions as may be assigned by the Commission.



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#### 4.1. FINANCIAL STUDIES AND INVESTIGATION DIVISION

- Locates the addresses of defendants and witnesses, and other information regarding legal cases involving but not limited to ill-gotten wealth, such as all civil and criminal cases filed by the Commission;
- Prepares financial analysis and evaluation of financial statements/reports of corporations on which the Commission has interest thereto, whether they are surrendered or sequestered;
- Conducts a systematic examination or research that entails a thorough evaluation of relevant evidence to come up with a conclusion;
- Conducts individual profiling of the missing arts/paintings; and
- Performs other functions as may be assigned by the Director/Commission.

#### 4.2. LIBRARY AND RECORDS DIVISION

- Develops plans, programs, and policies for safekeeping, authentication, transcription, and computerization of financial and evidentiary records of the Commission;
- Facilitates the retrieval and delivery of documents/records to duly authorized personnel;
- Acts as the central repository of all records turned over by former PCGG officials; and
- Performs other functions as may be assigned by the Director/Commission.

#### 4.3. MANAGEMENT INFORMATION SERVICES DIVISION


- Implements and maintains the Commission's Information System Strategic Plan including provision, review and approval of technical specifications in procuring all ICT hardware, software, and peripheral equipment for the Commission;
- Designs, develops, implements, and maintains information systems based on the requirements of users within the Commission using various technologies and platforms;
- Provides technical assistance and consultation services to the Commission related to ICT;
- Trains computer users in the user of application systems and/or in the effective utilization of the technology in which the systems are implemented;
- Maintains access for all data files belonging to the Commission;
- Provides database administration and management support services
- Provides support to Commission staff including installation, configuration and update of software installed on individual computers;
- Maintains the content and layout of the Commission's website;
- Provides e-mail support for users with official e-mail accounts;
- Provides local area network (LAN) and internet connection support and system administration services to ensure availability;
- Coordinates with external service providers on issues related to internet connectivity and website availability; and
- Performs preventive maintenance of the ICT resources of the Commission.

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#### 4.4. POLICIES AND PLANS DIVISION

- Initiates/recommends plans, programs and activities including the monitoring of the execution of approved programs and strategies to meet the Commission performance targets;
- Facilitates Mid-Year and Year- end Performance Review;
- Facilitates planning activities (strategic and operational) in coordination with all the departments;
- Consolidates institutional (strategic and operations) planning outputs;
- Monitors and evaluates institutional performance and compliance;
- Submission of compliance reports and requirements to Department of Justice (DOJ) and other government oversight agencies;
- Acts as liaison between and among key officers and outside parties with regard to actions they need to take as assigned by the Commission;
- Assists in projects that may be assigned as the need arises; and
- Performs other functions as may be assigned by the Director/Commission.

#### 5. FINANCE AND ADMINISTRATIVE DEPARTMENT

The Finance and Administration Department (FAD) shall provide PCGG General Administrative and Financial Support services effectively and efficiently in accordance with the policies of the Commission, and government rules and regulations. The FAD has five (5) divisions, namely: (1) Budget and Disbursement; (2) Accounting; (3) Collection and International Accounts; (4) Administrative Services; and (5) Human Resource Development Divisions.

##### 5.1. BUDGET AND DISBURSEMENT DIVISION


###### 5.1.1. BUDGET UNIT

- Prepares annual budget proposal of the Commission for submission to the Department of Budget and Management (DBM);
- Prepares documents in support and defense of the proposed budget before the DBM, Senate and House of Representatives;
- Attends budget deliberations;
- Controls and certifies availability of allotment;
- Monitors obligations incurred against the allotment received;
- Maintains Registry of Allotments and Obligations and Journal Analysis of Obligations; and
- Prepares and submits Budget Execution Documents (BEDs) and Budget and Financial Accountability Reports (BFARs) to the DBM and Commission on Audit (COA).



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### 5.1.2. CASH UNIT

- Disburses general and special funds;
- Administers payment of salaries, wages, allowances and other monetary benefits to employees and claims by other creditors thru MDS checks or LDDAP-ADA;
- Reviews disbursement vouchers and supporting documents for check preparation;
- Prepares Advice of Checks Issued and Cancelled (ACIC) for general and special funds;
- Disburses cash advance for petty expenses and special projects of the Commission;
- Transmits to Land Bank of the Philippines signed MDS checks and corresponding ACIC and/or LDDAP-ADA;
- Prepares Report of Disbursements (Cash and Check), Report of Checks/ADAs Issued, Report of Accountability for Accountable Forms; and
- Maintains database for all disbursement transactions.

### 5.2. INTERNATIONAL ACCOUNTS AND COLLECTION DIVISION

- Receives funds coming from surrendered and/or sequestered corporations/assets as well as particular receipts coming from the General Fund and Special Fund;
- Remits check collections to the Bureau of the Treasury (BTr) for credit to the different funds established by PCGG;
- Controls the deposit of collections, from specific sequestered corporations and assets under PCGG control and supervision, with the Authorized Government Depository Bank (AGDB) or the Landbank of the Philippines;
- Prepares reportorial requirements by government regulatory agencies such as COA and DBM; and
- Processes payment to foreign lawyers.


### 5.3. HUMAN RESOURCE AND DEVELOPMENT DIVISION

- Task to do recruitment, selection, and placement of personnel;
- In-charge of Employees Performance management;
- Grants compensation, benefits, rewards and recognition;
- In-charge of HR Records Management;
- Designs, formulates, and oversees HR Policies;
- Provides Training and Developmental Intervention;
- Cascades HR-related government issuances;
- Prepares reportorial requirements; and
- In-charge of other HR Support Services.



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#### 5.4. ACCOUNTING DIVISION

The Commission shall use the Government Accounting Manual (GAM) as prescribed by Commission on Audit Circular No. 2015-007, dated 22 October 2015. It shall comply with the provisions of the manual that are applicable to its operations.


- Accounts for the financial transactions of the Commission on the following funds: General Fund 101 (appropriations from NG), Fund 151 (Special Provision), CARP Fund 158 (recovered monies thru sale & compromise), and Fund 184 (sequestered/taken over funds);
- Prepares and submits financial statements and various financial reports of the Commission on a monthly, quarterly and annual basis;
- Maintains basic and subsidiary accounting records and books of accounts to reflect accounts and financial information required by existing rules and regulations;
- In-charge of a part of the process of paying claims which is the Disbursement Voucher (DV) preparation and LDDAP;
- Conducts internal check over disbursements through the pre-audit function;
- Reconciles PCGG records with bank records for cash allocation received monthly (Funds 101 and 151);
- Reconciles escrow deposits with the Bureau of Treasury (Fund 184);
- Reconciles PCGG records with bank records for accounts maintained with PNB (based on available records as provided by the OTC/Commissioner);
- Issues certification, per request of employees, for remittances made to the following agencies:
  - Home Development Mutual Fund (HDMF) – for Pag-ibig premium and loan amortization
  - Government Service Insurance System (GSIS)
  - For policy and salary loan amortization
  - For life and retirement premium (EE & ER share)
  - For optional life insurance premium
  - For educational plan
  - Philippine Health Insurance Corporation – for premium contributions
  - PCGG Employees Multi-purpose Cooperative – for contributions and loan amortization
  - PCGG Employees Association – monthly dues, MAP contribution & EPF
- Prepares schedules and remits all of the above salary deductions to the aforementioned agencies;
- Withholds taxes from suppliers, contractors and other creditors, issues certificates and remits the same to the BIR;
- Monitors liquidation of cash advances granted to officers and employees; and
- Certifies funding/cash availability on contracts, purchase orders, payrolls, etc.



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## 5.5. ADMINISTRATIVE SERVICES DIVISION

The Administrative Services Division is tasked with the responsibility of: (1) implementing policies/measures for the protection, maintenance and proper utilization of properties, vehicles, supplies and equipment; and (2) handling procurement of supplies, services and equipment in accordance with existing rules and regulations.

### 5.5.1. PROPERTY MAINTENANCE UNIT

- Issues office equipment to PCGG personnel;
- Conducts physical inventory of Property, Plant, and Equipment (PPE);
- Updates Property Acknowledgement Receipts (PAR) for equipment;
- In charge of building and office equipment maintenance & administration:
  - Office repair/renovation
  - Sewerage and water supply
  - Equipment repairs
- Coordinates with outsourced service providers:
  - Janitorial
  - Security
  - Copier Machines

### 5.5.2. PROCUREMENT, UTILITIES, AND BILLING UNIT

- Handles procurement of goods and services with ABC not exceeding P500,000.00;
- Coordinates with Bids and Awards Committee (BAC's) on procurement exceeding P500,000.00;
- Reviews and validates billing vs. actual consumption/services provided:
  - Fuel/Lubricants
  - Utilities (Water, Electric, Landlines, Mobile Post-paid Lines)
  - Internet
  - Purified Water
  - Copier Machine
  - PPE Insurance
  - Janitorial
  - Security


### 5.5.3. MOTOR POOL UNIT

- Issues service vehicles to PCGG officials;
- Dispatches service vehicles for official trips, including shuttle services;
- Provides alternate drivers to PCGG officials;
- Responsible for maintenance of PCGG vehicles;
- In-charge of LTO registration and insurance of PCGG motor vehicles; and



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- Coordinates with LTO and NICA regarding acquisition/renewal of security plates/stickers.


## 6. LEGAL DEPARTMENT

- Monitors the handling and continuous prosecution of all cases of the Commission and ensure that it is well represented in courts;
- Ensures efficient preparation and delivery of response to action documents;
- ? • Handles various corporate concerns of PCGG-supervised sequestered/surrendered corporations; *what is the specific role of legal?*
- ? • Performs contract review and drafts legal opinion on matters relating to the mandate of the Commission;
- Handles, manages, and monitors all case files and other related documents received by and to be released, and in the process, to ensure the security of all case files in its custody;
- Standardizes the filing and service of pleadings, motions, court processes and other related documents in accordance with Rule 13 of the Civil Procedures and the Administrative Memorandum 11-9-4-SC or the "Efficient Use of Paper Rule" of the Supreme Court, as well as the delivery of official documents to external offices; and
- Prescribes guidelines and procedures covering the preparation and request for finances for utilization of the Legal Department and used in payment of fees of the special legal counsels, OSG lawyers who are members of the PCGG-Task Force and such other counsels whose services may be engaged by the Commission.



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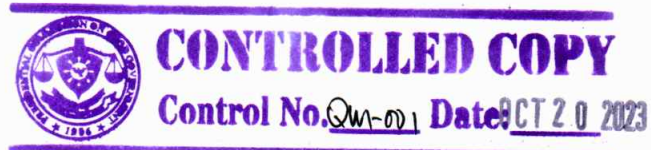
	<p align="center"><b>PRESIDENTIAL COMMISSION ON GOOD GOVERNMENT</b></p> <p align="center"><b>QUALITY MANAGEMENT SYSTEM</b></p> <p align="center"><b>QUALITY POLICY</b></p>	Doc Ref No.	QM-04	
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The PCGG commits to be a true champion in the fight against graft and corruption, to prevent its proliferation and make sure that public sector engagement is always kept transparent, honest and efficient, and to recover ill-gotten wealth of public officials at its optimum.


It shall achieve these through:

- Instituting clear, practical, and doable measures to prevent future occurrence of corruption;
- Delivering responsive and proactive service to its stakeholders;
- Performing with unwavering integrity, transparency, and accountability; and
- Sustaining and improving the risk management and quality management system of the agency.

P - Perseverance and  
C - Commitment to  
G - Good  
G - Governance



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## 1. Scope and Exclusions

This Manual applies to the Quality Management System of PCGG and covers core processes of provision of research, legal management, asset management and disposal/privatization including its management and support processes.

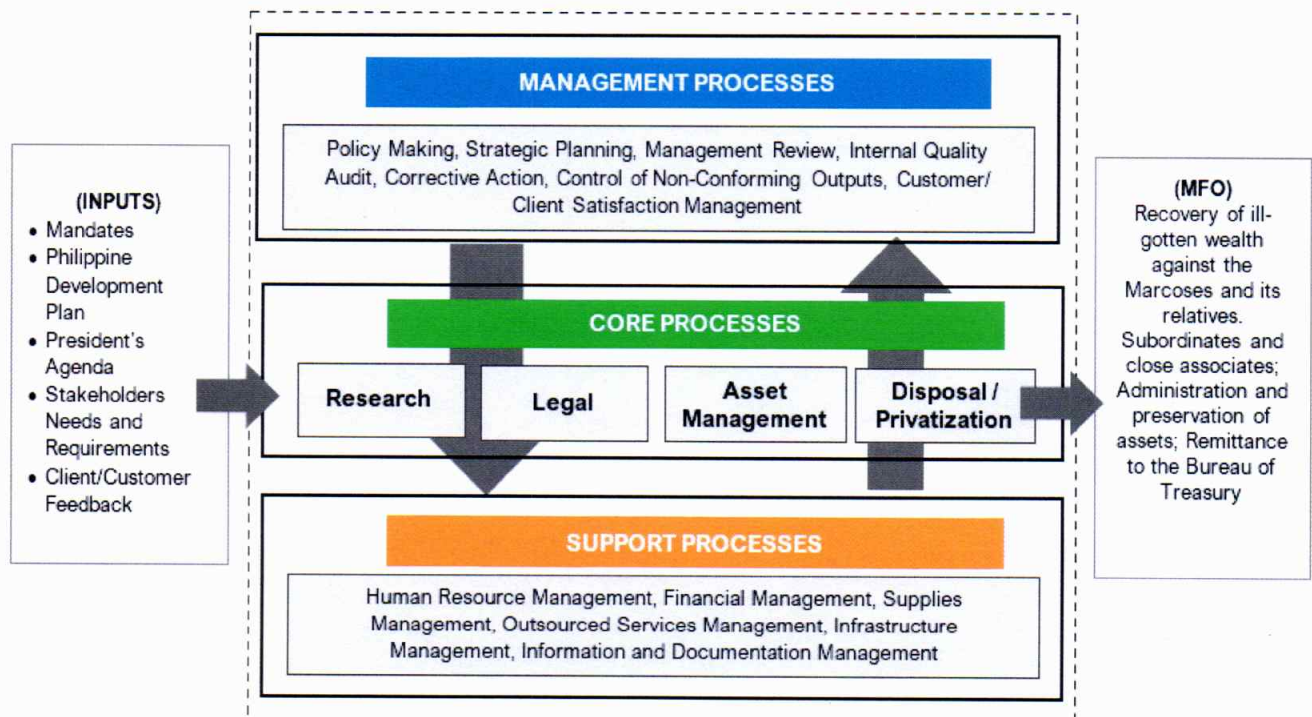
This contains the basic policies, objectives, procedures and guidelines set by the PCGG in connection with internal and external stakeholders, which can be implemented as a tool for complying and exceeding stakeholders' expectations.


The ISO 9001:2015 Standard shall be adopted by the PCGG and shall be implemented to serve as the fundamental pillar to attain quality as a way of life in the PCGG

### Non-applicable requirements:

- Clause 7.1.5 "monitoring and measuring resources" because the PCGG does not have any resources that require measurement traceability (calibration/validation);
- Clause 8.3 "design and development of products and services" because the PCGG complies with established mandates mainly Executive Order 01 and 02 series of 1986 and with other regulatory requirements.

## 2. Process Map



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The Presidential Commission on Good Government process map is divided into three groups of processes, namely:

- Management Processes – those that are needed for oversight and governance of PCGG’s quality management system;
- Core Processes – those that are needed to realize the planned activities in performing processes and allow PCGG to deliver the intent of the output of the operations; and,
- Support Processes – those that are needed to manage the resources necessary to ensure the satisfactory performance of the Core Processes.

Conceptually, these three groups of processes work together to translate the clients’ requirements into client satisfaction. The management which includes the Chairperson, Commissioners-in-Charge, and Department Directors set standards, policies and policy directions, and strategic and operational plans of the Authority.

The Management Processes set directions, policies and plans for the operations to perform and deliver the desired outputs and organizational outcomes. During the strategic planning and target setting, the management identifies internal and external issues through SWOT (Strengths, Weaknesses, Opportunities, and Threats) and PESTLE (Political, Economic, Social, Technological, Legal, Environment) Analysis.

The different operating and support offices conduct pre-planning activities prior to the conduct of annual corporate planning to establish strategic objectives, performance targets, and resources needed along the four dimensions of the Balance Scorecard framework.


The planning process involves strategies to achieve the goals of the Commission alongside its mandates as well as improvement plans to enhance office performance with due consideration of audit findings, interested parties’ needs, and expectations, and feedback from customers/ clients

The Commission monitors feedback from its clients/customers through the administration of the Client/Customer Satisfaction Feedback QR facility on the PCGG website.

The core processes implement programs and deliver outputs to clients specifically the Philippine government and other government agencies, i.e. recovery of ill-gotten wealth, an educational campaign against corruption with beneficiary institutions, and historical information/data about ill-gotten wealth. Controls of the inputs, processes, and outputs are applied by the concerned offices to ensure integrity and credibility in performing good governance.

The support processes provide the necessary administrative and logistical support to the core processes for the effective delivery of services to ensure customer satisfaction. Both



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the core and support processes communicate feedback and reports to the management for proper monitoring and implementation of appropriate corrective action.

The clients together with the interested parties, even outside the organization, are crucial factors in PCGG's QMS. Their requirements and issues are taken into consideration in the planning activities of the organization. Their feedback and satisfaction are also being monitored and measured as inputs to the management's review of the PCGG's performance. These data are also used for continual improvement of the system, processes and services.



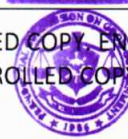
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RELEVANT INTERESTED PARTIES	NEEDS	EXPECTATIONS	REFERENCE/ LEGAL BASIS
Office of the President	<ul style="list-style-type: none"> <li>Response to inquiries and actions on particular tasks related to PCGG mandates</li> </ul>	Complete, accurate and timely response to the requests	EO No. 1, s. 1986 FOI Procedures ARTA Handbook
Department of Justice	<ul style="list-style-type: none"> <li>Response to inquiries and actions on tasks related to PCGG mandates</li> </ul>	Complete, accurate and timely response to the requests	EO No. 1, s. 1986 FOI Procedures ARTA Handbook
Philippine Congress	<ul style="list-style-type: none"> <li>Response to inquiries and actions on tasks related to PCGG mandates</li> </ul>	Complete, accurate and timely response to the requests	EO No. 1, s. 1986 FOI Procedures ARTA Handbook
Commission on Audit	<ul style="list-style-type: none"> <li>Financial Statements and Reports</li> <li>Financial Records/Documents</li> <li>Updated and accurate reports on Inventories and appraisal of assets</li> </ul>	Complete documentation of records and accurate reports.	COA rules and regulations PPM
Department of Budget and Management	<ul style="list-style-type: none"> <li>Budget Proposal for the Fiscal Year</li> <li>Budget Execution Documents</li> <li>Budget Accountability Reports</li> </ul>	Required documents submitted with accurate data and within the prescribed period	DBM Circulars General Appropriations Act
Office of the Solicitor General	<ul style="list-style-type: none"> <li>Response for inquiries and actions on particular tasks related to PCGG mandates</li> </ul>	Complete, accurate and timely response to the requests	EO No. 1, s. 1986 FOI Procedures ARTA Handbook
Civil Service Commission	<ul style="list-style-type: none"> <li>Performance Evaluation Reports</li> <li>Statement of Assets, Liabilities and Net Worth</li> </ul>	Complete, accurate and timely submission of documents	CSC Rules and Regulations

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	<ul style="list-style-type: none"> <li>• Merit and Promotion Plan</li> <li>• Appointment Transmittal &amp; Action Form</li> <li>• Publication of Vacant Positions</li> <li>• Updated Personnel Staffing</li> </ul>		
Bureau of the National Treasury	<ul style="list-style-type: none"> <li>• Remittances of recoveries, refunds and other monetary collection</li> <li>•</li> </ul>	Complete, accurate and timely submission	EO 1, s. 1986 BTr Rules and regulations COA Rules and Regulations
GPPB	<ul style="list-style-type: none"> <li>• Agency Procurement Compliance and Performance Indicator (APCPI)</li> <li>• Procurement Monitoring Report (PMR)</li> <li>• Annual Procurement Plan (APP)</li> </ul>	Complete, accurate and timely submission	GPPB rules and regulations RA 9184 PPM
Department of Information and Communications Technology	<ul style="list-style-type: none"> <li>• Information System Strategic Plan</li> <li>• Email Accounts</li> <li>• Other cloud/repository services</li> </ul>	Timely submission and approval Application Support Memorandum of Agreement	MITHI-JMC-2014-01 DICT MC-2015-002
Beneficiary Institutions	<ul style="list-style-type: none"> <li>• Education and increased awareness regarding PCGG's actions against corruption</li> </ul>	Complete, accurate and timely response to the requests	EO No. 1, s. 1986
PCGG Employees' Association	<ul style="list-style-type: none"> <li>• Support to the programs</li> </ul>	Complete, accurate and timely response to the requests	CNA between PCGG and PCGGEA
Media	<ul style="list-style-type: none"> <li>• Official statement of the Commission on PCGG-related issues</li> </ul>	Complete, accurate and timely response to the requests	EO No. 1, s. 1986 RDD, Legal and AMD's PPMs and records on case status and asset recovery


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	<ul style="list-style-type: none"> <li>• Interview with the Commission's Acting Chairperson</li> <li>• Updated information on case status and asset recovery</li> </ul>		FOI Procedures ARTA Handbook
Sequestered/Surrendered Corporations	<ul style="list-style-type: none"> <li>• Administrative support and response to queries on policy review and formulation</li> </ul>	Complete, accurate and timely response to the requests	EO No. 1, s. 1986 Commission Resolutions and correspondences
Public	<ul style="list-style-type: none"> <li>• Response to inquiries and actions on particular tasks related to PCGG mandates</li> </ul>	Complete, accurate and timely response to the requests	EO No. 1, s. 1986 FOI Procedures ARTA Handbook
Privatization Council	<ul style="list-style-type: none"> <li>• Proposals/ approval for the sale of assets</li> </ul>	Timely approval of proposals/sale.	Commission en banc approval /Resolutions
Local Government Units	<ul style="list-style-type: none"> <li>• Details on sequestered, surrendered and recovered assets</li> </ul>	Accurate and timely submission of documents Proper coordination with LGU	EO No. 1 s. 1986 Court decision Case status PrC policy on privatization
Land Registration Authority/ Registry of Deeds	<ul style="list-style-type: none"> <li>• Updated certified true copies of titles</li> </ul>	Timely submission of updated TCTs and relevant documents	PCGG PPM Court decision
Appraisers	<ul style="list-style-type: none"> <li>• Appraisal reports/Current Market Value Inventories/Titles/Tax Declarations/ Vicinity Map</li> </ul>	Updated and accurate valuation and location plotting and pinpointing	PPM; Asset Database Zonal Valuation Previous Appraisal Reports
IT Application Owner/Vendor	<ul style="list-style-type: none"> <li>• Application Enhancements Application Fixes</li> </ul>	Contract	COA Rules and Regulations



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Public	<ul style="list-style-type: none"> <li>Information or research on Marcoses' ill-gotten wealth</li> </ul>	Complete, accurate and timely response to the requests	EO No. 1, s. 1986 FOI Procedures ARTA Handbook
Foreign Lawyers	<ul style="list-style-type: none"> <li>Legal fees</li> </ul>	Complete, accurate and timely payment	Contract/ MOA AAZ
PAG-IBIG, PhilHealth, GSIS, BIR, Land Bank of the Philippines	<ul style="list-style-type: none"> <li>Mandatory Employees Benefits Remittances</li> </ul>	complete, accurate and timely submission	Rules and Regulations of the Concerned Institutions
Suppliers	<ul style="list-style-type: none"> <li>Purchase Orders</li> <li>Notices of Award</li> <li>Contracts</li> </ul>	Complete, accurate and timely submission	RA 9184 PPM Contracts



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## Management Commitment

Top management of PCGG demonstrates leadership and commitment to the QMS by promoting the quality models (plan, do, check, act; process approach and risk-based thinking) and taking over-all accountability of the effectiveness of the QMS.

### 1. Policy Making


The policy making of the PCGG being a quasi-judicial body emanates from the top management which is composed of a Chairperson and four (4) Commissioners. The process of policy making involves a series of discussion from the members of the Commission through the sharing of thoughts and ideas, formulation of strategies and mechanisms to carry out the mandate of the PCGG, its implementation and evaluation of existing guidelines, policies and procedures that are engaged through the Commission-en-banc meetings.

Process	Activity	Responsible Unit
1. Agenda Building	<ul style="list-style-type: none"> <li>Structuring and determination of issue or problem to be addressed by the intended policy</li> <li>Issues or concerns raised may originate from internal sources (PCGGEA, operations-related, etc) or relevant interested parties (Office of the President, oversight government agencies, public, etc.) through memorandum circulars and the like</li> </ul>	<ul style="list-style-type: none"> <li>Commission-en-banc</li> <li>Management Committee</li> </ul>
2. Formulation	<ul style="list-style-type: none"> <li>Devising policies that will be used for intervention through the conduct of Commission-en-banc meeting, MANCOM meeting or committee meetings</li> </ul>	<ul style="list-style-type: none"> <li>Commission-en-banc</li> <li>Management Committee</li> <li>Concerned Committees</li> </ul>
3. Implementation	<ul style="list-style-type: none"> <li>Adoption of the policies through the issuance of Commission Resolutions or Office Orders and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Commission-en-banc</li> <li>Management Committee</li> <li>Unit Heads/Division Chief</li> </ul>
4. Evaluation	<ul style="list-style-type: none"> <li>Monitoring of implemented policies through customer</li> </ul>	<ul style="list-style-type: none"> <li>Commission-en-banc</li> <li>Management Committee</li> </ul>

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	feedback (internal and external) mechanism	
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## 2. Strategic Planning

The PCGG conducts annual strategic planning to serve as the venue for assessing the overall agency performance for the previous year, where strategic thrusts are defined, commitments are obtained, resource requirements are determined, and objectives and targets for the current and succeeding fiscal year are set at appropriate levels.

The PCGG considers the context (issues, needs and expectations of interested parties), risks and opportunities.

The **strategic thrusts** set by management for Strategy Map 2022-2028 are as follows:

- Asset recovery, Preservation and Privatization
- Capacity building
- Digitization
- System/Process efficiency
- Risk management


During the strategic planning activity, Performance Scorecards for the succeeding year will be determined, while the implementation plans/strategies on how to achieve the targets set in the Office Performance Commitment and Review (OPCR) for the current year shall be reviewed and finalized. Thereafter, the corresponding policy instructions shall be issued to all concerned units to achieve the agency's goals and Major Final Output (MFO) targets.

Quality objectives aligned with strategic thrusts are set at relevant levels with corresponding action plans.

References: Executive Order Nos. 1, 2, 14 and 14-A, Series of 1986  
 Executive Order No. 323, Series of 2000  
 DOJ Circulars on Planning, Programming and Budgeting System  
 DBM Circulars on Annual Budget Call  
 General Appropriations Act (GAA) of previous fiscal year  
 National Expenditure Program (NEP) for succeeding fiscal year  
 Republic Act (RA) No. 9184  
 COA Rules and Regulations  
 Annual Accomplishment Reports  
 Strategic Performance Management System (SPMS)  
 Civil Service Rules



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### 3. Management Review

Periodic review of the Quality Management System is an essential part of our approach to continual improvement of its effectiveness and efficiency with the objective of enhancing stakeholders' satisfaction.

Review of the Quality Management System's suitability, adequacy and effectiveness are carried out at least on a semestral management review meetings. This method evaluates the need for changes to our QMS including the Quality Policy targets as well as the assessment of improvement opportunities based on the review and analysis of performance trends.


Effective review requires the collation of meaningful performance data: performance of programs, services, processes and personnel that would allow a factual based decision making. The review includes information on the following:

- Results of internal and external audits
- Stakeholders feedback
- Review of the office performance through Office Performance Commitment
- Review (OPCR)/degree to which the quality objectives are met
- Status of actions from previous management reviews
- Changes in external and internal issues that are relevant to the quality management system
- Status of nonconformities and corrective actions
- Performance of external providers
- Adequacy of resources
- Effectiveness of actions to address risks
- Proposed improvements
- Changes in the QMS (e.g. updates on originated/revised policies, change in organizational structure, etc.)

The outputs of the management review shall include decisions/resolutions and actions related to:

- Opportunities for improvement
- Any need for changes to the quality management system
- Resource needs

The Commission shall retain documented information as evidence of the results of management review.

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#### 4. Performance Review and Internal Quality Audit

The PCGG conducts monitoring and measurement activities to gauge the effectiveness of the system. These include monitoring customers and stakeholders' perceptions of the degree to which their needs and expectations have been fulfilled.

The PCGG analyzes and evaluates appropriate data and information arising from monitoring and measurement.

##### A. Improvement Management

###### ▪ Nonconformity and Corrective Action

The PCGG established activities to identify nonconformities (NC) or non-fulfillment of a requirement, correct, control and deal with the consequences. In addition, NCs are classified into minor (*nonconformity that does not affect the capability of the management system to achieve the intended results*) and major (*nonconformities could be classified as major if there is a significant doubt that effective process control is in place, or that product or services will meet specified requirements, or a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity*). NCs are further reviewed to ensure performance of root cause analysis and corrective action.

###### ▪ Improvement


The PCGG improves the suitability, adequacy and effectiveness of the quality management system. It considers the outputs of analysis and evaluation and the outputs from management review to confirm if there are areas of underperformance or opportunities that shall be addressed as part of continual improvement. Where applicable, it selects and utilizes applicable tools and methodologies for investigation of the causes of underperformance and for supporting continual improvement.

##### B. Internal Quality Audit

The PCGG conducts Internal Quality Audit at least once in a 12-month period, unless the need for special audit arises, to identified audit area to determine the effectiveness of the Quality Management System and its conformity with the planned arrangements.

The PCGG implements and maintains Internal Quality Audit procedures in accordance with the requirements of the ISO 9001:2015.



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The members of the IQA Team are identified and trained to ensure that they are capable of conducting and carrying out the audit. The composition of the IQA Team is selected to ensure objectivity and impartiality of the audit process. Auditors cannot audit the processes within their respective units.

The results of the audits are recorded and reported in accordance with the documented Internal Quality Audit procedure.

The Internal Quality Audit (IQA) Team shall ensure that the PCGG Quality Management System meets the quality policies and objectives set by the agency as well as the requirements of ISO 9001 Standard. In performing this function, the IQA Team shall:

- prepare the annual QMS plan, setting out the internal quality audit schedule on a quarterly basis;
- conduct the internal quality audit of the core, support and management processes of the agency in accordance with the audit plan; institutionalized controls and actions taken to address the risk and opportunities are likewise audited for continual improvement.
- prepare an audit report which contains details of the following:
  - a. nonconformities found during the audit
  - b. corrections and corrective actions including committed dates of completion without undue delay
- deliberate and report the results to the relevant department head of the agency and to management its audit findings
- regularly monitor and verify the implementation of all corrective actions for nonconformities raised during the audit, and report the results to relevant department head and to management
- ensure audits are conducted as planned




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### C. Customer/Client Satisfaction Management

- Ensures the promotion of customer focus throughout the organization;
- Ensures that the focus on enhancing customer satisfaction is maintained;
- Ensure that the risk and opportunities that can affect conformity of services to enhance customer focus are determined and addressed;
- Ensures awareness of the members of commission and interested parties of the PCGG quality policy;
- Ensure awareness of all staff on relevant quality objectives, their contribution to the effectiveness of QMS, benefits of improved performance and implication of nonconformance; and

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- Reports to the top management during the management review meeting the matters related to customer focus, customer satisfaction, staff awareness on QMS, internal and external communications.



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## 1. RESEARCH SERVICES

Identifies the ill-gotten wealth accumulated by former President Ferdinand E. Marcos, his immediate family, relatives, subordinates and close associates, whether located in the Philippines or abroad. It assists the Legal Management in the preparation, case build up, prosecution and litigation of civil and criminal cases for the recovery of the assets. It is the central repository of all financial and evidentiary records of the Commission which are maintained in a database. It also conducts financial analysis and evaluation of documentary evidence.

## 2. LEGAL MANAGEMENT

Legal Management provides legal services to the Commission, particularly the litigation of all cases filed by and against the Commission in the performance of its mandate under Executive Order Nos. 1, 2, 14, as amended, Series of 1986, and 432, Series of 2005.

## 3. ASSET MANAGEMENT

It is primarily tasked with the administration of sequestered assets and preservation of assets that have been placed under the custody and control of PCGG, or with PCGG nominee-director/comptrollers, in order to prevent the dissipation, concealment and disposition of these assets until final determination of their lawful ownership by the Courts.

### a. Administration

- Periodic ocular inspection of sequestered and surrendered/recovered assets.
- Physical inventory of sequestered and surrendered/recovered assets.
- Provides estimated valuation of sequestered/recovered assets from documents/records obtained from BIR, SEC, etc.
- Updating of status of titles as to ownership and encumbrances.


### b. Preservation

- Repairs and maintenance of sequestered properties under full custody of PCGG.
- Administer projects/activities to maximize revenue generation.

## 4. DISPOSAL AND PRIVATIZATION


It is responsible for the disposition and privatization of surrendered and/or recovered assets to ensure that these are done in accordance with the rules and procedures prescribed by the Privatization Council and Commission on Audit.



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- Disposal refers to the transfer or disposition of property from one to another by any various means including public auction, sale thru negotiation, barter, transfer to other government agencies, or destruction or condemnation.
- Privatization means the transfer of assets from public to private ownership and control.


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## 1. Human Resource Management

The PCGG believes that the human resource is its greatest asset. To ensure that the staff members are equipped with the necessary knowledge and skills required to efficiently perform their functions, the Human Resource Development Division (HRDD) has established and maintained procedures to ensure that personnel performing their functions are competent on the basis of education, training and/or experience and job skills set. As such, the HRDD maintains the records in undertaking the following functions:

- determining the capability-building needs of personnel performing research work involving preparation of pleadings and appraisal/valuation process;
- organizing seminars and training courses to meet the identified needs;
- evaluating the effectiveness of the aforementioned HRDD interventions;
- orienting the personnel on their roles and responsibilities as they affect achievement of objectives;
- inviting department representatives to orient personnel on departmental policies and procedures;
- ensuring persons doing work are aware of the quality policy, objectives and implications of nonconformance; and
- determining and selecting opportunities for improvement; and
- implementing necessary actions to meet certain requirements through corrections, corrective actions, continual improvement and innovation.

It is the commitment of the PCGG to provide its staff with the proper training for the constant improvement of their knowledge, skills, managerial acumen, and behavior on activities related to the quality system. This is in recognition that the behavior and performance of every individual directly impacts on the quality of services provided. Training Needs Assessments (TNAs) and surveys shall be conducted as demanded by organizational changes.

The HRDD interventions include both formal and informal modes: coaching, on-the-job-training, cross-posting courses conducted by HRDD and other Departments within the PCGG. It also includes orientation and cascading sessions conducted by the QMS Core Team, particularly handled by the Training and Advocacy Committee.

Recruitment is handled by HRDD based on training and is maintained for all personnel by the HRDD.

Appropriate records of academic qualifications and training are maintained for all personnel by the HRDD.

## 2. Financial Management


The Finance and Administration Department (FAD) shall provide PCGG General Administrative and Financial Support services effectively in accordance with the policies of the Commission and government rules and regulations. The FAD has five (5) divisions

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namely: Budget and Disbursement, Accounting, Collection, Administrative Services and Human Resource Development Division.

### 3. Outsourced Services Management

To ensure effectiveness in the implementation of general administrative services, the PCGG monitors its outsourced services such as janitorial, security, and copier rental services, which are procured through public bidding.

Janitorial personnel are deployed in the PCGG office to provide a clean and orderly environment for its personnel. Security guards are likewise posted in the PCGG office to ensure the safety of its personnel and properties.

The Administrative Services Division oversees the performance of janitorial personnel and operations of copier machines, while the PCGG Security Unit supervises the security guards. A Certificate of Performance is issued every month by the concerned supervising units to ensure the satisfactory performance of these outsourced services.

To measure their performance, a feedback form is issued to, and answered by, the different Department/Division Heads.

### 4. Infrastructure Management

It is the policy of the PCGG to determine, provide and maintain the infrastructure needed to deliver services required by the customers/clients and citizens. This infrastructure includes (whenever applicable) workstations, training/conference facilities and equipment, meeting rooms, customer receiving areas, library, transportation service, computer and internet/intranet facilities, project management and other software, storage facilities for supplies, communications facilities and areas for auxiliary services such as photocopying, parking, canteen services, etc. The Administrative Services Division handles the management and maintenance of these infrastructures.

- **Work Environment**

The PCGG aims to promote the well-being, satisfaction and motivation of its personnel by providing them a work environment that is conducive for working and learning by defining workstations, formulating and observing quality workplace standards.

The end objective of this is to establish a quality work-life for the PCGG personnel in order to work more effectively and efficiently.


- **Operation**

The PCGG ensures the standardization as needed based on the context analysis addressing the issues and needs of the PCGG and its interested parties, which includes, but are not limited to, the following areas of concern:



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- operational planning and control
- determination and review of requirements
- control of outsourced services
- service provision
- identification and traceability
- control of changes and nonconforming services

## 5. Supplies Management

The PCGG ensures that procurement of goods and services complies with the procurement process pursuant to RA 9184, otherwise known as the "Government Procurement Reform Act." The PCGG BAC-Secretariat consolidates, prepares and monitors the implementation of the Annual Procurement Plan of the PCGG.

Common-use Supplies and Equipment (CSE) are procured through the Procurement Service (PS) pursuant to DBM Circular Letter No. 2011-6 in line with Administrative Order No. 17. Other supplies and equipment that are not available at the PS are procured through public bidding or other methods of procurement prescribed by RA 9184. A Supplies Ledger Card is maintained by the Administrative Services Division to monitor the replenishment and withdrawal of supplies and inventories.

Equipment and inventories issued to officials and employees are recorded and monitored through the Property Acknowledgment Receipt (PAR) and Inventory Custodian Slip (ICS), respectively, as well as through the conduct of Annual Physical Inventory.

## 6. Information and Documentation Management


Quality Manual is the document defining PCGG's mandate, mission, vision, quality policy and processes. Quality procedures and process workflows are documents that provide information and guidelines on how to achieve activities and processes consistently. Records are documents that provide objective evidence of activities and use as references for decision making.

To be able to demonstrate effective implementation of the QMS, a documented procedure for records management shall be established. The document filing system applicable to each office shall be properly defined. A master list of records identifying the actual location of the document shall be maintained for each office. Retention period shall be based on the National Archives of the Philippines' (NAP) retention disposition schedule.



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## 1. Quality Management Structure

The structure of PCGG's quality management system is integrated with Commission's organizational structure.

## 2. QMS Responsibility

The specific roles and responsibilities of each unit in the Academy's quality management structure are as follows:

### QUALITY COUNCIL

The Quality Council is the overall oversight of PCGG compliance, maintenance, monitoring, communication, and conformance with the requirements of the International Standard. The Commission shall take leadership and commitment concerning the Quality Management System. They shall ensure that the quality policies, procedures, and processes are aligned with the strategic direction and goals of the Commission.

The Quality Council shall be composed of the members of the Commission and the Directors of the different departments who constitute the Management Committee (MANCOM). The QMS agenda, workplan, issues and concerns shall be presented and deliberated during MANCOM meetings

The Quality Council shall be responsible for the following functions:

- 1.1 Take accountability for the effective implementation of QMS implementation
- 1.2 Ensures that quality objectives and policies are relevant and aligned with the strategic direction of the Commission
- 1.3 Promoting the process approach and risk-based thinking
- 1.4 Ensures allocation of resources to support QMS implementation
- 1.5 Promote awareness by ensuring that policies and procedures are cascaded to all concerned personnel
- 1.6 Approve the composition of members to QMS secretariat, Internal Quality Audit and Audit and Feedback and Communication Committee.


### QMS CORE TEAM

The QMS Core Team shall be responsible for overseeing and sustaining key elements of the Commission's Quality Management System. In the exigency of service, existing organizational units and offices are designated and tasked to perform the functions and roles of core teams. The incumbent head and his/her next-in-rank personnel shall be designated as Team Leaders and Alternate Team Leaders and will perform the core team functions in a concurrent capacity with their existing functions and duties.



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The following organizational units shall make up the QMS Core Team:

**1.1 Human Resource Management Division**

- 1.1.1 Determine the necessary competence of persons needed to effectively perform QMS tasks
- 1.1.2 In coordination with PPD, ensure that all PCGG employees are informed of the Commission's QMS goals and objectives
- 1.1.3 Conduct regular awareness building sessions on the quality policy, objectives, and QMS requirements to promote participation, commitment, and sustainability of QMS
- 1.1.4 Recommend and facilitate appropriate HR intervention to address competency gaps that affects the effective delivery of QMS goals and objectives

**1.2 Library Division**

- 1.2.1 Initiate updating of QMS documents vis-à-vis the standards
- 1.2.2 Secure and maintain master copies of Quality Manual and Policies and Procedures Manuals as well as masterlist of externally generated documents and references
- 1.2.3 Ensure that current versions of relevant documents and documented information are accessible upon request
- 1.2.4 Prevent unintended use of obsolete and unauthorized documents
- 1.2.5 Ensure the traceability and proper accountability of documents
- 1.2.6 Facilitate the establishment of a Records Management System with consideration on proper document storage, preservation, retention, and disposal
- 1.2.7 Propose mechanisms to ensure proper turnover and safeguarding of documents


**1.3 Policies and Plans Division**

- 1.3.1 Prepare the overall Commission Plan with the strategic goals and objectives with conformance to QMS requirements
- 1.3.2 Ensure that quality objectives are established and are aligned with the Commission's strategic directions and objectives
- 1.3.3 Monitor the Commission and Department/Division performance vs. targets
- 1.3.4 Review the results, evaluation, and feedback gathered during management review to identify areas for improvement
- 1.3.5 In coordination with HRMD, ensure that all PCGG employees are informed of the Commission's QMS goals and objectives

**1.4 Public Information Office**

- 1.4.1 Manage communication with and feedback from internal and external customers
- 1.4.2 Facilitate the production and distribution of Commission Information, education, and communication campaign (IEC) materials



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**1.5 Management Information Systems Division**

- 1.5.1 Formulate and recommend Commission's Information System Strategic Plan (ISSP) in support of the Commission's operations and QMS implementation
- 1.5.2 Determine, provide, and maintain information technology resources and infrastructure necessary for the effective implementation of QMS

**1.6 Administrative Services Division**

- 1.6.1 Determine the resources needed by the Commission's operations
- 1.6.2 Ensure that the resources obtained from external providers conform to the requirements of end-users and complies with established government policies
- 1.6.3 Determine and evaluate the performance of external providers

**1.7 Legal Department**

- 1.7.1 Establish the Risk Management System policy and procedures of the Commission
- 1.7.2 Facilitate the process of identification, monitoring, and assessment of risks and opportunities of all PCGG offices
- 1.7.3 Maintain the masterlist of Risks and Opportunities with ratings

**1.8 Accounting Division**

The Accounting Division shall lead the IQA Team and members shall be composed of representatives from different departments. The IQA team shall comply with the requirements of the IQA standards and shall provide regular information about the compliance of the Commission to QMS requirements.

As approved by the Quality Council, the IQA shall:

- 1.8.1 Establish an audit plan and program for the year
- 1.8.2. Conducts internal quality audits to determine the effectiveness of the implementation of QMS
- 1.8.3. Assess QMS conformance to the requirements of the ISO 9001:2015 standards
- 1.8.4 Define the audit criteria and scope for each audit
- 1.8.5 Select auditors and ensure the objectivity of the audit process
- 1.8.6 Reports results of internal quality audits to the Quality Council
- 1.8.7 Monitors the implementation of all corrective and preventive actions for non-conformities.
- 1.8.8 Ensures that all audit reports are documented and maintained.

**1.9 QMS Secretariat**

The QMS Secretariat shall be in charge of the overall secretariat requirements of the QMS Core Team. The team shall be composed of the following:

Head: Head of Policies and Plans Division


Members: Inter department representation holding regular positions



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The Secretariat shall perform the following functions:


- 1.9.1. Provide information, technical, and secretariat support to the Quality Council in overseeing the implementation and maintenance of PCGG QMS.
- 1.9.2. Coordinate with the concerned units all matters of concern about the PCGG QMS.
- 1.9.3. Ensure preparation of complete staff work on QMS issues.
- 1.9.4. Coordinate with the Certifying Body matters of concern about the ISO certification of PCGG.
- 1.9.5. Ensure the documentation of QMS Core meetings and meetings conducted by the Quality Council; and
- 1.9.6. Monitor status of actions on agreements and provide timely feedback to concerned personnel.



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### 1. Purpose

This procedure aims to ensure that all documents needed for the quality management system are kept up-to-date and readily available for use by those who need them.

### 2. Scope

This procedure applies to all internal and external documents identified by the organization as required by the quality management system.

### 3. Definition of Terms


Documented Information	Refers to all information of the Commission that must be kept organized and controlled. Documented information is a combination of documents and records.
Maintained (Active) Documented Information	Refers to documented information within the action retention period specified in the National Archives of the Philippines (NAP) schedule.
Retained (Inactive) Documented Information	Refers to documented information in written form or any material – whether on film, negative, or other medium capable of being reproduced; or by means of any recording device or process, computer, or other electronic devices.
Controlled Documented Information	Documented information uploaded to an exclusive site and is within the control of the Document Controller
Document Controller	An individual designated to oversee, in coordination with Document Custodians, the implementation of the Maintenance and Retention of Documented Information procedures within the Commission. The Library and Records Division is designated as the Document Controller of the PCGG.
Document Custodian	An individual designated to help the Document Controller implement the Maintenance and Retention of Documented Information Procedures within one's Unit/Division
Internal Documented Information	Documented information generated within PCGG
Externally Generated Documented Information	Documented information generated from sources outside of PCGG and are in the custody of the Document Controller and/or the Document Custodians because of its relevance to the Commission's operations, in general, and to the respective Department's / Division's / Unit's operations in particular.

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Documented Information Masterlist	A list that identifies the documents required by the quality management system and controlled by the Document Controller
Document Originator	Any employee or office who initiates the creation or revision of any documented information
e-documented Information	Documented information that exists only in electronic form such as data stored on a computer, network, backup, archive or other storage media.
Master Copy	Refers to any QMS document that is in the control and possession of the Document Controller.
Obsolete Documented Information	A superseded document indicated by red "Obsolete Copy" stamp ink.
Process Owner	The officer who has supervision of the mandate a particular office is tasked to perform.
Revision History	Used to record all changes/revisions to the documented information.
Uncontrolled Documented Information	Any documented information that was unofficially printed, reproduced and/or downloaded.


#### 4. Procedure Details

No.	Key Activities	Responsible	Reference Document/ Record	
4.1	<b>Creation/Revision of Documented Information</b>	<ul style="list-style-type: none"> <li>Create new documented information</li> <li>Revise an existing documented information</li> </ul>	Document Originator	--
4.2	<b>Document, Review and Approval</b>	<ul style="list-style-type: none"> <li>Review and approve documented information</li> </ul>	Process Owner (Top Management)	Tracking Sheet
4.3	<b>Registration of Documents</b>	<ul style="list-style-type: none"> <li>Assign documented information code</li> <li>Update documented</li> </ul>	Process Owner Document Controller	Tracking Sheet Documented Information Masterlist

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No.	Key Activities	Responsible	Reference Document/ Record
		information master list	Logbook of Externally Generated Documents
4.4	<b>Distribution of Documents</b>	<ul style="list-style-type: none"> <li>Register external documents</li> </ul>	
		<ul style="list-style-type: none"> <li>Prepare controlled copies of documented information for distribution</li> </ul>	Document Controller
		<ul style="list-style-type: none"> <li>File master copy of documented information</li> </ul>	Document Custodians
		<ul style="list-style-type: none"> <li>Receive controlled copies of document and return any obsolete copies to Document Controller for disposal</li> </ul>	Tracking Sheet
4.5	<b>Archiving of Obsolete Master Copy</b>	<ul style="list-style-type: none"> <li>Archive obsolete master copies of documented information and recycle other obsolete copies</li> </ul>	Document Controller
		<ul style="list-style-type: none"> <li>File Masterlist of documented information</li> </ul>	Control of Records

Blank forms and report layouts are subject to this document control procedure as these are designed, developed, distributed for use, and/or revised. Filled-out/ accomplished forms and completed reports are considered records and subject to the Control of Records procedure.

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## 5. Creation/Revision of Documented Information

- 5.1 Document originator prepares the document or revises the document as a result of the review of procedures and systems.
- 5.2 A Routing Sheet is attached to the document to trace the review and approval of the created/ revised document.
- 5.3 Where internal documented information has been revised, the document originator indicates the nature of revision in the routing slip.

## 6. Document Review and Approval


- 6.1 Review and approval ensure that the documents are appropriate to the needs of the organization in general, and the intended use of the document in particular.
- 6.2 Review and approving authorities depend on the type of document, which is outlined as follows:

Document	Originator	Review/ Recommending Approval	Approval
Policies and Plans	Unit Head/ Division Chief	<ul style="list-style-type: none"> <li>Department Director</li> <li>Commissioner-In-Charge</li> <li>Committee on Review and Updating of the PCGG PPM</li> </ul>	<ul style="list-style-type: none"> <li>Chairperson</li> </ul>
QMS Manual and Procedures	Head, QMS Committee	<ul style="list-style-type: none"> <li>QMS Core Team</li> </ul>	<ul style="list-style-type: none"> <li>Chairperson</li> </ul>
PCGG-wide Documents	Unit Head/ Division Chief	<ul style="list-style-type: none"> <li>Department Director</li> </ul>	<ul style="list-style-type: none"> <li>Chairperson/ Commissioner-In-Charge</li> </ul>
Unit/Office Level Documents	Employee/Staff	<ul style="list-style-type: none"> <li>Unit Head/Division Chief</li> </ul>	<ul style="list-style-type: none"> <li>Department Director/ Commissioner-In-Charge</li> </ul>

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6.3 Review and approval of old reference manuals considers the need for revisions, to make them current in terms of content and format.

6.4 All documented procedures are reviewed every three (3) years to assess the adequacy, suitability and appropriateness in response to the continual improvement of the QMS.

6.5 Old reference manuals (e.g. documentation prior to implementation of the ISO 9001 QMS retrieved from general circulation (pending final disposition) may be reused subject to registration as a controlled document. A routing slip is prepared to obtain approval for reuse.

## 7. Registration of Documented Information

7.1 New documents as well as revisions to existing documents are registered in a document masterlist by the Library and Records Division to ensure proper control.

7.2 External documents are registered in a logbook of Document Custodians of each unit or division office, or can be directly forwarded to the Library and Records Division. External documents received electronically (e.g. via e-mail) are printed to facilitate registration (and subsequent review and distribution). Documents received by fax and printed initially on fax thermal paper are photocopied (thermal paper printouts fade in time).

7.3 Upon approval of the documented information, the Library and Records Division shall assign a new Documented Identification Number according to the coding system prescribed for the following QMS documented information:

QM = Quality Manual  
QP = Quality Procedures  
POL = Policy

The code for the QMS documented information shall be composed of a specific 2-letter code assigned for a particular QMS document, procedure, and policy, followed by the "nth number of revision". The coding system shall be separated by a hyphen.

Example:


*QP-01-REV.0 = Quality Procedures-Control of Documented Information, with no revision.*

The PCGG issued **forms** shall be coded using the following elements: "Department", "Division", "Assigned Code", and "nth revision". Each shall be separated by a hyphen. The process owner shall be responsible in identifying and categorizing their forms.

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Example:

*FAD-ASD-01-REV.0, stands for the first type of form categorized by the process owner, with no revision.*

7.4 The aforesaid coding system shall also be applied for relevant matrices, e.g., Individual Performance Commitment and Review Form (IPCRF), and Risk and Opportunity Matrix.

7.5 For external documents, the code stipulated therein shall be retained. Meanwhile, the PCGG-internally issued policies, e.g., Office Orders, BAC Resolutions, shall maintain its regular numbering/coding system.

7.6 All PCGG documented information shall bear the official PCGG logo.

7.7

## 8. Distribution of Documents

8.1 A master copy of each internal documented information is retained by the Library and Records Division, until revised.

8.2 The copy of the externally generated documented information submitted/ received for registration is considered the master copy and is retained by the Library and Records Division until superseded.

8.3 Controlled copies of documents are photocopied from master copies, and stamped "Controlled Copy" in blue ink, prior to distribution to copyholders. Copyholders sign on the tracking sheet/logbook upon receipt of their respective copies.

## 9. Archiving of Obsolete Master Copy

9.1 Obsolete master copy is stamped "Obsolete Copy" in red ink to prevent unintended use. Refer to the Control of Records Procedure for the retention and disposition schedule.

9.2 Other obsolete controlled copies of documents are struck out and recycled for use.

## 10. References


- 10.1 ISO 9001:2015 Clause 7.5 Documented Information
- 10.2 Documented Information Masterlist
- 10.3 Retention of Documented Information



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### 1. Purpose

This procedure aims to ensure that all records generated by the quality management system are properly maintained and readily available for use by those who need them.

### 2. Scope

This procedure applies to records required by ISO 9001 as well as records identified by the organization as required for the effective management and control of processes.

### 3. Definition of Terms

National Archives	Refers to the National Archives of the Philippines (NAP) established and strengthened under 9470
Documents	Refers to recorded information regardless of medium or characteristics
Retained (Inactive) Documented Information	Refers to documented information in written form or any material – whether on film, negative, tape or other medium capable of being reproduced; or by means of any recording device or process, computer, or other electronic device.
Process-Related Documented Information	Documented information generated from the activities of the Commission's core processes. These are categorized into technical files and administrative files.
Process Owner	Unit or individual where the records originated.
Records Disposition Schedule	Listing of records series by organization showing for each record series, the period of time it remains in the office area, in the storage (inactive) area, and its preservation or destruction.
NAP Schedule	Listing of records with its retention period and corresponding disposition method
Library and Records Division	Central Repository of the Commission's institutional documented information
Records	Refers to any paper, book, photograph, recording, or other document, or any copy thereof, that has been made or received in connection with the transaction of public business and may have been retained by the office as evidence for litigation purposes. Records also include all electronically stored information including but not limited to e-mails, electronic documents, databases, and security system data.


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Records Custodian	Refers to any agency employee with responsibilities over a particular set of records. The custodian is the designated individual from each Office/Division/ Department responsible for the collection, maintenance, filling, and safekeeping of documented information.
Record Series	Refers to a group of related records arranged under a single unit, label or kept together as a unit because the records deal with a particular subject, result from the same activity or have a related special form.
Retention Policy	Refers to the established protocol or set of guidelines that will help the agency keep track of how long information must be kept and how to dispose of the information when it is no longer needed. Length of time a specific record must be kept within respective work areas of office before documented information is transferred to the Library and Records Division
Retention Period	Refers to the specific period of time established and approved by the National Archives as the life span of records, after which they are deemed ready for permanent/archiving or destruction.
Retention Schedule	Refers to the process of determining the life of a record in each stage of the information life cycle (from creation to disposition) and provides instructions for the disposition of the records throughout their cycle.
Disposition Program	provides approved routine procedures to dispose or transfer records that are no longer needed in the office.
Disposition Method	Refers to the manner of disposing of records whether by destroying or deleting.
Disposal Schedule	Refers to listing of records series by department/unit showing each record series the period of time it remained in the office area, in the storage area and its preservation and destruction.

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#### 4. Procedure Details

No.	Key Activities		Responsible	Reference / Document Record
	Collect and identify records	<ul style="list-style-type: none"> <li>Collect records</li> <li>Ensure identification of records</li> <li>Establish a filing system</li> </ul>	<ul style="list-style-type: none"> <li>Records Custodian Process</li> <li>Owner</li> </ul>	
	Store and protect records	<ul style="list-style-type: none"> <li>Store properly</li> <li>Protect records appropriately</li> </ul>	<ul style="list-style-type: none"> <li>Records Custodian</li> </ul>	
	Retrieve and maintain active records	<ul style="list-style-type: none"> <li>Update National Records Inventory (NRI)</li> <li>Maintain properly the active records</li> </ul>	<ul style="list-style-type: none"> <li>Records Custodian</li> </ul>	<ul style="list-style-type: none"> <li>NRI Logbooks</li> </ul>
	Maintenance and disposal	<ul style="list-style-type: none"> <li>Update NRI</li> <li>Turnover of inactive records</li> <li>Convert to e-files</li> </ul>	<ul style="list-style-type: none"> <li>Records Custodian</li> </ul>	<ul style="list-style-type: none"> <li>NRI</li> </ul>

#### 5. Collection and Identification


- 5.1 Records are identifiable through any or combination of the following information, as appropriate:
- Title of Record
  - Date(s)
  - Document Number
  - Name of signatory/ies
- 5.2 Records are collected upon availability from their source, for appropriate filing by the Records Custodian or concerned Process Owner.
- 5.3 In case of erasure or correction, the corrected data are countersigned by the employee who corrected it.
- 5.4 All records are signed by authorized personnel. The reviewer ensures that said records are legible and contain sufficient information as a basis for its endorsement or approval. Hence, records without the signature of approving authorities except e-copies are considered "unofficial".

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## 6. Storage and Protection

- 6.1 Records are kept in appropriate locations to minimize physical deterioration, damage, and loss. For protection purposes, the following practices are observed:
- Use of expanded folders/envelopes and/or ring binders;
  - Placed in magazine files and stored in shelves or steel cabinets to prevent wear and tear;
  - Regular back-up of permanent and archival records including databases; and
  - Access restriction, through password (this pertains only to soft copy and other security measures) to prevent unauthorized use.

## 7. Retrieval and Retention

- 7.1 For easy retrieval, filing cabinets, shelves, boxes, magazine files, folders, and envelopes are labeled. Likewise, NAP schedule is maintained.
- 7.2 Records borrowed by other offices or workgroups are traced using logbooks.

## 8. Maintenance and Disposal

- 8.1 Maintenance and disposal of records are done in accordance with the Records Retention and Disposition Schedule.
- 8.2 For easier safekeeping, permanent records may be converted to e-files, except for records that require original copy bearing authentic signatures.

## 9. References


- 9.1 RA 9470 National Archives of the Philippines Act
- 9.2 NAP General Records Disposition Schedule Common to all Government Agencies, Series 2009
- 9.3 ISO 9001:2015 Clause 7.5 Documented Information
- 9.4 PCGG-QP-01 Maintenance of Documented Information

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### 1. Purpose

This document describes the procedure and resource requirements for the objective evaluation of the effectiveness of the established quality management system of the PCGG. It defines the system for the planning, preparation, execution, follow-up, and reporting of IQA activities in determining if the Quality Management System (QMS) conforms to the organizational requirements, to the requirements of ISO 9001, and to the requirements of its clients and stakeholders.


### 2. Scope

The procedure applies to PCGG covering the processes of management, core processes, and support services.

### 3. Definition of Terms

Internal Quality Audit (IQA)	a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which criteria are fulfilled.
Auditee	the office or person being audited
Auditor	the person with demonstrated personal attributes and competence to conduct an audit.
Audit Area	the processes under the Management, Core and Support Processes in the PCGG Business Process Map which shall be subjected to periodic audit
IQA Committee	the IQA Committee was formed to oversee the IQA implementation
IQA Committee Head	leads the IQA Teams and is responsible for the preparation of the Audit Plan and Audit Program.
IQA Team	composed of auditors assigned to conduct audits in a particular office. Led by an IQA Team Leader
Audit Program	set of one or more audits planned for a specific timeframe, directed towards a specific purpose




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Audit Plan	a document that outlines the activities and arrangements for an audit
Audit Notes	set of criteria which serves as a guide to an auditor
Audit Criteria	set of policies, procedures, or requirements which are used as a reference against which audit evidence is compared
Audit Evidence	qualitative or quantitative record, statement of facts, or other information, which is verifiable and relevant to the audit criteria
Audit Finding	result of the evaluation of the collected audit evidence against audit criteria which can either be conformity and nonconformity, opportunity for improvement, or commendable findings/good practices.
Conformity (C)	fulfillment of a requirement
Nonconformity (NC)	non-fulfillment of a requirement
Opportunity for Improvement (OFI)	An observed situation or process which cannot be clearly stated as nonconformity that if addressed may lead to the improvement of the process.
Corrective Action (CA)	actions taken to eliminate the cause of a detected nonconformity or other undesirable situation to prevent its recurrence
Corrective Action Request (CAR)	tool/form used to record/report any detected or potential non-conformity and the corresponding root cause analysis and actions to address it
Good Practice	the practices, activities, methodologies, etc that have been shown to be effective in one part of the organization and might be replicated by others.
Requirement	A need, necessity, expectation, specification, obligation
Root Cause Analysis	A process of identifying the root cause of the problem or of an event that resulted in undesirable outcome and determine the appropriate solutions.



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#### 4. Procedure

##### 4.1 Selection and Management of Auditors

**4.1.1** Appointment of candidate auditors into the auditor pool and selection of auditors for specific assignments based on the following qualifications:

- a. Has completed at least twenty-four (24) hours of IQA training;
- b. Has completed Quality Management System Requirements and Documentation training;
- c. Has at least one (1) year work experience in the Commission; and
- d. Must have been an observer, for at least once, in an actual audit.

**4.2.2** The personal attributes of the auditor should include the following:

- a. Ethical
- b. Open-minded
- c. Diplomatic
- d. Observant
- e. Perceptive
- f. Versatile
- g. Tenacious
- h. Decisive
- i. Self-reliant

**4.2.3** Auditor performance is reviewed based on the following:

- a. Feedback from the IQA Committee Head and auditee; and
- b. The quality of audit checklists and audit reports.


**4.3.3** The competencies and performance of auditors are periodically evaluated to identify training and development needs. The Internal Quality Audit Committee Head, together with the QMS Training and Advocacy Committee, coordinates with the HRDD to plan and implement training and development programs for auditors.

**4.3.4** The final list of auditors is legitimized through the issuance of an Office Order.



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#### 4.2 Planning for the Internal Audit

- 4.2.1** Each audit area shall be audited at least once a year;
- 4.2.2** The Audit Plan for a specific year shall be prepared by the Internal Quality Audit Committee Head and approved by the Quality Council prior to implementation. The Audit Program shall be prepared within the first quarter of the year;
- 4.2.3** As necessary, unplanned IQA may be initiated by the Internal Quality Audit Committee based on, but not limited to the following:
- unusual increase in quality-related problems;
  - introduction of new services;
  - major changes in QMS, personnel, and processes; and
  - office request.
- 4.2.4** The Audit Program is communicated through a memorandum from the IQA Committee Head to all concerned offices, at least a week prior to the activity. The communication includes the following:
- purpose
  - audit scope
  - Offices to be audited and auditees
  - assigned Internal Audit Team
  - date and time of the audit
- 4.2.5** The QMS Secretariat will disseminate the approved IQA Plan to all concerned Unit/Division/ Department through a memorandum from the Internal Audit Team Head within three (3) days after its approval;
- 4.2.6** To ensure impartiality and objectivity of the audit process, audits are performed by auditors independent of the area being audited for at least two (2) years;


#### 4.3 Preparing for the Internal Audit

- 4.3.1** The Internal Audit Team may opt to request in advance applicable documents such as the QMS Manual, Procedures, Guidelines, Office Orders, Memorandum Orders, Special Orders and applicable statutory and regulatory laws for review.



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**4.3.2** Audit Notes are developed based on the audit scope, objectives, and document review.

#### 4.4 Conducting the Internal Audit

**4.4.1** The IQA Committee Head starts with an opening meeting to reconfirm audit schedule, audit objective, and audit participants;

**4.4.2** The IQA Team gathers data by interviewing personnel, reviewing documents, observing processes, and verifying records;

**4.4.3** The IQA Team records facts as evidence of the audit and evaluates the same to determine the objective evidence of the audit findings;

**4.4.4** The audit findings are classified as C, NC or OFI. Commendations and strengths of the system are also noted;

**4.4.5** If and when the auditee has unresolved issues with an audit finding, he/she may contest such before or during the closing meeting;

**4.4.6** If not resolved at this level, the issue may be raised to the IQA Committee Head;

**4.4.7** A closing meeting is conducted within three (3) working days after the audit day wherein audit findings are presented to the audited office.

#### 4.5 Reporting the Audit Findings

**4.5.1** Audit findings are documented on the Corrective Action Report (CAR) form and Audit Finding Report;

**4.5.2** Control Numbers are assigned to the CAR for monitoring purposes. These are recorded in the CAR logbook maintained by the IQA Committee Head;


**4.5.3** The CAR and Audit Finding Report are issued to the auditee within five (5) working days after the closing meeting. The auditee acknowledges and signs the CAR;



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**4.5.4** A summary of audit findings shall be prepared by the IQA Committee Head for reporting to the Quality Council;

**4.5.5** An overall assessment of the effectiveness of PCGG QMS shall be reported by the IQA Committee Head during the Management Review.

#### **4.6 Monitoring the submission of CAR**

**4.6.1** The auditee shall return the CAR with the corresponding Root Cause Analysis (RCA) and action plan within fifteen (15) working days upon receipt;

**4.6.2** Should there be CARs not submitted within the 15 days prescribed period, a follow-up letter shall be issued to the concerned office for immediate submission. The follow-up letter shall be signed by IQA Committee Head and PCGG Chairperson;

**4.6.3** Failure to accomplish and submit the CAR to the IQA Committee, despite follow up shall be reported to the Quality Council for appropriate action.

#### **4.7 Verifying Actions Taken**

**4.7.1** The auditors verify the implementation of the actions taken specified in the accomplished CAR. The results of such verification are monitored as per Corrective Action Procedure.

**4.7.2** The effectiveness of the corrective actions taken can be validated if there is no recurrence of the same NC in the succeeding audits.

### **5. Responsibilities**


#### **5.1 Quality Council**

**5.1.1** Overall oversight of PCGG compliance, maintenance, monitoring, communication, and conformance with the requirements of the International Standard. The Commission shall take leadership and commitment in the adoption of QMS standards in all its core and support processes. They shall ensure that the quality policies, procedures, and processes are aligned with the strategic goals of the Commission.



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## 5.2 IQA Committee Head

- 5.2.1 Prepares and endorses the audit program and plan to the Quality Council for approval;
- 5.2.2 Ensures the timely and effective implementation of audits based on the approved Internal Audit Program;
- 5.2.3 Reviews the audit findings and CAR;
- 5.2.4 Preside the mediation proceeding as arises; and
- 5.2.5 Prepare and present the summary of audit findings during the management review.

## 5.3 IQA Committee

- 5.3.1 Deliberates on the audit findings to identify the common conformities and nonconformities for proper action; and
- 5.3.2 Mediates and decides between the auditor and auditee pertaining to all matters, e.g., diverging opinions, etc.

## 5.4 Internal Audit Team

- 5.4.1 Conducts the process review;
- 5.4.2 Prepares audit notes/checklist;
- 5.4.3 Conducts an on-site audit of the process;
- 5.4.4 Deliberates the results of the audit, prepares and submits the audit report on or before the deadline;
- 5.4.5 Submits audit feedback to the Feedback and Communication Committee; and
- 5.4.6 Monitors and validates the status of CAR.


## 5.5 Auditee/Process Owner

- 5.5.1 Confirms the schedule of audit as planned, otherwise, submit a written request for rescheduling;
- 5.5.2 Submits requested evidentiary requirements;
- 5.5.3 Provides administrative and logistical support during the audit;
- 5.5.4 Ensures accomplishment of corrective actions as scheduled;
- 5.5.5 In case of diverging opinions on the result of the audit, submits a written request for mediation to the IQA Committee Head;
- 5.5.6 Submits accomplished CAR and RCA on or before the deadline; and
- 5.5.7 Submits audit feedback to the Feedback and Communication Committee.

## 5.6 Mediation Body

- 5.6.1 Calibrates the audit findings to identify the common conformities and nonconformities, and the results thereof, as necessary for proper action; and



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**5.6.2** Mediates and decides between the auditor and auditee pertaining in all matters, e.g. changing schedules, diverging of opinions, etc.

### 5.7 QMS Secretariat

**5.7.1** Disseminates the approved Audit Plan and Program within 3 days after their approval; and

**5.7.2** Provides administrative and logistical support during QMS Core Team Meetings and Management Review.


### 6. Reference

- 6.1** Corrective Action Procedure
- 6.2** Prescribed Templates
- 6.3** Auditors Notes (AN)
- 6.4** Audit Findings Report (AFR)
- 6.5** Corrective Action Report (CAR)



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### 1. Purpose

This procedure aims to ensure that outputs that do not conform to the requirements are controlled to prevent their unintended use or delivery, or if delivered, to ensure that appropriate remedies are effectively taken.


### 2. Scope

This procedure applies to the outputs of the Presidential Commission on Good Government.

### 3. Definition of Terms

Nonconforming outputs	<p>Outputs that do not fulfill requirements. Outputs may refer to physical items, such as reports and other documents like legal opinions, document reviews, inventory, etc. Outputs also refer to Freedom of information (FOI), research, anti-corruption campaigns, and promotional activities on good governance being provided by the PCGG.</p> <p>Examples of non-conforming outputs are inaccurate reports, inaction of requests, etc.</p>
Initial Disposition	Action taken to contain the nonconforming output and minimize its immediate effect. This may include putting the nonconforming output on hold and setting it aside, or temporarily discontinuing output.
Correction	Action taken to correct the nonconforming g output, to make it conform to requirements or otherwise prevent its unintended use or delivery. This may include reworking, regarding or scrapping nonconforming outputs.
Concession	Permission to use or release output that does not conform to specified requirements. A concession is generally limited to the




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	delivery of an output that has nonconforming characteristics within the specified limits for an agreed time or quantity of that output.
Corrective Action	Action to eliminate the cause of a detected nonconformity (nonconforming output) or other undesirable situation and prevent recurrence.
Process Owner	<p>Individual/office whom/where the process being performed is where the NC is detected</p> <p>Employee/office responsible for the performance of a process and ensuring that objectives are realized, and that appropriate actions are carefully reviewed and approved and are taken without undue delay to eliminate nonconformities and their causes.</p>

#### 4. Procedure Details

No.	Key Activities		Responsible	Reference Document/ Record
4.1	Identify nonconforming output	<ul style="list-style-type: none"> <li>• Detect nonconforming output</li> <li>• Receive customer feedback on NC output</li> </ul>	Process Owner	<ul style="list-style-type: none"> <li>• Applicable Issuance or Procedure</li> </ul>
4.2	Determine and apply the initial action/s	<ul style="list-style-type: none"> <li>• Isolate NC output, and/or temporarily stop process/output delivery, following the control of NC matrix</li> <li>• Provide an initial response to client feedback, as needed</li> </ul>	Process Owner	<ul style="list-style-type: none"> <li>• Control of Nonconformity Matrix</li> <li>• Applicable Issuance or Procedure</li> </ul>




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No.	Key Activities		Responsible	Reference Document/ Record
4.3	Determine and apply the final action/s	<ul style="list-style-type: none"> <li>Review the nonconforming output situation and approve the final action to address NC</li> <li>Obtain output concession, correct NC output following the control of NC matrix</li> <li>Provide final response to client feedback, as needed</li> </ul>	Unit Head and/or Department Head	<ul style="list-style-type: none"> <li>Applicable Issuance or Procedure</li> <li>Control of Nonconformity Matrix</li> </ul>
4.4	Apply corrective action	<ul style="list-style-type: none"> <li>Prepare a Corrective Action Report (CAR)</li> </ul>	Process Owner	<ul style="list-style-type: none"> <li>Corrective Action Report (CAR)</li> <li>Corrective Action Procedure</li> </ul>

#### 4.1 Identifying Nonconforming Output

- 4.1.1 Nonconforming outputs may be detected internally by the staff as they perform their functions, through observation, monitoring, inspection, verification, and review;
- 4.1.2 The possible nonconformities may occur in the following areas, but not limited to:
- a. Management Process (absence of communication protocol, lack or delayed provision of needed resources).
  - b. Core Processes
    - Research (non-observance of research procedures and policies, non-compliance to ARTA, etc.)
    - Legal (non-observance of Legal procedures and policies, non-compliance to ARTA, rules of court, etc.)
    - Asset Management (non-observance of AMD procedures and policies, non-compliance to ARTA, and other regulatory requirements, etc.)



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c. Support Processes (Absence of preventive maintenance schedule, delivery of outputs which are noncompliant to purchase request specifications, etc.)

**4.1.3** Nonconforming outputs may also be detected externally by the customer/citizen through feedback or complaints as detailed in the Customer Satisfaction Feedback Mechanism; and

**4.1.4** When nonconforming outputs are detected, they shall be evaluated against requirements defined in applicable operating procedures, process guidelines, output guidelines, or quality plans.

## **4.2 Determining and Applying Initial Disposition**

**4.2.1** Initial disposition is meant to contain the problem so that no additional nonconforming output are produced or delivered, and/or prevent already nonconforming output from worsening;

**4.2.2** The Control of Nonconformity Matrix outlines the initial specific actions which need to be taken and by whom. Actions may include the following:

- a. Tagging or marking the output to identify it as nonconforming (e.g. clear marking of ERROR)
- b. Segregating the output and storing it in a location designated for nonconforming outputs to prevent it from being mixed with conforming output (e.g. obsolete documents are archived in a separate cabinet)
- c. Providing special treatment to prevent further damage
- d. Retrieving or withdrawing the nonconforming output from the client

**4.2.3** When the nonconforming output is detected just prior to the customer or at any time thereafter, the customer shall be informed of the nonconforming output.


## **4.3 Determining and Applying Correction**

**4.3.1** Final disposition is meant to correct the problem so that the output is made to conform to requirements, or if it cannot be made to conform, is prevented from unintended use or delivery;



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**4.3.2** The Control of Nonconformity Matrix outlines the initial specific actions which need to be taken and by whom. Actions may include the following:

- a. Rework - action on an output to make it conform to requirements.
- b. Revise - action on a nonconforming output to make it acceptable for the intended use.
- c. Re-evaluations to demonstrate conformity to specifications (after repair, or rework).
- d. Adjusting an ongoing output.
- e. Restarting an output that has been temporarily discontinued.
- f. Redirecting to other outputs.

**4.3.3** Final disposition may require the approval of the Unit Head and/or Department Head, depending on the gravity of the situation and its cost implications; and

**4.3.4** Final disposition is recorded through the report (e.g. waste material disposal, inventory of unserviceable vehicle, etc.) to provide traceability and evidence of actions taken and data may be used for analysis and continual improvement of the process.

#### **4.4 Applying Corrective Action**

**4.4.1** Further action shall be undertaken to prevent the recurrence of the problem, when:

- a. the nonconforming output is identified via a customer complaint.
- b. monitoring shows that nonconforming outputs are recurring.
- c. the frequency and extent of nonconforming outputs are increasing.
- d. correction requires that the nonconforming output be reworked or replaced, or for the output to be restarted or redirected, incurring significant costs in time and resources.
- e. the nonconforming output represents legal implications to the organization, the customer/citizen, or both.

**4.4.2** Further action shall be subject to the Corrective Action procedure.

**4.5** Provisions for detecting and correcting nonconforming output shall be planned and outlined in the Control of Nonconformity Matrix. The plan links with controls built into the operating processes, as documented in the core procedures, process





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guidelines, and output guidelines. The nature of nonconforming outputs and subsequent actions taken shall be captured in process and monitoring records. The plan shall be periodically reviewed for adequacy and effectiveness.

Core Process

Non-confirming Output	Initial Disposition		Correction			Reference
	Action	Responsibility	Action	Responsibility	Authority	


Support Process

Non-confirming Output	Initial Disposition		Correction			Reference
	Action	Responsibility	Action	Responsibility	Authority	

Management Process

Non-confirming Output	Initial Disposition		Correction			Reference
	Action	Responsibility	Action	Responsibility	Authority	




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## 5 References

- 5.1 Corrective Action Procedure
- 5.2 Control of Nonconformity Matrix
- 5.3 Customer Satisfaction Feedback Mechanism



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### 1. Purpose

The purpose of this procedure is to ensure that causes of detected nonconformities are eliminated to prevent recurrence.

### 2. Scope

This procedure applies to non-conformities found in the implementation of the quality management system.


### 3. Definition of Terms

Nonconformity	Non-fulfillment of a requirement
Corrective Action	Action to eliminate the cause of a detected nonconformity or other undesirable situation and prevent recurrence.

### 4. Procedure Details

No.	Key Activities		Responsible	Reference Document/ Record
4.1	Review detected and potential nonconformity	<ul style="list-style-type: none"> <li>Receive and review the Corrective Action Request</li> <li>Identify concerned staff who will be involved in corrective action</li> </ul>	Process Owner	Corrective Action Request (CAR)
4.3	Determine the cause of nonconformity	<ul style="list-style-type: none"> <li>Conduct root cause analysis</li> </ul>	Process Owner  Unit Head/ Division Chief	CAR
4.4	Determine and implement the action needed	<ul style="list-style-type: none"> <li>Develop, plan, and recommend corrective actions</li> <li>Approve corrective actions</li> </ul>	Process Owner  Unit Head/ Division Chief	CAR



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No.	Key Activities	Responsible	Reference Document/ Record
	<ul style="list-style-type: none"> <li>Implement corrective actions</li> </ul>		
4.5	Review corrective action taken <ul style="list-style-type: none"> <li>Review the implementation status and evaluate the effectiveness of corrective actions</li> </ul>	Internal Audit Team  Quality Council	CAR  CAR Status Report

#### 4.1 Reviewing Nonconformity

4.1.1 The corrective action procedure is triggered by CAR from other processes/ procedures in response to identified nonconformities from:

- a. Internal audits
- b. Customer/citizen complaints (from the Customer Satisfaction Feedback)
- c. Qualified nonconforming outputs (from Control of Nonconforming Outputs)
- d. Poor process performance results and unacceptable deviations from the organization's programs and plans (from Management Reviews)

4.1.2 The initial review of the CAR considers:

- a. The extent and impact of the reported nonconformity; and,
- b. The processes contributing to and affected by the reported nonconformity.

4.1.3 The Unit Head/Division Chief identifies concerned personnel who need to be involved in corrective action. This may extend to personnel outside his/her own unit/department; coordination with the other concerned units/ departments should be established.


#### 4.2 Determining the Cause of Nonconformity



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4.2.1 All occurring nonconformities are subjected to root cause analysis to be able to come up with corrective action plans.

4.2.2 Root cause analysis considers the different factors contributing to the nonconformity, including:

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- a. Manpower - inadequate number of personnel, competencies and their ability to consistently perform their functions as required;
- b. Machine - the availability of appropriate tools, equipment and facilities to enable effective operations;
- c. Methods - the availability and consistent application of appropriate procedures, guidelines and standards;
- d. Materials - the availability of the needed materials and supplies to enable effective operations; and,
- e. Environment - the condition of the surroundings, facilities, and work environment.

4.2.3 Where several root causes are identified, they are prioritized relative to their contribution to nonconformity.

#### 4.3 Determining and Implementing Corrective Actions

4.3.1 Identify root causes, and collectively develop and approve corresponding corrective action by the Process Owner and Division Chief.

4.3.2 Plan the following corrective actions (solutions):

- a. generate of alternative solutions;
- b. select the best solution from the available alternatives; and
- c. identify activities, resources, responsibilities, and timelines needed to implement the selected solution.


#### 4.4 Reviewing the Status of Corrective Actions

4.4.1 Review the root causes and corrective action plans documented in the CAR by the Internal Audit Team and Quality Council. The team also monitors the implementation of the action plans.

4.4.2 Review and evaluate the implementation status and effectiveness of corrective actions by the concerned Process Owner and Unit Head/Division Chief periodically. Any related issues are immediately addressed.

Corrective actions are collectively verified by the Internal Audit Team and Quality Council during management review. Depending on the nature of the solution and



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the associated nonconformity, monitoring and review continues for at least 6 months after implementation, after which the corrective action is deemed completed.

**5. References**

- 5.1 Internal Quality Audit
- 5.2 Control of Nonconforming Outputs


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## 1. PURPOSE

Managing risk is something everyone does every day and this is also true in an organizational context, where the process owners are actively managing the risks they face day-to-day.

The purpose of this procedure is to provide an overview of the risk management processes within the Presidential Commission on Good Government (PCGG) and give practical guidance for the management of risk within each department and its respective divisions.

It also aims to describe the activities related to the design, implementation, evaluation, improvement, and integration of the risk and opportunities management to QMS for the purpose of value creation and protection.

The PCGG's risk management processes are designed to provide a tool for the process owners to be mindful of how the risks they manage may impact what they are trying to achieve and plans to address this.

## 2. SCOPE

This procedure covers the risk and opportunities management from input (context analysis, objectives, criteria) to consultation and communication, risk assessment (identification, analysis, evaluation), risk treatment, re-evaluation of effectiveness of actions to address the risk and optimize opportunities; documentation and reporting; review and integration.

It covers the risk and opportunities management at different planning levels (i.e. strategic, operational, project, activity).


The controls specified in this procedure apply to those relevant to the identified most significant risks depending on the chosen risk treatment.

These processes are designed to ensure the demonstrability of practices and give assurance that risks are being managed within PCGG. They are also designed to provide a route for escalating risks that may have a significant impact on the objectives of a department, providing early warning to division heads and an avenue for seeking support from the Commission of such risks.



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### 3. DEFINITION

<i>Risk</i>	An uncertain event or set of events which, should it occur, will have an effect on the achievement of objectives.
<i>Threats</i>	An uncertain external event that could have an adverse impact on objectives.  Understanding the external context can be facilitated by considering issues arising from political, legal, technological, cultural, social and economic environments, whether international, national, regional or local.
<i>Issues</i>	Issues can include positive and negative factors or conditions for consideration. Understanding the internal context can be facilitated by considering issues related to values, culture, knowledge and performance of the organization.
<i>Opportunity</i>	An uncertain event that can lead to the adoption of new policies, programs, partnerships, adoption of new technologies and other viable possibilities to address PCGG's or its clients'/interested parties' needs.
<i>Control</i>	Activities to mitigate the impact and likelihood of identified risks.
<i>Risk Management</i>	Includes risk identification, risk analysis, risk evaluation.
<i>Risk Analysis</i>	To describe the risk assessment technique to be employed in order to understand the nature of risks by considering factors such as the impact, likelihood of occurrence and effectiveness of existing controls.
<i>Risk Impact</i>	Refers to the consequence of the risk in the attainment of the Major Final Output (MFO) and objectives, planned results and satisfaction of clients and interested parties.
<i>Impact Severity Rating</i>	Refer to criteria for consequence.
<i>Likelihood Rating</i>	Measures the probability of occurrence of the consequence.






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<i>Risk/Opportunity Rating</i>	Measures the need for action using the criteria for action matrix.
<i>Action Priority</i>	Measures urgency of actions and frequency of monitoring.
<i>Action Plan</i>	Plan of activities that will enable the identified risk treatment (e.g. prevention, control, mitigation, sharing, elimination etc.) or that will maximize/optimize the benefits of the opportunity.
<i>Timelines</i>	Period covered in the implementation of the action plan.


#### 4. RESPONSIBILITIES

<b>Top Management</b>	<ul style="list-style-type: none"> <li>● Promotes risk culture and ensures the risk management process is sustained organization-wide;</li> <li>● Communicates the value of risk management;</li> <li>● Assigns authority, responsibility and accountability;</li> <li>● Empowers the risk management committee through an office order;</li> <li>● Establishes the RM Policy;</li> <li>● Ensures allocation of resources for risk management;</li> <li>● Over-all accountable for the RM framework.</li> </ul>
<b>Risk Management Committee</b>	<ul style="list-style-type: none"> <li>● Composed of the Top Management, Risk Management Leader, Risk Management Secretariat, and Risk Management Champions;</li> <li>● Ensures the implementation of risk management plans on the PCGG system level;</li> <li>● Facilitates the formulation of RM design;</li> <li>● Ensures consolidation of reports related to RM identification, implementation, evaluation, improvement and integration from the different divisions;</li> <li>● Identifies most significant risks and opportunities on the system level/ PCGG top management level;</li> <li>● Evaluates the effectiveness of action plans in the risks and opportunities register;</li> <li>● Ensures integration of RM activities in high level QMS activities (planning and review).</li> </ul>



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<b>Division Chiefs and Department Heads</b>	<ul style="list-style-type: none"> <li>● Complies with risk management policy, framework and procedures;</li> <li>● Ensures risks in their processes are identified</li> <li>● Ensures risks are addressed when setting the department / division's objectives;</li> <li>● Plans and coordinates deployment of resources for implementing risk management;</li> <li>● Determines appropriate actions to control the risks; <ul style="list-style-type: none"> <li>● Ensures risks and risk controls are communicated;</li> </ul> </li> <li>● Implements the actions to control risks evaluation of the effectiveness of the installed control mechanisms;</li> <li>● Ensures effective management of risks;</li> <li>● Monitors and evaluates the performance of the RM framework within the Division/Department;</li> <li>● Ensures RM integration into all department's activities.</li> </ul>
<b>Staff Members</b>	<ul style="list-style-type: none"> <li>● Complies with risk management policy, framework and procedures;</li> <li>● Ensures awareness of the risks and consequences; ● Identify any risks and report them to their immediate Division Chiefs;</li> <li>● Assist in development and implementation of risks;</li> <li>● Contributes to the development of the risk treatment and preventive measures based on their technical, practical knowledge and competence.</li> </ul>
<b>QMS Internal Auditors</b>	<ul style="list-style-type: none"> <li>● Periodically audits the effectiveness of the risk controls established by the RM Committee through IQA;</li> <li>● Recommends the improvement of risk controls established by the RM Committee in relation to the audit findings;</li> <li>● Reports to the Top Management about the results of the</li> <li>● evaluation (incorporated in the audit report);</li> <li>● Ensures closure of corrective action requests related to risk management.</li> </ul>

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## 5. PROCEDURE DETAILS

### 5.1 Consultation and Communication

- 5.1.1 Top management cascades the approved major final output (MFO).
- 5.1.2 The input to risk management (RM) is bottom-up.
- 5.1.3 The staff members are consulted to provide inputs to the context analysis or strength, weakness, opportunities, and threats (SWOT and PESTLE) analysis.
- 5.1.4 Division heads and Department heads identify the valid SWOT and PESTLE, set department performance commitment reports (DPCR), and reviews requirements and criteria for the processes.
- 5.1.5 Risk management committee consolidates and presents the risk and opportunities register (ROR) to top management for review and approval.
- 5.1.6 The approved ROR is uploaded to the PCGG portal and available to all staff members of PCGG. ROR is discussed with the staff through departmental meetings.
- 5.1.7 Division heads submit, through the Department heads, the status reports of ROR to the RM committee.
- 5.1.8 The RM committee periodically reports the status and recommends improvement of the RM program to the top management.

## 6. Context Setting

Inputs to RM

- a. Mandates
- b. Major final outputs
- c. Quality policy
- d. SWOT and PESTLE analysis
- e. Requirements of interested parties
- f. OPCR and DPCR
- g. Internal and external process requirements
- h. Results of previous IQA
- i. Results of external evaluations and audits

## 7. Risk Assessment


### a. Risk Identification

- i. The Divisions Heads and Department Heads accomplish the identification column of the ROR using the ff guidelines:
  - 1. Consider all the inputs mentioned above.
  - 2. Review the SWOT and PESTLE and add more departmental context in the first column of ROR.



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3. Ensure proper delineation of issues and risks (issues are documented in the SWOT and PESTLE while risks and opportunities are in the ROR).

ii. Risk Analysis:


1. **IMPACT**

Category	Rate	Risk	Opportunity
Insignificant	1	<ul style="list-style-type: none"> <li>Will cause negligible failure of achieving the process planned results where correction is not necessary.</li> <li>The risk will not adversely affect the other processes in the delivery of their expected outputs, MFO and objectives, including the delivery of services.</li> <li>No discernible inconvenience or annoyance from the client/ interested parties.</li> <li>Existing controls are adequate and consistently implemented.</li> </ul>	No perceived value for improvement and sustainability
Minor	2	<ul style="list-style-type: none"> <li>Will cause minor failure in achieving the process planned results where minor correction is optional.</li> <li>The risk will cause minor inconvenience on other processes to deliver their expected outputs, MFO and objectives.</li> <li>In exceptional cases, the risk may cause minor inconvenience in the services.</li> <li>Expression of minimal annoyance can be perceived from discriminating between client / interested parties.</li> <li>Existing controls are adequate though may still be improved and consistently implemented.</li> </ul>	Pursuing the opportunity will slightly improve QMS and sustainability.



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Significant	3	<ul style="list-style-type: none"> <li>Will cause moderate failure in achieving the process planned results that can be corrected immediately. However, the risk will cause difficulty for other processes to deliver their expected outputs, MFO, and objectives.</li> <li>The risk will cause inconvenience in the delivery of services. Due to this, there are clients / interested parties that may manifest minor annoyance with the delivery of services.</li> <li>Existing controls are adequate though may still be improved but inconsistently implemented.</li> </ul>	Pursuing the opportunity will considerably improve QMS and sustainability
Major	4	<ul style="list-style-type: none"> <li>Will cause significant failure in achieving the process planned results which can be corrected at a given time.</li> <li>The risk will cause disruption to other processes to deliver their expected outputs, MFO, and objectives. It will also cause unfulfilled expectations of services. Will surely result in clients / interested parties complaining.</li> <li>Existing controls are inadequate and inconsistently implemented.</li> </ul>	Pursuing the opportunity will highly improve QMS and sustainability



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Catastrophic	5	<ul style="list-style-type: none"> <li>• Will surely cause complete failure in achieving the process planned results which cannot be readily corrected. Due to this, the risk will lead to failures in other processes in their delivery of the expected outputs, MFO, and objectives.</li> <li>• The risk will cause considerable reduction in the quality of services. Will lead to other serious problems such as serious client and interested parties complaints that can result in legal liabilities.</li> <li>• Existing controls are inadequate and inconsistently implemented.</li> </ul>	Pursuing the opportunity will greatly improve QMS and sustainability
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## 2. LIKELIHOOD

Category	Rate	Likelihood - Risk	Likelihood-Opportunity
Rare	1	Very Unlikely – very slim or no chance at all.	No chance of success within the next 12 months
Low	2	Unlikely – may only happen in exceptional circumstances; it might happen intermittently per year, or may occur rarely when the activity or event takes place.	1-25% chance of success within the next 12 months.
Medium	3	Likely - might happen occasionally; once a year; or may occur intermittently when the activity or event takes place.	26-50% of success within the next 12 months.
High	4	Most likely – will probably occur in some cases; few times a year; or may occur once when the activity or event takes place.	51-75% of success within the next 12 months.



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Very High	5	Certain – Expected to occur in most cases; either occurs a few times a month or few times each time the activity or event takes place.	>75% success within the next 12 months.
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### 3. CONTROLS

Category	Rate	Controls	Opportunity
Rare	1	<ul style="list-style-type: none"> <li>• Risk prevention through elimination of the source of risk and/or combined with physical / system controls and administrative controls are effectively in place.</li> <li>• Implementation and compliance with the control requirements are high.</li> </ul>	
Low	2	<ul style="list-style-type: none"> <li>• There is significant control of the risk through physical/system controls (e.g. automation) and/or administrative controls where risk occurrence can be reduced and should the risk occur, can be considerably mitigated and prevented from going further into the process.</li> <li>• Personnel are aware of such controls and they are consistently applied.</li> </ul>	



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Medium	3	<ul style="list-style-type: none"> <li>There is recognizable control on the risk. These include administrative controls (e.g. training, instructions) where risk can be detected and minimally mitigated, but they are prone to inconsistent implementation / use of them are not comprehensive.</li> </ul>	
High	4	<ul style="list-style-type: none"> <li>Controls in place address the effect of the risk (i.e. reactive). However, such controls do not prevent, reduce or detect the risk occurrence.</li> <li>There is rampant inconsistency in implementation and use.</li> </ul>	
Very High	5	Control of the risk, including its effect, is nonexistent or totally ineffective. Personnel lack the knowledge of the risk.	

iii. Risk Evaluation:

- After analyzing the impact, likelihood, and existing controls, PCGG evaluates priority (risk significance, urgency, frequency of monitoring, action).


Risk / Opportunity Rating	PRIORITY	MANAGEMENT'S DECISION	
		RISK	OPPORTUNITY
46-125	HIGH	<ul style="list-style-type: none"> <li>Considered as significant risk;</li> <li>Strong sense of urgency in terms of being addressed;</li> <li>Frequent monitoring (Monthly or quarterly, semi-annual)</li> </ul>	Pursue the opportunity



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<b>26-45</b>	MEDIUM	<ul style="list-style-type: none"> <li>● Considered as significant risk;</li> <li>● Moderate sense of urgency in terms of being addressed;</li> <li>● Periodic monitoring (during mid-year and year-end planning, IQA or during management review) depending on context of risk;</li> <li>● Apply risk treatment/ appropriate action as scheduled.</li> </ul>	May consider pursuing the opportunity
<b>0-25</b>	LOW	<ul style="list-style-type: none"> <li>● Considered as insignificant risk;</li> <li>● Low sense of urgency in terms of being addressed;</li> <li>● No need for periodic monitoring;</li> <li>● Apply risk treatment/ appropriate action as scheduled.</li> </ul>	No action required

*Note: High and Medium Risk Priorities require an action plan.*

**b. Risk Treatment**

- i. Avoiding the risk by deciding not to start or continue with the activity that gives rise to the risk.
  1. Taking risks in order to pursue an opportunity.
  2. Removing the risk source.
  3. Changing the likelihood.
  4. Changing the consequences.
  5. Sharing the risk with another party or parties.
  6. Retaining the risk by informed decision.

**c. Monitoring and Evaluation**

- i. Monitoring and evaluation involve the division and department heads (operational) and risk management committee.
- ii. Periodicity of monitoring and review depend on the risk evaluation (high, medium, low priority).

**d. Recording and Reporting**


- i. Risk and opportunities management documented information include the departmental ROR and ROR for presentation to management (highly significant risks).
- ii. Division and department heads periodically report the evaluation of effectiveness of actions to address risks and opportunities to the risk

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- iii. Management committee. 3.4.3. The risk management committee periodically (mid year and year end) reports overall status of RM to top management.

## VI. INTERFACES

1. List of interested parties
2. Strength, Weakness, Opportunity, Threat (SWOT)
3. Political, Economic, Social, Technological, Legal, Environmental (PESTLE)
4. Risk and Opportunities Register (ROR)

## VII. ORGANIZATIONAL STRUCTURE OF THE PCGG RISK MANAGEMENT COMMITTEE

1. Top Management – Chairperson, Commissioner, Directors
2. Risk Management Leader – Division Chief, Legal Department
3. Risk Management Secretariat – Legal Department
4. Risk Management Champions – Department Heads, Division Chiefs, Commission Secretary


## VIII. RISK AND OPPORTUNITIES MATRIX (ANNEX A)

ASSESSMENT				ACTION PLAN		MONITORING	RE-ASSESSMENT			MONITORING					
Related Internal / External Issues or	Description of Risks or Opportunities	R/O	Consequence to QMS outputs or non-compliance to requirements	Existing Controls/ Impact	Likelihood	Action Priority	Action / Treatment Plan	Timeline	(1 <sup>st</sup> Semester) Status	Impact	Likelihood	Controls	Action Priority	Treatment/ Action Plan	(2 <sup>nd</sup> Semester) Status

### A. Data Description:

- *Related Internal/External Issues or Source/Cause of Risk* – state the internal and external issues related to the identified risk/opportunity, as well as the sources or causes of said risk/opportunity.
- *Description of Risk/Opportunity* – the description of the risk/opportunity shall state the cause and effect of the risk/opportunity.
- *Risk or Opportunity (R/O)* – state whether the matter described is a risk (R) or an opportunity (O).
- *Consequence to QMS/Outputs or Non-Compliance to Requirements* – state the possible consequences of the risk/opportunity to the PCGG Quality Management System or the possible non-compliance to applicable requirements if the risk is not treated.
- *Current Situation/Existing Controls* – state whether there are existing controls in place to manage the identified risks, if there is none, state the current situation.
- *Impact* – Rate the impact of the risk/opportunity based on paragraph 3.1.2.
- *Likelihood* – Rate the likelihood of the risk/opportunity based on paragraph 3.1.2.2.



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- *Controls* – Rate the current control/s to manage the risk based on paragraph 3.1.2.3.
- *Action Priority* - After analyzing impact, likelihood and existing controls, evaluate the action priority based on paragraph 3.1.3.1.
- *Action/Treatment Plan* – Determine the proper action or treatment plan based on paragraph 3.2 and state the actions to be taken to manage the risk. The action/treatment plans shall be realistic and achievable.
- *Timeline* – provide the timeline on the implementation of the treatment/action plans taking into consideration the action priority of the risk/opportunity.
- *Monitoring (1<sup>st</sup> Sem)* – Monitor and evaluate the management of the identified risk/opportunity based on paragraph 3.3.
- *Reassessment* – after the 1<sup>st</sup> semester, re-assess the impact, likelihood and existing controls, as well as the treatment/action plan/s on the identified risk/opportunity.
- *Monitoring (2<sup>nd</sup> Sem)* – Monitor and evaluate the management of the identified risk/opportunity based on paragraph 3.3.



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Control No. QM-001 Date: OCT 20 2023

Approved:



**ATTY. RAYMOND ANTHONY C. DILAG**  
Commissioner



**MGEN. RHODERICK M. PARATNO (Ret.)**  
Commissioner



**ATTY. JOHN A. AGBAYANI**  
Chairperson



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Control No. SM-001 Date: \_\_\_\_\_