



Kaagapay ng Komunidad sa Maginhawang Pamumuhay



SOCIAL HOUSING FINANCE CORPORATION

QUALITY MANAGEMENT SYSTEM (QMS) MANUAL

ISO 9001:2015

QUALITY MANAGEMENT SYSTEM MANUAL	Section TABLE OF CONTENTS	Section No	Effectivity March 1, 2018
	Subject	Subject No	Page 1 of 4

**SECTION
NO.**

**SUBJECT
NO.**

INTRODUCTION TO ORGANIZATION

Profile
Vision and Mission
Core Values

4

CONTEXT OF THE ORGANIZATION

4.1	Understanding the Organization and its Context	1
4.2	Understanding the Needs and Expectations of Interested Parties	2
4.3	Determining the Scope of the Quality Management System	3
4.4	Quality Management System and its Processes	4
4.4.1	Process Identification	
4.4.2	Process Controls & Objectives	

5

LEADERSHIP

5.1	Leadership and Commitment	1
5.1.1	General	
5.1.2	Customer Focus	
5.2	Policy	2
5.2.1	Establishing Quality Policy	
5.2.2	Communicating the Quality Policy	
5.3	Organizational Roles, Responsibilities and Authorities	3

QUALITY MANAGEMENT SYSTEM MANUAL	Section	Section No	Effectivity
	TABLE OF CONTENTS		March 1, 2018
	Subject	Subject No	Page
			2 of 4

**SECTION
NO.**

**SUBJECT
NO.**

6 PLANNING

6.1	Actions to Address Risks and Opportunities	1
6.2	Quality Objectives and Planning to achieve them	2
6.3	Planning of Changes	3

7 SUPPORT

7.1	Resources	1
7.1.1	General	
7.1.2	People	
7.1.3	Infrastructure	
7.1.4	Environment for the Operation of Processes	
7.1.5	Monitoring and Measuring Resources	
7.1.6	Organizational Knowledge	
7.2	Competence	2
7.3	Awareness	3
7.4	Communication	4
7.5	Documented information	5

8 OPERATION

8.1	Operational Planning and Control	1
8.2	Requirements for Products/Services	2
8.2.1	Stakeholder Communication	
8.2.2	Determining the Requirements Related to Products/Services	
8.2.3	Review of the Requirements Related to Products/Services	

QUALITY MANAGEMENT SYSTEM MANUAL	Section	Section No	Effectivity
	TABLE OF CONTENTS		March 1, 2018
	Subject	Subject No	Page
			3 of 4

**SECTION
NO.**

**SUBJECT
NO.**

8.2.4	Changes to Requirements for Products/Services	
8.3	Design and Development of Products/Services	3
8.4	Control of Externally Provided Processes, Products/Services	4
8.4.1	Application of Control	
8.4.2	Type and Extent of Control	
8.4.3	Information for External Providers	
8.5	Production and Service Provision	5
8.5.1	Control of Production and Service Provision	
8.5.2	Identification and Traceability	
8.5.3	Property Belonging to Customers or External Providers	
8.5.4	Preservation	
8.5.5	Post-Delivery Activities	
8.5.6	Control of Changes	
8.6	Release of Products/Services	6
8.7	Control of Nonconforming Outputs	7

9 PERFORMANCE EVALUATION

9.1	Monitoring, Measurement, Analysis and Evaluation	1
9.1.1	General	
9.1.2	Customer Satisfaction	
9.1.3	Analysis and Evaluation	
9.2	Internal Audit	2
9.3	Management Review	3
9.3.1	General	
9.3.2	Management Review Inputs	
9.3.3	Management Review Outputs	

QUALITY MANAGEMENT SYSTEM MANUAL	Section	Section No	Effectivity
	TABLE OF CONTENTS		March 1, 2018
	Subject	Subject No	Page
			4 of 4

SECTION
NO.

SUBJECT
NO.

10	IMPROVEMENT	
10.1	General	1
10.2	Nonconformity and Corrective Action	2
10.3	Continual Improvement	3

QUALITY MANAGEMENT SYSTEM MANUAL	Section INTRODUCTION TO ORGANIZATION	Section No	Effectivity March 1, 2018
	Subject PROFILE	Subject No	Page 1 of 1

The Social Housing Finance Corporation (SHFC) is a key player in the Philippine Government Shelter program. SHFC was created as a wholly-owned subsidiary of the National Home Mortgage Finance Corporation (NHMFC) by virtue of Executive Order (EO) No. 272 (20 January 2004). SHFC gets national funding for its shelter programs. Under this EO, SHFC is mandated to do the following:

- (a) undertake social housing programs that will cater to the formal and informal sectors within the low-income group of Philippine society; and
- (b) develop and manage social housing programs particularly the Community Mortgage Program (CMP) and the Abot-Kaya Pabahay Fund Program (amortization support program and development financing program).

The head office of SHFC is located in Makati City, Metro Manila and maintains ten regional satellite offices (Cauayan City, Naga City, Puerto Princesa City, Iloilo City, Bacolod City, Cebu City, Cagayan De Oro City, Davao City, General Santos City, and Zamboanga City) nationwide.

QUALITY MANAGEMENT SYSTEM MANUAL	Section INTRODUCTION TO ORGANIZATION	Section No	Effectivity March 1, 2018
	Subject VISION AND MISSION	Subject No	Page 1 of 1

Vision

By 2022, SHFC shall have provided 530,000 organized, homeless, and low income families with Flexible, Affordable, Innovative, and Responsive (FAIR) shelter solutions to their housing needs, subject to funds appropriated by Congress.

Mission

We empower and uplift the living conditions of underprivileged communities by **B**uilding **A**dequate **L**ivable **A**ffordable and **I**nclusive (BALAI) Filipino Communities through provision of FAIR shelter solutions in strong partnerships with the national and local government, as well as the civil society organizations and the private sector to support the underprivileged communities.

QUALITY MANAGEMENT SYSTEM MANUAL	Section INTRODUCTION TO ORGANIZATION	Section No	Effectivity March 1, 2018
	Subject CORE VALUES	Subject No	Page 1 of 1

The SHFC is guided by the following core values:

Servant Leadership. Institutionalizing a culture of leadership that recognizes the role of government employees as public servants

Professionalism. Promoting the highest standards for individual and corporate performance

Accountability. Setting and implementing performance standards that are clear and understandable to the public

Integrity. Keeping high ethical standards at the corporate and individual levels

Stewardship. Putting premium to sustainability and the judicious and proper use of internal resources

Excellence. Upholding the virtue of excellence in every activity

QUALITY MANAGEMENT SYSTEM MANUAL	Section CONTEXT OF THE ORGANIZATION	Section No 4	Effectivity March 1, 2018
	Subject UNDERSTANDING THE ORGANIZATION AND ITS CONTEXT	Subject No 1	Page 1 of 1

SHFC takes into consideration and identifies external and internal issues relevant to its mandate and strategic direction that affects its ability to achieve the intended result of its QMS.

The issues with associated risks and opportunities positively and/or negatively affect the effective, efficient and timely delivery of SHFC products and services in accordance to its mandate. The issues and QMS processes to monitor and review the risks and opportunities are presented in the Internal and External Issues Matrix.

QUALITY MANAGEMENT SYSTEM MANUAL	Section CONTEXT OF THE ORGANIZATION	Section No 4	Effectivity March 1, 2018
	Subject UNDERSTANDING THE NEEDS AND EXPECTATIONS OF INTERESTED PARTIES	Subject No 2	Page 1 of 1

The SHFC identifies the relevant interested parties (RIPs) and their requirements that are significant to the QMS. The RIPs have an impact in its ability to consistently provide services that meet client's needs and applicable statutory and regulatory requirements.

The SHFC's RIPs and the QMS processes to address their specific requirements are regularly determined and considered in every QMS process.

QUALITY MANAGEMENT SYSTEM MANUAL	Section CONTEXT OF THE ORGANIZATION	Section No 4	Effectivity March 1, 2018 as revised on June 5, 2018
	Subject DETERMINING THE SCOPE OF THE QUALITY MANAGEMENT SYSTEM	Subject No 3	Page 1 of 1

The SHFC Quality Management System (QMS) focuses on the **provision of shelter financing services to the homeless and underprivileged**, the Core Processes involved in Business Development, Loan Processing and Administration of its flexible, affordable, innovative, and responsive shelter programs. This QMS shall likewise cover the Management and Support Processes related to aforementioned loan processing and administration work.

The application of SHFC QMS is limited to the processes in its Head Office located at Makati City.

As in the old QMS, SHFC maintains its application of exclusion from the section on Design and Development (section 7.3 in the old QMS and now section 8.3 in this new QMS) because the reasons for exclusion it had put forth then has remained, SHFC's products, unlike the physical merchandise and services of other corporations, do not necessitate undergoing design and development in a way that results in entirely new products. Rather, what SHFC continually improves are merely the approaches and strategies it adopts to fulfil its constant statutory mandate of providing affordable housing financing as a tool for community development. Its main product or service for fulfilling this mandate has always been and still is the Community Mortgage Program. Although the CMP now comes in a variety of forms to cater to different sectors, its structure and purpose has remained the same. Any new supporting product or service merely complements the CMP.

SHFC also maintains its exclusion with regards to monitoring and measuring resources as describe in 7.1.5.2 Monitoring and Measuring Resources is not applicable to SHFC. Its business model is anchored on financing, therefore, it doesn't make use of monitoring and measuring resources that requires calibration. It has applied for exclusion.

QUALITY MANAGEMENT SYSTEM MANUAL	Section CONTEXT OF THE ORGANIZATION	Section No 4	Effectivity March 1, 2018
	Subject QUALITY MANAGEMENT SYSTEM AND ITS PROCESSES	Subject No 4	Page 1 of 5

4.4.1 Process Identification

SHFC has adopted a process approach for its QMS. By identifying and managing the top-level processes and their interactions, SHFC reduces the potential for nonconforming services discovered during final processes or after delivery. Instead, nonconformities and risks which need to be addressed are identified in real time, by actions taken within each of the top-level processes.

The top-level processes have been identified for SHFC:

Core: Business Development, Loan Processing, Loan Administration

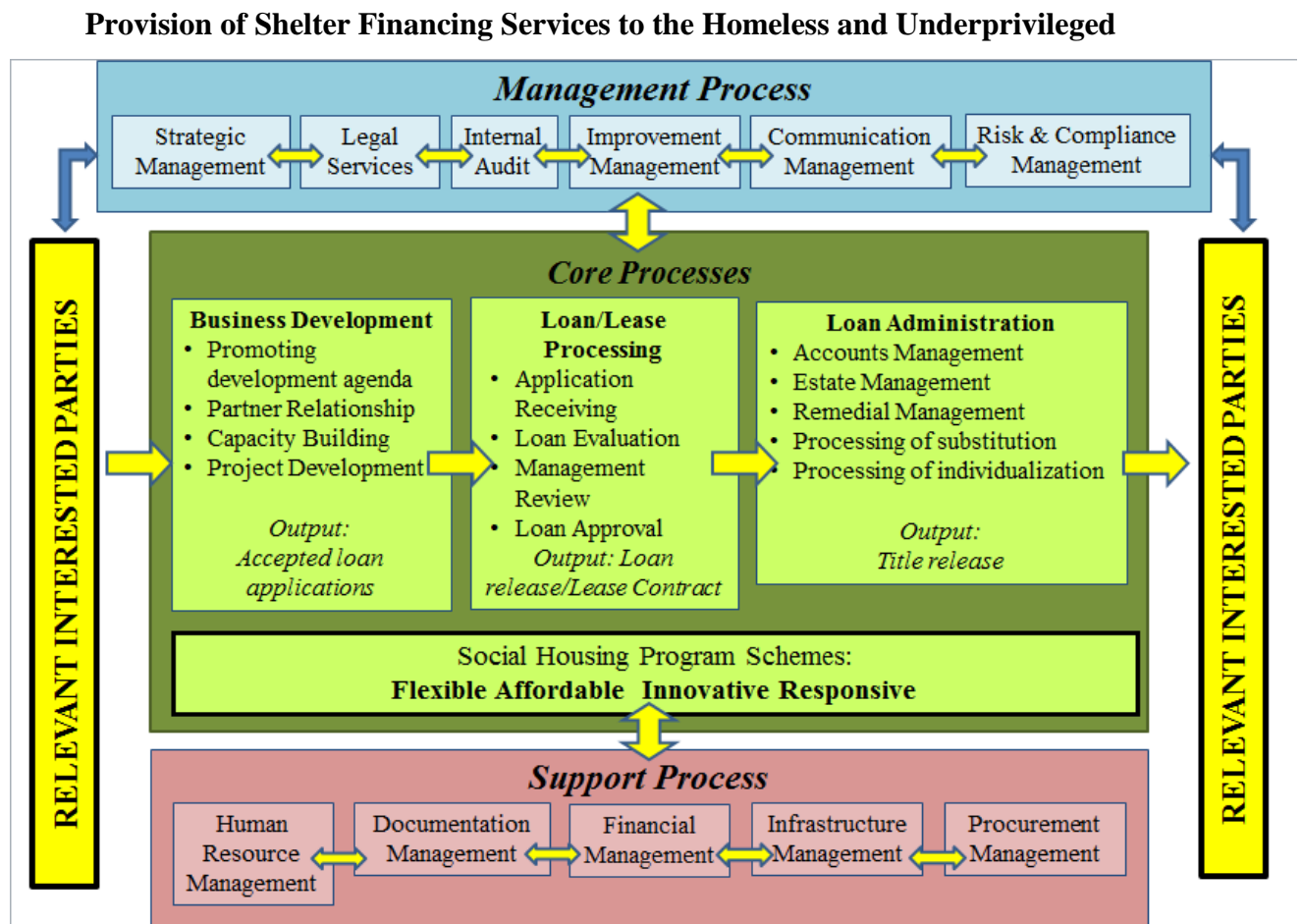
Support Processes: Human Resource Management, Documentation Management, Financial Management, Infrastructure Management and Procurement management

Management Processes: Strategic Management, Legal Services, Internal Audit, Improvement Management, Communication Management and Risk & Compliance Management

Each process may be supported by other activities, such as tasks or sub-processes. Monitoring and control of top level processes ensures effective implementation and control of all subordinate tasks or sub-processes.

QUALITY MANAGEMENT SYSTEM MANUAL	Section CONTEXT OF THE ORGANIZATION	Section No 4	Effectivity March 1, 2018
	Subject QUALITY MANAGEMENT SYSTEM AND ITS PROCESSES	Subject No 4	Page 2 of 5

The sequence of interaction of these processes is illustrated hereunder:



Management Processes

Strategic Management involves the continuous planning, monitoring, analysis and assessment of all that is necessary for an organization to meet its goals and objectives.

Legal Services provide overall legal services; ensure that all corporate actions are in accordance with law.

Internal Audit provides and monitors observance of check and balance within the corporation.

QUALITY MANAGEMENT SYSTEM MANUAL	Section CONTEXT OF THE ORGANIZATION	Section No 4	Effectivity March 1, 2018
	Subject QUALITY MANAGEMENT SYSTEM AND ITS PROCESSES	Subject No 4	Page 3 of 5

Improvement Management ensures creation of an environment where everyone is looking for ways to make things better.

Communication Management involves systematic planning, implementing, monitoring, and revision of all channels of communication within an organization, and between organizations; includes the organization and dissemination of new communication directives connected with an organization, network, or communications technology Includes efficient and effective management and control of cash and valuable Corporate Assets.

Risk and Compliance Management involves identification, assessment measurement, and timely reporting of enterprise-wide risks and ensuring that these risks are properly overseen. The creation of the PRE (Policy Determination, Risk Management and Enforcement) is management's way of giving importance to this major aspect of the revised QMS.

Core Processes

Business Development builds growth opportunities within and between organizations; involves strategic marketing (promoting development agenda), partner relationship, capacity building and project development.

Loan Processing/Lease Processing initiates the formulation and implementation of mortgage take-out policies and procedures and the overall administration of SHFC programs.

Loan Administration ensures the effective & proper implementation of policies, guidelines & procedures on the monitoring & servicing of accounts.

QUALITY MANAGEMENT SYSTEM MANUAL	Section CONTEXT OF THE ORGANIZATION	Section No 4	Effectivity March 1, 2018
	Subject QUALITY MANAGEMENT SYSTEM AND ITS PROCESSES	Subject No 4	Page 4 of 5

Support Processes

Human Resource Management maintains the adequacy and quality of human resources through effective recruitment, training and career development.

Documentation Management ensures the implementation of policies, procedures and guidelines established in the general safekeeping and custodianship of mortgage documents and other records pertaining to the community association, member beneficiaries and originating institutions.

Financial Management ensures provision of efficient accounting and effective services, budget management, monitoring and control within the corporation.

Infrastructure Management refers to managing information technology (IT) infrastructure both hardware and software.

Procurement Management deals with activities related to the purchase of goods and services from external suppliers.

QUALITY MANAGEMENT SYSTEM MANUAL	Section CONTEXT OF THE ORGANIZATION	Section No 4	Effectivity March 1, 2018
	Subject QUALITY MANAGEMENT SYSTEM AND ITS PROCESSES	Subject No 4	Page 5 of 5

On a related matter, the SHFC employs a Plan-Do-Check-Act (PDCA) cycle to ensure the development, continual improvement and control of its QMS. The SHFC PDCA cycle can be described as follows:

Plan: The SHFC establishes the objectives of the QMS and its processes, the resources crucial to the delivery of quality services in keeping with its client's needs and expectations and in accord with SHFC policies. It is also at this stage when potential risks and opportunities are identified and addressed.

Do: The SHFC implements and puts into effect that has been planned.

Check: The SHFC monitors and measures its processes, conducts internal audit, match the resulting services against planned activities, checks if client requirements are met; and report the findings,

Act: The SHFC takes action based on the result of the monitoring, evaluation, and audit to improve its performance.

QUALITY MANAGEMENT SYSTEM MANUAL	Section CONTEXT OF THE ORGANIZATION	Section No 4	Effectivity March 1, 2018
	Subject PROCESS CONTROLS & OBJECTIVES	Subject No 4	Page 1 of 1

4.4.2 Process Controls & Objectives

Each top-level process and sub-processes maintains documented information in various ways which gives consideration to the ff:

- applicable inputs and outputs
- process owner(s)
- applicable responsibilities and authorities
- applicable risks and opportunities
- critical and supporting resources
- criteria and methods employed to ensure the effectiveness of the process
- quality objectives related to that process.

QUALITY MANAGEMENT SYSTEM MANUAL	Section LEADERSHIP	Section No 5	Effectivity March 1, 2018
	Subject LEADERSHIP AND COMMITMENT	Subject No 1	Page 1 of 1

5.1.1 General

The SHFC Top Management regards its Quality Management System (QMS) as a strategic asset that will help in the continual improvement of its system. To this end, the SHFC Management has established its quality policy and quality objectives and is committed to ensure that it meets these quality objectives through communication, management reviews, and provision of resources for all aspects of the QMS. In particular, SHFC Top Management is committed to the development and implementation of the management system and continually improving its effectiveness by:

- (a) taking accountability of the effectiveness of the management system;
- (b) ensuring that the Quality Policy and quality objectives are established for the management system and are compatible with the strategic direction and the context of the organization;
- (c) ensuring the integration of the management system requirements into the organization's other business processes, as deemed appropriate;
- (d) promoting awareness of the process approach and risk based thinking;
- (e) ensuring that the resources needed for the management system are available;
- (f) communicating the importance of effective quality management and of conforming to the management system requirements;
- (g) ensuring that the management system achieves its intended results;
- (h) engaging, directing and supporting persons to contribute to the effectiveness of the management system;
- (i) promoting continual improvement;
- (j) supporting other relevant management roles to demonstrate their leadership as it applies to their areas of responsibility.

QUALITY MANAGEMENT SYSTEM MANUAL	Section LEADERSHIP	Section No 5	Effectivity March 1, 2018
	Subject CUSTOMER FOCUS	Subject No 1	Page 1 of 1

5.1.2 Customer Focus

SHFC Top Management ensures that customers' requirements are determined and met through adoption of customer-first approach which ensures that customer needs and expectations determined are converted into requirements and are met with the aim of enhancing customer satisfaction.

This is accomplished by assuring:

- (a) customer and applicable statutory and regulatory requirements are determined, understood, and consistently met;
- (b) the risks and opportunities that can affect conformity of products and services and the ability to enhance customer satisfaction are determined and addressed;
- (c) the focus on enhancing customer satisfaction is maintained

QUALITY MANAGEMENT SYSTEM MANUAL	Section LEADERSHIP	Section No 5	Effectivity March 1, 2018
	Subject POLICY	Subject No 2	Page 1 of 1

5.2.1 Establishing Quality Policy

The SHFC Management recognizes the importance of understanding and meeting stakeholders' requirements. As such, the following **Quality Policy Statement** is established for the purpose:

“We are a government institution committed to empower and uplift the living conditions of underprivileged communities by Building Adequate Livable Affordable and Inclusive Filipino Communities through the provision of flexible, innovative and responsive shelter financing and development solutions. To pursue such commitments, we shall:

- *Undertake our responsibilities with the highest level of professionalism and compliance with applicable laws and regulations;*
- *Commit to the continual improvement of our services to satisfy our stakeholders' and employees' needs; and,*
- *Strive to improve the efficiency and effectiveness of our quality management system through achieving our quality objectives.*

To sustain the achievement of our mandate, we ensure that resources are available and prudently managed.”

The Quality Policy shall guide SHFC in decision making processes and provides framework for establishing and reviewing its quality objectives as contained in the performance and corporate balance scorecards.

QUALITY MANAGEMENT SYSTEM MANUAL	Section LEADERSHIP	Section No 5	Effectivity March 1, 2018
	Subject POLICY	Subject No 2	Page 1 of 1

5.2.2 Communicating the Quality Policy

The quality policy and key system elements shall be discussed with new employees as part of their orientation. QMS information is displayed in conspicuous locations within SHFC, and included in employee trainings, communications, and meetings on a continuous basis. The SHFC Management periodically reviews the quality policy and key system elements to ensure suitability, adequacy, and effectiveness.

The SHFC Management is responsible for communicating QMS information, including status and effectiveness within, and when applicable, outside of SHFC. This is achieved through meetings, memoranda, emails, circulars, press releases, and official website uploads.

QUALITY MANAGEMENT SYSTEM MANUAL	Section LEADERSHIP	Section No 5	Effectivity March 1, 2018
	Subject ORGANIZATIONAL ROLES RESPONSIBILITIES AND AUTHORITIES	Subject No 3	Page 1 of 3

All SHFC employees are responsible for the quality of their work, as it contributes to the quality of SHFC's services. Everybody ensures that established policies and procedures are properly controlled and implemented. All Unit heads ensure that every member is appropriately trained and is able to formulate and implement corrective action when required.

The SHFC's Organizational Chart defines the authority and interrelation of personnel who manage, perform, and verify work affecting quality.

In addition, the following overall QMS responsibilities and authorities are assigned as follows:

Responsibility	Assigned To
Ensuring that the management system conforms to applicable standards	SHFC Top Management
Ensuring that the processes are delivering their intended outputs	Applicable process owner
Reporting on the performance of the management system and providing opportunities for improvement for the management system	QMS Core Team Leader/Head with inputs provided by the QMS management Core teams created
Ensuring the promotion of customer focus throughout the organisation	SHFC Top Management
Ensuring that the integrity of the management system is maintained when changes are planned and implemented	SHFC Top Management

QUALITY MANAGEMENT SYSTEM MANUAL	Section LEADERSHIP	Section No 5	Effectivity March 1, 2018
	Subject ORGANIZATIONAL ROLES RESPONSIBILITIES AND AUTHORITIES	Subject No 3	Page 2 of 3

The QMS Core Group and an ISO-QMS Secretariat have been created through Office Order No. 17-0731, series of 2017 to ensure the establishment and successful implementation of the QMS. The Group was constituted to develop and establish its quality policy and objectives. It is headed by a Quality Core Team Leader/Head who has the following functions:

- Oversee the establishment, documentation, and effective implementation of the QMS;
- Promote risk-based thinking in overseeing the effectiveness of the QMS;
- Acts as liaison with external parties on matters relating to QMS;
- Ensures that procedures for IQA, Management Review, Corrective Actions are established and implemented; and
- Reports QMS performance to Top Management for review and continual improvement

The SHFC QMS Core Team is composed of the following: (per Office Order No. 18 – 0779, series of 2018)

Risk Management Team

- Performs oversight function in ensuring that he established risk controls and related activities are consistently implemented
- Plans and coordinates effective and efficient use of risk control tools
- Ensures that risk-related information are maintained and retained

Training & Advocacy Team

- Provides administrative support in terms of training and advocacy in the successful implementation and sustenance of the QMS
- Plans and coordinates effective deployment and efficient use of resources in-line with training and advocacy activities
- Plans and coordinates echoing/cascading sessions on QMS-related training

QUALITY MANAGEMENT SYSTEM MANUAL	Section LEADERSHIP	Section No 5	Effectivity March 1, 2018
	Subject ORGANIZATIONAL ROLES RESPONSIBILITIES AND AUTHORITIES	Subject No 3	Page 3 of 3

Knowledge Management Team

- Ensures that the requirements for maintaining and retaining documented information are established and implemented
- Coordinates and oversees activities related to managing organizational knowledge

QMS Internal Audit Team

- Determines whether the QMS is effectively implemented and maintained through QMS Audits
- Provides input to management review regarding the results of audits
- Monitors actions taken to nonconformities raised during the QMS audits

Quality Workplace Team

- Ensures that the environment for the operation of processes needed to achieve conformity to service requirements are managed
- Ensures consistent implementation of 5S programs, as applicable
- Monitors and assesses workplace cleanliness, orderliness, and safety

Meanwhile the ISO-QMS Secretariat has the following functions

- Provides administrative support to successfully implement the QMS up to the 3rd party certification
- Facilitates the delivery of specific outputs in-line with the QMS
- Plans and coordinates effective deployment and efficient use of human, financial, and other physical resources for the QMS

QUALITY MANAGEMENT SYSTEM MANUAL	Section PLANNING	Section No 6	Effectivity March 1, 2018 as revised on March 27, 2018
	Subject ACTIONS TO ADDRESS RISKS AND OPPORTUNITIES	Subject No 1	Page 1 of 1

SHFC considers the internal and external risks when taking actions within the management system, as well as when implementing or improving the management system; likewise, these are considered relative to products and services. Risks and opportunities are identified as part of the “Context of the Organization”, as well, throughout all other activities of the QMS.

Risks and opportunities are managed in accordance with the RISK MANAGEMENT MANUAL. This document defines how risks are managed in order to minimize their likelihood and impact and how opportunities are managed to improve their likelihood and benefit. The newly created PPER Group is on top of this endeavor.

QUALITY MANAGEMENT SYSTEM MANUAL	Section PLANNING	Section No 6	Effectivity March 1, 2018
	Subject QUALITY OBJECTIVES AND PLANNING TO ACHIEVE THEM	Subject No 2	Page 1 of 2

As part of the adoption of the process approach, SHFC utilizes its process objectives, as the main quality objectives for the QMS. The process objectives have been developed in consideration that they:

- (a) be consistent with the quality policy;
- (b) be measurable;
- (c) take into account applicable requirements;
- (d) be relevant to conformity of products and services and to enhancement of customer satisfaction;
- (e) be monitored;
- (f) be communicated;
- (g) be updated as appropriate

Below then is the process on how the quality objectives of the SHFC are identified and monitored:

The quality objectives of SHFC are reflected in the established strategy map of the corporation. The pursuit and realization of these objectives are stated in the annual strategic and operational plans crafted by the corporation every year.

SHFC's strategic and operational plans are the results of various performance planning and analysis undertakings pursued by the corporation during the year. These include strategic planning workshops of the SHFC Board of Directors, the negotiations with the Governance Commission for Government Owned and Controlled Corporations (GCG) on the annual corporate performance scorecard and the corporate annual planning session (APS) of SHFC management and officers. In particular, the APS serve as the venue where strategic thrusts of the corporation are clearly defined and translated into output targets, commitments from the various organizational departments/units are obtained and resource requirements are determined. The Corporate Work Plan (CWP) and its Operating Budget are the expected outputs of the APS.

QUALITY MANAGEMENT SYSTEM MANUAL	Section PLANNING	Section No 6	Effectivity March 1, 2018
	Subject QUALITY OBJECTIVES AND PLANNING TO ACHIEVE THEM	Subject No 2	Page 2 of 2

Prior to the conduct of the APS, various operating groups/departments/units conduct pre-planning activities to assess performance, gather information on stakeholder requirements and expectations and review and align future directions. The outputs of these pre-planning activities are then utilized as major references during the APS.

After the APS, each organizational group/department/unit accomplishes an action plan which basically identifies the activities and their respective outputs (with performance indicators) it commits to support the targets agreed upon in the CWP. The accomplishment of the action plan is a joint undertaking between the concerned Group Head and the departments under his/her supervision.

The implementation of the action plans and ultimately the corporation performance are regularly monitored during the year. Performance data are reviewed and analyzed every month and is submitted to SHFC management. A quarterly performance report are submitted and/or presented to the SHFC Board of Directors and other relevant oversight agency such as the GCG and the Housing and Urban Coordinating Council.

QUALITY MANAGEMENT SYSTEM MANUAL	Section PLANNING	Section No 6	Effectivity March 1, 2018
	Subject PLANNING OF CHANGES	Subject No 3	Page 1 of 1

Changes to the quality management system and its processes are carried out in a planned manner per STRATEGIC PLANNING MANUAL

It should be noted that in planning the changes to quality management system, SHFC shall consider the following:

- (a) the purpose of the changes and their potential consequences;
- (b) the integrity of the quality management system;
- (c) the availability of resources;
- (d) the allocation or reallocation of responsibility and authorities

QUALITY MANAGEMENT SYSTEM MANUAL	Section SUPPORT	Section No 7	Effectivity March 1, 2018
	Subject RESOURCES	Subject No 1	Page 1 of 1

7.1.1 General

The SHFC Management determines and is committed to provide the resources needed to implement and maintain the Quality Management System (QMS), to continually improve its effectiveness, and to enhance relevant interested parties' satisfaction by meeting relevant interested parties' requirements.

Resource allocation is done with consideration of the capability and constraints on existing internal resources, as well as needs related to relevant interested parties expectations.

Resources and resource allocation are assessed during management reviews.

QUALITY MANAGEMENT SYSTEM MANUAL	Section SUPPORT	Section No 7	Effectivity March 1, 2018
	Subject RESOURCES	Subject No 1	Page 1 of 1

7.1.2 People

To ensure competence of our personnel, job descriptions have been prepared identifying the qualifications, experience and responsibilities that are required for each position that affects product and system conformity. Qualifications include desired requirements for education, skills and experience. Appropriate qualifications, along with the provision of any required training, provide the competence required for each position.

Qualifications are reviewed upon hire, when an employee changes positions or the requirements for a position change. The Training & Development/Recruitment & Promotion Division under the Human Resources Management Department maintains records of employee qualifications. If any differences between the employee's qualifications and the requirements for the job are found, training or other action is taken to provide the employee with the necessary competence. The results of training are then evaluated to determine if it was effective.

All employees are made aware of the relevance and importance of their activities and how they contribute to the achievement of our policies and objectives. The company operates a system to ensure that all employees within the organization are adequately trained to enable them to perform their assigned duties.

Staff training records are maintained to demonstrate competency and experience. The Division maintains and reviews the training records to ensure completeness and to identify possible future training needs. Training records are maintained and include as a minimum; copies of certificates for any training undertaken to date, current job description and curriculum vitae.

QUALITY MANAGEMENT SYSTEM MANUAL	Section SUPPORT	Section No 7	Effectivity March 1, 2018
	Subject RESOURCES	Subject No 1	Page 1 of 2

7.1.3 Infrastructure

The Facilities & Administrative Division shall determine and provide all infrastructures needed for a conducive work environment in order to deliver the services. The Division shall also ensure that these infrastructures are maintained in accordance to established work program. These infrastructures include relevant interested parties receiving areas, workstations, conference and training facilities, storage facilities, and transportation and logistics services. GSD shall also provide property management and facilitate securing of insurance services.

GSD shall also monitor the efficient implementation of administrative and maintenance services through periodic evaluation of outsourced services in accordance with SHFC specifications, contract provisions and applicable government standards.

The Information Services Division shall determine and provide comprehensive IT infrastructure, services and skills to effectively manage the different IT-enabled services used by SHFC. The Division shall provide solutions based on their plans, activities and budget involving the use of computers, applications, communication technology, network and other systems to improve the quality of the company's business processes.

It shall administer and maintain the systems essential to business process continuity and undertake activities to institute IT-enabled process improvements such as, but not limited to the following:

- System development;
- System documentation;
- Database management;
- End-user trainings for systems and applications;
- Network infrastructure;

QUALITY MANAGEMENT SYSTEM MANUAL	Section SUPPORT	Section No 7	Effectivity March 1, 2018
	Subject RESOURCES	Subject No 1	Page 2 of 2

- Technical support;
- Maintenance of software and hardware systems; and
- Data replication and backup

Equipment is validated per the Annual Physical Inventory (API) Report and maintained per the Preventive Maintenance Plan (PMP).

QUALITY MANAGEMENT SYSTEM MANUAL	Section SUPPORT	Section No 7	Effectivity March 1, 2018
	Subject RESOURCES	Subject No 1	Page 1 of 1

7.1.4 Environment for the Operation of Processes

SHFC ensures that our office complies with relevant health and safety regulations. Regular audits are carried out to ensure that appropriate standards are maintained. Top management is committed to providing:

1. A place of work that is safe, including all equipment and methods of work;
2. Training, instruction, information and supervision for employees on guidelines on quality workplace; and
3. Safe working environment with good lighting, ventilation, safe passageways, stairs and corridors

7.1.5 Monitoring and Measuring Resources

As stated in the scope and application of this Quality Management System, Monitoring and Measuring Resources is not applicable to SHFC. Its business model is anchored on financing, therefore, it doesn't make use of monitoring and measuring resources that requires calibration. It has applied for exclusion.

Such exclusion does not affect the organization's ability or responsibility to consistently provide product/services that meets relevant interested parties and applicable statutory and regulatory requirements.

QUALITY MANAGEMENT SYSTEM MANUAL	Section SUPPORT	Section No 7	Effectivity March 1, 2018
	Subject RESOURCES	Subject No 1	Page 1 of 1

7.1.6 Organizational Knowledge

SHFC recognizes that organizational knowledge is a valuable resource that supports our quality management activities and ensures continual product and service conformity. There is a strong link between organizational knowledge and the competence of our people, the latter being peoples' ability to apply knowledge to their work.

To ensure that Organizational knowledge is retained and transferred, Organizational knowledge is recorded in documented information, and is embedded in our processes, products and services. Examples of Organizational knowledge include:

1. Documented information regarding a process, product or service;
2. Previous work instructions;
3. The experience of skilled people and their processes and operations;
4. Knowledge of technologies and infrastructure relevant to our Organization.

Sources of internal knowledge also include: knowledge gained from experience and coaching; lessons learnt from failures and successes; capturing and sharing undocumented knowledge and experience; the results of improvements in processes, products and services.

QUALITY MANAGEMENT SYSTEM MANUAL	Section SUPPORT	Section No 7	Effectivity March 1, 2018
	Subject RESOURCES	Subject No 1	Page 1 of 1

Sources of external knowledge often include other ISO standards; research papers; webinars from conferences; or knowledge gathered from customers, stakeholders or other external parties. SHFC determines and reviews internal and external sources of knowledge, such as:

1. Lessons learnt from non-conformities, corrective actions, and the results of improvement;
2. Gathering knowledge from customers, suppliers and partners;
3. Capturing knowledge existing within the Organization, e.g. through mentoring/succession planning;
4. Sharing knowledge with relevant interested parties to ensure sustainability of the Organization;
5. Knowledge from conferences, attending trade fairs, networking seminars, or other external events

QUALITY MANAGEMENT SYSTEM MANUAL	Section SUPPORT	Section No 7	Effectivity March 1, 2018
	Subject COMPETENCE	Subject No 2	Page 1 of 2

The SHFC believes that its highly trained and qualified human resources are its most valuable assets. To ensure that the personnel is equipped with the necessary knowledge, skills, and attitude required to effectively and efficiently perform their functions, the Human Resources and Development Division (HRDD) implements a manpower career development program focusing on education, training, and experience. As such, the HRDD shall undertake, among others, the following functions in coordination with Unit Heads:

- Ensuring that personnel are informed of their roles and responsibilities as they affect achievement of quality objectives;
- Determining the capability building needs of personnel performing work affecting service quality;
- Organizing training programs to address the identified core competency requirements;
- Sourcing of external job-specific training programs to further develop the personnel's competence;
- Evaluating the effectiveness of training interventions; and
- Facilitating the recruitment of qualified personnel to meet the capability requirements of the operations

It is the commitment of SHFC to provide its personnel with the appropriate training for the continual improvement of their knowledge, skills, and attitude on activities related to the QMS. This is in recognition that the behavior and performance of every personnel directly impacts the quality of services provided.

Learning Needs Analysis (LNA) is conducted to identify gaps between the functional capabilities required by the position compared to the concerned personnel's current set of knowledge, skills, and attitude, and as demanded by organizational changes. The training of personnel includes, but not limited to, seminars, lectures, workshops, coaching, orientation, learning exchanges and cascading sessions.

QUALITY MANAGEMENT SYSTEM MANUAL	Section SUPPORT	Section No 7	Effectivity March 1, 2018
	Subject COMPETENCE	Subject No 2	Page 2 of 2

The qualified candidates who have gone through the process of screening are submitted to the review and appropriate endorsement of the Selection Board. All recommendations for personnel actions and progression are in accordance with the pertinent policies and procedural requirements.

Records of education, training, skills, and experience are maintained in accordance to the Quality Procedures on Records Control.

Staff members performing work affecting product/service quality are competent on the bases of appropriate education, training, skills and experience. The (201 File/ Competency Based Job Description (CBJD)/ Competency Based System Manual) defines these activities in detail.

QUALITY MANAGEMENT SYSTEM MANUAL	Section	SUPPORT	Section No 7	Effectivity March 1, 2018
	Subject	AWARENESS	Subject No 3	Page 1 of 1

The Quality Policy shall guide SHFC in decision making processes and provides framework for establishing and reviewing its quality objectives as contained in the performance and corporate balance scorecards.

The quality policy and key system elements shall be discussed with new employees as part of their orientation. QMS information is displayed in conspicuous locations within SHFC, and included in employee trainings, communications, and meetings on a continuous basis. The SHFC Management periodically reviews the quality policy and key system elements to ensure suitability, adequacy, and effectiveness and the implication of not conforming with the management system requirements.

QUALITY MANAGEMENT SYSTEM MANUAL	Section RESOURCES	Section No 7	Effectivity March 1, 2018
	Subject COMMUNICATION	Subject No 4	Page 1 of 1

Effective and appropriate communications between functions and levels regarding QMS effectiveness are promoted by senior management. Communication may be initiated by any employee or external provider. Specific communications interfaces are defined within the company's Operating Procedures.

Communication may include:

- Corrective or Preventive Action
- Meetings
- Internal audit results
- Data analysis
- Internal email
- Memos

QUALITY MANAGEMENT SYSTEM MANUAL	Section RESOURCES	Section No 7	Effectivity March 1, 2018 as revised on March 27, 2018
	Subject DOCUMENTED INFORMATION	Subject No 5	Page 1 of 1

The Documented Information Procedure includes both Maintained Documented Information and Retained Documented Information.

The extent of the Documented Information Procedure has been developed based on the following:

- a) The size of SHFC
- b) Complexity and interaction of the processes
- c) Risks and opportunities
- d) Competence of personnel

Documented Information are controlled in accordance with the Control of Maintained Documented Information Procedure and Retained Documented Information Procedure. The purpose of documented information control is to ensure that staff have access to the latest, approved information, and to restrict the use of obsolete information. All documented procedures are established, documented, implemented and maintained.

The Control of Maintained Documented Procedure and Control of Retained Documented Information have been established to define the controls needed for the identification, storage, retrieval, protection, retention time, and disposition of quality records. These documents also define the methods for controlling records that are created by and/or retained by suppliers.

These controls are applicable to those records which provide evidence of conformance to requirements; this may be evidence of product/services requirements, contractual requirements, procedural requirements, or statutory/regulatory compliance. In addition, quality records include any records which provide evidence of the effective operation of the management system.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject OPERATIONAL PLANNING AND CONTROL	Subject No 1	Page 1 of 1

SHFC plans and develops the processes needed for realization of its products/services. Planning of product/service realization is consistent with the requirements of the other processes of the management system. Such planning considers the information related to the context of the organization (see section 4.0 above), current resources and capabilities, as well as product or service requirements.

Such planning is accomplished by:

- a) determining the quality objectives and requirements for the delivery of products/services for the Informal Settler Families and other stakeholders;
- b) establishing criteria for the processes and the acceptance of products or services;
- c) determining the resources needed to achieve conformity to the product or service requirements;
- d) implementing control of the processes in accordance with the required verification, validation, monitoring, measurement and inspection criteria;
- e) determining, maintaining and retaining documented information to the extent necessary to have confidence that the processes have been carried out as planned and to demonstrate the conformity of services to their requirements.

Changes to operational processes are done in accordance with Memorandum Circulars, Board Resolutions, Corporate Circulars and Office Orders.

Outsourced processes and the means by which SHFC controls them are defined in the relevant Board Resolutions, Corporate Circulars and Office Orders.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject REQUIREMENTS FOR PRODUCTS/SERVICES	Subject No 2	Page 1 of 3

8.2.1 Stakeholder Communication

SHFC has implemented effective communication with ISFs and other stakeholders in relation to:

- a) the provision of information relating to products or services;
- b) the handling of enquiries, contracts or orders, including changes;
- c) the obtainment of ISFs and other stakeholders feedback relating to Products/ ~~and~~ Services, including customer complaints;
- d) the handling or controlling of ISFs and other stakeholders property;
- e) the establishment of specific requirements for contingency actions and changes in product/service requirements, when relevant.

Information on SHFC's products, processes and updates may either be communicated to the stakeholders through the Citizen's Charter, primers, public forums/orientations, posters, newsletters, process flowcharts, circulars, implementing guidelines, website, corner/bulletins, e-mails, Short Message Service (SMS), social networking sites, and on-line database systems, among others.

The status of stakeholder's feedback and complaints shall be communicated to the concerned personnel and to the stakeholder through customer satisfaction surveys, letters, phone calls, problem solving sessions, consultation or informal meetings while complaints against SHFC personnel shall be handled in accordance to the existing guidelines, 8888 concept/procedure.

QUALITY MANAGEMENT SYSTEM MANUAL	Section	Section No	Effectivity
	OPERATION	8	March 1, 2018
	Subject	Subject No	Page
	REQUIREMENTS FOR PRODUCTS/SERVICES	2	2 of 3

8.2.2 Determining the Requirements Related to Products/Services

During the intake of new business (or, at the start of a transaction), SHFC captures:

- requirements specified by the ISFs and other stakeholders, including the requirements for delivery and post-delivery activities;
- requirements not stated by the ISFs and other stakeholders but necessary for specified or intended use, where known;
- statutory and regulatory requirements related to products or services;
- any additional requirements determined by SHFC.

These activities are defined in greater detail in the documentary and legal requirements for the core processes, which are indicated in the existing applicable guidelines and relevant laws and regulations.

8.2.3 Review of the Requirements Related to Products/Services

8.2.3.1 Once requirements are captured, SHFC reviews the requirements prior to its commitment to supply the product or service. This review ensures that SHFC has the capability and capacity to:

- meet all requirements specified by the ISFs and other stakeholders, including requirements for delivery and post-delivery activities;
- meet any requirements not stated by the ISFs and other stakeholders, but which SHFC knows as being necessary;
- meet all requirements determined necessary by SHFC itself;
- meet all related statutory and regulatory requirements;
- resolve requirements different from those previously expressed.

These activities are defined in greater detail in the existing applicable guidelines and relevant laws and regulations

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject REQUIREMENTS FOR PRODUCTS/SERVICES	Subject No 2	Page 3 of 3

8.2.3.2 Records of the results of the review and corresponding actions shall be maintained.
Amend documents to reflect any change in product/service requirements, if any.

8.2.4 Changes to Requirements for *Products/Services*

SHFC updates all relevant requirements and documents when the requirements are changed, and ensures that all appropriate SHFC staff and stakeholders are notified as per existing applicable guidelines and relevant laws and regulations.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject DESIGN AND DEVELOPMENT OF PRODUCTS/SERVICES	Subject No 3	Page 1 of 1

This is not applicable to SHFC. This is an exclusion as defined in the scope of the Quality Management System.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject CONTROL OF EXTERNALLY PROVIDED PROCESSES, PRODUCTS/SERVICES	Subject No 4	Page 1 of 2

Compliance with the Government Procurement Reform Act (RA No. 9184) and its corresponding IRR

The Procurement Division (ProD) and Bids and Awards Committee (BAC) Secretariat shall provide timely, cost effective, open and competitive procurement services in accordance with Republic Act No. 9184 (RA 9184), otherwise known as the Government Procurement Reform Act. They shall also support and assist the BAC in providing recommendations to SHFC's Management on all matters relating to procurement of goods, infrastructure projects and consultancy services.

The ProD and BAC Secretariat shall process all procurement requests in accordance to prescribed threshold for value and mode of procurement by Government Procurement Policy Board.

All procurement of goods, infrastructure projects, and consultancy services shall be in accordance with bid parameters and specifications. Procurement documents shall contain clear description of goods, infrastructure projects, or services ordered. Procurement documents shall be reviewed and endorsed by the BAC to the appropriate approving authority. The approving authority shall approve the Notice of Award, Notice to Proceed, and Purchase Order / Acceptance Letter/Contact of Services/Consultancy Agreement prior to issuance to the supplier/contractor. Inspection of goods procured shall be conducted by the proponent and to be assisted by the ProD or BAC Secretariat to ensure that all specifications are complied by the supplier.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject CONTROL OF EXTERNALLY PROVIDED PROCESSES, PRODUCTS/SERVICES	Subject No 4	Page 2 of 2

Legal and financial post-qualification of suppliers and contractors shall be conducted for procurement undergoing Public Bidding. The approved service providers' performance are viewed and evaluated by the proponents to ensure their on-going ability to meet SHFC's quality requirements. This is documented through the accomplishment of a Certificate of Acceptance, which is filed by the proponent and the ProD/BAC Secretariat.

For purchases amounting to the prescribed threshold for shopping and small value procurement, only suppliers and contractors in accordance to the issued Government Procurement Policy Board (GPPB) guidelines shall be engaged. The BAC Secretariat shall maintain a list of suppliers and services providers that are of known qualifications, especially those that were previously awarded with contacts by SHFC.

Records of the procurement process are maintained in accordance to the Records Control Procedure.

Services and processes provided by mobilizers and other partners are governed by appropriate MOAs, guidelines, circulars and office orders.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject CONTROL OF EXTERNALLY PROVIDED PROCESSES, PRODUCTS/SERVICES	Subject No 4	Page 1 of 3

8.4.1 Application of control

8.4.1.1 SHFC ensures that purchased products or services conform to specified purchase requirements by applying control to them as well as to the supplier. It determines the applicable controls when:

- a. the purchased products and services are to be incorporated into the organizations own products and services;
- b. the purchased products and services are provided directly to the ISFs and other stakeholders by the external provider on behalf of SHFC;
- c. a process, or part of a process, is provided by an external provider as a result of a decision by SHFC.

8.4.1.2 SHFC evaluates, selects, monitors and re-evaluates suppliers based on their ability to supply Products/Services in accordance with the organization's requirements. Criteria for selection, evaluation and re-evaluation are established. SHFC also keeps documented information of these activities and of the necessary actions arising from the evaluations.

These activities are further defined in Memorandum Circulars, Board Resolutions, Corporate Circulars and Office Orders.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject CONTROL OF EXTERNALLY PROVIDED PROCESSES, PRODUCTS/SERVICES	Subject No 4	Page 2 of 3

8.4.2 Type and extent of control

8.4.2.1 SHFC ensures that purchased products and services do not adversely affect its ability to consistently deliver conforming products and services to the ISFs and other stakeholders.

8.4.2.2 Purchased products and services remain within the control of SHFC's quality management system and defines both the controls that it applies to an external provider and those that it applies to the resulting output. In doing so, SHFC takes into consideration the potential impact of the purchased products and services on its ability to consistently meet customer requirements as well as applicable statutory and regulatory requirements. It also takes into consideration the effectiveness of the controls applied by the external provider.

8.4.2.3 Purchases are made via the release of formal purchase orders and/or contracts, which clearly describe what is being purchased. Received products or services are then verified against requirements to ensure satisfaction of requirements. Suppliers who do not providing conforming products or services may be requested to conduct formal corrective action.

These activities are further defined in ***Board Resolutions, Corporate Circulars and Office Orders.***

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject CONTROL OF EXTERNALLY PROVIDED PROCESSES, PRODUCTS/SERVICES	Subject No 4	Page 3 of 3

8.4.3 Information for external providers

SHFC ensures the adequacy of requirements prior to their communication to external providers. It communicates to them its requirements for:

- a) the processes, products and services to be purchased;
- b) the approval of products and services, methods, processes and equipment, as well as the release of products and services;
- c) the competence, including any required qualification of persons;
- d) the providers' interactions with the organization;
- e) the control and monitoring of the external providers' performance to be applied by the organization;
- f) the verification and validation activities that the organization or the ISFs and stakeholders will perform at the providers' premises

QUALITY MANAGEMENT SYSTEM MANUAL	Section	Section No	Effectivity
	OPERATION	8	March 1, 2018
	Subject	Subject No	Page
	PRODUCTION AND SERVICE PROVISION	5	1 of 4

8.5.1 Control of Production and Service Provision

To control its provision of products or services, SHFC considers, as applicable, the following:

- a) the availability of documents or records that define the characteristics of the products or services, as well as, operating procedures and the results to be achieved;
- b) the availability and use of suitable monitoring and measuring resources;
- c) the implementation of monitoring and measurement activities;
- d) the use of suitable equipment, infrastructure, and environment;
- e) the appointment of competent persons, including any required qualifications;
- f) the validation of any product provision where the resulting output cannot be verified by subsequent monitoring or measurement, and as a consequence, deficiencies become apparent only after the product has been delivered. Arrangements for these processes include, as applicable, defined criteria for review and approval of the processes, qualification of personnel, use of specific methods and procedures, requirements for records and validation;
- g) the validation and revalidation of special processes, if applicable;
- h) the implementation of actions to prevent human error;
- i) the implementation of release, delivery and post-delivery activities.

Records of validation shall be maintained in accordance to the Control of Records Procedure

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject PRODUCT AND SERVICE PROVISION	Subject No 5	Page 2 of 4

8.5.2 Identification and Traceability

Where appropriate, SHFC identifies its projects or services by suitable means, such as but not limited to account number or project name, in order to ensure the conformity of said projects or services and to facilitate their tracking through the different stages of their review and approval when they go through different office units. Such identification includes the status of the projects or services with respect to monitoring and measurement requirements. All projects or services shall be considered conforming, acceptable and suitable unless otherwise indicated as nonconforming, pending inspection or disposition, or some other similar identifier.

8.5.3 Property Belonging to Customers or External Providers

SHFC exercises care with customer or supplier property while it is under the SHFC's control or being used by the organization. Upon receipt, such property is identified, verified, protected and safeguarded. If any such property is lost, damaged or otherwise found to be unsuitable for use, this is reported to the stakeholder or supplier and records maintained.

This activity is defined in greater detail in the *Control of Records Procedure*.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject PRODUCT AND SERVICE PROVISION	Subject No 5	Page 3 of 4

8.5.4 Preservation

Preserve the stakeholders' records and documents during internal processing until the delivery of the product and services in order to maintain conformity to requirements. As applicable, preservation shall include identification, handling, storage and protection. Preservation also applies to the constituent parts of a product.

The Office Order No. 16-0563 defines the methods for preservation of stakeholders' records and documents, the organization's products or services.

8.5.5 Post-Delivery Activities

As applicable, SHFC conducts the following activities, which are considered "post-delivery activities":

Post-delivery activities are conducted in compliance with the management system defined herein. In determining the extent of post-delivery activities that are required, SHFC considers:

- a) statutory and regulatory requirements;
- b) the potential undesired consequences associated with its services;
- c) the nature, use and intended lifetime of its services;
- d) stakeholder requirements;
- e) stakeholder feedback.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject PRODUCT AND SERVICE PROVISION	Subject No 5	Page 4 of 4

8.5.6 Control of Changes

SHFC reviews and controls both planned and unplanned changes to processes to the extent necessary to ensure continuing conformity with all requirements.

Process change management is defined in the *Control of Records Procedure*.

Documents are changed in accordance with *Board Resolutions, Corporate Circulars and Office Orders*.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject RELEASE OF PRODUCTS/SERVICES	Subject No 6	Page 1 of 1

8.6 Release of Products/Services

Acceptance criteria for products or services are defined in appropriate documentation. Reviews, inspections and tests are conducted at appropriate stages to verify that the requirements have been met. This is done before products are released or services are delivered during, among others, Pre-crecom, Crecom, Execom, and Board Meetings.

Each process utilizes different methods for measuring and releasing services. These methods are defined in *Board Resolutions, Corporate Circulars and Office Orders*.

QUALITY MANAGEMENT SYSTEM MANUAL	Section OPERATION	Section No 8	Effectivity March 1, 2018
	Subject CONTROL OF NONCONFORMING OUTPUTS	Subject No 7	Page 1 of 1

8.7.1 SHFC ensures that services or other process outputs that do not conform to their requirements are identified and controlled to prevent their unintended use or delivery.

The corporation also takes appropriate action based on the nature of the nonconformity and its effect on the conformity of products and services. This also applies to nonconforming products and services detected after delivery of products, during or after the provision of services.

Appropriate control stages and checkpoints exist all throughout the Loan Processing process (BI, SI, ME, etc., reports), Pre-crecom, Crecom & Execom. Controls are also present during the Loan Administration process.

SHFC deals with the nonconforming outputs in one or more of the following ways:

- correction;
- segregation, containment, return or suspension of provision of products and services;
- informing the customer;
- requiring alternative compliances;

Conformity to the requirements shall be verified when nonconforming outputs are corrected.

8.7.2 The organization retains documented information that:

- describes the nonconformity;
- describes the actions taken;
- identifies the authority deciding the action in respect of the nonconformity.

The controls for such nonconformities are defined in ***Control of Non-Conforming Products/Service Procedure***.

QUALITY MANAGEMENT SYSTEM MANUAL	Section PERFORMANCE EVALUATION	Section No 9	Effectivity March 1, 2018
	Subject MONITORING, MEASUREMENT, ANALYSIS AND EVALUATION	Subject No 1	Page 1 of 3

9.1.1 General

SHFC has determined which aspects of its quality management system must be monitored and measured, as well as the methods to utilize and the records to maintain, within this Quality Manual and other documentation.

Monitoring and measurement of the processes, as defined in 4.4.1 above (4.4 above pertains to 2015), ensure that the [SHFC Management] evaluates the performance and effectiveness of the quality management system.

QUALITY MANAGEMENT SYSTEM MANUAL	Section PERFORMANCE EVALUATION	Section No 9	Effectivity March 1, 2018
	Subject MONITORING, MEASUREMENT, ANALYSIS AND EVALUATION	Subject No 1	Page 2 of 3

9.1.2 Customer Satisfaction

SHFC conforms to QMS requirements and continually improves its effectiveness through the following:

Relevant Interested Parties' Satisfaction

SHFC monitors the product outcomes in terms of meeting the relevant interested parties' requirements and expectations. Periodic gathering of relevant interested parties' feedback and perception shall be conducted through the following approaches:

Customer Satisfaction Survey (CSS)

A customer satisfaction survey and its analysis are provided annually by an independent party through the Public Relations Division.

Stakeholders' Satisfaction Index

This in-house monthly survey is being conducted with the relevant interested parties as respondents to gauge the Responsiveness Measures and Overall Services rendered by SHFC. The monthly results are prepared by the Internal Audit Department, and submitted to the concerned department, Public Relations Division and the President.

Both these approaches are being carried-out to measure relevant interested parties' satisfaction as well as monitor performance of SHFC in terms of meeting the relevant interested parties' requirements and expectations. Likewise, they are intended to surface the current and future development concerns of relevant interested parties as they are relevant in defining and/or aligning SHFC's plans and programs.

QUALITY MANAGEMENT SYSTEM MANUAL	Section PERFORMANCE EVALUATION	Section No 9	Effectivity March 1, 2018
	Subject MONITORING, MEASUREMENT, ANALYSIS AND EVALUATION	Subject No 1	Page 3 of 3

9.1.3 Analysis and Evaluation

Quality Management System improvement is affected through the regular collection and analysis of data relating to customer satisfaction, product and service conformity, process performance and external provider performance. Improvement measures are instituted during Management Reviews (refer to clause 9.3.3) and through corrective and preventive actions (refer to clauses 8.5.2 and 10.2.1). Effectiveness of actions taken to address risks and opportunities are evaluated.

QUALITY MANAGEMENT SYSTEM MANUAL	Section PERFORMANCE EVALUATION	Section No 9	Effectivity March 1, 2018
	Subject INTERNAL AUDIT	Subject No 2	Page 1 of 1

Internal Audits of all quality-related processes and functions are conducted at planned intervals to ensure that the QMS is effectively implemented and maintained, and is operating in accordance with the company's Quality Policy (Internal Quality Audit Procedure) and the requirements of ISO 9001:2015.

- Each audit is scheduled based upon the importance of the function being audited, as well as previous audit results.
- Each audit is planned and conducted in a systematic manner. Prior to auditing a function, the audit criteria and scope are defined.
- Trained auditors are assigned based upon their objectivity and impartiality. Auditors do not audit their own work.
- Department managers ensure any necessary corrections and corrective actions raised within their departments are processed in a timely and effective manner. (Refer to clause 10.2.1)
- Audit records are maintained, including audit results, corrective actions taken, and follow-up activities.
- Relevant QMS processes are monitored during Internal Audits. (Refer to clause 9.2) Critical processes are measured to demonstrate their ability to achieve planned results. Specific measurement requirements are established during Management Reviews. (Refer to clause 9.3.2.) Correction and Corrective Action is taken, as appropriate, for processes that do not achieve planned results. (Refer to clause 8.5.2.)
- Relevant QMS product and service characteristics are monitored during Internal Audits. (Refer to clause 9.2.) Product and service characteristics are verified so that product and service requirements are met. Inspections are performed at appropriate stages to verify product and service status, and sampling inspection is used as a means of verification. Corrective action is taken for products and services that do not achieve planned results. (Refer to clause 10.2.1.)

QUALITY MANAGEMENT SYSTEM MANUAL	Section PERFORMANCE EVALUATION	Section No 9	Effectivity March 1, 2018
	Subject MANAGEMENT REVIEW	Subject No 3	Page 1 of 3

The SHFC Management reviews the QMS during the Management Committee meeting which is being held semi-annually to ensure its continuing suitability, adequacy and effectiveness. The review includes assessing opportunities for improvement and the need for changes to the QMS, including the quality policy and quality objectives. Attendance at Management Review is stipulated and recorded in the agenda and/or minutes of the meeting.

The review is conducted in coordination with the QMR and input to this review includes at a minimum, the following:

- Follow-up actions from previous Management Reviews;
- Quality Policy;
- Status of quality objectives;
- Results of audits (internal and external audits);
- Status of corrective and preventive actions;
- Relevant Interested Parties' feedback; and
- Changes that could affect the QMS

The discussions of the above inputs help the Management determine the status of the QMS and become the basis for discussion of recommendation for improvement.

The review's progress is oriented towards output objectives as follows:

- Improvement of the QMS and its processes;
- Improvement of product related to relevant interested parties requirements; and
- Identification of new or changing resource needs

Approved items for improvement are documented as Action Plans. Notes are taken, retained as Minutes, and made available for personnel unable to attend the review. Records of Management Reviews are maintained in accordance to the Records Control Procedure.

QUALITY MANAGEMENT SYSTEM MANUAL	Section PERFORMANCE EVALUATION	Section No 9	Effectivity March 1, 2018
	Subject MANAGEMENT REVIEW	Subject No 3	Page 2 of 3

Management review frequency, agenda (inputs), outputs, required members, actions taken and other review requirements are defined in the Minutes of the Meeting.

Records from management reviews are maintained.

9.3.1 General

Management Reviews of the QMS are conducted semi-annually to ensure continued system adequacy and effectiveness in achieving quality objectives. Reviews are planned and attended by Senior Officers and other relevant management or staff members.

9.3.2 Management review inputs

All aspects listed below are addressed during each annual Management Review cycle, in order to accurately assess current system performance and encourage improvement opportunities:

- Internal Audit results
- Customer feedback (including complaints)
- Achievement of Quality Objectives
- Process performance, product and service conformity results and review of measurement requirements
- Corrective and Preventive Action status
- Action Item results (from previous Management Reviews)
- Changing business and operational conditions that may affect the QMS
- Review of objectives and improvement recommendations
- Adequacy of Resources
- Effectiveness of actions taken to address risks and opportunities
- External Provider performance results

QUALITY MANAGEMENT SYSTEM MANUAL	Section PERFORMANCE EVALUATION	Section No 9	Effectivity March 1, 2018
	Subject MANAGEMENT REVIEW	Subject No 3	Page 3 of 3

9.3.3 Management Review Outputs

Management Review minutes are recorded and made available to all attendees and other affected parties. In addition to documenting the items listed in clause 9.3.2 (above), minutes clearly indicate Action Items assigned, including:

- QMS improvement measures and effectiveness
- Process and service improvement measures
- Resource requirements to achieve improvement

QUALITY MANAGEMENT SYSTEM MANUAL	Section IMPROVEMENT	Section No 10	Effective March 1, 2018
	Subject GENERAL	Subject No 1	Page 1 of 1

In order to determine and select opportunities for improvement or to implement any necessary actions to meet the requirements of customers and relevant interested parties, or to enhance relevant interested parties' satisfaction, SHFC drives improvement via the analysis of relevant data.

Improvement shall be driven by an analysis of data related to:

- a) conformity of products and services to requirements;
- b) the effectiveness of planning;
- c) the effectiveness of actions taken to address risks and opportunities;
- d) levels of relevant interested parties satisfaction, including complaints and feedback;
- e) the performance and effectiveness of the management system;
- f) internal and external audit results; and
- g) other improvements to the management system.

The overall effectiveness of continual improvement program (including corrective actions taken as well as the overall progress towards achieving our quality objectives) is assessed through mid-year/annual planning and management review processes.

QUALITY MANAGEMENT SYSTEM MANUAL	Section IMPROVEMENT	Section No 10	Effectivity March 1, 2018
	Subject NONCONFORMITY AND CORRECTIVE ACTION	Subject No 2	Page 1 of 1

SHFC shall maintain a Control of Nonconformity Procedure to ensure that nonconformities are identified and controlled to prevent recurrence. The procedure defines the controls and related responsibilities and authorities for dealing with nonconformities. The documented Corrective Action Procedure defines the requirements for:

- a. Reviewing nonconformities, including relevant interested parties complaints;
- b. Determining the causes of product/service non-conformities and process deficiencies;
- c. Evaluating the need for action to ensure that nonconformities do not recur;
- d. Determining and implementing action needed; and
- e. Recording and reviewing the results of action taken.

Follow-up audits are conducted in accordance with the internal quality audit process to ensure that effective corrective action is taken and that the action is appropriate to the impact and nature of the problem encountered. In addition, the PRE (Policy Determination, Risk Management and Enforcement) summarizes and analyses corrective action data to identify trends in order to assess the overall effectiveness of the corrective action system and to develop related recommendations for improvement.

The resulting corrective actions are reviewed for effectiveness and are reported to Top management in order to determine if changes to the QMS are required, or whether any new risks or opportunities need to be considered during planning.

Documented information concerning the nature of any non-conformances and their resulting corrective actions is related and maintained in accordance to the Records Control Procedure.

The corrective actions are considered effective if the specific problem was corrected and data indicates that the same or similar problems have not recurred. Results of data analysis and subsequent recommendations are presented to top management for review.

QUALITY MANAGEMENT SYSTEM MANUAL	Section IMPROVEMENT	Section No 10	Effective March 1, 2018
	Subject CONTINUAL IMPROVEMENT	Subject No 3	Page 1 of 1

SHFC continually improves the effectiveness of its quality management system through the effective application of the corporate policies, objectives auditing and data analysis, corrective and preventive actions and management reviews. The continual improvement process begins with the establishment of our corporate policies and objectives for improvement, based on objectives contained in our corporate work plan and relevant interested parties' targets and goals.

SHFC consider the results of analysis and evaluation, and the outputs from management review, to determine if there are needs or opportunities that shall be addressed as part of continual improvement.

Records of the nature of nonconformities and any subsequent actions taken, shall be maintained in accordance to the Records Control Procedure.

This QMS Manual for the ISO 9001: 2015 version retains as to whatever extent is applicable, five (5) of the six (6) Mandatory Procedures from the previous QMS Manual based on ISO 9001: 2008.

They are as follows:

**Control of Maintained Documented
Information Procedure**

**Control of Retained Documented
Information Procedure**

Internal Quality Audit Procedure

Control of Nonconformities Procedure

Corrective Action Procedure



Kaagapay ng Komunidad sa Maginhawang Pamumuhay



CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section	Section No	Effective
	TABLE OF CONTENTS		March 27, 2018
	Subject	Subject No	Page 1 of 1

SECTION NO.	DESCRIPTION	SUBJECT NO.
-------------	-------------	-------------

1	GENERAL PROVISIONS	
	1.1 Purpose, Scope and Limitation, Review and Amendments	1
2	PROCEDURE FLOW	
	2.1 Identification/Creation/Revision of Documents	1
	2.2. Review and Approval of Documents	2
	2.3 Registration of Documents	3
	2.4 Distribution and Maintenance of Documents	4
	2.5 Control of Externally Sourced Documents	5
3	PROCEDURE DETAILS	
	3.1 Identification/Creation/Revision of Documents	1
	3.2 Review and Approval of Documents	2
	3.3 Registration of Documents	3
	3.4 Distribution and Maintenance of Documents	4
	3.5 Control of External Documents	5
4	FORMS	
	4.1 Document Creation/Revision Request Form	1
	4.2 Document Reproduction Request Form	2

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section	Section No	Effective
	GENERAL PROVISIONS	1	March 27, 2018
	Subject PURPOSE, SCOPE AND LIMITATIONS, REVIEW AND AMENDMENTS	Subject No 1	Page 1 of 1

PURPOSE

Control of Maintained Documented Information Procedure aims to define the system in controlling internally-generated and externally-sourced documents used in the implementation of SHFC's Quality Management System (QMS).

SCOPE AND LIMITATIONS

Control of Maintained Documented Information Procedure shall cover all documents generated in the implementation of the QMS as indicated in the Document Master List.

REVIEW AND AMENDMENTS

The Control of Maintained Documented Information Procedure shall be reviewed by the Administrative Department every three (3) years or as deemed necessary.

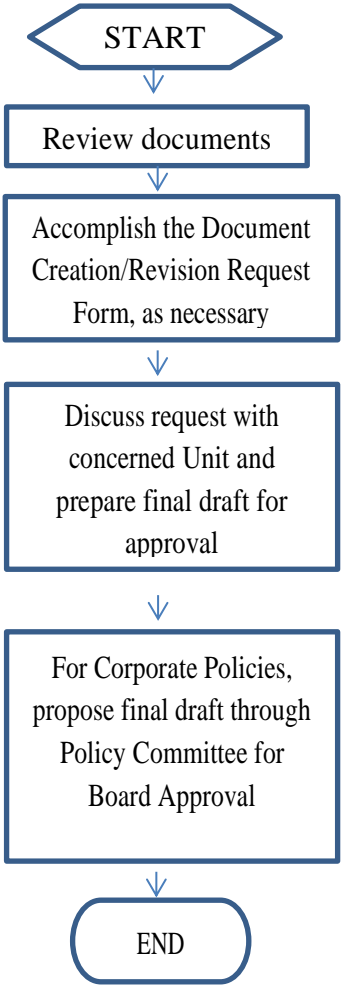
The Administrative Department shall initiate the **review process**. Inputs from other concerned Units shall be considered.

The Administrative Department shall present proposed amendments to the SHFC Management.

The President shall give the final approval of the proposed amendments to the Control of Maintained Documented Information Procedure.

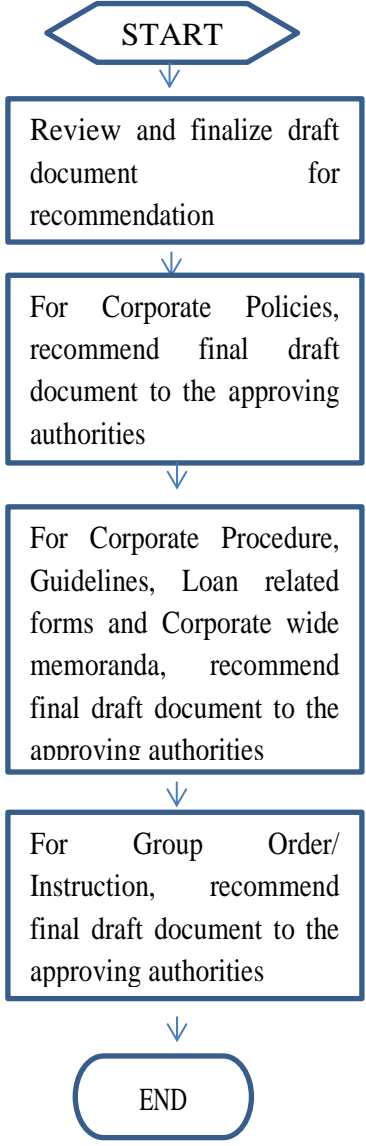
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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section	Section No	Effective
	PROCEDURE FLOW	2	March 27, 2018
	Subject	Subject No	Page
	IDENTIFICATION/CREATION/ REVISION OF DOCUMENT	1	1 of 1

Responsible Person	Flow	Details
Concerned Group/Dept.	 <pre> graph TD START([START]) --> Review[Review documents] Review --> Accomplish[Accomplish the Document Creation/Revision Request Form, as necessary] Accomplish --> Discuss[Discuss request with concerned Unit and prepare final draft for approval] Discuss --> Propose[For Corporate Policies, propose final draft through Policy Committee for Board Approval] Propose --> END([END]) </pre>	Proceed to Detail No. 3.1.1.
Concerned Group/Dept.		Proceed to Detail No. 3.1.2.
Concerned Group/Dept.		Proceed to Detail No. 3.1.2.
President		Proceed to Detail No. 3.1.3.

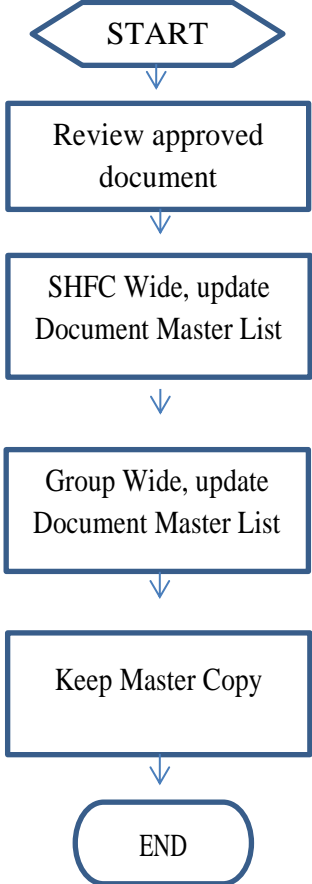
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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section PROCEDURE FLOW	Section No 2	Effective March 27, 2018
	Subject REVIEW AND APPROVAL OF DOCUMENTS	Subject No 2	Page 1 of 1

Responsible Person	Flow	Details
Concerned Group/Dept.	 <pre> graph TD START([START]) --> Step1[Review and finalize draft document for recommendation] Step1 --> Step2[For Corporate Policies, recommend final draft document to the approving authorities] Step2 --> Step3[For Corporate Procedure, Guidelines, Loan related forms and Corporate wide memoranda, recommend final draft document to the approving authorities] Step3 --> Step4[For Group Order/ Instruction, recommend final draft document to the approving authorities] Step4 --> END([END]) </pre>	Proceed to Detail No. 3.1.2.
President		Proceed to Detail No. 3.2.1.
Concerned Group		Proceed to Detail No. 3.2.1.
Concerned Department		Proceed to Detail No. 3.2.1.

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section PROCEDURE FLOW	Section No 2	Effective March 27, 2018
	Subject REGISTRATION OF DOCUMENTS	Subject No 3	Page 1 of 1

Responsible Person	Flow	Details
Records – Administrative Dept.	 <pre> graph TD START([START]) --> Review[Review approved document] Review --> SHFC[SHFC Wide, update Document Master List] SHFC --> Group[Group Wide, update Document Master List] Group --> Master[Keep Master Copy] Master --> END([END]) </pre>	
Records – Administrative Dept.		Proceed to Detail No. 3.3.1.
Concerned Group		Proceed to Detail No. 3.3.2.
Administrative Dept/ Concerned Group		Proceed to Detail No. 3.3.1 and 3.3.2.



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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section PROCEDURE FLOW	Section No 2	Effective March 27, 2018
	Subject DISTRIBUTION AND MAINTENANCE OF DOCUMENT	Subject No 4	Page 1 of 1

Responsible Person	Flow	Details
	<pre> graph TD START([START]) --> Step1[Send e-copy of approved] Step1 --> Step2[Keep master copy of approved document] Step2 --> Step3[Received Approved Document] Step3 --> Step4[Ensure latest approved document is filed and used] Step4 --> Step5[For Request of Certified True Copy, accomplish Document Reproduction Request Form] Step5 --> END([END]) </pre>	
Records – Administrative Department		Proceed to Detail No. 3.4.1.
Records – Administrative Department		Proceed to Detail No. 3.4.1.
Authorized Copyholder		Proceed to Detail No. 3.4.1.
Authorized Copyholder		Proceed to Detail No. 3.4.1.
Concerned Requisitioner		Proceed to Detail No. 3.4.1.

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section	Section No 2	Effective March 27, 2018
	PROCEDURE FLOW Subject CONTROL OF EXTERNALLY SOURCED DOCUMENTS	Subject No 5	Page 1 of 1

Responsible Person	Flow	Details
	 ↓	Surrender externally-sourced documents to the Records Officer upon receipt
Records – Administrative Department/ Concerned Personnel	<div>Log externally-sourced document</div> <div>Document received through Official email system inform Records-Administrative Dept. on Receipt of Document</div> ↓	Proceed to Detail No. 3.5.2
Concerned Group/Dept.	<div>Forward externally-document to intended recipient</div> ↓	Proceed to Detail No. 3.5.4.
		

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section PROCEDURE DETAILS	Section No 3	Effective March 27, 2018
	Subject IDENTIFICATION/CREATION/ REVISION OF DOCUMENTS	Subject No 1	Page 1 of 1

3.1.1. Documents shall be reviewed and updated, as necessary, based on the matrix as follows:

Document Type	Frequency of Review	Responsible Group/ Department
Corporate Policies and Procedures	Every three (3) years or as deemed necessary	Concerned Group or Department
Guidelines	Every three (3) years or as deemed necessary	Concerned Group or Department
Work Instructions	Every three (3) years or as deemed necessary	Concerned Group or Department
Forms	Every three (3) years or as deemed necessary	Concerned Group or Department
Memoranda, as applicable	Every three (3) years or as deemed necessary	Concerned Group or Department
Other documents, as necessary	Every three (3) years or as deemed necessary	Concerned Group or Department
Temporary documents such as Special Orders and the like	No need or not applicable	

3.1.2. In case of proposed creation and amendment, concerned Group / Department shall accomplish the Document Creation/Revision Request Form (refer to Section 4), with approval of the concerned Group / Department Head and prepare the final draft.

3.1.3. For the creation, revision and amendment of Corporate Policies and Procedures, the Office of the President shall propose the final draft through the Policy Committee, for Board action/approval.

3.1.4. In the creation, revision, or amendments of documents, the paper size shall be **A4; Font Times New Roman; size 12.**

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section	Section No 3	Effective March 27, 2018
	PROCEDURE DETAILS Subject REVIEW AND APPROVAL OF DOCUMENTS	Subject No 2	Page 1 of 1

3.2.1. Recommendation and approval of all documents shall be as follows

Approval	Recommendation	Document Type
Board	President through the Policy Committee	Corporate Policies
President	Management / Group / Department concerned	Procedures and Guidelines
President	Management / Group / Department concerned	Loan Related Forms
President	Management / Group Head	SHFC-wide Memoranda
Group Head	Department Head	Group Order/Instruction
Group Head	Department concerned	All other Forms
Group Head	Department concerned	All other Memoranda

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section	Section No 3	Effective March 27, 2018
	PROCEDURE DETAILS Subject REGISTRATION OF DOCUMENTS	Subject No 3	Page 1 of 1

3.3.1. For SHFC-wide documents:

Upon receipt of the approved document, the Administration Department shall update the Document Master List. The list shall include, but not limited to the following information:

- Title;
- Type (Corporate Policies and Procedures, Guidelines, Work Instructions, Forms, and Memoranda, as applicable);
- Author;
- Intended recipient; and
- Issuance date and/or effectivity date, as applicable.

The Administration Department shall keep the master copy of all newly-approved documents.

3.3.2. For Group-wide Documents:

Upon receipt of the approved document, the Executive Assistant of the concerned Group shall update the Document Master List. The list shall include, but not limited to the following information:

- Title;
- Type (Group Order, Forms, Memoranda, as applicable);
- Author;
- Intended recipient; and
- Issuance date and/or effectivity date, as applicable.

The Executive Assistant of the concerned Group shall keep the master copy of all newly-approved documents.

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section PROCEDURE DETAILS	Section No 3	Effective March 27, 2018
	Subject DISTRIBUTION AND MAINTENANCE	Subject No 4	Page 1 of 1

3.4.1. For SHFC-wide documents:

- The Administration Department shall send notification and the scanned copy of the document via email/e-copy to all concerned Groups/Departments on the approved documents within twenty-four (24) hours after date of approval.
- Master copy of all documents, both print and digital, shall be handled, filed, and stored in the Administration Department.
- All authorized copyholders shall be responsible in ensuring that the latest approved document is filed and used.
- In case of requests for certified true copies of documents, the requesting shall accomplish the Document Reproduction Request Form (refer to Section 6), with the approval of the concerned Group / Department Head.

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section	Section No 3	Effective March 27, 2018
	PROCEDURE DETAILS Subject CONTROL OF EXTERNALLY SOURCED DOCUMENTS	Subject No 5	Page 1 of 1

3.5.1. The Administration Department shall create a Document Master List for externally generated documents.

3.5.2. Upon receipt of an externally-sourced document, the receiving Unit shall immediately log the said document and take appropriate action. Appropriate action may include the referral of the said document to the concerned Department.

3.5.3. The Records – Administrative Department shall log all externally-sourced documents received, which include, but not limited to, the following pertinent information:



- Title;
- Type (print copy, facsimile, web-based, digital copy, among others);
- Description (correspondence, manual, book, brochure, among others);
- Sender (name, company/organization, address);
- Date of receipt; and
- Intended recipient (name, unit, building).

3.5.4. Once logged, the receiving Department shall immediately forward the document to intended recipient.

3.5.5. For documents received through the official email system, the concerned personnel shall inform the Administration Department of the receipt of said document.

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section FORMS	Section No 4	Effective March 27, 2018
	Subject DOCUMENT CREATION/REVISION REQUEST FORM	Subject No 1	Page 1 of 1


 <small>Social Housing Finance Corporation</small>	DOCUMENT CREATION/REVISION REQUEST	 <small>FILIPINO Communities</small>	
Group/Department:	Date of Request:	Control No.	
Nature of Request: <input type="checkbox"/> Update <input type="checkbox"/> Deletion <input type="checkbox"/> Addition <input type="checkbox"/> Creation	Title of the Document: Effectivity Date:		
	Justification, in case of creation:		
FOR UPDATE, DELETION, ADDITION			
Section and Subject Title	Original Statement in the Existing Document	Proposed Amendment/s	Justification
(Use additional sheet/s as necessary) Note: Attached photocopy of actual page/s of existing document that is the subject of request			
Prepared by:	Reviewed by:	Approved by:	
_____ Signature over printed name _____ Date	_____ Signature over printed name _____ Date	_____ Signature over printed name _____ Date	
Received by: _____ Date: _____ Signature over printed name			

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SHFC CONTROL OF MAINTAINED DOCUMENTED INFORMATION PROCEDURE	Section FORMS	Section No 4	Effective March 27, 2018
	Subject DOCUMENT REPRODUCTION REQUEST FORM	Subject No 2	Page 1 of 1

	DOCUMENT REPRODUCTION REQUEST	
Group/Department:	Date of Request:	Control No.
Title of the Document: Effectivity Date:	Justification:	
SECTION AND SUBJECT TITLE TO BE REPRODUCED		
(Use additional sheet/s as necessary) Note: Only one (1) reproduced copy per request		
Prepared by:	Approved by:	
_____ Signature over printed name	_____ Signature over printed name	
_____ Date	_____ Date	
Received by: _____ Date: _____ <div style="text-align: center; margin-top: 10px;"> Signature over printed name </div>		

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Kaagapay ng Komunidad sa Maginhawang Pamumuhay



CONTROL OF RETAINED DOCUMENTED INFORMATION PROCEDURE

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SHFC Control of Retained Documented Information Procedure	Section TABLE OF CONTENTS	Section No	Effective March 27, 2018
	Subject	Subject No	Page 1 of 1

SECTION NO.	DESCRIPTION	SUBJECT NO.
1	GENERAL PROVISIONS	
	1.1 Purpose, Scope and Limitations, Review and Amendments	1
2	PROCEDURE FLOW	1
3	PROCEDURE DETAILS	
	3.1 General Provisions	1
	3.2 Identification of Records	2
	3.3 Review and Approval of Records	3
	3.4 Storage and Protection of Records	4
	3.5 Retrieval and Retention of Records	5
	3.6 Maintenance and Disposal of Records	6
4	REFERENCES	1
5	FORMS	
	5.1 Records and Inventory Appraisal Form	1
	5.2 Records Disposition Schedule	2
	5.3 Request for Authority to Dispose of Records	3

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SHFC Control of Retained Documented Information Procedure	Section GENERAL PROVISIONS	Section No 1	Effective March 27, 2018
	Subject	Subject No 1	Page 1 of 1

PURPOSE

This document aims to provide a system of managing, controlling, disposing and maintaining records within SHFC.

SCOPE AND LIMITATIONS

This procedure applies to all records related to QMS. It covers the controls needed for the identification, labeling, storage, retention and disposal of records, including e-records.

REVIEW AND AMENDMENTS

The Control of Retained Documented Information shall be reviewed by the Documentation Control and Custodianship Department (DCCD) every three (3) years or as deemed necessary.

The DCCD shall initiate the **review process**. Inputs from other concerned Units shall be considered.

The DCCD shall present proposed amendments to the SHFC Management.

The President shall give the final approval of the proposed amendments to the Control of Retained Documented Information Procedure.

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SHFC Control of Retained Documented Information Procedure	Section PROCEDURE FLOW	Section No 2	Effective March 27, 2018
	Subject	Subject No 1	Page 1 of 1

Key Players	Key Steps	Interfaces
Records Officer	<div>Start</div> <div>↓</div> <div>Identification of Records</div> <div>↓</div>	See Details 3.1
DCCD/Process Owners	<div>Review and Approval of Records</div> <div>↓</div>	See Details 3.2
DCCD/Process Owners	<div>Storage and Protection of Records</div> <div>↓</div>	See Details 4
DCCD/Process Owners	<div>Retrieval and Retention of Records</div> <div>↓</div>	See Details 5
DCCD/Process Owners	<div>Maintenance and Disposal of Records</div> <div>↓</div> <div>End</div>	See Details 6

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SHFC Control of Retained Documented Information Procedure	Section PROCEDURE DETAILS	Section No 3	Effective March 27, 2018
	Subject GENERAL PROVISIONS	Subject No 1	Page 1 of 1

3.1.1. Records are legible, identifiable and easily retrievable.

3.1.2. Pencil markings are considered unofficial. The use of correction fluid is strictly prohibited.

3.1.3. Records can be in the form of any type of media such as hard copy or electronic file.

3.1.4. If necessary, records are reviewed and/or approved prior to issue.

3.1.5. Records indicate the person/s that authorizes its use.

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SHFC Control of Retained Documented Information Procedure	Section PROCEDURE DETAILS	Section No 3	Effective March 27, 2018
	Subject IDENTIFICATION OF RECORDS	Subject No 2	Page 1 of 1

3.2.1. Records are identifiable through its title and any or a combination of the following information, as appropriate:

- Date(s)
- Name of Signatory (ies)
- Revision Status
- Reference Document
- Control Number (if necessary)

3.2.2. Records are stored by the Records Officer or concerned Process Owner.

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SHFC Control of Retained Documented Information Procedure	Section PROCEDURE DETAILS	Section No 3	Effective March 27, 2018
	Subject REVIEW AND APPROVAL OF RECORDS	Subject No 3	Page 1 of 1

- 3.3.1. Records shall be reviewed. The reviewer ensures the said records are legible and contain sufficient information as basis for its endorsement or approval.
- 3.3.2. There are specific records that require the signature of authorized individuals. For records of this nature, the absence of authorized signatures will deem these as “UNOFFICIAL.”
- 3.3.3. Where applicable, in case of correction, the error shall be stricken out by using a horizontal line. The correct information shall be placed beside the error and shall bear the initials of the person who corrected it as well as the date on which it was corrected.

For example: Oct. 22, 2009
 ~~6312~~ 7564 JOI

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SHFC Control of Retained Documented Information Procedure	Section PROCEDURE DETAILS	Section No 3	Effective March 27, 2018
	Subject STORAGE AND PROTECTION	Subject No 4	Page 1 of 1

3.4.1. Records are kept in appropriate locations to minimize physical deterioration, damage, and loss. Records are filed in a way that enhances accessibility. As such, records may be protected in accordance with any of the following

- Use of expanded folders, protective sheets, and/or ring binders;
- Regular back-up of e-files; and/or
- Access restriction, through password (this pertains only to soft copy and other security measures) to prevent from unauthorized use.

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SHFC Control of Retained Documented Information Procedure	Section PROCEDURE DETAILS	Section No 3	Effective March 27, 2018
	Subject RETRIEVAL AND RETENTION OF RECORDS	Subject No 5	Page 1 of 1

3.5.1. To ensure easy retrieval, filing cabinets, shelves, boxes, folders, and envelopes are labeled according to the established filing system. Likewise, a National Records Inventory Form, as prescribed by the NAP Gen. Circular No. 4 is maintained.

3.5.2. Records, borrowed by other offices or workgroups, are traced using log books.

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SHFC Control of Retained Documented Information Procedure	Section PROCEDURE DETAILS	Section No 3	Effective March 27, 2018
	Subject MAINTENANCE AND DISPOSAL OF RECORDS	Subject No 6	Page 1 of 1

3.6.1. Maintenance and disposal of records are done in accordance with the provisions set by the National Archives of the Philippines (NAP).

3.6.2. For easier safekeeping, permanent records may be converted to e-files, except for records that require original copy bearing authentic signatures.

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SHFC Control of Retained Documented Information Procedure	Section REFERENCES	Section No 4	Effective March 27, 2018
	Subject	Subject No 1	Page 1 of 1

R. A. No. 9470 – An Act to Strengthen the System of Management and Administration of Archival Records, establishing for the purpose the National Archives of the Philippines and for other Purposes.

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NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i> RECORDS INVENTORY AND APPRAISAL		AGENCY				ORGANIZATIONAL UNIT				TELEPHONE NO.:	
		ADDRESS				PERSON-IN-CHARGE OF FILES				DATE PREPARED	
RECORDS SERIES TITLE & DESCRIPTION	PERIOD COVERED	VOLUME IN CUBIC METER	LOCATION OF RECORDS	FREQUENCY OF USE	DUPLICATION	TIME VALUE	UTILITY VALUE Adm / F / L / Arc	RETENTION PERIOD			DISPOSITION PROVISION
								Active	Storage	Total	

LEGEND:

TIME VALUE:	T - Temporary	P - Permanent	Arc - Archival
UTILITY VALUE	Adm - Administrative	F - Fiscal	L - Legal

PREPARED BY:	ASSISTED BY:	APPROVED BY:
Name and Position	Records Management Analyst	Chief of Division/Department

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CONTROL OF RETAINED DOCUMENTED INFORMATION PROCEDURE	Section	FORMS	Section No	Effective
	Subject		5	
	Subject No		March 27, 2018	
RECORDS INVENTORY AND APPRAISAL FORM	1	Page	1 of 1	

SHFC Control of Retained Documented Information Procedure	Section FORMS	Section No 5	Effective March 27, 2018
	Subject RECORDS DISPOSITION SCHEDULE	Subject No 2	Page 1 of 2

NAP Form No. 2
2008

NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i> RECORDS DISPOSITION SCHEDULE		1. AGENCY NAME:			
		2. ADDRESS:			
3. SCHEDULE NO.:		4. DATE PREPARED:			
5. ITEM NO.	6. RECORD SERIES TITLE AND DESCRIPTION	7. RETENTION PERIOD			8. REMARKS
		Active	Storage	Total	

IMPORTANT: Pursuant to Section 18, Article III, RA 9470 s. 2007, "No government department, bureau, agency and instrumentality shall dispose of, destroy or authorize the disposal or destruction of any public records, which are in the custody or under its control except with the prior written authority of the Executive Director.

Page ___ of ___ Pages

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SHFC Control of Retained Documented Information Procedure	Section FORMS	Section No 5	Effective March 27, 2018
	Subject RECORDS DISPOSITION SCHEDULE	Subject No 2	Page 2 of 2

NAP Form No. 2
2008

9. Prepared by: <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/> Name </div> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/> Position </div>	11. Recommending Approval: <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/> Name </div> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/> Position </div>
10. Assisted by: <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/> Name </div> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/> Position </div>	12. Approved: <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/> Name </div> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/> Position </div>

TO BE ACCOMPLISHED BY THE NATIONAL ARCHIVES OF THE PHILIPPINES

This Records Disposition Schedule

☐ is being returned for improvement /correction

☐ is being recommended for approval

Chairman
Records Management Evaluation Committee

Date

APPROVED:

Executive Director

Date

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SHFC Control of Retained Documented Information Procedure	Section FORMS	Section No 5	Effective March 27, 2018
	Subject REQUEST FOR AUTHORITY TO DISPOSE OF RECORDS	Subject No 3	Page 1 of 1

NAP Form No. 3
2008

NATIONAL ARCHIVES OF THE PHILIPPINES <i>Pambansang Sinupan ng Pilipinas</i>		AGENCY NAME:	
		ADDRESS:	
DATE:		TELEPHONE NUMBER:	
ITEM NO.	RECORD SERIES TITLE AND DESCRIPTION	PERIOD COVERED	
LOCATION OF RECORDS:		VOLUME IN CUBIC METER:	
PREPARED BY: (Name & Signature)		POSITION:	
CERTIFIED AND APPROVED BY: <p style="text-align: center;">This is to certify that the above mentioned records are no longer needed and not involved nor connected in any administrative or judicial cases.</p> <div style="text-align: right; margin-top: 20px;"> <hr style="width: 30%; margin: 0 auto;"/> Name and Signature of Agency Head or Duly Authorized Representative </div>			

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Kaagapay ng Komunidad sa Maginhawang Pamumuhay



INTERNAL QUALITY AUDIT PROCEDURE

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section TABLE OF CONTENTS	Section No.	Effective March 27, 2018
	Subject	Subject No.	Page 1 of 1

SECTION NO.	DESCRIPTION	SUBJECT NO.
1	GENERAL PROVISIONS	
	1.1 Purpose, Scope and Limitation, Review and Amendments	1
2	PROCEDURE FLOW	1
3	PROCEDURE DETAILS	
	3.1 Introduction	1
	3.2 Audit Procedure	2
4	REFERENCES	1
5	FORMS	
	5.1 Audit Plan Form	1
	5.2 Audit Program Form	2
	5.3 Audit Checklist Form	3
	5.4 Audit Findings Report Form	4
	5.5 Correction and Corrective Action Request Form	5

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section GENERAL PROVISIONS	Section No. 1	Effective March 27, 2018
	Subject PURPOSE, SCOPE AND LIMITATIONS, REVIEW AND AMENDMENTS	Subject No. 1	Page 1 of 1

PURPOSE

To define a system for planning, execution, reporting and follow up activities during internal quality audits (IQA) in order to:

- Determine whether SHFC's QMS conforms to the planned arrangements, to the ISO 9001 requirements, and to the QMS requirements established by SHFC; and
- Ensure that the QMS is effectively implemented and maintained.

SCOPE AND APPLICATION

This procedure applies to SHFC's Quality Management System whose processes directly affect the quality of products/services delivered to the clients.

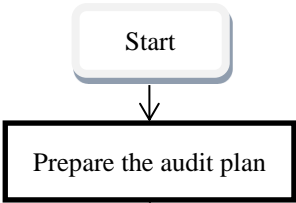
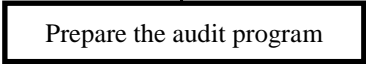
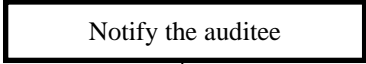
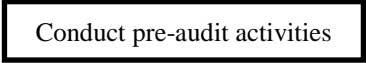
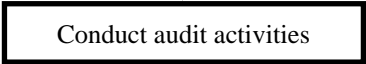
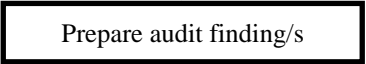
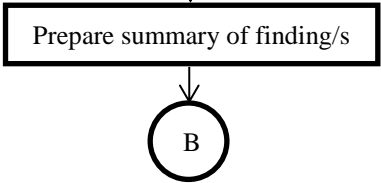
REVIEW AND AMENDMENTS

Based on internal and third-party review, this Internal Quality Audit Procedure shall be initiated by the Internal Quality Audit Committee (IQA Committee) at least once every three (3) years or as deemed necessary.

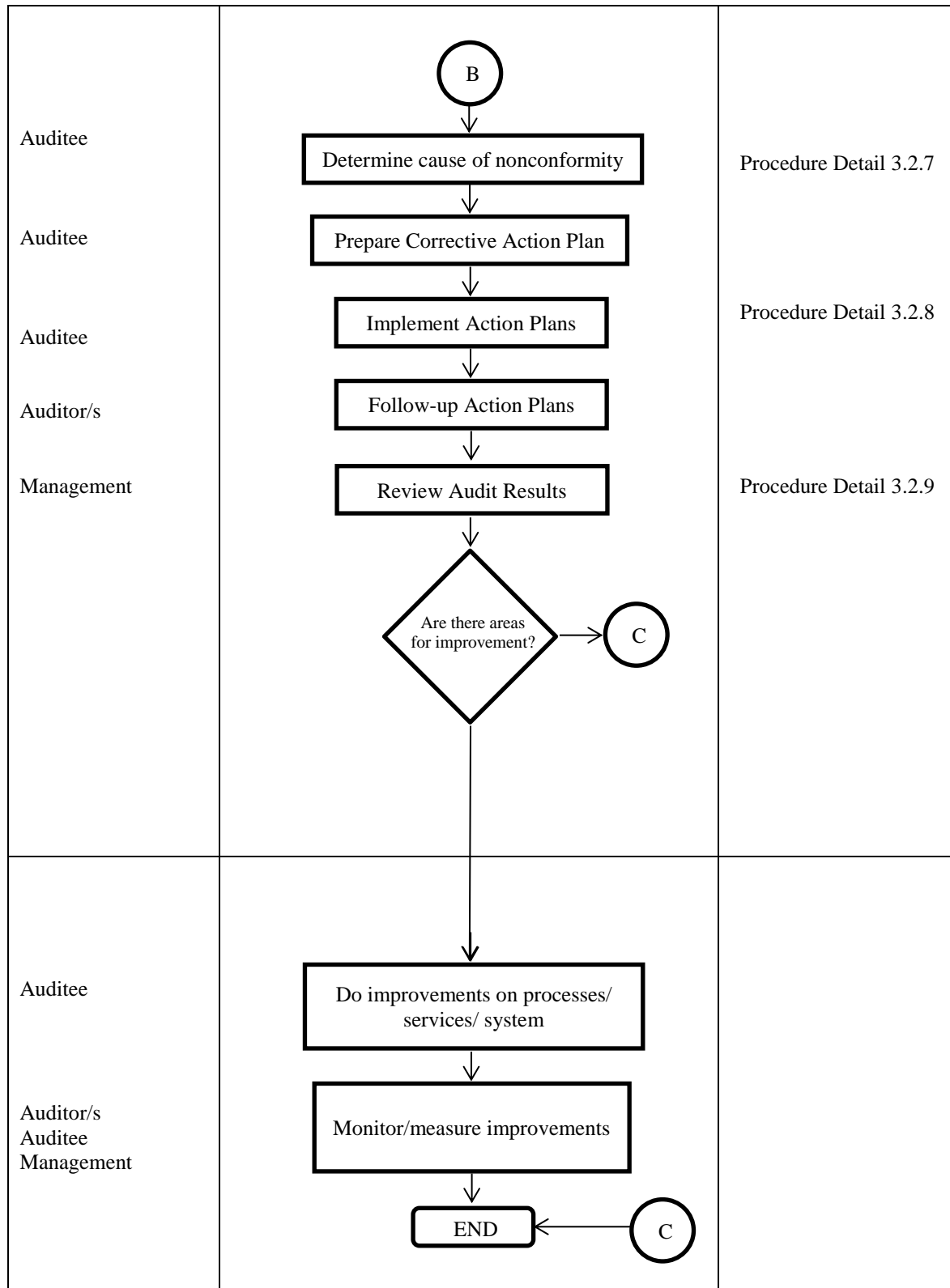
The IQA Committee, in coordination with other concerned Departments, shall present amendments to the President for approval.

The IQA Committee, shall use the International Standard – ISO 19011, Guidelines for Auditing Management Systems, in the conduct of QMS audits.

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section PROCEDURE FLOW	Section No. 2	Effective March 27, 2018
	Subject	Subject No. 1	Page 1 of 2

Responsible	Activity	Interface
IQA Chairperson	 <pre> graph TD Start([Start]) --> Plan[Prepare the audit plan] </pre>	Procedure Detail 3.2.1
IQA Chairperson	 <pre> graph TD Plan --> Program[Prepare the audit program] </pre>	Procedure Detail 3.2.2
IQA Chairperson	 <pre> graph TD Program --> Notify[Notify the auditee] </pre>	
Auditor/s	 <pre> graph TD Notify --> PreAudit[Conduct pre-audit activities] </pre>	Procedure Detail 3.2.3
Auditor/s	 <pre> graph TD PreAudit --> Audit[Conduct audit activities] </pre>	Procedure Detail 3.2.4
Auditor/s	 <pre> graph TD Audit --> Findings[Prepare audit finding/s] </pre>	Procedure Detail 3.2.5
IQA Chairperson/Team Leader	 <pre> graph TD Findings --> Summary[Prepare summary of finding/s] Summary --> B((B)) </pre>	Procedure Detail 3.2.6

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section PROCEDURE FLOW	Section No. 2	Effective March 27, 2018
	Subject	Subject No. 1	Page 2 of 2



SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section PROCEDURE DETAILS	Section No. 3	Effective March 27, 2018
	Subject INTRODUCTION	Subject No. 1	Page 1 of 1

AUDITOR COMPETENCIES

The IQA Team shall ensure that resources are appropriate, sufficient, and effectively deployed to achieve the approved plan. The selection of auditors shall consider the following audit competencies:

1. Personal attributes consistent with the implementation of the 4 E's of Operations Audit as stated in the Philippine Government Internal Audit Manual:
 - a. Ability to do the right things to achieve targets (Effective);
 - b. Ability to do things right given the available resources/inputs and within a specified timeframe (Efficient);
 - c. Ability to conform to the norms of conduct required under Republic Act No. 6713 (Code of Conduct and Ethical Standards for Public Officials and Employees) which basically upholds the commitment to public interest and professionalism (Ethical);
 - d. Ability to perform functions and tasks using the least amount of resources within a specific timeframe (Economical)
2. Knowledge of auditing concepts
3. Auditing skills
 - a. Plan and organize the work effectively;
 - b. Collect information through effective inquiry, listening, observing and reviewing documents, records and data;
 - c. Evaluating audit evidence against audit criteria; and
 - d. Document audit findings and prepare appropriate audit reports.
4. Knowledge on ISO 9001 requirements and the QMS of SHFC

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section PROCEDURE DETAILS	Section No. 3	Effective March 27, 2018
	Subject AUDIT PROCEDURE	Subject No. 2	Page 1 of 5

3.2.1. Prepare the audit plan

- a. The Internal Quality Audit (IQA) Chairperson prepares an Annual Audit Plan before the start of the calendar year taking into consideration the status and importance of the areas to be audited as well as the results of the previous audits.
- b. The Annual Audit Plan layouts the schedule for the 12-month period during which the whole of the quality management system will be audited at least once a year.
- c. The QMR reviews the Annual Audit Plan. This shall be approved by the President prior to its implementation.
- d. In addition to the planned audits, unplanned internal quality audits are initiated by the IQA Chairperson. Also, the President through the IQA Chairperson, may initiate unplanned internal quality audits. Decisions for initiating unplanned internal quality audits should be based on:
 - Unusual increase of quality related problems,
 - Introduction of new products/services
 - Changes on the quality system, personnel and processes.
- e. Copies of the Annual Audit Plan are disseminated to the QMR and all concerned departments through a memorandum prepared by the IQA Chairperson.

The IQA Chairperson forms audit teams and assigns team leaders. Auditors are selected from a pool of qualified and competent auditors. To ensure impartiality and objectivity of the audit process, audits are performed by personnel independent of the area being audited.

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section PROCEDURE DETAILS	Section No. 3	Effective March 27, 2018
	Subject AUDIT PROCEDURE	Subject No. 2	Page 2 of 5

3.2.2. Prepare an audit program

For each scheduled audit in the audit plan, the IQA Chairperson prepares an **audit program** taking into consideration the results of previous audits and which would include the objective of the activity, the scope, processes and functions to be audited, the assigned auditor/s and the date and time of the audit. The audit program is disseminated to all concerned through a memorandum prepared by the IQA Chairperson to notify the auditees.

The Chairperson of the IQA Committee shall submit to the Management an internal quality audit work program for review and approval, at least annually. The internal quality audit work program shall consist of a work schedule as well as budget and resource requirements.

3.2.3. Conduct pre-audit activities

After the concerned auditors have been fully notified, the assigned auditors prepare by gathering and reviewing necessary documentations. (e.g. results of previous audits, procedures, records and others).

Based on the audit scope and objectives and from the information gathered from the review and examination of procedures, records, results of previous audits and other documents, the assigned auditor prepares an audit checklist.

The IQA Committee shall use ISO 9001, Requirements for Quality Management Systems, as the primary audit criteria for QMS audits. Applicable laws, regulations, ethical and business norms, and contracts as well as documented policies, guidelines, and procedures shall also be considered as criteria depending on the audit scope.

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section PROCEDURE DETAILS	Section No. 3	Effective March 27, 2018
	Subject AUDIT PROCEDURE	Subject No. 2	Page 3 of 5

3.2.4. Conduct the audit

An opening meeting is conducted before the start of the actual audit with the representative/s of the auditee to discuss the audit program. The meeting is an informal one done for the smooth conduct of the audit.

After the meeting, the assigned auditors conduct the audit in accordance to the audit program. The assigned auditors follow this sequence:

- i. Establish the facts by interviewing concerned personnel, observation, examining documents, reviewing procedures, instructions and records. Use the **Audit Checklist Form** to record observations made.
- ii. Take note of the facts as evidence of what took place during the audit.
- iii. Evaluate the facts to determine if there are objective evidences to support any findings.
- iv. Discuss audit findings with the auditee.

3.2.5. Prepare audit findings

The assigned auditors document the commendable findings and opportunities for improvement (OFIs) using the **Audit Findings Report Form (AFRF)**. Findings that are classified as nonconformities are documented by accomplishing the **Correction and Corrective Action Report Form (CCARF)**. The AFRF and CCARF are both issued to the concerned auditee.

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section PROCEDURE DETAILS	Section No. 3	Effective March 27, 2018
	Subject AUDIT PROCEDURE	Subject No. 2	Page 4 of 5

3.2.6. Prepare summary of findings

The IQA Chairperson prepares Audit Summary to show the conformities, opportunities for improvement, and nonconformities, if any, to determine the strong and weak points of the Departments audited. The Audit Summary is presented to the Management during Management Review.

3.2.7. Respond to audit findings

Concerned auditee, upon receipt of the CCARF, initiates correction action, determines the root cause(s) of the nonconformity, and identifies appropriate corrective action, without undue delay. Action planning is done by the auditee's group, and where necessary, including all affected areas, to arrive at possible solution.

The correction action, root cause analysis, corrective action, timetables, and responsibilities are all recorded in CCARF. Refer to Corrective Action Procedure.

Concerned auditee returns the accomplished CCARF to the auditor. The auditee is provided with a copy of the accomplished CCARF.

3.2.8. Implement action plans and conduct verification

Concerned auditee implements action plan stated in the accomplished CCARF.

The auditor conducts verification activities to check if the action plans are being implemented and are effective.

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section PROCEDURE DETAILS	Section No. 3	Effective March 27, 2018
	Subject AUDIT PROCEDURE	Subject No. 2	Page 5 of 5

3.2.9. Report to Management

The IQA Chairperson reports to Management, the results of audit including results of verification activities to identify process, product/service, or system that needs improvement.

Improvement action may necessitate initiation of new policy or procedure, or revision of existing one. Refer to Document Control Procedure.

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section REFERENCES	Section No. 4	Effective March 27, 2018
	Subject	Subject No. 1	Page 1 of 1

References:

PNS ISO 9001

PNS ISO 19011



Quality Manual

Document Control Procedure

Records Control Procedure

Corrective Action Procedure

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section FORMS	Section No. 5	Effective March 27, 2018
	Subject AUDIT CHECKLIST FORM	Subject No. 3	Page 1 of 1

<div style="display: flex; justify-content: space-between; align-items: center;">   </div> <p style="text-align: center;">QUALITY MANAGEMENT SYSTEM CHECKLIST – ISO 9001:2015 (STATUS Y – YES, N – NO, N/A – NOT APPLICABLE)</p>						
Item No.	ISO Ref	Standard Requirements	STATUS (Y, N, N/A)			COMMENTS
	4	Quality Management System (QMS)				

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section FORMS	Section No. 5	Effective March 27, 2018
	Subject AUDIT FINDINGS REPORT FORM	Subject No. 4	Page 1 of 1





AUDIT FINDINGS REPORT FORM



Audit Scope:	Area/Office:
	Date:
Purpose/Objectives:	

Reference No./Section No.	Criteria/Requirement	Remarks/Notes (Evidence Collected)	Findings	
			C	NC
Commendable Findings (Note down good practices, activities, methodologies, etc. which also demonstrates conformance to the requirements/expectations.)				
Opportunities for Improvement (Note down observed situations where the results achieved are perhaps not optimal, less than well-organized or overcomplicated that based on the auditor's judgment and experience, necessitate improvement.)				
Audited by:		Acknowledged by:		

SHFC INTERNAL QUALITY AUDIT PROCEDURE	Section FORMS	Section No. 5	Effective March 27, 2018
	Subject CORRECTION & CORRECTIVE ACTION REQUEST	Subject No. 5	Page 1 of 1

 <small>Social Housing Finance Corporation</small>	Correction and Corrective Action Request Form	 <small>BAI AI FILIPINO Communities</small>
Section 1 – Details of Nonconformity (to be accomplished by the Auditor/Initiator)		
Date:	References: (manuals, procedures, policies, ISO clauses, etc.)	CCAR Control Number:
Auditor/ Initiator:		
Issued To (Concerned Personnel):		
Details: (As a result of)		Group/Department/Unit:
<input type="checkbox"/> Internal Quality Audit <input type="checkbox"/> Service Realization <input type="checkbox"/> Other (pls. specify)		
Issued by:	Issued to: (Group/Department/Unit)	
_____ Signature over printed name	_____ Signature over printed name	
Description of the Nonconformity: (include evidence)		
Acknowledged by: (concerned SHFC personnel)		
Section 2 – Necessary Action/s (to be accomplished by auditee/concerned unit, within 15 working days)		
Correction:	Target Completion date _____	
Root Cause Analysis:	Analyzed by: _____	
Describe the necessary Corrective Action/s		
Approved by: _____	Target Completion date: _____	
Section 3 – Verification of Implementation of Correction (to be accomplished by the auditor/initiator)		
Results of Action/s Taken		Remarks
Verified by (Group/Department/Unit): _____		Verification date: _____
Acknowledged by (IQA Chairperson/Initiator): _____		
Section 4 – Verification of Effectiveness of Corrective Action/s (to be accomplished by the auditor/initiator)		
Results of Action/s Taken		Remarks
Verified by (Group/Department/Unit): _____		Verification date: _____
Acknowledged by (IQA Chairperson/Initiator): _____		Next Verification date: _____



Kaagapay ng Komunidad sa Maginhawang Pamumuhay



CONTROL OF NONCONFORMITIES PROCEDURE

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SHFC CONTROL OF NONCONFORMITIES PROCEDURE	Section TABLE OF CONTENTS	Section No.	Effective March 27, 2018
	Subject	Subject No.	Page 1 of 1

SECTION NO.	DESCRIPTION	SUBJECT NO.
1	GENERAL PROVISIONS	
	1.1. Purpose, Scope and Application, Review and Amendments	1
2	PROCEDURE FLOW	1
3	PROCEDURE DETAILS	
	3.1. Identification, Verification, Application and Determination	1
4	REFERENCES	1
5	FORMS	
	5.1. Correction and Corrective Action Report Form (CCARF)	1

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SHFC CONTROL OF NONCONFORMITIES PROCEDURE	Section GENERAL PROVISIONS	Section No. 1	Effective March 27, 2018
	Subject PURPOSE, SCOPE AND LIMITATIONS, REVIEW AND AMENDMENTS	Subject No. 1	Page 1 of 1

PURPOSE

The Control of Nonconformities Procedure aims to define and provide a system for identifying nonconformities related to SHFC's Quality Management System (QMS). This procedure also aims to apply the necessary disposition for identified nonconformities and prevent its unintended use or delivery.

SCOPE AND LIMITATIONS

The Control of Nonconformities Procedure shall apply to all identified nonconformities during implementation of SHFC's QMS.

REVIEW AND AMENDMENTS

The QMS Organization Team shall initiate the review of the Control of Nonconformities Procedure at least once every three (3) years or as deemed necessary.

Where amendments to this procedure are necessary, the QMS Organization Team shall present proposed amendments to the SHFC Senior Management.

The President shall give the final approval of the proposed amendments to the Control of Nonconformities Procedure.

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SHFC CONTROL OF NONCONFORMITIES PROCEDURE	Section PROCEDURE FLOW	Section No. 2	Effective March 27, 2018
	Subject	Subject No. 1	Page 1 of 1

Responsible Person	Flow	Details
Auditor/Initiator	START	
	↓	
Auditor/Initiator	Identify Nonconformity	Procedure detail 1
	↓	
Concerned Group/Department/Unit Head	Verify Nonconformity	Procedure detail 2
	↓	
Concerned Group/Department/Unit Head	Apply Disposition	Procedure detail 3
	↓	
Auditor/Initiator	Prepare CCARF, if applicable	Procedure detail 4
	↓	
	END	

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SHFC CONTROL OF NONCONFORMITIES PROCEDURE	Section PROCEDURE DETAILS	Section No. 3	Effective March 27, 2018
	Subject IDENTIFICATION, VERIFICATION, APPLICATION AND DETERMINATION	Subject No. 1	Page 1 of 2

3.1.1. Identify nonconformity

A nonconformity may be detected and identified from audit observations (refer to the Internal Quality Audit Procedure), stakeholder feedback, or during implementation.

3.1.2. Verify nonconformity

All identified nonconformities shall be referred to the concerned Group/Department/Unit Head for initial evaluation. The initial evaluation should determine the severity of the non-conformance.

The non-conformance, depending on the scope and severity of its impact, may be verified within the Group/Department/Unit. The Group/Department/Unit Head shall call a meeting to facilitate the verification.

3.1.3. Apply disposition

Once detected, identified, and verified, the Group/Department/Unit Head and concerned personnel shall apply the disposition. Disposition, as appropriate, includes any of the following:

- Application of correction action;
- Discontinuation; and
- Taking action when nonconformity is detected after delivery.

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SHFC CONTROL OF NONCONFORMITIES PROCEDURE	Section PROCEDURE DETAILS	Section No. 3	Effectivity Date March 27, 2018
	Subject IDENTIFICATION, VERIFICATION, APPLICATION AND DETERMINATION	Subject No. 1	Page 2 of 2

3.1.4. Determine Root Cause and Initiate Corrective Action

- After applying the appropriate disposition, concerned Group/Department/Unit shall conduct root cause analysis to determine if there is a need to initiate corrective action;
- Necessary action shall be identified, implemented, and verified for effectiveness; and,
- Root cause analysis and action plans shall be documented in the Correction and Corrective Action Report Form (CCARF). (Refer to the Corrective Action Procedure)

Records of the nature of nonconformity and results of subsequent actions taken shall be maintained in accordance to the Control of Retained Documented Information Procedure.

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SHFC CONTROL OF NONCONFORMITIES PROCEDURE	Section REFERENCES	Section No. 4	Effective March 27, 2018
	Subject	Subject No. 1	Page 1 of 1

PNS ISO 9001

PNS ISO 19011

Internal Quality Audit Procedure



Control of Maintained Documented Information Procedure

Control of Retained Documented Information Procedure

Corrective Action Procedure

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SHFC CONTROL OF NONCONFORMITIES PROCEDURE	Section FORMS	Section No. 5	Effective Date: March 27, 2018
	Subject CORRECTION AND CORRECTIVE ACTION REPORT FORM	Subject No. 1	Page 1 of 1

		Correction and Corrective Action Request Form			
Section 1 – Details of Nonconformity (to be accomplished by the Auditor/Initiator)					
Date:		References: (manuals, procedures, policies, ISO clauses, etc.)		CCAR Control Number:	
Auditor/ Initiator:					
Issued To (Concerned Personnel):					
Details: (As a result of)				Group/Department/Unit:	
<input type="checkbox"/> Internal Quality Audit <input type="checkbox"/> Service Realization <input type="checkbox"/> Other (pls. specify)					
Issued by:			Issued to: (Group/Department/Unit)		
_____ Signature over printed name			_____ Signature over printed name		
Description of the Nonconformity: (include evidence)					
Acknowledged by: (concerned SHFC personnel)					
Section 2 – Necessary Action/s (to be accomplished by auditee/concerned unit, within 15 working days)					
Correction:			Target Completion date _____		
Root Cause Analysis:			Analyzed by: _____		
Describe the necessary Corrective Action/s					
Approved by: _____			Target Completion date: _____		
Section 3 – Verification of Implementation of Correction (to be accomplished by the auditor/initiator)					
Results of Action/s Taken			Remarks		
Verified by (Group/Department/Unit): _____			Verification date: _____		
Acknowledged by (IQA Chairperson/Initiator): _____					
Section 4 – Verification of Effectiveness of Corrective Action/s (to be accomplished by the auditor/initiator)					
Results of Action/s Taken			Remarks		
Verified by (Group/Department/Unit): _____			Verification date: _____		
Acknowledged by (IQA Chairperson/Initiator): _____			Next Verification date: _____		

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CORRECTIVE ACTION PROCEDURE

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SHFC CORRECTIVE ACTION PROCEDURE	Section TABLE OF CONTENTS	Section No	Effective March 27, 2018
	Subject	Subject No	

SECTION NO.	DESCRIPTION	SUBJECT NO.
1	GENERAL PROVISIONS	
	1.1 Purpose, Scope and Limitation, Review and Amendments	1
2	PROCEDURE FLOW	1
3	PROCEDURE DETAILS	1
4	FORMS	1
	4.1. Correction and Corrective Action Report	

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SHFC CORRECTIVE ACTION PROCEDURE	Section	Section No	Effective
	GENERAL PROVISIONS	1	March 27, 2018
	Subject	Subject No	Page
	PURPOSE, SCOPE AND LIMITATIONS, REVIEW AND AMENDMENTS	1	1 of 1

PURPOSE

The purpose of this procedure is to establish the process or system for identifying and documenting nonconformities, determining and analyzing the cause(s) of nonconformities, and providing or implementing the necessary corrective action to mitigate their impacts and to ensure that nonconformities do not recur.

SCOPE AND LIMITATIONS

This procedure applies to detected nonconformities during implementation of SHFC's Quality Management System.

REVIEW AND AMENDMENTS

The QMS Organization Team shall initiate the review of the Quality Procedure on Corrective Action, at least once every three (3) years, or as deemed necessary.

Where amendment to this procedure is necessary, the QMS Organization Team shall present proposed amendments to the SHFC Senior Management.

The President shall give the final approval of the proposed amendments to the Quality Procedure on Corrective Action.

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SHFC CORRECTIVE ACTION PROCEDURE	Section PROCEDURE FLOW	Section No 2	Effective March 27, 2018
	Subject	Subject No 1	Page 1 of 1

Responsible	Activity	Details
Concerned Personnel (Auditor, Department Head, Staff)	Start	
	Identify nonconformity	Procedure Detail 3.1.1
Concerned Personnel (Auditee, Group Head, Dep't. Head, Staff)	Review nonconformity and determine cause	Procedure Detail 3.1.2
Concerned Personnel (Auditee, Dep't. Head, Staff)	Determine and prepare correction and corrective action	Procedure Detail 3.1.3
Concerned Group Head	Approve the correction and corrective action	
Concerned personnel (Department Head and staff)	Implement correction and corrective action	Procedure Detail 3.1.4
Concerned Group Head, Auditor	Verify effectiveness of the implemented correction and corrective action	Procedure Detail 3.1.5
Concerned personnel (Auditor, Group Head, Management)	Monitor Implementation	Procedure Detail 3.1.6
	End	

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SHFC CORRECTIVE ACTION PROCEDURE	Section PROCEDURE DETAILS	Section No 3	Effective March 27, 2018
	Subject	Subject No 1	Page 1 of 2

3.1.1. Identify nonconformity

- a. Nonconformity may be detected and identified through any, but not limited to:
 - Audit
 - Stakeholder complaints
 - During implementation
- b. Once detected, apply the necessary correction.

3.1.2. Review nonconformity and determine root cause

Concerned personnel investigates/reviews the nonconformity and determines the root cause using appropriate technique tools such as brainstorming, problem identification and solving sessions, 5 Whys and other problem solving tools as may be applicable.

3.1.3. Determine the corrective action

- a. Concerned personnel: 1) determines and reviews the corrective action thoroughly, in coordination with other personnel involved to ensure appropriateness; 2) documents the correction and corrective action using the Correction and Corrective Action Report Form (CCARF) and; 3) seeks approval of the concerned Group Head. A copy of accomplished CCARF is submitted to the Internal Quality Audit Committee
- b. Internal Quality Audit Committee assigns a control number and updates the CCARF database.
- c. The control number follows the format CCA XX-YY-NN where
 - XX denotes the source, IA for internal audit, EA for external audit, OS for other source
 - YY denotes the year
 - NN denotes the number starting from 01.

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SHFC CORRECTIVE ACTION PROCEDURE	Section PROCEDURE DETAILS	Section No 3	Effective March 27, 2018
	Subject	Subject No 1	Page 2 of 2

3.1.4. Implement action plans

Concerned personnel implements the approved action plans under the supervision of concerned department head.

3.1.5. Verify effectiveness



- a. The concerned Group Head and the auditor verifies effectiveness of the action plans indicated in the CCARF. Results of verification and any necessary actions resulting from verification are properly documented in the CCARF.
- b. If the action plans are found effective, the verifier signs in the CCARF and marks it “**CLOSED.**”
- c. Action plans may necessitate revision of policy or procedure or creation of new one. Refer to **Control of Maintained Documented Information Procedure.**

3.1.6. Report to Management

- a. The Internal Quality Audit Chairperson summarizes the results of verification of corrective actions and submits to Management for review.
- b. During the review, further improvement actions may be initiated.

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SHFC CORRECTIVE ACTION PROCEDURE	Section FORMS	Section No 4	Effective March 27, 2018
	Subject CORRECTION AND CORRECTIVE ACTION REPORT FORM	Subject No 1	Page 1 of 1

 Correction and Corrective Action Request Form 	
Section 1 – Details of Nonconformity (to be accomplished by the Auditor/Initiator)	
Date:	References: (manuals, procedures, policies, ISO clauses, etc.)
Auditor/ Initiator:	CCAR Control Number:
Issued To (Concerned Personnel):	
Details: (As a result of)	Group/Department/Unit:
<input type="checkbox"/> Internal Quality Audit <input type="checkbox"/> Service Realization <input type="checkbox"/> Other (pls. specify)	
Issued by:	Issued to: (Group/Department/Unit)
_____ Signature over printed name	_____ Signature over printed name
Description of the Nonconformity: (include evidence)	
Acknowledged by: (concerned SHFC personnel)	
Section 2 – Necessary Action/s (to be accomplished by addressee/concerned unit, within 15 working days)	
Correction:	Target Completion date _____
Root Cause Analysis:	Analyzed by: _____
Describe the necessary Corrective Action/s	
Approved by: _____	Target Completion date: _____
Section 3 – Verification of Implementation of Correction (to be accomplished by the auditor/initiator)	
Results of Action/s Taken	Remarks
Verified by (Group/Department/Unit): _____	Verification date: _____
Acknowledged by (IQA Chairperson/Initiator): _____	
Section 4 – Verification of Effectiveness of Corrective Action/s (to be accomplished by the auditor/initiator)	
Results of Action/s Taken	Remarks
Verified by (Group/Department/Unit): _____	Verification date: _____
Acknowledged by (IQA Chairperson/Initiator): _____	Next Verification date: _____

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