



INTER-COUNTRY ADOPTION BOARD

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MANAGEMENT REVIEW AGENDA AND MINUTES

December 18 & 19, 2017; 10:00 AM to 4:30 PM

ICAB Board Room

#2 Chicago Cor. Ermin Garcia St. Brgy. Pinagkaisahan Cubao, Quezon City

Attendance :

Atty. Bernadette B. Abejo Executive Director

ISO Core Team

Gina C. Escalante	Social Welfare Officer V	Operation's Division
Jennifer Maria R. Abenido	Social Welfare Officer IV	Child Welfare Unit/ Special Projects Unit
Imelda R. Ronda	Social Welfare Officer III	Family Welfare Unit
Lyra Gay R. Villamarin	Social Welfare Officer II	Post Adoption Unit
Myrel Anne T. Leido	Social Welfare Officer II	Family Welfare Unit
Sarah Jane Balla	Social Welfare Officer II	Family Welfare Unit
Hazel Dizon	Social Welfare Officer II	Family Welfare Unit
Cherryl del Mundo	Social Welfare Officer II	Family Welfare Unit

Katherine B. dela Cruz
 Marian Pia Tabane
 Danilo P. Gatmaitan
 Rutchel Q. Pocdihon
 Marivir T. Tungol
 Angelita N. Guerinia
 Jaybie I. Cabrera
 Herman T. Mangabat
 Sherwin F. Perez
 Ephraim Torres

Social Welfare Officer II
 Planning and Development Officer
 Social Welfare Officer III
 Social Welfare Officer III
 Planning and Development Officer III
 Administrative Office V
 Accountant III
 Administrative Officer V
 Administrative Officer V
 Administrative Assistant V

Family Welfare Unit
 Family Welfare Unit Officer I
 Record's Unit
 Relative Adoption Unit
 Planning and Development Unit
 Budget Unit
 Accounting Unit
 Cash Unit
 Administrative Unit
 Administrative Unit

Agenda	Highlights	Actions/ Decisions/ Agreement	Responsible Staff/Unit
1. Call to Order	The management review meeting was called to order by Atty. Bernadette Abejo, Executive Director at 10:00am.		
2. Presentation of Management Review Agenda	The agenda for ICAB's Management review was presented by Ms. Escalante, SWO V	Approval of the agenda as presented	
3. Presentation of Quality Policy	The approved Quality Policy was presented by Ms. Escalante for information.		
4. Presentation of the External and Internal Issues relevant to the Quality Management System (QMS)	ICAB's PESTLE (Political, Economic, Socio-Cultural Technological, Legal and Environmental) Issues Matrix was presented by Ms. Tungol, PDO III	<p>The item "frequent reassignment of consular officer" must be revised and should reflect "regular change of consular officer".</p> <p>Responsibilities/ Unit in charge</p> <ul style="list-style-type: none"> • For pending bills- OED and PDU • For amendment of R.A. No.8043-OED, PDU and Operations Unit • For IT concerns- OED, PDU, Admin Unit and Budget Unit 	<p>OED PDU Operations Admin Unit Budget Unit</p>

5. Presentation of OPCR status	Ms. Tungol, presented the Office Performance Contract Review (OPCR) Status including the targets and accomplishments for the MFO 1 and 2 (Regulation of Foreign Adoption Agencies and Entrustment Services)	ICAB reached its target for MFO1 and MFO 2 as per data presented.	
6. Presentation of the proposed Customer Feedback Form	The proposed customer feedback form was presented by Ms. Escalante	Atty. Abejo suggested that each unit will prepare a customized customer feedback form for review and approval of Atty. Abejo.	All Units
7. Presentation of Functional Quality Objectives per Unit	<p>Planning and Development Unit presented by Ms. Tungol</p> <p>Quality Objectives:</p> <ol style="list-style-type: none"> 1. Prepare and submit required reports to concerned agencies- DSWD, Department of Budget and Management (DBM), Philippine Commission on Women (PCW), Council for the Welfare of Children (CWC), Congress, Senate, MITHI, AO 25 Inter-Agency Task Force, National Economic and Development Authority (NEDA), PCOO, etc. 2. Develop and maintain statistical data management for policy formulation, agency directions, development and implementation of inter-country adoption programs and services. 3. Formulate short term and long range plans and programs in coordination with the different divisions, units and/or sections. 4. Conduct capacity building packages, continuing skills enhancement activities for stakeholders, intermediaries and ICAB personnel. 	Quality policy objectives and plans were approved as presented.	

	<p>5. Review authorization/ accreditation applications, documents and status of agencies (LSAs, CCAs/CPAs) for action of the Board.</p> <p>6. Coordinate with ICAB Units for submission of reports in compliance with</p> <p>7. Update, maintain and manage ICAB website and its content.</p> <p>8. Assist/ organize special events and international conferences.</p>		
	<p>Policy Formulation presented by Ms. Escalante</p> <p>Quality Objective: To ensure proper implementation of Board policies, resolutions, guidelines and regulations on inter-country adoption</p> <p>Target: 100% of stakeholders fully aware and compliant of Board policies, resolutions, guidelines and regulations</p>	<p>Quality policy objectives and plans were approved as presented.</p>	
	<p>Regulatory Services presented by Ms. Escalante</p> <p>Quality Objective: To authorize and accredit foreign private adoption agencies which have demonstrate professionalism, competence and have consistently pursued non-profit objectives to engage in the placement of Filipino children in their country.</p> <p>Target: 100% of FAAs working with ICAB authorized/</p>	<p>Quality policy objectives and plans were approved as presented with suggestion on the following areas:</p> <ul style="list-style-type: none"> • Revised the “indicator” to: the number of request for clarification • Revised the “indicator” to: percentage of compliant FAAs/ number of FAAs reaccredited • Disruption details were deleted • Added Activities to the matrix: Initial documentation, review, pre-travel preparation, reporting and decision, monitoring and evaluation 	<p>SWO V</p>

	<p>re-accredited</p> <p>Indicators/Measure:</p> <ul style="list-style-type: none"> • Compliant with the ICAB accreditation requirements • 0% violation of ICAB regulations • Less than 1% disruption of cases due to compliance to Board regulations <p>Monitoring Tool: Email, Letters/Consultation/on-site visits</p> <p>Key Activity/Strategy:</p> <ul style="list-style-type: none"> • On-site visits • Actual meeting with adoptive families and children abroad <p>Resources:</p> <ul style="list-style-type: none"> • Manpower • Supplies • Equipment • Communication <p>Evaluation method/Tool: Assessment report on the FAAs</p>	<ul style="list-style-type: none"> • Resources: budget, liaison • Monitoring Tool: Guidelines and Checklist • Added monitoring tool: FAAs endorsement of the complete dossier-means they comply with the policy, submission of PPRs and Adoption Decree 	
	<p>Child Welfare Unit presented by Ms. Abenido</p> <p>Quality Objective: To ensure timely matching of children cleared for inter-country adoption</p>	<p>Quality policy objectives and plans were approved as presented with suggestions on the following;</p> <ul style="list-style-type: none"> • Revised "indicator" to number of children cleared for intercountry adoption • Target: be more specific; 100% recording • Review of Dossier: Timeline should be 2 weeks • Review indicator on the Number of children matched within 10 days after receipt of ICA clearance • Acceptance of the child's dossier is different from the 	CWU

		<p>actual review. If the child's dossier cannot comply with the ICAB's standards, ICAB will receive it physically but the period of the review will only start when the documents of the child has been completed.</p> <ul style="list-style-type: none"> • Revised "targets" to 100% matching consideration form complied within two days upon endorsement. • Add targets for the pre-matching conference <p>Areas for improvement on the process on "Matching conference with ICPC" was recommended.</p> <ul style="list-style-type: none"> • To prepare minutes of the matching conference to include the highlights of the meeting for signature and approval of Atty. Abejo <p>Atty. Abejo further recommended ICAB to require official endorsement letter of the child's dossier from the Protective Service Bureau (PSB).</p> <p>Agreement: CWU will draft the form for review and approval of Atty. Abejo.</p>	
	<p>Special Project Unit was presented by Ms. Abenido</p> <p>Quality Objective: To ensure quality assessment of proposed placement of children from the Special Home Finding list</p>	<p>Quality policy objectives and plans were approved as presented with some revisions on the following areas:</p> <ul style="list-style-type: none"> • The priority target of the unit is "the number of children from the Special Home Finding approved by the Board for placement". • Revised targets to 100% of SHF placement approved by the Board • The main activities of SPU are review and assessment of children and families • For the Hosting program recommendation on the 	<p>SPU</p>

		revision of "indicator" to pre-travel documents of children complete two months before the actual hosting program	
	<p>Family Welfare Unit was presented by Ms. Ronda</p> <p>Quality Objectives: Entrustment Services</p> <ol style="list-style-type: none"> 1. To ensure that adoption applications were assessed within timeline 2. To ensure the time processing of the children's travel documents 3. To ensure that the children were legally adopted by their adoptive parents 	<p>Quality policy objectives and plans were approved as presented with some revisions on the following areas:</p> <ul style="list-style-type: none"> • Recommended to formulate a general quality objectives of the unit to reflect that main function of the FWU which is "the review of adoption application and timely entrustment of children to suitable adoptive families". • To provide separate targets for the assessment of adoption application by the (1) Secretariat and ICPC and (2) Board's Review • For entrustment services the focus on the endorsement of legal documents to Foreign Adoption Agencies upon receipt of the processing and pre-travel fees. • Resources needed: communications and equipment. • The issuance of travel notices to FAA is within 24 hours after receipt of the travel documents • Issuance of notice of arrival of PAPs to CCA is within 24 hours upon receipt of the confirmed itinerary of PAPs • Remove the word "substantive" in the post placement report • Add "indicator" as to the No. of ACA prepared and issued within timeline 	FWU
	<p>Relative Adoption Unit was presented by Ms. Pocdihon</p> <p>Quality Objectives:</p> <ol style="list-style-type: none"> 1. Assess the completeness and consistencies of the information indicated in the Child 	<p>Quality policy objectives and plans of the unit were presented and suggestions for revisions on the following areas were noted:</p> <ul style="list-style-type: none"> • Provide a general quality policy objectives of the unit 	Relative Adoption Unit

	<p>Study Report, PAPs adoption application and supporting documents.</p> <ol style="list-style-type: none"> 2. To ensure timely processing of the children's travel documents such as the passport, visa, CFO registration, among others. 3. To ensure that the children placed with their adoptive families have finalized the adoption and were issued and granted a certificate of citizenship. 	<p>Under the assessment of children</p> <ul style="list-style-type: none"> • Target: 100% assessment of children for relative adoption • Indicator: # of endorsed children for relative adoption assessed • Monitoring tool: database, caseloads • Activity: database encoding, review child study report and supporting documents • Timeline: Within 5 days from receipt of dossier • Resources: Manpower, Supply, Communication, Equipment <p>Under the assessment of adoption application</p> <ul style="list-style-type: none"> • Target: 100% of adoption application assessed within ten working days after receipt of the dossier • Indicator: # of adoption applications assessed as substantive and complete within 10 working days after receipt of dossier <p>Under the quality policy on monitoring of post placement report</p> <ul style="list-style-type: none"> • Indicator: # of children of PPR reviewed and shared. • Activity: Review and share PPR and prepare justification • Resources: manpower, supplies, communications <p>Recommendation: Since Relative Unit and SPU share the same activities, Relative Unit may copy the activities of SPU during the assessment stage and for the processing the travel documents, Relative Unit may follow the FWU process.</p>	
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	<p>Post Adoption Unit was presented by Ms. Tungol</p> <p>Quality Objective: To ensure assistance of adoptees, adoptive parents and birth family in the following services:</p> <ul style="list-style-type: none"> • Homeland visits • Search for birth family • Reunion with birth family • Amendment of Birth Certificates • Retrieval of adoption information and documents 	<p>Quality policy objectives and plans were approved as presented. Suggestions on the inclusion of specific timeline for each quality objectives were noted.</p> <p>Atty. Abejo raised the question on the mandate of ICAB to automatically facilitate the amendment of birth certificates of the children.</p> <p>The current process of amendment of birth certificates starts from the request of the PAP, thus not an automatic function of ICAB.</p> <p>Atty. Abejo suggested further study on the possibility of this process as well as the fees to be incurred to be included as a regular function of ICAB.</p>	<p>Post Adoption Unit</p>
	<p>Administrative Services Unit was presented by Mr. Perez</p> <p>Quality Objective: To ensure timely delivery of Purchase requirement</p>	<p>Quality policy objectives and plans on procurement process were approved as presented.</p> <p>Crafting of additional quality policy objectives and plans for (1) manpower services, (2) security services and (3) consultants were suggested.</p>	<p>Admin. Unit</p>
	<p>Budget Unit was presented by Ms. Guerinia</p> <p>Quality Objectives:</p> <ul style="list-style-type: none"> • To ensure the effective and efficient use of financial resources in the implementation of the ICAB'S mandate • To ensure the effective and efficient use of financial resources in the implementation of the ICAB'S mandate 	<p>Quality policy objectives and plans were approved as presented, with suggestion on crafting additional quality objectives and targets for process on budget hearing.</p>	<p>Budget Unit</p>

	Accounting Unit was presented by Ms. Guerinia	Quality policy objectives and plans were approved as presented.	
	Cashier Unit was presented by Mr. Mangabat Quality Objective: 1. Ensure timely remittance/deposit of collections 2. Ensure timely payment of obligations 3. Ensure timely liquidation of Cash Advance	Specific quality policy objectives and plans were approved as presented, however, improvement on the following areas were recommended: <ul style="list-style-type: none"> • Inclusion of the general quality policy objectives of the unit • Inclusion of the following in the evaluation tools: summary of income and trust receipt. • Provide specific "timeline" in all indicators. 	Cash Unit
	Records Unit was presented by Mr. Gatmaitan	Specific quality objectives and plans were approved as presented with recommendation on the following: <ul style="list-style-type: none"> • To provide a general quality policy objectives of the unit • Suggestions as to the "target" to use 100% accomplishments. • Monitoring tools may include the following; database, accomplishment report, logbook of incoming and outgoing communications, client feedback. • Activities such as recording of incoming/outgoing mails, distribution, filing and records keeping • Use PAWIM as a reference guide 	Record's Unit
8. Presentation of Risk Registry Matrix per Unit	Planning and Development Unit presented by Ms. Tungol	Identified risk and plans to mitigate were approved as presented. Recommended revision for impact for the first risk: "Government funds are not maximized"	PDU

	Adoption Policy Formulation & Adoption Regulatory Services was presented by Ms. Escalante	Identified risks and plans to mitigate were approved as presented.	PDU
	Child Welfare Unit - Matching Process was presented by Ms. Abenido	<p>The risks identified and plans were approved with the following recommendations:</p> <ul style="list-style-type: none"> • Recommended mitigation for Risk-Incomplete documents and lacking information on the child is "Periodic follow-up for submission of lacking information and supporting documents" • Recommended contingency for the Risk- Files of prospective adoptive parents are not updated is "Coordination with Family Welfare Unit to update files of Prospective Adoptive Parents (PAPs)" with additional QMS documents as "PAWIM and Agency Manual" • Recommended mitigation for the Risk Inability of an ICPC member to attend matching is to send out "Quarterly Schedule" and the recommended contingency is "maximize mobilization of the Executive Director as resource." The recommended indicator is 100% attendance. • Recommended impact for the opportunity -Database for all children cleared allows easier retrieval of information and updates is "Accessibility and easy retrieval allows the social worker to regularly update the status of her assigned cases" with the recommended indicator as 100% updating of database • Recommended additional impact for the Risk- Information revealed by child caring agency social workers which is not in the reports submitted is "Disruption of placement" 	CWU

	Special Projects Unit presented by Ms. Abenido	<p>The risks and plans to mitigate them were approved as presented with the following suggested improvements:</p> <ul style="list-style-type: none"> • Recommended additional impact for the Risk-Incomplete documents and lacking information on the child is "Possibility of aborted/disrupted placement" with the recommended indicator as "100% placement" • For the Risk-Intermittent to no internet access, the recommended mitigation is "Upgrading of system application" • Additional QMS document for the Hosting Program activity is the PAWIM. • Recommended indicator for the hosting program is "Decrease by 5% the probability of child's transfer from one host family to another" 	SPU
	Family Welfare Unit is presented by Ms. Ronda	<p>Identified risks and plans to mitigate them were approved as presented except for the recommendation on:</p> <p>For the Risk-Wrong entries of information in the Affidavit of Consent to Adoption the recommended impact is "Prevent the filing of the petition"</p>	Family Welfare Unit
	Relative Adoption Unit is presented by Ms. Pocdihon	<p>Some identified risks were modified with suggested impact and mitigation plans. They are:</p> <ul style="list-style-type: none"> • For the process Eligibility Assessment and Case Management of Children the suggested risk is "Delay in the review and assessment of the CSR and supporting documents" and "Delay in the transmittal/endorsement to ICAB of the Child Study Reports and supporting documents." 	Relative Adoption Unit

		<ul style="list-style-type: none"> • Its identified impact is “Loss of jurisdiction because the child aged-out.” • The suggested mitigation is “Follow-up with the DSWD” • The risk Submission of fraudulent documents was modified to be “Submission of falsified documents.” • Its impact is “Delay of placement” and “Loss of jurisdiction because child aged-out.” • The suggested mitigation is “Immediate transmittal of documents” • For the activity, Re-processing of finalized domestic adoption cases the modified risk is “Non-compliance with convention procedures.” • The identified risk -Incorrect data/information indicated in the legal documents of the children were added with the QMS document: Database, PAWIM and its indicator as Copy from FWU • The identified additional risk for the Supervision of Children under Trial Custody is “The same content of PPRs.” • The suggested impact is “too late to monitor possible disruption.” The mitigation will be “Periodic submission of PPRs” • For the identified risk -Wrong entries of information in the Affidavit of Consent to Adoption, the impact was modified as “Prevent in the filing of adoption petition before the courts in the country of the adoptive parents;(copy from FWU)” • An opportunity was identified for the process, Adoption Application of PAPs. “Prevent the premature placement of the child; prevent from unnecessary expenses and 	
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		placement on the PAs”	
	Post Adoption Services is presented by Ms. Villamarin	<p>The risks identified together with the plans to mitigate were approved as presented. With an identified additional item on the contingency for the search for birth family which is to coordinate with the “DSWD”</p> <p>The modified impact for the risk- Missing or incorrect information on the amended birth certificate is “Non completion of the amended Birth Certificate on time”</p>	Post Adoption Unit
	Administrative Services is presented by Ms. Perez	<p>The risks identified with the plans were approved with the following suggested changes:</p> <ul style="list-style-type: none"> • The mitigation for the Procurement process is “Careful planning of the ICAB Programs, Activities, Project and Procurement Request” • PAWIM was added to the QMS documents • The bias for the risks was converted to numerical form 	Admin. Unit
	Budget is presented by Ms. Guerinia	The presented risk and plan was approved as presented.	
	Accounting is presented by Ms. Cabrera	The suggested risk for the processing of payroll is “Error in entries” and the suggested impact is “Correction required”	Accounting Unit
	Cashier Unit is presented by Mr. Mangabat	The presented risks and plans to mitigate were approved as presented except for the bias which was converted to numerical form.	Cash Unit
	Records Unit was presented by Mr. Gatmaitan	The risks and plans were approved as presented with the additional PESTLE issue added, “Technological”	Records Unit
9. Performance of External Providers	Mr. Perez presented the Control of Outsourced Service Matrix	Additional evaluation tool for the Security services was recommended which is the “Performance Review and Customer Feedback.” The suggested next step is “Require	Admin Unit

<p>10. Presentation of Audit Results</p>	<p>Ms. Abenido, Audit Team Leader presented the results for each process.</p> <p>A. MANAGEMENT PROCESS (Policy Formulation and Planning) <u>Assigned Audit Area:</u> Management Process (Policy Formulation, Planning) <u>Auditee/s:</u> Executive Director, SWO V, Planning Officer III <u>Audit Team:</u> Jennifer Abenido, Imelda Ronda, Lyra Villamarin</p> <p>The Audit Findings are:</p> <ol style="list-style-type: none"> 1. C - ICAB Quality Policy – Recommended ways to disseminate the policy among the relevant interested parties. 2. C - The manpower is engaged, directed and supported to contribute to QMS 3. OFI - Determining external and internal issues of the organization – Update on the customer feedback form. 4. C – Evidence that requirements of RIP to QMS are determined 5. C - Evidence that requirements of RIP are monitored and reviewed 6. C – There are actions to address risks and opportunities in planning 7. OFI - Documented research design- Update on Research: Ms. Hazel Lamberte’s target is to present a proposal to the Board. 	<p>Security Plan from service provider”</p> <p>Director Abejo instructed the group that the ICAB Quality Policy will be:</p> <ul style="list-style-type: none"> • Uploaded to the ICAB website • Printing of tarpaulin to be used during the flag ceremony • Requires every desktop computer in the office to have it as screensaver <p>To address OFI no. 3- ICAB will monitor external and internal issues of the organization and to address risks and identify opportunities in planning. Director Abejo announced that ICAB will conduct monthly meetings for 2018. PDU was assigned as secretariat.</p> <p>To compile evidence to monitor and review internal and external issues, Director Abejo suggested to the group to add a button/field at PISICA & Records (e.g. Disruption/Issue button then specify remarks)</p> <p>To promote traceability in documented information, ICAB already indicated the date of publication of PAWIM and Guidebook at the ICAB website.</p> <p>Director Abejo instructed the group to revise the PAWIM and Guidebook (new version)</p> <p>To address OFI no. OFI - To formalize relationship with</p>	<p>Admin</p> <p>PDU</p> <p>Unit Heads</p> <p>ICAB’s Research Committee</p>
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	<p>8. C - Document to communicate policies etc. 9. C - Implementation of process control 10. OFI - Documented and implemented process to monitor customer satisfaction</p>	<p>research consultant, it was decided that ICAB will draft a Memorandum of Agreement (MOA).</p> <p>To monitor Customer Satisfaction: ICAB will add a Comments/Suggestion/Feedback box or link to the website.</p> <p>For walk-in inquiries and direct transaction at the ICAB office, Director Abejo instructed the group to provide a feedback form for every service.</p>	<p>PDU</p> <p>Risk Management Team/ Unit Heads</p>
	<p>B. CASHIER <u>Assigned Audit Area:</u> Cashier <u>Auditee/s:</u> Cashier, Budget and Accounting Units <u>Audit Team:</u> Katherine Dela Cruz, Irene Fagayan, Rodalyn Madrid The Audit Findings are:</p> <ol style="list-style-type: none"> 1. C - Actions are undertaken within the day of receipt 2. C - Cash unit maintains a vault which can be opened only by an authorized person 3. OFI- Information and details of relevant interested parties are not verified prior to preparation of LD-DAP, check/s and issuance of official receipt. The cash unit relies on the information already indicated in the vouchers and orders of payment received from the Admin unit and Accounting unit. 4. OFI- Documents, though filed in folders are 	<p>To address OFI No. 3 Director Abejo instructed the following units to:</p> <ul style="list-style-type: none"> • Family Welfare Unit to inform all partners on the specific requirements of the Bureau of Treasury regarding checks, specifying the minimum requirements. • Child Welfare Unit will draft a new Placement Proposal to include option and details about bank transfer and mention, any cost of return will be charged to the PAPs. <p>To address OFI no. 4 it is recommended that Cashier Unit designate a cabinet or table that is used for the day files and move the office of the COA and cash immediately.</p> <p>Auditee suggested deletion of OFI no. 5 and no. 6 findings since it is not the actual process done by Cashier.</p> <p>Revise OFI no. 7 to “Upgrade of printing equipment”</p>	<p>FWU</p> <p>Child Welfare Unit</p> <p>Cashier unit and Admin Unit</p>

	<p>placed on the floor and on the table which can be easily accessed by non-cash unit personnel. This compromises the confidentiality of the information in the reports.</p> <p>5. OFI- Information in vouchers and orders of payment is not verified prior to preparation of LD-DAP, checks or issuance of official receipt. To avoid unnecessary delays as a result of inconsistent information or mistakes, the cash unit should also check and verify the information prior to preparing the LD-DAP, checks and issuance of official receipt.</p> <p>6. OFI - There is no process flow describing the unit's activities Reliance to information provided by the Admin. and Accounting units</p> <p>7. OFI - Only one staff is knowledgeable on the operation of equipment used (i.e. check writer). Other staff should know how to operate the equipment in order to avoid mistakes in the event that the staff is absent.</p>		
	<p>C. ACCOUNTING UNIT The Audit findings for Accounting are:</p> <ol style="list-style-type: none"> 1. C - Adherence to COA rules, verification with other concerned units 2. C- Memo (e.g. salary increment) 3. C- Financial Statements, FAR, DTR, Vouchers, leave forms, leave cards, locator 	<p>The auditee suggested that no. 2 be transferred to Admin Unit, because it is not part of Accounting's function</p> <p>The auditee commented that no. 5 should be stated as: correction in journal entry</p> <p>The auditee suggested for the deletion of no. 7 because it is</p>	<p>Audit team</p>

	<p>slips, loan summary, government contribution summary</p> <ol style="list-style-type: none"> 4. C- General Appropriations Act, General Appropriations and Accounting Manual, Department of Budget and Management Circulars, Commission on Audit Rules 5. C-Immediate correction of wrong entries or computations 6. C-Professional eligibility of staff, work experience, reference to COA rules, GAA Law, GAA Manual 7. OFI-Distribution of copies of memos or circulars 8. C – Training/seminar 9. C - Properly coded and labeled reports 	not Accounting's function	
	<p>D. BUDGET UNIT</p> <p>The Audit findings for Budget Unit are:</p> <ol style="list-style-type: none"> 1. C-Unit PPMP and APP 2. C-Based on the approved agency budget 3. C-Based on COA Rules, GAA Law, GAA Manual, Work and financial plan, PPMP 4. C-MFO of the agency, approved agency proposed annual budget 5. C-Hard copies of the approved budget are given to unit heads, soft copy is uploaded in the ICAB website 6. C-Realignment of budget in accordance with existing rules and regulations 7. C-Strict implementation of the work and financial plan, approved annual agency 	There were no comments regarding the Audit findings	N/A

	<p>budget</p> <p>8. OFI-Informing concerned personnel of the changes</p>		
	<p>E. RECORDS UNIT</p> <p><u>Assigned Audit Area:</u> Records Unit</p> <p><u>Auditee/s:</u> Records staff</p> <p><u>Audit Team:</u> Angelita Guerinia, Myrel Anne Leido and Cherryl Del Mundo</p> <p>Commendable Practice: Infrastructure for the maintenance of adoption file are provided. Active files are kept in the file compactor located at the Records Unit while inactive/closed files are kept in a rented space near the office separate building (Catalina Building in Cubao QC).</p> <p>The Audit findings are:</p> <ol style="list-style-type: none"> 1. C- File compactors are located at the Records Unit 2. C- There is an assigned responsible person per process 3. NC- No evidence as to receipt of the disposal list 4. NC- No written policy as to the procedure 5. OFI- Facilitate review and approval of the Record's Manual 6. OFI- For implementation of the project in 2018 	There were no comments regarding the Audit findings	N/A
	<p>F. PLANNING AND DEVELOPMENT UNIT</p> <p><u>Assigned Audit Area:</u> Networking and Advocacy</p>	For no. 7 findings, Director Abejo instructed the unit to check if the Strategic Goal 3 still exists.	PDU

	<p><u>Auditee/s:</u> Planning and Development Unit (PDU) <u>Audit Team:</u> Danilo Gatmaitan, Sarah Jane Balla, Marian Pia Tabane, Rosa Marie Tejones</p> <p>An identified commendable practice.</p> <ol style="list-style-type: none"> 1. C- The basis for the conduct of capability building interventions are the following: <ul style="list-style-type: none"> • Republic Act 8043 • Strategic Goals No. 3 • Organizational Performance Indicator Framework 2. C- The resource persons for the trainings should come from the ICA Board, the ICPC; or should be a former ICPC member who has the expertise in child welfare representing the multi-disciplinary team (i.e. social worker, psychologist, medical doctor, lawyer) 3. C- The identification of the regions is based on the number of children cleared for ICA and training request from the DSWD Filed Offices 4. C- The unit relies on the recommendation of the DSWD Field Offices as they are in direct coordination with LCSDWOs / MSWDOs. 5. C- The unit provides 40-50 slots per training based on customary practice. 6. C - The Unit complies with the COA Rules on the budgetary requirements for the conduct of trainings 7. C- for a training program are based on the 	<p>Input from the group, no. 5 is also based on the ICAB Budget for training</p> <p>Director Abejo commented on OFI no. 10 that Unit Performance Contract should be corrected to Office Performance Contract. To improve OFI no.10</p> <p>It was directed that the budget for each training conducted must be within the planned budget through the following means:</p> <ul style="list-style-type: none"> • Choice of hotels: work within the allowed government rates only • Determine the reasonable number of days resource persons stay at the venue <p>To address NC no. 9, Director Abejo instructed the unit to create the “Guidelines for Training” which contains specific guide on the process of determining speakers, hotels, participants.</p> <p>In relation to findings no. 4, Director Abejo instructed the unit to include in the letter to the DSWD-Region to specify the expected participants and the “topics” to be discussed.</p> <p>To address OFI no. 12, Ms. Escalante suggested to include in the annual planning the request for additional plantilla, or employees.</p> <p>Director Abejo posed the question, how we can justify the</p>	
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	<p>Training Needs Analysis conducted by the DSWD per Region on Alternative Parental Care which is aligned on SG3 of the DSWD for LCSWDO.</p> <p>8. C- The training module evolves based on the need, feedbacks, evaluation and policy changes</p> <p>9. NC - The Unit has no written guidelines in the actual conduct of training</p> <p>10. OFI- Based on the Unit Performance Contract (UPC), the Unit should conduct 6 capacity building interventions per year or 4 in the event that there is a global consultation but the unit was only able to conduct 3 for 2017 due to time constraints and limited budget</p> <p>11. OFI - The Unit has no tool for measurement. The monitoring and assessment of the level of functionality of the LSWDOs is within the DSWD's jurisdiction. ICAB CWU provides feedback on the improvement on the documentation and case management of the local social workers</p> <p>12. OFI - The unit uses pretest posttest and evaluation forms to rate the conduct of the training but not its impact</p> <p>13. OFI - The Unit has multiple functions (i.e.</p>	<p>increase in manpower when number of children/cases are going down. Regarding the movement of workers, we have to determine the number of cases for Special Home Finding versus Regular.</p> <p>Director Abejo emphasized that we need to improve the process so that it will be easy for a new employee to learn the process.</p> <p>To address FOI no. 14, Director Abejo instructed the group to update the Training Manual</p> <p>Director Abejo suggested to revise OFI no. 15 as "Lack of organization of files"</p>	
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	<p>reportorial function in relation to the agency's annual budget, research) but it has limited manpower to perform these functions</p> <p>14. OFI - The unit developed a training manual</p> <p>15. OFI - The Unit's work environment is not contributing to a good working atmosphere</p>		
	<p>G. ENTRUSTMENT SERVICES - CWU <u>Assigned Audit Area:</u> Entrustment Services <u>Auditee/s:</u> Child Welfare Unit <u>Audit Team:</u> Marivir Tungol; Maan Gaoat; Ephraim Torres</p> <p>Commendable practice: The auditees are knowledgeable and competent about the core process.</p> <ol style="list-style-type: none"> 1. C - The process is aligned to the organizational quality policy and quality objectives 2. C- There is a process in identifying, selecting and engaging consultants (ICPC) 3. C – Relevant interested parties to the QMS are determined 4. C- Maintains database of children 5. C - The unit plans for actions to address risks and opportunities through the unit work and financial plan done during the program review and strategic planning. 6. OFI - Lack of staff due to transfer of unit 	<p>In relation to no. 2 findings, Ms. Abenido clarified the process in identifying ICPC regarding the keeping of the consultant's documents. It was agreed that Admin should have the records of the consultants.</p> <p>To address no. 7, ICAB will create forms to be filled up by the ICPC when he/she receives the documents.</p>	<p>Admin</p> <p>CWU</p>

	<p>head to another unit; only 1 full time social worker as the unit head is on a con-current position/function.</p> <ol style="list-style-type: none"> 7. OFI - Materials for matching are delivered to the concerned ICPC attending the MC but no document of acknowledgement. 8. OFI - The organization should consider compiling evidence/ documents to monitor and review the information on the internal and external issues which can be the basis for ICPC selection 9. OFI - Method of monitoring customers' perception on the services provided. 10. OFI - There are instances when the dossier of the PAP is not readily available. 11. OFI – The unit is provided with a work environment but not maintained to reduce stress and physical requirements (temperature/airflow). 12. OFI - The files of the children cleared and matched are maintained and updated. Tracking form on status of the case is incorporated in the file folder for easy traceability. It also contains the documents used during the process (child's profile, communications/letters, endorsements/pre-matching forms, etc.) 		
	<p>H. ENTRUSTMENT SERVICES – FWU <u>Assigned Audit Area:</u> Entrustment Services <u>Auditee/s:</u> Family Welfare Unit</p>	<p>To address OFI no. 6, Director Abejo instructed the unit to require all CCAs to establish a “discharge slip” that the child is entrusted to PAPs. The PDV form should be consistent</p>	<p>FWU</p>


	<p><u>Audit Team:</u> Jaybie Cabrera, Ivy Ybañez, Gina Escalante</p> <ol style="list-style-type: none"> 1. C- Applications are transmitted to ICAB through the foreign adoption agencies 2. C-Case conferences are held during entrustments to clarify issues/concerns 3. C-A notice of travel is sent to FAA to inform the PAPs that they can now travel and fetch the adoptive children. 4. C-The PPRS are monitored by the caseworkers. If the child is from the SHF, a report is submitted on the first month after they arrived from the country of PAPs. 5. C-ICAB SW communicates through the FAA to provide updates on the PAPs application 6. OFI- No evidence/proof/discharge slip that the child is entrusted to PAPs 7. OFI-passport, travel authority, visa's endorsed to PAPs are not documented properly 8. OFI-no database of red flag/problematic cases that were reported during post placement supervision 9. OFI-list of cases that needs close monitoring during post placement supervision 	<p>with all the documents received by the family and signed by them.</p> <p>To address OFI no. 8, Director Abejo suggested to include in the PISICA the problematic cases</p> <p>Ms. Ronda shared that the database maintained by PDU clerk can be added with column issues; include</p> <p>Undersigned suggested the regular reporting of Disruptions to PDU.</p>	<p>PDU FWU and SHF</p>
	<p>I. ADMIN UNIT <u>Assigned Audit Area:</u> Administrative Unit <u>Auditee/s:</u> Administrative Unit <u>Audit Team:</u> Rutchel Q. Pocdihon, Hazel Dizon, Riza Magdalera</p>		

	<ol style="list-style-type: none"> 1. C – Vacancy of plantilla positions are posted 2. OFI – Form 201 are not updated regularly 3. OFI – Admin Unit does not have back up files of Form 201 4. OFI - There is no ICAB Guideline on Human Resource Selection and Placement Process 5. OFI - Resources - Hiring of ICPC consultants, Admin unit will keep the documents of ICPC on file for reference 6. Trainings <ol style="list-style-type: none"> a. OFI – no training plans designed for ICAB staff b. OFI – no feedback form/evaluation to determine if the training is effective or not for the staff 7. C – Utilization of vehicle, trip ticket and form should be consistent 8. C – Conducive and well ventilated work environment 9. C – Procurement done through government guidelines 10. OFI – According to RA 9184 indicate that goods and services amounting to below Php500,00 need not be subject for bidding 	<p>To address no. 4 the unit was instructed to create a Guidelines on HR selection and placement</p> <p>Documentation of ICPC hiring should be Admin Unit not CWU.</p> <p>Regarding the no.6, the trainings were not implemented because of ISO (schedule and budget limitation). Justify the non-performance based on WFP.</p> <p>Clarification on no. 10 – Internal Guidelines on Procurement to be reviewed. To set BAC meeting.</p>	<p>Admin</p> <p>BAC</p>
	<p>J. REGULATORY SERVICES</p> <p><u>Assigned Audit Area:</u> Regulatory Services</p> <p><u>Auditee/s:</u> Office of the Executive Director and Division Chief</p> <ol style="list-style-type: none"> 1. C- ISO 9001:2015 requires regarding documented information 	<p>It was noted that no.3 is in the PAWIM</p>	<p>N/A</p>

	<p>2. OFI - ISO 9001:2015 requirements re: customer satisfaction There is no evidence of analysis and evaluation of FAA's feedback regarding ICAB's accreditation process</p> <p>3. OFI - The process flow in the accreditation of Foreign Adoption Agencies and Liaison Adoption Services was not signed by the Executive Director</p>		
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Adjournment: The Management Review meetings were adjourned at 4:00 in the afternoon. All responsible units were required to submit the revised forms (Functional Objectives and Risk Registry Matrix) based on the suggested improvements on or before December 27, 2017 for the approval of the Executive Director.

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