

**Online Management Committee Meeting
9 November 2020**

Minutes of the Meeting

Attendees:

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| 1) Atty. Joy M. Bulautitan | - OIC-COO & ACOO, AFS |
| 2) Jetro Nicolas F. Lozada | - QMR & ACOO, AMS |
| 3) Nestor M. Domalanta | - ACOO, AESS |
| 4) Atty. Karen Mae Sarinas-Baydo | - ACOO, TEZMS |
| 5) Michelle Mae V. Vivo | - HTA, OCOO |
| 6) Atty. Al Conrad B. Espaldon | - Corporate Board Secretary |
| 7) Ma. Teresa C. Alvarez | - Manager, Operations Department |
| 8) Francis Randy J. Hortelano | - Manager, COPD |
| 9) Edwin F. Verde | - Lead, IQA |
| 10) Catherine E. Sta. Clara | - TA, TEZMS |
| 11) Mylene A. Magsino | - TA, AMS |
| 12) Eiya Buan | - OCOO |
| 13) Atty. Rebecca Rutchelle Q. Austria | - IQA Auditor |
| 14) Irene R. Tumaob | - IQA Auditor |
| 15) Mark Timothy G. Linsag | - IQA Auditor |
| 16) Dennis P. Naperi | - IQA Auditor |
| 17) Mikhael Bryan G. Caluya | - IQA Auditor |
| 18) Ranier L. Cruz | - IQA Auditor |
| 19) Elaine P. Dizon | - Sr. PPDO, COPD |
| 20) May Ann Abana | - PPDO, COPD |
| 21) Biechelle Lyka H. Peralta | - Secretary, COPD |

Agenda:

- 1) Management Review and Presentation of the 2020 Internal Quality Audit Findings & Observations

OIC, OCOO Atty. Joy Bulautitan called to order the online Management Committee meeting at 2 PM to discuss the IQA findings and observations.

ACOO Jetro Lozada, concurrent QMR, clarified that the IQA findings and observations will only include the "*Opportunities for Improvement*" (OFIs) and "*Non-Compliant*" (NCs) findings. In the interest of time, the "*Compliant*" findings were no longer included.

IQA Lead Auditor, Mr. Edwin Verde presented the following findings and observations:

Audit Findings and Observations		Discussions	Agreements/Instructions
1	IAUD- (OFI) Consider finalizing the revisions on the work instructions (version 2016) and		For Compliance.

Audit Findings and Observations		Discussions	Agreements/Instructions
	align them with experiences/learnings from the conduct of remote and hybrid audits.		
2	<p>IAUD – (NC)</p> <p>Department provides support for management functions/activities such as the Internal Quality Audit (IQA). However, the Internal Audit Department is directly reporting to TIEZA Board and is mandated by law to exercise reasonable autonomy from management functions and operations. ISO 9001:2015 Clause 5.3 (Organizational roles, responsibilities and authorities) states that “Top management shall ensure that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the organization.” Thus, department may inhibit itself from participating in said activity.</p> <p><u>Proposed Corrective Action</u> Request appointing authority to consider releasing Internal Audit Department auditors from performing IQA functions</p>	<p>QRM Lozada cited that the proposed corrective action has been raised by the Internal Auditors before the start of the IQA since this has been a concern also in 2019. Hence, there is now a need to identify and train non-Internal Audit employees. An office order will be issued upon determination of the next Lead Auditor for the next IQA activities.</p> <p>OIC-COO Atty. Bulautan sought clarification on the composition and load of the current IQA Team. Further, she asked if other offices have separate plantilla items for their IQA activities.</p> <p>Like TIEZA, Lead Auditor Verde responded that the IQA team of other offices also comes from different departments in their respective offices. Furthermore, said IQA Teams are provided with appropriate trainings on IQA.</p> <p>Atty. Bulautan asked if it is possible that the IQA could be lodged under Corsec.</p> <p>Mr. Verde replied that the IQA is not necessarily lodged under one Division or department.</p>	<p>Draft an Office Order for signature of the COO with a recommended Lead Auditor in preparation for the 2021 IQA activities.</p> <p>Schedule IQA training for the IQA Auditors in 2021.</p>
3	<p>OCOS- (OFI)</p> <p>Both the BR Monitoring Checklist and BR Registry do not provide significant dates (i.e. Director’s approval and approved by majority) for easy reference.</p>		For Compliance.
4	OCOS – (OFI)		For further study.

	Audit Findings and Observations	Discussions	Agreements/Instructions
	There is no mechanism in place to measure satisfaction of internal customers.		
5	<p>OCOS- (NC)</p> <p>The unit lacks documented information to describe or illustrate the process flow of key activities performed by the office.</p> <p>Significant activities include:</p> <ul style="list-style-type: none"> • Preparation for the board meeting • Facilitation and documentation of board meetings conducted • Issuance of Secretary's Certificate • Preparation, approval, and dissemination of board resolutions 	<p>Atty. Bulautan inquired on what is the proposed corrective action for this NC and an explanation for such audit findings.</p> <p>Mr. Verde replied that process owner has not yet submitted compliance on the Corrective Action Report (CAR) issued during the closing meeting.</p> <p>Mr. Mark Linsag, IQA Auditor, explained the process owner do not have any readily available documented information of the processes identified. Further, apparently, OCOS was not required to submit said work instructions previously since these were only required from the Departments and not from the Division level like the OCOS.</p> <p>QMR Lozada mentioned that Atty. Espaldon has committed to submit the compliance documents for this finding thru SMS correspondence last 7 November 2020.</p>	Follow up with the Corporate Secretary the submission of required Work Instructions.
6	<p>COPD - (OFI)</p> <p>Documents requested were available but some elements needs to be considered. There is a need to indicate timeline for each task in the Work Instruction (WI).</p>	Mr. Verde has mentioned that this particular OFI has been communicated to the process owner during the exit meeting.	For Compliance.
7	<p>COPD - (OFI)</p> <p>A gap was observed in the Work Instruction for Strategic and Operation Planning. An update of the work instruction maybe needed to consider an additional decision box to link WI.4 and WI.5.</p>		For Compliance.

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8	COPD- (OFI) The feedback mechanism for internal clients is being drafted but not available during time of audit.		Ensure availability of feedback mechanism.
9	Procurement Process –(OFI) Work Instructions for BAC Secretariat processes were documented but not in accordance with QMS standard.		Follow QMS Standard.
10	Procurement Process – (OFI) Use of different forms in some documents such as, Purchase Request and Project Procurement Management Plan, etc. were noted.	Mr. Verde disclosed that this particular OFI is raised in the Top Management as NC.	For Compliance.
11	LEGD – (OFI) New processes introduced (e.g. Scanning of documents, database system in excel format) was interrupted. There is a need to devise some tool or plan to continue the process or re-think of an alternative that may serve the purpose as well. May also consider to document these new processes.		For Compliance.
12	LEGD- (OFI) The department does not retain copies of the duly executed contract/MOA. What the department has on file are mere draft (unsigned) contracts/MOAs. The standard requires the organization to accord due control on documented information ensuring its availability, suitability for use, and adequately protected from loss of confidentiality, improper use and others.	Mr. Verde emphasized that this is also a finding last year since the Legal Department should have the signed copies of the Contracts. Likewise, Atty. Bulautan underscored that this should be the lookout of Legal Department since they should be repository of signed copies of the contracts. Mr. Verde also disclosed that Atty. Espaldon, who was then OIC of the Legal Department, issued a memo for Departments to submit signed copies of	For LEGD to make sure that it has signed copies of contracts.

Audit Findings and Observations		Discussions	Agreements/Instructions
	Efforts were done by the Department to address the observation by way of a memo informing concerned units on the matter.	contracts to the Legal Department. However, concerned Departments have not complied with said Memo.	
13	<p>LEGD – (OFI)</p> <p>Documents requested were readily available at the time of the audit except for the Functional Statement of the Department.</p> <p>Work instruction (WI) needs to be updated, reviewed and re-approved. May consider incorporating timeline in the WI for guidance and to keep activities on track.</p>	Mr. Verde mentioned that while this is considered an OFI, it may be elevated as NC since said finding has become systemic (even in other Departments).	For LEGD to comply with recommendation.
14	<p>ADSD- HRD –(OFI)</p> <p>Work Instructions were reviewed and updated but are not yet registered with the Document Controller.</p>	<p>Mr. Verde disclosed that HRD's Work Instructions have still be registered by the Document Controller.</p> <p>Currently, Mr. Bryan Caluya is temporarily assigned as the Document Controller since there was no records personnel then.</p> <p>QMR Lozada informed that technically, the person in-charge of Records should be the Document Controller.</p> <p>Mr. Caluya explained that the transition to transfer the function to the GSD-Records Section started last year through the establishment of the Records Control Center. In fact, said Section has already started scanning documents. Said activities were only hampered with the imposition of the quarantine measures this year. All new documents are likewise being scanned by the Records Section.</p> <p>On the unregistered work instructions, Mr. Caluya</p>	All concerned Departments and Offices should formulate or update, as necessary, their respective Work Instructions &/or process flows and have these approved by appropriate authorities for submission to the Document Control Center (per Memo dated 28 October 2020).

Audit Findings and Observations	Discussions	Agreements/Instructions
	<p>explained that the imposition of the ECQ has been a factor. Atty. Bulautan emphasized that solutions should be explored to ensure that requirements for the work instructions shall be complied with and not wait to fail in 3rd party audits.</p> <p>Likewise, Atty. Bulautan expressed her apprehension that the IQA findings may not be properly responded and monitored by the GSD. She likewise inquired how other agencies are handling their IQA functions.</p> <p>Mr. Hortelano responded that other agencies also organized or formed a composite team of internal quality auditors coming various departments/offices and that the IQA Lead Auditor has to pass a certification course prior to being assigned as such.</p> <p>QMR Lozada explained that as affirmed by COA, when the internal audit office was created, it should be not be involved anymore in operations of management but should focus strictly on audit functions. They should not be assigned with any managerial or operational work. The Internal Audit Unit should be autonomous, hence, it is reporting directly to the Board.</p> <p>Furthermore, Mr. Verde explained that Internal Auditors are governed by the Philippine Government Internal Audit Manual (PGIAM). QMS is part of management and is auditable. We cannot audit a system that we are a part of (in formulating or implementing).</p>	

	Audit Findings and Observations	Discussions	Agreements/Instructions
		<p>Atty. Bulautitan agreed that while the Internal Auditors should not really be part of the QMS, they could audit management's compliance to the management system. She asked further if such is disallowed?</p> <p>Mr. Verde replied in the affirmative since it is what is provided for in the PGIAM.</p> <p>Atty. Bulautitan stressed the need for a focal office that will monitor compliance of the IQA findings to make the QMS work.</p> <p>Atty. Alvarez shared that in the prohibitions issued by the DBM, the IQA should not be the Internal Audit Department. However, for monitoring of QMS should be instigated by the IAUD. Such that once the IQA is over and prior to 3rd party audit, IAUD may audit compliance to the QMS. Further, monitoring of compliances with COA findings and recommendations should also be IAUD, including compliances with other government regulatory agencies and not just focus on TIEZA's operations audit. Furthermore, they should also monitor compliance of the Risk Management Plans.</p> <p>Atty. Bulautitan reiterated that there is really a need to further study the Internal Audit functions vis-à-vis the QMS with the inputs raised by Atty. Alvarez.</p>	<p>Explore further the scope of TIEZA's internal audit functions vis-à-vis the QMS and set another meeting to discuss this.</p>
15	<p>ADSD-HRD – (OFI) Inconsistency on the acceptable body temperature of SWF employees at the 6th & 7th floor. Prepared Interim Protocol prescribed a body temperature of 37.3oC before</p>	<p>Mr. Verde underscored the disparity between the temperatures required by guards at the 6th and 7th floors.</p>	<p>For ADSD-HRD to confirm to concerned personnel the prescribed body temperature of 37.30 degree celcius.</p>

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	an employee can be denied entry in the workplace.		
16	<p>ADSD – (HRD)</p> <p>Departmental BSC targets includes the participation each employee to at least one (1) competency based training. However, only one competency based training (ISO Refresher Course) has been held so far and only a small percentage of employees attended the training.</p>	<p>Atty. Bulautan clarified if the competency based training should be ISO-related.</p> <p>Mr. Verde replied that it is not. The target is that each employee should have undergone at least one competency-based training that is required to improve their particular competencies.</p> <p>Atty. Bulautan replied that all scheduled in-house trainings were suspended for 2020.</p>	Conduct of competency training as soon as circumstances allow.
17	<p>ADSD – HRD – (OFI)</p> <p>Status of Employees Handbook is still under review and revision. This was previously raised during the 2019 IQA as an OFI.</p> <p>ISO 9001:2015 Clause 7.5.1 (b) requires that the organization's quality management system shall include documented information by the organization as being necessary for the effectiveness of the quality management system.</p>	Mr. Verde disclosed that this has been discussed during the exit conference. However, required review and revision was hampered by the pandemic.	For ADSD-HRD to finalize the employees handbook.
18	<p>ADSD-GSD – (OFI)</p> <p>The Report of Supplies and Materials Issued (RSMI) is prepared daily. However, its printing and review are not made on a timely basis.</p>	<p>Mr. Mark Linsag explained that while the RSMI is daily prepared, it is not printed and approved by the supervisor on a daily basis also.</p> <p>The review should be done at least once a week and not once a month.</p>	For Compliance.
19	<p>ADSD –GSD – (OFI)</p> <p>Consider revising work instructions for the following matters:</p> <ul style="list-style-type: none"> Incorporate the Integrated Inventory Management System 	Mr. Verde explained that this finding is also similar in the updating of work instructions cited in previous findings.	For Compliance.

Audit Findings and Observations		Discussions	Agreements/Instructions
	<p>(IIMS) in the related process flow.</p> <ul style="list-style-type: none"> Adopt new terminologies such as Property Acknowledgment Receipt (PAR), Inventory Custodian Slip (ICS) and Report on the Physical Count of Property, Plant and Equipment (RPCPPE). There are several unclear statements in the process flow for International Ticketing Services. 		
20	<p>ADSD – Records – (OFI)</p> <p>Consider updating the work instructions, create records management procedures adapting them to the changes brought about by the pandemic.</p>	Mr. Verde explained that this finding is also similar in the updating of work instructions cited in previous findings.	For Compliance.
21	<p>TAXD – (OFI)</p> <p>As part of contactless processing, the webcam used to capture images (i.e. Passport) is not clear.</p> <p>May consider enhancement of equipment used to remedy the issue.</p>	<p>While this is a good innovation, Mr. Verde explained that the camera used should be able to capture clear images.</p> <p>Atty. Bulautan inquired if this should be audited next year considering that this is but an innovation in response to the pandemic.</p> <p>Mr. Verde assured, however, that this OFI need not necessarily be addressed prior to the 3rd party audit this year.</p>	Assess the equipment used and consider the procurement of equipment providing better technology.
22	<p>FISD – (OFI)</p> <p>Coordinate with COPD in considering the department's external customers (e.g. Travel Tax Refund) as valuable inputs in the agency's customer satisfaction survey.</p> <p>The Treasury Division processes the survey and prepares the analysis. However,</p>	<p>Mr. Mark Linsag, IQA auditor, expounded on the audit findings.</p> <p>Atty. Bulautan commented that Travel Tax Department has a 3-day turn-around-time to process tax refunds. Check preparation and releasing is likewise done by the Treasury Division. Further, she agreed that internally, it is alright to</p>	Reassessment of the processing period and process flow from filing of travel tax application to issuance of checks.

	Audit Findings and Observations	Discussions	Agreements/Instructions
	it is not considered in measuring the agency's customer satisfaction.	<p>measure also the client's satisfaction, however, for now, TIEZA should stick with the clients already defined and approved by the GCG for the 3rd party audits on Customer Satisfaction Survey (CSS).</p> <p>QMR Lozada agreed with the suggestion.</p>	
23	<p>FISD – (OFI)</p> <p>Consider revising work instructions for the following matters:</p> <ol style="list-style-type: none"> 1. Work Instruction No. 2: Processing of Payment Through Disbursement Voucher 2. Work Instruction No, 3: Recording of Transactions to eNGAS 3. Work Instruction No. 6: Processing of Remittances to GSIS, HDMF, PhilHealth, SSS, TEA, ECOPT, TIEZA EWF, HDMF & BIR Compensation 4. Work Instruction No.7: Processing of Remittances to BIR for Final Tax (1600) and Creditable Withheld at Source (1601e, 1609q, 1604e) 5. Work Instruction No. 9: Processing of Travel Order The number reference for Processing of Travel Order is the same with Recording of Cash Receipts. 6. Work Instruction No, 10: Preparation of Financial Reports 7. Work Instruction No. 15: Cash and Check Collections 	Mr. Verde expressed that this is another case of un-updated work instructions and has been discussed during the exit conference with the FISD.	For Compliance.

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24	FISD – (OFI) The Records custodian does not have an updated monitoring of all important documents held by various file keepers and was not able to provide a copy of Office Order 170-2017 re: Guidelines for TIEZA's Signing Transactions during the audit.	Mr. Verde explained that the concerned Records Custodian was unable to produce the Office Order required. Instead, another staff was the one who provided.	For Compliance.
25	BUDD – (OFI) A significant amount of time, manpower and financial resource (budget) of the Department are used for supplemental tasks. Consider including these tasks in the OPCR and departmental BSC for management evaluation and possible policy-making reference.		For evaluation and compliance.
26	BUDD – (OFI) Consider revising the BUDD.WI.02 – Titling. Initial process is not being practiced "The list embodied in a memorandum addressed to the Titling Committee is forwarded to the BRD Division Manager for review and affixes his/her initial". MOM instead of Memo was provided for the Titling Committee.	Mr. Verde explained that this is related to updating of work instructions.	For Compliance.
27	COMD – (OFI) Work targets are dependent on another Unit's deliverables. May consider harmonizing and interfacing this matter with PEPD.		For further study.
28	TERD – (OFI) Consider including in the risk register or risk management plan the possible risks of conducting remote or virtual	This was noted by ACOO Baydo.	For study.

Audit Findings and Observations		Discussions	Agreements/Instructions
	inspections in lieu of actual ocular inspections.		
29	TERD- (OFI) Consider finalizing the Citizen's charter for TERD services.	This was noted by ACOO Baydo.	For Compliance.
30	TAMD - (OFI) Consider finalizing the procedure/process on categorization or classification of possible violation of operators and registered enterprises.	This was noted by ACOO Baydo.	For Compliance.
31	Risk Management - (NC) The Team leader of the Risk Management Team is currently the Manager of the Internal Audit Department. The Philippine Government Internal Audit Manual (PGIAM) mandates that the IAS/IAU shall exercise reasonable autonomy from management functions and operations. Thus, the IAUD Manager should not be part of the Risk Management Team. ISO 9001:2015 Clause 5.3 (Organizational roles, responsibilities and authorities) states that "Top management shall ensure that the responsibilities and authorities for relevant roles are assigned, communicated and understood within the organization" <u>Proposed Corrective Actions</u> IAUD Manager is requesting appointing authority for replacement as Team Leader of the Risk Management Team.	Atty. Bulautan reiterated her position that while IAUD may not take lead in these activities, other functions that doesn't have conflicts with their mandate should still be studied.	An office order is currently being drafted to replace the IAUD Manager as Lead of the Risk Management Team.

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<p>32 Document Control (NC)</p> <p>Not all forms, templates circulated, adopted and employed in the day-to-day conduct of operations are registered with the document controller. COPD.QP.01 defined internal documents as documents generated and issued within the confines of TIEZA, such as quality manual, procedures, work instructions, form/s, etc.</p> <p>Similarly, this observation was raised as Opportunities for Improvement (OFI) in the following Departments:</p> <ul style="list-style-type: none"> • ADSD – GSD (Travel Order, Driver's Trip Ticket, Request for Repairs) • FISD (Petty Cash Vouchers) <p><u>Proposed Corrective Action</u> Provide an official communication to all process owners that will reinforce their awareness and remind them of the document control process</p>	<p>Mr. Verde shared that QMR Lozada has issued a memo regarding this.</p>	<p>For Compliance.</p>
<p>33 Document Control (NC)</p> <p>Work Instructions that have not undergone any revision for period of 3 years are not reviewed and re-approved as necessary. This was raised as Opportunities for Improvement (OFI) in the following Departments:</p> <ul style="list-style-type: none"> • LEGD • PEPD • COMD <p>Letter "f" of item 4 (Distribution and Maintenance of Documents) of Section E (Procedure Details) of COPD.QP.01 requires that all documents that have not undergone any revision for a period of 3 years are reviewed</p>	<p>Mr. Verde has reiterated that this was also raised in the findings at LEGD, PEPD and COMD.</p> <p>Mr. Caluya also mentioned that the required corrective action is already on process.</p>	<p>For Compliance.</p>


Audit Findings and Observations	Discussions	Agreements/Instructions
<p>and re-approved as necessary.</p> <p><u>Proposed Corrective Actions</u></p> <p>Create a monitoring sheet for all QMS documents in order to identify and categorize documents that will be needing review and re-approval.</p>		
<p>34 Document Control (NC)</p> <p>Updates on regulations, statutory provisions and the likes acquired by end-users are not surrendered to the document controller.</p> <p>Item 3 of Section B (Details) of COPD.WI.02 requires the receiving office or department to surrender the original document receipt to the document controller for control and distribution.</p> <p><u>Proposed Corrective Action</u></p> <p>Provide an official communication to all process owners that will reinforce their awareness and remind them of the document control process</p>	<p>QMR Lozada has issued a memo and set a due date on or before 25 November for submission to the Document Control Center by all Departments.</p>	<p>Memo Issued.</p>
<p>35 Internal Quality Audit – (OFI)</p> <p>Prepared and approved Audit Program in accordance with the Internal Quality Audit Quality Procedure (COPD.QP.03).</p> <p>Take into account the preparation and approval of the Audit Program before the end of the prior year.</p>	<p>Audit program was approved in 2020 (pre-covid) and not in 2019.</p>	
<p>36 Internal Quality Audit- (OFI)</p> <p>The Chairperson of the IQA as well as most of the internal quality auditors are from the Internal Audit Department. This observation was taken as a</p>	<p>Atty. Bulautitan reiterated that an office should be assigned to focus and handle monitoring of this. In the meantime, the IAUD shall continue monitoring compliances, most especially the NCs.</p>	<p>To strengthen compliance office (and to study the possible expansion of the contract compliance and monitoring units) to monitor regulatory compliances.</p>

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Audit Findings and Observations		Discussions	Agreements/Instructions
	<p>Non-Conformity (NC) for Internal Audit Department.</p> <p>With the issuance of the revised PGIAM which does not allow Internal Auditors to be part of the management system including QMS, consider the designation of IQA Chair and internal quality auditors from other departments or offices.</p>		To determine an office as lead for the IQA.
		Mr. Hortelano summarized the salient agreements/ instructions.	
		QMR Lozada announced that a hybrid 3 rd party audit will be conducted tentatively on 25 November. Details of this meeting will be finalized on 13 November after the meeting with TUV.	All NCs and OFIs should be complied with on or before 19 November.
	Other Matters:		
	a) 2020 Year-end Report and 2021 Targets	<p>Ms. Buan informed that DOT will hold a MANCOM meeting on 24 November.</p> <p>2020 Year-end Report with 2021 targets (but focus should be on the 2021 targets). The TAs were already furnished the required forms to be filled-out.</p>	
	b) Technical Panel Meeting (TPM) with GCG	<p>GCG scheduled a TPM with TIEZA on 26 November 2020</p> <p>A pre-TPM meeting will be scheduled to prepare for the TPM, primarily, on the comments of the Board on:</p> <p>a) Budget Disbursement Rate b) Travel tax collection Amount</p> <p><u>On Budget Disbursement Rate</u></p> <ul style="list-style-type: none"> Consider having a Board-approved 5-year infra development plan Consider the option of having disbursement rate hinged only on 	

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	<p>ongoing infra projects with GAA funding.</p> <p><u>On Travel Tax Collection</u> Still for recalibration considering the current scenario/conditions of the pandemic.</p>	

On behalf management, Atty. Bulautan expressed her appreciation to all the IQA auditors for the comprehensive audit findings and recommendations. With nothing else to discuss, she adjourned the meeting at 4:15 pm.

Prepared by:	Position	Signature
Francis Randy J. Hortelano	Mancom Secretariat & Manager, Corporate Planning Department	 10 Nov 2020
MANAGEMENT COMMITTEE		
Atty. Joy M. Bulautan	OIC-COO and ACOO for Administration and Finance Sector	 11/10/2020
Atty. Karen Mae G. Sarinas-Baydo	ACOO for Tourism Enterprise Zone Management Sector	 11/11/2020
Engr. Nestor M. Domalanta	ACOO for Architectural and Engineering Services Sector	
Jetro Nicolas F. Lozada	QMR and ACOO for Assets Management Sector	