

JALAL-ABAD INTERNATIONAL UNIVERSITY

PROCESS SPECIFICATION

Quality Management System

1. General Information about the Process

P1.1 Strategic Management and Development of JAIU

Process Group:

- Management
- Core
- Support
- Monitoring, Analysis, and Improvement
- scientific / social / other institutional

Basis:

JAIU QMS Process Register / JAIU QMS Process Map

Revision:**Effective date:**

"_ " _____ 20

2. Purpose of the Process

Purpose of the process:

To ensure the strategic management of the development of Jalal-Abad International University based on its mission, vision, quality policy, analysis of the external and internal environment, stakeholder needs, and priorities for the development of higher education.

3. Process objective

Objective of the process:

To formulate, implement, monitor, and update the strategic directions for the development of JIU, ensuring the university's sustainable development, the achievement of strategic goals, and the improvement of educational quality and the university's competitiveness.

4. Process Owner

Process owner:

Rector / Rector's Office

Responsible department:

Rector's Office of JAIU

Co-executors / Process Participants:

1. Vice Rectors for specific areas of activity;
2. Department of Internal Monitoring and Educational Quality;
3. Academic and Information Department;
4. Dean's Offices;
5. departments;
6. Department of Legal Affairs and Human Resources;
7. Financial, Economic, and Administrative Units;
8. Quality Council;
9. Academic Council.

5. Process Inputs

No.	Process Input	Input source
1	Legislative and regulatory requirements	Government agencies, legislative acts of the Kyrgyz Republic
2	Mission, vision, quality policy	Founding and strategic documents of JAIU
3	Analysis of the external and internal environment	Rector's Office, OVMKO, Structural Units
4	Needs and expectations of stakeholders	Students, faculty, employers, partners, society
5	Results of monitoring, audits, self-assessment, and accreditation	OVMCO, UIO, collegial bodies
6	Data on the university's resources and potential	JAIU departments

6. Process outputs

No.	Process Output	Recipient / User
1	Strategic Development Plan of JAIU	All JAIU departments
2	Annual and current plans for strategy implementation	Management, departments
3	Updated strategic goals and KPIs	Process owners, departments
4	Management decisions regarding the development of JAIU	Rector's Office, deans' offices, departments, administrative services
5	Improvement plans and corrective actions	Process owners, departments
6	Strategy implementation reports	Management, governing bodies, stakeholders

7. Customers (stakeholders)

No.	Stakeholder	Expected outcome
1	Students	High-quality education and learning conditions
2	Faculty and Staff	Clear priorities, steady growth, working conditions
3	Employers	Well-trained graduates
4	Government agencies	Compliance with legal and state standards

5	Accreditation agencies	Evidence-based, managed development system
6	Partners and society	The University's Reputation, Sustainability, and Transparency

8. Key stages (sub-processes) of the process

No.	Stage / Subprocess	Brief description of work	Person in charge
1	Analysis of the context and development factors	Analysis of the external and internal environment, risks, opportunities, and stakeholder needs	Rector, Vice Rectors, OVMKO
2	Formulation of strategic guidelines	Refinement of mission, vision, goals, priorities, and development directions	Rector's Office
3	Development of strategic and operational plans	Preparation of strategy, annual plans, KPIs, and roadmaps	Rectorate, departments
4	Review and approval	Review of draft plans and strategic decisions by authorized bodies	Quality Council, Academic Council, Rector
5	Communication of goals and objectives to departments	Breakdown of goals to the department and process levels	Vice Rectors, Heads of Departments
6	Monitoring implementation	Analysis of plan fulfillment, performance indicators, deviations, and causes	OVMKO, Rector's Office
7	Adjustment and improvement	Revision of goals, plans, resources, and response measures	Rector's Office, process owners

9. Process resources

9.1. Human Resources

1. Rector;
2. Vice Rectors;
3. heads of structural units;
4. OVMCO specialists;
5. UIO specialists;
6. analytical and administrative staff.

9.2. Material and technical resources

1. work spaces;
2. office equipment;
3. communication equipment;
4. meeting and conference rooms.

9.3. Information and digital resources

1. eBilim;
2. internal reporting;
3. QMS document registry;
4. analytical materials;
5. university website;
6. email;
7. KPI tables, databases, and monitoring reports.

9.4. Financial and Organizational Resources

1. budgetary and extrabudgetary resources for the implementation of strategic measures;
2. orders, directives, and minutes;
3. organizational support from the rector's office.

10. Regulatory and Documentary Support for the Process

No.	Document	Code / Reference	Note
1	ChamU Charter	SMK-01-01	Base document
2	Strategic Development Plan of JAIU	SMK-01-02	Main Strategic Document
3	JAIUQuality Policy	QMS-01-04	Defines quality benchmarks
4	Regulations on the Education Quality Management System	QMS-01-08	General Quality System
5	Education Quality Manual	QMS-01-09	Quality Approaches and Mechanisms
6	QMS Process Register	QMS-01-10	Fundamentals of Process Control
7	Regulations for Management Analysis of the QMS	QMS-40-09	Performance Analysis
8	Quality Monitoring Regulations	QMS-40-02	Monitoring of Strategy and Indicators

11. Process Records

No.	Record Title	Form / Medium	Storage location	Retention period
1	Strategic Development Plan	Document	Office / Electronic Archive	By classification
2	Annual Strategy Implementation Plans	Document / electronic file	Divisions / Archive	By product line
3	Strategy implementation reports	Document / report	OVMKO / Rector's Office	By category
4	Minutes of meetings, Quality Council, Academic Council	Minutes	Office / Archives	By subject
5	Analytical reports and	Document /	OVMKO	By product

	monitoring materials	table		line
6	Improvement plans and roadmaps	Document	OVMCO / Divisions	By product line

12. Process Performance Indicators

No.	Indicator	Unit of measurement	Target value	Data source	Frequency of analysis
1	Existence of an approved strategic plan	yes/no	Yes	Order, plan	annually
2	Existence of approved annual strategy implementation plans	%	100%	Departmental plans	annually
3	Percentage of strategic plan activities completed	%	as planned	Department reports	Half-year / Year
4	Percentage of KPIs achieved	%	against approved targets	KPI reports	Half-year / Year
5	Availability of strategy implementation reports	yes/no	Yes	Analytical reports	annually
6	Implementation of corrective measures based on analysis results	Yes/No	Yes	Minutes, CAPA	based on analysis results

13. Process risks

No.	Risk	Possible causes	Consequences	Response measures
1	Failure to achieve strategic goals	Unrealistic plans, weak oversight, lack of resources	Deviation from strategy, reduced performance	Adjusting plans, monitoring implementation, refining KPIs
2	Formal nature of strategic planning	Insufficient involvement of departments	Low applicability of the strategy	Involving departments and stakeholders in the planning process
3	Failure to update the strategy in a timely manner	Changes in the external environment, lack of review	Decline in the relevance of decisions	Regular review of strategy and context
4	Insufficient analytical basis	Incomplete data, weak monitoring	Erroneous management decisions	Strengthening monitoring and analytics
5	Poor execution discipline	Lack of oversight and accountability	Failure to meet targets	Assigning responsibility, monitoring deadlines

14. Nonconformities and corrective actions

No.	Possible non-conformity	Method of identification	Corrective action	Responsible
1	Absence of a current strategic plan	Internal audit, document review	Revision and approval of the strategy	Rector's Office
2	Failure to meet annual targets	Monitoring, reports	Analysis of causes, adjustment of measures	Department heads
3	Discrepancy between KPIs and actual results	Performance analysis	Revision of KPIs and resource allocation	Rector's Office, OVMKO
4	Lack of reporting on strategy implementation	Monitoring, management analysis	Setting deadlines and assigning responsibilities	OVMCO, departments

15. Interrelationship with other processes

No.	Related process	Nature of relationship
1	P1.2 Management of the Education Quality Management System	Defines the overall system for implementing the strategy through the QMS
2	P1.3 Management of the regulatory framework and documented information	Ensures the formal documentation of decisions
3	P1.5 Management of risks, nonconformities, and improvements	Related to the adjustment of strategy and plans
4	P4.1 Monitoring of education quality indicators	Provides data for strategic decisions
5	P4.5 Management analysis of the QMS	Uses the results of strategic monitoring
6	P2.2 Design and updating of educational programs	The strategy defines the directions for the development of educational programs

16. Criteria for evaluating the effectiveness of the process

16.1. The process is considered effective if:

1. the existence of approved strategic and current plans;
2. the achievement of planned targets;
3. management decisions based on the results of the analysis;
4. the existence of reporting and verified monitoring of implementation;
5. strategies and plans are adjusted in a timely manner when conditions change.

16.2. The results of the process are subject to discussion at the level of:

1. the Rector's Office;
2. the Quality Council;
3. the Academic Council;
4. other authorized bodies, as necessary.

17. Procedure for Monitoring and Revising the Process Specification

17.1. The effectiveness of the process is monitored by the Rector, Vice Rectors, the Office of Academic Affairs and Quality Assurance (OVMKO), and other authorized units in accordance with the established frequency.

17.2. The process passport is subject to revision in the following cases:

1. changes in the strategic management structure;
2. changes in the process owner;
3. changes in regulatory requirements;
4. a revision of the strategy or KPIs;
5. based on the results of an internal audit, self-assessment, accreditation, or management review.

18. Final Provisions

18.1. This Process Manual shall enter into force in accordance with established procedures.

18.2. Responsibility for monitoring the implementation of this Process Specification rests with the process owner and the relevant responsible departments.

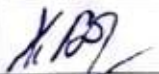
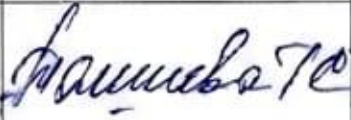







CHANGE LOG

Change No.	Basis for Amendment	Pages	Summary of the amendment	Revision	Signature	Date
1						
2						
3						

Edition: 1000

Effective date: “ ” 20

APPROVAL SHEET

No	Position / Role	Full Name	Signature	Date
1	Developed by	Kanetova D.E.		29.12.25
2	Approved: head of the responsible department			29.12.25
3	Approved: Head of the Educational and Informational Department	Kanetova D.E.		29.12.25
4	Approved: leading specialist for quality	Kalmuratova A.		29.12.25
4	Approved: head of the legal affairs and human resources department / lawyer	Sydykova B.J.		29.12.25
5	Approved: vice-rector for academic affairs	Sadyrova N.A.		29.12.25
6	Approved: vice-rector for science, SR and GE	Asilova Z.A.		29.12.25
7	Endorsed / considered in the established manner	JASU Scientific Council		29.12.25.

