

# JALAL-ABAD INTERNATIONAL UNIVERSITY

## PROCESS SPECIFICATION

### Quality Management System

#### 1. General Information about the Process

**Process Code:**

P2.1

**Process Name:**

**Analysis of the Needs and Expectations of JAIU Stakeholders**

**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:**

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#### 2. Purpose of the Process

**Purpose of the process:**

To ensure the systematic identification, analysis, recording, and updating of the needs, expectations, and requirements of stakeholders that influence the quality of JAIU's educational, scientific, clinical, social, and administrative activities.

#### 3. Process objective

**Process objective:**

To ensure that managerial and academic decisions are made based on reliable information about the needs and expectations of students, employees, employers, alumni, partners, government agencies, and other stakeholders.

#### 4. Process owner

**Process owner:**

Head of the Department of Internal Monitoring and Quality of Education

**Responsible Department:**

Department of Internal Monitoring and Education Quality

**Co-executors / Process Participants:**

1. Academic and Information Department;
2. Dean's Offices;
3. departments;
4. Program Directors;
5. International Relations Department;
6. Alumni and Employer Relations Offices;
7. advisors;
8. other structural units within their areas of responsibility.

**5. Process Inputs**

No.	Process Input	Input source
1	Strategic Goals and Quality Policy of JAIU	Top-level documents of JAIU
2	Requirements of Legislation and State Regulatory Acts	of the Kyrgyz Republic, Authorized Bodies
3	Accreditation and external quality assessment requirements	Accreditation standards, recommendations
4	Data from questionnaires, surveys, interviews, and meetings	Students, faculty, employers, alumni
5	Inquiries, complaints, suggestions, and feedback	Stakeholders
6	Data on quality monitoring, academic performance, and student population	OVMCO, UIO, Dean's Offices
7	Information on the labor market and professional requirements	Employers, clinical sites, partners

**6. Process outputs**

No.	Process Output	Recipient / consumer
1	Analytical materials on stakeholder needs	Rector's Office, Quality Council, departments
2	Summary reports on survey results and feedback	OVMKO, UIO, deans' offices, departments
3	Proposals for improving educational programs and processes	Educational program directors, academic units, departments
4	Suggestions for improving learning and working conditions	Management, Departments
5	Data for management analysis and self-assessment	Rector's Office, OVMKO
6	Basis for CAPA and improvement plans	Process owners, departments

**7. Customers (stakeholders)**

No.	Stakeholder	Expected Result
1	Rector's Office	Reliable analytics for decision-making
2	Program Directors, Deans' Offices, Departments	Data to improve educational programs
3	Students	Taking their needs and feedback into account
4	Faculty and staff	Taking professional and organizational

		expectations into account
5	Employers and clinical sites	Consideration of labor market requirements and practice
6	Accreditation bodies	Confirmation of consideration of stakeholder input

### 8. Key stages (subprocesses) of the process

No.	Stage / Subprocess	Brief description of work	Responsible
1	Identification of stakeholders	Updating the list of stakeholders	OVMCO
2	Planning the collection of information	Identifying tools, deadlines, and responsible parties	OVMCO, UIO
3	Data collection	Questionnaires, surveys, interviews, meetings, analysis of inquiries	OVMCO, deans' offices, departments
4	Systematization and processing of information	Compilation, grouping, preliminary data analysis	OVMCO
5	Analysis of needs and expectations	Identification of key requests, issues, and trends	OVMCO, departments
6	Preparation of conclusions and recommendations	Formulation of recommendations and response measures	OVMCO, process owners
7	Communicating results to stakeholders	Presentation of reports, analytics, and conclusions	OVMCO, Rector's Office, departments
8	Using results to improve processes	Incorporation into the revision of OP, plans, and CAPA	Management, process owners

### 9. Process resources

#### 9.1. Human Resources

1. OVMCO specialists;
2. UIO staff;
3. deans and associate deans;
4. department chairs;
5. educational program directors;
6. advisors;
7. analytical and administrative staff.

#### 9.2. Material and technical resources

1. workstations;
2. office equipment;
3. rooms for interviews, meetings, and discussions.

#### 9.3. Information and digital resources

1. eBilim;
2. Google Forms or other survey tools;

3. databases of students and alumni;
4. corporate email;
5. JAIUwebsite;
6. analytical tables and reports.

#### 9.4. Financial and Organizational Resources

1. organizational support for departments;
2. resources for conducting surveys and processing data;
3. time of staff and process participants.

#### 10. Regulatory and Documentary Support for the Process

No.	Document	Code / Reference	Note
1	JAIU Quality Policy	QMS-01-04	Taking Stakeholder Needs into Account
2	Regulations on the Education Quality Management System	QMS-01-08	General QMS Framework
3	Education Quality Manual	QMS-01-09	Context and Stakeholders
4	Quality Monitoring Regulations	QMS-40-02	General Monitoring Rules
5	Regulations on Surveys and the Monitoring Questionnaire Set	SMK-40-10	Data Collection Tools
6	Methodology for analyzing survey results	SMK-40-08	Analysis and Interpretation
7	Procedure for Responding to Stakeholder Inquiries	QMS-40-11	Use of Inquiries
8	Regulations for QMS Management Review	QMS-40-09	Use of Analysis Results

#### 11. Process Records

No.	Record Title	Form / Medium	Storage location	Retention period
1	Survey and Feedback Collection Plans	Document / file	OVMKO	By product line
2	Questionnaires, survey forms, interview sheets	Electronic / paper format	OVMKO	By category
3	Summary survey results	Report / table	OVMKO	By product line
4	Analytical reports on stakeholder needs	Document	OVMCO	By product line
5	Minutes of meetings with employers, alumni, and partners	Minutes	Departments / Archive	By subject
6	Suggestions for improvement and action plans	Document	OVMCO / Departments	By product line

#### 12. Process Performance Indicators

No.	Indicator	Unit of measurement	Target value	Data source	Frequency of analysis
1	Existence of an	yes/no	Yes	OVMKO Plan	annually

	approved survey/data collection plan				
2	Reach of key stakeholder groups	%	as planned	OVMCO reports	Half-year / Year
3	Number of analytical reports based on stakeholder needs	units	as planned	Reports	half-year / year
4	Percentage of proposals forwarded to departments for processing	%	as planned	Analytical materials	Half-year
5	Percentage of improvements initiated based on analysis results	%	Positive trend	CAPA, improvement plans	year
6	Level of satisfaction with the quality of feedback	%	Positive trend	Follow-up surveys	Year

### 13. Process risks

No.	Risk	Possible causes	Consequences	Response measures
1	Formal data collection without utilizing the results	Lack of connection to management decisions	Loss of trust and low value of the process	Mandatory inclusion of results in improvement plans
2	Low stakeholder engagement	Poor communication, cumbersome tools	Incomplete data	Improving communication channels, encouraging participation
3	Inaccurate or biased responses	Formal approach, low openness	Distortion of conclusions	Combination of data collection methods, anonymity, verification
4	Insufficient analytical processing of data	Lack of time and expertise	Poor management decisions	Methodological support and standardization of analysis
5	Delayed reporting of results	Poor coordination	Data becoming outdated	Setting deadlines and assigning responsibilities

### 14. Discrepancies and corrective actions

No.	Potential non-conformity	Method of detection	Corrective Action	Responsible
1	No survey of key stakeholder group	Review of plan and reports	Additional data collection	OVMCO
2	Low survey response rate	Analysis of response statistics	Revision of the tool and information channels	OVMCO, deans' offices
3	No analytical report based on the results of	Verification of reports	Preparation and approval of the	OVMCO

	data collection		report	
4	Analysis results have not been communicated to departments	Monitoring of implementation	Organizing the distribution and discussion of results	OVMCO
5	Conclusions not incorporated into the improvement of operational procedures and processes	Analysis of CAPA and plans	Inclusion of suggestions in improvement plans	OP managers, process owners

### 15. Interrelationship with other processes

No.	Related process	Nature of relationship
1	P1.1 Strategic Management and Development of JAIU	Incorporating stakeholder needs into the strategy
2	P1.4 Management of Educational Policy and Academic Development	Foundation for Academic Decisions
3	P2.2 Design, review, and updating of educational programs	Application of Analysis Results in Educational Programs
4	P4.2 Surveys, collection, and analysis of feedback	Related process / tool
5	P4.5 Management review of the QMS	Use of stakeholder analytics
6	P1.5 Risk, Nonconformity, and Improvement Management	Basis for CAPA and Improvements

### 16. Criteria for Evaluating Process Performance

16.1. The process is considered effective when:

1. key stakeholders are involved;
2. relevant analytical materials are available;
3. the results of the analysis are used in managerial and academic decisions;
4. the presence of verified improvements based on feedback;
5. the regularity and traceability of the process.

16.2. The results of the process are reviewed by:

1. the process owner;
2. the Rector's Office;
3. the Quality Council;
4. the Academic Affairs Office;
5. the heads of educational programs and departments.

### 17. Procedure for Monitoring and Revising the Process Specification

17.1. The effectiveness of the process is monitored by the OVMKO, the UIO, and other authorized units in accordance with the approved frequency.

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

1. changes to the list of stakeholders;
2. changes in data collection and analysis methods;
3. changes in regulatory requirements;
4. based on the results of audits, self-assessments, accreditation, and management analysis.

## **18. Final Provisions**

18.1. This Process Specification 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.

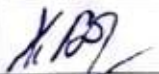
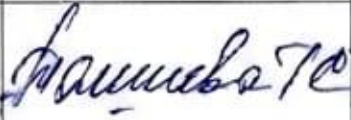







# CHANGE LOG

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

Edition: 1.000

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.

