



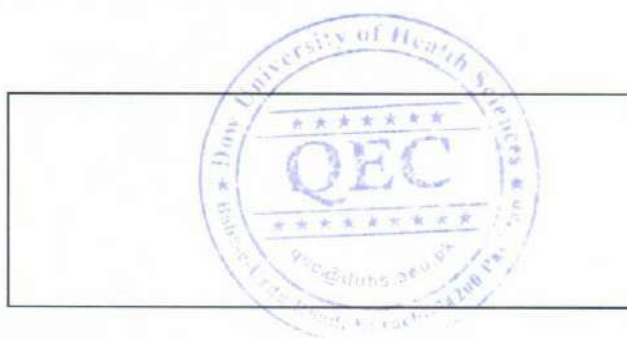
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Document Number:	DUHS /QEC /04

## DOW UNIVERSITY OF HEALTH SCIENCES



### Policy for Anti-bribery & Anti-Corruption (ABC)

	NAME	DESIGNATION	SIGNATURE	DATE
PREPARED BY:	Mr. Suneel Kumar	Data Analyst, QEC		18/07/2023
REVIEWED BY:	Ms. Sanam Soomro	Director, QEC		19/7/2023
APPROVED BY:	Prof. Mohammed Saeed Quraishy	Vice Chancellor		19/7/2023
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### Document Change Record

Sr. No	DCR No.	Rev. Date	Page No.	Section No.	Description of Change
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### TERMS AND DEFINITION

TERMS	DEFINITION
<b>Bribery</b>	The act of offering, giving, receiving, or soliciting something of value to influence the actions or decisions of an individual in a position of power or authority, often for personal gain or to gain an unfair advantage.
<b>Corruption</b>	Dishonest or fraudulent conduct by individuals in positions of power or authority, typically involving the misuse of public resources, abuse of entrusted power, or the distortion of public or private processes for personal gain
<b>Compliance</b>	The adherence to laws, regulations, standards, and ethical practices to ensure that individuals and organizations act in accordance with applicable legal and ethical requirements. Compliance programs help prevent bribery and corruption
<b>Gifts, hospitality, and entertainment</b>	These terms refer to the provision of items or experiences to individuals, such as business partners, clients, or public officials, which are intended to establish or maintain a positive relationship. Policies around these practices help prevent bribery and ensure transparency.



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### LIST OF ABBREVIATIONS

DOC Document  
DUHS Dow University of Health Sciences  
QEC Quality Enhancement Cell  
ABC Anti-Bribery & Corruption  
SOP Standard Operating Procedure





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1. **PURPOSE:** The purpose of this policy is to ensure that the employees of the University community conduct any official or unofficial University business in an ethical manner and are knowledgeable of and adhere to the guidelines of all applicable anti-bribery laws and best practices in this regard.
2. **SCOPE:** This policy applies to all Staff of the University, wherever located, both faculty and administrative, with respect to their activities for or on behalf of DUHS, or otherwise in connection with DUHS official or unofficial business.
3. **RESPONSIBILITIES:** All members of DUHS staff must be aware of and strictly adhere to the guidelines contained in this policy. The University has ultimate responsibility for approval of this policy. Monitoring and receiving regular updates on the implementation of this policy may be initiated and approved by the Vice Chancellor, Pro-Vice Chancellor, Registrar, Director of QEC & Director of Finance.
  - 3.1. VC & the Pro-VCs: The implementation of this policy.
  - 3.2. Registrar: Communication of the policy to staff, and development of further anti-corruption compliance procedures for the University as appropriate.
  - 3.3. Audit Department: Conducting a regular risk assessment of corruption risks faced by the University and Commissioning regular audits and monitoring of this policy and related policies and procedures to ensure they are effectively implemented and are responsive to the University's potential corruption risks.
  - 3.4. Procurement Department: For dealing with vendors that provide consumable goods and medicines.
  - 3.5. Planning and Development Department: For dealing with vendors that provide DUHS services, either through contracted or third party service vendors.
4. **PREVENTION:**

The best action is to take steps to guide and assist in the prevention of bribery and corruption within the University involves risk assessment, record keeping and effective monitoring and internal controls, which are operationally defined as mentioned below:

  - 4.1. **Risk Assessment:** Effective risk assessment lies at the very core of the success of this policy and its implementation. All HoDs, including Principals and Directors, must self-assess the vulnerability of their activities, particularly overseas activities, on an ongoing basis and discuss potential vulnerabilities with the Financial Controller.
    1. In this regard, risk identification pinpoints the specific areas within the University, in which potential employees may face bribery and corruption risks and allows the University to better evaluate and mitigate these risks/. Business practices around the world can be deeply rooted in the attitudes, cultures and economic prosperity



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of a particular region– any of which can vary and differ.

4.2. **Record-Keeping:** Many serious bribery and corruption offences have been found to involve some degree of inaccurate record-keeping. Accurate records and financial reporting must be maintained for all activities and for all third-party representatives acting on the behalf of the University. False, misleading or inaccurate records, financial or otherwise, and of any kind could potentially damage the reputation of the University.

4.3. **Effective monitoring and Internal Control:** Effective systems of monitoring and control are essential in University is no exception. Once bribery and corruption risks have been identified and highlighted through the risk assessment process, we may need to amend procedures to help mitigate these risks on an on-going basis. Heads of Departments need to take the necessary steps to risk assess, record keep and monitor so as to prevent bribery and corruption

## 5. **Where Do The Bribery And Corruption Risks Typically Arise?**

The key activities where potential risks commonly may arise within the University may include the following:

5.1. **Gifts, Entertainment and Hospitality:** Gifts, entertainment and hospitality given or taken by any member of the staff and faculty of DUHS, including third party vendors that have active contracts with DUHS, are discouraged. This may include the receipt or offer of free of cost gifts, meals or tokens of appreciation or gratitude, or invitations to events, functions, or other social gatherings, in matters connected with the University's official business may be discussed or decided upon. These activities are acceptable provided they fall within reasonable bounds of value and occurrence, as set by the audit/finance department for such activities.

5.2. **Use of Third-Party Representatives/Vendors:** The definition of a third-party representative is broad, and could include vendors or those that are directly linked vertically or horizontally via DUHS's supply chain. Third-parties who act on the University's behalf must operate at all times in accordance with this policy. Procurement staff are responsible for the evaluation of each third-party relationship and determining whether or not there are specific risks involved that may compromise or hinge upon the best interests of the University. Where specific risks are identified, the third party should be made aware of this policy, and staff should ensure that appropriate enhanced controls are implemented to monitor and control the risk involved in supply chain, procurement of consumables, medicines, services or other supplies that are utilized by the University and bought from third party contractors or vendors.

5.3. The University's procurement department is ultimately responsible for ensuring that third-parties who pose significant risks are compliant with this policy, as well as any local laws. Ignorance of the guideline, or the official University policy or 'turning a





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blind eye' is not an excuse.

**6. Review:**

This policy will be reviewed annually by the committee formed for this purpose.

**7. RELATED DOCUMENTS:**

**8. RELATED RECORDS**