Mediclinic International - Water Security 2020

W0. Introduction

W0.1

(W0.1) Give a general description of and introduction to your organization.

Mediclinic International (“the Group”) was founded in 1983 and is a private healthcare group with three geographical business divisions - Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME) and Mediclinic Switzerland (Hirslanden). It has been listed on the JSE, the South African securities exchange, since 1986. The Group's head office is based in Stellenbosch, South Africa.

Mediclinic is focused on providing acute care, specialist-orientated, multi-disciplinary healthcare services. The Group’s core purpose is to enhance the quality of life of patients by providing comprehensive, high-quality healthcare services in such a way that the Group will be regarded as the most respected and trusted provider of healthcare services by patients, doctors and funders of healthcare in each of its markets.

In June 2015 Mediclinic acquired a 29.9% interest in Spire Healthcare, a London Stock Exchange listed and UK-based private healthcare group.

During February 2016 a combination of Mediclinic International Limited and Al Noor Hospitals Group plc, by way of a reverse takeover, was successfully completed. The combination resulted in the enlarged Mediclinic group with a continued primary listing on the London Stock Exchange and a secondary listing of the Company on the Johannesburg Stock Exchange and the Namibian Stock Exchange.

Today Mediclinic Southern Africa operates 49 hospitals and 5 day clinics throughout South Africa and 3 hospitals in Namibia with more than 8 000 inpatient beds in total; Hirslanden operates 17 private acute care facilities and 4 clinics in Switzerland with more than 1 800 inpatient beds; and Mediclinic Middle East (including the Al Noor facilities) operates 7 hospitals and 22 clinics with more than 700 inpatient beds in the United Arab Emirates.

In line with the CDP questionnaire being targeted at the top 100 companies in South Africa, this report only deals with Mediclinic Southern Africa (South Africa and Namibia). 76% of the operational beds of Mediclinic International are located in Mediclinic Southern Africa.

W0.2

(W0.2) State the start and end date of the year for which you are reporting data.

	Start date	End date
Reporting year	January 1 2019	December 31 2019

W0.3

(W0.3) Select the countries/areas for which you will be supplying data.

Namibia
South Africa

W0.4

(W0.4) Select the currency used for all financial information disclosed throughout your response.

ZAR

W0.5

(W0.5) Select the option that best describes the reporting boundary for companies, entities, or groups for which water impacts on your business are being reported.

Companies, entities or groups over which operational control is exercised

W0.6

(W0.6) Within this boundary, are there any geographies, facilities, water aspects, or other exclusions from your disclosure?

No

W1. Current state

W1.1

(W1.1) Rate the importance (current and future) of water quality and water quantity to the success of your business.

	Direct use importance rating	Indirect use importance rating	Please explain
Sufficient amounts of good quality freshwater available for use	Vital	Important	In the healthcare industry, patient care, infection control and the operations of various equipment, is dependent on the supply of good quality freshwater. Without good quality and a sufficient supply of freshwater, the infection control risk increases, patient care quality decreases and various equipment failures can occur. As a private hospital group in the healthcare industry, we are focussed on service delivery and not manufacturing. We do not see this dependency changing in the future. Within our supply chain, freshwater is important . We rely on suppliers for the supply of pharmaceuticals and food. If either of these goods and services cannot be delivered due to water issues, the result can have an impact on our operational ability going forward. We do not see this dependency changing in the future.
Sufficient amounts of recycled, brackish and/or produced water available for use	Neutral	Neutral	The only water sources on site that are recycled are for irrigation purposes or, in the case of a limited number of hospitals, in autoclave equipment and some laundry services. This does not impact our ability to perform our services - nor will it do so in the future - hence we are neutral to its importance. We do not see this dependency changing in the future. We do, however, rely on suppliers for the supply of pharmaceuticals and food. Our knowledge of our supply chain usage of recycled, brackish and/or produced water is limited - hence, we are neutral to its importance. We do not see this dependency changing in the future.

W1.2

(W1.2) Across all your operations, what proportion of the following water aspects are regularly measured and monitored?

	% of sites/facilities/operations	Please explain
Water withdrawals – total volumes	100%	Water consumption at all (100%) our hospitals is continuously monitored and reported as part of each hospital's individual water management plan. This is done on a monthly basis. As water is a vital part of our operations, we need to ensure that it is optimally managed and that we are made aware of any changes or deficiencies in supply. We are also able to manage water-related costs through such monitoring.
Water withdrawals – volumes by source	100%	Water from all sources are measured at all our hospitals (100%). This is done on a monthly basis. There are boreholes at 28 of our hospitals, all of which are measured. Treated wastewater from the local municipality is used at Milnerton for irrigation. This is also measured. Rain harvesting has been installed at Midstream. All other water withdrawal is sourced from local municipal authorities and is measured.
Entrained water associated with your metals & mining sector activities - total volumes [only metals and mining sector]	<Not Applicable>	<Not Applicable>
Produced water associated with your oil & gas sector activities - total volumes [only oil and gas sector]	<Not Applicable>	<Not Applicable>
Water withdrawals quality	100%	As a healthcare provider, high quality water is of paramount importance. We rely on sources of municipal water being delivered according to the South African National Standards (SANS) 241 Drinking Water Specification. All other water sources used (boreholes, etc.) are tested on site to ensure that any water used in our operations meet the same SANS standard. This is measured on a monthly basis at our hospitals.
Water discharges – total volumes	100%	We measure our discharge where we can. Otherwise we apply a percentage ratio of 89% of water withdrawn being discharged- a figure based on an internal audit carried out at our Durbanville hospital in which actual discharge was measured over a period of time. This figure is then used as an average discharge figure across all hospitals. This is calculated on a monthly basis at our hospitals.
Water discharges – volumes by destination	100%	Discharge from all (100%) Mediclinic hospitals is sent to municipal wastewater treatment plants. Where specific discharge meters are not in place, we apply a percentage ratio of 89% of total water withdrawn being discharged.
Water discharges – volumes by treatment method	100%	Discharge from all (100%) Mediclinic hospitals is sent to municipal wastewater treatment plants.
Water discharge quality – by standard effluent parameters	100%	The quality of the effluent discharge from Mediclinic hospitals is periodically tested by the local authorities (municipalities). These tests are conducted on a monthly basis, however we are not made aware of when these tests are conducted.
Water discharge quality – temperature	100%	The temperature of the effluent discharge from Mediclinic hospitals is periodically tested by the local authorities (municipalities). These tests are conducted on a monthly basis, however we are not made aware of when these tests are conducted.
Water consumption – total volume	100%	Water withdrawals and discharge are measured or estimated at all (100%) our hospitals, allowing for accurate estimations of water consumption described as "the amount of water that is drawn into the boundaries of the organisation and not discharged back to the water environment or a third party over the course of the reporting year." This is measured on a monthly basis at our hospitals.
Water recycled/reused	1-25	One of our hospitals uses reused or recycled water for the purposes of irrigation. This is measured on a monthly basis. Other hospitals reuse water in their autoclave equipment and some laundry services. This is not measured.
The provision of fully-functioning, safely managed WASH services to all workers	100%	All (100%) Mediclinic facilities are 100 % compliant with internal WASH procedures . We have a corporate policy on hand hygiene stating the following: "Good hand hygiene is the most efficient and cost-effective infection prevention and control measure to assist in reducing healthcare-associated infections." It is, hence, essential that there is sufficient good quality water to ensure that employees are able to comply with this policy. This policy aims to provide clarity on when and how hand hygiene should be performed. We are also cognisant that sufficient amounts of good quality water is available to meet employee health requirements under our occupational health and safety standards (OHSAS Act 85 of 1993). This requires us to meet South African National Standards (SANS) 241 Regulation 7 on drinking water. This is measured on a monthly basis at our hospitals.

W1.2b

(W1.2b) What are the total volumes of water withdrawn, discharged, and consumed across all your operations, and how do these volumes compare to the previous reporting year?

	Volume (megaliters/year)	Comparison with previous reporting year	Please explain
Total withdrawals	1081.12	About the same	Total withdrawals is "about the same" meaning an increase or decrease year-on-year of 0-5% - in this case a 2.01% decrease. However, due to the higher number of bed-days sold year-on-year our water efficiency has improved from 554 litres/bed-day sold to 541 litres/bed-day sold. We anticipate further reductions in water withdrawal in the future in line with our Sustainable Development Strategy.
Total discharges	962.2	About the same	Discharge is calculated at 89% of total withdrawal, on conclusion of various case studies carried out in 2016. Total discharge is "about the same", meaning an increase or decrease year-on-year of 0-5% - in this case a 2.01% decrease. We anticipate further reductions in discharge in the future in line with our Sustainable Development Strategy.
Total consumption	118.92	About the same	Water consumption is defined by the CDP as "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." This is therefore a function of total water withdrawal and discharge described above as "about the same", hence consumption is "about the same" being a 0-5% increase or decrease year-on-year.

W1.2d

(W1.2d) Indicate whether water is withdrawn from areas with water stress and provide the proportion.

	Withdrawals are from areas with water stress	% withdrawn from areas with water stress	Comparison with previous reporting year	Identification tool	Please explain
Row 1	Yes	76-99	About the same	WRI Aqueduct	We have included river basins that are defined as both medium-high AND high overall water risk by the WRI Aqueduct Water Risk Atlas as being river basins exposed to water stress.

W1.2h

(W1.2h) Provide total water withdrawal data by source.

	Relevance	Volume (megaliters/year)	Comparison with previous reporting year	Please explain
Fresh surface water, including rainwater, water from wetlands, rivers, and lakes	Not relevant	<Not Applicable>	<Not Applicable>	We do not directly withdraw any fresh surface water for any of our operations, hence not relevant.
Brackish surface water/Seawater	Not relevant	<Not Applicable>	<Not Applicable>	We do not directly withdraw any brackish surface water for any of our operations, hence not relevant.
Groundwater – renewable	Relevant	19.33	About the same	Renewable groundwater used via borehole facilities at hospitals for irrigation or backup emergency supplies. There has been no major change in the amount of renewable groundwater used. All our borehole extraction is undertaken within legislative limits.
Groundwater – non-renewable	Not relevant	<Not Applicable>	<Not Applicable>	We do not directly withdraw any groundwater that is considered 'non-renewable', hence not relevant. All our borehole extraction is undertaken within legislative limits.
Produced/Entrained water	Relevant but volume unknown	<Not Applicable>	<Not Applicable>	Treated wastewater supplied by local authority used for irrigation purposes only at Mediclinic Milnerton. This has decreased in the reporting year, due to continued reduction in irrigation practices. We expect this to remain about the same in the future.
Third party sources	Relevant	1061.79	About the same	The majority of our water is drawn from municipal sources, hence third party. As the primary source of our water, this is highly relevant. This has decreased over the reporting year, due to increased water efficiency measures across all our our operations. Future trends should see this continue to decrease as the whole Mediclinic Group continues to initiate water-efficiency techniques as part of Mediclinic's Sustainable Development Strategy.

W1.2i

(W1.2i) Provide total water discharge data by destination.

	Relevance	Volume (megaliters/year)	Comparison with previous reporting year	Please explain
Fresh surface water	Not relevant	<Not Applicable>	<Not Applicable>	No water discharged to fresh surface water areas, hence not relevant.
Brackish surface water/seawater	Not relevant	<Not Applicable>	<Not Applicable>	No water discharged to brackish surface water/seawater areas, hence not relevant.
Groundwater	Relevant but volume unknown	<Not Applicable>	<Not Applicable>	No water discharged to groundwater zones, hence not relevant.
Third-party destinations	Relevant	908.14	Lower	All water discharge sent to municipal wastewater treatment plants (third party destinations). Hence this discharge destination is very relevant. The discharge figure is lower due to the reduced withdrawal and consumption of water as a result of continued water efficiency measures across all our hospitals.

W1.4

(W1.4) Do you engage with your value chain on water-related issues?

Yes, our suppliers

Yes, our customers or other value chain partners

W1.4a

(W1.4a) What proportion of suppliers do you request to report on their water use, risks and/or management information and what proportion of your procurement spend does this represent?

Row 1

% of suppliers by number

1-25

% of total procurement spend

51-75

Rationale for this coverage

Engagement on water issues with suppliers largely focuses on building contractors, where experience informs us that water consumption can increase 100-150% during building projects if no management of water resources in enforced. A Joint Building Contractors Committee document is signed with all building projects which include an environmental clause on the conservation of natural resources, including water. Laundry and kitchen suppliers are the other large users of water on our premises. Supplier staff is included in our environmental awareness training through our ISO14001 environmental management system. We also send out letters to our suppliers to encourage them to adopt similar processes. Water meters are installed at laundry, kitchen and building projects to monitor water usage. We engage directly with our top 26 suppliers on water issues, accounting for some 65% of capital procurement spend.

Impact of the engagement and measures of success

Where we have engaged with on-site service providers, we have requested limitation of water usage to 20 liters per staff member per day. This figure is set to ensure Mediclinic achieves its own water reduction targets, which would be impossible without buy-in from these suppliers. Mediclinic sets its annual water target based on litres withdrawn per bed-day sold at each hospital, regardless of activity taking place at that hospital during the course of the reporting period (e.g. a building project). All suppliers have complied with hospital procedures in accordance with this request and Mediclinic is achieving its water reduction targets, thereby indicating success in the relevant supplier engagement.

Comment

W1.4b

(W1.4b) Provide details of any other water-related supplier engagement activity.

Type of engagement

No other supplier engagements

Details of engagement

<Not Applicable>

% of suppliers by number

<Not Applicable>

% of total procurement spend

<Not Applicable>

Rationale for the coverage of your engagement

There are no other areas of direct engagement that are deemed necessary from a supplier risk perspective at this stage. This is, however, continuously monitored through our various risk management analysis conducted at Mediclinic.

Impact of the engagement and measures of success

<Not Applicable>

Comment

<Not Applicable>

W1.4c

(W1.4c) What is your organization's rationale and strategy for prioritizing engagements with customers or other partners in its value chain?

Doctors who use our healthcare facilities and patients (both stakeholders are customers to Mediclinic, as doctors rent or lease their practice spaces from us) are constantly engaged on our water efficiency and saving initiatives. The rationale/motivation for this is cost control and environmental resource use efficiency. Similarly, as a private healthcare service organisation, our reputation is a significant contributor to our brand value. We ensure that our water management principles are known to customers (doctors and patients) and also the public who visit our facilities on a daily basis.

As we continue to introduce off-grid water augmentation measures, such as treated borehole water, it is essential to ensure that water consumption is as efficient as possible. Doctors are requested to use 20 liters per staff member per day in their consulting rooms. While the doctors consulting rooms are not independently metered, the fact that Mediclinic is achieving its annual water reduction targets is indicative that this engagement is being successful.

In addition to direct engagement with doctors and patients, we also implement various water-saving communication materials in the hospitals to ensure understanding of our initiatives and the purpose behind the initiatives.

W2. Business impacts

W2.1

(W2.1) Has your organization experienced any detrimental water-related impacts?

Yes

W2.1a

(W2.1a) Describe the water-related detrimental impacts experienced by your organization, your response, and the total financial impact.

Country/Area & River basin

South Africa	Limpopo

Type of impact driver & Primary impact driver

Physical	Inadequate infrastructure

Primary impact

Increased insurance premiums

Description of impact

Our Mediclinic Limpopo hospital (located in Polokwane) withdraws its water from the municipal water system which is fed by the Ebenezer and Olifantspoort dams. Due to the rapid growth in Polokwane, demand often outstrips supply and, at times, water pressure and water supply drop to levels that are not sustainable for the operations of the hospital. This constitutes a significant impact for this particular hospital. Boreholes have been sunk in and around town to add to the water capacity but the water quality isn't very good and the information on how many boreholes are in use is not available.

Primary response

Secure alternative water supply

Total financial impact

4000000

Description of response

The hospital's insurance brokers highlighted the issue as a finding in their last audit of the hospital, and insisted that if suitable alternative water supplies could not be established, insurance premiums will increase. R4 million will be invested to install additional storage for potable and fire water at the hospital.

W2.2

(W2.2) In the reporting year, was your organization subject to any fines, enforcement orders, and/or other penalties for water-related regulatory violations?

No

W3. Procedures

W3.3

(W3.3) Does your organization undertake a water-related risk assessment?

Yes, water-related risks are assessed

W3.3a

(W3.3a) Select the options that best describe your procedures for identifying and assessing water-related risks.

Direct operations

Coverage
Full

Risk assessment procedure
Water risks are assessed as part of an enterprise risk management framework

Frequency of assessment
Annually

How far into the future are risks considered?
3 to 6 years

Type of tools and methods used
Tools on the market
Enterprise Risk Management
International methodologies
Databases
Other

Tools and methods used
WRI Aqueduct
National-specific tools or standards
Other, please specify (CURA Enterprise Risk Management Software)

Comment
In addition to the CURA Enterprise Risk Management Software, which integrates water-related risks at each of our hospitals, other risk management tools are used to identify water risk, e.g. ISO14001:2015 and the WRI Aqueduct Water Risk Atlas. During 2018 we implemented our second Water Strategy for the group, which included undertaking a prioritisation process of hospitals most at water risk according to financial; drought cycle; dam level; local authority infrastructure; history; and, hospital infrastructure impacts. These impacts are measured, weighted and each hospital is scored to indicate those hospitals most at risk to water-related issues. The strategy is reviewed and updated annually.

Supply chain

Coverage
Partial

Risk assessment procedure
Water risks are assessed as part of other company-wide risk assessment system

Frequency of assessment
Annually

How far into the future are risks considered?
3 to 6 years

Type of tools and methods used
Enterprise Risk Management
Databases
Other

Tools and methods used
Internal company methods
Other, please specify (CURA Enterprise Risk Management Software)

Comment
Water risk associated with relevant suppliers, such as building contractors, laundry and kitchen services are analysed as part of each hospitals own internal risk management systems. This is then fed through to the Group Sustainability Health and Environment department within the Engineering services of the Group, which is ultimately responsible for informing the Chief Corporate Services Officer who informs the Clinical Performance and Sustainability Committee.

Other stages of the value chain

Coverage
None

Risk assessment procedure
<Not Applicable>

Frequency of assessment
<Not Applicable>

How far into the future are risks considered?
<Not Applicable>

Type of tools and methods used
<Not Applicable>

Tools and methods used
<Not Applicable>

Comment

W3.3b

(W3.3b) Which of the following contextual issues are considered in your organization's water-related risk assessments?

	Relevance & inclusion	Please explain
Water availability at a basin/catchment level	Relevant, always included	Water availability is a critical issue to Mediclinic and always evaluated from a risk perspective in both current and future (up to 10 year) time horizons and across all areas of our value chain. In the healthcare industry, patient care, infection control and the operations of various equipment, is dependent on the supply of good quality freshwater. Without sufficient supply of freshwater, the infection control risk increases, patient care quality decreases and various equipment failures can occur Internal company knowledge - at a group level, our 2018 Water Strategy prioritised our hospitals against an impact matrix to determine the hospitals most at risk to water-related issues and which river basins they are located in. This included water availability at a basin/catchment level. The strategy is reviewed and updated annually. Each Mediclinic hospital develops its own "Water Management Plan" as part of the ISO 14001:2015 environmental management system that evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water saving targets; and, identified projects to reduce its water usage and water risk. These plans form the basis for response to hospital-level water risk. In addition, the WRI Aqueduct Water Risk Atlas is used to identify broad-level water risks at particular basin/catchment levels.
Water quality at a basin/catchment level	Relevant, always included	Water quality is a critical issue to Mediclinic and always evaluated from a risk perspective in both current and future (up to 10 year) time horizons and across all areas of our value chain. In the healthcare industry, patient care, infection control and the operations of various equipment, is dependent on the supply of good quality freshwater. Without good quality freshwater, the infection control risk increases, patient care quality decreases and various equipment failures can occur. Internal company knowledge - at a group level, our 2018 Water Strategy prioritised our hospitals against an impact matrix to determine the hospitals most at risk to water-related issues and which river basins they are located in. This included water quality at a basin/catchment level. The strategy is reviewed and updated annually. Each Mediclinic hospital develops its own "Water Management Plan" as part of the ISO 14001"2015 environmental management system that evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water saving targets; and, identified projects to reduce its water usage and water risk. These plans form the basis for response to hospital-level water risk. In addition, the WRI Aqueduct Water Risk Atlas is used to identify broad-level water risks at particular basin/catchment levels.
Stakeholder conflicts concerning water resources at a basin/catchment level	Relevant, sometimes included	Hospitals are classified as essential services and by this have preference in water supply. When there are water disruptions some supplier services like building projects, laundry and kitchen will be stopped in order for hospital operations to continue. Internal company knowledge - at a group level, our 2018 Water Strategy prioritised our hospitals against an impact matrix to determine the hospitals most at risk to water-related issues and which river basins they are located in. This included local authority infrastructure and service delivery at a basin/catchment level. Mediclinic analyses such risks and, in 2018, each hospital also conducted community risk reports to evaluate various risks at a local level, including issues relating to water access and discharge among different stakeholders in different river basins. In addition, the WRI Aqueduct Water Risk Atlas is used to identify broad-level water risks, including stakeholder conflict, at particular basin/catchment levels.
Implications of water on your key commodities/raw materials	Relevant, always included	Extreme weather conditions (drought and flash floods) can have severe impacts on Mediclinic hospitals. Drought has an impact on food sustainability and flash floods can have an impact on the delivery of pharmaceutical and catering supplies, among other risks. Internal company knowledge - each Mediclinic hospital develops its own "Water Management Plan" as part of the ISO 14001:2015 environmental management system that evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water saving targets; and, identified projects to reduce its water usage and water risk. These plans form the basis for response to hospital-level water risk, inclusive of analysis of water risks to each hospital's supply chain.
Water-related regulatory frameworks	Relevant, always included	Mediclinic uses high volumes of water, as such we need to be aware of all water regulations and tariff changes that impact all our hospitals. Internal company knowledge - each Mediclinic hospital develops its own "Water Management Plan" as part of the ISO 14001:2015 environmental management system that evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water saving targets; and, identified projects to reduce its water usage and water risk. These plans form the basis for response to hospital-level water risk.
Status of ecosystems and habitats	Relevant, sometimes included	Internal company knowledge - Mediclinic analyses such risks and, in 2018, each hospital conducted community risk reports to evaluate various risks at a local level, including issues relating to the ecosystem services, especially in relation to water conservation.
Access to fully-functioning, safely managed WASH services for all employees	Relevant, always included	WASH quality standards are required by legislation, and Mediclinic follows the World Health Organization's guidelines on Hand Hygiene in Health Care (WHO/IER/PSP/2009.07). In addition, each Mediclinic hospital develops its own "Water Management Plan" as part of the ISO 14001:2015 environmental management system that evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water saving targets; and, identified projects to reduce its water usage and water risk. These plans form the basis for response to hospital-level water risk, including WASH services for employees.
Other contextual issues, please specify	Not considered	

W3.3c

(W3.3c) Which of the following stakeholders are considered in your organization's water-related risk assessments?

	Relevance & inclusion	Please explain
Customers	Relevant, always included	In the healthcare industry, patient care and infection control is dependable on the supply of good quality freshwater. Without good quality and sufficient supply of freshwater, the infection control risk increases and patient care quality decreases. We engage with our customers (patients) about water risks through communication by means of our Safety, Health & Environmental Policy, awareness posters in public areas, social media and our website. This is both a current and future stakeholder.
Employees	Relevant, always included	Mediclinic employees are responsible for good quality care of our patients. In the healthcare industry, patient care and infection control, is dependable on the supply of good quality freshwater. Without good quality and sufficient supply of freshwater, the infection control risk increase and patient care quality decrease. In addition, healthcare workers are expected to comply with the highest hygiene (WASH) practices. Mediclinic is currently running an environmental awareness campaign which includes water scarcity. This campaign includes distribution of monthly posters, articles, emailers and presentations. This is also published on our intranet. Each hospital has a water savings policy in place that is communicated to employees. This is both a current and future stakeholder.
Investors	Relevant, always included	We communicate our water-related risks to our investors through our Integrated Annual Report and annual Sustainable Development Report (that is presented in accordance to the GRI G4). These are compliance-driven reporting requirements by the investment community and indicate good management and best practice on behalf of Mediclinic. Mediclinic also participates in CDP's Water Programme, which is accessed by the global investment community. Investors are both current and future stakeholders.
Local communities	Relevant, always included	Hospitals are classified as essential services and by this have preference in water supply in the local community. However, Mediclinic hospitals have implemented water contingency plans to become self sufficient in the supply of essential water supply to our hospitals and this potentially limits the impact of our hospitals the local communities. The ISO14001:2015 Environmental Management System (EMS) applies to all Mediclinic hospitals and their operating contexts, which includes internal or external issues and interested parties that may affect or is capable of affecting the organisation and its ability to achieve the intended outcomes of the EMS. This includes our communities. Our staff members also take what they have learned about saving water to the community where they live to influence the behaviour of the community towards water scarcity and savings. Local communities are both current and future stakeholders.
NGOs	Relevant, sometimes included	Mediclinic is actively involved, and participates on the board, with the South African Federation of Hospital Engineering (SAFHE) to drive awareness of water scarcity and risks in the healthcare industry. Mediclinic is also involved with ICAN (Infection Control Africa Network) sponsored by the WHO (World Health Organisation) promoting the WASH principles. NGOs are considered as both current and future stakeholders.
Other water users at a basin/catchment level	Relevant, sometimes included	Hospitals are classified as essential services and by this have preference in water supply. External communication channels with local municipality authorities have been established through our stakeholder outreach activities. These external communication channels ensure early warnings for the hospitals on water disruptions and quality issues and possible assistance by the local municipal authorities. Mediclinic is currently investigating water stewardship in the areas where our hospitals are located. These are considered current and future stakeholders.
Regulators	Relevant, always included	Communication and interaction with local authorities around issues of water disruptions, water quality and water tariffs are essential and undertaken through each hospital's stakeholder outreach activities. Examples of this includes Mediclinic Stellenbosch working in collaboration with the Stellenbosch local authority to investigate the sustainability of the local effluent infrastructure; communication with the Department of Water affairs regarding the registration of treated wastewater use at Milnerton; and, extensive engagement with the City of Cape Town to understand its plans and processes to deal with potential water shortages that the metropole continues to face. Regulators are both a current and future stakeholder.
River basin management authorities	Relevant, sometimes included	This is included in our Water Strategy. Investigation has been done to determine which dams and rivers feed our hospitals. This is part of our future water stewardship. An example includes Mediclinic, in conjunction with other organisations, being involved in the establishment of a sustainable water supply program in Thabazimbi where one of our hospitals is located. River basin management authorities are both current and future stakeholders.
Statutory special interest groups at a local level	Relevant, sometimes included	Communication and interaction with local authorities about new legislations and tariffs is essential. In addition, the ISO14001:2015 Environmental Management System (EMS) applies to Mediclinic and its context which includes any internal or external issues and interested parties that may affect or is capable of affecting the organisation and its ability to achieve the intended outcomes of the EMS. These special interest groups are communicated with through each hospital's external stakeholder outreach activities.
Suppliers	Relevant, sometimes included	A Joint Building Contractors Committee document is signed with all building projects, which include an environmental clause on the conservation of natural resources. Laundry and kitchen are the other large water consumers on our premises. Most of these services are outsourced. Supplier staff is included in our environmental awareness training through our ISO14001:2015 environmental management system. We also send out letters to our suppliers to encourage them to adopt similar processes. Water meters are installed at laundry, kitchen and for building projects to monitor water usage where possible. Corrective action requests relating to water wastage or high consumption are issued to suppliers when necessary. Suppliers are current and future stakeholders.
Water utilities at a local level	Relevant, always included	As the providers of most water supplied to our hospitals, the proper functioning of local water utilities is critical and always included in our water risk assessments at a Group and hospital level. These are current and future stakeholders. Water utilities are communicated with through each hospital's external stakeholder outreach activities.
Other stakeholder, please specify	Not considered	

W3.3d

(W3.3d) Describe your organization's process for identifying, assessing, and responding to water-related risks within your direct operations and other stages of your value chain.

Mediclinic continuously evaluates water risk impacts - to its direct operations and value chain - such as supply and quality of water; regulatory and tariff risk; and other water-related risks that might affect the Group's growth strategy.

During 2018, this was informed by the publication of our second Water Strategy which prioritised our hospitals most at risk to water-related issues, based on an impact matrix that analysed and weighted financial; drought cycle; dam level; local authority infrastructure; history; and, hospital infrastructure risks. The strategy is reviewed and updated annually.

In addition, an environmental risk survey, inclusive of water risk is conducted at each hospital using the CURA enterprise risk management software that identifies the severity and likelihood of water risks to Mediclinic. The exposure component of this survey includes risk evaluation over the next ten years.

The risks that are identified are audited by the Group corporate office on an annual basis to ensure that corrective action plans are put in place to address the risks that might impact the growth strategy.

Similarly, the WRI Aqueduct Water Risk Atlas is used to highlight river basin-level generic water risk to each Mediclinic hospital.

W4. Risks and opportunities

W4.1

(W4.1) Have you identified any inherent water-related risks with the potential to have a substantive financial or strategic impact on your business?
Yes, both in direct operations and the rest of our value chain

W4.1a

(W4.1a) How does your organization define substantive financial or strategic impact on your business?

Substantive impact from water risk includes the impact on hospital operations that will occur without water supply. It includes both operational and financial consequences. This includes the depletion of municipal water supply, all back-up water and all back-up water supply from external water suppliers and results in the required implementation of emergency responses.
After 24 hours, arrangements will be made to stop all operations if there is no water supply, and to evacuate the hospital.

If this is not done, within the 24 hours, the infection rates can increase exponentially. This will have a direct impact on operations and supply chain. Our patients and staff are part of our supply chain. In 2017 we undertook a study where the combined revenue loss per day at three of our major hospitals with water risk was estimated to be as follows: With 20% water loss, the loss in revenue will be R1.04 million. With 50% water loss, the loss in revenue will be R2.67 million. With 70% water loss, the loss in revenue will be R3.83 million.

W4.1b

(W4.1b) What is the total number of facilities exposed to water risks with the potential to have a substantive financial or strategic impact on your business, and what proportion of your company-wide facilities does this represent?

	Total number of facilities exposed to water risk	% company-wide facilities this represents	Comment
Row 1	41	76-99	41 of our hospitals lie in river basins that pose overall medium-high and high water risk, as defined by the WRI Aqueduct Water Risk Atlas.

W4.1c

(W4.1c) By river basin, what is the number and proportion of facilities exposed to water risks that could have a substantive financial or strategic impact on your business, and what is the potential business impact associated with those facilities?

Country/Area & River basin

South Africa	Berg-Olifants

Number of facilities exposed to water risk
11

% company-wide facilities this represents
1-25

Production value for the metals & mining activities associated with these facilities
<Not Applicable>

% company's annual electricity generation that could be affected by these facilities
<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities
<Not Applicable>

% company's total global revenue that could be affected
1-10

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 11 facilities located within the Berg-Olifants river basin are considered at a high overall water risk. The Western Cape Inland region (which sits in the Berg-Olifants river basin) accounts for 5.59% of global Group-wide revenue (R3 195 of R57 189m - exchange rate GBP1=ZAR18.55 on December 31 2019).

Country/Area & River basin

South Africa	Limpopo

Number of facilities exposed to water risk
15

% company-wide facilities this represents
26-50

Production value for the metals & mining activities associated with these facilities
<Not Applicable>

% company's annual electricity generation that could be affected by these facilities
<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities
<Not Applicable>

% company's total global revenue that could be affected
11-20

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 15 facilities located within the Limpopo river basin are considered at a medium- high overall water risk. The Mediclinic Northern and Tshwane regional areas (which sit in the Limpopo river basin) accounts for 12.52% of global Group-wide revenue (R7 161m of R57 189m - exchange rate GBP1=ZAR18.55 on December 31 2019). These regions comprise of 23 hospitals, but some of them are located outside of the Limpopo River basin. The hospitals at risk, that lie within the Limpopo River basin, are 15 in number.

Country/Area & River basin

South Africa	Orange

Number of facilities exposed to water risk
3

% company-wide facilities this represents
1-25

Production value for the metals & mining activities associated with these facilities
<Not Applicable>

% company's annual electricity generation that could be affected by these facilities
<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities
<Not Applicable>

% company's total global revenue that could be affected
1-10

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 3 facilities located within the Orange river basin are considered at a medium- high overall water risk. The exact percentage of global revenue accounted by for by these three hospitals is unknown as there are just three of eight hospitals, which make up the Mediclinic Central regional area, that are located in the Orange River basin. The Mediclinic Central area accounts for 5.94% of global revenue (R3 399m of R57 189m - exchange rate GBP1=ZAR18.55 on December 31 2019).

Country/Area & River basin

South Africa	Gamka

Number of facilities exposed to water risk
1

% company-wide facilities this represents
1-25

Production value for the metals & mining activities associated with these facilities
<Not Applicable>

% company's annual electricity generation that could be affected by these facilities
<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities
<Not Applicable>

% company's total global revenue that could be affected
Less than 1%

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 1 facility located within the Gamka river basin are considered at a medium- high overall water risk. The exact percentage of global revenue accounted by for by this one hospital is unknown as it is just one of twelve hospitals that make up the Mediclinic Western Cape Coastal regional area.

Country/Area & River basin

South Africa	Breede-Gouritz

Number of facilities exposed to water risk
4

% company-wide facilities this represents
1-25

Production value for the metals & mining activities associated with these facilities
<Not Applicable>

% company's annual electricity generation that could be affected by these facilities
<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities

<Not Applicable>

% company's total global revenue that could be affected
1-10

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 4 facilities located within the Breede-Gouritz river basin are considered at a high overall water risk. The exact percentage of global revenue accounted by for by these four hospitals is unknown as they are just four of twelve hospitals that make up the Mediclinic Western Cape Coastal regional area. The Western Cape Coastal region accounts for 4.44% of Mediclinic global revenue (R2 539m of R57 189m - exchange rate GBP1=ZAR18.55 on December 31 2019).

Country/Area & River basin

South Africa	Inkomati-Usuthu

Number of facilities exposed to water risk
1

% company-wide facilities this represents
Less than 1%

Production value for the metals & mining activities associated with these facilities
<Not Applicable>

% company's annual electricity generation that could be affected by these facilities
<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities
<Not Applicable>

% company's total global revenue that could be affected
1-10

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 1 facility is located within the Inkomati-Usuthu river basin, which is considered at a medium-high overall water risk. The exact percentage of global revenue accounted by for by this hospital is unknown as it is just one of eleven hospitals that make up the Mediclinic Central Northern regional area. The Mediclinic Northern area accounts for 6.33% of global revenue (R3 622m of R57 189m - exchange rate GBP1=ZAR18.55 on December 31 2019).

Country/Area & River basin

South Africa	Pongola-Uzimkulu

Number of facilities exposed to water risk
3

% company-wide facilities this represents
1-25

Production value for the metals & mining activities associated with these facilities
<Not Applicable>

% company's annual electricity generation that could be affected by these facilities
<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities
<Not Applicable>

% company's total global revenue that could be affected
1-10

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 3 facilities located within the Pongola-Umzimkulu river basin are considered at a medium-high overall water risk. The exact percentage of global revenue accounted by for by these three hospitals is unknown as they are just three of eight hospitals that make up the Mediclinic Central regional area. The Mediclinic Central area accounts for 5.94% of global revenue (R3 399m of R57 189m - exchange rate GBP1=ZAR18.55 on December 31 2019).

Country/Area & River basin

Namibia	Other, please specify (Ugab-Huab)

Number of facilities exposed to water risk
1

% company-wide facilities this represents
Less than 1%

Production value for the metals & mining activities associated with these facilities
<Not Applicable>

% company's annual electricity generation that could be affected by these facilities
<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities
<Not Applicable>

% company's total global revenue that could be affected

1-10

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 1 facility located within the Ugab-Huab river basin is considered at a high overall water risk. The exact percentage of global revenue accounted by for by this hospitals is unknown as it is just one of twelve hospitals that make up the Mediclinic Western Cape Coastal regional area. The Western Cape Coastal region accounts for 4.44% of Mediclinic global revenue (R2 539m of R57 189m - exchange rate GBP1=ZAR18.55 on December 31 2019).

Country/Area & River basin

Namibia	Other, please specify (Omaruru-Swakop)

Number of facilities exposed to water risk
2

% company-wide facilities this represents
1-25

Production value for the metals & mining activities associated with these facilities
<Not Applicable>

% company's annual electricity generation that could be affected by these facilities
<Not Applicable>

% company's global oil & gas production volume that could be affected by these facilities
<Not Applicable>

% company's total global revenue that could be affected
1-10

Comment
As defined by the WRI Aqueduct Water Risk Atlas, 2 facilities located within the Omaruru-Swakop river basin are considered at a high overall water risk. The exact percentage of global revenue accounted by for by these two hospitals is unknown as they are just two of twelve hospitals that make up the Mediclinic Western Cape Coastal regional area. The Western Cape Coastal region accounts for 4.44% of Mediclinic global revenue (R2 539m of R57 189m - exchange rate GBP1=ZAR18.55 on December 31 2019).

W4.2

(W4.2) Provide details of identified risks in your direct operations with the potential to have a substantive financial or strategic impact on your business, and your response to those risks.

Country/Area & River basin

South Africa	Berg-Olifants

Type of risk & Primary risk driver

Physical	Drought

Primary potential impact
Reduction or disruption in production capacity

Company-specific description
Mediclinic has 12 facilities that are located within the Berg-Olifants river basin in the Western Cape and which feeds the Cape Town City metropolitan area. In 2017-18, the Western Cape experienced its worst drought in recorded history, diminishing the carrying volumes of dams and forcing the City of Cape Town to implement water restrictions, raise tariffs and communicate the possibility of "Day Zero" when reticulated water supplies would be stopped and rationed water distributed at key points throughout the city. This historic scenario had a direct impact on our Western Cape hospitals, forcing our hospitals to strategise business continuity plans to ensure that they were operable under such circumstances. Although hospitals are considered strategic services, there is a risk that under such conditions supplies could be disrupted to our facilities and affect our hospitals ability to provide services in a healthy and hygienic manner. This scenario could repeat itself due to the limited water supply infrastructure in the Western Cape and the propensity for the area to experience drought.

Timeframe
Unknown

Magnitude of potential impact
Medium

Likelihood
Likely

Are you able to provide a potential financial impact figure?
Yes, a single figure estimate

Potential financial impact figure (currency)
50000

Potential financial impact figure - minimum (currency)
<Not Applicable>

Potential financial impact figure - maximum (currency)
<Not Applicable>

Explanation of financial impact
Due to water sustainability measures in place, there is no expected revenue loss at any of the affected hospitals and no scale-down of business envisaged. All hospitals affected are ISO14001:2015 certified and have emergency water supply backup contingency plans. The only costs envisaged would be those associated with public communications alerting patients that our operations are still fully functioning.

Primary response to risk
Develop drought emergency plans

Description of response
Mediclinic established a Water Resilience Committee to manage and monitor the impacts of the drought on our Western Cape Hospitals. This included representatives of all affected hospitals, Group Engineering and Group Safety, Health and Environment specialists. The Group also engaged with the City of Cape Town in addressing the crisis and the future needs should a "Day Zero" scenario materialise. Each hospital installed boreholes and water treatment plants (including reverse osmosis plants) to ensure operational continuity in the event of any disruption of water supplies to the hospitals.

Cost of response
24180000

Explanation of cost of response
The cost of borehole installation and water treatment plants in the Western Cape region totalled R24.18 million.

Country/Area & River basin

South Africa	Limpopo

Type of risk & Primary risk driver

Physical	Rationing of municipal water supply

Primary potential impact
Reduction or disruption in production capacity

Company-specific description
Some of our hospitals continue to experience water cutoffs.

Timeframe
Current up to one year

Magnitude of potential impact
Low

Likelihood
Very likely

Are you able to provide a potential financial impact figure?
Yes, a single figure estimate

Potential financial impact figure (currency)
50000

Potential financial impact figure - minimum (currency)
<Not Applicable>

Potential financial impact figure - maximum (currency)
<Not Applicable>

Explanation of financial impact
Due to water sustainability and contingency measures in place, no revenue loss at any of the hospitals is envisaged and no scale-down of business enacted. All hospitals affected are ISO14001:2015 certified and have emergency backup water supply contingency plans. The only costs envisaged would be those associated with public communications alerting patients that our operations are still fully functioning.

Primary response to risk
Secure alternative water supply

Description of response
Various alternative water supply initiatives from third sources are in place that allow these hospitals to continue operating without disruption to services.

Cost of response
0

Explanation of cost of response
Alternative water supplies secured from third sources. Additional cost to Mediclinic Limpopo and Tzaneen was nil. Additional costs to Mediclinic Brits, Sandton and Morningside, unknown.

Country/Area & River basin

South Africa	Orange

Type of risk & Primary risk driver

Physical	Drought

Primary potential impact

Increased operating costs

Company-specific description
During 2016, South Africa experienced one of its worst droughts in recent times. This could happen again in the future. Under drought conditions, water supply disruptions are a potential risk to operations at two of our hospitals in this river basin - Bloemfontein and Hoogland (Bethlehem).

Timeframe
Unknown

Magnitude of potential impact
Low

Likelihood
About as likely as not

Are you able to provide a potential financial impact figure?
No, we do not have this figure

Potential financial impact figure (currency)
<Not Applicable>

Potential financial impact figure - minimum (currency)
<Not Applicable>

Potential financial impact figure - maximum (currency)
<Not Applicable>

Explanation of financial impact
Due to the unknown nature of such a future risk, the financial impact is unknown.

Primary response to risk
Increase investment in new technology

Description of response
Mediclinic Bloemfontein drilled a new borehole to supplement its water availability should disruption to municipal water supplies occur. Mediclinic Hoogland has installed additional emergency water tanks - a 55 000 litre steel sectional tank.

Cost of response
600000

Explanation of cost of response
Cost of borehole at Mediclinic Bloemfontein = R188 217. Cost of additional emergency water tanks at Mediclinic Hoogland = R442 130.

W4.2a

(W4.2a) Provide details of risks identified within your value chain (beyond direct operations) with the potential to have a substantive financial or strategic impact on your business, and your response to those risks.

Country/Area & River basin

South Africa	Berg-Olifants

Stage of value chain
Supply chain

Type of risk & Primary risk driver

Physical	Drought

Primary potential impact
Increased operating costs

Company-specific description
In response to water restrictions, increased water tariffs and the need to be seen to be saving water (brand reputation), we have worked directly with our on-site service providers to ensure they adhere to the water saving drive that Mediclinic has implemented in its Western Cape hospitals. This includes such service providers as catering, cleaning, laundry and security services. This engagement is being rolled out to all hospitals throughout the group.

Timeframe
Current up to one year

Magnitude of potential impact
Low

Likelihood
Virtually certain

Are you able to provide a potential financial impact figure?
Yes, a single figure estimate

Potential financial impact figure (currency)
1400000

Potential financial impact figure - minimum (currency)
<Not Applicable>

Potential financial impact figure - maximum (currency)
<Not Applicable>

Explanation of financial impact
Laundry and kitchen (catering) services in our hospitals account for 24% of water consumption alone. Across all our hospitals, total water consumption costs equal R26 million. If we assume the Western Cape hospitals account for approximately 22% of this total cost (12 facilities out of a national total of 54 facilities), then cost of laundry and kitchen water consumption in the W.Cape hospitals equates to some R1 372 800 per year. If water tariffs double, then financial impact will be some R2.4m.

Primary response to risk

Supplier engagement	Develop supplier drought emergency plans

Description of response
Many and various different water-saving initiatives have been developed in conjunction with our service providers, and these differ from hospital to hospital. The initiatives include staff training; changing chemicals used; adjusting water pressures in toilets and cleaning facilities; adopting sanitising cleaning liquids; ensuring off-site laundry services have sufficient water back-up strategies at their own sites; etc. These W.Cape initiatives have been used to inform a nation-wide water resilience strategy developed by Mediclinic over the following two years.

Cost of response
0

Explanation of cost of response
Costs incorporated into ongoing (recurring) operational costs dedicated to supplier engagement.

W4.3

(W4.3) Have you identified any water-related opportunities with the potential to have a substantive financial or strategic impact on your business?
Yes, we have identified opportunities, and some/all are being realized

W4.3a

(W4.3a) Provide details of opportunities currently being realized that could have a substantive financial or strategic impact on your business.

Type of opportunity
Efficiency

Primary water-related opportunity
Improved water efficiency in operations

Company-specific description & strategy to realize opportunity
Mediclinic has a water efficiency target based on the amount of water consumed per bed-day sold (450 litres per bed-day sold). To achieve this target, certain behaviour change initiatives have been implemented (for employees, on-site service providers such as doctors, catering and laundry, and patients). These include removal of bath tubs to encourage shower usage; shutting off of hot water supplies to public areas; patient awareness of initiatives; alcohol scrubs introduced in operating theatres; no window washing; no car washing; no irrigation; baths not to be used for pain relief during births. In addition, fixing of leaks at all hospitals has been implemented. Reused and recycled water systems have also been introduced in all our autoclave equipment and in some laundry units.

Estimated timeframe for realization
Current - up to 1 year

Magnitude of potential financial impact
Low

Are you able to provide a potential financial impact figure?
Yes, a single figure estimate

Potential financial impact figure (currency)
50000

Potential financial impact figure – minimum (currency)
<Not Applicable>

Potential financial impact figure – maximum (currency)
<Not Applicable>

Explanation of financial impact
Anticipated cost savings of reduced water consumption per bed day sold has been offset by increased water tariffs throughout the country (including a doubling in price in the Western Cape), resulting in a neutral financial impact. Additional costs identified include those associated with internal communications requirements and awareness raising.

Type of opportunity
Resilience

Primary water-related opportunity
Increased resilience to impacts of climate change

Company-specific description & strategy to realize opportunity
Directed by the Water Resilience Committee, all Western Cape hospitals have installed boreholes and water treatment plants (where required). This was done in 2017 and 2018, and ensured these hospitals have sufficient volumes of potable water for use in a scenarios where municipal water supplies would have been shut off and water rationed and distributed. The water resilience initiatives introduced in the Western Cape have been rolled out to the rest of the Group's hospitals.

Estimated timeframe for realization
Current - up to 1 year

Magnitude of potential financial impact
Low

Are you able to provide a potential financial impact figure?
Yes, a single figure estimate

Potential financial impact figure (currency)
26000000

Potential financial impact figure – minimum (currency)
<Not Applicable>

Potential financial impact figure – maximum (currency)
<Not Applicable>

Explanation of financial impact
The total Mediclinic annual water bill of R26 million. If a scenario occurred where all hospitals were forced to provide their own water through their backup borehole and water treatment installations, the cost of municipal water supplied to the hospitals would be null and void. This equates to a cost offset of at least R26 million.

W5. Facility-level water accounting

W5.1

(W5.1) For each facility referenced in W4.1c, provide coordinates, water accounting data, and a comparison with the previous reporting year.

Facility reference number
Facility 1

Facility name (optional)
Mediclinic Constantiaberg

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-34.02664

Longitude
18.42552

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
28.03

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
28.03

Total water discharges at this facility (megaliters/year)
24.95

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
23.95

Total water consumption at this facility (megaliters/year)
3.08

Comparison of total consumption with previous reporting year
Much lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much lower" is a greater than 10% difference from the previous year - in this case 13.55%. Much lower water figures at Constantiaberg relate to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 450 litres/bed day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much lower".

Facility reference number
Facility 2

Facility name (optional)
Mediclinic Cape Town

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-25.762153

Longitude
31.050819

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
8.6

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
8.6

Total water discharges at this facility (megaliters/year)
7.65

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
7.65

Total water consumption at this facility (megaliters/year)
0.95

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is 0-5% difference from previous year - in the case of Mediclinic Cape Town, a 1% difference. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 3

Facility name (optional)
Mediclinic Milnerton

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-33.865439

Longitude
18.506681

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
10.86

Comparison of total withdrawals with previous reporting year
Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0.45

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
10.41

Total water discharges at this facility (megaliters/year)
9.71

Comparison of total discharges with previous reporting year
Lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0.45

Discharges to third party destinations
9.26

Total water consumption at this facility (megaliters/year)
1.14

Comparison of total consumption with previous reporting year
Lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Boreholes are used for irrigation and this water is discharged directly back into the groundwater. Discharge of third-party water usage is estimated at 89% of withdrawal from third party sources, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "lower" is 5-10% difference from previous year - in the case of Mediclinic Milnertion it is a 7.5% difference. Lower water figures relate to continued water efficiency initiatives in particular continued response to the Western Cape water crisis of 2017-18, and the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "lower".

Facility reference number
Facility 4

Facility name (optional)
Mediclinic Vergelegen

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-34.090656

Longitude
18.858817

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
24.85

Comparison of total withdrawals with previous reporting year

Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
24.85

Total water discharges at this facility (megaliters/year)
22.12

Comparison of total discharges with previous reporting year
Much higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
22.12

Total water consumption at this facility (megaliters/year)
2.73

Comparison of total consumption with previous reporting year
Much higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Anything above a 10% difference year on year = "much higher"/"much lower". As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much higher".

Facility reference number
Facility 5

Facility name (optional)
Mediclinic Cape Gate

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-33.848213

Longitude
18.696882

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
22.07

Comparison of total withdrawals with previous reporting year
Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0.35

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
21.72

Total water discharges at this facility (megaliters/year)
19.68

Comparison of total discharges with previous reporting year
Much higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0.35

Discharges to third party destinations
19.33

Total water consumption at this facility (megaliters/year)
2.39

Comparison of total consumption with previous reporting year
Much higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for irrigation purposes and filtration plant maintenance, and is discharged directly back into groundwater. Third party discharge is estimated at 89% of third party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Anything above a 10% year on year increase = "much higher" - in this case 18%. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much higher".

Facility reference number
Facility 6

Facility name (optional)
Mediclinic Durbanville

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-33.825421

Longitude
18.654886

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
19.93

Comparison of total withdrawals with previous reporting year
Higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
19.93

Total water discharges at this facility (megaliters/year)
17.73

Comparison of total discharges with previous reporting year
Higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
17.73

Total water consumption at this facility (megaliters/year)
2.19

Comparison of total consumption with previous reporting year
Higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "higher" is 5-10% increase from previous year - in this case 6.8%. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "higher". The higher consumption was a result of increased garden irrigations due to higher temperatures experienced during the year.

Facility reference number
Facility 7

Facility name (optional)
Mediclinic Louis Leipoldt

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-33.901325

Longitude
18.613297

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
15.47

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
15.47

Total water discharges at this facility (megaliters/year)
13

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
13.77

Total water consumption at this facility (megaliters/year)
1.7

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 89% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is 0-5% difference from previous year - in this case 0.5%. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 8

Facility name (optional)
Mediclinic Panorama

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-33.875921

Longitude
18.577813

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
46.38

Comparison of total withdrawals with previous reporting year
Higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
2.2

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
44.18

Total water discharges at this facility (megaliters/year)
41.52

Comparison of total discharges with previous reporting year
Higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
2.2

Discharges to third party destinations
39.32

Total water consumption at this facility (megaliters/year)
4.86

Comparison of total consumption with previous reporting year
Higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for irrigation purposes and is discharged directly back to groundwater. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "higher" is 5-10% increase from previous year - in this case 7.7%. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "higher".

Facility reference number
Facility 9

Facility name (optional)
Mediclinic Paarl

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-33.718322

Longitude
18.969704

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
10.16

Comparison of total withdrawals with previous reporting year
Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0.14

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
10.02

Total water discharges at this facility (megaliters/year)
9.05

Comparison of total discharges with previous reporting year
Much higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0.14

Discharges to third party destinations
8.92

Total water consumption at this facility (megaliters/year)
1.1

Comparison of total consumption with previous reporting year
Much higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for irrigation purposes and filtration plant maintenance, and is discharged directly back to groundwater. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a

number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much higher" is greater than 10% increase from previous year - in this case 25% higher. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much higher".

Facility reference number
Facility 10

Facility name (optional)
Mediclinic Stellenbosch

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-33.944466

Longitude
18.850063

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
4.5

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0.24

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
4.26

Total water discharges at this facility (megaliters/year)
4.03

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0.24

Discharges to third party destinations
3.79

Total water consumption at this facility (megaliters/year)
0.47

Comparison of total consumption with previous reporting year
Much lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for irrigation purposes and is discharged directly back to groundwater. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much lower" is greater than 10% decrease from previous year - in this case 60% lower. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much lower".

Facility reference number
Facility 11

Facility name (optional)
Mediclinic Worcester

Country/Area & River basin

South Africa	Berg-Olifants

Latitude
-33.643914

Longitude
19.45085

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
21.88

Comparison of total withdrawals with previous reporting year
Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
21.88

Total water discharges at this facility (megaliters/year)
19.47

Comparison of total discharges with previous reporting year
Much higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
19.47

Total water consumption at this facility (megaliters/year)
2.41

Comparison of total consumption with previous reporting year
Much higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much higher" is greater than 10% increase from previous year - in this case 12.5% higher. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much higher".

Facility reference number
Facility 12

Facility name (optional)
Mediclinic Highveld

Country/Area & River basin

South Africa	Limpopo

Latitude
-26.491908

Longitude
29.232578

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
19.96

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
19.96

Total water discharges at this facility (megaliters/year)
17.76

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
17.76

Total water consumption at this facility (megaliters/year)
2.2

Comparison of total consumption with previous reporting year
Much lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much lower" is greater than 10% decrease from previous year - in this case a 11.72% decrease. Much lower water figures relate to continued water efficiency initiatives as part of the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much lower".

Facility reference number
Facility 13

Facility name (optional)
Mediclinic Morningside

Country/Area & River basin

South Africa	Limpopo

Latitude
-26.094633

Longitude
28.054719

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
35.13

Comparison of total withdrawals with previous reporting year
Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
35.13

Total water discharges at this facility (megaliters/year)
31.26

Comparison of total discharges with previous reporting year
Lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
31.26

Total water consumption at this facility (megaliters/year)
3.86

Comparison of total consumption with previous reporting year
Lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "lower" is 5-10% decrease from previous year - in this case a 8.91% decrease. Lower water figures relate to continued water efficiency initiatives as part of the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "lower".

Facility reference number
Facility 14

Facility name (optional)
Mediclinic Sandton

Country/Area & River basin

South Africa	Limpopo

Latitude
-26.077707

Longitude
28.012623

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
36.88

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
36.88

Total water discharges at this facility (megaliters/year)
32.83

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
32.83

Total water consumption at this facility (megaliters/year)
4.06

Comparison of total consumption with previous reporting year
Much lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much lower" is greater than 10% decrease from previous year - in this case a 20.31% decrease. Much lower water figures relate to continued water efficiency initiatives as part of the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much lower".

Facility reference number
Facility 15

Facility name (optional)
Wits Donald Gordon Medical Centre

Country/Area & River basin

South Africa	Limpopo

Latitude
-26.179126

Longitude
28.034573

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
47.41

Comparison of total withdrawals with previous reporting year
Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
47.41

Total water discharges at this facility (megaliters/year)
42.19

Comparison of total discharges with previous reporting year
Much higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
42.19

Total water consumption at this facility (megaliters/year)
5.21

Comparison of total consumption with previous reporting year
Much higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much higher" is greater than 10% increase from previous year - in this case a 18.29% increase. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much higher".

Facility reference number
Facility 16

Facility name (optional)
Mediclinic Brits

Country/Area & River basin

South Africa	Limpopo

Latitude
-25.63345

Longitude
27.782868

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
20.6

Comparison of total withdrawals with previous reporting year
Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0.26

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
20.34

Total water discharges at this facility (megaliters/year)
18.36

Comparison of total discharges with previous reporting year
Much higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0.26

Discharges to third party destinations
18.1

Total water consumption at this facility (megaliters/year)
2.24

Comparison of total consumption with previous reporting year
Much higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for irrigation purposes and is discharged directly back to groundwater. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much higher" is greater than 10% increase from previous year - in this case 10.6% higher. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much higher".

Facility reference number
Facility 17

Facility name (optional)
Mediclinic Gynaecological Hospital

Country/Area & River basin

South Africa	Limpopo

Latitude
-25.755983

Longitude
28.205555

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
4.07

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
4.07

Total water discharges at this facility (megaliters/year)
3.62

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
3.62

Total water consumption at this facility (megaliters/year)
0.45

Comparison of total consumption with previous reporting year
Much lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for irrigation purposes and is discharged directly back to groundwater. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much lower" is greater than 10% decrease from previous year - in this case 24.06% lower. Much lower water figures relate to continued water efficiency initiatives as part of the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much lower".

Facility reference number
Facility 18

Facility name (optional)
Mediclinic Heart Hospital

Country/Area & River basin

South Africa	Limpopo

Latitude
-25.749335

Longitude
28.206983

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
14

Comparison of total withdrawals with previous reporting year
Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
14

Total water discharges at this facility (megaliters/year)
12.46

Comparison of total discharges with previous reporting year
Lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
12.46

Total water consumption at this facility (megaliters/year)
1.54

Comparison of total consumption with previous reporting year
Lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "lower" is 5-10% decrease from previous year - in this case 5.98% lower. Lower water figures relate to continued water efficiency initiatives as part of the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "lower".

Facility reference number
Facility 19

Facility name (optional)
Mediclinic Kloof

Country/Area & River basin

South Africa	Limpopo

Latitude
-25.810963

Longitude
28.263072

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
29.4

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
29.4

Total water discharges at this facility (megaliters/year)
26.17

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
26.17

Total water consumption at this facility (megaliters/year)
3.23

Comparison of total consumption with previous reporting year
Much lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much lower" is greater than 10% decrease from previous year - in this case 18.12% lower. Much lower water figures relate to continued water efficiency initiatives as part of the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much lower".

Facility reference number
Facility 20

Facility name (optional)
Mediclinic Legae

Country/Area & River basin

South Africa	Limpopo

Latitude
-25.525927

Longitude
28.037272

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
32.27

Comparison of total withdrawals with previous reporting year
Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
32.27

Total water discharges at this facility (megaliters/year)
28.72

Comparison of total discharges with previous reporting year
Lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
28.72

Total water consumption at this facility (megaliters/year)
3.55

Comparison of total consumption with previous reporting year
Lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "lower" is 5-10% decrease from previous year - in this case 7.18% lower. Lower water figures relate to continued water efficiency initiatives as part of the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "lower".

Facility reference number
Facility 21

Facility name (optional)
Mediclinic Limpopo

Country/Area & River basin

South Africa	Limpopo

Latitude
-23.90817

Longitude
29.464546

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
44.16

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
44.16

Total water discharges at this facility (megaliters/year)
39.3

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
39.3

Total water consumption at this facility (megaliters/year)
4.86

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is 0-5% increase or decrease from previous year - in this case 2.5% higher. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 22

Facility name (optional)
Mediclinic Medforum

Country/Area & River basin

South Africa	Limpopo

Latitude
-25.748373

Longitude
28.198737

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
33.25

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
33.25

Total water discharges at this facility (megaliters/year)
29.59

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
29.59

Total water consumption at this facility (megaliters/year)
3.66

Comparison of total consumption with previous reporting year
Much lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much lower" is greater than 10% decrease from previous year - in this case 13.36% lower. Much lower water figures relate to continued water efficiency initiatives as part of the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much lower".

Facility reference number
Facility 23

Facility name (optional)
Mediclinic Muelmed

Country/Area & River basin

South Africa	Limpopo

Latitude
-25.747018

Longitude

28.20762

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
24.55

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
24.55

Total water discharges at this facility (megaliters/year)
21.85

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
21.85

Total water consumption at this facility (megaliters/year)
2.7

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is 0-50% increase or decrease from previous year - in this case 3.83% lower. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 24

Facility name (optional)
Mediclinic Midstream

Country/Area & River basin

South Africa	Limpopo

Latitude
-25.925453

Longitude
28.181832

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division

<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
28.43

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0.35

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
28.08

Total water discharges at this facility (megaliters/year)
25.34

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0.35

Discharges to third party destinations
24.99

Total water consumption at this facility (megaliters/year)
3.09

Comparison of total consumption with previous reporting year
Much lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for irrigation purposes and is discharged directly back to groundwater. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much lower" is greater than 10% decrease from previous year - in this case 10.23% lower. Much lower water figures relate to continued water efficiency initiatives as part of the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much lower".

Facility reference number
Facility 25

Facility name (optional)
Mediclinic Thabazimbi

Country/Area & River basin

South Africa	Limpopo

Latitude
-24.59844

Longitude
27.406411

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
5.59

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
3.19

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
2.4

Total water discharges at this facility (megaliters/year)
5.33

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
2.13

Total water consumption at this facility (megaliters/year)
0.26

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for operational purposes and is discharged into third-party discharge destinations. All third-party discharge is estimated at 89% of total water withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is greater 0-5% increase or decrease from previous year - in this case 1.45% increase in water withdrawal. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 26

Facility name (optional)
Mediclinic Tzaneen

Country/Area & River basin

South Africa	Limpopo

Latitude
-23.822601

Longitude
30.152805

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
22.36

Comparison of total withdrawals with previous reporting year
Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
22.36

Total water discharges at this facility (megaliters/year)
19.9

Comparison of total discharges with previous reporting year
Lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
19.9

Total water consumption at this facility (megaliters/year)
2.46

Comparison of total consumption with previous reporting year
Lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. All third-party discharge is estimated at 89% of third-party water withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "lower" is a 5-10% decrease in water withdrawal from previous year - in this case a 7.41% decrease. Lower water figures relate to continued water efficiency initiatives as part of the objective of attaining the Mediclinic water target of 450 litres/bed-day sold. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "lower".

Facility reference number
Facility 27

Facility name (optional)
Mediclinic Bloemfontein

Country/Area & River basin

South Africa	Orange

Latitude
-29.109352

Longitude
26.204799

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
63.34

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0.06

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
63.27

Total water discharges at this facility (megaliters/year)
56.37

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0.06

Discharges to third party destinations
56.31

Total water consumption at this facility (megaliters/year)
6.96

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for operational use when municipal outages are experienced. This water is discharged back into the municipal sewer system. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is a 0-5% increase or decrease in water withdrawal from previous year - in this case 1.18% increase. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 28

Facility name (optional)
Mediclinic Gariep

Country/Area & River basin

South Africa	Orange

Latitude
-28.764956

Longitude
24.736981

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
24.85

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0.18

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
24.67

Total water discharges at this facility (megaliters/year)
22.13

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0.18

Discharges to third party destinations
21.95

Total water consumption at this facility (megaliters/year)
2.71

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for irrigation purposes and is discharged directly back to groundwater. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is a 0-5% increase or decrease in water withdrawal from previous year - in this case a 3.67% increase. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 29

Facility name (optional)
Mediclinic Welkom

Country/Area & River basin

South Africa	Orange

Latitude
-27.988151

Longitude
26.730139

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
32.2

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
32.2

Total water discharges at this facility (megaliters/year)
28.66

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
28.66

Total water consumption at this facility (megaliters/year)
3.54

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is a 0-5% increase or decrease in water withdrawal from previous year - in this case a 0.31% increase. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 30

Facility name (optional)
Mediclinic Klein Karoo

Country/Area & River basin

South Africa	Gamka

Latitude
-33.586683

Longitude
22.185045

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
4.02

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
4.02

Total water discharges at this facility (megaliters/year)
3.58

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
3.58

Total water consumption at this facility (megaliters/year)
0.44

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the

organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is a 0-5% increase or decrease in water withdrawal from previous year - in this case a 3.59% decrease. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 31

Facility name (optional)
Mediclinic George

Country/Area & River basin

South Africa	Breede-Gouritz

Latitude
-33.957272

Longitude
22.456651

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
23.46

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
23.46

Total water discharges at this facility (megaliters/year)
20.88

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
20.88

Total water consumption at this facility (megaliters/year)
2.58

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is a 0-5% increase or decrease in water withdrawal from previous year - in this case a 2.40% increase. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 32

Facility name (optional)

Mediclinic Geneva

Country/Area & River basin

South Africa	Breede-Gouritz

Latitude
-33.957031

Longitude
22.452034

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
3.36

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
3.36

Total water discharges at this facility (megaliters/year)
2.99

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
2.99

Total water consumption at this facility (megaliters/year)
0.37

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is a 0-5% increase or decrease in water withdrawal from previous year - in this case a 4.33% increase. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 33

Facility name (optional)
Mediclinic Hermanus

Country/Area & River basin

South Africa	Breede-Gouritz

Latitude

-34.423822

Longitude
19.227217

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
9.62

Comparison of total withdrawals with previous reporting year
Higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0.23

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
9.39

Total water discharges at this facility (megaliters/year)
8.59

Comparison of total discharges with previous reporting year
Higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0.23

Discharges to third party destinations
8.36

Total water consumption at this facility (megaliters/year)
1.03

Comparison of total consumption with previous reporting year
Higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Borehole water (groundwater-renewable) is used for irrigation purposes and is discharged directly back to groundwater. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "higher" is a 5-10% increase in water withdrawal from previous year - in this case a 8.82% increase. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "higher".

Facility reference number
Facility 34

Facility name (optional)
Mediclinic Plettenberg Bay

Country/Area & River basin

South Africa	Breede-Gouritz

Latitude
-34.053293

Longitude
23.364947

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility

<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
1.43

Comparison of total withdrawals with previous reporting year
Higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
1.43

Total water discharges at this facility (megaliters/year)
1.28

Comparison of total discharges with previous reporting year
Higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
1.28

Total water consumption at this facility (megaliters/year)
0.16

Comparison of total consumption with previous reporting year
Higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "higher" is a 5-10% increase in water withdrawal from previous year - in this case a 5.93% increase. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "higher".

Facility reference number
Facility 35

Facility name (optional)
Mediclinic Nelspruit

Country/Area & River basin

South Africa	Inkomati-Usuthu

Latitude
-25.493552

Longitude
30.961888

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
51.57

Comparison of total withdrawals with previous reporting year

Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
51.57

Total water discharges at this facility (megaliters/year)
45.9

Comparison of total discharges with previous reporting year
Lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
45.9

Total water consumption at this facility (megaliters/year)
5.67

Comparison of total consumption with previous reporting year
Lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "lower" is a 5-10% decrease in water withdrawal from previous year - in this case a 8.22% decrease. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "lower".

Facility reference number
Facility 36

Facility name (optional)
Mediclinic Victoria

Country/Area & River basin

South Africa	Pongola-Uzimkulu

Latitude
-29.573113

Longitude
31.117836

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
18.26

Comparison of total withdrawals with previous reporting year
Much higher

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable

0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
18.26

Total water discharges at this facility (megaliters/year)
16.25

Comparison of total discharges with previous reporting year
Much higher

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
16.25

Total water consumption at this facility (megaliters/year)
2.01

Comparison of total consumption with previous reporting year
Much higher

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much higher" is a greater than 10% increase in water withdrawal from previous year - in this case a 17.72% increase. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much higher".

Facility reference number
Facility 37

Facility name (optional)
Mediclinic Pietermaritzburg

Country/Area & River basin

South Africa	Pongola-Uzimkulu

Latitude
-29.608893

Longitude
30.389317

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
32.05

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources

32.05

Total water discharges at this facility (megaliters/year)
28.52

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
28.52

Total water consumption at this facility (megaliters/year)
3.53

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is an increase or decrease of 0-5% in water withdrawal from previous year - in this case a 1.32% decrease. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 38

Facility name (optional)
Mediclinic Howick

Country/Area & River basin

South Africa	Pongola-Uzimkulu

Latitude
-29.477399

Longitude
30.21843

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
3.82

Comparison of total withdrawals with previous reporting year
Much lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
3.82

Total water discharges at this facility (megaliters/year)
3.4

Comparison of total discharges with previous reporting year
Much lower

Discharges to fresh surface water

0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
3.4

Total water consumption at this facility (megaliters/year)
0.42

Comparison of total consumption with previous reporting year
Much lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "much lower" is a greater than 10% decrease in water withdrawal from previous year - in this case a 20.58% decrease. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "much lower".

Facility reference number
Facility 39

Facility name (optional)
Mediclinic Otjiwarongo

Country/Area & River basin

Namibia	Other, please specify (Ugab-Huab)

Latitude
-20.469473

Longitude
16.650944

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
2.24

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
2.24

Total water discharges at this facility (megaliters/year)
1.99

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations

1.99

Total water consumption at this facility (megaliters/year)
0.25

Comparison of total consumption with previous reporting year
About the same

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is a 0-5% increase or decrease in water withdrawal from previous year - in this case a 2.61% decrease. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 40

Facility name (optional)
Mediclinic Swakopmund

Country/Area & River basin

Namibia	Other, please specify (Omaruru-Swakop)

Latitude
-22.659047

Longitude
14.536221

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
7.54

Comparison of total withdrawals with previous reporting year
About the same

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
7.54

Total water discharges at this facility (megaliters/year)
6.71

Comparison of total discharges with previous reporting year
About the same

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
6.71

Total water consumption at this facility (megaliters/year)
0.83

Comparison of total consumption with previous reporting year
About the same

Please explain

Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "about the same" is a 0-5% increase or decrease in water withdrawal from previous year - in this case a 3.43% increase. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "about the same".

Facility reference number
Facility 41

Facility name (optional)
Mediclinic Windhoek

Country/Area & River basin

Namibia	Other, please specify (Omaruru-Swakop)

Latitude
-22.659047

Longitude
14.536221

Located in area with water stress
Yes

Primary power generation source for your electricity generation at this facility
<Not Applicable>

Oil & gas sector business division
<Not Applicable>

Total water withdrawals at this facility (megaliters/year)
13.85

Comparison of total withdrawals with previous reporting year
Lower

Withdrawals from fresh surface water, including rainwater, water from wetlands, rivers and lakes
0

Withdrawals from brackish surface water/seawater
0

Withdrawals from groundwater - renewable
0

Withdrawals from groundwater - non-renewable
0

Withdrawals from produced/entrained water
0

Withdrawals from third party sources
13.85

Total water discharges at this facility (megaliters/year)
12.32

Comparison of total discharges with previous reporting year
Lower

Discharges to fresh surface water
0

Discharges to brackish surface water/seawater
0

Discharges to groundwater
0

Discharges to third party destinations
12.32

Total water consumption at this facility (megaliters/year)
1.52

Comparison of total consumption with previous reporting year
Lower

Please explain
Water withdrawal is measured either through on-site water meters or municipal bills. Third-party discharge is estimated at 89% of third-party withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the CDP definition, being: "the amount of water that is drawn into the boundaries of the organization and not discharged back to the water environment or a third party over the course of the reporting year." Threshold for "lower" is a 5-10% decrease in water withdrawal from previous year - in this case a 9.65% decrease. As discharge and consumption are calculated based on the water withdrawal figure, year-on-year comparisons for these activities are also "lower".

W5.1a

(W5.1a) For the facilities referenced in W5.1, what proportion of water accounting data has been externally verified?

Water withdrawals – total volumes

% verified
76-100

What standard and methodology was used?
Withdrawal from third party sources are metered and reported by external municipal water accounts.

Water withdrawals – volume by source

% verified
76-100

What standard and methodology was used?
Withdrawal from third party sources are metered and reported by external municipal water accounts. Borehole water usage is metered onsite using internal water meters.

Water withdrawals – quality

% verified
76-100

What standard and methodology was used?
SANS241:2015 - South African National Standard on Drinking Water Part 1: Microbiological, physical, aesthetic and chemical determinants.

Water discharges – total volumes

% verified
Not verified

What standard and methodology was used?
<Not Applicable>

Water discharges – volume by destination

% verified
Not verified

What standard and methodology was used?
<Not Applicable>

Water discharges – volume by treatment method

% verified
76-100

What standard and methodology was used?
As per indication from local water authority measurement to all Mediclinic hospitals that discharged water is treated in accordance with municipal wastewater treatment works.

Water discharge quality – quality by standard effluent parameters

% verified
Not verified

What standard and methodology was used?
<Not Applicable>

Water discharge quality – temperature

% verified
Not verified

What standard and methodology was used?
<Not Applicable>

Water consumption – total volume

% verified
Not verified

What standard and methodology was used?
<Not Applicable>

Water recycled/reused

% verified
Not verified

What standard and methodology was used?
<Not Applicable>

W6. Governance

W6.1

(W6.1) Does your organization have a water policy?

Yes, we have a documented water policy that is publicly available

W6.1a

(W6.1a) Select the options that best describe the scope and content of your water policy.

	Scope	Content	Please explain
Row 1	Company-wide	Description of business dependency on water Description of business impact on water Description of water-related performance standards for direct operations Description of water-related standards for procurement Company water targets and goals Commitments beyond regulatory compliance Commitment to water-related innovation Commitment to stakeholder awareness and education Commitment to water stewardship and/or collective action Commitment to safely managed Water, Sanitation and Hygiene (WASH) in the workplace	Water is incorporated within the Mediclinic Safety, Health and Environmental policy and the Mediclinic Sustainable Development Strategy policy document. Within these policies, we aim to: comply with relevant occupational health and safety, and environmental legislation and regulations - including water; define environmental management programmes to achieve continual improvement in our Environmental Management System; create awareness with regards to safety, health and the environment among all employees; set objectives and targets to minimise the impact of our activities on the environment and ensure continuous improvement of our environmental performance; influence our suppliers and service providers to adopt similar programmes, in order to limit our overall impact on the environment; to implement and distribute the present policy to all employees and make it publicly available.

W6.2

(W6.2) Is there board level oversight of water-related issues within your organization?

Yes

W6.2a

(W6.2a) Identify the position(s) (do not include any names) of the individual(s) on the board with responsibility for water-related issues.

Position of individual	Please explain
Director on board	Chairperson of the Board's Clinical Performance and Sustainability Committee. The aim of the Committee is to promote a culture of excellence in patient safety, quality of care and patient experience; and ensure the Group remains a good and responsible corporate citizen by monitoring its sustainability performance, inclusive of all water-related issues. This committee has been responsible for integrating water issues into the group's Sustainable Development Strategy and committing Mediclinic South Africa to a water target of 450 litre per bed-day sold.
Chief Executive Officer (CEO)	The CEO is responsible for briefing the Board's Clinical Performance and Sustainability Committee on all issues relating to environmental, social and governance sustainability, including that of the group's water policies and performance.
Other C-Suite Officer	The Chief Corporate Services Officer is the executive responsible for overall environmental management, including water usage, of the group and reports directly to the CEO.

W6.2b

(W6.2b) Provide further details on the board's oversight of water-related issues.

	Frequency that water-related issues are a scheduled agenda item	Governance mechanisms into which water-related issues are integrated	Please explain
Row 1	Scheduled - some meetings	Monitoring implementation and performance Overseeing major capital expenditures Providing employee incentives Reviewing and guiding annual budgets Reviewing and guiding major plans of action Reviewing and guiding risk management policies Reviewing and guiding corporate responsibility strategy Reviewing innovation/R&D priorities Setting performance objectives	The Clinical Performance and Sustainability Committee (a committee of the Board) briefs the Board and assists the Board in ensuring that the Group is, and remains, a good and responsible corporate citizen by monitoring the sustainable development performance of the Group and addressing the selected governance mechanisms, as they pertain to water management, in a documented manner. The Clinical Performance and Sustainability Committee is briefed by the Group CEO who, in turn, is briefed by the Group Chief Corporate Services Officer.

W6.3

(W6.3) Provide the highest management-level position(s) or committee(s) with responsibility for water-related issues (do not include the names of individuals).

Name of the position(s) and/or committee(s)
Chief Executive Officer (CEO)

Responsibility
Both assessing and managing water-related risks and opportunities

Frequency of reporting to the board on water-related issues
Annually

Please explain
The Chief Corporate Services Officer, responsible for environmental management, sits on the Executive of Mediclinic International and reports directly to the Chief Executive Officer (CEO) who, in turn, sits on the Board's Clinical Performance Sustainability Committee and through this mechanism reports all water-related issues to the Board. This includes risks, responses, required CAPEX and OPEX. The Board's Clinical Performance Sustainability Committee monitors the sustainable development performance of Mediclinic, inclusive of water-related issues, while the CEO develops and oversees the implementation of Board-approved actions and the strategic direction of Mediclinic. Hence, there is direct communication and direction between the CEO and the Board. It is in the interests then of the Chief Corporate Services Officer to report directly to the CEO on water-related issues in order for such issues to be escalated to Board level for consideration.

W6.4

(W6.4) Do you provide incentives to C-suite employees or board members for the management of water-related issues?

	Provide incentives for management of water-related issues	Comment
Row 1	No, not currently but we plan to introduce them in the next two years	

W6.5

(W6.5) Do you engage in activities that could either directly or indirectly influence public policy on water through any of the following?
Yes, direct engagement with policy makers

W6.5a

(W6.5a) What processes do you have in place to ensure that all of your direct and indirect activities seeking to influence policy are consistent with your water policy/water commitments?

Mediclinic engages with Government, Regulators, Industry Bodies and Business Partners on policy issues impacting the business including water. Mediclinic meets on a regular basis with its various associations and policy-makers to debate and give recommendations on various topics to ensure sustainability in its business models. Feedback on issues is reported as per Mediclinic's risk management framework.

W6.6

(W6.6) Did your organization include information about its response to water-related risks in its most recent mainstream financial report?

Yes (you may attach the report - this is optional)

MEDICLINIC_2020_Annual_report_ONLINE.pdf

W7. Business strategy

W7.1

(W7.1) Are water-related issues integrated into any aspects of your long-term strategic business plan, and if so how?

	Are water-related issues integrated?	Long-term time horizon (years)	Please explain
Long-term business objectives	Yes, water-related issues are integrated	> 30	The sustainable use and reuse of water is the third key objective of our Sustainable Development Strategy (published in March 2020), which is aligned to and enhances the Group Business Strategy's response to environmental, social and economic concerns. In addition a detailed water management strategy includes the following initiatives: - Installation of hospital water meters - Implementation of detailed Water Contingency Plans - Water Contamination Plans implemented and updated - Regular water quality testing by national service provider - Leadership support to drive the change of human behaviour - Corporate program for the sink of boreholes at hospitals - Hospital design to include the implementation of grey and black water systems - Hospital design to increase water backup supply at hospitals - Hospital procurement equipment preference to closed water loop systems. Without access to quality potable water, healthcare services provided by Mediclinic cannot be offered. Hence, the time horizon for such strategy is beyond 30 years in order to maintain the longevity of the organization.
Strategy for achieving long-term objectives	Yes, water-related issues are integrated	> 30	To comply with the long-term sustainable water management strategy of Mediclinic the following long-term goals were set: 1. Ensure a reliable water supply for all hospitals and investigate solutions in drought stricken areas to ensure long-term business continuity; 2. Improve operational efficiency to ultimately reduce water consumption to 450 litres per bed day sold (Mediclinic water target). Through the implementation of ISO 14001:2015 Environmental Management System, benchmarking was set for Mediclinic Southern Africa. The hospitals in Mediclinic are measured against these benchmarks. This assists each hospital in setting sustainable goals for each financial year to reach the group target of 450 litres per bed day sold over the next 3 years. The timeframe chosen is aligned to the long-term business continuity embedded in Mediclinic's corporate strategy.
Financial planning	No, water-related issues not yet reviewed, but there are plans to do so in the next two years	<Not Applicable>	In the short-term, a water strategy was developed during 2018 to provide guidance on financial capital expenditure according to priority of importance. Each hospital was evaluated according to the following weighted criteria: financial impact; drought cycle impact; dam level impact; local authority infrastructure impact; history impact and hospital infrastructure impact. From this, six hospitals have been earmarked for borehole and water treatment plant Capex in the near-term. In the mid-long term, ISO 14001:2015 Environmental Management System is internationally certified at 45 of the 52 hospitals. At these certified hospitals dedicated training and awareness programs are operated for the effective use and saving of water resources. Purchase of new capital equipment with water efficiency technology is required in response to potential water shortages. Water management strategy caters for 100% of all Southern African hospitals for the next ten years and beyond. The Strategy includes: -Water meters installed - R954 000 -Water Contingency Plans implemented - Water quality testing centralised and managed - Leadership support to drive the change of human behaviour - R916 000 -Corporate program for the sinking of boreholes - R24 million -Hospital design to include the implementation of grey water systems -Hospital design to increase water backup supply - R9.469 million -Hospital procurement equipment preference to closed water loop systems.

W7.2

(W7.2) What is the trend in your organization's water-related capital expenditure (CAPEX) and operating expenditure (OPEX) for the reporting year, and the anticipated trend for the next reporting year?

Row 1

Water-related CAPEX (+/- % change)

-20

Anticipated forward trend for CAPEX (+/- % change)

10

Water-related OPEX (+/- % change)

10

Anticipated forward trend for OPEX (+/- % change)

10

Please explain

Water-related Capex decreased as large Capex expenditures had been implemented during the previous reporting year in response to the severe drought situation experienced in the Western Cape region. This included costs for water saving technologies on autoclaves, instrument washers, laundry machinery, and borehole implementation, etc. Some of these initiatives were extended in hospitals in other areas. There is not expected to be a major increase in Capex in the year ahead, and a ten per cent increase is anticipated as a realistic increase. A ten per cent increase in water-related Opex has been experienced in line with inflationary pressures, and above-inflation increases in effluent costs, water quality testing, associated tariffs and internal water awareness campaigns. This increase is expected to be carried through to the new reporting year.

W7.3

(W7.3) Does your organization use climate-related scenario analysis to inform its business strategy?

	Use of climate-related scenario analysis	Comment
Row 1	No, but we anticipate doing so within the next two years	Mediclinic has committed to being carbon neutral by 2030. This process will adopt climate-related scenario analysis planning.

W7.4

(W7.4) Does your company use an internal price on water?

Row 1

Does your company use an internal price on water?

No, and we do not anticipate doing so within the next two years

Please explain

W8. Targets

W8.1

(W8.1) Describe your approach to setting and monitoring water-related targets and/or goals.

	Levels for targets and/or goals	Monitoring at corporate level	Approach to setting and monitoring targets and/or goals
Row 1	Company-wide targets and goals Site/facility specific targets and/or goals Country level targets and/or goals	Targets are monitored at the corporate level Goals are monitored at the corporate level	Mediclinic measures its water intensity in relation to bed-days sold. A Group-wide target (based on what we feel is a stretch-target, but achievable) of 450litres/bed day sold is in place. However, each individual hospital has autonomy to set its own target in relation to its local realities. These targets are monitored at both a Group and hospital level.

W8.1a

(W8.1a) Provide details of your water targets that are monitored at the corporate level, and the progress made.

Target reference number
Target 1

Category of target
Water use efficiency

Level
Company-wide

Primary motivation
Water stewardship

Description of target
Mediclinic has a water-efficiency target based on the water withdrawal per bed-day sold. Target = 450 litres/bed day sold. This is in line with government directives of the minimum amount of water per bed-day that hospitals have to have available for health and safety reasons.

Quantitative metric
% reduction of water withdrawals from municipal supply

Baseline year
2015

Start year
2015

Target year
2019

% of target achieved
58

Please explain
The 2019 target is 450 litres/bed day sold. In 2015 (base year for the target), Mediclinic consumed 668 litres per bed-day sold. This has now been reduced to 541 litres per bed-day sold indicating 58% of the target has been achieved.

W8.1b

(W8.1b) Provide details of your water goal(s) that are monitored at the corporate level and the progress made.

Goal
Engagement with suppliers to reduce the water-related impact of supplied products

Level
Site/facility

Motivation
Risk mitigation

Description of goal
Mediclinic Western Cape hospitals, through its Water Resilience Committee, engaged with on-site suppliers (laundry, catering and cleaning suppliers) to encourage these suppliers to reduce water consumption. These initiatives formed part of the Water Resilience Committee's efforts to reduce water consumption as part of its contribution towards water saving in the drought-stricken area.

Baseline year
2016

Start year
2017

End year
2019

Progress
Various practical initiatives were implemented by the aforesaid suppliers at the different hospitals. Total water reduction at the hospitals is being achieved, and can be used as an indicator of success of the goal.

W9. Verification

W9.1

(W9.1) Do you verify any other water information reported in your CDP disclosure (not already covered by W5.1a)?
No, but we are actively considering verifying within the next two years

W10. Sign off

W-FI

(W-FI) Use this field to provide any additional information or context that you feel is relevant to your organization's response. Please note that this field is optional and is not scored.

W10.1

(W10.1) Provide details for the person that has signed off (approved) your CDP water response.

	Job title	Corresponding job category
Row 1	Chief Executive Officer	Chief Executive Officer (CEO)

W10.2

(W10.2) Please indicate whether your organization agrees for CDP to transfer your publicly disclosed data on your impact and risk response strategies to the CEO Water Mandate's Water Action Hub [applies only to W2.1a (response to impacts), W4.2 and W4.2a (response to risks)].

Yes

Submit your response

In which language are you submitting your response?

English

Please confirm how your response should be handled by CDP

	I am submitting to	Public or Non-Public Submission
I am submitting my response	Investors	Public

Please confirm below

I have read and accept the applicable Terms