

## Welcome to your CDP Water Security Questionnaire 2019

### 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 platforms - Mediclinic Southern Africa (MCSA), Mediclinic Middle East (MCME) and Mediclinic Switzerland (MCCH). 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 50 hospitals and 2 day clinics throughout South Africa and 3 hospitals in Namibia with more than 8 000 inpatient beds in total; Hirslanden operates 16 private acute care facilities and 4 clinics in Switzerland with more than 1 600 inpatient beds; and Mediclinic Middle East (including the Al Noor facilities) operates 6 hospitals and 31 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). 78% 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, 2018	December 31, 2018

### W0.3

**(W0.3) Select the countries/regions 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 dependable on the supply of good quality freshwater. Without good quality and 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. Hence, the impact on us due to water shortages experienced by our supply chain is important but limited and the impact of commodities/raw material is also limited compared to other industries. We do, however, rely on suppliers for the supply of pharmaceuticals and food. If either of these goods and services cannot be delivered, the result can have an impact on our operational ability going forward.
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. This does not impact our ability to perform our services. The impact of commodities/raw material is limited compared to other industries. We do, however, rely on suppliers for the supply of pharmaceuticals and food - nor will it do so in the future. Our knowledge of our supply chain usage of recycled, brackish and/or produced water is limited.

### 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 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 from water stressed areas	76-99	Using the WRI Aqueduct Water Risk Atlas definition of basins with "overall water risk" being medium to high, or high, most of our hospitals are located in such areas and can be considered "water stressed." Measurement and monitoring of water withdrawals is done on a monthly basis.
Water withdrawals – volumes by source	100%	Water from all sources are measured at all (100%) our hospitals. This is done on a monthly basis. There are boreholes at our Brits, Sandton, Hermanus, Constantiaberg, Emfuleni, Potchefstroom, Kimberley, Gariiep, George, Stellenbosch and Cape Gate hospitals. Treated wastewater from the local municipality is used at Milnerton for irrigation. This is also measured. Rain harvesting has been installed at Midstream and Barbeton. All other water withdrawal is sourced from local municipal authorities and is measured.
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 84% 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 measured 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 84% of total water withdrawn being discharged. This is measured on a monthly basis at our hospitals.
Water discharges – volumes by treatment method	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 84% of total water withdrawn being discharged. This is measured on a monthly basis at our hospitals.
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). We are not made aware of when these tests are conducted. This is measured on a monthly basis at our hospitals.
Water discharge quality – temperature	100%	The temperature of the effluent discharge from Mediclinic hospitals is periodically tested by the local authorities (municipalities). We are not made aware of when these tests are conducted. This is measured on a monthly basis at our hospitals.
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 as described by Ceres being "amount of water that is used but not returned to its original source. This includes water that has evaporated, transpired, has been incorporated into products, crops or waste, consumed by man or livestock or otherwise removed from the local source." This is measured on a monthly basis at our hospitals.
Water recycled/reused	1-25	Only one of our hospitals uses reused or recycled water, and that is for the purposes of irrigation. This is measured on a monthly basis.
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

		<p>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.</p>
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## 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	1,103.29	Lower	<p>Water saving techniques introduced throughout the group have resulted in decreased water withdrawal. Economic activity, as recorded by hospital bed-days sold, has remained the same. These measures have been focused across the whole group. The Western Cape region, in particular, experienced its worst drought in recorded history during the reported period. We expect future withdrawals to decrease as we continue our focus on improving water efficiency across all our hospitals.</p>
Total discharges	937.79	Lower	<p>Discharge volumes lower due to lower water withdrawal. Discharge volumes are either directly measured or assumed to be 84% of withdrawal volumes, as calculated on average across the entire hospital group in 2016. The lower withdrawal figures are a result of various water saving initiatives being introduced, including installation of boreholes; rainwater harvesting; and, employee and patient awareness. We expect future discharge to decrease as we continue our focus on improving water efficiency across all our hospitals.</p>
Total consumption	165.5	Lower	<p>Using Ceres' definition of water consumption being the "amount of water that is used but not returned to its original source. This includes water that has evaporated, transpired, has been incorporated into products, crops or waste, consumed by man or livestock or otherwise removed</p>

			from the local source," our water consumption is directly related to the amount of water withdrawn which has decreased in the reporting period due to various water saving initiatives being introduced. We expect future consumption to decrease as we continue our focus on improving water efficiency across all our hospitals.
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## W1.2d

**(W1.2d) Provide the proportion of your total withdrawals sourced from water stressed areas.**

	% withdrawn from stressed areas	Comparison with previous reporting year	Identification tool	Please explain
Row 1	81	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			We do not directly withdraw any fresh surface water for any of our operations.
Brackish surface water/Seawater	Relevant but volume unknown			We do not directly withdraw any brackish surface water for any of our operations.
Groundwater – renewable	Relevant		About the same	Renewable groundwater used via borehole facilities at hospitals.

Groundwater – non-renewable	Not relevant			We do not directly withdraw any groundwater that is considered 'non-renewable'. All our borehole is extraction is undertaken within legislative limits.
Produced/Entrained water	Relevant			Treated wastewater supplied by local authority used for irrigation purposes only at Mediclinic Milnerton and Constantiaberg hospitals. This has decreased over in the reporting year, due to reduction in irrigation. We expect this to reman about the same in the future.
Third party sources	Relevant	1,103.29	Much lower	The majority of our water is drawn from municipal sources, hence third party. This has decreased over the reporting year, due to increased water efficiency measures across all our our operations and, particularly, increased focus on our water consumption patterns in the drought-stricken Western Cape region. Future trends should see this continue to decrease as the whole Mediclinic Group continues to initiate water-efficiency techniques.

## 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			No water discharged to fresh surface water areas.
Brackish surface water/seawater	Not relevant			No water discharged to brackish surface water/seawater areas.
Groundwater	Not relevant			No water discharged to groundwater zones.
Third-party destinations	Relevant	926.76		No water discharged to groundwater zones.





## W1.2j

**(W1.2j) What proportion of your total water use do you recycle or reuse?**

	<b>% recycled and reused</b>	<b>Comparison with previous reporting year</b>	<b>Please explain</b>
Row 1	Less than 1%	About the same	Water is reused and/or recycled in autoclave equipment and some laundry services at specific 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 is enforced.

Laundry and kitchen suppliers are the other large users of water on our premises.

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.

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 adapt similar processes. Water meters are installed at laundry, kitchen and for building projects to monitor water usage.

We engage directly with our top 26 suppliers on water issues, accounting for some 65% of total 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 liters withdrawn per bed-day sold.

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.**

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### **Type of engagement**

No other supplier engagements

### **Details of engagement**

### **% of suppliers by number**

### **% of total procurement spend**

#### **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**

#### **Comment**

## **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. This is conducted on a cost control and environmental resource use motivation. 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.

Similarly, as a public healthcare service organization, 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.

## 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 total financial impact.**

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**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Type of impact driver**

Physical

**Primary impact driver**

Drought

**Primary impact**

Upfront costs to adopt/deploy new practices and processes

**Description of impact**

During the reporting period, the Western Cape region continued experiencing its worst drought on recorded history (up to August 2018). This resulted in increased levels of water restrictions, water tariffs and the threat of severe disruptions to water supply that culminated in the

proposition of "Day Zero", when municipal water supplies would be cut off and a quota system implemented strategic businesses and residences. This constituted a substantive impact due to the financial cost to mitigate against the risk.

**Primary response**

Develop drought emergency plans

**Total financial impact**

24,000,000

**Description of response**

The primary response was to establish a Water Resilience Committee to govern the water usage affairs of the 11 hospitals we have located in the Western Cape region. Through this Committee, Mediclinic engaged with policy makers and initiated various water augmentation initiatives and strategies at the hospitals. The primary initiative was the sinking of boreholes and, where necessary, the implementation of water treatment plants to be used as backup water sources in the event of water rationing by the City of Cape Town. The financial impact is reflective of the actual costs of implementation of boreholes and treatment plants.

## **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

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#### 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

Other, please specify

CURA Enterprise Risk Management Software

#### Comment

Other risk management frameworks are used to identify water risk, e.g. ISO14001 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.

## Supply chain

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### 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

**Comment**

**W3.3b**

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

	<b>Relevance &amp; inclusion</b>	<b>Please explain</b>
Water availability at a basin/catchment level	Relevant, always included	<p>Water availability and quality are critical issues 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 dependable on the supply of good quality freshwater. Without good quality and sufficient supply of freshwater, the infection control risk increases, patient care quality decreases and various equipment failures.</p> <p>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.</p> <p>Each Mediclinic hospital develops its own "Water Management Plan" 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.</p> <p>In addition, the WRI Aqueduct Water Risk Atlas is used to identify broad-level water risks at particular basin/catchment levels.</p>



<p>Water quality at a basin/catchment level</p>	<p>Relevant, always included</p>	<p>Water availability and quality are critical issues 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 dependable on the supply of good quality freshwater. Without good quality and sufficient supply of freshwater, the infection control risk increases, patient care quality decreases and various equipment failures.</p> <p>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. Each Mediclinic hospital develops its own "Water Management Plan" 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.</p> <p>In addition, the WRI Aqueduct Water Risk Atlas is used to identify broad-level water risks at particular basin/catchment levels.</p>
<p>Stakeholder conflicts concerning water resources at a basin/catchment level</p>	<p>Relevant, sometimes included</p>	<p>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.</p> <p>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.</p> <p>In addition, the WRI Aqueduct Water Risk Atlas is used to identify broad-level water risks, including stakeholder conflict, at particular basin/catchment levels.</p>
<p>Implications of water on your key commodities/raw materials</p>	<p>Relevant, always included</p>	<p>The current 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" that evaluates its risk to water availability, quality and regulatory and tariff frameworks; short and long-term strategies to respond to these risks; water</p>

		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.
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" 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	Evaluation of various Mediclinic hospital sites have shown no sensitive ecosystem at local level. 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" 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		

### 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,	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

	always included	<p>patient care quality decreases. We engage with our customers (patients) about water risks through communication by means of our Safety, Health &amp; Environmental Policy, awareness posters in public areas, social media and our website.</p> <p>This is both a current and future stakeholder.</p>
Employees	Relevant, always included	<p>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.</p> <p>This is both a current and future stakeholder.</p>
Investors	Relevant, always included	<p>Integrated Annual Report, Sustainable Reporting, Water Management defined. Compliance to the requirements of GRI G4. These are all 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.</p> <p>This is both a current and future stakeholder.</p>
Local communities	Relevant, always included	<p>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 the hospital, by this limiting the impact of the hospital on the local community. 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. This include 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.</p> <p>This is both a current and future stakeholder.</p>
NGOs	Relevant, sometimes	<p>Mediclinic is actively involved with the South African Federation of Hospital Engineering to drive awareness of water scarcity and risks in the healthcare industry. Future involvement planned with GreenCape in the Western</p>

	included	<p>Cape for water stewardship. Mediclinic is also involved with ICAN (Infection Control Africa Network) sponsored by the WHO (World Health Organisation) promoting the WASH principles. Mediclinic is also involved with WWF for the establishment of science-based targets for environmental performance, which includes water consumption for the hospital industry in South Africa.</p> <p>This is both a current and future stakeholder.</p>
Other water users at a basin/catchment level	Relevant, sometimes included	<p>Hospitals are classified as essential services and by this have preference in water supply. External communication channels with local municipality authorities have been established. 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.</p> <p>This is a current and future stakeholder.</p>
Regulators	Relevant, always included	<p>Communication and interaction with local authorities for water disruptions, water quality and water tariffs. Mediclinic Stellenbosch in collaboration with the Stellenbosch local authority is currently investigating the sustainability of the local effluent infrastructure. Communication with Department of Water affairs regarding the registration of treated waste water use at Milnerton.</p> <p>In addition, during the reporting period extensive engagement was undertaken with the City of Cape Town to understand its plans and processes to deal with the chronic drought situation and potential water shortage that the metropole was facing.</p> <p>This is both a current and future stakeholder.</p>
River basin management authorities	Relevant, sometimes included	<p>This is included in the our Water Strategy. Investigation done to determine which dams and rivers feed our hospitals. This is part of our future water stewardship. e.g. due to failure at a local authority water treatment plant Mediclinic in conjunction with other organisations, was involved with the set-up of a sustainable water supply program in Thabazimbi.</p> <p>This is a current and future stakeholder.</p>
Statutory special interest groups at a local level	Relevant, sometimes included	<p>Communication and interaction with local authorities about new legislations and tariffs. 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.</p>

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 environmental management system. We also send out letters to our suppliers to encourage them to adapt similar processes. Water meters are installed at laundry, kitchen and for building projects to monitor water usage. Corrective action requests relating to water wastage or high consumption are issued to suppliers when necessary. Interactions with UPD (one of our biggest pharmaceutical suppliers) regarding the water crisis in the Western Cape, and the logistics of deliveries of pharmaceutical supplies during flash floods. These 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.
Other stakeholder, please specify		

### 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 determines the the water risk impact - 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.

In addition, an environmental risk survey, inclusive of water risk is conducted using the CURA enterprise risk management software that identifies the severity, likelihood and express 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 and 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 Mediclinic.

## 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 change 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 following 24 hours the infection rate will 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	% company-wide facilities	Comment
----------------------------	---------------------------	---------

	exposed to water risk	this represents	
Row 1	41	76-99	42 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 impact on your business, and what is the potential business impact associated with those facilities?**

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Number of facilities exposed to water risk**

11

**% company-wide facilities this represents**

1-25

**% company's total global revenue that could be affected**

1-25

**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 6.07% of global Group-wide revenue (R2 330m of R47 786m - exchange rate GBP1=ZAR16.65 on March 31 2018).

---

**Country/Region**

South Africa

**River basin**

Limpopo

**Number of facilities exposed to water risk**

15

**% company-wide facilities this represents**

26-50

**% company's total global revenue that could be affected**

1-25

**Comment**

As defined by the WRI Aqueduct Water Risk Atlas, 16 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 14.07% of global Group-wide revenue (R6 721m of R47 786m - exchange rate GBP1=ZAR16.65 on March 31 2018). These regions comprise of 23 hospitals. The hospitals at risk are 15 in number.

---

**Country/Region**

South Africa

**River basin**

Orange

**Number of facilities exposed to water risk**



3

**% company-wide facilities this represents**

1-25

**% company's total global revenue that could be affected**

1-25

**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 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 6.56% of global revenue.

---

**Country/Region**

South Africa

**River basin**

Gamka

**Number of facilities exposed to water risk**

1

**% company-wide facilities this represents**

1-25

**% 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/Region**

South Africa

**River basin**

Breede-Gouritz

**Number of facilities exposed to water risk**

4

**% company-wide facilities this represents**

1-25

**% company's total global revenue that could be affected**

1-25

**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 4.87% of Mediclinic global revenue.

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**Country/Region**

South Africa

**River basin**

Inkomati-Usuthu

**Number of facilities exposed to water risk**

1

**% company-wide facilities this represents**

1-25

**% company's total global revenue that could be affected**

1-25

**Comment**

As defined by the WRI Aqueduct Water Risk Atlas, 1 facility is located within the Inkomati-Usuthu river basin are considered at a medium-high overall water risk.

The exact percentage of global revenue accounted for by this hospital is unknown as they are just two of eleven hospitals that make up the Mediclinic Central Northern regional area. The Mediclinic Northern area accounts for 7.42% of global revenue.

---

**Country/Region**

South Africa

**River basin**

Pongola-Uzimkulu

**Number of facilities exposed to water risk**

3

**% company-wide facilities this represents**

1-25

**% company's total global revenue that could be affected**

1-25

**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 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 6.56% of global revenue.

---

**Country/Region**

Namibia

**River basin**

Other, please specify

Ugab-Huab

**Number of facilities exposed to water risk**

1

**% company-wide facilities this represents**

1-25

**% company's total global revenue that could be affected**

1-25

**Comment**

As defined by the WRI Aqueduct Water Risk Atlas, 1 facility located within the Ugab-Huab river basin are considered at a high overall water risk.

The exact percentage of global revenue accounted 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 Mediclinic Western Cape Coastal area accounts for 4.87% of global revenue.

**Country/Region**

Namibia

**River basin**

Other, please specify  
Omaruru-Swakop

**Number of facilities exposed to water risk**

2

**% company-wide facilities this represents**

1-25

**% company's total global revenue that could be affected**

Unknown

**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 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 Mediclinic Western Cape Coastal area accounts for 4.87% of global revenue.

**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/Region**

South Africa

**River basin**

Berg-Olifants

**Type of risk**

Physical

**Primary risk driver**

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. The Western Cape has 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 will be stopped and rationed water distributed at key points throughout the city. This has had a direct impact on our Western Cape hospitals, forcing our hospitals to strategies business continuity plans to ensure that they are operable under such circumstances.

Although hospitals are considered strategic services, there is a risk that supplies could be disrupted to our facilities and affect our hospitals ability to provide services in a health and hygienic manner.

**Timeframe**

Current up to 1 year

**Magnitude of potential impact**

Medium

**Likelihood**

Very likely

**Are you able to provide a potential financial impact figure?**

**Potential financial impact figure (currency)**

**Potential financial impact figure - minimum (currency)**

**Potential financial impact figure - maximum (currency)**

**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 certified.

**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 materialize.

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**

**Explanation of cost of response**

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

**Country/Region**

South Africa

**River basin**

Limpopo

**Type of risk**

Physical

**Primary risk driver**

Rationing of municipal water supply

**Primary potential impact**

Reduction or disruption in production capacity

**Company-specific description**

During 2017 the following hospitals experienced water cutoffs:

1. Mediclinic Limpopo - 23 continuous days
2. Mediclinic Morningside - 5 continuous days
3. Mediclinic Sandton - 3 continuous days
4. Mediclinic Brits - 3 continuous days.

**Timeframe**

Current up to 1 year

**Magnitude of potential impact**

Low

**Likelihood**

Virtually certain

**Are you able to provide a potential financial impact figure?**



**Potential financial impact figure (currency)**

**Potential financial impact figure - minimum (currency)**

**Potential financial impact figure - maximum (currency)**

**Explanation of financial impact**

Due to water sustainability measures in place, there was no revenue loss at any of the hospitals and no scale-down of business enacted. All hospitals affected are ISO14001 certified.

**Primary response to risk**

Secure alternative water supply

**Description of response**

Various alternative water supply initiatives from third sources were in place that allowed these hospitals to continue operating without disruption to services.

**Cost of response**

**Explanation of cost of response**

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

---

**Country/Region**

South Africa

**River basin**

Orange

**Type of risk**

Physical

**Primary risk driver**

Drought

**Primary potential impact**

Increased capital costs

**Company-specific description**

During 2016, South Africa experienced one of its worst droughts in recent times. This could happen again in the future. 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?**

**Potential financial impact figure (currency)**

**Potential financial impact figure - minimum (currency)**

**Potential financial impact figure - maximum (currency)**

**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**

**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/Region**

South Africa

**River basin**

Other, please specify

Berg-Olifants

**Stage of value chain**

Supply chain

**Type of risk**

Physical

**Primary risk driver**

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 it's 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 1 year

**Magnitude of potential financial 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)**

1,400,000

**Potential financial impact figure - minimum (currency)**

**Potential financial impact figure - maximum (currency)**

**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**

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.

During the Western Cape water crisis that stretched into 2018, we also worked closely with our security contractors to ensure that in the event of a "Day Zero" (which includes rationing of municipal water supplies to essential services such as hospitals), the contractors were able to commit sufficient security personnel to ensure the safety of our hospitals and patients.

These W.Cape initiatives will be used to inform a nation-wide water resilience strategy to be developed by Mediclinic over the next two years.

**Cost of response**

0

**Explanation of cost of response**

Costs incorporated into ongoing (recurring) operational costs dedicated to supplier engagement.

---

**Country/Region**

South Africa

**River basin**

Other, please specify  
All river basins

**Stage of value chain**

Supply chain

**Type of risk**

Physical

**Primary risk driver**

Severe weather events

**Primary potential impact**

Disruption to sales due to value chain disruption

**Company-specific description**

The impact of severe weather events on our commodities/raw materials is limited compared to other industries. We do, however, rely on suppliers for pharmaceuticals, equipment, food and sometimes life supporting items such as blood. If this cannot be delivered due to infrastructural breakdowns, it could have significant impact on our operations.

**Timeframe**

1 - 3 years

**Magnitude of potential financial impact**

Medium

**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)**

**Potential financial impact figure - minimum (currency)**

**Potential financial impact figure - maximum (currency)**

**Explanation of financial impact**

Due to unknown nature of such a potential risk, the actual financial impact is unknown.

**Primary response to risk**

Include in Business Continuity Plan

**Description of response**

Through ISO14001 and our Environmental Policy we influence our suppliers to take up more environmentally friendly ways of doing business. Mediclinic is doing this by establishing, implementing and maintaining procedures related to the identified significant environmental aspects of goods and services used by the organisation and communicating applicable procedures and requirements to suppliers, including contractors. We are also investing in more water efficient equipment.

**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 behavior 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 theaters; 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)**

0

**Potential financial impact figure – minimum (currency)**

**Potential financial impact figure – maximum (currency)**

**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.

---

**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 "Day Zero" scenario where municipal water supplies would have been shut off and water rationed and distributed.

The water resilience initiatives being introduced in the Western Cape will be rolled out to the rest of the Group's hospitals over the next two years.

**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)**

5,980,000

**Potential financial impact figure – minimum (currency)**

**Potential financial impact figure – maximum (currency)**

**Explanation of financial impact**

The Western Cape hospitals account for approximately 22% of the the total Mediclinic annual water bill of R26 million - based on percentage of hospitals located in the Western Cape. If a scenario occurred where the Western Cape 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 R5.98 million.

## W5. Facility-level water accounting

### W5.1

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

---

**Facility reference number**

Facility 1

**Facility name (optional)**

Mediclinic Constantiaberg

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Latitude**

-34.02664

**Longitude**

18.42552

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

32.42

**Comparison of withdrawals with previous reporting year**

Lower

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

27.23

**Comparison of discharges with previous reporting year**

Lower

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

5.19

**Comparison of consumption with previous reporting year**

Lower

**Please explain**

Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives in particular response to the Western Cape water crisis of 2017-18. .

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**Facility reference number**

Facility 2

**Facility name (optional)**

Mediclinic Cape Town

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Latitude**

-25.762153

**Longitude**

31.050819

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

8.5

**Comparison of withdrawals with previous reporting year**

Much lower

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

7.14

**Comparison of discharges with previous reporting year**

Much lower

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

1.36

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives in particular response to the Western Cape water crisis of 2017-18. .



**Facility reference number**

Facility 3

**Facility name (optional)**

Mediclinic Milnerton

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Latitude**

-33.865439

**Longitude**

18.506681

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

11.73

**Comparison of withdrawals with previous reporting year**

Much lower

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

9.85

**Comparison of discharges with previous reporting year**

Much lower

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

1.88

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives in particular response to the Western Cape water crisis of 2017-18. .

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**Facility reference number**

Facility 4

**Facility name (optional)**

Mediclinic Vergelegen

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Latitude**

-34.090656

**Longitude**

18.858817

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

17.56

**Comparison of withdrawals with previous reporting year**

Much lower

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

14.75

**Comparison of discharges with previous reporting year**

Much lower

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

2.81

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives in particular response to the Western Cape water crisis of 2017-18.

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**Facility reference number**

Facility 5

**Facility name (optional)**

Mediclinic Cape Gate

**Country/Region**

South Africa



**River basin**

Berg-Olifants

**Latitude**

-33.848213

**Longitude**

18.696882

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

21.66

**Comparison of withdrawals with previous reporting year**

Much lower

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

18.19

**Comparison of discharges with previous reporting year**

Much lower

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

3.47

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives in particular response to the Western Cape water crisis of 2017-18.

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**Facility reference number**

Facility 6

**Facility name (optional)**

Mediclinic Durbanville

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Latitude**

-33.825421

**Longitude**

18.654886

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

18.14

**Comparison of withdrawals with previous reporting year**

Lower

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

15.24

**Comparison of discharges with previous reporting year**

Lower

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

2.9

**Comparison of consumption with previous reporting year**

Lower

**Please explain**

Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives in particular response to the Western Cape water crisis of 2017-18.

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**Facility reference number**

Facility 7

**Facility name (optional)**

Mediclinic Louis Leipoldt

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Latitude**

-33.901325

**Longitude**

18.613297

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

15.38

**Comparison of withdrawals with previous reporting year**

Much lower

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

12.92

**Comparison of discharges with previous reporting year**

Much lower

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

2.46

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives in particular response to the Western Cape water crisis of 2017-18.

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**Facility reference number**

Facility 8

**Facility name (optional)**

Mediclinic Panorama

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Latitude**

-33.875921

**Longitude**

18.577813

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

43,087

**Comparison of withdrawals with previous reporting year**

Much lower

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

36,193

**Comparison of discharges with previous reporting year**

Much lower

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

6,894

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold =

"much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives in particular response to the Western Cape water crisis of 2017-18.

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**Facility reference number**

Facility 9

**Facility name (optional)**

Mediclinic Paarl

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Latitude**

-33.718322

**Longitude**

18.969704

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

8,103

**Comparison of withdrawals with previous reporting year**

Much lower

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

6,807

**Comparison of discharges with previous reporting year**

Much lower

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

1,296

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives in particular response to the Western Cape water crisis of 2017-18.

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**Facility reference number**

Facility 10

**Facility name (optional)**

Mediclinic Stellenbosch

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Latitude**

-33.944466

**Longitude**

18.850063

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

11.04

**Comparison of withdrawals with previous reporting year**

Much lower

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

9.27

**Comparison of discharges with previous reporting year**

Much lower

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

1.77

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives in particular response to the Western Cape water crisis of 2017-18.

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**Facility reference number**

Facility 11

**Facility name (optional)**



Mediclinic Worcester

**Country/Region**

South Africa

**River basin**

Berg-Olifants

**Latitude**

-33.643914

**Longitude**

19.45085

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

21.49

**Comparison of withdrawals with previous reporting year**

Higher

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

18.05

**Comparison of discharges with previous reporting year**

Higher

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

3.44

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Higher withdrawal, discharge and consumption figures due to increase of bed-days sold by 7.4%.

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**Facility reference number**

Facility 12

**Facility name (optional)**

Mediclinic Highveld

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-26.491908

**Longitude**

29.232578

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

22.61

**Comparison of withdrawals with previous reporting year**

Much lower

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

18.99

**Comparison of discharges with previous reporting year**

Much lower

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

3.62

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives.

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**Facility reference number**

Facility 13

**Facility name (optional)**

Mediclinic Morningside

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-26.094633

**Longitude**

28.054719

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

38.57

**Comparison of withdrawals with previous reporting year**

Much lower

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

32.4

**Comparison of discharges with previous reporting year**

Much lower

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

6.17

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures relate to continued water efficiency initiatives.

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**Facility reference number**

Facility 14

**Facility name (optional)**

Mediclinic Sandton

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-26.077707

**Longitude**

28.012623

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

46.28

**Comparison of withdrawals with previous reporting year**

Much higher

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

38.88

**Comparison of discharges with previous reporting year**

Much higher

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

7.41

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much higher water figures partly explained by an increase of 6.4% bed-day sold in 2018.

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**Facility reference number**

Facility 15

**Facility name (optional)**

Wits Donald Gordon Medical Centre

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-26.179126

**Longitude**

28.034573

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

40.08

**Comparison of withdrawals with previous reporting year**

About the same

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

33.67

**Comparison of discharges with previous reporting year**

About the same

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

6.41

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 16

**Facility name (optional)**

Mediclinic Brits

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-25.63345

**Longitude**

27.782868

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

18.62

**Comparison of withdrawals with previous reporting year**

Lower

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

15.64

**Comparison of discharges with previous reporting year**

Lower

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

2.98

**Comparison of consumption with previous reporting year**

Lower

**Please explain**

Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Lower water figures relate to continued water efficiency initiatives.



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**Facility reference number**

Facility 17

**Facility name (optional)**

Mediclinic Gynaecological Hospital

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-25.755983

**Longitude**

28.205555

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

5.36

**Comparison of withdrawals with previous reporting year**

About the same

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

4.5

**Comparison of discharges with previous reporting year**

About the same

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

0.86

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 18

**Facility name (optional)**

Mediclinic Heart Hospital

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-25.749335

**Longitude**

28.206983

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

14.89

**Comparison of withdrawals with previous reporting year**

Higher

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

12.51

**Comparison of discharges with previous reporting year**

Higher

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

2.38

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 19

**Facility name (optional)**

Mediclinic Kloof

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-25.810963

**Longitude**

28.263072

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

35.91

**Comparison of withdrawals with previous reporting year**

Much higher

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

30.16

**Comparison of discharges with previous reporting year**

Much higher

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

5.75

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Increase in withdrawal, discharge and consumption figures partly explained by increase of 2.91% bed-days sold.

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**Facility reference number**

Facility 20

**Facility name (optional)**

Mediclinic Legae

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-25.525927

**Longitude**

28.037272

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

34.59

**Comparison of withdrawals with previous reporting year**

Much higher

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

29.06

**Comparison of discharges with previous reporting year**

Much higher

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

5.53

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 21

**Facility name (optional)**

Mediclinic Limpopo

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-23.90817

**Longitude**

29.464546

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

43.49

**Comparison of withdrawals with previous reporting year**

Much lower

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

36.53

**Comparison of discharges with previous reporting year**

Much lower

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

6.96

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 22

**Facility name (optional)**

Mediclinic Medforum

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-25.748373

**Longitude**

28.198737

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

38.38

**Comparison of withdrawals with previous reporting year**

Much lower

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

32.24

**Comparison of discharges with previous reporting year**

Much lower

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

6.14

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used



but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 23

**Facility name (optional)**

Mediclinic Muelmed

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-25.747018

**Longitude**

28.20762

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

25.53

**Comparison of withdrawals with previous reporting year**

About the same

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

21.45

**Comparison of discharges with previous reporting year**

About the same

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

4.09

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 24

**Facility name (optional)**

Mediclinic Midstream

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-25.925453

**Longitude**

28.181832

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

31.67

**Comparison of withdrawals with previous reporting year**

Much lower

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

26.6

**Comparison of discharges with previous reporting year**

Much lower

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

5.07

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures partly explained by decrease in bed days sold by 3%.

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**Facility reference number**

Facility 25

**Facility name (optional)**

Mediclinic Thabazimbi

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-24.59844

**Longitude**

27.406411

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

5.51

**Comparison of withdrawals with previous reporting year**

Much higher

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

4.63

**Comparison of discharges with previous reporting year**

Much higher

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

0.88

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used

but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much higher water figures explained by increase in bed days sold by 16.3%.

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**Facility reference number**

Facility 26

**Facility name (optional)**

Mediclinic Tzaneen

**Country/Region**

South Africa

**River basin**

Limpopo

**Latitude**

-23.822601

**Longitude**

30.152805

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

24.15

**Comparison of withdrawals with previous reporting year**

About the same

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

20.29

**Comparison of discharges with previous reporting year**

About the same

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

3.86

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 27

**Facility name (optional)**

Mediclinic Bloemfontein

**Country/Region**

South Africa

**River basin**

Orange

**Latitude**

-29.109352

**Longitude**

26.204799

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

62.6

**Comparison of withdrawals with previous reporting year**

About the same

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

52.58

**Comparison of discharges with previous reporting year**

About the same

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

10.01

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 28

**Facility name (optional)**

Mediclinic Gariep

**Country/Region**

South Africa

**River basin**

Orange

**Latitude**

-28.764956

**Longitude**

24.736981

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

23.97

**Comparison of withdrawals with previous reporting year**

Much lower

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

20.14

**Comparison of discharges with previous reporting year**

Much lower

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

3.84

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures are a result of continued water efficiency measures being deployed.

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**Facility reference number**

Facility 29

**Facility name (optional)**

Mediclinic Welkom

**Country/Region**

South Africa

**River basin**

Orange

**Latitude**

-27.988151

**Longitude**

26.730139

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

32.18

**Comparison of withdrawals with previous reporting year**

Lower

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

27.03

**Comparison of discharges with previous reporting year**

Lower

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

5.15

**Comparison of consumption with previous reporting year**

Lower

**Please explain**

Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Lower water figures are a result of continued water efficiency measures being deployed.

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**Facility reference number**

Facility 30

**Facility name (optional)**

Mediclinic Klein Karoo

**Country/Region**

South Africa

**River basin**

Gamka

**Latitude**

-33.586683

**Longitude**

22.185045

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

4.17

**Comparison of withdrawals with previous reporting year**

Much lower

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

3.5

**Comparison of discharges with previous reporting year**

Much lower

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

0.67

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures are a result of continued water efficiency measures being deployed.

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**Facility reference number**

Facility 31

**Facility name (optional)**

Mediclinic George

**Country/Region**

South Africa

**River basin**

Breede-Gouritz

**Latitude**

-33.957272

**Longitude**

22.456651

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

22.91

**Comparison of withdrawals with previous reporting year**

About the same

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

19.24

**Comparison of discharges with previous reporting year**

About the same

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

3.67

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 32

**Facility name (optional)**

Mediclinic Geneva

**Country/Region**

South Africa

**River basin**

Breede-Gouritz

**Latitude**

-33.957031

**Longitude**

22.452034

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

3.19

**Comparison of withdrawals with previous reporting year**

About the same

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

2.68

**Comparison of discharges with previous reporting year**

About the same

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

0.51

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

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**Facility reference number**

Facility 33

**Facility name (optional)**

Mediclinic Hermanus

**Country/Region**

South Africa

**River basin**

Breede-Gouritz

**Latitude**

-34.423822

**Longitude**

19.227217

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

8.84

**Comparison of withdrawals with previous reporting year**

Much lower

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

7.43

**Comparison of discharges with previous reporting year**

Much lower

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

1.41

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower water figures due to continued water efficiency initiatives.

**Facility reference number**

Facility 34

**Facility name (optional)**

Mediclinic Plettenberg Bay

**Country/Region**

South Africa

**River basin**

Breede-Gouritz

**Latitude**

-34.053293

**Longitude**

23.364947

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

1.35

**Comparison of withdrawals with previous reporting year**

About the same

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

1.13

**Comparison of discharges with previous reporting year**

About the same

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

0.22



**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

---

**Facility reference number**

Facility 35

**Facility name (optional)**

Mediclinic Nelspruit

**Country/Region**

South Africa

**River basin**

Inkomati-Usuthu

**Latitude**

-25.493552

**Longitude**

30.961888

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

56.19

**Comparison of withdrawals with previous reporting year**

Much lower

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

47.2

**Comparison of discharges with previous reporting year**

Much lower

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

8.99

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower withdrawal, discharge and consumption figures due to ongoing water efficiency initiatives.

---

**Facility reference number**

Facility 36

**Facility name (optional)**

Mediclinic Victoria

**Country/Region**

South Africa

**River basin**

Pongola-Uzimkulu

**Latitude**

-29.573113

**Longitude**

31.117836

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

16.87

**Comparison of withdrawals with previous reporting year**

Much lower

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

14.17

**Comparison of discharges with previous reporting year**

Much lower

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

2.7

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Much lower withdrawal, discharge and consumption figures due to corresponding reduction in bed-days sold.

---

**Facility reference number**

Facility 37

**Facility name (optional)**

Mediclinic Pietermaritzburg

**Country/Region**

South Africa

**River basin**

Pongola-Uzimkulu

**Latitude**

-29.608893

**Longitude**

30.389317

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

32.48

**Comparison of withdrawals with previous reporting year**

About the same

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

27.28

**Comparison of discharges with previous reporting year**

About the same

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

5.2

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

---

**Facility reference number**

Facility 38

**Facility name (optional)**

Mediclinic Howick

**Country/Region**

South Africa

**River basin**

Pongola-Uzimkulu

**Latitude**

-29.477399

**Longitude**

30.21843

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

4.81

**Comparison of withdrawals with previous reporting year**

Lower

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

4.04

**Comparison of discharges with previous reporting year**

Lower

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

0.77

**Comparison of consumption with previous reporting year**

Lower

**Please explain**

Water withdrawal is measured either through on-site water meters or municipal bills. Discharge is estimated at 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Water withdrawal, discharge and consumption lower due to corresponding decrease in bed-days sold.

---

**Facility reference number**

Facility 39

**Facility name (optional)**

Mediclinic Otjiwarongo

**Country/Region**

Namibia

**River basin**

Other, please specify

Ugab-Huab

**Latitude**

-20.469473

**Longitude**

16.650944

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

2.3

**Comparison of withdrawals with previous reporting year**

About the same

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

1.93

**Comparison of discharges with previous reporting year**

About the same

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

0.37

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used

but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

---

**Facility reference number**

Facility 40

**Facility name (optional)**

Mediclinic Swakopmund

**Country/Region**

Namibia

**River basin**

Other, please specify  
Omaruru-Swakop

**Latitude**

-22.659047

**Longitude**

14.536221

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

7.29

**Comparison of withdrawals with previous reporting year**

About the same

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

6.12



**Comparison of discharges with previous reporting year**

About the same

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

1.17

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

---

**Facility reference number**

Facility 41

**Facility name (optional)**

Mediclinic Windhoek

**Country/Region**

Namibia

**River basin**

Other, please specify  
Omaruru-Swakop

**Latitude**

-22.659047

**Longitude**

14.536221

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

15.33

**Comparison of withdrawals with previous reporting year**

Much higher

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

12.88

**Comparison of discharges with previous reporting year**

Much higher

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

2.45

**Comparison of 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 84% of withdrawal, following case study tests on a number of our hospitals. The consumption figures are based on the Ceres definition, being: "amount of water that is used but not returned to its original source." Threshold for "lower"/"higher" is 5-10% difference from previous year. Anything above a 10% threshold = "much higher"/"much lower".

Water withdrawals, discharge and consumption partly explained by 4.36% increase in bed-days sold.

**W5.1a**

**(W5.1a) For each facility referenced in W5.1, provide withdrawal data by water source.**

---

**Facility reference number**

Facility 1

**Facility name**

Mediclinic Constantiaberg

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

32.42

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 2

**Facility name**

Mediclinic Cape Town

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

8.5

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 3

**Facility name**

Mediclinic Milnerton

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

11.73

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 4

**Facility name**

Mediclinic Vergelegen

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

17.57

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 5

**Facility name**

Mediclinic Cape Gate

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

21.66

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 6

**Facility name**

Mediclinic Durbanville

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

18.14

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 7

**Facility name**

Mediclinic Louis Leipoldt

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**



0

**Produced/Entrained water**

0

**Third party sources**

15.38

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 8

**Facility name**

Mediclinic Panorama

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0.03

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

43.09

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic. Renewable groundwater from borehole facility.

---

**Facility reference number**

Facility 9

**Facility name**

Mediclinic Paarl

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

8.1

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 10

**Facility name**

Mediclinic Stellenbosch

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

11.04

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 11

**Facility name**

Mediclinic Worcester

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

21.49

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 12

**Facility name**

Mediclinic Highveld

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

22.61

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 13

**Facility name**

Mediclinic Morningside

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

38.57

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 14

**Facility name**

Mediclinic Sandton

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

46.28

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 15

**Facility name**

Wits Donald Gordan

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

40.08

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 16

**Facility name**

Mediclinic Brits

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**



0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0.93

**Produced/Entrained water**

0

**Third party sources**

18.62

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic. Renewable groundwater from borehole facility.

---

**Facility reference number**

Facility 17

**Facility name**

Mediclinic Gynaecological Hospital

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

5.36

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 18

**Facility name**

Mediclinic Heart Hospital

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

14.89

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 19

**Facility name**

Mediclinic Kloof

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

35.91

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 20

**Facility name**

Mediclinic Legae

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

34.56

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 21

**Facility name**

Mediclinic Limpopo

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

43.46

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 22

**Facility name**

Mediclinic Medforum

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

38.38

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 23

**Facility name**

Mediclinic Muelmed

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

25.53

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 24

**Facility name**

Mediclinic Midstream

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

31.67

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 25

**Facility name**



Mediclinic Thabazimbi

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

5.51

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 26

**Facility name**

Mediclinic Tzaneen

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

24.15

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 27

**Facility name**

Mediclinic Bloemfontein

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

62.6

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 28

**Facility name**

Mediclinic Gariep

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

23.97

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 29

**Facility name**

Mediclinic Welkom

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

32.18

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 30

**Facility name**

Mediclinic Klein Karoo

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

4.17

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 31

**Facility name**

Mediclinic George

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

22.91

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 32

**Facility name**

Mediclinic Geneva

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

3.19

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 33

**Facility name**

Mediclinic Hermanus

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

8.85

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.



---

**Facility reference number**

Facility 34

**Facility name**

Mediclinic Plettenberg Bay

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

1.35

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 35

**Facility name**

Mediclinic Nelspruit

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

56.19

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 36

**Facility name**

Mediclinic Victoria

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

16.87

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 37

**Facility name**

Mediclinic Pietermaritzburg

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

32.48

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 38

**Facility name**

Mediclinic Howick

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

4.82

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 39

**Facility name**

Mediclinic Otjiwarongo

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

2.3

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 40

**Facility name**

Mediclinic Swakopmund

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

7.29

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

---

**Facility reference number**

Facility 41

**Facility name**

Mediclinic Windhoek

**Fresh surface water, including rainwater, water from wetlands, rivers and lakes**

0

**Brackish surface water/seawater**

0

**Groundwater - renewable**

0

**Groundwater - non-renewable**

0

**Produced/Entrained water**

0

**Third party sources**

15.33

**Comment**

Third party sources is municipal water and metered by the relevant local authority. Any other water withdrawal is metered internally by Mediclinic.

**W5.1b**

**(W5.1b) For each facility referenced in W5.1, provide discharge data by destination.**

---

**Facility reference number**

Facility 1

**Facility name**

Mediclinic Constantiaberg

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

27.23



**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 2

**Facility name**

Mediclinic Cape Town

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

7.14

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 3



**Facility name**

Mediclinic Milnerton

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

9.85

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 4

**Facility name**

Mediclinic Vergelegen

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

14.78

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

**Facility reference number**

Facility 5

**Facility name**

Mediclinic Cape Gate

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

18.19

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 6

**Facility name**

Mediclinic Durbanville

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

15.24

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 7

**Facility name**

Mediclinic Louis Leipoldt

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

12.92

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 8

**Facility name**

Mediclinic Panorama

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

36.19

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 9

**Facility name**

Mediclinic Paarl

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

6.81

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 10

**Facility name**

Mediclinic Stellenbosch

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

9.27

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 11

**Facility name**

Mediclinic Worcester

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

18.05

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 12

**Facility name**

Mediclinic Highveld

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

19

**Comment**



All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 13

**Facility name**

Mediclinic Morningside

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

32.4

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 14

**Facility name**

Mediclinic Sandton

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

38.87

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 15

**Facility name**

Mediclinic Wits Donald Gordan

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

33.7

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 16

**Facility name**

Mediclinic Brits

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

15.64

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 17

**Facility name**

Mediclinic Gynaecological Hospital

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

4.51

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 18

**Facility name**

Mediclinic Heart Hospital

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

12.51

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 19

**Facility name**

Mediclinic Kloof

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

30.16

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 20

**Facility name**

Mediclinic Legae

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

29.05

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 21

**Facility name**

Mediclinic Limpopo

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

36.53

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 22

**Facility name**

Mediclinic Medforum

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

32.24

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 23

**Facility name**

Mediclinic Muelmed

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

21.44

**Comment**



All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 24

**Facility name**

Mediclinic Midstream

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

26.61

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 25

**Facility name**

Mediclinic Thabazimbi

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

4.63

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 26

**Facility name**

Mediclinic Tzaneen

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

20.28

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 27

**Facility name**

Mediclinic Bloemfontein

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

52.58

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 28

**Facility name**

Mediclinic Gariep

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

20.13

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 29

**Facility name**

Mediclinic Welkom

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

27.03

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 30

**Facility name**

Mediclinic Klein Karoo

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

3.5

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 31

**Facility name**

Mediclinic George

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

19.25

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 32

**Facility name**

Mediclinic Geneva

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

2.68

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 33

**Facility name**

Mediclinic Hermanus

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

7.43

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 34

**Facility name**

Mediclinic Plettenberg Bay

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

1.13

**Comment**



All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 35

**Facility name**

Mediclinic Nelspruit

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

47.2

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 36

**Facility name**

Mediclinic Victoria

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

14.19

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 37

**Facility name**

Mediclinic Pietermaritzburg

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

27.29

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 38

**Facility name**

Mediclinic Howick

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

4.05

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 39

**Facility name**

Mediclinic Otjiwarongo

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

1.93

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 40

**Facility name**

Mediclinic Swakopmund

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

6.13

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

---

**Facility reference number**

Facility 41

**Facility name**

Mediclinic Windhoek

**Fresh surface water**

0

**Brackish surface water/Seawater**

0

**Groundwater**

0

**Third party destinations**

12.88

**Comment**

All water discharge sent to municipal water treatment works. Discharge assumed to be 84% of total water withdrawal, based on historic case study tests in numerous Mediclinic hospitals and average applied across all Mediclinic hospitals.

**W5.1c**

**(W5.1c) For each facility referenced in W5.1, provide the proportion of your total water use that is recycled or reused, and give the comparison with the previous reporting year.**

---

**Facility reference number**

Facility 1

**Facility name**

Mediclinic Constantiaberg

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 2



**Facility name**

Mediclinic Cape Town

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 3

**Facility name**

Mediclinic Milnerton

**% recycled or reused**

11-25%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---



**Facility reference number**

Facility 4

**Facility name**

Mediclinic Vergelegen

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 5

**Facility name**

Mediclinic Cape Gate

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.



---

**Facility reference number**

Facility 6

**Facility name**

Mediclinic Durbanville

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 7

**Facility name**

Mediclinic Louis Leipoldt

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**



Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 8

**Facility name**

Mediclinic Panorama

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 9

**Facility name**

Mediclinic Paarl

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 10

**Facility name**

Mediclinic Stellenbosch

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 11

**Facility name**

Mediclinic Worcester

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 12

**Facility name**

Mediclinic Highveld

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 13

**Facility name**

Mediclinic Morningside

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 14

**Facility name**

Mediclinic Sandton

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 15

**Facility name**

Wits Donald Gordon Medical Centre

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 16

**Facility name**

Mediclinic Brits

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 17

**Facility name**

Mediclinic Gynaecological Hospital



**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 18

**Facility name**

Mediclinic Heart Hospital

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 19

**Facility name**

Mediclinic Kloof



**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 20

**Facility name**

Mediclinic Legae

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 21

**Facility name**



Mediclinic Limpopo

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 22

**Facility name**

Mediclinic Medforum

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 23



**Facility name**

Mediclinic Muelmed

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 24

**Facility name**

Mediclinic Midstream

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 25

**Facility name**

Mediclinic Thabazimbi

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 26

**Facility name**

Mediclinic Tzaneen

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**



**Facility reference number**

Facility 27

**Facility name**

Mediclinic Bloemfontein

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 28

**Facility name**

Mediclinic Gariep

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 29

**Facility name**

Mediclinic Welkom

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 30

**Facility name**

Mediclinic Klein Karoo

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 31

**Facility name**

Mediclinic George

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 32

**Facility name**

Mediclinic Geneva

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 33

**Facility name**

Mediclinic Hermanus

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 34

**Facility name**

Mediclinic Plettenberg Bay

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 35

**Facility name**

Mediclinic Nelspruit

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 36

**Facility name**

Mediclinic Victoria

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same



**Please explain**

---

**Facility reference number**

Facility 37

**Facility name**

Mediclinic Pietermaritzburg

**% recycled or reused**

1-10%

**Comparison with previous reporting year**

About the same

**Please explain**

Water recycled and reused in autoclave equipment and on-site laundry services. CDP definition and calculation methodology used to determine percentage of recycled/reused water. Recycled and/or reused water measured using internal hospital measurement systems.

---

**Facility reference number**

Facility 38

**Facility name**

Mediclinic Howick

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 39

**Facility name**

Mediclinic Otjiwarongo

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 40

**Facility name**

Mediclinic Swakopmund

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

---

**Facility reference number**

Facility 41

**Facility name**

Mediclinic Windhoek

**% recycled or reused**

None

**Comparison with previous reporting year**

About the same

**Please explain**

**W5.1d**

**(W5.1d) 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?**

As per implementation and certification of ISO14001 environmental management certification in most Mediclinic hospitals. 92% of Mediclinic beds are certified to ISO 14001.

**Water withdrawals – volume by source**

---

**% verified**

Not verified

**What standard and methodology was used?**

Not applicable

**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.

**Water discharge quality – quality by standard effluent parameters**

---

**% verified**

76-100

**What standard and methodology was used?**

SANS 241:2015 - South African National Standard on Drinking Water Part 1: Microbiological, physical, aesthetic and chemical determinants.

**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 water stewardship and/or collective action	Water is incorporated within the Mediclinic environmental, safety and health policy, and within it, 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 publically available.  In addition a draft Sustainable Water Management Policy has been developed to instruct individual hospitals in their water management practices.

## 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
Board Chair	As Chairperson of the Board, and 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.

## 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	<ul style="list-style-type: none"> <li>Monitoring implementation and performance</li> <li>Providing employee incentives</li> <li>Reviewing and guiding annual budgets</li> <li>Reviewing and guiding major plans of action</li> <li>Reviewing and guiding risk management policies</li> <li>Reviewing and guiding</li> </ul>	<p>The Clinical Performance and Sustainability Committee 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.</p> <p>The Clinical Performance and Sustainability Committee is briefed by the Group CEO who, in turn, is briefed by the Group Chief Corporate Services Officer.</p>



		corporate responsibility strategy Reviewing innovation/R&D priorities Setting performance objectives	
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### 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 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 CPAEX 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 consideration.

## 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 International plc 2019 Annual Report.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	<p>Through the implementation of ISO 14001 Environmental Management System, the monitoring and measurement of water consumption by all Mediclinic hospitals has been recorded and certified. By knowing the real water consumption of hospitals, the strategy for water sustainability was implemented. The 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.</p> <p>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.</p>
Strategy for achieving long-term objectives	Yes, water-related issues are integrated	> 30	<p>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 bedday sold (Mediclinic water target). Through the implementation of ISO 14001 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 liters per bedday sold over the next 3 years.</p> <p>The timeframe chosen is aligned to the long-term business continuity embedded in Mediclinic's corporate strategy.</p>
Financial planning	Yes, water-related issues are	5-10	<p>In the short-term, a water strategy was developed during 2018 to provide guidance on financial capital expenditure according to priority of importance across the group. Each hospital was evaluated</p>

	integrated		<p>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 Environmental Management System is internationally certified at 39 of the 51 hospitals. At these certified hospitals dedicated training and awareness programs are operated for staff and service providers, including procedures for the effective use and saving of water resources. The medium-term financial planning (10 years and beyond) of Mediclinic and its hospitals takes this into account.</p> <p>Purchase of new capital equipment with water efficiency technology is required in response to potential water shortages. A sustainable water management strategy caters for 100% of all Southern African hospitals for the next ten years and beyond. This strategy includes: -Water meters installed - R954 000 -Water Contingency Plans implemented - Water Contamination 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.</p>
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## 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)**

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

**Water-related OPEX (+/- % change)**

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

**Please explain**

**W7.3**

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

	<b>Use of climate-related scenario analysis</b>	<b>Comment</b>
Row 1	No, but we anticipate doing so within the next two years	Mediclinic has committed to adopting a science-based GHG emission reduction target that 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	Targets are monitored at the corporate level Goals are monitored at the corporate level	Mediclinic measures its water intensity in relation to bed-day holds. A Group-wide target 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 liters/bed-day sold.

**Quantitative metric**

% reduction in total water withdrawals

**Baseline year**

2014

**Start year**

2015

**Target year**

2019

**% achieved**

52

**Please explain**

The 2019 target is 450 liters/bed-day sold. During the reporting period, Mediclinic achieved 555 liters/bed-day sold, indicating a 6.57% improvement from the previous year and an overall 17% improvement from the 2014 base-year.

## 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**

During the reporting period, 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**

2018

**Progress**

Various practical initiatives were implemented by the aforesaid suppliers at the different hospitals. Total water reduction at the hospitals is being achieved.

## **W9. Linkages and trade-offs**

### **W9.1**

**(W9.1) Has your organization identified any linkages or tradeoffs between water and other environmental issues in its direct operations and/or other parts of its value chain?**

Yes



## W9.1a

**(W9.1a) Describe the linkages or tradeoffs and the related management policy or action.**

---

### **Linkage or tradeoff**

Linkage

### **Type of linkage/tradeoff**

Decreased GHG emissions

### **Description of linkage/tradeoff**

71% of Mediclinic carbon footprint in South Africa is from electricity. For every kWh of electricity consumed, 1.4 litres of water is used in the electricity generation process. Hence, if we can reduce our carbon footprint we can reduce our indirect water consumption through our reduced electricity consumption.

### **Policy or action**

We aim to meet the South African government's target of reducing carbon emissions by 34% by 2020 (compared to 2009). In the short term, we plan to reduce Mediclinic's energy consumption on bed days sold by 3.09% per year; and draw on leadership support to change internal behaviours, leading to energy efficient practices being further adopted throughout the platform. Similarly, carbon emissions associated with our direct water consumption could be calculated relative to the electricity used to pump water to our hospitals.

## W10. Verification

### W10.1

**(W10.1) Do you verify any other water information reported in your CDP disclosure (not already covered by W5.1d)?**

Yes



## W10.1a

**(W10.1a) Which data points within your CDP disclosure have been verified, and which standards were used?**

Disclosure module	Data verified	Verification standard	Please explain
W9. Linkages and trade-offs	Group-wide greenhouse gas emissions.	Other, please specify ISO14064-3	All Mediclinic greenhouse gas emissions are externally verified by an independent verification agency. This includes greenhouse gas emissions associated with our hospital's electricity consumption. By verifying this, and using Eskom (electricity utility) figures for amount of water indirectly consumed, we are able to determine our impact on water usage in the generation of electricity that we consume.

## W11. 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.**

### W11.1

**(W11.1) Provide details for the person that has signed off (approved) your CDP water response.**

	Job title	Corresponding job category
Row 1		



## W11.2

**(W11.2) 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)].**

## Submit your response

**In which language are you submitting your response?**

**Please confirm how your response should be handled by CDP**

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

**Please confirm below**