

# Annual Environmental and Social Performance Report

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Project Number: 53349-001  
Annual Report (2020)  
April 2021

## Georgia: Hospital Bond Project

Prepared by JSC Evex Hospitals Georgia Healthcare Group (GHG).

This annual environmental and social performance report is a document of the borrower. The views expressed herein do not necessarily represent those of ADB's Board of Directors, Management, or staff, and may be preliminary in nature.

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ANNUAL REPORT

**ANNUAL ENVIRONMENTAL AND SOCIAL PERFORMANCE  
REPORT (AESPR)**

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JSC Evex Hospitals  
Georgia Healthcare Group (GHG)  
Georgia

AESPR COMPLETION DATE: **(29/04/2021)**

## INTRODUCTION

The Facility Agreement between ADB and the JSC Evex Hospitals (the “Company” or “Evex”) requires among other things Evex to prepare an Annual Environmental and Social Performance Report (“AESPR”) on the environmental and social (“E&S”) performance of all Company Operations (as defined in the Framework Agreement). This document comprises IFC & ADB’s preferred format for E&S performance reporting. The following template may be supplemented with annexes as appropriate to ensure all relevant information on project performance is reported.

- Organizational Structure and Management Systems
- Significant Environmental and Social Events
- Pollution Control Performance
- Occupational Health and Safety
- Social Safeguards and Community Engagement
- Gaps and Corrective Measures

### Contents:

- Project Information
- Client’s Representation Statement by Sponsor authorized representative
- Summary of Key E&S Aspects during the Reporting Period
- Action Plan Status and Update
- Deviations/non-compliances
- Client’s Feedback

Please describe in your responses and attach additional information / documentary evidence as needed. ADB may also request for additional information throughout its review of the AESPR.

## Client's Representation Statement by authorized representative

I, **Giorgi Vasadze** in my role of position and representing JSC Medical Corporation Evex certify that:

- a) The Project is in compliance with all applicable E & S Requirements as described in the investment agreement and all actions required to be undertaken pursuant to the Environmental and Social Action Plan (ESAP) / Corrective Action Plan (CAP) and any subsequent supplemental action plans.
- b) In relation to the Company Operations there are no
  - Circumstances or occurrences that have given or would give rise to violations of E &S and labor Laws or E &S and labor Claims;
  - Social unrest, local population disruption or negative NGO campaigns or activities against the Company Operations.
  - Material social or environmental risks or issues in relation to the Company Operations other than those identified by ADB ahead of the date of its investment in the Company.
  - To the best of the Company's knowledge existing or threatened complaints, orders, directives, claims, citations or notices from any Authority due to E&S issues.
  - Any written communication from any Person, concerning the Company's failure to comply with any matter under the safeguard requirements (as defined in the Framework Agreement);
  - to the best of the Company's knowledge ongoing or threatened strikes, slowdowns or work stoppages by employees of the Company or subsidiaries, or any contractor or subcontractor with respect to the Company Operations;
- c) All information contained in this AMR is true, complete and accurate in all respects at the time of submission and no such document or material omitted any information the omission of which would have made such document or material misleading.

There have not been any new company activities (e.g. expansions, construction works, etc.) that could generate adverse environmental impacts, and there have been no new ESIA studies, audits, or E&S action plans or Corrective Active Plans conducted by or on behalf of the Company or its Subsidiaries (as defined in the Framework Agreement), with respect to any Environmental or Social Requirements that ADB has not been notified about.

***Signature***

29.04.2021

***Date***

## Summary of Key E&S Aspects during the Reporting Period

### Summary of Current Operations

#### Current status of the project:

☐ Design    ☐ Construction    ☐ Expansion    ☒ Operation    ☐ Closure    ☐ Other (specify)

Georgia Healthcare Group (“GHG” or the “Group”) is the largest and the only fully integrated healthcare provider in the fast-growing, predominantly privately-owned Georgian healthcare ecosystem. The Group holds a leadership position by offering the most comprehensive range of inpatient and outpatient services targeting the mass market segment through a vertically integrated network of hospitals and clinics. GHG also operates the largest pharmacy and distribution business and is the largest medical insurance provider in the country. Group’s newly added Diagnostics business is an important separate business line for the Group. The Group has completed the process of centralizing the Group’s internal lab demand by collecting samples from the Group’s hospitals and polyclinics throughout Georgia.

The Group was established in 1990 and has operated as a subsidiary of Bank of Georgia since 2004. The Group has 25 years of experience in the medical insurance market and has been providing healthcare services to patients since 2006. As of now, the Group has five main subsidiaries:

*1. **Evex Hospitals** is the subsidiary in charge of the healthcare services sector – referral hospitals. The business operates 17 referral hospitals, 15 of which are general hospitals and two are specialty hospitals, with a total of 2,596 beds. These hospitals are located in Tbilisi and major regional cities, and provide secondary or tertiary-level outpatient and inpatient diagnostic, surgical and treatment services.*

*2. **Evex Clinics** is also the subsidiary in charge of the healthcare services sector – clinics. The business incorporates 15 polyclinics and 19 community clinics.*

*Community clinics - Community clinics are located in regional towns and municipalities and provide outpatient and inpatient diagnostic, basic surgical and treatment services to the local population. For complicated cases their primary goal is to stabilize the patient and redirect to the nearest referral hospitals for secondary or tertiary treatment.*

*Polyclinics - Polyclinics provide basic and full-scale outpatient diagnostic and treatment services.*

*These clinics are located in Tbilisi and major regional cities and represents the first point of customer interaction, bringing additional referrals to our hospitals and pharmacies.*

*3. **Imedi L** is the subsidiary in charge of medical insurance sector and offers a variety of medical insurance products to the Georgian population, with a wide distribution network. It offers a broad range of comprehensive private medical insurance policies that customers can opt for instead of relying on the coverage provided under the UHC and other state funded healthcare programmes. Its products are mainly offered as corporate packages to large employers. The business operates 12 branches and service centers in a number of cities and towns across Georgia.*

4. **GEPHA** is the subsidiary in charge of the pharmaceutical sector. In January 2017, GHG united ABC Pharmacia (Pharmadepot) with GPC (bought by GHG in May 2016) to establish the new pharmacy network of JSC Georgian Pharmacy ("GEPHA") comprising 309 pharmacies in Georgia and four pharmacies in Armenia.

5. **Mega Laboratory** ("Mega Lab") is the subsidiary in charge of the diagnostics sector opened in December 2018. Mega Lab is the largest diagnostics laboratory in Georgia and the entire Caucasus region and is an important new business line for the Group. The multi-disciplinary laboratory, equipped with latest infrastructure and state-of-the-art equipment, covers 7,500 square metres. As the Group's internal demand covers only one-third of the laboratory's capacity, Mega Lab started to develop a retail network through GHG pharmacies, contracting and serving healthcare facilities outside the Group. The project is supported by our colleagues from Jordan, Biolab, a subsidiary of IDH Group, which has extensive experience in this field.

### **Healthcare services business (Evex hospitals and Evex clinics) update**

GHG's healthcare services business, operates 51 HealthCare Facilities (HCF) as of now, including:

- 15 polyclinics providing basic outpatient services.
- 19 community clinics providing outpatient and basic inpatient treatment services to the local population.
- 17 referral hospitals offering a comprehensive range of complex and specialist services.
- End of 2020 GHG counted c.15,200 full-time employees, including c.3,300 physicians, c.3,100 nurses and c.2,900 pharmacists.

The business operates 17 referral hospitals, 15 of which are general hospitals and two are specialty hospitals, with a total of 2,596 beds. These hospitals are located in Tbilisi and major regional cities and provide secondary or tertiary-level outpatient and inpatient diagnostic, surgical and treatment services.

Caucasus Medical Centre ("CMC"), formerly DKC and Tbilisi Referral Hospital ("TRH"), formerly Sunstone Hospitals are two flagship hospitals. TRH operates 332 and CMC operates 306 newly renovated beds. Both hospitals are in the capital city and represent the hospitals of choice for high-quality elective medical care country wide.

In 2020, GHG signed a Sales and Purchase Agreement to sell its equity interest in High Technology Medical Centre University Clinic ("HTMC") to Tbilisi State Medical University, which intended to use it as a teaching platform. Total cash consideration for the Sale was US\$ 12 million (GEL 36.8 million). The staff employed in HTMC continued performing duties under new ownership without interruption. The agreement did not result in any redundancy among employees.

Community clinics are in regional towns and municipalities, and provide outpatient and inpatient diagnostic, basic surgical and treatment services to the local population. For complicated cases, their primary goal is to stabilize the patient and redirect them to the nearest referral hospital for secondary or tertiary care.

Polyclinics are located in Tbilisi and major regional cities and provide basic and full-scale outpatient diagnostic and treatment services. The business is the market leader by number of registered patients,

with c.223,000 registered patients in Tbilisi and c.516,000 in total, as of December 2020). By the end of 2018, we also entered the dental market and started to launch dental clinics within our polyclinics, the service which fits perfectly into our existing business model. The main priority of the Clinics business remains to further increase the base of registered customers, as our polyclinics represent a first point of customer interaction for our overall business.

The Polyclinics represent a first point of customer interaction for our overall business.

In December 2018, we opened Mega Laboratory (“Mega Lab”), the largest diagnostics laboratory in Georgia and the entire Caucasus region.

The multi-disciplinary laboratory, equipped with the latest infrastructure and state-of-the-art technology, covers 7,500 m2. High-capacity automated systems enable to provide accurate, high-quality results to the entire population of the country. In addition to basic laboratory tests, the new laboratory allows us to offer complex tests for oncology and molecular lab, some of which have never been available in Georgia, and for which blood samples used to be sent abroad.

### **Business Update – On the Frontline of COVID-19**

Our healthcare business has been playing a significant role during the pandemic. To support the Government and the patients affected by COVID-19, GHG isolated six of referral hospitals fully and seven partially (hybrids – receiving COVID as well as non-COVID patients) with trained medical personnel, isolated wards, intensive care and critical care units are treating COVID-19 patients across Georgia. Employees of our hospitals and clinics were given a comprehensive training session, including how to manage patient flow, based on Georgian NCDC (National Center for Disease Control) recommendations. The call centres have been briefed about the pre-screening of patients. Educational materials were distributed and have been accessible in the facilities and online. To ensure uninterrupted flow of materials and supplies to hospitals, GHG has enhanced processes with key vendors. The group introduced contingency plans across all businesses, including the central warehouse. GHG has been closely monitoring and managing the stock levels to ensure that enough medicines and major consumables are always available in the country.

Currently, our healthcare services account for 20% of the country's total referral beds to support hospitalised patients affected by COVID-19 and 35% of the homecare services.

### **Implementation of Environmental and Social Management System**

The set of documented procedures represent the Company’s Environmental and Social Management System framework.

The documents currently comprising Company’s environmental and Social Management system are:

- a) EHS due diligence policy - This policy was designed to provide an overview and guidance on the preparation for due diligence. It intends to give information on expected criteria and principles of third party led due diligence and document the responsibilities of those engaged in the process. This document provides guidance on planning, organization, and follow-up of external due diligence.

b) Stakeholder Engagement Framework including identification of key stakeholders, procedures for disclosure of project information and development of appropriately scaled grievance mechanisms - This document was designed to define the minimum requirements to identify and engage with external stakeholders for all Evex activities, determine procedures for disclosure of information and development of grievance mechanisms.

d) Waste management procedure - This document determines procedures for waste management to assure compliance with acting legal requirements, determines the rules for the information and documentation flow, strengthens internal control over the process and ensures proper distribution of responsibilities within the process. This procedure supports prevention of nosocomial infections, control of risks related to the infections caused by external agents, ensuring patients safety and protection, prevention of the infection contamination among medical personnel.

d) Wastewater management and monitoring procedure - The document was prepared to set out uniform principles for wastewater management across healthcare facilities, the actions required on non-conformance with regulatory requirements and requirements to minimize and where possible prevent pollution of the wastewater receptors. Additionally, it defines monitoring requirements specific to DKC and Sunstone facilities.

e) Water quality monitoring procedure for drinking/domestic water drawn from groundwater wells to ensure quality is in line with national drinking water standards - This document describes monitoring requirements for drinking / domestic water drawn from groundwater wells to ensure that quality is in line with drinking water standards; the document outlines requirements for drinking water quality, the actions required during non-conformity with regulatory requirements and a summary of recommendations to minimize risk of drinking water contamination. The document aims to ensure the safety of drinking water supplies through the elimination, or reduction to a minimum concentration, of those constituents of water that are known to be hazardous to health.

f) Emergency preparedness and response - Fire safety policy was developed and validated. The policy was designed to provide essential information to all Evex staff and Contractors on fire safety and fire protection requirements for the benefit and wellbeing of all patients, visitors and employees. It sets out uniform requirements for the fire safety and emergency response.

Implementation of the environmental and social management system was taking place in parallel to development of documented procedures, checklists and protocols at diverse levels and fronts of an organization, such as:

- Organization: EHS risks are being identified to make part of organizations' overall risk identification and management process. Since 2017, EVEX created a Risk Management Department that was successfully implemented throughout 2020 with number of cases reported and addressed. The objective is to mitigate risks at corporate level, covering business, operational, regulatory and clinical risks. A methodology was selected. Procedures and tools have been elaborated.

EHS coordinators are involved into diverse committees such as Safety and Infection Control and Quality Management Committee. EHS concerns are raised to the level of top management and addressed systematically in line with other issues. Local Infection Control Committees in the referral



hospitals are operational and spread out practices of waste management, infection control and prevention, and radioprotection.



- **Waste management:** site visits and inspections were conducted at all healthcare facilities in line with restrictions and regulations imposed by COVID 19. Compliance with regulatory requirements and industry best practices were demonstrated in onsite waste storage and segregation. In number of facilities waste storage areas have been improved and aligned to the best practices.
- **Emergency planning:** site visits and inspections were conducted at all healthcare facilities in line with restrictions and regulations imposed by COVID 19. Improvements of fire detection and fighting systems were demonstrated with cooperation of third-party Consultant (KARINA) and engagement of Vendors that performed upgrade of systems at DKC and Sunstone. Plans are established and implemented on improvement of existing infrastructure and conditions as well as training, raise the knowledge and alertness of personnel across facilities.
- **Training and awareness sessions** covering Environmental, Occupational Health and Safety and Life and Fire Safety matters are being rolled out for facility personnel such as nurses, epidemiologists and facility-based operations.

#### **Implementation of Corrective Action Plan agreed with ADB**

<b>CAP Item 1</b>	Adopt and cite GHG corporate policies in Evex ESMS documentation, to provide visibility of Evex's commitments to corporate policy with regards to Environmental, Health and Safety, Social, Labor and Gender.
	<p><b>Updated Completion Date: April 2021</b></p> <p><b>Completion Status:</b> ESMS procedures were reviewed and updated to cite applicable GHG Corporate Policies. Updated ESMS Procedures will be provided to ADB for review and approval</p>
<b>CAP Item 2</b>	Amend the existing EHS Due Diligence Procedure to include the following processes: (a) screening of proposed subprojects or investment activities against ADB's Prohibited Investment Activities List (PIAL); (b) screening and categorizing the significance of potential environmental and social impacts associated with the investment activities for environment, IR and IP per ADB SPS; (c) conducting ESDD commensurate with risk levels for E, IR, IP; (d)



	<p>developing corrective action plan (CAP) to address identified environmental and social issues; (e) including the CAP in the investment/project legal documentation . The information and references to this additional information could be included in sections 5, 6 and 7 of the EHS Due Diligence Procedure in line with the existing structure.</p>
	<p><b>Updated Completion Date: December 2020</b></p> <p><b>Completion Status:</b>  EHS Due Diligence procedure was revised and submitted for ADB review and approval. ADB comments and suggestions was integrated within updated procedure  EHS Due Diligence Procedure will be provided to ADB for review and approval</p>
<b>CAP Item 3</b>	<p>Amend Evex's existing E&amp;S procedures to incorporate requirements of the ADB SPS 2009 requirements and ADB's Social Protection Strategy 2001, covering Core Labor Standards as they apply to employees and contractors.</p>
	<p><b>Updated Completion Date: April 2021</b></p> <p><b>Completion Status:</b>  E&amp;S Procedures were revisited and updated for the purpose of incorporation of additional requirements from ADB SPS 2009 and ADB's Social Protection Strategy 2001, covering Core Labor Standards  Updated ESMS Procedures will be provided to ADB for review and approval</p>
<b>CAP Item 4</b>	<p>Describe internal grievance redress mechanism (GRM), with clear processes for raising grievances, recording, follow up and timely responding to relevant parties. The GRM should be available and clearly communicated to direct, indirect employees and contractors. Disclosure channels for projects and on-going</p>

	operations shall be clearly defined and documented.
	<p><b>Updated Completion Date: April 2021</b></p> <p><b>Completion Status:</b> Company Handbook and relevant ESMS procedures were updated to integrate internal grievance redress mechanisms (GRM). Updated Procedures will be provided to ADB for review and approval</p>
CAP Item 5	Prepare a detailed environmental and social organization charts at hospitals and corporate levels for the implementation of the ESMS with corresponding descriptions of roles and responsibilities of different staff and functions.
	<p><b>Updated Completion Date: December 2020</b></p> <p><b>Completion Status:</b> Environmental and social organization charts were prepared at hospitals and corporate levels for the implementation of the ESMS with corresponding descriptions of roles and responsibilities of different staff and functions submitted for ADB review and approval. ADB comments and suggestions was integrated within updated Org charts. Org charts with R&amp;Rs will be provided to ADB for review and approval</p>
CAP Item 6	Development of a compliance register system to ensure EHS coordinators and the broader group have an up to date overview of corporate and hospital E&S compliance status. This shall include as a minimum active listing and tracking of permits, approvals and submissions, monitoring reports and EHS records
	<p><b>Updated Completion Date: April 2021</b></p> <p><b>Completion Status:</b></p>

	<p>Compliance Register was developed including list of Applicable EHS Legislation, Licenses, and Monitoring reports</p> <p>Compliance register will be submitted for ADB review and approval</p>
<b>CAP Item 7</b>	<p>Develop a format and schedule for annual environmental and social performance report to ADB.</p>
	<p><b>Updated Completion Date: June 2020</b></p> <p><b>Completion Status:</b> Format and schedule for annual environmental and social performance report was developed and agreed with ADB. Annual reporting is performed per agreed format.</p>
<b>CAP Item 9</b>	<p>Conduct a review of the visibility of fire escape signage through the main passageways of the hospitals to ensure that patient and staff have a clear understanding of evacuation routes in emergency situations.</p>
	<p><b>Completion date – 25 March 2020</b></p> <p><b>Status – Completed in 2020</b></p>
	



Fire escape signage visibility review was conducted at the hospitals and additional signs provided to the main passageways and corridors of the hospitals to ensure clear identification of evacuation routes in the event of emergency situations

<b>CAP Item 10</b>	Site specific - Tbilisi Referral Hospital. Review and set limit the opening range of windows on floors above ground level to mitigate risks of falling.
	<b>Completion Date</b> – 25 March 2020 <b>Status</b> – Completed and reported in 2020
	

Opening range of windows onto every floor above ground level was reviewed and limitations were set to approximately 700 windows in the Tbilisi Referral Hospital (Sunstone) as a preventive measure to mitigate risks of falling.

<b>CAP Item 8</b>	Site specific - Tbilisi Referral Hospital. All facility rooms be subject to the EHS Coordinator and Facility managers ongoing audit program to identify and manage OHS risks.
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	<p><b>Completion date</b> – 25 March 2020</p> <p><b>Status</b> – Completed and reported in 2020</p>
	
	

Boiler and pump house buildings at Tbilisi Referral Hospital that were observed to be cluttered with multiple trip and fall risks from debris left from maintenance works were cleaned properly. Housekeeping program was revisited, and all the facility buildings and utilities made subject to routine EHS checks by nominated facility personnel as well as EHS Coordinators.

<p><b>CAP Item 11</b></p>	<p>Site specific - Caucasus Hospital (DKC). Assess trees around the oxygen storage tank storage and take necessary actions to ensure tank safety. Install vehicle bollards between the bulk oxygen storage tank and the vehicular movement area.</p>
	<p><b>Completion Date</b> – 25 March 2020</p> <p><b>Status</b> – Completed and reported in 2020</p>





Caucasus Hospital (DKC). Vehicle collision protection bollards were Installed between the bulk oxygen storage tank and the vehicular movement area to prevent risk of collision.

Assessment of trees around the oxygen storage tank was performed by the Authorised body – Tbilisi Botanical Garden Institution. Assessment identified 18 specimens in surroundings of the tank and oxygen pump building and concluded that 4 out of 18 specimens were diseased with increased risk of falling. Two out of these four trees are in the close proximity of oxygen infrastructure. Based on the Expert Conclusion, application will be made to relevant bodies of Tbilisi City Hall on the removal of diseased species.

## Safeguards Implementation

### Assessment and Management of Environmental and Social Risks and Impacts:

	Not being considered	Future consideration	Planning to implement	Currently Implementing	Successfully implemented	Date of certification/ re-certification
ISO 9001 - Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ISO 14001 - Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OHSAS 18001 - OHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (JCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

We seek to apply to Joint Commission International (JCI) Certification for the Megalab Laboratory by 2021. We consider applying for JCI Certification for DKC and anticipate four years' time period to obtain the certification.

## **Organizational Structure**

In 2018 the Group updated its business structure that had previously consisted of the polyclinics business under separate management and the hospitals business, including community clinics and referral hospitals under common control but managed separately from the polyclinics. According to the new structure, starting from 2019, the healthcare services business is divided into the following two segments: the clinics, which include polyclinics and community clinics, and referral hospitals. Both business lines, alongside pharmacy and distribution, medical insurance and laboratory businesses, become independent business lines reporting to the Group. Each of the business lines will have its own chief operating officer and supporting back office function, which was previously the case for pharmacy and distribution business as well as for medical insurance business.

The rationale behind grouping the community clinics and polyclinics under one business line is the similar nature of these two businesses. Both of them represent the first point of patient interaction, offering basic outpatient services and, in the cases of complicated procedures, referring patients to the nearest hospital.

The clinics and referral hospitals will be the leaders in their respective segments, pursuing significant growth opportunities and concentrating on a clearer strategy. Independent and more focused management teams will efficiently drive the businesses towards their strategic priorities” Work has continued throughout 2020 towards implementation of Environmental and Social Management System in the Company in line with applicable Legal and Regulatory requirements, IFC Performance Requirements, ADB Safeguard Policy Statement, Social Protection Strategy and industry best practices. This encompassed overall operations of EVEX.

Throughout the year we counted two Environment, Health and Safety Coordinators at corporate level managing environment, health and safety and social matters across the organization and reporting to the Operational Directors. EHS Coordinators are tasked with implementing applicable legal and Regulatory requirements, Environmental and Social Action Plan committed to DFIs, i.e. Development of procedures and implementing the ESMS, homogenizing procedures and practices as well as engagement into and monitoring of processes at facility level throughout the entire EVEX network from the EHS standpoint.

In 2021, HSE Coordinators will continue implementation of the ESMS, remain aligned with regulatory requirements, conduct inspections, verification and intervention at healthcare facilities focusing on general EHS, waste and fire management, representing EHS in the Safety and Infection Control Committee. Higher focus will be made towards improvements in life and fire safety area, where fulfilment of corrective actions remains a priority to obtain Construction certification for Suns tone and apply equivalent controls at DKC facility. EHS staff were employed in 2016 and continue to fulfill their roles since then based on the permanent contract.

## **Training**

We continue various training and development programmes for our employees to help them contribute to better clinical quality and performance through personal and professional development. A key objective is to invest in the next generation of doctors and position ourselves as the employer of choice.



In 2020, GHG invested GEL 2 million in training and development courses, mostly designed for nurses, physicians, pharmacists and managers.

GHG has continued to roll out the "GHG Leadership Programme", which was designed to develop and improve managerial and leadership skills for middle-level managers. For the participants of the programme, GHG has also developed a Personal Development Programme, which builds leadership competencies through effective performance feedback and coaching sessions. In 2020, 59 middle managers used the 360-feedback tool, developed their personal plan, and also took part in individual coaching sessions. 72% of Leadership development participants are female.

In line with its strategy to develop a new generation of doctors in Georgia, GHG launched in 2015 a postgraduate residency programme in a number of fields. These programmes ensure development of qualified specialists in the areas where we lack physicians and they have proved to be popular. Currently, we have 221 talented residents involved in 29 specialties, 16 of them have received 100% grant and 24 an 80% grant, while 20 residents have obtained student loans. Our residents are actively engaged in the new reality of caring for our COVID-19 patients.

GHG maintains a partnership with almost all leading universities in Georgia, which is the primary source of emerging talent. GHG has signed a memoranda of understanding (MoU) with [18] nursing colleges in all regions of Georgia.

To address the shortage of pharmacists and increase the number of staff qualified for this position, our retail (pharmacy) business initiated exclusive partnership programmes with several colleges. Under the exclusive agreement, GHG finances 50% of the total tuition fee. As of 2020, fourteen participants have been enrolled in the programme; all of them have been hired by GHG.

In addition, GHG initiated several projects to attract and develop young entry-level and specialists' positions.

- Under the Student Internship Programme, operated by the hospitals, clinics and medical insurance businesses, 250 students underwent internships in different GHG facilities and positions, 118 of which were hired by GHG.
- In 2020, clinics business started the employment campaign to attract medical and non-medical talent to fill more than 30 vacant places and employ around 300 professionals.

We are proud to have our own EVEX Learning Centre, the only centre in Georgia offering continuing medical education. The centre has been operating since 2014. Our learning centre independently develops and runs a variety of Continuing Professional Development Programmes ("CPDs"). Most of the CPDs consist of medical training for physicians and nurses, although some non-medical staff, such as hospital administrators and receptionists, can also participate.

In 2020, the EVEX Learning Centre trained a total of 1,157 nurses (both employees and candidates), 1,644 physicians and 1,513 back-office employees and managers.

Professional development of our retail pharmacy business employees is led by the GEPHA Training Centre trainers (employees with a background in pharmacology, para-pharmacy and operational standards), mentors (employees from different business units supporting on-the-job training and inductions) and coaches (employees with appropriate backgrounds who conduct soft skills training).

In 2020, due to the pandemic, our retail pharmacy business Training Centre adjusted their training programmes to the remote and digital environment, which will continue in 2021.

Our retail pharmacy business launched a new 27-hour, four-day Basic Sales Skills training programme for pharmacists. The programme started in November 2019 and had been planned to train all front-end staff by the end of 2020. However, due to COVID-19 implications, GHG managed to train only 3,094 participants. The purpose of the course is to improve sales, cross and up-sales skills through effective verbal and non-verbal communication, knowing client typology, having a variety of interactive tools in order to increase sales and customer satisfaction. The programme will continue in 2021.

In 2020, our clinics business focused on the family doctors' competency and career development. We have implemented a new career and motivation system and conducted the first annual attestation. In 2021, family doctors' development will be the main focus of the development programmes.

To encourage continuing professional development our Medical Insurance business operates its own Imedi L Academy, offering specialised vocational training programmes and courses to its employees. Training programmes are delivered by guest speakers as well as the company managers, who share their ideas, experience and best practices. Imedi L Academy has established a corporate library with a large variety of books to give employees opportunities for growth, learning and self-development. Imedi L Academy trained 1,123 participants in 2020.

In addition to specialized courses our Quality Management and facility operations personnel continue Environmental Manager Training focusing on interpretation of Waste Management Code adopted by Government of Georgia. The course was rolled out internally as part of the trainer program and attended by nominated personnel across all healthcare facilities.

Starting from June 2020 roll out of Life and Fire Safety training module started for the employees of EVEX Facilities. Primary goal is to cover full staff of Deka and Sunstone. Despite disruptions experienced due to COVID 19 the program rollout remains successful with around 630 persons out of 1600 trained YTD.

Due to COVID-19 Pandemic challenges, to enhance employee safety, our healthcare services business created a special training programme for the medical and non-medical employees covering personal protection, workplace safety and implementation of the new protocols in our hospitals. 10,130 doctors, 13,834 nurses and 8,438 admin staff of the hospitals business undergone continuous on-job instructions during the year. Our clinics business trained 218 medical employees.

Training topics and number of participants are given in **Annex 1** of the report

### **Significant Environmental and Social Events**

**During the reporting period, are you aware of any events that may have caused damage; brought about injuries or fatalities or other health problems; attracted the attention of outside parties; affected project labor or adjacent populations; affected cultural property; or created liabilities for your company?**

☒ Yes ☐ No

A case of flooding occurred at DKC: Central reception was flooded due to damaged hot water supply pipework. Flooding had not resulted into human health issue neither material damage

At DKC sterilizing machine was out of order due to expiration of an exploitation period. During sterilization process machine was observed to emit vapor/steam that could be a cause of burns to employees. Issue was addressed and New sterilizing machine was purchased.

Investigation took place in both cases and preventive measures were employed.

During reporting period there were no additional reported events that would have caused damage; brought injuries or fatalities or other health problems; attracted the attention of outside parties; affected project labor or adjacent populations; affected cultural property; or created EHS liabilities for the company.

During reporting period there were no additional reported events that would have caused damage; brought about injuries or fatalities or other health problems; attracted the attention of outside parties; affected project labor or adjacent populations; affected cultural property; or created liabilities for your company

### **Stakeholder Engagement**

As a major healthcare provider in Georgia and in the Caucasus region, we understand the importance of ensuring that we actively engage with, and take into account the views of, our major stakeholders. All these stakeholders are material to the long-term success of the business, and relationships with our stakeholders support the generation and preservation of value in the Company, as well as our culture and values

We strive to understand the expectations, needs, concerns and ideas of our stakeholders, be they shareholders, patients, healthcare professionals, employers, government, local communities and third-party suppliers. By incorporating their feedback into our daily business, we are able to address the most commonly expressed issues and develop solutions.

#### **Our Patients**

Patients play a key role in providing guidance for developing new services and provide insights into the existing services offered in our facilities.

In 2019 group Service Quality department conducted customer satisfaction survey across the Group. Furthermore, during the year, our call centre conducted an NPS (Net Promoter Score) survey across a number of our hospitals and clinics. In future years, we plan to roll this out across the entirety of our network. Our Quality department also conducted an analysis of customer feedback, gathered from various communication channels, in order to identify customer needs and demand.

#### **Healthcare professionals**

Healthcare professionals play a key role in ensuring that the patients receive quality healthcare. First-class leaders of our medical team are driving the improvement of service quality, sharing specialist knowledge and access of patients to healthcare. To ensure that all clinical and ethical

standards are in place, we are now engaging with senior clinicians across the Group through our dedicated Medical Boards throughout our network of hospitals.

To contribute to the improvement of understanding new, emerging clinical data, and advances in treatment and diagnosis, with more than 100 principal and sub investigators in the chain, our Hospitals and Clinics businesses have taken part in 60 clinical trials across several therapeutic areas with collaboration of more than 40 sponsors and Contract Research Organizations (CRO).

#### Workforce

We define our workforce as those that are directly employed by the Company. We use a range of mechanisms to ensure the views of our workforce are heard and understood, including regular employee engagement and employee satisfaction surveys, Town Hall sessions with senior management, and leadership talks undertaken by both senior managers and members of the Board.

#### Government and Regulators

We continue to engage regularly with Government departments, including at ministerial level, through a regular schedule of engagement and through attendance at round table and other policy-setting events.

#### Society

We spend significant time engaging with local communities through volunteering and outreach programmes. We also continue to support patients in more remote communities through our subsidised healthcare programme.

We take our environmental responsibilities seriously. We appreciate that societal expectations on corporates to tackle climate change continue to change, and we will continue to look at new and innovative ways of reducing our carbon footprint. We are engaging with higher education institutions and supporting the development of the next generation of healthcare students.

We maintain Stakeholder Management Framework to ensure structured approach to such needs. The framework defines the requirements to identify and engage with external stakeholders for all Evex activities, determines procedures for disclosure of information and development of grievance mechanisms.

The Stakeholder Engagement Frameworks sets out basic platform for engagement strategy, lists engagement tools employed to maintain relationship, outline to establish and maintain good relationships and cooperation with key external stakeholders including: Government Authorities; Shareholders; Lenders; Certification Bodies; Non-Governmental Organizations; Customers; Communities; Suppliers and other institutions with the following objectives:

- Earn the trust of external stakeholders.
- Strengthen relationship with external stakeholders to facilitate solution of business issues
- Demonstrate active leadership in stakeholder engagement.
- Protect reputation and enhance company public image.
- Safeguard license to operate, obtain permits and licenses in timely manner.
- Assess existing processes to clearly identify areas of cooperation with each stakeholder.
- Get consultancy and technical expertise.

This document does not apply to engagement with our employees and Contractors which is covered within the Staff Handbook.

In addition to the Framework, internal reporting tool has been implemented to systematically identify and report key data relating to the organization's EHS information. Collection, management and responding to grievance cases are important reportable under the new reporting tool.

### **Corporate Social Responsibility Initiatives**

When developing its strategy and operations improvement processes, we consider the interests of its main stakeholders: its patients, customers, shareholders, employees and society. We strive to support public welfare with all our business activities by developing socially oriented services, applying responsible approaches to our business operations and carrying out sponsorship and charitable activities. In doing so, we follow our undertakings in respect of social and community matters, as set out in our Environmental and Social Policy.

The Group serve three-quarters of the Georgian population and makes every effort to promote a healthy lifestyle. We use our medical expertise in our social initiatives to focus primarily on providing pro bono medical assistance, developing medical infrastructure and improving the health awareness of the population.

#### **Online Consultations and Doctors' online offices**

Our clinics business enhanced digital channels and provided free online consultations via the 24-hour hotlines. Our doctors provided more than 35,817 consultations via the 24-hour hotlines and more than 5,000 remote consultations to patients through social media. The clinics business introduced online consultations through the specially created Facebook groups where patients can receive general recommendations from the best professionals in the field. Online "cabinets" comprise more than 19,000 members. More than 5,000 queries were answered through social media.

#### **Medical Assistance Program**

Our hospitals business have been working hard to meet the needs of the community during its difficult times. Uncertainty created by pandemics significantly reduced the number of outpatient visits for prevention care and diagnostics, therefore the number of disease detection has been reduced dramatically which could become big Public Health threat for our citizens. The mindset and bias of patients had changed as well. While taking into account above mentioned circumstances, we decided to launch a Medical Assistance Program offering society free medical consultations, discount on ambulatory diagnostics and GEL 500 medical vouchers for stationary services in order to make medical services financially available. 4,124 patients benefited from the Medical Assistance Program.

#### **Free Concilium**

To improve quality of the remote medical services, our clinics business created an online Concilium. The council united leading specialists in Georgia and abroad. Complicated medical cases observed through online consultations had been discussed by 13 leading doctors from different fields.

## EVEXMOBILE

Our clinics business established and trained a mobile team of family physicians to examine medical workers who have the most intensive face-to-face contact with customers. Through a special mobile clinic – EVEXMOBILE, family doctors conducted medical examinations for the employees of various companies. The medical staff provided recommendations and instructions regarding coronavirus. Participants of the social responsibility programme were employed in the public transport, media, delivery and administrative fields. Within the scope of this project, more than 5,000 employees in 50 companies were examined.

## First Medical Forum Regarding COVID-19

The first Medical Forum at the beginning of the COVID-19 pandemic was held on April 16, 2020 by our clinics business where doctors from Georgia, the Netherlands and the United States shared their experiences. The forum covered several key topics, such as patient triage, diagnosis, referral, home quarantine and remote control. The forum was open for any medical representatives in Georgia. Up to 800 doctors from various clinics registered and took part in the forum.

## CSR Project With the Liberty Bank

As part of the unprecedented large-scale project of joint social responsibility of our clinics business and Liberty Bank, social card owners, including pensioners and socially vulnerable people received the highest discounts specially designed for outpatient and dental services. The services are accessible in 33 clinics covering six regions of Georgia. The project started in January 2020 and is still ongoing. The project benefited more than 10,000 patients, who received around 30,000 discounted services.

## Special Cards

Our clinics business launched a special discount card (with up to 70% discount) to be used for the unfinanced medical services by people who don't own private insurance. The card can be applied for ambulatory and dental services. By the end of 2020 14,032 services were used by 6,790 beneficiaries.

## CASE STUDY - DIGITAL TRANSFORMATION OF OUR PRIVATE BUSINESSES

To support our community during challenging times, in May 2020, GHG completed and launched an innovative, independent and fully integrated digital healthcare platform EKIMO. EKIMO combines all components of primary healthcare: hospitals, clinics, radiology units, retail pharmacies and medical insurance. During the lockdown periods and mobility restrictions, our online platform unlocked immense possibilities for our society, such as online consultations with doctors, appointment management, pharma delivery, and other online services. Our digital services simplified the pandemic related diagnosis and enhanced safety of the processes while reducing the environmental footprint.

## Sponsorship and charity

In 2020, the Group spent funds to finance different sponsorship and charitable activities, some of which are listed below. As part of the sponsorship and charitable activities, the Group continues to focus on promoting and enhancing access to education, conserving nature, supporting people with disabilities and special needs, and facilitating innovative projects that focus on social good. The Group's sponsorship and charity activities encourage partnerships with various foundations and Non-Governmental Organisations to deliver sustainable results and bring positive change. In doing so, we follow our undertakings in respect of social and community matters set out in our Environmental and Social Policy.

GHG support the Caucasus Nature Fund (CNF), as we are involved in the Project of Maintenance of Caucasus Natural and Cultural Heritage. The fund helps to support the effective long-term management of the protected territories of Armenia, Azerbaijan and Georgia.

GHG continues to support Georgian Solidarity Fund beneficiaries with free medical services at our facilities. In 2020, up to 85 beneficiaries received free medical check-ups at our hospitals. GHG also offered a 20% discount on all of our healthcare services to a charitable fund supporting children diagnosed with leukaemia and cancer.

In 2019, GHG introduced a new initiative for socially and economically disadvantaged individuals. Within the scope of this initiative, for every new-born baby, parents are gifted a GEL 20 voucher. Effective from December 2020, every new-born baby will receive a GEL 25 voucher as a gift and parents will receive special offers during 2021. The vouchers can be redeemed in our pharmacies. During 2020, [17,000] vouchers were issued.

GHG also supports activities to address increasing prevalence of diabetes in Georgia, by offering 50% discount on test strips to patients with diabetes.

We help patients with chronic diseases to get accessible and affordable care by offering special prices at GHG pharmacies on the medications they need on a regular basis. Such patients can register five most frequently used medicines on their GHG loyalty card (loyalty cards are available at our pharmacies) and get an extra discount on each purchase.

In 2020, Pharmadepot (one of our pharmacy chains) started to sell high demanded chronic disease medications with a symbolic price of GEL 1. The package comprises three to five medications and is changed on a monthly basis to cover different main medical conditions.

Our healthcare services business also provides free regular medical examinations in its facilities throughout the country. In 2020, the business carried out 21 different free screening programmes for up to 36,124 patients. Such free-of-charge medical check-ups and screening programmes include managing tuberculosis, cancer screenings, hepatitis C screening and antenatal programmes. Furthermore, in 2020, our hospitals business carried out 18 different free-of-charge medical check-ups, benefiting up to 1,630 patients. Apart from this, during the year our hospitals spent up to GEL 1.1 million to provide free medical services to the socially and economically disadvantaged groups of the population.

In addition, GHG's specialists deliver free medical services, including examination and treatment of socially and economically disadvantaged groups of the population. In cooperation with other healthcare institutions, GHG arranges free blood donations for its patients.

### **Promoting and enhancing a healthy lifestyle**

At our portfolio companies' level, to support a healthy lifestyle in 2020, GHG initiated several activities including sponsorship of medical TV programmes to reach out to a wider population in order to raise health awareness and promote healthcare practices. In 2020, GEL 76,800 was spent on financing these TV programmes (GEL 167,800 in 2019). Along with this, our clinics business provides free medical support and screening programmes for different illnesses to the pupils and teachers of nurseries.

## **Our employees**

Employee engagement activities have also been conducted by our portfolio companies in 2020. To increase safety and provide support for employees, GHG has created the "COVID-19 coordination centre" that offers different actions, such as:

- workplace safety and health - continuous training and on-job instructions for medical and non-medical employees.
- open communication - recurring dialogue between senior managers and employees via electronic platforms and on-site; and
- well-being support – conducting stress resilience webinars and providing psychological support.

In 2020, employee surveys were focused on COVID-related factors and organisational culture and values. According to the GHG's employee survey, conducted in May 2020, 80% of the employees report to be highly engaged, despite the remote work, and 83% of our front-end employees reported to feel safe at the workplace due to the norms and guidelines introduced by the companies during the pandemic.

The Employee Fund is one of the most popular workforce engagement projects among GHG's employees. Employees voluntarily contribute 1% of their monthly salary to the fund, while the business contributes 50% of the amount accumulated each month. The fund is managed solely by our employees through elected committees in each hospital and clinics. The Fund currently has 4,546 voluntary participants, and in 2020 raised more than GEL 0.5 million. The fund has contributed to more than 709 cases – mainly supporting the health issues including family members, as well as team-building, and motivational and learning activities for the employees.

## **New E&S initiatives implemented during the reporting period or additional managerial efforts on E&S aspects (e.g. Energy/water savings, sustainability report, waste minimization, etc):**

In 2019, the Group's healthcare services business achieved a true breakthrough in terms of digital transformation, with successful implementation of almost all elements of the Healthcare Information System ("HIS") in all its healthcare facilities across the country. Composed of Electronic Medical Records ("EMR"), Inpatient Medical Ordering System ("Ordering"), Picture Archiving and Communication System ("PACS") for radiology, Laboratory Information Management System ("LIMS"), and an administrative module including patient registration, visit bookings, billing, payments and reporting functions. Our HIS, developed fully in-house, is based on the best western practices, allows automation of all major processes, provides decision support for doctors and nurses, and is integrated with all domestic mandatory services required by the State.

The administrative module of HIS, involving patient registration, visits booking, payments and receivables, billing and medical inventory management, has been implemented in all GHG healthcare facilities since 2016. However, there were no electronic medical records or electronic medical histories of patients, no medical ordering system, no core operating system for doctors and nurses to help them in their daily work, no medical decision support system, no nurse triage or nurse workflow or any other feature of an EMR, either inpatient or outpatient. Our Group has successfully completed the largest software/core operating system implementation in the history of the country, involving EMR and Ordering almost in all its healthcare facilities. A total of c.9,000 users have been trained and



successfully transferred from papers to HIS, c.7,500 of which are doctors and nurses, and another c.1,500 are administrative, operations and support personnel.

By full implementation of outpatient EMR, Clinics business has successfully removed use of papers in all its 15 polyclinics and 19 community clinics in the country. All doctors and nurses have been trained, and they are now working in EMR.

Additionally, we have implemented “the Green Project” since 2018 by placing special boxes at our facilities for recycling paper waste. The money received from the sale of scrap paper collected at boxes will be used for various social activities.

We continually look at ways across the Group of reducing our carbon footprint and contribute to building a recycling-oriented society that strives to coexist with nature.

We consume thousands of kilowatts of electricity annually. Electricity usage accounts for more than half of our total greenhouse gas emissions. To be more environmentally friendly and responsible, we continue to implement energy-saving solutions, such as LED lights and other energy-efficient equipment, for example boilers and heating ventilation and air conditioning systems. In order to reduce air pollution and lessen our negative impact on the environment, our Medical Insurance business has shifted from traditional petrol-powered vehicles to lower emission hybrid vehicles. Our greenhouse gas emissions have nonetheless continued to increase with the expansion of our business, including the ramp-up of the new hospitals, the expansion of the pharmacy chain, and opening Mega Lab.

Since 2019, our Clinics business works in energy efficiency initiatives. At the initial stage, one of the clinics switched to Solar Power System, an alternative energy source. To minimize emissions and further contribute to eco-friendly energy consumption, two clinics replaced the diesel-powered heating system with a gas heating system. The business is going to continue implementing such initiatives in future.

Damaging effect of plastic on the environment is becoming increasingly well known. Last year the pharma business replaced plastic bags with eco-friendly canvas bags and put in place a reward system for our pharmacies’ customers to encourage them to use the canvas bags. In addition to canvas bags, Pharmadepot reluctantly uses paper bags as well. To reduce the use of paper bags, Pharmadepot has launched the following campaign – customers who return five branded paper bags get a discount on their next purchase. The returned bags are recycled to save materials and to lessen our impact on the environment.

We introduced eco batteries at our pharmacies that are 100% safe for standard recycling. This is a totally exclusive and novelty product in the Georgian market. Selling eco batteries once again emphasises our company’s responsibility for and approach to environmental matters.

In order to reduce air pollution and lessen our negative impact on the environment, our medical insurance business has shifted from traditional petrol-powered vehicles to hybrid vehicles. Hybrid vehicles are more fuel-efficient and emit less gas.

**Comments and/or grievances received by the Company in relation to E&S Issues:**

There were no reported cases of grievance during the reporting period relating to environmental and social matters.

The Company has several channels to record and address grievance mechanisms from diverse parties. Those are:

- Receptions at hospitals, clinics, and pharmacies
- Call centers
- Social Media

Each grievances/complaint case is screened and either responded directly or communicated to the relevant function for actioning and response.

To achieve the best quality of service we maintain promoting freedom of expression. The purpose of this initiative is to convince employees and others concerned about any aspect of the organization and its work to initiate and register concerns and seek resolution. Hotlines were set up in each of the Group's business webpages, where any affected stakeholder (including employees and patients) can raise their concerns.

## Labor and Working Conditions

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**Have you changed your Human Resources (HR) policies, procedures or working conditions during the reporting period?**

☒ Yes    ☐ No    Provide details

A new guideline was developed on Preventing Sexual harassment at workplace. According to the guideline sexual harassment is defined as an undesirable behavior of sexual character towards a person which behavior aims at or/and causes infringement of his/her dignity and creates frightening, hostile, humiliating or insulting environment for him/her.

In case of identified case of harassment, the parties involved are obliged to observe confidentiality in the processes of reviewal as well as enforcement of the decision; Appropriate measures shall be taken in accordance with the legislation in cases envisaged by the law.

An employee has the right to appeal to the legal appeal mechanism provided under the legislation of Georgia with the help of court or other institution/body.

**Information regarding workforce:**

<b>Name of Facility (Legal Entities)</b>	<b># of direct employees</b>	<b># female direct employees</b>	<b># employees terminated</b>	<b># employees hired</b>	<b># Contractor employees<sup>2</sup></b>	<b>Overall Number of employees</b>
EVEX Hospitals	5121	4374				5595
Pediatric	4	146				181
New Clinics	196	183				231
Evex Logistics	27	14				32
High Medical Technology Centre University based Clinic	-	-				-
Nephrology Development Clinical Centre	-	-				-
Caucasus Medicine Centre	702	600				782
Pathgeo – Pathology and Anatomy Union	1	1				1
Western Georgia Intervention Centre after Z. Tskhakala	786	651				821
Emergency Service	298	151				298
Paediatric Institute, Allergy and Rheumatology Centre	-	-				-

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<sup>2</sup> Contractors performing core functions for the Company in the premises of the Company or in the name of the Company

Facility (Legal Entities)	employee s	direct employee s	employees terminated	employee s hired	employees <sup>3</sup>	of employees
EVEX Clinics	1939	2172				2702
"Vere" Policlinics	3	5				5
"Alians medl" LTD	95	101				122
"Niudent" LTD	40	10				45
" Tskhaltubo District Hospital" LTD	55	50				66
Caucasus Medicine Centre	36	61				72

*NB: Figures are provided at Legal Entity Level hence HR data software does not enable further break down to specific facility level. It must be noted that number of employees hired, and employees terminated cannot be extracted on the facility and legal entity level.*

### **Labour and Social Protection**

We implement an Employee Corporate Manual. The handbook includes detail and application of the internal grievance mechanism, harassment and discrimination policy, conflict and violence management issues, internal dispute resolution mechanism, HSE requirements, work hours, overtime and breaks, as well as maternity policy. Harassment guidelines were update in more details. The Handbook was revised to identify gaps and verify conformity against ADB Social Protection Strategy. We deliver inductions to all staff upon employment including a rundown of core policies, procedures, requirements and benefits. This includes the HR system, how to locate and operate it and the central components of the system. HR system contain commitments of compliance to the Labour Code of Georgia and includes commitments to adhere to ILO Core Labour Standards.

All employees, permanent as well as short term employees hired based on the service agreement are made aware of Corporate handbook requirements, procedures, and entitlements. (Company officered benefits are applicable for permanent stuff only. Main stipulations of the Labour Law are referenced within the employment agreement. These stipulations and requirements on adherence to the labour law make part of the contractual agreement with Contractors.

HR team manages disputes and disciplinary actions within the organisation on a case by basis according to the set dispute resolution procedure set out in the Corporate Handbook. In this procedure, Evex management informs the head of HR for each disciplinary case. Management gathers

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<sup>3</sup> Contractors performing core functions for the Company in the premises of the Company or in the name of the Company

information from all conflict parties to understand complaints and description of what occurred. Information about the issue is then prepared and shared with the employee(s) subject to disciplinary hearing or actions. If the employee to be disciplined agrees to the summary of information and the conclusion/recommendations, they sign off on the report. If the employee(s) disagree they can escalate this to Georgian Employment Relations regulator hearing to resolve the issue.

Table with list of disputes:

Legal Entity	Business Unit	Type of Dispute (OLD)	Disputable Amount (GEL)	Other Disputable Claim(s)	Essence of dispute	Note/Status
Evex H	BAH	Civil - Labour Dispute	255142.5	–	29 former employees (nurses) of BAH violated their obligation not to become an employee of a competitive medical institution. Consequently they also breached the "garden leave clause" triggered by UNA (after their dismissal/retirement). UNA is demanding the penalty for the abovementioned violations foreseen by the employment contracts between the parties.	Case is Considered by Batumi City Court (Judge, Indira Mashaneishvili). Session has been postponed for undefined period.
Evex H & Other entity H	Evex H & KNMC	Civil - Labour Dispute	Non-monetary	reinstatement	The dismissed employee has filed an claim demanding reinstatement and reimbursment of lost salary, The hearing at Tbilici City Court was finelized in favor of us, the counter party has appealed the disision at Tbilisi Court of Appeals	Tbilisi City Court has refused to satisfy the claim. (Court has satisfied only the request for reimbursement of unused vacation period) The decision was appealed by the counterparty at Tbilisi Court of Appeals, the hearing (scheduled for February 19, 2020) was postponed for undefined period. (Judge Levan Mikaberidze / Case #2b/4763-18).
Evex H	TIH	Civil - Labour Dispute	112500	5333	The dismissed employee of has filed an application against their employer. The claimant demands reinstatement and/or compensation	The case is heard by Tbilisi City Court (judge - Ia Labadze, case #330210020003516919), hearing is not scheduled yet.
Evex H	TTH	Civil - Labour Dispute	Non-monetary		The dismissed employee has filed an claim against the Evex (Travmatology Hospital). The claimant demands reinstatement, reimbursment of lost salary and compensation.	The court secession was not scheduled yet.
Evex H	TIH	Civil - Labour Dispute	Non-monetary	Remuneration for compulsory delay and reinstatement	The dismissed employee of has filed an application against their employer. The claimant demands reinstatement	The case is heard by Tbilisi City Court (judge - Ketevan Kuchava, case #2/33136-17). According to the judgement passed on 09/07/19 the action was not satisfied. Vepkhvia Makhashvili has appealed. The case is heard by Tbilisi Court of Appeals (judge - Genadi Makaridze, case #2b/8483-19).
Evex H	TIH	Civil - Labour Dispute	Non-monetary	Remuneration for compulsory	The dismissed employee has filed an application against their employer. The claimant demands reinstatement and compensation.	The case was heard by Tbilisi City Court (judge - Zaal Maruashvili, case #2/1531-18). According to the judgement passed on

Legal Entity	Business Unit	Type of Dispute (OLD)	Disputable Amount (GEL)	Other Disputable Claim(s)	Essence of dispute	Note/Status
				delay and reinstatement		23/12/2020, the action was satisfied in part. TIH is going to appeal.
Evex H	TIH	Civil - Labour Dispute	Non-monetary	Remuneration for compulsory delay and reinstatement	The dismissed employee has filed an application against their employer. The claimant demands reinstatement and compensation.	The case was heard by Tbilisi City Court (judge - Zaal Maruashvili, case #2/1311-18). According to the judgement passed on 02/10/2020, the action was satisfied in part. TIH has appealed. The case is heard by Tbilisi Court of Appeals.

## Occupational Health and Safety

Occupational Health and Safety for employees represents a key risk area for the hospitals and encompasses a range of areas. Substantial consideration has been applied to OHS from a policy and procedure perspective, with safety procedures and task flow charts kept in place for all functions within the hospitals. This included PPE requirements, noise, heat, light and other hazard identification and warning signs. EVEX had established and implemented Infection Control and Prevention and Fire and Emergency systems in place. The awareness of risks to workers due to related to infection hazards, chemical handling risks, waste management and safe work practices are consistent across the facilities and well embedded.

A Quality Management Programme was created in 2015 that relies on modern approaches to quality matters in healthcare. The main goal of the programme is to form a new quality management framework based on methodical and comprehensive assessment of clinical practices.

To manage the programme, committees as well as in working units where formed, both of which operate at local and head office levels.

The main functions defined of committees in respect of the Quality Management Programme are:

- Identification of key quality and safety measures for hospitals.
- Suggestion of key recommendations for improvement based on analysis of quality metrics throughout the network; and
- Trend observation and programmes approval.

Presently it started with the head office and a few healthcare facilities but, in the future, committees will be formed for all referral hospitals. It is expected that the committees of these referral hospitals will meet at least twice a year. The chief clinical officer will be responsible for quality management at community hospitals.

working units are responsible for execution of defined quality management goals and objectives. They collect medical data in hospitals and carry out their own analysis for increased centralized reporting. Each working unit has a chief quality officer, a junior quality control specialist, an epidemiologist and a nurse specializing in the prevention of hospital infection.

Working units are actively involved in other clinical standardization processes relating to:

- Optimization of patient, information, medical and non-medical documentation flows.
- Development of clinical protocols and standard operating procedures in hospitals; and
- Standardization of billing and pricing processes.

Periodically, the units participate in other cross-functional and special projects. For instance, they set safety criteria for the expansion of hospitals in terms of infection control, patient safety, design and facility requirements for the Kutaisi Oncology Centre.

Effective data management can only be based on the monitoring of reliable indicators. Creating own adequate Group-wide database has therefore been one of major priorities. We have put mechanisms in place that allow us to routinely monitor core clinical activities. We have established databases which set core quality and safety indicators for our units with the highest risk (ICU, Neonatal Intensive Care Unit (“NICU”), Paediatric Intensive Care Unit (“PICU”)).

There were databases created containing information on mortality rates, penalties, medical errors and case reviews. An effective mechanism for providing reporting and feedback is also being created. We aim to integrate these databases into the centralized software of EVEX. This will help to systematically identify and report key occupational health and safety data across the organization. Quality Department has a leading role in running Infection Control and Safety Committees and development of procedures and protocols in the areas of radioprotection, infection control and prevention (including needle-stick injuries prevention measures) and patient safety that fall under occupational health and safety. The guiding documents are:

**Infection Control Programme:** Aims to reduce the spread of nosocomial infections (hospital-associated infections), morbidity, death and cost of medical services. For this purpose, defines two main directions: prevention of infection and management of already existed infections.

The program aims to: Reduce the risk of infections in patients and medical staff; Identification of infections and establishing the principles / measures for monitoring this process; introduce evidence-based medical principles based on the best practice principles in prevention of infections; Study and surveillance of the pathogenic flora of the clinic; Reducing the risk of infections related to medical devices, equipment and procedures.

**Managing Accident Control and Safety in Healthcare:** The document focuses on safety issues, which are currently important for medical facilities, including following directions: safety of patients, safety of medicines, radiation safety, allergies on latex, reaction to chemical reagents, biological risks, safety of work environment and public safety. Hazard control, risk management and proactive safety management programs.

**Policy of Application of Personal Protective Means in Radiation Safety:** Policy of Personal Safety Means is elaborated in compliance with the law of Georgia on “Nuclear and Radiation Safety” “Technical Regulations in Medical Radiation for Radiation Safety Requirements” and International Standards operating in nuclear and radiation safety and determines the rules of application of personal safety means as one of the components of radiation safety system.

The goal of the policy is to protect patients and personnel against negative impact of ionizing irradiation through promoting modern radiation safety standards, Also, to promote introduction of radiation safety

system in medical facilities and ensure the high-quality radiation studies in consideration with radiation safety principles.

**TB Prevention Protocol:** The goal is prevention, early detection and reduction of the spread of tuberculosis infections in medical institutions as well as in ambulatory and hospital network.

**Quality Management Policy:** the document aims to Improve the patient's quality of service quality by teamwork; Implement the efficient and efficient system of quality management; Implementing a system where permanent monitoring of clinical activity by all seven factors determining its effectiveness; Establishing effective communication and retrieval mechanism with personnel by coordinating and managing information provided in the quality service; Promote improvement of medical activity through evidence-based principles through timely identification of problems

**Risk Management Program:** Purpose of the program is to promote a risk reporting, monitoring and review system; Ensure the environment and approaches in the corporation to manage the risks; Existing or potential risks related to the activities of corporative medical entities; Assess the identified risks through prioritization and develop a response plan; Modern approaches to risk management in the daily activities of the corporation

### **Antimicrobial Resistance (AMR)**

We recognize our responsibility to contribute to the global efforts to tackle AMR. Recognizing the challenges faced in our healthcare facilities, the clinical staff from the head office, as well as at the hospitals, devised a plan with a multi-disciplinary stepwise approach. At the initial stage, we focused on implementation of core elements of Infection Prevention and Control, which is the starting point for further Antibiotic Stewardship activities.

We have developed a three-year IPC programme. In collaboration with the US Center of Disease Control and Prevention ("CDC") representative office in Georgia, our medical staff participated in special IPC training sessions. IPC-trained nurses were based at each hospital and, with the help of our epidemiologists, now supervise the hospitals' infections control and prevention activities. Our staff are also engaged in developing national IPC guidelines and protocols. Intensive Care Units ("ICUs") were identified as the highest risk areas in hospitals, where quality data collection, IPC reporting and feedback systems were implemented.

We started to manage the use of antibiotics through relevant restrictions and authorizations. In each hospital, a clinician is assigned to oversee the prescription of antibiotics and restrict the use of third line antibiotics without the authorization of a special clinical team. A position of the Chief Pharmacist was created at the head office level, to which a specialist with an internal medicine background was appointed. The Chief Pharmacist, together with the hospital's Chief Clinical Officer and medical personnel, authorize these prescriptions. Apart from IPC reporting, quality teams must collect quality and safety metrics in the ICUs and hospitals mortality dataset. The information related to antibiotics, such as the group of antibiotics, the length of use and the side effects of antibiotics, form part of the quality report.

Our clinical teams from the head office, as well as at the hospitals, analyze the report, including the information on frequently used antibiotics in the ICUs, how long they are used and how often clinicians'



resort to de-escalation. Based on this analysis, the areas for improvement are identified and relevant steps for actions are defined.

In 2019, in collaboration with the European Bank for Reconstruction and Development (“EBRD”), we conducted an AMR workshop session. Experts from the UK performed point prevalence research based on the Antibiotic Stewardship audit toolkit. Based on the audit results, we received feedback covering antimicrobial stewardship capacity and capability assessment. Antimicrobial Stewardship (AMS) awareness among our staff, strong support from leaders, effective link to the quality improvement activities, a formalized IPC system, a functioning microbiology lab infrastructure and commitment to biosafety were defined as key strengths of our healthcare facilities.

The progress made by the Group in the previous years was positively assessed. However, in order to achieve medium to long-term sustainable success, we received a list of recommendations, which we plan to implement step-by-step in our quality and safety system.

Report Total numbers for each parameter	This reporting period		Previous year	
	Direct employees	Contractor employees	Direct employees	Contractor employees
Number of employees	<b>15,200</b>		<b>15,900</b>	
Total man-hours worked	<b>No data obtained</b>	<b>No data obtained</b>	<b>No data obtained</b>	<b>No data obtained</b>
Number of fatalities	<b>0</b>	<b>0</b>	0	0
Number of LTAs*	<b>0</b>	<b>0</b>	0	0
LTA Frequency Rate (No of LTAs/million working hours)	<b>NA</b>	<b>NA</b>	NA	NA
Total number of lost workdays	<b>0</b>	<b>0</b>	0	0
Severity Rate (No of lost days/million working hours)	<b>0</b>	<b>0</b>	0	0
Number of new occupational disease cases	<b>0</b>	<b>0</b>	0	0
Number of Vehicle collisions resulting in injuries	<b>0</b>	<b>0</b>	0	0

#### Details for the non-fatal injuries during this reporting period:

Accident reporting is centralized by the Quality Team. 32 cases of needle stick injuries were reported and taken care throughout the reporting period.

Company or contractor employee?	Total workdays lost	Description of injury	Cause of accident	Corrective measures to prevent reoccurrence
32 cases of reported needlestick injury of employees	NA	Needlestick injury	Accidental Needlestick injury while performing daily duties	<b>Immediate measures:</b> Immunization on hepatitis <b>Preventive measures:</b> Planned awareness / training program rollout to nursing personnel on needlestick risks, safe handling and disposal of used needles

### **Life and Fire Safety**

In December 2018 we hosted Life and Fire Safety audit, conducted by the KARINA Design, Consultancy and Training Services LTD. DKC and Sunstone Facilities were audited. Improvement needs were identified by the Auditors both facilities in the areas of:

- Fire rated door condition and quality
- Compartmentation of the base floors
- Compartmentation of the inpatient rooms
- Separation of service shafts as separate fire compartments
- Separation of elevator shafts as separate fire compartments
- Compartmentation of the corridors
- Unavailability of detection system for the concealed spaces
- Need for a dedicated and listed fire pump and reservoir for sprinkler system and fire hoses at sunstone
- Defective emergency lighting
- Defective emergency signs
- Pressurization of the staircases towards the fire exits

We established contract with KARINA Design, Consultancy and Training Services LTD in 2019 for the purpose of provision of Independent Architectural and Engineering Consultancy Services for the assessment or improvement services of existing/installed Fire & Life Safety means and required corrections in the hospital buildings in accordance with international standards. In order to have nationally and internationally accepted, design and implementation of Fire&Life Safety issues in “Deka Hospital”.

The relevant subjects to be covered within the scope shall be as follows:

- Fire Prevention
  - Combustible material control

- Ignition source control
  - Preventing combustible-ignition source interaction
  - Safe Operations and Handling of Hazardous Material
- Life Safety Means
    - Means of Egress
    - Emergency Lighting
    - Emergency Exit Signage
    - Forced/Natural Smoke Ventilation
    - Stairwell Pressurisation
    - Smoke Compartmentation
- Passive Protection Means
    - Structural Fire Protection
    - Fire Compartmentation (fire partitions, fire doors, fire dampers, etc.)
- Manual Intervention Means
    - Portable Extinguishers
    - Indoor Hose System
- Automatic Intervention Means
    - Automatic Sprinkler Systems
    - Automatic Gas Suppression Systems
    - Automatic Kitchen Hood Suppression Systems
- Fire Detection & Alarm System
    - Fire Detection System
    - Audio-visual Indicating & Announcement System
- Complementary Systems
    - Fire Water Demand Analysis
    - Fire Water Reservoir
    - Fire Water Pressurisation (Fire Pump) System
    - Fire Water Distribution System
- Readiness & Emergency Management
    - Emergency Evacuation Planning
    - Emergency Planning
    - Fire Department Intervention
- Operation & Maintenance
    - Maintenance Management
    - Periodic Maintenance Programs

Following L&FS improvement actions were completed during 2020:

- Full design documents. Following tender documents in accordance with the required constructional works are prepared in areas of:
  - Fire compartment & confinement of building – drawings and specifications
  - Fire stopping system drawing & tender documents
  - Fire Detection & Alarm system – Drawings and specifications.
  - Emergency Illumination System Drawings and specifications
  - Fire water supply (reservoir & Pump) system drawings & specifications
  - Stair pressurization system drawings & specifications.
  - Fire Hydrant System Drawings & Specifications
- A thermal camera survey for Deka and Sunstone followed by the corrective measures at areas where heat increase was detected.
- Life Safety Plan for Deka and Sunstone
- Fire Emergency Response Plans for Deka and Sunstone
- Fire Drill Execution & Application Plan for Deka and Sunstone
- Signage Drawing for Deka and Sunstone
- Training & Orientation Program Implementation – over 630 employees of Deka and Sunstone received LFS training from June 2020 - YTD
- Maintenance activities on existing fire alarm system at Deka and Sunstone
- Housekeeping program with written protocol

In addition to above two facilities subject to external auditing, routine fire safety assurance measures were implemented for all the hospitals within the network focusing on the following areas:

- Provision of Fire Extinguishers for Healthcare Facilities and Auxiliary Buildings
- Arrangement of Oxygen Cylinder Storages
- Implementation of Fire Safety Requirements for Building Heating and ventilation Systems
- Inspection and upgrade Fire Detection and Alarm systems
- Training programs for employees to enhance Emergency Preparedness measures

Fire Safety Verification Activities	Mandatory Frequency	Date(s) Performed	Observed Deficiencies	Corrective Actions and Schedule For Implementation
Fire Drills	Minimum: three/year	NA	NA	NA Fire drills were not implemented during 2020. Drills were planned performed via engagement and lead of KARINA that would provide valuable guidance and experience for us to continue leading process

Fire Safety Verification Activities	Mandatory Frequency	Date(s) Performed	Observed Deficiencies	Corrective Actions and Schedule For Implementation
				independently, however rounds planned for 2020 had to be postponed due to restrictions imposed by COVID 19 pandemic. Auditing round performed by KARINA is to take place in October and implementation of fire drill exercises is planned. The drill will aim to test readiness, knowledge and coordination of diverse key roles and effectiveness of fire systems deployed at hospitals
Inspect and certify fire detection and suppression electrical and mechanical systems	Minimum: one/year	Routine Internal Inspection	<b>DKC</b> Systems inspected: 1. Smoke and heat detectors – 383 2. Centralized Alarm Panels – 4 3. Manual alarm Call points – 26 4. Fire hose Reels - 31  <b>Sunstone</b> Systems inspected: 5. Smoke and heat detectors – 350 6. Centralized Alarms – 1 7. Manual alarm Call points – 212 8. Fire Hose Reels - 27	Planned internal inspection / maintenance.  Vendors were engaged to inspect and perform corrective measures on Centralized Alarm control systems at DKC and Sunstone. Systems were fully upgraded at both healthcare facilities.  Cases of defective water supply systems and fire hose reels were identified at both healthcare facility
Inspect, refill/recharge portable fire extinguishers	Minimum: two inspections/year	Quarterly Facility Visits by Contractor	<b>DKC</b> 145 Fire Extinguishers inspected. Recharged – 18 Replaced - 10  <b>Sunstone:</b>	External provider (Achara fire Protection) is contracted to provide planned inspection and replacement of fire extinguishers across the entire corporation including DKC and Sunstone hospitals.

Fire Safety Verification Activities	Mandatory Frequency	Date(s) Performed	Observed Deficiencies	Corrective Actions and Schedule For Implementation
			98 fire extinguishers inspected. Recharged - 6. Replaced – 0.	

## Resource Efficiency and Pollution Prevention

### Effluents Levels for Health Care Facilities

To manage wastewater generated at our healthcare facility a designated document was developed and endorsed by Management - Wastewater Management and Monitoring Procedure. The document describes wastewater management at healthcare facilities: responsibilities, preventive measures to minimize pollution, and additional monitoring and treatment issues specifically for DKC and Sunstone. Sampling and monitoring of the sewage of sewage generated in DKC and Sunstone facilities was continued throughout 2020.

DKC and Sunstone each have one effluent monitoring point at the central wastewater collection manhole before the connection to municipal sewerage system. Samples were collected monthly by contracted third party laboratory. Sampling results are given in the tables below

We identified the cases of exceedance of organic and oil and grease parameters against the standards during the monitoring round. The investigation process has not yet revealed any specific reagents used that would result in increase of the oil and grease. To avoid high oil and grease composition in the discharge, installation of herlite-containing sorption cluster filters is considered at the outlets of sewage treatment system. The necessity and design details are being reviewed with the equipment vendor.

It should be emphasized that the monitoring scope implemented and listed within the table are applicable to direct discharges to ground or water environment per IFC Performance Standards, similarly these are beyond the local statutory requirements, considering that wastewater from both of these facilities, similarly to others within EVEX hospitals network discharge to the municipal sewer lines that undergoes additional treatment into the municipal treatment systems.

**DKC Effluent Monitoring results for January 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9	S.U	6.65	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50	mg/l	52.1	mg/l	52.1 mg/l
Chemical oxygen demand COD	250	mg/l	70.2	mg/l	< BOD x2.5 Mg/l 70.2 mg/l
Oil and Grease	10	mg/l	7.8	mg/l	7.8 mg/l
Total Suspended Solid(TSS)	50	mg/l	7.0	mg/l	500 mg/l 7.0 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.034	mg/l	0.034 mg/l
Total coliform bacteria	400	MPN <sup>a</sup> / 100ml	840 000	MPNa / 100ml	840 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	g/L		g/L	
Temperature increase	<3 <sup>b</sup> °c		12°c		40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage) 12 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for January 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	7.67 S.U	6.5-9 S.U	7.67 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	88.1 mg/l		88.1 mg/l
Chemical oxygen demand COD	250 mg/l	120 mg/l	< BOD x2.5 Mg/l	120 mg/l
Oil and Grease	10 mg/l	11 mg/l		11 mg/l
Total Suspended Solid(TSS)	50 mg/l	9.0 mg/l	500 mg/l	9.0 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.013 mg/l		0.013 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	52 000 MPNa / 100ml		52 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	14 <sup>c</sup> °C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	14 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)



**DKC Effluent Monitoring results for February 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	6.65 S.U	6.5-9 S.U	6.65 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	88 mg/l		88 mg/l
Chemical oxygen demand COD	250 mg/l	160 mg/l	< BOD x2.5 Mg/l	160 mg/l
Oil and Grease	10 mg/l	5.4 mg/l		5.4 mg/l
Total Suspended Solid(TSS)	50 mg/l	7.0 mg/l	500 mg/l	7.0 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.2 mg/l
Phenols	0.5 mg/l	0.04 mg/l		0.04 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	440 000 MPN <sup>a</sup> / 100ml		440 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	12°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	12 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for February 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	7.67 S.U	6.5-9 S.U	7.67 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	102 mg/l		102 mg/l
Chemical oxygen demand COD	250 mg/l	220 mg/l	< BOD x2.5 Mg/l	220 mg/l
Oil and Grease	10 mg/l	13 mg/l		13 mg/l
Total Suspended Solid(TSS)	50 mg/l	13 mg/l	500 mg/l	13 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.013 mg/l		0.013 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	52 000 MPNa / 100ml		52 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	14 <sup>c</sup> °C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	14 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**DKC Effluent Monitoring results for March 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	6.65 S.U	6.5-9 S.U	6.65 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	80 mg/l		80 mg/l
Chemical oxygen demand COD	250 mg/l	245 mg/l	< BOD x2.5 Mg/l	245 mg/l
Oil and Grease	10 mg/l	12 mg/l		12 mg/l
Total Suspended Solid(TSS)	50 mg/l	20 mg/l	500 mg/l	20 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.02 mg/l		0.02 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	400 000 MPNa / 100ml		400 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	12°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	12 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for March 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	7.67 S.U	6.5-9 S.U	7.67 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	120 mg/l		120 mg/l
Chemical oxygen demand COD	250 mg/l	280 mg/l	< BOD x2.5 Mg/l	280 mg/l
Oil and Grease	10 mg/l	13.5 mg/l		13.5 mg/l
Total Suspended Solid(TSS)	50 mg/l	14 mg/l	500 mg/l	14 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.024 mg/l		0.024 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	440 000 MPN <sup>a</sup> / 100ml		440 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	14 <sup>c</sup> °C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	14 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**DKC Effluent Monitoring results for April 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	7.25 S.U	6.5-9 S.U	7.25 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	45 mg/l		45 mg/l
Chemical oxygen demand COD	250 mg/l	170 mg/l	< BOD x2.5 Mg/l	170 mg/l
Oil and Grease	10 mg/l	8.0 mg/l		8.0 mg/l
Total Suspended Solid(TSS)	50 mg/l	34 mg/l	500 mg/l	34 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.02 mg/l		0.02 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	38 000 MPNa / 100ml		38 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	12°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	12 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for April 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	7.4 S.U	6.5-9 S.U	7.4 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	80 mg/l		80 mg/l
Chemical oxygen demand COD	250 mg/l	220 mg/l	< BOD x2.5 Mg/l	220 mg/l
Oil and Grease	10 mg/l	15 mg/l		15 mg/l
Total Suspended Solid(TSS)	50 mg/l	8.0 mg/l	500 mg/l	8.0 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.04 mg/l		0.04 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	548 000 MPN <sup>a</sup> / 100ml		548 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	14 <sup>c</sup> °C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	14 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**DKC Effluent Monitoring results for May 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	7.25 S.U	6.5-9 S.U	7.25 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	80 mg/l		80 mg/l
Chemical oxygen demand COD	250 mg/l	260 mg/l	< BOD x2.5 Mg/l	260 mg/l
Oil and Grease	10 mg/l	8 mg/l		8 mg/l
Total Suspended Solid(TSS)	50 mg/l	4.6 mg/l	500 mg/l	4.6 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.02 mg/l		0.02 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	38 000 MPNa / 100ml		38 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	12°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	12 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for May 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9	S.U	7.4	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50	mg/l	70	mg/l	70 mg/l
Chemical oxygen demand COD	250	mg/l	214	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	6.4	mg/l	6.4 mg/l
Total Suspended Solid(TSS)	50	mg/l	8	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.04	mg/l	0.04 mg/l
Total coliform bacteria	400	MPN <sup>a</sup> / 100ml	48 000	MPNa / 100ml	MPN <sup>a</sup> / 48 000 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase	<3 <sup>b</sup> °c		14 <sup>o</sup> c		40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage) 14 °c (This presents not a temperature increase but a baseline effluent temperature during the sampling)



**DKC Effluent Monitoring results for June 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	8.0 S.U	6.5-9 S.U	8.0 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	70 mg/l		70 mg/l
Chemical oxygen demand COD	250 mg/l	200 mg/l	< BOD x2.5 Mg/l	200 mg/l
Oil and Grease	10 mg/l	8 mg/l		8 mg/l
Total Suspended Solid(TSS)	50 mg/l	22.4 mg/l	500 mg/l	22.4 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.02 mg/l		0.02 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	400 000 MPNa / 100ml		400 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	12°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	12 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for June 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9	S.U	7.4	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50	mg/l	40	mg/l	40 mg/l
Chemical oxygen demand COD	250	mg/l	160	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	4.2	mg/l	4.2 mg/l
Total Suspended Solid(TSS)	50	mg/l	22	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.02	mg/l	0.02 mg/l
Total coliform bacteria	400	MPN <sup>a</sup> / 100ml	480 000	MPNa / 100ml	87480 MPN <sup>a</sup> / 000 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase	<3 <sup>b</sup> °C		14 <sup>c</sup> °C		40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage) 14 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**DKC Effluent Monitoring results for July 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	8 S.U	6.5-9 S.U	8 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	140 mg/l		140 mg/l
Chemical oxygen demand COD	250 mg/l	380 mg/l	< BOD x2.5 Mg/l	380 mg/l
Oil and Grease	10 mg/l	6.8 mg/l		6.8 mg/l
Total Suspended Solid(TSS)	50 mg/l	22,4 mg/l	500 mg/l	22.4 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.004 mg/l		0.004 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	440 000 MPNa / 100ml		440 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	12°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	12 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for July 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9	S.U	7.4	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50	mg/l	60	mg/l	60 mg/l
Chemical oxygen demand COD	250	mg/l	180	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	14	mg/l	14 mg/l
Total Suspended Solid(TSS)	50	mg/l	22	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.002	mg/l	0.002 mg/l
Total coliform bacteria	400	MPN <sup>a</sup> / 100ml	480 000	MPNa / 100ml	480 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase	<3 <sup>b</sup> °C		14 <sup>c</sup> °C		40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage) 14 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**DKC Effluent Monitoring results for August 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	7.6 S.U	6.5-9 S.U	7.6 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	88 mg/l		88 mg/l
Chemical oxygen demand COD	250 mg/l	240 mg/l	< BOD x2.5 Mg/l	240 mg/l
Oil and Grease	10 mg/l	6.5 mg/l		6.5 mg/l
Total Suspended Solid(TSS)	50 mg/l	25.5 mg/l	500 mg/l	25.5 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.02 mg/l		0.02 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	420 000 MPNa / 100ml		420 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	12°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	12 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for August 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	7.2 S.U	6.5-9 S.U	7.2 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	60 mg/l		60 mg/l
Chemical oxygen demand COD	250 mg/l	220 mg/l	< BOD x2.5 Mg/l	220 mg/l
Oil and Grease	10 mg/l	14 mg/l		14 mg/l
Total Suspended Solid(TSS)	50 mg/l	24 mg/l	500 mg/l	24 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.02 mg/l		0.02 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	52000 MPN <sup>a</sup> / 100ml		52000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	14 <sup>c</sup> °C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	14 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**DKC Effluent Monitoring results for September 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	6.8 S.U	6.5-9 S.U	6.8 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	48 mg/l		48 mg/l
Chemical oxygen demand COD	250 mg/l	120 mg/l	< BOD x2.5 Mg/l	120 mg/l
Oil and Grease	10 mg/l	8 mg/l		8 mg/l
Total Suspended Solid(TSS)	50 mg/l	12 mg/l	500 mg/l	12 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.02 mg/l		0.02 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	380 000 MPNa / 100ml		380 000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	12°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	12°C (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for September 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	7.2 S.U	6.5-9 S.U	7.2 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	42.3 mg/l		42.3 mg/l
Chemical oxygen demand COD	250 mg/l	240 mg/l	< BOD x2.5 Mg/l	240 mg/l
Oil and Grease	10 mg/l	6.5 mg/l		6.5 mg/l
Total Suspended Solid(TSS)	50 mg/l	3.3 mg/l	500 mg/l	3.3 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.02 mg/l		0.02 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	440000 MPNa / 100ml		440000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	14°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	14°C (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)



**DKC Effluent Monitoring results for October 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	6.8 S.U	6.5-9 S.U	6.8 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	64 mg/l		64 mg/l
Chemical oxygen demand COD	250 mg/l	180 mg/l	< BOD x2.5 Mg/l	180 mg/l
Oil and Grease	10 mg/l	3.3 mg/l		3.3 mg/l
Total Suspended Solid(TSS)	50 mg/l	4.4 mg/l	500 mg/l	4.4 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.02 mg/l		0.02 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	48000 MPNa / 100ml		48000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	12°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	12°C (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for October 2020:**

<b>Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)</b>				
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>	DKC/Sunstone Performance (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9 S.U	7.2 S.U	6.5-9 S.U	7.2 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50 mg/l	88 mg/l		88 mg/l
Chemical oxygen demand COD	250 mg/l	240 mg/l	< BOD x2.5 Mg/l	240 mg/l
Oil and Grease	10 mg/l	6.5 mg/l		6.5 mg/l
Total Suspended Solid(TSS)	50 mg/l	3.3 mg/l	500 mg/l	3.3 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.02 mg/l		0.02 mg/l
Total coliform bacteria	400 MPN <sup>a</sup> / 100ml	440000 MPNa / 100ml		440000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 <sup>b</sup> °C	14°C	40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	14°C (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**DKC Effluent Monitoring results for November 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9	S.U	8.8	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50	mg/l	<3	mg/l	<3 mg/l
Chemical oxygen demand COD	250	mg/l	274	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	<5	mg/l	<5 mg/l
Total Suspended Solid(TSS)	50	mg/l	5.0	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.02	mg/l	0.02 mg/l
Total coliform bacteria	400	MPN <sup>a</sup> / 100ml	780000	MPNa / 100ml	780000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase	<3 <sup>b</sup> °C		13°C		40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage) 13°C (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for November 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9	S.U	8.15	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50	mg/l	40.5	mg/l	40.5 mg/l
Chemical oxygen demand COD	250	mg/l	120	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	12	mg/l	12 mg/l
Total Suspended Solid(TSS)	50	mg/l	10.0	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0028	mg/l	<0.0028 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.0093	mg/l	0.0093 mg/l
Total coliform bacteria	400	MPN <sup>a</sup> / 100ml	1050000	MPNa / 100ml	1050000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase	<3 <sup>b</sup> °C		12°C		40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage) 12°C (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**DKC Effluent Monitoring results for December 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9	S.U	7.6	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50	mg/l	63.4	mg/l	63.4 mg/l
Chemical oxygen demand COD	250	mg/l	82	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	<5	mg/l	<5 mg/l
Total Suspended Solid(TSS)	50	mg/l	12.0	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.002	mg/l	0.002 mg/l
Total coliform bacteria	400	MPN <sup>a</sup> / 100ml	910000	MPNa / 100ml	910000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase	<3 <sup>b</sup> °C		10°C		40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage) 10°C (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Sunstone Effluent Monitoring results for December 2020:**

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) <sup>2</sup>
pH 6	6-9	S.U	7.7	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD <sub>5</sub> )	50	mg/l	59.2	mg/l	59.2 mg/l
Chemical oxygen demand COD	250	mg/l	80.0	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	<5	mg/l	<5 mg/l
Total Suspended Solid(TSS)	50	mg/l	10.0	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.034	mg/l	0.0034 mg/l
Total coliform bacteria	400	MPN <sup>a</sup> / 100ml	730000	MPNa / 100ml	730000 MPN <sup>a</sup> / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase	<3 <sup>b</sup> °c		10°c		40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)
					10°c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

**Notes:**

<sup>a</sup> MPN = Most Probable Number

<sup>b</sup> At the edge of a scientifically established mixing zone which takes into account ambient water quality, receiving water use, potential receptors and assimilative capacity

## Non-Hazardous Waste Management

Medical facilities' one of most significant environmental impact is the generation of medical waste. Environmental risks can be significantly minimized with proper waste handling and safe disposal. In identifying and minimizing this environmental impact and putting these procedures into practice we follow established Waste Management Procedure. Our waste management process is compliant with the industry best practices and relevant Georgian legislation, which defines the categories and the appropriate procedures for medical waste treatment.

We have always ensured that our medical waste management record-keeping standards remained at least in line with the national legislative requirements. We further amended such standards in 2018 to be in compliance with new national regulations that came into force during 2018. Our personnel are responsible for registering the information on the produced hazardous waste on the Government platform and filling out waste registration and transportation forms. To further reduce risks and maintain regulatory compliance, we conduct ongoing internal trainings on waste management procedures. At each of our hospitals, there is a designated storage room set up to keep waste before final disposal.

Designated storage rooms are set up at each of our hospitals, to store the waste before final disposal.

For waste collection, we use plastic bags that have sufficient strength and are secured with staples to safely retain waste. Also, we fill up to two-thirds of the bags' capacity. Further, steam sterilization is used to decontaminate biological and biohazardous waste, including blood.

All used sharp objects are placed in labelled, hermetically sealed single-use containers made of hard plastic. Waste is collected from our sites daily, or twice a day when required. The maximum on-site storage time of waste is 24 hours.

To prevent harm to humans and environment, our healthcare facilities collect and dispose of medical and biological waste through a specialized outsourced service that are safely incinerated at certified incinerator facilities.

### DKC

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.09	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	2.1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.2t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

General healthcare waste	120m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
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#### Sunstone

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	2.3t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	5.5t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.8t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	99m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Gldani Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.2t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	9m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Mtatsminda Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill



General healthcare waste (Paper and Cardboard)	0.5t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	9m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Didi Digomi Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.3t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	5m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Didube Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.04t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	12m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Isani Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
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General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.4t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	10m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Varketili Outpatient Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.4t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.06t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	10 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Traumatology Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.8t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.7t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	58 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

**Zugdidi Outpatient Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.6t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	5.8 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

**Zugdidi Referral Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	1t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	2.2t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.6t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	75 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

**Poti Outpatient Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.2t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

General healthcare waste	9 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
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#### **Martvili hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.7t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.06t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	6m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Chkhorotsku hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.5t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	6 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Tsalenjikha hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.5t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)

General healthcare waste (Biodegradables from Canteen)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	5.5 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Khobi hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.8t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	7.5 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Abasha hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.6t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	8m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Khoni Referral hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

General healthcare waste (Paper and Cardboard)	1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	10 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Terjola Referral hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.8t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	5m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Tkibuli Referral hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.07t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.7t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	9 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Kutaisi Referral hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

lining and packaging materials, clean single use clothing etc.)			
General healthcare waste (Paper and Cardboard)	1.7t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	132m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Marneuli Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.6t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	11 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Iashvili Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.3t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.3t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	1t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	67 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

**Telavi Referral Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.3t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.3	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.9t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	22 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

**Karaps Medline Clinic**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.2t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.1	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	22 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

**I Tsitsishvili Children Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.4t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill



General healthcare waste (Paper and Cardboard)	0.2t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	58 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Telavi Ambulatory**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.6t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.3t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.7t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	9 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Akhmeta Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.3t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.3t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.3t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	11 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Kvareli Hospital**

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.2t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.2t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	11m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Poti Central Clinical Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.08t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.6t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	29m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### “Saint Nicolaus” Surgical and Oncology Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	1.1t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)

General healthcare waste (Biodegradables from Canteen)	0.7t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	53 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Western Georgia National Intervention Medicine Center after “Z. Tskhakaia”

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.06t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.7t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.6t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	152 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### LTD Alian Medi Clinic

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.5t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	9 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### LTD New Clinic

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

materials, clean single use clothing etc.)			
General healthcare waste (Paper and Cardboard)	0.3t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.01t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	11 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### LTD Children Central Hospital after M Iashvili

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.05t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.5	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	112 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Batumi Referral Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.6t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	2.3t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.8t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	85 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Chakvi Outpatient Center

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.4t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.09t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	9 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Khulo District Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.03t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	8 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Kobuleti Referral Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.7t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)

General healthcare waste (Biodegradables from Canteen)	0.7t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	48 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Keda District Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.06t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.6t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	13 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Shuakhevi District Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.03t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	6 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Oncology Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.01t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	54 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Adigeni Regional Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.04t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	8 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### Akhalsikhe Regional Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

General healthcare waste (Paper and Cardboard)	1.5t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	85 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Akhalsikhe Regional Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.07t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.3t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.06t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	82 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

#### **Akhalkalaki Regional Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.09t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.06t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	54 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill



**Aspindza Regional Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.03t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	7 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

**Ninotsminda Regional Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.03t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	12 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

**Tskaltubo District Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

General healthcare waste (Paper and Cardboard)	0.02t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	11 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

## Hazardous Waste Management

### DKC

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.5t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.08t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	12t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	15t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.9t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Sunstone**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	1,2t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.9t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	23t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	44t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.3t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Gldani Outpatient Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.3t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1.9t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.05t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### **Mtatsminda Outpatient Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.05t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.3t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1.5t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	1.1t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### **Didi Digomi Outpatient Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	0.7t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	1 t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.05t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Didube Outpatient Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.2t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1.9t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.1t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Isani Outpatient Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.2t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1.5t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.03t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Varketili Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.06t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Traumatology Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.07t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	2.4t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	4.7t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.2t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration



**Zugdidi Outpatient Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	0,9t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.06t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Zugdidi Referral Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	9t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	15t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.02t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Poti Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	0.7t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1.8t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.03t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### **Martvili Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.01t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	1.1t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.02t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Chkhorotsku Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1.6t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.03t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Tsalenjikha Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.8	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	2.7t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.05t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### **Khobi Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	2t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	2.2t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.08t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Abasha Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.5t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	1.8t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.02t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Khoni referral Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.3t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1.5t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.04t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Terjola Referral Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.3t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1.5t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.04t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Tkibuli referral Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	1.3t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.03t	Stored within designated storage	Incineration



Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Kutaisi Referral Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.06t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.06t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	12t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	19t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.08t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Marneuli Outpatient Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.8t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	3t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.07t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Batumi Hospital of Mother and Childcare after M Iashvili**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	5.8t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	16t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.3t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### **Telavi Referral Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	4t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	10t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.2t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Karaps Medline

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	8t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	14t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.2t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Children Clinic after I TsiTshvili**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	4t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	12t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.4t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Telavi Ambulatory Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.5t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	3.7t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.08t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### **Akhmeta Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.5t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	3t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.03t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Kvareli Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.01t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.3t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	2.9t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.02t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Poti Central Clinical Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	5.3t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	5.5t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.04t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Saint Nicolaus Surgical and Oncology Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.05t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.05t	Stored at designated storage container, separately from other hazardous wastes	Incineration



Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.8t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	4.6t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.07t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Western Georgia National Intervention Medicine Center after Z. Tskhakaia**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.05t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	16t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	18t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.2t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Alians Medi Clinic

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.01t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	2.4t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.01t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**New Clinic**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.5t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	4t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.05t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Children Central Hospital after M Iashvili**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.05t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	19t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	24t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.04t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Batumi Referral Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.05t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.05t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	9t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	25t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.07t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Chakvi Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.01t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	2.9t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.02t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Khulo District Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.01t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.4t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	2.3t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.02t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Kobuleti Referral Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	8t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	24t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.03t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Keda District Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.1	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	3.4t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.2t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### Shuakhevi District Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.4t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	3.2t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.05t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration



**Oncology Center**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	9t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	14t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.3t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Adigeni Referral Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.8t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	2.9t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.7t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### **Akhalsikhe Regional Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.06t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	9t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	22t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.05t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### **Akhalkalaki Regional Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	5t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)	10t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.04t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Aspindze Regional Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.05t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.05t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	2 t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	3t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.05t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

**Ninotsminda Regional Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.02t	Stored at designated storage container, separately from other hazardous wastes	Incineration

Sharps (needles, scalpels, blades, knives, infusion sets etc.)	2t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	2.6t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc	0.06t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

#### **Tskaltubo District Hospital**

<b>Waste Type</b>	<b>Annual Quantity Generated</b>	<b>Method of Storage, Handling and/or Treatment</b>	<b>Disposal or Discharge Method</b>
Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)	0.03t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Chemical Waste (used oils, chemicals from generator servicing)	0.04t	Stored at designated storage container, separately from other hazardous wastes	Incineration
Sharps (needles, scalpels, blades, knives, infusion sets etc.)	1.8t	Stored within designated hard surfaced storage containers within facility medical waste storage cabinets	Incineration
Infectious Waste (clothes, dressings, equipment/ instruments, pathological and anatomical material)	3.4t	Stored within designated storage containers within facility medical waste storage cabinets	Incineration
Waste with high content of heavy metals:	0.05t	Stored within designated storage	Incineration

Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc		containers within facility medical waste storage cabinets	
Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,	Depending on the quantity of expired pharmaceuticals	Stored within designated storage containers within facility medical waste storage cabinets	Incineration

## Hazardous Materials Management

### DKC

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	650 Litres	90
Gigasept FF	Contains aldehydes and harmful if inhaled	240 Litres	3045
Gigazim	Contains aldehydes and harmful if inhaled	1500 Litres	220
Mirodeze Kazim	Contains aldehydes and harmful if inhaled	250 Litres	50
Enzomodeze	Contains aldehydes and harmful if inhaled	250 Litres	20
Teraline	Contains aldehydes and harmful if inhaled	250 Litres	30
Domestos	Contains chlorine and harmful if inhaled	1500 Litres	210
Sif-cream	Contains chlorine and harmful if inhaled	1500 Litres	210
Raksha	Contains chlorine and harmful if inhaled	300 Litres	60
Krot	Contains chlorine and harmful if inhaled	120 Litres	230
ACE	Contains chlorine and harmful if inhaled	900 Litres	80

### Sunstone

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	1200 Litres	110
Gigasept FF	Contains aldehydes and harmful if inhaled	90 Litres	20

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigazim	Contains aldehydes and harmful if inhaled	1200 Litres	100
Teraline	Contains aldehydes and harmful if inhaled	1300 Litres	100
Domestos	Contains chlorine and harmful if inhaled	400 Litres	60
Sif-cream	Contains chlorine and harmful if inhaled	70 Litres	30
Raksha	Contains chlorine and harmful if inhaled	300 Litres	50
Krot	Contains chlorine and harmful if inhaled	140 Litres	30
ACE	Contains chlorine and harmful if inhaled	420 Litres	50
Cleaning duck	Contains chlorine and harmful if inhaled	200 Litres	30

### Acceptable Effective Dose Limits for Workplace Radiological Hazards

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We continue to control the quality of equipment every year and perform the dosimeter control of the cabinets once in two years. These measurements are carried out by the licensed organization "Radiation Technology and Security Center of Ltd.". The results are published in the form of relevant protocols.

According to the Nuclear and Radiation Safety Act of Georgia, we are obliged to report on the radiological activity carried out during the year from 1 April to 1 May.

This report includes the following points:

- Legal entity's requisites
- Information about the dose of personnel
- Information about the number of researches conducted by the staff
- Information about the state of the equipment (the last quality control protocol)
- Information about changes in the reporting year (if applicable)

Additionally, routine Internal Radiation Audit program is performed by the network radiation safety specialist. The Audit aims to determine conditions of X-ray cabinets and compliance with the statutory norms enforced by the Government. Audit covers all healthcare facilities within the network. The audits focus on the verification of quality and condition of X-ray equipment.

### Workplace Radiation Exposure Levels: Monitoring Point Location1

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#### DKC

DKC has the following radiological monitoring locations (Both, Inpatient and Outpatient)

1. X-ray diagnostic cabinet (X-ray / X-ray console mode)
2. X-ray diagnostic cabinet (radiography mode)
3. Computer tomography cabinet (16 layer CT)
4. Computer tomography cabinet (28 layer CT)
5. Mammography cabinet
6. Orthopantography cabinet
7. Densitometry cabinet

#### Inpatient Part:

1. Computer tomography cabinet (16 layer CT)
2. X-ray diagnostic cabinet (radiography mode)
3. Catheterization Lab (Angiography Cabinet)
4. Mobile X-ray (Radiographic Mode) - Postoperative Chamber 2nd floor
5. Hybrid Laboratory (Angiography Cabinet) - Procedures for Licensing ongoing
6. Traumatological operations theatre C-Arm Mobile X-ray (Radiographic / X-ray Console Mode)
7. Mobile X-ray (Radiographic Mode) - Reception Shock Hall, First Floor

Workplace Radiation Exposure Levels: DKC 2020									
Exposure	Workers type	WBGIFC Maximum Levels (WBGIFC Units)		[Name of Facility] Performance (WBGIFC Units)		Georgia's Adjective Maximum Levels (Country of Investment Adjective Units)		[Name of Facility] Performance (Country of Investment Adjective Units)	
		WBGIFC		DKC Monitoring results per WBGIFC				DKC Monitoring results per National Legislative requirements	
		Level	Measure	Level	Measure	Level	Measure	Level	Measure
Five consecutive year average / 5	Workers (min.19 years of age)	20	mSv/year	0.65	mSv/year	100	mSv/year	0.65	mSv/year
	Apprentices and students (16-18 years of age)	-	mSv/year	-	mSv/year	-	mSv/year	-	mSv/year
Single year exposure – effective dose	Workers (min.19 years of age)	50	mSv/year	1.27	mSv/year	50	mSv/year	1.27	mSv/year
	Apprentices and students (16-18 years of age)	6	mSv/year	-	mSv/year	6	mSv/year	-	mSv/year
Equivalent dose to the lens of the eye /	Workers (min.19 years of age)	150	mSv/year	1.27	mSv/year	20	mSv/year	1.27	mSv/year
	Apprentices and students (16-18 years of age)	50	mSv/year	-	mSv/year	20	mSv/year	-	mSv/year
Equivalent dose to the extremities (hands, feet) or the skin	Workers (min.19 years of age)	500	mSv/year	1.27	mSv/year	500	mSv/year	1.27	mSv/year
	Apprentices and students (16-18 years of age)	150	mSv/year	-	mSv/year	150	mSv/year	-	mSv/year

#### Sunstone

##### Locations at Sunstone:

1. X-ray diagnostic cabinet (X-ray / X-ray console mode)
2. X-ray diagnostic cabinet (radiography mode)
3. Computer tomography cabinet (16 layer CT)
4. Computed Tomography cabinet (28 layer CT)
5. Traumatological operations theatre C-Arm Mobile Radiophone (X-ray / X-ray Console Mode) 2<sup>nd</sup> Floor
6. Traumatological operations theatre C-Arm Type Mobile X-ray (X-ray / X-rayCode Mode) 6<sup>th</sup> floor
7. Mobile X-ray (Radiographic Mode) - Pediatric Chamber 3<sup>rd</sup> Floor
8. Mobile X-ray (Radiographic Mode) - Postoperative Chamber on the 5<sup>th</sup> floor



## 9. Catheterization Laboratory (Angiography Cabinet) 5th floor

### Workplace Radiation Exposure Levels: Sunstone 2020

Exposure	Workers type	WBG/IFC Maximum Levels (WBG/IFC Units)		[Name of Facility] Performance (WBG/IFC Units)		Georgia's Adjective Maximum Levels (Country of Investment Adjective Units)		[Name of Facility] Performance (Country of Investment Adjective Units)	
		WBG/IFC		Sunstone monitoring results per WBG/IFC Limits				Sunstone monitoring results per National Legislative Requirements	
		Level	Measure	Level	Measure	Level	Measure	Level	Measure
Five consecutive year average	Workers (min.19 years of age)	20	mSv/year	0.62	mSv/year	100	mSv/year	1.32	mSv/year
	Apprentices and students (16-18 years of age)	-	mSv/year	-	mSv/year	-	mSv/year	-	mSv/year
Single year exposure – effective dose	Workers (min.19 years of age)	50	mSv/year	1.32	mSv/year	50	mSv/year	1.32	mSv/year
	Apprentices and students (16-18 years of age)	6	mSv/year	-	mSv/year	6	mSv/year	-	mSv/year
Equivalent dose to the lens of the eye	Workers (min.19 years of age)	150	mSv/year	1.32	mSv/year	20	mSv/year	1.32	mSv/year
	Apprentices and students (16-18 years of age)	50	mSv/year	-	mSv/year	20	mSv/year	-	mSv/year
Equivalent dose to the extremities (hands, feet) or the skin	Workers (min.19 years of age)	500	mSv/year	1.32	mSv/year	500	mSv/year	1.32	mSv/year
	Apprentices and students (16-18 years of age)	150	mSv/year	-	mSv/year	150	mSv/year	-	mSv/year

### Air Emissions:

### Utility Consumption, Energy Efficiency and Greenhouse Gas Emissions Data

Table 1. Utility Consumption

Annual Utility Consumption				
Name of Facility	Natural Gas (cubic meters and GJ)	Other Fuels (Please specify if any) tons	Electricity (KWh)	Water (m³)
DKC	328886	6.2t (Diesel fuel)	3952237	58448.34
Sunstone	271034		2777181,86	55813

**Table 2. Greenhouse Gas Emissions Estimation – Please provide the calculations performed to quantify CO2 emissions.**

We consume annually thousands of kilowatts of electricity. The electricity usage accounts for approximately half of our total greenhouse gas emissions. To be more environmentally friendly, we continue to implement several energy-saving solutions, such as LED lights, and other energy-efficient equipment, such as boilers and HVAC systems.

We have used the World Resources Institute/World Business Council for Sustainable Development (“WRI”/“WBCSD”) Greenhouse Gas (“GHG”) Protocol: A Corporate Accounting and Reporting Standard (revised edition) and the UK Government Conversion Factors for GHG. The data for 2019 are provided by on-site delegates, invoices and metre readings.

The data are collected and reported for three of our Group’s businesses:

- Healthcare services, including its head office, hospitals, clinics, laboratory and other entities, where GHG has operational control;
- Pharma, including its head office and pharmacies; and
- medical insurance, including its head office.

Scope 1 (combustion of fuel and facilities operation) includes emissions from:

- combustion of natural gas, diesel and petrol in stationary equipment at owned and controlled sites; and
- combustion of petrol and diesel in owned vehicles (cars and buses).

Scope 2 (electricity, heat, steam and cooling purchased for own use) includes emissions from:

- electricity spent at owned and controlled sites; to calculate the emissions we used the conversion factor for Non-OECD Europe and Eurasia (average) conversion from the UK Government’s GHG Conversion Factors for Company Reporting 2019; and
- used heat and steam.

Scope 3 includes emissions from:

- air business travel (short haul and long haul); information on class of travel is unavailable, hence we used an “average passenger” conversion factor; and
- ground transport, including taxis, coaches and cars hired.

## **Tonnes of CO<sub>2</sub>e 2016, 2017, 2018, 2019 and 2020**

Scope 1 (emissions from combustion of fuels in stationary equipment and in owned vehicles)

Scope 2 (emissions from electricity, heat, steam and cooling purchased for own use)

Scope 3 (emissions from air travel and land transport)

Scope 1 (emission from combustion of fuels in stationary equipment and in owned vehicles)

<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
6,517	7,993	7,509	11,554	11,834

Scope 2 (emissions from electricity, heat, steam and cooling purchased for own use)

2016	2017	2018	2019	2020
10,302	15,124	16,471	16,533	16,673

Scope 3 (emissions from air travel and land transport)

2016	2017	2018	2019	2020
3,621	4,795	5,430	5,568	5,625

Total GHG Emissions

2016	2017	2018	2019	2020
20,440	27,912	29,410	33,675	34,132

**Please provide details about energy and water efficiency plans, programs and the progress made for the reporting period.**

We consume thousands of kilowatts of electricity annually. Electricity usage accounts for more than half of our total greenhouse gas emissions. To be more environmentally friendly and responsible, we continue to implement energy-saving solutions, such as LED lights and other energy-efficient equipment, for example boilers and heating ventilation and air conditioning systems. In order to reduce air pollution and lessen our negative impact on the environment, our Medical Insurance business has shifted from traditional petrol-powered vehicles to lower emission hybrid vehicles.

As shown in the table above, our greenhouse gas emissions have nonetheless continued to increase with the expansion of our business, including the ramp-up of the hospitals, and opening Mega Lab.

Since, our Clinics business also joined in energy efficiency initiatives. At the initial stage, one of the clinics switched to Solar Power System, an alternative energy source. To minimize emissions and further contribute to eco-friendly energy consumption, two clinics replaced the diesel-powered heating system with a gas heating system. The business is going to continue implementing such initiatives in 2020. We are improving heat insulation in several of our hospitals.

We had ground water deposits at DKC that was not used and wasted into environment. We obtained permission from Regulator and installed water collection and treatment systems to make use of water. As a result, available deposit has fully substituted need for municipal supply of water.

At Sunstone we have identified loss of water from underground supply pipework during late 2019, after undertaken rectification works monthly water consumption has halved.

Additionally, coating was provided for heating and hot water supply pipework at Sunstone and as a result up to 10% energy saving was achieved at hospital.

## Noise

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Both DKC and Sunstone hospitals are steadily operational facilities. There has not been any Regulatory obligation on implementation of routine noise monitoring for these facilities.

## Soil and Groundwater

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Both DKC and Sunstone hospitals are steadily operational facilities. There has not been any Regulatory obligation on implementation of routine ambient ground water monitoring for these facilities.

Liquid effluents that in our case can be considered a potential major source of pollution to ambient ground water are collected throughout the facilities via engineered pipework and disposed to municipal sewer system.

Strict controls are practiced over the storage and handling of wastes and hazardous materials that prevent their possible release or otherwise interaction to the environment.

## Community Health, Safety and Security

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There has been no interaction with nearby communities on involving them into planning or execution of joint exercises considering especially COVID 19 related escalations and restrictions to any engagement in public activities.

Drills and exercise are planned at major facilities DKC and Sunstone via engagement of external LFS Consultants, however these will be primarily designed to test and develop combat-at source capabilities, emergency evacuation, basic fire-fighting techniques etc. Involvement of communities has not been considered for this activity at this stage.

### **Changes in the Company's engagement with private/public security forces during the reporting period and any corresponding agreements.**

There were no principal changes in the Company's engagement with private/public security forces during the reporting period. Security services are centralized at the Security Division under the Operations Department. Security personnel are present 24 hours a day in each healthcare facility with a prime role of violence prevention and management.

Video cameras are installed at the common areas at all facilities for monitoring and security surveillance purposes. Security personnel have a military and / or private security background. Selected candidates undergo interview and robust screening process before employment. Conduct of new employees relating to quality fulfilment of assigned duties is actively monitored by immediate management. Security officers undergo training program let by EVEX or external providers

The security personnel carry no firearms and act at the prevention level. At a higher level of escalation, a private third party contracted security company "Algani" would mobilize to intervene. The additional control would be engagement of police department into escalation case. that specifies the standards and requirement.

Internal Regulation: "Service Standard for Security Personnel" specifies detailed standards that must be fulfilled by personnel in areas of communication with customers and visitors, monitoring visitor movement within facility premises, communicating with visitors during non-working hours, dealing with escalations, de-escalation of conflicting situations, dress code etc.

Security personnel are made aware and have documented roles and responsibilities. Conduct of the security officers is subject to continuous monitoring of duty supervisors and facility security managers.

## Land Acquisition and Involuntary Resettlement

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Our Hospitals and Clinics business model has functioned around the acquisition of pre-existing clinic and hospital premises within Urban developments from government and private owners for their renovation and rehabilitation into modern medical facilities. To date this has excluded the expansion of these medical facilities beyond the existing footprint of those sites.

The business model focus on existing hospitals has resulted in no land use change and no expansion of the hospital complexes beyond the existing footprint of hospital grounds.

The renovations of both DKC and Sunstone hospitals was related only to the land that preexisted within ownership of hospital before renovation, with no additional land acquisition required. There was no construction/ renovation performed during 2020.

There were no plans for greenfield development in place for the business.

## Involuntary Indigenous Peoples, Ethnic Minority Communities and Vulnerable Groups

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Risks to Indigenous Peoples (ethnic minorities) and vulnerable communities for Evex Hospital sites are primarily associated with hospital site and facility acquisition.

Impacts to indigenous peoples related to the acquisition of hospitals and associated lands is irrelevant due to the established practice of acquisition existing hospital facilities in urban and suburban areas where there are no anticipated impacts on specific Indigenous People groups

## Gaps and Corrective Measures:

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ADB SPS and Other Social Requirements			
#	Task title & Description	Completion indicator	Updated Completion Date
	<b>ESMS Policies &amp; Procedures</b>		
1	Adopt and cite GHG corporate policies in Evex ESMS documentation, to provide visibility of Evex's commitments to corporate policy with regards to Environmental, Health and Safety, Social, Labor and Gender.	Submission of ESMS documentation for ADB review and approval.	April 2021

2	Amend the existing EHS Due Diligence Procedure to include the following processes: (a) screening of proposed subprojects or investment activities against ADB's Prohibited Investment Activities List (PIAL); (b) screening and categorizing the significance of potential environmental and social impacts associated with the investment activities for environment, IR and IP per ADB SPS; (c) conducting ESDD commensurate with risk levels for E, IR, IP; (d) developing corrective action plan (CAP) to address identified environmental and social issues; (e) including the CAP in the investment/project legal documentation. The information and references to this additional information could be included in sections 5, 6 and 7 of the EHS Due Diligence Procedure in line with the existing structure.	Submission of revised EHS Due Diligence procedure for ADB review and approval	December 2020
3	Amend Evex's existing E&S procedures to incorporate requirements of the ADB SPS 2009 requirements and ADB's Social Protection Strategy 2001, covering Core Labor Standards as they apply to employees and contractors.	Submission of revised ESMS documentation for ADB review and approval	April 2021
4	Describe internal grievance redress mechanism (GRM), with clear processes for raising grievances, recording, follow up and timely responding to relevant parties. The GRM should be available and clearly communicated to direct, indirect employees and contractors. Disclosure channels for projects and on-going operations shall be clearly defined and documented.	Submission of revised Company Handbook with expanded internal GRM procedure and GRM implementation/communication plan.	April 2021
<b>Organisation &amp; Training</b>			
5	Prepare a detailed environmental and social organization charts at hospitals and corporate levels for the implementation of the ESMS with corresponding descriptions of roles and responsibilities of different staff and functions.	Submission of organisation chart for ADB review and approval	December 2020
<b>Monitoring &amp; Reporting</b>			
6	Development of a compliance register system to ensure EHS coordinators and the broader group have an up to date overview of corporate and hospital E&S compliance status. This shall include as a minimum active listing and tracking of permits, approvals and submissions, monitoring reports and EHS records.	Submission of compliance register for ADB review and approval	December 2020

7	Develop a format and schedule for annual environmental and social performance report to ADB.	Submission of ADB E&S performance reporting procedure.	25 June 2020
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## **ANNEX 1**

### **Trainings delivered during 2020**



Administration	8,438
Nurse	13,834
Doctor	10,130
<b>Total</b>	<b>32,402</b>

32,402 2,550

Category	Training Course	Training Title (Geo)	Number of Attndees	Training Duration
Administration	Continuing Medical Education	სამედიცინო სერვისებთან ასოცირებული ინფექციები (HAI) ვაიდზედამხედველ	8	10
Administration	Coaching for Middle Management	Leadership program: Middle management individual coaching sessions with Georgian coach	5	1
Administration	Coaching for Middle Management	Leadership program: Middle management individual coaching sessions with Georgian coach	3	2
Administration	Coaching for Middle Management	Leadership program: Middle management individual coaching sessions with Georgian coach	1	4
Administration	Coaching for Middle Management	ინდივიდუალური კოუჩინგი	1	1
Administration	Coaching for Middle Management	ინდივიდუალური კოუჩინგი	2	2
Administration	Coaching for Middle Management	ინდივიდუალური კოუჩინგი	1	4
Administration	Coaching for Middle Management	ინდივიდუალური კოუჩინგი	1	10
Administration	Coaching for Top Management	coaching ტოპ მენეჯერებისათვის	1	10
Administration	Covid-19 Support	კოლეგების მხარდაჭერისა და გაზიარების ჯგუფური და ინდივიდუალური აქტი	35	2
Administration	Covid-19 Protocol	1 თემა - დასუფთავება და ჰიგიენა	934	1
Administration	Covid-19 Protocol	1 თემა - დასუფთავება და ჰიგიენა	571	2
Administration	Covid-19 Protocol	2 თემა - ინდივიდუალური დაცვის საშუალებები	607	1
Administration	Covid-19 Protocol	2 თემა - ინდივიდუალური დაცვის საშუალებები	321	2
Administration	Covid-19 Protocol	2 თემა - ინდივიდუალური დაცვის საშუალებები	569	3
Administration	Covid-19 Protocol	3 თემა - უსაფრთხოების ზომები და რეკომენდაციები	922	1
Administration	Covid-19 Protocol	3 თემა - უსაფრთხოების ზომები და რეკომენდაციები	546	2
Administration	Covid-19 Protocol	4 თემა - ნაკადების მართვა	1,422	1
Administration	Covid-19 Protocol	5.1. COVID-19-ის სტატუსის კლინიკური შეფასების გზამკვლევი მოზრდილ პაცი	337	1
Administration	Covid-19 Protocol	5.2. ინტუბაცია და სანაცია	81	1
Administration	Covid-19 Protocol	5.2. ინტუბაცია და სანაცია	63	2
Administration	Covid-19 Protocol	5.3. საეჭვო და დადასტურებული COVID-19-ის სტატუსის მქონე პაციენტების სჯ	35	1
Administration	Covid-19 Protocol	5.4. ნახველის შეგროვება სანაციისას	129	1
Administration	Covid-19 Protocol	6. თემა - ამბულატორიული პროტოკოლები	179	1
Administration	Covid-19 Protocol	7. უსაფრთხო ინექციები	76	1
Administration	Continuing Medical Education	COVID 19-ის მქონე კრიტიკულ მდგომარეობაში მყოფი პაციენტების მართვა	7	1
Administration	Continuing Medical Education	COVID 19-ის მქონე კრიტიკულ მდგომარეობაში მყოფი პაციენტების მართვა	1	2
Administration	Continuing Medical Education	COVID-19 -ით დაინფიცირებულ ორსულთა და მშობიარეთა მოვლა	1	1
Administration	Continuing Medical Education	COVID-19 პაციენტების პოსიტალური მართვა	4	1
Administration	Continuing Medical Education	COVID-19-ით ინფიცირებული ნეირო პაციენტების პოსიტალური მართვა	1	1
Administration	Continuing Medical Education	Covid-19-ით ინფიცირებული პაციენტების მართვა ER დეპარტამენტში	4	1
Administration	Continuing Medical Education	COVID19-ის საეჭვო პაციენტების მართვა არა კოვიდ კლინიკების გადაუღებელი	5	2
Administration	Continuing Medical Education	ახალი კორონავირუსით (SARS-CoV-2) გამოწვეულ ინფექციაზე (COVID-19) საექ	4	2
Administration	Continuing Medical Education	ინფექციის კონტროლისა და ნაკადების მართვის პროტოკოლების ცვლილებების	21	2
Administration	Continuing Medical Education	კორონავირუსული ინფექციის კონტროლი და პრევენცია	21	2
Administration	Continuing Medical Education	მშობელთა კონსულტაციების და ვეცტური დისციპლინის საკითხები პანდემიის	4	1
Administration	Continuing Medical Education	რადიოლოგიური კვლევის მანევრების ინტერპრეტირება COVID-19 დროს	24	0
Administration	Induction	ახალი თანამშრომლის ადაპტაციის ტრენინგი	23	12
Administration	Service +	კომუნიკაციის ტრენინგი	23	4
Administration	Service +	კონფლიქტური სიტუაციის მართვისა და ვეცტური კომუნიკაციის ტრენინგი	6	12
Administration	Service +	მომსახურების ხარისხის სტანდარტი-ტრენინგი	26	12
Administration	Service +	გაყიდვების ტრენინგი	15	8
Administration	Service +	მომსახურების ხარისხის სტანდარტი-რე-ტრენინგი	9	4
Administration	Service +	სატელეფონო კომუნიკაციის განვითარება თანამშრომელთა მხარდაჭერის კუ	15	2
Administration	Training for Trainers	ტრენერთა ტრენინგ პროგრამა (TOT)	1	30
Administration	Fire Safety	სახანძრო უსაფრთხოება	227	1
Administration	Labor Safety	შრომის უსაფრთხოება	232	2
Administration	Electronic Medical Records	ჰოსპიტალური ელექტრონული სამედიცინო ჩანაწერები	4	4
Administration	Electronic Medical Records	ჰოსპიტალური ელექტრონული სამედიცინო ჩანაწერები	9	8
Administration	Legal Procedures	არქივის მართვის პროცედურა	15	2
Administration	Legal Procedures	კანცელარიის პროცედურა	19	2
Administration	Legal Procedures	პერსონალურ მონაცემთა დაცვის და დამუშავების წესები	820	2
Administration	Continuing Medical Education	გეგმიური ქირურგიული ოპერაციების პროფილაქტიკური ანტიბიოტიკოთერაპი	2	1
Administration	Continuing Medical Education	მოგვიანებით განვითარებული ახალშობილთა სეფსისის მართვა	2	1
Administration	Continuing Medical Education	მოგვიანებით განვითარებული ახალშობილთა სეფსისის მართვა	1	2
Administration	Continuing Medical Education	პნევმონიის მართვა და დიაგნოსტიკა	3	1
Administration	Continuing Medical Education	პნევმონიის მართვა და დიაგნოსტიკა	2	2
Administration	Leadership Program	ლიდერების პროგრამა VIII	6	184
Administration	Individual Admin Training	სოციალური მუშაობის სერტიფიკაციის პროგრამა	4	100
Administration	Individual Admin Training	სოციალური მუშაობის სერტიფიკაციის პროგრამა	4	125
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	2	8
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	4	9
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	6	12
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	1	18
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	6	32
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	1	42
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	2	130

Category	Training Course	Training Title (Geo)	Number of Attneedees	Training Duration
Doctor	Continuing Medical Education	კლინიკურ შემთხვევებზე დაფუძნებული სწავლება ნეონატოლოგიაში	28	12
Doctor	Continuing Medical Education	კრიტიკულ ახალშობილთა მართვის თანამედროვე პრინციპები	4	18
Doctor	Continuing Medical Education	მაღალი რისკის ახალშობილის მართვის ძირითადი პრინციპები	7	18
Doctor	Continuing Medical Education	ორსულობის გართულებების დიაგნოსტიკა და მართვა: ორსულთა ძლიერი პირი	28	12
Doctor	Continuing Medical Education	სამეანო ულტრასონოგრაფია: ჩვენებები და დიაგნოსტიკური კრიტერიუმები	27	18
Doctor	Continuing Medical Education	სამედიცინო სერვისებთან ასოცირებულ ინფექციებზე (HAI) ეპიდუდამზედველ	1	10
Doctor	Continuing Medical Education	ტრავმით გამოწვეულ დაზიანებათა მკურნალობის ოპტიმალური სტანდარტები	30	30
Doctor	Continuing Medical Education	ჯანმრთელი ახალშობილის მოვლა სამშობიარო სახლში	30	18
Doctor	Continuing Medical Education	ჯანმრთელი დროული ახალშობილის მოვლა	20	18
Doctor	Coaching for Middle Management	Leadership program: Middle management individual coaching sessions with Georgian coach	1	1
Doctor	Coaching for Middle Management	Leadership program: Middle management individual coaching sessions with Georgian coach	1	3
Doctor	Coaching for Middle Management	ინდივიდუალური ქოუჩინგი	2	1
Doctor	Coaching for Middle Management	ინდივიდუალური ქოუჩინგი	1	2
Doctor	Covid-19 Support	კოლეგების მხარდაჭერისა და გაზიარების ჯგუფური და ინდივიდუალური აქტი	5	2
Doctor	Covid-19 Protocol	1 თემა - დასუფთავება და ჰიგიენა	38	1
Doctor	Covid-19 Protocol	1 თემა - დასუფთავება და ჰიგიენა	1,340	2
Doctor	Covid-19 Protocol	2 თემა - ინდივიდუალური დაცვის საშუალებები	40	1
Doctor	Covid-19 Protocol	2 თემა - ინდივიდუალური დაცვის საშუალებები	1,359	3
Doctor	Covid-19 Protocol	3 თემა - უსაფრთხოების ზომები და რეკომენდაციები	26	1
Doctor	Covid-19 Protocol	3 თემა - უსაფრთხოების ზომები და რეკომენდაციები	1,356	2
Doctor	Covid-19 Protocol	4 თემა - ნაკადების მართვა	1,365	1
Doctor	Covid-19 Protocol	5.1. COVID-19-ის სტატუსის კლინიკური შეფასების გაზიარების მოზრდილი პაცი	1,117	1
Doctor	Covid-19 Protocol	5.2. ინტუბაცია და სანაცია	151	1
Doctor	Covid-19 Protocol	5.2. ინტუბაცია და სანაცია	378	2
Doctor	Covid-19 Protocol	5.3. საექსპლუატაციო და დადასტურებული COVID-19-ის სტატუსის მქონე პაციენტების სჯ	15	1
Doctor	Covid-19 Protocol	5.4. ნახველის შერევის სანაცისას	397	1
Doctor	Covid-19 Protocol	6. თემა - ამბულატორიული პროტოკოლები	273	1
Doctor	Covid-19 Protocol	7. უსაფრთხო ინექციები	86	1
Doctor	Continuing Medical Education	COVID 19-ის მქონე კრიტიკულ მდგომარეობაში მყოფი პაციენტების მართვა	33	1
Doctor	Continuing Medical Education	COVID 19-ის მქონე კრიტიკულ მდგომარეობაში მყოფი პაციენტების მართვა	5	2
Doctor	Covid-19 Protocol	COVID-19 დიაგნოზირებული საშუალო და მძიმე პაციენტის სასუნთქი გზების მკ	19	2
Doctor	Continuing Medical Education	COVID-19 -ით დაინფიცირებულ ორსულთა და მშობიარეთა მოვლა	38	1
Doctor	Continuing Medical Education	COVID-19 პაციენტების პოსიტალური მართვა	48	1
Doctor	Continuing Medical Education	COVID-19-ით ინფიცირებული ნივთი პაციენტების პოსიტალური მართვა	23	1
Doctor	Continuing Medical Education	Covid-19-ით ინფიცირებული პაციენტების მართვა	6	1
Doctor	Continuing Medical Education	Covid-19-ით ინფიცირებული პაციენტების მართვა ER დეპარტამენტში	27	1
Doctor	Continuing Medical Education	COVID19-ის საექსპლუატაციო პაციენტების მართვა არა კოვიდ კლინიკის გადაუდებელი	57	2
Doctor	Continuing Medical Education	ახალი კორონავირუსით (SARS-CoV-2) გამოწვეულ ინფექციაზე (COVID-19) საექს	116	2
Doctor	Continuing Medical Education	ინფექციის კონტროლისა და ნაკადების მართვის პროტოკოლების ცვლილებების	15	2
Doctor	Continuing Medical Education	კორონავირუსული ინფექციის კონტროლი და პრევენცია	56	2
Doctor	Continuing Medical Education	მშობელთა კონსულტაციების და ექსპერტული დისკუსიონის საკითხები პანდემიის	68	1
Doctor	Continuing Medical Education	რადიოლოგიური კვლევის მანერების ინტერპრეტირება COVID-19 დროს	29	0
Doctor	Induction	ახალი თანამშრომლის ადაპტაციის ტრენინგი	5	12
Doctor	Service +	კონფლიქტური სიტუაციის მართვისა და ექსპერტული კომუნიკაციის ტრენინგი	6	12
Doctor	Service +	მომსახურების ხარისხის სტანდარტი-ტრენინგი	1	12
Doctor	Training for Trainers	ტრენინგთა ტრენინგ პროგრამა (TOT)	7	30
Doctor	Fire Safety	სახანძრო უსაფრთხოება	59	1
Doctor	Labor Safety	შრომის უსაფრთხოება	139	2
Doctor	Electronic Medical Records	ამბულატორიული ელექტრონული სამედიცინო ჩანაწერები	22	8
Doctor	Electronic Medical Records	ამბულატორიული ელექტრონული სამედიცინო ჩანაწერები	20	10
Doctor	Electronic Medical Records	ამბულატორიული ელექტრონული სამედიცინო ჩანაწერები	70	14
Doctor	Electronic Medical Records	პოსპიტალური ელექტრონული სამედიცინო ჩანაწერები	53	2
Doctor	Electronic Medical Records	პოსპიტალური ელექტრონული სამედიცინო ჩანაწერები	22	4
Doctor	Electronic Medical Records	პოსპიტალური ელექტრონული სამედიცინო ჩანაწერები	98	8
Doctor	Legal Procedures	არქივის მართვის პროცედურა	1	2
Doctor	Legal Procedures	პერსონალურ მონაცემთა დაცვის და დამუშავების წესები	506	2
Doctor	Continuing Medical Education	COVID-19 ორსულობა/მშობიარობა; მშობიარობის შემდგომი პერიოდის მართვა	35	4
Doctor	Continuing Medical Education	გეგმიური ქირურგიული ოპერაციების პროფილაქტიკური ანტიბიოტიკოთერაპი	62	1
Doctor	Continuing Medical Education	გეგმიური ქირურგიული ოპერაციების პროფილაქტიკური ანტიბიოტიკოთერაპი	29	2
Doctor	Continuing Medical Education	მოგვიანებით განვითარებული ახალშობილთა სეფსისის მართვა	69	1
Doctor	Continuing Medical Education	მოგვიანებით განვითარებული ახალშობილთა სეფსისის მართვა	26	2
Doctor	Continuing Medical Education	მულტი სისტემური ანთებითი სინდრომი (MIS) პოსტკოვიდურ პედატრიულ პ	44	1
Doctor	Continuing Medical Education	მუცლის ტკივილი	33	1
Doctor	Continuing Medical Education	პნევმონიის მართვა და დიაგნოსტიკა	90	1
Doctor	Continuing Medical Education	პნევმონიის მართვა და დიაგნოსტიკა	36	2
Doctor	Continuing Medical Education	სინკოპე	20	1
Doctor	Individual Admin Training	სოციალური მუშაობის სერტიფიკაციის პროგრამა	1	100
Doctor	Individual Admin Training	სოციალური მუშაობის სერტიფიკაციის პროგრამა	1	125
Doctor	Individual Medical Training	ცალკეული გადამზადება - Medical	3	6
Doctor	Individual Medical Training	ცალკეული გადამზადება - Medical	5	30
Doctor	Individual Medical Training	ცალკეული გადამზადება - Medical	1	920

Category	Training Course	Training Title (Geo)	Number of Attendeess	Training Duration
Nurse	Continuing Medical Education	სამედიცინო სერვისებთან ასოცირებულ ინფექციებზე (HAI) ეპიდზედამხედველ	6	10
Nurse	Nursing Basics CNE	ნაწილების განვითარების რისკის შეფასება, პრევენცია და მოვლის ღონისძიებებ	17	3
Nurse	Nursing Basics (new employees course)	მანიპულაციები	7	52
Nurse	Coaching for Middle Management	ინდივიდუალური ქოუჩინგი	1	1
Nurse	Covid-19 Support	კოლეგების მხარდაჭერისა და გაზიარების ჯგუფური და ინდივიდუალური აქტი	1	2
Nurse	Covid-19 Protocol	1 თემა - დასუფთავება და ჰიგიენა	48	1
Nurse	Covid-19 Protocol	1 თემა - დასუფთავება და ჰიგიენა	1,898	2
Nurse	Covid-19 Protocol	2 თემა - ინდივიდუალური დაცვის საშუალებები	47	1
Nurse	Covid-19 Protocol	2 თემა - ინდივიდუალური დაცვის საშუალებები	1,910	3
Nurse	Covid-19 Protocol	3 თემა - უსაფრთხოების ზომები და რეკომენდაციები	55	1
Nurse	Covid-19 Protocol	3 თემა - უსაფრთხოების ზომები და რეკომენდაციები	1,890	2
Nurse	Covid-19 Protocol	4 თემა - ნაკადების მართვა	1,874	1
Nurse	Covid-19 Protocol	5.1. COVID-19-ის სტატუსის კლინიკური შეფასების გზამკვლევი მოზრდილ პაცი	1,160	1
Nurse	Covid-19 Protocol	5.2. ინტუბაცია და სანაია	120	1
Nurse	Covid-19 Protocol	5.2. ინტუბაცია და სანაია	1,140	2
Nurse	Covid-19 Protocol	5.3. საექმო და დადასტურებული COVID-19-ის სტატუსის მქონე პაციენტების სე	378	1
Nurse	Covid-19 Protocol	5.4. ნახველის შეგროვება სანაიისას	1,035	1
Nurse	Covid-19 Protocol	6. თემა - ამბულატორიული პროტოკოლები	176	1
Nurse	Covid-19 Protocol	7. უსაფრთხო ინექციები	449	1
Nurse	Continuing Medical Education	COVID 19-ის მქონე კრიტიკულ მდგომარეობაში მყოფი პაციენტების მართვა	20	1
Nurse	Continuing Medical Education	COVID 19-ის მქონე კრიტიკულ მდგომარეობაში მყოფი პაციენტების მართვა	4	2
Nurse	Continuing Medical Education	ინფექციის კონტროლისა და ნაკადების მართვის პროტოკოლების ცვლილებების	30	2
Nurse	Continuing Medical Education	კორონავირუსული ინფექციის კონტროლი და პრევენცია	42	2
Nurse	Induction	ახალი თანამშრომლის ადაპტაციის ტრენინგი	14	12
Nurse	Service +	კონფლიქტური სიტუაციის მართვისა და ეფექტური კომუნიკაციის ტრენინგი	1	12
Nurse	Service +	პაციენტთან კომუნიკაცია	17	4
Nurse	Training for Trainers	ტრენერთა ტრენინგ პროგრამა (TOT)	1	30
Nurse	Fire Safety	სახანძრო უსაფრთხოება	144	1
Nurse	Labor Safety	შრომის უსაფრთხოება	269	2
Nurse	Electronic Medical Records	ამბულატორიული ელექტრონული სამედიცინო ჩანაწერები	1	8
Nurse	Electronic Medical Records	ჰოსპიტალური ელექტრონული სამედიცინო ჩანაწერები	25	2
Nurse	Electronic Medical Records	ჰოსპიტალური ელექტრონული სამედიცინო ჩანაწერები	33	4
Nurse	Electronic Medical Records	ჰოსპიტალური ელექტრონული სამედიცინო ჩანაწერები	188	8
Nurse	Legal Procedures	პერსონალურ მონაცემთა დაცვის და დამუშავების წესები	827	2
Nurse	Continuing Medical Education	გეგმიური ქირურგიული ოპერაციების პროფილაქტიკური ანტიბიოტიკოთერაპი	1	2
Nurse	Continuing Medical Education	მოგვიანებით განვითარებული ახალშობილთა სეფსისის მართვა	2	2
Nurse	Continuing Medical Education	მუცლის ტკივილი	3	1