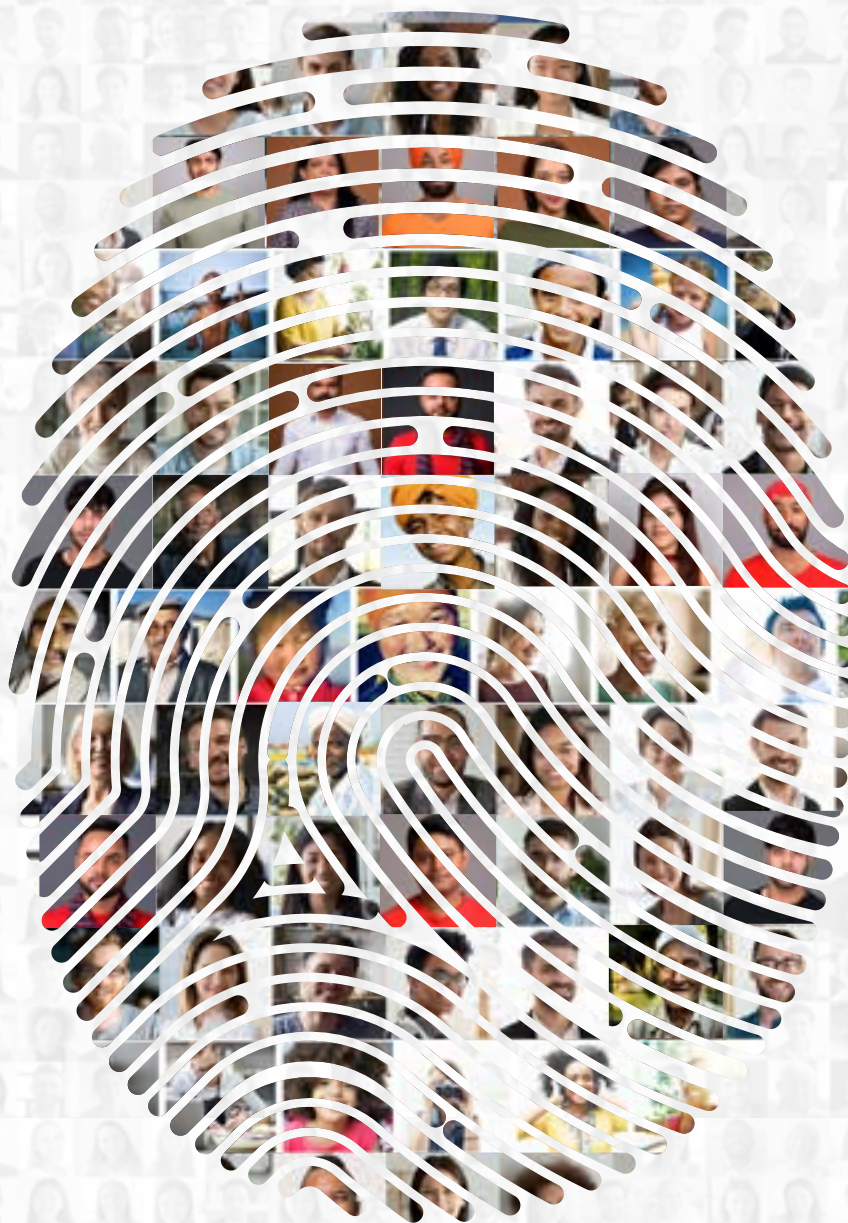


**Business Responsibility and
Sustainability Report FY 2022-2023**



PERSONOLOGY

Leveraging Technology for Personalised Healthcare

BRSR OVERVIEW:

SECTION A – General disclosures

SECTION B – Management and process disclosures

SECTION C – Principle-wise performance disclosure

Principle 1 Businesses should conduct and govern themselves with integrity and in a manner that is ethical, transparent, and accountable

Principle 2 Businesses should provide goods and services in a manner that is sustainable and safe

Principle 3 Businesses should respect and promote the well-being of all employees, including those in their value chains

Principle 4 Businesses should respect the interests of and be responsive to all its stakeholders

Principle 5 Businesses should respect and promote human rights

Principle 6 Businesses should respect and make efforts to protect and restore the environment

Principle 7 Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent

Principle 8 Businesses should promote inclusive growth and equitable development

Principle 9 Businesses should engage with and provide value to their consumers in a responsible manner

SECTION A – GENERAL DISCLOSURES

Details

1	Corporate Identity Number (CIN) of the Listed Entity	L85110TN1979PLC008035
2	Name of the company	Apollo Hospitals Enterprise Limited [AHEL]
3	Year of incorporation	5th December 1979
4	Registered office address	No. 19, Bishop Gardens, Raja Annamalaipuram, Chennai – 600 028
5	Corporate address	Sunny Side Building, 3rd Floor, East Block, No. 8/17 Shafee Mohammed Road, Chennai – 600 006
6	E-mail	investor.relations@apollohospitals.com
7	Telephone	+91-44-28290956
8	Website	www.apollohospitals.com
9	Financial year for which reporting is being done	2022-23
10	Name of the Stock Exchange(s) where shares are listed	National Stock Exchange of India Limited, Mumbai and BSE Limited, Mumbai
11	Paid-up Capital	₹ 719 million
12.	Name of contact details of the person who may be contacted in case of any queries on the BRSR Report	S.M. Krishnan investor.relations@apollohospitals.com
13.	Reporting boundary	Consolidated

Products and Services

14. Details of business activities (accounting for 90% of the turnover):

S. No.	Description of Main Activity	Description of Business Activity	% Of Turnover of the entity
1	Healthcare services	85110	60%
2	Pharmacy Distribution	46497	40%

15. Products/Services sold by the entity (accounting for 90% of the entity's Turnover):

S. No.	Product/Service	NIC Code	% Of total Turnover contributed
1	Healthcare services	85110	60%
2	Pharmacy Distribution	46497	40%

Operations

16. Number of locations where plants and/or operations/offices of the entity are situated:

Location	Number of Hospital(s)	Diagnostic and Retails					Pharmacy outlets	Total
		Ambulatory care & birthing centres	Diagnostics centres	Clinics	Dialysis centres	Dental centres		
National	69	26	1750	343	111	129	5541	7969
International	1					-	-	1

17. Markets served by the entity:

The company operates in the following markets mentioned below:

a. Number of locations

Locations	Number
National (No. of States)	The Company provides healthcare services across 24 states and 4 Union territories in the country. AHEL's business operations are spread across various locations in India. AHEL's business activities includes operating hospitals and pharmacies and it has a presence in Chennai, Hyderabad, Bengaluru, Mumbai, Aragonda, Bhubaneshwar, Bilaspur, Karur, Karaikudi, Madurai, Mysore, Nashik, Nellore, Trichy and Visakhapatnam, Guwahati, Indore, Delhi, Ahmedabad, Lucknow, Kolkata, Rourkela.
International (No. of Countries)	Africa, Middle East, Bangladesh and Myanmar

b. What is the contribution of exports as a percentage of the total turnover of the entity?

0.54%

c. A brief on types of customers

AHEL and its subsidiaries are engaged in providing healthcare and allied services to the general public through its various healthcare facilities, digital platform and pharmacies across India.

Employees

18. Details as at the end of the Financial Year:

(a) Employees and workers (including differently abled):

S. No.	Particulars	Total (A)	Male		Female	
			No. (B)	% (B / A)	No. (C)	% (C / A)
EMPLOYEES						
1.	Permanent Employees (D)	62,964	37,976	60%	24,988	40%
2.	Other than Permanent Employees (E)	546	446	82%	100	18%
3.	Total employees (D + E)	63,510	38,422	60%	25,088	40%
WORKERS						
4.	Permanent workers (F)					
5.	Other than Permanent workers (G)		-Not Applicable-			
6.	Total workers (F + G)					

(b) Differently abled Employees and workers:

S. No	Particulars	Total (A)	Male		Female	
			No. (B)	% (B / A)	No. (C)	% (C / A)
Differently abled employees						
1.	Permanent Employees (D)	26	23	88%	3	12%
2.	Other than Permanent Employees (E)	-	-	-	-	-
3.	Total differently abled employees (D + E)	26	23	88%	3	12%

19. Participation/Inclusion/Representation of women

	Total (A)	No. and percentage of Females	
		No. (B)	% (B / A)
Board of Directors	11	6	55%
Key Management Personnel*	3	1	33%

* (including the Managing Director who is forming a part of the Board of Directors)

20. Turnover rate for permanent employees and workers (Disclose trends for the past 3 years)

	FY 2022-23			FY 2021-22			FY 2020-21		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Permanent Employees	26%	42%	36%	32%	39%	36%	Tracking mechanisms were established from FY22 onwards.		

Note: The above data is only for AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the next financial year onwards.

Holding, Subsidiary and Associate Companies (including Joint Ventures)

21. (a) Names of holding / subsidiary / associate companies / joint ventures

S. No.	Name of the holding / subsidiary / associate companies / joint ventures (A)	Indicate whether holding/ Subsidiary/ Associate/ Joint Venture	% of shares held by listed entity	Does the entity indicated at column A, participate in the Business Responsibility initiatives of the listed entity? (Yes/No)
1	A.B. Medical Centres Limited (ABMCL)	Wholly Owned Subsidiary	100%	Yes.
2	Samudra Healthcare Enterprises Limited (SHEL)	Wholly Owned Subsidiary	100%	The Company, along with all its subsidiaries, associates and JVs are guided by the Company's Code of Conduct, which provides guidelines on conducting business in an ethical, responsible, and accountable manner. The Company encourages its subsidiaries, associates and JVs to carry out Business Responsibility Initiatives to the extent that they are material in relation to the business activities and the region of operation of the subsidiaries, associates and JVs.
3	Total Health (TH)	Wholly Owned Subsidiary	100%	
4	Apollo Hospital (UK) Limited (AHUKL)	Wholly Owned Subsidiary	100%	
5	Apollo Hospitals Singapore Pte Limited (AHSPL)	Wholly Owned Subsidiary	100%	
6	Apollo Multispeciality Hospitals Limited (AMSHL)	Wholly Owned Subsidiary	100%	
7	Apollo Hospitals North Limited	Wholly Owned Subsidiary	100%	
8	Apollo HealthCo Limited (AHCL)	Subsidiary	99.9%	

S. No.	Name of the holding / subsidiary / associate companies / joint ventures (A)	Indicate whether holding/ Subsidiary/ Associate/ Joint Venture	% of shares held by listed entity	Does the entity indicated at column A, participate in the Business Responsibility initiatives of the listed entity? (Yes/No)
9	Imperial Hospital and Research Centre Limited (IHRCL)	Subsidiary	90%	
10	Apollo Home Healthcare Limited (AHHL)	Subsidiary	89.69%	
11	Apollo Nellore Hospital Limited (ANHL)	Subsidiary	80.87%	
12	Apollo Health and Lifestyle Limited (AHLL)	Subsidiary	68.84%	
13	Sapien Biosciences Private Limited (SBPL)	Subsidiary	70%	
14	Assam Hospitals Limited (AHL)	Subsidiary	69.88%	
15	Apollo Rajshree Hospitals Private Limited (ARHPL)	Subsidiary	54.63%	
16	Apollo Lavasa Health Corporation Limited (ALHCL)	Subsidiary	51%	
17	Apollo Hospitals International Limited (AHIL)	Subsidiary	50%	
18	Apollo Medics International Lifesciences Limited (MEDICS)	Subsidiary	51%	
19	Kerala First Health Services Pvt Limited	Subsidiary	60%	
20	Future Parking Private Limited (FPPL)	Subsidiary	49%	
21	Apollo Speciality Hospitals Private Limited (ASHPL)	Step Down Subsidiary		
22	Apollo CVHF Limited (CVHF)	Step Down Subsidiary		
23	Apollo Sugar Clinics Limited (ASCL)	Step Down Subsidiary		
24	Alliance Dental Care Limited (ADCL)	Step Down Subsidiary		
25	Apollo Dialysis Private Limited (ADPL)	Step Down Subsidiary		
26	AHLL Diagnostics Limited (ADL)	Step Down Subsidiary		
27	AHLL Risk Management Private Limited (ARML)	Step Down Subsidiary		
28	Apollo Bangalore Cradle Limited (ABCL)	Step Down Subsidiary		
29	Kshema Healthcare Private Limited (KHPL)	Step Down Subsidiary		
30	Surya Fertility Centre Private Limited (SFC)	Step Down Subsidiary		
31	Apollo Cradle and Children Hospital Pvt Ltd	Step Down Subsidiary		
32	Asclepius Hospitals & Healthcare Pvt Limited (ACHL)	Step Down Subsidiary		
33	Baalayam Healthcare Pvt Ltd	Step Down Subsidiary		
34	Sobhagya Hospital and Research Centre Private Limited	Step Down Subsidiary		
35	ApoKos Rehab Private Limited	Joint Venture	50%	
36	Apollo Gleneagles Hospitals PET CT Private Limited	Joint Venture	50%	

S. No.	Name of the holding / subsidiary / associate companies / joint ventures (A)	Indicate whether holding/ Subsidiary/ Associate/ Joint Venture	% of shares held by listed entity	Does the entity indicated at column A, participate in the Business Responsibility initiatives of the listed entity? (Yes/No)
37	Apollo Amrsh Oncology Services (P) Limited	Joint Venture of AHIL	100%	
38	Family Health Plan Insurance (TPA) Limited	Associate	49%	
39	Indraprastha Medical Corporation Limited	Associate	22.03%	
40	Stemcyte India Therapeutics Private Limited	Associate	37.75%	
41	Apollo Medicals Private Limited (AMPL)	Associate of AHCL	25.5%	
42	Apollo Pharmalogistics Private Limited	Subsidiary of AMPL	100%	
43	Apollo Pharmacies Limited	Subsidiary of AMPL	100%	

CSR

22. (i) Whether CSR is applicable as per section 135 of Companies Act, 2013: (Yes/No) - Yes

(ii) Turnover (in Billion Rs.) – 166.12

(iii) Net worth (in Billion Rs.) – 65.31

Transparency and Disclosure Compliances

23. Complaints/Grievances on any of the principles (Principles 1 to 9) under the National Guidelines on Responsible Business Conduct:

Stakeholder group from whom complaint is received	Grievance Redressal Mechanism in Place (Yes/No) (If yes, then provide web-link for grievance redress policy)	FY 23 Current Financial Year			FY 22 Previous Financial Year		
		Number of complaints filed during the year	Number of complaints pending resolution at close of the year	Remarks	Number of complaints filed during the year	Number of complaints pending resolution at close of the year	Remarks
Communities	Yes	Nil	Nil	-	Nil	Nil	-
Shareholders and Investors	Yes	150	-	details of complaints filed by the Company with stock exchanges on a quarterly basis	135	-	details of complaints filed by the Company with stock exchanges on a quarterly basis
Employees and workers	Yes	16	Nil	-	7	Nil	-
Customers	Yes	4,000	Nil	All complaints are resolved in a fixed time frame of 7 working days	We have transitioned to a digital platform from FY23 onwards. Hence, data for FY23 has been presented.		

Stakeholder group from whom complaint is received	Grievance Redressal Mechanism in Place (Yes/No) (If yes, then provide web-link for grievance redress policy)	FY 23 Current Financial Year			FY 22 Previous Financial Year		
		Number of complaints filed during the year	Number of complaints pending resolution at close of the year	Remarks	Number of complaints filed during the year	Number of complaints pending resolution at close of the year	Remarks
Value Chain Partners	Yes	Nil	Nil	-	Nil	Nil	-
Others (please specify)	-	-	-	-	-	-	-

Note:

To address grievances, we have internal processes and policies in place for our different stakeholders.

For our internal stakeholders, AHEL has a policy on employee grievance redressal system from the year 2013. The employee grievance redressal system (EGRS) has been a tool for the employees of AHEL where there are set standard operating procedures in place and a hotline / email through which various concerns could be raised and addressed within the stipulated time period.

Further, our stakeholders can utilise the below frameworks in place to report any grievances:

https://www.apollohospitals.com/apollo_pdf/Whistle-Blower-Policy.pdf

https://www.apollohospitals.com/apollo_pdf/Sexual_Harassment_Redressal_Policy_2023.pdf

24. Please indicate material responsible business conduct and sustainability issues pertaining to environmental and social matters that present a risk or an opportunity to your business, rationale for identifying the same, approach to adapt or mitigate the risk along-with its financial implications, as per the following format

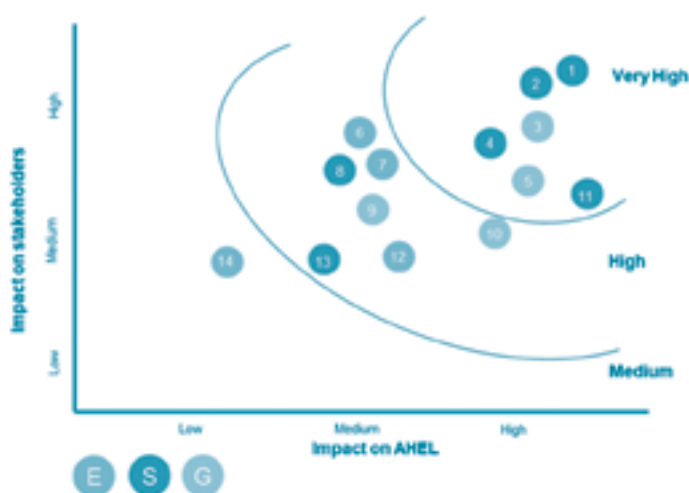
Our Materiality matrix has been developed based on the international standards like GRI and SASB framework for healthcare services. Based on the requirement of the Company's impact and the stakeholder cohort, the identified material topics have been prioritised for effective management and each topic is aligned with the relevant UN Sustainable Development Goals. The assessment carried out is qualitative in nature and not based on any formal financial or legal definitions of materiality. The materiality matrix will be suitably modified as and when required.

S. No.	Material identified issue	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk / opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
1	Service Quality and Patient Safety	R	Ensuring the safety of patients is essential for health care services. To ensure high standards of service Quality coupled with patients safety. We have aligned our processes and procedures in line with the International Patient Safety Goals (IPSG).	IPSG standards were developed by Joint Commission International to ensure safe delivery of care and aligning with the six goals of IPSG, we have implemented protocols and have mechanisms in place like UHID identifications for patients, policies for verbal orders, maintenance of High Alert Medication list at unit level, implementation of safe surgery checklist, daily hand hygiene surveillance and conducting Root Cause Analysis (RCA) for critical internal incidents for ensuring high standards of service quality and patients safety.	Negative

S. No.	Material identified issue	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk / opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
2	Labour Management	O	Labour relations are critical for the provisioning of essential service providers such as AHEL as it directly impacts the quality of services. We are proud to be an equal opportunity employer and strive towards promoting diversity in the workplace.	AHEL firmly believes that employee satisfaction and wellbeing is the foundation for the organisation's success. To assure this, we have policies and systems in place to protect and address the grievances of employees. We recognise the importance of employee association and unions. AHEL invests in training and upskilling of the employees to be well equipped for providing superior services. Moreover, we extend Life Insurance, Personal Accident Insurance and Medical Insurance Coverage for employees and their family members.	Positive
3	Customer Satisfaction	O	Customer Satisfaction is the cornerstone of our organisation and AHEL endeavours to provide best in class service at an affordable and accessible manner to our customers.	AHEL measures customer satisfaction through the Voice of Customer process. This is a strong feedback mechanism with listening and learning ports for collecting Patient Feedback at all touch points. This is a customised framework developed in-house that collects feedback and translates it into qualitative and quantitative data that is used for enhancing the customer experience.	Positive
4	Information to Customers	O	AHEL ensures clear and transparent communication to all the customers right from the initial admission process. AHEL ensures detailed information is provided to customers regarding the treatment plans and the related costs associated for choosing the best option based on affordability and relevant insurance plan.	Robust mechanisms are in place to enable transparent communications like availability of indicative cost of services for in and out patients and implementation of the patient communication app to help family members to get updates regarding the clinical status and schedule appointments for virtual interactions with the care team.	Positive
5	Privacy and Cybersecurity	R	Privacy and cybersecurity are becoming major global concerns as a result of the rising digitalization of healthcare data. A vast range of information is gathered, including patient's personal data, sensitive data on diseases, proprietary enterprise data, and confidential financial information.	AHEL has implemented a number of safeguards to protect the privacy of the data collected, both for the benefit of patients and as an enterprise. These consist mostly of enterprise-wide standards, software, monitoring, and surveillance. The Risk Management function Digital Subcommittee and Audit Committee oversee all data privacy, cybersecurity, and digital activities. AHEL is ISO 27001 certified and also has a data protection policy posted on its website.	Negative

S. No.	Material identified issue	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk / opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
6	Carbon Emissions	R	Human health is being impacted by climate change and ecological degradation, which is compromising the effectiveness of healthcare systems. To enhance health outcomes, it is essential to reduce the carbon emissions as a step towards climate action as carbon emissions & GHG gases contribute to global warming thereby having adverse impacts on the entire ecosystem.	A systems-level strategy is required to offer better healthcare outcomes with a lesser environmental footprint due to the complexity of the environmental challenge. As a result, we are constantly looking for ways to increase operational efficiencies by consuming less thermal and electrical energy. We have embraced the most recent technologies and supported initiatives that have reduced the use of fossil fuels while sharpening our focus on renewable energy sources like wind turbines to reduce the carbon emissions.	Negative
7	Energy Efficiency and Management	O	Energy use is one of the main causes of GHG emissions, and energy prices directly affect how much it costs to run a business while negatively impacting the climate and human health.	In order to ensure a 20% decrease in overall energy consumption for our largest 18 hospitals in India, AHEL has signed a 10-year pay-as-you-save arrangement (JoulePAYS) with the foremost energy efficiency firm in the sector. AHEL's efforts on energy management has resulted in a gradual decline in its total energy consumption over the years. We have also increased the percentage of renewable energy sources in our energy consumption. We make consistent and ongoing efforts to optimise energy consumption by implementing cutting-edge strategies to cut waste and maximize usage. Some significant measures include the implementation of Project Virya for reducing energy consumption & carbon footprint, Analysis of GHG Accounting to understand our emissions inventory and implementing effective mitigation strategies which directly reduces the emissions.	Positive
8	Occupational Health and Safety	R	Healthcare services personnel are in the frontline while handling patients and are vulnerable to infectious diseases. AHEL believes that embedding safety in the organisational culture can effectively reduce errors and eliminate any adverse events.	AHEL has a robust infection prevention and control program to safeguard its employees from occupational hazard and conducts periodic training and testing of staff to prevent infection to patients and also to ensure safety of our people. Moreover, AHEL has implemented Automated Incident Reporting System (AIRS) wherein employees can raise or record safety incidents anonymously. Severity Assessment Scoring (SAC) is done for each incident to conduct Root Cause Analysis and to develop strategies for avoiding such incidents in the future.	Negative

S. No.	Material identified issue	Indicate whether risk or opportunity (R/O)	Rationale for identifying the risk / opportunity	In case of risk, approach to adapt or mitigate	Financial implications of the risk or opportunity (Indicate positive or negative implications)
9	Corporate Governance	O	AHEL is committed to conducting its business with transparency, accountability and integrity and believes that good governance practices can lead to long term stakeholder value creation.	The Board is comprised of several eminent Independent Directors apart from Executive Directors who place a strong emphasis on sound governance practices.	Positive
10	Business Ethics and Compliance	R	Any unethical behaviour poses a serious threat to the reputation of the enterprise and can have a cascading negative effect on customer loyalty brand value and trust with stakeholders. AHEL is committed to conducting business in a fair, ethical and responsible manner and has mechanisms in place to ensure compliance.	AHEL encourages its internal and external stakeholders to communicate any ethical concerns or behaviour. Our Code of Conduct and vigil mechanism policies provide guidance on appropriate professional conduct and all our employees are provided training on these principles. We also have an Anti-Bribery and Anti-Corruption policy to prohibit any unethical behaviour. Furthermore, we have internal controls to prevent fraud and errors.	Negative



Material Issues for AHEL	
Very High	<ol style="list-style-type: none"> 1. Service Quality and Patient Safety 2. Labour Management 3. Customer Satisfaction 4. Information to Customers 5. Privacy and Cybersecurity 6. Carbon Emissions 7. Efficiency and Management 8. Occupational Health and Safety

- High**
9. Corporate Governance
 10. Business Ethics and Compliance
 11. Accessibility to Healthcare
 12. Waster Management
 13. Community Development
 14. Water Management

SECTION B – MANAGEMENT AND PROCESS DISCLOSURES

This section is aimed at helping businesses demonstrate the structures, policies and processes put in place towards adopting the NGRBC Principles and Core Elements. At AHEL, we have a robust management framework in place which enables us to align with the NGRBC Principles with respect to structure and policies to ensure we continue to deliver our best in an ethical, and responsible way. This encompasses transparent and principled business practices that hold us accountable, as well as protect the interests of our stakeholders, including customers and employees.

Principle 1	Businesses should conduct and govern themselves with integrity and in a manner that is ethical, transparent, and accountable
Principle 2	Businesses should provide goods and services in a manner that is sustainable and safe
Principle 3	Businesses should respect and promote the well-being of all employees, including those in their value chains
Principle 4	Businesses should respect the interests of and be responsive to all its stakeholders
Principle 5	Businesses should respect and promote human rights
Principle 6	Businesses should respect and make efforts to protect and restore the environment
Principle 7	Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent
Principle 8	Businesses should promote inclusive growth and equitable development
Principle 9	Businesses should engage with and provide value to their consumers in a responsible manner

Disclosure Questions	P1	P2	P3	P4	P5	P6	P7	P8	P9
Policy and Management Disclosures									
1.									
(a) Whether your entity's policy/policies cover each principle and its core elements of the NGRBCs. (Yes/No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
(b) Has the policy been approved by the Board? (Yes/No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
(c) Web Link of the Policies, if available	https://www.apollohospitals.com/apollo_pdf/code-of-conductdirectors.pdf https://www.apollohospitals.com/apollo_pdf/code-of-conduct-sm.pdf https://www.apollohospitals.com/apollo_pdf/whistle-blowerpolicy.pdf https://www.apollohospitals.com/apollo_pdf/csr-policy.pdf https://www.apollohospitals.com/apollo_pdf/board-familiariationpolicy.pdf								
2. Whether the entity has translated the policy into procedures. (Yes / No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
3. Do the enlisted policies extend to your value chain partners? (Yes/No)	Y	Y	Y	Y	Y	Y	Y	Y	Y
4. Names of the national and international codes/certifications/labels/ standards (e.g. Forest Stewardship Council, Fairtrade, Rainforest Alliance, Trustea) standards (e.g. SA 8000, OHSAS, ISO, BIS) adopted by your entity and mapped to each principle.	AHEL conforms to the following national and international standards: 1) NVG Guidelines issued by the Ministry of Corporate Affairs,GOI 2) Environment and Social Guidelines issued by IFC. 3) Quality of healthcare guidelines issued by JCI and NABH. 4) Environment Guidelines as per ISO 14001 and Ministry of Environment, Forest and Climate Change of India.								

5. Specific commitments, goals and targets set by the entity with defined timelines, if any.	<p>AHEL has conducted its first materiality assessment in the current reporting period. Based on the key material topics identified, AHEL has embarked on an endeavour to improve its performance against each of these focus areas. We have set targets in the context of our human resource practices wherein we have set goals against our performances in our annual employee satisfaction score and employee retention to help us limit the attrition rate to 25%. With customer satisfaction as one of the key focus area, AHEL has set targets around its customer NPS (Net Promoter Score) for patient satisfaction at 84%.</p> <p>We also have a zero breaches target from a cyber security perspective.</p> <p>For the environmental pillar, AHEL has developed an environmental programme for all its hospitals driven by a formal governance structure. In the current reporting period, a detailed inventory of the all environmental KPIs were assessed. Based on the key metrics assessed we have set targets in the current year to reduce our energy as well as water consumption by 10% from the baseline year FY23. Further we intend to augment the share of renewable energy sources in our operations in a phased manner. Our target is to ensure that 25% of the total energy consumed is from renewable energy sources and 25% of electricity needs are met through renewable energy sources by FY25.</p>
6. Performance of the entity against the specific commitments, goals, and targets along-with reasons in case the same are not met.	<p>AHEL's performance has been in line to the targets set for employee satisfaction, customer satisfaction, cyber security, clinical programs and reduction in critical incidents reported.</p> <p>Based on the targets undertaken in the current financial year, we have developed a strategic roadmap and monitoring mechanisms to meet the targets in a phased manner. The performance against these targets would be assessed from the next financial year.</p>

Governance Leadership and Oversight

7. Statement by director responsible for the business responsibility report, highlighting ESG related challenges, targets and achievements (listed entity has flexibility regarding the placement of this disclosure)

The multiple headwinds that the world is facing presents both challenges and opportunities. As the world emerges from the Covid-19 pandemic, existent and emerging challenges are coming to the fore. The post pandemic scenario involving higher inflation and rising costs, geopolitical tensions, etc. have all emerged as critical risks when evaluating our operations. Along with these, existent issues of global concern like climate change, the impact of climate change on human health, rising number of Non-Communicable Diseases (NCDs) and their related mortality & morbidity, are all material to our organization. As we chart these waters, AHEL has been mindful of addressing these holistically and through a concerted approach. While our focus remains on clinical outcomes, delivery of quality care, preventive & promotive health, technological innovations for better clinical outcomes, we have also considered our own impact on the climate crisis.

In line with this, we have increased our focus on sustainability, conscious consumption, and stewardship on natural resource consumption. Through our materiality assessment, we have identified material topics that have an impact on our stakeholders and are critical to our operations. Further, to track and improve the performance against these identified material topics, AHEL has set up a governance structure comprising of the CSR & Sustainability Committee of the Board, along with downstream structures ensuring the implementation of our sustainability strategy. This governance structure has become the enabler in producing mandates and programs across various key material focus areas of sustainability & ESG. AHEL's performance has continued to meet to the targets set for employee satisfaction, customer satisfaction, cyber security, clinical programs, emissions reduction, and reduction in critical incidents reported.

Further, the Apollo Sustainability Action Plan (ASAP) has been devised to accelerate our efforts towards the environment pillar. We have engaged in the endeavour to map the environmental footprint of our entire organisation and its value chain. Based on the baseline exercise undertaken, key targets for our environmental KPIs have been set. To continue this momentum, AHEL will embark on a journey towards sustainability aligning with national commitments and international goals. AHEL will implement processes with continuous improvements across multiple dimensions of the environment, social and governance frameworks, all while continuing to touch lives. Our focus remains healthy people, on a healthy planet.

– Smt. Suneeta Reddy
Managing Director

8. Details of the highest authority responsible for implementation and oversight of the Business Responsibility policy (ies).	<ul style="list-style-type: none"> • Name: Smt. Suneeta Reddy • Designation: Managing Director • DIN: 00001873
9. Does the entity have a specified Committee of the Board/ Director responsible for decision making on sustainability related issues? (Yes / No). If yes, provide details.	Yes, the Board CSR and Sustainability Committee is responsible for decision making on sustainability related issues.

Policy and management processes

10. Details of Review of NGRBCs by the Company:

Subject for Review	Indicate whether review was undertaken by Director / Committee of the Board/ Any other Committee									Frequency (Annually/ Half - yearly/ Quarterly/ Any other – please specify)								
	P1	P2	P3	P4	P5	P6	P7	P8	P9	P1	P2	P3	P4	P5	P6	P7	P8	P9
Performance against above policies and follow up action	Y	Y	Y	Y	Y	Y	Y	Y	Y	Q	A	Q	A	A	A	A	Q	Q
Compliance with statutory requirements of relevance to the principles, and, rectification of any non-compliances	Y	Y	Y	Y	Y	Y	Y	Y	Y	Q	A	Q	A	A	A	A	Q	Q
	P1	P2	P3	P4	P5	P6	P7	P8	P9									

11. Has the entity carried out independent assessment/ evaluation of the working of its policies by an external agency? (Yes/No). If yes, provide the name of the agency.

All the policies have been formulated in consultation with various stakeholders, however the Company plans to carry out an internal/external assessment in due course of time.

12. If answer to question (1) above is “No” i.e. not all Principles are covered by a policy, reasons to be stated:

Questions	P1	P2	P3	P4	P5	P6	P7	P8	P9
The entity does not consider the Principles material to its business (Yes/No)									
The entity is not at a stage where it is in a position to formulate and implement the policies on specified principles (Yes/No)									
The entity does not have the financial or/ human and technical resources available for the task (Yes/No)						Not Applicable			
It is planned to be done in the next financial year (Yes/No)									
Any other reason (please specify)									

Section C – Principle Wise Performance Disclosure

Principle I – Businesses should conduct and govern themselves with integrity, and in a manner that is ethical, transparent, and accountable

Apollo strongly believes that there is a direct correlation between good corporate governance practices and long-term shareholder value. We commit to adhering to the highest standards of governance to ensure protection of the interests of all stakeholders of the Company in tandem with our growth. The corporate governance of our Company reflects our value system encompassing our culture, policies, and relationships with stakeholders. Our Board establishes structures and processes to fulfill Board responsibilities that consider the perspectives of investors, regulators and management, among others. It also monitors management execution against established budgets and in alignment with the strategic objectives of the organization. Apollo firmly believes that effective corporate governance practices and long-term shareholder values are inextricably linked. Our company's corporate governance is a reflection of our value system, which includes our culture, policies, and relationships with stakeholders.

As we continue to grow in our business, we pledge to uphold the highest standards of governance in order to protect the interests of all stakeholders of the company.

SDG Linkages-



Essential Indicators

1. Percentage coverage by training and awareness programmes on any of the principles during the financial year:

Segment	Total number of training and awareness programmes held	Topics/principles covered under the training and its impact	% of persons in respective category covered by the awareness programmes
Board of directors	6	<ul style="list-style-type: none"> Familiarisation program Quarterly updates on important developments in the healthcare sector. Awareness program on adoption and reporting of sustainable business practices. 	100%
Key managerial personnel	6	<ul style="list-style-type: none"> Familiarisation program Quarterly updates on important developments in the healthcare sector. Awareness program on adoption and reporting of sustainable business practices. 	100%
Employees other than BoD and KMPs	466,338	<ul style="list-style-type: none"> Training on -Employee Rights and Responsibilities Training on - Health & Safety Training on -Skill Upgradation & Training Security 	100%
Workers	NA		

2. Details of fines / penalties /punishment/ award/ compounding fees/ settlement amount paid in proceedings (by the entity or by directors / KMPs) with regulators/ law enforcement agencies/ judicial institutions, in the financial year, in the following format (Note: the entity shall make disclosures on the basis of materiality as specified in Regulation 30 of SEBI (Listing Obligations and Disclosure Obligations) Regulations, 2015 and as disclosed on the entity's website):

Monetary					
	NGRBC Principle	Name of the regulatory/ enforcement agency/ judicial institutions	Amount (In INR)	Brief of the Case	Has an appeal been preferred? (Yes/No)
Penalty/ Fine	Nil	Nil	Nil	NA	NA
Settlement	Nil	Nil	Nil	NA	NA
Compounding fee	Nil	Nil	Nil	NA	NA

Non-Monetary					
	NGRBC Principle	Name of the regulatory/ enforcement agency/ judicial institutions	Amount (In INR)	Brief of the Case	Has an appeal been preferred? (Yes/No)
Penalty/ Fine	Nil	Nil	Nil	NA	NA
Settlement	Nil	Nil	Nil	NA	NA
Compounding fee	Nil	Nil	Nil	NA	NA

3. Of the instances disclosed in Question 2 above, details of the Appeal/ Revision are preferred in cases where monetary or non-monetary action has been appealed.

Case Details	Name of the regulatory/ enforcement agencies/ judicial institutions
-	None

4. Does the entity have an anti-corruption or anti-bribery policy? If yes, provide details in brief and if available, provide a web link to the policy.

Yes. AHEL has an Anti-Bribery and Anti-Corruption policy which prohibits any unethical or corrupt business conduct including offering or receiving money/bribes by all its directors, officers, employees (including temporary staff and consultants). This policy is available on the Hospital website. Web link: https://www.apollohospitals.com/apollo_pdf/Anti-Bribery-and-Anti-Corruption-Policy.pdf

5. Number of Directors/KMPs/employees/workers against whom disciplinary action was taken by any law enforcement agency for the charges of bribery/ corruption.

	FY 2022-23	FY 2021-22
Directors	Nil	Nil
KMPs	Nil	Nil
Employees	Nil	Nil
Workers	Nil	Nil

There have been no complaints against our BOD, KMPs, Employees and Workers.

6. Details of complaints with regard to conflict of interest:

	FY 2022-23	FY 2021-22
Number of complaints received in relation to issues of Conflict of Interest of the Directors	Nil	Nil
Number of complaints received in relation to issues of Conflict of Interest of the KMPs	Nil	Nil

7. Provide details of any corrective action taken or underway on issues related to fines/penalties/action taken by regulators/ law enforcement agencies/ judicial institutions, on cases of corruption and conflicts of interest.

Not Applicable

Principle 2 – Businesses should provide goods and services in a manner that is sustainable and safe.

AHEL is dedicated to respecting the rights and dignity of every individual we serve, fostering a diverse and inclusive work environment, and maintaining the privacy and confidentiality of our patients' personal information. We are committed to sourcing our products, materials, and services in an ethical and environmentally responsible manner. By embracing sustainable sourcing, we aim to minimize our environmental impact, optimise resource utilisation and support the well-being of local communities.

SDG Linkages-



Essential Indicators

1. Percentage of R&D and capital expenditure (CAPEX) investments in specific technologies to improve product and processes' environmental and social impacts to total R&D and capex investments made by the entity, respectively.

	FY 23 (Current financial year)	FY 22 (Previous financial year)	Details of improvements in environmental and social impacts
R&D	100%	100%	Scouting, evaluating, deploying and integrating research and innovations across Apollo Hospitals, with an objective of improving outcomes, affordability and accessibility for our patients. Research and Innovations span across drugs, devices, healthcare software or consumer goods of clinical relevance.
Capex	0%	0%	

2.

a. Does the entity have procedures in place for sustainable sourcing? (Yes/No) – Yes

b. If yes, what percentage of inputs were sourced sustainably?

100%, We assess and undertake aspects of sustainability with all our suppliers through our supplier code of conduct. Further we also periodically rate our suppliers through our vendor rating system that covers aspects of ESG.

3. Describe the processes in place to safely reclaim your products for reusing, recycling, and disposing at the end of life, for (a) Plastics (including packaging) (b) E-waste (c) Hazardous waste and (d) other waste.

Not Applicable – Waste generated in hospitals is handed over for safe disposal through Government authorised vendors

4. Whether Extended Producer Responsibility (EPR) is applicable to the entity's activities (Yes / No). If yes, whether the waste collection plan is in line with the EPR plan submitted to Pollution Control Boards?

EPR is not applicable. But as a responsible consumer of plastic, we ensure proper disposal and all the prescribed norms concerning handling and disposal of plastics are adhered to.

Principle 3: Businesses should respect and promote the well-being of all employees, including those in their value chains

AHEL values its employees, and is committed to their welfare, health, and wellness. We provide our employees equal opportunities in their career path and do not discriminate on any basis including gender. We pay special attention to our members' training needs to ensure that they are well motivated to offer our patients best in class, differentiated service. Further, we believe that the success of our Company is directly linked to employee satisfaction and well-being, both physical and mental, and our policies reflect this belief.

SDG Linkages-



Essential Indicators

1. a. Details of measures taken for the well-being of employees.

Category	% of employees covered by										
	Total (A)	Health insurance		Accident insurance		Maternity benefits		Paternity benefits		Day care facilities	
		Number (B)	% (B / A)	Number (C)	% (C / A)	Number (D)	% (D / A)	Number (E)	% (E / A)	Number (F)	% (F / A)
Permanent employees											
Male	15,686	12,234	78%	12,817	82%	-	-	2,728	17%	2,728	17%
Female	19,279	11,585	60%	16,597	86%	19,461	100%	-	-	2,283	12%
Total	34,965	23,819	68%	29,414	84%	19,461	55%	2,728	8%	5,011	14%
Other than Permanent employees											
Male	446	-	-	-	-	-	-	-	-	-	-
Female	100	-	-	-	-	-	-	-	-	-	-
Total	546	-	-	-	-	-	-	-	-	-	-

Note: The above data is only relates to AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the next financial year onwards.

2. Details of retirement benefits.

Benefits	FY 2022-23			FY 2021-22		
	No. of employees covered as a % of total employees	No. of workers covered as a % of total workers	Deducted and deposited with the authority (Y/N/N.A.)	No. of employees covered as a % of total employees	No. of workers covered as a % of total workers	Deducted and deposited with the authority (Y/N/N.A.)
PF	88%	NA	Y	Tracking mechanisms were		
Gratuity	95%	NA	Y	established		
ESI	35%	NA	Y	from FY22 onwards.		
Others – please specify	-	-	-			

Note: The above data is only relates to AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the next financial year onwards.

3. Accessibility of workplaces Are the premises / offices of the entity accessible to differently abled employees and workers, as per the requirements of the Rights of Persons with Disabilities Act, 2016? If not, whether any steps are being taken by the entity in this regard.

Yes, all AHEL's offices and hospitals are accessible to differently abled employees and workers. Steps and ramps, corridors, entry gates, emergency exits, parking – as well as indoor and outdoor facilities including lighting, signage, alarm systems and toilets have been implemented across our workspaces and premises.

4. Does the entity have an equal opportunity policy as per the Rights of Persons with Disabilities Act, 2016? If so, provide a web link to the policy.

Yes, AHEL is an equal opportunity employer. We have aspects of equal opportunity embedded in our HR manual and policy which available internally.

5. Return to work and Retention rates of permanent employees and workers that took parental leave.

Gender	Permanent employees		Permanent workers	
	Return to work rate %	Retention rate %	Return to work rate %	Retention rate %
Male	-	-		
Female	93%	100%	-Not Applicable-	
Total	93%	100%		

Note: The above data is only relates to AHEL and AHLL. Data relating to other subsidiaries, Joint Ventures, Associates and Indirect Associates have been excluded as we are in the process of accessing the data and is expected to be reported from the next financial year onwards.

6. Is there a mechanism available to receive and redress grievances for the following categories of employees and workers? If yes, give details of the mechanism in brief.

	(If yes, then give details of the mechanisms in brief)
Permanent employees	Employees could use the following mechanisms based on the policy on employee grievance redressal system.
Other than permanent employees	
Permanent workers	There is a open door policy for reporting any concerns to our regional CEOs or HR head who could be reached to report and record any complaints concerning human rights violations. Further, there are complaint boxes where anonymous grievances could be submitted regarding any grievances regarding human rights across our hospitals.
Other than permanent workers	

7. Membership of employees and workers in association(s) or Unions recognized by the listed entity:

Category	FY 2022-23			FY 2021-22		
	Total employees / workers in respective category (A)	No. of employees/ workers in the respective category, who are part of the association(s) or Union (B)	% (B/A)	Total employees/ workers in the respective category (C)	No. of employees/ workers in the respective category, who are part of the association(s) or Union (D)	% (D/C)
Employees	Tracking mechanisms were established from FY22 onwards					
Male	15,686	3,229	21%			
Female	19,279	2,941	15%			
Total	34,965	6,170	18%			

Note: The above data is only relates to AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the next financial year onwards.

8. Details of training given to employees and workers:

Category	FY 2022-23					FY 2021-22				
	Total (A)	On health and safety measures		On skill upgradation		Total (D)	On health and safety measures		On skill upgradation	
		No. (B)	% (B / A)	No. (C)	% (C / A)		No. (E)	% (E / D)	No.(F)	% (F / D)
Employees										
Male	15,686	15,686	100%	15,686	100%	13,748	13,748	100%	13,748	100%
Female	19,279	19,279	100%	19,279	100%	18,808	18,808	100%	18,808	100%
Total	34,965	34,965	100%	34,965	100%	32,556	32,556	100%	32,556	100%
Workers										
Male										
Female										
Total										

Note: The above data is only relates to AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the next financial year onwards.

9. Details of performance and career development reviews of employees and workers:

Category	FY 2022-23			FY 2021-22		
	Total (A)	No. (B)	% (B / A)	Total (C)	No. (D)	% (D / C)
Employees						
Male	15,686	15,686	100%	13,748	13,748	100%
Female	19,279	19,279	100%	18,808	18,808	100%
Total	34,965	34,965	100%	32,556	32,556	100%
Workers						
Male						
Female						
Total						

Note: The above data is only relates to AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the next financial year onwards.

10. Health and safety management system:

- a. Whether an occupational health and safety management system has been implemented by the entity? (Yes/ No). If yes, what is the coverage of such a system?**

Yes. The coverage extends to all our internal stakeholders.

- b. What are the processes used to identify work-related hazards and assess risks on a routine and non-routine basis by the entity?**

Online incident reporting systems (AIRS), safety trainings, safety checks, facility audits, annual health checks for staff

- c. Whether you have processes for workers to report the work-related hazards and to remove themselves from such risks.**

AIRS can be used by any employee to report on the work-related hazards anonymously and actions are taken to address and resolve these incidents.

- d. Do the employees/ workers of the entity have access to non-occupational medical and healthcare services?**

Yes.

11. Details of safety related incidents, in the following format:

Safety incident/number	Category	FY 2022-23	FY 2021-22
Lost Time Injury Frequency Rate (LTIFR) (per one-million-person hour worked)	Employees	-	-
	Workers	Not Applicable	
Total recordable work-related injuries	Employees	-	-
	Workers	Not Applicable	
No. of fatalities	Employees	-	-
	Workers	-Not Applicable-	
High consequence work-related injury or ill-health (excluding fatalities)	Employees	-	-
	Workers	-Not Applicable-	

12. Describe the measures taken by the entity to ensure a safe and healthy workplace.

Automated Incident Reporting System (AIRS) has been implemented across our hospitals for online reporting of incidents by our employees. These incidents can be reported anonymously, and the automation helps in addressing the incidents in a fast and

effective manner. Severity Assessment Scoring (SAC) is done for each incident and Root Cause Analysis is conducted for high severity events to develop strategies for avoiding these adverse events in the future.

13. Number of complaints on the following made by employees and workers

	FY 2022-23			FY 2021-22		
	Filed during the year	Pending resolution at the end of year	Remarks	Filed during the year	Pending resolution at the end of year	Remarks
Working conditions	Nil	Nil	-	Nil	Nil	-
Health & safety	Nil	Nil	-	Nil	Nil	-

14. Assessments for the year

	% of your plants and offices that were assessed (by entity or statutory authorities or third parties)
Health and safety practices	100%
Working conditions	100%

15. Provide details of any corrective action taken or underway to address safety-related incidents (if any) and on significant risks/concerns arising from assessments of health & safety practices and working conditions. — None

Principle 4: Businesses should respect the interests of and be responsive to all its stakeholders

Given the nature of our business, one set of our stakeholders have an impact on the delivery of our healthcare services while we have an impact on another set of stakeholders in the process of our care delivery. Therefore, these identified stakeholders are very important to us and we remain committed to their interests while growing in a transparent and accountable manner. Our modes of engagement with our key stakeholders together with the materiality process gives us direction on which issues to focus upon. Our aim in doing this is to mainstream sustainability into our operations and have designated dedicated personnel in key departments to address any concerns that our stakeholders may have, and add value to them, in a satisfactory and timely manner.

SDG Linkages-



Essential Indicators

1. Describe the processes for identifying key stakeholder groups of the entity.

A Core Stakeholder is any individual or group of individuals or institutions that adds value to the business chain of the Company or is materially affected by the entity's decision. AHEL is in the business of providing healthcare and allied services to the general public. We consider our key stakeholders to be healthcare service providers, our patients, our employees, our suppliers, our investors, the community that we operate in and the regulatory bodies that govern us.

2. List stakeholder groups identified as key for your entity and the frequency of engagement with each stakeholder group.

Stakeholder group (Yes/No)	Whether identified as vulnerable & marginalised group	Channels of communication (Email, SMS, Newspaper, Pamphlets, Advertisement, Community meetings, Notice board, Website), Other	Frequency of engagement (Annually/ half-yearly/ quarterly / others – please specify)	Purpose and scope of engagement including key topics and concerns raised during such engagement
Employees and Health care providers	No	Intranet Portal	On a regular basis	• Employee benefits
		Functional and cross-functional committees		• Reward and recognition
		Townhall		• Learning and development
		Leader's talk		• Safety and well-being
		LinkedIn		• Performance review and career development
		Regular Employee Communication Forums		• Business update
		Leadership connect through YouTube Streaming		• Vision of the organisation
		Morning Huddle		• Discussion on Annual operating plan
		Email Connect		
Customers and patient	No	Customer Satisfaction Survey	On a regular basis	• Tele- consultation
		Customer meets		
		Digital/ telephonic Interactions		• Customer feedback
				• Resolution of their open issues
Suppliers and Vendors	No	Annual meeting with key supplier	Half yearly	• Resolving open issues
		Face-to-face and electronic correspondence		• Assessing performance
		Digital/ telephonic Interactions		• Recognition and engagement activities
				• Undertaking discussion on Sustainability Parameters

Stakeholder group (Yes/No)	Whether identified as vulnerable & marginalised group	Channels of communication (Email, SMS, Newspaper, Pamphlets, Advertisement, Community meetings, Notice board, Website), Other	Frequency of engagement (Annually/ half-yearly/ quarterly / others – please specify)	Purpose and scope of engagement including key topics and concerns raised during such engagement
Investors / Shareholders	No	Email Newspaper advertisement Website Annual General Meetings Disclosures to stock exchanges and investor meetings / calls / conferences	Need based and Quarterly calls	To update them about important developments (performance, strategy, growth and opportunities) in the company and address their grievances
Community	Yes	Physical meetings Digital interactions	Concurrent /need basis	<ul style="list-style-type: none"> Community development through various initiatives of CSR Community grievance redressal
Regulatory and government bodies	No	Physical meetings Digital communications Through submissions	On a need basis	<ul style="list-style-type: none"> Policy Advocacy with concerned authorities Deliberations and inputs on regulations and policies that have bearing on our operations and businesses <p>For our core business activities of development, manufacturing and sales</p>

Principle 5: Businesses should respect and promote human rights

Our Human Rights practices are aligned to both UNGC principles and the international standards of the ILO - We respect the dignity and rights of our employees as well as those working in our supply chain. We follow the ILO Declaration on Fundamental Principles and Rights at Work, including non-discrimination, freedom of association, collective bargaining, and freedom from forced and child labour. Our commitments are detailed in our Code of Business Conduct and our Human Resource manual, which are available on the Company's intranet.

SDG Linkages-



Essential Indicators

1. Employees and workers who have been provided training on human rights issues and policy(ies) of the entity, in the following format:

Category	FY 2022-23			FY 2021-22		
	Total (A)	No. of employees / workers covered (B)	% (B / A)	Total (C)	No. of employees / workers covered (D)	% (D / C)
Employees						
Permanent	15,686	15,686	100%	13,748	13,748	100%
Other than permanent	19,279	19,279	100%	18,808	18,808	100%
Total employees	34,965	34,965	100%	32,556	32,556	100%
Workers						
Permanent						
Other than permanent						-Not Applicable-
Total workers						

Note: The above data is only for AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the next financial year onwards.

2. Details of minimum wages paid to employees and workers:

Category	FY 2022-23					FY 2021-22				
	Total (A)	Equal to minimum wage		More than minimum wage		Total (D)	Equal to minimum wage		More than minimum wage	
		No. (B)	% (B / A)	No. (C)	% (C / A)		No. (E)	% (E / D)	No. (F)	% (F / D)
Employees										
Permanent	15,686	-	-	15,686	100%	13,748	-	-	13,748	100%
Other than permanent	19,279	-	-	19,279	100%	18,808	-	-	18,808	100%
Total employees	34,965	-	-	34,965	100%	32,556	-	-	32,556	100%
Workers										
Permanent										
Other than permanent										-Not Applicable-
Total workers										

Note: The above data is only for AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the next financial year onwards.

3. Details of remuneration/salary/wages

	Male		Female	
	Number	Median remuneration/ salary/ wages of respective category	Number	Median remuneration/ salary/ wages of respective category
Board of Directors (Executive Directors)	1	18,11,15,857	4	6,63,15,144
Board of Directors (Independent Directors)	4	45,00,000	2	34,00,000
Key managerial personnel*	2	2,62,67,000	1	6,72,07,275
Employees other than BoD and KMP#	13,068	92,115	17178	97,126
Workers				Not Applicable

* (including the Managing Director who is forming a part of the Board of Directors)

The above employee figures are only for AHEL. We would be reporting for all our group entities from the next financial year onwards.

4. Do you have a focal point (individual/ committee) responsible for addressing human rights impacts or issues caused or contributed to by the business? (Yes/No)

Yes, the Chief Human Resource Officer (CHRO) is the focal point responsible for addressing human rights impacts or issues.

5. Describe the internal mechanisms in place to redress grievances related to human rights issues.

We have a governance structure in place to address any grievances related to human rights. There is an open door policy for reporting any concerns to our regional CEOs or HR head who could be reached to report and record any complaints concerning human rights violations. Further, there are complaint boxes where anonymous grievances could be submitted regarding any human rights issues across our hospitals.

6. Number of complaints on the following made by employees and workers:

	FY 2022-23			FY 2021-22		
	Filed during the year	Pending resolution at the end of year	Remarks	Filed During the year	Pending resolution at the end of year	Remarks
Sexual harassment	16	Nil	-	7	Nil	-
Discrimination at workplace	Nil	Nil	-	Nil	Nil	-
Child labour	Nil	Nil	-	Nil	Nil	-
Forced labour/Involuntary labour	Nil	Nil	-	Nil	Nil	-
Wages	Nil	Nil	-	Nil	Nil	-
Other human rights-related issues	Nil	Nil	-	Nil	Nil	-

7. Mechanisms to prevent adverse consequences to the complainant in discrimination and harassment cases.

AHEL has over a period developed a culture of a healthy, safe and productive work environment that is free from discrimination or any form of harassment for all internal and external stakeholders. An Internal Complaints Committee has been constituted for timely and impartial resolution for any complaints that may arise in this regard. Further our code of conduct and POSH, and staff training on the subject, ensures that any instances of discrimination and harassments are avoided.

8. Do human rights requirements form part of your business agreements and contracts? (Yes/No)

Yes

9. Assessments of the year

	% of your plants and offices that were assessed (by the entity or statutory authorities or third parties)
Child labour	100%
Forced/involuntary labour	100%
Sexual harassment	100%
Discrimination at workplace	100%
Wages	100%
Others – please specify	-

10. Provide details of any corrective actions taken or underway to address significant risks/concerns arising from the assessments at Question 9 above.

None

Principle 6: Businesses should respect and make efforts to protect and restore the environment

AHEL firmly believes that high-quality healthcare goes hand in hand with protecting the environment and ensuring the well-being of communities. We have launched multiple initiatives for reduction of energy consumption, treatment of waste water, segregation of medical waste and its proper disposal, and energy sourcing from renewables, over the past few years. We comply with the regulatory framework within which hospitals operate, wherein environmental laws have mandated for sustainability initiatives around water management and recycling, rainwater harvesting, and solid waste management. Other than this, certifications like ISO 14001:2015 have been obtained for our various hospitals. We conduct assessments on consumption and waste generation on a regular basis and have adopted a measurable approach towards reduction of consumption, reuse and recycling initiatives, safe collection and disposal of waste, efficiencies in use of energy and water, move towards renewable sources of energy. Presently we are sourcing 19% of our power consumption needs from renewable energy resources. At the same time, we are focused on creating resilient healthcare infrastructure (through Hazard Vulnerability Analysis) and supply chains that can withstand the vagaries of extreme climate events and ensure continuity of operations and services for our patients and communities..

SDG Linkages-



Essential Indicators

1. Details of total energy consumption (in Joules or multiples) and energy intensity

Parameter	FY 2022-23	FY 2021-22
Total electricity consumption (A) GJ	947,162	843,309
Total fuel consumption (B) GJ	77,780	80,714
Energy consumption through other sources (C) GJ	0	0
Total energy consumption (A+B+C) GJ	1024942	924,023
Energy intensity per rupee of turnover GJ/Million INR (Total energy consumption/ turnover in rupees)	6.16	6.30

Note: Indicate if any independent assessment/ evaluation/assurance has been carried out by an external agency? (Y/N) If yes, name of the external agency.

No, independent assessment/ evaluation/assurance has been carried out.

2. Does the entity have any sites/facilities identified as designated consumers (DCs) under the performance, achieve, and trade (PAT) Scheme of the Government of India? (Y/N) If yes, disclose whether targets set under the PAT scheme have been achieved. In case targets have not been achieved, provide the remedial action taken if any.

No, the PAT scheme is not applicable to the Company.

3. Provide details of the following disclosures related to water, in the following format:

Parameter	FY 2022-23	FY 2021-22
Water withdrawal by source (in kilolitres)		
(i) Surface water	4,172	3,805
(ii) Groundwater	15,77,062	15,37,105
(iii) Third-party water (municipal water supplies)	14,69,346	13,42,328
(iv) Seawater / desalinated water	0	0
(v) Others	0	0
Total volume of water withdrawal (in kilolitres) (i + ii + iii + iv + v)	30,50,580	28,83,238
Total volume of water consumption (in kilolitres)	19,03,157	15,39,780
Water intensity per rupee of turnover (water consumed / turnover) KI/Million INR	11.45	10.50

Note: The above data is only for AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the next financial year onwards.

4. Has the entity implemented a mechanism for zero liquid discharge? If yes, provide details of its coverage and implementation.

Yes. The company has installed wastewater treatment systems in three sites in which wastewater is generated and then it is taken into an Effluent Treatment Plant (ETP), for treatment and reuse. Rejected water that does not meet applicable reclaimed water standards after treatment is sent for evacuation. The company also treats its domestic wastewater (water used inside the company's premises) which is reused for gardening and toilet flushing purposes. Water release after treatment has increased by 5.26% from the previous FY, 2021. The Company also ensures that no untreated water is being let into ground and drain to ensure Zero Liquid Discharge (ZLD).

5. Please provide details of air emissions (other than GHG emissions) by the entity:

Parameter	Unit	FY 2022-23	FY 2021-22
NOx	MT		
SOx	MT		
Particulate matter (PM)	MT		
Persistent organic pollutants (POP)			
Volatile organic compounds (VOC)	Not reporting this year		
Hazardous air pollutants (HAP)	Not reporting this year		
Others – ozone-depleting substances (HCFC - 22 or R-22)			

We are in the process of assessing our air emissions and will be reporting on the same from the next financial year onwards.

6. Provide details of greenhouse gas emissions (Scope 1 and Scope 2 emissions) and its intensity:

Parameter	Unit	FY 2022-23	FY 2021-22
Total Scope 1 emissions (Break-up of the GHG into CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, if available)	Metric tonnes of CO2 equivalent	8,033	5,440
Total Scope 2 emissions (Break-up of the GHG into CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, if available)	Metric tonnes of CO2 equivalent	1,50,386	1,25,348
Total Scope 1 and Scope 2 emissions per rupee of turnover	Metric tonnes of CO2 equivalent / Million INR	0.95	0.89

7. Does the entity have any project related to reducing greenhouse gas emission? If Yes, then provide details

Yes, In September 2021, Apollo Hospitals launched "Project Virya" with the ambitious objective of reducing energy consumption and carbon footprint across 18 of its largest hospital facilities in India by more than 20%. To achieve this, Apollo signed a 10-year agreement with leading energy efficiency company Smart Joules. This forward-looking project is expected to result in 235 million kWh of energy savings and reduction of 240,000 tons of CO2 emissions from Apollo's carbon footprint over the project term. These ambitious goals will be achieved through system design enhancements, investments in best-in-class energy efficient equipment, and intelligent data-driven automation of operations.

8. Provide details related to waste management by the entity, in the following format:

Parameter	FY 2022-23	FY 2021-22
Total waste generated (in metric tonnes)		
Plastic waste (A)	27.1	30.6
E-waste (B)	1.5	1.2
Bio-medical waste (C)	2,527.3	2,612.5
Construction and demolition waste (D)	-	
Battery waste (E)	2.8	7.1
Radioactive waste (F)	-	-
Other Hazardous waste. Please specify, if any. (G)	796.1	912.4
Other Non-hazardous waste generated (H). Please specify, if any. (Break-up by composition i.e. by materials relevant to the sector)	220.2	198.6
Total (A+B + C + D + E + F + G + H)	3,575.0	3,762.4
For each category of waste generated, total waste recovered through recycling, re-using or other recovery operations (in metric tonnes)		
Category of waste		
(i) Recycled	120.62	137.51
(ii) Re-used	0.00	0.00
(iii) Other recovery operations	838.23	926.40
Total	958.85	1,063.91

For each category of waste generated, total waste disposed of by nature of disposal method (in metric tonnes)

Category of waste		
(i) Incineration	2,530.91	2,621.38
(ii) Landfilling	85.19	77.11
(iii) Other disposal operations	0.00	0.00
Total	2,616.10	2,698.49

Note: The above data is only for AHEL and AHLL. Data relating to other group entities has been excluded. The same is expected to be reported from the next financial year onwards.

9. Briefly describe the waste management practices adopted in your establishments. Describe the strategy adopted by your company to reduce the usage of hazardous and toxic chemicals in your products and processes and the practices adopted to manage such wastes.

Hospitals generate waste of different categories in the course of their operations. Depending on the level of care being delivered, for example, in the operating theatres, ICUs, or at the ward level, biomedical and general waste is generated. Other than this, areas like diagnostics, laboratories, procedure rooms, and out-patient departments are other sources of waste generation. Further, the COVID-19 pandemic resulted in an increased production of waste, for example, disposable masks and gloves, Personal Protective Equipment (PPEs) etc. Added to this, the Hospitals also generate radioactive waste which needs the most exacting disposal protocols. Biomedical waste generation is the largest component of the total waste generated in a hospital. We train all employees on waste segregation at source, protocol for disposal, and on reduction of waste generation.

At Apollo we categorize our waste into four major streams — Solid, Liquid, Gaseous, and Specialized Items. The solid waste is further divided into Bio Waste, Bio Medical Waste, Hazardous Waste, and Plastic Waste. Bio Waste is generally disposed to Bio Gas Generation and Manure Composting, so as to avoid land pollution. The Bio Medical Waste is discarded through an authorized government agency for incineration and land burial. Hazardous Waste is discarded to the hazardous waste industrial sites run by the government. Plastic Waste and Single-Use Plastics are sent to a Plastic Wastes Recycler to ensure there is no possibility of environmental pollution. Liquid Waste is broadly categorized into two main streams — Sewage and Effluent Waste Water, and treated accordingly. Gaseous Waste is categorized as Direct/Indirect Emissions — Direct Emissions are emissions from Boilers/Furnaces/Vehicles. Indirect Emissions are emissions from Diesel Generator sets and other processes. These emissions are monitored and mitigated through air and ambient survey studies at constant intervals. The Group has in place an e-Waste Management Policy ensuring the appropriate discard of various electronic equipment.

10. If the entity has operations/offices in/around ecologically sensitive areas (such as national parks, wildlife sanctuaries, biosphere reserves, wetlands, biodiversity hotspots, forests, coastal regulation zones, etc.) where environmental approvals/clearances are required, please specify details in the following format:

Sr. No.	Location of operations/offices	Type of operations	Whether the conditions of environmental approval / clearance are being complied with? (Y/N) If no, the reasons thereof and corrective action taken, if any.
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AHEL does not have any operations across ecologically sensitive areas.

11. Details of Environmental Impact Assessments of projects undertaken by the entity based on applicable laws, in the current financial year:

Name and brief details of project	EIA Notification No.	Date	Whether conducted by independent external agency (Yes / No)	Results communicated in public domain (yes/no)	Relevant Web link
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No EIA has been conducted in the current reporting period.

12. Is the entity compliant with the applicable environmental law/ regulations/ guidelines in India; such as the Water (prevention and control of pollution) Act, Air (prevention and control of pollution) Act, Environment Protection Act, and rules there under (Y/N). If not, provide details of all such non-compliances:

Sr. No.	Specify the law / regulation / guidelines which was not complied with	Provide details of the non-compliance	Any fines / penalties / action taken by regulatory agencies such as pollution control boards or by courts	Corrective action taken, if any
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all the applicable environmental law/ regulations/ guidelines.

Principle 7: Businesses, when engaging in influencing public and regulatory policy, should do so in a manner that is responsible and transparent

AHEL is keenly aware of its roles and responsibilities towards creating sustainable value for all our stakeholders. Driven by patient-centricity, we are committed to contributing towards a holistic healthcare ecosystem in India. The Group has been at the forefront of efforts to develop effective public policy frameworks to promote accessibility, affordability, quality, and equity in health services for all, through our engagement with Governments – at the center, state, and municipal levels in the spirit of cooperative federalism. We are led by a strong foundation of ethics and transparency in our work with other stakeholders, including peers, and industry associations as well as healthcare forums at national and global levels. Equally, we are a part of the consultative processes with the Government, as and when called for, and contribute to policy premises that impact the sector and the services that it offers. Our Group ensures that any such engagement is carried out with the highest degree of propriety, through systematic and open stakeholder dialogues, against the background of a robust governance model which helps us achieve our goal of ensuring equitable access to health.

SDG Linkages-



Essential Indicators

1. a. Number of affiliations with trade and industry chambers/ associations.

AHEL is affiliated to the following 8 industry chambers and associations mentioned below in point b.

b. List the top 10 trade and industry chambers/ associations (determined based on the total members of such a body) the entity is a member of/ affiliated to.

S. No.	Name of the trade and industry chambers/ associations	Reach of trade and industry chambers/ associations (State/National)
1	The Federation of Indian Chambers of Commerce & Industry	National
2	NATHEALTH - Healthcare Federation of India	National
3	Confederation of Indian Industry	National
4	ASSOCHAM (Associated Chambers of Commerce and Industry of India)	National
5	AIMA (All India Management Association)	National
6	PHDCCI (PHD Chamber of Commerce and Industry)	National
7	PAFI (The Public Affairs Forum of India)	National
8	NASSCOM (The National Association of Software and Service Companies)	National

2. Provide details of corrective action taken or underway on any issues related to anti-competitive conduct by the entity, based on adverse orders from regulatory authorities.

Name of authority	Brief of the case	Corrective action taken
No adverse orders from regulatory authorities regarding anti-competitive conduct were received in the current reporting period.		

PRINCIPLE 8: Businesses should promote inclusive growth and equitable development

We consider it a responsibility to involve ourselves in ensuring the well being of the communities we operate in. Other than those that seek our services a large section of society faces myriad challenges to maintain their health and wellbeing. It has been our endeavour to design programs that address the needs of the socio-economically challenged sections of the population. We engage with these communities through health and wellbeing awareness programmes, health checks, and community development programmes, especially in areas that are underserved. Our health camps have successfully highlighted high risk populace for diabetes, heart disease, hypertension, and others. Through consistent interventions we aspire to safeguard their health and wellbeing.

SDG Linkages-



Essential Indicators

1. Details of Social Impact Assessments (SIA) of projects undertaken by the entity based on applicable laws, in the current financial year.

Name and brief details of project	SIA notification No.	Date of notification	Whether conducted by independent external agency (Yes/No)	Results communicated in public domain (Yes/No)	Relevant web link
-Not applicable-					

2. Provide information on the project(s) for which ongoing Rehabilitation and Resettlement (R&R) is being undertaken by your entity:

S No.	Name of project for which R&R is ongoing	State	District	No. of project affected families (PAFs)	% of PAFs covered by R&R	Amounts paid to PAFs in the FY (In ₹)
-Not applicable-						

3. Describe the mechanisms to receive and redress grievances of the community.

AHEL has various channels through which it can receive and redress grievances across its operations. Patient or clinical grievances are managed by the clinical leadership in each hospital. Non-clinical grievances are addressed by the unit head or CEO in a timely fashion. Complaint numbers, email ID's hospital directory is available at all our hospitals. Further, the hospital website has relevant contact information for the community to reach out to AHEL to report grievances.

4. Percentage of input material (inputs to total inputs by value) sourced from suppliers:

	FY 2022-23	FY 2021-22
Directly sourced from MSMEs/ small producers	10.5%	8.9%
Sourced directly from within the district and neighbouring districts	75.6%	71%

PRINCIPLE 9: Businesses should engage with and provide value to their consumers in a responsible manner

AHEL believes that customer satisfaction is the foundation of our business growth and we endeavour to provide world class treatments and services to our customers. Towards this end we have sought highly skilled doctors, pursued emerging technologies, embraced the highest standards of clinical excellence, adopted best in class quality practices, and trained our staff in our signature Tender Loving Care practices to ensure a differentiated care experience for our patients. With our commitment to a healthier future, we aim to prevent Non-Communicable Diseases (NCD) like Diabetics and Cardiovascular diseases by promoting a healthy lifestyle and implemented our wellness initiative called ProHealth. ProHealth is an Artificial Intelligence (AI) based preventive health program which provides a predictive risk score for NCDs to embark on the path to wellness through customised guidance program. We provide best in class services and treatments for our customers, and we aim to enhance patient experience through the highest standards of care and safety. Quality assurance and accreditation by organizations like Joint Commission International (JCI) are pathways to ensure our continuing commitment to patient care and clinical quality.

SDG Linkages-



Essential Indicators

1. Describe the mechanisms in place to receive and respond to consumer complaints and feedback.

We place our patients and their wellbeing at the fulcrum of our operations. We believe that our patients trust the care we provide to them which is underscored by our clinical excellence and outcomes. We believe equally in adhering unwaveringly to the ethical practices that govern us and are critical in ensuring our long term continued success. Our Voice of Customer program is the mechanism in place to receive feedback from our patients and customers. This is a robust feedback mechanism that has listening and learning ports to capture Patient Feedback from all touch points. This is an in-house customized framework that captures feedback and converts it into qualitative and quantitative data that is used for developing new products and services to enhance patient experience and safety.

2. Turnover of products and/or services as a percentage of turnover from all products/services that carry information about:

	As a % to total turnover
Environmental and social parameters relevant to the product	100%*
Safe and responsible usage	-
Recycling and/or safe disposal	-

*Note: All hospitals on a mandatory basis display the number of beds available, cost of heart stents and other mandatory items. Regulation link: https://www.nppaindia.nic.in/wp-content/uploads/2022/03/1502E_Stent_Eng.pdf

3. Number of consumer complaints in respect of the following:

	FY 2022-23		Remarks	FY 2021-22		Remarks
	Receive during the year	Pending resolution at end of year		Received during the year	Pending resolution at end of year	
Data privacy	Nil	Nil	-	Nil	Nil	-
Advertising	Nil	Nil	-	Nil	Nil	-
Cyber-security	Nil	Nil	-	Nil	Nil	-
Delivery of essential services	Nil	Nil	-	Nil	Nil	-
Restrictive trade practices	Nil	Nil	-	Nil	Nil	-
Unfair trade practices	Nil	Nil	-	Nil	Nil	-
Other	-	-	-	-	-	-

4. Details of instances of product recalls on account of safety issues.

	Number	Reasons for Recall
Voluntary Recalls	Not applicable	-
Forced Recalls	Not applicable	-

5. Does the entity have a framework/policy on cyber security and risks related to data privacy? If available, provide a web link to the policy.

Yes, AHEL recognises the critical importance of information technology (IT) and cybersecurity in safeguarding patient data, ensuring uninterrupted operation of healthcare services, and maintaining the trust of our stakeholders. We strive to continuously improve our IT infrastructure and cybersecurity practices to address emerging threats and protect sensitive information.

Policy link: <https://www.apollohospitals.com/corporate/corporate-policies/>

6. Provide details of any corrective actions taken or underway on issues relating to advertising, and delivery of essential services; cyber security and data privacy of customers; re-occurrence of instances of product recalls; penalty/action taken by regulatory authorities on the safety of products/services.

Necessary action as and when required for any corrective action on the aforementioned issues is taken immediately. No such issues have occurred in the year under review to necessitate action.



"Our mission is to bring healthcare of International standards within the reach of every individual.

We are committed to the achievement and maintenance of excellence in education, research and healthcare for the benefit of humanity"

Dr Prathap C Reddy
Founder & Chairman
Apollo Group

Apollo Hospitals Enterprise Limited

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