



Hamadan University of Medical Sciences

**Hamedan University of Medical Sciences policy, programs and measures
In line with the sustainable development goals of the United Nations & the 7th
development program of Iran (Evidence report for Times 2023 ranking)**

**گزارش عملکرد، خط مشی، برنامه ها و اقدامات دانشگاه علوم پزشکی همدان
در راستای اهداف توسعه پایدار سازمان ملل و برنامه هفتم توسعه کشور ایران**

** Report language: Persian & English

Introduction

*** This report is related to the actions and policies of Hamadan University of Medical Sciences until 2023 in line with the sustainable development goals of the United Nations and the seventh development plan of Iran that was prepared in English and Persian. The contents of the policy are in English/Persian and the contents of the measures are in Persian.

*** The content is based on the sustainable development goals of the United Nations in this report, and the measures taken by Hamedan University of Medical Sciences are listed below. In fact, this document has provided documentation related to the 17th goal.

Hamadan University of medical sciences of actions

SDG 1: No Povert

1.2 Proportion of students receiving financial aid to attend university because of poverty

1.2.1 Indicator: Low income students receiving financial aid

Data Collected	Definition
Number of students	7145
Number of low income students receiving financial aid	2503

<https://www.umsha.ac.ir/StudentFacilities>

1.3. University anti-poverty programmes

1.3.3 Low-income student support Year: 2023

Payment of benefits to students by the Ministry of Health's Student Welfare Fund

<https://srd.behdasht.gov.ir/>

Indicator 1.3.5 Low or lower-middle income countries student support Year: 2023

Indicator no 1.3.5: Support initiatives for students from low-income or lower-middle-income countries (such as free education and stipends) in 2023.

International students from Syria, Yemen, and Nigeria, authorized by the Ministry, are enrolled in the General Medicine program at Hamadan University of Medical Sciences under a scholarship exempting them from seven years' tuition fees. In 2023, four students, three from Syria and one from Nigeria are taking advantage of the benefits provided by this scholarship. These benefits include free access to language classes, educational materials, nutritional assistance, housing, and healthcare coverage.

1.4 Community anti-poverty programmes

The seventh development plan of the country:

This strategic plan means a document containing goals, policies, strategies, plans and necessary measures, and it seems that the following strategies should be taken into consideration in the formulation of the seventh development plan: economic growth of at least eight percent; Gini coefficient 35%. Eradication of absolute poverty; achieving single-digit inflation and strengthening Iran's share in world trade. Identifying and explaining development drivers and priority issues at national levels, regional, provincial, and serious attention to the land preparation documents approved in 2019, legal reforms of the tax and banking system, an independent approach in formulating a development model and program and the importance of paying attention to balance and sustainability in development. Including justice-oriented development; intergenerational; Eco-friendly and versatile.

1.4 Community anti-poverty programmes

N	Indicator	actions
1.4. 1	Local start-up assistance Year: 2023	Training courses organized by the Growth and Technology Park, the Growth Center, etc. for entrepreneurs and URL: https://ecpd.smums.ac.ir/ https://techpark.umsha.ac.ir/
<u>1.4.</u> <u>2</u>	Local start-up financial assistance Year: 2023	Allocation of loans and facilities to technology centers and companies as financial assistance from the university to start up start-up businesses.(File 1.3.2) URL: https://techpark.umsha.ac.ir/%D8%A7%D8%B3%D8%A7%D8%B3%D9%86%D8%A7%D9%85%D9%87
1.4. 3	Program mes for services access Year: 2023	Departments of health, treatment and food and medicine: all training courses and programs held on various occasions such as the celebration of Saba week (Iranian women's health), SAMA (Iranian men's health), blood pressure, diabetes, etc. and consistent training courses for student ambassadors, ambassadors Departments, seminaries and family health ambassadors URL:

N	Indicator	actions
		https://dme.umsha.ac.ir/ https://vec.umsha.ac.ir/ https://fdo.umsha.ac.ir/%D9%85%D8%B7%D8%A7%D9%84%D8%A8-%D8%A2%D9%85%D9%88%D8%B2%D8%B4%DB%8C
1.4.4	Policy addressing poverty Year: 2023	<p>The seventh development plan of the country:</p> <p>This strategic plan means a document containing goals, policies, strategies, plans and necessary measures, and it seems that the following strategies should be taken into consideration in the formulation of the seventh development plan: economic growth of at least eight percent; Gini coefficient 35/. Eradication of absolute poverty; achieving single-digit inflation and strengthening Iran's share in world trade. Identifying and explaining development drivers and priority issues at national levels, regional, provincial, and serious attention to the land preparation documents approved in 2019, legal reforms of the tax and banking system, an independent approach in formulating a development model and program and the importance of paying attention to balance and sustainability in development. Including justice-oriented development; intergenerational; Eco-friendly and versatile.</p> <p>Implemented programs:</p> <p>Deputy Minister of Health: health transformation plan in the outskirts of cities, supplementary aid plans, support basket for pregnant women and children under 6 years old suffering from malnutrition or growth disorder (monthly subsidy of 6 to 10 million Rials per month according to the percentile, which includes items approved by the Ministry of Health .)</p> <p>Deputy of treatment: free treatment of incurable patients or their assistance and assistance of patients who need assistance, free distribution of some medicines in both areas</p> <p>Nutritional support for the people with the electronic product catalog (subsidy increase up to the amount of 3,200,000 Rials for each person on the condition of using 11 food items specified by the Ministry of Health.)</p> <p>Implementation of the full bread program (whole grain bread supply) approved by the Ministry of Health</p>

***شاخص ۱,۴,۲: کمک به استارت آپ های محلی (معاونت تحقیقات)

کمک مالی از سوی دانشگاه جهت راه اندازی کسب و کارهای نوپا

مبلغ تسهیلات (ریال)

عنوان محصول

نام واحد فناور گیرنده

تسهیلات

500/000/000	طراحی و ساخت پمپ نمونه برداری با دبی پایین	هسته فناور (تولید تجهیزات بهداشت حرفه ای)
1/500/000/000	تولید و بومی سازی تکنولوژی خمیر داندان پزشکی	رویان اکسیر یاس
3/000/000/000	مواد دندانپزشکی	کارن نو آوران الوند
16/000/000/000	تولید فیلترهای مبادله کننده حرارت و رطوبت	واحد تحقیق و توسعه شرکت آویده رایان الوند
10/000/000/000	تولید جعبه نگهدارنده تجهیزات نمونه گیری	رایان سگال پیشرو
10/000/000/000	تولید محصولات مرتبط با ماشین ظرفشویی	گروه فناوری سینرژی
3/000/000/000	تولید محصولات بهداشتی و آرایشی	الوند فارمد پارس
44/000/000/000	جمع کل	

۱،۴،۳: برنامه های دسترسی به خدمات

سفیران سلامت: در سال ۱۴۰۰ به دلیلی استمرار پاندمی کووید ۱۹ دوره های منسجم آموزشی غالباً در ادارات و مراکز آموزشی و مدارس به پیشگیری گووید ۱۹ اختصاص داشته است و نشر محتوای آموزشی با هماهنگی (ادارات /آموزش پرورش/مرکز مدیریت خدمات حوزه های علمیه) در فضای مجازی مجاز صورت گرفته است.

- ۲۰۰ سفیر سلامت ادارات در ۹ شهرستان تابعه
- ۷۶۵ سفیر سلامت دانش آموزی

هفته سیا:

توضیحات	واحد	پاسخ	فعالیت
	تعداد جلسه	۱۱	برگزاری جلسه هماهنگی درون بخشی
نام سازمان های مدعو: کلیه ادارات و سازمان های شهرستان های زیر مجموعه) فرمانداری، آموزش و پرورش و-) کارگروه سلامت و امنیت غذایی	بلی / خیر	بلی	برگزاری جلسه هماهنگی

			برون بخشی
سمت اعضای کمیته: مدیریت سلامت خانواده - واگیر و غیرواگیر- روان- تغذیه- آموزش سلامت- مدارس و جوانان- گسترش- بهورزی	بلی / خیر	۲	تشکیل کمیته اجرایی هفته ملی سلامت بانوان
موضوع همایش و تعداد افراد شرکت کننده: پنل آموزشی سلامت باروری، سلامت روان، سرطان های زنان و ناباروری با حضور ۴ متخصص زنان و یک روانپزشک جهت ۵۰۰ نفر از بانوان دانشگاه (امور بانوان- همایش آموزشی سلامت زنان و جوانی جمعیت با حضور متخصص زنان در شهرستان تویسرکان	تعداد همایش	۲	برگزاری همایش علمی (حضور و غیر حضوری)
موضوع آموزش و تعداد افراد شرکت کننده: ۱. دوره فعالیت بدنی) تجویز نسخه ورزشی و حرکات اصلاحی در سلامت و بیماری(با تدریس متخصص طب فیزیکی جهت ۳۰ نفر از کارشناسان میانسال و پزشکان هسته آموزشی برنامه میانسالان و مربیان بهورزی ۲. ارتباط با همسر و خانواده همسر) امور بانوان (۳. سرطانهای شایع (سرویکس و برست): ۱۴۱-جلسه جهت ۱۲۴۷ نفر ۴. سلامت خانواده و فرزند آوری ۲۰ جلسه) ۵. فعالیت بدنی ۲۰ جلسه) ۶. سلامت روان ۱۴ جلسه) ۷. شیوه زندگی سالم (تغذیه، فعالیت بدنی و دخانیات) ۲۲۶ جلسه) ۸. قلبی و عروقی ۱۵ جلسه) ۹. پوکی استخوان ۲۵ جلسه) ۳۰۰ نفر (۱۰. ناباروری ۱۶ جلسه) ۱۱. پیامدهای تک فرزندی ۳۸ جلسه) ۱۲. پیامدهای سالخوردگی ۱۴ جلسه) ۱۳. نقش شیوه زایمان بر افزایش جمعیت ۲. جلسه) ۱۷. قانون حمایت از خانواده و جوانی جمعیت ۳ جلسه) ۳۳. مشکلات شایع میانسالی ۱۰ جلسه) ۶۰ نفر) ۱۶. سرطان ها ۱۵۰ جلسه) ۷۳۰ نفر) ۱۷. فرزند پروری ۵ جلسه) ۱۸. پیامدهای سقط ۱۰ جلسه) ۱۹. چاقی ۵ جلسه) ۲۵ نفر) ۲۰. زنان مددجو و کارکنان بهزیستی (مهارت های فرزند پروری ۵۰ نفر) ۲۱. پایگاه بسیج محله حسن آباد (فرزند آوری) ۲۵ نفر) ۲۲. پایگاه بسیج شاهزاده محمد (فرزند آوری - مهارت های فرزند آوری) ۴۰ نفر) ۲۳. پایگاه بسیج پای قلعه (زنان و بیماریهای شایع) ۳۰ نفر	تعداد جلسه	۷۲۰	برگزاری جلسه آموزشی (حضور و غیر حضوری)
موضوع برنامه و سمت فرد شرکت کننده: برنامه نبض زندگی- خانم دکتر پيله ور) متخصص زنان و رییس بیمارستان زنان دانشگاه همدان(با موضوع نقش شیوه زایمان و سقط در سلامت باروری زنان)	تعداد برنامه	۱	پخش برنامه در تلویزیون

موضوع:-	تعداد	۰	رادیویی با رئیس محترم دانشگاه
موضوع:-	مصاحبه / برنامه رادیویی	۰	مصاحبه خبری و برنامه رادیویی با معاون محترم بهداشت دانشگاه

<p>موضوع: زنان، سلامت خانواده و جوانی جمعیت</p>	<p>۱</p>	<p>مصاحبه خبری و برنامه رادیویی با مدیر محترم سلامت خانواده دانشگاه</p>
<p>اجرای برنامه های رادیویی (۷ برنامه) با موضوعات: ۱. شیوه زایمان و سقط در سلامت باروری زنان- متخصص زنان و زایمان ۲. زنان و امنیت غذایی خانواده - رییس گروه تغذیه معاونت بهداشتی همدان ۳. سلامت زنان و سلامت روانی خانواده - مدیر سلامت روان معاونت بهداشتی همدان ۴. سلامت زنان، سلامت خانواده و جوانی جمعیت- مدیر سلامت خانواده معاونت بهداشتی همدان ۵. زنان و بیماری های شایع (استئوپروز)- رییس گروه غیرواگیر معاونت بهداشتی همدان ۶. زنان و تعلیم و تربیت نسل آینده- مدیر سلامت روان معاونت بهداشتی همدان ۷. زنان و آسیب های شغلی- مدیر سلامت روان معاونت بهداشتی همدان</p>	<p>۸</p>	<p>مصاحبه خبری و برنامه رادیویی با سایر افراد</p>
<p>موضوع و محل درج مطلب آموزشی / مقاله: درج مطالب ذیل: ۴ مطلب معایب تک فرزندی، ازدواج، سبک زندگی و باروری و سلامت باروری و سرطان ها در خبرگزاری های همدان پرس، ایسنا، فارس و همدان آنلاین ۵. زن و شاغل بودن) سایت دو مرکز بهداشت)</p>	<p>تعداد مقاله</p>	<p>درج مطلب آموزشی / مقاله در سایت معاونت بهداشتی، خبرگزاری ها، شبکه های اجتماعی و ...</p>
<p>موضوع و گروه هدف مسابقه: ورزشی) هفت مسابقه (آشپزی) دو مورد (. نقاشی) سه مسابقه)</p>	<p>تعداد</p>	<p>۱۲ برگزاری مسابقه ورزشی،</p>
<p>بیمارستان قلب فرشچیان همدان- محل نماز جمعه (ملایر و همدان)- مرکز بهداشت بهار</p>	<p>بلی /</p>	<p>بلی برپایی چادر سلامت /</p>
<p>گروه های هدف: ۱. بانوان معاونت بهداشتی ۲. بانوان شاغل در دانشگاه) امور بانوان (۳. زنان میانسال و جوانان خانه های بهداشت و شبکه های بهداشت شهرستان ها ۴. سازمان تربیت بدنی</p>	<p>تعداد برگزار شده</p>	<p>۸ کوه پیمایی و پیاده روی</p>
<p></p>	<p>بلی /</p>	<p>خیر نصب بنر / پلاکارد / پوستر</p>
<p></p>	<p>عدد</p>	<p>۰ نصب بیلبورد / تابلوهای</p>

			تبلیغاتی شهرداری
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سما:

توضیحات	واحد	پاسخ	فعالیت	
مدیر سلامت خانواده/ رییس گروه میانسالان و سالمندان/ کارشناس برنامه میانسالان/ کارشناس برنامه سالمندان / مدیر سلامت روان/ کارشناس سلامت روان/ کارشناس بهداشت محیط و کار (دخانیات) جهت برگزاری سمینار پیشگیری و ترک دخانیات معاونت بهداشتی. واحدهای سلامت خانواده، روان، تغذیه، غیرواگیر و آموزش بهداشت در کمیته های درون بخشی شهرستان ها	تعداد جلسه	۱۱	برگزاری جلسه هماهنگی درون بخشی	جلسات و همایش ها و جشنواره ها
نام سازمان های مدعو: کلیه ادارات حاضر در کارگروه سلامت و امنیت غذایی (ملایر- دهیاران روستاها و پایگاه های بسیج روستایی و نهاوند.دهیاری و شورای علیصدر کیبودراهنگ	بلی/ خیر	۳	برگزاری جلسه هماهنگی برون بخشی	
سمت اعضای کمیته: ریاست ماکز بهداشت و کارشناسان فنی	بلی/ خیر	بلی	تشکیل کمیته اجرایی هفته ملی سلامت مردان	
موضوع همایش و تعداد افراد شرکت کننده: سمینار پیشگیری و ترک دخانیات با حضور مدرس کشوری) ۱۲۰ نفر)	تعداد همایش	۱	برگزاری همایش علمی (حضور و غیر حضوری)	
شیوه زندگی سالم و ناباروری در مردان ۲۸۸ نفر / پیشگیری از سرطان های شایع مردان ۷۴ نفر/ عوارض دخانیات در ناباروری مردان ۲۱۴ نفر/ پیشگیری از حوادث ترافیکی ۱۹۴ نفر/ پیشگیری از رفتارهای پرخطر در مردان ۷ نفر/ نقش مردان در پیشگیری از سقط جنین ۱۸۵۶ نفر/ ازدواج سالم و فرزندآوری ۵ نفر/ آلودگی محیطی و ناباروری ۳۱ نفر/ فعالیت بدنی و تغذیه سالم ۱۱۲	تعداد جلسه	۰	برگزاری جلسه آموزشی (حضور و غیر حضوری)	
موضوع برنامه و سمت فرد شرکت کننده: ۱. بیماری های شایع در مردان و ناباروری برنامه راز سلامتی- آقای دکتر امیرحسینی متخصصی اورولوژی	تعداد برنامه	۱	پخش برنامه در تلویزیون	
موضوع:-	تعداد مصاحبه/ برنامه	۰	مصاحبه خبری و برنامه رادیویی با رئیس محترم دانشگاه	رسانه های دیداری و شنیداری
موضوع:-	رادیویی	۰	مصاحبه خبری و برنامه رادیویی با معاون محترم	

موضوع:-	۰	مصاحبه خبری و برنامه رادیویی با مدیر محترم
	۱	مصاحبه خبری و برنامه رادیویی با سایر افراد

موضوع و محل درج مطلب جراید: ۱. مطلب ناباروری در مردان و شیوه زندگی سالم در خبرگزاری ایرنا

۲. درج مطالب هفته در سایت دانشگاه و معاونت بهداشتی و مراکز بهداشت شهرستان ها	تعداد مقاله	۴	درج مطلب آموزشی / مقاله در سایت معاونت بهداشتی، خبرگزاری ها، شبکه های اجتماعی و ...
۳. شیوه زندگی سالم و ناباروری در مردان در خبرگزاری ایسنا ۴. درج مطلب ناباروری در مردان در پایگاه خبری صدای نهبوند	تعداد مقاله	۳	برگزاری مسابقه ورزشی، علمی، نقاشی و سایر
مسابقه علمی ناباروری در مردان در دانشگاه آزاد اسلامی تویسرکان / مسابقه شنا و فوتبال در مرکز رفاهی علیصدر کبودرهنگ	تعداد مسابقه	بلی / خیر	برپایی چادر سلامت / ایستگاه سلامت / غرفه سلامت /
در سه مرکز خدمات جامع سلامت شهرستان بهار و محل نماز جمعه نهبوند	تعداد برگزار	۰	کوه پیمایی و پیاده روی
جهت سمینار دخانیات معاونت بهداشتی	بلی / خیر	بلی	نصب بنر / پلاکارد / پوستر

	عدد	۰	نصب بیلبرد/ تابلوهای تبلیغاتی شهرداری
موضوعات: نکات لازم در غربالگری، ارجاع و درمان دخانیات ۱۵۰/ پمفلت سبک زندگی سالم در پیشگیری از بیماری های غیرواگیر ۱۲۵۰/ پمفلت سرطان های شایع در مردان ۱۰۰۰/ ناباروری در مردان ۱۵۰/ تحکیم روابط همکاران ۱۰۰	تعداد بر حسب موضوع	۰	تهیه تراکت و پمفلت و توزیع آن
موضوعات: ناباروری مردان در هفته نامه فرهنگ ملایر	تعداد	۱	درج خبر و مقالات علمی در روزنامه ها
موضوعات و گروه هدف: ۲۴۰ پیامک از طریق بهورزان به معیت تحت پوشش روستاهای نهاوند	بلی/ خیر	بلی	ارسال پیامک مربوط به هفته ملی سلامت مردان
موضوعات: معرفی هفته سلامت مردان/ ناباروری در مردان/ سرطان پروستات مردان/ ازدواج سالم و پایدار	بلی/ خیر	خیر	ارسال پیام کوتاه در شبکه های اجتماعی
	بلی/ خیر	بلی	بارگذاری شعار، جدول روز شمار و پوستر هفته ملی سما در سایت معاونت بهداشتی
	بلی/ خیر	بلی	ارسال پیام ها، شعار و روزشمار هفته ملی سما به کلیه کارکنان شاغل در مرکز بهداشت استان
محل و تعداد مکان های نمایش: نمایش فیلم های آموزشی برنامه در ۵ مرکز بهداشتی درمانی شهرستان بهار	بلی/ خیر	بلی	نمایش تیزر، شعار، روز شمار هفته و ... در تلویزیون شبکه بهداشت و مراکز بهداشتی درمانی و کلینیک بیمارستان برای مراجعین
اطلاع رسانی			

			درج پیام بهداشتی در سربرگ نامه های اداری، قبوض، تلویزیون دیجیتال شهری و ...
محل درج: سربرگ نامه های اداری	بلی/ خیر	خیر	
	بلی/ خیر	بلی	درج شعار در صفحه اول اتوماسیون اداری

	بلی / خیر	بلی	ویزیت رایگان از مراجعه کنندگان	معاینات و خدمات سلامت
نام ادارات سازمان ها: کلیه آقایان شاغل در معاونت بهداشتی / کارکنان آموزش و پرورش کرفس شهرستان درگزین/ کارخانجات کبودراهنگ/ اداره برق، مدارس و بسیج نهاوند	تعداد ادارات/	۱۰۰	انجام معاینات کارکنان شاغل در ادارات	
محل توزیع: رابطین ادارات ملایر و بهار . مسجدها و کارخانه ها در رزن/ کارخانجات کبودراهنگ و کلیه مراکز خدمات جامع/ پایگاه های سلامت و خانه های بهداشت دانشگاه.	بلی / خیر	بلی	توزیع ویتامین د	
نام سازمان ها: کلیه آقایان شاغل در معاونت بهداشتی دانشگاه/ اصناف در شهرستان تویسرکان/ کارکنان آموزش و پرورش کرفس شهرستان درگزین/ اداره برق، مدارس و بسیج نهاوند/ کارخانجات کبودراهنگ	بلی / خیر	بلی	تشکیل پرونده الکترونیک سلامت برای سازمان خاص به مناسبت هفته	
سایر ابتکارات و فعالیت ها				
برگزاری سمینار یک روزه پیشگیری و ترک دخانیات با حضور مدرس کشوری آقای دکتر آذری جهت همکاران بهداشت خانواده، سلامت روان، بهداشت محیط، ماما و پزشکان				
منتخب هسته آموزشی شهرستان ها) تعداد ۱۲۰ نفر)				

۱,۴,۴: سیاست مقابله با فقر (معاونت بهداشتی)

طرح حمایتی کودکان و مادران باردار:

در دومین مرحله از اجرای برنامه حمایتی تغذیه کودکان زیر ۵ سال تعداد ۸۰۹ نفر مشمول دریافت یارانه مذکور گردیده اند.

طرح تحول سلامت در حاشیه شهرها:

استقرار و تکمیل واحدهای بهداشتی شامل مرکز خدمات جامع سلامت و پایگاههای سلامت زیر مجموعه آن مرکز، با تامین تجهیزات پزشکی و غیر پزشکی و نیروی انسانی مورد نیاز شامل: ((پزشک، ماما، دندانپزشک، کارشناس تغذیه، کارشناس سلامت روان، علوم آزمایشگاهی، نیروهای بهداشتی، پذیرش و خدماتی)) در مناطق حاشیه شهر های استان شامل موارد ذیل می باشد:

شهرستان

تویسرکان

ملایر

نیاوند

همدان

مکمل یاری:

شهرستان	تعداد کودکان ۵-۲ سال	تعداد کودکان دریافت کننده ویتامین A	پوشش مکمل یاری (درصد)
بهار	۵۶۰۱	۴۷۵۷	۸۴/۹
تویسرکان	۴۷۰۷	۲۸۶۷	۸۱
درگزین	۱۵۱۶	۱۲۹۷	۸۵/۵
رزن	۴۰۱۹	۲۹۰۰	۷۲/۱
فامنین	۱۸۸۷	۱۴۸۷	۷۸/۸
کبودرآهنگ	۶۴۸۹	۴۸۱۱	۷۴/۱
ملایر	۱۲۸۷۹	۸۳۷۸	۶۹/۴

۸۸/۱	۶۵۰۲	۷۳۷۹	نہاوند
۴۰	۱۰۸۱۰	۲۷۱۶۸	همدان
۶۳/۱	۴۳۸۰۹	۷۱۶۴۵	استان

SDG 2: Zero Hunger

The national food security document of the country:

This program has been compiled based on the high-level documents and especially the fifth program of economic and social development of the country. Therefore, it is expected that by using a common language and the collective commitment of internal and external stakeholders in the field of goals and strategies to improve nutrition and food security. In addition, financial resources and requirements, including the structure of the work system, should be supported.

2.2 Campus food waste


*	Indicator
2.2.1: Campus food waste tracking:	Amount of monthly waste: 150 kilos of oil and 120 kilos of dry bread Total waste in 2023: 1800 kilos of oil and 1440 kilos of dry bread

2.2.2 Indicator: Campus food waste Year: 2023

Data Collected	Indicator
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Total food waste	Total waste in 2023: 1800 kilos of oil and 1440 kilos of dry bread = 3240
Campus population	20707

2.3 Student hunger

N	indicator	action
2.3.1	Student food insecurity and hunger Year: 2023	https://food.umsha.ac.ir/identity/login?signin=8bd29b69faf881b12336891d3a970818 Nutrition Automation, Hamadan University of Medical Sciences : Distributing 4,000 food parcels daily
2.3.2	Students hunger interventions . Year: 2023	NA
2.3.3	Sustainable food choices on campus Year: 2023	<p>Providing diverse meal plans:</p>  <p>https://food.umsha.ac.ir/Images/diet/food_w.jpg</p>
2.3.4	Healthy and affordable food choices Year: 2023	Food Reservation Office of Vice Chancellery for Culture and Students' Affairs https://food.umsha.ac.ir/identity/login?signin=a882ee3cf68d43a1e9cea1e4af7cd646

N	indicator	action
2.3.5	Staff hunger interventions Year: 2023	Food Reservation Office of Vice Chancellery for Culture and Students' Affairs https://food.umsha.ac.ir/identity/login?signin=a882ee3cf68d43a1e9cea1e4af7cd646

SDG 3: Good Health and Well-being

3.2.1 Indicator: Proportion of graduates in health professions Year: 2023

Data Collected	Definition
Number of graduates	1189
Number of graduates in health profession	723

3.3 Collaborations and health services

N	indicator	action
3.3.1	Current collaborations with health institutions Year: 2023	<p>Hamedan University of Medical Sciences measures:</p> <p>General family and population policies:</p> <p>The general population policies are among Iran's high-level documents, which actually replace the population increase policy. These policies deal with the following topics: The necessity of increasing the population and different aspects of the population, including having children,</p> <p>Facilitating marriage and strengthening the family,</p> <p>Pregnancy health,</p>

N	indicator	action
		<p>Promoting Iranian-Islamic lifestyle,</p> <p>Empowering the youth, honoring the elderly,</p> <p>Strengthening the identity components of the national sector</p> <p>The environment,</p> <p>Land management</p> <p>And monitoring population changes</p> <p>National Iranian Women's Health Document:</p> <p>The National Document of Iranian Women's Health in the Islamic Republic of Iran in the period from 2023 to 2029 includes three major goals:</p> <ol style="list-style-type: none"> 1. Improving women's health in physical, mental, social and spiritual dimensions and preventing diseases, and reducing the risk factors for women's health in all periods of life. 2. Strengthening the central role of women in ensuring their health, family and society and increasing their participation in different levels of policy making, decision making and implementation 3. Third, correcting and removing social, political, legal, economic, and cultural obstacles related to women's health. <p>Comprehensive Health Program of Hamadan University of Medical Sciences:</p> <p>Hamedan province's comprehensive health plan is a high-level document in the province's geography. The aim of this program is to promote fair health indicators by all government agencies and people under the supervision of the governorate and the management and planning organization of the province. By targeting the final health indicators, this program determines the role and duties of government agencies and people. With this action, people's health indicators are improved. Beneficiaries include public and private sectors. People are involved in the development of the native program of the province. The University of Medical</p>

N	indicator	action
		Sciences is empowered to implement through inter-departmental and public cooperation strategies, and finally, the method of doing this work becomes a model for other development sectors.
<u>3.3.2</u>	Health outreach programmes Year: 2023	According to the activity 3.3.1
3.3.3	Shared sports facilities Year: 2023	<p>Shared sports facilities Year: 2023</p> <p>National Program for the Development of Physical Activity of the Islamic Republic of Iran:</p> <p>The two priorities of the National Physical Activity Development Program are:</p> <ol style="list-style-type: none"> 1. Reducing the level of inactivity in society, reducing inequality in the country 2. Reducing the level of inactivity in populations such as women who are the least active. <p>This national program includes the following seven areas</p> <p>Governance affairs,</p> <p>Health system</p> <p>Education system</p> <p>Exercise system</p> <p>Workplace</p> <p>Urban system and communication</p> <p>Seeking support and attracting resources.</p>
3.3.4	Sexual and reproductive health care services for students Year: 2023	NA
3.3.5	Mental health support for students Year: 2023	<p>***3.3.5 & 3.3.7: Mental health support for students & Mental health support for staff in 2023</p> <p>Actions of hamadan university of medical sciences</p>

N	indicator	action
3.3.6	Smoke-free policy. In place by 2023	<p>Strategic plan to reduce tobacco consumption with priority to eliminate the supply of hookahs in public places in Hamadan province</p> <p>*** 3.3.6 Smoke-free policy In place by 2023</p>
3.3.7	Mental health support for staff Year: 2023	<p>***3.3.5 & 3.3.7: Mental health support for students & Mental health support for staff in 2023</p> <p>Actions of hamadan university of medical sciences</p>

*****3.3.5 & 3.3.7: Mental health support for students & Mental health support for staff in 2023**

Actions of hamadan university of medical sciences

	<p>“Your Advisor” project (<i>Moshaver-e Hamrah-e To: Hemmat</i>)</p>
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<p>Description of the experiences</p>	<p>A society's well-being depends largely on mental health. People's health, including their mental health, is at risk when they experience crises, disasters, or accidents. All societies have faced problems due to the COVID-19 crisis. Therefore, people's mental health needs more attention, especially when they cannot get health and treatment services face-to-face. In order to ensure that individuals can easily access mental health services and receive confidential psychological counseling with peace of mind, a dedicated phone line, 3113, has been designated for public communication with mental health professionals and for the follow-up of high-risk cases.</p> <ol style="list-style-type: none"> 1. Obtaining permission from the university. 2. Coordination with the university's informatics unit to create a communication structure and implement the internet phone platform. 3. Establishing a virtual working group to provide technical content and training to the professionals involved in the program. 4. Organizing and assigning mental health specialists into three groups and devising a schedule so that each group handles citizen inquiries for 10 days from 8:00 am to 2:00 pm. 5. Supplying VOIP phones to health centers in affiliated towns and setting up a separate communication network for expert staff at the secondary level to manage follow-up cases. 6. Receiving a report detailing the number of calls and the duration of consultations with each consultant. 7. Promoting public awareness of this initiative through the creation of specialized educational materials focused on mental health topics, titled "Shahid Soleimani Plan".
<p>Results and learned lessons</p>	<ol style="list-style-type: none"> 1. During crises, it is crucial to prioritize the mental well-being of the community. 2. Ensuring individuals' privacy within service delivery facilities (appropriate physical settings) will also boost the involvement of target groups in seeking in-person services.
<p>Suggestions</p>	<p>It is inevitable and necessary to address mental health alongside physical well-being during crises and pandemics.</p>

"Mental, social, and addiction health management"

Report on measures to support the mental health of health workers:

1. Performing mental health screening of employees from selected centers for COVID-19 and providing counseling services for positive screening cases.
2. Teaching resilience and life skills
 - ✓ The ability to deal with negative emotions
 - ✓ Problem-solving skills
 - ✓ Effective communication skills
 - ✓ Stress management skills

Statistical report	Skills	Number of 90-minute workshops	Number of participants in the workshop
Teaching resilience and life skills	The skill of dealing with negative emotions		
	Problem-solving skills		
	Effective communication skills		
	Stress management skills		
	Healthy teenager		
	Prevention of smoking		
	Prevention of substance abuse		

حمایت از سلامت روان (معاونت بهداشتی)

«مدیریت سلامت روانی، اجتماعی و اعتیاد»

گزارش اقدامات در راستای حمایت از سلامت روان کارکنان بهداشتی:

۱. انجام غربالگری سلامت روان کارکنان مراکز منتخب کووید-۱۹ و ارائه خدمات مشاوره ای برای موارد غربال مثبت

۲. آموزش تاب آوری و مهارت های زندگی

✓مهارت مقابله با خلق منفی

✓مهارت حل مساله

✓مهارت ارتباط موثر

✓مهارت مدیریت استرس

تعداد افراد شرکت کننده در کارگاه	تعداد کارگاه های ۹۰دقیقه ای	عنوان مهارت	گزارش آماری
۲۳۷۴	۲۰۶	مهارت مقابله با خلق منفی	آموزش تاب آوری و مهارت های زندگی
۲۲۲۰	۱۸۳	مهارت حل مساله	
۲۳۰۶	۱۹۰	مهارت ارتباط موثر	
۲۴۶۶	۱۷۳	مهارت مدیریت استرس	
۳۰۰	۱۰	نوجوان سالم	
۳۰۰	۱۰	پیشگیری از دخانیات	
۴۷۰	۱۱	پیشگیری از سومصرف مواد	

	حیطه
<p>طرح «مشاور همراه تو: همت»</p>	عنوان
<p>۱ سلامت روان یکی از مهمترین شاخص‌های سلامت و بهداشت در یک جامعه محسوب می‌شود. در بحران‌ها و در هنگام وقوع بلایا و حوادث، سلامت افراد در همه ابعاد از جمله سلامت روان آنان تهدید شده و در معرض خطر قرار می‌گیرد. همه‌گیری کرونا نیز به عنوان یکی از تاثیرگذارترین شرایط بحرانی همه جوامع را دچار معضل کرده است. لذا ضروری است به سلامت روان افراد توجه بیشتری گردد بویژه که امکان دسترسی به خدمات حضوری در حوزه بهداشت و درمان کم‌تر شده است. در همین راستا تامین شرایطی که افراد بتوانند به سهولت به خدمات سلامت روان دسترسی داشته و ضمن حفظ حریم شخصی از آرامش خاطر جهت دریافت مشاوره روانشناسی برخوردار باشند می‌توان خط تلفنی ویژه‌ای برای این موضوع در نظر گرفت. بدین منظور شماره ۳۱۱۳ برای ارتباط مردمی با کارشناسان سلامت روان و پیگیری موارد پرخطر از طریق همین شماره تخصیص داده شد.</p> <p>۱- اخذ مجوز از دانشگاه.</p> <p>۲- هماهنگی با واحد انفورماتیک دانشگاه جهت ایجاد ساختار ارتباطی و بهره‌گیری از بستر تلفن اینترنتی</p> <p>۳- ایجاد گروه مجازی کاری جهت ارائه محتوی فنی و آموزش کارشناسان فعال در این طرح</p> <p>۴- گروه بندی و توزیع کارشناسان سلامت روان در سه گروه و تدوین برنامه کاری به صورتی که هر گروه به مدت ۱۰ روز از ساعت ۸ صبح لغایت ۱۴ پاسخگوی تماس شهروندان باشند</p> <p>۵- تهیه گوشی VOIP برای مراکز بهداشت شهرستانهای تابعه و ایجاد ساختار ارتباطی مستقل برای کارشناسان ستادی در سطح دوم جهت پیگیری موارد ارجاعی</p> <p>۶- دریافت گزارش تعداد تماس و زمان مشاوره‌ها به ازاء هر کارشناس</p> <p>۷- اطلاع رسانی به عموم شهروندان در خصوص این برنامه به وسیله تولید محتوی آموزشی ویژه با موضوعات سلامت روان در قالب طرح شهید سلیمانی</p>	شرح تجربه
<p>۱- در شرایط بحرانی توجه به سلامت روان جامعه اهمیت فراوان دارد.</p> <p>۲- در صورت حفظ حریم شخصی افراد در واحدهای ارائه خدمت (فضای فیزیکی مناسب)، مشارکت گروه‌های هدف جهت دریافت حضوری خدمات نیز افزایش خواهد یافت.</p>	نتایج و درس‌آموخته‌ها
<p>توجه به بعد سلامت روان در کنار سلامت جسم در بحران‌ها و پاندمی‌ها غیرقابل اجتناب و ضروری است.</p>	پیشنیادهای
	خدمات و مستندات

*** 3.3.6 Smoke-free policy In place by 2023

شاخص ۳,۳,۶: سیاست بدون سیگار : برنامه دانشگاه بدون دخانیات (معاونت بهداشتی)

۱. گواهی نامه های بیمارستان ها و اماکن عمومی بدون دخانیات



بسمه تعالی

تاریخ: / /

شماره:

گواهینامه امان عمومی بدون دخالت

با سلام و احترام

به استناد ماده ۳ قانون جمع کنترول و مبارزه ملی با دخالت و ماده ۷ آیین نامه اجرایی آن و رعایت به بارزید هلی انجام شده از بیمارستان و بیمار آتیه و بررسی مستندات و فعالیت هلی صورت گرفته، آن بیمارستان به عنوان:

بیمارستان بیون دخالت

معرفی می گردد؛ این گواهی از تاریخ صدور به مدت یکسال اعتبار دارد و تمدید آن منوط به رعایت معیار هلی ذکر شده در شیوه نامه مربوط

دکتر فاطمه کرمانبسی

مدیر هیات هیئت منظر و توسعه بیمارستان



بسمه تعالی

تاریخ: / /

شماره:

گواهینامه امان عمومی بدون دخالت

با سلام و احترام

به استناد ماده ۳ قانون جمع کنترول و مبارزه ملی با دخالت و ماده ۷ آیین نامه اجرایی آن و رعایت به بارزید هلی انجام شده از بیمارستان و بیمار آرن و بررسی مستندات و فعالیت هلی صورت گرفته، آن بیمارستان به عنوان:

بیمارستان بیون دخالت

معرفی می گردد؛ این گواهی از تاریخ صدور به مدت یکسال اعتبار دارد و تمدید آن منوط به رعایت معیار هلی ذکر شده در شیوه نامه مربوط می باشد

دکتر فاطمه کرمانبسی

مدیر هیات هیئت منظر و توسعه بیمارستان



تاریخ: / /
شماره:



دانشگاه علوم پزشکی و خدمات بهداشتی درمانی استان تهران
سازمان بهداشت

بسمه تعالی

گواهینامه اماکن عمومی بدون دخانیات

با سلام و احترام
به استناد ماده ۱۳ قانون جامع کنترل و مبارزه ملی با دخانیات و ماده ۷ آیین نامه اجرایی آن و با عنایت به بازدید های انجام شده از مرکز آموزشی درمانی شهید بهشتی و بررسی مستندات و فعالیت های صورت گرفته، آن بیمارستان به عنوان:

بیمارستان بدون دخانیات

معرفی می گردد: این گواهی از تاریخ صدور به مدت یکسال اعتبار دارد و تمدید آن منوط به رعایت معیار های ذکر شده در شیوه نامه مربوط می باشد

دکتر فاطمه ترکمان اسدی
معاون بهداشت دانشگاه و رئیس مرکز بهداشت استان



تاریخ: / /
شماره:



دانشگاه علوم پزشکی و خدمات بهداشتی درمانی استان تهران
سازمان بهداشت

بسمه تعالی

گواهینامه اماکن عمومی بدون دخانیات

با سلام و احترام
به استناد ماده ۱۳ قانون جامع کنترل و مبارزه ملی با دخانیات و ماده ۷ آیین نامه اجرایی آن و با عنایت به بازدید های انجام شده از بیمارستان آتیه و بررسی مستندات و فعالیت های صورت گرفته، آن بیمارستان به عنوان:

بیمارستان بدون دخانیات

معرفی می گردد: این گواهی از تاریخ صدور به مدت یکسال اعتبار دارد و تمدید آن منوط به رعایت معیار های ذکر شده در شیوه نامه مربوط می باشد

دکتر فاطمه ترکمان اسدی
معاون بهداشت دانشگاه و رئیس مرکز بهداشت استان

۲. تدوین شیوه نامه امکان و وسایل نقلیه عمومی

SDG 4 : Quality Education

The comprehensive program of justice, productivity improvement in medical science education:

According to the Supreme Leader's emphasis on the production of knowledge-based, job creating, also in order to make effective policies and plans in order to achieve the goals of the Ministry of Health, "Comprehensive Program of Justice, Excellence and Productivity in Medical Science Education" has been compiled. Expanding and promoting the thinking of excellence and productivity, while identifying and rooting out areas where progress has not been acceptable, will lead to the implementation of the educational programs of the Ministry of Health, Treatment and Medical Education.

4.2.1 Indicator: Proportion of graduates with relevant qualification for teaching Year: 2023

Data Collected	Definition
Number of graduates	1189
Number of graduates who gained a qualification that entitled them to teach at primary school level	143

4.3 Lifelong learning measures

N	Indicator	Action
4.3.1	Public resources (lifelong learning) Year: 2023	https://hamedan.ircme.ir/App_Web/(Guest)/Default.aspx?CenterID=41 150 free educational programs
<u>4.3.2</u>	Public events (lifelong learning) Year: 2023	https://hamedan.ircme.ir/App_Web/(Guest)/Default.aspx?CenterID=41 258 In-person training programs & 42 Webinar training programs
4.3.3	Vocational training events (lifelong learning) Year: 2023	https://hamedan.ircme.ir/App_Web/(Guest)/Default.aspx?CenterID=41 111 educational programs in the form of continuing clinical education (one hour) & 26 educational programs in the form of periodic scientific conferences (one hour)
4.3.4	Education outreach activities beyond campus Year: 2023	https://telewebion.com/live/sina https://zil.ink/umsha

N	Indicator	Action
		<p>The presence of doctors and professors from Hamadan University of Medical Sciences on the Iranian Broadcasting System to educate the public in the fields of health and medicine</p>
4.3.5	<p>Lifelong learning access policy Year: in place by 2023</p>	<p>/https://vec.umsha.ac.ir https://hamedan.ircme.ir/App_Web/(Guest)/Default.aspx?CenterID=41</p> <p>Providing free educational files of speakers of each program in the national system of continuing education</p> <p>Free replay of the complete file of the implementation of educational programs and webinars in the national system of continuing education webinars</p>

4.4.1 Indicator: Proportion of first-generation students Year 2023

Data Collected	Definition
Number of students starting a degree	1719
Number of first-generation students starting a degree	230

SDG 5 : Gender Equality

5.2 Proportion of first-generation female students Year: 2023

5.2.1 Indicator: Proportion of women first-generation

Data Collected	Definition
Number of women starting a degree	974
Number of first-generation women starting a degree	73

5.4 Proportion of senior female academics Year: 2023

Data Collected	Definition
Number of senior academic staff	531
Number of female senior academic staff	270
Number of female senior academic staff	95

5.5 Proportion of women receiving degrees Year: 2023

Data Collected	Definition
Number of graduates: Total	1189
Number of female graduates: Medicine	679

5.6 Women's progress measures

N	Indicator	Action
5.6.1	Policy of non-discrimination against women Year: in place by 2023	NA
5.6.2	Non-discrimination policies for transgender Year: in place by 2023	NA
5.6.3	Maternity policy Year: in place by 2023	<p>5.6.3: Maternity and paternity policies</p> <p>National Iranian Women's Health Document:</p> <p>The National Document of Iranian Women's Health in the Islamic Republic of Iran in the period from 2019 to 2025 includes three major goals:</p> <p>First, improving women's health in physical, mental, social and spiritual dimensions and preventing diseases and reducing the risk factors for women's health in all periods of life.</p> <p>Second, strengthening the central role of women in providing health for themselves, family and society and increasing their participation in different levels of policymaking, decision making and implementation.</p> <p>Third, correcting and removing social, political, legal, economic, and cultural obstacles related to women's health.</p> <p>Actions :</p> <ul style="list-style-type: none"> • Mothers with children under 6 years old have one hour of milk pass. • Holding a "Haft Khan Khiyali" reading competition on the topic of raising children • Holding a drawing competition for employees' children • Holding a "Panaham Bash" reading competition on the topic of preventing abortion • Poster for creating culture to prevent abortion

N	Indicator	Action
5.6.4	<p>Childcare facilities for students Year: 2023</p>	<p>5.6.4: Childcare facilities for students</p> <p>Family and Youth Protection Law:</p> <p>The 123rd principle of the Constitution of the Islamic Republic of Iran is:</p> <p>Protection of the family and the youth of the population, approved on 07/24/2023.</p> <p>This principle is in the joint commission of the youth plan of the population and family support in the Islamic Council in accordance with the eighty-fifth principle of the constitution.</p> <p>The implementation of the above-mentioned principle under the title of the Youth Plan of the Population and Family Support in the Islamic Council is subject to the approval of the Parliament to implement the plan for a trial period of 7 years from 12/26/2020</p> <p>Action:</p> <p>Mother and child room in the university headquarters building and hospitals</p>
5.6.5	<p>Childcare facilities for staff and faculty Year: 2023</p>	<p>5.6.5: Childcare facilities for staff and faculty</p> <p>Family and Youth Protection Law:</p> <p>The 123rd principle of the Constitution of the Islamic Republic of Iran is:</p> <p>Protection of the family and the youth of the population, approved on 07/24/2020.</p> <p>This principle is in the joint commission of the youth plan of the population and family support in the Islamic Council in accordance with the eighty-fifth principle of the constitution.</p> <p>The implementation of the above-mentioned principle under the title of the Youth Plan of the Population and Family Support in the Islamic Council is subject to the approval of the Parliament to implement the plan for a trial period of 7 years from 12/26/2020</p> <p>Action:</p> <p>Providing on-campus kindergarten services for students and staff</p> <p>Allocating daycare allowances to mothers working at the university</p>

N	Indicator	Action
5.6.6	Women's mentoring schemes Year: 2023	<ul style="list-style-type: none"> • Holding a "Haft Khan Khiyali" book reading competition on the topic of raising children • Holding a "Panaham Bash" book reading competition on the topic of preventing abortion • Holding in-service courses • Preparing 3 educational podcasts (listed at the internet address https://dme.umsha.ac.ir/ZQ1V)
5.6.7	Track women's graduation rate. Year: 2023	NA
5.6.8	Policies protecting those reporting discrimination. Year: 2023	NA
5.6.9	Paternity policy Year: in place by 2023	According to the Youth Population Act, fathers are entitled to 14 days of paid leave after the birth of a child.

اقدامات مربوط به شاخص ۵,۶,۵

ماده ۲۲ قانون جوانی جمعیت

در راستای ماده ۲۲ قانون جوانی جمعیت دانشگاه علوم پزشکی همدان ۷ مهدکودک فعال در استان دارد که ۳۲ واحد تابعه دانشگاه از این ۶ مهدکودک استفاده می کنند قابل ذکر است که ۲۶ واحد از مهد کودک واقع در سایت پردیس دانشگاه استفاده می کنند..

✓ آیین نامه مرخصی زایمان:

پس از زایمان مدت مرخصی یک قلو ۹ ماه و دوقلو و بیشتر ۱۲ ماه تمام با پرداخت حقوق و فوق العاده های مرتبط

✓ مرخصی و دورکاری خاص بانوان:

شامل زنان کارمند خصوصا مادرانی که فرزند خردسال و یا معلول دارند و یا خود یا اعضای خانواده آنان مواجه با بیماری های خاص می باشند خواهد بود (بخشنامه سال ۸۹ - ۱۴۰۰) حداقل زمان دورکاری ۶ ماه می باشد.


SDG 6 : Clean Water and Sanitation

6.2 Water consumption per person Year: 2023

6.2.1 Water consumption tracking Year: 2023

Data Collected	Definition
Volume of water used in the university: Inbound (treated/ extracted water)	16409 cubic meters
Campus population	20707

6.3 Water usage and care

N	Indicator	Action
6.3.1	Wastewater treatment Year: in place by 2023	Sewage discharge standards (Based on Article 5 of the Water Pollution Prevention Regulations)
6.3.2	Preventing water system pollution Year: in place by 2023	Drawing the system map
6.3.3	Free drinking water provided Year: 2023	<p>6.3.3: Free drinking water provided Year: 2023</p> <p>There are water coolers at several points in the university building for free drinking water and providing packaged mineral water during university exams.</p> 

N	Indicator	Action
6.3.4	Water-conscious building standards Year: in place by 2023	All valves in the university building are lever, pedal, or eye-type.
6.3.5	Water-conscious planting Year: in place by 2023	About 50 drought-resistant shrubs have been used in the university's green space.

6.4 Water reuse

N	Indicator	Action
6.4.1	Water reuse policy Year: in place by 2023	NA
<u>6.4.2</u>	Water reuse measurement Year: in place by 2023	NA

6.5 Water in the community

N	Indicator	Action
6.5.1	Water management educational opportunities Year: 2023	NA
<u>6.5.3</u>	Off-campus water conservation support Year: 2023	Installing brochures in various university and city environments to inform about water shortages and the optimal use of water resources
<u>6.5.4</u>	Sustainable water extraction on campus Year: in place by 2023	NA

N	Indicator	Action
<u>6.5.5</u>	Cooperation on water security Year: 2023	Cooperating with the provincial water department to identify high-consumption buildings and provide solutions to reduce their consumption. https://hww.ir/fa/blog/2801/show
<u>6.5.6</u>	Promoting conscious water usage on campus Year: 2023	Installing brochures in various university and city environments to inform about water shortages and the optimal use of water resources
<u>6.5.7</u>	Promoting conscious water usage in the wider community Year: 2023	Cooperating with the provincial water authority to identify high-consumption subscribers and provide solutions to reduce water consumption.

SDG 7 Affordable and Clean Energy

Law of energy consumption pattern:

The Islamic Council and the Guardian Council approved this law, consisting of 75 articles and 20 notes, in March 2019.

Determining, modifying and revising the basic policies for a working group does each of the fields of energy consumption and production, which are:

Minister of Energy and Oil and Vice President for Planning and Strategic Supervision

In order to support and encourage the promotion of the research and development system about new technologies by providing the necessary research credits up to the stage of making samples and commercialization; Appropriate solutions should be developed by the Ministries of Oil and Energy in the form of an annual budget and approved by the Council of Ministers.

7.2 University measures towards affordable and clean energy

N	Indicator	Action
7.2.1	Energy-efficient renovation and building Year: in place by 2023	Compliance with all requirements of Section 19 of the National Building Code, including insulation of engine rooms, installation of double-glazed windows, thermal insulation of roofs, and thermal https://linbr/?page_id=1212
7.2.2	Upgrade buildings to higher energy efficiency Year: in place by 2023	****7.2.2 Upgrade buildings to higher energy efficiency
7.2.3	Carbon reduction and emission reduction process Year: in place by 2023	Optimization of engine rooms in coordination with the gas company
7.2.4	Plan to reduce energy consumption Year: in place by 2023	***7.2.4 Plan to reduce energy consumption Year: in place by 2023
7.2.5	Energy wastage identification Year: in place by 2023	***7.2.5 Energy wastage identification Year: in place by 2023
7.2.6	Divestment policy Year: in place by 2023	NA

****7.2.2 Upgrade buildings to higher energy efficiency

۷،۲،۲: هوشمندسازی سیستم های سرمایشی و گرمایشی دانشگاه علوم پزشکی همدان

۲- واحد ارائه دهنده تجربه:

معاونت توسعه مدیریت، برنامه ریزی و منابع دانشگاه علوم پزشکی همدان / مدیریت امور پشتیبانی و رفاهی / واحد تاسیسات

۳- نام و نام خانوادگی اعضای تیم تجربه به ترتیب سهم مشارکت:

- نویسنده اصلی): جناب آقای مهندس علیرضا چابکان ، اداره تعمیرات و نگهداشت مدیریت امور پشتیبانی و رفاهی شماره همراه : ۰۹۱۸۳۱۵۲۴۷۸
- جناب آقای مهندس وحید شیرمحمدی / اداره تعمیرات و نگهداشت مدیریت امور پشتیبانی و رفاهی
- جناب آقای مهندس آرش زندی / اداره تعمیرات و نگهداشت مدیریت امور پشتیبانی و رفاهی
- جناب آقای مهندس مجید موسیوند / اداره تعمیرات و نگهداشت مدیریت امور پشتیبانی و رفاهی
- جناب آقای مهندس مصطفی کرملو / اداره تعمیرات و نگهداشت مدیریت امور پشتیبانی و رفاهی
- استاد کار آقای صابر قربانی / اداره تعمیرات و نگهداشت مدیریت امور پشتیبانی و رفاهی
- استادکار آقای حسین فرازبان / اداره تعمیرات و نگهداشت مدیریت امور پشتیبانی و رفاهی
- جناب آقای حجت اله قرایی، مدیریت توسعه و تحول اداری
- جناب آقای امیرحسین بهرام، مدیریت توسعه و تحول اداری
- سرکار خانم فاطمه قدسی، مدیریت توسعه و تحول اداری
- سرکار خانم رقیه محمدی بخش، مدیریت توسعه و تحول اداری

۴- مقدمه:

با توجه به رویکرد اداره تعمیرات و نگهداشت مدیریت امور پشتیبانی و رفاهی، مبنی بر کاهش مصرف حامل های انرژی در سایت پردیس دانشگاه، اقداماتی در خصوص هوشمند سازی سیستم های سرمایشی موجود در ساعات اوج گرما انجام شد که نتایج آن منجر به کاهش مصرف آب و برق گردید.

۵- رویداد یا مسئله:

با توجه به اینکه دانشگاه از لحاظ کاربری دارای فضاهای متعددی از قبیل آموزشی، اداری ، آزمایشگاهی و ... می باشد و از طرفی به دلیل پراکندگی این فضاها و مرکزی بودن سیستم های سرمایشی و روشن بودن مداوم آنها در طول ساعت کاری فصول گرم سال، افزایش مصرف حامل های انرژی به ویژه آب و برق در سایت پردیس دانشگاه همدان را به دنبال دارد. این امر به نوبه خود باعث افزایش استهلاک تجهیزات و مصرف بالای برق می شد. لذا با توجه به این مسئله تیم بهینه سازی اداره تعمیرات و نگهداشت با برگزاری چندین جلسه مشارکتی و بررسی های انجام شده به این نتیجه رسید که بهترین روش صرفه جویی حامل های انرژی در فضاهای عمومی مانند آزمایشگاه ها و برخی کلاس های آموزشی که سیستم های سرمایشی آنها به صورت هواساز است، راه اندازی در ساعات اولیه صبح می باشد. در این راستا مقرر گردید با برنامه ریزی های صورت گرفته جهت خاموش و روشن کردن سیستم های سرمایشی با زمان بندی ایجاد شده، این دستگاه ها با شروع زمان اوج بار، خاموش شده و مجددا در ساعات کم باری روشن

شوند. در نهایت این امر منجر به ایجاد برودت کافی در فضاهای مربوطه شده و باعث کاهش استهلاک دستگاه ها و صرفه جویی در مصرف برق نیز گردید.

۶- شرح تجربه (نحوه حل مشکل):

سیستم سرمایشی دانشگاه آب خنک (چیلر) بوده و در فصل تابستان با توجه به گرمای هوا، تبخیر آب بالا می باشد. لذا بر اساس استاندارد های اداره برق که اوج مصرف بین ساعت ۱۰:۳۰ تا ۲ بعدازظهر می باشد، سیستم سرمایشی دانشگاه بدون اینکه گرمایی در محیط اضافه شده و یا محسوس باشد، خاموش می گردید. بدین منظور طبق هماهنگی های به عمل آمده با واحد تاسیسات در ساعت بی باری و یا کم باری تابستان که ۱۱ شب تا ۸ صبح می باشد چیلرها روشن و دمایشان از ۳۰ درجه به ۸ یا ۹ درجه رسانده می شد و سپس این دما تا ساعت ۱۰:۳۰ صبح به ۱۱ درجه می رسید و از این زمان به بعد مجدداً چیلرها تا نوبت بعدی (ساعت ۱۱ شب) خاموش می شد. همچنین با توجه به خاموشی چیلرها در ساعت اوج مصرف، پمپ های خطی و الکترو موتورها نیز خاموش می شد. در نهایت انجام این اقدامات تاثیر ۷۰ درصدی در صرفه جویی مصرف برق داشته، ضمن اینکه اقداماتی از قبیل بازدید دوره ای جهت تعویض لوله های فرسوده، دارای نشتی و ترکیدگی و تعمیر شیرفلکه های معیوب و دیگ های آب گرم نیز موجب کاهش مصرف آب گردید. از طرفی با توجه به وجود نصب سیستم مدار بسته و کنتور در مسیر لوله ها که مصرف روزانه آنها توسط اپراتور در ابتدای صبح ثبت و کنترل می گردید، در صورت افزایش غیر منتظره در ارقام مصرفی احتمال وجود ترکیدگی شناسایی و سریعاً جهت رفع و تعمیر اقدام می شد. در فصل زمستان نیز دیگ های شوقاژ بعد از تایم اداری خاموش و به منظور جلوگیری از یخ زدگی دمایشان از ۶۰-۷۰ درجه به ۲۰-۳۰ درجه کاهش داده می شد که این امر نیز به نوبه خود موجب صرفه جویی در مصرف آب و برق و گاز در فصل سرما شد.

۷- نتایج اجرای تجربه (تاثیر بر زمان، هزینه، ایمنی، کیفیت یا بهبود عملکرد)

- نتایج حاصله:
- برق (فروردین لغایت بهمن ماه ۹۹): ۳۰۶۳۷۶۰ کیلو وات ساعت
- برق (فروردین لغایت بهمن ماه ۱۴۰۰): ۲۵۱۰۴۳۱ کیلو وات ساعت
- میزان صرفه جویی برق: ۵۵۳۳۲۹ کیلو وات ساعت
- (%/۱۸,۰۶ صرفه جویی در مصرف برق در سال ۱۴۰۰ در واحد های اداری سایت پردیس نسبت به سال ۱۳۹۹)
- مبلغ ریالی صرفه جویی برق: ۴۳۱۵۹۶۶۲۰ ریال
- آب (فروردین لغایت بهمن ماه ۹۹): ۳۸۷۴۵ متر مکعب
- آب (فروردین لغایت بهمن ماه ۱۴۰۰): ۳۱۸۹۸ متر مکعب
- میزان صرفه جویی آب: ۶۸۴۷ متر مکعب
- (%/۱۷,۶۹ صرفه جویی در مصرف آب در سال ۱۴۰۰ در واحد های اداری سایت پردیس نسبت به سال ۱۳۹۹)
- مبلغ ریالی صرفه جویی آب: ۱۰۲۷۰۵۰۰۰۰ ریال

***7.2.4 Plan to reduce energy consumption Year: in place by 2023

۷,۲,۴: راهنمای تنظیم تجربه برای همایش بهره وری و بهینه سازی مصرف در نظام سلامت

هوشمندسازی سیستم های سرمایشی و گرمایشی دانشگاه علوم پزشکی همدان

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مقدمه: شامل مقدمه مساله (در حد سه تا چهار جمله) و هدف از انجام پژوهش (در حد یک تا دو جمله) است. نویسنده در این بخش می بایست اهداف مورد مطالعه را بیان نماید.

شرح رویداد یا مسئله: دانشگاه از لحاظ کاربری دارای فضاهای متعددی از قبیل آموزشی، اداری، آزمایشگاهی و ... بوده و از طرفی به دلیل پراکندگی این فضاها و مرکزی بودن سیستم های سرمایشی و روشن بودن مداوم آنها در طول ساعت کاری فصول گرم سال، افزایش مصرف حامل های انرژی به ویژه آب و برق در سایت پردیس دانشگاه همدان و افزایش استهلاك تجهیزات و مصرف بالای برق را به دنبال دارد.

نحوه حل مشکل: تیم بهینه سازی اداره تعمیرات و نگهداشت با برگزاری چندین جلسه مشارکتی و بررسی های انجام شده به این نتیجه رسید که بهترین روش صرفه جویی حامل های انرژی در فضاهای عمومی مانند آزمایشگاه ها و برخی کلاس های آموزشی که سیستم های سرمایشی آنها به صورت هواساز است، راه اندازی این سیستم ها در ساعات اولیه صبح می باشد. لذا با برنامه ریزی های صورت گرفته مقرر گردید جهت خاموش و روشن کردن سیستم های سرمایشی با زمان بندی ایجاد شده، این دستگاه ها با شروع زمان اوج بار، خاموش شده و مجددا در ساعات کم

^۱ و * - نویسنده مسئول: (مسئول تاسیسات) - نشانی پستی: همدان، بلوار شهید فهمیده، روبروی بیمارستان بوعلی، دانشگاه علوم پزشکی

همدان، تلفن ثابت ۰۸۱۳۱۳۱۱۱۱۹، شماره همراه: ۰۹۰۵۹۱۱۹۹۲۸

باری روشن شوند. در نهایت این امر منجر به ایجاد برودت کافی در فضاهای مربوطه شده و باعث کاهش استهلاك دستگاه ها و صرفه جویی در مصرف برق نیز گردید.

- خاموش کردن سیستم سرمایشی دانشگاه در ساعات اوج مصرف (۱۰:۳۰ تا ۲ بعد از ظهر)
- روشن کردن چیلرها در ساعت بی باری و یا کم باری تابستان (۱۱ شب تا ۸ صبح) کاهش دمایشان از ۳۰ درجه به ۸ یا ۹ درجه و سپس افزایش دما تا ساعت ۱۰:۳۰ صبح به ۱۱ درجه. خاموش شدن مجدد چیلرها از این زمان به بعد تا نوبت بعدی (۱۱ شب)
- خاموش کردن پمپهای خطی و الکترو موتورها با توجه به خاموشی چیلرها در ساعت اوج مصرف.
- بازدید دوره ای جهت تعویض لوله های فرسوده، دارای نشتی و ترکیدگی و تعمیر شیرفلکه های معیوب و دیگ های آب گرم
- بررسی و رفع احتمال وجود ترکیدگی در صورت افزایش غیر منتظره در ارقام مصرفی (با توجه به وجود نصب سیستم مدار بسته و کنتور در مسیر لوله ها که مصرف روزانه آنها توسط اپراتور در ابتدای صبح ثبت و کنترل می گردید).
- خاموش کردن دیگ های شوفاژ بعد از ساعت اداری در فصل زمستان و کاهش دمایشان از ۶۰-۷۰ درجه به ۲۰-۳۰ درجه به منظور جلوگیری از یخ زدگی.

نتایج اجرای تجربه، با اجرای این پروژه میزان صرفه جویی برق به میزان ۵۵۳۳۲۹ کیلو وات ساعت ، صرفه جویی در مصرف برق در سال ۱۴۰۱ در واحد های اداری سایت پردیس نسبت به سال ۱۴۰۰ به میزان ۱۸,۰۶٪، مبلغ ریالی صرفه جویی برق به میزان ۴۳۱۵۹۶۶۲۰ ریال ، صرفه جویی آب: ۶۸۴۷ متر مکعب، صرفه جویی در مصرف آب در سال ۱۴۰۱ در واحد های اداری سایت پردیس نسبت به سال ۱۴۰۰ به میزان ۱۷,۶۹٪ و مبلغ ریالی صرفه جویی آب نیز به میزان ۱۰۲۷۰۵۰۰۰۰ ریال بوده است. در نهایت اجرای این طرح باعث صرفه جویی به میزان ۱۵٪ در دیماند برق و ۱۷,۶۹٪ کاهش مصرف آب در سال ۱۴۰۱ گردید.

پیشنهاد حاصل از تجربه: با توجه به الزام صرفه جویی در مصرف حامل های انرژی و پیاده سازی دستورالعمل مدیریت سبز پیشنهاد می گردد در فضاهایی با مترژهای بزرگ و کاربری های متفاوت از سیستم های هوشمندسازی مصارف انرژی استفاده شود تا در حد امکان از اتلاف انرژی جلوگیری شود.

***7.2.5 Energy wastage identification Year: in place by 2023

۷,۲,۵: فرم رایه ایده

فرم رایه ایده (فرم مربوطه بصورت تایپ شده ارسال گردد)	
۱- مشخصات رایه کننده ایده	
نام و نام خانوادگی: مریم فتحی شیخی	کد ملی: ۷۸۴۴۷۴۷۷۰۵
نام سازمان / محل کار یا فعالیت (در صورت شاغل بودن): شبکه بهداشت و درمان شهرستان فامنین	آدرس و تلفن محل کار: استان همدان - شهرستان فامنین - ستاد شبکه بهداشت و درمان فامنین ۴۴۰۸۴۸۷۴-۸۰۱
رشته تحصیلی: آموزش بهداشت	آخرین مدرک تحصیلی: کارشناسی ارشد
شماره همراه: ۸۹۱۴۰۴۴۸۰۹۴	رایانامه (ایمیل): maryam_fathi67@yahoo.com
۲- مشخصات ایده	
نوع ایده: <input type="checkbox"/> دانشجویی <input type="checkbox"/> حقیقی <input checked="" type="checkbox"/> حقوقی (مراکز علمی، دستگاه اجرایی، مراکز و...)	
عنوان کامل ایده (فارسی): سامانه ثبت روزانه کنتور حامل های انرژی عنوان کامل ایده (انگلیسی): Daily recording system of consumption of energy carriers	
وضعیت ایده: <input type="checkbox"/> ایده اولیه <input checked="" type="checkbox"/> طراحی نمونه / مطالعه میدانی / تدوین <input checked="" type="checkbox"/> ساخت / اجرا نمونه <input type="checkbox"/>	
در صورتی که ایده گروهی است، مشخصات گروه ایده پرداز (نام و نام خانوادگی، رشته و تخصص افراد) را ذکر بفرمایید:	
نام و نام خانوادگی نفر اصلی: مریم فتحی شیخی	رشته و تخصص: معاون اجرایی شبکه بهداشت و درمان فامنین = آموزش بهداشت و ارتقاء سلامت

رشته و تخصص: لیسانس کامپیوتر	نام و نام خانوادگی همکار اول: مصطفی آریغ
رشته و تخصص: مسئول واحد خدمات شبکه بهداشت و درمان فامنین	نام و نام خانوادگی همکار دوم: عباس حسینی
رشته و تخصص: مدیر شبکه بهداشت و درمان فامنین - پزشک عمومی - MPH مدیریت و اصلاحات در نظام سلامت	نام و نام خانوادگی همکار سوم: دکتر آرش مفرح ذات
۳- ایده شما مرتبط با کدامیک از محور های اصلی همایش میباشد:	
<ul style="list-style-type: none"> ■ نقش فن آوری اطلاعات در ارتقای بهره وری ■ بهره وری در حوزه مدیریت منابع و مصارف 	
۴- شرح مختصری از ایده (حداکثر ۱۵۱ کلمه):	
<p>با توجه به محدودیت منابع (آب ، برق و گاز) یکی از مشکلات بسیار مهمی که در حامل های انرژی مطرح می باشد انحراف از استاندارد مصرف حامل های انرژی در بخش بهداشت و درمان است که علاوه بر هدر رفت منابع انرژی، سبب تحمیل بار مالی اضافه به سیستم می گردد. در حال حاضر بهترین راه حل جهت مدیریت مصرف حامل ها، بازدیدهای میدانی و کنترل قبوض می باشد که این امر نیز با توجه به محدودیتهای موجود دشوار</p>	

7.3.1 Indicator: Energy usage per sqm

Data Collected	Definition
Total energy used	2,929,197
University floor space	53,087

7.4 Energy and the community

N	Indicator	Action
7.4.1	Local community outreach for energy	NA

N	Indicator	Action
	efficiency Year: 2023	
7.4.2	100% renewable energy pledge Year: 2023	NA
7.4.3	Energy efficiency services for industry Year: 2023	NA
7.4.4	Policy development for clean energy technology Year: in place by 2023	<p>Law of energy consumption pattern:</p> <p>The Islamic Council and the Guardian Council approved this law, consisting of 75 articles and 20 notes, in March 2019.</p> <p>Determining, modifying and revising the basic policies for a working group does each of the fields of energy consumption and production, which are:</p> <p>Minister of Energy and Oil and Vice President for Planning and Strategic Supervision</p> <p>In order to support and encourage the promotion of the research and development system about new technologies by providing the necessary research credits up to the stage of making samples and commercialization; Appropriate solutions should be developed by the Ministries of Oil and Energy in the form of an annual budget and approved by the Council of Ministers</p>
7.4.5	Assistance to low-carbon innovation Year: 2023	NA

7.5 Low-carbon energy use

7.5.1 Low-carbon energy use

Data Collected	Definition
Total energy used	2,929,197
Total energy used from lowcarbon sources	2,929,197

****The university's fuels are supplied through gas and electricity.**

(هدف هشتم: کار شایسته و رشد اقتصادی) SDG 8 Decent Work and Economic Growth

قانون ساختار نظام رفاه و تأمین اجتماعی: قانون ساختار نظام جامع رفاه و تأمین اجتماعی با هدف جامعیت نگری، انتظام بخشی و یکپارچگی در برنامه‌ها و فعالیتهای بخش تأمین اجتماعی کشور طراحی گردید. قانون ساختار نظام جامع تأمین اجتماعی در دو سطح مسئله یابی و مسئله شناسی با توجه به نارسایی های اجتماعی و اقتصادی که سیاست های تعدیل در طی برنامه‌های اول و دوم ایجاد کردند، منجر به این شد که دولتمردان به فکر تأمین اجتماعی گسترده به منزله چتر حمایتی در برنامه سوم توسعه (دولت هشتم) باشند.

سیاست‌های کلی تأمین اجتماعی (۱۴۱۰): این سیاست‌ها مصوب ۱۴۰۱/۰۱/۲۱ مقام معظم رهبری و با مفاد ذیل است: استقرار نظام تأمین اجتماعی به صورت جامع، یکپارچه، شفاف، کارآمد، فراگیر و چندلایه، ایجاد یک ساز و کار تخصصی و فرابخشی به منظور حفظ انتظام و انسجام امور مربوط، لایه بندی و سطح بندی خدمات، ایجاد وحدت رویه، اعمال نظارت راهبردی در تکوین و فعالیت سازمانها، صندوق‌ها و نهادهای فعال در قلمروهای امدادی، حمایتی و بیمه ای و شکل دهی پایگاه اطلاعات، با رعایت ملاحظات امنیتی مربوط به نیروهای مسلح و دستگاه های امنیتی کشور، پایبندی به حقوق و رعایت تعهدات بین نسلی و عدم تحمیل طرح های فاقد تضمین مالی بین نسلی، تأمین منابع پایدار، رعایت محاسبات بیمه ای و تعادل بین منابع و مصارف و حفظ و ارتقای ارزش ذخایر سازمانها و صندوق های بیمه گر اجتماعی به عنوان اموال متعلق حق مردم با تأکید بر امانت داری، امنیت، سودآوری و شفافیت با ایجاد ساز و کار لازم، اصلاح قوانین، ساختارها و تشکیلات سازمان ها و صندوق های بیمه گر اجتماعی در جهت تأمین عدالت و یکسان سازی قواعد و مقررات بیمه ای و جلوگیری از ایجاد و انباشت بدهی های دولت و رعایت قواعد بیمه ای و تأمین بار مالی تضمین شده و بین نسلی، لایه بندی امور امدادی، حمایتی و بیمه ای و سطح بندی خدمات با رویکرد فعال دولت براساس وسع و استحقاق، بسط و تأمین عدالت اجتماعی، کاهش فاصله طبقاتی با هدفمندسازی یارانه ها، دسترسی آحاد جامعه به خدمات تأمین اجتماعی، توانمندسازی، کارآفرینی و رفع تبعیض های ناروا در بهره مندی از منابع عمومی، استقرار نظام ملی احسان و نیکوکاری و ایجاد پیوند میان ظرفیت های مردمی و دستگاه های موظف، ارائه خدمات لازم به منظور تحکیم نهاد خانواده و فرزندآوری و در نهایت الزام به تهیه پیوست تأمین اجتماعی برای طرح ها و برنامه‌های کلان کشور

8.2 Employment practice

8.2.1 Employment practice living wage Year: in place by 2023

The Salary and Wage Council, in its meetings on 15/2/1402, 16/3/1402, and 17/5/1402, pursuant to Article (74) of the Civil Service Management Law of 1386 and in implementation of Clause (d) of Note (12) of the Single Article of the Budget Law of the whole country for 1402, approved the executive rules for granting fringe benefits to employees of executive agencies.

8.2.2 Employment practice unions & 8.2.9 Employment practice labour rights Year: in place by 2023 in year: in place by 2023

Eighth goal: Decent work and economic growth

8.2.2: Welfare and social security system structure law The law on the structure of the comprehensive welfare and social security system designed with the aim of comprehensiveness, regularization and integration in the programs and activities of the country's social security sector. The law on the structure of the comprehensive social security system at two levels of problem finding and problem-solving, considering the social and economic inadequacies created by adjustment policies during the first and second programs, led to the fact that the statesmen thought of extensive social security as a protective umbrella. Be in the third development program (eighth government). General social security policies (2222): The Supreme Leader approves these policies on 21/01/2222 and with the following provisions:

1. The establishment of the social security system in a comprehensive, integrated, transparent, efficient, comprehensive and multi-layered manner,
2. Creating a specialized and cross-departmental mechanism in order to maintain the order and coherence of the related affairs.
3. Layering and leveling of services, creating unity of approach,
4. Carrying out strategic supervision in the formation and activity of organizations, funds and institutions active in the fields of aid, support and insurance and forming the information base, respecting the security considerations related to the armed forces and the country's security apparatus.
5. Not imposing plans without intergenerational financial guarantee,

6. Provision of sustainable resources,
7. Compliance with insurance calculations
8. Balance between resources and expenses
9. Maintaining and improving the value of the reserves of social insurance organizations and funds as property belonging to the people by emphasizing trustworthiness, security, profitability and transparency by creating the necessary mechanism.
10. Amending laws, structures and organizations of social insurance organizations and funds in order to provide justice and unify insurance rules and regulations
11. Preventing the creation, accumulation of government debts, complying with insurance rules, providing a guaranteed and intergenerational financial burden.
12. Layering of relief, support and insurance matters and leveling of services with the active approach of the government based on scope and merit.
13. Development and provision of social justice,
14. Reducing the class gap by targeting subsidies.
15. Community members' access to social security services, empowerment, entrepreneurship and elimination of unfair discrimination in benefiting from public resources.
16. Establishment of the national system of benevolence and benevolence and establishing a link between people's capacities and responsible institutions,
17. Providing the necessary services to strengthen the institution of the family and having children
18. Finally, the obligation to prepare a social security attachment for the plans and programs of the country

8.3 Expenditure per employee Year: 2023

8.3.1 Indicator: Expenditure per employee

Data Collected	Definition
Number of employees	14,396
University expenditure	1,676,612,439,069

	*This amount is a cost for employees.
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SDG 9 Industry, Innovation and Infrastructure

Ninth goal: Industry, innovation and infrastructure

Innovation transformation package in medical science education:

The goal of the comprehensive higher education program of the health system is the transformation of the health system.

This strategic document program compiled based on high-level documents such as the vision of Iran ۲۰۲۰, the comprehensive scientific map of the country, the comprehensive scientific map of health and the transformation program of the health system.

The planning levels in this document are:

Methodology

Compilation of the scientific comprehensive map of health that includes

1-1 on mission, vision,

1-2 Insights and values

1-3, 12 general policies and 68 strategies to realize each policy.

In addition, the translators of the achievement of this document in the health system ,transformation program including short-term, mid-term and long-term achievements are also given for each policy

9.3 University spin offs Year: 2023 : 9.3.1 Number of university spin offs

شاخص ۹,۳: شرکت های علمی ثبت شده دانشگاه (معاونت تحقیقات) (File 9.3)

شماره شاخص	عنوان	اقدامات	URL
۹,۳	تعداد spin off بدون مالکیت دانشگاه	استقرار ۹ شرکت دانش بنیان در پارک علم و	/http://research.umsha.ac.ir

https://research.umsha.ac.ir/%D9%85%D8%B9%D8%B1%D9%81%DB%8C-%D8%B4%D8%B1%DA%A9%D8%AA-%D9%87%D8%A7%DB%8C-%D9%85%D8%B3%D8%AA%D9%82%D8%B1-%D8%AF%D8%B1-%D9%BE%D8%A7%D8%B1%DA%A9	فناوری و مرکز رشد دانشگاه		
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9.4 Research income from industry and commerce Year: 2023 :

۹،۴: درآمد پژوهشی (معاونت تحقیقات) : و نسبت درآمد های پژوهشی به اعضای هیات علمی نیز گزارش شود.

URL	اقدامات	عنوان	شماره شاخص
/http://research.umsha.ac.ir https://research.umsha.ac.ir/%D9%86%D9%85%D9%88%D9%86%D9%87-%D8%AA%D9%81%D8%A7%D9%87%D9%85-%D9%86%D8%A7%D9%85%D9%87-%D9%87%D8%A7	انعقاد ۱۴ مورد قرارداد های ارتباط با صنعت و جامعه - فروش شرکت های فناور	درآمد پژوهشی از صنعت و تجارت	۹،۴

9.4.1 Indicator: Research income from industry and commerce per academic staff

۹/۴/۱. درآمد پژوهشی از صنعت و تجارت به ازای هر هیات علمی

آمار	معیار
۴۰/۰۱۸/۰۰۰/۰۰۰	درآمد پژوهشی از صنعت و تجارت بر اساس حوزه موضوعی: پزشکی در سال ۲۰۲۳
۵۳۱	تعداد هیات علمی بر حسب حوزه موضوعی در سال ۲۰۲۳

(هدف یازدهم: شهرها و جوامع پایدار) SDG 11 Sustainable Cities and Communities

Healthy city program

A healthy city, based on community-oriented initiatives, which aims to create commitment in urban residents in order to improve people's health through sustainable urban development. In this program, the focus is on dealing with inequalities and injustices in the urban health system and providing a healthy environment for everyone, as well as a conversation to create a change to put health on the agenda of all people involved in development.

The goal of the Healthy City program includes:

Public officials and people at high levels of society

Local committees to ensure the existence of a healthy, clean and environmentally friendly environment in member cities in the Eastern Mediterranean region.

The World Health Organization and the provision of health care and preventive services for all people, especially the poor and deprived people of the society.

11.4.2 Promote sustainable commuting Year: 2023

۱۱,۴,۲: ترویج رفت و آمد پایدار (معاونت توسعه) : ارائه سرویس رفت و آمد برای کارکنان و دانشجو ها

جهت ایاب ذهاب پرسنل و دانشجو ها ۱۸ خودرو ثابت و ۴۰ الی ۴۵ خودرو متغیر از طرف شرکت آماده جابجایی و ارائه خدمت است که روزانه ۱۵۰۰ تا ۱۸۰۰ نفر از سرویس دانشجویی و ۵۵۰ نفر از سرویس کارمند استفاده کرده اند.

11.4.4 Affordable housing for employees Year: 2023

شاخص ۱۱,۴,۴: مسکن ارزان قیمت برای کارمندان در سال ۲۰۲۳ : ارائه کمک هزینه مسکن به کارمندان

11.4.5 Affordable housing for students Year: 2023

شاخص ۱۱,۴,۵: مسکن ارزان قیمت برای دانشجویان در سال ۲۰۲۳: ارائه خوابگاه دانشجویی (۱۳ خوابگاه)

ردیف	خوابگاه	ظرفیت	مالکیت	جنسیت
۱	ریحانه ۲	۶۰۰	دانشگاه	دخترانه
۲	ریحانه ۱	۵۰۰	دانشگاه	دخترانه
۳	آندیشه	۲۸۴	دانشگاه	دخترانه
۴	فرهنگ	۱۷۰	دانشگاه	دخترانه
۵	پرتو	۱۰۶	دانشگاه	دخترانه
۶	مدنی	۵۴۵	دانشگاه	پسرانه
۷	مباشر	۳۷۰	دانشگاه	پسرانه
۸	دانش	۲۹۰	دانشگاه	پسرانه
۹	همدانی	۳۲۰	دانشگاه	پسرانه
۱۰	سپید	۱۷۰	خصوصی	دخترانه
۱۱	حسابی	۱۲۶	خصوصی	دخترانه
۱۲	پرنیان	۱۱۰	خصوصی	پسرانه
۱۳	بوعلی	۸۴	خصوصی	پسرانه

11.4.8 Planning development - new build standards Year: in place by 2023

شاخص ۱۱,۴,۸: توسعه برنامه ریزی - استانداردهای ساخت جدید تا سال ۲۰۲۳: لیست فضاهای فیزیکی پیش بینی شده برای توسعه مطابق با استانداردهای ساخت جدید

پروژه های عمرانی جاری دانشگاه در ۳ قالب ذیل تعریف می گردند:

۱- پروژه های تفاهم نامه بهداشتی (شامل ۱۱۱ پروژه)

این پروژه ها دارای ۲۷۸۸۰ مترمربع زیربنا و با میانگین پیشرفت فیزیکی ۵۸ درصد بوده که تا کنون برای این پروژه ها ۱,۷۷۳,۷۵۰ میلیون ریال هزینه گردیده و ۱,۷۵۵,۴۰۰ میلیون ریال نیز برای تکمیل پروژه ها مورد نیاز می باشد

۲- پروژه های اورژانس پیش بیمارستانی (شامل ۱۲ پروژه)

این پروژه ها دارای ۱۸۷۰ مترمربع زیربنا و با میانگین پیشرفت فیزیکی ۵۶ درصد بوده که تا کنون برای این پروژه ها ۱۴۴,۰۰۰ میلیون ریال هزینه گردیده و ۱۹۹,۰۰۰ میلیون ریال نیز برای تکمیل پروژه ها مورد نیاز می باشد

۳- سایر پروژه های عمرانی (شامل ۱۴ پروژه)

این پروژه ها دارای ۷۴۳۰۴ مترمربع زیربنا و با میانگین پیشرفت فیزیکی ۵۴ درصد بوده که تا کنون برای این پروژه ها ۲,۷۰۸,۰۲۵ میلیون ریال هزینه گردیده و ۳۸۲,۸۴۱,۰۰۰ میلیون ریال نیز برای تکمیل پروژه ها مورد نیاز می باشد

*** ضمنا تعداد ۴۳ پروژه با زیر بنای ۸۲,۰۰۰ متر مربع و با میزان هزینه ۱۲,۱۴۳,۶۰۰ میلیون ریال و میزان مطالبات ۳۴۸,۰۰۰ میلیون ریال از ابتدای دولت سیزدهم تا کنون خاتمه و به بهره برداری رسیده است که تعداد ۳ پروژه در سال ۱۴۰۰ - ۲۶ پروژه در سال ۱۴۰۱ - ۱۴ پروژه نیز در سال ۱۴۰۲ تکمیل گردیده اند



لیست فضاهای فیزیکی پیش بینی شده جهت توسعه در چهار سال آینده
(براساس برنامه راهبردی دانشگاه)

فضای فیزیکی
اصولاً در پردیس به استقلال دانشگاه در زمینه پرستاری و فیزیوتراپی و سایر حوزه ها تعیین و پدیدار شود
توسعه دفاتر تخصصی دیپلماتیک در حوزه های تخصصی توانبخشی
فضاهای فیزیکی مرکز مهارت های بالینی و کتابداری پزشکی
فضای فیزیکی رختکن برای دانشجویان در فیلدهای بالینی
افزایش تعداد کلاس ها
راه اندازی مرکز دولتی تخصصی درمان ناباروری مرکز سطح ۲
راه اندازی واحدهای LDR
راه اندازی بخش های پیوند مغز استخوان و کبد در بیمارستان های منتخب
راه اندازی سه مرکز سرطان
تکمیل Skill Lab دانشگاه و فاطمیه
راه اندازی مرکز ید درمانی
راه اندازی مراکز جامع سالمندان
احداث فضای ورزشی مناسب در حیاط خوابگاه ها
احداث انبارهای دارویی فامنین، درگزین، رزن، ملایر و کیودرآهنگ
احداث یا بهسازی ساختمان های ستادی بهار، توپسرکان و درگزین
مرکز جامع سلامت شماره ۲ نهاوند
مرکز جامع سلامت شماره ۴ نهاوند
پایگاه سلامت روستایی محمدیه شهرستان همدان
مرکز خدمات جامع سلامت روستایی بابایرعلی شهرستان توپسرکان
محل زیست بابایرعلی شهرستان توپسرکان
مرکز خدمات جامع سلامت روستایی سیمین زاغه شهرستان بهار
مرکز خدمات جامع سلامت روستایی قاسم آباد شهرستان همدان



محل زیست قاسم آباد شهرستان همدان
مرکز خدمات جامع سلامت شهری اعتمادیه شهرستان همدان
مرکز خدمات جامع سلامت شهری بهار ۲ فرهنگیان شهرستان بهار
محل زیست فرهنگیان شهرستان بهار
مرکز خدمات جامع سلامت شهری خضر شهرستان همدان
مرکز خدمات جامع سلامت شهری روستایی شماره ۱ شهرستان نهاوند
محل زیست شماره ۱ شهرستان نهاوند
مرکز خدمات جامع سلامت شهری نواب شهرستان همدان
مرکز جامع سلامت درجزین
مرکز جامع سلامت ملا بداغ
مرکز جامع سلامت چایان
پایگاه سلامت مزدقینه
احداث سردخانه واکسن
احداث مرکز بهورزی
پایگاه سولان
پایگاه امزاجرد
خانه بهداشت سیلوار
خانه بهداشت گل کهریز
مرکز جامع سلامت تجرک
خانه بهداشت درجزین
پایگاه آزادی
مرکز جامع سلامت شهید بهشتی همدان
مرکز جامع سلامت سرجوی
پایگاه رضوان
بیمارستان فاطمیه - همدان
بیمارستان ۱۰۰۰ تختخوابی

بهبودی فضای ناباروری قدیمی بیمارستان فاطمیه جهت تکمیل تکمیل

اورژانس پیشبیمارستانی حسن قشلاق
اورژانس پیشبیمارستانی همه کسی
نوبن، احداث توانبخشی سرایداری و شعبه بیمارستان بین الملل دندانپزشکی بهار
احداث و بهره‌برداری از کتابخانه مرکزی
احداث ساختمان مستقل جهت پژوهشکدهها
تامین و بهسازی فضای فیزیکی جهت بیوبانک
انجام پروژههای عمرانی مصوب
طراحی و احداث پروژههای عمرانی جدید مطابق با مطالعات جمعیتی و قوانین و مقررات ابلاغی از مراجع ذیصلاح
انجام پروژههای اجرائی در خصوص جذب اعتبارات جهت توسعه فضاهای فیزیکی
احداث و بهره‌برداری از خوابگاه ریحانه 2

احداث و بهره‌برداری از خوابگاه 100 واحدی متاهلین
احداث خوابگاه 1000 نفره پسران
توسعه پايونهای رزیدنتی در بیمارستان های دانشگاهی



انجام عملیات بهسازی و تکمیل باغ گیاهان دارویی دانشگاه
توسعه باغ گیاهان دارویی در خارج از دانشگاه با توجه به برنامه‌های توسعه‌ای شهرداری در راستای "همدان به عنوان شهر سبز کشور"
احداث کلینیک اعصاب و روان بعثت
توسعه ساختمان غذا و دارو
طراحی و اجرای پروژه‌های مربوط به توسعه پیشگیری و ترک دخانیات با تمرکز بر مرکز ترک اعتیاد درگزین
توسعه فضای فیزیکی اورژانس بیمارستان امام رضا (ع) کیودرآهنگ
احداث سی تی اسکن فامنین
بیمارستان جوراب
مرکز جامع سرطان همدان
توسعه اورژانس بیمارستان شهید سلیمانی تویسرکان
احداث ۱۰ واحد مسکن متخصصین شهرستان تویسرکان
احداث ۱ واحد مسکن متخصصین شهرستان نهاوند
اورژانس بیمارستان مهر ملایر (جدید)
اورژانس پیش‌بیمارستانی قینرجه
اورژانس پیش‌بیمارستانی آزاد راه (۲)
اورژانس پیش‌بیمارستانی فامنین
ستاد مرکز مدیریت فوریت‌های پزشکی
ساخت اورژانس هوایی ۱۱۵
احداث پایگاه جاده ای وردآورد علیا
اورژانس پیش‌بیمارستانی سرکان
اورژانس پیش‌بیمارستانی فرسفیج
ادامه عملیات اجرایی اورژانس جاده‌ای عبدالرحیم
اورژانس پیش‌بیمارستانی قهورد
اورژانس پیش‌بیمارستانی حسین آباد ناظم
اورژانس پیش‌بیمارستانی شماره ۴ استادان



لیست فضاهای فیزیکی پیش بینی شده جهت توسعه در چهار سال آینده

(براساس برنامه راهبردی دانشگاه)

فضای فیزیکی
احداث پردیس مستقل دانشکده پزشکی بی‌پلز لیزرکی و فداوزیورهای فوینوین بهداشت
توسعه دانشکده عالی دهنان پزشکی و لوزشکشی توانبخشی
فضاهای فیزیکی مرکز مهارت‌های بالینی و کتابداری پزشکی
فضای فیزیکی رختکن برای دانشجویان در فیلدهای بالینی
افزایش تعداد کلاس‌ها
راه اندازی مرکز دولتی تخصصی درمان ناباروری مرکز سطح ۲
راه اندازی واحدهای LDR
راه اندازی بخش‌های پیوند مغز استخوان و کبد در بیمارستان‌های منتخب
راه اندازی سه مرکز سرطان
تکمیل Skill Lab دانشگاه و فاطمیه
راه اندازی مرکز ید درمانی
راه اندازی مراکز جامع سالمندان
احداث فضای ورزشی مناسب در حیاط خوابگاه‌ها
احداث انبارهای دارویی فامنین، درگزین، رزن، ملایر و کیودرآهنگ
احداث یا بهسازی ساختمان‌های ستادی بهار، تویسرکان و درگزین
مرکز جامع سلامت شماره ۲ نهاوند
مرکز جامع سلامت شماره ۴ نهاوند
پایگاه سلامت روستایی محمدیه شهرستان همدان
مرکز خدمات جامع سلامت روستایی باباپیرعلی شهرستان تویسرکان
محل زیست باباپیرعلی شهرستان تویسرکان
مرکز خدمات جامع سلامت روستایی سیمین زاغه شهرستان بهار
مرکز خدمات جامع سلامت روستایی قاسم آباد شهرستان همدان



محل زیست قاسم آباد شهرستان همدان
مرکز خدمات جامع سلامت شهری اعتمادیه شهرستان همدان
مرکز خدمات جامع سلامت شهری بهار ۲ فرهنگیان شهرستان بهار
محل زیست فرهنگیان شهرستان بهار
مرکز خدمات جامع سلامت شهری خضر شهرستان همدان
مرکز خدمات جامع سلامت شهری روستایی شماره ۱ شهرستان نهاوند
محل زیست شماره ۱ شهرستان نهاوند
مرکز خدمات جامع سلامت شهری نواب شهرستان همدان
مرکز جامع سلامت درجزین
مرکز جامع سلامت ملا بداغ
مرکز جامع سلامت چایان
پایگاه سلامت مزدقینه
احداث سردخانه واکسن
احداث مرکز بهورزی
پایگاه سولان
پایگاه امزاجرد
خانه بهداشت سیلوار
خانه بهداشت گل کهرئز
مرکز جامع سلامت تجرک
خانه بهداشت درجزین
پایگاه آزادی
مرکز جامع سلامت شهید بهشتی همدان
مرکز جامع سلامت سرجوی
پایگاه رضوان
بیمارستان فاطمیه - همدان
بیمارستان ۱۰۰۰ تختخوابی

بیهسازی فضایی نابارور آوری قدیمی می بلرساندن فال فاطمه چه تجرک نیکی کنیکرتیک

اورژانس پیشبیمارستانی حسن قشلاق
اورژانس پیشبیمارستانی همه کسی
نوین، احداث توانبخشی سرایداری و شعبه بیمارستان بین الملل دندانپزشکی بهار
احداث و بهره‌برداری از کتابخانه مرکزی
احداث ساختمان مستقل جهت پژوهشکده‌ها
تامین و بهسازی فضای فیزیکی جهت بیوبانک
انجام پروژه‌های عمرانی مصوب
طراحی و احداث پروژه‌های عمرانی جدید مطابق با مطالعات جمعیتی و قوانین و مقررات ابلاغی از مراجع ذیصلاح
انجام پروژه‌های اجرائی در خصوص جذب اعتبارات جهت توسعه فضاهای فیزیکی
احداث و بهره‌برداری از خوابگاه ریحانه 2
احداث و بهره‌برداری از خوابگاه 100 واحدی متاهلین
احداث خوابگاه 1000 نفره پسران
توسعه پایونهای رزیدنتی در بیمارستان های دانشگاهی



انجام عملیات بهسازی و تکمیل باغ گیاهان دارویی دانشگاه
توسعه باغ گیاهان دارویی در خارج از دانشگاه با توجه به برنامه‌های توسعه‌ای شهرداری در راستای "همدان به عنوان شهر سبز کشور"
احداث کلینیک اعصاب و روان بعثت
توسعه ساختمان غذا و دارو
طراحی و اجرای پروژه‌های مربوط به توسعه پیشگیری و ترک دخانیات با تمرکز بر مرکز ترک اعتیاد درگزین
توسعه فضای فیزیکی اورژانس بیمارستان امام رضا (ع) کبودرآهنگ
احداث سی تی اسکن فامنین
بیمارستان جوراب
مرکز جامع سرطان همدان
توسعه اورژانس بیمارستان شهید سلیمانی تویسرکان
احداث ۱۰ واحد مسکن متخصصین شهرستان تویسرکان
احداث ۱ واحد مسکن متخصصین شهرستان نهاوند
اورژانس بیمارستان مهر ملایر (جدید)
اورژانس پیش بیمارستانی قینرجه
اورژانس پیش بیمارستانی آزاد راه (۲)
اورژانس پیش بیمارستانی فامنین
ستاد مرکز مدیریت فوریت‌های پزشکی
ساخت اورژانس هوایی ۱۱۵
احداث پایگاه جاده ای وردآورد علیا
اورژانس پیش بیمارستانی سرکان
اورژانس پیش بیمارستانی فرسج
ادامه عملیات اجرایی اورژانس جاده‌ای عبدالرحیم
اورژانس پیش بیمارستانی قهورد
اورژانس پیش بیمارستانی حسین آباد ناظم
اورژانس پیش بیمارستانی شماره ۴ استادان

Strategic plan of Hamedan University of Medical Sciences and Health Services/2022-2023
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List of physical spaces expected for development in the next four years

(Based on the strategic plan of the university)

Physical space
Construction of an independent campus of the Faculty of Medicine, Paramedicine and Modern Health Technologies
Development of dental and rehabilitation faculties
Physical spaces of clinical skills center and medical librarianship
Physical locker room space for students in clinical fields
Increase the number of classes
Setting up government specialized infertility treatment centers, level 2 center
Setting up of L D R units
Setting up bone marrow and liver transplant departments in selected hospitals
Setting up three cancer centers
Completing the university Skill Lab if the university and Fatemiyah Hospital
Setting up an iodine therapy center
Setting up comprehensive centers for the elderly
Construction of a suitable sports space in the courtyard of the dormitories
Construction of pharmaceutical warehouses in Faminin, Dergzin, Rezen, Melair and Kobudar Ahang
Construction or improvement of headquarters buildings in Bahar, Toiserkan and Dargzin
Comprehensive Health Center No. 2, Nahavand
Comprehensive Health Center No. 4, Nahavand
Mohammadih Rural Health Center, Hamadan City
Comprehensive rural health service center of Babapir Ali, Tuiserkan city
Baba Pir Ali's place of residence, Tuiserkan city
Simin Rural Comprehensive Health Service Center, Zagheh, Bahar
Comprehensive Rural Health Service Center Qasem Abad, Hamadan city
Residence Qasim Abad, Hamedan city
Comprehensive urban health service center of Emetadih, Hamadan city
Comprehensive urban health service center of Bahar 2 Farhangian of Bahar city
Residence of Farhangyan. Bahar city
Comprehensive Urban Health Service Center Khezr, Hamadan city
Comprehensive Urban Rural Health Service Center No. 1 Nahavand City
Residence number 1 in Nahavand city
Navvab Urban Comprehensive Health Service Center of Hamedan
Comprehensive health center in Darjazin
Mollabodagh Comprehensive Health Center

Chayan Comprehensive Health Center
Mazdaghineh health center
Cold store construction of the vaccine house
Construction of a health worker center
Sulan base
Amzajerd base
Silvar Rural Health Center
Golkahriz Rural Health Center
Tajark Comprehensive Health Center
Darjazin Rural Health Center
Azadi base
Shahid Beheshti Comprehensive Health Center, Hamedan
Sarjoui Rural Health Center
Rezvan base
Fatemiyeh Hamedan Hospital
Hezar_takhtekhabi hospital

Improvement of the old infertility area of Fatemiyeh Hospital for genetics clinic

Pre-hospital emergency of Hasan Qashlaq village
Pre-hospital emergency of Hamekasi village
Construction of modern rehabilitation, janitor and branch of Bahar International Dental Hospital
Construction and operation of the central library
Construction of an independent building for research institutes
Provision and improvement of physical space for biobank
Carrying out approved construction projects
Designing and building new construction projects in accordance with population studies , laws and regulations notified by competent authorities
Carrying out executive projects regarding attracting credits for the development of physical space
Construction and operation of Reyhaneh dormitory 2
Construction and operation of a 1000-unit dormitory for married couples
Construction of a 1000-person dormitory for boys
Development of residential pavilions in academic hospitals

Strategic plan of Hamedan University of Medical Sciences and Health
Services/2022/2025/10404

Carrying out the improvement and completion of the garden of herbal plants of the university
The development of botanical garden outside the university according to the development plans of the municipality in line with "Hamedan as the prosperous(Green city) capital of the country"
Construction of Besat Neurology and Psychiatry Clinic
Development of food and drug building
Design and implementation of projects related to the development of prevention and smoking cessation with a focus on the rural addiction center in Dargazin
Development of the physical space of the emergency room of Imam Reza hospital, peace be upon him, Kabudrahang city
Construction of CT scan in Faminin city
Jurab Rural Hospital
Comprehensive cancer center of Hamadan province
Development of the emergency department of martyr Soleimani Hospital in Tuyserkan city
Construction of 10 specialist housing units in Tuyserkan city
Construction of 1 specialist housing unit in Nahavand city
Mehr hospital emergency room, Malayer city (new)
Pre-hospital emergency in Qainarjeh village
Pre-hospital emergency room, Freeway (2)
Hospital emergency of Faminin city
Medical emergency management center headquarters
Construction of air emergency 115
Construction of the road base of Ward Avarde Olia village
Pre-hospital emergency in Serkan city
Farsafaj village pre-hospital emergency room
Continuation of executive operations of road emergency in Abdul Rahim village
Pre-hospital emergency room in Ghahrud village
Hossein Abad Nazem village pre-hospital emergency room
Pre-hospital emergency number 4 of Ostadan neighborhood

SDG 12 Responsible Consumption and Production

12.2.3 Policy waste disposal - hazardous materials

Title: Rules and methods of executive management of medical residues and related residues

Text: Number: 15871/T38459K

Ministry of Health, Treatment and Medical Education

Environmental Protection Organization

Infrastructure Affairs Commission

Industry and environment

In the meeting dated 19/12/1386 according to the proposal No. 39169-1, dated ۲۰۰۷, September, 23 of the Environmental Protection Organization

Based on Article (11) of the Waste Management Law - approved in ۲۰۰۴

In accordance with part (3) of paragraph (c) of the Resolution No. 56061/1901 dated 2004, July, 15 of the Supreme Administrative Council,

It approved the rules and methods of executive management of medical waste and related waste as follows:

Rules and methods of executive management of medical waste and related residues.

Chapter one - goals

Article 1 - The implementation of these rules aims to achieve the following goals:

A- Protecting public health and the environment against the adverse effects of medical waste.

B- Ensuring proper and regulated executive management of medical waste.

C- Creating appropriate and regulated procedures for the production, transportation, storage, treatment, destruction and disposal of medical residues.

Chapter tow - definitions

Article 2- The following phrases and terms used in their respective meanings:

A- Law on waste management: It means the law on waste management - approved in 2004.

B- Organization: Environmental Protection Organization.

C- Ministry: Ministry of Health, Treatment and Medical Education

D- Special medical residues :Is said to all infectious and harmful residues from hospitals, health care centers, medical diagnosis laboratories, and other similar centers which, due to the high level of at least one of the dangerous properties such as toxicity, pathogenicity, explosion or ignition, Corrosive or similar that need special care (special management).

E- The four main categories of medical waste:

1- Infectious residues

2- Sharp and sharp residue

3- Chemical and pharmaceutical residue

4- Normal residue.

F- Decontamination: measures that remove the dangerous characteristic of medical residue.

G- Other definitions contained in these rules will be the same as the definitions of the law and executive regulations of residues management.

Chapter 3 - scope of authority

Article 3- The Ministry is responsible for supervising the implementation of approved rules and procedures.

Article 4- The implementation of the approved rules and methods is mandatory for all real and legal persons who produce, segregate, separate, collect, receive, store, transport, purify, dispose or manage medical waste in any form.

Article 5 _ Executive managements of residues are obliged to adopt an arrangement based on the criteria and regulations of the Ministry to provide and guarantee the health, hygiene and safety of executive agents under their supervision.

Article 6 - Residues producers are required to have an operational plan in order to reduce the amount of waste production.

Article 7- All real and legal persons who intend to establish a medical center, including hospitals, clinics, and clinics, are required to submit the executive waste management plan of the said unit to the approval of the Ministry.

Article 8-_ Special medical waste, based on the definition in the law, considered as special waste until the time it turns into normal residue.

Chapter 4 - Classification of medical residues Article 9 - The classification of medical residues is as follows:

A- Normal (quasi-domestic)

B- Residues from medical care (special medical residues)

In the attached table, Number (1), which approved by the seal of "Appendix of the Cabinet of Ministers' approval letter", a detailed description list of these wastes presented.

Chapter five- _ separation, packaging and collection

Article 10- All centers that produce medical waste (including hospitals, clinics, health centers, laboratories, injection centers, radiology centers, dentists, physiotherapists, practices and other medical waste production centers) are obliged to dispose of normal residue and residue at the source of production, collect, separate and pack their special medical residues according to the following points:

Article 11- In order to manage residues fine, medical residues producing centers (including hospitals, clinics, health centers, laboratories, injection centers, radiology, dentists, Physiotherapies, clinics and other medical residues production centers) are required to perform the following measures:

A- The preference is to use products with less and non-hazardous residues generation (in the case of normal (quasi-domestic) hospital residues, products with recyclable residues production).

B- Appropriate management and supervision of consumption.

C- Accurate separation of normal residue from special medicine at the origin of waste production.

D- Preferring to use less dangerous products instead of PVC,

E-Using less dangerous colors instead of colors with a metal base.

F- The priority of using:

1- Biodegradable cleaners.

2- Safer chemicals.

3- Using water-based materials instead of solvent-based materials.

Article 12- Each unit must draw up its own special medical residue management operational plan and submit it if requested by the representatives of the organization or the ministry.

Article 13- Producers of medical waste are obliged to identify their production residue and record the production statistics on a daily basis by separating "infectious", "sharp ", "chemical-medicinal" and "normal".

Article 14- Producers must dispose of special medical residue in order to ensure safe transportation.

Reducing the volume of medical residue, especially

Reduction of waste management costs

Correcting and ensuring erasure,

Separate from normal waste process.

Note - It is necessary to separate different types of medical waste into four main categories.

Article 15- not all residues that have the same disposal method need to separate from each other.

Article 16- The residues containing dangerous heavy metals must separate separately.

Article 17- If the normal residues mixed with one of the infectious, chemical, radioactive and similar residues, it prohibited to take out them.

Article 18- Immediately after production, medical residues must place in bags, containers, or containers that meet the conditions listed in this section.

Note - If the autoclave method used for residue treatment, it is necessary that the plastic bag of infectious waste and the Safety Box can be autoclaved.

Article 19- The packaging of special medical waste should done in such a way that it does not have the possibility of any leakage, hole or tear.

Note - Since packages containing residue usually occupy a large volume, these packages should not compressed before treatment or disposal.

Article 20 - The severed body parts and parts of the dead fetus collected and separated according to religious rules.

Article 21 - Segregated waste must be stored in containers and bags as described in Table No. (1) Of Appendix No. (3), which has approved by the "Appendix of the Board of Ministers" seal.

Article 22- All sharp residues must be collected and stored in safety boxes, which must have the following characteristics:

A- Do not pierce or tear easily.

B- It can easily closed and sealed.

The size of the container should be large enough to put the waste in the container without applying hand pressure and it is not possible to remove it from the container.

C- The edges of the container should be impenetrable and liquids cannot escape from it.

D- After closing the lid of the container, make sure that the material does not come out.

E- The container should be easy and convenient to transport.

Article 23- Do not use plastic bags to collect and store sharp residues.

Article 24- Condensing, compressing and shredding device should not use for medical waste unless disinfection or decontamination of the waste has been done before or at the same time as using the above device.

Containers for collecting sharp and cutting residue should not be compacted by any device.

Article 25- Plastic bags must at least have the following characteristics:

A- To use for collecting and storing waste other than sharp waste.

B- Do not fill more than two-thirds of the capacity so that the doors can closed well.

C-Do not close with staples or other piercing methods.

Article 26- Containers with hard edges must at least have the following characteristics:

A- To be resistant to leakage, ordinary blows, breakage and corrosion

B- It should checked and controlled after each use to ensure that it is clean, healthy and does not leak.

C. Defective containers should not reused.

Article 27- Liquids, blood products and body fluids should not be poured and transported in plastic bags unless they are in special containers or bags.

Article 28- The material of residue storage containers must be compatible with the purification or disposal method, and plastic containers must be made of halogen-free plastics.

Article 29 - Cytotoxic residues must be stored in tight and leak-proof containers.

Article 30- After collecting the medical residues in the containers and bags described in Table No (1) Of Appendix No (3), which has approved by the seal of "Appendix of the Board of Ministers' approval letter", for storage and transportation, inside a bucket with Specific colors should place. If these buckets are reusable, they should washed and disinfected after each emptying.

Note - The following methods used to remove contamination and disinfection from buckets:

A- Washing with hot water at least 82 degrees Celsius (180 degrees Fahrenheit) for at least 15 seconds.

B- Disinfection with the following chemicals for at least three minutes:

1- 500 ppm chlorine hypochlorite solution available.

2- Phenol solution 500-ppm active agent.

3- 100 ppm iodine solution available.

4- Quaternary ammonium solution 400 ppm - active agent.

5- Other disinfectants with a medium spectrum license.

Article 31 - Inclined surfaces should not be used to transfer and move infectious waste

Article 32- The Institute of Standard and Industrial Research of Iran is obliged, with the cooperation of the Ministry and other executive agencies, as the case may be, to implement the standards of Article (3) of the Law and Article (16) of the Executive Regulations of the Waste Management Law related to medical waste within three months.

Article 33- Labeling must have the following features:

A- No bag-containing residue should leave the production site without having a label and specifying the type of bag content.

B- Bags or containers containing waste must be labeled.

C- Labels with a readable font should be pasted on the container or bag or printed.

D- The label should not be easily removed or erased due to contact or transportation.

E- The label must be visible from all sides.

G- The hazard symbol specifying the type of waste should be in the form listed in Table No. (2) of Appendix No. (3), which is approved by the seal of "Appendix of the Board of Ministers" for infectious waste, radioactive waste, and cytotoxic residue.

H- The following information should be mentioned on the label:

1- Name, address and contact number of the manufacturer.

2- Type of residue.

3- Date of production and collection.

4- Delivery date.

5- Type of chemical substance.

6- The date of decontamination

Article 34- Waste transportation officials are obliged to refrain from receiving waste without labels.

Article 35- When three quarters of containers and bags containing special medical residue are full, they must be collected after closing.

Article 36- Infectious and ordinary residues must be collected every day (or several times a day if necessary) and transported to the designated place for temporary waste storage.

Article 37- Used bags and containers must be replaced with bags and containers of the same type immediately.

Article 38- Garbage bins should be washed and disinfected immediately after removing the bag filled with residue.

Chapter Six _ Storage

Article 39- Storage of medical residue should done separately from other normal waste.

Article 40- The place of temporary accumulation and storage must designed inside the waste production center.

Article 41- The residue storage site must have the following conditions:

A- Medical residues should be stored in a place away from the influence of atmospheric factors and the general condition of their packaging or container should protected against adverse weather conditions such as rain, snow, heat, sunlight and the like.

B- Residues storage places should built in such a way that it is impervious to moisture and provides easy storage with proper sanitary conditions.

C- The storage places should be far away from the service area of the employees, the kitchen, the washing and cooling system, and the place of departure and income of the personnel, patients and clients.

D- The storage places should be far away from the service area of the employees, kitchen, air-condition, refrigerating and the place movement of the personnel, patients and clients.

E-The entry and exit of insects, rodents, birds and the waste storage area would not be possible.

G- The residue storage area must have a clear sign.

H- The storage place should not provide the possibility of spoilage, contamination or biodegradation of residues.

I- The storage of this residue should not done in such a way that containers or bags are torn and their contents left in the environment.

J- It should be possible to control the temperature in the storage warehouse and there should be enough light.

K- There should be a proper ventilation system with output control. Its ventilation system should controlled and there should be no natural airflow from it to the adjacent parts.

L- Cleaning and disinfecting the place and decontamination is possible.

M- Sufficient space should be available to prevent the overlapping of residue.

N- It should have a solid roof and a suitable sewage system.

O- The access and transportation of residue should be easy.

P- Loading with trucks, vans and other cargo vehicles is possible.

Q-The warehouse should have proper security.

R. The place should be equipped with hot and cold water and floor washing system.

S- Since decontamination done in the production storage room, there should be enough space to install the desired systems in the waste storage area.

Article 42- The storage place for small units can include bins with a security system located in a safe place.

Article 43- The residue storage place must have a suitable and reliable security system, the entry and exit of waste must supervised by the relevant responsible person and the entry of irresponsible persons must prevented. (Locking be possible).

Article 44- The manufacturer should visit the place in order to prevent leakage or infection.

Article 45- In the absence of a cooling system, the temporary storage time (time interval between production and purification or destruction) should not exceed the following:

A- Moderate weather conditions: 72 hours in the cold season and 48 hours in the hot season.

B- Hot weather conditions: 48 hours in the cold season and 24 hours in the hot season.

Article 46- Types of special medical residue must be stored separately from each other and the storage location of each type of waste must be marked with a characteristic sign. In particular, infectious, cytotoxic, chemical, and radioactive waste should not exposed to each other in any way.

Chapter Seven _ Transportation

Article 47- Transportation in the residue-producing unit should carried out as follows:

A- Waste transportation inside the residue production center should designed in such a way that it is possible to use a hand wheel or a cart for easy loading and unloading of residue.

B- It should not have sharp and cutting edges, so that it does not tear the bag or dishes.

C- It should be easy to wash.

D- Equipment should cleaned and disinfected every day.

E- Do not use the residue wheelbarrow to carry other materials and should not leak.

F- Don't use the throwing system to transfer residue to the storage place.

Article 48- It is necessary to replace the conveyance of transporting residue from the end of the ward in the hospital to the temporary storage place.

Article 49- In units where the volume of residue production is small, such as polyclinic, washable, non-leaking, resistant trash cans can used, as well as resistant bags for carrying residue.

Article 50 - The residue producer can entrust the transportation of residue to the disposal site through a contract to competent companies, monitoring the good performance of the work will

be the responsibility of the producer in accordance with Article (7) of the Residue Management Law.

Article 51 - Moving, transporting, and loading packages and containers should be done in such a way that the state of the packages and containers remain stable and do not leak, tear, break, or spill residue.

Article 51 - Moving, transporting, and loading packages and containers should be done in such a way that the state of the packages and containers remain stable and do not suffer from leakage, tearing, breakage, and spillage.

Article 52 - The transboundary transportation of residue is subject to the rules and regulations of the Basel Convention.

Article 53 - Loading must be done under the following conditions:

A- The disposal unit should strictly refrain from receiving unlabeled residue.

B- The workers must be properly covered during the various stages of loading and unloading according to the guidelines of Article (5) of the Residue Management Law compiled by the Board of Ministers and as described in Appendix No(4) Which approved by the "Appendix of the Cabinet of Ministers" seal.

C- Bags and containers can be placed directly in the car.

Article 54 - The vehicle-carrying residue must have the following features:

A- Be completely covered.

B- The part of the cargo should be impermeable and leak-proof.

D- The cargo area should be double-glazed or double-shelled and have a system for collecting and storing the leachate.

E- The cargo area should have a safety, fire and anti-theft system.

F- The international symbol of the type of waste, the name of the transport company and the license number of the vehicle should be written on the body of the car on both sides and on the backside.

G- Don't use the garbage truck to transport other materials or normal residue.

H- The size of the car should be proportional to the amount of residue.

I- The internal height of the car should be about 2.2 meters.

J- The driver's cab should be separate from the cargo area.

K- Cleaning and disinfecting be possible. The floor of the car should not be made of carpet or moquette, and if possible, it should have a uniform covering without chink.

L- The cargo area should be locked during transportation and when not in use.

Article 55 - Cars whose cargo area can be separated are preferable, in this way, the cargo area can be placed in the loading unit or used as storage and after being filled, it can be replaced with an empty truck or other suitable vehicles.

Article 56 - In cases where the storage or transportation time is longer than the times mentioned in Article (46), trucks with a cooling system should be used.

Article 57 - Low-traffic and low-accident routes should be used to deliver residues to the disposal site.

Article 58 - Transportation of medical waste only by competent companies and based on permission

There should be forms issued by the ministry and the organization, and if necessary or requested, they should be submitted to the supervisory authorities, including the Ministry, the Organization, and the traffic police.

Note - The transportation of medical residue by post is prohibited.

Article 59 - Residue should be transported only to the final destination specified in the permit, without wasting time.

Article 60 - Moving and transporting segregated special medical residues with normal residues, is prohibited.

Chapter eight - Decontamination, purification and destruction

Article 61 - The selection of the method of decontamination and disposal of special medical residue depends on various factors, including the type of residue, the efficiency of the disinfection method, environmental and health considerations, climatic conditions, population conditions, the amount of residue and the like.

Article 62 - Each producer of special medical residue must choose one or a combination of decontamination, purification and disposal methods and implement them after the approval of the Ministry.

Article 63 - The location of the system used in the case of centralized systems must be approved by the organization in terms of technical and pollutant output.

Article 64 - Decontamination of infectious and sharp residue by major centers that produce special medical residue (such as hospitals) and in medium or large cities should be done at the place of production in order to minimize the risks caused by transportation or related costs. In small cities, villages and small centers, residue can be stored safely in a central site.

Article 65 - Other special medical residue production centers (including clinics, health centers, Laboratories, injection centers, radiology, dentistry, physiotherapies, clinics, and other medical residue production centers) can safely dispose of produced waste at a regional or central site or use the facilities of nearby hospitals.

Article 66 - Delivery of residue to unlicensed central treatment or disposal units prohibited.

Article 67 - Centralized non-hazardous waste units must receive permission from the Ministry and Organization.

Article 68 - According to Article (7) of the Management Law, after converting special medical waste into normal residue, its management mechanism is the same as normal residue.

Article 69 - Every method of converting special medical residue into normal should have the following characteristics:

A- The device must have the ability of microbial inactivation of bacterial spores (Microbial efficacy inactivation) to the extent of at least (6) logarithmic reduction in the base (10). (Log 610)

B- Toxic or dangerous side products should not produce during decontamination.

C- To eliminate the risk and possibility of transmission of disease and infection.

D- There should be documentation related to the process and checking the correctness of the device's operation.

E- The output of each method should be safe for humans and the environment, and it should be easily disposed of without any other process.

F- In terms of safety, it has suitable conditions and the safety of the system maintained in all stages of the work.

G- Be economical.

H- To be acceptable by the society.

I- in terms of health and safety, to be safe for employees, customers, etc. in terms of health and safety, or it creates minimal risk.

J- Be in line with the country's international commitments.

K-All the methods used must approved by competent authorities in the form of waste management.

L- In epidemic and special times, the Ministry announces a new and temporary standard in accordance with the conditions and at least up to (6) logarithmic reduction based on (10) indicator bacteria.

M- The severed organs and limbs should collected separately and transported to the local cemetery for disposal, as well as disposed of in their own way.

Note - The rules and criteria of the main methods of purification will found in the appendix number (2) which approved by the seal of "Appendix of the Board of Ministers".

Article 70- in cities it is prohibited to install any type of waste incinerator, whether centralized or decentralized.

Article 71- The establishment of any central purification or disposal system will be subject to environmental impact assessment studies.

Article 72- With the change of technology and the introduction of new technologies, the production units are obliged to check the efficiency of these technologies and if confirmed, they will be used instead of older methods.

Article 73- These regulations are considered as replacement regulations for any previous regulations in this regard, and if there are similar cases, these regulations are valid and enforceable.

Parviz Davodi - First Vice President

Title: Appendices of regulations and methods of executive management of medical residue and related residue.

Text: Attachment 1

Classification table of special medical residue:

Description of types of special medical residue:

1- Infectious waste:

Infectious wastes suspected of having living pathogenic agents (bacteria, viruses, parasites or fungi) in quantity and quality that can cause disease in sensitive hosts.

This category includes the following:

Cultivation of pathogenic agents and stored materials resulting from laboratory work, wastes resulting from surgical operations and autopsies of corpses with infectious diseases (such as tissues, materials and equipment that were in contact with blood or other blood fluids and secretions of the body).

Residues of infectious patients hospitalized in the isolation ward (1) (such as excrement, surgical or infectious wound dressings, clothes contaminated with human blood or other bodily fluids and secretions),

Residues from infectious patients hospitalized in the isolation ward (1) (such as excrement, surgical or infectious wound dressings, clothes contaminated with human blood or other body fluids and blood secretions), wastes that have been in contact with infectious patients and hemodialyzed (such as dialysis equipment, including Tubing and filters, disposable towels, gowns, aprons, gloves and laboratory clothes), contaminated laboratory animals.

Any type of tools or other materials that have been in contact with people or animals that have been contaminated.

Note: Contaminated "sharp objects" are also a sub-category of infectious waste, but they described separately in these criteria.

Highly polluting wastes are:

Cultivation and stored materials are highly polluting and contain infectious disease agents, residues of autopsies, animal corpses, other residues that have been inoculated or infected with them, and have been in contact with such disease agents.

2- Traumatic residuals

Pathological residuals include

Tissues, organs, body parts, human embryos, animal corpses, blood, fluids and blood secretions are the body. In this category, identifiable parts of human and animal bodies called "anatomical residuals".

3- Sharp objects

Sharp objects are items that can cause wounds such as cuts or punctures, which include: needles, hypodermic needles, surgical knife blades and other blades, knives, infusion heads, saws, broken glass, and nails of patients and ... which may or may not be infectious, which are still considered as highly threatening health residues.

4- Pharmaceutical waste

Pharmaceutical residues includes expired, unused, separated and contaminated drugs, vaccines, drugs and serums that no longer needed and should be disposed of properly.

This category also includes discarded items used in pharmaceutical work, such as bottles, cans with dangerous drug residues, gloves, masks, connecting pipes, and glass (vials) of drugs, which, if released into the environment, can be harmful to humans and the environment.

5- Genotoxic residue:

Genotoxic residues are extremely dangerous which cause serious safety and health problems, including causing cell mutation, causing the birth of strange creatures (human but not human) and carcinogenicity.

These problems can be both inside the hospital and after residue disposal outside the hospital, which should give special attention.

Genotoxic residues can contain specific cytotoxic drugs (as described below), cytotoxic, chemical substances and radioactive substances.

Cytotoxic (or anti-neoplastic) drugs, which are the main ingredients of this category, can kill some living cells or stop their growth.

These drugs used for the chemotherapy of cancers.

Cytotoxic drugs play an important role in the treatment of various neoplastic diseases. They are also widely used as immunosuppressive agents during organ transplantation and the treatment of various immunologically based diseases.

Cytotoxic drugs often used in specialized departments such as oncology and radiation treatment units, whose main role is to treat cancer.

The most common genotoxic substances used in health care shown in the box below.

Dangerous cytotoxic drugs can be classified as follows:

The most common genotoxic products used in healthcare and treatment

1- Chemicals classified as carcinogens:

Benzene

Cytotoxic drugs, etc.

Azathioprine, chlorambucil, chlorofazine, cyclosporine, cyclophosphamide, melphalan, simustine, tamoxifen, thiotepa, tresulfan, radioactive substances

2- Classified as a possible or probable carcinogen

Cytotoxic substances and other drugs:

Azacytidine, bleomycin, caromostine, chloramphenicol, chlorzotocin, cisplatin, dacarbazine, daunorubicin, dihydroxymethylfluoratriazine (such as panfuran, which is no longer used), doxorubicin, lomustine, methylthiouracil, metronidazole, mitomycin, naphopine, niridazole, oxazepam, Phenastine, phenobarbital, phenytoin, procarbazine hydrochloride, progesterone, sarcosyl, streptozocin, trichlormethine.

3- These classifications are according to the classification of the working group of the International Organization for Research on Cancer.

(IARC) Alkylating substances: which cause alkylation of DNA nucleotides, and lead to cross-linking and wrong coding in the gene pool.

Antimetabolites: which have an inhibitory effect on the nucleic acid biosynthesis of the cell.

Cytotoxic residues generated from several sources in health care and they can be categorized as follows:

Materials contaminated with pharmaceutical products and prescription drugs such as syringes, needles, vials, packaging, expired drugs, and drugs returned from hospital departments.

In specialized cancer hospitals, genotoxic residues (containing cytotoxic or radioactive substances) may constitute 1% of the total medical residues.

6- Chemical waste

Chemical residues include solid materials and chemical gases that used for diagnosis or experiments, cleaning, housekeeping and disinfection.

Chemical residues of health care can be dangerous or harmless.

These residues considered dangerous in terms of health protection if they have at least one of the following characteristics:

Toxic;

- Corrosive properties (such as acids with $\text{pH} > 2$ and bases with $\text{pH} < 12$); Spontaneous combustion capability;

- Flammable reaction (such as explosive materials, materials that react with water, and are sensitive to impact);

Genotoxic (such as cytotoxic drugs)

Non-hazardous chemical residues includes those chemical substances that do not have any of the above-mentioned characteristics, such as compounds, amino acids, and some organic and inorganic solvents.

The types of dangerous chemicals commonly used in healthcare facilities and hospitals, which are most likely to find in residues, described in the following paragraphs:

7- Residues containing heavy metals

Residues containing heavy metals are a subcategory of hazardous chemical residues, and are usually highly toxic.

Mercury-containing residues typically result from the leakage of broken clinical equipment

The mercury emitted from such devices should collected as much as possible.

The remains of dental works also contain a large amount of mercury.

Cadmium-containing residues mainly come from discarded and broken batteries.

Wood-reinforced panels with some lead still used as X-ray shields and in diagnostic departments.

Some types of drugs have arsenic, but in these criteria, they described as pharmaceutical residues.

8- Pressured vessels

Many types of gases used in health care or in laboratory equipment (see box below).

These gases are mostly in pressurized cylinders, spray cans, many of them can be used again when they are empty or can no longer be used (while there is still some gas left in them), but some other types - especially spray cans - should be disposed of properly.

12.2.4 Policy waste disposal - landfill policy

Residues Management Law

Article 1 - In order to fulfill the 50th principle of the Constitution of the Islamic Republic of Iran and in order to protect the country's environment from the harmful effects of waste and their proper management, all ministries, organizations, institutions, governmental institutions, public and non-governmental institutions are subject to this law. Therefore, their names were necessarily mentioned, so all companies and institutions, natural and legal persons are obliged to follow the regulations and policies stipulated in this law.

Article 2 _ the expressions and terms used in this law have the following meanings:

A - Organization: Environmental Protection Organization.

B- Residue: solid, liquid and gas materials (other than sewage) said to be directly or indirectly the result of human activity and are considered waste from the producer's point of view. Residue divided into five groups:

1- Normal residue:

It said to be all residue that normally produced from the daily activities of people in cities, villages and outside of them, such as household residue and construction debris.

2- Medical (hospital) residue:

All infectious and harmful wastes from hospitals, health centers, treatment centers, medical diagnosis laboratories and other similar centers called. Other hazardous hospital wastes are not included in this definition.

3- Special residue:

All residue said to require special care due to the high level of at least one of the dangerous properties such as toxicity, pathogenicity, explosive or flammability, corrosiveness and the like, that category of medical waste as well as a part of normal waste. Industrial and agricultural wastes that require special management considered as special residue.

4 - Agricultural residue:

The wastes resulting from production activities in the agricultural sector are called wastes, animal carcasses (livestock, poultry, and aquatic), rotten or unusable agricultural products.

5- Industrial residue:

All residues resulting from industrial and mineral activities and residues from refineries of gas, oil and petrochemical industries, power plants and the like called such as metal chips, overflows and industrial sludges.

C - Executive management of residue: It is a real or legal person who is responsible for planning, organization, care and executive operations related to the production, collection, storage, separation, transportation, recycling, processing and disposal of residue, as well as training and informing in this regard.

1- Disposal: all the methods of eliminating or reducing the risks caused by residues such as recycling, sanitary burial, incineration residues.

2_ Processing: all mechanical, chemical, biological processes that lead to ease in disposal operations.

D - Pollution means the same definition provided in Article (9) of the Law on Protection and Restoration of the Fresh Environment - approved on 28.3.1353. (18 / 6 / 1974).

Note one_ Medical residues, as well as part of normal, industrial and agricultural residues that require special management, considered special residues.

Note two - the list of special residues will determined by the organization with the cooperation of the relevant agencies and will approved by the High Council of Environmental Protection.

Note three - Special radioactive wastes are subject to their respective laws and regulations.

Note four - The sludge resulting from the treatment of urban sewage and the discharge of household sewage pits, if they are dry or low in moisture, will be included in the normal residues category.

Article 3 - Iran Institute of Standards and Industrial Research is obliged to establish the quality and hygiene standards of recycled products and materials and their permitted uses with the cooperation of the Ministry of Health, Medical Treatment and Education and other agencies as the case may be.

Article four - The relevant executive agencies are required to take the necessary measures for residues recycling and disposal in the order that will specified in the executive orders of this law. The aforementioned executive charter should also include the following:

- 1- The set regulations will cause production and consumption to create less residue.
- 2- The necessary facilities for the production and consumption of products that are easier to recycle should provide and the production and import of products that are easier to dispose of and recycle should be limited.
- 3- Take measures to expand the use of recycled raw materials in production.
- 4- The responsibility of providing and paying a part of the recycling costs should be placed on the responsibility of the product manufacturers.

Article five _ Residues executive directorates are obliged to adopt an arrangement based on the standards and regulations of the Ministry of Health, Treatment and Medical Education to ensure and guarantee the health, hygiene and safety of the executive agents under their supervision.

Article 6 - The Broadcasting Organization of the Islamic Republic of Iran and other media that have the role of informing, as well as educational and cultural institutions, are obliged to cooperate with relevant organizations and officials in order to inform, train, properly separate, collect and recycle residue.

Note - The Ministries of Agriculture, Industries and Mines, Interior and Health, Treatment and Medical Education in order to reduce agricultural waste, are required to take the necessary measures regarding education and training of villagers and producers.

Article 7 - The executive management of all non-industrial wastes, especially in cities and villages, is under the authority of the municipalities and the rural municipalities, but outside the scope and duties of the municipalities and the rural municipalities, it is the responsibility of the district governor's offices.

Note - Executive directorates can delegate all or part of the operations related to the collection, separation and disposal of residues to real and legal persons.

Article 8 - The executive management can charge the waste management costs from the residue producer with a tariff according to the directives of the Ministry of Interior determined by the Islamic councils according to the type of waste, received and spent only on waste management costs.

Article 9 - The Ministry of Interior, in coordination with the organization, is obliged to implement the necessary planning and measures for the separation of normal waste and compile its schedule. The managers of the executive bodies listed in Article (7) of this law are obliged to carry out Collect, recycle or bury all normal residues in a separated from within the deadline specified in the executive regulations of this law.

Article 10 - The Ministry of Interior is obliged to implement the duties contained in this law within six months after the approval of this law, regarding the instructions of the organizations and the management system of the executive management of residue in the municipalities, rural municipalities and district governors' offices.

Article 11 - The organization is obliged to, with the cooperation of the Ministry of Health, Medical Treatment and Education (in the case of medical waste), Industries and Mines, Energy and Petrol (in the case of industrial and mineral residue), Agriculture Ministry (in the case of agricultural residues), regulations and methods related to management. To compile the implementation of the residues and approve it in the High Council of Environmental Protection. The aforementioned Ministries are responsible for supervising the implementation of approved rules and procedures.

Article 12 - The residue burial sites will be determined by the Ministry of Interior in coordination with the Ministry of Agriculture and Jihad based on environmental standards.

Note one - The High Council of Urban Development and Architecture is obliged to consider suitable areas for residues disposal in comprehensive regional plans.

Note two - The Ministry of Interior is obliged to provide the necessary funds and facilities for the creation and operation of residues disposal sites by itself or by the private sector.

Article 13 - Mixing medical residues with other residues, emptying and spreading them in the environment or selling them, using or recycling these types of residues is prohibited.

Article 14 - Transboundary transportation of special residues will be subject to the provisions of the Basel Convention and will be supervised by the national authority of the Convention. The intra-border transfer of special waste will be subject to the executive regulations approved by the Board of Ministers.

Article 15 - Producers of those types of residues that have one of the characteristics of special waste are obliged to minimize their residues by optimizing the process and recovery, and in cases where the permitted limits are not provided in the executive regulations of this law, within the limit are not allowed.

Article 16 - Storage, mixing, collection, transportation, buying and selling, disposal, issuance and discharge of waste in the environment will be according to the provisions of this law and its executive regulations. Otherwise, the violators will be fined by the judicial authorities for the first time for normal residues from

Five hundred thousand (500,000) Rials to one hundred million

(100,000,000,000) riyals

In addition, for other residues from two million (2,000,000) Rials to one hundred million (100,000,000) Rials.

In case of repetition, each time they will be sentenced to twice the previous punishment in this article.

Violators of Article (13) shall be fined from two million (2,000,000) Rials to one hundred million (100,000,000) Rials.

In case of repetition, double the maximum punishment

If they repeat it again, they will be sentenced to twice the punishment of the previous time.

Article 17 - Violators of the provisions of Article (14) of this law are obliged to dispose of the residues covered by the Basel Convention.

1. Return to the country of origin,
2. If it is possible to destroy it inside under the supervision and according to the opinion of the organization (the national authority of the aforementioned convention in Iran), dispose of it in a suitable way at their own expense.
3. Otherwise, they will be sentenced to the punishments prescribed in Article (16).

Article 18 - In situations where pollution poses an immediate danger to the environment and humans, the offenders and perpetrators of pollution are obliged to notify the organization and the Ministry of Health, Treatment and Medical Education.

- 1_ immediately stop the actions that lead to pollution and destruction of the environment.
- 2_ immediately take action to remove the pollution and clean the environment.
- 3_ In case of complaint, the judicial authority will deal with the matter out of turn and oblige the violators and perpetrators to remove the pollution and clean-up in addition to paying the determined fine.

Article 19 - In all the aforementioned crimes, in addition to paying a fine and depositing the fine to the government fund, the judicial authority will sentence the perpetrators to pay damages to individuals or to compensate for the damages caused upon the request of the responsible authority.

Article 20 - Cars that dump residues in unauthorized places, in addition to the aforementioned punishments, will be sentenced to one to ten weeks of detention.

Note - If the place of evacuation is public, city or intercity roads, they will be sentenced to the maximum amount of seizure.

								*		*	۰	۳	۳۰	۲۰	۵۲	۳۲	۴	۱	*							*	امام حسن	قام نین
								*		*	۰	۵	۲۲۰	۲۵۰	۴۷۵	۲۵۶	۱۷	۲	*		*						*	هم آئیه دان
								*		*	-	۱۶	۲۳۵	۱۴۱	۳۹۲	۴۰۰	۳۷	۷	*							*	هم سینا دان	
								*	۹	*	۲	۲۰	۱۳۰	۱۵۰	۲۰۲	۸۵	۱	۲	*							*	هم ولیع صر	
								*		*	-	۲	۷۲	۹۵	۱۶۹	۱۵۰	۸۲	*								*	هم ولیع صر کان	
								*		*	-	۱۵	۶۰	۸۰	۱۵۵	۱۱۰	۵۸	*								*	هم توی سر کان	
								*		*	-	۱	۲۱	۵۰	۷۲	۴۴	۳۸	*				*					*	هم ارتش دان
								*		*	-	۷	۴۸	۷۸	۱۳۳	۳۲	۸	۵	*							*	هم بهار آیت اله بهارى	
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								*		*	۰	۴	۱۱۰	۱۱۲	۲۲۶	۹۶	۱۲	۸	*							*	هم مل ایر	
								*	۷	*	۰	۴	۴۳	۴۰	۸۷	۵۰	۴۵	*			*						*	هم مظهر ى
								*		*	۲	۲	۲۳۹	۱۶۳	۴۰۶	۳۰۰	۱۸	۵	*							*	هم فاطم یه دان	
								*		*	۰	۴	۱۸۰	۳۲۰	۵۰۴	۱۶۰	۱۲	۶	*			*					*	هم مغرزی ایر
								*		*	۰	۲۶	۲۳۲	۱۳۴	۳۹۲	۱۶۵	۱۸	۱	*							*	هم امام حسنى ن	
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								*		*	۰	۲۳	۱۶۲	۱۸۲	۳۶۷	۹۵	۹۳	*								*	هم امام رضا هن ى	
								*	۷	*	۰	۶	۱۳۰	۱۰۸	۲۴۴	۱۸۵	۱۱	۷	*							*	هم نهاد قدوس ى	
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					۱	۲۱	۳	۲	۴	۲۳	۳۴۶۲	۳۷۲	۷۴۱	۲۸۹	۲۳	۱	۳			۲	۲	۲	۱	۲۲	استا
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میزان پسماند بی خطر شده توسط شرکت عصر سلامت سبز الوند و تحویلی به شهرداری همدان در سال ۲۰۲۳-۲۰۲۴

ردیف	ماه	وزن به کیلوگرم
۱	دی ۲۰۲۳	۱۶۱۹۰
۲	بهمن ۲۰۲۳	۱۷۵۳۲
۳	اسفند ۲۰۲۳	۲۲۳۵۶
۴	فروردین ۲۰۲۳	۱۵۱۲۰
۵	اردیبهشت ۲۰۲۳	۳۴۸۶۹
۶	خرداد ۲۰۲۳	۳۶۷۴۱
۷	تیر ۲۰۲۳	۴۵۶۶۲
۸	مرداد ۲۰۲۳	۴۶۵۴۴
۹	شهریور ۲۰۲۳	۴۵۱۲۰
۱۰	مهر ۲۰۲۳	۴۴۶۹۸
۱۱	آبان ۲۰۲۳	۴۴۳۷۸
۱۲	آذر ۲۰۲۳	۴۶۵۸۹
۱۳	دی ۲۰۲۴	۴۲۵۲۳
۱۴	بهمن ۲۰۲۴	۴۶۵۲۰
۱۵	اسفند ۲۰۲۴	۴۵۸۸۰
۱۶	فروردین ۲۰۲۴	۱۲۹۸۰
۱۷	اردیبهشت ۲۰۲۴	۳۴۷۹۰
۱۸	خرداد ۲۰۲۴	۴۲۴۶۹
۱۹	تیر ۲۰۲۴	۴۵۷۸۰
۲۰	مرداد ۲۰۲۴	۴۶۰۰۰
۲۱	شهریور ۲۰۲۴	۴۶۱۵۰
۲۲	جمع کل	۷۷۸۸۹۱

12.3.2 Indicator: Proportion of waste recycled

Iran's National Climate Change Strategy Program:

The program of Iran's National Climate Change Strategy to reduce emissions and resilience against climate change in the country in 2016 was compiled and approved by the Environmental Organization's Climate Change Office and the country's National Climate Change Working Group and includes the following five sections:

Reduction of greenhouse gas emissions,

Water resources management department,

Department of Agriculture and Food Security,

Department of biological resources

Health department,

The goals of this program are:

Creating the necessary infrastructure in order to implement the obligations of the climate change convention,

Kyoto Protocol, Paris Agreement and future approvals thereunder

Implementation of emission reduction obligations

Creating monitoring infrastructure

Reporting under the desired goals of national participation.

12.4 Publication of a sustainability report

HSE Committee

The HSE Committee of Hamadan School of Public Health was established in 2019 in order to implement and establish a safety, health and environmental system in all units of this school.

The purpose of forming this committee is to maintain and improve the safety and health of all individuals, including students, staff and other clients, and to protect the environment by using

national and international guidelines and standards in all educational, research, administrative and physical development activities.

SDG 13 Climate Action (هدف سیزدهم: فعالیت های اقلیمی)

Iran's National Climate Change Strategy Program:

The program of Iran's National Climate Change Strategy to reduce emissions and resilience against climate change in the country in 2016 was compiled and approved by the Environmental Organization's Climate Change Office and the country's National Climate Change Working Group and includes the following five sections:

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Kyoto Protocol, Paris Agreement and future approvals thereunder

Implementation of emission reduction obligations

Creating monitoring infrastructure

Reporting under the desired goals of national participation

13.2.1 Low carbon energy tracking Year: 2023

Iran's National Climate Change Strategy Program:

The program of Iran's National Climate Change Strategy to reduce emissions and resilience against climate change in the country in 2016 was compiled and approved by the Environmental

Organization's Climate Change Office and the country's National Climate Change Working Group and includes the following five sections:

Reduction of greenhouse gas emissions,

Water resources management department,

Department of Agriculture and Food Security,

Department of biological resources

Health department,

The goals of this program are:

Creating the necessary infrastructure in order to implement the obligations of the climate change convention,

Kyoto Protocol, Paris Agreement and future approvals thereunder

Implementation of emission reduction obligations

Creating monitoring infrastructure

Reporting under the desired goals of national participation.

13.3.2 Climate Action Plan, shared Year: 2023

Iran's National Climate Change Strategy Program:

The program of Iran's National Climate Change Strategy to reduce emissions and resilience against climate change in the country in 2016 was compiled and approved by the Environmental Organization's Climate Change Office and the country's National Climate Change Working Group and includes the following five sections:

Reduction of greenhouse gas emissions,

Water resources management department,

Department of Agriculture and Food Security,

Department of biological resources

Health department,

The goals of this program are:

Creating the necessary infrastructure in order to implement the obligations of the climate change convention,

Kyoto Protocol, Paris Agreement and future approvals thereunder

Implementation of emission reduction obligations

Creating monitoring infrastructure

Reporting under the desired goals of national participation.

13.4 Commitment to carbon neutral university

۱۳,۴. تعهد برای دانشگاه بدون کربن : تعهد دانشگاه در جهت انجام اقدامات لازم مطابق با برنامه راهبرد ملی کشور ایران در برابر تغییرات اقلیمی

برنامه راهبرد ملی تغییر اقلیم ایران: برنامه راهبرد ملی تغییر اقلیم ایران جهت کاهش انتشار و تاب آوری در برابر تغییرات اقلیم در کشور در سال ۱۳۹۶ توسط دفتر تغییرات اقلیم سازمان محیط زیست و کارگروه ملی تغییر اقلیم کشور در پنج بخش کاهش انتشار گاز گلخانه ای، بخش مدیریت منابع آب، بخش کشاورزی و امنیت غذایی، بخش منابع زیستی و بخش سلامت، تدوین و تصویب شده است اهداف این برنامه عبارتند از: ایجاد زیرساخت های لازم به منظور اجرای تعهدات کنوانسیون تغییر آب و هوا، پروتکل کیوتو و توافقنامه پاریس و مصوبات آتی تحت آن و همچنین اجرای تعهدات کاهش انتشار و ایجاد زیرساخت های پایش و گزارش دهی تحت اهداف مورد نظر مشارکت ملی .

SDG 15 LifeOnLand

15.2 Supporting land ecosystems through education

15.2.1 Events about sustainable use of land Year: 2023

General environmental health policies:

According to the policies announced by the Supreme Leader, for the first time in the field of environment, a cross-sectoral document has presented, which is included as an appendix in the sixth development document. The most important feature of the communicated policies was convergence in the environment. In the general policies of the Supreme Leader in the field of environment, attention to new technologies, the model approach of using new technologies compatible with the environment and serious attention to the field of passive defense have also been included. In the field of the executive branch, general environmental policies include the field

of pollution, where the government took serious measures. Standardization of fuel and increasing the standard of car production were part of these measures. In the field of water, the directive of the Ministry of Energy to pay the rights of wetlands, in the field of biodiversity, the action of the armed forces to prevent the production of weapons and support protective equipment, were important measures in this field. Reforming the agricultural model is one of the other cases.

Clean Air Act:

This law in 34 articles and 39 notes approved by the Islamic Council in 2016 and approved by the Guardian Council. All persons, institutions, including the government and all persons located in industrial free trade zones, special economic zones, towns and industrial areas are obliged to comply with the provisions of this law.

Soil Protection Law:

In order to maintain soil stability and quantitative and qualitative protection, correct use and optimal exploitation of soil and prevent its destruction and pollution and rehabilitate, modify and improve degraded and polluted soils, the "Soil Protection" bill jointly proposed by the Environmental Protection Organization. and the Ministry of Jihad and Agriculture has been placed on the agenda of the government and after going through the stages of expert review and finally after approval by the Islamic Council and approval by the Guardian Council, on June 22, 2018 by the President under the title of Soil Protection Law for implementation. The relevant executive bodies notified. Currently, according to the task stipulated in Note (2) of Article (18) of this law regarding the regulations for determining large production, industrial, construction, service, infrastructure and mining units, the time periods and criteria for measuring pollution and the self-declaration of environmental monitoring. The Environmental Protection Organization, in cooperation with relevant institutions, prepared the regulation of this note and approved by the Board of Ministers.

15.2.1 Supporting land ecosystems through education & 15.3 Supporting land ecosystems through action :

The university has put the approval of environmental health, clean air law and soil protection law in the policy of its strategic plan.

برابر با شاخص های ۱۵,۲: حمایت از اکوسیستم های زمین از طریق آموزش و ۱۵,۳: حمایت از اکوسیستم های

زمین دانشگاه به تصویب موارد مربوط به سلامت محیط زیست، قانون هوای پاک و قانون حفاظت از خاک را در خط مشی برنامه راهبردی خود قرار داده است.

15.3 Supporting land ecosystems through action

15.3.1 Sustainable use, conservation and restoration of land (policy)

Year: in place by 2023

Soil Protection Law:

In order to maintain soil stability and quantitative and qualitative protection, correct use and optimal exploitation of soil and prevent its destruction and pollution and rehabilitate, modify and improve degraded and polluted soils, the "Soil Protection" bill jointly proposed by the Environmental Protection Organization. and the Ministry of Jihad and Agriculture has been placed on the agenda of the government and after going through the stages of expert review and finally after approval by the Islamic Council and approval by the Guardian Council, on June 22, 2018 by the President under the title of Soil Protection Law for implementation. The relevant executive bodies notified. Currently, according to the task stipulated in Note (2) of Article (18) of this law regarding the regulations for determining large production, industrial, construction, service, infrastructure and mining units, the time periods and criteria for measuring pollution and the self-declaration of environmental monitoring. The Environmental Protection Organization, in cooperation with relevant institutions, prepared the regulation of this note and approved by the Board of Ministers.

15.4.1 Water discharge guidelines and standards Year: in place by 2023

According to the documentation 6.3.1

15.4.3 Policy on hazardous waste disposal Year: in place by 2023

Title: Rules and methods of executive management of medical residues and related residues

Text: Number: 15871/T38459K

Ministry of Health, Treatment and Medical Education

Environmental Protection Organization

Infrastructure Affairs Commission

Industry and environment

In the meeting dated 19/12/1386 according to the proposal No. 39169-1, dated 2007, September, 23 of the Environmental Protection Organization

Based on Article (11) of the Waste Management Law - approved in 2004

In accordance with part (3) of paragraph (c) of the Resolution No. 56061/1901 dated 2004, July, 15 of the Supreme Administrative Council,

It approved the rules and methods of executive management of medical waste and related waste as follows:

Rules and methods of executive management of medical waste and related residues.

Chapter one - goals

Article 1 - The implementation of these rules aims to achieve the following goals:

- A- Protecting public health and the environment against the adverse effects of medical waste.
- B- Ensuring proper and regulated executive management of medical waste.
- C- Creating appropriate and regulated procedures for the production, transportation, storage, treatment, destruction and disposal of medical residues.

Chapter tow - definitions

Article 2- The following phrases and terms used in their respective meanings:

- A- Law on waste management: It means the law on waste management - approved in 2004.
- B- Organization: Environmental Protection Organization.
- C- Ministry: Ministry of Health, Treatment and Medical Education
- D- Special medical residues :Is said to all infectious and harmful residues from hospitals, health care centers, medical diagnosis laboratories, and other similar centers which, due to the high level of at least one of the dangerous properties such as toxicity, pathogenicity, explosion or ignition, Corrosive or similar that need special care (special management).
- E- The four main categories of medical waste:
 - 1- Infectious residues
 - 2- Sharp and sharp residue
 - 3- Chemical and pharmaceutical residue 4- Normal residue.
- F- Decontamination: measures that remove the dangerous characteristic of medical residue.
- G- Other definitions contained in these rules will be the same as the definitions of the law and executive regulations of residues management.

Chapter 3 - scope of authority

Article 3- The Ministry is responsible for supervising the implementation of approved rules and procedures.

Article 4- The implementation of the approved rules and methods is mandatory for all real and legal persons who produce, segregate, separate, collect, receive, store, transport, purify, dispose or manage medical waste in any form.

Article 5 _ Executive managements of residues are obliged to adopt an arrangement based on the criteria and regulations of the Ministry to provide and guarantee the health, hygiene and safety of executive agents under their supervision.

Article 6 - Residues producers are required to have an operational plan in order to reduce the amount of waste production.

Article 7- All real and legal persons who intend to establish a medical center, including hospitals, clinics, and clinics, are required to submit the executive waste management plan of the said unit to the approval of the Ministry.

Article 8-_ Special medical waste, based on the definition in the law, considered as special waste until the time it turns into normal residue.

Chapter 4 - Classification of medical residues Article 9 - The classification of medical residues is as follows:

A- Normal (quasi-domestic)

B- Residues from medical care (special medical residues)

In the attached table, Number (1), which approved by the seal of "Appendix of the Cabinet of Ministers' approval letter", a detailed description list of these wastes presented.

Chapter five-_ separation, packaging and collection

Article 10- All centers that produce medical waste (including hospitals, clinics, health centers, laboratories, injection centers, radiology centers, dentists, physiotherapists, practices and other medical waste production centers) are obliged to dispose of normal residue and residue at the source of production, collect, separate and pack their special medical residues according to the following points:

Article 11- In order to manage residues fine, medical residues producing centers (including hospitals, clinics, health centers, laboratories, injection centers, radiology, dentists, Physiotherapies, clinics and other medical residues production centers) are required to perform the following measures:

A- The preference is to use products with less and non-hazardous residues generation (in the case of normal (quasi-domestic) hospital residues, products with recyclable residues production).

B- Appropriate management and supervision of consumption.

C- Accurate separation of normal residue from special medicine at the origin of waste production.

D- Preferring to use less dangerous products instead of PVC, E-Using less dangerous colors instead of colors with a metal base.

F- The priority of using:

1- Biodegradable cleaners.

2- Safer chemicals.

3- Using water-based materials instead of solvent-based materials.

Article 12- Each unit must draw up its own special medical residue management operational plan and submit it if requested by the representatives of the organization or the ministry.

Article 13- Producers of medical waste are obliged to identify their production residue and record the production statistics on a daily basis by separating "infectious", "sharp ", "chemicalmedicinal" and "normal".

Article 14- Producers must dispose of special medical residue in order to ensure safe transportation.

Reducing the volume of medical residue, especially

Reduction of waste management costs

Correcting and ensuring erasure,

Separate from normal waste process.

Note - It is necessary to separate different types of medical waste into four main categories.

Article 15- not all residues that have the same disposal method need to separate from each other.

Article 16- The residues containing dangerous heavy metals must separate separately.

Article 17- If the normal residues mixed with one of the infectious, chemical, radioactive and similar residues, it prohibited to take out them.

Article 18- Immediately after production, medical residues must place in bags, containers, or containers that meet the conditions listed in this section.

Note - If the autoclave method used for residue treatment, it is necessary that the plastic bag of infectious waste and the Safety Box can be autoclaved.

Article 19- The packaging of special medical waste should done in such a way that it does not have the possibility of any leakage, hole or tear.

Note - Since packages containing residue usually occupy a large volume, these packages should not compressed before treatment or disposal.

Article 20 - The severed body parts and parts of the dead fetus collected and separated according to religious rules.

Article 21 - Segregated waste must be stored in containers and bags as described in Table No. (1) Of Appendix No. (3), which has approved by the "Appendix of the Board of Ministers" seal.

Article 22- All sharp residues must be collected and stored in safety boxes, which must have the following characteristics:

A- Do not pierce or tear easily.

B- It can easily closed and sealed.

The size of the container should be large enough to put the waste in the container without applying hand pressure and it is not possible to remove it from the container.

C- The edges of the container should be impenetrable and liquids cannot escape from it.

D- After closing the lid of the container, make sure that the material does not come out.

E- The container should be easy and convenient to transport.

Article 23- Do not use plastic bags to collect and store sharp residues.

Article 24- Condensing, compressing and shredding device should not use for medical waste unless disinfection or decontamination of the waste has been done before or at the same time as using the above device.

Containers for collecting sharp and cutting residue should not be compacted by any device.

Article 25- Plastic bags must at least have the following characteristics:

A- To use for collecting and storing waste other than sharp waste.

B- Do not fill more than two-thirds of the capacity so that the doors can closed well.

C-Do not close with staples or other piercing methods.

Article 26- Containers with hard edges must at least have the following characteristics:

A- To be resistant to leakage, ordinary blows, breakage and corrosion

B- It should checked and controlled after each use to ensure that it is clean, healthy and does not leak.

C. Defective containers should not reused.

Article 27- Liquids, blood products and body fluids should not be poured and transported in plastic bags unless they are in special containers or bags.

Article 28- The material of residue storage containers must be compatible with the purification or disposal method, and plastic containers must be made of halogen-free plastics.

Article 29 - Cytotoxic residues must be stored in tight and leak-proof containers.

Article 30- After collecting the medical residues in the containers and bags described in Table No (1) Of Appendix No (3), which has approved by the seal of "Appendix of the Board of Ministers' approval letter", for storage and transportation, inside a bucket with Specific colors should place. If these buckets are reusable, they should washed and disinfected after each emptying.

Note - The following methods used to remove contamination and disinfection from buckets:

A- Washing with hot water at least 82 degrees Celsius (180 degrees Fahrenheit) for at least 15 seconds.

B- Disinfection with the following chemicals for at least three minutes:

1- 500 ppm chlorine hypochlorite solution available.

2- Phenol solution 500-ppm active agent.

3- 100 ppm iodine solution available.

4- Quaternary ammonium solution 400 ppm - active agent.

5- Other disinfectants with a medium spectrum license.

Article 31 - Inclined surfaces should not be used to transfer and move infectious waste

Article 32- The Institute of Standard and Industrial Research of Iran is obliged, with the cooperation of the Ministry and other executive agencies, as the case may be, to implement the standards of Article (3) of the Law and Article (16) of the Executive Regulations of the Waste Management Law related to medical waste within three months.

Article 33- Labeling must have the following features:

A- No bag-containing residue should leave the production site without having a label and specifying the type of bag content.

B- Bags or containers containing waste must labeled.

c- Labels with a readable font should pasted on the container or bag or printed.

D- The label should not easily removed or erased due to contact or transportation.

E-The label must be visible from all sides.

G- The hazard symbol specifying the type of waste should be in the form listed in Table No. (2) Of Appendix No. (3), which approved by the seal of "Appendix of the Board of Ministers" for infectious waste, radioactive waste, and cytotoxic residue.

H- The following information should mentioned on the label:

1- Name, address and contact number of the manufacturer.

2- Type of residue.

3- Date of production and collection.

4- Delivery date.

5- Type of chemical substance.

6- The date of decontamination

Article 34- Waste transportation officials are obliged to refrain from receiving waste without labels.

Article 35- When three quarters of containers and bags containing special medical residue are full, they must be collected after closing.

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Article 36 Infectious and ordinary residues must be collected every day (or several times a day if necessary) and transported to the designated place for temporary waste storage.

Article 37- Used bags and containers must be replaced with bags and containers of the same type immediately.

Article 38- Garbage bins should be washed and disinfected immediately after removing the bag filled with residue.

Chapter Six _ Storage

Article 39- Storage of medical residue should be done separately from other normal waste.

Article 40- The place of temporary accumulation and storage must be designed inside the waste production center.

Article 41- The residue storage site must have the following conditions:

A- Medical residues should be stored in a place away from the influence of atmospheric factors and the general condition of their packaging or container should be protected against adverse weather conditions such as rain, snow, heat, sunlight and the like.

B- Residue storage places should be built in such a way that it is impervious to moisture and provides easy storage with proper sanitary conditions.

C- The storage places should be far away from the service area of the employees, the kitchen, the washing and cooling system, and the place of departure and arrival of the personnel, patients and clients.

D- The storage places should be far away from the service area of the employees, kitchen, air conditioning, refrigerating and the place of movement of the personnel, patients and clients.

E- The entry and exit of insects, rodents, birds and the waste storage area would not be possible.

G- The residue storage area must have a clear sign.

H- The storage place should not provide the possibility of spoilage, contamination or biodegradation of residues.

I- The storage of this residue should not be done in such a way that containers or bags are torn and their contents left in the environment.

J- It should be possible to control the temperature in the storage warehouse and there should be enough light.

K- There should be a proper ventilation system with output control. Its ventilation system should be controlled and there should be no natural airflow from it to the adjacent parts.

L- Cleaning and disinfecting the place and decontamination is possible.

M- Sufficient space should be available to prevent the overlapping of residue.

N- It should have a solid roof and a suitable sewage system.

O- The access and transportation of residue should be easy.

P- Loading with trucks, vans and other cargo vehicles is possible.

Q-The warehouse should have proper security.

R. The place should be equipped with hot and cold water and floor washing system.

S- Since decontamination done in the production storage room, there should be enough space to install the desired systems in the waste storage area.

Article 42- The storage place for small units can include bins with a security system located in a safe place.

Article 43- The residue storage place must have a suitable and reliable security system, the entry and exit of waste must supervised by the relevant responsible person and the entry of irresponsible persons must prevented. (Locking be possible).

Article 44- The manufacturer should visit the place in order to prevent leakage or infection.

Article 45- In the absence of a cooling system, the temporary storage time (time interval between production and purification or destruction) should not exceed the following:

A- Moderate weather conditions: 72 hours in the cold season and 48 hours in the hot season.

B- Hot weather conditions: 48 hours in the cold season and 24 hours in the hot season.

Article 46- Types of special medical residue must be stored separately from each other and the storage location of each type of waste must be marked with a characteristic sign. In particular, infectious, cytotoxic, chemical, and radioactive waste should not exposed to each other in any way.

Chapter Seven _ Transportation

Article 47- Transportation in the residue-producing unit should carried out as follows:

A- Waste transportation inside the residue production center should designed in such a way that it is possible to use a hand wheel or a cart for easy loading and unloading of residue.

B- It should not have sharp and cutting edges, so that it does not tear the bag or dishes.

C- It should be easy to wash.

D- Equipment should cleaned and disinfected every day.

E- Do not use the residue wheelbarrow to carry other materials and should not leak.

F- Don't use the throwing system to transfer residue to the storage place.

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Article 48- It is necessary to replace the conveyance of transporting residue from the end of the ward in the hospital to the temporary storage place.

Article 49 In units where the volume of residue production is small, such as polyclinic, washable, non-leaking, resistant trash cans can be used, as well as resistant bags for carrying residue.

Article 50 - The residue producer can entrust the transportation of residue to the disposal site through a contract to competent companies, monitoring the good performance of the work will be the responsibility of the producer in accordance with Article (7) of the Residue Management Law.

Article 51 - Moving, transporting, and loading packages and containers should be done in such a way that the state of the packages and containers remain stable and do not leak, tear, break, or spill residue.

Article 51 - Moving, transporting, and loading packages and containers should be done in such a way that the state of the packages and containers remain stable and do not suffer from leakage, tearing, breakage, and spillage.

Article 52 - The transboundary transportation of residue is subject to the rules and regulations of the Basel Convention.

Article 53 - Loading must be done under the following conditions:

A- The disposal unit should strictly refrain from receiving unlabeled residue.

B- The workers must be properly covered during the various stages of loading and unloading according to the guidelines of Article (5) of the Residue Management Law compiled by the Board of Ministers and as described in Appendix No(4) Which was approved by the "Appendix of the Cabinet of Ministers" seal.

C- Bags and containers can be placed directly in the car.

Article 54 - The vehicle-carrying residue must have the following features:

A- Be completely covered.

B- The part of the cargo should be impermeable and leak-proof.

D- The cargo area should be double-glazed or double-shelled and have a system for collecting and storing the leachate.

E- The cargo area should have a safety, fire and anti-theft system.

F- The international symbol of the type of waste, the name of the transport company and the license number of the vehicle should be written on the body of the car on both sides and on the backside.

G- Don't use the garbage truck to transport other materials or normal residue.

H- The size of the car should be proportional to the amount of residue.

I- The internal height of the car should be about 2.2 meters.

J-The driver's cab should be separate from the cargo area.

K- Cleaning and disinfecting be possible. The floor of the car should not made of carpet or moquette, and if possible, it should have a uniform covering without chink.

L- The cargo area should be locked during transportation and when not in use.

Article 55 - Cars whose cargo area can separated are preferable, in this way, the cargo area can placed in the loading unit or used as storage and after being filled, it can be replaced with an empty truck or other suitable vehicles.

Article 56 - In cases where the storage or transportation time is longer than the times mentioned in Article (46), trucks with a cooling system should use.

Article 57 - Low-traffic and low-accident routes should use to deliver residues to the disposal site.

Article 58 - Transportation of medical waste only by competent companies and based on permission

There should be forms issued by the ministry and the organization, and if necessary or requested, they should submitted to the supervisory authorities, including the Ministry, the Organization, and the traffic polices.

Note - The transportation of medical residue by post prohibited.

Article 59 - Residue should transported only to the final destination specified in the permit, without wasting time.

Article 60 – Moving and transporting segregated special medical residues with normal residues, prohibited.

Chapter eight _ Decontamination, purification and destruction

Article 61 - The selection of the method of decontamination and disposal of special medical residue depends on various factors, including the type of residue, the efficiency of the disinfection method, environmental and health considerations, climatic conditions, population conditions, the amount of residue and the like.

Article 62 - Each producer of special medical residue must choose one or a combination of decontamination, purification and disposal methods and implement them after the approval of the Ministry.

Article 63 - The location of the system used in the case of centralized systems must approved by the organization in terms of technical and pollutant output.

Article 64 - Decontamination of infectious and sharp residue by major centers that produce special medical residue (such as hospitals) and in medium or large cities should be done at the

place of production in order to minimize the risks caused by transportation or related costs. In small cities, villages and small centers, residue can be stored safely in a central site.

Article 65 Other special medical residue production centers (including clinics, health centers, Laboratories, injection centers, radiology, dentistry, physiotherapies, clinics, and other medical residue production centers) can safely dispose of produced waste at a regional or central site or use the facilities of nearby hospitals.

Article 66 - Delivery of residue to unlicensed central treatment or disposal units prohibited.

Article 67 - Centralized non-hazardous waste units must receive permission from the Ministry and Organization.

Article 68 - According to Article (7) of the Management Law, after converting special medical waste into normal residue, its management mechanism is the same as normal residue.

Article 69 - Every method of converting special medical residue into normal should have the following characteristics:

A- The device must have the ability of microbial inactivation of bacterial spores (Microbial efficacy inactivation) to the extent of at least (6) logarithmic reduction in the base (10). (Log 610)

B- Toxic or dangerous side products should not produce during decontamination.

C- To eliminate the risk and possibility of transmission of disease and infection.

D- There should be documentation related to the process and checking the correctness of the device's operation.

E- The output of each method should be safe for humans and the environment, and it should be easily disposed of without any other process.

F- In terms of safety, it has suitable conditions and the safety of the system maintained in all stages of the work. G- Be economical.

H- To be acceptable by the society.

I- in terms of health and safety, to be safe for employees, customers, etc. in terms of health and safety, or it creates minimal risk.

J- Be in line with the country's international commitments.

K-All the methods used must approved by competent authorities in the form of waste management.

L- In epidemic and special times, the Ministry announces a new and temporary standard in accordance with the conditions and at least up to (6) logarithmic reduction based on (10) indicator bacteria.

M- The severed organs and limbs should be collected separately and transported to the local cemetery for disposal, as well as disposed of in their own way.

Note - The rules and criteria of the main methods of purification will be found in the appendix number (2) which was approved by the seal of "Appendix of the Board of Ministers".

Article 70- In cities it is prohibited to install any type of waste incinerator, whether centralized or decentralized.

Article 71- The establishment of any central purification or disposal system will be subject to environmental impact assessment studies.

Article 72- With the change of technology and the introduction of new technologies, the production units are obliged to check the efficiency of these technologies and if confirmed, they will be used instead of older methods.

Article 73- These regulations are considered as replacement regulations for any previous regulations in this regard, and if there are similar cases, these regulations are valid and enforceable.

Parviz Davodi - First Vice President

Title: Appendices of regulations and methods of executive management of medical residue and related residue.

Text: Attachment 1

Classification table of special medical residue:

Description of types of special medical residue:

1- Infectious waste:

Infectious wastes suspected of having living pathogenic agents (bacteria, viruses, parasites or fungi) in quantity and quality that can cause disease in sensitive hosts.

This category includes the following:

Cultivation of pathogenic agents and stored materials resulting from laboratory work, wastes resulting from surgical operations and autopsies of corpses with infectious diseases (such as tissues, materials and equipment that were in contact with blood or other blood fluids and secretions of the body).

Residues of infectious patients hospitalized in the isolation ward (1) (such as excrement, surgical or infectious wound dressings, clothes contaminated with human blood or other bodily fluids and secretions),

Residues from infectious patients hospitalized in the isolation ward (1) (such as excrement, surgical or infectious wound dressings, clothes contaminated with human blood or other body fluids and blood secretions), wastes that have been in contact with infectious patients and

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hemodialyzed (such as dialysis equipment, including Tubing and filters, disposable towels, gowns, aprons, gloves and laboratory clothes), contaminated laboratory animals.

SDG 16 Peace, Justice and Strong Institutions

Document on strengthening the healthcare network system of the Islamic Republic of Iran:

The advantage of drafting and communicating the strategic document to strengthen the healthcare network system is that:

A wide range of units and organizations interested in health can provide a medium-term and long-term political direction for the development of the basic health care system in the country.

The document for strengthening the network system has been prepared using scientific perspectives in the form of a strategic planning, therefore, all departments in charge of health and executive committees must plan in order to achieve the goals.

According to the studies carried out, the framework of the duties of the university written so that after the analysis of the stakeholders -whose list is given in the table below- a draft statement of duties, missions, values and prospects will be compiled.

In the table below, the stakeholders of the university are identified and their expectations are determined. By evaluating these expectations, it is clear that the duty of the university should be to meet these expectations. Since about 80% of health issues happen outside the university and the health system, and the results of the performance and decisions of organizations outside the health system focused on key stakeholders, but all stakeholders invited to meet expectations and express their opinions in person and by correspondence.

16.2 University governance measure

16.2.1 Elected representation Year: 2023

Student union council within the university:

Meeting of the President of Hamadan University of Medical Sciences with members of the Student Union Council

Source: <https://webda.umsha.ac.ir/webda-link/%D9%86%D8%B4%D8%B3%D8%AA-%D8%B5%D9%85%DB%8C%D9%85%DB%8C-%D8%B1%D8%A6%DB%8C%D8%B3-%D8%AF%D8%A7%D9%86%D8%B4%DA%AF%D8%A7%D9%87->

[%D8%B9%D9%84%D9%88%D9%85-%D9%BE%D8%B2%D8%B4%DA%A9%DB%8C-%D9%87%D9%85%D8%AF%D8%A7%D9%86-%D8%A8%D8%A7-%D8%A7%D8%B9%D8%B6%D8%A7%DB%8C-%D8%B4%D9%88%D8%B1%D8%A7%DB%8C-%D8%B5%D9%86%D9%81%DB%8C-%D8%AF%D8%A7%D9%86%D8%B4%D8%AC%D9%88%DB%8C%D8%A7%D9%86-](#)

Announcing the results of the elections of secretaries of the faculty and dormitory union councils

Source: <https://webda.umsha.ac.ir/ZQ2j>

16.2.2 Students' union Year: 2023

Types of student organizations and representatives active at Hamadan University of Medical Sciences:

1. Hamadan University of Medical Sciences Students' Union Council (supportive)
2. Basij, Quran and Eret Student Organization (cultural)
3. Islamic Students' Association (cultural-political)
4. Minority and Language Associations (Turkish Association) - cultural activities and language development
5. Medical Library and Information Science Association (Scientific and Information Society) - educational and newsletter publishing

16.2.3 Identify and engage with local stakeholders Year: in place by 2023

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Actions:

- ✓ Preparing and implementing the knowledge-based document on food and nutrition security approved by the Supreme Council of the Cultural Revolution in 2023 (10-year document)
- ✓ Implementing the School Milk Program (delivering free milk to elementary school students for 2 days a week in cooperation with the Ministry of Health and Education)

16.2.4 Participatory bodies for stakeholder engagement Year: 2023

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Hamedan University of Medical Sciences and Health Services Strategic Plan
2022/2025

Description of the issues raised from the point of view of the stakeholders

<i>Organization / Department</i>	<i>suggestions</i>
<i>Municipalities</i>	<p><i>Increasing the health and vitality of citizens by emphasizing the healthy city program</i></p> <p><i>-Adopting strategies to reduce environmental pollution</i></p> <p><i>_Cooperation in improving the conditions of the city's amenities, including public and sanitary facilities and food preparation and distribution - Cooperation in compiling and implementing the announced programs regarding Hamadan as the green city(verdant city) of the country</i></p>
<i>Insurance organizations</i>	<p><i>-Reducing the time cycle of sending patients' bills</i></p> <p><i>-Not performing unnecessary services for patients and reducing costs</i></p> <p><i>-Performing effective clinical services</i></p> <p><i>-Determining patients' assignments on time and reducing patients' stay - Carrying out daily hospitalization services for patients who need limited services</i></p> <p><i>-Strengthening the emergency medical staff</i></p> <p><i>-Timely visits of patients by faculty doctors</i></p> <p><i>-Effective supervision of faculty doctors on learners while providing services</i></p>
<i>blood transition</i>	<p><i>-Standardization of the cold chain of blood transfusion to hospitals</i></p> <p><i>-Training of doctors and personnel involved in blood transfusion</i></p>
<i>Management Council of Provincial Banks</i>	<p><i>-Increasing cooperation for screening and risk assessment of bank employees</i></p> <p><i>-Increasing cooperation to use electronic services and reducing in person services</i></p>
<i>Department of Economy and Finance</i>	<p><i>-Making the electronic prescription comprehensive for all citizens and committing doctors to it</i></p> <p><i>-Attracting the participation of insurance organizations in including the nutrition strategy in insurance services for the patient</i></p>
<i>General department of standard</i>	<p><i>-Preparation of the list of permissible limits of pollutants in foodstuff</i></p>
<i>Department of Natural Resources and Watershed Management</i>	<p><i>-Holding a joint conference to promote the use of medicinal herbs</i></p> <p><i>-Natural resource protection education</i></p>
<i>The Environment Protection Organization</i>	<p><i>-Increasing university monitoring of pharmaceutical and chemical waste</i></p> <p><i>-Cooperation in the implementation of the Kefaf plan at fuel stations</i></p> <p><i>-Sensitization to identify dust centers</i></p> <p><i>-Continuous health monitoring of target groups</i></p> <p><i>-Adding health attachment to environmental attachments in some processes</i></p>

<i>Water and Sewage Administration</i>	<i>-Increasing the number of projects related to water quality assessment and guarantee</i>
<i>General Administration of Mining Industry and Trade</i>	<i>-Accurate identification of investment opportunities in the field of health, especially medical equipment -Identification and cooperation with knowledge-based companies -Increasing the connection between the university and the industry</i>
<i>Ministry of Education</i>	<i>-Improving the distribution process of varnish, fissure and supplements for the target group of students -Performing periodical examinations and appropriate referrals and providing clinical services to students</i>
<i>Orphanage Institute</i>	<i>-Supporting the institution to provide specialized services and rehabilitation -Surveying patients regarding their needs</i>
<i>Governmental Discretionary Punishments Organization (GDPO)</i>	<i>- Increasing inspections related to health qualifications - Increasing the university's interaction with the Discretionary Punishments Council</i>
<i>Department of Prison Affairs</i>	<i>- Control and reduction of chronic diseases in prisoners - Reducing the costs of treating prisoners - Cooperation in providing prisons with specialized staff such as medical staff and counselors</i>
<i>Veterinary Office</i>	<i>-Reducing cases of common diseases between humans and animals - Accurate diagnosis</i>
<i>Suppliers and contractors</i>	<i>-Reducing the time cycle of signing the contract - Win-win and stable approach to signing contracts - Timely payment of financial claims - Flexibility in receiving guarantees - Evaluation and selection of suppliers based on clear and fair criteria - Establishing an incentive system regarding quality and early delivery of items and materials - Strict implementation of the provisions of the contracts</i>
<i>Agricultural Jihad Organization</i>	<i>- Food security and modification of nutrition pattern -Reducing food health hazards from farm to table -Strict implementation of the provisions of the contracts -Reducing environmental pollution</i>
<i>Office of registry</i>	<i>-Preparation and presentation of the map of the university properties for single sheet document</i>
<i>Science and Technology Park</i>	<i>-Increasing cooperation between the university and science and technology park -Holding entrepreneurship courses with the aim of improving the culture of skills and knowledge of innovative businesses in the field of health</i>

<i>Provincial radio and television and local press</i>	<ul style="list-style-type: none"> -Cooperation in increasing people's health literacy through the media -Cooperation in the production of health-oriented programs
<i>Police and traffic police</i>	<ul style="list-style-type: none"> -Cooperation in first aid training for officers and non-commissioned officers in urban and suburban areas -Cooperation in conducting research on traffic accidents -Cooperation in the training of drivers
<i>Provincial Government</i>	<ul style="list-style-type: none"> -Cooperation with beneficiaries organizations regarding waste management and environmental health -Holding joint committees to improve safety, personal protection and occupational health of hard jobs -Cooperation for the establishment of worker health houses in workshops -Cooperation to improve the health of workers and employers

16.2.5 University principles on corruption and bribery In place by 2023

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system focused on key stakeholders, but all stakeholders invited to meet expectations and express their opinions in person and by correspondence.

16.2.5 : University principles on corruption and bribery in 2023:

row	Corruption bottlenecks	Vulnerable factors and sources	Possible type of corruption	Corrective solutions
1	Subordinate centers fund unit	Failure to fully collect dedicated revenues and as a result affect the costs of the centers, especially personnel costs such as labor and overtime.	Failure to fully collect cash income	Continuous monitoring of the performance of cashiers- substitution of electronic receipt methods and reduction of cash
2	Discharge unit of hospital centers	Eliminating and not registering the services provided to patients in the invoices and as a result not collecting the share of the patients as well as the share of the insurance organizations are responsible for the private income.	Failure to receive the full and real service tariff	Full supervision of the clearance unit and re-examination of settled cases
3	Relief working unit of hospital centers	Providing social work discounts outside of the notified instructions and directly affecting the collection of the franchise of the services provided	Applying taste in providing social work discounts and reducing dedicated income	Examining the cases subject to social work discounts and complying with the notified instructions
4	Failure to pay expenses based on the	Financial information and reports	Shifting costs	Timely and always control of costs

	memorandum and accrual budget			
5	Stagnant and undetermined deposits	assets (cash)	Abuse of deposits	Assignment of deposits according to superior rules
6	Endorsed checks	assets (cash)	Abuse of checks	Not endorsing checks
7	Ambiguity in financial and trading regulations	University inventories and assets	Leaving the goods from the warehouse without the approval of the authorized authority,	Because in this regard, the financial and trading regulation is ambiguous and it has not specified the responsibility for the goods leaving the

			especially the goods with the warehouse and the purchase order point	warehouse, so the issue of amending the financial and trading regulation should be raised and decided in the commission of Article 105 of the same regulation.
8	Ambiguity in financial and trading regulations	Inventories and assets and financial resources and human resources	Lack of sufficient attention and commitment of contractual personnel to university assets, both cash and non-cash, as well as the impossibility of collecting damages caused by the accountant/property trustee and contract storekeeper to the university's assets and resources due to ambiguity in obtaining commitment. Absence of official or contractual employees in the desired jobs	Clearing the ambiguity of Article 53 of the Financial and Trading Regulations and determining the method of obtaining guarantees from contractual personnel in the accounting, property trustee, and warehouse jobs.

9	Not hiring expert staff based on the organizational position of contractor, property trustee, and warehouse keeper or moving to unrelated jobs	Assets and financial and human resources	The lack of sufficient motivation or the lack of expertise of the people employed in the positions of storekeepers, workers and property trustees leads to the lack of productivity and the loss	Allocation of employment capacities to the desired jobs and use of suitable employees with expertise in the positions charge
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			of resources and administrative corruption.	
10	Not paying attention to rules and regulations	assets	Superficial registration of the warehouse receipt for the purchase of goods without goods from the merchant, pricing and preparation of a superficial document at the same time by the person in charge of supplies, which causes the illegal detainer of government funds, as well as the subsequent unreal departure of goods by issuing a superficial remittance of goods by the warehouse keeper.	Timely monitoring and tracking of related units through warehouse and cost centers and correct execution of cost processes, including recognition, credit provision, commitment and cost
11	Not paying attention to the instructions in the field of movable property	assets	Not taking a list of property every 6 months will cause the university to be unaware of its missing property and result in damages.	Observance of property related laws by property trustees and control and adaptation of property used by employees with the new financial system by referring to property trustees at least annually.

12	Not paying attention to the rules and regulations in the warehouse registration of goods received as gifts	assets	The gifts received without a specific mechanism in the unit are collected by the storekeeper and sometimes they are not registered in related systems such as HIS and	The channel of receiving gifts should be managed as a unit through the management of partnerships with the design of a process that facilitates this and the warehouse keeper is obliged to register the warehouse of received goods.
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			the modern financial system, which does not allow the unit to control or use them.	
13	Non-observance of accounting instructions in recording expenses	Financial information and reports and assets (cash)	Not recording current expenses in a timely manner in the desired financial year causes the cost to be recognized in the form of annual adjustments, which sometimes may be misused by accountants and a fake financial document is prepared using the registration of annual adjustments and causes illegal use in government funds	Registration of expenses in the year of the expense or if annual adjustments are used, by providing documents and setting the minutes of the meeting with the approval of the executive and financial management unit of the university.

14	Lack of drug inventory control in outpatient pharmacies	Drug inventory	The stock of drugs in outpatient pharmacies is constantly changing, since the volume of drug stock in such pharmacies is significant, there is no delivery and change of the drug stock during the change of each shift, according to the above explanation, there is a possibility of corruption and lack of stock.	stocktaking at the time of charge of the warehouseman
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15	Accounting of subsidiaries	Displacement at the time of payment of contractors' financial claims	Not paying contractors' financial claims on time	Formation of committees in units to determine payment priorities
16	Accounting of subsidiaries	Change in the percentage of employees' financial claims	Not reducing taxes according to the law	Simultaneous determination of the average tax percentage of human resources manager and financial affairs management
17	Accounting of subsidiaries	Changes in the submitted social security insurance file	Payment of insurance premiums of some employees for other employees	Getting confirmation from insurance for all people The impossibility of the change to the output and sent files
18	Receiving cash from clients face to face	Inadequate monitoring by the financial officer and insufficient review of documentation, human and financial manager	Receiving money outside the system leads to financial corruption in personnel, use of government facilities for personal benefit	Visiting the patient in case of having a systematic bill, controlling the discharge sheet, deposit and discharge in a systematic way, continuous control of the unit by

				financial affairs on a daily and monthly basis and presenting reports, monitoring through HIS software and reporting it, installing POS devices and Receive fees electronically
19	Giving bribes when holding inquiries and tenders and winning a person and asking specific people, not monitoring the implementation of the provisions of contracts and not concluding contracts according to	Human and financial factors	Not having a contract, not involving skilled experts to determine the rental amount of the assigned units and their real price, reducing the cost of the contract	Obtaining the deposit statement from the bank on a monthly basis, informing legally - registering the details of the registrants in the office of the secretariat - receiving the good performance from the last place of contract - having a legal contractor license, forming a review committee for conducting inquiries and tenders, and meeting minutes

	the financial regulations			
20	Taking bribes from contractors to facilitate payments	Inadequate control and supervision of human and financial factors	Reducing the contract price and financial corruption, preferring relationships over duties	Continuous monitoring by the financial manager and representative or relevant expert

21	Not protecting the property, moving the property without coordination and obtaining a permit, not issuing an exit letter for the property in need of repair	Human and economic factors	Extravagance and profligacy, Theft of property	Continuous monitoring by the property, finance, general affairs unit, presenting a receipt to the relevant unit when leaving the property for repair and redelivering and issuing an exit slip with the information and coordination of the property unit and the signature of the manager of processing and administrative affairs and after repair, the delivery receipt of the unit be obtained, continuous follow-up and monitoring by security guards, protection and reporting, installation and implementation of My software and carrying out the mentioned process electronically, installation of closed-circuit cameras in order to increase the security factor
22	Receiving gifts or money for performing some services in the hospital by nontechnical personnel, including when transferring patients...	Human and economic factors	Financial corruption in personnel and patient dissatisfaction	Obtaining reports and placing the communication box with the inspection and suggestions and complaints box, Continuous control and supervision of training personnel and justification of personnel for not receiving money from the patient

23	The possibility of misuse of invoices			Getting price inquiries from at least 3 reputable stores and more
24	Falsification of invoices in cost documents			Supervision of relevant invoices by finance and general affairs
25	The possibility of misuse and non-entry of goods and consumables into the warehouse			Controlling the capital delivered to the employer and reporting the lack of debt to individuals, etc. to the financial and public affairs unit

26	Not receiving invoice money Simultaneously when performing service or purchase	Human and financial factors	economic corruption	Drawing a government check by financial affairs in the seller's account and confirming and stamping the seller on the invoice
27	Using personal accounts to pay debts to natural persons seeking work and depositing government checks in personal accounts			Issuance of checks payable to sellers and contractors
28	Keep cash	Human and financial factors	Economic and financial corruption, keeping in personal account, misuse of personal and financial affairs	Depositing the total amount to the income account daily and not receiving cash and using electronic devices (payment by bank card)
29	Lack of full awareness of the personnel regarding the examples of extortion or bribery, the relevant laws and regulations		financial corruption	Notifying the discharge, cashier and admission personnel periodically

30	Recommendation of colleagues for acquaintances and friends	Human Factors		Holding training courses for all employees
31	For clinic appointments, providing hospital services and social work and...		causing customer dissatisfaction	Using telephone and internet scheduling methods(Automated appointment system)and establishing internal rules

32	Sampling of food suspected of corruption and confiscation of its species, sampling of customs shipments and destruction of the confiscated goods.	Employing inappropriate, inexperienced people, unreasonable salary levels, lack of transparency in duties, authority and how to do work	bribe	Carrying out inspections by 2 people, destruction with the presence of the property representative, destruction with the presence of the prosecutor's representative
33	Proposal to close the place of business and workshop and breaking seal	Employing inappropriate, inexperienced people, unreasonable salary levels	bribe	Conducting inspections by 2 people, performing sealing and breaking seal with the presence of a representative of the judicial system
34	Monitoring the performance of private companies that provide occupational health services, guild schools	Employing inappropriate people, lack of experience, unreasonable salary levels, lack of transparency in duties, authority and how to do things	Recommendation, nepotism	Announcing the names of authorized occupational health service providers on the health network portal
35	Credits for plans and projects	Not allocating credits for plans and projects on time		Timely allocation of credits for plans and projects

36			Bribery & extortion	Conducting continuous, effective monitoring of executive and construction plans and projects
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37	Purchases and provision	Not allocating proper capital to purchasing managers	Bribery & extortion	The amount of capital should be increased according to the needs of provisions officials to avoid buying from special stores, monitoring and imperceptible control of purchasing agents' purchases by the security unit, control of documents.
38	Contracts, auctions and tenders for construction projects	Leaving Formalities	Bribery & extortion	Conducting continuous, effective monitoring of executive and construction plans and projects, periodically evaluating the performance of contractors at different levels to be considered in decisions regarding the selection of contractors, document management
39	Admission of patients to health centers, rural health centers, specialized clinics and laboratories	Lack of a mechanized system for accepting, employing unsuitable people	embezzlement	Establishing a mechanized system for acceptance, employing reliable and committed people, periodic performance review, subtle control, documentation control
40	Sick leaves, unreal arrivals and departures, unreal missions	Lack of job satisfaction, lack of proper monitoring systems	Disruption in providing services to clients	Installation of the attendance system, installation of the working hours of the centers, notification of regulations and instructions related to attendance control, training of administrative rules and regulations to newly arrived personnel, visits and observations on the activities of health care centers,

				appointing a trusted doctor for Approval of sick leave forms
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41	All wards of the hospital	Hospital property	Abuse in the illegal removal of hospital property that has a hospital property number	Justification of the guard for careful monitoring in connection with the property entering and leaving the hospital and reporting it to the management and security of the hospital
42				All property should be taken out of the hospital with the approval of the hospital security and the approval of the inspector of the security unit of the university
43	Laws and regulations and administrative regulations, circulars and executive instructions	Ambiguity, contradiction, conflict or violation of laws and regulations	Violation of the rules	Holding briefing sessions regarding circulars, regulations and, in case of any ambiguity inquiries from the Ministry of Health
44	Application of educational qualifications	Application of educational qualifications contrary to the conditions of certification	Violation of the rules	Creation of the committee for the application of educational qualifications
45	Promotion of job class	Granting or not granting job classes of employees outside the administrative rules and regulations	Violation of the rules	Creating a committee, designing a system or database software for employee occupational classes
46	Job promotion	Granting or not granting job classes of employees outside the administrative rules and regulations	Violation of the rules	Creating a committee, system or database software for employee job rating

47	Dealing with statuses sent by contractors	It is time-consuming to deal with status	Disruption of service delivery	After approval by the supervisor, all status reports must be approved by
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48		Exceeding the size of the operation	financial corruption	the contract manager and also the management of the technical office, delegation of authority to the vicepresidents in the volume of medium transactions.
				No credit will be paid without the allocation of budget management or the direct order of the Honorable Vice President of Development
50	Issuing check	Wrong entry of the amount at the stage of issuing or forgery of checks by individuals and changing the amount of the check	financial corruption	All checks are issued systematically and printed and issued by a printer
51				All checks are issued to the account number of individuals and are presented to the bank by the receiving and payment officer and deposited into the account of individuals, and no checks are delivered to individuals.
52	Receiving and paying the bank accounts of the university and its subsidiaries	The mistake of the bank operator in recording the numbers of checks or deposits, as well as the withdrawal of unrelated checks from university accounts, or any misuse by other persons.		Requiring all units to prepare a bank statement and control the deposits and withdrawals made in current accounts and non-withdrawal accounts and send the prepared statement to the financial management of the headquarters on a monthly basis.
53		Receiving additional amounts from clients		Preparing and placing pc pos devices in all centers and minimizing cash receipts
54		Not receiving tariffs from some people		Locking software systems and not being able to revoke or delete registered versions

55	Receipts of the cashiers of the centers	Not registering the receipts in the system or deleting them and withdrawing the received money	financial corruption	Controlling the work of cashiers with the deposits made and recording the deposit slips and accounting records of the funds in the new financial system.
56	Financial statements and receipts and	Violation of laws and regulations in issuing documents	Violation of the rules	Referral of the experts of the investigation department to the mentioned units and control of financial documents
57	payments of subordinate units	Lack of correct and real registration of documents in the offices		Referral of the financial management monitoring team to the unit and control and review all documents, processes and financial books
58		Not complying with accounting standards and other matters		Control of books and financial documents of the unit by auditors selected by the board of trustees
59	Legal obligation of employees	Falsification of legal obligations or manipulation of issued obligations	Violation of the rules	Legal obligations are issued through automation and in a systematic way and by inserting numbers in numerical and letter form
60	Release of deposits and guarantees	Releasing deposits whose projects have not been completed, or are not satisfied with the system due to defects, or have problems in terms of deductions and insurance.	Violation of the rules	The release of deposits depends on the written consent of the beneficiary unit and the existence the certificate of the settlement of accounts of the social security and the order of the superior authority.

61	Visiting and inspecting workshops and factories, food preparation and distribution centers, pharmacies, medical	Employing inappropriate, inexperienced people, the plan of some supervisors, the illogicality of the salary level, the lack of familiarity of the client and the units under	Bribery & extortion	Making it possible for clients to have easy access to directives and instructions on the health network portal, changing the classification and inspection areas of inspectors, conducting inspections in a multi-
	centers (professional health inspection, environment, monitoring of treatment and food and medicine...)	inspection with the rights and directives and instructions, the lack of transparency of duties, authority and how to do the work, not assigning a vehicle. For inspection		purpose and joint manner, assigning a suitable vehicle, checking and confirming the qualifications of people at the beginning of work. by the security unit, imperceptible control by the hypothetical patient, providing the survey form to the people under inspection

16.3 Working with government

16.3.1 Provide expert advice to government. Year: 2023

The establishment of governance think tank with the membership of the representative of the University of Medical Sciences in the ten-person scientific council

- ✓ *Education, Health, Food and Drug Deputy (membership information of managers in specialized provincial or city working groups such as working groups on suicide, AIDS, animal bites, etc., membership information of academic staff members in national centers and provincial assemblies, etc.)*
- ✓ *Preparing and implementing the knowledge-based document on food and nutrition security approved by the Supreme Council of the Cultural Revolution in 1402 (10-year document)*
- ✓ *Implementation of school milk program (delivery of free milk to elementary students for 2 days a week in cooperation with the Ministry of Health and Education)*

16.3.3 16.3.3 Participation in government research Year: 2023 Undertake policy-focused research in collaboration with government departments

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17.2.1 Relationships with regional NGOs and government for SDG policy Year: 2023

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17.2.5 Collaboration with NGOs for SDGs Year: 2023 Collaborate with NGOs to tackle the SDGs through: student volunteering programmes, research programmes, or development of educational resources

تفاهم نامه اجرای طرحهای پژوهشی مشترک

این تفاهم نامه در تاریخ ۱۴۰۱/۰۲/۲۴ بین آقای مهندس فرهاد بختیاری فر به نمایندگی از طرف شرکت آب و فاضلاب استان همدان (به عنوان طرف اول) و آقای دکتر رضا شکوهی به نمایندگی از طرف دانشگاه علوم پزشکی و خدمات بهداشتی درمانی همدان (طرف دوم تفاهم نامه) جهت اجرای طرح مشترک با عنوان "پروسی تغییرات باکتری فیلامنتوس میکروتریکس پارویسلا و شاخص SVI در یک فرآیند بیولوژیکی تغذیه ایی مرحله ایی حذف نیتروژن (SFBNR) بین سالیهای ۱۴۰۱-۱۳۹۵ (مطالعه موردی: تصفیه خانه فاضلاب شهری همدان) منعقد گردید.

بند ۱- مدت اجراء عملیات و اقدامات موضوع این تفاهم نامه از تاریخ ۱۴۰۱/۰۲/۲۴ لغایت ۱۴۰۲/۰۲/۲۴ به مدت ۱۲ ماه خواهد بود که تمدید آن با موافقت طرفین بلامانع است.

بند ۲- مجری اصلی طرح: آقای دکتر قاسم آذریان
مقیم همدان، خیابان شهید فهمیده - دانشگاه علوم پزشکی همدان - معاونت تحقیقات و فناوری می باشد.

بند ۳- محل اجرای طرح دانشگاه علوم پزشکی و خدمات بهداشتی درمانی همدان و تصفیه خانه فاضلاب شهر همدان می باشد.

بند ۴- اعتبار کل طرح ۴۰۳۵۰۰۰۰ ریال می باشد که توسط طرف دوم تفاهم نامه، معاونت تحقیقات و فناوری دانشگاه علوم پزشکی همدان به مجری اصلی طرح پرداخت می گردد.

بند ۵- تعهدات طرف اول تفاهم نامه به شرح زیر است:
شرکت آب و فاضلاب موظف است اطلاعات درخواستی طبق پروپوزال پیوست را در اختیار مجری اصلی طرح قرار دهد.

بند ۶- تعهدات طرف دوم تفاهم نامه به شرح زیر است:

۶-۱- تعهدات دانشگاه علوم پزشکی همدان

بر اساس پروپوزال مصوب مورخ ۱۴۰۰/۱۲/۰۴ کمیته تحقیقات شرکت آب و فاضلاب استان همدان و موافقت نامه شماره ۱۶/۳۵/۹۷۱ پ مورخ ۱۴۰۱/۰۲/۲۴ مصوب دانشگاه علوم پزشکی همدان

بند ۷- مسئولیت اصلی نظارت بر اجرای طرح بر عهده نماینده معاونت تحقیقات و فناوری دانشگاه علوم پزشکی همدان است و هرگونه پرداخت بر اساس مفاد قرارداد ذکر شده در بند ۴ است.

بند ۸- نحوه توزیع مالکیت معنوی و مادی نتایج طرح از قرارداد ۲۰ درصد متعلق به طرف اول قرارداد و ۸۰ درصد متعلق به طرف دوم تفاهم نامه، مورد توافق قرار گرفت.

تاریخ: ۱۴۰۱/۰۶/۲۴
شماره: ۱۶/۳۵/۵۰۹۶ پ
ندارد
پست:

بسم تعالی

دانشگاه علوم پزشکی
و خدمات بهداشتی درمانی استان همدان
معاونت تحقیقات و فناوری

تفاهم نامه اجرای طرحهای پژوهشی مشترک

این تفاهم نامه در تاریخ ۱۴۰۱/۰۵/۲۵ بین آقای دکتر علیرضا بهرامیان به نمایندگی از طرف دانشگاه صنعتی همدان (به عنوان طرف اول) و آقای دکتر رضا شکوهی به نمایندگی از طرف دانشگاه علوم پزشکی و خدمات بهداشتی درمانی همدان (طرف دوم تفاهم نامه) جهت اجرای طرح مشترک با عنوان "پروسی مدل اعلای SEIR جهت تخمین انتشار کووید ۱۹ و اثر بخشی واکسیناسیون بر آن با استفاده از مشتق کاپاتو از مرتبه کسری" منعقد گردید.
بند ۱- مدت اجراء عملیات و اقدامات موضوع این تفاهم نامه از تاریخ ۱۴۰۱/۰۵/۲۵ لغایت ۱۴۰۲/۱۱/۲۵ به مدت ۱۸ ماه خواهد بود که تمدید آن با موافقت طرفین بلامانع است.

بند ۲- مجری اصلی طرح: خانم دکتر رؤیا رئیسی
مقیم همدان، خیابان شهید فهمیده - دانشگاه علوم پزشکی همدان - دانشکده پزشکی می باشد.

بند ۳- محل اجرای طرح دانشگاه علوم پزشکی و خدمات بهداشتی درمانی همدان و دانشگاه صنعتی همدان می باشد.
بند ۴- اعتبار کل طرح ۴۹۵۰۰۰۰۰ ریال می باشد که توسط طرف دوم تفاهم نامه، معاونت تحقیقات و فناوری دانشگاه علوم پزشکی همدان به مجری اصلی طرح پرداخت می گردد.

بند ۵- تعهدات طرف اول تفاهم نامه به شرح زیر است:

انالیز دیتا و تجزیه و تحلیل نتایج بر اساس نمودارهای Haar wavelet

بند ۶- تعهدات طرف دوم تفاهم نامه به شرح زیر است:

۶-۱- تعهدات دانشگاه علوم پزشکی همدان

بر اساس قرارداد شماره ۱۶/۳۵/۴۰۶۰ پ مورخ ۱۴۰۱/۰۶/۰۱

بند ۷- مسئولیت اصلی نظارت بر اجرای طرح بر عهده نماینده معاونت تحقیقات و فناوری دانشگاه علوم پزشکی همدان است و هرگونه پرداخت بر اساس مفاد قرارداد ذکر شده در بند ۶ است.

بند ۸- نحوه توزیع مالکیت معنوی و مادی نتایج طرح از قرارداد ۵۰ درصد متعلق به طرف اول قرارداد و ۵۰ درصد متعلق به طرف دوم تفاهم نامه، مورد توافق قرار گرفت.

بند ۹- انتقال، انتشار و یا ثبت قانونی نتایج حاصل از اجراء طرح موضوع تفاهم نامه با رضایت کتبی طرفین مجاز است.

بند ۱۰- طرفین تفاهم نامه مجاز نیستند که بدون اخذ مجوز کتبی از هر یک از طرفین، حقوق و تعهدات ناشی از تفاهم نامه را به شخص ثالثی واگذار کنند.

بند ۱۱- مرجع حل اختلاف

ادرس: همدان- خیابان شهید فهمیده، دانشگاه علوم پزشکی و خدمات بهداشتی درمانی همدان. معاونت تحقیقات و فناوری

کد پستی: ۶۵۱۷۸۳۸۶۷۸ تلفن: ۳۸۳۸۰۷۱۷ نمابر: ۳۸۳۸۰۱۳۰

تاریخ: ۱۴۰۱/۰۴/۱۴
شماره: ۱۶/۳۵/۲۴۹۴ پ
ندارد
پوست:



بسمه تعالی

دانشگاه علوم پزشکی
و خدمات بهداشتی درمانی استان همدان
معاونت تحقیقات و فناوری

تفاهم نامه همکاری های پژوهشی

این تفاهم نامه در راستای استفاده بهینه از امکانات پژوهشی مجموعه های علمی فی مابین معاونت تحقیقات و فناوری دانشگاه علوم پزشکی همدان به نمایندگی آقای دکتر رضا شکوهی با سمت معاون تحقیقات و فناوری شناسه ملی ۰۰۱۴۰۰۲۶۰۳۸۱۸ و کد اقتصادی ۴۱۱۳۷۶۷۱۶۳۹۱ به آدرس همدان خیابان شهید فهمیده، دانشگاه علوم پزشکی همدان، معاونت تحقیقات و فناوری، تلفن ۳۱۳۱۴۰۵۸ که اختصاراً معاونت تحقیقات (طرف اول) نامیده می شود از یک سو و موسسه آموزش عالی عمران و توسعه به شماره ثبت ۱۲۳ مورخ ۱۳۷۸/۶/۲۵ به نمایندگی آقای دکتر وحیدرضا اوحدی با سمت رئیس موسسه آموزش عالی عمران و توسعه به شناسه ملی ۱۰۸۲۰۰۷۲۲۷ و کد اقتصادی ۴۱۱۱۸۱۶۹۷۹۷۱ اقامتگاه میدان جهاد، چهارراه عارف، موسسه آموزش عالی عمران و توسعه تلفن، ۳۸۲۳۲۰۹۲ که اختصاراً موسسه (طرف دوم) نامیده می شود از سوی دیگر با شرایط ذیل منعقد و کلیه مفاد آن برای طرفین لازم الاجرا می باشد.

۱- هدف تفاهم نامه:

مشارکت و بهره گیری متقابل از ظرفیت های علمی، پژوهشی، و تجهیزات در دو دانشگاه و حمایت های طرفین تفاهم نامه به منظور ارتقای سطح همکاری های مشترک علمی پژوهشی و کاربردی کردن تحقیقات با استفاده از انعقاد طرح های تحقیقاتی مشترک

۲- مدت این تفاهم نامه از تاریخ ۱۴۰۱/۰۴/۱۰ لغایت ۱۴۰۲/۰۴/۰۹ به مدت یک سال شمسی می باشد

تبصره: در صورت رضایت طرفین تفاهم نامه به مدت یک دوره قابل تمدید می باشد.

۳- زمینه های همکاری

۳-۱- تعریف پروژه های پژوهشی مشترک و اجرایی نمودن آنها پس از تصویب نهایی و تامین اعتبار مالی

- انتشار مقالات علمی حاصل از پژوهش های مشترک مصوب با رعایت حقوق مالکیت فکری طرفین مطابق با قراردادهای اجرایی

- حمایت طرفین از اجرای پروژه های تحقیقاتی و پایان نامه های تحقیقاتی تکمیلی دانشجویان در حد مقدمات طرفین

- ایجاد امکان استفاده متقابل از آزمایشگاه ها و مراکز تحقیقاتی

۳-۲ - مشاوره

- مشاوره در امور تحقیق و توسعه

آدرس: همدان- خیابان شهید فهمیده، رو به روی بیمارستان بوعلی، ستاد مرکزی دانشگاه علوم پزشکی و خدمات بهداشتی درمانی

همدان. طبقه چهارم معاونت تحقیقات و فناوری

تلفن: ۰۸۱۳۱۳۱۴۰۵۸

کد پستی: ۶۵۱۷۸۳۸۶۷۸

مجری	عنوان	تاریخ تصویب	هزینه	همکاران
دکتر محمد خزائی	ایجاد مکانیسم هماهنگی ملی و انتشار نقشه راه مبتنی بر هزینه با اهداف در جمهوری اسلامی ایران	11/11/1401	توسط who	علیرضا رحمانی و ...
دکتر محمد خزائی	تحلیل وضعیت و ارزیابی آب، بهسازی، مدیریت پسماند بهداشتی و نظافت محیطی (در مراکز مراقبت WASH) (HCF های بهداشتی درمانی) در ایران	21/10/1400	توسط who	سونیا چاوشی و ...

The Ministry of Health assigned 7 national projects to Hamadan University of Medical Sciences in 2023.

SDG 17 Partnerships for the Goals

17.2 Relationships to support the goals

17.2.2: Cross sectoral dialogue about SDGs Year: 2023

Initiate and participate in cross-sectoral dialogue about the SDGs, e.g. conferences involving government or NGOs :

شماره: ۱۳۰۱/ص/۷۹۲
تاریخ: ۱۳۰۱/۰۷/۱۰
پست: ندارد

بسته‌بندی



جناب آقای دکتر فرش فریانی چاقمارانی
معاون محترم پژوهش و فناوری دانشگاه بوعلی سینا
جناب آقای دکتر رضا شکوهی
معاون محترم تحقیقات و فناوری دانشگاه علوم پزشکی و خدمات بهداشتی درمانی استان همدان
جناب آقای احمد شانیان
مدیر کل محترم صنعت، معدن و تجارت استان همدان
جناب آقای دکتر ابراهیم احمدی
عضو محترم هیات علمی دانشگاه بوعلی سینا
جناب آقای دکتر ظفری
عضو محترم هیات علمی دانشگاه بوعلی سینا
جناب آقای مهندس علی خلیج
رئیس محترم هیات مدیره شرکت زیست ایده آل گستر

موضوع: دعوت نامه جلسه شورای علم و فناوری پارک

با سلام و احترام،

بدینوسیله از جنابعالی دعوت به عمل می‌آید. در جلسه شورای علم و فناوری پارک همدان که در روز شنبه مورخ ۱۳۰۱/۰۷/۱۶، از ساعت ۱۱ لغایت ۱۲:۴۵، در محل سالن جلسات پارک علم و فناوری همدان برگزار می‌گردد، حضور بهم رسانید.

موضوع جلسه:

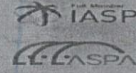
- بررسی درخواست ۴ شرکت متقاضی پذیرش در مرحله موسسات پارکی به شرح جدول ذیل:

ردیف	نام شرکت	عنوان طرح
۱	راز شیمی بهاران گستر (رایش)	مابع دستشویی مشترک
۲	قلعه سازان رزن	لوله‌های توربو شارژر خوشرو سواری شنا و دمپر یژو پارس
۳	سنجش نیرو	تابلو برق بومی سازی شده، کولر آبی هوشمند و گذر آب هوشمند
۴	گسترش پیمان صنعت براز	خدمات مشاوره تولید، کیفیت و ارتقا بهره‌وری خدمات طراحی کامپیوتری و نمونه سازی اولیه طرح‌ها

دکتر حمید زارع ایبانه
معاون فناوری و نوآوری
پارک علم و فناوری همدان

همدان- بلوار سردار شهید همدانی -
بررسی به میدان فرودگاه -
پارک علم و فناوری همدان
کد پستی: ۶۵۱۳۹-۳ - ۳۵۱۳
تلفن: ۰۸۱ - ۳۲۵۶۹۲۰۶
شماره: ۰۸۱ - ۳۲۵۶۹۲۰۶

Address:
Hamadan, Sardar Shohad
Hossein Hamadani boulevard,
before the airport square, Tech
and Science Park of Hamadan
Hamadan-I.R, Iran
Zip code : 65139-3 - 9611
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Email : info@hstp.ir



شماره: ۹۸۲/ص/۱۴۰۱
تاریخ: ۱۴۰۱/۰۸/۲۱
پست: ندارد

برستان

دانشگاه شهید بهشتی



پارک علم و فناوری همدان

جناب آقای دکتر آرش قربانی چقماقاری
معاون محترم پژوهش و فناوری دانشگاه بوعلی سینا
جناب آقای دکتر رضا شکوهی
معاون محترم تحقیقات و فناوری دانشگاه علوم پزشکی و خدمات بهداشتی درمانی استان همدان
جناب آقای احمد شایان
مدیرکل محترم صنعت، معدن و تجارت استان همدان
جناب آقای دکتر ابراهیم احمدی
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عضو محترم هیات علمی دانشگاه بوعلی سینا
جناب آقای مهندس علی خلیج
رئیس محترم هیات مدیره شرکت زیست ایده آل گستر

موضوع: دعوت نامه پنجمین جلسه شورای علم و فناوری پارک

با سلام و احترام،

بدینوسیله از جنابعالی دعوت به عمل می‌آید، در پنجمین جلسه شورای علم و فناوری پارک همدان در سال ۱۴۰۱، که در روز شنبه مورخ ۱۴۰۱/۰۸/۲۸، از ساعت ۱۱ لغایت ۱۲:۴۵، در محل سالن جلسات پارک علم و فناوری همدان برگزار می‌گردد، حضور بهم رسانید.

موضوع جلسه:

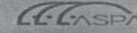
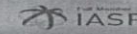
بررسی درخواست ۴ شرکت متقاضی پذیرش در مرحله موسسات پارکی به شرح جدول ذیل:

ردیف	نام شرکت	موضوع طرح
۱	شریکه لمن راهبرد	شریکه و امنیت شبکه
۲	آلود مکنی	انواع آبپاش زمین کشاورزی
۳	سینا متانت	نرم افزار تحت وب مدیریت تدارکات، سفارشات، موجودی و گنبار
۴	نام سرمایه گ پیمان	سازمانه بازرسی لوله بیده موکاره

دکتر حمید زارع آبیانه
معاون فناوری و نوآوری
پارک علم و فناوری همدان

همدان- باور سردار شهید همدانی -
برسیده به میدان فرودگاه -
پارک علم و فناوری همدان
کد پستی: ۶۵۱۳۹-۳ - ۹۶۱۱
تلفن: ۰۸۱ - ۳۲۵۶۹۳۰۶
شماره: ۰۸۱ - ۳۲۵۶۹۳۰۹

Address:
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شماره: ۹۸۲/ص/۱۱۰۷
تاریخ: ۱۴۰۱/۰۹/۱۵
پست: ندارد

برستان

دانشگاه شهید بهشتی



پارک علم و فناوری همدان

جناب آقای دکتر آرش قربانی چقماقاری
معاون محترم پژوهش و فناوری دانشگاه بوعلی سینا
جناب آقای دکتر رضا شکوهی
معاون محترم تحقیقات و فناوری دانشگاه علوم پزشکی و خدمات بهداشتی درمانی استان همدان
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عضو محترم هیات علمی دانشگاه بوعلی سینا
جناب آقای مهندس علی خلیج
رئیس محترم هیات مدیره شرکت زیست ایده آل گستر

موضوع: دعوت نامه ششمین جلسه شورای علم و فناوری پارک

با سلام و احترام،

بدینوسیله از جنابعالی دعوت به عمل می‌آید، در جلسه شورای علم و فناوری پارک همدان که در روز شنبه مورخ ۱۴۰۱/۰۹/۱۹، از ساعت ۱۱ لغایت ۱۲:۴۵، در محل سالن جلسات پارک برگزار می‌گردد، حضور بهم رسانید.

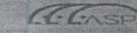
موضوع جلسه:

بررسی درخواست شرکت "افزاسازان نمای سوم" متقاضی پذیرش در مرحله موسسات پارکی با محصول "ساخت و خدمات پرینتر سه بعدی"
بررسی موضوع راه اندازی پردیس علم و فناوری مشترک دانشگاه بوعلی سینا و پارک علم و فناوری

دکتر حمید زارع آبیانه
معاون فناوری و نوآوری
پارک علم و فناوری همدان

همدان- باور سردار شهید همدانی -
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شماره سند: ۱۹۶۳۳۶
تاریخ سند: ۱۴۰۳/۰۷/۲۴
نوع سند: نامه

سازمان مدیریت و برنامه ریزی استان همدان

بررسی

- معاون محترم توسعه مدیریت و منابع استانداری همدان
- معاون محترم پژوهشی دانشگاه بوعلی سینا همدان
- معاون محترم تحقیقات و فناوری دانشگاه علوم پزشکی همدان
- معاون محترم پژوهشی دانشگاه صنعتی همدان
- معاون محترم پژوهشی دانشگاه آزاد اسلامی همدان
- معاون محترم پژوهشی دانشگاه پیام نور همدان
- معاون محترم پژوهشی جهاد دانشگاهی استان همدان
- معاون محترم پژوهشی دانشگاه فنی و حرفه ای همدان
- رئیس محترم پارک علم و فناوری استان همدان
- رئیس محترم مرکز تخصصیات کشاورزی و منابع طبیعی استان همدان
- رئیس محترم بنیاد نخبگان استان همدان

موضوع: دعوت نامه اولین جلسه کمیته پژوهش

مهم گنجد

احتراما به استحضار می‌رساند اولین جلسه کمیته پژوهش ذیل کارگروه آموزش - پژوهش فناوری و نوآوری استان با موضوع « بررسی و داوری نیازهای پژوهشی دریافتی از دستگاه های اجرایی استان ۱۴۰۱ » از ساعت ۹ تا ۱۱:۳۰ شنبه ۱۴۰۳/۰۷/۰۱ با حضور کارشناسان پژوهشی دستگاه های اجرایی ذیربط در مرکز آموزش و پژوهش های توسعه و آینده نگری استان برگزار می‌گردد. از استرو خواهشمند است دستور فرمایند تا نماینده محترم مربوطه، رأس ساعت مقرر با رعایت موازین بهداشتی کرونا در جلسه مذکور شرکت فرمایند. به پیوست فهرست نیازهای پژوهشی دریافت شده توسط دبیرخانه کمیته به منظور آمادگی جهت اظهار نظر و داوری ارسال می‌گردد.

معاون محترم توسعه مدیریت و منابع استانداری همدان
مدیر مرکز آموزش و پژوهش های توسعه و آینده نگری استان همدان

رونوشت: جناب آقای آقایان سرپرست محترم سازمان مدیریت و برنامه ریزی و دبیر کارگروه آموزش، پژوهش، فناوری و نوآوری استان جهت استحضار

شماره سند: ۵۸۲۱۲۶
تاریخ سند: ۱۴۰۳/۰۷/۲۴
نوع سند: نامه



جناب آقای دکتر آرش قربانی چقاعارانی
 معاون محترم پژوهش و فناوری دانشگاه بوعلی سینا
 جناب آقای دکتر رضا شکوهی
 معاون محترم تحقیقات و فناوری دانشگاه علوم پزشکی و خدمات بهداشتی درمانی استان همدان
 جناب آقای احمد شانیان
 مدیرکل محترم صنعت، معدن و تجارت استان همدان
 جناب آقای دکتر ابراهیم احمدی
 عضو محترم هیات علمی دانشگاه بوعلی سینا
 جناب آقای دکتر ظفری
 عضو محترم هیات علمی دانشگاه بوعلی سینا
 جناب آقای مهندس علی خلیج
 رئیس محترم هیات مدیره شرکت زیست ایده آل کستر

موضوع: دعوت نامه هشتمین جلسه شورای علم و فناوری پارک

با سلام و احترام،

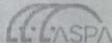
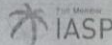
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موضوع جلسه:

- بررسی درخواست ۴ شرکت متقاضی پذیرش در مرحله موسسات پارکی به شرح جدول ذیل:

ردیف	نام شرکت	عنوان طرح
۱	بهینه پند	کشت بافت، تولید و فرآوری گیاهان دارویی و بطور اصلاح شده
۲	رایان ماشین افراز همگنان	ماشین فرز سی‌ان‌سی
۳	بسیار زمین گستر خاوران	نانو عایق رطوبتی
۴	مجله الکترونیکی خروشان	رسانه با محوریت فعالیت اقتصادی-اجتماعی

Address:
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 Hossein Hamedani boulevard
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 and Science Park of Hamedan
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با آرزوی موفقیت
 مجید کبیری
 رئیس پارک علم و فناوری همدان

شماره ۱۴۰۱/ص/۷۶۲

تاریخ ۱۴۰۱/۰۲/۰۴

پیوست ندارد

بسته‌های

وزارت علوم، تحقیقات و فناوری



پارک علم و فناوری همدان

جناب آقای دکتر آرش قربانی چقمارانی
معاون محترم پژوهش و فناوری دانشگاه بوعلی سینا
جناب آقای دکتر رضا شکوهی
معاون محترم تحقیقات و فناوری دانشگاه علوم پزشکی و خدمات بهداشتی درمانی استان

همدان

جناب آقای احمد شانیان
مدیرکل محترم صنعت، معدن و تجارت استان همدان
جناب آقای دکتر ابراهیم احمدی
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جناب آقای دکتر ظفری
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جناب آقای مهندس علی خلج
رئیس محترم هیات مدیره شرکت زیست ایده آل گستر

موضوع: دعوت نامه جلسه شورای علم و فناوری پارک

با سلام و احترام.

پدینوسیه از جنابمالی دعوت به عمل می‌آید، در جلسه شورای علم و فناوری پارک همدان که در روز شنبه مورخ ۱۴۰۱/۰۷/۰۹، از ساعت ۱۱ لغایت ۱۳، در محل سالن جلسات پارک علم و فناوری همدان برگزار می‌گردد. حضور بهم رسانید.

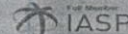
موضوع جلسه:

- بررسی درخواست ۵ شرکت متقاضی پذیرش در مرحله موسسات پارکی با حضور مدیران شرکت‌های مذکور

با آرزوی موفقیت
مجید کزازی
 رئیس پارک علم و فناوری همدان

همدان - بلوار سردار شهید همتی -
 نرسیده به میدان فرودگاه -
 پارک علم و فناوری همدان
 کد پستی: ۶۵۱۳۹-۳ - ۹۶۱۱
 تلفن: ۰۸۱ - ۳۲۵۶۹۳۰۶
 شماره: ۰۸۱ - ۳۲۵۶۹۲۰۹

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17.2.3. Collection of International Collaboration Data for SDGs in 2023

Meeting and Discussion between Presidents of Four Iraqi Universities and the President of Hamadan University of Medical Sciences

A mutual memorandum of understanding was signed between Hamadan University of Medical Sciences and the presidents of four universities in Iraq on September 10, 2023. The agreement emphasized the preparation and provisions necessary for utilizing the professors of the respective universities to conduct classes, workshops, and short-term courses, with provisions for the exchange of professors and students being anticipated. In addition, joint research and technology projects, the establishment of suitable mechanisms for developing exports and imports of knowledge-based products, the exchange of statistics, scientific and research information, organizing joint conferences and festivals, producing and disseminating knowledge, and utilizing the capacities of the Ministry of Food and Drug to meet each other's needs are outlined in the agreement.

****The contract text is not publishable due to its confidential nature.****

17.2.4 Collaboration for SDG best practice Year: 2023

Through international collaboration and research, review comparative approaches and develop international best practice on tackling the SDGs :

In The Name of God

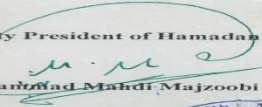
Memorandum of Agreement and Cooperation

With infinite thanks to Almighty God for His countless blessings, especially the blessings of security and health, and in line with the strategy of the leaders and elders of the two brother and friendly countries of Iran and Iraq to develop interactions and communications between the two countries, the presidents of Hamadan University of Medical Sciences Dr. Mohammad Mahdi Majzoobi and the presidents of the university of Sumer Dr. Adil Radhi Jaber, with the aim of optimal use and benefiting as much as possible from the valuable and huge capacities and potential of related universities, on 01/06/1402 (August 23, 2023 AD) coinciding with the birthday of famous scientist and doctor, Sheikh al-Raees Ibn Sina, the great physician, and the day of the doctor, a joint memorandum of understanding is concluded between the two universities as follows:

1. Providing the necessary background and arrangements to use the professors of the agreed universities to hold classes, educational workshops and short-term classes.
2. Teacher and student exchange
3. Implementation of joint research and technological projects
4. Creating a suitable mechanism to create, develop, export and import knowledge-based products
5. Exchange of statistics and scientific and research information

6. Holding joint conferences and festivals
7. Providing the necessary background for cooperation and assistance in the production and dissemination of knowledge
8. Using the capacities of Deputy of Food and Drug to meet each other's needs
9. The use of hospitals and health centers capacity under the agreement to improve the health of the people of the two brotherly countries
10. Establishing an office in each of the universities under the agreement to follow up on the matters of the agreement.

University President of Hamadan University
Sumer


Dr. Mohammad Mahdi Majzoobi

University President of


Dr. Adil Radhi Jaber



In The Name of God

Memorandum of Agreement and Cooperation

With infinite thanks to Almighty God for His countless blessings, especially the blessings of security and health, and in line with the strategy of the leaders and elders of the two brother and friendly countries of Iran and Iraq to develop interactions and communications between the two countries, the presidents of Hamadan University of Medical Sciences Dr. Mohammad Mahdi Majzoobi and the presidents of the university of Wasit, Dr. Mazin Hasan Jasim, with the aim of optimal use and benefiting as much as possible from the valuable and huge capacities and potential of related universities, on 01/06/1402 (August 23, 2023 AD) coinciding with the birthday of famous scientist and doctor, Sheikh al-Raees Ibn Sina, the great physician, and the day of the doctor, a joint memorandum of understanding is concluded between the two universities as follows:

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10. Establishing an office in each of the universities under the agreement to follow up on the matters of the agreement.

University President of Hamadan University

Dr. Mohammad Mahdi Majzoobi



University President of Wasit

Dr. Mazin Hasan Jasim

23/8/2023

In The Name of God

Memorandum of Agreement and Cooperation

With infinite thanks to Almighty God for His countless blessings, especially the blessings of security and health, and in line with the strategy of the leaders and elders of the two brother and friendly countries of Iran and Iraq to develop interactions and communications between the two countries, the presidents of Hamadan University of Medical Sciences Dr. Mohammad Mahdi Majzoobi and the presidents of the university of Al.Karikh Dr.Thamer Abdulameer Hasan, with the aim of optimal use and benefiting as much as possible from the valuable and huge capacities and potential of related universities, on 01/06/1402 (August 23, 2023 AD) coinciding with the birthday of famous scientist and doctor, Sheikh al-Raees Ibn Sina, the great physician, and the day of the doctor, a joint memorandum of understanding is concluded between the two universities as follows:

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10. Establishing an office in each of the universities under the agreement to follow up on the matters of the agreement.

University President of Hamadan University

Dr. Mohammad Mahdi Majzoobi

University President of Al.Karikh

Dr. Thamer Abdulameer Hasan

23 Aug 2023



In The Name of God

Memorandum of Agreement and Cooperation

With infinite thanks to Almighty God for His countless blessings, especially the blessings of security and health, and in line with the strategy of the leaders and elders of the two brother and friendly countries of Iran and Iraq to develop interactions and communications between the two countries, the presidents of Hamadan University of Medical Sciences Dr. Mohammad Mahdi Majzoubi and the presidents of the university of Thi-Qar, Dr. Yahya Abdulridha abbas, with the aim of optimal use and benefiting as much as possible from the valuable and huge capacities and potential of related universities, on 01/06/1402 (August 23, 2023 AD) coinciding with the birthday of famous scientist and doctor, Sheikh al-Raees Ibn Sina, the great physician, and the day of the doctor, a joint memorandum of understanding is concluded between the two universities as follows:

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University President of Hamadan University

Dr. Mohammad Mahdi Majzoubi



University President of Thi-Qar

Dr. Yahya Abdulridha abbas

23-8-2023

17.2 Relationships to support the goals

۱۷،۲: ارتباطات برای حمایت از اهداف

شماره شاخص	شاخص (Indicator)	مستندات
۱۷،۲،۱	روابط با سازمان‌های غیردولتی منطقه‌ای و دولت برای سیاست توسعه پایدار سال ۲۰۲۳	روابط با سازمان‌های و تفاهم نامه‌ها (Folder17.2.1) دریافت فایل پیوست از آدرس زیر Get evidence through this link: Folder17.2.1 ؟؟؟
۱۷،۲،۲	گفتگوی بین بخشی در مورد SDGs سال ۲۰۲۳	گفتگوی بین بخشی (Folder 17.2.2) دریافت فایل پیوست از آدرس زیر Get evidence through this link: Folder 17.2.2
۱۷،۲،۳	جمع‌آوری داده‌های همکاری بین‌المللی برای SDG سال ۲۰۲۳	جمع‌آوری اطلاعات بیماری‌ها برای کمک به سازمان بهداشت جهانی : معاونت بهداشتی (File 17.2.3)

<p style="text-align: center;">دریافت فایل پیوست از آدرس زیر</p> <hr/> <p style="text-align: center;">Get evidence through this link: File 17.2.3</p> <p>؟؟؟</p>		
<p style="text-align: center;">همکاری برای بهترین عملکرد در راستای اهداف توسعه پایدار (Folder 17.2.4)</p> <hr/> <p style="text-align: center;">دریافت فایل پیوست از آدرس زیر</p> <p style="text-align: center;">Get evidence through this link: Folder 17.2.4</p> <p>؟؟؟</p>	<p style="text-align: center;">همکاری برای بهترین عملکرد SDG سال ۲۰۲۳</p>	<p style="text-align: center;">۱۷,۲,۴</p>
<p style="text-align: center;">-----</p>	<p style="text-align: center;">همکاری با سازمان های غیر دولتی برای اهداف توسعه پایدار سال ۲۰۲۳</p>	<p style="text-align: center;">۱۷,۲,۵</p>

17.3 Publication of SDG reports

۱۷,۳: انتشار گزارش های SDG (اهداف توسعه پایدار)

17.3.1 to 17.3.17 Publication of SDG reports - per SDG

۱۷,۳,۱ تا ۱۷,۳,۱۷ : گزارش مربوط به اهداف

مستندات	شاخص	شماره شاخص
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<p>سالنامه آماری و فایل خط مشی و اقدامات دانشگاه (Foler 17.3.1 to 17 & File 17.3.1 to 17)</p> <p>دریافت فایل پیوست از آدرس زیر</p> <hr/> <p>Get evidence through this link: Foler 17.3.1 to 17 & File 17.3.1 to 17</p> <p>.....</p> <p><u>https://amar.umsha.ac.ir/index.aspx?fkeyid =&siteid=62&fkeyid=&siteid=62&pageid=44</u></p> <p><u>96</u></p>	<p>انتشار گزارش برای اهداف اول تا هفدهم</p>	<p>۱۷,۳,۱۷ تا ۱۷,۳,۱</p>
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