



Technical due diligence

District : Balangir

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SUMMARY

- The district of Balangir has 78 government health care facilities and 14 private hospitals with a bed strength of 1252 beds only.
- Among the other public health facilities CHC's share the highest percentage of OP consultations (46%) whereas DHH share the highest percentage IP admissions (39%)
- BOR at all public health facilities is much above the optimum level of 80%. DHH Bolangir has a BOR of 176.4% indicating an immediate need for beds at secondary healthcare level.
- OP to IP conversion has been higher than industry standards at all the public health facilities.
- Considering data for FY 2015-16, surgeries performed at the district are mostly major surgeries, for 2015-16, DHH Balangir performed 74% major surgeries.
- For FY 2015-16 data indicate over utilization of OT at DHH with more than 7 surgeries per OT per day.
- Only 15% of institutional deliveries in the district are C-sections, which is a healthy trend.
- Overall Lab tests accounts for majority (92%) of total diagnostics at the studied facilities, whereas CT-Scan facility is not available at any of the healthcare facilities in the district.
- It can be inferred that at secondary care level only 29% of the existing demand is being met for OPD and 29% for IPD.

SUMMARY

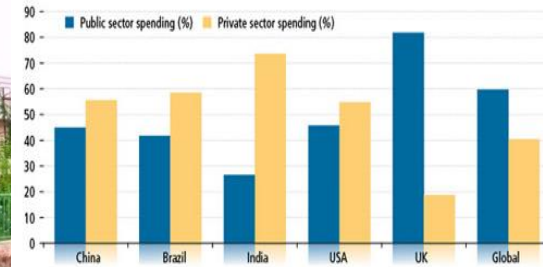
- Considering the WHO norm of 3.5 beds per 1000 population, the district has a shortfall of 5225 beds (i.e. a gap of 81% beds).
- Considering the WHO norm of 1 doctor per 1000 population, the district has a shortfall of 1704 doctors.
- Considering the WHO norm of 2 nurses per 1000 population, the district has a shortfall of 3644 nurses.
- For gaps under service facilities, when compared with IPHS for district hospitals, major gaps are in the areas of Diagnostics and Specialty OPDs.
- Low pricing of services and free medicine stands the most voted reason for choosing a government hospital, whereas reputation of private practitioner is the reason for interviewees choosing a private facility.
- While Majority of the respondents depend on savings for their healthcare spending only 13% of the patients surveyed had health insurance as a primary source of health related costs, which indicates a very low awareness about insurance coverage among the population.
- All the surveyed physicians indicated that patients from the district to other districts / cities for availing tertiary level healthcare, of which majority ailments pertain to cardiology and neurology followed by urology, gastroenterology and oncology.

SECTION 1: PROJECT SNAPSHOT



Comparison of contribution to healthcare spending

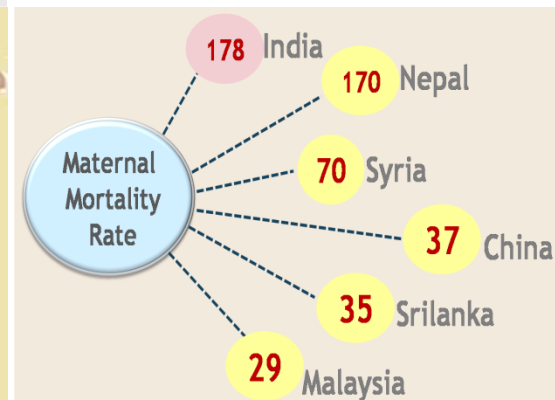
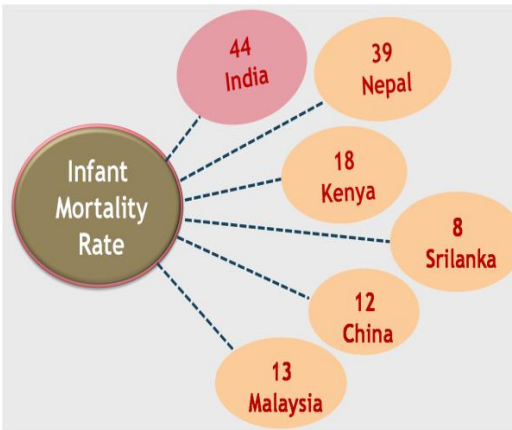
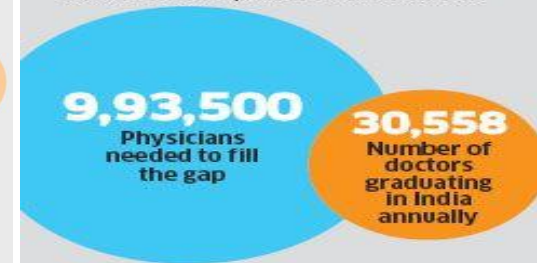
The public spend on healthcare is significantly low



Source: WHO World Health Statistics 2010

SUPPLY GAP

At six doctors per 10,000 people, the number of qualified doctors in the country is not sufficient. The rural doctors-to-population ratio is lower by 6 times as compared to urban areas



PROJECT BACKGROUND

- As a part of a broader health sector enhancement program, the Government of Odisha (GoO), wants to strengthen and enlarge the private health sector facilities and promote the participation of quality private health providers across all the 30 districts in the state to enhance the health infrastructure in the state by structuring and implementing the rollout of low cost hospitals across the state in a PPP model which will offer decent quality care at affordable prices.
- The project will look at the entire state as a whole and based on detailed financial, fiscal, logistics and operational due diligence a network will be developed with recommendations on the number, size, type and locations of the hospitals.

SECTION 2: METHODOLOGY FOR TECHNICAL AND MARKET DUE DILIGENCE

TECHNICAL DUE DILIGENCE

Demand & Supply Assessment

- Assessment of district level demand for health services, through primary research such as surveys, interviews of patient/ doctor and review of available clinical data at hospitals and MIS data from NHM
- Assessment of existing clinical services, infrastructure and resources
- Capacity Utilisation Assessment of existing capacity including OPD and IPD Numbers, bed occupancy, average length of stay, OT utilisation, major and minor surgeries and other clinical procedures

Paying Capacity Assessment

- Assessment of patient profile - APL & BPL
- Prevailing market rates, CGHS and various industry empanelled rates
- No. of patients referred outside Odisha for secondary and high secondary care
- Additional sources such as Centre & State's healthcare support schemes - RSBY, BKKY, ESIS etc

Assessment of Gap in Health Facilities with respect to existing and future demand

METHODOLOGY

Step 1

- **Secondary data survey:** based on information available over public domain
- **Primary data survey:** Onsite healthcare facility assessment, data collection from government offices, interviews with hospital administrators, clinicians and general population

Step 2

- **Preliminary assessment** to cover the functional feasibility of developing a hospital along with the mapping of road and rail connectivity.

Step 3

- Correlation of primary and secondary data that is already collected from districts and state
- **Data analysis** the overall state and each of the 30 districts.
- **Presentation on the findings** of the market assessment to Government of Odisha.

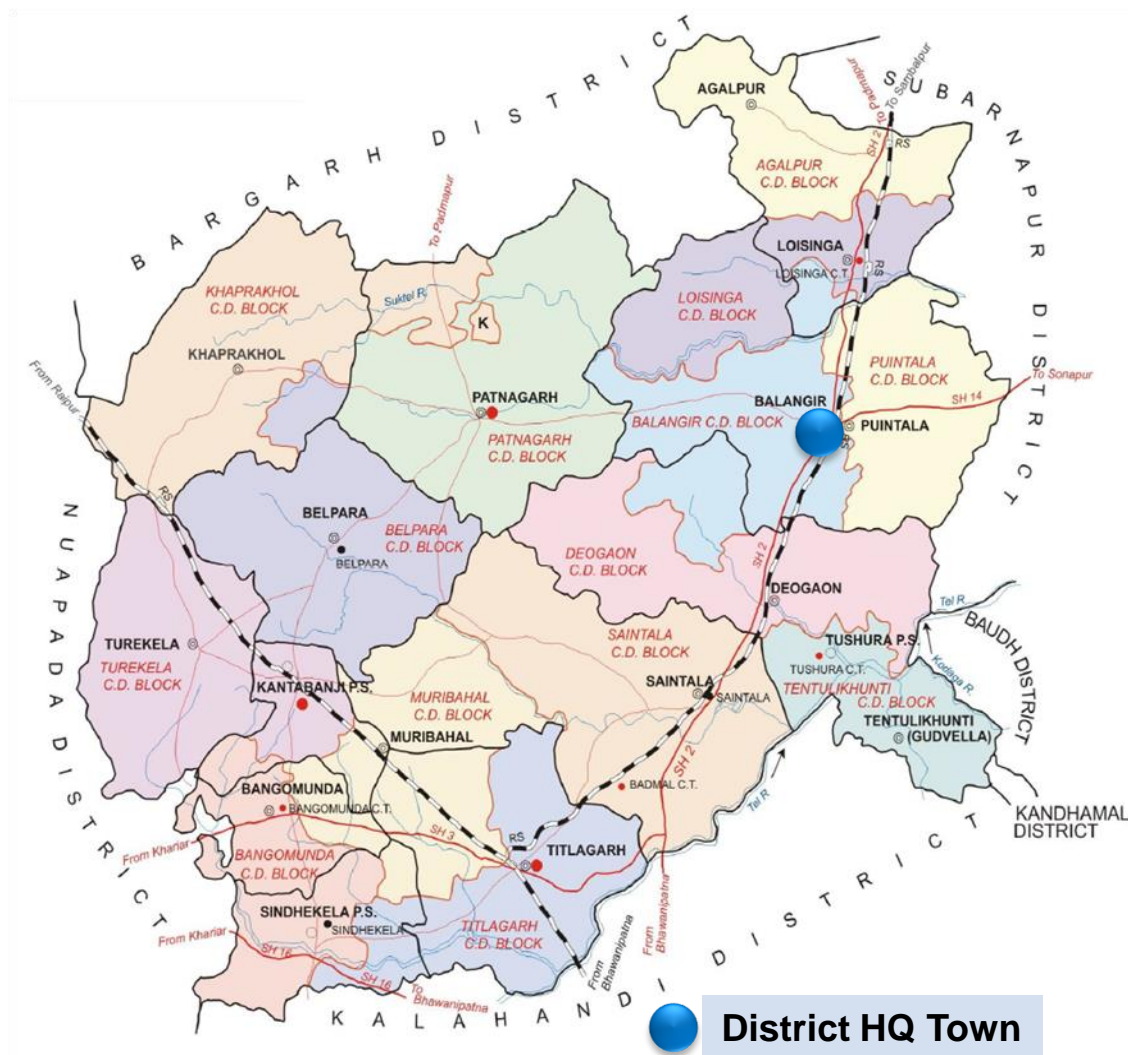


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DEMOGRAPHIC PROFILE

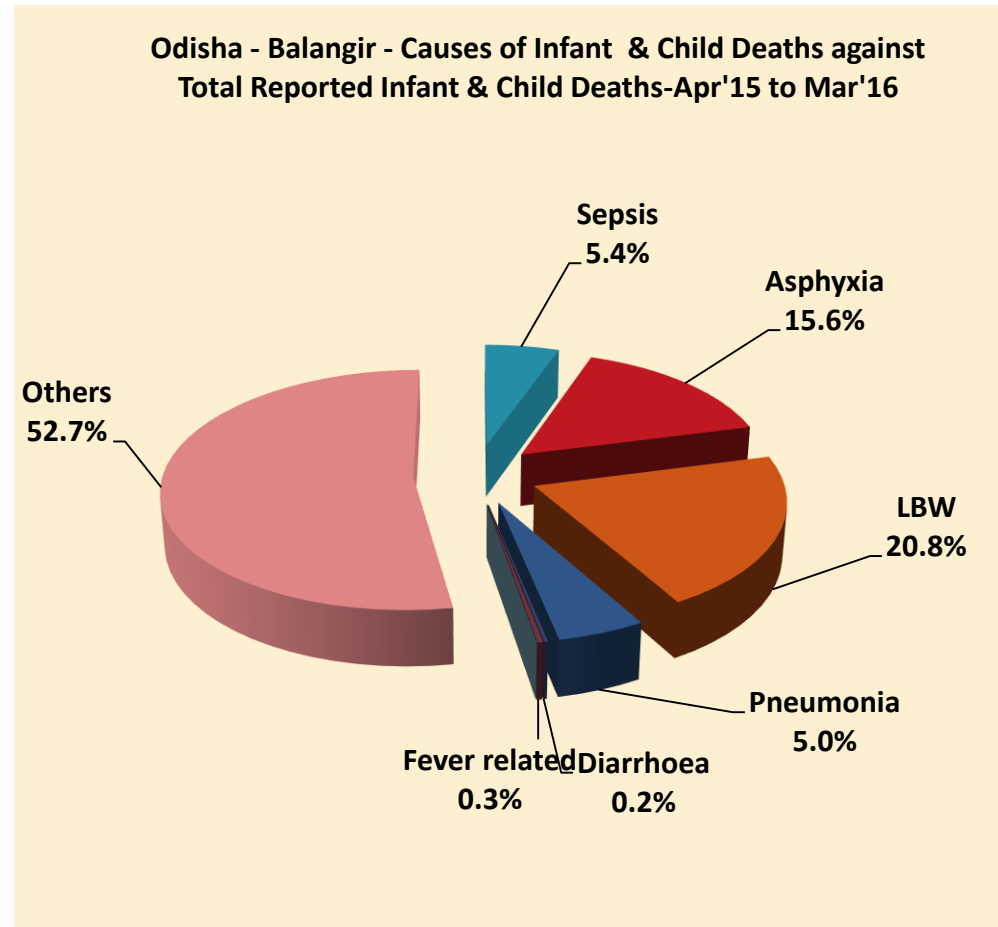
Particulars	Odisha	Balangir
Total Population	4,19,74,218	1,648,997
Urban population	16.6%	12%
Decadal population growth rate	14.05%	23.32%
Mean household size	4.35	3.98
BPL households*	44,08,070	208,041
BPL Population*	1,91,75,105	827,148
BPL %	46%	50%

- Balangir is the 10th district in terms of size and 10th in terms of population.
- Balangir is the 14th urbanized district in state having only 11.97 percent of its population living in urban areas.
- Balangir has 13th rank in terms of sex ratio in the state.



Causes of deaths (Infants & Child)

Balangir - Causes of Infant & Child Deaths - Apr'15 to Mar'16	
Measles	0
Diarrhoea	2
Fever	3
Pneumonia	48
Sepsis	52
Low Birth Weight (LBW)	200
Asphyxia	150
Others (for age upto 4 weeks of birth)	326
Others (for 1 month to 5 years)	181
Total	962



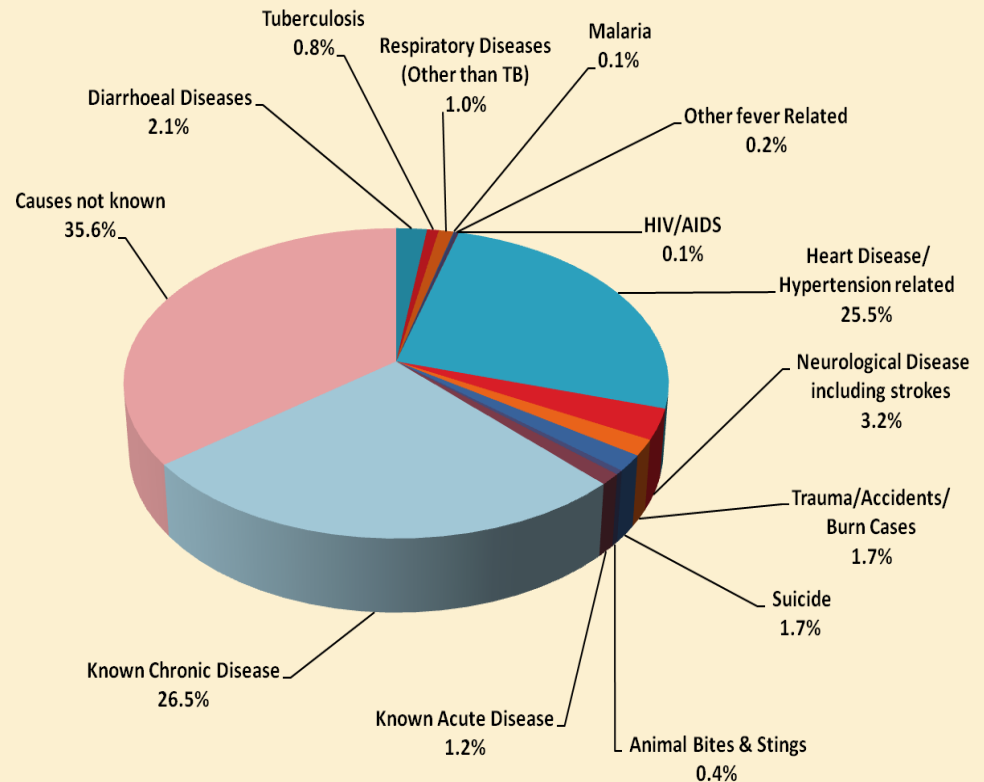
Source : HMIS Data Analysis 2015-16, District Dhenkanal

Causes of deaths (above 6 years of age)

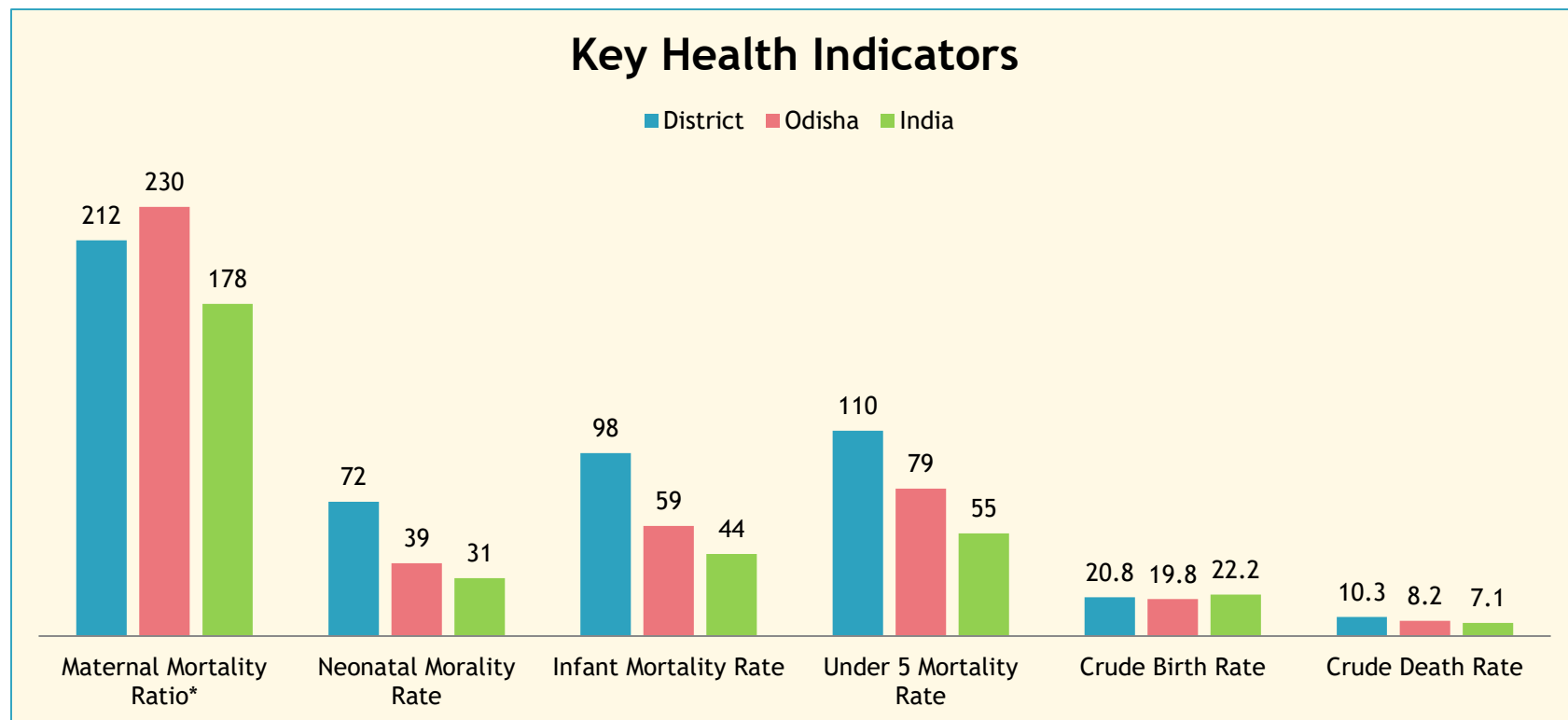
Causes of deaths (above 6 yrs of age) Apr'2015-March'16

Causes	6-14 yrs	15-55 yrs.	Above 55yrs	Total
Malaria	1	-	-	1
HIV/AIDS	-	1	-	1
Other fever Related	2	1	-	3
Animal Bites & Stings	-	5	1	6
Tuberculosis	-	2	9	11
Respiratory Diseases(other than TB)	1	7	6	14
Known Acute Disease	1	6	9	16
Trauma/Accidents/Burn Cases	-	14	9	23
Suicide	-	14	9	23
Diarrhoeal Diseases	-	2	27	29
Neurological Disease including strokes	-	12	32	44
Heart Disease/Hypertension related	-	68	286	354
Known Chronic Disease	5	123	239	367
Causes not known	11	99	384	494
Total Deaths	21	354	1,011	1,386

Odisha - Balangir - Cause of deaths 6 yrs & above against total reported deaths 6 yrs & above - Apr'15 to Mar'16



HEALTH INDICATORS



* *Maternal Mortality Ratio is of Central Division*

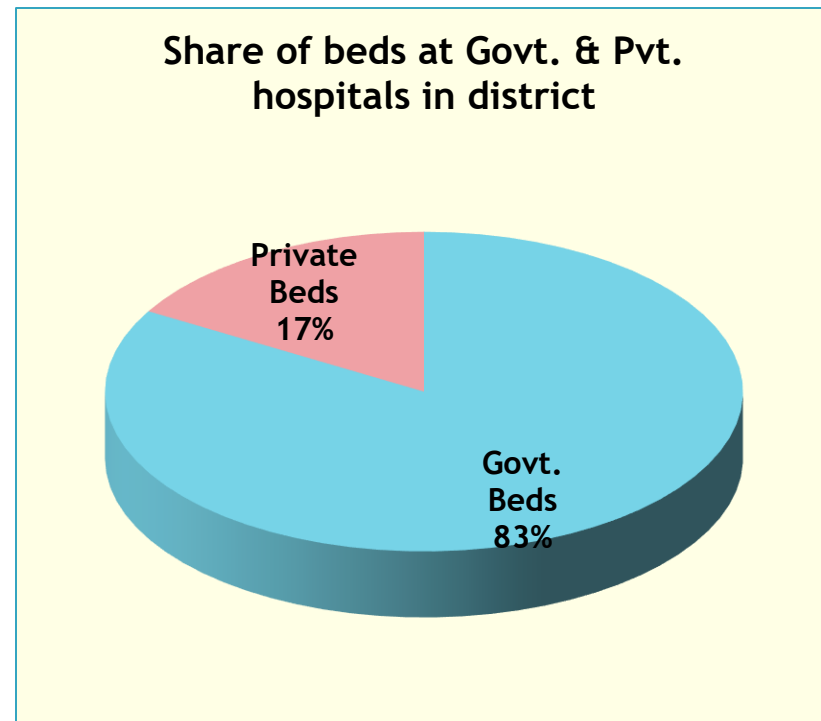
Source : Annual Health Survey Report 2011-12

SECTION 4: SUPPLY ASSESSMENT



BEDS AVAILABILITY

Facility type	Number of facilities	Number of beds
District Headquarters Hospital	1	184
Sub-divisional hospitals	2	160
Community Health Centers	15	286
Primary Health Centers & IDH	44	264
Other hospitals / Area Hospital	2	150
Private Hospitals	14	208
Total	78	1,252



Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM, DHS & DMET Odisha

ABOUT DISTRICT HEADQUARTERS HOSPITAL, BALANGIR



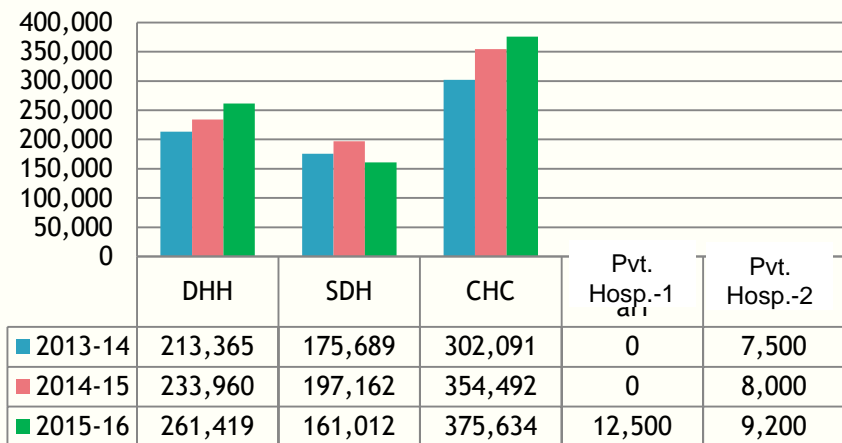
Total number of beds	Sanctioned 165 Functional 203
Service specialties	Internal medicine, General surgery, Gynecology and obstetrics, Neonatology, Pediatrics, Orthopedics, Ophthalmology, ENT Dentistry, TB & Chest, Emergency
Diagnostic facilities	X-ray, USG, CT-Scan, ECG, TMT, Holter monitor, Endoscopy, A-scan, Audiometry, Laboratory
Operating rooms and Labour tables	2 major OT, 4 labour tables
Other clinical facilities	Blood bank, Pharmacy, Physiotherapy, Speech therapy
Outsourced Support facilities	Laundry, Dietary, Biomedical waste management, Security, Housekeeping

Major Private Healthcare Facilities

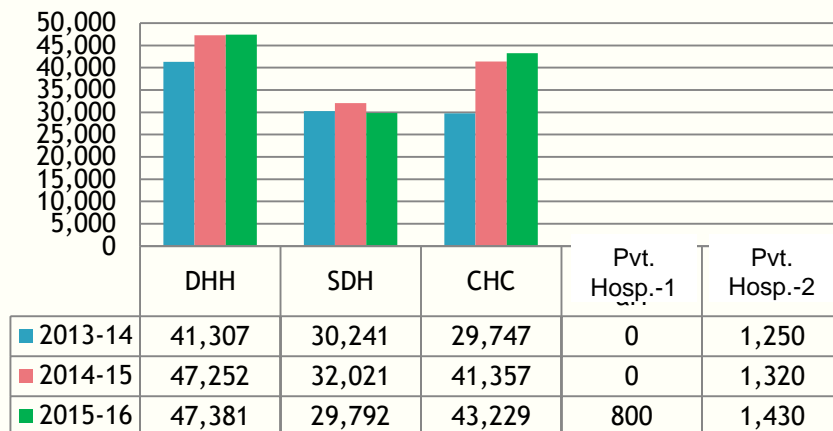
Private Facilities	Beds
Ayurvedic & Nursing Home,	24
Mahanadi Netra Chikishalaya	30
Dr.D. Meher Surgical & Clinic,	20
ERBHS Netra Nikatan Eye & Suprim Task Hospital	50

OPD Consultation & IPD Admission

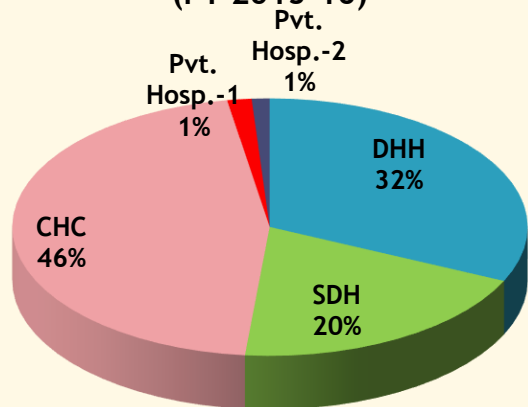
OPD Consultations



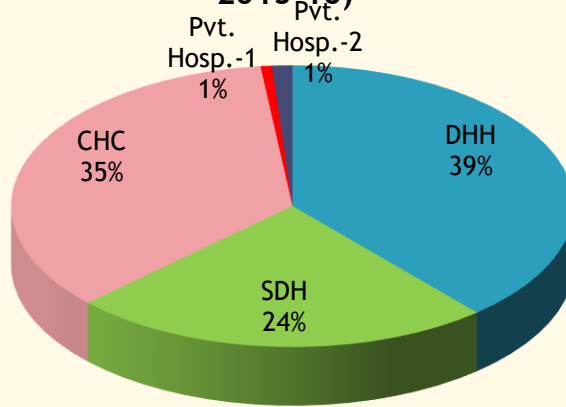
IPD Consultations



Facility wise share of OPDs (FY 2015-16)



Facility wise share of IPD (FY 2015-16)



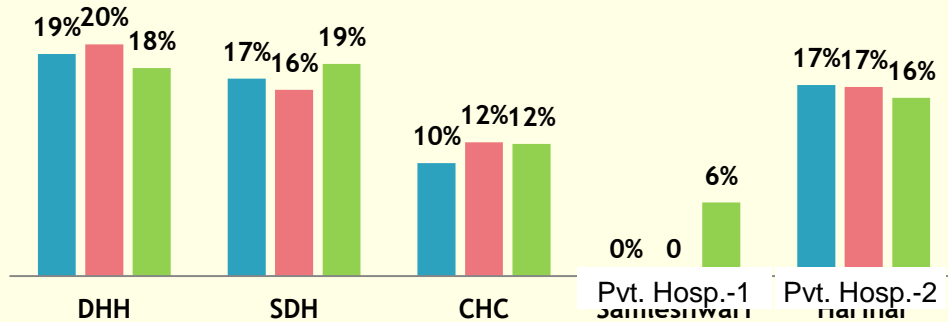
- OPD consultations have consistently increased over the years at DHH, CHC and Pvt. Hosp.-2 hospital.
- During FY 2015-16, per day OP consultations at DHH was 872 whereas on an average per day OPD per CHC was 83.
- OP consultations at Pvt. Hosp.-1 and Pvt. Hosp.-2 for FY 2015-16 was 42 and 31 respectively.
- IP admissions have consistently increased over the years at the DHH and CHC's, with on an average 8 IP admissions per day per CHC in the FY 2015-16. IP admissions per day at DHH was 130.
- Among the other public health facilities CHC's share the highest percentage of OP consultations (46%) whereas DHH share the highest percentage IP admissions (39%)

Source: Primary data from DHH & Pvt hospital & Secondary data from NHM Odisha

BED UTILIZATION

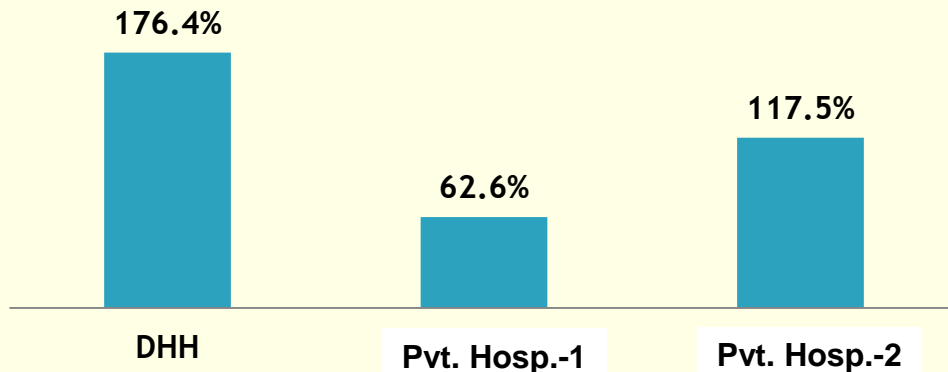
OPD to IPD Conversion

■ 2013-14 ■ 2014-15 ■ 2015-16



- OP to IP conversion has been higher than industry standards at all the public health facilities.
- It is to be noted that although OP consultations at Pvt. Hosp.-2 hospital has been low in comparison to the public health facilities, it still has a higher OP to IP conversion. As opined by hospital manager of Pvt. Hosp.-2 hospital, patient flow to the Pvt. Hosp.-1 for surgical interventions.

Bed Occupancy Rate (FY 2015-16)



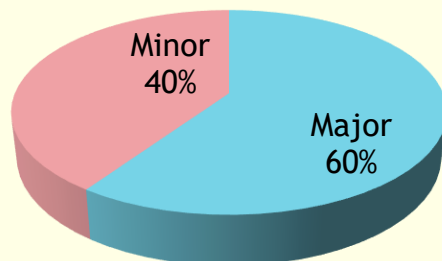
- BOR at all public health facilities is much above the optimum level of 80%, DHH has the highest occupancy rate of 176.4%.
- The BOR of DHH is calculated against the sanctioned beds only, whereas during onsite assessment, around 40-50 floor beds were noticed at the facility.
- Among the private healthcare facilities studied, Pvt. Hosp.-2 hospital has a BOR of more than 100 percent.

Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM Odisha

GENERAL SURGERIES

Facility Name	Major	Minor
DHH	2,840	1,004
SDH	774	510
CHC	504	1,041
Pvt. Hosp.-1	200	600
Pvt. Hosp.-2	740	280
TOTAL	5,058	3,435

Overall proportion of Major & Minor Surgeries (FY 2015-16)



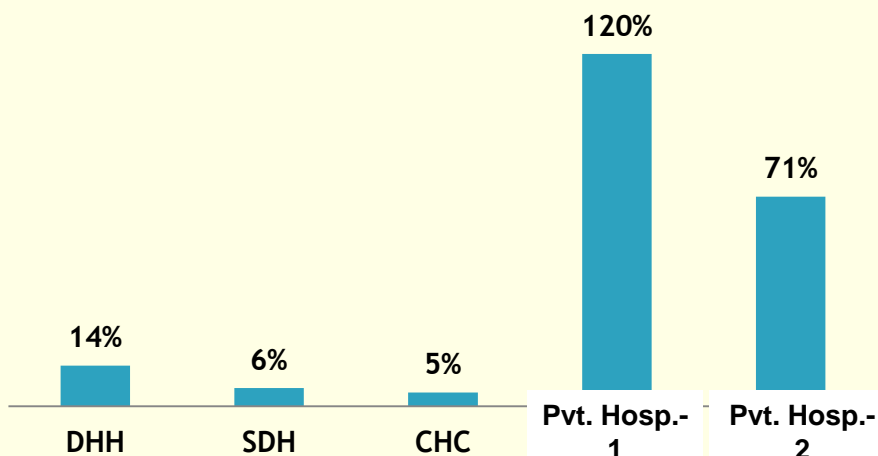
- Considering data for FY 2015-16 Surgeries performed at the district are mostly major surgeries.
- For the FY 2015-16, of all the surgeries performed at DHH, only 74% comprise of major surgeries.
- Of the total surgeries for FY 2015-16, 56% of the surgeries were conducted at DHH and private hospitals together account for only 19% of the total surgeries in the FY 2015-16.
- 75% of surgeries at Pvt. Hosp.-1 were minor surgeries whereas at Pvt. Hosp.-2 73% surgeries were major surgeries.

Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM Odisha

OT UTILIZATION

Name of Facility	Number of surgeon	Total number of procedures	Procedures per day	Procedure per surgeon per day	Number of OT in the facility	Surgeries per OT per day
DHH	11	6,571	21.9	2.0	3	7.3
SDH	7	1,859	6.2	0.9	2	3.1
CHC	56	2,027	6.8	0.1	15	0.5
Pvt. Hosp.-1	2	960	3.2	1.6	2	1.6
Pvt. Hosp.-2	2	1,020	3.4	1.7	2	1.7

IPD to Surgery Conversion (FY 2015-16)



- Data indicate over utilization of OT at DHH with more than 7 surgeries per OT per day.
- The IP to surgery conversion at Pvt. Hosp.-1 is highest. Overload of patients at DHH, explains the patient preference for surgery and referrals from DHH to Pvt. Hosp.-1 and Pvt. Hosp.-2.

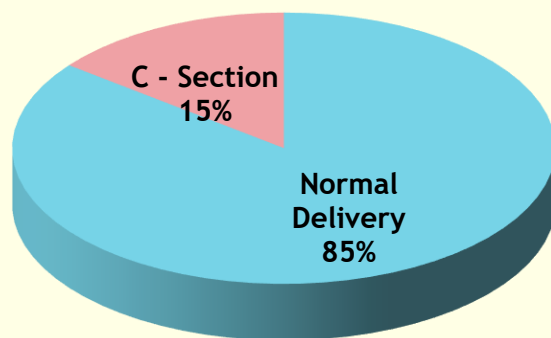
Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM Odisha

INSTITUTIONAL DELIVERIES

Name of Facility	2013-14		2014-15		2015-16	
	Normal Delivery	C - Section	Normal Delivery	C - Section	Normal Delivery	C - Section
DHH	6,091	1,609	6,022	2,564	6,191	2,727
SDH	5,827	503	6,102	611	5,763	575
CHC	11,906	388	11,726	401	11,227	482
Pvt. Hosp.-1	0	0	0	0	20	160
Sub Total	23,824	2,500	23,850	3,576	23,201	3,944

- Only 15% of Institutional deliveries in the district are C-section, which is a healthy trend.
- In 2015–16, DHH performed 24 deliveries per day (@17normal and 7 C-section).
- 69 % of the total C-sections during FY 2015-16 has been carried out at DHH .

Overall categorization of institutional deliveries (FY 2015-16)



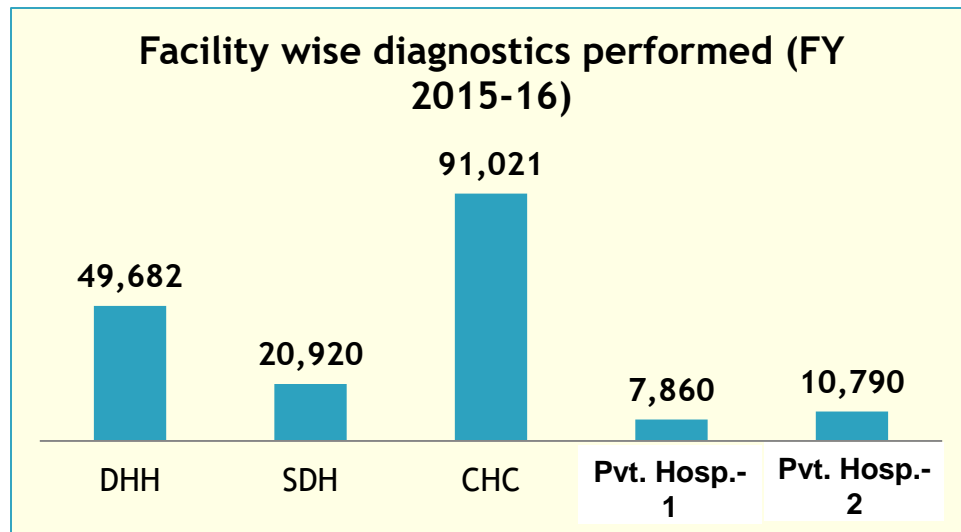
Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM and DHS Odisha

DIAGNOSTICS PROCEDURES

Diagnostic Test	X Ray	USG	ECG	CT Scan	Lab Tests
DHH	3,564	298	3,110	0	42,710
SDH	NA	NA	NA	0	20,920
CHC	NA	NA	NA	0	91,021
Pvt. Hosp.-1	0	0	360	0	7,500
Pvt. Hosp.-2	2,200	3,370	810	0	4,410

NA: Data not available

- Overall Lab tests accounts for majority (92%) of total diagnostics.
- X-ray and USG constitute of only 3% and 2% of the total diagnostic procedures conducted at the district which is far below industry standards.
- CT Scan facility is not available at any public health facility in the district.

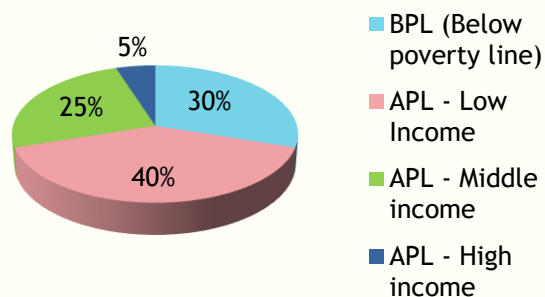


Source: Primary data from DHH & Pvt. hospital & Secondary data from NHM Odisha

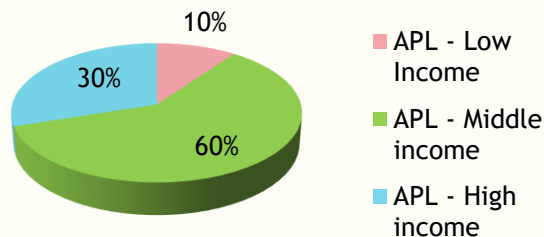
ECONOMIC SEGMENT & MODE OF PAYMENT

Economic Segment of Patients

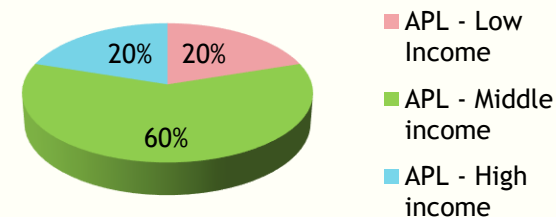
DHH



Pvt. Hosp.-1

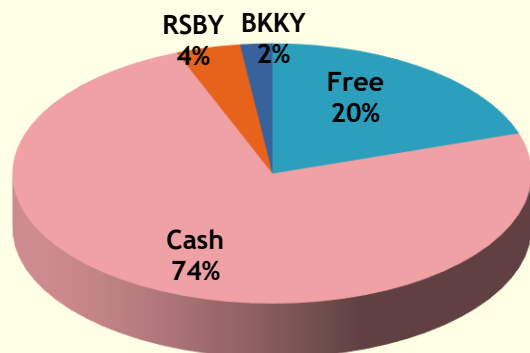


Pvt. Hosp.-2

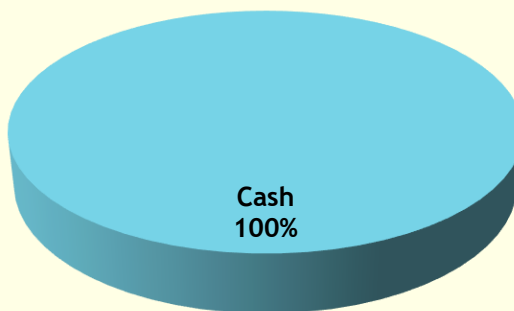


Mode of Payment by Patients to the Hospital

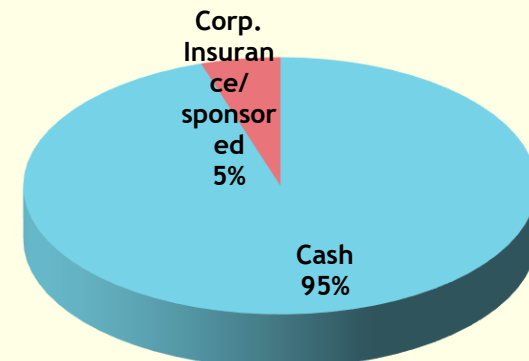
DHH



Pvt. Hosp.-1





Pvt. Hosp.-2

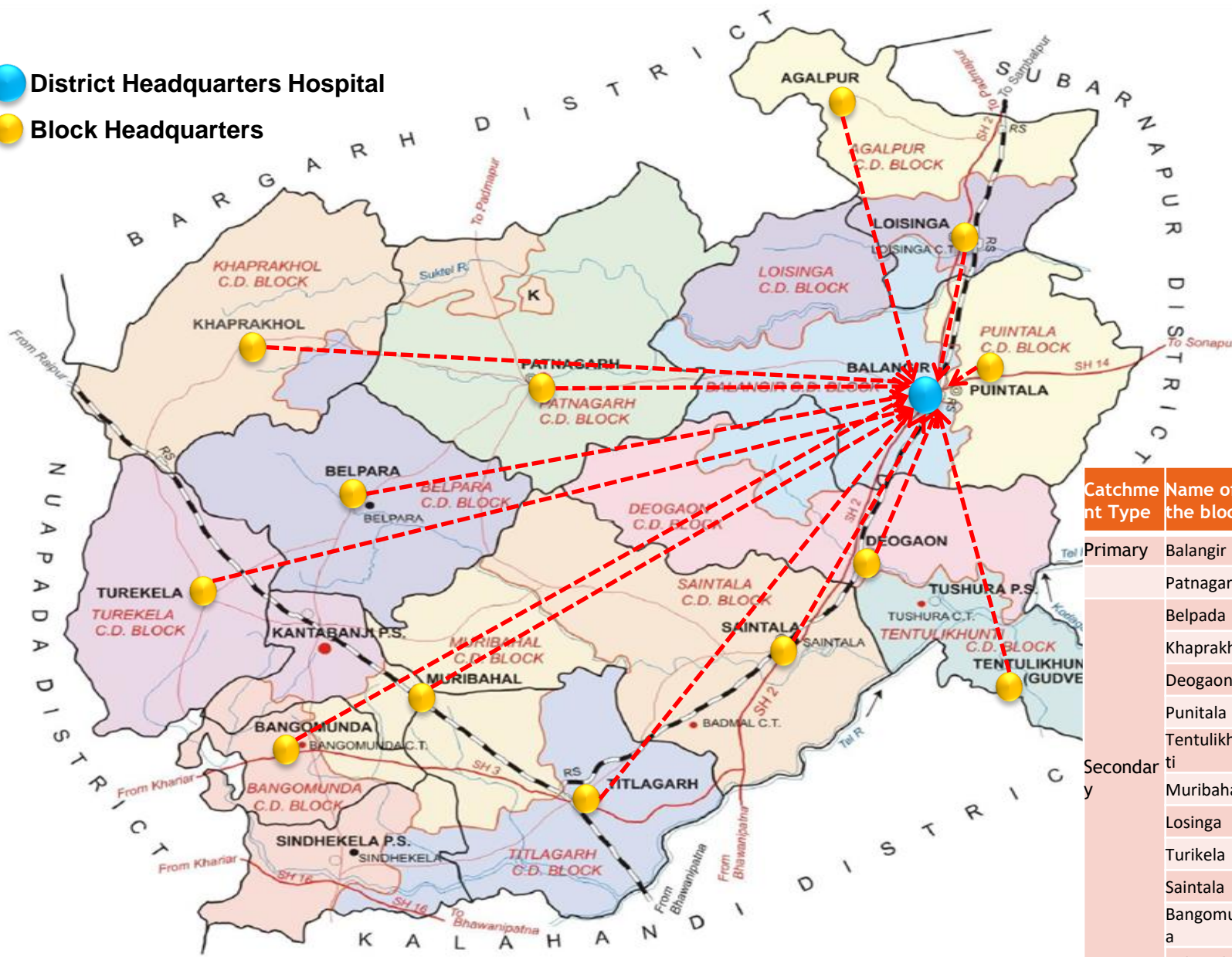


Note: estimations given above are based on discussion with ADMO Medical and Hospital Manager

SECTION 5: CATCHMENT AREA & REFERRALS

CATCHMENT OF DHH

-  District Headquarters Hospital
-  Block Headquarters

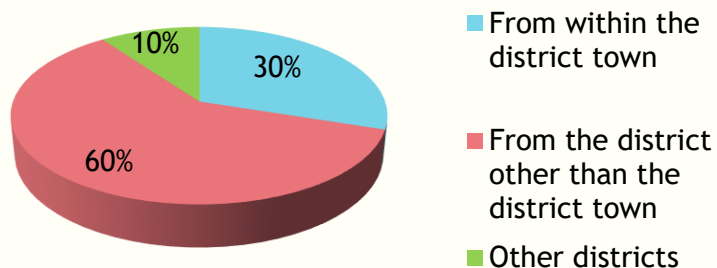


Catchment Type	Name of the block	Population	Distance from district HQ
Primary	Balangir	102,952	
	Patnagarh	130,783	6
	Belpada	128,916	30
	Khaprakhhol	93,557	35
	Deogaon	97,645	43
Secondary	Punitala	111,635	45
	Tentulikhunti	254,787	51
	Muribahal	114,839	55
	Losinga	89,713	60
	Turikela	82,781	60
	Saintala	114,775	70
	Bangomunda	111,330	71
	Titlagarh	118,942	75

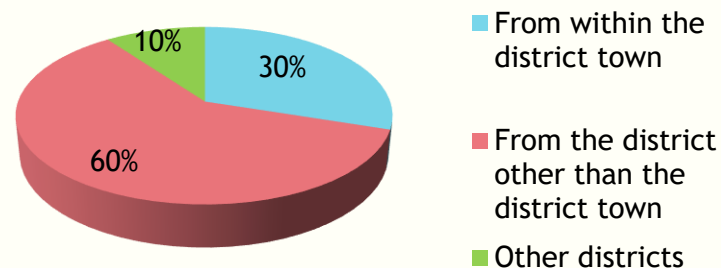
SOURCE OF PATIENT INFLOW

Source of Patient Inflow

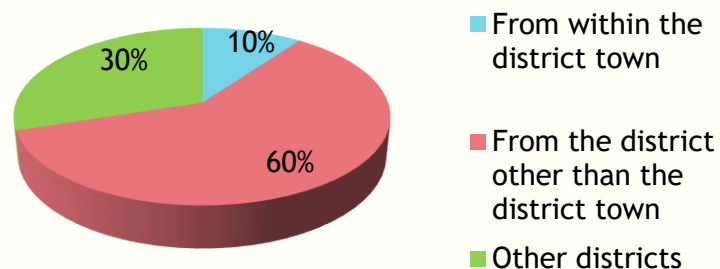
DHH



Pvt. Hosp.-1

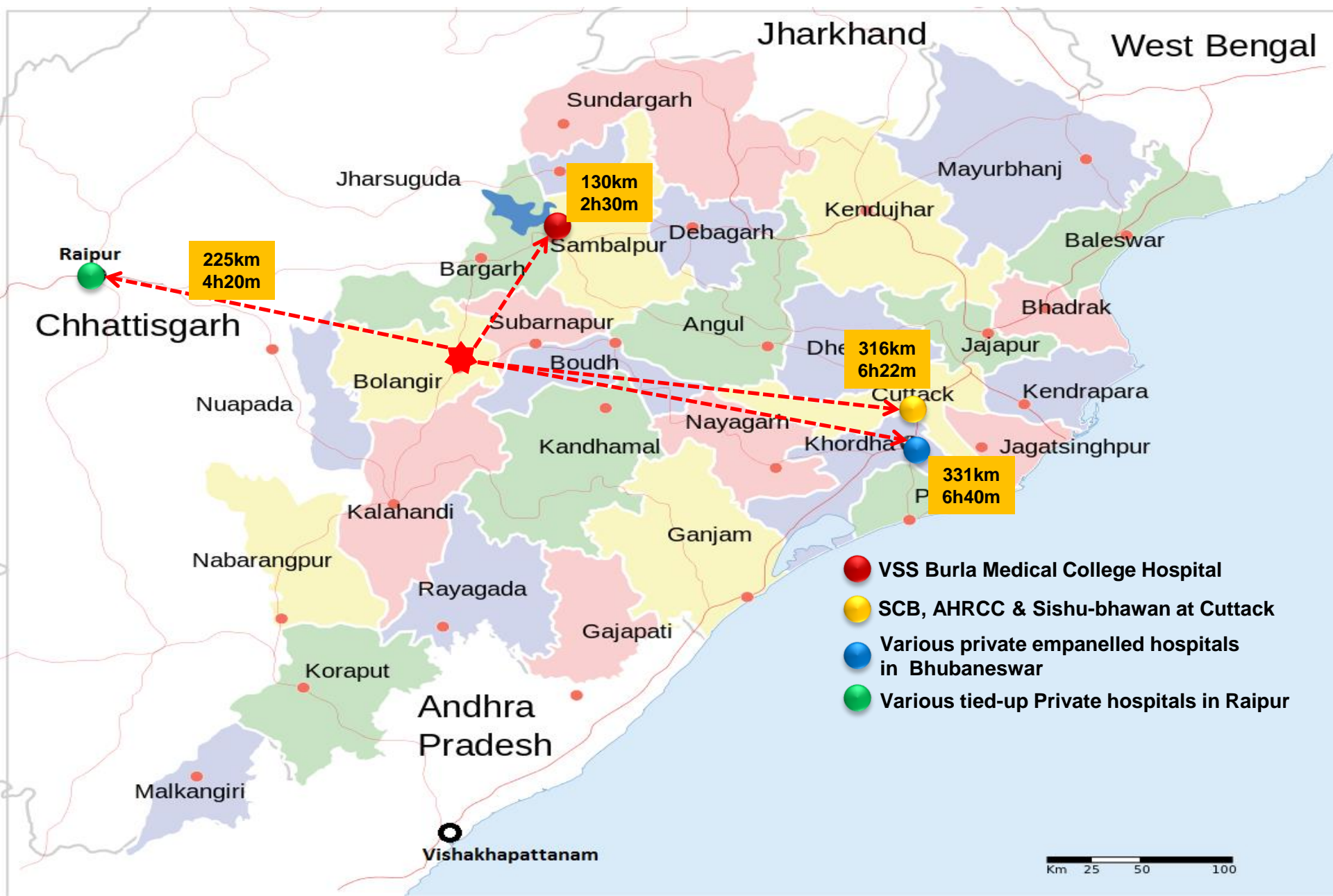


Pvt. Hosp.-2



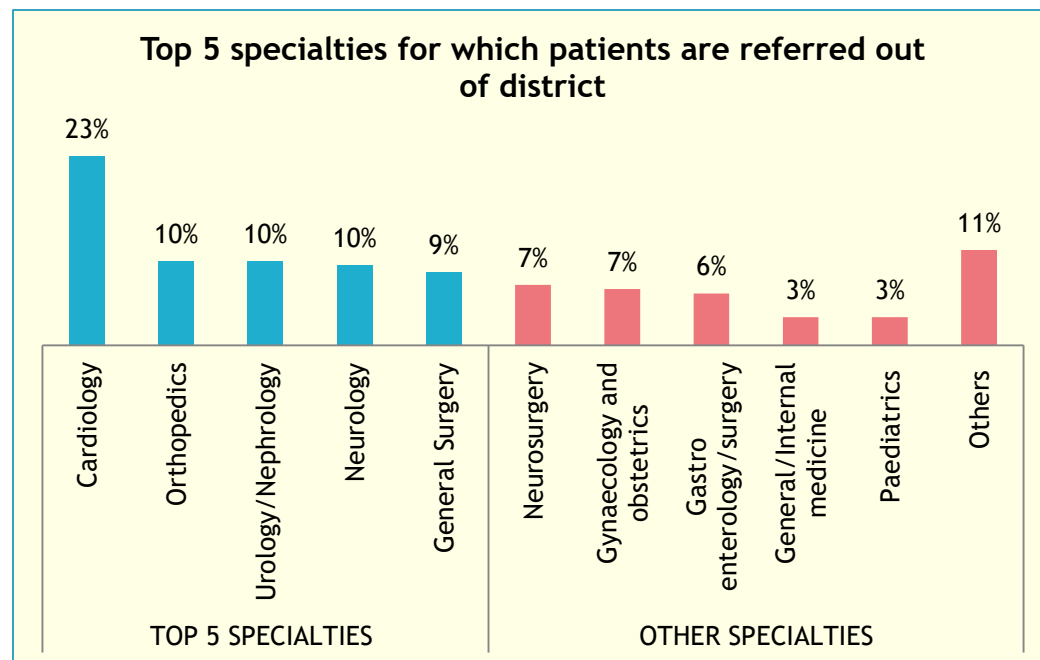
Source: estimations given above are based on discussion with Management of concerned hospitals

POINTS OF REFERRAL



Top specialties of referral from DHH to other district

Specialty		No. of patients referred	% of patient referred
TOP 5 SPECIALTIES	Cardiology	135	23%
	Orthopedics	60	10%
	Urology/Nephrology	60	10%
	Neurology	57	10%
	General Surgery	52	9%
OTHER SPECIALTIES	Neurosurgery	43	7%
	Gynaecology and obstetrics	40	7%
	Gastro enterology/ surgery	37	6%
	General/Internal medicine	20	3%
	Paediatrics	20	3%
	Others	68	11%
Total referral per month		592	100%

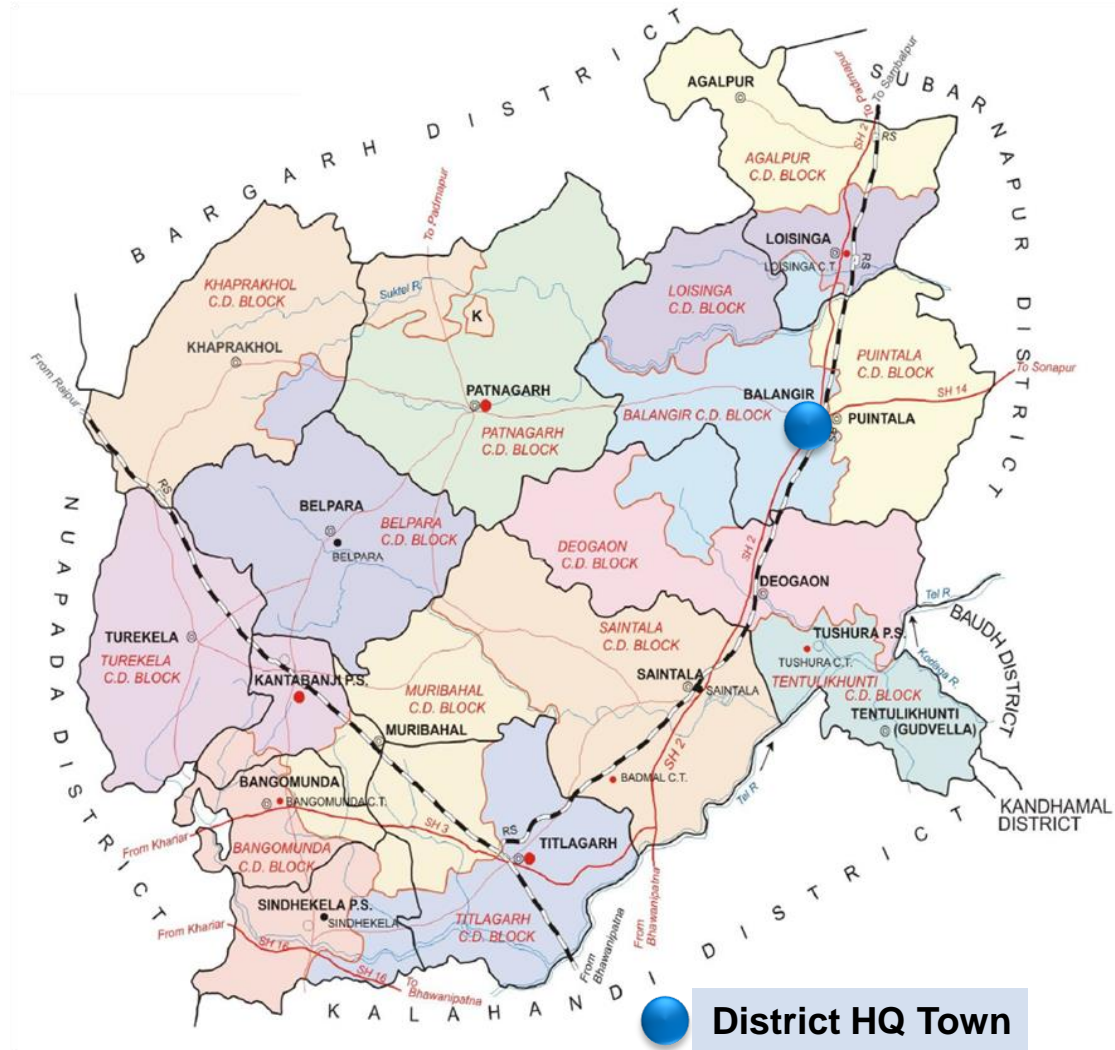


- Top 5 specialties of referrals accounts close to 61% of total referrals.

Source: Interviews from ADMO (Med.), Specialist Physicians and General Physicians.

CONNECTIVITY & TRANSPORT

- **Nearest railway station :** Balangir Railway Station on the Jharsuguda-Sambalpur-Titlagarh railway line of South Eastern Railways is the city's railway link to the national railway network.
- **Road ways:** Bolangir is connected by road to the state capital Bhubaneswar which is 327 km in the west. It is also connected to Cuttack, Rourkela, Dhenkanal and other important cities in Odisha.
- **Airport :** Swami Vivekananda Airport at Raipur, Chhattisgarh is 234 km away.
- **Nearest government referral centre:** VSS Medical College Burla (130 km).



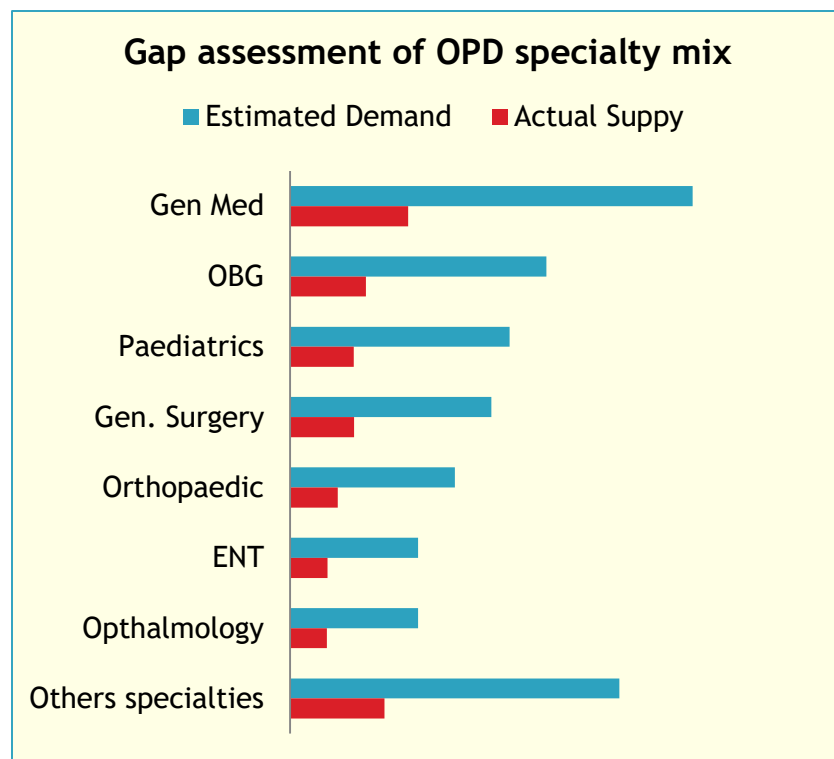
SECTION 6: DEMAND-SUPPLY-GAP ASSESSMENT

DEMAND - OPD and IPD

- **Out Patients:** As per NSSO 60th round data, the estimates of spells of ailment in Odisha population and percentage of the spells of ailment seeking non-institutional treatment i.e., ambulatory care, applied to the catchment population gives estimates of OP demand in the population. The PAP (proportion of ailing person) per 1000 population in 15 days is 77 for Odisha and spells of ailments treated during 15 days is 76%.
- Percentage of specialty mix for OPD is derived from morbidity rate of NSSO data 2004-05, 60th Round, increased by a factor of 1.5 to develop a conservative estimate of patient need.
- Further the OP estimates has been extrapolated to include the load of estimated pregnant women in a population, to cover ANC visits as OPD in health facilities.
- **In patient:** For the FY 2015-16, OP to IP conversion rate for 30 DHHs in Odisha has been 15%. Hence for the calculation purpose OP to IP conversion rate is taken on an average to be at 15%.
- **Diagnostics:** Diagnostics demand is extrapolated as per industry standards.
- **Population:** Projected population for 2016 has been considered for estimation of OPD and IPD demand
- * Other specialties include: Skin & VD, Psychiatry and Dental

Demand – Supply – Gap of OPD consultations

Department/ Specialties	Estimated % of OPD	Estimated demand	Actual Supply	Estimated Gap
Gen Med	22	613,963	179,834	434,129
OBG	14	390,704	115,689	275,015
Pediatrics	12	334,889	97,240	237,649
Gen. Surgery	11	306,982	97,592	209,390
Orthopedic	9	251,167	72,451	178,716
ENT	7	195,352	57,259	138,093
Ophthalmology	7	195,352	55,865	139,487
Others specialties	18	502,334	143,836	358,498
TOTAL	100%	2,790,743	819,765	1,970,978

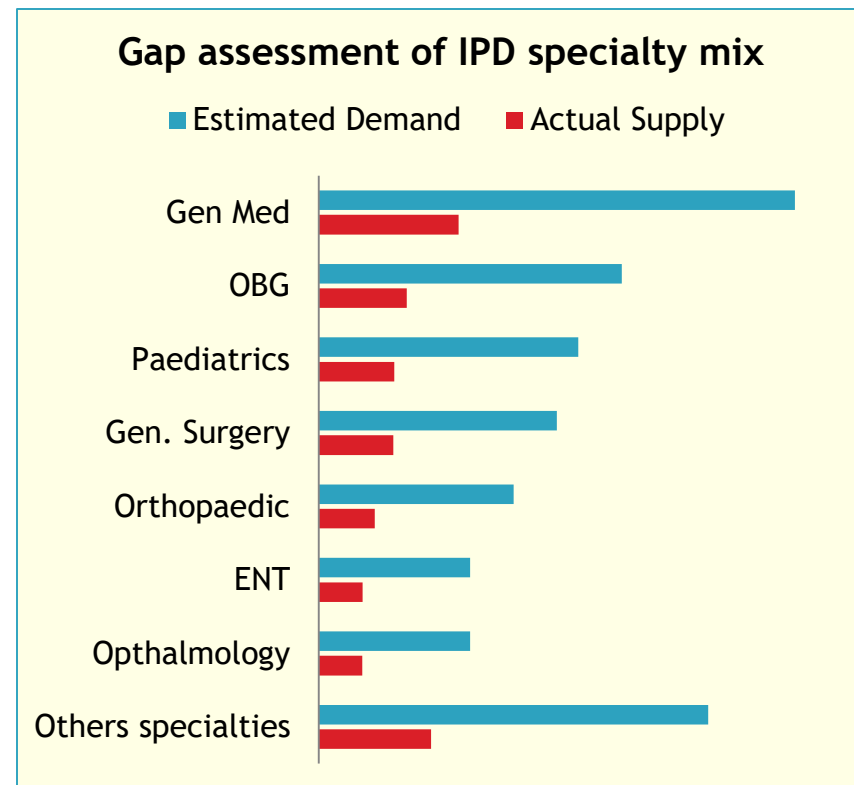


Total OPD Gap

71%

Demand – Supply – Gap of IPD admissions

Department/ Specialties	Estimated IPD demand (@ 15% OP-IP conversion)	Actual Supply	Estimated Gap
Gen Med	92,095	27,078	65,016
OBG	58,606	17,036	41,569
Pediatrics	50,233	14,628	35,605
Gen. Surgery	46,047	14,419	31,628
Orthopedic	37,675	10,851	26,824
ENT	29,303	8,468	20,835
Ophthalmology	29,303	8,428	20,875
Others specialties	75,350	21,722	53,628
TOTAL	418,611	122,632	295,979



Total IPD Gap

71%

Demand – Supply – Gap of Diagnostics (OPD+IPD)

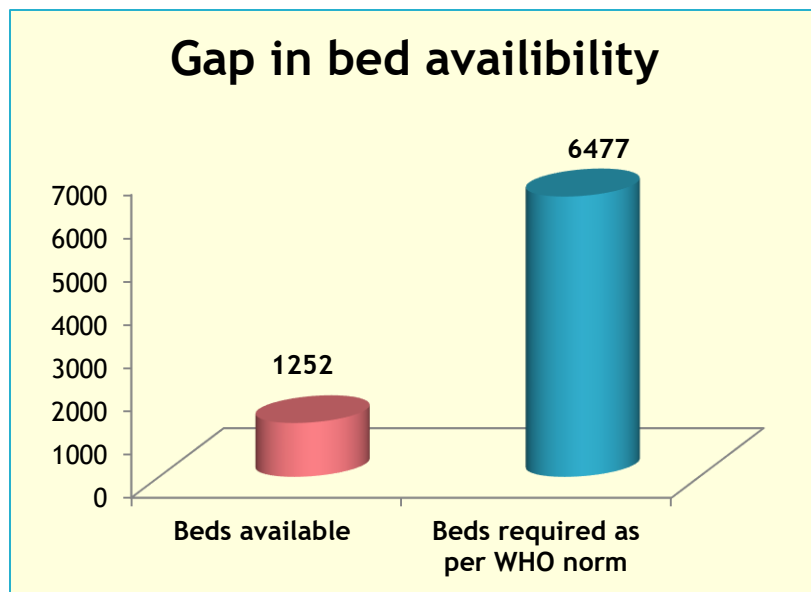
Key diagnostics services	Demand OPD		Demand IPD		Total Estimated Demand	Actual Supply	Total Estimated Gap
	Total % of OPD	Estimated Demand	Total % of IPD	Estimated Demand			
X Ray	15%	418,611	50%	209,306	627,917	5,764	622,153
USG	20%	558,149	35%	146,514	704,663	3,668	700,995
ECG	10%	279,074	60%	251,167	530,241	4,280	525,961
CT Scan	2%	55,815	5%	20,931	76,745	0	76,745
Lab Tests (number of patients)	60%	1,674,446*	100%	418,611**	2,093,057	166,561	1,926,496

* Considering industry standards 60% of OPD patients undergo at least 2 tests per patient. Hence, demand number of OPD lab tests would be 3,348,892 tests.

** Considering industry standards 100% of IPD patients undergo at least 5 lab tests per patient. Hence, demand number of IPD lab test would be 2,093,057.

GAP - HOSPITAL BEDS

Hospital beds available in the district						
Primary health centers & IDH	Community health centers	Sub district Hospital	District hospital	Other Hospital	Private Hospital	Total Bed strength
44 264 beds	15 286 beds	2 160 beds	01 184 beds	2 150 beds	14 208 beds	1252



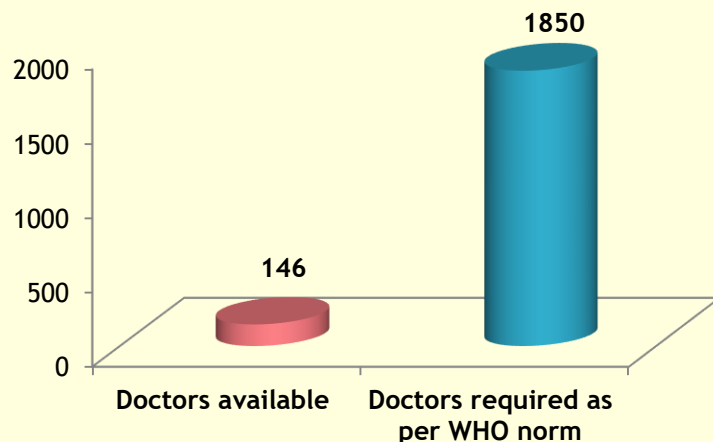
The district of Bolangir has 78 public and 14 private health care facilities with a total bed strength of 1252 beds only.

Considering the WHO norm of 3.5 beds per 1000 population, the district with a population of 18,50,449 has a shortfall of **5225** beds (i.e. a gap of 81% beds).

** Source : Bed Strength, DHS Odisha and Clinical Establishment, DMET Odisha*

GAP - DOCTORS AND NURSES

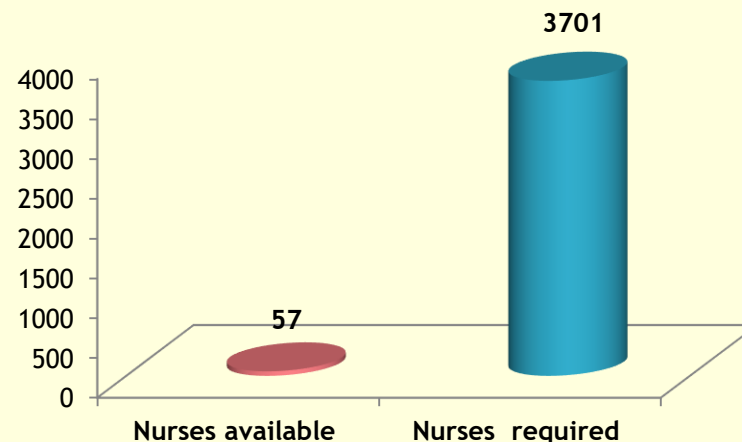
Gap in doctor's availability



- There are 179 sanctioned positions for doctors, of which 33 positions are vacant.
- Considering the WHO norm of 1 doctor per 1000 population, the district has a shortfall of 1704 doctors

* Source : District wise Incumbency list , DHS Odisha

Gaps in nurses availability



- As per primary and secondary data collected There are only 38 nurses posted in the district. (4 nursing sister and 52 staff nurse, 1 Asst Matron).
- Considering the WHO norm of 2 nurses per 1000 population, the district has a shortfall of 3,644 nurses.

* Source : Staff position list received from DHH Balangir and nursing staff list from directorate of nursing, Odisha.

SERVICE AVAILABILITY AND GAPS

Diagnostic Facility

Name of facility	IPHS Requirement	Available
500 M.A X-ray machine	1	0
300 M.A. X-ray machine	1	1
100 M.A. X-ray machine	1	0
60 M.A. X-ray machine (Mobile)	1	1
Dental X-ray machine	1	0
USG with colour doppler	3	1
ECG computerized	1	1
ECG ordinary	2	1
TMT	1	1
A Scan	1	1
B Scan	1	0
Audiometry	1	1
PFT	1	0
Bronchoscope	1	0
Haematology lab	1	1
Biochemistry lab	1	1
Microbiology lab	1	0
Histopathology lab	1	0
Immunology and Serology lab	1	0

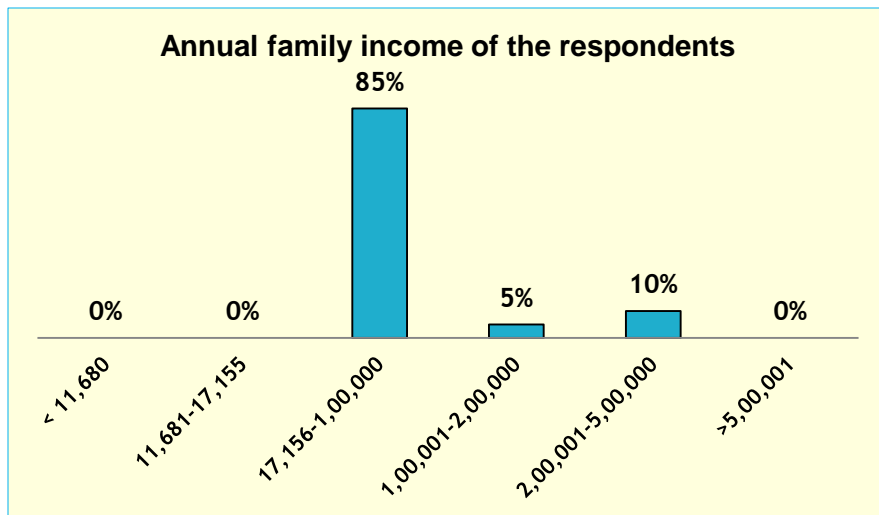
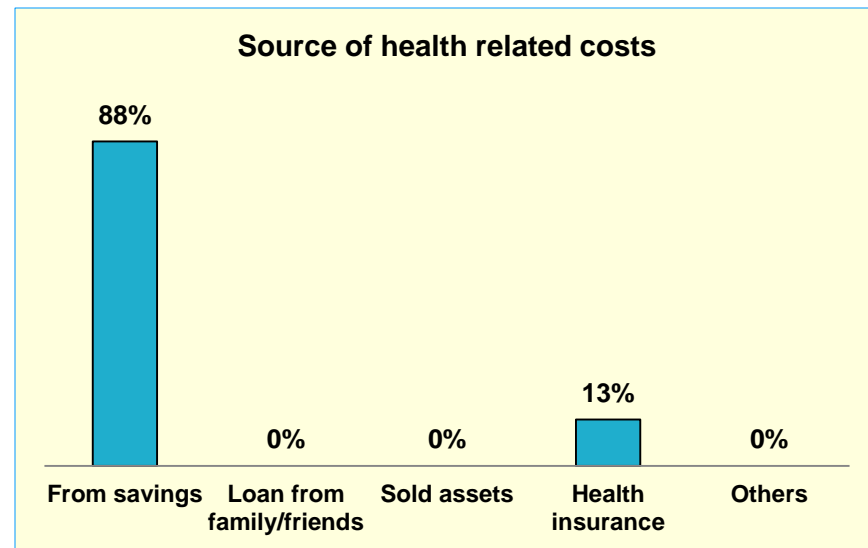
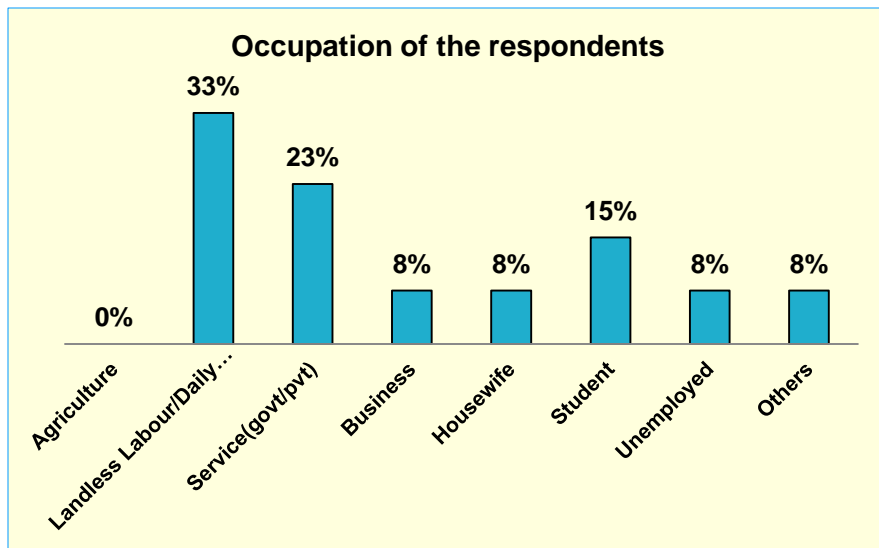
Clinical Facility

Name of facility	IPHS Requirement	Available
General OPD	1	1
Speciality OPD	8-10	3
Major OT	2	1
Emergency OT	1	0
Ophthalmology/ ENT OT	1	0
Minor OT	1	1
Gynaecology OT	1	0
Labour Table	11	4
Pharmacy	1	1
Blood Bank	1	1
Ambulance (BLS)	1	4

When compared with IPHS for district hospitals, major gaps are in the areas of Diagnostics and Specialty OPDs

SECTION 7: FINDINGS OF GENERAL POPULATION SURVEY

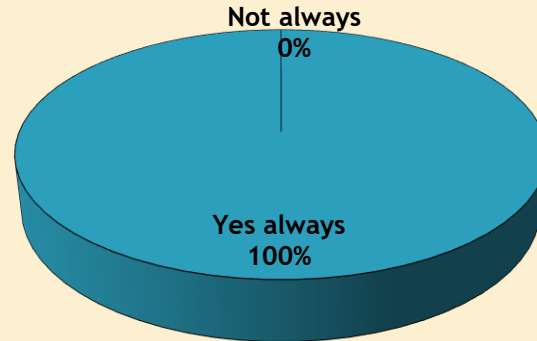
INCOME AND OCCUPATION



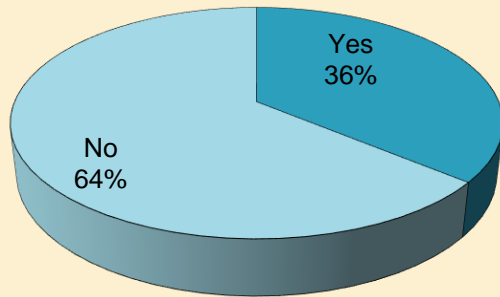
- Majority of the respondents were daily wager followed by people in government with an annual income not more than 100,000.
- Only 13% of the patients surveyed had health insurance as a primary source of health related costs, which indicates lack of awareness in insurance coverage.

HEALTH SEEKING BEHAVIOUR

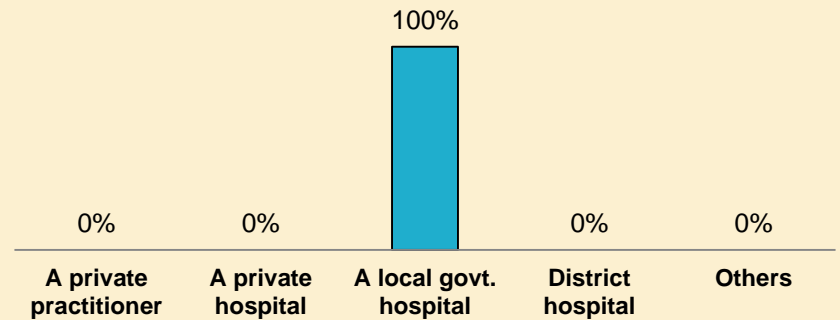
Do you visit a doctor / health facility whenever someone is sick in your family



Have you consulted /visited any other doctor /hospital before coming to this hospital,in this instance and for this ailment



What is the type of healthcare facility that you had visited before coming to this hospital?



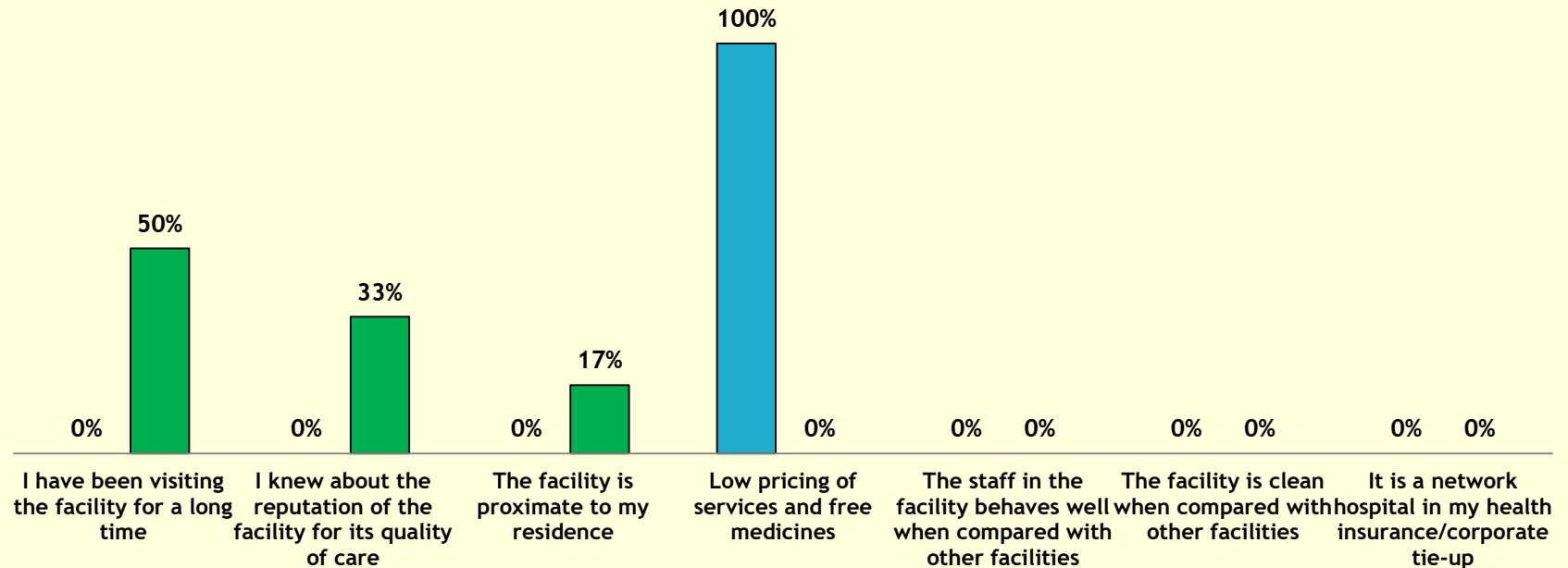
The survey response indicates that people visit health care facility every time when someone is sick & first they consult with the doctors of local Govt Hospital

HEALTH SEEKING BEHAVIOUR

Reason for choosing a hospital

Govt. hospital

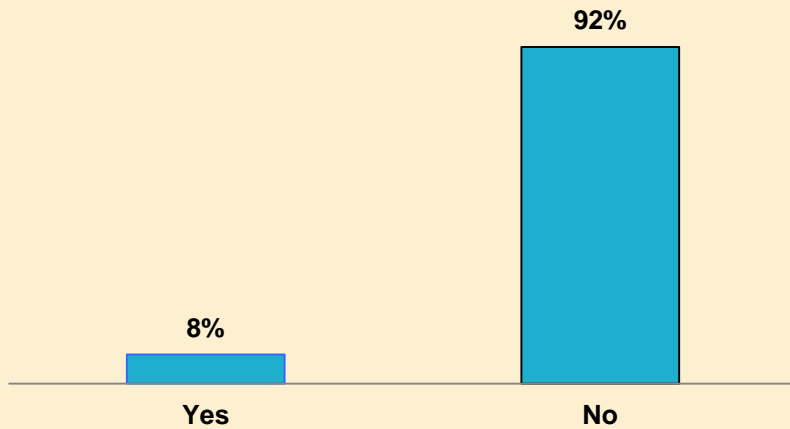
Pvt. Physician Clinic



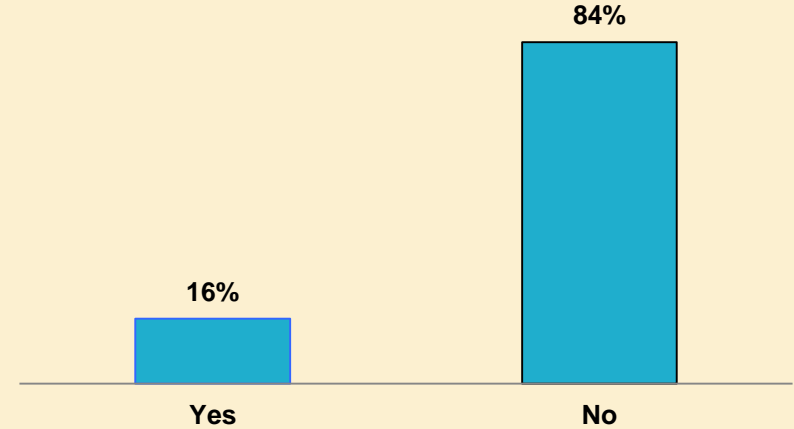
- While Low pricing service is the main reason for choosing a government healthcare facility. Reputation & personal relations with physician are the the main reason for choosing a private physician clinic.

VISITING EXTERNAL FACILITIES

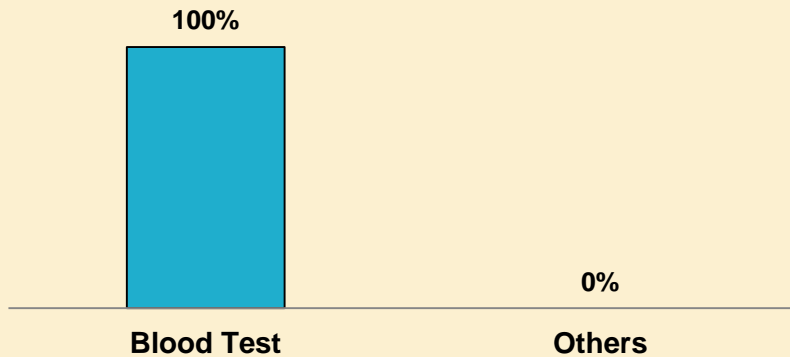
Did you have to visit any other hospital/diagnostic center for any diagnostic test?



Did you have to buy any medicine from an external pharmacy?



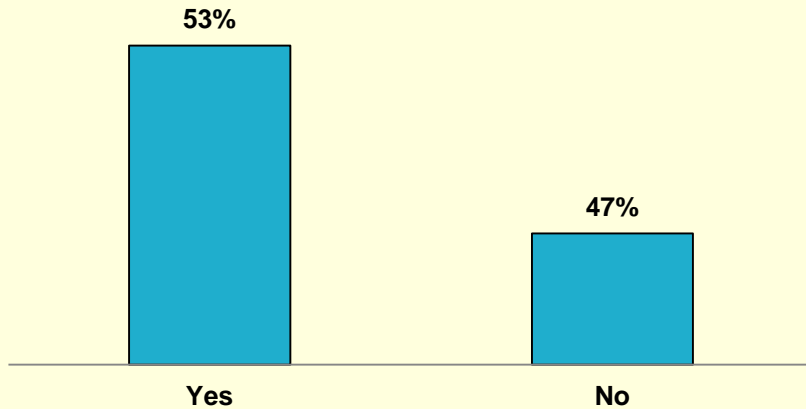
Tests that has been performed from other hospital/diagnostic centres



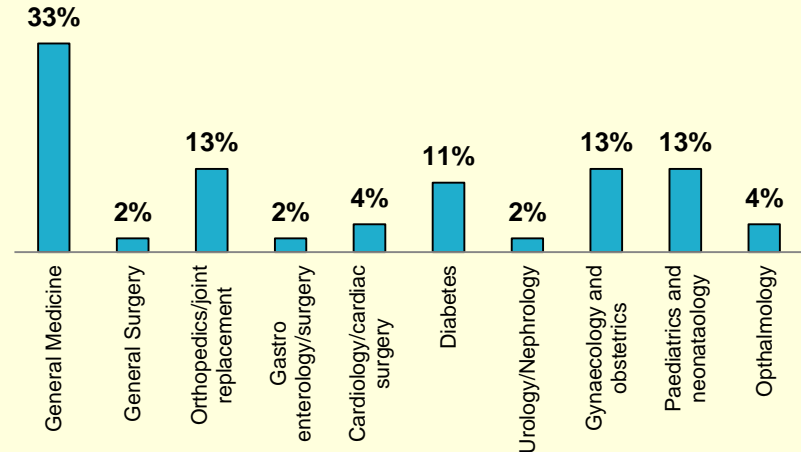
- Only 8% of the respondents at DHH, had visited external diagnostic centre for blood test .
- 16% of respondents had to purchase medicines from external pharmacy due to unavailability of the required medications.

REGULAR MEDICATION BEHAVIOUR

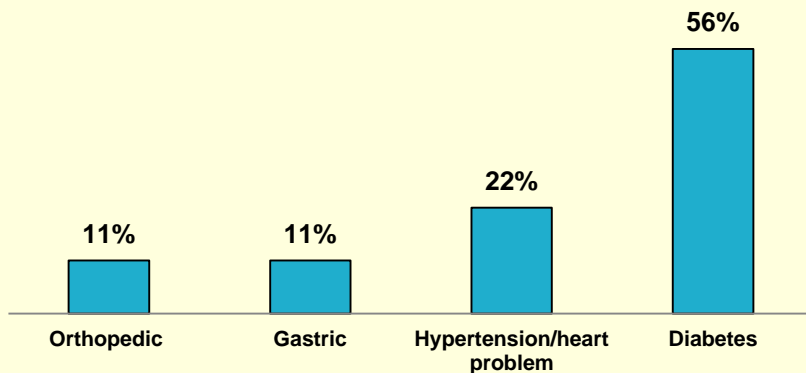
Does any member of your family take regular medications?



Common specialties of consultation



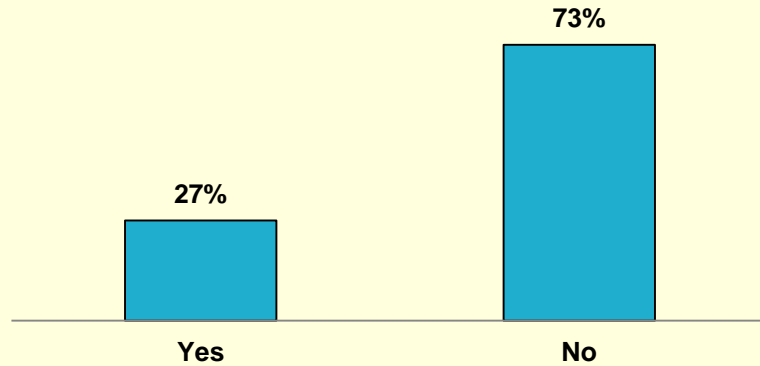
Conditions for which patients take regular medications



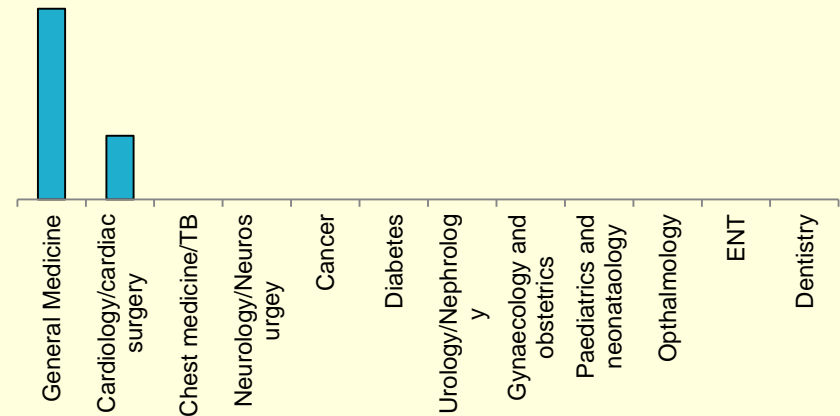
- The findings indicate a high prevalence of chronic diseases requiring continued treatment, with diabetes and hypertension being 78% of the total condition for which people take regular medications.
- Majority of the respondents replied they have consulted health care facilities majorly for general medicine ailments.

IP ADMISSIONS

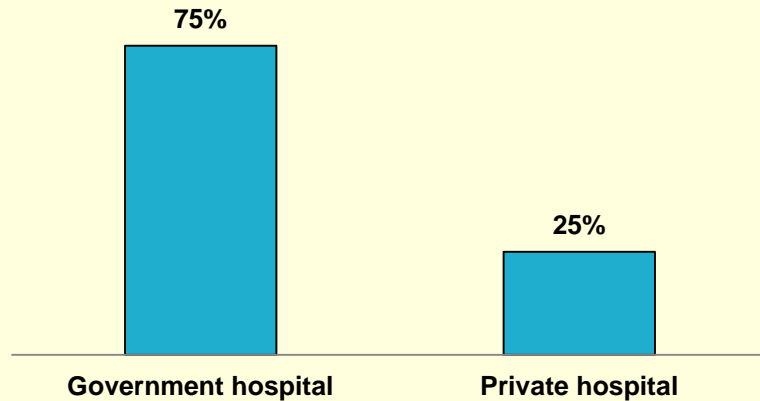
There was at least one hospital admission in the family in the last one year



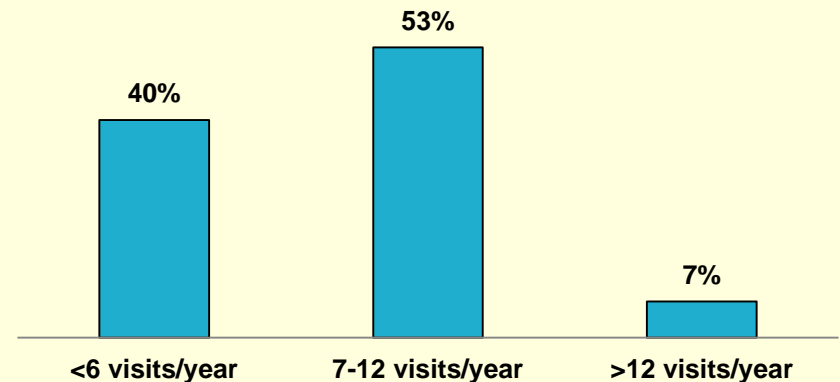
Specialty of admission at hospital



Place of admission



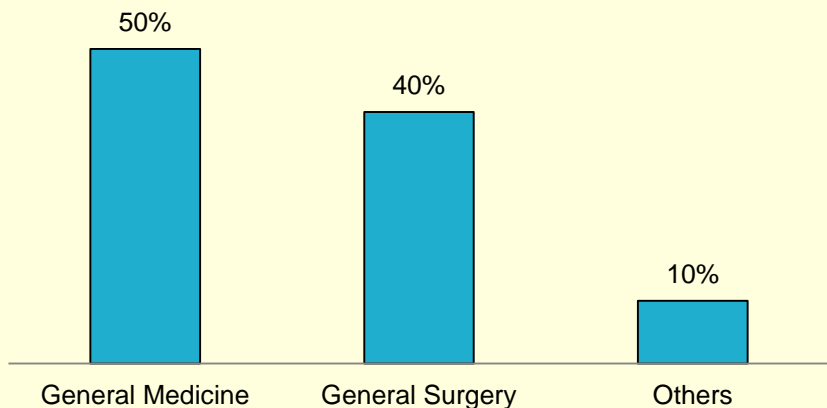
Frequency of hospital visit



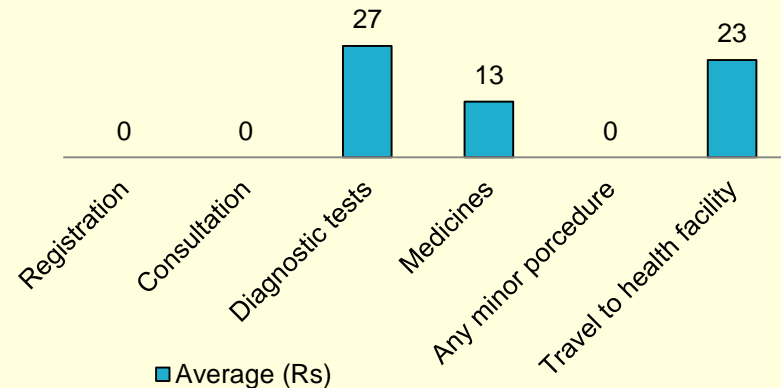
The survey response indicates that there has been atleast of the 27% of respondents who got admitted atleast once in last one year & chose a government hospital majorly for general medicine ailment. 60 % of population had visited hospital for more than 7 times in one year.

SECTION 8: FINDINGS OF OUTPATIENT AND INPATIENT SURVEY

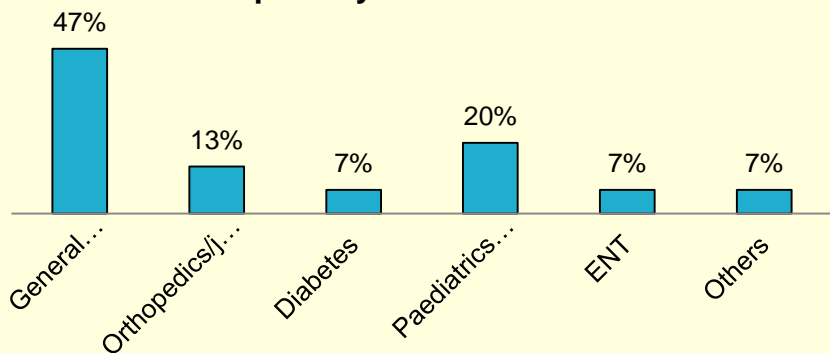
Specialty of the ailment of admission



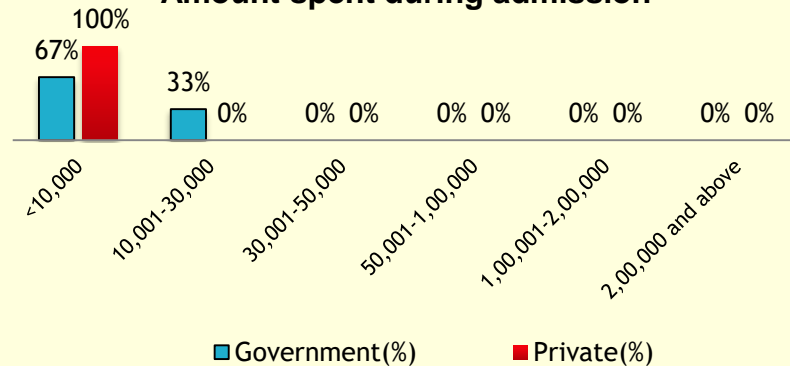
Amount spent on visit to the hospital



Specialty of consultation



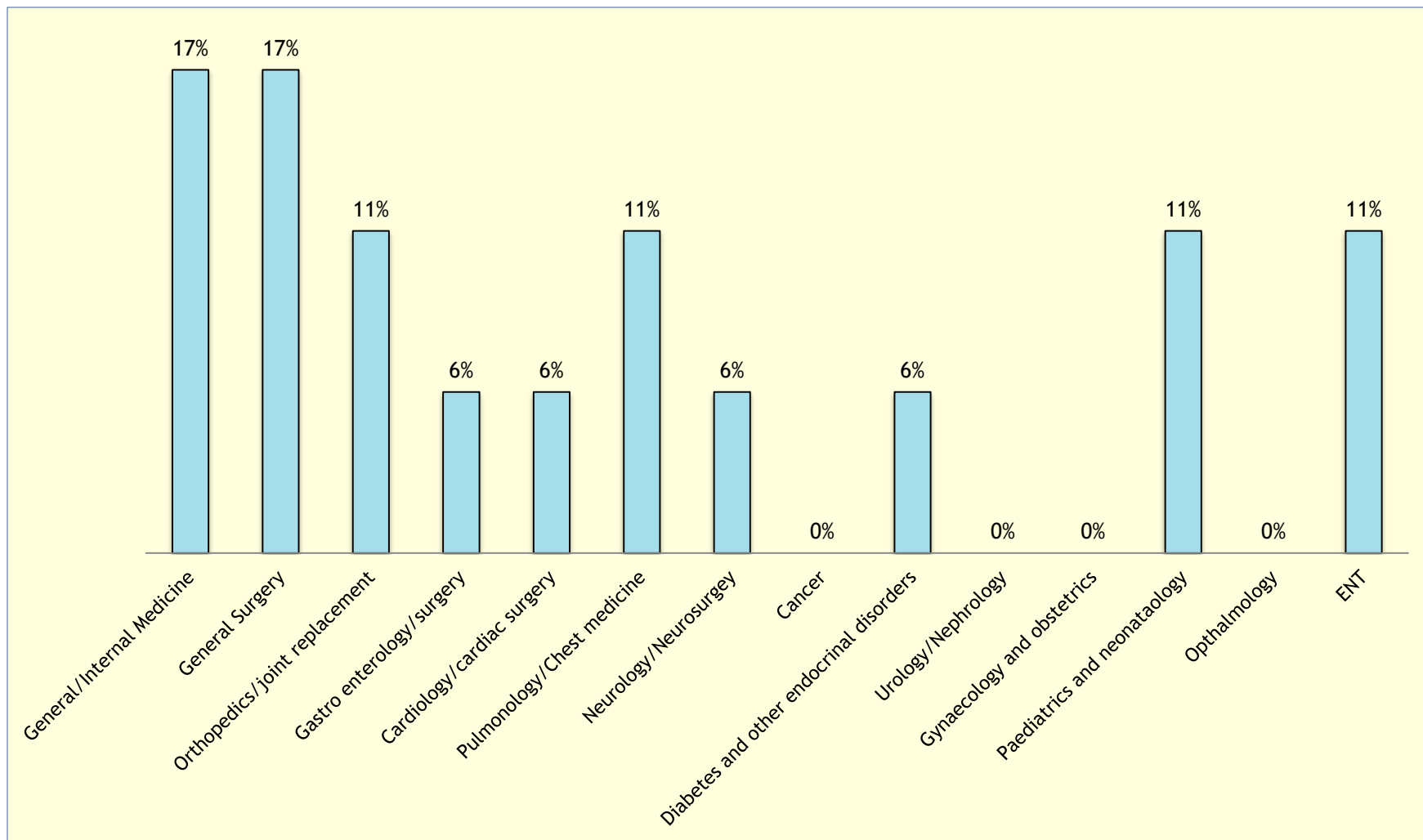
Amount spent during admission



- Majority of inpatient respondents at DHH were admitted for general medicine followed by general surgery. Majority of OP respondents had consulted for general medicine.
- Patients tend to spend mostly on diagnostic tests, medicines and travel to healthcare facility. This indicates that people are ready to purchase healthcare if services are available.
- Mostly the amount spent during this admission is | The average amount spent during an inpatient admission was found Rs 3160 /-

SECTION 9: FINDINGS OF PHYSICIAN SURVEY

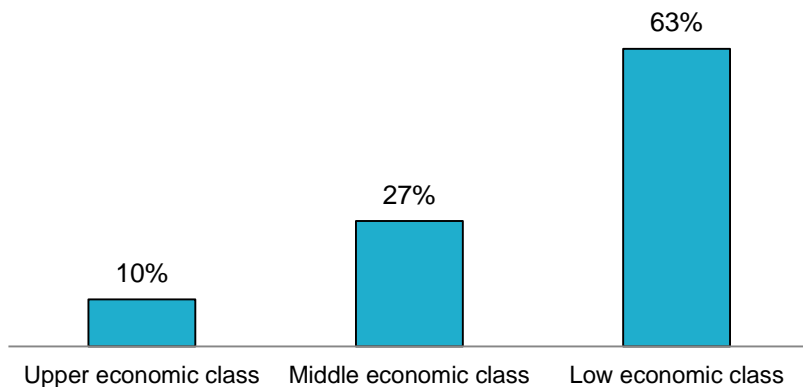
COMMON SPECIALITIES OF CONSULTATION BY GENERAL PHYSICIAN



ECONOMIC AND GEOGRAPHIC STRATIFICATION OF PATIENTS

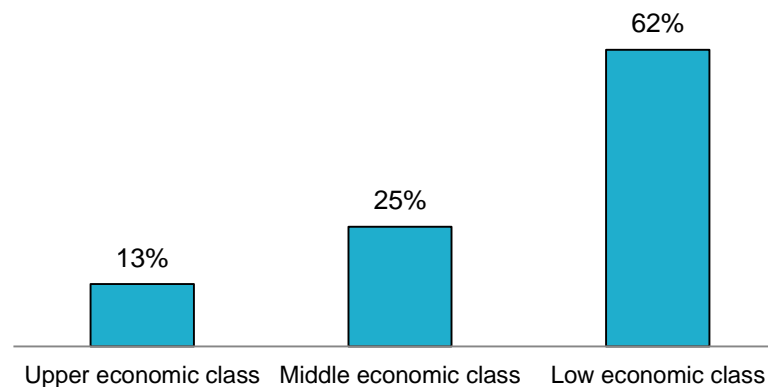
GENERAL PHYSICIAN RESPONSE

Economic class of patients

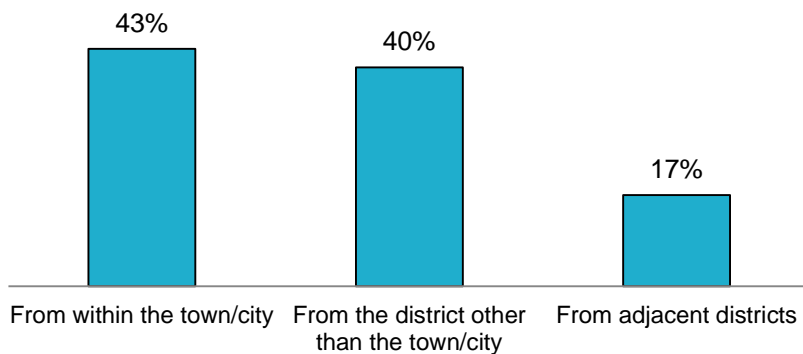


SPECIALIST PHYSICIAN RESPONSE

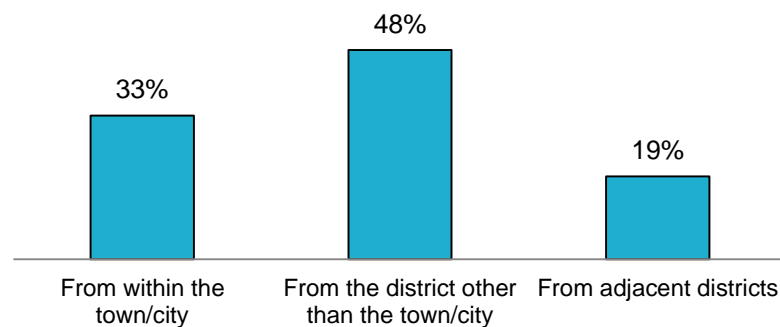
Economic class of patients



Geographic classification of patients



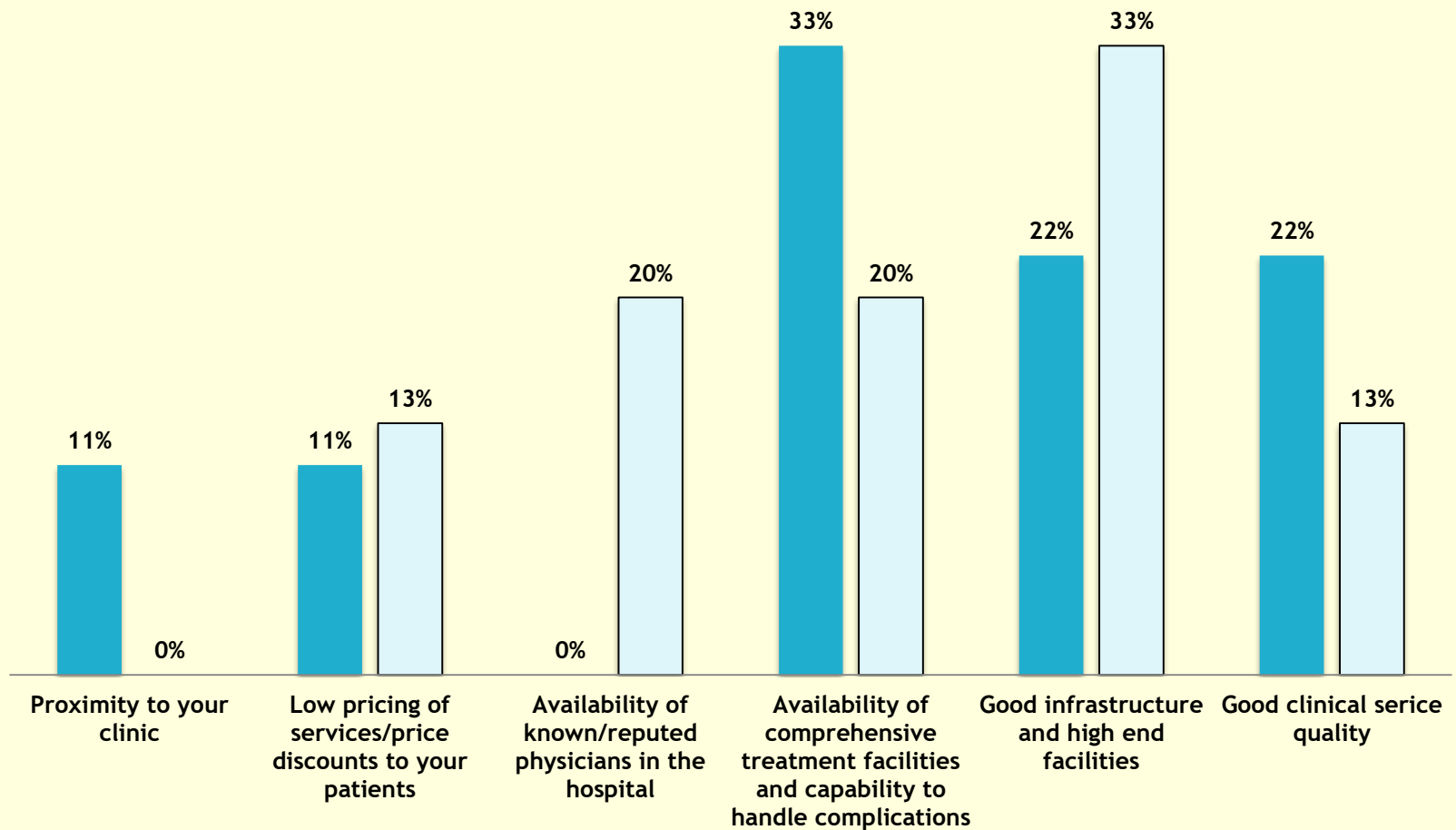
Geographic classification of patients



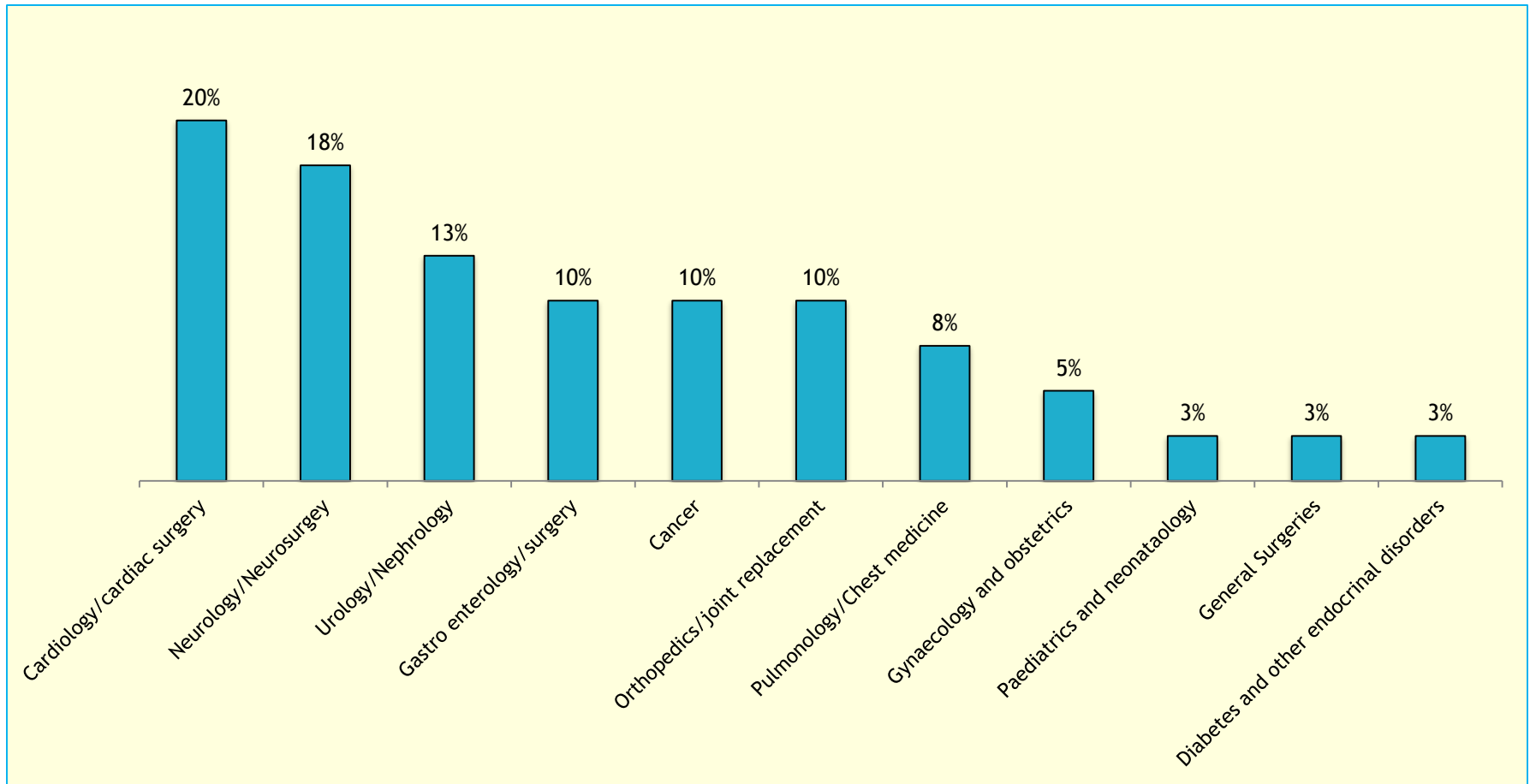
REASON FOR REFERRAL

Reasons to refer a patient to a particular hospital

■ General Physician □ Specialist Physician

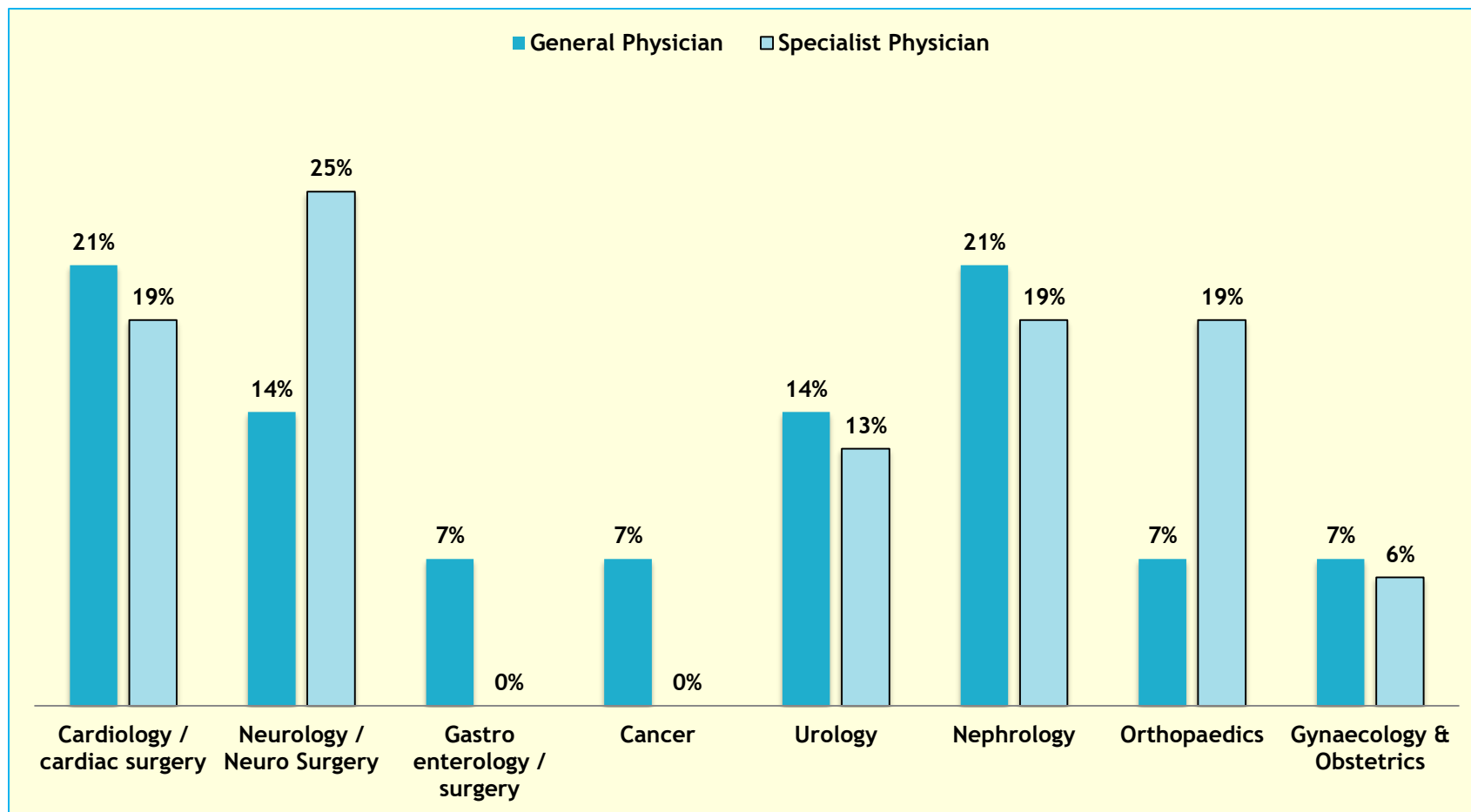


SPECIALITIES OF CARE FOR WHICH PATIENT TRAVEL TO OTHER CITIES



The above are averages of the responses from both general and specialist physicians. All the surveyed physicians indicated that patients from the district go to other districts / cities for availing tertiary level healthcare, of which majority ailments pertain to cardiology and neurology followed by pediatrics and urology.

SPECIALTIES THAT A NEW HOSPITAL SHOULD FOCUS



A mix of higher secondary and tertiary care facilities is what doctors voted for an upcoming hospital to focus on.

FACILITIES RECOMMENDED BY THE PHYSICIANS

Specialities	General Physician	Specialist Physician
Cardiology / cardiac surgery	ECHO TMT	ECHO TMT
Neurology / Neuro Surgery	EEG	EEG, CT-Scan, Specialised Neuro OT
Gastro enterology / surgery	Endoscopy	
Cancer	Chemotherapy	
Urology	Lithotripsy	Lithotripsy
Nephrology	Dialysis	Dialysis
Orthopaedics	Joint replacement	Modular OT, MRI, CT, Implant
Gynaecology & Obstetrics	USG	USG
Cardiology / cardiac surgery	ECHO TMT	ECHO TMT
Neurology / Neuro Surgery	EEG	EEG, CT-Scan, Specialised Neuro OT

THANK YOU