Technical due diligence

District : Debagarh

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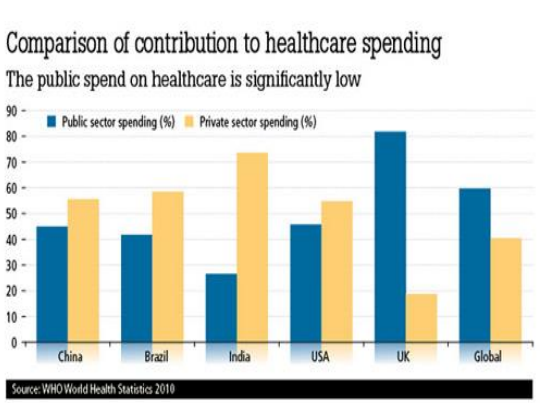
Summary

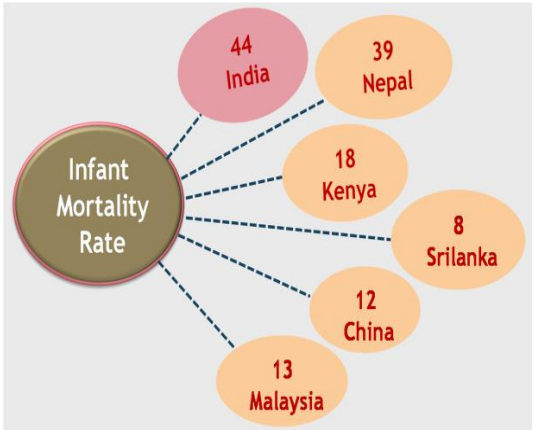
- The district of Debagarh has 13 government health care facilities and no private hospitals with a bed strength of 100 beds only.
- CHC's comprise of 46% of the total OP consultations at government facilities, indicating a good health seeking behavior of the people at the district.
- OP to IP conversion has been higher than industry standards at all the public health facilities.
- BOR as per sanction bed at all public health facilities is much above the optimum level of 80%, indicating an immediate need for beds at secondary care level.
- Surgeries performed at government facilities are mostly minor in nature, for FY 2015-16,57% of the total surgeries performed at government facilities were minor in nature.
- More than 1 surgeries per OT per day at DHH and 1 surgery per OT per day at CHCs indicate under utilization of surgeons.
- Among the Public Health facility in district conducted very low rate of C-section(0.4%)
- Overall Lab tests accounts for majority (96%) 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 32% of the existing demand is being met for OPD and 22% for IPD

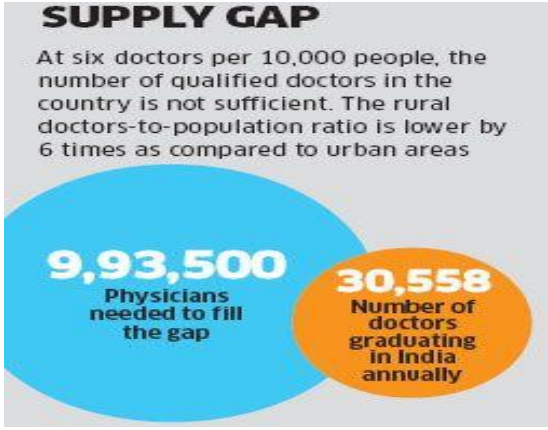
Summary

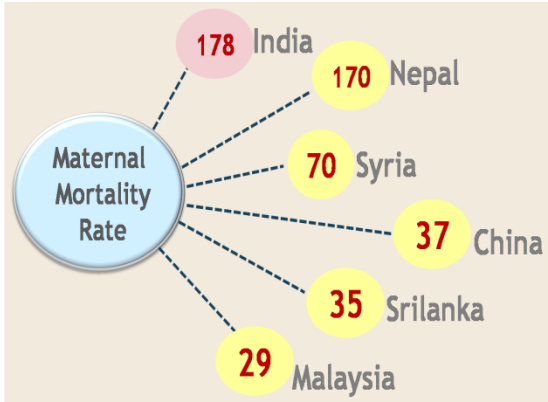
- Considering the WHO norm of 3.5 beds per 1000 population, the district has a shortfall of 1,073 beds (i.e. a gap of 91% beds).
- Considering the WHO norm of 1 doctor per 1000 population, the district has a shortfall of 310 doctors.
- Considering the WHO norm of 2 nurses per 1000 population, the district has a shortfall of 628 nurses.
- For gaps under service facilities, when compared with IPHS for district hospitals, major gaps are in the areas of Diagnostics and Specialty OPD & IPDs.
- Low pricing of services stands the most voted reason for choosing a government hospital, whereas reputation & quality of care is the reason for choosing a private facility.
- While Majority of the respondents depend on savings for their healthcare spending only 70% of the patients surveyed had health insurance as a primary source of health related costs, which indicates a need for awareness in insurance coverage.
- 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 nephrology followed by neology & pulmonology.

SECTION 1: PROJECT SNAPSHOT









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

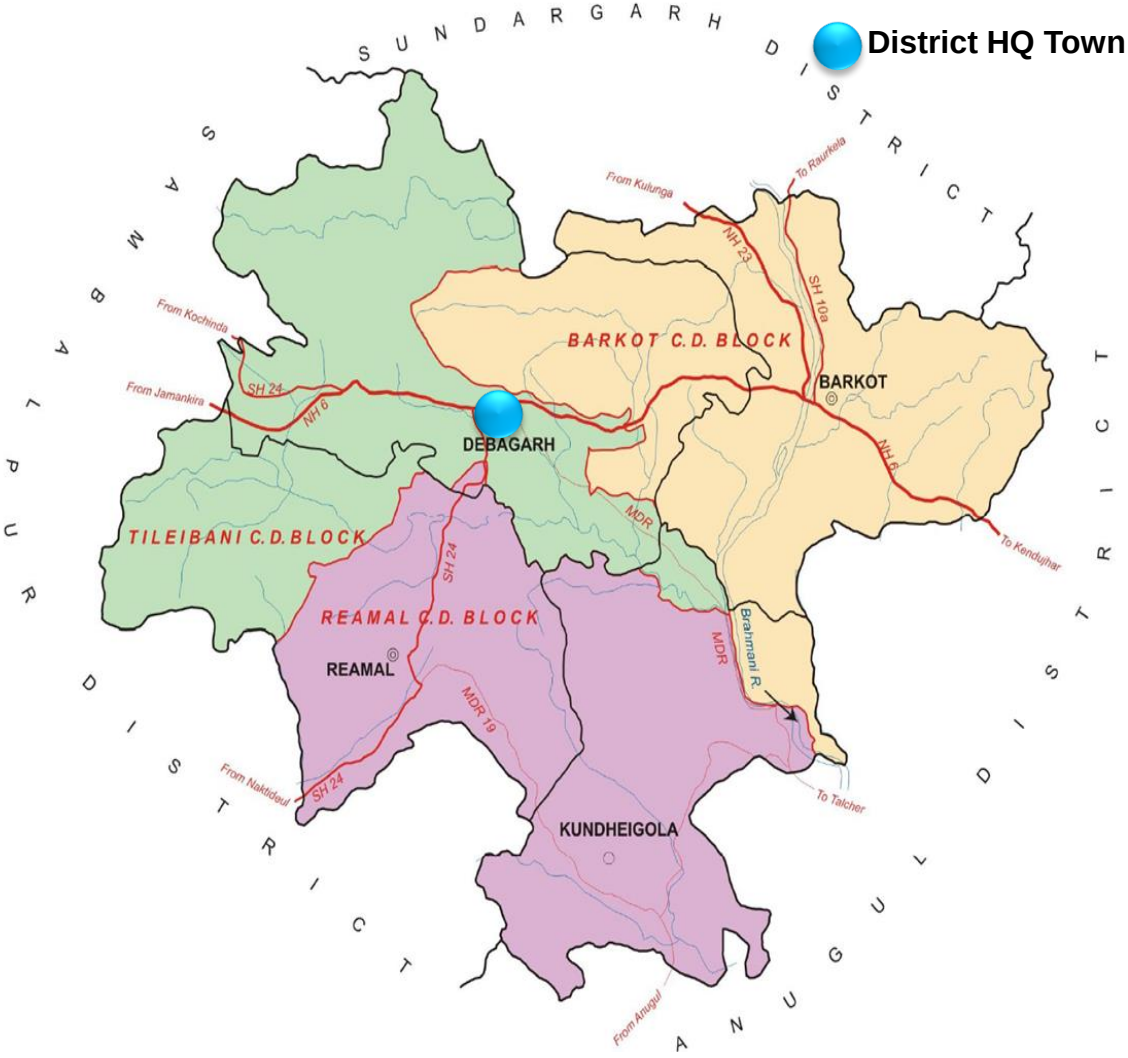
- Correlation of primary and secondary data that is already collected from districts and state
- **Data analysis** the overall state and each of the 30 districts.
- **Presentation on the findings** of the market assessment to Government of Odisha.

SECTION 3: DISTRICT PROFILE

DEMOGRAPHIC PROFILE

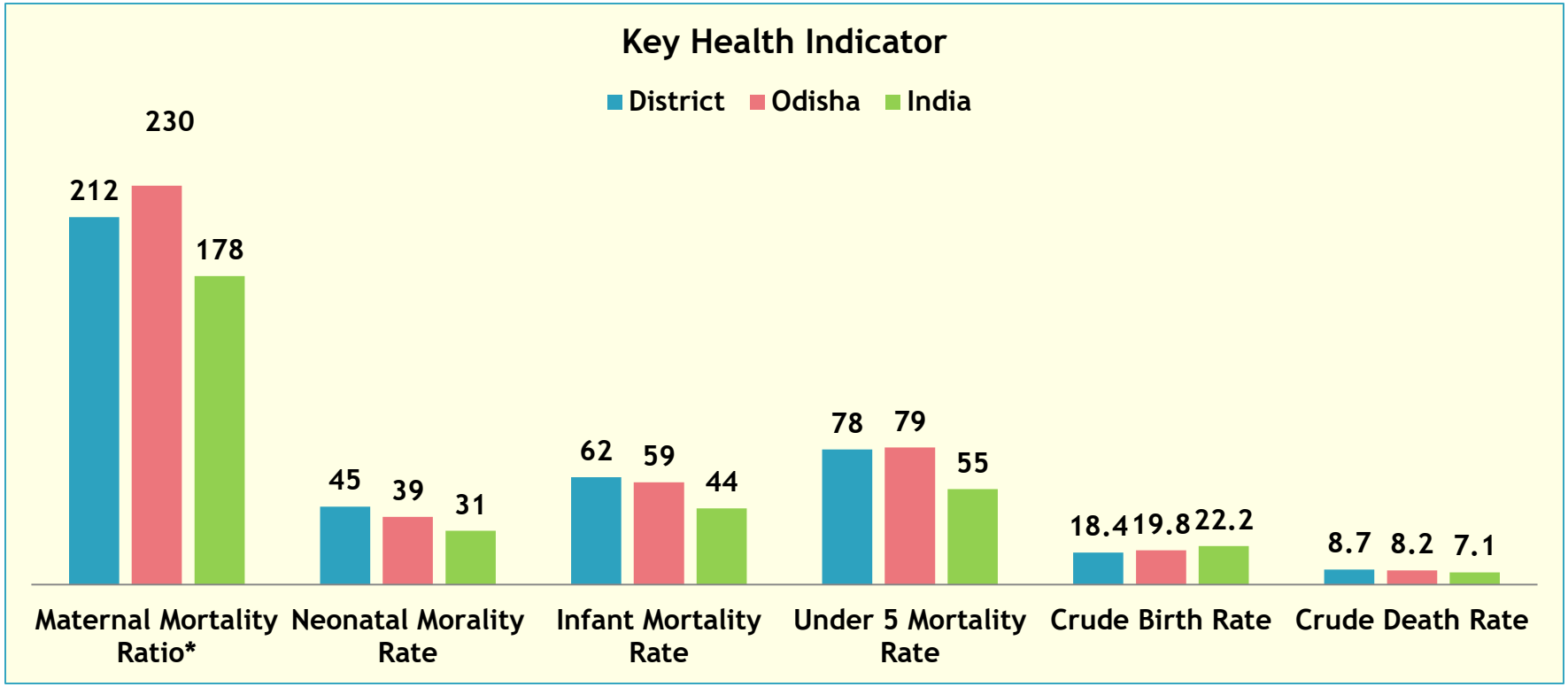
Particulars	Odisha	Debagarh
Total Population	4,19,74,218	312,520
Urban population	16.6%	7.16
Decadal population growth rate	14.05%	14.01
Mean household size	4.35	4.14
BPL households*	44,08,070	40,633
BPL Population*	1,91,75,105	168,361
BPL %	46%	54.00

- Debagarh is the 23rd district in terms of size and 30th in terms of population.
- Debagarh is the 27th urbanized district in state having only 7.16 percent of its population living in urban areas.
- Debagarh has 18th rank in terms of sex ratio in the state.



Source :
Census of India - 2011, Odisha
** RSBY status 2015-16, Odisha*

HEALTH INDICATORS

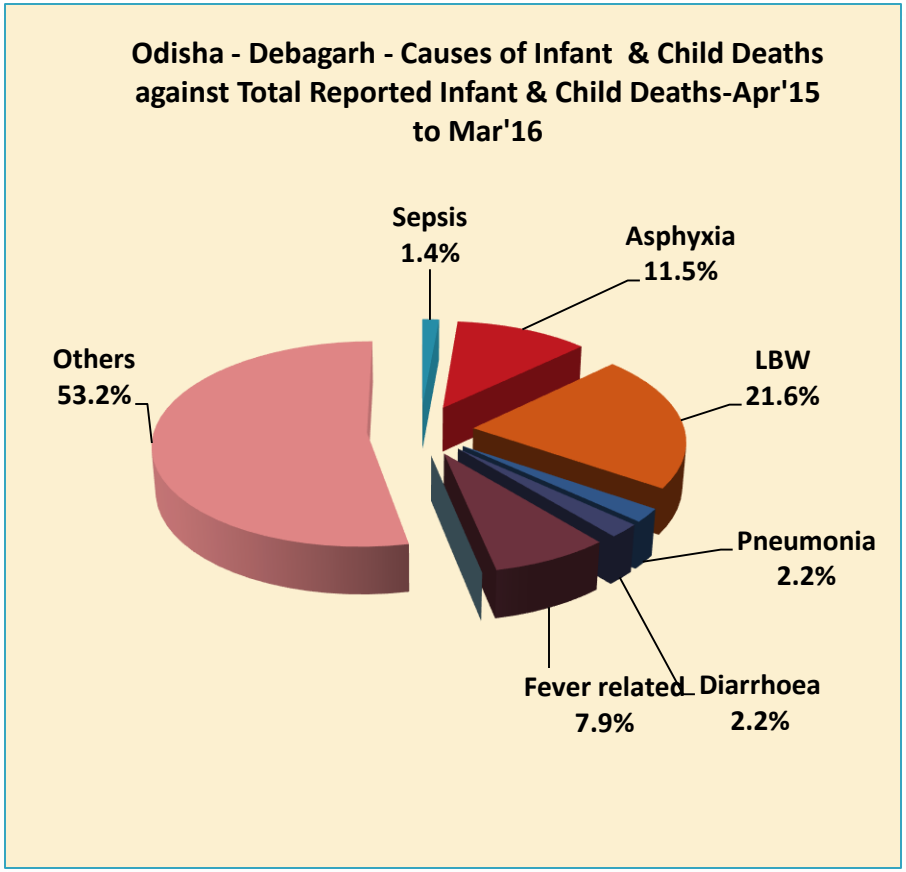


** Maternal Mortality Ratio is of Central Division*

Source : Annual Health Survey Report 2011-12

Causes of deaths (Infants & Child)

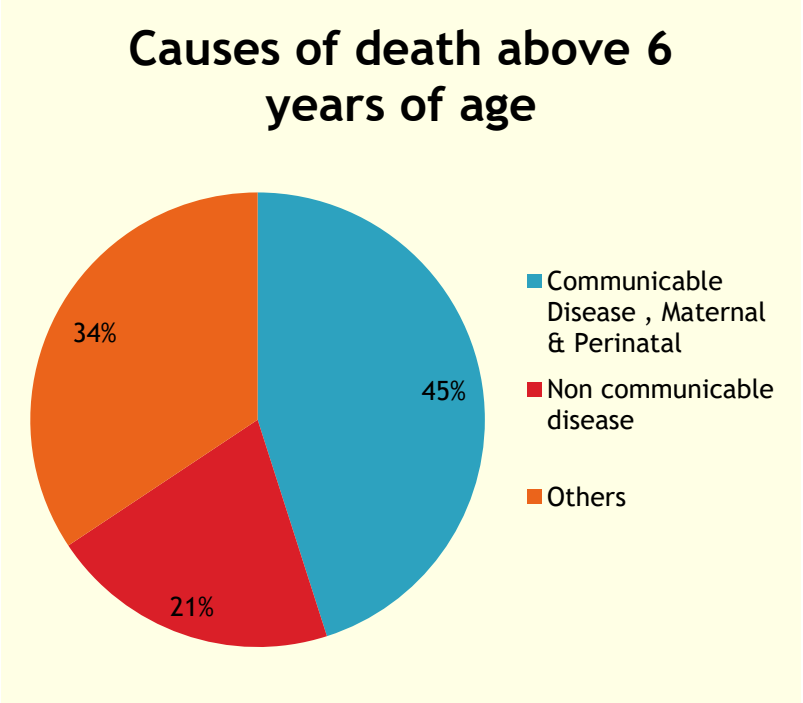
Debgarh - Causes of Infant & Child Deaths - Apr'15 to Mar'16	
Measles	0
Sepsis	2
Diarrhoea	3
Pneumonia	3
Fever	11
Asphyxia	16
Low Birth Weight (LBW)	30
Others (for age upto 4 weeks of birth)	30
Others (for 1 month to 5 years)	44
Total	139



Source : HMIS Data Analysis 2015-16, District Angul

Causes of deaths (above 6 years of age)

Odisha - Debagarh - Mortality - Major Causes Group - Apr'15 to Mar'16		
Death Groups	**Cause-wise deaths included in the group**	**Reported deaths**
Communicable Disease , Maternal & Perinatal	Maternal & Perinatal, Diarrhoea, Tuberculosis, Respiratory (excluding TB), Malaria, Other Fever related, HIV/AIDS	105
Non communicable disease	Heart Disease/ Hypertension, Neurological including Stroke	48
Injuries	Trauma, Accidents, Burns, Suicide, Animal Bites	-
Others	Other known acute diseases, Other known chronic diseases, Other diseases (Causes not known)	80
Total		233



Source : HMIS Data Analysis 2015-16, District Angul

SECTION 4:
SUPPLY ASSESSMENT

BEDS AVAILABILITY

Facility type	Number of facilities	Number of beds
District Headquarters Hospital	1	60
Sub-divisional hospitals	0	0
Community Health Centers	4	40
Primary Health Centers & IDH	8	0
Other hospitals / Area Hospital	0	0
Private Hospitals	0	0
Total	13	100

DHH Debagarh has 162 functional beds against 60 Sanctioned beds.

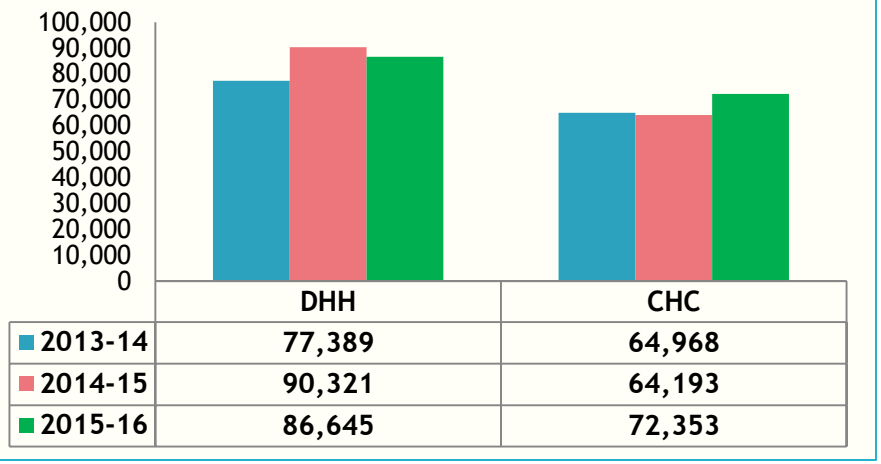
There are no private hospitals in the district.

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

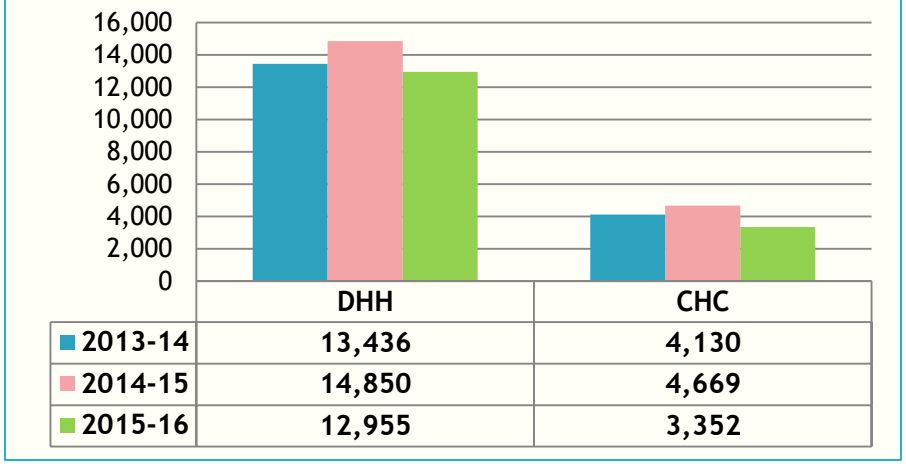
ABOUT DISTRICT HEADQUARTERS HOSPITAL, DEBAGARH

Total number of beds	Sanctioned 92 Functional 163
Service specialties	Internal medicine, General surgery, Gynecology and obstetrics, Pediatric, Ophthalmology, ENT Dentistry, Skin and VD,OrthopedicTB and chest, Emergency
Diagnostic facilities	X-ray, USG, ECG, A-scan, Laboratory
Operating rooms and Labour tables	1 major ,1 minor, 2 labour tables
Other clinical facilities	Blood bank, Pharmacy, Physiotherapy
Outsourced Support facilities	Laundry, Dietary, Biomedical waste management, Security, Housekeeping

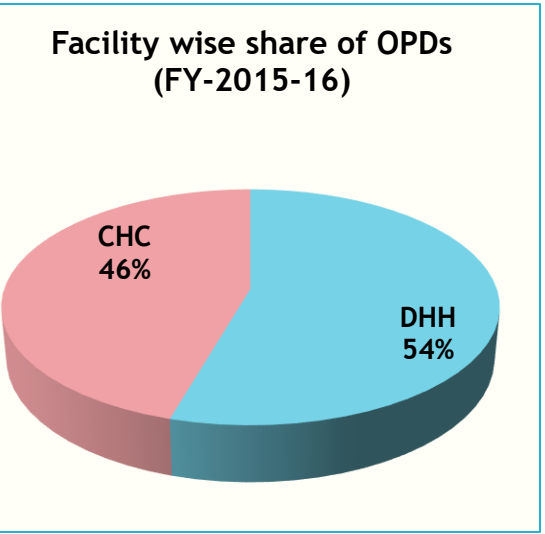
OPD Consultation & IPD Admission

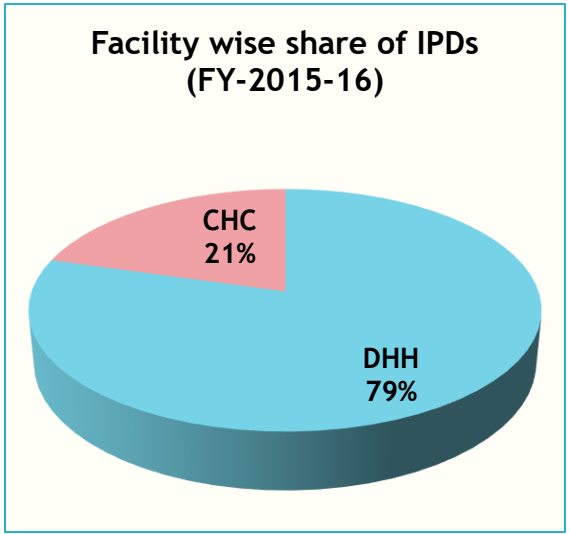


	DHH	CHC
2013-14	77,389	64,968
2014-15	90,321	64,193
2015-16	86,645	72,353



	DHH	CHC
2013-14	13,436	4,130
2014-15	14,850	4,669
2015-16	12,955	3,352

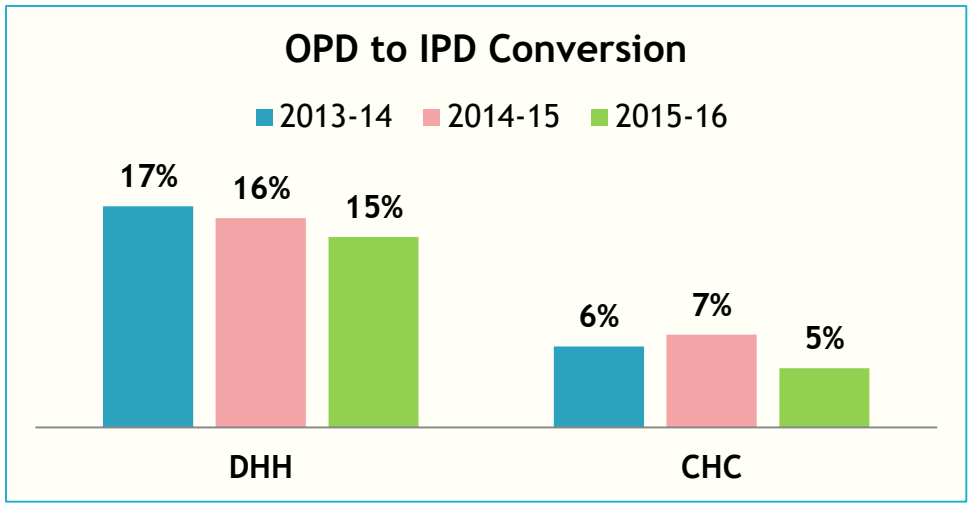


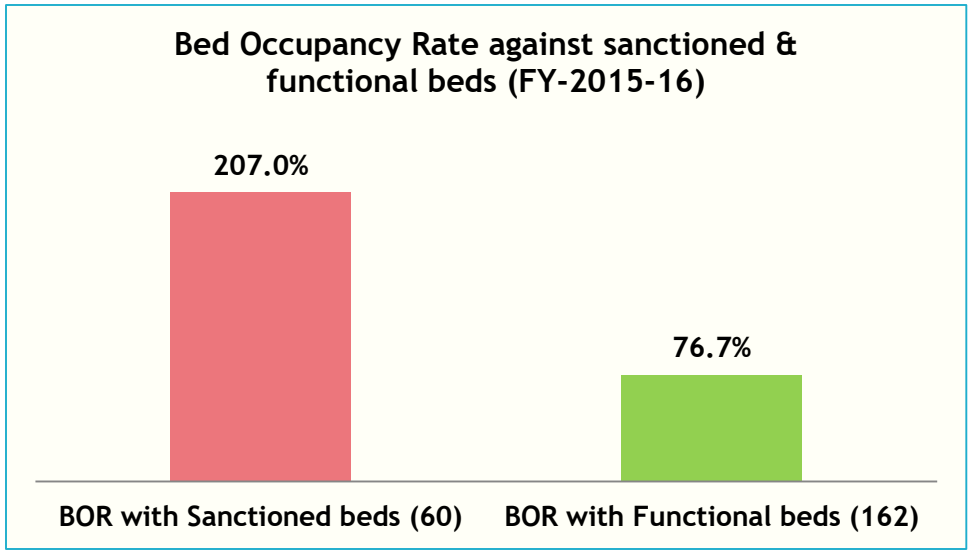


- There has been inconsistency in the rate of OPD consultations and IPD admissions over the years.
- During FY 2015-16, per day OP consultations at DHH was 289, whereas on an average per day OPD per CHC was 60.
- FY 2015-16 on an average there has been 2 IP admisiions per day per CHC, whereas at DHH it was 36.
- DHH in the district share the highest percentage of OP consultations (79%) and IP admissions (79%) among the studied facilities in the district.

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

BED UTILIZATION



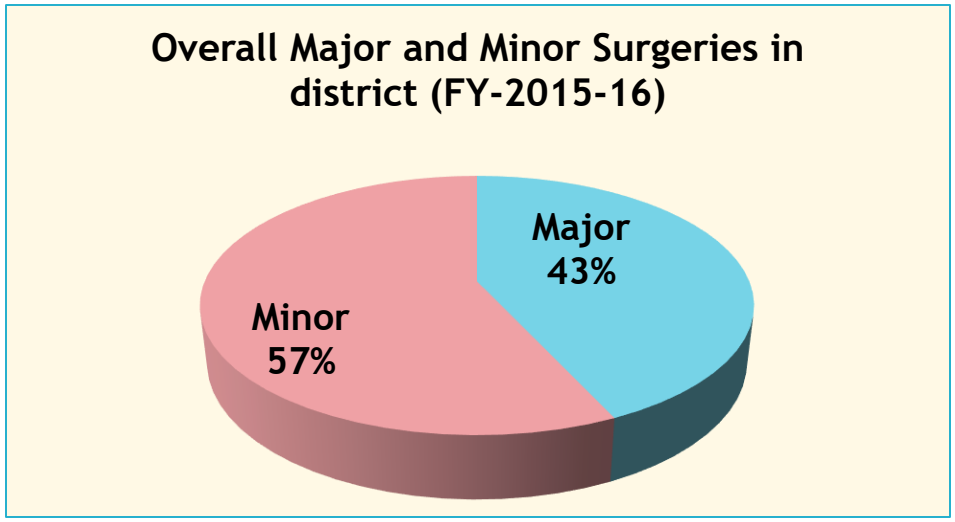


- OP to IP conversion has been higher than industry standards at the DHH.
- DHH being the only healthcare facility providing secondary care in the district is the reason for the high OP to IP conversion rate.
- BOR at DHH against the sanctioned beds is very high than the industry standards, which is a startling rate of 207%.
- The BOR of DHH against sanctioned beds indicates every second patient do not get a bed and have to rely on floor bed for inpatient admission.
- The startling BOR indicates an immediate need for additional beds at the public health facilities of the district.

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

GENERAL SURGERIES

Facility Name	Major	Minor	TOTAL
DHH	650	494	1,144
CHC	370	852	1,222
TOTAL	1,020	1,346	2,366

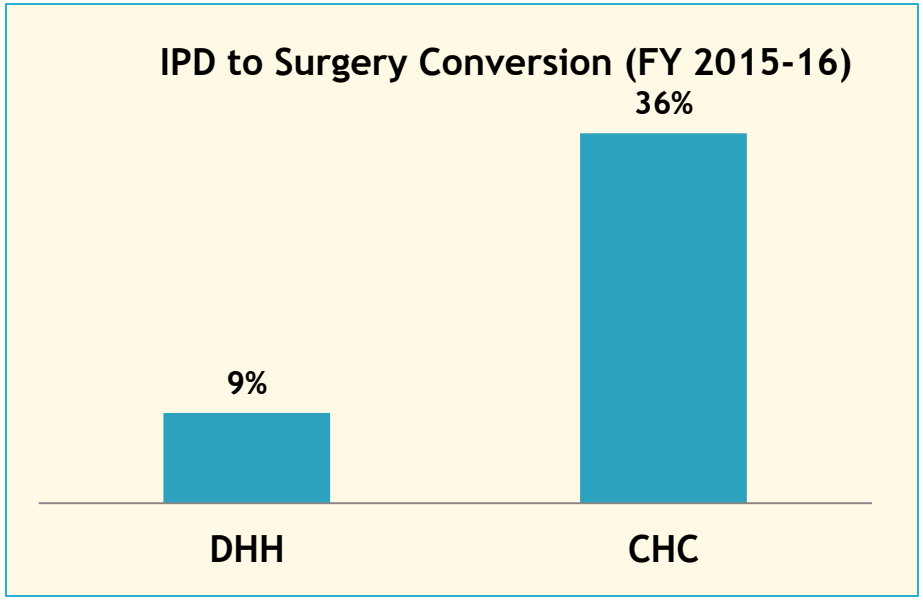


- Considering data for FY 2015-16 Surgeries performed at the district are majorly minor surgeries (57%).
- For the FY 2015-16, of all the surgeries performed at DHH, 57% comprise of major surgeries.
- Of the total surgeries for FY 2015-16 , 52% of the surgeries was conducted at CHC , however 70% of these surgeries were minor surgeries.

Source: Primary data from DHH & 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	5	1,153	3.8	0.8	2	1.9
CHCs	1	1,222	4.1	4.1	4	1.0

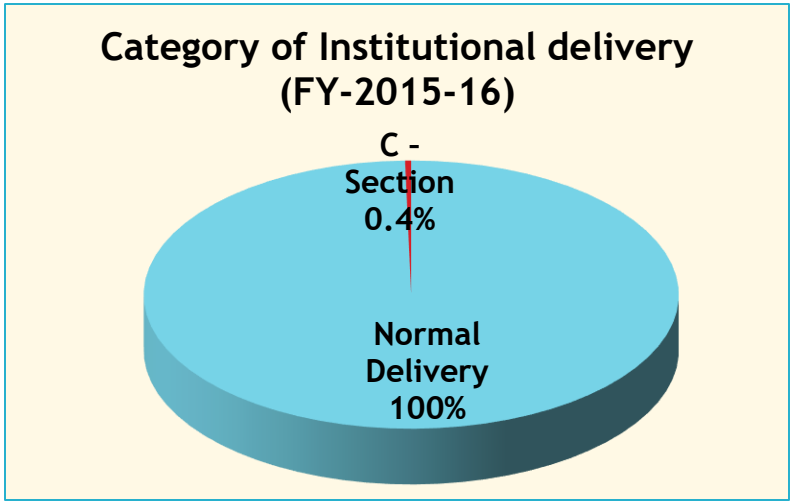


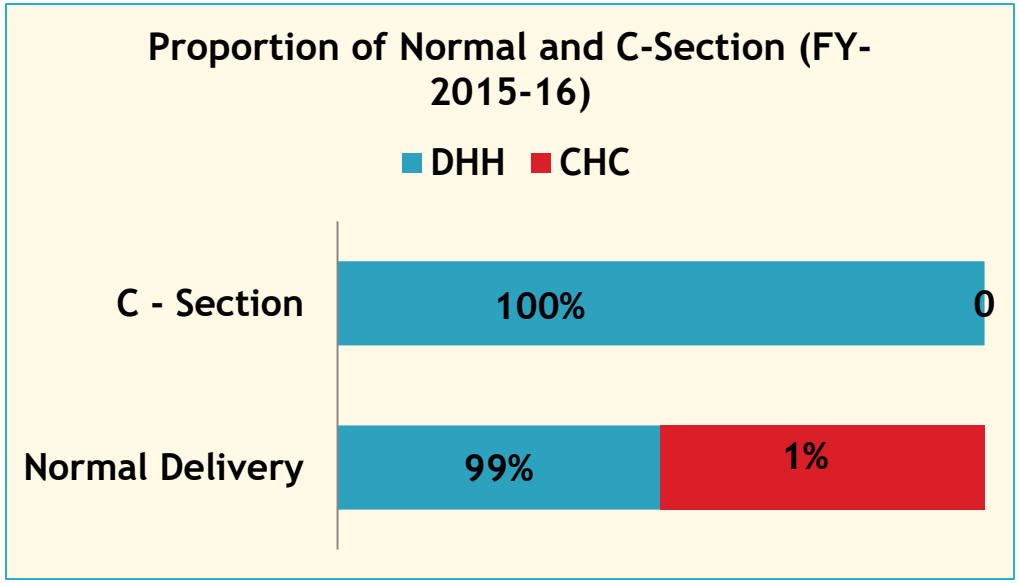
- Data indicate under utilization of OT at DHH with less than 2 surgeries per OT per day.
- The IP to surgery conversion at CHC is more than DHH however 70% of these surgeries are minor surgeries.
- Absence of private health care facilities in the district can be considered one reason for high IP to surgery conversion at the CHC's.
- It must be pointed out that the dataset from CHCs is from one surgeon, which may not be representative of services at CHCs in general

Source: Primary data from DHH & 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	1,287	322	1,320	58	1,234	9
CHC	1,581	0	1,611	0	1,224	0
Sub Total	2,868	322	2,931	58	2,458	9





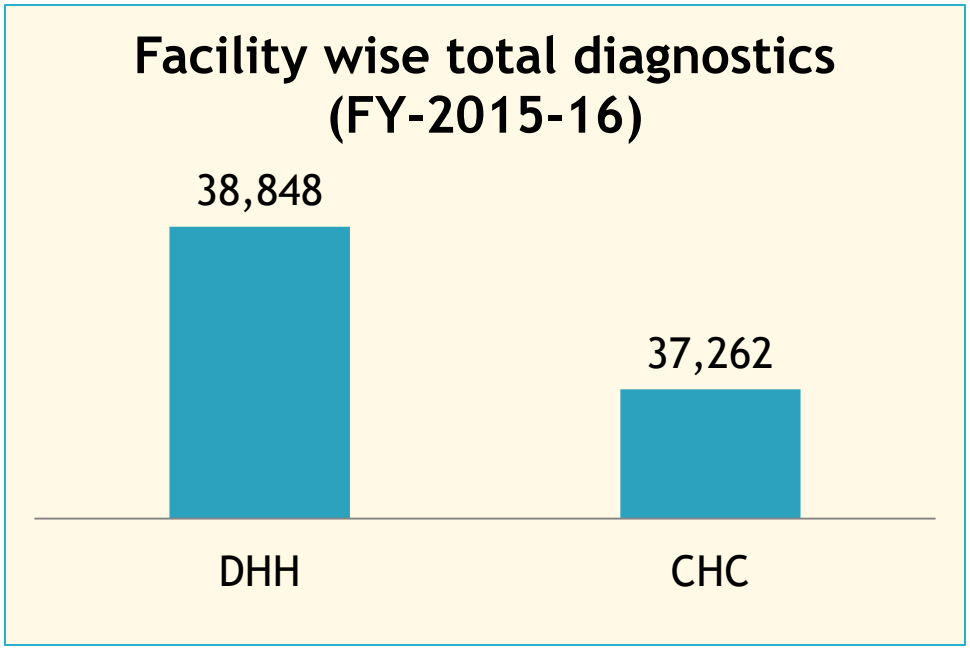
- C-sections in the district constitute of only 0.4 % of the total deliveries which should be a concern for the district.
- Absence of anesthetist at the facilities may be considered one striking reason for C-sections not happening at the CHC's.
- In 2015–16, DHH performed 3 deliveries per day, whereas CHC's on an average performed 1 delivery per day per CHC.

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

DIAGNOSTICS PROCEDURES

Diagnostic Test	X Ray	USG	ECG	CT Scan	Lab Tests
DHH	1,976	471	156	0	36,245
CHC	NA	NA	NA	0	37,262

NA: Data not available

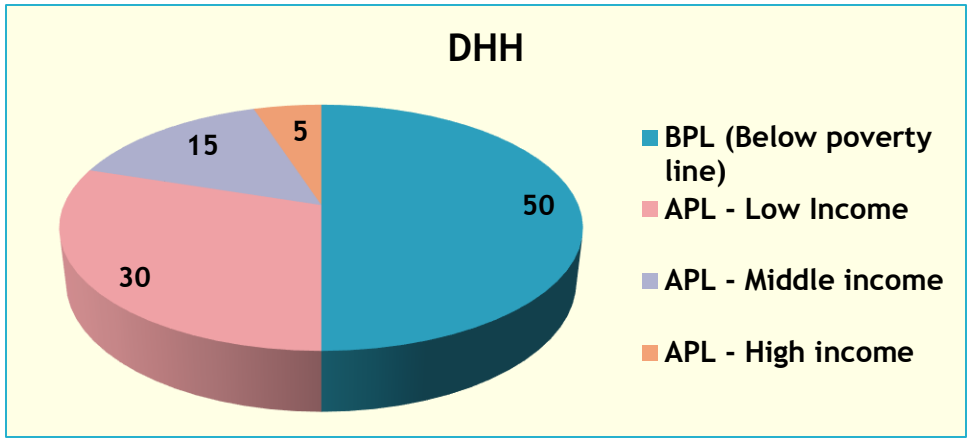


- Overall Lab tests accounts for majority (96%) of total diagnostics.
- X-ray, USG and ECG services are available only at DHH in the district.
- X-ray and USG constitute of only 3% and 1% of the total diagnostic procedures conducted at the district which is far below industry standards.
- Data indicate majority of the diagnostic procedures are conducted at DHH (51%).
- CT Scan facility is not available in any health care facility of the district posing

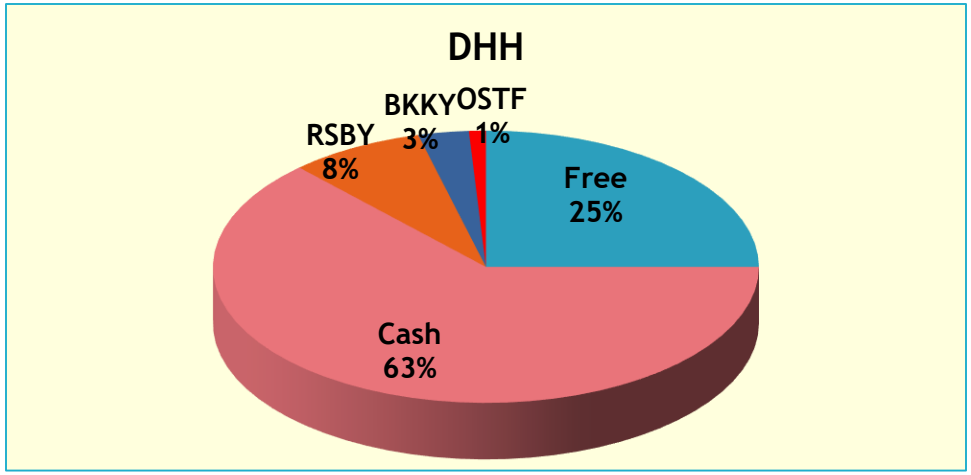
Source: Primary data from DHH & Secondary data from NHM Odisha

ECONOMIC SEGMENT & MODE OF PAYMENT

Economic Segment of Patients



Mode of Payment by Patients to the Hospital

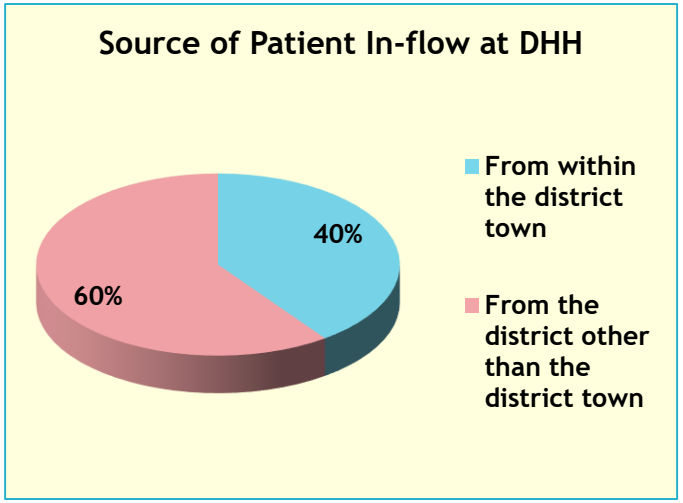


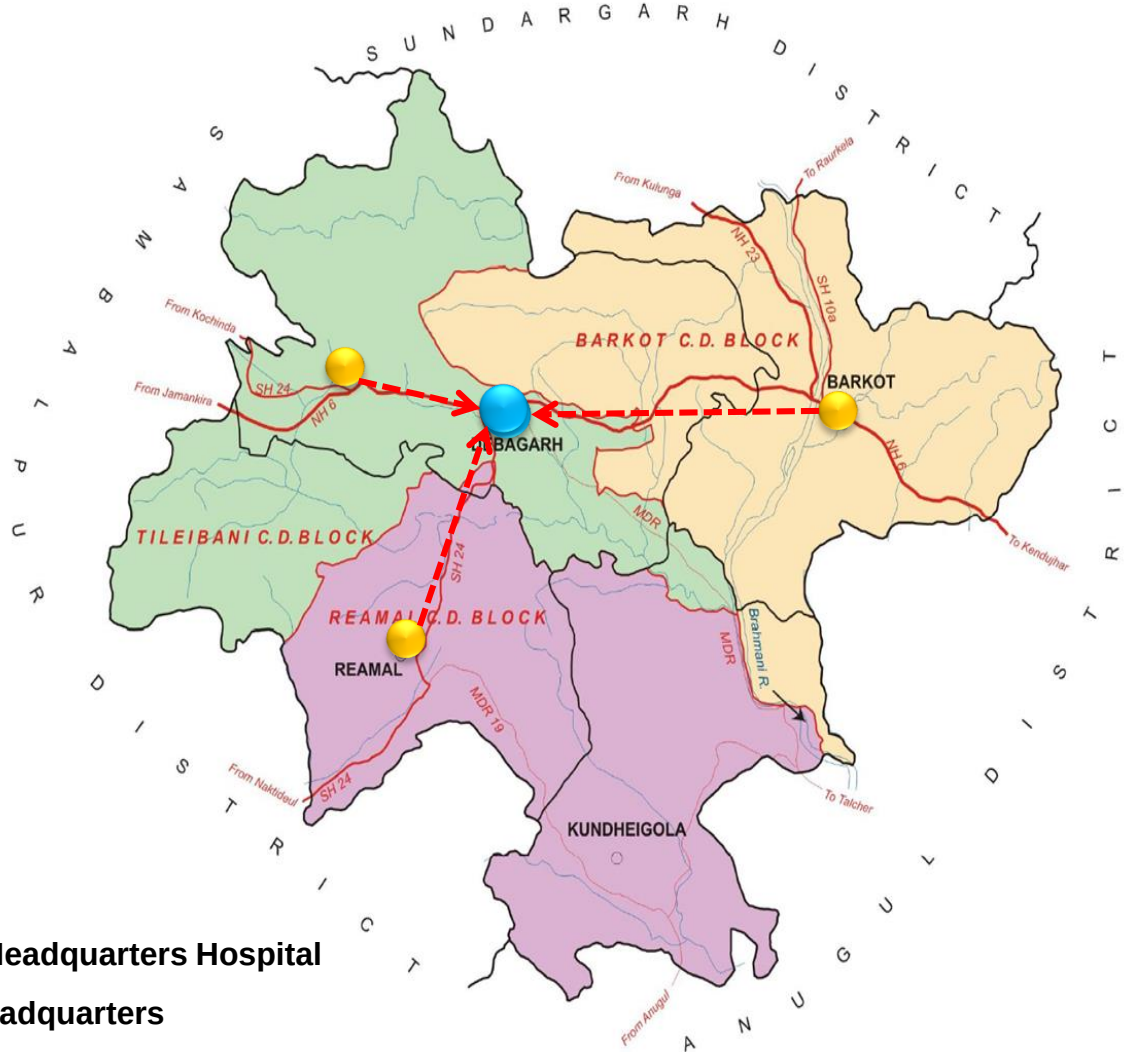
Note: estimations given above are based on discussion with ADMO Medical and Hospital Manager

SECTION 5:
CATCHMENT AREA & REFERRALS

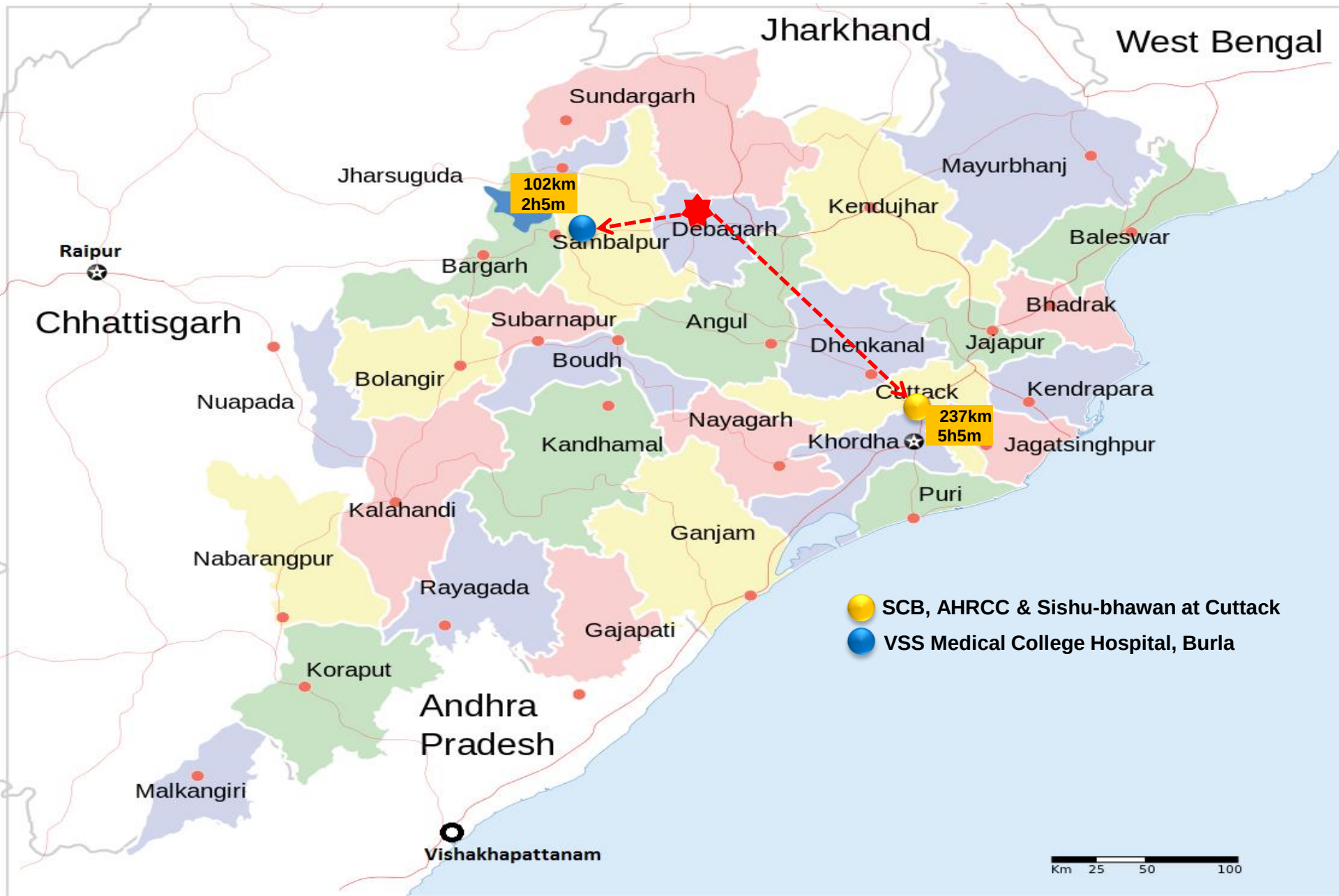
CATCHMENT OF DHH

Catchment Type	Name of the block	Population	Distance from district HQ
Primary	Deogarh	22390	3 km
Secondary	Tilelibani	74484	15km
	Reamal	107476	29 km
	Barkot	108170	33 km



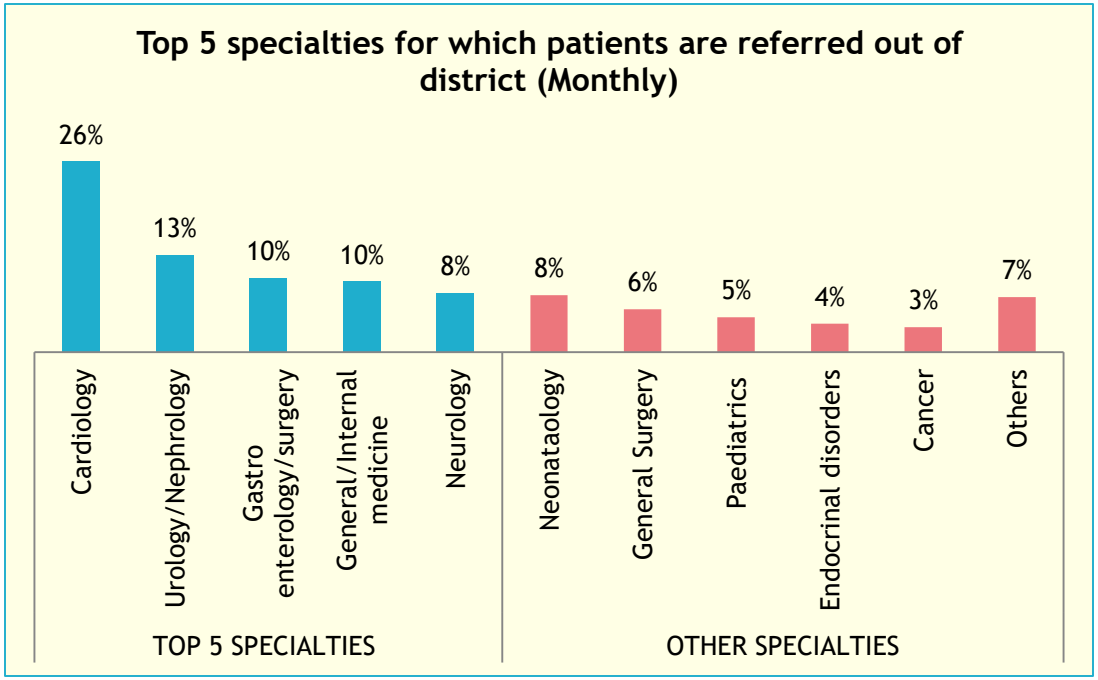


POINTS OF REFERRAL



Top specialties of referral from DHH to other district

Specialty		No. of patients referred	% of patient referred
TOP 5 SPECIALTIES	Cardiology	267	26%
	Urology/Nephrology	136	13%
	Gastro enterology/surgery	104	10%
	General/Internal medicine	99	10%
	Neurology	83	8%
OTHER SPECIALTIES	Neonataology	80	8%
	General Surgery	60	6%
	Paediatrics	49	5%
	Endocrinal disorders	40	4%
	Cancer	35	3%
	Others	77	7%
Total referral per month		1,030	100%



- Top 5 specialties of referrals accounts close to 67% of total referrals.

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

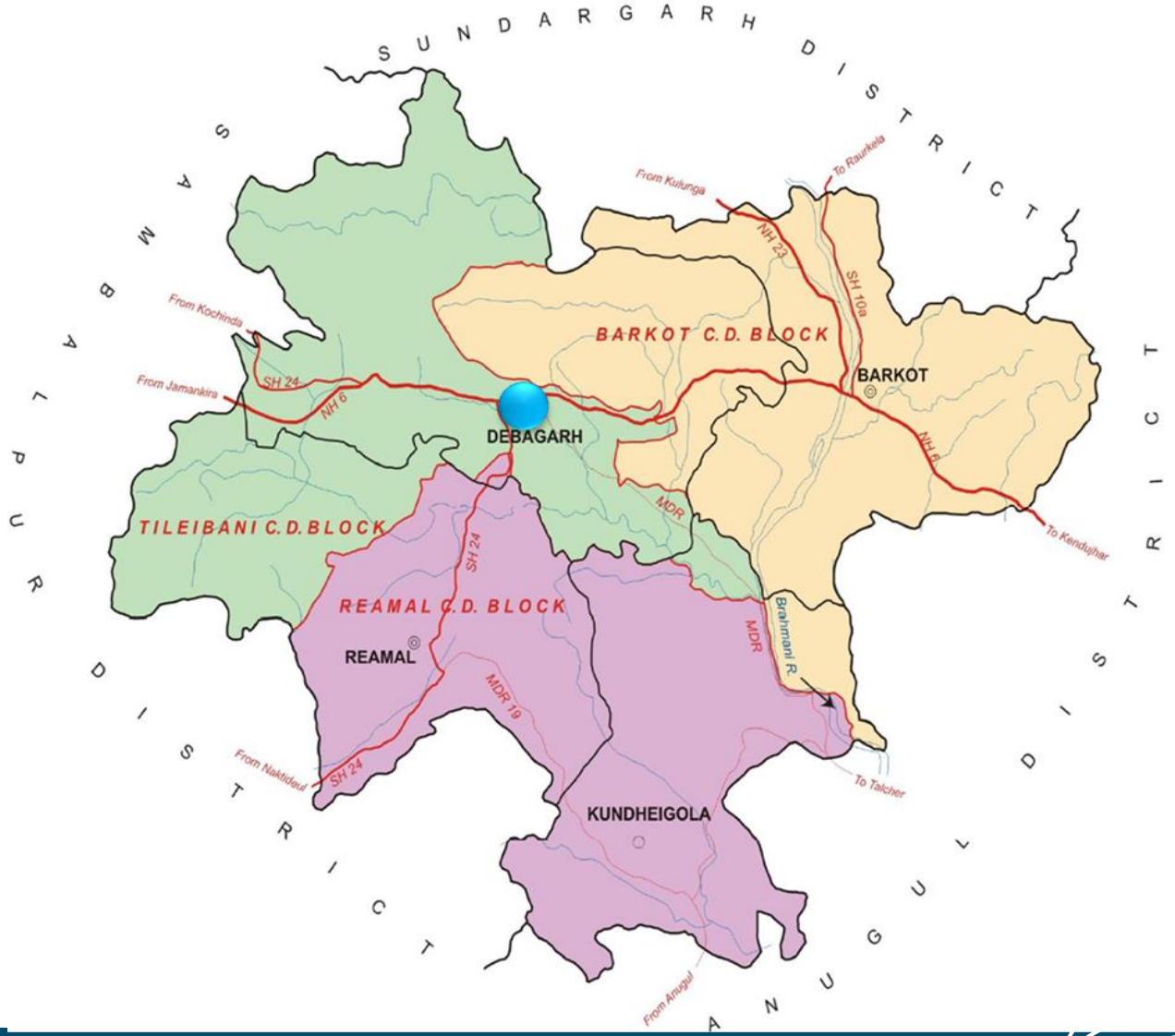
CONNECTIVITY & TRANSPORT

- **Nearest railway station :** The nearest rail heads for Deogarh are at Sambalpur (90 km), Bamra on the Tatanagar-Bilaspur section of Howrah-Nagpur-Mumbai line (103 km), Jharsuguda (98 km) and Rourkela (115 km)

- **Road ways:** Debgarh is connected with NH6 (Part of AH46) (Mumbai-Kolkata) & NH200 (Raipur-Chandikhole).The city is 90 km from Sambalpur, 115 km from Rourkela & 265 km from Bhubaneswar.

- **Airport :** The nearest airports for visiting places of interest in Debgarh District are at Bhubaneswar (265 km) & Raipur (376 km). A new airport is being constructed at Jharsuguda(98 km) .

- **Nearest government referral centre:** VSS Medical College Hospital, Burla , 102 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 aliment 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%.*

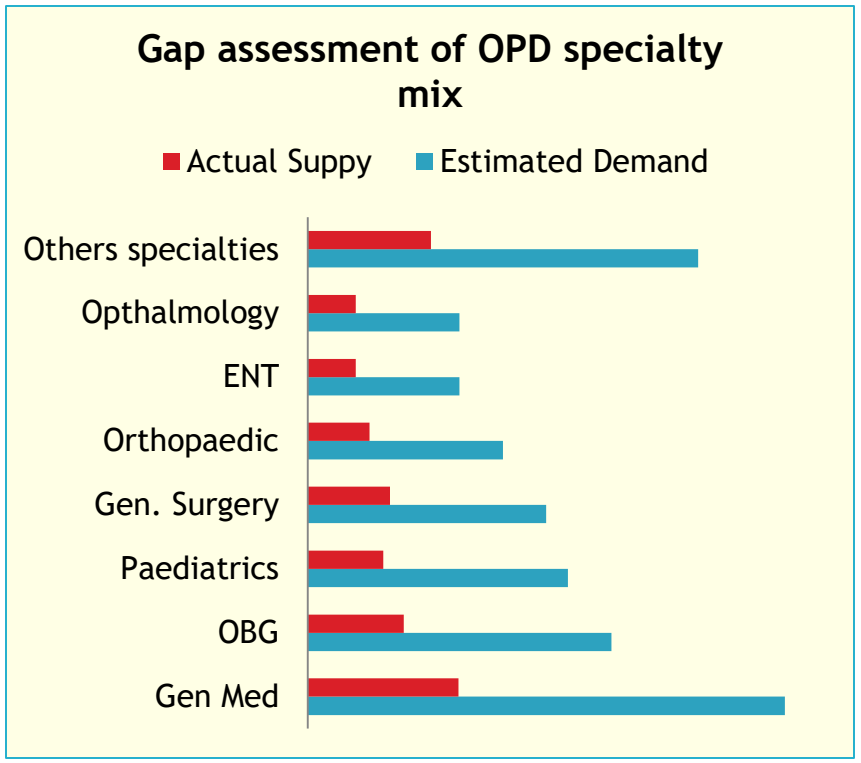
- ***Diagnostics**: Diagnostics demand is extrapolated as per industry standards.*

- ***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	110,730	34,980	75,750
OBG	14	70,464	22,260	48,205
Pediatrics	12	60,398	17,490	42,908
Gen. Surgery	11	55,365	19,080	36,285
Orthopedic	9	45,298	14,310	30,989
ENT	7	35,232	11,130	24,102
Ophthalmology	7	35,232	11,130	24,102
Others specialties	18	90,597	28,620	61,977
TOTAL	100%	503,316	158,998	344,318

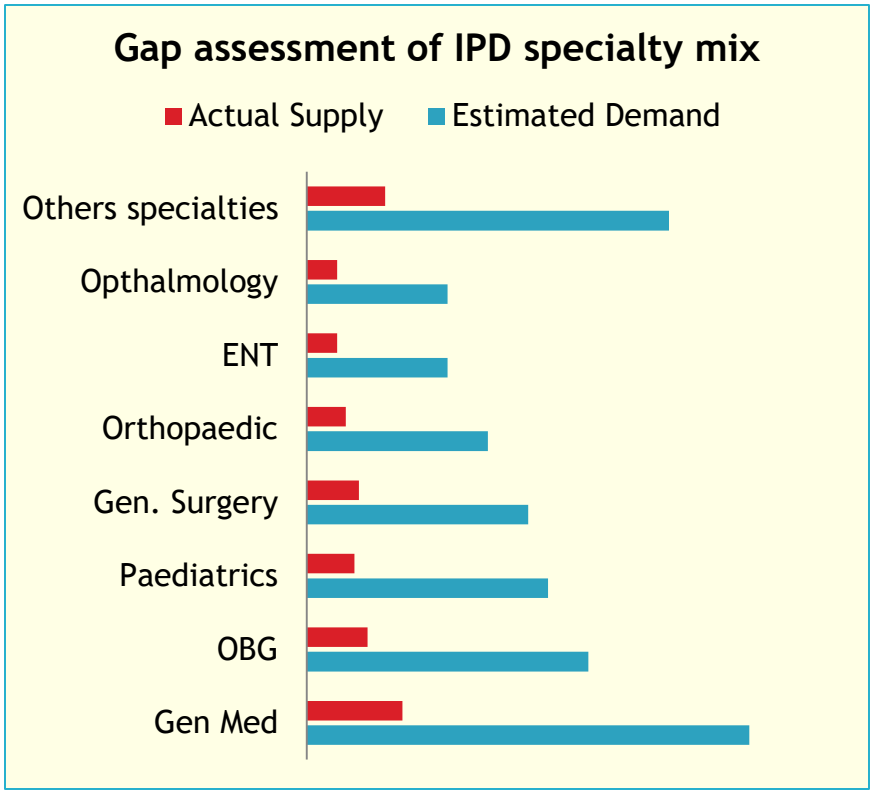


Total OPD Gap	68%

Source :
-NSSO 60th Round data
-Journal: the cost of universal healthcare in India - A model based estimate, 2012

Demand – Supply – Gap of IPD admissions

Department/ Specialties	Estimated IPD demand *(@ 15% OP-IP conversion)*	Actual Supply	Estimated Gap
Gen Med	16,609	3,588	13,022
OBG	10,570	2,283	8,287
Pediatrics	9,060	1,794	7,266
Gen. Surgery	8,305	1,957	6,348
Orthopedic	6,795	1,468	5,327
ENT	5,285	1,141	4,143
Ophthalmology	5,285	1,141	4,143
Others specialties	13,590	2,935	10,654
TOTAL	75,497	16,307	59,190



Total IPD Gap	78%

Source :
-NSSO 60th Round data
-Journal: the cost of universal healthcare in India - A model based estimate, 2012

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

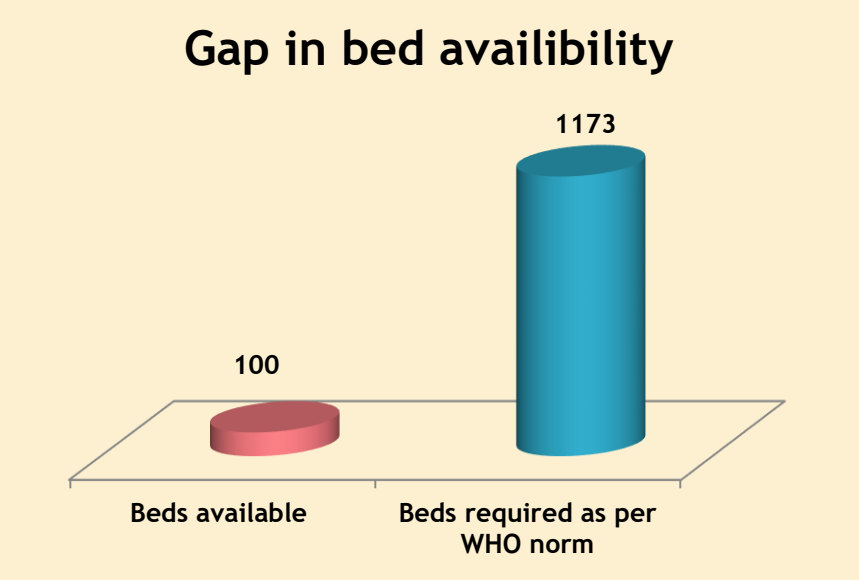
Key diagnostics services	Demand OPD		Demand IPD		Total Estimated Demand	Actual Supply	Total Estimated Gap
	Total % of OPD	Estimated Demand	Total % of IPD	Estimated Demand			
X Ray	15%	75,497	50%	37,749	113,246	1,976	111,270
USG	20%	100,663	35%	26,424	127,087	471	126,616
ECG	10%	50,332	60%	45,298	95,630	156	95,474
CT Scan	2%	10,066	5%	3,775	13,841	0	13,841
Lab Tests *(number of patients)*	60%	301,990*	100%	75,497**	377,487	73,507	303,980

***** **Considering industry standards 60% of OPD patients undergo at least 2 tests per patient. Hence, demand number of OPD lab tests would be 603,979 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 377,487**

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
8 0 beds	4 40 beds	0 0 beds	01 60 beds	0 0 beds	0 0 beds	100



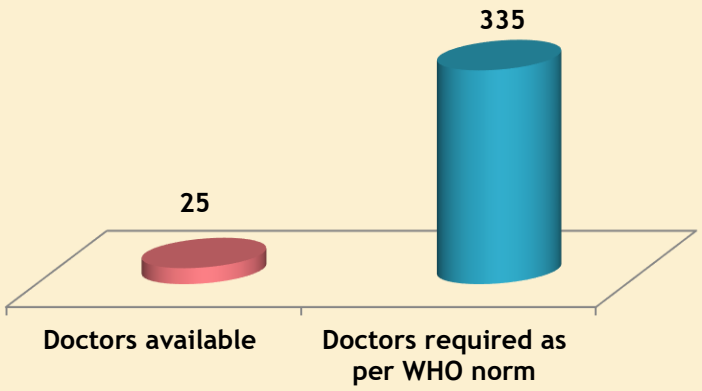
The district of Debgarh has 13 public health care facilities with a total bed strength of 100 beds only. There are no private healthcare facilities in the district

Considering the WHO norm of 3.5 beds per 1000 population, the district with a population of 3,35,034 has a huge shortfall of 1073 beds (i.e. a gap of 91.4% beds).

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

GAP – DOCTORS AND NURSES

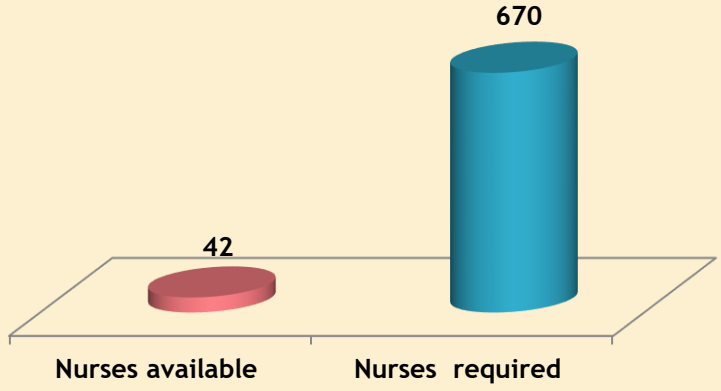
Gap in doctors availibility



- There are 56 sanctioned positions for doctors, of which 31 positions are vacant.
- Considering the WHO norm of 1 doctor per 1000 population, the district has a shortfall of 310 doctors

** Source : District wise Incumbency list , DHS Odisha*

Gap in nurses availibility



- As per primary and secondary data collected There are only 42 nurses posted in the district. (6 nursing sister and 34 staff nurse, 2 Asst Matron).
- Considering the WHO norm of 2 nurses per 1000 population, the district has a shortfall of 628 nurses.

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

SERVICE AVAILIBILITY AND GAPS AT DHH

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

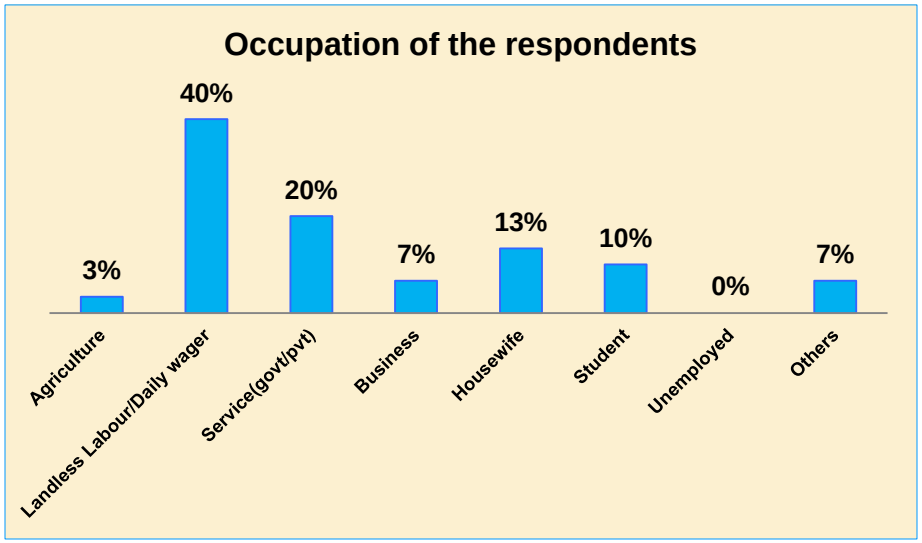
Name of facility	IPHS Requirement	Available
General OPD	1	1
Speciality OPD	8-10	3
Major OT	2	1
Emergency OT	1	0
Ophthalmology/ ENT OT	1	0
Minor OT	1	1
Gyneaecology OT	1	0
Labour Table	11	4
Pharmacy	1	1
Blood Bank	1	1
Ambulance (BLS)	1	4

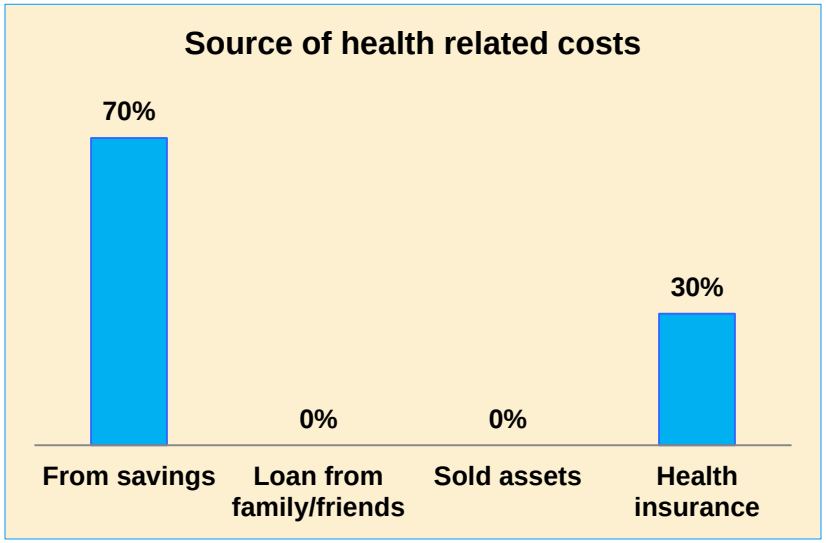
When compared with IPHS for district hospitals, major gaps are in the areas of Diagnostics and Specialty OPDs

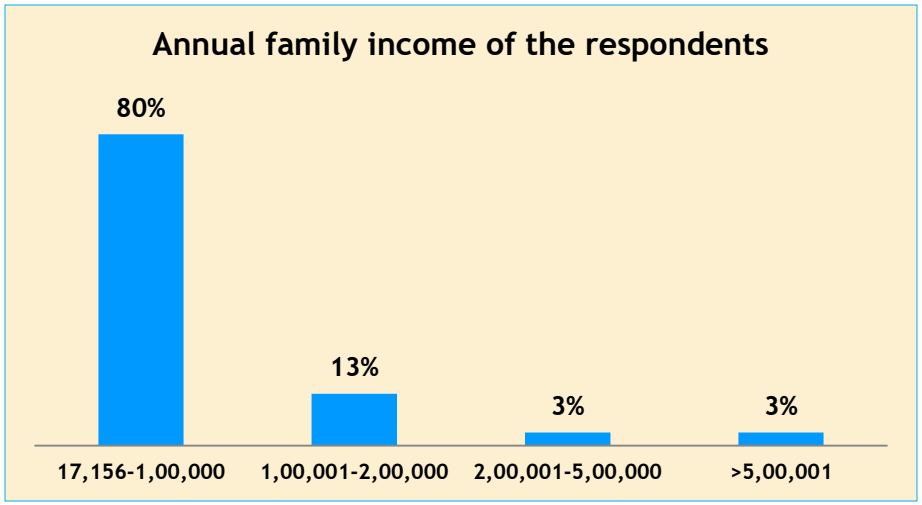
Source : IPHS for District Hospital, Equipment norms 101 – 200 bedded

SECTION 7:
FINDINGS OF GENERAL POPULATION SURVEY

INCOME AND OCCUPATION



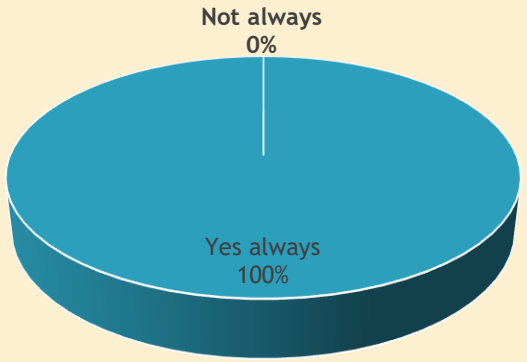




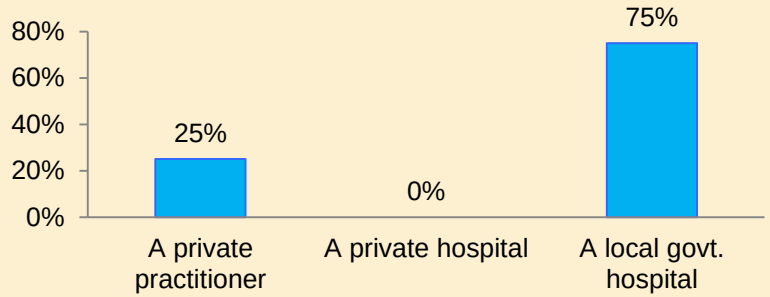
- Majority of the respondents were landless labor followed by people in government service or bussiness owners with an annual income not more than 100,000.
- 30 % of the patients surveyed had health insurance as a primary source of health related costs, which indicates increasing trend of awareness among people.

HEALTH SEEKING BEHAVIOUR

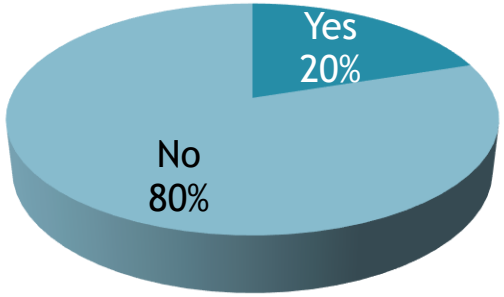
Do you visit a doctor / health facility whenever someone is sick in your family?



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

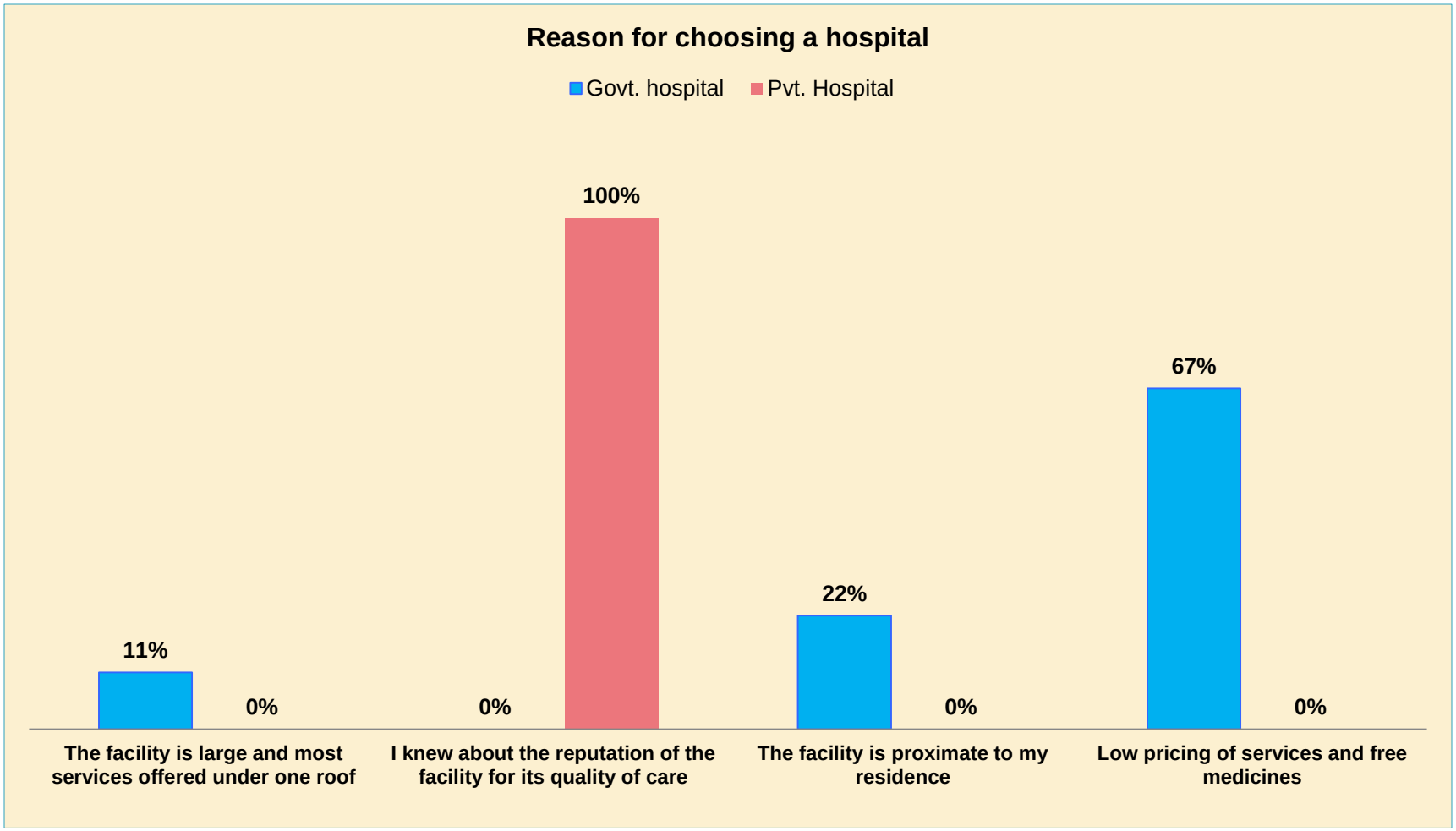


Have you consulted /visited any other doctor /hospital before coming to this hospital, in this instance and for this ailment?



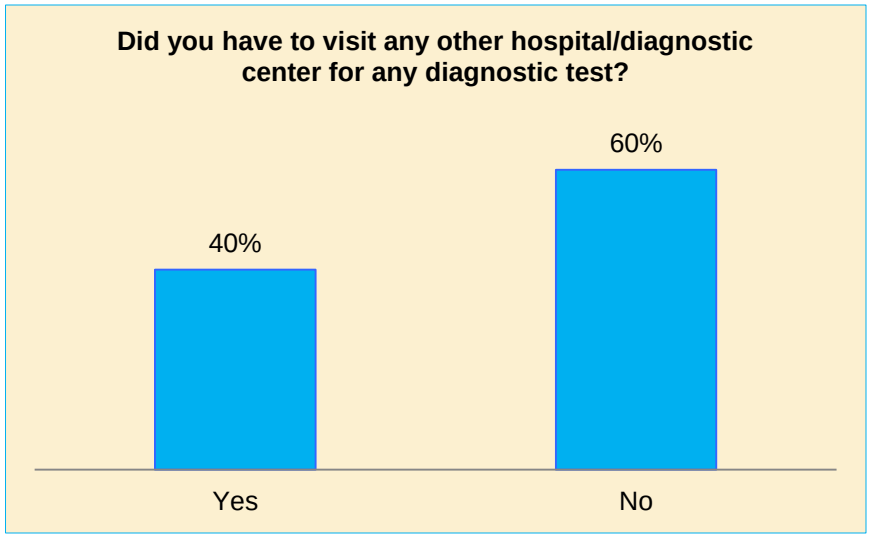
The survey responses indicate that people visit health care facility every time when ever some one is sick in the family. Most of the people choose Govt Healthcare facility & others choose private practitioners for primary treatment.

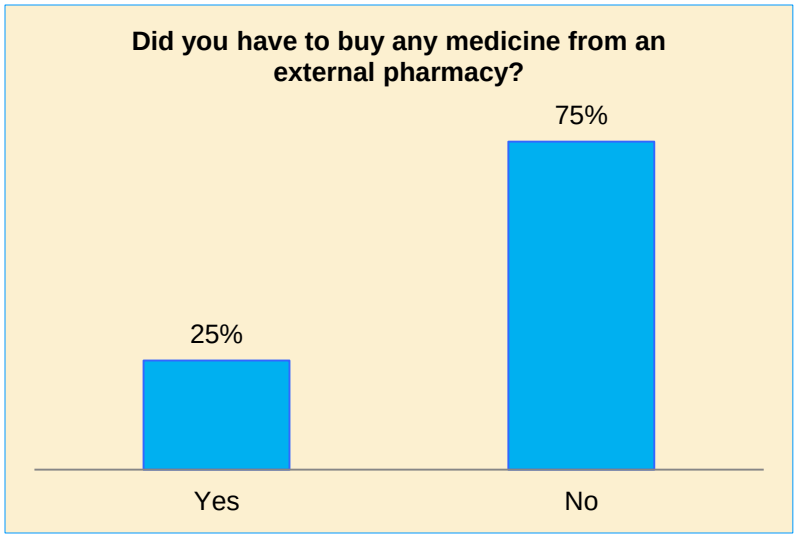
HEALTH SEEKING BEHAVIOUR

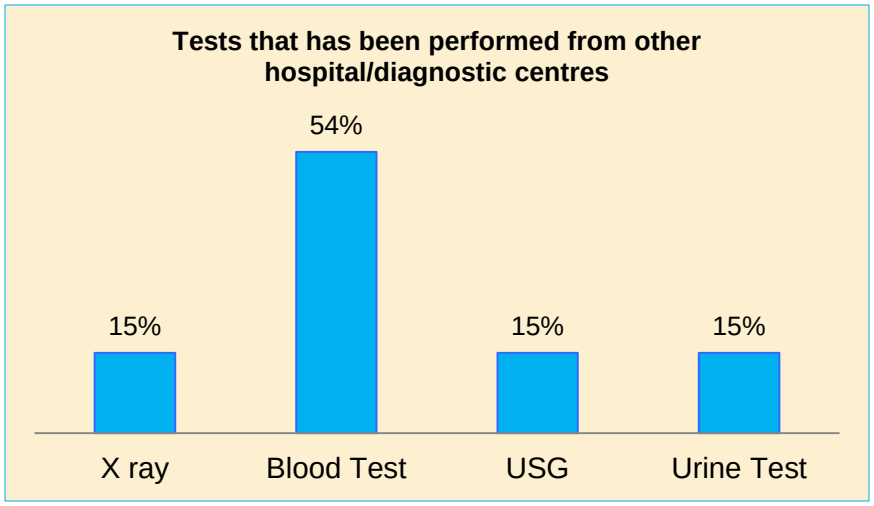


- While low pricing of service was the main reason for choosing a government healthcare facility. Reputation of the doctor & good service quality were the main reason for choosing a private healthcare facility.

VISITING EXTERNAL FACILITIES

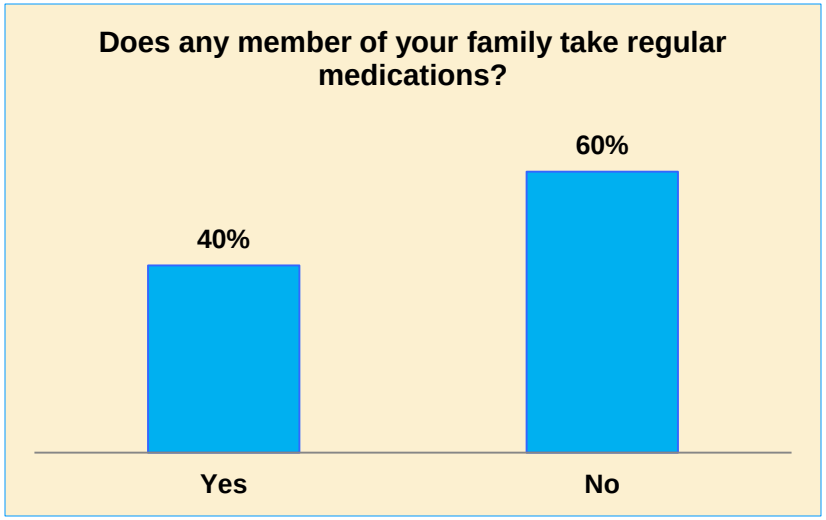


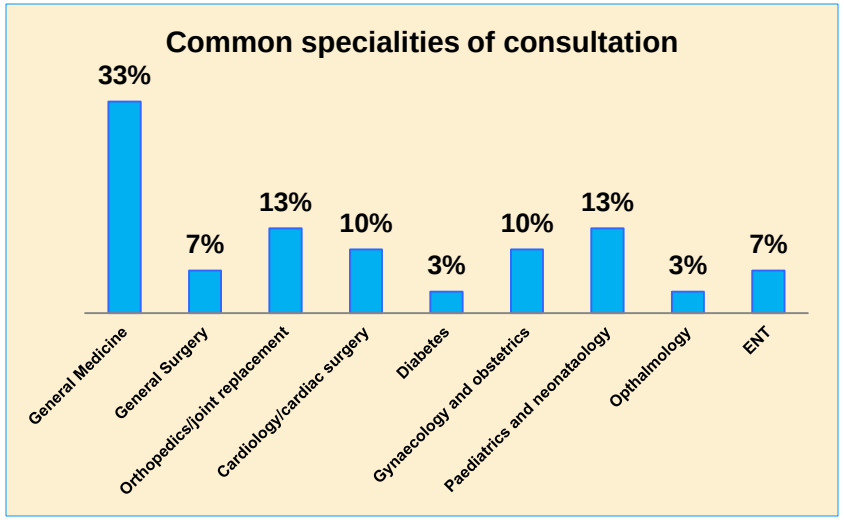


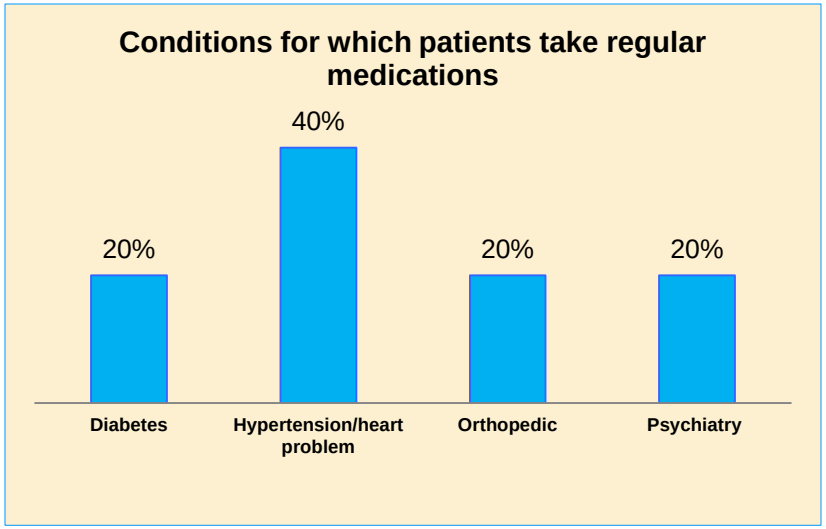


- 40% of the respondents at DHH, had visited external diagnostic Centre for X-ray, USG, & Blood Test , due to non functioning of machine.
- 25% of respondents had to purchase medicines from external pharmacy due to unavailability of the required medications.

REGULAR MEDICATION BEHAVIOUR



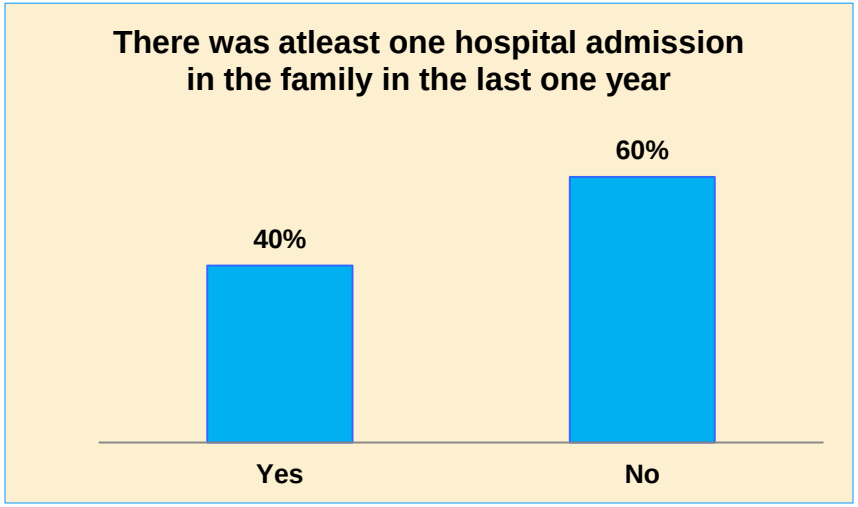


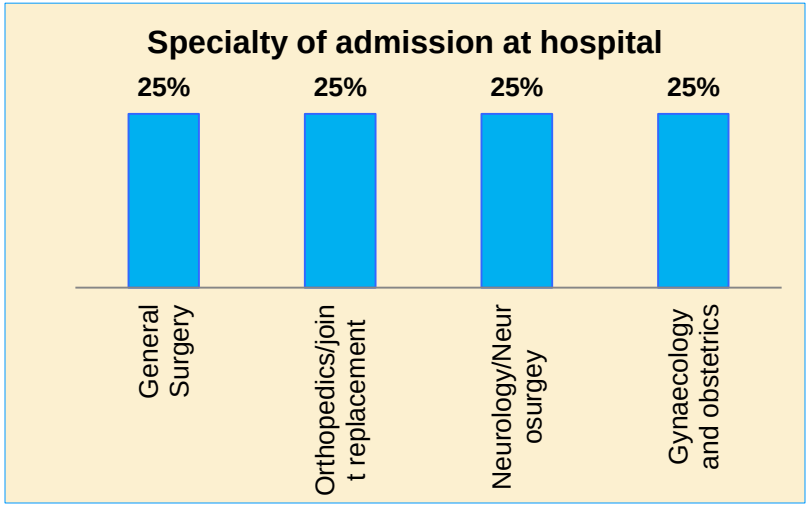


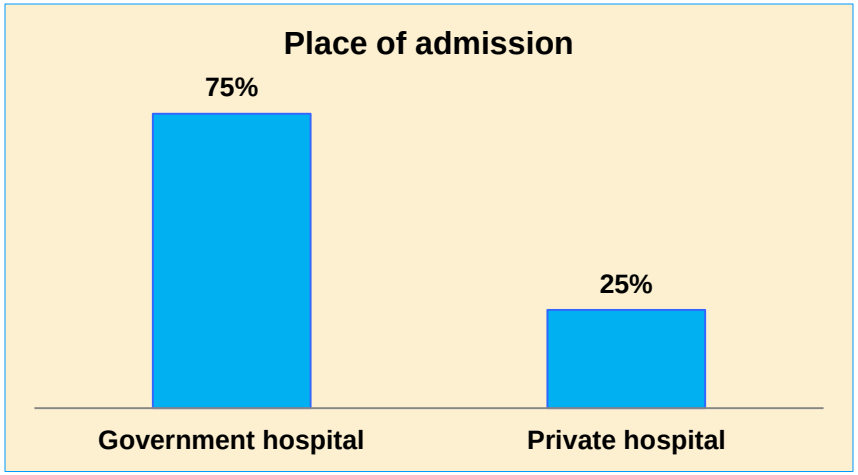
- The findings indicate a high prevalence of chronic diseases requiring continued treatment, with diabetes and hypertensions being 60 % of the total condition for which people take regular medications.

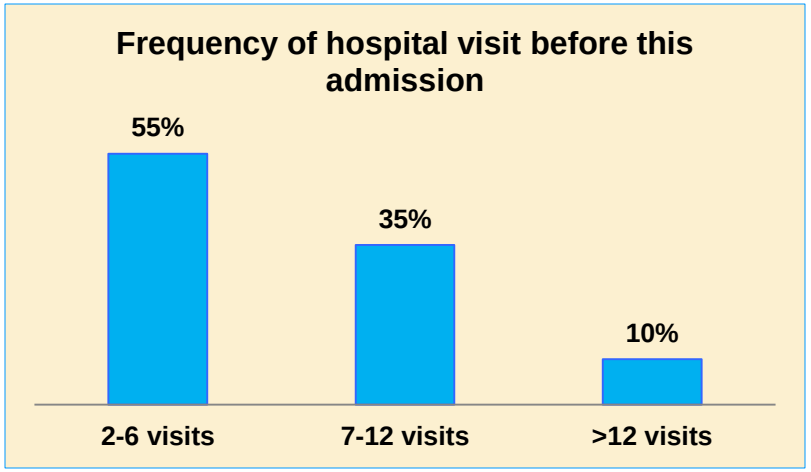
- Majority of the respondents replied they have consulted health care facilities majorly for general medicine ailments.

IP ADMISSIONS



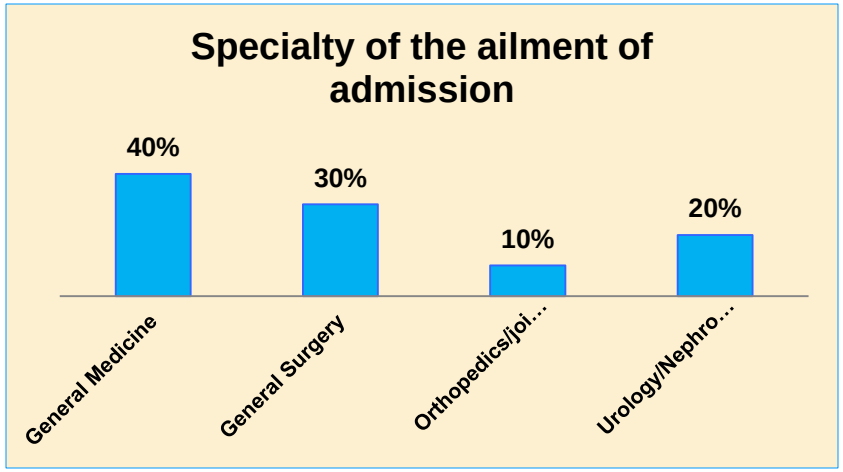


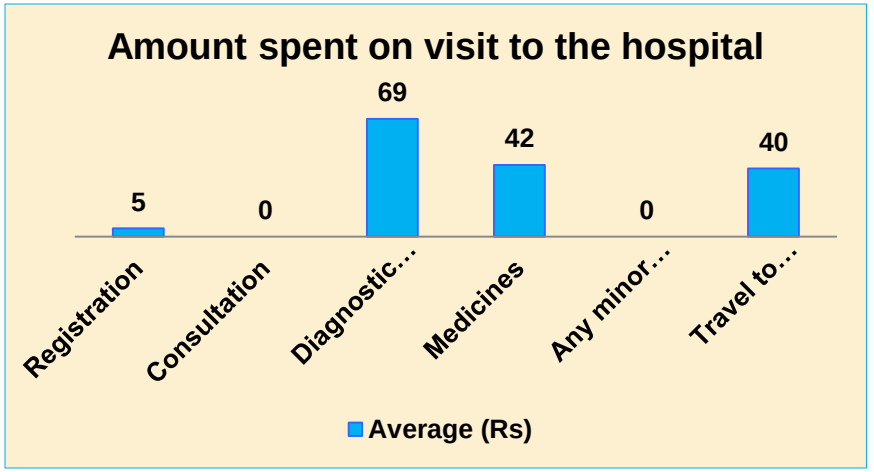


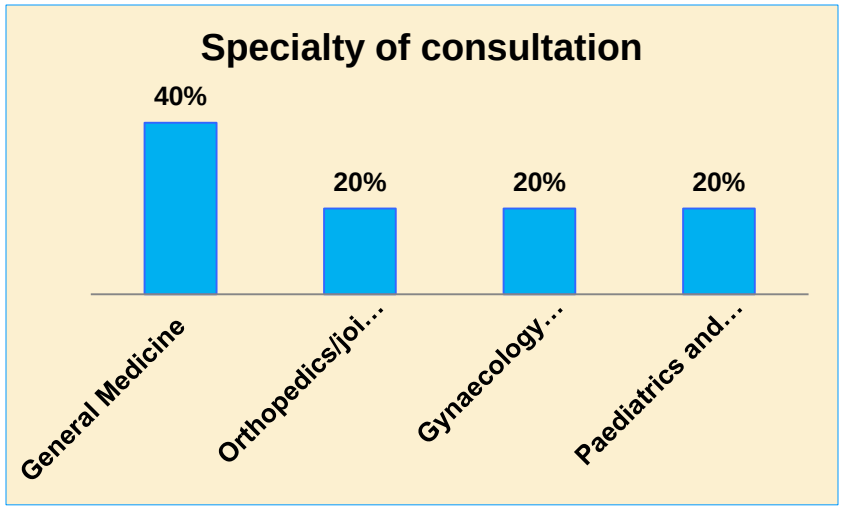


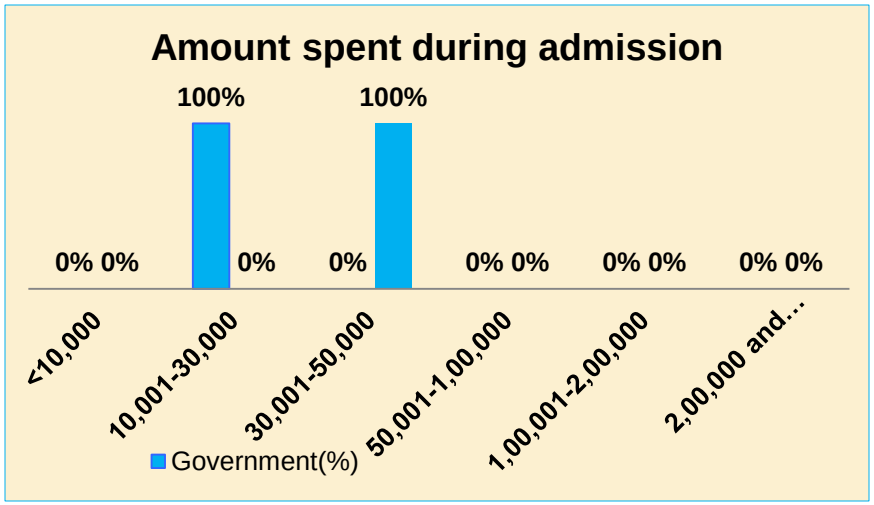
The survey response indicates that there has been atleast of the 40% of respondents who got admitted atleast once in last one year chose a government hospital majorly for various kind of ailment. The respondents had undergone atleast two OP consultations before getting admitted in the hospital.

SECTION 8:
FINDINGS OF OUTPATIENT AND INPATIENT SURVEY





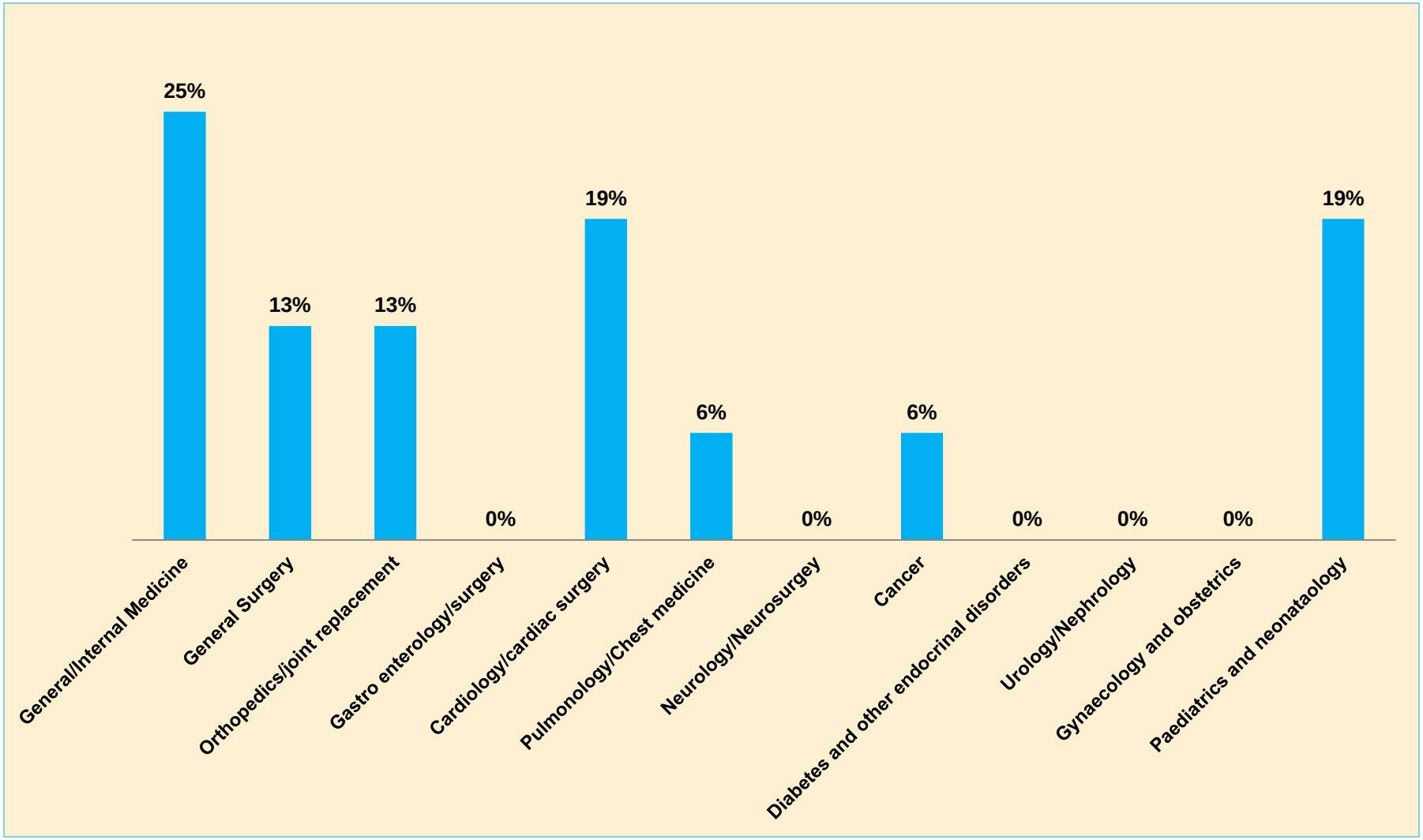




- Majority of inpatient respondents at DHH were admitted for general Medicine followed by general Surgery & Orthopedic. Majority of OP respondents had consulted for general medicine.
- Patients tend to spend mostly on diagnostic tests, medicines and travel to healthcare facility. This indicates that people are ready to purchase healthcare if services are available.
- The amount spent during this admission is less than 10,000. The average amount spent during an inpatient admission was found Rs 1161/-

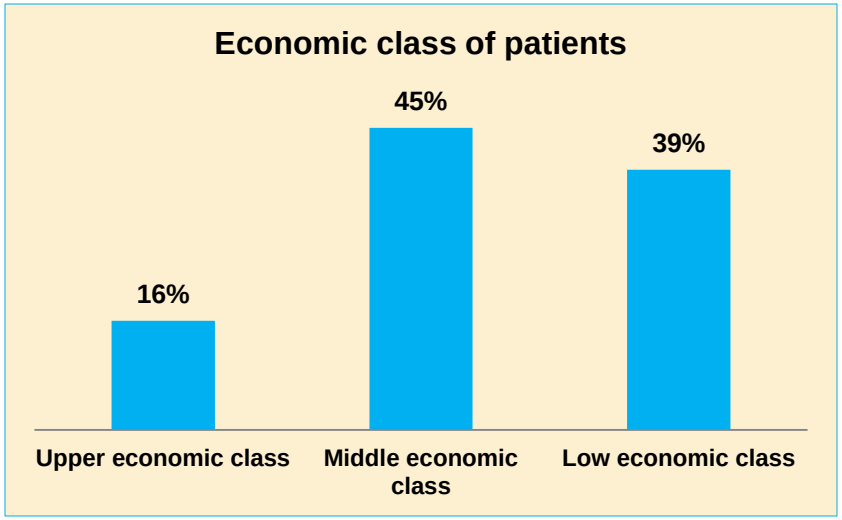
SECTION 8:
FINDINGS OF PHYSICIAN SURVEY

COMMON SPECIALITIES OF CONSULTATION BY GENERAL PHYSICIAN

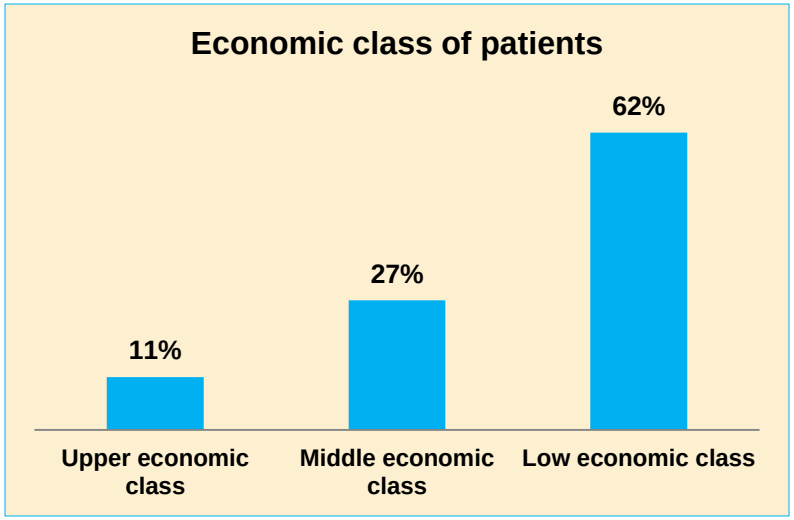


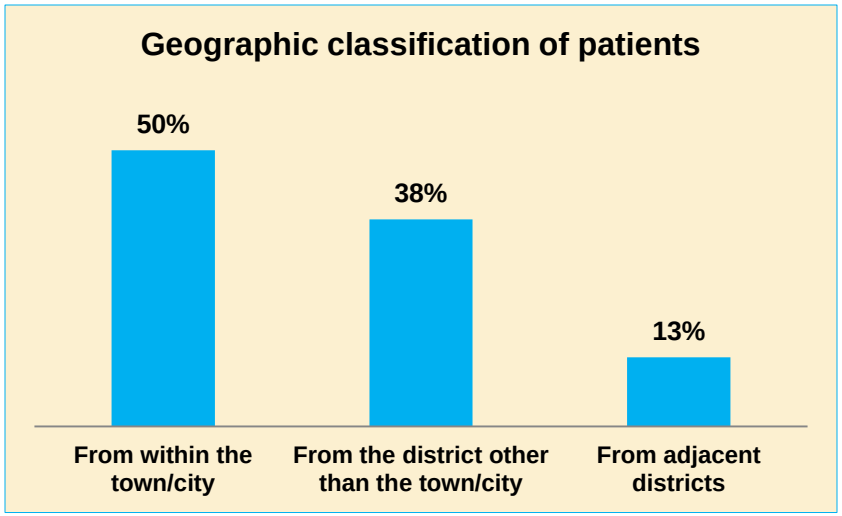
ECONOMIC AND GEOGRAPHIC STRATIFICATION OF PATIENTS

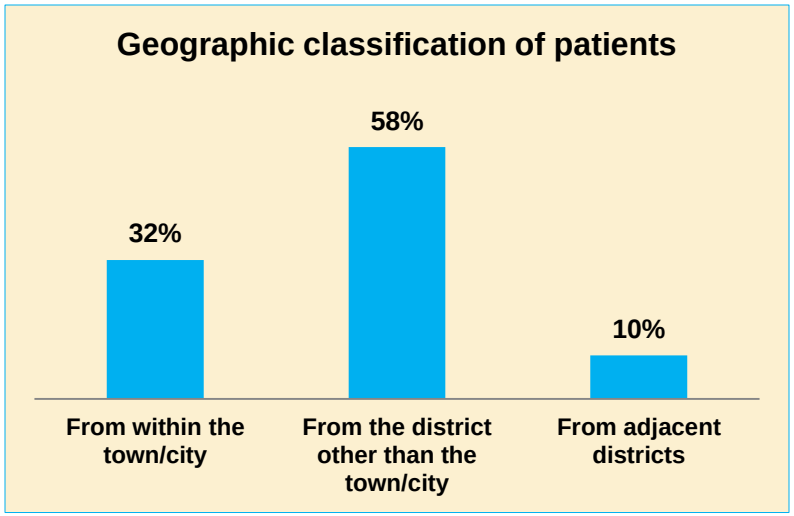
GENERAL PHYSICIAN RESPONSE



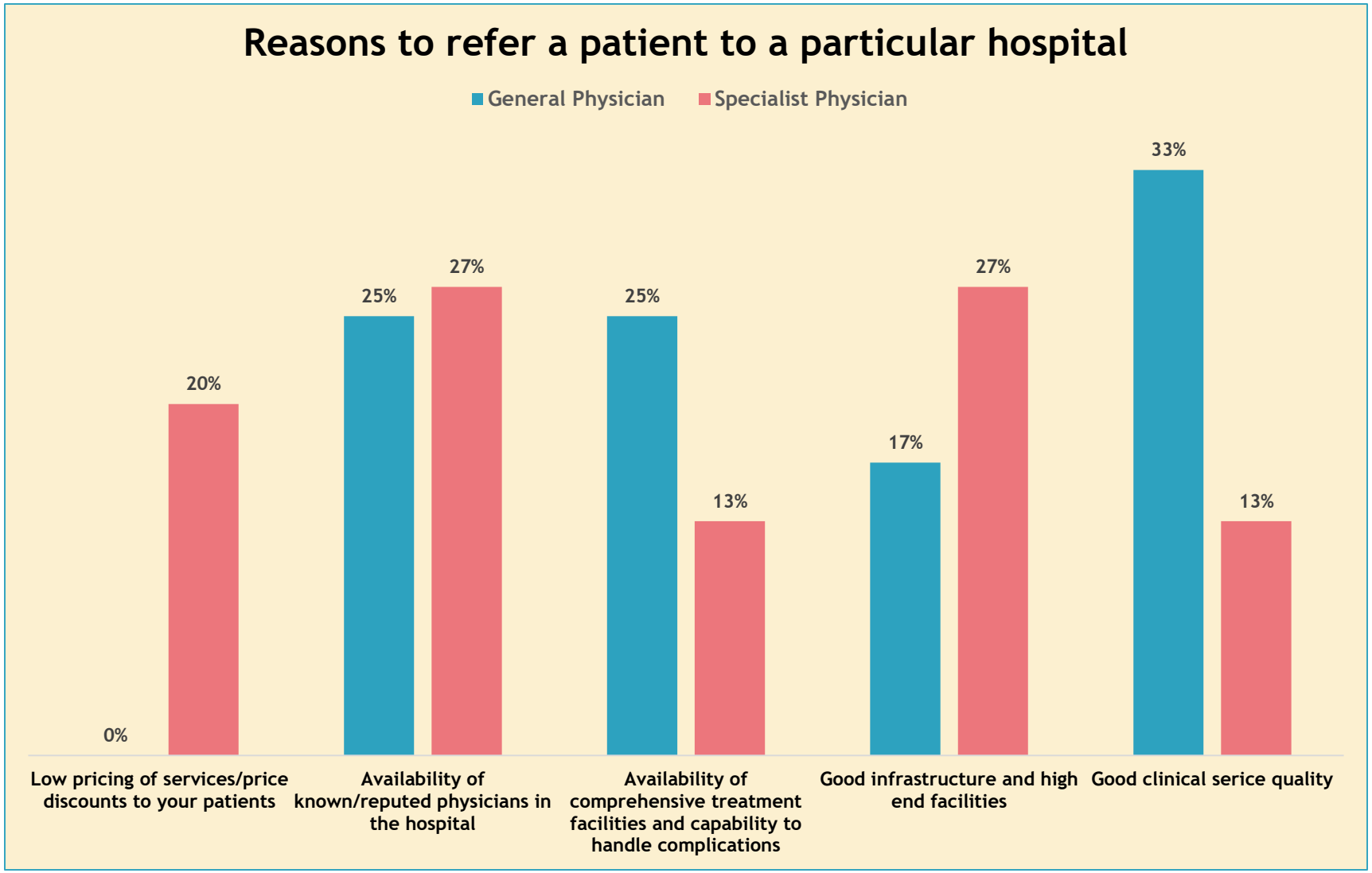
SPECILAIST PHYSICIAN RESPONSE



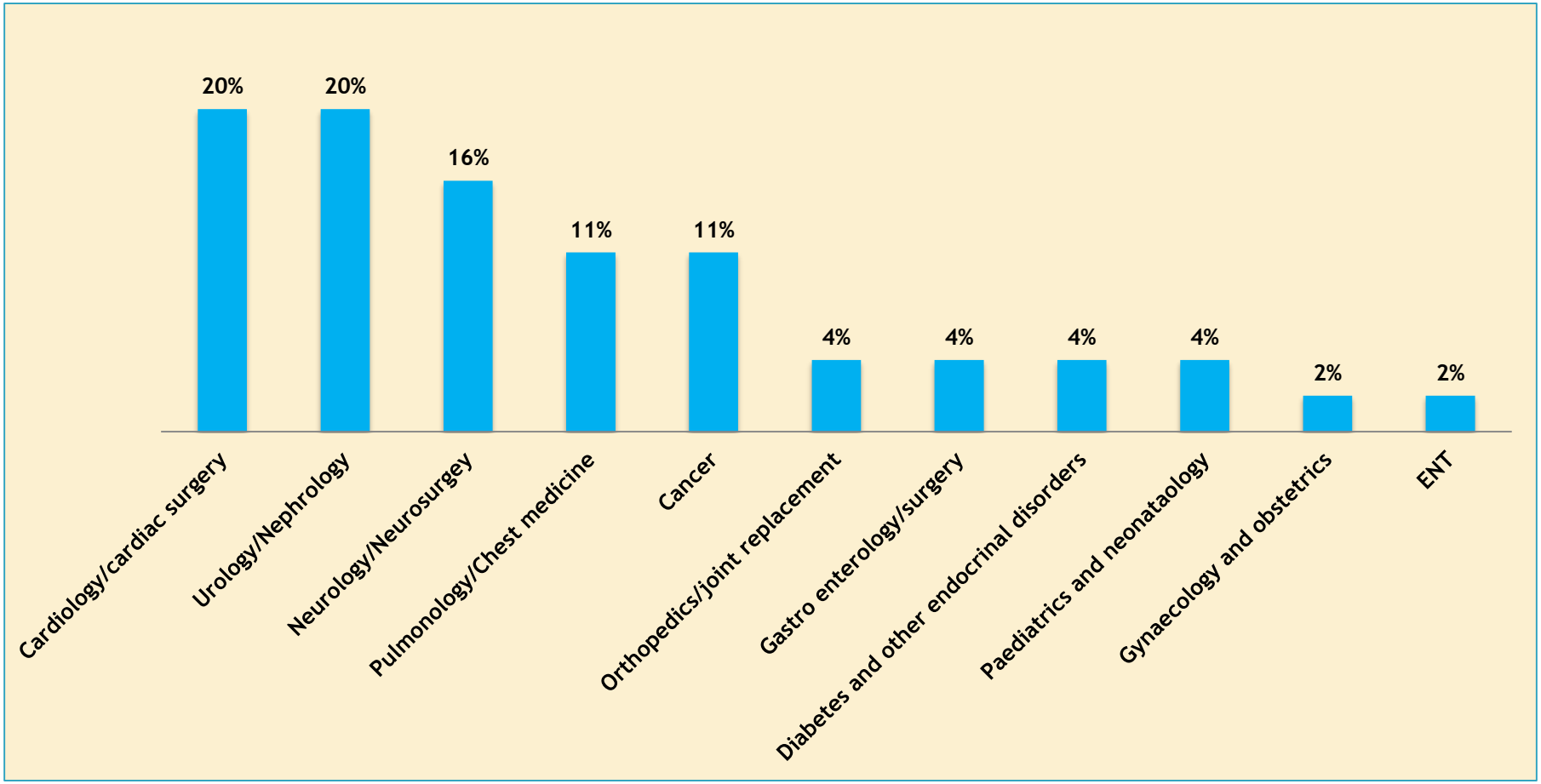




REASON FOR REFERRAL



SPECIALITIES OF CARE FOR WHICH PATEINT 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.

FACILITIES RECOMMENDED BY THE PHYSICIANS

Specialities	General Physician	Specialist Physician
Cardiology / cardiac surgery	ECHO, TMT, Cath Lab, Hotler	ECHO, TMT, Cath Lab, Hotler
Pulmonology / Thoracic Surgery	Spirometry, Broncoscopy	PFT/ Spirometry, Broncoscopy
Neurology / Neuro Surgery	EEG, EMG	EEG, EMG
Gastro enterology / surgery	Endoscopy, Colnoscopy	Endoscopy, Colnoscopy
Cancer	Chemotherapy	Chemotherapy
Urology	Lithotripsy	Lithotripsy
Nephrology	Dialysis	Dialysis
Orthopaedics	C-arm, Specialized ortho Ot	
Pediatrics and neonatalogy	PICU, NICU	PICU, NICU

The physicians opined that any hospital proposed should focus on the above facilities for the corresponding specialties.

THANK YOU