

Nawaloka Hospital Negombo - Strategic Plan 2026-2030

"Advancing Healthcare Excellence for Western Sri Lanka and Beyond"

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1. Executive Summary

Nawaloka Hospital Negombo stands at a pivotal juncture. Over the past decade, the hospital has established itself as a trusted multi-specialty healthcare provider serving the Negombo region, the broader Western Province, and an expanding international patient base. As we enter the 2026-2030 planning cycle, the Board of Directors and senior leadership have endorsed an ambitious yet disciplined strategy to transform Nawaloka Hospital Negombo into a **regional centre of healthcare excellence and a premier medical tourism destination** in South Asia.

Vision

To be the most trusted and innovative private hospital in Western Sri Lanka, delivering internationally accredited, patient-centred care to local communities, expatriates, and international visitors.

Mission

We provide compassionate, evidence-based healthcare through clinical excellence, technological innovation, and a commitment to the well-being of every patient who entrusts us with their care. We invest in our people, expand access to underserved populations, and pursue continuous improvement across every dimension of hospital operations.

Strategic Direction

This five-year plan is anchored by three transformative commitments:

- 1 **Capacity Expansion** · Doubling bed capacity from 75 to 150 beds through acquisition of adjacent land and phased construction, enabling the hospital to meet rising demand while introducing new specialty services.
- 2 **Service Diversification** · Launching a dedicated Daycare Medical Centre, an Elderly Care Unit, Aesthetic & Cosmetic Medical Services, and advanced cardiac and nephrology programmes, while expanding the Fertility Centre into a regional reproductive health hub.
- 3 **Regional & International Reach** · Leveraging our proximity to Bandaranaike International Airport and Negombo's status as a coastal tourist hub to capture medical tourism revenue, with a targeted expansion into the Maldives through visiting specialist services and telemedicine partnerships.

These commitments are operationalised through five strategic objectives · Patient Care Excellence, Digital Health Transformation, Research & Innovation, Workforce Development, and Community & Regional Health Expansion · each with defined goals, measurable KPIs, timelines, and accountable stakeholders.

The total capital investment over the planning period is estimated at **LKR 4.8-5.5 billion** with projected revenue growth from LKR 2.1 billion (2025 baseline) to LKR 5.8 billion by 2030, representing a compound annual growth rate (CAGR) of approximately 22%.

2. Organisational Overview

2.1 Current Services & Infrastructure

Nawaloka Hospital Negombo currently operates as a **75-bed modern multi-specialty hospital** under the Nawaloka Medicare Group. The facility provides:

- 24/7 Accident & Emergency services
- Intensive Care Unit (ICU) with multi-parameter monitoring
- Two fully equipped operating theatres and a Day Surgery suite
- Advanced Fertility Centre offering IVF, IUI, and reproductive endocrinology
- Maternity ward and Level II Neonatal Care Unit
- Full-service diagnostic laboratory (biochemistry, haematology, microbiology)
- Imaging suite (digital X-ray, ultrasound, CT, MRI)
- Specialist consultant channelling across 25+ disciplines
- Preventive health screening packages (corporate and individual)
- Ambulance services with BLS and ALS capabilities

2.2 Market Positioning

Sri Lanka's private healthcare sector has grown at approximately 12-15% annually, driven by rising middle-class expectations, medical tourism inflows, and gaps in public sector capacity. Nawaloka Hospital Negombo occupies a distinctive position:

- **Geographic advantage:** Negombo is located 7 km from Bandaranaike International Airport (CMB), making the hospital the closest quality private healthcare facility for arriving international patients and transit medical emergencies.
- **Tourism catchment:** Negombo hosts over 500,000 tourist arrivals annually, with a significant share of visitors from Europe, the Middle East, and the Maldives.
- **Underserved specialty gap:** The Negombo-Gampaha corridor currently lacks advanced cardiac catheterisation, nephrology dialysis at scale, and dedicated elderly care facilities in the private sector.

2.3 SWOT Analysis

| **Strengths | Weaknesses** | |---|---| Strong parent brand (Nawaloka Medicare Group) | Current bed capacity constraints (75 beds) || Airport proximity and tourist corridor location | Limited sub-specialty depth in cardiology and nephrology || Established fertility centre with regional reputation | Reliance on visiting consultants for some specialties || 24/7 emergency and ICU capability | Ageing IT infrastructure requiring modernisation || Experienced nursing and clinical staff | Limited international accreditation status |

| **Opportunities | Threats** | |---|---| Adjacent land available for expansion | Intensifying competition from Colombo private hospitals || Growing medical tourism market (post-COVID recovery) | Economic volatility and currency depreciation risks || Maldives outreach (limited domestic tertiary care) | Regulatory changes in healthcare pricing || Elderly care demand from ageing population | Brain drain of specialist clinicians to overseas markets || Government incentives for healthcare FDI | Rising pharmaceutical and equipment import costs |

3. Five Strategic Objectives

Strategic Objective A: Patient Care Excellence

Goal Statement: Deliver consistently outstanding, safe, and patient-centred clinical care across all existing and new service lines, achieving measurable improvements in outcomes and patient satisfaction.

Strategic Goals

- 1 **A1** · Expand hospital capacity to 150 beds with dedicated wards for cardiac, nephrology, elderly care,

- and maternity services.
- 2 **A2** · Achieve a Hospital-Acquired Infection (HAI) rate below 2% and surgical site infection rate below 1%.
 - 3 **A3** · Attain patient satisfaction scores of .90% across all departments.
 - 4 **A4** · Launch Aesthetic & Cosmetic Medical Services and the Daycare Medical Centre as standalone service lines.
 - 5 **A5** · Upgrade the Fertility Centre to a full-spectrum regional reproductive health hub with an annual case volume exceeding 800 IVF cycles.

KPIs

| KPI | Baseline (2025) | Target (2030) | |---|---|---| Licensed bed capacity | 75 | 150 | | Bed occupancy rate | 72% | 82% | | Patient satisfaction score (NPS) | 78% | .92% | HAI rate | 3.1% | <2.0% | | Surgical site infection rate | 1.8% | < 1.0% | | IVF cycles per annum | 320 | 800+ | | Daycare centre daily patient throughput | · | 60 patients/day | Aesthetic services monthly revenue | · | LKR 18M |

Timeline

| Phase | Milestones | |---|---| **Short-term (2026-2027)** Complete adjacent land acquisition (Q1 2026). Begin Phase 1 construction for 40 additional beds. Launch Daycare Medical Centre (Q3 2026). Commission aesthetic medicine consulting rooms. Pilot elderly care programme with 10-bed unit. Recruit lead cardiac surgeon and interventional cardiologist. | | **Mid-term (2028)** | Complete Phase 1 expansion (115 beds operational). Open dedicated cardiac catheterisation laboratory. Establish 20-bed Elderly Care Unit with long-term residential model. Expand Fertility Centre laboratory and add cryopreservation capacity. Achieve 600 IVF cycles/year milestone. | | **Long-term (2029-2030)** Complete Phase 2 expansion (150 beds fully operational). Launch nephrology dialysis unit (12 stations). Achieve .90% patient satisfaction hospital-wide. Obtain NABH or JCI accreditation for patient safety standards. Aesthetic services generating LKR 18M+ monthly revenue. |

Responsible Stakeholders

- **Board of Directors** · Capital approval and land acquisition oversight
- **Medical Director** · Clinical programme design, consultant recruitment
- **Director of Nursing** · Patient experience, infection control protocols
- **Facilities & Projects Director** · Construction management, commissioning
- **Finance Director** · Budget allocation and expenditure monitoring

Risks & Mitigation

| Risk | Mitigation | |---|---| Construction delays due to permitting or supply chain | Engage pre-qualified contractors; maintain 15% schedule buffer; secure materials in advance | | Difficulty recruiting sub-specialists (cardiology, nephrology) | Offer competitive remuneration, academic titles, and research opportunities; establish visiting consultant pipeline from Nawaloka Colombo | | Low initial uptake of elderly care services | Partner with insurance providers; conduct community awareness campaigns; offer introductory pricing |

Strategic Objective B: Digital Health Transformation

Goal Statement: Modernise the hospital's technology infrastructure to enable seamless digital care delivery, data-driven decision-making, and robust cybersecurity.

Strategic Goals

- 1 **B1** · Implement a unified Electronic Health Record (EHR) system across all departments by end of 2027.
- 2 **B2** · Deploy a telemedicine platform supporting domestic and international consultations, including the

- Maldives outreach programme.
- 3 **B3** · Integrate AI-assisted diagnostic tools in radiology and pathology.
 - 4 **B4** · Establish a hospital data analytics unit for operational and clinical intelligence.
 - 5 **B5** · Achieve ISO 27001 certification for information security management.

KPIs

KPI Baseline (2025) Target (2030) --- --- --- EHR adoption rate (departments) 35% (partial) 100%
Telemedicine consultations/month 40 500+ AI-assisted radiology reports (%) 0% 60% Average patient wait time (OPD) 38 min <20 min System downtime (hours/year) 72 <12 Cybersecurity incidents (critical) 3 0

Timeline

Phase Milestones --- --- Short-term (2026-2027) Select and contract EHR vendor (Q1 2026). Deploy EHR across emergency, OPD, and pharmacy by Q4 2026. Launch telemedicine platform for domestic specialist consultations (Q2 2027). Pilot AI-assisted CT and X-ray reporting in radiology. Mid-term (2028) Full EHR integration including inpatient, surgical, and fertility modules. Extend telemedicine to Maldives partner clinics. Deploy AI pathology screening for common diagnostics. Establish data analytics unit with two dedicated analysts. Long-term (2029-2030) Achieve ISO 27001 certification. Implement predictive analytics for bed management and resource allocation. Full AI integration in radiology workflow (60% reports AI-assisted). Launch patient mobile application with appointment booking, results, and telehealth access.
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Responsible Stakeholders

- **Chief Information Officer (CIO)** · Technology strategy and vendor management
- **Medical Director** · Clinical workflow design and AI validation
- **IT Department** · Implementation, maintenance, cybersecurity
- **International Unit** · Telemedicine coordination with Maldives partners
- **Finance Director** · IT capital and operational budget

Risks & Mitigation

Risk Mitigation --- --- EHR implementation disrupting clinical workflow Phased rollout with parallel running; dedicated clinical champions per department; 24/7 go-live support Data privacy breaches during digital transition Engage external cybersecurity auditor; implement encryption at rest and in transit; mandatory staff training Clinician resistance to AI-assisted diagnostics Position AI as decision-support (not replacement); conduct validation studies; allow opt-out during pilot phase
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Strategic Objective C: Research & Innovation

Goal Statement: Foster a culture of clinical research and innovation that enhances treatment outcomes, attracts leading specialists, and positions the hospital as a knowledge hub.

Strategic Goals

- 1 **C1** · Establish a Clinical Research Unit to conduct and coordinate hospital-based studies.
- 2 **C2** · Publish a minimum of 10 peer-reviewed papers annually by 2029.
- 3 **C3** · Partner with at least two universities for clinical training and collaborative research.
- 4 **C4** · Pilot innovative treatment protocols in fertility, cardiac care, and nephrology.

KPIs

KPI Baseline (2025) Target (2030) --- --- --- Peer-reviewed publications/year 1 10+ Active clinical trials

0 | 3-5 | University partnerships | 0 | 2+ | Research grant funding secured (LKR) | 0 | 25M/year | Innovation proposals from staff/year | · | 15+ |

Timeline

| Phase | Milestones | |---|---| | **Short-term (2026-2027)** Appoint Research Coordinator. Establish Ethics Review Committee. Initiate first observational study in fertility outcomes. Sign MOU with one local university (e.g., University of Kelaniya Faculty of Medicine). | | **Mid-term (2028)** | Launch Clinical Research Unit with dedicated office space. Begin multi-centre study in cardiac outcomes. Host first annual Nawaloka Negombo Clinical Symposium. Secure inaugural external research grant. | | **Long-term (2029-2030)** Second university partnership (international, e.g., a Maldivian or regional institution). Achieve 10+ publications annually. Initiate nephrology outcomes research programme. Establish innovation award for hospital staff. |

Responsible Stakeholders

- **Medical Director** · Research governance and ethics oversight
- **Research Coordinator** · Day-to-day management of studies
- **Department Heads** · Clinical participation and data collection
- **Finance Director** · Research budget and grant administration
- **HR Director** · Protected research time for participating clinicians

Risks & Mitigation

| Risk | Mitigation | |---|---| | Insufficient clinician engagement in research activities | Allocate protected research time; link research output to performance reviews and promotion | | Ethical review bottlenecks delaying studies | Train Ethics Committee members; establish clear turnaround SLAs (30-day review) | | Difficulty securing research funding | Pursue pharmaceutical industry partnerships; apply for government and WHO research grants |

Strategic Objective D: Workforce Development

Goal Statement: Build, retain, and continuously develop a high-performing, compassionate workforce capable of delivering world-class care across expanding service lines.

Strategic Goals

- 1 **D1** · Increase clinical staffing by 60% to support 150-bed operations and new service lines.
- 2 **D2** · Reduce annual staff turnover to below 10%.
- 3 **D3** · Implement a structured Continuing Professional Development (CPD) programme for all clinical staff.
- 4 **D4** · Develop specialist training fellowships in cardiac care, nephrology, fertility medicine, and geriatric care.
- 5 **D5** · Establish a leadership development pipeline for mid-level managers.

KPIs

| KPI | Baseline (2025) | Target (2030) | |---|---|---| | Total clinical staff (FTE) | 210 | 340 | | Annual staff turnover rate | 16% | <10% | | CPD hours per clinician/year | 20 | 40+ | | Staff satisfaction score | 71% | · 85% | Internal promotion rate for management roles | 25% | 50% | | Specialist fellows trained/year | 0 | 6 |

Timeline

| Phase | Milestones | |---|---| | **Short-term (2026-2027)** Recruit 40 additional nurses and 8 specialist consultants for Phase 1 expansion. Launch CPD programme with quarterly training workshops. Introduce employee engagement survey (biannual). Hire geriatric care nursing team (10 staff) for Elderly Care Unit pilot. | | **Mid-term (2028)** | Recruit additional 50 staff for Phase 2 services (cardiac lab, expanded fertility, dialysis). Launch first fellowship

cohort in cardiac care and fertility medicine. Implement leadership development programme for 15 mid-level managers. Achieve staff satisfaction score of 80%. || **Long-term (2029-2030)** Reach full staffing complement of 340 FTEs. Reduce turnover below 10%. Graduate second fellowship cohort. Establish Nawaloka Negombo Nursing Academy for in-house training. 50% of new management appointments filled internally. |

Responsible Stakeholders

- **HR Director** · Recruitment, retention strategy, engagement surveys
- **Medical Director** · Specialist recruitment and fellowship design
- **Director of Nursing** · Nursing workforce planning and CPD
- **Finance Director** · Compensation benchmarking and training budgets
- **Department Heads** · Team-level development and mentoring

Risks & Mitigation

| Risk | Mitigation | |---|---| Specialist clinician attrition to overseas markets | Competitive salary packages with retention bonuses; offer academic titles and research opportunities || Rapid expansion straining training capacity | Partner with Nawaloka Colombo for cross-site secondments; engage external training providers || Burnout during expansion transition period | Monitor workload metrics; ensure phased staffing precedes capacity increases; provide mental health support |

Strategic Objective E: Community & Regional Health Expansion

Goal Statement: Extend the hospital's impact beyond its walls through community health programmes, regional partnerships, and strategic international outreach.

Strategic Goals

- 1 **E1** · Launch community preventive health programmes reaching 25,000 beneficiaries annually by 2029.
- 2 **E2** · Establish the Maldives outreach programme with visiting specialist services and telemedicine.
- 3 **E3** · Develop corporate wellness partnerships with 50+ employers in the Negombo-Katunayake industrial corridor.
- 4 **E4** · Create a medical tourism concierge unit to serve international patients end-to-end.
- 5 **E5** · Forge partnerships with regional hospitals for referral networks and shared specialty services.

KPIs

| KPI | Baseline (2025) | Target (2030) | |---|---|---| Community programme beneficiaries/year | 5,000 | 25,000 || Corporate wellness partners | 12 | 50+ || International patient admissions/year | 180 | 1,200+ || Maldives telemedicine consultations/month | 0 | 80+ || Visiting specialist trips to Maldives/year | 0 | 24 (bi-monthly) || Medical tourism revenue (% of total) | 4% | 15% |

Timeline

| Phase | Milestones | |---|---| **Short-term (2026-2027)** Launch medical tourism concierge unit (Q2 2026). Sign first Maldives clinic partnership agreement. Initiate bi-monthly visiting specialist visits to Malé. Expand corporate wellness client base to 25 employers. Deploy community diabetes and hypertension screening programme in Negombo Division. || **Mid-term (2028)** | Establish telemedicine link with two Maldives partner facilities. Achieve 600 international patient admissions. Launch community women's health initiative (cervical and breast cancer screening). Reach 35 corporate wellness partnerships. Develop airport medical assistance protocol with airport authority. || **Long-term (2029-2030)** Achieve 1,200+ international admissions annually. Maldives outreach generating LKR 120M+ annually. Reach 25,000 community programme beneficiaries. Establish referral partnerships with 5 regional hospitals. Medical tourism contributing 15% of total hospital revenue. |

Responsible Stakeholders

- **International Unit Director** · Medical tourism, Maldives programme, airline/hotel partnerships
- **Medical Director** · Visiting specialist roster and clinical quality
- **Marketing Director** · Brand positioning, community outreach, corporate wellness
- **Board of Directors** · Strategic partnership approvals
- **Finance Director** · International pricing strategy and revenue tracking

Risks & Mitigation

| Risk | Mitigation | |---|---| Maldives regulatory barriers for foreign medical providers | Engage local legal counsel; structure services through licensed Maldivian partner clinics | | Medical tourism growth slower than projected | Diversify source markets (Middle East, Europe); invest in digital marketing; pursue JCI accreditation to build credibility | | Community programmes creating unsustainable cost burden | Seek CSR funding from corporate partners; apply for government and NGO health grants; integrate screening with paid follow-up services |

4. International & Medical Tourism Strategy

4.1 Target Markets

Nawaloka Hospital Negombo's international strategy targets three primary patient segments:

- **Maldivian nationals** · The Maldives lacks tertiary-level cardiac, fertility, and nephrology services. Malé is a 90-minute flight from Colombo, and Negombo's airport proximity makes Nawaloka the most accessible option.
- **European and Middle Eastern tourists** · Visitors to Negombo and Sri Lanka's western coast requiring emergency, elective, or aesthetic medical services during their stay.
- **Expatriates and diaspora** · Sri Lankan expatriates returning for affordable, quality medical care, and foreign nationals residing in the Negombo-Colombo corridor.

4.2 Medical Tourism Concierge Unit

A dedicated Medical Tourism Concierge Unit will be established by Q2 2026, offering:

- Pre-arrival consultation and treatment planning via telemedicine
- Airport pickup and hospital transfer coordination
- Visa assistance letters and insurance pre-authorisation
- Multilingual patient liaison (English, Sinhala, Tamil, Dhivehi)
- Post-discharge hotel recovery packages in partnership with Negombo hotels
- Follow-up telemedicine consultations after return to home country

4.3 Maldives Outreach Programme

| Component | Details | |---|---| Visiting specialists | Bi-monthly visits (cardiology, nephrology, fertility, orthopaedics) to partner clinics in Malé and Addu City | | Telemedicine | Dedicated virtual consultation slots for Maldivian referring physicians and patients | | Patient transfer protocol | Coordination with Maldivian National Health Insurance (Aasandha) and medical evacuation services | | Marketing | Joint branding with Maldivian partner clinics; digital campaigns targeting Maldivian social media |

4.4 Airline & Hotel Partnerships

- **SriLankan Airlines & Maldivian Airlines** · Negotiated medical travel packages with preferential fares for patients and companions.

- **Negombo hotel network** · Discounted recovery stay packages at 4-5 star hotels for post-operative patients.
- **Airport medical desk** · Partnership with airport authority for in-terminal referral signage and emergency transfer protocol.

4.5 International Accreditation Roadmap

| Year | Milestone | --- | 2026 | Gap analysis against JCI standards; engage accreditation consultant | | 2027 | Implement JCI-aligned policies, documentation, and quality indicators | | 2028 | Internal mock survey and corrective action | | 2029 | Submit JCI accreditation application; undergo formal survey | | 2030 | Achieve JCI accreditation; leverage for international marketing |

5. Digital Transformation Roadmap

5.1 EHR Modernisation

The hospital will transition from its current fragmented IT systems to a **unified cloud-based EHR platform** capable of supporting multi-site operations, telemedicine integration, and regulatory reporting. Vendor selection will prioritise HL7 FHIR interoperability, local language support, and proven deployments in South Asian healthcare settings.

5.2 AI-Assisted Diagnostics

| Application | Department | Timeline | --- | --- | --- | AI-powered chest X-ray and CT analysis | Radiology | Pilot Q3 2027; full deployment 2028 | | AI-assisted pathology slide screening | Laboratory | Pilot 2028; scaled deployment 2029 | | Predictive deterioration scoring (ICU) | Critical Care | 2029 | | AI-driven embryo grading | Fertility Centre | 2028 |

5.3 Telemedicine Platform

A HIPAA-aligned telemedicine platform will serve three functions:

- 1 **Domestic specialist consultations** · Connecting patients in Negombo with Nawaloka Group specialists across Sri Lanka.
- 2 **Maldives outreach** · Scheduled and on-demand virtual consultations for Maldivian referring physicians and patients.
- 3 **Post-discharge follow-up** · Reducing readmission rates and improving continuity of care for surgical and chronic disease patients.

5.4 Data Analytics & Operational Intelligence

The hospital data analytics unit will deliver:

- Real-time bed occupancy and patient flow dashboards
- Clinical outcome benchmarking across departments
- Financial performance analytics by service line
- Predictive models for staffing, supply chain, and demand forecasting

5.5 Cybersecurity & Data Protection

- Compliance with Sri Lanka's Personal Data Protection Act (PDPA)
- Implementation of ISO 27001 Information Security Management System

- Annual penetration testing and vulnerability assessments
 - Mandatory cybersecurity awareness training for all staff (quarterly)
 - Encrypted data storage and transmission; role-based access controls
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6. Financial & Growth Targets

6.1 Revenue Growth Projections

| Year | Projected Revenue (LKR Billion) | YoY Growth | |---|---|---| | 2025 (Baseline) | 2.1 | · | 2026 | 2.6 | 24% | | 2027 | 3.2 | 23% | | 2028 | 4.0 | 25% | | 2029 | 4.9 | 22% | | 2030 | 5.8 | 18% |

Five-year CAGR: ~22%

6.2 Capital Investment Plan

| Investment Area | Estimated Cost (LKR M) | Timeline | |---|---|---| | Adjacent land acquisition | 650 | Q1 2026 | | Phase 1 construction (40 beds, Daycare Centre) | 1,200 | 2026-2027 | Phase 2 construction (35 beds, Elderly Care, Dialysis) | 1,050 | 2028-2029 | Cardiac catheterisation laboratory | 480 | 2027-2028 | Nephrology dialysis equipment (12 stations) | 220 | 2029 | | Fertility Centre expansion & lab upgrade | 310 | 2027-2028 | Aesthetic medicine facility & equipment | 180 | 2026-2027 | EHR system and digital infrastructure | 350 | 2026-2028 | AI diagnostic tools and telemedicine platform | 190 | 2027-2029 | **Total Estimated Capital Investment | 4,630 | 2026-2030**

Note: Figures exclude working capital requirements and contingency reserves (10-15% buffer maintained).

6.3 ROI from Expansion Projects

| Project | Investment (LKR M) | Projected Annual Revenue at Maturity (LKR M) | Payback Period | |---|---|---| | Bed expansion (75 · 150) | 2,250 | 1,800 | 3.5 years | | Cardiac catheterisation lab | 480 | 420 | 2.5 years | | Fertility Centre expansion | 310 | 350 | 2.0 years | | Elderly Care Unit | 280 | 190 | 3.0 years | | Aesthetic & Cosmetic Services | 180 | 220 | 1.5 years | | Nephrology dialysis unit | 220 | 180 | 2.5 years | | Medical tourism programme | 150 | 380 | 1.0 year |

6.4 Service Diversification Revenue Streams (Projected 2030)

| Revenue Stream | Projected 2030 Revenue (LKR M) | % of Total | |---|---|---| | Inpatient services (general & specialty) | 2,200 | 38% | | Outpatient & channelling | 980 | 17% | | Fertility Centre | 520 | 9% | | Cardiac & nephrology services | 600 | 10% | | Diagnostic services (lab & imaging) | 480 | 8% | | Medical tourism & international patients | 870 | 15% | | Aesthetic & cosmetic services | 220 | 4% | | Elderly care services | 190 | 3% | | Daycare centre & preventive health | 310 | 5% | | **Total | 5,800 (approx.) | 100% (approx.)**

6.5 Funding Strategy

The capital investment programme will be funded through a blended approach:

- **Internal accruals and reserves** · 35% of total investment
- **Bank term loans** · 40%, secured against hospital assets and parent company guarantees
- **Nawaloka Medicare Group equity contribution** · 20%
- **Equipment vendor financing** · 5%, for specialised medical equipment with extended payment terms

The Finance Director will maintain a minimum debt service coverage ratio (DSCR) of 1.5x throughout the expansion period and ensure that operational cash flows remain positive from Year 1 of each expansion phase.

· End of Strategic Plan ·

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