

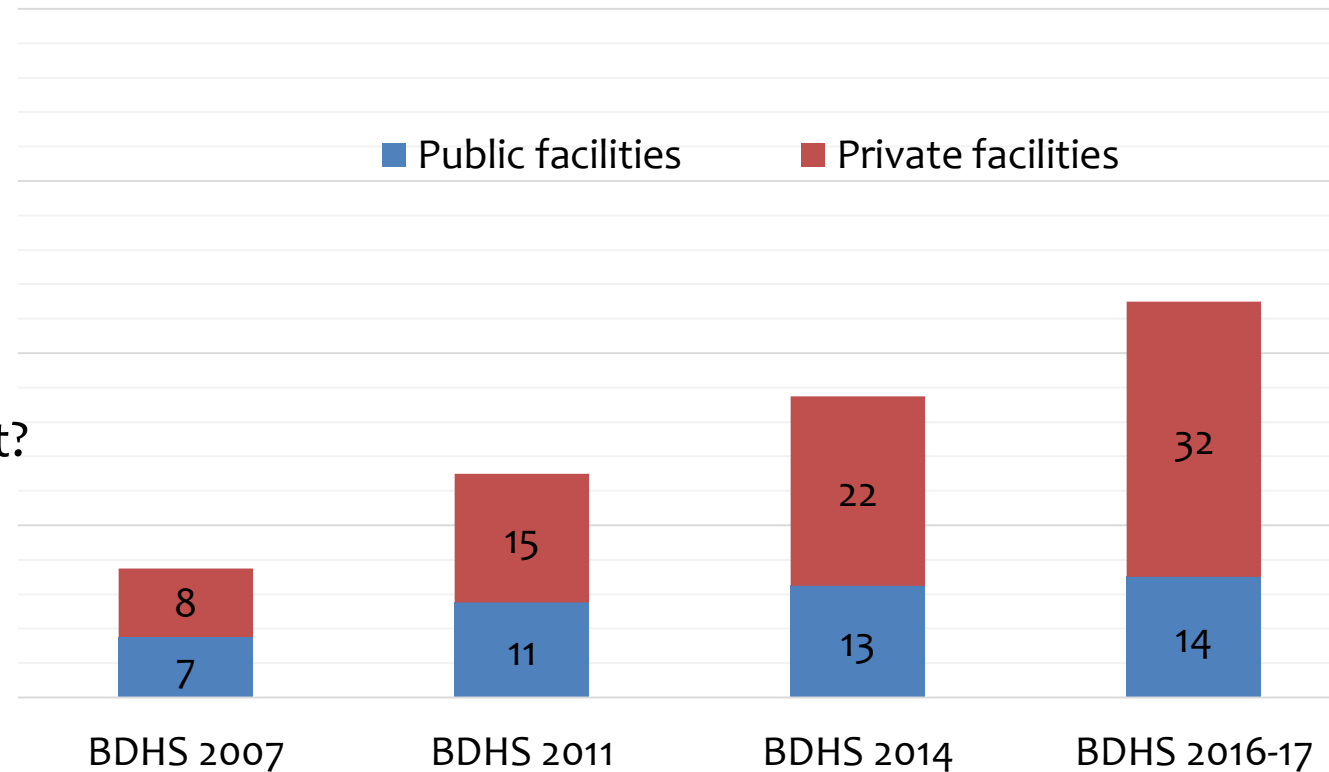
# Assessment of licensing status and compliance to the basic licensing requirements of private inpatient healthcare facilities of Bangladesh

**Preliminary findings**  
30 September 2020

# Background

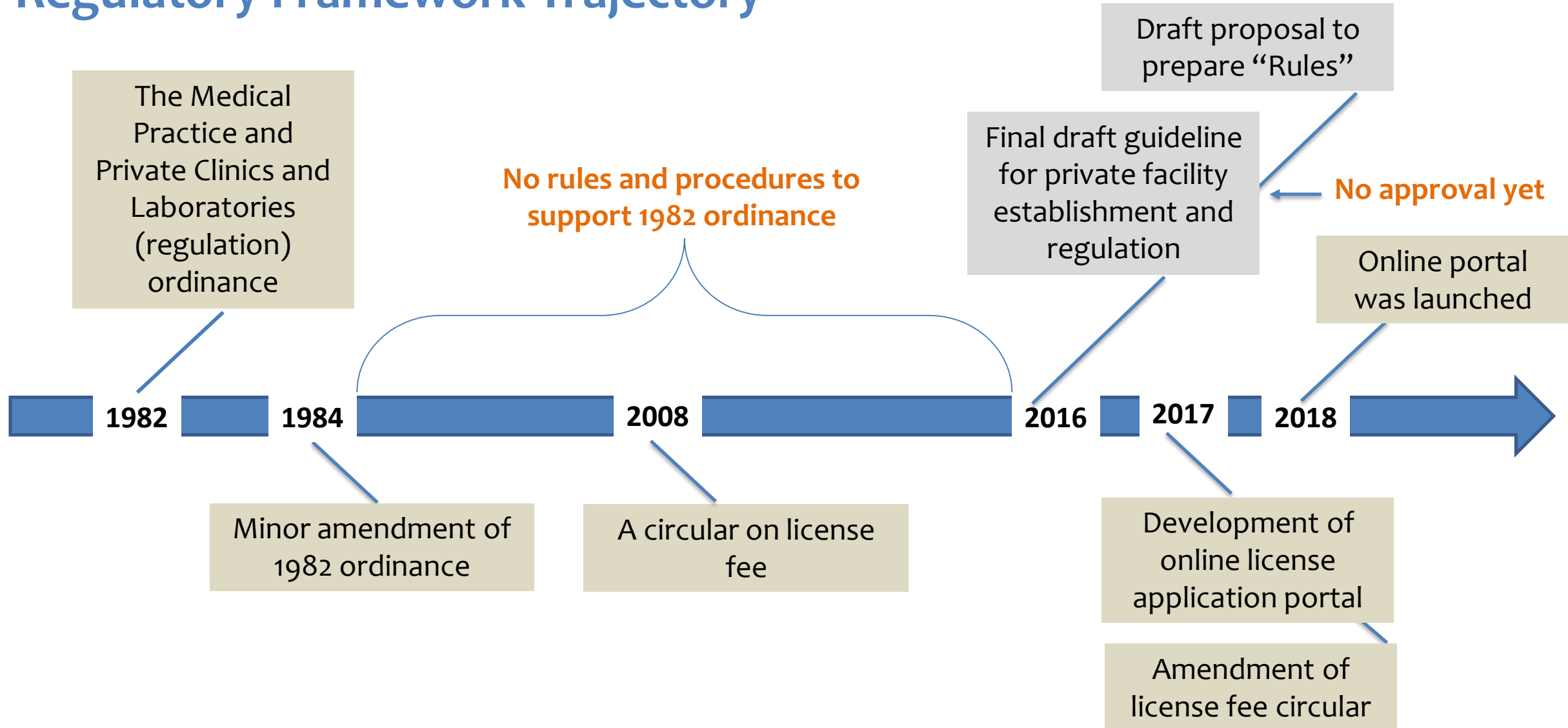
- Bangladesh has a pluralistic health systems
- Private sector is growing rapidly
- >100 new facilities/year (1)
- Apparently, operating in unregulated fashion
- Limited information on readiness and quality of care
- Anecdotal evidence of sub-optimal care
- What is the leveraging point for improvement?  
licensing is a gateway

Increased care-seeking from private sector:  
Percentage of deliveries



(1) Ahmed et 2013 Harnessing Pluralism...;

# Regulatory Framework Trajectory



# Objectives

**Primary Objective:** To explore the licensing practice and compliance to the licensing conditions

**Secondary Objectives:**

- To explore readiness of private health facilities to provide Maternal and Newborn care
- To document the process and implementation related barriers to current licensing practice
- To document gaps in coordination between government and private sector

# Operational Definition

According to the 1982 ordinance:

**Private Health Facilities:** “Private clinic, hospital or nursing home, by whatever names called, owned by any person, other than the Government, where patients are admitted and kept for treatment”

**Licensing:** “each private clinic requires a license from the Director General (DG) of MOHFW”

**We selected:**

- private health facilities having inpatient services
- private facilities providing inpatient MNH services

**THE MEDICAL PRACTICE AND PRIVATE CLINICS  
AND LABORATORIES (REGULATION)  
ORDINANCE, 1982**

ORDINANCE NO. IV OF 1982

[27<sup>th</sup> May, 1982]

**An Ordinance to regulate medical practice and functioning of private clinics and laboratories.**

WHEREAS it is expedient to regulate medical practice and functioning of private clinics and laboratories;

NOW, THEREFORE, in pursuance of the Proclamation of the 24th March, 1982, and in exercise of all powers enabling him in that behalf, the Chief Martial Law Administrator is pleased to

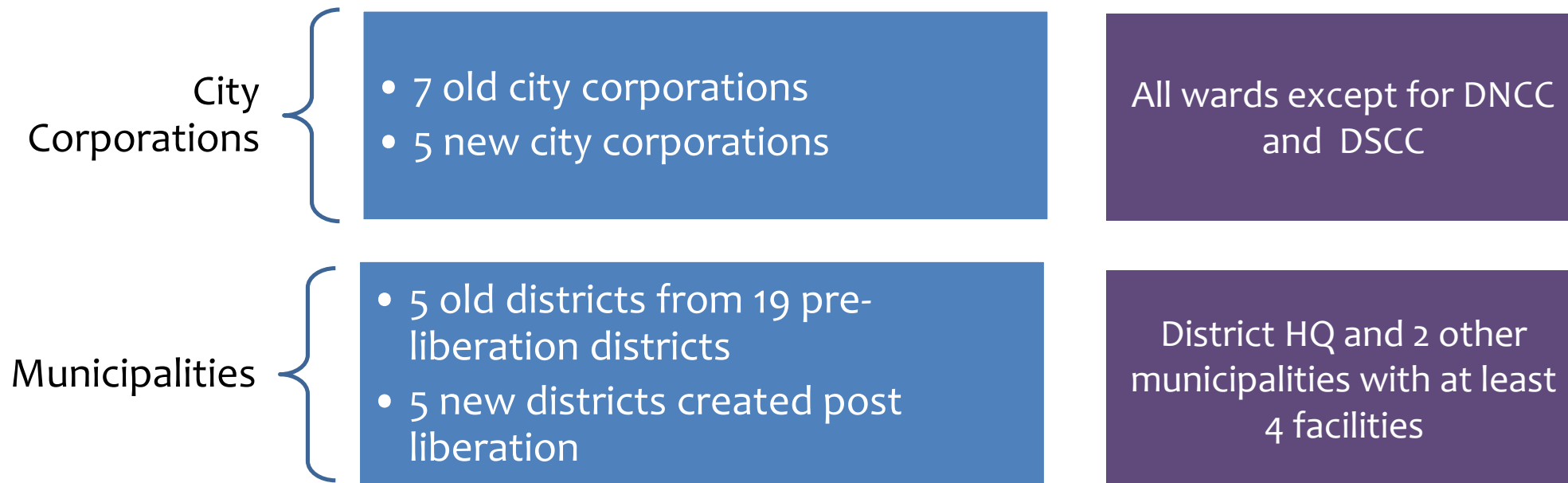
# Methods

**Study Design:** cross-sectional study utilizing both quantitative and qualitative data collection techniques

| Objectives/domains  | Method  | Tool                            |
|---|---|---------------------------------|
| Licensing status  | All private facilities  | Listing Form                    |
| Licensing Compliance  | Interview and assessment  | Structured Questionnaire        |
| MNH readiness   | Facility assessment   | Adapted BHFS tool               |
| Licensing procedure   | Document review and<br>Key informant interview (KII)<br>(ongoing) | Interview guideline             |
| Implementation related barriers                                     | Stakeholder workshop ( <i>will be done after KII</i> )            | stakeholder consultation matrix |
| Gaps in co-ordination between the government and the private sector |   |                                 |

# Methods

## Study site/sampling of area



# Methods

## Steps for listing of private facilities for licensing status

### Step 1

- list from DGHS/CS office
- List of registered Clinics in BPCDOA website

### Step 2

- Cross-checking and updating the list from key informants- health care providers, pharmacy owners/drug sellers, medical reps

### Step 3

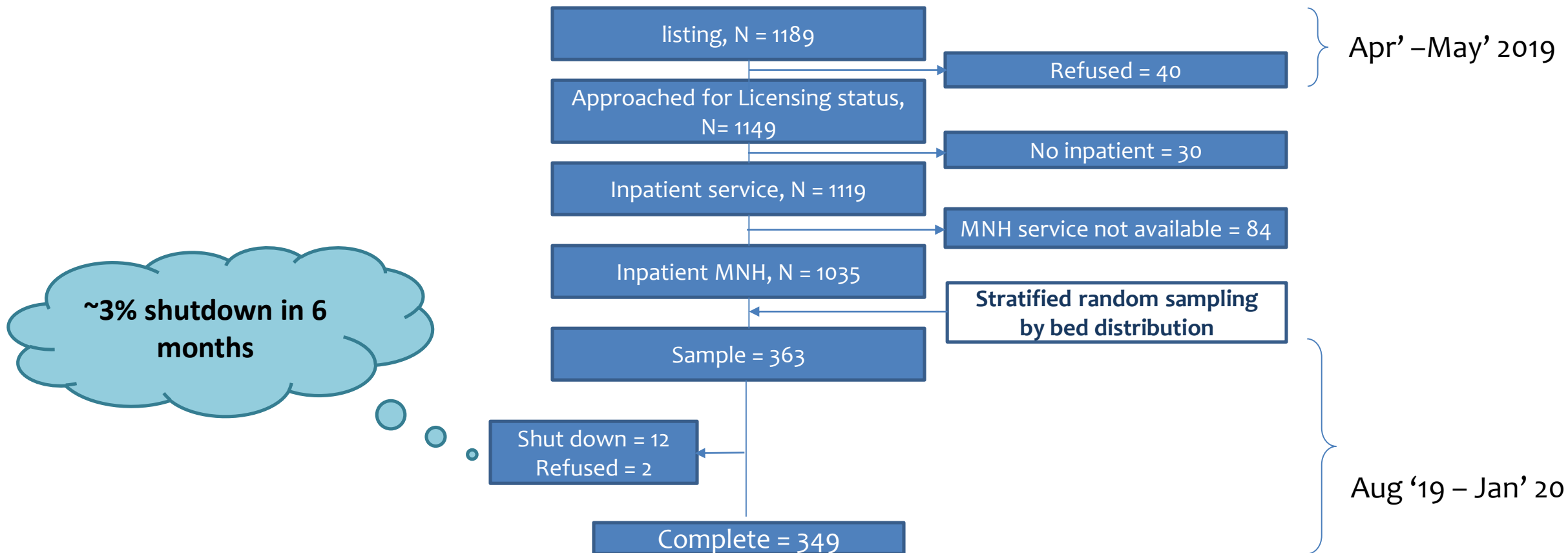
- Physical verification by the assessors



# Methods

## Study diagram of listing and sampling

Data collection period



Total Districts : 21 (City corporation = 12; Subdistrict HQ = 30 from 10 districts)

# Results: Private health facility profile

# Distribution of private facilities and private facility beds

**Large facility:** 21 or more beds

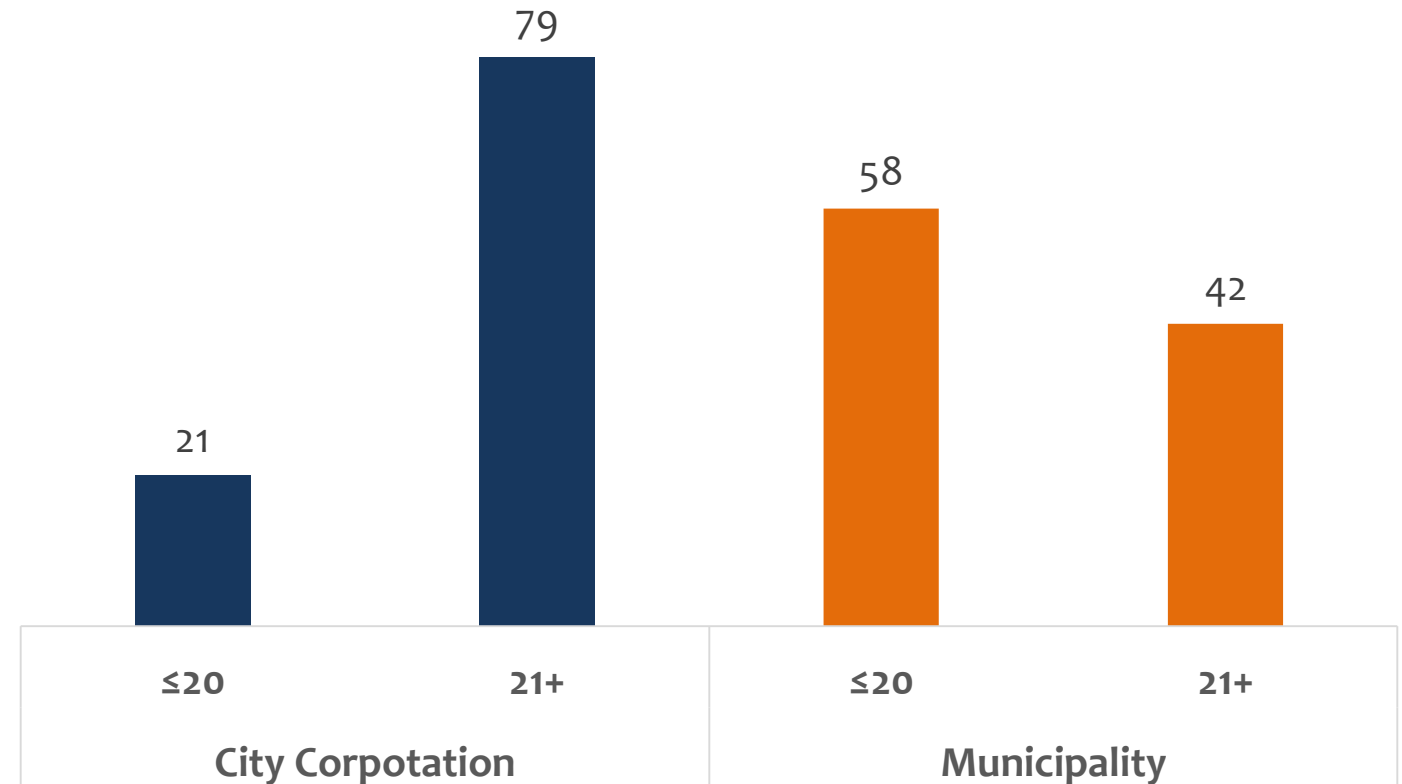
**Small facility:** up to 20 beds

**Overall,** 25% facilities are large; 30% in city corporation and 20% in municipalities

**-In city corporations,** large facilities occupy 79% of the total beds

**-In municipalities,** small facilities have 58% of the total beds

Percentage of total beds in private facilities by size



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# Result: Licensing status

# Licensing status

6% had a valid license on visit day

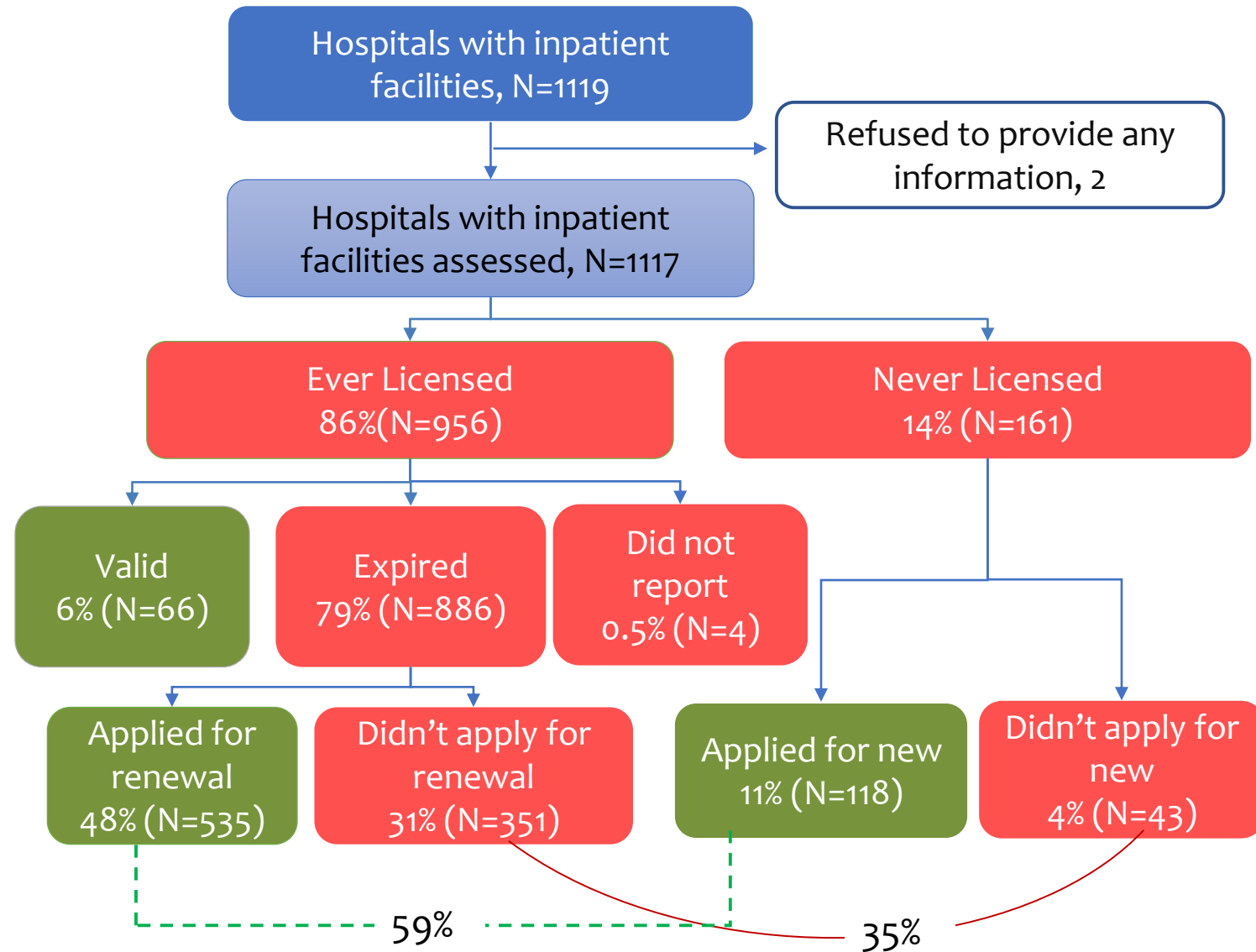
79% had an expired license

14% never had a license

~1% did not report

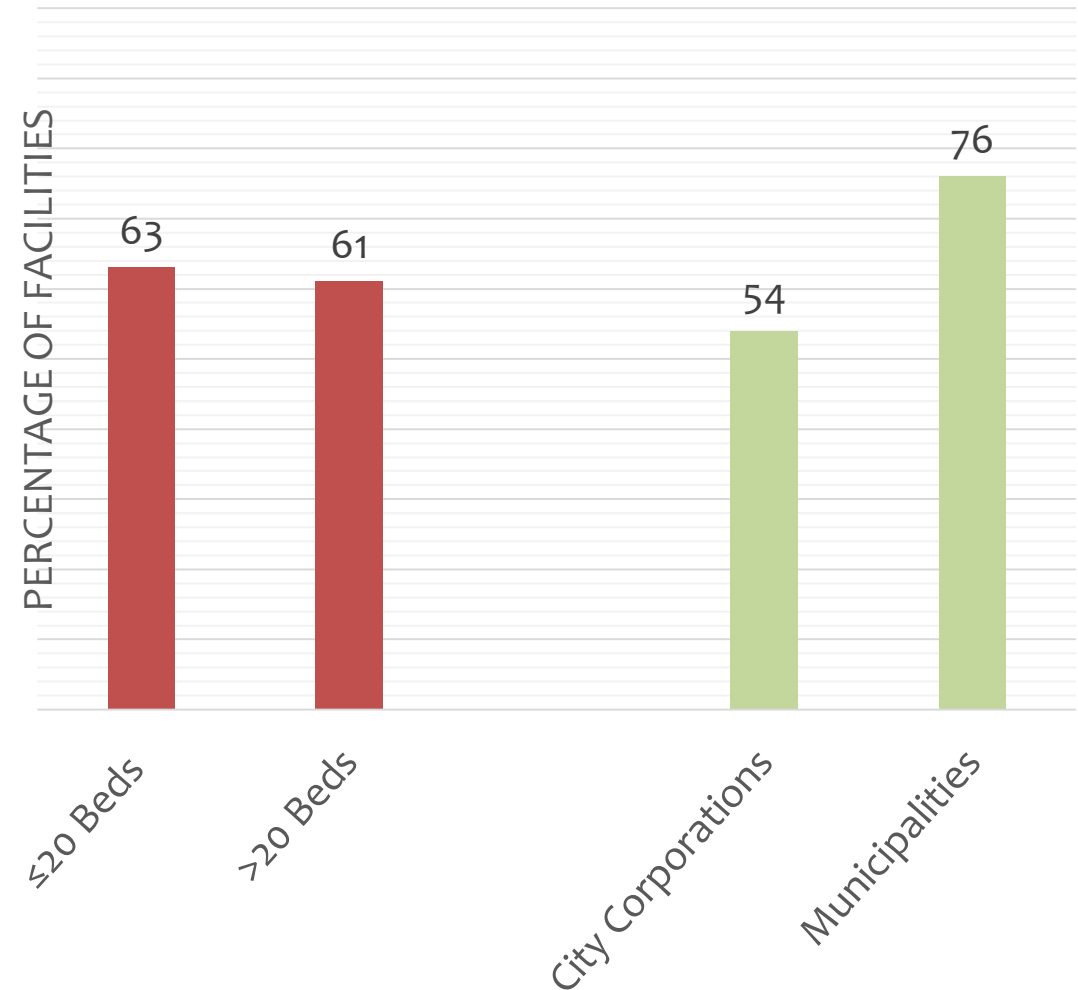
59% applied for either renewal or new

35% did not apply for new or renewal



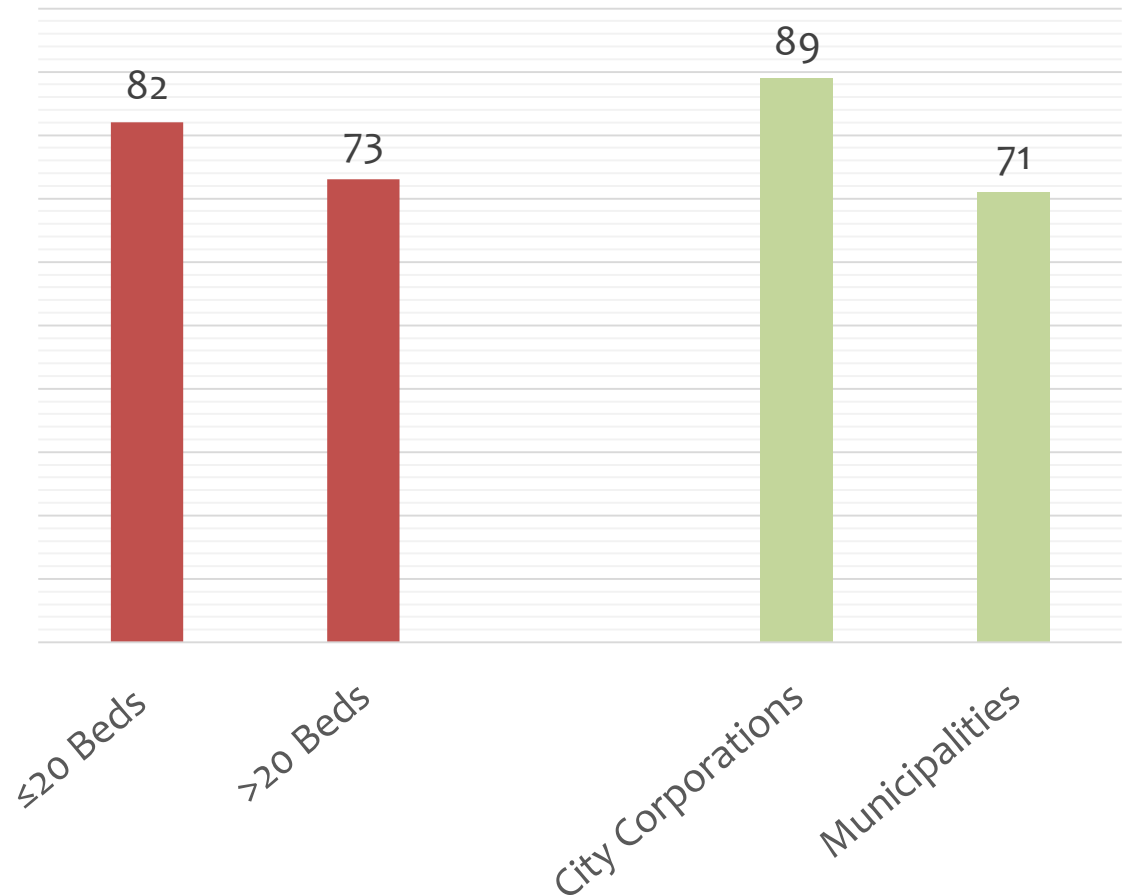
## Submission of application for license renewal or a new license (N=1051)

- No difference in license renewal or new application submission by facility size
- Only all 100+ bed facilities submitted new application
  
- Facilities in municipalities were more compliant to license renewal or new application submission



# Time lag between license expiry and renewal application submission (N=535)

Percentage of facilities with more than 12 months time lag in application submission



- Larger facilities (>20 beds) had shorter time lag in renewal application submission
- Facilities in municipalities submitted renewal application earlier than facilities in city corporations

# Systems level challenges influence compliance to license application submission!

## System level challenges

- The 1982 ordinance does not specify license validity period, current practice is 1 year
- A draft guideline prepared in 2016 specifies duration of validity, timing of license application and financial penalty for delay submission
  - The guideline is still waiting for approval
- Inspection done only in facilities that submit licensing application
- Human resource gap makes it challenging for yearly inspection of all facilities



## Facility owners' challenges influence compliance to license application submission!

### Facility owner's challenges

- Short validity period (one year) of license
- Multiple clearances are necessary for licensing approval; a lengthy process, no one-stop service
- Long waiting time to get the approval after application submission

## Summary findings on licensing status

- On the day of visit 79% did not have a valid license, 59% had already applied and were waiting for license, 35% did not apply
- 80% applied at least 12 months after the validity period
- No considerable difference in licensing submission by facility size
- Licensing compliance was better among facilities in municipalities than in city corporations
- Unavailability of “Rules” to support 1982 ordinance and inadequate HR were main system level challenges
- Short validity period, lengthy process and multiple prerequisites were the key challenges for facility owner

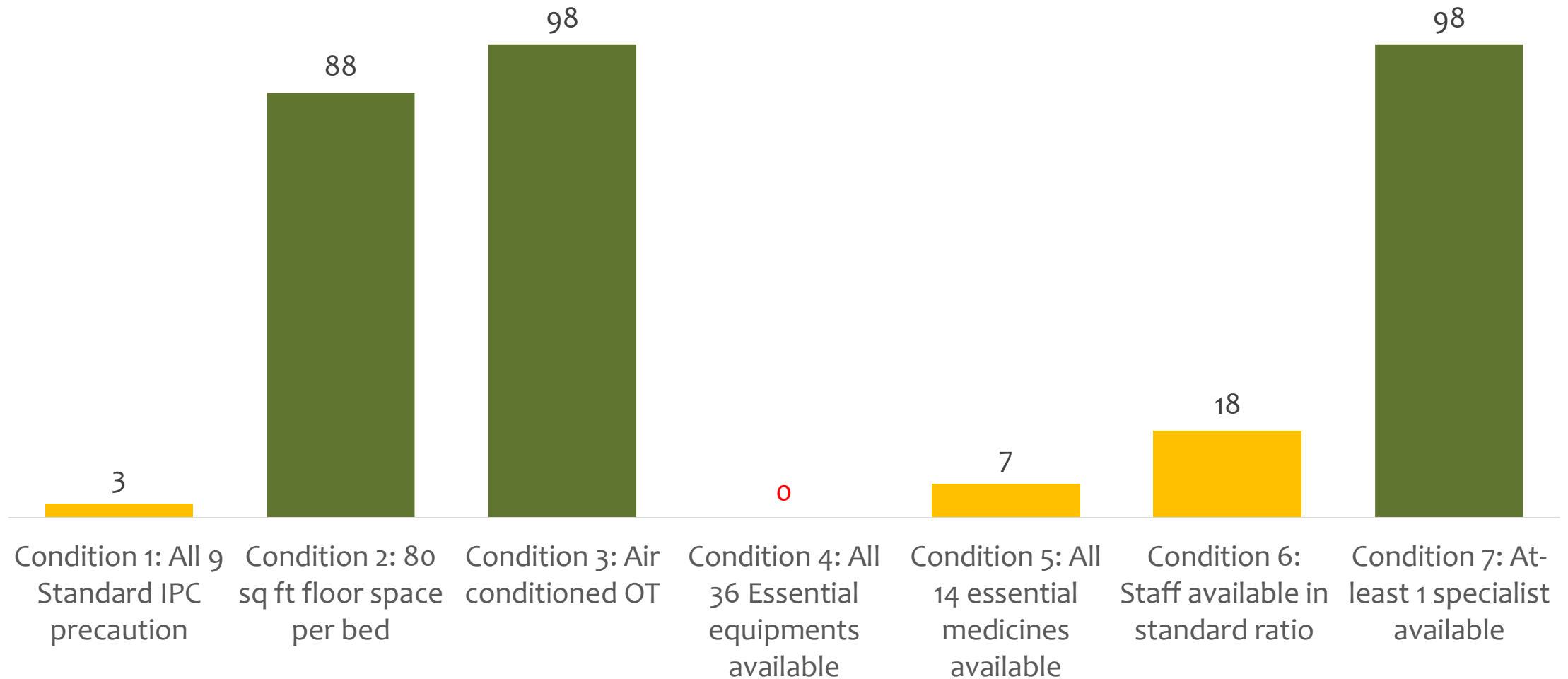
**Result: Compliance to licensing conditions**

# Licensing conditions

The 1982 ordinance prohibits issuing a license if a private facility does meet following “**7 conditions**”:

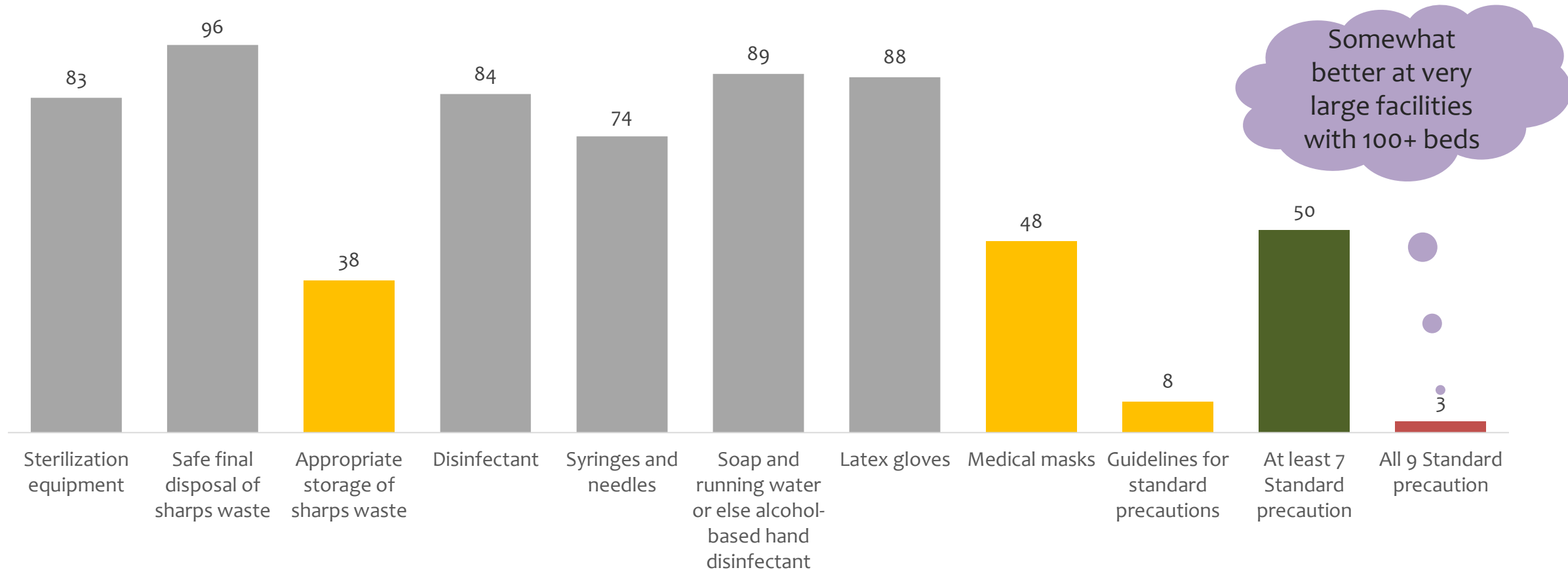
1. Proper **accommodation with hygienic environment** for the patients
2. At least **eighty square feet** of space for each patient
3. Availability of an **air-conditioned operation theatre**
4. Availability of **essential equipments** (specified in schedule B)
5. Adequate supply of life **saving and essential medicines**
6. Availability of full time registered **medical practitioners, nurses and other staff** in specified number (in schedule C)
7. Availability of **specialists** for operation, treatment and supervision of patients

## Proportion of private facilities satisfying 7 licensing conditions



# Licensing condition 1: proper accommodation with hygiene environment

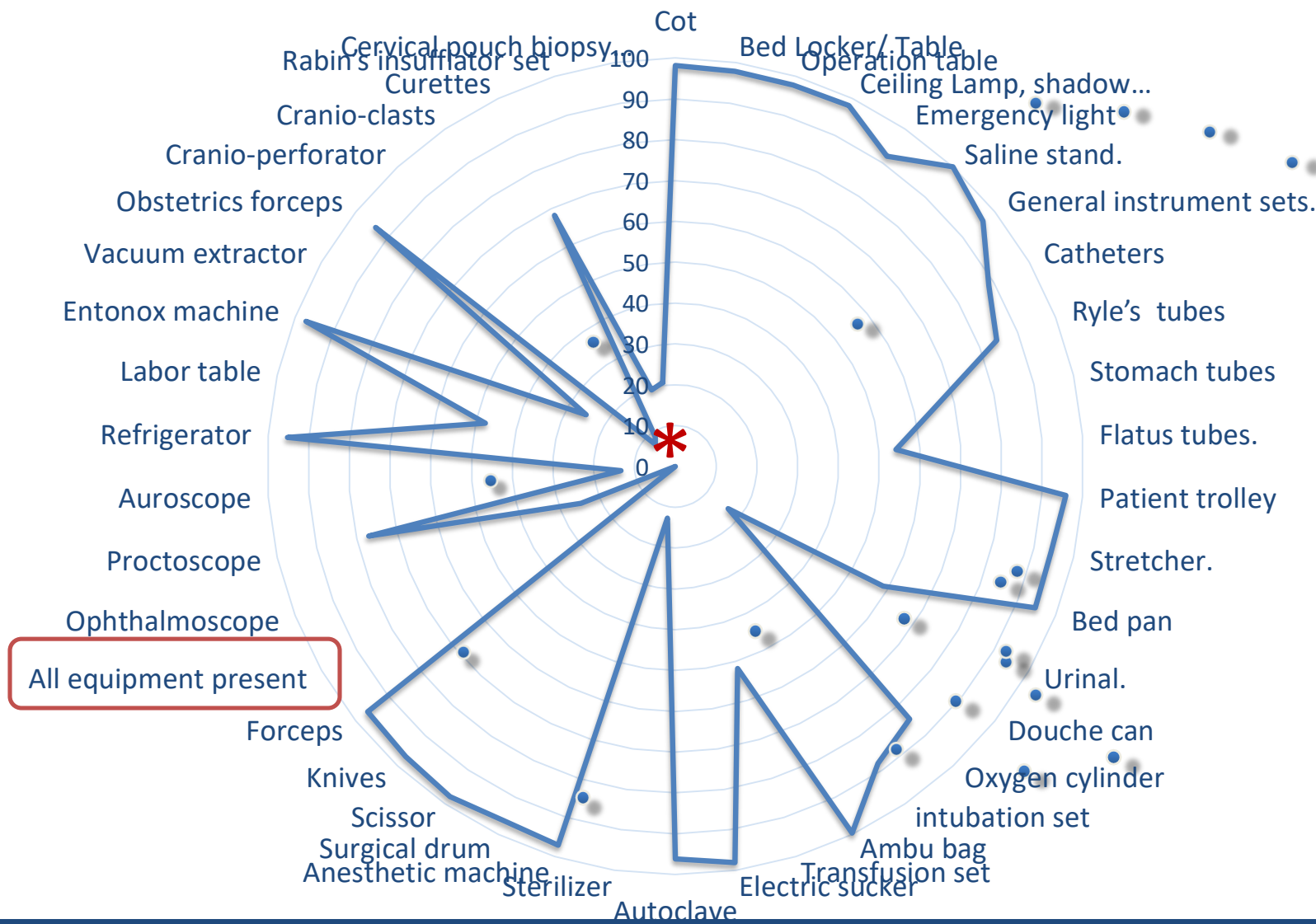
Percentage of health facilities complying infection prevention and control standards [N=349]



# Licensing condition 4: Availability of Essential equipments present

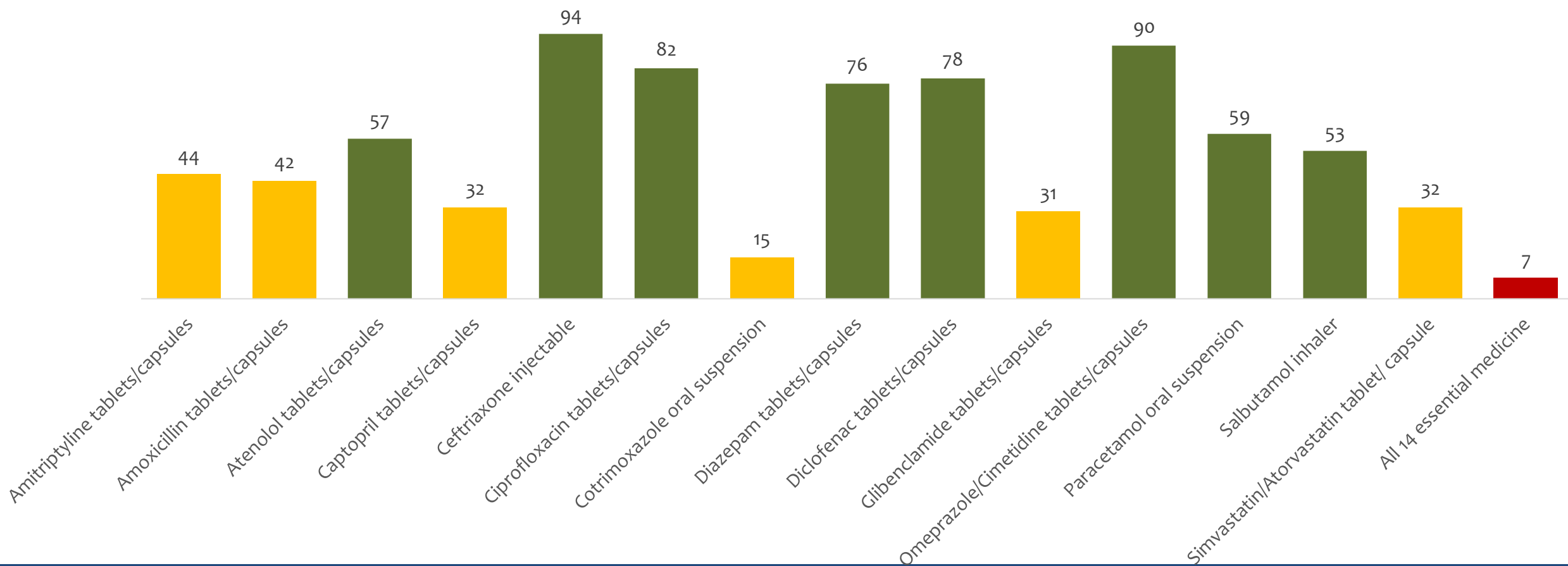
Percentage of facilities with basic equipments (N=349)

- Total 36 equipments in the list
- None of the facilities had all 36 equipments
- Some of the critical equipment (labor table, transfusion set, vacuum extractor, ophthalmoscope) were not available in most of the facilities, specially in small ones.



# Licensing condition 5: Adequate supply of life saving and essential medicines

Percentage of health facilities with essential medicine available (according to WHO) [N=349]



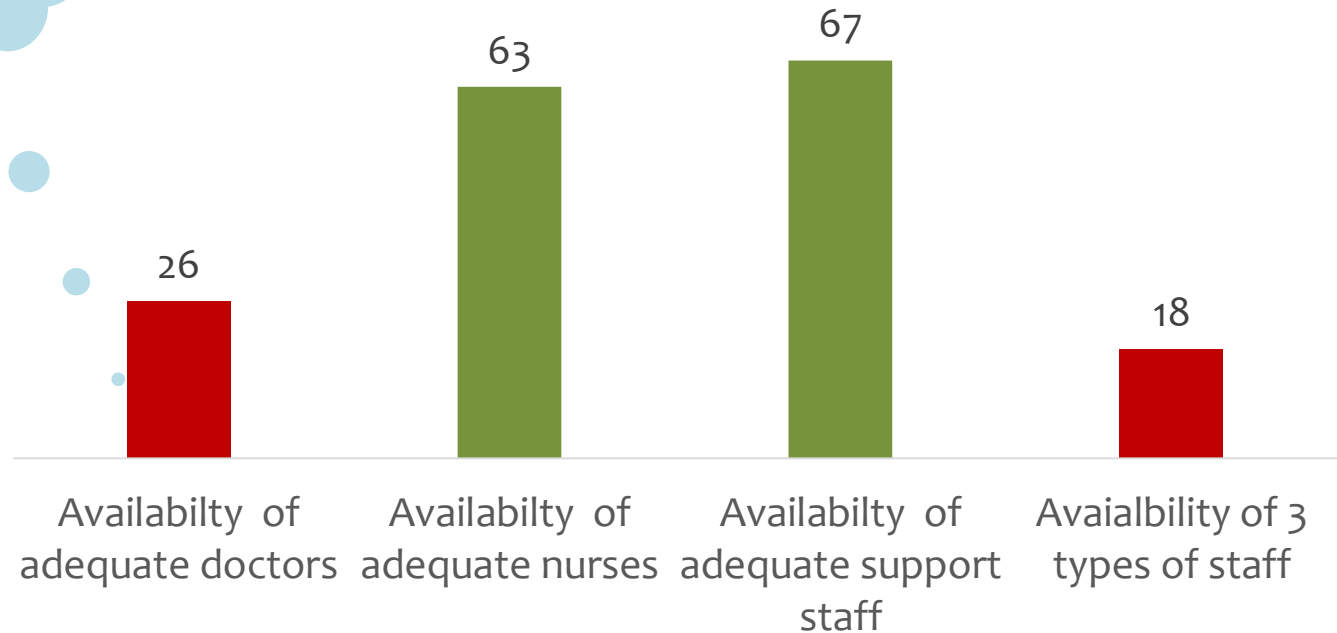


# Licensing condition 6: Full time registered medical practitioner, nurses and other staff

- Standard ratio of staff: Doctor, Nurse and Other staff 3:6:3 for every 10 beds
- Availability of nurse and support staff was better than availability of doctor in recommended ratio
- Bigger facilities were considerably less compliant
- Challenging for big facilities to maintain the ratio

~4% in 100+ beds facilities

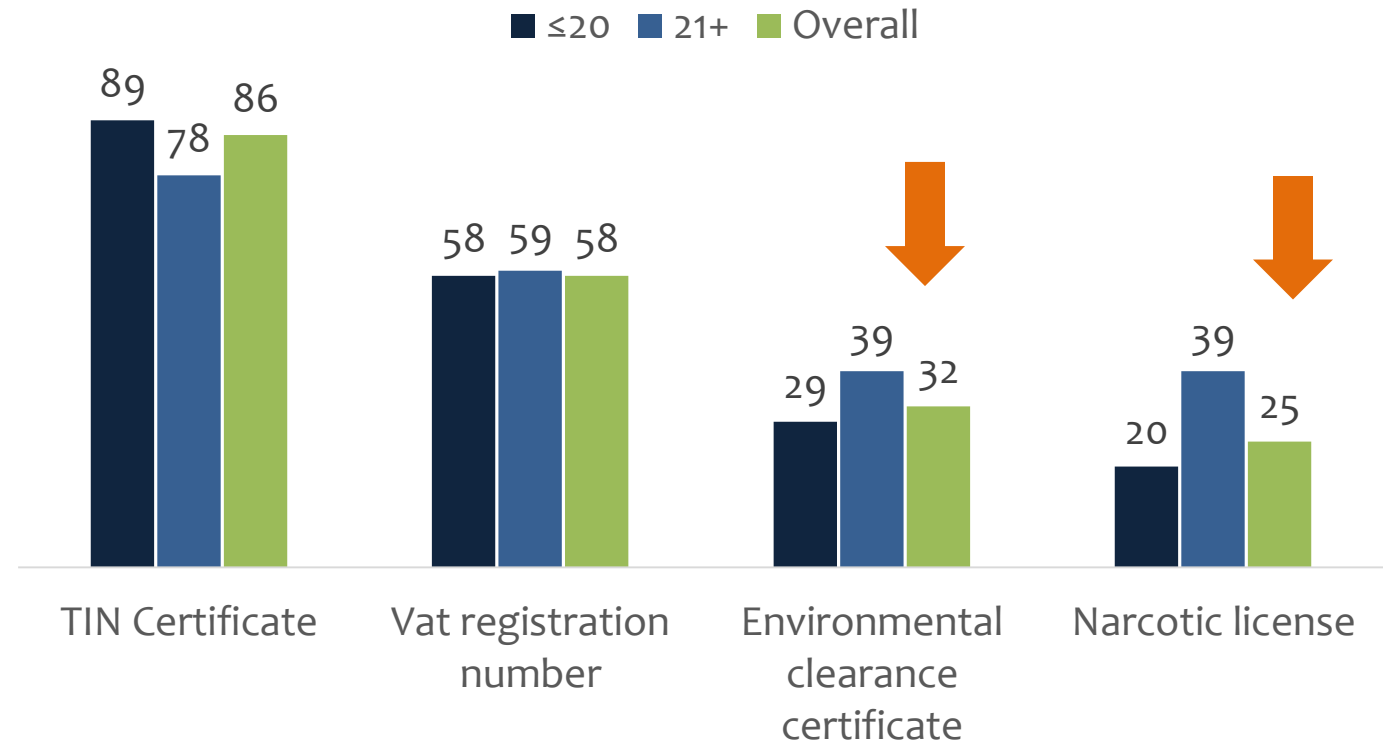
Percentage of private health facilities with adequate staff available



# Certification/approvals included in online application in 2017

Percentage of private health facilities with mandatory approvals available by bed number (N=349)

| Question  | Yes                   | No                               |
|---|-----------------------|----------------------------------|
| হাসপাতাল ট্রেড লাইসেন্স                                       | <input type="radio"/> | <input checked="" type="radio"/> |
| টিআইএন/নতুন প্রতিষ্ঠান/আয়কর প্রত্যয়ন পত্র/পুরাতন প্রতিষ্ঠান | <input type="radio"/> | <input checked="" type="radio"/> |
| ভাট রেজিস্ট্রেশন  | <input type="radio"/> | <input checked="" type="radio"/> |
| পরিবেশ ছাড়পত্র   | <input type="radio"/> | <input checked="" type="radio"/> |



## System level challenges influence compliance to licensing conditions!

### System level challenges

- In 1982 ordinance, some definitions of conditions are not objectively defined
- No Rules were published to clarify the conditions
- Systemic coordination between central and district level inspection teams established only recently after introduction of online application portal
- Timely inspection of all facilities is challenging with current human resource structure
- Inspection visits are still mainly complain-driven

# Facility owner's challenges influence compliance to licensing conditions

## Facility owner's challenges

- Facility owners face problem to arrange appropriate and sufficient health care providers according to the rule

*“Considering the total number of private facilities, Bangladesh do not have enough nurses to maintain the recommended ratio in all private facilities.” – **A health manager***
- Clinic owners often seek help from IT/computer shops for online license application, do not get notified feedback from DGHS
- Arranging environment clearance and narcotic license are most challenging for facility owner, often stop them submitting application

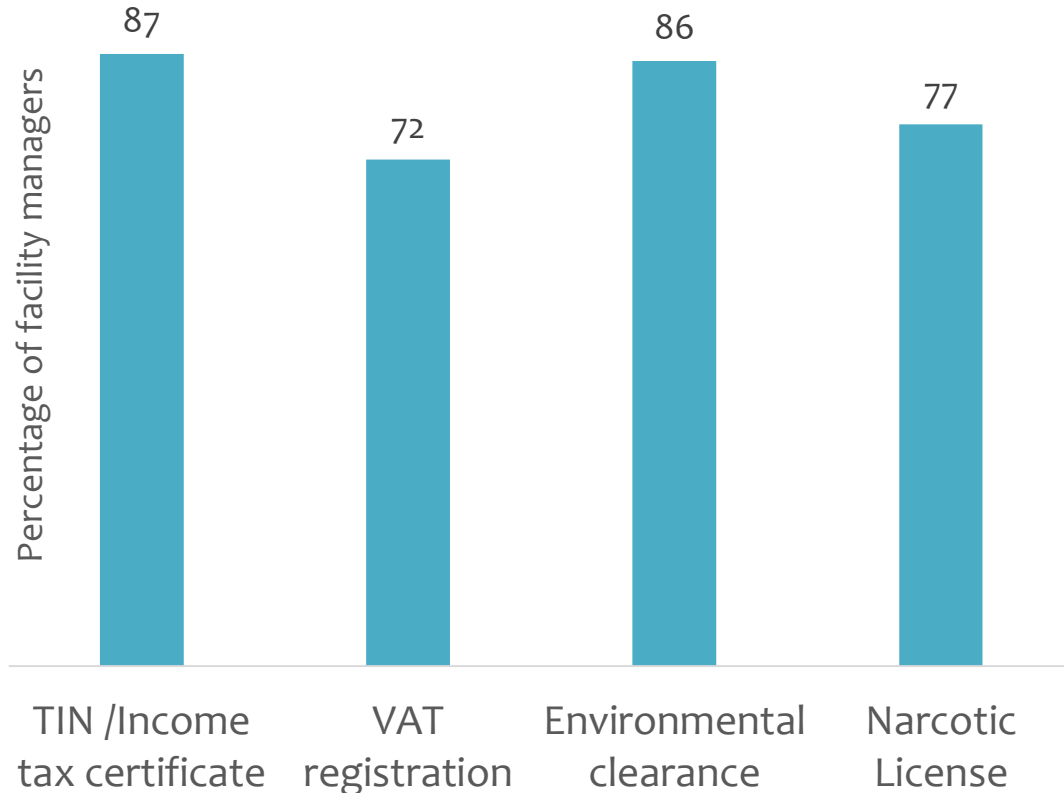
## Summary findings on compliance to licensing condition

- Compliance to 3 licensing conditions: adequate floor space per bed, availability of an air-conditioned OT and at least 1 specialist was adequate
- Conditions on infection prevention, essential equipment and essential medicines were substantially poor
- Availability of fulltime doctors at recommended bed ratio was low
- Environmental clearance and narcotic license were not available at most facilities
- Key system level challenges: subjective condition definition, limited inspection for renewal
- Facility level challenges: Arranging adequate human resource and less familiarity with online application system

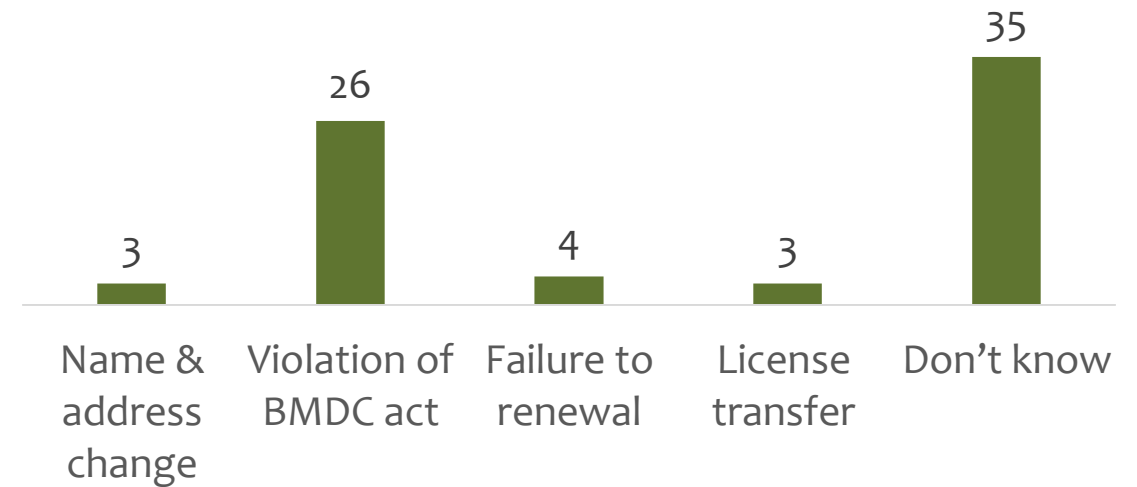
## **Result: Private health facility manager's knowledge on licensing**

# Private facility managers' knowledge on mandatory approval/clearance and reasons for license cancellation/suspension (N=349)

## Knowledge on mandatory approval/clearance



## Knowledge on reasons for license cancellation/suspension

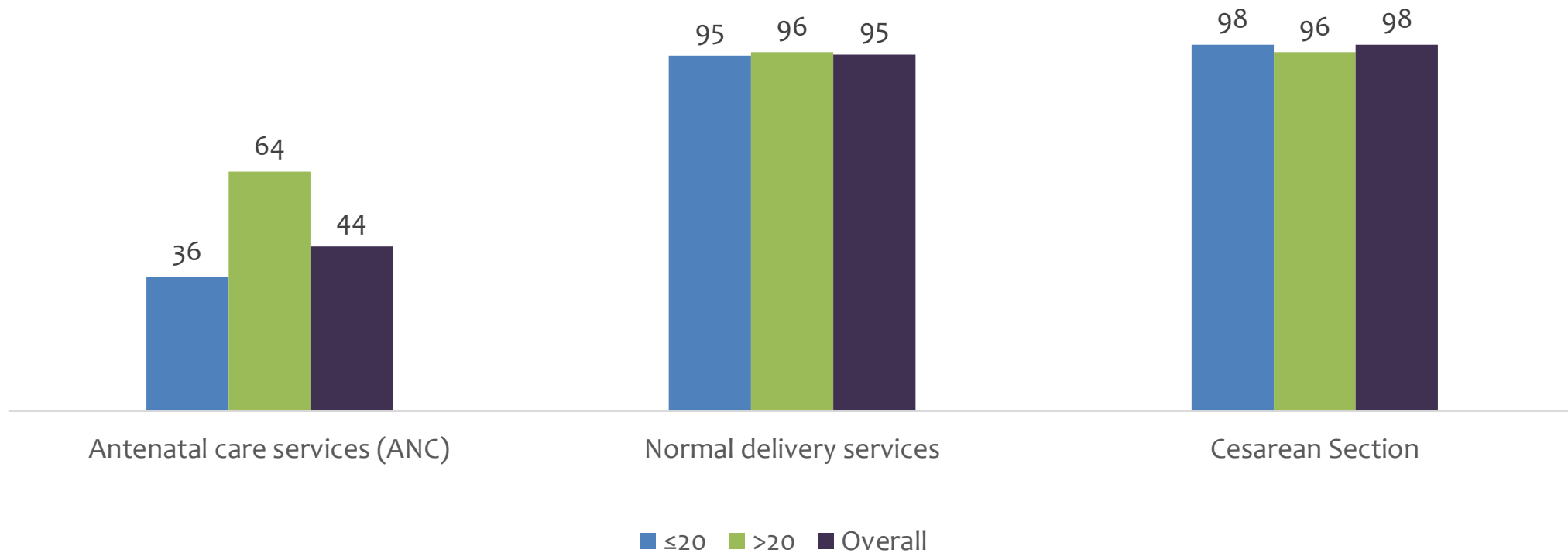


# Result: Readiness to provide MNH care



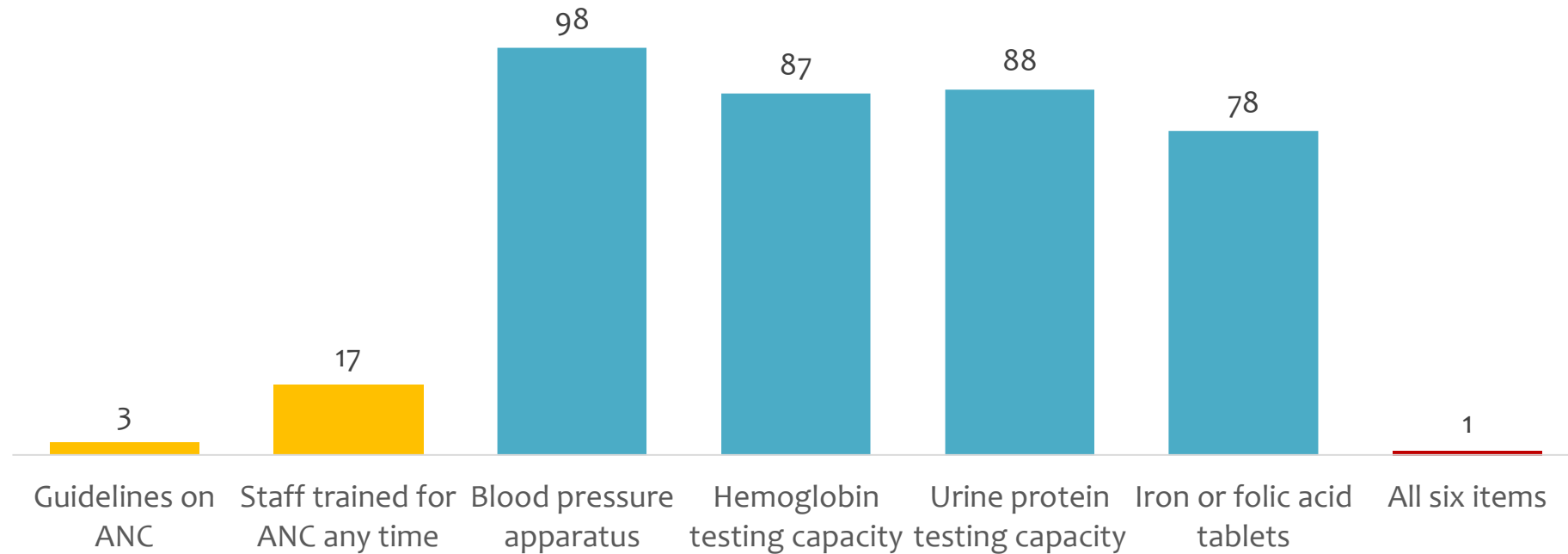
# Availability of Maternal Health Services

Percentage of health facilities offering maternal health services, by bed number  
(N=349)



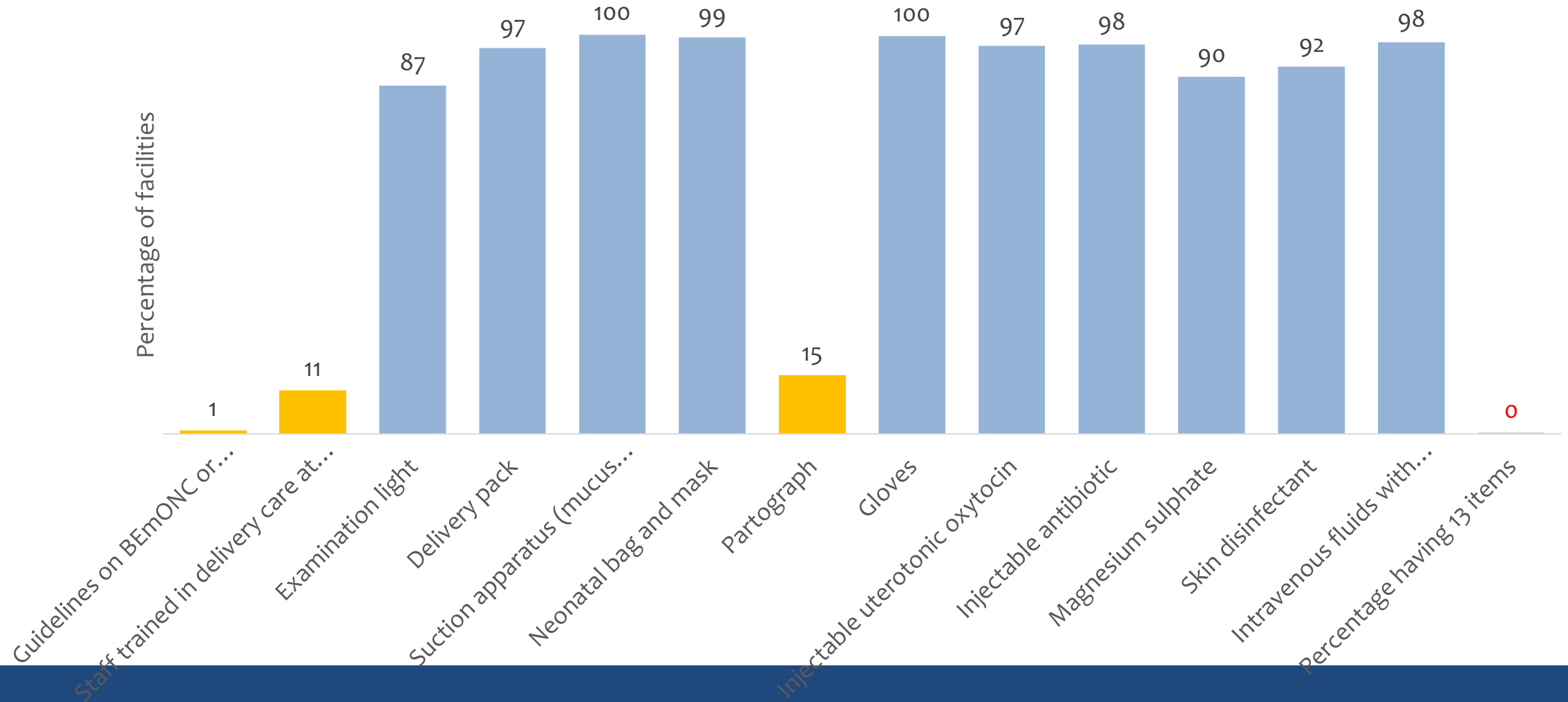
## Readiness of Health Facilities to Provide ANC Services -According to WHO, all 6 items

Six items (tracer indicators) for readiness to provide ANC services available (N=154)



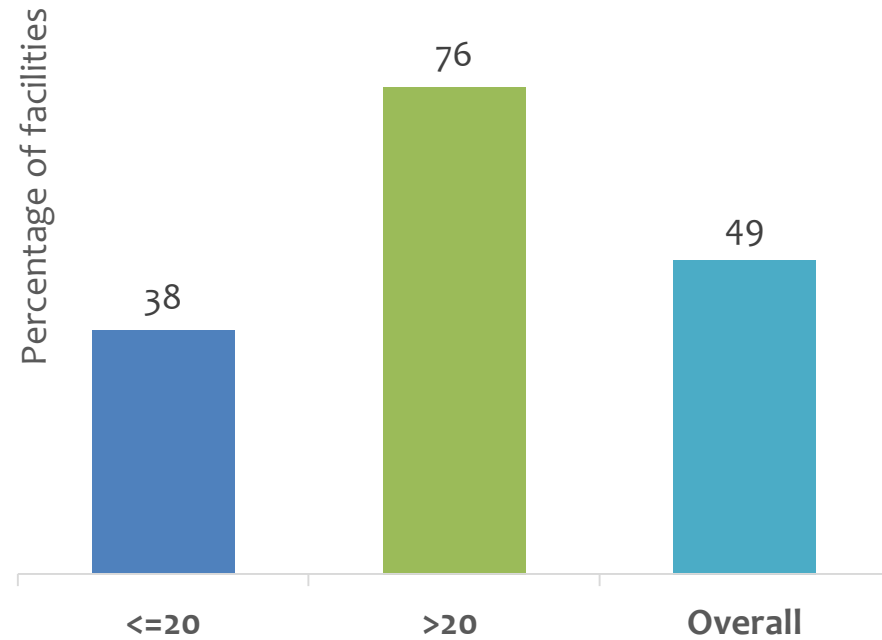
# Readiness of Facilities to Provide Normal Delivery Services -According to WHO, all 13 items

13 tracer readiness items to provide normal vaginal delivery service

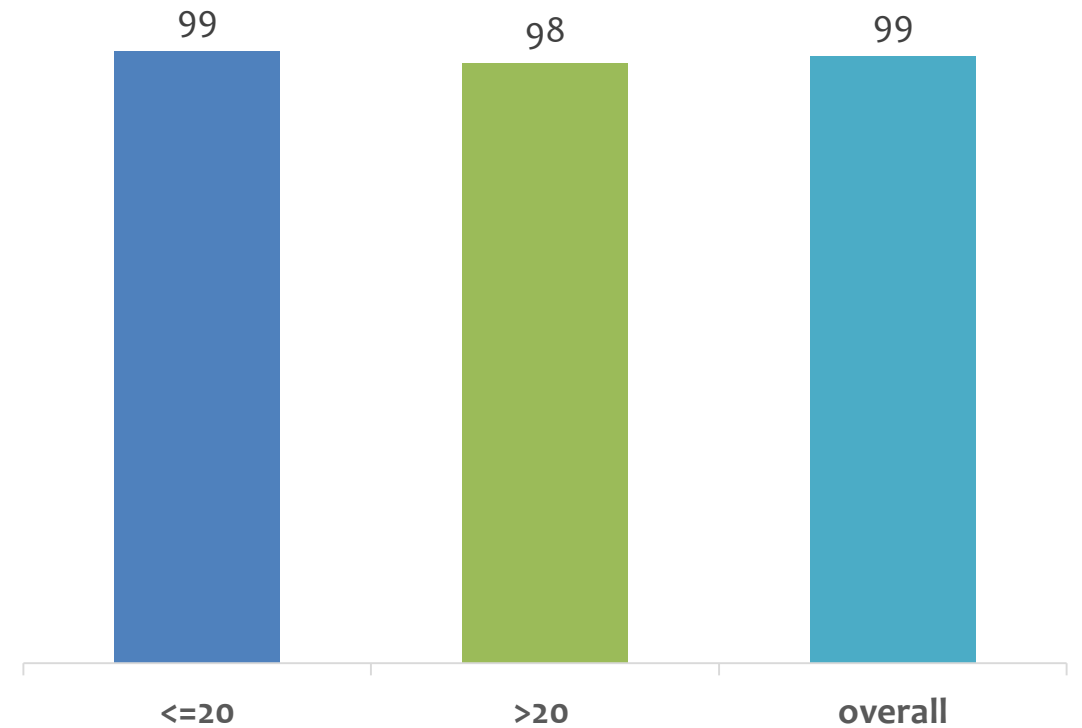


## Availability of separate labour room and operation theatre

**Separate labour room** available in facilities offering NVD services, by bed number (N=333)



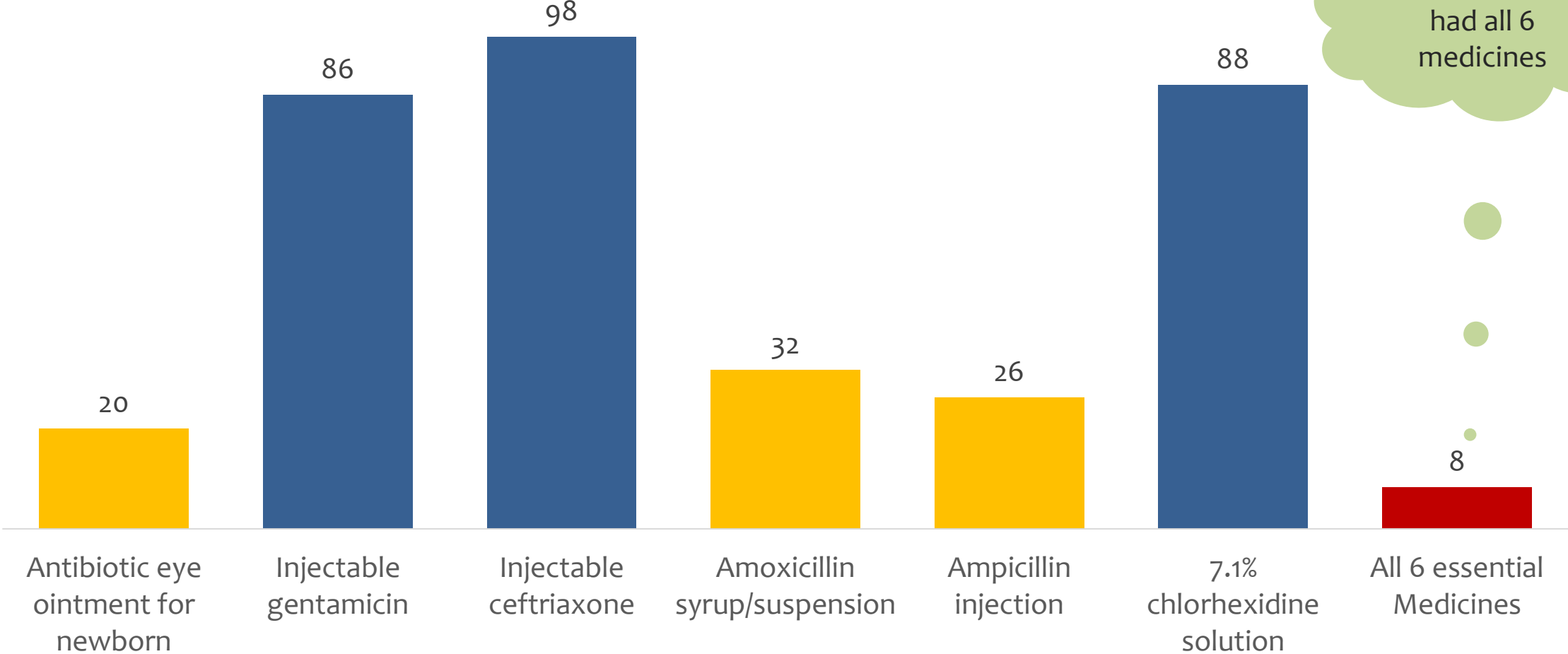
**Operation theatre** available in facilities offering NVD services, by bed number (N=333)



# Newborn care readiness: Essential medicine

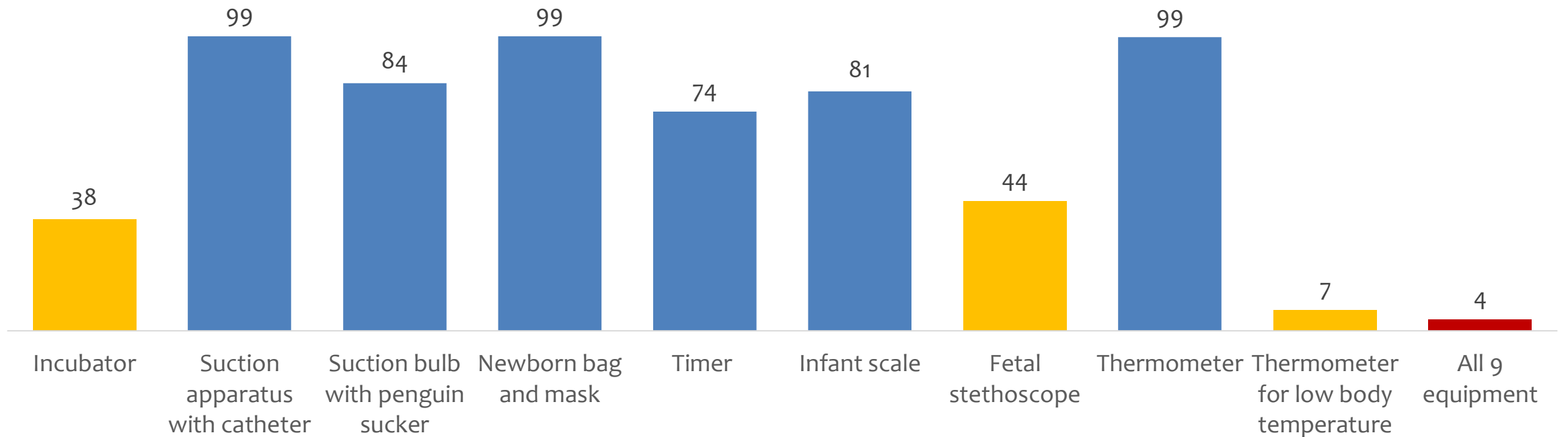
Six Essential medicines for newborn care available (N=333)

27% big facilities with 101+ beds had all 6 medicines



## Newborn care readiness: Essential equipments

Nine equipments for newborn care available (N=333)



## Summary findings on readiness to MNH care

- Maternal and newborn care readiness was poor, worse in smaller facilities
- Our findings are consistent with national health facility assessment of 2017
- Unavailability of trained staff is a consistent gap for all maternal and newborn care services

# Recommendations

- The 1982 private facility regulation needs to develop **“Rules and procedures”** to support its effective implementation
- The final draft 2016 guideline proposed a 2-year license validity, clarified application timing, financial penalty for delayed submission, and inspection process; but the **guideline needs approval** to be implemented.
  - The guideline should also **clarify approval processing time and licensing conditions**
  - **Regular reporting** on 7 licensing conditions can be made mandatory
  - **Health utilization data reporting** is poor, and can be made **prerequisite for license renewal**
- Proposed 2-year validity would address **health system and facility owners' challenges** due to **current yearly renewal**



# Recommendations

- **Estimation of human resource needs** for inspection in the proposed 2-year validity is essential
- **Alternative modalities of compliance tracking** like sample auditing could also be explored
- **Knowledge gap** among facility owners needs attention; better **engagement of private clinic owner's association** could be helpful
- Facility readiness for MNH care is poor, licensing condition may consider including availability of **staff trained on MNH care**
- **Use of online portal** could be expanded for **electronic monitoring** of registered facilities for timely application submission and improved compliance

## Study team

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