

Assessment of licensing status and readiness to provide routine Maternal and Newborn care at private healthcare facilities of Bangladesh



Background

Since the 1980s, private sector has become the predominant source of healthcare services including maternal and newborn health (MNH) care in Bangladesh. Private sector health facilities account for four-fifth of ~3500 hospitals which need to be brought under equitable, affordable and standardized service delivery regulation. The Medical Practice and Private Clinics and Laboratories (Regulation) Ordinance 1982 provides the legal framework for private clinics. Quality of care in MNH is a concern in general and the condition in private sector facilities is grossly unexplored. Neither the 1982 ordinance for private clinics nor any other guidelines have a set of measurable indicators to assess the performance of private sector facilities to provide quality care. The study explored the licensing practice, structural readiness and service utilization at private health facilities as the first step to mitigating the evidence gap. Exploration of the licensing practices will partly identify the clinical governance practices and the Government's stewardship role to establish a regulatory quality assurance mechanism for health care in the private sector. The major objectives of the study are to:

- Explore the licensing practice and compliance to the licensing conditions;

- Document the implementation-related barriers of the current regulations on licensing of the private facilities and related monitoring and supervisions, and
- Explore the readiness of the private health facilities and utilization of MNCH services.

Methods

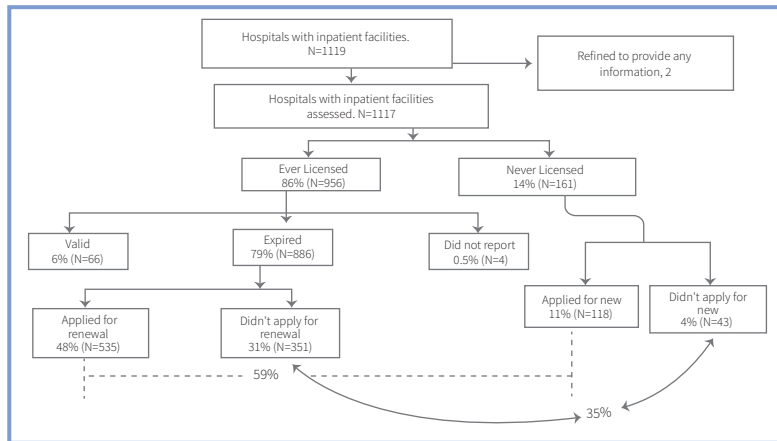
The study followed a cross-sectional design utilizing both quantitative and qualitative data collection techniques. The quantitative techniques include document review, structured interviews with health care providers, and health facility readiness assessment using adapted service preparedness assessment models. The study conducted a census of private clinics with inpatient care facilities in 29 Upazila municipalities and 12 city corporations to explore the licensing status. Followed by the census, the study conducted a detailed assessment in a subset of 349 private clinics with inpatient MNH care services, selected by stratified random sampling of bed numbers, to explore the compliance to licensing conditions and readiness to provide MHN care. The study also used key informant interviews (KII) and stakeholder consultations to explore the implementation-related barriers.

Results

The study identified a total of 1119 private clinics with inpatient facilities from the census (Figure 1). Of the total, 956 (86%) private facilities ever received a license from the Directorate of Hospitals and Clinics. Only 6% of facilities had a valid licence on the day of visit; 886 (79%) facilities with an expired licence and 161 (14%) never had a license.

Private facilities located in municipal areas were more compliant to submit licensing applications than the facilities in city corporations, 76% vs. 54%, respectively.

Figure 1: Licensing status of private facilities (May-Jul 2019)

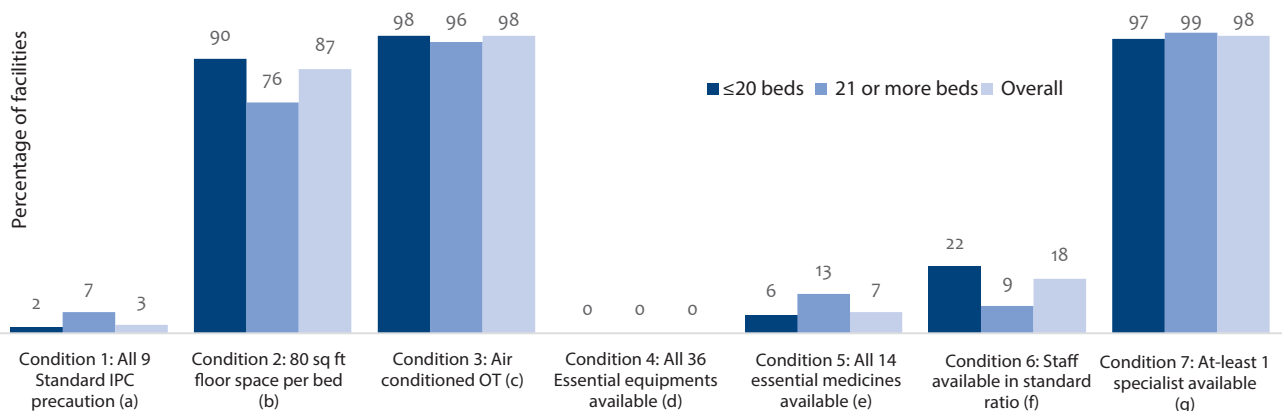


- Of the total 349 facilities assessed for compliance of licensing criteria, only 3% had maintained all 9 standard precautions for infection prevention, 87% had standard floor area ratio per patient, only 7% had essential

Out of the total, about 59% of facilities applied for either a new license or renewal of the expired license. In total, 35% of facilities did not have a valid license and did not apply for either a new license or the renewal of an expired license. There was no difference in the submission of license applications between large (>20 beds) and small facilities (≤ 20 beds), 61% vs. 63%, respectively.

medicine, 18% had recommended staffing ratio and 98% had air-conditioned OT and at least one specialist available (Figure 2). None of the facilities had all 36-essential equipment. Larger gaps were observed for adequate floor space and staff ratio in bigger facilities (21 or more beds) compared with the facilities with ≤20 beds.

Figure 2: Private facilities satisfying 7 licensing criteria



(a) Sterilizing equipment AND Safe disposal of sharp waste AND Sharps container/ Sharps box AND Disinfectant AND Syringes and needles AND [Soap and running water or else alcohol-based hand disinfectant] AND Latex gloves AND Masks AND Guidelines for standard precautions

[Note: The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012)]

(b) At least 80 ft² of space per available inpatient beds. The combined space of indoor and cabin is considered for calculation for space per bed.

(c) Availability of Air conditioner in OT.

(d) 36 essential equipment's listed in the Medical Practice and Private Clinics and Laboratories (regulation) ordinance, 1982.

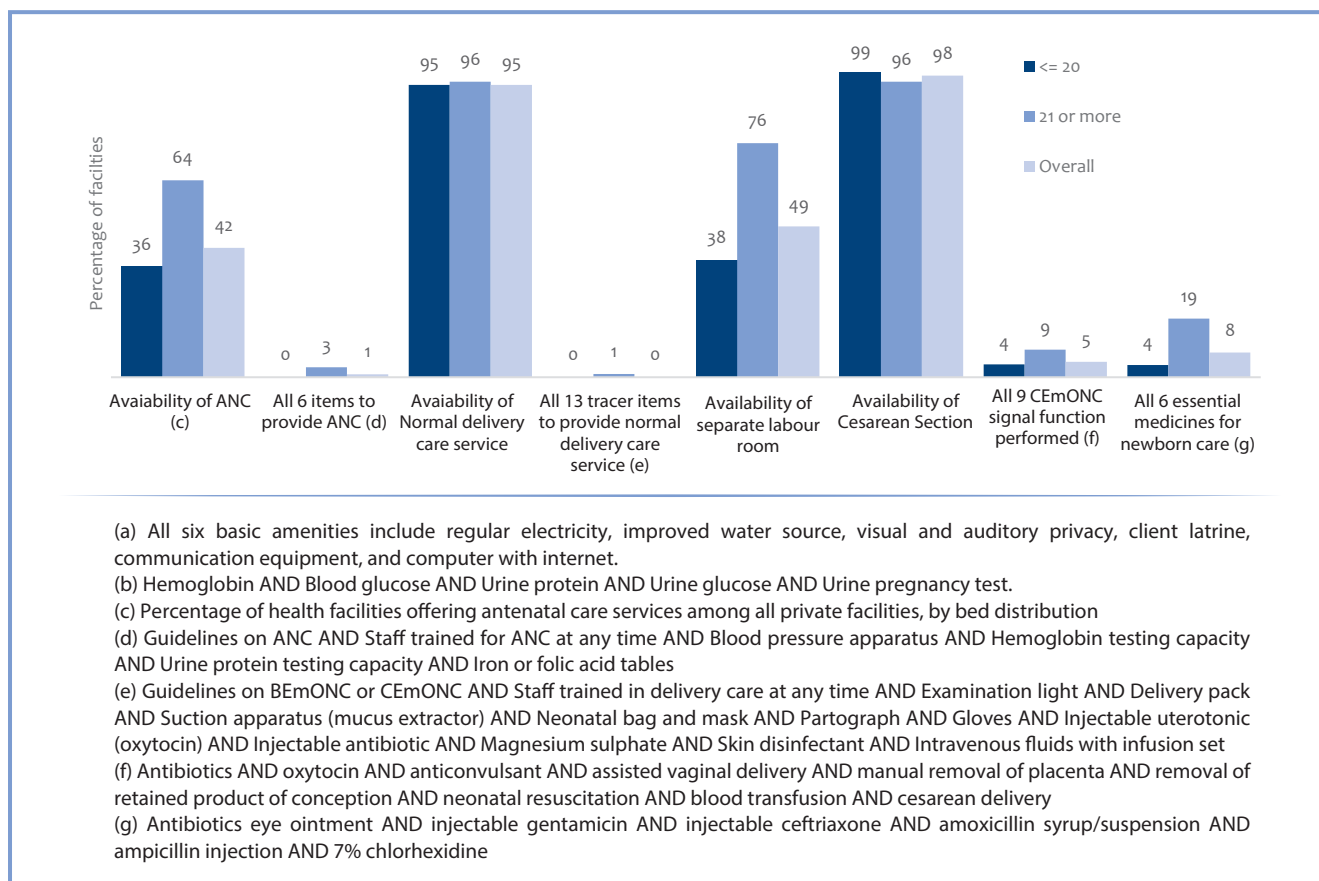
(e) Amitriptyline tablets/ capsules AND Amoxicillin tablets/ capsules AND Atenolol tablets/ capsules AND Captopril tablets/ capsules AND Ceftriaxone injectable AND Ciprofloxacin tablets/ capsules AND Cotrimoxazole oral suspension AND Diazepam tablets/ capsules AND Diclofenac tablets/ capsules AND Glibenclamide tablets/ capsules AND Omeprazole/ Cimetidine tablets/ capsules AND Paracetamol oral suspension AND Salbutamol inhaler AND Simvastatin/ Atorvastatin tablet/ capsule.

(f) Standard ratio of Doctor: Nurse: Other staff is considered 3:6:3 for a faculty of 10 beds. Incremented likewise according to number of beds.

(g) Specialist defined as having at least one post-graduate clinical degree.

- Availability of normal vaginal delivery (NVD) care services (95%) was more than the availability of ANC service 44% (Figure 3). Only 1% of the facilities had all 6 items of readiness to provide ANC service and none of the facilities had all 13 tracer readiness items to provide NVD. Nearly half (47%) of the facilities had a separate labour room but 98% provided caesarean section service. Readiness to provide MNH care was substantially poorer in smaller facilities (≤ 20 beds) than the bigger facilities (21 or more beds).

Figure 3: Maternal and newborn care readiness at private facilities by bed distribution



- Qualitative exploration identified several system-level challenges in licensing implementation which included lack of specific clarifications of some licensing conditions; unavailability of any “Rules” to support the implementation of 1982 ordinance; systemic coordination between central district level authority being established only recently by the online portal; limited human resources to conduct a timely inspection of all facilities and therefore remaining complain-driven. Facility owners’ challenges to comply with licencing included maintaining adequate staff ratio especially due to shortage of adequate nurses; facility managers often not being accustomed to the new electronic application portal; long waiting time between application submission and receiving a response on licencing approval, and lengthy and cumbersome process in arranging all prerequisite certifications and clearances from different departments limiting yearly submission of the renewal application by private facility owners.

Recommendation

Based on the study findings development of recommendation is in progress.

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