

# **Holy Family Red Crescent Medical College Hospital: Governance Challenges and Way Forward**

## **Executive Summary**

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## Executive Summary

### The Context and Rationale of the Study

- Bangladesh Red Crescent Society (BDRCS) is a humanitarian aid organisation and part of the International Red Cross/Red Crescent Movement
- Bangladesh Red Crescent Society, as an auxiliary of the Government of Bangladesh, is working to improve the livelihoods of people that are at risk of disaster, support organisational development and operate medical programs in humanitarian services with the aim to build a strong society
- Holy Family Red Crescent Hospital is an affiliated institution of the Bangladesh Red Crescent Society, established in 1953 by Catholic Missionaries as part of its activities in medical program to serve humanity
- Catholic Medical Missionaries transferred the hospital to Bangladesh Red Crescent Society under the deed of gift no.7696/1971 in 1971 and renamed it as Holy Family Red Cross Hospital
- In 1988, the name of the hospital was changed to Holy Family Red Crescent Hospital, as per the decision of the then Government of Bangladesh
- It was renamed as Holy Family Red Crescent Medical College Hospital when it was started functioning as a medical college in the year 2000
- The hospital is registered under The Medical Practice and Private Clinics and Laboratories (Regulation) Ordinance 1982
- The hospital is managed by a 9-member Hospital Management Committee and is directly responsible to the managing board of BDRCS for their activities. The formation of Hospital Management Committee- One Convener (The Chairman of BDRCS); 7 Members comprising of teachers, doctors, politicians, and nominated members who are not teachers and doctors; One Member Secretary (Director of Holy Family Red Crescent Medical College Hospital). It is noted that, the Chairman of BDRCS appointed by the President of the People's Republic of Bangladesh who is the ex-officio President of BDRCS.
- All management and monitoring activities related to hospitals are performed by the Managing Board of BDRCS
- The hospital is governed as per the internal regulations of BDRCS like Standing Order on Finance, Audit, Administrative and Service rules 2015, Human Resource Policy, Gender Policy etc
- Established under President's Order No. 26, 1973 (PO-26), the organisation is an exceptional institution in the health sector as its organisational management and management system differs from other hospitals
- The BDRCS has been given freedom to take independent decisions to manage, control and supervise the activities of the society as per the rules (PO-26, 1973). It is also stated that the organization will maintain autonomy according to the rules
- Medical program is one of the significant humanitarian activities of the society. The 528-bed Medical College Hospital is the largest non-profit public welfare institution in the private health sector in Bangladesh

- The hospital is supported by its own income from fees and service charges, donations from the wealthy and philanthropic members and organisations of the society, and money provided by the government
- The earning of the organisation is closely related to the number of patient and reputation as it is a non-profit organisation
- Although the hospital played an important role in providing better health care to the citizens, currently it is lagging behind with the government and private hospitals in terms of providing modern healthcare services
- The lack of good governance and allegations of irregularities and corruption in the hospital services have been raised by various sources such as the media. The allegations include-
  - irregularities in recruitment of human resources; dissatisfaction, distrust of patients in the medical services provided
  - formation of ad-hoc committee by disbanding the management committee to bring transparency and accountability in the activities of Holy Family Red Crescent Medical College Hospital
- Although various reports have been published about the management of such an organisation of the health sector, systematic research on good governance is absent
- The health sector is a priority sector for Transparency International Bangladesh's research and advocacy activities. In the past, TIB conducted research and advocacy activities on governance challenges in public and private (for-profit) health sectors and institutions
- The study was conducted to uncover the challenges of good governance in medical care activities of an exceptional and not-profit hospital like Holy Family Red Crescent Medical College Hospital in the light of governance indicators as part of continuing TIB's regular activities.

## Research Objective

### Main Objective

- To review the challenges of good governance in the operations of Holy Family Red Crescent Medical College Hospital

### Specific Objectives

- To review hospital management policy and framework, rules and regulations
- To identify nature and causes of governance deficiencies in service and management activities
- To review the experiences and opinions of service recipients and other stakeholders in healthcare; and
- To propose recommendations for overcoming existing governance challenges.

## Scope and Methodology of this Research

- The study only included Holy Family Red Crescent Medical College Hospital. It did not include the Medical College and its academic activities
- It covers analysis on hospital related regulations and policies, institutional capacity/effectiveness (infrastructure and logistics, manpower structure, recruitment and

placement, budget, income and expenditure, audit, hospital environment), self-motivated and updated information disclosure, preservation and dissemination system, the process of formation of Management Board and its power and application, coordination, annual performance appraisal system, audit, complaint management, services provided by the hospital, types of corruption and irregularities and its causes and prevention etc.

### **Research Methods and Data Collection**

- This is a qualitative study, where quantitative data from secondary sources have also been used. Data collection and analysis was conducted using qualitative data collection methods. Data collection methods were key informant interviews (KII) and Observations.
- Key informants included hospital officials, employees, doctors and nurses, regulatory and supervisory authorities, medical representatives, media workers, other stakeholders, service recipients
- Total 80 KIIs were conducted. Infrastructural facilities of the hospital, environment, information disclosure system, documentation etc. are observed. The analysis is done considering various indicators of governance, such as, laws and institutional capacities, transparency, accountability and prevention of irregularities and corruption
- Data were collected from both secondary and primary sources. Bangladesh Red Crescent Society Order 1973 (PO-26), Principles of International Red Cross and Red Crescent Movement, information and reports published on the website of the hospital, institutional documents, published reports in print and electronic medias were used as sources of secondary data
- Data collection, analysis and report writing of the study were completed from April 2022 to May 2023.

It is to be noted here that TIB contacted the International Committee of the Red Cross (ICRC), Dhaka office several times to collect information regarding the overall relationship with the Holy Family Red Crescent Medical College Hospital and ICRC's involvement in the process of ensuring good governance of the hospital, but no response was received. Similarly, TIB also contacted the Dhaka office of the International Federation of Red Cross and Red Crescent Societies (IFRC) to collect information in this regard. In a brief e-mail, they stated that IFRC does not have any direct engagement with Holy Family Red Crescent Medical College Hospital. Only during the COVID 19 emergency situation, IFRC provided some hospital equipment support to the said hospital through BDRCS.

## Research Findings

### Institutional capacity

#### Limitations of relevant laws and regulations

- Although the hospital is functioning as an affiliated institution of BDRCS following the Principles of the International Red Cross/Red Crescent Movement and President's Order (PO-26, 1973), there is lack of clear guidelines on the formation and composition of Hospital Management Committee. BDRCS Vice Chairman, Treasurer and powerful politicians from ruling party dominate the committee. BDRCS Chairman has exclusive power in decision-making process, including management of hospital, recruitment, various development works, income and expenditure of grants and donations
- Provisions for carrying out all the activities of the society and delegating administrative and financial powers to the concerned officers is vested on Chairman being the Chief Executive of the Organisation and the head of the Management Board. It creates scope of misusing power by Chairman
- BDRCS has a human resource policy but there is absence of separate policy to recruit human resources and overall management of the hospital
- BDRCS is given all decision-making power, including management, control and supervision of the activities of societies and affiliated organisations and hospital
- Lack of separate HR structure/organogram for hospital. As a result, there is scope for irregularities and corruption in human resource management activities of hospitals, including unplanned recruitment, posting and promotion.

#### Infrastructural problems in hospitals

- Hospitals have infrastructural weaknesses. Being an old building, there's lack of modern facilities such as fractured cabin mosaics, broken bed handles and wash room doors, problem in commode flush, no pipe connection to the basin etc.
- Some of the cabins and intern doctor's rooms have Air Conditioner that does not work properly even after being repaired repeatedly
- There are no desks in the intern doctor's room, basins are very old, light and commode hand pipes are not functional
- Floors, basins and commode of the bathroom used by the doctors are very old; the doctor's chamber and office room has infrastructural weakness, etc.
- Elevators used by patients and visitors are old and slow; Time wasting and increased patient risk in rapid transfer of urgent and critical patients from one place to another
- Washrooms are less than required; unusable washroom of the outdoor department for the patients/visitors of patients were observed.

#### Lack of modern medical equipment and facilities

- Even the hospital was turned into Medical College Hospital, it does not have all the necessary medical facilities and equipment
- There is no treatment facilities for complex heart disease including bypass surgery, angiogram; defibrillator device in the emergency department; unavailability of ERCP

device, MRI device, necessary instruments in eye-care and dental unit, laser machine in skin treatment, Mammography, Biopsy, TB treatment; and lack of modern equipments in Operation theater (OT)

- Endoscopy and colonoscopy related logistics are very old which sometimes hinders the service delivery.

#### **Lack of cleanliness in hospitals**

- In some cases, stench in the cabin, damp walls, uncleaned fans and windows, bugs in the patient bed, bad smell in the cabin from garbage placed on the road next to it
- Complaints of not changing the cabin patient's bed cover daily and not changing it even after request to change it by patient. There are instances that bed cover is changed only one day within 4-15 days after admitting the hospital.

The mother of a child admitted to the hospital said, "The reception of the hospital is beautiful which given impression that the inside of the hospital is also beautiful and tidy. But in reality it is not. I was admitted by depositing ten thousand Taka. Otherwise, I would have gone to another hospital only for uncleanness. A patient comes to the hospital for betterment, but coming to this environment makes the patient more unwell and Sick. Those who are a little bit better financially, will never come to this hospital for services, and those who are taking services will not come again."

#### **Wrong treatment**

- There are instances of wrong treatment. A tonsil operation is done on a circumcised patient without checking the patient's file
- There are other allegations, such as providing non-prescribe medication by a duty nurse and deterioration of the patient's condition, and admitting the patient to ICU. The death of a patient, allegedly for wrong treatment, and subsequent complaint by patients relative in a violent manner created chaos in the hospital.

#### **Lack of suitable working environment to ensure service**

- Irregular salaries of doctor, nurse and other employees, dues related to long-standing gratuity, workers' protest and detension of hospital authorities by employees;
- Misbehave of nurses with patients, non-response in case of emergencies despite requesting help by patients and force patients and their representative to provide tips while releasing from hospital
- Medical representatives have a specific schedule to enter into the hospital and entering into hospital disobeying the schedule, and roaming in the outdoor corridor and hampering the services for the patients.

#### **Recruitment of unnecessary administrative human resource**

- The 528-bed hospital has a current workforce of 652. Out of them, more than 300 are for administrative purposes
- Recruitment of three times higher administrative staff than required due to politically motivated recruitment

- 208 Employees recruited for administrative sections have no specific task and spend idle time and vacation.

#### **Shortage of necessary manpower including doctors, nurses to manage daily medical activities**

- Shortage of cleaners – out of 55 cleaners, 19 are permanent staff of the hospital, and the rest are contractual
- Deficits of professors and junior doctors, disruption in out patient and in patient medical services, and increase in customer dissatisfaction
- Non-availability of the required number of consultants round the clock for ensuring necessary medical services
- Shortage of doctors in gynecology, surgery, ICU, CCU, ultrasonogram, and radiology.

#### **Lack of financial capacity of the hospital**

- Irregular salaries of doctors, nurses, and officials- a precedent of five to seven consecutive months of salary arrears
- Other dues such as gratuity, provident fund, and due to pharmaceutical companies for purchasing medicine
- Gratuity is supposed to be paid to retired staff at one time after retirement. However, it is due for 236 retired staff and filed court cases by doctors, nurses, and workers against hospital authority for their due payments
- According to the information on 31 December 2021, the amount of salary arrears is about BDT 10 crores, the deficit in the provident fund is about BDT 8 crores; the hospital owes nearly BDT four crore to pharmaceutical companies and BDT 31 crores to pensioners' gratuity and BDT 18 lakh to other purposes
- Lack of publicity regarding hospital services due to shortage of budget; leaflets, billboard-signboards, and banners are made on a small scale which is not enough; deficiency in the advertisement about services and facilities of the hospital.

#### **Decrease of patient and hospital income**

- Rent of cabin/seat/bed is the largest source of hospital income. But the 528-bed hospital has an average of 300 patients per day due to a drop in patients resulting in decreased hospital revenue
- The income from the laboratory, pharmacy, medical and surgical, operation, and room charges also decreased during 2019-2022
- Failure of authority to take proper planning and measures to increase hospital income.

#### **Deficiency in information disclosure and management**

- Violation of Sections of the Right to Information Act 2009 and Right to Information Regulations 2010
- Non-disclosures of the instructions mentioned in Section 6 of the Act along with the publication of a report every year, such as, organisational structure, activities, responsibilities of officers and employees and decision-making process



- Non-disclosure of the details of the facilities provided in ensuring the citizen's right to information, the names, titles, addresses, phone and fax numbers and emails of the information officer in charge of the hospital and the alternate officer in charge
  - Non-disclosure of necessary information related to the hospital on the hospital website proactively
- Unavailability of separate annual report on hospital activities; notably, the Annual Reports of BDRCS do not contain complete information about hospital activities. Hospital activities are presented very briefly.
- Non-disclosure of the estimated budget of the hospital, including income and expenditure, audit report, human resources, infrastructure, logistics and number of service users, rules, and orders related to the hospital, on the hospital website
- Absence of hospital-related information on the Central Database and Information Management System website
- Failure to provide on-demand information in response to citizen requests and non-response to the letters requesting information
  - Non-display of hospital-related important information
- Absence of ambulance service pricing list, services provided by the hospital and service price, time of service delivery, procedure, the complete list of duty doctors, and not displaying the information publicly
  - Deficiency in information dissemination of donations received from individuals and institutions for renovation, development, and modernisation of hospitals
- Deficiency in maintaining and disseminating documents of the authorities regarding donations received – only displaying a board in the hospital premises mentioning the donation amount and grant received from April 2015 - April 2021
- In some cases, unavailability of documents to the hospital authority regarding the agreement made with the donor organisation, resolutions relating to the donation, date of donation received, amount of money, check number, purpose and procedure of donation
- Lack of proper documentation and recording of expenditure from the donation, record keeping of goods received as grant, and verification of the authenticity of work done using grant money; and lack of expenditure audit report.

#### **Lack of transparency in financial statements**

- There are arrears and dues in many sectors of the hospital despite actual income is higher than actual expenditure during 2019-2022
- Non-disclosure of hospital income by source (from government, individuals and institutions) to public.

#### **Lack of accountability in hospital management activities**

- Sole decision-making by the Chairman bypassing the obligation to discuss all matters in the Management Board and the managing committee
- Chairman of the Society is the Chairman ex-officio of the Managing Committee of the Hospital; there are allegations that the Chairman's personal preference and political

considerations are given priority in the appointment and recruitment of the hospital directors

- Allegations that the Chairman's personal preference and political considerations in the appointment of hospital management committee members
- Not taking decisions through discussion in the Management Board on various administrative issues, including development works of the hospital, income and expenditure of grant money
- Allegations of political considerations in decision making- complaints of dismissal and transfer of workers of different political ideologies outside Dhaka
- Non-effective complaint and redressal mechanism despite having complaint response mechanism guidelines of BDRCS; failure to redress the complaints and take remedial action
- Ignoring the recommendations of the Enam Committee on adopting human resource structure/organogram- lack of own human resource/manpower structure of the hospital; unplanned and unnecessary recruitment of human resources, resulting in waste of money and resources and increased loss of the hospital
- Ignoring recommendations of relevant stakeholders in reducing manpower and political influence and prosecuting those involved in irregularities related to recruitment

### **Irregularities and corruption**

#### **Conducting hospital activities without renewal of license**

- Operating hospital and medical activities without the renewal of license and irregular renewal of hospital licenses – completion of three years' due renewal in 2021
- Operating hospital and medical activities without completing the renewal of 2021-2022

#### **Impeding the independent functioning of directors**

- Election of Managing Board Chairman and Members in political considerations; allegation of obstructing the work of the Director, Hospital for not acting as per the Chairman's words
- In pretension to increase the capacity of the hospital, frequent change of Hospital Director

#### **Irregularities and corruption in recruitment and posting**

- Political considerations and personal preference of the Chairman in recruitment and appointment of hospital staff
- Allegations of illegal transactions in the appointment of doctors - demanding bribes of up to BDT 5 lakh from the candidates participating in the recruitment examination
- Appointment of doctors and staff on permanent and temporary basis on the recommendation of hospital director and senior doctors
- Recruitment of third and fourth grade employees in hospitals based on nepotism within the area
- Recruitment of unskilled workers, and recruiting staff without meeting the specific educational qualification for the work of respective department

### **Irregularities and corruption in promotion**

- Allegations of partisan influence in promotions and disregarding the due process- instances are- bypassing the due process in performance appraisal and promotion, absence of documents required for evaluation and promotion (filled-up employment requisition form, publication of advertisement, basis of promotion and increment, job description, organising interviews) etc.
- Inconsistency/disparity in pay grades/scales for officers, nurses, and employees
- Promotion of Class-IV employees to Junior Officers in violation of rules including promotion of incompetent employees

### **Violation of “Bangladesh Medical and Dental Council Code of Professional Conduct, Etiquette and Ethics”**

- Surrounding the patients by 5/6 medical representatives of pharmaceutical company to see the prescription and medicine prescribed
- Taking pictures of the prescription in their mobile phone and disclosure of patient's personal information including clinical records and health related confidential sensitive information

### **Private practice and commission of doctors**

- Regular outpatient visits by specialist doctors, issuance of visiting card by the intern doctor advising patients to visit the doctor's private chamber
- Advising patients to undergo pathology examination and ultrasonogram from an outside hospital in pretence of removing suspicion and giving confirmation by the concerned doctor in the examination report provided by the hospital
- Allegations against professors and doctors of advising to see patients in private chambers on various pretexts and sending patients to other hospitals in excuse of not having the MRI examination facilities in the hospital

In this regard, a person related to the hospital commented - "The number of patients in the hospital is reduced by sending patients to the doctor's private chamber." If a patient is seen in a private chamber, the doctors gets the full benefits along with their monthly salary from the medical college. Even if the patient does not go to the hospital, there is no problem with the doctor's salary. they do not care about whether the patient comes to the hospital or whether the hospital is earning or not."

- Allegation of tampering with medical equipment for personal gain- sending patients to other private hospitals by technician for which they are working for and receiving commission by sending patients from hospitals
- Allegation of receiving commission by doctor by referring patients to other hospitals and diagnostic centers
- Referral of patient to other hospital related to the doctor in excuse of not having Pediatric Intensive Care Unit (PICU) facility in the Holy Family Medical College Hospital

- Complaints about providing home care services by the concerned staff to the patients coming for physiotherapy services in the Holy Family Medical College Hospital
- Encouraging patients to use private ambulances instead of hospital arranged ambulance by hospital staff for the sake of commission

#### **Entering unequal contracts with Controversial institutions to set up dialysis centres**

- Despite having a self-sufficient dialysis center of 20 beds, signing a contract with controversial JMI-Hospital Requisite Manufacturing Limited to set up a new specialised dialysis center under a joint venture contract
- Running operation of the center with 12 dialysis machines instead of 20 where only 8 machines are supplied by JMI and the remaining are the hospital-provided machines. It is alleged that the hospital kept its machine idle for the gain of JMI.
- Receiving BDT 1500 or 56.6 percent of the total BDT 2,650 per patient by the JMI for the use of accessories (fluid, bloodline, canola, gloves) supplied by JMI
- While the contract mentions a maximum of four times use of the dialyzer and the amount to be collected per patient each time, it does not disclose the amount that will be received by JMI for reusing the facilities
- Taking a large share of the profits from the center by JMI despite having no administrative expenses for setting up the center such as advance house rent, monthly rent, salaries of doctors, nurses, and staff, etc
- The agreement allows an increase in JMI's dividend by 4% per annum, creating more opportunities of profit for JMI through the uneven clauses of the contracts
- Allegations of referral of patients to outside institutions for private benefit by dialysis department; Paying JMI bill on monthly basis by the hospital despite not making any profit since the establishment of the unit
- Decrease in hospital income from this sector – Income by year: about BDT 1.5 crores in 2019, about BDT 71 lakhs in 2020, about BDT 51 lakhs in 2021

#### **Not following proper procurement procedures**

- Not following competitive and open procedure in relatively big procurements
- The supplier was not found in the address mentioned in the supplied documents, during the physical verification for the Purchase of Air Conditioner, Steel, Cement and Construction Materials
- Allegation of taking AC, TV, fridge, oven, washing machine as commission for purchase from specific vendor
- Awarding work orders to a single vendor without performing a technical and financial evaluation of comparable competing firms and products; Purchase of medical equipment like OT lights, OT tables, and ventilators at higher than market prices
- Making payment of bills without deduction of taxes and VATs and depriving the government from revenue

**Violation of BDRCS standing order**

- Following the price quotation method without inviting open tenders for purchases exceeding fixed limits or Three lakhs BDT; collecting price quotations from the same person in the name of different organisations and awarding the work to the preferred person
- Violation of prescribed limit (maximum ten thousand taka) in cash payments and paying about BDT 15 lakh.
- Paying full bill without completing the work as per the work order; not taking the approval of the appropriate authorities for paying the bill in excess of the amount mentioned in the work order, and not collecting and having the necessary documents in the hospital
- Issuing work orders without proper verification of the supplier's address, trade license, tax identification number, VAT registration number

**Irregularities and corruption in purchasing patient's food**

- Purchasing food without tender. Purchase decisions by forming market committees locally and scope of irregularities- since all the committee members do not go to the market, only the people of the food department do the purchase
- Purchasing less quantity of chicken, rice, vegetables, etc. and showing more in the vouchers and showing prices higher than the market price; alleged irregularities in allocation of hospital canteen

**Irregularities and corruption in procurement of office equipment**

- Submitting vouchers with higher price than the actual market price for the purchase of essential goods; showing higher price of items than actual and no verification (toner, notebook, pen, gloves, needle, thread, towel, shoe, tissue, bag, etc.)
- Allegations of inflated prices for renovations and modernisation works (gynecological ward, cabin/semi cabin, beautification of the frontend of hospital, repair of external sewage line etc.)

**Irregularities and corruption in hospital renovation work**

- There are allegations that donation was given by a Bank to purchase three elevators. However, the elevators were not purchased. Instead old elevators are repaired which often malfunctions and requires frequent repair and maintenance

**Irregularities and corruption in drug management activities**

- Full payment of bills by the admitted patients even if all the medicines are not used during treatment
- Allegations of direct sale of medicines by medical representatives through hospital nurses, pharmacy men, third and fourth class workers
- Allegations of taking gifts by doctors, including car servicing, laptop, mobile set, furniture, AC, TV, fridge, cash money from the pharmaceuticals company for drug marketing
- Expiration of specific company's re-agents in hospitals due to insufficient patient, allegation of theft of re-agent and sell by concerned technicians

## Overall Observations

Although Holy Family Red Crescent Medical College Hospital was established as a humanitarian institution, various challenges of good governance exist in the institution for a long time

- Internal management and control of the hospital is weak. In some cases, the necessary policies for management are also absent. Along with the weakness, the institution has failed to enforce the existing laws and make its effective implementation
- The monopoly power of the Chairman and his unlimited power to interfere in the hospital management have created challenges in ensuring accountability in the institution and hindering enforcement of relevant laws
- The hospital authority does not regularly renew its license, violates laws and regulations related to procurement, right to information and Bangladesh Medical and Dental Council. However, the accountability of those concerned stakeholders are not ensured
- Lack of accountability in human resource management activities of hospital, including unplanned recruitment, posting and promotion as there is no separate manpower structure for the hospital
- Despite being a humanitarian aid organisation and part of the Red Crescent Movement, the hospital has not properly recorded donations provided by individuals, institutions and the government and properly documented the income and expenditures, which has created a mistrust among stakeholders
- Besides, the organisation's income-expenditure audit report is not published and disseminated proactively. As a result, opportunities for irregularities and corruption have increased along with deficits of transparency and mismanagement in hospital operations
- The hospital has also failed to ensure proper environment for medical services, modern medical equipments and facilities. The lack of proper planning and initiatives to meet various skill gaps and enhance income is also noticeable
- Irregularities and corruption have been institutionalised due to recruitment, posting and promotion of unskilled workers in the hospital
- Due to irregularities, mismanagement, uneven contracts and various corruptions, the quality of medical care has deteriorated, the reputation has been damaged, the volume of patients and the income of the hospital has decreased. As a result, it fails to compete with other hospitals and gradually became a weak institution
- Above all, the hospital has been conducting activities contrary to the principles of the International Red Cross and Red Crescent Movement (Humanity, Impartiality, Independence, Voluntary Service, Solidarity and Universality) which is harming the reputation of the institution

## Recommendations

### Policy framework

1. Bangladesh Red Crescent Society Order, 1973 or President's Order No. 26, 1973 should be amended to reduce the absolute power of the Chairman; Income-expenditure and activities and policy-decisions should be adopted on the basis of consensus in the committee meeting and should be implemented by the managing authority subject to accountability to the Management Board.
2. An effective and realistic human resource structure/organogram should be developed for the hospital
3. By formulating a separate rule, the hospital should ensure accountability of all levels of staff including doctors, nurses, technicians, officers and employees by specifying their privileges and responsibilities.

### Institutional

4. Effective steps should be taken to restore the reputation of the hospital and improve the quality of service in the hospital with necessary equipment, installation and infrastructure.
5. Training should be arranged to improve the skills of the staff subject to verification of requirements

### Transparency

6. Ensure transparency and accountability in all activities, including income-expenditure and procurement in the hospital; Prepare an annual procurement plan and ensure compliance with all procurement regulations
7. Ensure pro-active disclosure of information including disclose various information of the hospital as per the provisions of the Right to Information Act 2009; and take action on the following-
  - Ensure proper accounting and documentaiton of the hospital's income and expenses and conduct independently audit of the expenditure through hiring a reputed auditing firm on a regular and annual basis
  - All administrative activities, including income and expenses of the organisation should be brought under digitalisation
  - Hospital website should be regularly updated with administrative, institutional and service related information
  - A complete citizen charter as well as information board should be prepared and displayed at the main gate of the hospital stating all the services provided by the hospital, service cost, time of service etc.; A complete list of doctors on duty according to the department should be prepared and displayed
  - Increase publicity and advertisement to inform and encourage people about hospital services

**Accountability and control and prevention of corruption**

8. Ensure accountability of doctors, nurses, officers and employees; ensure performance-based annual appraisal system according to specific criteria of appraisal
9. Those responsible for all types of irregularities and corruption should be identified in due process and ensure effective accountability; give exemplary punishment to those involved in irregularities and corruption
10. Form an independent Hospital Management committee, constituted with the people, free from conflict of interest for the efficient management and supervision of the hospital
11. Take effective measures to redress the complaints of service recipients and improve the quality of services
12. The relevant orders and rules must be strictly followed in all types of hospital purchase and procurements
13. All recruitment and promotion in the hospital should be done in a transparent, impartial and free from political influence
14. Necessary code of ethical conduct should be introduced for the employees and it should be disseminated among employees.

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