BANGLADESH
ESSENTIAL HEALTH SERVICE PACKAGE (ESP)

Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

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ACRONYMS

AHI	Assistant Health Inspector
ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Neonatal Care
CC	Community Clinic
CEmONC	Comprehensive Obstetric and Neonatal Care
CHCP	Community Health Care Provider
COPD	Chronic Obstructive Pulmonary Disease
CRHCC	Comprehensive Reproductive Health Care Centre
DH	District Hospital
DM	Diabetes Mellitus
DOT	Directly-Observed Treatment
ENC	Essential Neonatal Care
EPHS	Essential Package of Health Services
EPI	Expanded Programme of Immunization
ESP/BESP	Essential (Health) Service Package/ Bangladesh ESP
FP	Family Planning
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
G&O	Gynecology and Obstetrics
GM	Growth Monitoring
GoB	Government of Bangladesh
HA	Health Assistant
HI	Health Inspector
HNP	Health, Nutrition and Population
HTN	Hypertension
IMCI	Integrated Management of Childhood Illnesses
IUD	Intra-Uterine Device
IYCF	Infant and Young Child Feeding
KMC	Kangaroo Mother Care
LBW	Low Birth Weight
LLIN	Long-Lasting Insecticide Net
MCH	Maternal and Child Health
MCWC	Maternal and Child Welfare Centre
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MR	Menstrual Regulation
NB	New Born
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
NSU	Neonatal Stabilization Unit
NSV	No Scalpel Vasectomy
NTD	Neglected Tropical Diseases
NVD	Normal Vaginal Delivery
OR	Outreach
OT	Operating theater
PCC	Pre-Conception Care
PEN	Package of Essential NCD Interventions for PHC in low-resource settings

PHC	Primary Health Care
PHCC	Primary Health Care Centre
PNC	Post Natal Care
RD	Rural Dispensary
SACMO	Sub Assistant Community Medical Officer
SAM	Severe Acute Malnutrition
SBA/CSBA	Skilled Birth Attendant / Community SBA
SC	Satellite Clinic
SCANU	Special Care Newborn Unit
SGBV	Sexual and Gender-Based Violence
SIP	Sector Investment Plan
STI	Sexually Transmitted Infections
TB	Tuberculosis
TT	Tetanus Toxoid
UHC	Upazila Health Complex
UHFWC	Union Health and Family Welfare Centre
UPHCSDP	Urban Primary Health Care Service Delivery Project
USC	Union Sub Centre
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

INTRODUCTION, PURPOSES AND UTILIZATION OF THE ESP

According to the WHO, an Essential Health Package consists of a limited list of public health andclinical services which will be provided at primary and/or secondary care level. are a powerful tool to define in practical terms access to Universal Health Coverage by selecting the services that should be made available to the whole population as a guaranteed minimum, thus enhancing equity. The ESP is the cornerstone of the Primary Health Care (PHC) strategy.

In Bangladesh, the Health, Nutrition and Population (HNP) Strategic Investment Plan (SIP) 2016-2021 states that the Bangladesh Essential Health Service Package (BESP) should ensure equity and efficiency, guarantee universal access and improve quality of HNP services; services should be prioritized according to their impact on the burden of disease; ESP components should be provided by the available staff at each level. Links between levels providing ESP components should be established through a functioning referral system. ESP provision should prioritize hard-to-reach and vulnerable population, and be sustainable in the long term.

The Ministry of Health and Family Welfare (MOHFW) intends to use the ESP for three complementary purposes:

- Associated with Universal Health Coverage initiatives, the ESP represents the Government of Bangladesh (GoB) commitment to ensure the right to health and that the whole population has access to the most essential health services.
- The ESP will become the basis to define the set of standards by type of health facility. A minimum set of services is defined as a requirement for a public facility to be considered within a level. While all required services are part of the ESP, some may be qualified as "extra" for that level[1] (Fig 1).
- The package, common to the whole territory, is to be used for resource allocation, in a way that promotes equity and increases efficiency.

[1] For example, for Community Clinics the required services include ANC, PNC, PF, IMCI, EPI, screening for NCDs and limited treatment of common conditions, among others. Attention to normal deliveries may be provided if the CC has a suitable infrastructure and at least one of its staff members has been qualified as CSBA, but it is not a requirement for all CCs.

CC	UHFWC	UHC	MCWC	DH
				Trauma Care
				Ophthalm. Surgery
		General Surgery		General Surgery
		Obstetric Fistula		Obstetric Fistula
		CEmONC		CEmONC
		Severe cases		Severe cases
	BEmONC	BEmONC		BEmONC
	Pre-term NB	Pre-term NB		Pre-term NB
	Newborn Sepsis	Newborn Sepsis	CEmONC	Newborn Sepsis
	NCD management	NCD management	BEmONC	NCD management
Normal Newborn	Normal Newborn	Normal Newborn	Pre-term NB	Normal Newborn
N.V. Deliveries	N.V. Deliveries	N.V. Deliveries	Newborn Sepsis	N.V. Deliveries
NCD Screening	NCD Screening	NCD Screening	Normal Newborn	NCD Screening
SBCC	SBCC	SBCC	N.V. Deliveries	SBCC
EPI/IMCI	EPI/IMCI	EPI/IMCI	SBCC	EPI/IMCI
FP Short Acting	FP Short Acting	FP Short Acting	EPI/IMCI	FP Short Acting
Growth Monitoring	GM, SAM mngmt	GM, SAM mngmt	GM, SAM mngmt	GM, SAM mngmt
ANC/PNC	ANC/PNC	ANC/PNC	FP all methods	ANC/PNC
Lim. curative care	Lim. curative care	Lim. curative care	ANC/PNC	Limited curative care

Minimum standard by facility level

Extra services

Figure 1. Minimum Standards and Extra Services by facility level

BANGLADESH ESP DEVELOPMENT PROCESS

Bangladesh has had previous versions of an Essential Services Package for a long time. The current revision process began during the first half of 2015 and is destined to its inclusion in the forthcoming Sector Investment Plan (SIP) for the period 2016-2021. By January 2016 a final draft version was produced, which has been developed in details and complemented with needs on facilities, human resources, equipment and medicines.

Decisions on the services to be included in the ESP were made using a variety of criteria, from proven cost-effectiveness as defined in international literature and practice, services already existing in the Bangladesh PHC system, to services for which support is available. The inclusion of some components such as the Non-Communicable Diseases is a reflection of the shifting priorities in the country, both in terms of Burden of Disease and Financial Protection to population which will rely on the health services on a continuous basis.

The ESP development has been a participatory process, with contributions from all MOHFW departments and Development Partners at various points during its design. The current version is believed to gather substantial consensus.

The ESP development process will continue after a final draft is agreed. An operational and financial feasibility analysis –including a rough, general cost estimate— will be conducted, which may make introducing additional changes recommendable. A detailed costing will complement the ESP design.

SOME PARTICULARITIES OF THE BANGLADESH ESP

Most Essential Packages of Health Services tend to be similar, usually focusing on Maternal and Child Health, Family Planning and Nutrition, as well as the main communicable diseases with epidemic potential. Mental health and disability are becoming gradually part of the packages. The newest packages also include Non-Communicable Diseases (NCD), acknowledging the growing role of these conditions in the burden of disease during and after the demographic and epidemiologic transitions.

Other characteristics of the EPHS are that the services selected are to be provided more or less homogeneously across the territory, and that they constrained to services that can be provided by the PHC system, with the District Hospital as the highest level. In practical terms, providing Emergency Obstetric Care –surgical, lab and transfusion capacity—usually is the most sophisticated EPHS component.

The concept of District Hospital (DH) deserves some comment. In the international literature and the practice in many countries, the DH represents a first-level of referral, and is characterized by the regular presence of doctors, and the capacity to treat inpatient and seriously ill patients, perform emergency surgery and use some diagnostic tools such as laboratory and simple radiology. The DH should provide the four basic specialties –internal medicine, surgery, paediatrics and G&O—although additional services may be delivered if resources allow it.

In the case of Bangladesh, this picture corresponds to the Upazila Health Complex (UHC) rather than to the locally named District Hospital, a large facility with many specialties and a reference population that may exceed two million people. The UHC and the union and community-level facilities will be considered the equivalent to the WHO “operational health district” and will become the local system in charge of providing the ESP.

As instructed in the SIP, the district level is integrated in the ESP design in three ways:

> District Hospitals provide some of the services listed in the ESP, in some cases a large share of all those actually delivered. Thus, CEmONC services are currentlydelivered byall the DH but less than halfUHCs.
>
> DH provide referral services that give a meaning to some of those composing the ESP. For example, screening for cervical or breast cancer only makes sense if the system exists to manage the cases identified.
>
> The Civil Surgeon Office, located at district level, contributes to managing –including for example drug supply or the Health Management Information System—the whole network of sub-district systems.

Some of the Bangladesh ESP components do not fit easily within the boundaries described above and merit further elaboration:

> HIV/AIDS care is severely restricted to specific locations and selected populations. Most public-sector care is said to be provided at tertiary level.
>
> To a lesser extent, Malaria care is provided only in the geographic areas where the disease is prevalent.
>
> Some Neglected Tropical Diseases –filariasis, leprosy— may require levels higher than UHC for confirmation and lab follow-up.
>
> Similarly, medical management of Arsenicosis and its long-term complications is currently restricted to tertiary level.

COMPOSITION OF THE ESP: FIVE CORE, ONE COMPLEMENTARY AND THREE SUPPORT SERVICES

Following the outline suggested in the SIP, the Bangladesh ESP (BESP) has been structured in five core services complemented by another one including some common conditions and three support services. The ESP is to be provided at ninemain delivery sites, from Community to District Hospital, including urban facilities.

Social and Behavioural Change Communication (SBCC) activities are integrated in each of the services.

Core services and their components include:

1. Maternal, neonatal, child and adolescent health care
    - Maternal and Newborn Care
        - Maternal care: pre-conception, antenatal, delivery, postnatal
        - Newborn care: during delivery, after delivery
        - Obstetric and neonatal care
    - Child Health and Immunization
        - Integrated Management of Child Illnesses (IMCI)
        - Expanded Programme of Immunization (EPI)
    - Adolescent Health
        - Adolescent Sexual and Reproductive Health
        - Adolescent Nutrition
        - Adolescent Mental Health
        - Risk taking behaviour
2. Family Planning
    - Pre-Conception
    - Post-partum
    - Post-abortion
    - Post-MR
3. Nutrition
    - Child Nutrition: assessment of nutrition status, prevention of malnutrition, management of malnutrition
    - Maternal Nutrition
    - Adolescent Nutrition
4. Communicable Diseases
    - Tuberculosis
    - Malaria
    - HIV/AIDS
    - Neglected Tropical Diseases: Kala-Azar, Lymphatic Filariasis, Leprosy, Dengue, Rabies, Intestinal Parasites
    - Other Communicable Diseases
5. Non-Communicable Diseases (NCD)
    - Hypertension
    - Diabetes Mellitus
    - NCD screening and management based on total risk assessment
    - Cancer: breast, cervical
    - Other NCDs: Arsenicosis, Chronic Obstructive Pulmonary Disease (COPD)

- Mental Health
- Sexual and Gender-Based Violence (SGBV)

6. Management of other common conditions
    - Eye care
    - Ear care
    - Dental care
    - Skin care
    - Emergency care
    - Geriatric care

The three support (non-clinical) services are:

1. Laboratory
2. Radiology and other image tools
3. Pharmacy

The six sites where the ESP is provided are:

1. Users' homes
2. Satellite Clinics and Outreach Sites
3. Community Clinics (CC)
4. Union-level facilities (combination of Union Health and Family Welfare Centres (UHFWC) and Union Health Sub-Centres (USC))
5. Upazila Health Complexes (UHC)
6. District Hospitals (DH)
7. Maternal and Child Welfare Centre (MCWC), which may provide services as a self-standing facility or integrated with UHC or DH

In urban areas, different settings and networks of facilities coincide. PHC services are responsibility of City Corporations and Municipalities and are provided through their own facilities or through services contracted to NGOs. In addition to specific PHC services, which include the public Urban Dispensaries and others, some public higher-level facilities –District, Medical College and Specialized Hospitals also provide services included in the ESP. The largest urban PHC network is composed of NGOs integrated in the Urban Primary Health Care Service Delivery Project (UPHCSDP), managed by the Ministry of Local Administration, Rural Development and Cooperatives, and funded with contributions of the GoB and international partners. The facilities defined by the project are:

8. Comprehensive Reproductive Health Care Centre (CRHCC)
9. Primary Health Care Centre (PHCC)

1.MATERNAL, NEONATAL, CHILD AND ADOLESCENT HEALTH CARE

1.1.Maternal and New born care

This service includes three components and their sub-components and activities. **Maternal care** covers the period starting when conception is planned to 42 days after delivery.

> ***Pre-conception care***(PCC) is devoted to counselling future mothers and other users about the proper time to get pregnant, family planning, etc., as well as to detect and prevent possible causes of complications. Most activities can be performed at all levels of the care system.
>
> ***Antenatal care***(ANC) can be divided into three sub-components: routine ANC consultations –clinical and obstetric history and obstetric and foetal assessment, birth and newborn care preparedness plan, including de-worming, supply of iron and folic acid and TT vaccine—

which may be performed at all levels; additional investigations –blood grouping, blood sugar, hb estimation, urine analysis, testing for HIV or syphilis, or ultrasounds—reserved to UHC and above and selected, suspected cases; and management of non-emergency complications such as malaria, anaemia, urinary tract infections, to be managed at Community Clinics (CC) and above depending of the seriousness of the condition.

According to the current guidelines and policies, ***normal deliveries*** should only be attended where a Skilled Birth Attendant (SBA) is available. Home deliveries are acceptable if attended by a Community SBA (CSBA) as a transitory service until it can be guaranteed in an institutional environment. Selected CC may attend normal deliveries if they have CSBA and suitable space and equipment; however, these facilities generally offer one-shift services, and are not expected to provide round-the-clock maternity care. With the planed training, recruitment and deployment of midwives, union-level facilities should be providing maternity care. UHC is the first level where all facilities should provide continuous delivery care. Use of partographs and other tools is limited to institutional settings. Episiotomies and repair of tears should only be attempted where a trained medical officer or a midwife is available.

Provision of ***Postnatal Care*** (PNC) follows the same rules than ANC. Routine consultations may be performed at all levels, but most complications should be treated at health facilities where a MO is available. PNC includes identification and early management of obstetric fistula and genital prolapse; as it has been mentioned, definitive care is provided at secondary level and above.

Neonatal Care is classified according to the period when care is provided, between that happening during delivery and after delivery. Care of healthy newborns (Essential Newborn Care)should be provided at all levels, as well as Kangaroo Mother Care (KMC) for low-weight babies, whereas early and late complications should be transferred to UHC or above.Newborn resuscitation should be attempted at union-level facilities as well. Selected UHC should be upgraded with Newborn Stabilization Units (NSU) and all DH should have Special Care Newborn Unit (SCANU).

Finally, **Emergency Obstetric and Neonatal Care** (EmONC) is a well-established approach with two levels of complexity classified into Basic (BEmONC) and Complete (CEmONC), which have to be understood as complete packages[2]. Both types of EmONC are rather sophisticated in the context, and should only be considered in facilities offering round-the-clock maternity care. Therefore, all DH but only selected UHC should provideCEmONC and the remainingBEmONC. Some very selected union-level facilities, with permanent presence of MO and midwives and substantial output, might qualify to become BEmONC but those would be the exception rather than the norm.

1.2.Child Health and Immunization

The **Integrated Management of Childhood Illnesses** (IMCI) is to be provided at all levels of the system. Starting with an assessment of danger signs and a strategic approach to management of the conditions included, sick children should be treated at different levels depending on the severity of the case. Severely-ill children should be transferred to UHC as soon as possible, while mild and moderate cases may be treated at union-level facilities. Community IMCI should be implemented at CC and below. This service includes components –anaemia and malnutrition, Autism—which are more comprehensively treated in other parts of the ESP.

[2] Some facilities may provide some of the B/CEmONC services but not all (e.g., parenteral administration of anticonvulsants or antibiotics, but not manual removal of placenta and retained products); they cannot be classified as B/CEmONC facilities.

In Bangladesh, the **Expanded Programme of Immunization** (EPI) relies heavily on outreach services and the work of community-based health workers (Health and Family Welfare Assistants, HA and FWA). Storage and permanent, daily immunization activities are limited to UHC.

Upazilas are administratively divided into unions. Each union has an average of three wards, and each ward selects an average of eight points to be used as EPI outreach sites. Systematically, these sites include CC and UHFWC and other places like schools or markets.

Vaccines are stored at UHC and are transported daily by porters to distribution points or vaccination sites. HA and FWA collect vaccines from those points and carry the vaccines to the EPI outreach sites. On average, routine immunization activities are conducted in two sites per week in each ward.

Prior to the vaccination activity, HA/FWA conduct home visits and identify the children who should be vaccinated the following day.

Table 1. Bangladesh Immunization Schedule

Age	Vaccine
6 weeks	BCG (at birth if possible) Penta-1 OPV-1 PCV-1
10 weeks	Penta-2 OPV-2 PCV-2
14 weeks	Penta-3 OPV-3 Single dose IPV
18 weeks	PCV-3
9 months	MR-1
15 months	MR-2

OPV: Oral PolioVaccine, Penta (DTP+HepB+HiB), PCV: pneumococcalconjugatevaccine, IPV: inactivatedpoliovaccine, MR: measlesrubella

Other vaccines being considered are the Human Papilloma Virus –for the prevention of cervical cancer—and rotavirus, to prevent diarrhoea caused by these viruses.

1.3 Adolescent Friendly Health Services

This component focuses on counselling on issues ranging from safe sexual behaviour to substance abuse, FP information and services, screening and management of Sexually-Transmitted Infections (STI), trafficking and mental health. The introduction of Human Papilloma Virus (HPV) vaccine is being tested and may be included in the regular EPI schedule in the future. Clinical services linked to AH are to be provided where either MO, SACMO or FWV operate.

2. FAMILY PLANNING (FP)

This service is composed of counselling, history taking and clinical examination, distribution/application of FP methods –differentiated between short-acting and long-acting and permanent ones—, and identification and management of side effects and complications. Short-acting FP commodities can be supplied at all levels, while IUDsand implants are to be provided at facilities with MO, Midwives or FWV; use of permanent methods is limited to UHC and above. Menstrual regulation –usually performed with manual vacuum aspirator (although a combination of Misoprostol

and Mifepristoneis currently being introduced)—can be used at union-level facilities with FWV or MO and all UHC.

3. NUTRITION

Child Nutrition is composed of activities destined to assess nutrition status, to prevent malnutrition and to manage malnutrition cases. The first two sub-components are implementable at all levels of the system, integrated into the routine services. Management of malnutrition cases depends on their severity and underlying causes and complications. Infant and Young Children Feeding (IYCF) practices should be promoted at all levels.

Severe Acute Malnutrition (SAM) can generally be treated in the community –with the support of the nearest facility— if there are no complications (e.g. oedema, vomiting, fever or hypothermia, etc.). A minority of SAM cases with medical complications will require inpatient care, to be provided at UHC and above.

Maternal Nutrition interventions focus on supply of micronutrients and prevention, identification and management of anaemia. With the exception of severe anaemia, all other interventions may be implemented at all levels.

4. COMMUNICABLE DISEASES

This service includes interventions on the main communicable diseases globally (tuberculosis, malaria, HIV/AIDS, Hepatitis B and C), as well as on the so-called Neglected Tropical Diseases, a group of infectious diseases –caused by viruses, bacteria, protozoa and helminths— of variable degree of importance, and affecting mostly poor populations.

Diagnosis of **tuberculosis** through smear lab test is possible at some union-level facilities and UHC; identification of smear (-) cases and multi-drug resistant ones require lab and Rx facilities that not all UHC may have at present. Preventive therapy of contacts is limited to facilities with MO. Chemotherapy using the DOTS approach should be available at all levels of the system, once the case has been diagnosed.

Malaria in Bangladesh is endemic to 13 districts, of which only 3 show epidemic dimensions. Diagnosis through Rapid Diagnostic Test should be available wherever treatment can be provided, while microscopic diagnosis –essential for resistant cases— is limited to UHC and some NGO-run facilities. Distribution of long-lasting insecticidal nets (LLIN) should be available at all levels.

HIV/AIDS-related interventions are limited to specific sites and target populations. Most services are currently provided at selected facilities of upper secondary (large DH) and tertiary levels. Counselling and referral for testing and eventual management should happen at all levels, as well as the syndromic management of STI (etiologic management is restricted to facilities with lab, UHC and above).

Neglected Tropical Diseases (NTD) include Kala-Azar, Lymphatic Filariasis, Leprosy, Dengue, Rabies and Intestinal Parasites. Common features are that confirmation diagnosis is technically difficult and restricted to sophisticated facilities. Mass drug administration in some cases (filariasis, intestinal parasites) and DOT treatment in others (Kala-azar) should be available at all levels.

5. NON-COMMUNICABLE DISEASES

Despite the recognition of the growing importance of NCD as cause of morbidity and early mortality, the development of national guidelines and protocols is at an early stage in Bangladesh. For the ESP, interventions are limited to those conditions where PHC plays a substantial role: hypertension (HTN), diabetes mellitus (DM), arsenicosis, and chronic obstructive pulmonary diseases (COPD). Only cancers of the reproductive systems are included, and even those with the limitations mentioned earlier in the document.

At present, diagnosis and management of HTN, DM and COPD are supposed to be carried out by MO, limiting it to union-level facilities and above. Community-level involvement is limited to counselling on healthy lifestyle and smoke cessation, screening for risk factors and referral of suspected cases for proper assessment by a MO/SACMO.

PHC involvement in the management of arsenicosis focuses on counselling on the consumption of safe water, and limited treatment of skin conditions. Case management with antioxidants is reportedly restricted to tertiary-level facilities.

The MOHFW is piloting the Package of Essential Non-Communicable disease interventions for primary health care in low-resource settings (PEN), which is based on total risk assessment for cardio-vascular diseases (CVD) based on simplified tables and algorithms. The PEN approach has been used in other settings and is increasingly being adopted as the main NCD strategy. It would allow further involvement of the community level and non-physicians in screening for risk factors for CVD, as well as their participation in managing uncomplicated NCDs according to established protocols under MO supervision.

The inclusion **Mental Health** in the ESP seeks the involvement of all levels of care in the identification of the signs of the most common, priority conditions (autism and neurodevelopmental disorders, epilepsy, and common mental health disorders including depression, psychosis, anxiety and substance abuse) and their referral to UHC and DH, where most care will take place. Community and union-level facilities will also participate in the support to the rehabilitation of mental health patients, including the fight against stigma.

The DH is the main facility for organizing these services, and will host the Community Mental Health Team, in charge of providing specialized support to UHC and others in the territory.

Management of cases of **Sexual and Gender-based Violence** (SGBV) are currently limited to DH (as well as UHC) and above, but they should be integrated at lower levels, including some selected union-level facilities. Although it is not an NCD in the sense that those usually are chronic conditions, it has been located here following the SIP classification.

6. MANAGEMENT OF OTHER COMMON CONDITIONS

Designers of all packages of services are confronted with the need to include the possibility of treating a number of common conditions, usually of no public health importance but whose care is sought by PHC users. Some packages, instead of defining the conditions, group them under the “supply of essential medicines” which includes drugs not destined for the management of more specific diseases.

In the Bangladesh ESP, the most common eye, ear, dental and skin conditions have been listed. The ability of managing them depends on the staff’s skills, availability of equipment (e.g. otoscope) and the supply of medicines, taking into account that these diseases are not covered by any specific program. In general, where equipment is necessary, the possibility of managing the condition starts at facilities with MO/SACMO.

This service also includes emergency care, which covers from first aid for minor injuries or drowning –which should be performed by any health worker—to road traffic-related injuries, which may require specialization and equipment above that available at UHC level.

7. OTHER COMPONENTS

The ESP lists the services to be provided to users and population at large. However, delivering the ESP requires other components to be in place and functioning. Some of these exceed the boundaries of a facility and involve the whole local health system. An effective Management System is required, able to deploy resources, monitor performance and plan for the future. The complexity of some of the ESP components, which have to be delivered at complementary levels of the system, makes

imperative the existence of a proper Referral System, defining the interactions between facilities of different level, and determining the pathways to be followed by users and patients. Participation of the community in various ways, including performance monitoring and support, is paramount for the success of the ESP provision.

Within the facilities, implementation of quality assurance and improvement activities should be a priority. In relation to that, Water, Sanitation and Hygiene (WASH) components, ensuring the possibility of frequent hand-washing and safe excreta disposal contribute to make the health facility a safer place, and to prevent the spread of infections, as well as to promote healthy habits.

Proper Waste Management is another of the components that, while not offered to users, is essential for the facilities to be able to provide adequately the ESP components.

Table 2. BANGLADESH ESSENTIAL SERVICE PACKAGE BY SERVICE DELIVERY TIERS

Y: Yes, S: Selected facilities, I&R: Identify and Refer, Scr: Screening, P: prevent

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	**SC/OR**	**CC**	**UHFWC/ USC**	**UHC**	**DH**	**MCWC**	**CRHCC**	**PHCC**
MATERNAL, NEONATAL, CHILD AND ADOLESCENT HEALTH CARE									
MATERNAL AND NEWBORN CARE									
MATERNAL HEALTH CARE									
PRE-CONCEPTION CARE									
Promote health, family planning, nutrition, child survival and safe motherhood	Y	Y	Y	Y	Y	Y	Y	Y	Y
Screening for malnutrition	Y	Y	Y	Y	Y	Y	Y	Y	Y
Iron and Folic Acid supplementation	Y	Y	Y	Y	Y	Y	Y	Y	Y
Tetanus toxoid		Y	Y	Y	Y	Y	Y	Y	Y
Family Planning Counselling	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prevent/identify HIV/AIDS, STI & congenital anomalies	SBCC	SBCC	Y	Y	Y	Y	Y	Y	Y
ANTENATAL CARE									
Identification/diagnosis of pregnancy		Y	Y	Y	Y/Lab	Y/lab	Y	Y	Y
Registration of pregnancy	Y	Y	Y	Y	Y	Y	Y	Y	Y
Information & counselling on nutrition, complications of pregnancy, post-partum FP	Y	Y	Y	Y	Y	Y	Y	Y	Y
Clinical history		Y	Y	Y	Y	Y	Y	Y	Y
Obstetric and foetal assessment -Maternal weight -BP measurement -Oedema -Fundal height -Foetal heartbeat		Depends on privacy	Y	Y	Y	Y	Y	Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UHFWC/ USC	UHC	DH	MCWC	CRHCC	PHCC
Urinalysis				Y	Y	Y	Y	Y	Y
Hb estimation		Y	Y	Y	Y	Y	Y	Y	Y
Blood grouping and Rh typing					Y	Y	Y	Y	Y
Testing for HIV, syphilis					Y	Y	Y	Y	Y
Blood sugar			Y	Y	Y	Y	Y	Y	Y
Ultrasonogram (referred cases for suspicion of low foetal growth					S	Y	Y	Y	Y
Identify and manage pregnancy complications: -Anaemia -Malaria -Urinary tract infection -Hypertension -Diabetes -Sexually Transmitted Infections -HIV/AIDS (counselling and testing)			Moderate anaemia, malaria & UTI	Anaemia, malaria, UTI, STI. Others I&R	Y	Y	Y	Y	
Identify & manage obstetric emergencies (isolation or as part of B/CEmONC) -Pre/eclampsia -Ante-partum Haemorrhage -Abdominal pain -Premature rupture of membranes	I&R		I&R	Pre/Eclampsia: stabilize& refer I&R	Y	Y	Y	Y	
External version after 36 week				S	Y	Y	Y	Y	
Worm disinfestations		Y	Y	Y	Y	Y	Y	Y	Y
Supply of Iron, Folic Acid and other micronutrients		Y	Y	Y	Y	Y	Y	Y	Y
Tetanus Toxoid		Y	Y	Y	Y	Y	Y	Y	Y
Birth Preparedness Plan: -Identification of SBA/referral hospital	Y	Y	Y	Y	Y	Y	Y	Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UHFWC/ USC	UHC	DH	MCWC	CRHCC	PHCC
-Setting aside money -Identification of transportation means -Identification of blood donor -Clean kit for home delivery									
NORMAL DELIVERY									
Personal and obstetric history	CSBA		S	Y	Y	Y	Y	Y	
Examination -Foetal position -Foetal heartbeat	CSBA		S	Y	Y	Y	Y	Y	
Monitor labour progression: Partograph			S	Y	Y	Y	Y	Y	
Labour induction				Y	Y	Y	Y	Y	
Conduct normal delivery	CSBA		S	Y	Y	Y	Y	Y	
Controlled cord traction			S	Y	Y	Y	Y	Y	
Oral Misoprostol shortly after delivery	Y		Y				Y	Y	
Episiotomy				Y	Y	Y	Y	Y	
Identify & manage obstetric emergencies (isolation or B/CEmonC) -obstructed labour -pre/eclampsia -haemorrhage -pre-term labour, including administration of Antenatal Corticosteroids	I&R		I&R	I&R	Y	Y	Y	I&R	I&R
Management of prolapsed cord	I&R		I&R	I&R	Y	Y	Y	I&R	

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UHFWC/ USC	UHC	DH	MCWC	CRHCC	PHCC
Management of shoulder dystocia	I&R		I&R	I&R	Y	Y	Y	I&R	
Bi-manual compression to stop uterus atony	CSBA		S	S	Y	Y	Y	Y	
Manual removal of placenta	I&R		I&R	I&R	Y	Y	Y	I&R	
Removal of retained products	I&R		I&R	S?	Y	Y	Y	I&R	
Repair vaginal and cervical tears, episiotomy	I&R		I&R	S (vaginal)	Vaginal/ cervical	Vaginal/ cervical	Vaginal / cervical	I&R	
Intravenous fluids, antibiotics, anticonvulsants, oxytocin				S	Y	Y	Y	I&R	
Blood transfusion					Y	Y	Y		
Caesarean Section and other obstetric operations					Y	Y	Y		
PMTCT if HIV(+) S SITES						Y	Y	S	
POSTNATAL CARE									
Counselling on postnatal care, breastfeeding, etc.	Y	Y	Y	Y	Y	Y	Y	Y	Y
Post-Natal clinical history (pain, fever, haemorrhage)	Y	Y	Y	Y	Y	Y	Y	Y	Y
Identification and management of post-natal complications: -Anaemia -Puerperal psychosis	I&R	I&R	I&R	Y	Y	Y	Y	Y	Y
Identification and management of obstetric complications: -Haemorrhage -Puerperal infection/sepsis	I&R	I&R	I&R	I&R	Y	Y	Y	I&R	I&R

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UHFWC/ USC	UHC	DH	MCWC	CRHCC	PHCC
Supply of Iron and Folic Acid	Y	Y	Y	Y	Y	Y	Y	Y	Y
Counselling and Provision of FP methods	Y	Y	Y	Y	Y	Y	Y	Y	Y
PMTCT if HIV(+) S SITES						Y	Y	S	
Early management of Obstetric Fistula	P, I&R	P, I&R	P, I&R	P, I&R	P, I&R	Y (off ESP)	Y (off ESP)		
Management of genital prolapse	I&R	I&R	I&R	I&R	I&R	Y (off ESP)	Y (off ESP)		
NEONATAL CARE									
IMMEDIATE NEWBORN CARE									
Promotion of essential newborn care practice and newborn danger signs for early care seeking	Y	Y	Y	Y	Y	Y	Y	Y	Y
Clean cord cutting and tying	CSBA		S	Y	Y	Y	Y	Y	
Single application of Chlorhexidine 7.1% to the cord	CSBA		S	Y	Y	Y	Y	Y	
Prevention and management of hypothermia -Drying & wrapping -skin-to-skin contact -Delayed bathing (after 72 h)	CSBA		S	Y	Y	Y	Y	Y	
Identification & management of breathing problems (digital stimulation, bag&mask resuscitation)	I&R		S	Y	Y	Y	Y	Y	
Breastfeeding within one hour after delivery	Y		S	Y	Y	Y	Y	Y	
Prevention of newborn conjunctivitis			S	Y	Y	Y	Y	Y	
Special care of pre-term or LBW neonate, including Kangaroo Mother Care	I&R		I&R	I&R	Y	Y	Y	I&R	
NEWBORN CARE AFTER DELIVERY									

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UHFWC/ USC	UHC	DH	MCWC	CRHCC	PHCC
Counselling about breastfeeding, nutrition, immunization, etc.	Y	Y	Y	Y	Y	Y	Y	Y	
Birth registration	Y	Y	Y	Y	Y	Y	Y	Y	
Breastfeeding	Y	Y	Y	Y	Y	Y	Y	Y	
Weighing, temperature management & cord care	Y	Y	Y	Y	Y	Y	Y	Y	
Identification and management of sepsis	I&R		I&R	Y	Y	Y	Y	I&R	
Identification and management of omphalitis	I&R		I&R	Y	Y	Y	Y	I&R	
Identification and management of LBW babies (refer < 1,800)	I&R		S	Y	Y	Y	Y	I&R	
Identification and management of neonatal jaundice	I&R		I&R	I&R	Y	Y	Y	I&R	
Identification and management of breastfeeding problems	I&R		I&R	I&R	Y	Y	Y	I&R	
Newborn immunizations		Y	Y	Y	Y	Y	Y	Y	
Preventive ART if HIV(+) mother SELECTED SITES						Y	Y	S	
Screening for congenital problems			I&R	I&R	Y	Y	Y		
OBSTETRIC & NEONATAL EMERGENCIES									
Basic Obstetric & Neonatal Emergencies (all 7 services): -parenteral antibiotics -parenteral anticonvulsants -parenteral uterotonics -manual removal of placenta -removal or retained products (manual				S	Y	Y	Y		

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UHFWC/ USC	UHC	DH	MCWC	CRHCC	PHCC
vacuum aspiration) -assisted vaginal delivery -resuscitation of the newborn									
Complete Obstetric & Neonatal Emergencies (all 9 services) -BEmONC + -Surgical capacity (caesarean section and others) -Blood transfusion					S	Y	Y		
CHILD HEALTH & EPI									
INTEGRATED MANAGEMENT OF CHILD ILLNESSES (IMCI)									
Counselling to parents on danger signs, nutrition of the sick child, etc.	Y	Y	Y	Y	Y	Y	Y	Y	Y
Identification of danger signs and referral: -inability to drink or breastfeed -vomits everything -has/has had convulsions -lethargic or unconscious	Y	Y	Y	Y			Y	Y	Y
Management of Acute Respiratory Infection (ARI) -cough/cold -fast breathing (pneumonia) -severe pneumonia -wheeze			Mild	Moderate	Severe	Severe	y	Y	Y
Management of Diarrhoea: -No dehydration -mild dehydration -severe dehydration -persistent diarrhoea			Mild	Moderate	Severe	Severe	Y	Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UHFWC/ USC	UHC	DH	MCWC	CRHCC	PHCC
-dysentery -lab diagnosis									
Management of fever and malaria (also included in CDC) -simple fever -severe febrile disease -Lab diagnosis -Malaria			Mild/RDT	Mild/RDT	Severe/RDT-Lab	Severe/ RDT-Lab	Y	Y	Y
Management of Ear problems: -acute ear infection -chronic ear infection -mastoiditis				Y	Y	Y	Y	Y	Y
White Pupil Reflex (Leukocoria)					I&R	Y (off ESP)			
Management of anaemia and malnutrition (in Nutrition)									
Identification and management of Autism Spectrum Disorder (in Mental Health)									
EXPANDED PROGRAM OF IMMUNIZATION (EPI)									
Counselling parents on immunization and adverse effects	Y	Y	Y	Y	Y	Y	Y	Y	Y
Registering eligible children	Y	Y	Y	Y	Y		Y	Y	Y
Follow-up of defaulters	Y	Y	Y	Y	Y		Y	Y	Y
Permanent (daily) vaccination site					Y	Y	Y	Y	
Outreach vaccination site		Y	Y	Y				Y	Y
National Immunization Days and other campaigns	Y	Y	Y	Y	Y	Y	Y	Y	Y
Surveillance of vaccine-preventable diseases				Y	Y	Y	Y	Y	Y
Follow-up to identify adverse effects					Y	Y	Y	Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UHFWC/USC	UHC	DH	MCWC	CRHCC	PHCC
Counselling to mothers regarding FP	Y	Y	Y	Y	Y	Y	Y	Y	Y
ADOLESCENT HEALTH									
Counselling on puberty, safe sexual behaviour, prevention of early marriage, mental health, HIV/AIDS, substance abuse, etc.	Y	Y	Y	Y	Y	Y	Y	Y	Y
Screening for STI				Y	Y	Y	Y	Y	Y
Syndromic management of STI				Y	Y	Y	Y	Y	Y
Etiologic management of STI					Y	Y	Y	Y	Y
Screening for HIV SELECTED SITES						Y	Y	Y	Y
Distribution of condoms	Y	Y	Y	Y	Y	Y	Y	Y	Y
FP information and provision	Y	Y	Y	Y	Y	Y	Y	Y	Y
Adolescent Nutrition (Assessment, Iron/FA)	Y	Y	Y	Y	Y	Y	Y	Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
FAMILY PLANNING									
Counselling on Birth Spacing, methods & adverse effects	Y	Y	Y	Y	Y	Y	Y	Y	Y
Advocacy and awareness development on PPFP and Post MR/PAC -FP	Y	Y	Y	Y	Y	Y	Y	Y	Y
Screening according to Medical Eligibility Criteria (MEC) for contraceptive use	Y	Y	Y	Y	Y	Y	Y	Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
Pre-Conception FP	Y	Y	Y	Y	Y	Y	Y	Y	Y
Condoms	Y	Y	Y	Y	Y	Y	Y	Y	Y
Oral contraceptives	Y	Y	Y	Y	Y	Y	Y	Y	Y
DMPA injection starting				Y	Y	Y	Y	Y	Y
DMPA injection continuation	Y	Y	Y	Y	Y	Y	Y	Y	Y
Intrauterine devices				Y	Y	Y	Y	Y	Y
IUD post-partum				Y	Y	Y	Y	Y	Y
Implant					Y	Y	Y	Y	Y
Male & female sterilization					Y	Y	Y	Y	
Menstrual regulation				Y	Y	Y	Y	Y	Y
Post-abortion FP				Y	Y	Y	Y	Y	Y
Post-partum FP				Y	Y	Y	Y	Y	Y
Post-MR FP				Y	Y	Y	Y	Y	Y
Management of contraceptive complications					Y	Y	Y	Y	Y
								Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
NUTRITION									
CHILD NUTRITION									
Counselling parents about breastfeeding and best feeding practices	Y	Y	Y	Y	Y	Y	Y	Y	Y
ASSESSMENT NUTRITION STATUS									

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
Growth monitoring		Y	Y	Y	Y	Y	Y	Y	Y
Community-level screening	Y	Y	Y					Y	Y
PREVENTION OF MALNUTRITION									
Promotion of Infant and Young Child Feeding (IYCF): -breastfeeding within an hour of birth -exclusive breastfeeding for 6 months -breastfeeding until 23 months of age -appropriate complementary feeding	Y	Y	Y	Y	Y	Y	Y	Y	Y
Deworming	Y	Y	Y	Y	Y	Y	Y	Y	Y
Micronutrient supplementation	Y	Y	Y	Y	Y	Y	Y	Y	Y
MANAGEMENT OF ACUTE MALNUTRITION									
Management of moderate acute malnutrition	Y		Y	Y	Y	Y		Y	Y
Management of severe acute malnutrition, uncomplicated	Y		Y	Y	Y	Y		Y	Y
Management of severe acute malnutrition, complicated					Y	Y			
Management of anaemia			Mild	Mild/moderate	Moder/severe	Severe		Y	Y
Management of underlying causes				Y	Y	Y		Y	Y
MATERNAL NUTRITION									
Counselling on best practices during pregnancy	Y	Y	Y	Y	Y	Y	Y	Y	Y
Assessment of nutritional status during ANC	Y	Y	Y	Y	Y	Y	Y	Y	Y
Supplementation of Iron, Folic Acid, Calcium	Y	Y	Y	Y	Y	Y	Y	Y	Y
Deworming	Y	Y	Y	Y	Y	Y	Y	Y	Y
Management of anaemia			Mil	Mild/mod	Moder/se	Severe	Y	Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
			d	erate	vere				
Vit A in post-partum	Y	Y	Y	Y	Y	Y	Y	Y	Y
ADOLESCENT NUTRITION									
Assessment of nutritional status	Y	Y	Y	Y	Y	Y	Y	Y	Y
Distribution of Iron/Folic Acid	Y	Y	Y	Y	Y	Y	Y	Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
COMMUNICABLE DISEASES									
TUBERCULOSIS									
Education on causes, prevention and control of TB and other communicable diseases	Y	Y	Y	Y	Y	Y		Y	Y
Case detection Smear (+)				Y	Y	Y			
Chemotherapy including DOTS	Y	Y	Y	Y	Y	Y		Y	Y
Diagnostic & management of Smear (-)					Y	Y			
Active case finding in OPD/community				Y	Y	Y			
Preventive therapy of contacts				Y	Y	Y			
Diagnosis of Multi-Drug Resistant TB						TB hosp			
Treatment of MDRTB						TB hosp			

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
Inpatient care of severe/complicated cases					Y	Y			
MALARIA (Selected districts)									
BCC	Y	Y	Y	Y	Y	Y		Y	Y
Distribution of Long-Lasting Insecticidal Nets	Y	Y	Y	Y	Y	Y		Y	Y
Indoor residual spraying					Y	Y			
Diagnostic of malaria	RDT	RDT	RDT	RDT	RDT & lab	RDT & lab		Y	Y
Treatment of uncomplicated malaria – first line	Y	Y	Y	Y	Y	Y		Y	Y
Treatment of uncomplicated malaria – alternative lines					Y	Y		Y	Y
Management of severe/complicated malaria					Y	Y		Y	Y
HIV/AIDS (Selected areas and/or population groups)									
BCC	Y	Y	Y	Y	Y	Y			
Prevention of HIV infection at health facilities			Y	Y	Y	Y			
Etiologic management of STI					Y	Y		Y	
Syndromic management of STI				Y	Y	Y		Y	Y
Referral for counselling and testing	Y	Y	Y	Y	Y	Y		Y	Y
HIV Testing and Counselling (HTC)						Y			
Prevention of Mother-to-Child Transmission (PMTCT) of HIV						Y		S	
Anti-Retroviral Treatment (ART)						Y		S	
Prevention and treatment of Opportunistic Infections						Y			
Lab diagnosis and follow up of ART						Y			

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
NEGLECTED TROPICAL DISEASES									
Kala-Azar									
Insecticide indoor residual spraying					Y	Y			
Rapid Diagnostic Test					Y	Y			
Lab (slit skin smear) confirmation ONLY TERTIARY CARE									
DOTS oral treatment	Y	Y	Y	Y	Y	Y			
Lymphatic Filariasis									
Mass Drug Administration of population at risk	Y	Y	Y	Y	Y	Y			
Clinical diagnosis				Y	Y	Y			
Lab diagnosis						Y			
Management of acute attacks					Y	Y			
Medical management of lymphedema			Y	Y	Y	Y			
Surgical treatment of hydrocele					Y	Y			
Leprosy									
Clinical diagnoses				Y	Y	Y		Y	Y
Skin smear examination						Y			
Active case detection among contacts				Y	Y	Y		Y	Y
MDT Treatment				Y	Y	Y		Y	Y
Management of acute and chronic complications (SPECIALIZED CENTRE)									
Dengue									
Lab monitoring of suspected case					Y	Y			
OPD management					Y	Y			
Inpatient management					Y	Y			

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
Rabies									
Post-Exposure Treatment					Y	Y			
Intestinal Parasites									
National Deworming Days for children 6-12 y.o.	Y	Y	Y	Y	Y	Y		Y	Y
Deworming of pregnant women during ANC	Y	Y	Y	Y	Y	Y		Y	Y
OTHER COMMUNICABLE DISEASES									
Hepatitis diagnosis & management					Y	Y			
Typhoid diagnosis & management					Y	Y			
Diarrhoea & dysentery				Y	Y	Y			

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
NON-COMMUNICABLE DISEASES									
HYPERTENSION (HTN)									
Promote healthy lifestyle for HTN and other NCD control	Y	Y	Y	Y	Y	Y		Y	Y
Diagnosis of HTN			Scr	Y	Y	Y		Y	Y
Management of HTN				Y	Y	Y		Y	Y
Lab follow-up of HTN cases					Y	Y		Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
I&R CVD	Y		Y	Y	Y	Y		Y	Y
DIABETES MELLITUS (DM)									
Diagnosis of DM			Scr		Y	Y		Y	Y
Management of Type II DM					Y	Y		Y	Y
Management of Type I DM						Y			
Identification and referral of long-term complications			Y	Y	Y	Y		Y	Y
NCD SCREENING AND MANAGEMENT BASED ON TOTAL RISK ASSESSMENT (WHO PEN APPROACH)									
Screening for Risk Factors of CVD: -Family History of CVD/DM/kidney disease -High Blood Pressure -Smoking -Overweight -High Total Cholesterol -High Blood Sugar		Clinical	Clinical	Clinical	Clinical & lab	Clinical & lab		Y	Y
Determine risk of CVD in next 10 years		Partial & refer	Partial & refer	Partial & refer	Y	Y		Y	Y
Manage conditions and I&R complications				Y	Y	Y		Y	Y
CANCER									
Counselling on screening of cervical and breast cancers	Y	Y	Y	Y	Y	Y		Y	Y
Breast Cancer									
Teaching of breast self-examination	Y	Y	Y	Y	Y	Y		Y	Y
Clinical Breast Examination			Y	Y	Y	Y		Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
Mammography						Y (off ESP)			
Lumpectomy & mastectomy						Y (off ESP)			
Cervical Cancer									
Screening for cervical cancer (Visual Examination Acetic Acid)					Y	Y			
Colposcopic Examination (excision & biopsy) and cryotherapy						MC (off ESP)			
OTHER NCDs									
Arsenicosis									
Counselling on the consumption of safe water	Y	Y	Y	Y	Y	Y		Y	Y
Identify, treat skin conditions and refer					Y	Y		Y	Y
Case management with antioxidants at TERTIARY LEVEL									
Chronic Obstructive Pulmonary Disease (COPD)									
Counselling on smoking cessation	Y	Y	Y	Y	Y	Y			
Diagnosis and management of ambulatory cases				Y	Y	Y			
Diagnosis and management of inpatient cases					Y	Y			
MENTAL HEALTH									
Counselling on identification and support to mental health cases, including fighting stigma and others	Y	Y	Y	Y	Y	Y		Y	Y
Identification of signs of mental health conditions & referral			Y	Y				Y	Y
Diagnosis of priority conditions:					Y	Y		Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
-Autism & neurodevelopmental disorders -Epilepsy -Common disorders: -depression, -psychosis, -anxiety, -substance abuse									
Management of priority, common MH conditions					Y	Y		Y	Y
Inpatient care for acute, severe cases						Y			
Support to rehabilitation of mental health patients				Y	Y	Y		Y	Y
SEXUAL AND GENDER-BASED VIOLENCE									
Case identification & recognition	Y	Y	Y	Y	Y	Y	Y	Y	Y
First-point counselling				Y	Y	Y	Y	Y	Y
Prevention of Pregnancy: emergency contraception				Y	Y	Y	Y	Y	Y
Treatment of minor injuries				Y	Y	Y	Y	Y	Y
Prophylaxis for STI				Y	Y	Y	Y	Y	Y
Prophylaxis for HIV									
Psychological support					Y	Y	Y	Y	
Medic-legal examination					Y	Y	Y	Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
MANAGEMENT OF OTHER COMMON CONDITIONS									
EYE CARE									
Treatment of acute conjunctivitis			Y	Y	Y	Y		Y	Y
Treatment of corneal ulcer					Y	Y		Y	Y
Detection of cataract and visual impairment			Y	Y	Y	Y		Y	Y
Management of cataract and visual impairment						S (off ESP)			
EAR CARE									
Awareness on prevention of hearing impairment	Y	Y	Y	Y	Y	Y		Y	Y
Management of acute suppurative otitis media			Y	Y	Y	Y		Y	Y
Management of chronic otitis media					Y	Y		Y	Y
Identification & management of hearing impairment			Refer	Refer	Refer	Y (off ESP)			
DENTAL CARE									
Promotion of oral hygiene	Y	Y	Y	Y	Y	Y			
Treatment of common dental diseases (gingivitis, caries, etc)				Y	Y	Y			
Tooth extraction					Y	Y			
SKIN CARE									
Treatment of common skin diseases: -scabies -ringworm			Y	Y	Y	Y		Y	Y

Component & sub-component	Community			Union	Upazila	District		Urban	
	Dom.	SC/OR	CC	UH&FWC/USC	UHC	DH	MCWC	CRHCC	PHCC
-impetigo -dermatitis									
EMERGENCY CARE									
Road traffic-related injuries & trauma care									
-stabilization & referral					Y	Y			
-management of complex trauma cases						Y (off ESP)			
Awareness on child injury and drowning prevention measures	Y	Y	Y	Y	Y	Y		Y	Y
Drowning			Y	Y	Y	Y		Y	Y
First aid in minor injuries			Y	Y	Y	Y		Y	Y
Poisoning& snakebite					Y	Y			
GERICATRIC CARE?									
Specific conditions (e.g. NCD) included in other sections									

SUPPORT SERVICES

To provide the ESP with a reasonable level of quality, clinical services require the support of diagnostic and drug-dispensing systems. Three support services have been defined necessary for the delivery of the ESP: laboratory, Radiology and other image tools, and Pharmacy.

There is a large variety of **lab tests** whose contribution is necessary for the provision of ESP services, some of which, but not all, require a functional laboratory.

Wherever pregnant women are attended, teams should have access to ***urine pregnancy tests and urine(protein and glucose) test strips*** to determine presence in urine of proteins and glucose.

Rapid Diagnostic Tests (RDT) for the diagnosis of malaria should accompany the supply of malaria drugs from community-level upwards, in the districts where the disease is prevalent.

Acid-Fast Bacilli ***(AFB) smear test*** for the diagnosis of tuberculosis examining the sputum of the suspected patient usually are part of basic laboratory techniques provided at a UHC. However, some S union-level and NGO facilities may have this service even in the absence of a regular laboratory.

Basic Laboratory Services are a feature at UHC and above; they should include the following tests:

Haematology: haemoglobin, haematocrit, platelets count, RBC, WBC, bleeding and clothing time. Blood grouping and Rh typing.

Urine analysis

Stool Analysis

Serology: RPR/VDRL,HepB

Microbiology: AFB smear test for tuberculosis, Gram stain

Blood smear for malaria

Biochemistry: blood sugar, blood urea, uric acid, liver function tests, kidney function tests, blood lipid profile

Other, more sophisticated tests are limited to upper secondary and tertiary levels.

Radiology services are limited to UHC and higher levels. At the UHC simple x-Ray for chest, skull, abdomen and bones should be available, and ultrasonography, at least for G&O, highly desirable.

All facilities are expected to dispense **medicines**, but not all should fill in requisitions (CC are supplied standard kits at regular intervals), and some should supply lower levels, requiring a more sophisticated stock control system.

In urban areas, Comprehensive and PHC Centres should have a basic Lab and Pharmacy.

Table 3. Support Services by Service Delivery Tier

Component & sub-component	Community			Union	Upazila	District
	Dom.	SC/OR	CC	UHFWC	UHC	DH/MCWC
LABORATORY TESTS						
Rapid Diagnostic Test (Malaria)		Y	Y	Y	Y	Y
Urine Pregnancy Test			S	S	Y	Y
Urine test strip		Y	Y	Y	Y	Y
AFB Smear (Tuberculosis)				S	Y	Y
Basic Lab Services					Y	Y
Others (skin tests, HIV, CD4, pathology)						S
RADIOLOGY AND IMAGIOLOGY						
Plain X-Ray					Y	Y
Contrast X-Ray						Y
Ultrasound					Y	Y
PHARMACY						
Requisition			KIT	Y	Y	Y
Storage and stock control			Y	Y	Y	Y
Distribution to lower levels					Y	Y
OPD Dispensing		Y	Y	Y	Y	Y
Inpatient Pharmacy					Y	Y

S: SELECTED

FACILITIES AND SERVICE DELIVERY SITES

There are six sites where the ESP is provided by MOHFW teams:

1. **Domicile**: HA/FWA and other community-based health workers conduct home visits, mainly with the purpose of identifying people in need of health care (e.g. children who should be immunized) and conducting BCC sessions including Birth and Newborn Care Preparedness Plan. Home visits may also be used to deliver some of the ESP services, such as Post-Natal Care or Family Planning. Community-based workers do not usually carry medicines, so home visits are not a site for curative activities. CSBA can attend normal deliveries at home, if no risk sign has been identified and the woman do not want or cannot go a facility with delivery services.
2. **Satellite Clinics or Outreach Sites** are non-health facilities, well-identified sites (e.g. school premises) where mobile teams deliver specific services at regular intervals. The most common services are Immunization and Family Planning, but other possibilities include Ante and Post Natal care, and even curative care for common conditions.
3. **Community Clinics** (CC). This is the most-basic facility of the public health system. It should provide curative care on a daily basis (by CHCP) within the limits set by the contents of the Essential Drugs Kit but including IMCI, and mother-and-child services (ANC, PNC, ENC, FP, Growth Monitoring) according to the schedule of its assisting community workers (HA/FWA). CCs usually act as EPI outreach sites for routine immunizations. The CC should also ensure screening and risk assessment for NCD conditions, whose diagnosis and management plan is established at higher levels. Where at least one of the workers has been capacitated as Community Skilled Birth Attendant (CSBA), the CC can attend deliveries in the premises; however, it is not expected to provide this service round-the-clock and the number of cases attended should be limited. Social and Behavioural Change Communication (SBCC) activities are also part of the CC profile.

Table 4. Essential and Extra Services at CC level

Essential Services	Extra Services
Maternal care: ANC, PNC	Normal deliveries (if CSBA)
Newborn care: ENC, IYCF	DOTS and other programme strategies
Child care: IMCI, EPI	
Adolescent health: counseling, nutrition	
FP: Condoms, pills, injectable	
Nutrition: assessment, prevention, moderate acute malnutrition	
NCD: screening for risk factors	
Limited curative care	
SBCC	

4. **Union-level facilities**. There are two main types of facilities –Union Sub-Centres or Rural Dispensaries (USC/RD) and Union Health and Family Welfare Centres (UHFWC)—which should converge functionally into one –the UHFWC— providing a wide array of preventive and curative services and characterized by the presence of a Medical Officer or at least Family Welfare Visitors (FWV) and Sub-Assistant Community Medical Officer (SACMO), both with clinical skills well above those of the staff working at CCs. The UHFWC should provide the complete set of curative and preventive services on ambulatory regime, for cases that do not require investigations and do not show signs of emergency or severity. Some

facilities may attend normal deliveries, although not on a permanent basis. Although CCs may refer patients to these facilities because of the presence of more skilled clinicians and a wider range of medicines, this is not a referral facility at present.

Table 5. Essential and Extra Services at Union level

Essential Services	Extra Services
Maternal care: ANC, PNC, Normal deliveries	BEmONC
Newborn care: ENC, IYCF, Newborn resuscitation, sepsis	Enhanced diagnosis with lab tests
Child care: IMCI, EPI	
Adolescent health: counseling, nutrition, STI	
FP: all non-permanent, MR	
Nutrition: assessment, prevention, uncomplicated SAM	
NCD: screening, diagnosis and management. Mental health care	
Expanded curative care, incl CDC	
SBCC	

5. **Upazila Health Complex** (UHC). This is the first-level referral facility, and composes with lower level ones the equivalent to an operational health district. It is characterized by the availability of physicians (occasionally specialists), diagnostic tools (basic lab and simple radiology), inpatient care and emergency surgery, including obstetric interventions. The UHC also may act as storage for medicines to be supplied to lower level facilities, as well as hosts a cold chain for vaccine storage. It is the only facility providing round-the-clock maternity and emergency care services, and also the only setting delivering daily immunization sessions.

Table 6. Essential and Extra Services at UHC level

Essential Services	Extra Services
Maternal care: ANC, PNC, Normal deliveries, BEmONC	CEmONC (in the future this should be an essential UHC service)
Newborn care: ENC, IYCF, LBW babies, Newborn resuscitation, sepsis	Specialized care (off ESP)
Child care: IMCI, EPI	
Adolescent health: counseling, nutrition, STI	
FP: all (permanent and non-permanent), MR	
Nutrition: assessment, prevention, SAM with medical complications	
NCD: screening, diagnosis and management. Mental health care	
Expanded curative care, including CD and inpatient care	
Expanded diagnostic capacity: lab and simple X-Ray. Ultrasound	
SBCC	

6. **District Hospital (DH)**. These facilities provide specialized secondary care, acting as referral facility of UHC level. In some areas, DHs have the double function of UHC for the nearest population and referral hospital for other UHCs within the district. Only those services common with UHC –most notably CEmONC—are included in the ESP for this level of care.

Table 7. Essential and Extra Services at DH level

Essential Services	Extra Services
Maternal care: ANC, PNC, Normal deliveries, BEmONC, CEmONC	Specialized care (off ESP)
Newborn care: ENC, IYCF, LBW babies, Newborn resuscitation, sepsis	
Child care: IMCI, EPI	
Adolescent health: counseling, nutrition, STI	
FP: all (permanent and non-permanent), MR	
Nutrition: assessment, prevention, SAM with medical complications	
NCD: screening, diagnosis and management. Mental health care	
Expanded curative care, including CDC and inpatient care	
Expanded diagnostic capacity: lab, simple and contrast X-Ray	
SBCC	

7. **Maternal and Child Welfare Centres (MCWC)** may be integrated in the overall UHC or alongside DH, or provide services as a self-standing facility. The range of services includes complete Maternal, Neonatal, Child and Adolescent health to the level of CEmONC, and complete Family Planning services. Where these facilities are not present, UHC and DH assume the provision of the mentioned services.
8. **Comprehensive Reproductive Health Care Centre (CRHCC).** Usually managed by NGOs and providing services in urban areas, the CRHCC is the referral facility for the local system, offering a wide range of preventive and curative services, including maternity care. Since access to referral hospitals is better in urban areas, CRHCC are not required to deal with emergencies and serious cases.
9. **Primary Health Care Centres (PHCC)**. These urban facilities provide basic maternal, neonatal, child, adolescent and family planning care –excluding maternity services— as well as outdoors curative care.
10. **Other facilities:**Higher-level and specialized public hospitals, as well as NGO facilities providing some of the ESP components are to be similarly integrated. To that end, the ESP-related services they provide should adopt the same standards than for the facilities described in more detail.

HUMAN RESOURCES INVOLVED IN THE PROVISION OF THE ESP

Different categories are involved in the provision of the ESP, from community-based workers to medical officers. Table 8 shows the cadres, their level of training, and the skills –relevant to the ESP—that they are expected to have.

Three main categories –CHCP, HA and FWA—compose the community level. Their level of training is quite limited, from 21 days for HA and FWA to 3 months (half of which practical) for the CHCP, the only one with clinical skills (although limited). CHCP are deployed full-time at CC and are trained to manage curative care for common conditions, as well as preventive care. HA and FWA have their primary job in providing home and outreach care –focused on maternal, newborn and child care--, as well as staffing the CC for the same purposes. Any of these cadres can undergo a 6-month training to become Community Skilled Birth Attendant (CSBA), which qualifies them to attend normal deliveries at home, or at CCs. Family planning inspectors, deployed at union-level facilities, have the responsibility of supervising and supporting FWA in their home and outreach activities, while Health and Assistant Health Inspectors play the same role for HA and CHCP.

Family Welfare Visitors are fully fledged SBA to provide the whole array of MCH/FP services, including IUD application and menstrual regulation. They are mostly based at UHFWC. Medical technologists are mostly deployed at UHC where they provide Lab and Radiology Services.

Pharmacy Technicians hold diplomas and are deployed at union-level facilities and above for the management of drug supplies.

Nurses and midwives have not always been completely separated categories. Midwifery was at times integrated in nursing training. They are now trained through either diplomas or bachelor's degrees and deployed at UHC and above. Within the coming years, all union-level facilities should be staffed with newly trained midwives, allowing to expand their service profile to include maternity care.

Medical Assistants (or SACMO, as they are also known) receive training on clinical diagnosis and prescription of a limited number of conditions through a 3-year diploma course. They are deployed at UHFWC and UHC to complement (sometimes replace) clinical work performed by the MO.

MOs receive a six-year standard training. They are deployed at union and upazila-level facilities right after Medical College to serve there for at least two years before being entitled to applying for a specialization residency. Presence of specialists at PHC facilities is not a rule, although UHC should have G&O and anaesthesia specialists.

Admin and support staff, from human resources officers to drivers or guards, have to be added to the technical staff described above.

Table 8. Staff Categories involved in the provision of the ESP, by training

CATEGORY	TRAINING	SKILLS/CAPACITIES
Health Assistant (HA) Assistant Health Inspector (AHI) Health Inspector (HI)	21 days	ANC, PNC, ENC, FP, EPI, SBCC, Home visits AHI supervises HA and is supervised by HI
Family Welfare Assistant (FWA), female, and Family Planning Inspectors (FPI) male	21 days	ANC, PNC, ENC, FP, EPI, SBCC, Home visits FPI supervise FWA
Community Health Care Provider (CHCP)	3 months	Management of common conditions. ANC, PNC, ENC,

		FP, EPI, SBCC
Community Skilled Birth Attendant (CSBA)	6 months on top of any of the above	ANC, PNC, ENC, FP, EPI, SBCC. Normal deliveries. Identification of risk and danger signs.
Family Welfare Visitor (FWV)	18 months	ANC, PNC, ENC, FP (incl. Menstrual Regulation and IUD), SBCC, Normal Deliveries
Medical Technologist -Laboratory -Radiology	-BSc 4 years or -Diploma 3 years -Certificate 12 months	Basic lab and X-Ray techniques
Sub-Assistant Community Medical Officer (SACMO)/Medical Assistant	-Diploma 3 years	Management of common conditions, including IMCI and others. Neonatal sepsis.
Sanitary Inspector	-Diploma 3 years	Water & Sanitation. Food Safety
Pharmacist	-Diploma 3 years	Requisition, stock management & dispensing
Nurse	-BSc 4 years or -Diploma 3 years	Nursing and preventive care (excludes prescription)
Midwife	-Certificate 12-18 months (for Nurse-midwife) -Diploma 3 years -BSc 4 years -Integrated in nursing	Midwifery including ANC, PNC, FP (incl. Menstrual Regulation), Normal deliveries.
Dental Surgeon	BDS 4.5 years	Dentistry
Medical Officer and Consultants	MBBS 5 years + 1 year Internship Specialization	Preventive and curative care, normal and complicated deliveries. Others according to specialty

By type of facility, teams should be composed of different combinations –according to workload—of the following cadres (Table 9):

Community Clinics are staffed by a full-time CHCP and part-time (3 days per week each) by a HA and a FWA. If the CC is allowed to attend deliveries, at least one of these cadres should be trained as CSBA.

UHFWC should have at least one MO, complemented by SACMO according to the workload. Other staff include FWV and Pharmacists. Family Planning Inspectors are deployed at this level for the supervision of FWA as well as Assistant/Health Inspectors for the supervision of HA.

UHC should have MO (occasionally supported by SACMO) to cover OPD, inpatient care and emergencies on a round-the-clock basis. Some of the MO may be trained to conduct limited emergency surgery, including obstetric interventions. Inpatient care should have nurses/staff nurses according to the number of beds and occupancy rate. While presently nurses are in charge of labour room and maternity wards, they should be gradually replaced by midwives. Other MCH care, such as ANC and PNC, usually are performed by MO at this level. FWV should ensure the continuous provision of FP. Lab, Pharmacy and Radiology services should be ensured by the relevant technicians. Sanitary inspectors should cover water, sanitation and food safety of the whole Upazila.

District Hospitals should have more specialists than general practitioners, and teams composition according to the range of services to be provided, mostly above that of ESP.

Table 9. Staff Categories involved in the provision of the ESP, by Service Delivery Tier

Component & sub-component	Community			Union	Upazila	District	
	Dom.	**SC/OR**	**CC**	**UHFWC**	**UHC**	**DH**	**MCWC**
Health Assistant (HA)	Y	Y	Y				
Assistant/Health Inspector				Y			
Family Welfare Assistant (FWA), female, and	Y	Y	Y				
Family Planning Inspectors (FPI) male		Y		Y			
Community Health Care Provider (CHCP)			Y				
Community Skilled Birth Attendant (CSBA)	Y		Y				
Family Welfare Visitor (FWV)				Y	Y	Y	Y
Medical Technologist							
-Laboratory					Y	Y	Y
-Radiology					Y	Y	Y
Sub-Assistant Community Medical Officer (SACMO)/Medical Assistant				Y	Y		
Sanitary Inspector					Y		
Pharmacist				Y	Y	Y	Y
Nurse					Y	Y	Y
Midwife				Y	Y	Y	Y
Dental Surgeon					Y	Y	
Medical Officer				GP	GP&Sp	Spec& GP	Spec &GP

EQUIPMENT BY LEVEL

Medical Equipment is an essential element of health facilities if they are to provide quality services. In addition to furniture (desks and tables, chairs, beds, bedside tables, etc), the main medical equipment necessary for the delivery of the ESP by level is as follows:

Table 10. Minimum equipment by service delivery tier

Service/Item	CC	UHFWC	UHC
OPD / Basic care			
Stethoscope	Y	Y	Y
Sphygmomanometer	Y	Y	Y
Paediatric (Salter) and adult scales	Y	Y	Y
Diagnostic set or otoscope		Y	Y
Vision testing chart		Y	Y
Torches	Y	Y	Y
Watch	Y		
ARI timer	Y	Y	Y
Examination table	Y	Y	Y
Height measuring board	Y	Y	Y
Measuring tape	Y	Y	Y
Growth monitoring chart	Y	Y	Y
Hearing screening equipment			Y
Foetal Stethoscope (Pinard Horn)	Y	Y	Y
Thermometer	Y	Y	Y
Suture, dressing set (forceps, scissors)	Y	Y	Y
ANC/FP room			
Stethoscope	Y	Y	Y
Sphygmomanometer	Y	Y	Y
Drip stand		Y	Y
Specula		Y	Y
OT light		Y	Y
Examination table	Y	Y	Y
MVA (Manual Vacuum Aspiration) set		Y	Y
Paediatric (Salter) and adult scales	Y	Y	Y
Measuring tape	Y	Y	Y
Foetal Stethoscope (Pinard Horn)	Y	Y	Y
Thermometer	Y	Y	Y
Labour room			
Labour Table	S	S	Y
Radiant warmer			Y
Stethoscope	S	Y	Y
Sphygmomanometer	S	Y	Y
Drip stand		Y	Y
Normal delivery set (sheets, apron, blades, thread)	S	Y	Y

Service/Item	CC	UHFWC	UHC
Neonatal resuscitation trolley (Ambu with baby mask)	S	Y	Y
MVA (Manual Vacuum Aspiration) set		Y	Y
Foetal Stethoscope (Pinard Horn)	S	Y	Y
Thermometer	S	Y	Y
Measuring Scale for Newborn		Y	
Digital Baby weighing scale	S	Y	Y
OT light	S		Y
Suture, dressing set (forceps, scissors)	S	Y	Y
Suction machine manual/electric		Y	Y
Newborn Unit			
Radiant warmer			S
Phototherapy unit			S
Digital Baby weighing scale			S
Resuscitation set (Ambu bag and mask)			S
Suction machine (neonate)			S
Pulse oximeter			S
Thermometer			S
Measuring scale for newborn			S
Operating Room			
OT table, hydraulic			Y
OT light			Y
Electro-surgical unit			Y
Anaesthesia machine			Y
Laryngoscopes			Y
Pulse Oxymeter			Y
Trolleys			Y
Caesarean Section set			Y
Suture, dressing set (forceps, scissors)			Y
Laparatomy set			Y
Hysterectomy set			Y
Adult Resuscitation Trolley (Ambu with adult mask)			Y
Tubectomy set			Y
Vasectomy set			Y
Coagulating Cautery			Y
Suction machine manual/electric			Y
Gas cylinders (O2, N2O)			Y
Laboratory			

Service/Item	CC	UHFWC	UHC
Microscope			Y
Sputum and blood specimen bottles			Y
Electric/Hand crank centrifuge			Y
Analyzer, chemistry			Y
Refrigerator, blood			Y
Glucometer		S	Y
Water bath			Y
Radiology & others			
Ultrasonogram			Y
X-Ray machine			Y
Auto-processor for X-Ray			Y
ECG Machine			Y
Dental care			
Dental unit			Y
Wards			
Stethoscope			Y
Sphygmomanometer			Y
Trolleys			Y
Thermometer			Y
Paediatric (Salter) and adult scales			Y

To attend Home deliveries: home delivery kit with soap, sterilized blade, clean thread, clean sheet, gloves, plastic apron, gauze piece.

MEDICINES FOR THE ESSENTIAL SERVICE PACKAGE

Medicines and consumables, including vaccines, FP commodities and "programme medicines" (e.g. those for tuberculosis, malaria or HIV/AIDS), are essential components of the ESP.

Based on the draft updated Essential Drugs List (composed of over 280 items and still not approved)[3], Table 11 presents a selection of medicines, classified according to the same grouping used in the EDL, which should result roughly sufficient for the ESP needs. The proposed list is composed of well above 100 items, which include vaccines, alternative FP commodities, and most regimes for TB.

Community Clinics receive kits composed of 25 products, including four antibiotics, condoms, and oral contraceptives. These medicines should be completed with drugs for the DOTS-TB strategy and for malaria in selected districts.

Union-level facilities, with the presence of staff with clinical skills, should widen the range of medicines, including those for the management of NCDs and others. For NCD management, the selected list has been built according to the recommendations of the WHO-PEN approach.

At UHC and DH levels, medicines for emergencies, operating theatre and insulin, among others, are added.

The list needs to be reviewed periodically, using criteria of effectiveness, availability and price, as well as the frequency of side effects, potential compliance and knowledge by prescribers.

[3] Three items included in the ESP list –Gentian Violet, Misoprostol and Mifepristone— are not included in the overall EDL.

Table 11. ESP MEDICINES BY SERVICE DELIVERY TIER

Drug group and generic product	Community CC	Union UHFWC/USC	Upazila UHC/MCWC	District DH/MCWC
ANAESTHETICS& PREOPERATIVE MEDICATIONS				
Halothane			Y	Y
Nitrous Oxide-Oxygen for Anaesthesia			Y	Y
Oxygen			Y	Y
Thiopental Sodium				Y
Ketamine			Y	Y
Lignocaine with or without Adrenaline		Y	Y	Y
ANALGESICS, ANTIPYRETICS, NON-STEROIDAL ANTI-INFLAMMATORY MEDICINES (NSAIMs), MEDICINES USED TO TREAT GOUT AND DISEASE MODIFYING AGENTS IN RHEUMATOID DISORDERS (DMARDs)				
Aspirin		Y	Y	Y
Paracetamol	Y	Y	Y	Y
Pethidine Hydrochloride			Y	Y
Ibuprofen		Y	Y	
ANTIALLERGICS AND MEDICINES IN ANAPHYLAXIS				
Chlorpheniramine Maleate	Y	Y	Y	Y
Hydrocortisone			Y	Y
ANTIDOTES AND OTHER SUBSTANCES USED IN POISONINGS				
Activated Charcoal			Y	Y
Atropine injection			Y	Y
Pralidoxime				Y
ANTICONVULSANTS/ANTIEPILEPTICS				
Phenobarbitone		Y	Y	Y
Magnesium Sulphate 50%		Y	Y	Y

Drug group and generic product	Community	Union	Upazila	District
ANTI-INFECTIVE MEDICINES				
Mebendazole		Y	Y	Y
Albendazole	Y	Y	Y	Y
Amoxycillin	Y	Y	Y	Y
Ampicillin			Y	Y
Phenoxymethyl Penicillin	Y	Y	Y	Y
Benzathine Penicillin		Y	Y	Y
Procaine Penicillin		Y	Y	Y
Cephalexin		Y	Y	Y
Cloxacillin			Y	Y
Amoxiclav		Y	Y	Y
Erythromycin		Y	Y	Y
Chloramphenicol			Y	Y
Doxycycline	Y	Y	Y	Y
Co-Trimoxazole	Y	Y	Y	Y
Metronidazole	Y	Y	Y	Y
Nalidixic Acid				Y
Clofazimine				
Dapsone				
Ethambutol				Y
Isoniazid with or without Ethambutol				Y
Pyrazinamide				Y
Rifampicin with or without Isoniazid	Y	Y	Y	Y
Streptomycin Sulphate				Y
Rifampicin + Isoniazid + Pyrazinamide w/wo Ethambutol	Y	Y	Y	Y
Rifampicin + Isoniazid + Ethambutol	Y	Y	Y	Y
Clotrimazole		Y	Y	Y

Drug group and generic product	Community	Union	Upazila	District
Nystatin		Y	Y	Y
Artemether with Lumefantrine	Y	Y	Y	Y
Artesunate			Y	Y
Quinine			Y	Y
Primaquine	Y	Y	Y	Y
Chloroquine	Y	Y	Y	Y
ANTIMIGRAINE MEDICINES				
Acetylsalicylic Acid		Y	Y	Y
MEDICINES AFFECTING THE BLOOD				
Ferrous Sulphate/Fumarate, with or without Folic Acid	Y	Y	Y	Y
Folic Acid			Y	Y
Heparin				Y
BLOOD PRODUCTS AND PLASMA SUBSTITUTES				
ACD Blood Pack/Double Bag/Triple Bag			Y	Y
CARDIOVASCULAR MEDICINES				
Aspirin		Y	Y	Y
Isosorbide dinitrate			Y	Y
Digoxin			Y	Y
Glyceryl Trinitrate			Y	Y
Atenolol		Y	Y	Y
Enalapril		Y	Y	Y
Hydrochlorothiazide		Y	Y	Y
Amlodipine		Y	Y	Y
Losartan potassium		Y	Y	Y
Simvastatin		Y	Y	Y
DERMATOLOGICAL MEDICINES (topical)				
Miconazole		Y	Y	Y

Drug group and generic product	Community	Union	Upazila	District
Potassium permanganate		Y	Y	Y
Silver Sulfadiazine		Y	Y	Y
Gentian Violet	Y	Y	Y	Y
Neomycin sulphate with Bacitracin	Y	Y	Y	Y
Salicylic Acid + Benzoic Acid	Y	Y	Y	Y
Benzyl Benzoate	Y	Y	Y	Y
DIAGNOSTIC AGENTS				
Flurescein			Y	Y
Tropicamide				Y
DISINFECTANTS AND ANTISEPTICS				
Chlorhexidine with or without Cetrimide	Y	Y	Y	Y
Chlorhexidine 7.1% for cord application	Y	Y	Y	Y
Povidone-Iodine 10%			Y	Y
DIURETICS				
Frusemide			Y	Y
Mannitol infusion solution 10% and 20%				Y
GASTROINTESTINAL MEDICINES				
Aluminium Hydroxide Gel w/wo Magnesium Trisilicate	Y	Y	Y	Y
Ranitidine				Y
Omeprazole		Y	Y	Y
Metoclopramide Hydrochloride		Y	Y	Y
Sodium Chloride 0.9% w/wo Dextrose			Y	Y
Sodium Bicarbonate				Y
Zinc sulphate	Y	Y	Y	Y
HORMONES, OTHER ENCOCRINE MEDICINES AND CONTRACEPTIVES				
Ethinylestradiol + Levonorgestrel	Y	Y	Y	Y
Ethinylestradiol + Lynestrenol	Y	Y	Y	Y

Drug group and generic product	Community	Union	Upazila	District
Desogesterol + Ethinylestradiol	Y	Y	Y	Y
Levonorgestrel	Y	Y	Y	Y
Depot Medroxyprogesterone	Y	Y	Y	Y
Copper-T containing device		Y	Y	Y
Condoms	Y	Y	Y	Y
Levonorgestrel-releasing implant		Y	Y	Y
Insulin, short acting			Y	Y
Insulin, mixed				
Metformin Hydrochloride		Y	Y	Y
IMMUNOLOGICALS				
Tuberculin, purified protein derivative			Y	Y
Diphtheria Antitoxin				Y
Polyvalent Antivenoms			Y	Y
Tetanus Toxoid	Y	Y	Y	Y
BCG vaccine	Y	Y	Y	Y
DPT vaccine	Y	Y	Y	Y
Pentavalent vaccine (DPT, Hepatitis B, Hib)	Y	Y	Y	Y
Pneumococcal vaccine (PCV)	Y	Y	Y	Y
Poliomyelitis vaccine (OPV & IPV)	Y	Y	Y	Y
MR vaccine (Measles & Rubella)	Y	Y	Y	Y
Measles vaccine	Y	Y	Y	Y
Hepatitis-B vaccine			Y	Y
MUSCLE RELAXANTS (PERIPHERALLY-ACTING) AND CHOLINESTERASE INHIBITORS				
GallamineTriethiodide				Y
OPHTHALMOLOGICAL PREPARATIONS				
Gentamycin		Y	Y	Y

Drug group and generic product	Community	Union	Upazila	District
Tetracaine/Amethocaine		Y	Y	Y
Corticosteroid				Y
OXYTOCICS AND OTHER OBSTETRIC DRUGS				
Oxytocin	Y	Y	Y	Y
Misoprostol	Y	Y	Y	Y
Mifepristone		Y	Y	Y
MEDICINES FOR MENTAL AND BEHAVIOURAL DISORDERS				
Risperidone		Y	Y	Y
Haloperidol		Y	Y	Y
Amitriptyline		Y	Y	Y
Fluxetine		Y	Y	Y
Carbamazepine		Y	Y	Y
Procyclidine		Y	Y	Y
Diazepam		Y	Y	Y
MEDICINES ACTING ON THE RESPIRATORY TRACT				
Salbutamol	Y	Y	Y	Y
Salbutamol inhaler			Y	Y
Steroid inhaler			Y	Y
Nebulization solution (salbutamol + steroid)			Y	Y
Adrenaline/Epinephrine			Y	Y
Theophylline		Y	Y	Y
SOLUTIONS CORRECTING WATER, ELECTROLYTE & ACID-BASE DISTURBANCES				
Oral Rehydration Salts (ORS)	Y	Y	Y	Y
Cholera Fluid			Y	Y
Dextrose in Water 5%, 25% and 50%		Y	Y	Y
Glucose		Y	Y	Y
Glucose with sodium chloride		Y	Y	Y

Drug group and generic product	Community	Union	Upazila	District
Sodium chloride		Y	Y	Y
Water for injection (sterile/pyrogen free)		Y	Y	Y
VITAMINS AND MINERALS				
Ascorbic Acid/Vitamin C			Y	Y
Vitamin A	Y	Y	Y	Y
Vitamin B-Complex	Y	Y	Y	Y
Vitamin K		Y	Y	Y
Calcium Gluconate	Y	Y	Y	Y
EAR, NOSE AND THROAT CONDITIONS IN CHILDREN				
Ciprofloxacin		Y	Y	Y
Gentamicin + Hydrocortisone			Y	Y