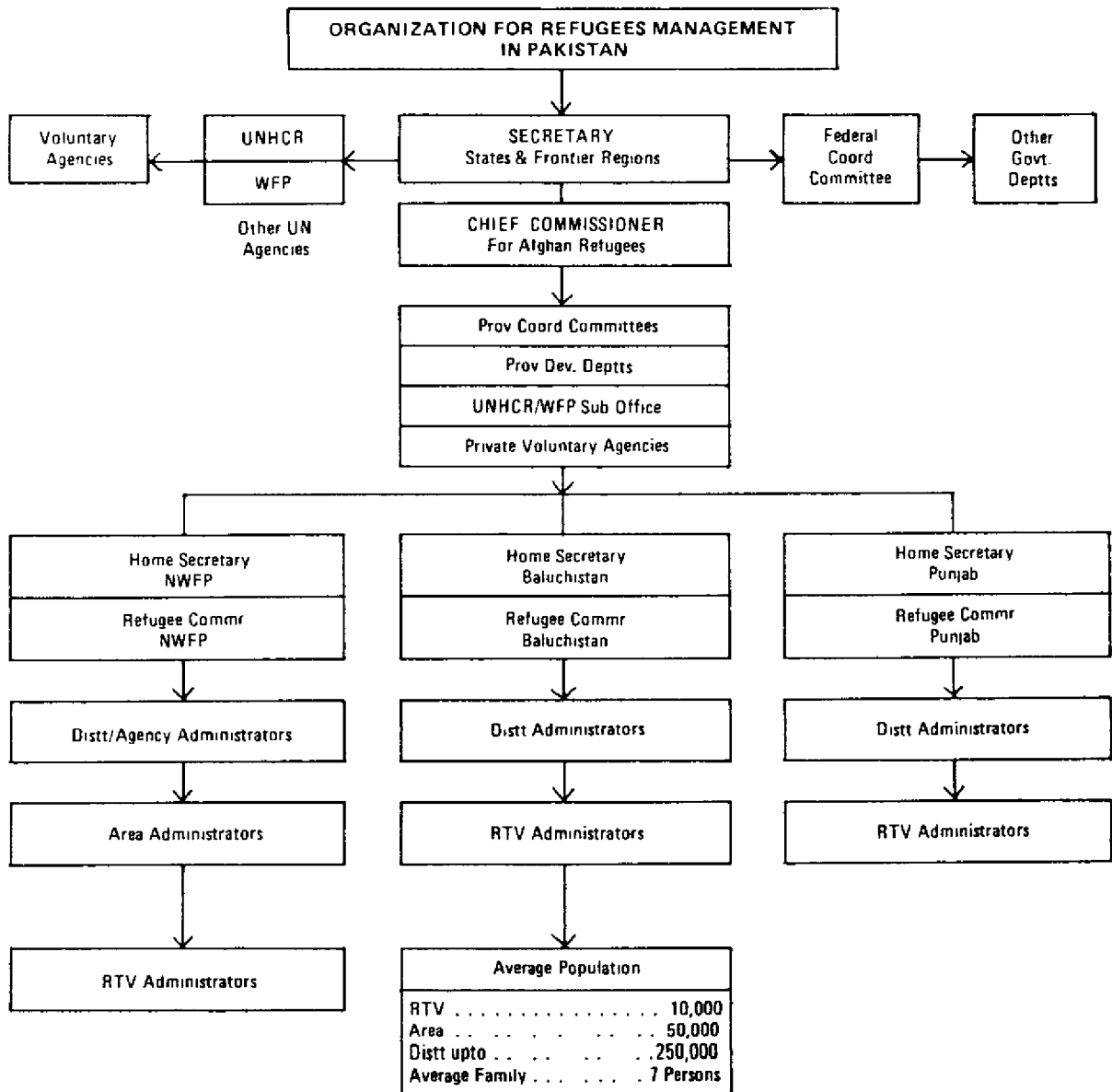
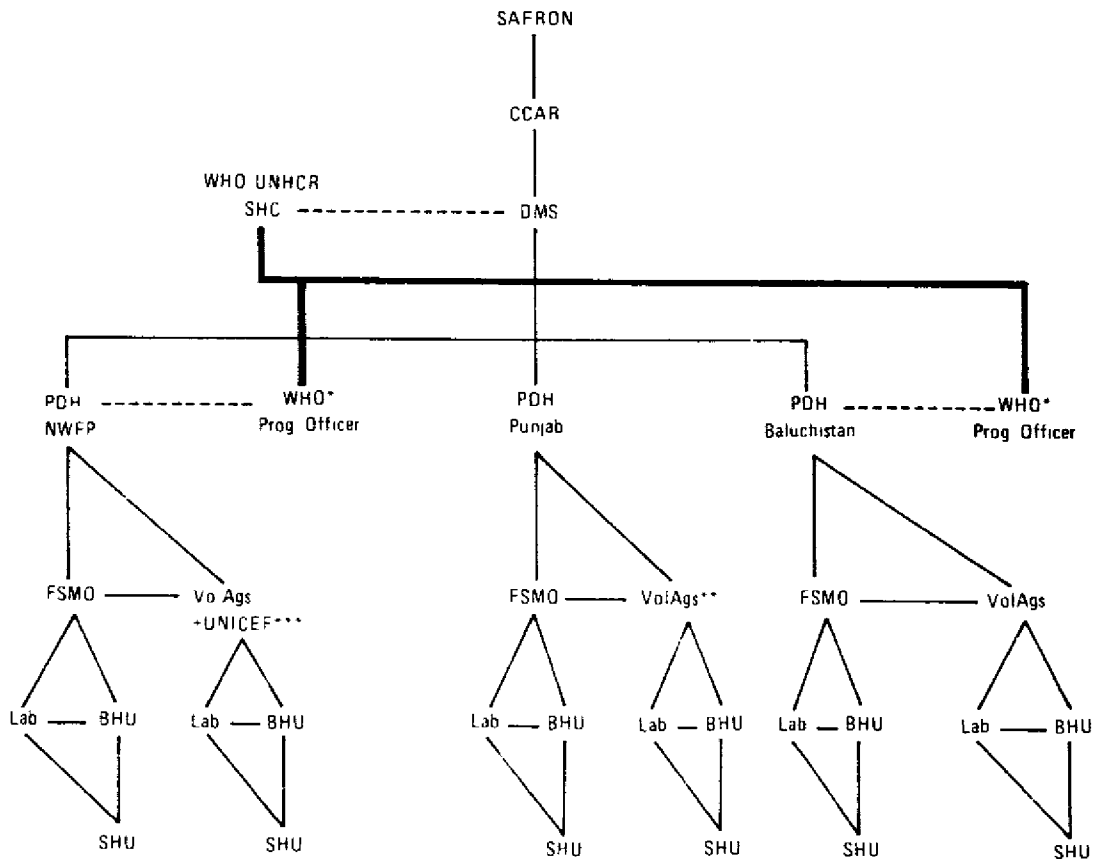


## APPENDIX A ORGANIZATION FOR REFUGEE MANAGEMENT IN PAKISTAN & ORGANIZATION OF HEALTH SERVICES FOR AFGHAN REFUGEES



## ORGANIZATION OF HEALTH SERVICES FOR AFGHAN REFUGEES



\*in 1986 the WHO Programme Officers shall be replaced by UNHCR Health Officers.

\*\*in 1986, Pakistan Red Crescent will start to operate in Punjab.

\*\*\*In 1986 UNICEF will stop their sanitation programme.

SAFRON :	States and Frontier Regions Division of Federal Government
CCAR :	Chief Commissioner for Afghan Refugees
DMS :	Director Medical Services
SHC :	UNHCR/WHO Senior Health Coordinator
PDH :	Project Director Health
FSMO :	Field Supervisory Medical Officer
VolAgs :	Voluntary Agencies (= Private Voluntary Organizations)
Lab :	Laboratory
BHU :	Basic Health Unit
SHU :	Sub Health Unit

**APPENDIX B****AFGHAN REFUGEE HEALTH PROGRAMME  
STANDARD DRUG LIST****EXPLANATORY NOTES****1. Drug names**

The International non proprietary (generic) names for drugs or pharmaceutical products are used.

**2. Pharmaceutical dosage forms**

Pharmaceutical forms are selected on the basis of their general utility and their wide availability internationally, consideration of pharmacokinetics, bioavailability and stability under present conditions.

**3. Level of use**

For proper utilization of drugs, in any level of health care system, certain conditions are needed. They are:

- qualification and the knowledge of the prescribers;
- availability of certain facilities for diagnosis
- utilization and treating possible adverse effects.

Based on the above criteria, drugs in the list are divided into three levels of utilization:

- A) Drugs that are allowed to be prescribed by all the health workers serving in BHUs.
- B) Drugs that can only be prescribed by the Medical Officer or with his permission and signature.
- C) Presence of the Medical Officer is required when the drug is administered to the patient.

Name of Drug	Route of Administration, dosage forms, and strengths (1)	Level of use
	1. ANAESTHETICS	
	1.2 Local anaesthetics	
lidocaine *	Injection 2% (hydrochloride) in vial	C
	2. ANALGESICS, ANTIPYRETICS, NONSTEROIDAL ANTIINFLAMMATORY DRUGS	
	2.1 Non-opioids	
acetylsalicylic acid	Tablet, 100, 500 mg	A
dibuprofen *	Tablet, 200 mg	B
paracetamol	Tablet, 100, 500 mg	A
	Syrup, 100 – 120 mg/ml	A

- Drugs followed by this symbol \* are examples of a therapeutic group; selection is made based on availability and comparative cost.

(1) When the strength is specified in terms of a selected salt or ester, this is mentioned in brackets; when it refers to active moiety, then name of the salt or ester in brackets is preceded by the word "as"

## 2.2 Opioid analgesics and antagonists

morphine (2)	injection, 10 mg (sulfate or hydrochloride) in 1-ml ampoule	C
naloxone	injection, 0.4 mg (hydrochloride) in 1-ml ampoule	C

## 3. ANTIALLERGICS

chlorpheniramine*	tablet, 4 mg (maleate)	A
epinephrine	injection, 1 mg (as hydrochloride) in 1-ml ampoule	B

## 4. SUBSTANCES USED IN POISONINGS

### General

charcoal, activated powder		B
ipecacuanha	syrup, containing 0.14% ipecacuanha alkaloids calculated as emetine	B

- (2) To be kept under lock and key, only used "stat" by Medical Practitioner, in the case of emergency; Special Register should be kept.

## 5. ANTIEPILEPTICS

phenobarbital	tablet, 50 mg, 100 mg	B
	syrup, 15 mg/5 ml	
phenytoin	capsule or tablet, 25 mg, 100 mg (sodium salt)	B

6. ANTIINFECTIVE  
DRUGS

## 6.1 Anthelmintic drugs

mebendazole *	tablet, 100 mg	B
piperazine	tablet, 500 mg (citrate or adipate)	A
	elixir or syrup (as citrate) equivalent to 500 mg hydrate/5 ml	A

## 6.2 Antiamoebic drugs

chloroquine	tablet, 200 mg (as phosphate or sulfate)	B
metronidazole *	tablet, 200-500 mg	B

## 6.3 Antibacterial drugs

ampicillin *	capsule or tablet, 500 mg (anhydrous)	B
	powder for oral suspension, 125 mg (anhydrous)/5 ml	B

benzathine bensylpenicillin	injection, 1.44g benzylpenicillin (= 2.4 million IU)/ 5ml in vial	B
phenoxymethyl- penicillin	tablet, 250 mg (as potassium salt)	A
	powder for oral suspension 250 mg (as potassium salt)/ 5ml	A
chloramphenicol	capsule, 250 mg	B
sulfamethoxazole and trimethoprim	tablet, 100 mg and 20 mg	B
	tablet, 400 mg and 80 mg	B
sulfadimidine *	tablet, 500 mg	A
tetracycline *	capsule or tablet, 250 mg (hydrochloride)	B
6.3.3 Antituberculosis drugs		
ethambutol	tablet, 100-500 mg (hydrochloride)	B
isoniazid	tablet, 100-300 mg	B
pyrazinamide	tablet, 500 mg	B
rifampicin	capsule or tablet, 150 mg, 300 mg	B
streptomycin	powder for injection 1 g (as sulfate) in vial	B

thioacetazone and isoniazid	tablet, 50 mg and 100 mg, 150 mg and 300 mg	B
--------------------------------	--	---

#### 6.4 Antifungal drugs

griseofulvin	tablet or capsule, 125 mg, 250 mg	B
--------------	--------------------------------------	---

nystatin	tablet, 500 000 IU	B
	pessary, 100 000 IU	B

#### 6.5 Antimalarial drugs

chloroquine	tablet, 150 mg (as phosphate or sulfate)	A
	syrup, 50 mg (as phosphate or sulfate)/5ml	A

primaquine	tablet, 7.5mg, 15 mg (as phosphate)	B
------------	--	---

### 7. BLOOD, DRUGS AFFECTING THE

#### 7.1 Antianaemia drugs

ferrous salt	tablet, equivalent to 60 mg iron (as sulfate or fumarate)	A
--------------	--	---

	oral solution, equivalent to 15 mg iron (as sulfate) in 0.6 ml	A
--	--	---

ferrous salt+(3) folic acid	tablet, 60 mg + 200 mg	A
--------------------------------	------------------------	---

---

(3) For use in pre-natal care



8. BLOOD PRODUCTS  
AND BLOOD  
SUBSTITUTES

8.1 Plasma substitute

dextran 70 (4)      injectable solution, 6%      C

9. CARDIOVASCULAR  
DRUGS

9.1 Antianginal drugs

glyceryl trinitrate      tablet, (sublingual) 0.5 mg      B

propranolol \*      tablet, 40 mg (hydro-  
chloride)      B

9.2 Antihypertensive drugs

hydrochlorothi-      tablet, 50 mg      B  
azide \*

propranolol \*      tablet, 40 mg (hydrochloride) B

reserpine \*      tablet, 0.1 mg      B

(4) Supplied in small quantity, used in emergency only.

### 9.3 Drugs used in shock or anaphylaxis

epinephrine	injection, 1 mg (as hydrochloride) in 1-ml ampoule	C
-------------	--	---

## 10. DERMATOLOGICAL DRUGS

### 10.1 Antifungal drugs

benzoic acid + salicylic acid	ointment or cream, 6% + 3%	A
----------------------------------	----------------------------	---

### 10.2 Antiinfective drugs

Neomycin * + bacitracin *	ointment, 5 mg neomycin sulfate + 500 IU bacitracin zinc/g	A
------------------------------	--	---

### 10.3 Antiinflammatory and antipruritic drugs

calamine lotion *	lotion	A
-------------------	--------	---

hydrocortisone *	ointment or cream, 1% (acetate)	B
------------------	---------------------------------	---

### 10.4 Keratoplastic and keratolytic agents

salicylic acid	solution, topical 5%	A
----------------	----------------------	---

### 10.5 Scabicides and pediculicides

benzyl benzoate	lotion, 25%	A
-----------------	-------------	---

## 11. DIAGNOSTIC AGENTS

tuberculin, purified protein derivative (PPD)	injection	B
---	-----------	---

## 12. DISINFECTANTS

chlorhexidine *	solution, 5% (gluconate) for dilution	A
-----------------	--	---

iodine *	solution, 2.5%	A
----------	----------------	---

## 13. DIURETICS

furosemide *	tablet, 40 mg	B
--------------	---------------	---

hydrochloro- thiazide *	tablet, 50 mg	B
----------------------------	---------------	---

14. GASTROINTESTINAL  
DRUGS

## 14.1 Antacids

aluminium hydro- xide and mag- nesium hydroxide	tablets	A
---	---------	---

magnesium trisi- licate compound*	tablet or powder BPC	A
--------------------------------------	----------------------	---

14.2 Antihæmorrhoidal  
drugs

local anaesthetics* astringent and antiflammatory drug	ointment	B
---	----------	---

## 14.3 Antispasmodic drugs

atropine *	tablet, 1 mg (sulfate)	B
	injection, 1 mg (sulfate) in 1-ml ampoule	B

## 14.4 Cathartic drugs

Senna *	tablet, 7.5 mg (sennosides)	A
---------	-----------------------------	---

## 14.5 Diarrhoea, drugs used in

14.5.1 Antidiarrhoeal  
(symptomatic) drugs

## 14.5.2 Replacement solution

oral rehydration salts (for glucose-salt solution)		A
---	--	---

sodium chloride	g/litre 3.5
-----------------	----------------

sodium bicar- bonate	2.5
-------------------------	-----

potassium chlo- ride	1.5
-------------------------	-----

glucose	20.0
---------	------

## 15. HORMONES

15.1 Adrenal hormones and  
synthetic substitutes

hydrocortisone	powder for injection, 100 mg (as sodium succinate in vial)	C
----------------	--	---

Prednisolone*	tablet, 5 mg	B
---------------	--------------	---

#### 15.2 Oral contraceptives

ethinylestradiol+* levonorgestrel	tablet, 0.03 mg + 0.15 mg, 0.05 mg + .25 mg	A
--------------------------------------	--	---

### 16. IMMUNOLOGICALS

#### 16.1 Sera and immunoglobulins

antivenom sera (polyvalent)	injection	B
--------------------------------	-----------	---

#### 16.2 Vaccines

##### 16.2.1 For universal immunization

BCG vaccine (dried)	injection	A
------------------------	-----------	---

diphtheria-pertu- ssis-tetanus vaccine	injection	A
--	-----------	---

diphtheria-tetanus vaccine	injection	A
-------------------------------	-----------	---

measles vaccine	injection	A
-----------------	-----------	---

poliomyelitis vaccine (live attenuated)	oral solution	A
---	---------------	---

tetanus vaccine	injection	A
-----------------	-----------	---

## 17. OPHTHALMOLOGICAL PREPARATIONS

### 17.1 Antiinfective agents

silver nitrate	solution (eye drops), 1%	A
----------------	--------------------------	---

sulfacetamide	eye ointment, 10% (sodium salt)	A
---------------	------------------------------------	---

tetracycline *	eye ointment, 1% (hydrochloride)	A
----------------	-------------------------------------	---

## 20. RESPIRATORY TRACT, DRUGS ACTING ON THE

### 20.1 Antiasthmatic drugs

aminophylline *	tablet, 200 mg	B
-----------------	----------------	---

epinephrine	injection, 1 mg (as hydrochloride) in 1-ml ampoule	C
-------------	--	---

ephedrine (A)	tablet, 30 mg (as hydrochloride)	B
---------------	----------------------------------	---

elixir, 15 mg (as hydrochloride)/5 ml

	injection, 50 mg (sulfate) in 1-ml ampoule	B
--	--	---

### 20.2 Antitussives

destimetorphan*	syrup, adult syrup, children	
-----------------	---------------------------------	--

21. SOLUTIONS  
CORRECTING WATER,  
ELECTROLYTE AND  
ACID-BASE  
DISTURBANCES

21.1 Oral

oral rehydration salts (for glucose-salt solution)	(For composition, see 'Replacement solution, 14.5.2)	A
--	--	---

21.2 Parenteral

compound solution of sodium lactate	injectable solution	C
-------------------------------------	---------------------	---

glucose with sodium chloride	injectable solution, 4% glucose 0.18% sodium chloride (Na <sup>+</sup> 30 mmol/l. Cl <sup>-</sup> 30 mmol/l)	C
------------------------------	--	---

water for injection	in 2-ml, 5-ml, 10-ml ampoules	(5)
---------------------	-------------------------------	-----

22. VITAMINS AND  
MINERALS

ascorbic acid	tablet, 50 mg	A
multivitamin *	tablet, paediatric drops	A
retinol (Vit. A)	capsules 25 000 IU	B
calciferol (Vit. D)	capsules or tablets 50 000 IU oral solution, 10 000 IU/ml	B B

---

(5) used for dilution of powders for injection.

## RECOMMENDATIONS ON PROMOTION OF THE LIST

The proposed list has been prepared based on the concept of essential drugs, which is very much supported by WHO.

The concept, though well known and accepted by Health Managers, is very little understood and followed by prescribers, therefore, the activities to train the prescribers and familiarize them with the concept are essential.

It is recommended that:

1. The list be introduced to the health workers in the forthcoming seminar.
2. A few drugs can be added or deleted from the list, if requested by prescribers, giving valid reasons.
3. Endorsement should be obtained from the seminar, and also from national authorities for finalization of the list.
4. When finalized, the list should be printed in sufficient number, completed with information sheet on individual drugs.
5. A programme should be initiated to familiarize the prescribers with the concept of essential drugs, and to train them on good prescribing practices.

These aims can be achieved through, training courses, seminars, training visits, etc.

Plan of action on this programme can be elaborated upon when required.



## APPENDIX C

REGISTERS AND REPORTS USED BY  
BASIC HEALTH UNITS

The registers and reports introduced for the Afghan Refugee Health Programme include:

FORM AR-1	Family Record
FORM AR-2	Family Card
FORM AR-3	Ante-natal Record
FORM AR-4	Growth Chart
FORM AR-5	TB Record
FORM AR-6	TB Card
FORM AR-7	EPI Card
FORM AR-8	Referral Form
FORM AR-9	Monthly Report
FORM AR-10	EPI Register
FORM AR-11	EPI Monthly Report
FORM AR-12	TB Monthly Report
FORM AR-13	TB Summary Report
FORM AR-14	Malaria/TB Worksheet
FORM AR-15	Malaria Summary Report
FORM AR-16	OPD Register
FORM AR-17	EPI Permanent Register
FORM AR-18	Notepad
FORM AR-19	Supply Control Register
FORM AR-20	Supply Control Card
FORM AR-21	Drugs and Materials Order/Supply Form
FORM AR-22	Cold Chain Performance Worksheet

The Pakistan Government Health Services' registering and reporting practices were adopted to the extent possible when developing the AR health information system. Some adjustments have been made due to the specific requirements of AR Health Programme. The aim is to keep registers and re-

ports as limited in number as possible while regularizing the registering and reporting procedures.

In addition to these forms distributed by the Director Medical Services/AR and Project Directors Health/AR the Government's provincial disease control programmes may request some specific reports for their purposes. The Government's forms and practices for financial reporting remain valid as before.

The established and well functioning practices of the Voluntary Agencies in i.e. family registering may be continued. The more comprehensive and detailed reporting of some Voluntary Agencies in form of elaborate monthly reports is appreciated and its continuation encouraged.

### **FORM AR-1 FAMILY RECORD**

Each family is registered and has a family record at a Basic Health Unit (BHU). The name of the head of the family and the names of all family members are entered on cover page; additional information may be entered on insides of covers. The number of the passbook (ration book) as an identification number and also a serial number given by the BHU are entered on the cover.

The name of the group leader is entered on the cover as an address to facilitate contacts with the family whenever necessary.

The pages of the booklet are used to enter information in regard to the individual family members. Additional sheets of information (i.e. laboratory reports) may be attached to the report.

An immunization register of the family has been printed on back cover (of the revised family record) with the purpose of collecting all essential health related information of the family in the booklet.

## **FORM AR-2 FAMILY CARD**

Each family is registered only at one BHU. The family is issued a card bearing the name of the head, the passbook number, serial number (as Form AR-1) and the name of the BHU. The card is to be presented at each visit to the BHU (unless the bearer is already known to possess a card). Naturally, in emergencies the BHUs have to attend every patient, whether registered at the BHU or not, also those who may not yet be registered as refugees at all.

## **FORM AR-3 ANTENATAL RECORD**

Each pregnant woman attending a BHU should be issued an antenatal form, to be kept as separate register. LHV/midwife should attempt to get as many of the pregnant women as possible to attend the BHU regularly, both before and after the delivery.

## **FORM AR-4 GROWTH CHART**

Growth charts (Road to Health Chart) were introduced to facilitate intervention and follow up in malnutrition cases and also to encourage regular check-ups of the children's health. The cards are issued to each child attending regularly the BHU. Although ideally kept by mother, for the time being, these cards will be kept at the BHU as a separate register.

The charts adopted are the same as used in the Pakistan national health services. Therefore weight for age measurement is used which facilitates better follow up over the years - if the age can be determined.

In acute malnutrition weight for height measurement may be more accurate and should be used. However, since acute malnutrition has not been reported as a main problem, this was not adopted as basis for follow-up.

**FORM AR-5 TB RECORD****FORM AR-6 TB CARD****FORM AR-12 TB MONTHLY REPORT****FORM AR-13 TB SUMMARY REPORT**

The forms initially introduced were the same as the national forms for registering individual cases (5), for regular attendance to BHU (6) or for reporting by the BHU (12) and by the FSMO (13). These forms will be revised shortly after gaining sufficient experience on use of these forms.

**FORM AR-7 EPI CARD****FORM AR-10 EPI REGISTER****FORM AR-11 EPI MONTHLY REPORT****FORM AR-17 EPI PERMANENT REGISTER**

The forms are basically the same as the national EPI forms. Each family with immunized children is issued an EPI card (7), each immunization is entered in the EPI daily register (10) and in the EPI permanent register (17). (The same information is entered on the back cover of the Family Record: Form AR-1 and in the "Road to Health Chart" Form AR-4). Monthly summary (11) of the immunizations is submitted by the BHU Medical Officer or by the PVO to the FSMO, who will submit the information and his summary to the PDH, who will forward the same information to the UNHCR Sub-Office (in Punjab to the UNHCR Programme Officer).

**FORM AR-8 REFERRAL FORM**

Referral forms were introduced to regularize the consultations and referrals, and to establish proper feed-back to the BHUs. The form is issued by the medical officer or the member of his staff authorized by the MO. The completed upper part of the form remains at the BHU, the completed middle part is sent to the referral facility with the lower part, which is to be filled by the referral facility and returned to the BHU after examination or discharge of the patient.

The referral form can be used also for other purposes, i.e. by a disability - or by another survey team to refer the detected cases to a referral facility or to inform the BHU of such a case.

### **FORM AR 9 MONTHLY REPORT**

Each BHU and sub-unit or a PVO submits at the end of a month three copies of the monthly report to the Field Supervising Medical Officer (FSMO)

FSMOs retain one copy for their files and submit immediately two copies with a summary and with their comments to the Project Director Health (PDH/AR). PDH retains one copy and forwards the other copy immediately with his comments to the UNHCR Sub-office for centralized processing of the data.

### **FORM AR-14 MALARIA/TB DAILY WORKSHEET**

The form was designed to facilitate communication between the BHU and the laboratory. The form should ideally be used for sending specimens from the BHU to the laboratory and for returning the results to BHU. The original form was designed for malaria specimens only but can be used for sputum specimens (TB) as well. However, for TB specimens a separate worksheet has also been used and may replace AR-14.

### **FORM AR-15 MALARIA SUMMARY REPORT**

The form is used to summarize malaria control activities monthly. It is submitted to the FSMO, who submits a copy with his comments to the PDH, who forwards the information to the UNHCR Sub-Office.

## **FORM AR-16 OPD REGISTER BOOK**

The daily OPD Register is a basis of reporting. The information collected in the daily register is used to fill in the monthly reports (together with special registers for TB, antenatal, etc.).

Each patient's visit to the Basic Health Unit is entered in a register. The identification of the patient includes his/her name and the number of the passbook, (of the family).

If the visit is the first during the current spell of the illness a tick ( ✓ ) is entered in the column "first visit". Any subsequent visits during the same spell of illness are entered as a tick ( ✓ ) in the column "subsequent visits."

At the end of the month the information is used to prepare the monthly report (re: explanation of form AR-9).

## **FORM AR-18 NOTEPAD**

For any communication within the BHU.

## **FORM AR-19 SUPPLY CONTROL REGISTER**

## **FORM AR-20 SUPPLY CONTROL CARD**

Supply control register (19) has to be established in each unit (office, store, BHU etc.) at federal, provincial, district or BHU level. Information on the flow of supply items is entered in the register, where each item is reserved a page(s). Supply control cards (20) with the same information are issued and kept in the unit with each item.

## **FORM AR-21 DRUGS AND MATERIALS ORDER/ SUPPLY FORM**

The form has been designed to standardize the drug supply to the BHUs. The form is used to initiate requests for drugs from a BHU. The Medical Officer in charge of the BHU

enters on the form (in duplicate) his requirements every 2-3 months and sends or takes his request to the FSMO who forwards the requests to the provincial PDH/AR and his store.

The store keeper, after issuing the requested items, enters the information (quantities etc.) on the form, retains one copy in a register and returns one copy with the supplied items. If the supplied quantity or items differ from the request, the store keeper must give reasons for the difference in "remarks" column.

The Medical Officer in charge of the BHU, after checking the supply keeps the completed forms in a special register. In case there is discrepancy between the items supplied by the PDH/store/FSMO and received by the MO in charge of the BHU, he has to inform immediately the FSMO and through him the PDH/AR.

The form can be used also in case there is a shortage of some items at BHU. It is also possible to use the form if supply is arranged centrally without BHU requests.

#### **FORM AR-22 COLD CHAIN PERFORMANCE WORKSHEET**

The worksheet is attached on the door of each refrigerator and freezer. Temperatures are recorded on the sheet twice a day (a.m. and p.m.) as spots which are then united as a curve to follow up the temperature. A sheet covers a period of one month. The completed sheets will be kept as a separate register for supervisory check ups.

AR-1

**AFGHAN REFUGEE HEALTH PROGRAMME FAMILY RECORD**

Number of Passbook :		Serial Number :	
Name of the Head of the family :		Tribe	Age/date of birth
Name of dependant		Relationship to the Head	Date of death, departure
District	RV	BHU	Group Leader

\*If registered seasonally in another BHU, where:  
Form AR/1



