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American Friends Service Committee  
160 North Fifteenth Street  
Philadelphia 2, Pennsylvania

FAMILY PLANNING PROGRAM IN ALGERIA

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Background

Since the spring of 1959, the American Friends Service Committee, in conjunction with Friends Service Council (London), has conducted major programs of assistance to Algerians uprooted by the war for independence. With the repatriation of the refugees from Morocco and Tunisia in 1962, Friends immediately began work in eastern and western Algeria. These programs include work in the fields of public health, maternal and child health, community development, training in manual skills, and distribution of material aids.

The Quaker Service Maternal and Child Health Centers have received numerous requests for contraceptive advice. A significant aspect of these requests is that they come from men as well as from women. Mothers bringing their babies to the postnatal and well-baby clinics are not infrequently accompanied by their husbands who are concerned to obtain help with birth control.

Women in rural Algeria who have unwanted pregnancies often go to doctors for injections to provoke abortions. The Quaker Service nurse-midwives are frequently called upon to treat women for hemorrhaging and other complications resulting from such abortions. A study of the records of 220 women attending the prenatal clinic at the Quaker MCH Center in Tlemcen in October 1964, whose previous pregnancy history had been recorded, revealed a very high rate of pregnancy wastage and infant and child mortality, especially among the younger women who have had their child-bearing experience since the beginning of the war for independence. This group of women under 24 years of age have had an average of three pregnancies apiece and have lost 21% of them through abortion, miscarriages and stillbirths. Another 31% of their pregnancies resulted in live births of children who have since died. Thus, only 48% of their pregnancies have resulted in children now living.

Because of the French law against contraception, doctors trained in France and Algeria are unfamiliar with the relative merits of the various methods of contraception now available. Although some Algerian governmental officials are individually concerned about the rapid increase in the population, all indications point to the fact that the Government itself is not yet ready to face the social and political issues involved in the adoption of an official position with respect to family planning.

In a country in which there has been no knowledge of, or experience with, modern methods of contraception and where no other family planning services exist, the introduction of family planning must be approached with care and sensitivity. Because of the confidence which has been engendered by the Quaker Service staff as a result of their work for the welfare of the Algerian people, the AFSC is in a position to initiate work in the field of family planning through its maternal and child health centers and through its contacts with the medical profession.

Program

In order that the beginning of family planning work in Algeria might be soundly based, the AFSC asked Dr. John C. Cobb to make a three-week visit to



Algeria to advise the Committee with respect to its maternal and child health work there, with special attention to ways in which family planning services should be introduced. Dr. Cobb, who is Assistant Professor of Maternal and Child Health at Johns Hopkins University School of Hygiene and Public Health, is also a specialist in family planning work. He served from 1960 to 1964 as Director of the Medical-Social Research Project on Population in Pakistan.

Accompanied by the AFSC Program Director, Dr. Cobb spent three weeks in Algeria in September and October, 1964. He discussed with a number of prominent doctors in Algeria the recent developments in contraceptive methods, including the experience with intra-uterine contraceptive devices. These conversations revealed a very lively interest on the part of the physicians. Several health officials and private physicians expressed concern to Dr. Cobb over the increasing rate of induced abortions and the resulting septic complications.

Dr. Cobb made the following recommendations to the AFSC with respect to the launching of family planning work:

1. A series of brief informational items on intra-uterine contraceptive devices (IUDs), as well as on oral contraceptives and other methods, should be prepared in French and sent at intervals of two weeks or so over a period of the next few months to all of the physicians whom Dr. Cobb met and to any others who might be interested. This would serve to maintain the interest of the doctors and to provide them with up-to-date information to which they would not otherwise have access.
2. The Quaker Service MCH centers should immediately begin providing conventional contraceptives to patients needing them. There should be careful follow-up to determine the acceptability and effectiveness of the various methods in this culture.
3. In order to obtain more details on the causes of the high rate of pregnancy wastage in Algeria, the Quaker Service MCH centers should routinely give a pregnancy test to clinic patients at the first anniversary of the birth of their youngest child and to any other woman who suspects pregnancy. Women found to be pregnant should be urged to enroll in the prenatal clinic and should be skillfully interviewed to ascertain whether the pregnancy was actually desired. All such pregnant women should be followed up, whether or not they enroll in the clinic, in order to learn the details of the outcome of the pregnancy. The data thus collected would give hitherto unavailable information on pregnancy wastage and the frequency of induced abortion. Such data might subsequently be very helpful to the Santé Publique officials in considering the advisability of a national family planning program.
4. The AFSC should enlist the services of a French-speaking physician familiar with the IUD technique and the use of oral contraceptives to spend three months in Algeria with the Quaker Service teams. This specialist would work with the local doctors, instructing them in contraceptive techniques and making himself available for consultation on any complications which might arise. Under his direction the use of oral contraceptives and IUDs would be introduced in the Quaker Service MCH centers. After the local practitioners and hospital staff have become thoroughly familiar with the IUD technique, plans might be made

for the Quaker Service nurse-midwives to make insertions under the direct supervision of local gynecologists.

The American Friends Service Committee is taking active steps to carry out Dr. Cobb's recommendations. It is anticipated that a well-qualified physician will be available early in 1965 to undertake the training of local doctors and to expand the interest in family planning work in Algeria.

Budget

Funds required for the first year of operation:

1. Personnel and travel costs for initial field exploration, training program, and follow-up work	\$10,500
2. Family planning work in Quaker Service MCH Centers	5,000
3. Supplies	6,500
4. Educational materials, publications, visual aids and translation services	500
5. Field conferences	2,000
6. Program development, field supervision and evaluation	4,500
7. Contingency	1,500
8. Administrative expense	<u>1,500</u>
	\$32,000

Summary of projected costs

First year	\$ 32,000
Second year	40,000
Third year	40,000
Fourth year	40,000
Fifth year	<u>40,000</u>
Total	\$192,000



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FAMILY PLANNING PROGRAM IN HONG KONG

Background

In 1959 the American Friends Service Committee began its work for Chinese refugees in Hong Kong, establishing a community services program in the Li Cheng Uk Resettlement Estate. The work has since been expanded to include self-help projects in several villages of refugee fishermen in the New Territories.

Over the past six years the AFSC staff members have daily seen evidence of the urgent need for family planning among the families with whom they work. As a result of this, the AFSC has developed a growing concern that family planning services be made more effectively available to the residents of the Crown Colony.

Program

The AFSC has entered into a major undertaking with the Family Planning Association of Hong Kong, the goal of which is to equip 30,000 women with intra-uterine contraceptive devices (IUDs) each year for the next five years. For those individuals for whom the IUDs are not suitable, the Family Planning Association offers other contraceptive methods.

Towards this end, the AFSC has undertaken

- (1) to enable the Family Planning Association to more than quadruple its staff of field workers in order to make possible a vastly expanded and intensified recruitment of women in need of clinic service. Twenty new field workers are to be employed, trained, and put into the field as rapidly as possible. The task of these field workers is to boost clinic attendance by engaging the interest of women in multiple ways: discussions with women attending Maternal and Child Health Centers, visiting women in their own homes, talking with them in hospitals and maternity homes following delivery, reaching them through a variety of community groups and organizations, etc. During the last six months of the first year, ten more field workers are to be trained and put into the field.
- (2) to finance special advanced training for two new supervisors for this enlarged field work staff. It is planned for this training to take place in Taiwan where the family planning program is making extensive use of field staff and of intra-uterine devices.
- (3) to provide a daily clinic specializing in intra-uterine contraceptive devices to serve residents of the Li Cheng Uk Resettlement Estate and of the surrounding densely populated area.

The American Friends Service Committee and the Hong Kong Family Planning Association are studying the most effective methods of approach to villages in the New Territories, and plans are being made to expand the work in these villages.



## Role of the American Friends Service Committee

The AFSC's Field Director has been appointed a member of the Family Planning Association's Committee on Education and Social Work. Through this committee he will have a sustained relation to the outreach of the program in the community. He will also arrange for the training of the supervisory staff in Taiwan, participate in the training program for new field workers, maintain close contact with the progress of the clinic in the Li Cheng Uk area, and will consult periodically with the staff of the Family Planning Association in order to evaluate the progress of the work and to consider ways in which the effectiveness of this joint undertaking might be increased.

## Budget

Funds required for the first year of operation:

1. Special training in Taiwan IUD program for two new supervisors	\$ 500
2. Expansion of field work staff	18,000
3. IUD clinic to serve Li Cheng Uk and surrounding area	9,000
4. Program in New Territories	4,000
5. Program development, field supervision and evaluation	5,000
6. Contingencies	1,500
7. Administrative expense	<u>3,500</u>
Total projected costs	\$41,500

In the second year it is planned to expand the services in the villages in the New Territories, and provision is made for undertaking further experimental approaches in increasing the effectiveness of the program.

## Summary of Projected Costs

First year	\$ 41,500
Second year	56,700
Third year	55,000
Fourth year	55,000
Fifth year	<u>55,000</u>
Total	\$263,200

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FAMILY PLANNING PROGRAM IN MEXICO

In view of the complexity of this undertaking and in order to avoid the raising of any issue which might compel the Mexican Government to take a less tolerant position with respect to family planning work than that indicated by its present laissez-faire practice, the AFSC asks that no publicity be given to this aspect of its program in Mexico.

Background

For twenty-five years the American Friends Service Committee has been working with indigenous agencies in Mexico, helping villagers work toward the solution of some of their pressing problems in the fields of public health, maternal and child health, sanitation, water supply, nutrition, agriculture, and education. In the course of this work, AFSC staff members have repeatedly been impressed by the urgent need throughout the country for family planning help to be made available to parents who want it. Aside from Mexico City and Chihuahua, there are no established family planning clinics in the country.

This is a situation in which the AFSC can make a unique contribution because of its contacts in many parts of Mexico and in many walks of Mexican life and because of the reservoir of confidence and good will it has built up over the years.

In order for family planning work to be expanded in Mexico, physicians must first be trained in methods of contraception, including the use of intra-uterine contraceptive devices (IUDs). No such training is offered in medical schools in Mexico or in other Latin American countries. The way is now open for the AFSC to establish a training program in contraception in conjunction with the Asociacion Pro-Salud Maternal in Mexico City.

The Asociacion Pro-Salud Maternal is a private, non-profit association which carries on a medical service program in family planning, pediatrics, gynecology, problems of infertility, and pre-marital counselling through a main clinic and five sub-clinics in Mexico City. Over the past five years more than 8,000 women have been served and an average of 180 women daily are seen in the clinics. The clinics are financed by private donations; fees from patients according to their ability to pay; and research grants, largely from drug companies which are underwriting the clinics' studies on the use of oral contraceptives. At the present time, the Asociacion Pro-Salud Maternal can offer training only in the use of oral pills and conventional contraceptives.

Program

The AFSC, in conjunction with the Asociacion Pro-Salud Maternal, is undertaking a three-phase program:

(1) An immediate program in the use of oral contraceptives in two rural areas in which the AFSC has community development programs. The plan is to train



one physician in each of these areas in the use of oral progestins, and to subsidize the supplying of pills to 100 indigent women in each of the areas. As soon as possible the use of intra-uterine contraceptive devices will be introduced. The cost of training and supervision, funds to supplement the fees which the women themselves can afford to pay, provision of pills for patients, and the salaries of two part-time Mexican social workers to assist in follow-up work, amount to \$5,000 for the one-year program.

(2) The Director of the Asociacion Pro-Salud Maternal, Dr. Edris Rice-Wray, shares our great interest in initiating a major IUD program in Mexico, including the training of physicians. However, the Asociacion, which makes extensive use of the oral contraceptives in its existing clinics, is committed to research projects on the use of pills. This work would be seriously disrupted if the current users of pills wished to change to IUDs. Therefore, in order to inaugurate any substantial work with IUDs, it will be necessary to establish a special IUD clinic in Mexico City. This clinic will make the intra-uterine contraceptive devices available to women of the slums of Mexico City for the first time. It will also provide the setting for the training of doctors in the use of IUDs. In order to prepare the staff of the Asociacion Pro-Salud Maternal for this expanded program, one of the Asociacion's English-speaking Mexican doctors must be sent to the United States for special training in contraception, with particular emphasis upon the use of IUDs. This doctor is to begin his training early in 1965.

(3) The plan for the first year of full operation provides for training up to 40 Mexican doctors in the full range of contraceptive methods, with particular attention being devoted to the IUDs. The program can ultimately be expanded to provide such training for 60 doctors per year, including doctors from other Latin American countries.

#### Role of the American Friends Service Committee

The AFSC will:

- a. provide funds to make possible the implementation of the proposed program;
- b. use its contacts at local, state, and national levels to promote interest in family planning;
- c. assist in recruiting doctors for the training program;
- d. assist in planning the training program;
- e. participate in the training program;
- f. assist in recruitment and orientation of social workers;
- g. participate in the on-going evaluation of the effectiveness of the program.



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AFSC FAMILY PLANNING PROGRAMS IN PROCESS OF DEVELOPMENT

India

For almost a decade the Government of India has given strong official support to family planning programs, but the results achieved to date have been decidedly disappointing. The accelerating growth of population more than offsets the gains made in the fields of economic development and agricultural production.

Clinical research in the use of the new intra-uterine contraceptive devices (IUDs) is now being carried on in over 50 locations in India. It is anticipated that the Indian Council on Medical Research, which has been supervising these field trials, will approve the IUDs for use in India at its meeting early in January 1965. If these devices can be rapidly introduced and employed, it should be possible for India to solve its population problem without the necessity of resorting to legalized abortion, as some are proposing.

In the course of planning the new AFSC community development project in Baroda, the AFSC staff have consulted persons in strategic positions in India regarding the contribution which the Quaker project might make in the promotion of family planning. Among those whose views have been sought by the staff are: Lieut. Col. B. L. Raina, Director of Family Planning in the Ministry of Health; family planning advisers on the staff of The Ford Foundation; The Director and the Deputy Director of Public Health for Gujarat State. These consultations have confirmed the AFSC's belief that there is a significant role which the Baroda project can play in the demonstration of an intensive family planning effort in urban areas, especially in the hard-to-reach lower middle-class and lower class neighborhoods.

Pakistan

In Pakistan, as in many other developing nations, there exists a considerable lag between the family planning programs promulgated at the national level and the implementation of these programs at the local level. The Government has announced that it intends to open 3,000 family planning centers as a part of its third Five Year Plan beginning July 1, 1965. However, the opening of even a substantial number of clinics will not necessarily insure an effective program.

The Ministry of Health, Labour and Social Welfare has just approved the AFSC's establishing in Rawalpindi an urban community development project which will include substantial emphasis upon family planning, as well as work in the fields of child and family welfare, health education, adult education, vocational training and citizen participation in community welfare.

Peru and Zambia

The AFSC staff in Lima, Peru, and in Broken Hill, Zambia, countries which have no national family planning programs, are studying the ways in which family planning work might most appropriately be introduced.