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## Book Reviews

**Innovations in family planning: Case studies from India**, J. Satia, K. Chauhan, A. Bhattacharya, N. Mishra, editors (SAGE Publications Pvt. Ltd., New Delhi) 2015. 292 pages. Price: ₹ 850.00  
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The National Family and Health Survey (2015-16) shows that contraceptive prevalence rate (CPR) among currently married women aged 15-49 yr has declined since NFHS (2005-06) in most of the States covered its first phase except Haryana and Meghalaya. It also reveals that the unmet need for family planning (FP) methods is still high in some of the States. This book can guide programme managers by explaining how some of the innovations in family planning could be successfully implemented or up-scaled to improve the quality of the programme and not merely to increase CPR. The editors of this book have followed a three-stage meticulous process (web-based research, desk review and key informant interviews) to summarise the recent family planning innovations in India. Finally, of the 106 identified innovations, 16 were shortlisted following the criteria of potential impact, feasibility of implementation, community acceptability, scalability and sustainability and grouped into seven different sections of this book. A lucid introduction and a commentary on each section help to understand the rational and the context of the whole issue.

Section 1 “Integrated Services and Comprehensive Programmes” comprises two cases studies- Ananya and Urban Health Initiative (UHI). Ananya has been described as a holistic health approach that shows improved RMNCH+A (reproductive, material, newborn, child and adolescent health, hygiene and sanitation status and can also be a potential means to enhance contraceptive usage. It mainly banks on functionaries like female lady workers at the end level service provisions, whereas, UHI aims at increasing in

the usage of intrauterine contraceptive devices (IUCD) and depot medroxy progesterone acetate (DMPA) among urban poor in Uttar Pradesh. It advocates for a systematic development through public-private partnership.

Section 2, “Improving Implementation of Government Programmes” presents three cases studies. The first case discusses the grading of the quality of public facilities at sub-divisional hospital level and below. It suggests a total quality approach to set the quality standard, continuous quality improvement, system strengthening and creation of a quality culture itself. The second study from Odisha shows how investment in the reproductive health commodities logistic management information system can be useful in streamlining the contraceptive supply chain. The third case study demonstrates the utility of public-private partnership in the integrated service delivery system in ensuring the repositioning of family planning.

Section 3, “Enhancing Private Sector Role” summarises two case studies. The first study illustrates the role of social franchising to improve service delivery system and points out the significant challenges in establishing effective public-private partnership (PPP). The second study is about door-to-door contraceptive distribution in Assam. It presses the need for an effective promotion of IUCDs and postpartum IUCDs (PPIUCDs) through a strong service provisioning system at the grass root level.

Section 4, “Increasing Access, Availability and Quality of Services for Specific Methods” consists of four successful stories of increase in contraceptive usage in different local settings. IUCD, DMPA, standard days method (SDM), lactational amenorrhoea method (LAM) and non-scalpel vasectomy (NSV) methods were focused in these studies. Section 5, “Creating an Enabling Environment through Advocacy” talks about

the necessity for advocating reproductive choices among the stakeholders. It provides three examples of advocacy innovations impacting repositioning of FP in the era of integration and also emphasizes the critical role of civil societies.

Section 6, “Creating Demand through Behaviour Change Communication, Awareness Generation and Incentives” elaborates on three cases of innovations. The first one is about successfully meeting men’s and women’s family planning needs through mobilizing their participation. The second one is a case of behaviour change communication project *Pahel* that has inbuilt phases of information, research and evidence to enhance the number of IUCD acceptors. The third case documents the efficient use of mass media in Uttar Pradesh, *Sahiyya* and voucher scheme in Jharkhand, and adolescent health campaign in Uttarakhand in demand creation and meeting FP needs.

Section 7, “Meeting the Contraceptive Needs of Special Groups” focuses on life cycle, education and counselling in addressing young people needs. A school intervention to improve family-life-education among school going girls from Rajasthan is illustrated here. Another study entitled ‘Healthy Timing and Spacing of Pregnancy (HTPS)’ is placed as a successful example for the promotion of LAM (lactation amenorrhoea method) and IUCD as postpartum contraceptives. The third case study discusses innovation of the adolescent fertility project that brings significant improvement in the postponement of marriage, knowledge and usage of FP methods among adolescent women.

This book provides scientific and wider understanding of successful innovations in RMNCH+A in general and family planning in particular across a range of cultural and local settings. It will be useful for policy makers, programme managers, students, teachers and operation researchers in public health, development and private sector partners, and advocates of repositioning family planning. The only shortcoming of this book and probably unavoidable is overlapping of some of the issues across the sections.

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