Getting Your Abstract Accepted: Writing Clear, Concise and Data-driven Abstracts

Sarah Whitmarsh

Senior Communication Program Officer

Advance Family Planning

JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Session Overview

Part 1 (30 minutes): Presentation & Questions

Constructing an Abstract for the 2015 International Conference on Family Planning (ICFP)

Part 2 (30 minutes): Discussion & Workshop

Drafts and Ideas Workshop – Small Groups

Basic definition

What is an abstract?

An abstract is a short, concise summary of research study results or the outcomes and effects of a project and its activities.

Types

What types of abstracts exist?

- **Research abstracts** (traditional scientific abstract, based on results of a research project, sometimes called “informational”)
- **Program abstracts** (present results of a project, activity, or policy initiative; might also present observations of an alternative research project)

Why they matter

Why should I submit an abstract?

- Advance ideas regarding the significance of family planning advocacy
- Focus your thinking on what was effective in your advocacy work and why it matters
- Share knowledge with counterparts and others who seek to improve health policy and public health
- Collaborate with colleagues and partners
- Further professional development
- Bring attention to Advance Family Planning

How are abstracts evaluated?

Abstracts are reviewed anonymously and rated based on the following criteria:

- Importance of the issue or problem addressed
- Clarity of content
- Soundness of methodology or approach used
- Substantive findings or recommendations
- Relevance to a broad audience and key themes for conference

What are ICFP's "Key Themes"?

- Addressing youth needs and involvement
- Quality of care: True improvements or lip service?
- The demographic dividend: How South-to-South exchanges can help its realization
- Advancing family planning through faith organizations
- FP2020 progresses and challenges
- Innovations in financing (Global Financing Facility, Universal Health Care, Amplify)
- Accountability and advocacy
- Demand generation and social change

Constructing an Abstract for ICFP 2015

Outline for ICFP Abstracts

Program/Best Practice abstract guidelines

Abstract Section	Answer
Title	What is your main point or "headline"?
Significance/background (200 words max)	What is the status of family planning in your context? What problem are you addressing?
Program intervention/activity tested (100 words max)	What role did your organization or working group play in addressing the issue? What is the specific aim and objective of your advocacy?
Methodology (200 words max)	What is your **theory of change?** What specific advocacy approach did you use? What tactics did you use? Who did it target and why did you choose him/her? Include details on location, setting, data sources/evidence used, time frame, etc.
Results/key findings (250 words max)	What changes occurred as a result of your advocacy? Include details on funds allocated or policies changed. If possible, describe the impact from those changes, e.g., midwives trained or contraceptive supplies purchased.
Program implications/lessons (250 words max)	What do your results mean for your context (what are the next steps)? What do the results mean for the wider advocacy field? What lessons can you pass along to others?

Title

Summarize your activity in 15 words

Your title should be

short, specific, representative, informative

Your title should answer

What? Who? Where? How? Why?

You do not need to give away your lessons learned or recommendations in the title

The title is your “mini-advertisement” in the conference program

Sample titles from ICFP 2013

- **Increasing District Budgets for Family Planning: Findings of an Advocacy Initiative in 49 Districts**
- Strengthening the Family Planning Policy Environment: The Importance of Political Will, Evidence-based Advocacy, Policy Implementation and Evaluation
- Advocating for RH/HIV Integration at the Global and National Levels: Adapting Lessons and Seizing Opportunities
- Use of County Leaders for Cost-effective Family Planning Advocacy at the Community Level
- The Missing Indicator: The Use of a Strategic Advocacy Approach to Promote Data-driven Decisions on Task-sharing in Kenya

Significance/Background

The background is the introduction to your study

Your background should answer:

- What is the topic of the abstract?
- Why was your activity done?
- What was the aim of the activity?

Tailor your background to the level of knowledge of your audience

Significance/Background - example

Topic? Motivation? Aim?

Local government authorities in Tanzania face numerous competing demands on the limited financial resources available to them. Education, water, sanitation, and health—including family planning (FP) services—vie for scarce funding. To encourage and assist local authorities in allocating resources to FP, in 2008 EngenderHealth began working with Council (district) Health Management Teams (CHMTs) to advocate for increased resource allocation to FP and ensure greater sustainability of FP services into the future. Advocacy and partnership activities have focused on mobilizing individuals to advocate for funding to FP services in their districts, building the capacity of CHMT members to better plan and budget for FP services, and supporting the development of national guidelines for budgeting tools.

Program intervention

The details of your activity or service

Your program intervention section should answer

- When? Where? Who? What? How?

Sufficient information for readers on

- population, context, and timeframe

Program intervention - example

When? Where? Who? What?

From 2008 to the present, EngenderHealth has worked with stakeholders to advocate for increased resource allocation for FP, targeting district and regional authorities since they are responsible for developing and reviewing local government budget. Activities have included advocacy meetings, capacity building of CHMTs on budgeting for FP, one-on-one meeting with CHMT members during the preparation of Comprehensive Council Health Plans (CCHPs), using champions to facilitate change and provision of advocacy tools. To help CHMT better understand budget for FP, EngenderHealth supported the Tanzania Ministry of Health and Social Welfare to develop a set of FP interventions, with unit costs, that can be included in the district plan. With these guidelines and procedures now in place, CHMTs across Tanzania are better able to plan and budget for FP services on their CCHPs.

Methodology

The details of your methodology

Sufficient information for readers on:

- content and execution
- data collection and analysis

Remember the methodology section is important for reviewers to judge the quality, rigor, and validity of your work

Methodology - example

How?

EngenderHealth has been tracking resource allocation for FP to gauge the impact of these advocacy interventions on district-level budget allocations. The analysis included a review of budget estimates and expenditure reports from the districts (councils) to identify: key FP activities included in the CCHP; what proportion of the budgeted funds are spent; the source of funds for FP interventions; and how funds are allocated based on five thematic areas of Tanzania's National Family Planning Costed Implementation Program (NFPCIP) for 2010–2015. The first budget tracking, conducted in 2010, analyzed budget trends for three consecutive years, from Fiscal Year (FY) 2007 to FY2009. In 2011, EngenderHealth reviewed CCHPs for FY2010 from 49 districts to examine the impact of advocacy in terms of resource allocation to FP.

Results

The results section covers your data, findings, and outcomes of your activity

Your results section should answer:

- What was the impact of your activity?
- What was the knowledge gained?

The results need to relate back to the aim of the activity mentioned in the background section.

Results - example

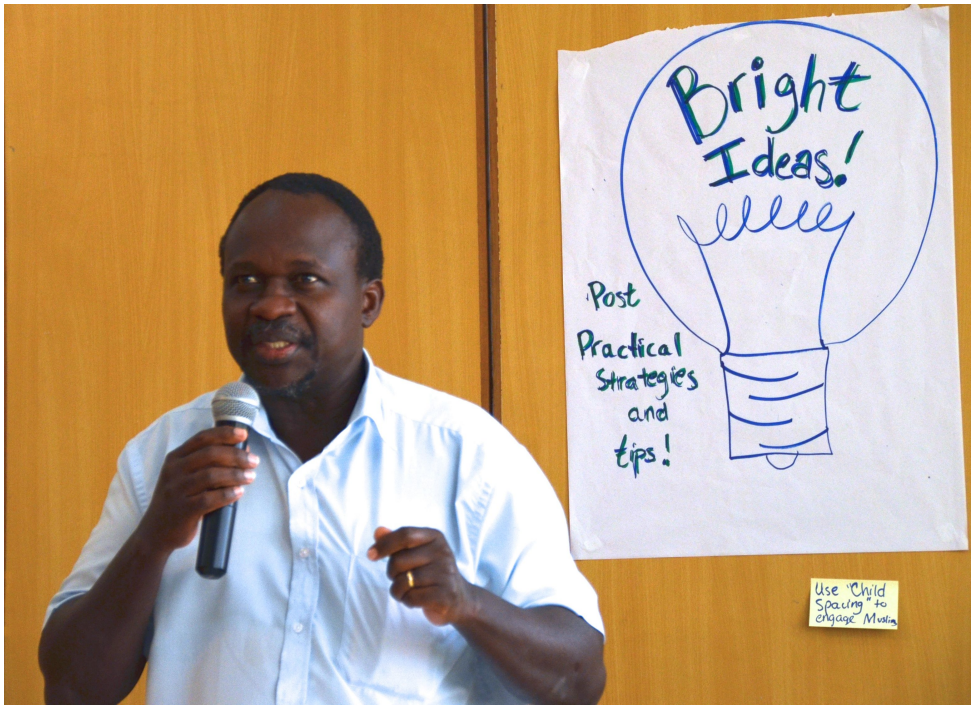
Data? Impact?

In FY 2007, 26 out of 40 districts (65%) budgeted for FP, while in FY 2009 this increased to 33 out of 40 districts (83%). The 2011 findings which included 49 districts, indicated that all 49 districts budgeted for FP in their plans, with amounts ranging from US $1,152 to US$ 42,862. “Health Basket Funds” (central-level funding to the district for specific health work) were the main sources of funds for financing FP services, contributing 46% of the budget; development partners contributed 42%, Block Grants 5%, Community Health Fund 5%, and the council’s own local revenue only 2%. Excluding direct contribution from development partners, in 2011 44 of the 49 districts had FP budgets from district grants and council's own funds thus; five, depended entirely on development partners for their FP activities. Most of the funds are now spent on service delivery (mainly outreach services) whereas capacity building was higher in previous years. In FY2007, 75% of the funds were spent on capacity building while service delivery received on 5%. The budget for capacity building dropped to 37% in FY 2010 while that of service delivery rose to 35%. This indicates that CHMTs realize the importance of allocating money for service delivery, a message reinforced during advocacy meetings.

Implications/Lessons

- Return to the Big Picture
  - How do the findings address the problem/gap?
  - Implications for the field

- Interpretation of results, key take-home messages, recommendations and future activities
- Not repeating the data, but *interpreting* it
- Conclusions must be supported by the data
- Wider context and implications of findings, particularly for policy and advocacy



Implications - example

Findings? Implications? Next steps?

EngenderHealth technical support to partner districts strengthened the capacity of districts to plan and budget their current and future investments in FP services. The number of districts making funds available for FP has increased, and within those districts budget for FP are increasing dramatically. In the future, CHMTs should continue to be encouraged to shift funding to service delivery; while training is important service delivery and commodities must be prioritized. In addition as CHMTs increase their "own source" funding for FP, they can decrease their dependency on donor funding.

Nationwide, a major concern for implementing FP services is stock-outs of contraceptives. While CHMTs are encouraged to allocate scarce money for training their staff and providing FP services, these resources must then be met by the required contraceptives. Otherwise clients are not served and council resources are not used productively.

Submitting abstracts for ICFP 2015

Review process and timeline (recommended):

1. Submit a draft to AFP country lead by **April 1**
2. Country lead reviews by **April 5**
3. Deputy Director reviews, approves, returns to author by **April 15**
4. Author submits by **May 1 (conf deadline!)**

Submission to ICFP 2015

Abstracts should be submitted in English or French by May 1, 2015 online at www.fpconference.org or by e-mail, along with the completed cover form to abstracts@fpconference.org

Submitters will receive an e-mail acknowledging receipt

The corresponding author will be notified regarding abstract decisions by **June 19, 2015**

Authors/presenters will be asked to confirm their participation by **July 24, 2015**

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Questions?

See you in Nusa Dua!

Group Discussion & Workshop