

## ADOPTION OF SCALE UP STRATEGY AND ITS EFFECTS ON HEALTH CARE SERVICE PROVISION IN KENYA: A CASE OF ACADEMIC MODEL PROVIDING ACCESS TO HEALTHCARE (AMPATH) CERVICAL CANCER PROGRAM

By

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### ABSTRACT

Scale up strategy is the deliberate effort to increase the impact of healthcare services successfully tested in experimental projects. The key purpose of this study was to examine the adoption of scale up strategy and its effects on access to healthcare services by women in Western Kenya. The objectives of the study were to determine factors facilitating scale-up strategy on cervical cancer screening program, to establish barriers to scale-up strategy on cervical cancer screening program, to find out the effects of scale up strategy in cervical cancer screening program in Western Kenya and to examine the effects of scale up strategy on cervical cancer awareness and screening in AMPATH cervical cancer screening program in Western Kenya. The study was carried out in Western Kenya at Moi Teaching and Referral Hospital (AMPATH center) in Uasin Gishu County, Turbo health center in Uasin Gishu county, Mosoriot health center in Nandi county and Webuye District Hospital in Bungoma county. The study employed survey research design that involved qualitative methods of data collection and analysis. The target population of the study included the CCSP staff and clients, which formed 13,370 drawn from the five cervical cancer-screening clinics in which the study was conducted. A sample size of 390 respondents was drawn from this target population. Both open ended and closed ended questionnaires were administered to the screening clients while interview schedule was administered to the staff members. The major findings of the study were: the scale up strategy has led to expansion in Geographic coverage which has increased the coverage of screening. The CCSP program has been able to improve access to healthcare through the scale up strategy that has been able to see the program not only improve in the coverage location but also population coverage. The scale up strategy has increased cervical cancer awareness in AMPATH cervical cancer screening program in Western Kenya. The results were presented in tables, graphs and real captions of respondents quoted words. This research recommended the need to conduct much bigger similar study with more programs, studies on scale up facilitators to be conducted and that similar studies should be conducted by healthcare sector to come up with improvement in their service provision.

**Key words:** *Cervical cancer screening, Scale up strategy, access to healthcare*

## INTRODUCTION

Strategy in any organization implies change to the organization. Any organization has its own complex social systems with unique ways of doing its things or operations. New strategies can therefore, call for persuasion to people to accept the strategy and operate by it. This change can come with cultural barriers as well as political barriers that more often than not will pose challenges to the management. The implementation and control of the chosen strategy or strategies require the strategic manager to consider among others, the following catalysts; the structure to support the chosen strategy or strategies, appropriate leadership, meaningful resource allocation, a complementary organizational culture, appropriate reward systems, a strategic control system (Smit, 2007).

Scaling up strategy has been successfully used in Thailand thereby seeing up to 87% coverage in screening of women in participating districts. More than six districts that employed the scale up strategy achieved 80% or were on their way to achieving 100% coverage of their provincial policy coverage. This is, according to a study by Duncan, meets the requirement of screening atleast 70% of women population to meet the public health requirement on cervical cancer screening (Duncan, 1997).

In East Africa, scale up strategy has been used in the energy sector on access to modern energy services. This was conceptualized and developed with the aim of enabling the Partner States (Kenya, Uganda, Tanzania, Rwanda and Burundi) to achieve the Millennium Development Goals (MDGs) and poverty reduction and was adopted in November 2006 by the East African Community(EAC) (Ngugi, 2008).

Cervical Cancer is the second most common cancer after breast cancer at 19.3% and 20% of all reported cancers in Kenya, respectively. However, cervical cancer is the most common cause of cancer related deaths in Kenya (Rugut, 2006). The Kenyan Government through AMPATH has scaled up cervical cancer screening Program to five sites with the main site being Moi Teaching & referral Hospital. This scale up strategy intends to replicate the screening services to other clinics in different parts of western Kenya.

### **Objectives of the study**

The following were objectives of the study:

- i) To determine factors facilitating scale-up strategy on cervical cancer screening program of AMPATH in Western Kenya.

- ii) To establish barriers to scale-up strategy on cervical cancer screening program of AMPATH Cervical Cancer Screening Program in Western Kenya.
- iii) To find out the effect of scale up strategy on cervical cancer screening in AMPATH on access to health care in Western Kenya.
- iv) To examine the effect of scale up strategy on cervical cancer awareness and screening in AMPATH cervical cancer screening program in Western Kenya.

## **METHODS**

The study had a target population of 13,370, which included 13,335 women receiving care at AMPATH in the said sites and 35 CCSP staff members. Approval to conduct study was obtained from the Moi University/Moi Teaching and Referral Hospital Institutional Research and Ethics Committee (IREC) before conducting the study. The study used purposive sampling in CCSP staff members and cervical cancer screening clients. Since the cervical cancer staffs were few in all the clusters, all of them were included for the study. A total of 78 respondents were sampled for inclusion in the study in each of the five centers. Thus the study had 390 respondents. Multistage sampling technique and purposive sampling techniques were used to select respondents for the study. Questionnaire and interview schedule were the main research instruments that were used to collect data. Observation was also used to supplement the questionnaire and interview schedules. Open-ended questions helped to gather in depth information while closed-ended questions gave out structured respondents.

## **DATA ANALYSIS**

Both descriptive and inferential statistics were used to analyze data in this study. The descriptive statistics used were frequencies, percentage, means and standard deviation to describe the sample statistic and aid in interpreting the data. Inferential statistic used in analysis was chi-square test to draw conclusions concerning the relationships between variables and to test the hypotheses that enabled the drawing of inferences. The findings were then presented in form of frequency tables, pie charts and bar graphs.

## **RESEARCH FINDINGS AND DISCUSSIONS**

The first objective of the study was to determine factors facilitating scale-up strategy on cervical cancer screening program of AMPATH in Western Kenya. The findings obtained from this research confirmed that the factors facilitating scale up strategy have great effects on the success of the scale up strategy. Over half of the respondents (72%) agreed that community collaborations were the best way to ensure success in the screening program. Donor funding has

had great effect in the scale up plan of the cervical cancer-screening project in Western Kenya. The funding has enabled the program to increase its coverage in terms of staff members who trained with the right expertise to carry out screening program as well as in terms of geographic coverage. Members of the AMPATH CCSP indicated that part of their great success in the scale up strategy had been achieved due to committed and dedicated team members with constant encouragement. The AMPATH CCSP does not employ own staff but makes use of the existing structures with the existing Ministry of health centers. The nurses involved in the screening process at the CCSP clinics are MOH staff members who also undertake other duties within the hospital. Therefore, the CCSP has helped improve the capacity of MOH staff members by providing sufficient cervical cancer screening as well as inclusion of a cervical cancer clinic within the health facilities.

The second objective of the study was to establish barriers to scale-up strategy on cervical cancer screening program of AMPATH Cervical Cancer Screening Program in Western Kenya. The members of staff interviewed for this research noted with a lot of concern that the procurement structures in place led to delays in planned activities implementation. This was especially realized among the non-management staff who mostly are directly involved with the implementation process as the structures work towards delaying their planned activities. Despite being informed that the screening procedure was free at the AMPATH CCSP, 6.4% of the respondents still mentioned cost as one of the reasons they may not come back for screening. The screening staff on the other end referred to high start up costs that may make it not possible to start new clinics and run them effectively in case of unstable financial status in the program. The respondents from this study identified communication as a major barrier to screening process. At least 72% of the respondents in this research indicated that the screening program should be able to use the already screened women in their quest to creating awareness in the community. A high number of the respondents 27%, indicated that fear could be one of the main reasons that would block one from being screened. However, only 11% felt that the process felt a bit painful. The screened population can therefore be used to eliminate this feeling among the unscreened population. On lack of information as being the reason one could not access the screening services, 42% of the respondents felt that this could actually make one not access the screening services. The members of staff too felt that communication was a great barrier in the strategy implementation as mostly the junior staff felt that they did not receive sufficient and timely communication regarding the new strategy to be implemented.

The third objective of the study was to find out the effect of scale up strategy on cervical cancer screening in AMPATH on access to health care in Western Kenya. The scale up strategy has seen the program increase the coverage of screening in the population from 140 women being screened per month in the year 2009 to an average of 845 women being screened per month in July 2012 (CCSP data, 2012). The CCSP program has been able to improve access to healthcare

through the scale up strategy that has been able to see the program not only improve in the coverage location but also population coverage.

The fourth objective of the study was to examine the effect of scale up strategy on cervical cancer awareness and screening in AMPATH cervical cancer screening program in Western Kenya. At least 116 (30.1%) of the respondents knew at least one other CCSP clinic other than the one they were attending the screening service on the material day for the research. Just the fact that 94 (24.7%) of the respondents cited friends as being the person who referred them for screening at the facility is a good indication of awareness among the population. A large population of the respondents agreed to the fact that cervical cancer requires at least one screening in a woman's lifetime with 46% strongly agreeing to this while 48% agreeing to the same.

## CONCLUSIONS

The following conclusions can be drawn:

The facilitating factors of scale up strategy are: donor support, community involvement in the implementation and running of such programs. Therefore collaboration and involvement is a key pillar to scale up strategy of any program. Staff being friendly is the way the clients perceive the services offered to them and the way they are handled by the service provider. This encourages the clients to go back for screening.

The barriers to scale up strategy are: tall organizational structure, bureaucratic procurement procedures, high start up and operational costs, lengthy scale up process, complex and demanding in term of quality assurance for the new programs, inadequate financial resources, high transportation costs for clients, fear of the screening process by the clients, stigma and lack of awareness by the clients.

In her efforts to scale up the screening services, CCSP has relied on various strategies to increase awareness and screening services within her catchment areas. Part of such strategies has involved the use of Information, education and Communication (IEC) materials. These included posters that were put in strategic areas for the target population to be able to visualize while the postcards were given to individuals who were then asked to share the information with other people like friends and relatives.

The scale up strategy program has increased the coverage of screening. The CCSP program has been able to improve access to healthcare through the scale up strategy that has been able to see the program not only improve in the coverage location but also population coverage. The scale

up strategy has increased cervical cancer awareness in Academic Model Providing Access to Health Care (AMPATH) cervical cancer screening program in Western Kenya.

## RECOMMENDATIONS

This study demonstrates that there is urgent need for more investment in healthcare systems to help improve access to healthcare in Kenya. There is dire need for establishment for more screening programs informed by the already successful program models by AMPATH.

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