



FACTORS INFLUENCING HIV/AIDS CLIENT SATISFACTION AT COMPREHENSIVE CARE CENTRES IN WAJIR COUNTY, KENYA

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Abstract:

Service delivery is one of the core pillars of health systems building blocks and client satisfaction is one of the parameters that is used to assess the status of services offered in an institution. This study investigated the factors that influence HIV/AIDS Client satisfaction at the Comprehensive Care Centre's (CCCs) in Wajir County. Specific objectives were to assess the influence of availability of HIV/AIDS testing services, availability of HIV drugs, availability of care and support system and the availability of the institutional support towards HIV/AIDS at the CCCs on clients' satisfaction. A descriptive cross-sectional study was employed where both quantitative and qualitative data were gathered through survey questionnaires and key informant interview guide. Out of the targeted 157 clients at the sub-County and county referral hospitals about 147 positively responded, leading to a 93.6% response rate. SPSS version 24 was used to code and analyze the collected data. Chi-square and Logistic regression analysis were done to determine the relationship between and among the variables. Bivariate analysis revealed a significant relationship between client satisfaction and predictor variables. The results indicated the probability of being satisfied with services in the Comprehensive Care Centre's was 51.3 per cent higher for people who reported availability of HIV testing services and 56.9 per cent higher for people who reported accessibility of HIV care and social support. Based on the findings, the study's policy recommendations are hospitals management needs to ensure sufficient HIV testing services are available and accessible to patients. Further, stakeholder collaboration with hospital management is recommended for strengthening service delivery at CCCs in Wajir County.

Keywords: client satisfaction, HIV/AIDS, ART, Comprehensive Care Centre, HIV/AIDS testing services, HIV drugs, and institutional support system

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1. Introduction

Client satisfaction is a critical element in testing of HIV to retention in the antiretroviral therapy and has a direct effect to the success of HIV treatment outcomes. HIV and AIDS Service access, client retention and adherence remain a challenge in achieving the universal target of offering services in treatment in the emerging economies with human immunodeficiency virus epidemics. The importance of client satisfaction in strengthening service quality for the HIV/AIDS care and treatment cannot be overemphasized (Andaleeb, Siddiqui & Khandakar, 2007). The satisfaction of patients has recently come out as a critical parameter used to assess the quality of health services across the service delivery points. This is largely based on the discovery that satisfied clients and consumers of services make important lifetime behavioral change like close relation to the service provider and adherences to treatment hence strengthening satisfaction with ultimate retention and improved quality of life in continuum of care (Roy et al., 2016).

HIV/AIDS keeps on being a noteworthy global general medical problem. In the year 2015, 36.7 million people lived with HIV (counting 1.8 million of children) the global HIV prevalence of 0.8 per cent (UNAIDS, 2016). The dominant part of the number of this people lives in low and middle-income economies. Around the same time, 1.1 million people died of AIDS-related ailments (UNAIDS, 2016). In spite of these difficulties, new global endeavors have implied that the quantity of people accepting HIV treatment has expanded drastically as of late, especially in poor nations.

In the sub-Saharan Africa, HIV service delivery points are congested with clients. A lot of efforts and focus has been on improving the availability of health workforce, drugs and other HIV/AIDS related supplies, patient flow, waiting time and contact time. This has an effect on the Client satisfaction and retention that will ultimately have an implication on the quality of HIV/AIDS care and treatment. To reduce the Client waiting time and improving the client-clinician contact time, a strategy of task shifting, longer appointment period for the expert and stable Clients will improve the efficiency of services and quality of HIV care and treatment. Using peer health care workers with support from technical service providers will also help in improving quality of care (Chang & Yehia, 2009). The concept of quality of healthcare services refer to the proper performance which are according to the stipulated standards of interventions that are appropriate and safe, are affordable to the respectful society and that they have an ability to generate impact with regard to malnutrition, disability, mortality and morbidity (WHO, 2012).

Similarly, significant number of Counties in Kenya, the HIV quality of care and treatment at the service delivery points is not at optimal level based on the required minimum standard of care and treatment. The level of stigma and discrimination towards HIV/AIDS is high in the northern Kenya region, hence affecting client satisfaction. This is attributed to a gap in HIV/AIDS support and care for the clients. The Kenya National AIDS Control Council has ensured the supply of ART is able to cover beyond the number

of people who need the drugs (KNACC, 2016). This is why some counties like Kiambu, Kisumu, Uasin Gishu and Busia have ART coverage of more than 100 per cent.

The infrastructure of the health care systems in Kenya are inadequate and they lack enough resources to improve those systems. This has affected the satisfaction levels of clients and the quality care. Therefore, alignment and coordination with the partners in the national response are required. Moreover, development of human resources plans to support scaling up and antiretroviral therapy adherence is also required. The 2014 Kenyan Demographic Health Survey (KDHS) revealed that 64 per cent of young men (aged 15-24) and 54 per cent of the young women found that only 54 per cent of young women and 64 per cent of young men were knowledgeable about HIV prevention (KNBS, 2015). This sexually active age group is at risk of being infected with HIV/AIDS hence increasing the burden of HIV at the workplace and household level.

From the Kenya AIDS Response Report, (2016), the antiretroviral therapy (ART) coverage in Wajir County was at 26 per cent, being among the lowest in Kenya. Wajir County had an increase of 53 per cent new infections among adults between years 2013 and 2015 (Kenya AIDS Response Report, 2016). While the HIV prevalence is reducing in the other parts of the country, new HIV infection is on an upward trend in Wajir County though the rate still stands less than one (1) percent of the whole country (KAIS, 2007).

Many researchers have found an association between client satisfaction and quality of services offered in the health facilities. In Wajir County, cumulatively, 545 HIV/AIDS clients have ever been on HIV Care and treatment at the Comprehensive Care Centre's (Source: DHIS2, 2018). Currently, 50 per cent of these Clients cannot be traced and they are assumed to have defaulted treatment and or opted for self-transfer out to other Comprehensive Care Centre's outside Wajir County. It is therefore important to investigate the rationale behind the loss of this significant number of Clients at the Comprehensive Care Centre's. Although, a lot of studies have been done in various thematic areas in the Kenyan health sector, no single study has established factors that influence HIV/AIDS client satisfaction at the comprehensive care Centre's in Wajir County. The study has endeavored to identify in all the above gaps and goes further to relate how availability of HIV testing services, availability of HIV/AIDS drugs, availability of HIV/AIDS Care and support System services and the HIV/AIDS institutional support affects the HIV/AIDS Client satisfaction.

2. Purpose and Objectives of the Study

The purpose of this study was to determine the factors that influence client satisfaction in Wajir County Comprehensive Care Centres. The following were the supporting objectives;

- 1) To establish how the availability of HIV testing services affect the HIV/AIDS client satisfaction.
- 2) To establish how the availability of HIV/AIDS Drugs influences the HIV/AIDS client satisfaction.

- 3) To determine how the availability of HIV/AIDS care and support system services affect the HIV/AIDS client satisfaction.
- 4) To determine how the existing HIV/AIDS institutional support system affects the HIV/AIDS client satisfaction.

3. Research Methods

A descriptive cross-sectional study design was carried out to yield quantitative data on clients' perception of the HIV/AIDS care offered at the Comprehensive Care Centre's. In-depth interviews were conducted with a variety of stakeholders in different levels e.g. The management of the hospitals where the Comprehensive Care Centre's are located, the service providers at the CCCs, HIV implementing partners supporting HIV programs in the County and Community based organization supporting the HIV positive clients in the County. In medical research and social science, a cross-sectional study is mostly used since it is a type of observational study that analyzes data collected from a population, or a representative subset, at a specific point in time (Trochim, 2012).

The study was carried out at Wajir County Referral Hospital, Habaswein Sub County Hospital and Bute Sub County Hospital Comprehensive Care Centre's targeting HIV Clients who are on care and treatment, the stakeholders, the management and the staffs working at the CCCs.

The target population of this study was 265 HIV clients seeking services at the Comprehensive Care Centers, the hospital management, the service providers and the development partners' supporting HIV programs in the county. The sample study was 157 clients (using Krejcie and Morgan's methods of sampling). A systematic sampling of both males and females was applied.

Table 1: Distribution of the Study Sample

Facility	Actual number of clients on treatment per facility	Proportion on treatment per facility (per cent)	Sampled clients	Sampled key informants
Wajir County Referral Hospital	225	85	134	2
Habaswein Sub County Hospital	15	6	9	2
Bute Sub County Hospital	25	9	14	2
APHIAplus IMARISHA	-	-	-	2
Total	265	100	157*	8

Note: A total of eight Key Informants were also engaged for interviews as shown on column five.

*While the study targeted 157, about 147 of them returned filled questionnaires.

Questionnaires were administered at the facilities and key informant interview guide were also conducted targeting the program team and HIV implementing partners. All

clients that had been on ART less than six months at the Comprehensive Care Centre's were excluded in the study while those who had over six months were included. Analysis of the coded data was done using the statistical package for social sciences (SPSS) version 24 where descriptive and inferential statistics were calculated, and presented in tables. bivariate analysis was done using Chi-Square test of association and multivariate analysis was done using Logistic regression.

4. Results and Findings

Reliability analysis was subsequently done using Cronbach's Alpha which measures the internal consistency. Data collected on each variable was reliable as indicated by the following Cronbach Alpha values greater than 0.9, showing high levels of reliability and internal consistency.

4.1 HIV/AIDS Client Satisfaction at the Comprehensive Care Centre's in Wajir County

Majority of the respondents at 91.1% agreed were satisfied with waiting time and contact time with the service provider at the CCC (M=4.36, S.D.=0.844). Majority of the respondents at agreed that the process flow within the CCC and other service area was well organized (M=4.31, S.D.=0.92), client confidentiality was observed (M=4.21, S.D.=0.77) and were therefore keeping the clinic appointments as scheduled (M=4.16, S.D.=0.641). The Comprehensive Care Centre was within their reach of majority of people (M=4.07, S.D.=1.145), was open at their convenient time (M=4.05, S.D.=0.874), the service providers were trained on HIV/AIDS (M=3.83, S.D.=0.932) and the mix of services offered in the clinic met the respondents' needs (M=3.21, S.D.=1.554).

Table 2: HIV/AIDS client satisfaction (N=147)

Statement	SD	D	N	A	SA	MR	SD	SD
Am satisfied with waiting time and contact time with the service provider at the CCC	2 (1.36)	6 (4.08)	5 (3.4)	58 (39.46)	76 (51.70)	4.36	0.844	0.844
The process flow within the CCC and other service area is well organized	3 (2.04)	6 (4.08)	9 (6.12)	51 (34.69)	77 (52.38)	4.31	0.92	0.92
Client confidentiality is observed in the Comprehensive Care Centre	1 (0.68)	4 (2.72)	13 (8.84)	74 (50.34)	55 (37.41)	4.21	0.77	0.77
I have been consistently keeping the clinic appointments as scheduled	1 (0.68)	4 (2.72)	2 (1.36)	103 (70.07)	37 (25.17)	4.16	0.64	0.64
The Comprehensive Care Centre is within my reach	4 (2.72)	22 (14.7)	1 (0.68)	53 (36.05)	67 (45.58)	4.07	1.15	1.15
The Comprehensive Care Centre is open on the time that is convenient to me	5 (3.40)	6 (4.08)	4 (2.72)	93 (63.26)	39 (26.53)	4.05	0.87	0.87
My appointment schedule is convenient to me	1 (0.68)	15 (10.2)	10 (6.80)	100 (68.03)	21 (14.29)	3.85	0.81	0.81
The service providers in the CCC are trained on HIV/AIDS	1 (0.68)	3 (2.04)	63 (42.86)	33 (22.45)	47 (31.97)	3.83	0.93	0.93
The mix of services offered in the clinic meets my needs	38 (25.85)	15 (10.2)	7 (4.76)	52 (35.37)	35 (23.81)	3.21	1.55	1.55
There is complaint and compliment mechanism in place at the CCC and	52 (35.37)	28 (19.05)	8 (5.44)	44 (29.93)	15 (10.20)	2.61	1.47	1.47

feedback is given on the same by the CCC staff and or the management							
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Note: n is shown before the brackets; while in the brackets is (percent of n)

Key: strongly disagree=1 (SD), disagree =2 (D) neutral=3 (N), agree=4 (A) and strongly agree (SA) is 5.

However, majority of the respondents at 54.4% disagreed with the statement that there were complaint and compliment mechanism in place and feedback was given on the same by the staff or the management (M=2.61, S.D.=1.474). The findings of this study show that on average 69.6 per cent (CI: 67.9-71.2 per cent) of clients seeking services at the CCC were satisfied. These clients were satisfied with waiting and contact time with the service provider; the process flow; confidentiality; honoring appointments; proximity of the CCC; opening hours; and staffs' professionalism. A study by Ringo (2015) in Tanzania found HIV/AIDS client satisfaction is between 98-100 per cent. Unlike Wajir country where clients expressed dissatisfaction with feedback reporting mechanisms, in Tanzania clients were dissatisfied with drug shortages. Another study by Mwihoti (2015) show that HIV/AIDS clients seeking services at Mbagathi District Hospital's CCC were more satisfied than those seeking services in Wajir health facilities with satisfaction levels of 78.6 per cent. Drivers of clients' satisfaction are universal with a study by Kimani (2014) also showing that sex workers also seek availability of services, location of a facility, friendliness of staffs at the centers, and quality of services.

4.2 Availability of HIV/AIDS Testing Services

The first objective of this study was to establish how the availability of HIV/AIDS Testing services influences the HIV/AIDS client satisfaction at the comprehensive care Centre's in Wajir County.

Table 3: Availability of HIV/AIDS Testing Services

Statement	SD	D	N	A	SA	MR	SD
HIV testing services is available all through.	1 (0.68)	2 (1.36)	12 (8.16)	84 (57.14)	48 (32.6)	4.2	0.699
The service provider gives me time to think on whether to start the treatment immediately or at a later date.	3 (2.04)	4 (2.72)	9 (6.12)	83 (56.46)	48 (32.65)	4.15	0.814
The service provider shares with me the implication of the CD4 count and viral loads results.	1 (0.68)	6 (4.08)	6 (4.08)	93 (63.27)	41 (27.89)	4.14	0.728
The Service provider gives detailed treatment preparation session after testing positive for HIV.	0 (0)	1 (0.68)	10 (6.80)	108 (73.47)	28 (19.05)	4.11	0.525
The service provider gives detailed pre-test counselling during the HIV testing.	2 (1.36)	1 (0.68)	9 (6.12)	106 (72.11)	29 (19.7)	4.08	0.636
The service provider does checking and testing on TB infections every appointment I come to the clinic.	6 (4.08)	20 (13.61)	0	66 (44.90)	55 (37.41)	3.98	1.138
The health worker insist on couple and or family testing in the facility.	5 (3.40)	6 (4.08)	3 (2.04)	109 (74.15)	24 (16.33)	3.96	0.810
The health worker checks my viral	5	2	42	55	43	3.88	0.964

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load as per the standard requirement.	(3.40)	(1.36)	(28.56)	(37.40)	(29.24)		
I do receive the results of the viral loads on timely basis.	22 (14.96)	18 (12.24)	6 (4.08)	68 (46.26)	33 (22.45)	3.49	1.362
The service provider interprets the results of the HIV test for me.	37 (25.17)	95 (64.63)	9 (6.12)	3 (2.04)	3 (2.04)	1.91	0.758

Note: Note: n is shown before the brackets; while in the brackets is (percent of n).

Key: strongly disagree = 1 (SD), disagree = 2 (D) neutral = 3 (N), agree = 4 (A) and strongly agree (SA) = 5. MR is Mean Rating.

The study findings in Table 4 indicate that majority of the respondents agreed to the statements that HIV testing services was available all through (M=4.2, S.D =0.699) and the service provider gave clients time to think on whether to start the treatment immediately or at a later date (M=4.15, S.D =0.814). Majority of the respondents agreed that the service provider shared with them the implication of the CD4 count and Viral loads results (M=4.14, S.D.=0.728), the service provider gave detailed treatment preparation session after testing positive for HIV (M=4.11, S.D.=0.525) and detailed pre-test counseling during the HIV testing (M=4.08, S.D.=0.636). Further, majority of the respondents agreed that the service provider checked and tested TB infections during every appointment to the clinic (M=3.98, S.D.=1.138), the health worker insisted on couple and or family testing in the facility (M=3.96, S.D.=0.81). The findings in the study are in agreement with a study by Dawit (2017) who established that that patient accessibility and convenience to the service delivery points and client-physician interactions enhanced customer satisfaction in HIV/AIDS Testing Services in Ethiopia.

4.3 Availability of Drugs in the Comprehensive Care Centres

The second objective of this study was to establish how the availability of HIV/AIDS Drugs influences the HIV/AIDS Client satisfaction at the comprehensive care centers in Wajir County.

Table 4: Availability of Drugs in the Comprehensive Care Centres

Statement	SD	D	N	A	SA	MR	SD
Antiretroviral has been consistently available in this facility and never missed refill of the pills.	0	7 (4.76)	1 (0.68)	97 (65.99)	42 (28.57)	4.18	0.673
The healthcare providers support and encourage patients to adhere to their medication.	1 (0.68)	4 (2.72)	5 (3.40)	94 (63.95)	43 (29.25)	4.18	0.683
The health care workers are very strict on the number of pills given to the clients.	1 (0.68)	7 (4.76)	0	95 (64.63)	44 (29.93)	4.18	0.722
Adherence is vital to the effectiveness of the ART it has helped me realize a significant reduction in viral load, it has lowered drug resistance and slowed progression to AIDS.	1 (0.68)	2 (1.36)	5 (3.40)	106 (72.11)	33 (22.45)	4.14	0.597
Medicines for the prevention of TB is consistently available in the facility.	1 (0.68)	5 (3.40)	14 (9.52)	88 (59.86)	39 (26.53)	4.08	0.745
The healthcare providers promote optimal adherence by giving clear instructions.	4 (2.72)	22 (14.97)	5 (3.40)	88 (59.86)	28 (19.05)	3.78	1.012
Decentralizing ART drug collection points	26	4	4	76	37	3.64	1.365

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rather than limited number of selected central level sites may alleviate the travel cost issues around having only a short period refills.	(17.69)	(2.72)	(2.72)	(51.70)	(25.17)		
My uptake of HIV care service has been poor due to distance from the facility.	37 (25.17)	73 (49.66)	5 (3.40)	23 (15.65)	9 (6.12)	2.28	1.181
The health care workers do medical follow-ups that address possible side effects and how to handle these in order to reinforce adherence.	37 (25.17)	73 (49.66)	5 (3.40)	23 (15.65)	9 (6.12)	2.28	1.181

Note: Note: n is shown before the brackets; while in the brackets is (percent of n).

Key: strongly disagree = 1 (SD), disagree = 2 (D) neutral = 3 (N), agree = 4 (A) and strongly agree (SA) = 5. MR is Mean Rating.

Majority of the respondents agreed to the statements that antiretroviral was consistently available in this facility and never missed refill of the pills (M=4.18, S.D.=0.673), the healthcare providers supported and encouraged patients to adhere to their medication (M=4.18, S.D.=0.683), the health care workers were very strict on the number of pills given to the clients (M=4.18, S.D.=0.722) and adherence was vital to the effectiveness of the ART it has helped clients realize a significant reduction in viral load, lowered drug resistance and slowed progression to AIDS (M=4.14, S.D.=0.597). The study findings are in tandem with similar study by Dixit *et al.*, (2018) in India that established that availability of medicines at the HIV/AIDS clinics was an important component of the antiretroviral services and it accounted for high level of client satisfaction, improved retention and continuum of care at the comprehensive care centers.

4.4 Availability of HIV/AIDS care and Social Support Systems

The third objective of this study was to establish how the availability of HIV/AIDS Care and support system services, influences the HIV/AIDS client satisfaction at the comprehensive care centers in Wajir County.

Table 5: Availability of HIV/AIDS Care Support Systems at the CCCs

Statement	SD	D	N	A	SA	MR	SD
The HIV/AIDS clients are given free healthcare services in all the departments.	53 (36.04)	8 (5.44)	5 (3.40)	34 (23.13)	47 (31.97)	3.10	1.737
There is a robust defaulter tracing mechanism in the CCC that helps to follow up patients who have missed appointments in the past three (3) months.	57 (38.78)	48 (32.65)	16 (10.88)	20 (13.61)	6 (4.08)	2.12	1.185
There is prevention with positive program offered at the CCC clinic and involves the HIV positive clients.	60 (40.82)	49 (33.33)	10 (6.80)	22 (14.97)	6 (4.08)	2.08	1.202
The existing local HIV community-based organizations consistently supports and links the HIV clients to the CCCs and other organizations.	61 (41.50)	51 (34.69)	13 (8.84)	13 (8.84)	9 (6.12)	2.03	1.19
The new HIV positive clients are immediately linked to the existing Post Test Clubs (where the HIV positive clients interacts with the other clients).	61 (41.48)	53 (36.04)	10 (6.80)	17 (11.56)	6 (4.08)	2.01	1.15
HIV/AIDS clients are linked to the other key	62	58	7	15	5	1.93	1.09

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departments like children's department, social services and office of the president for support.	(42.18)	(39.46)	(4.76)	(10.20)	(3.40)		
There is existing social welfare scheme that targets the HIV positive clients and their family members.	69 (46.94)	51 (34.69)	14 (9.52)	5 (3.40)	8 (5.44)	1.86	1.085
There is an expert HIV client that is based in the clinic and supports the new HIV positive clients.	62 (42.18)	68 (46.28)	8 (5.44)	7 (4.67)	2 (1.36)	1.77	0.861
There exist a structured HIV/AIDS support system in the county that helps to address stigma and discrimination.	62 (42.18)	72 (48.96)	3 (2.04)	6 (4.08)	4 (2.72)	1.76	0.894

Note: Note: n is shown before the brackets; while in the brackets is (percent of n).

Key: strongly disagree = 1 (SD), disagree = 2 (D) neutral = 3 (N), agree = 4 (A) and strongly agree (SA) = 5. MR is Mean Rating.

The results in Table 5 indicate that majority of the respondents agreed to the statement that the HIV/AIDS Clients were given free healthcare services in all the departments at the CCCs in Wajir County (M=3.1, S.D.=1.737). On the contrary, majority of the respondents disagreed to the statements that there was a robust defaulter tracing mechanism in the CCC that helped to follow up patients who missed appointments in the previous three (3) months (M=2.12, S.D.=1.185), there were prevention with positive programs offered at the CCC Clinic and they involved the HIV positive clients (M=2.08, S.D.=1.202), the existing local HIV community based organizations consistently supported and linked the HIV clients to the CCCs and other organizations (M=2.03, S.D.=1.19). The findings of the study contradict several reports that argue that Sub Saharan Africa have progressed on well by improving their respectful performances in terms of community and health services. The study however is in line with a study Bonnington *et al.* (2017) who found that stigma is a primary challenge affecting HIV/AIDS clients and therefore health facilities should help such people access special care and support that can overcome stigma.

4.5 Availability of HIV/AIDS Institutional Support System

The fourth objective of this study was to establish how the availability of the existing HIV/AIDS institutional Support Systems influence the HIV/AIDS client satisfaction at the comprehensive care centers in Wajir County.

Table 6: Availability of Institutional Support

Statement	SD	D	N	A	SA	MR	SD
The staffs working in the Comprehensive Care Centre are adequate and available.	8 (5.44)	6 (4.08)	5 (3.40)	84 (57.14)	44 (29.93)	4.02	0.996
Viral load testing is done within the hospital to reduce the turn around time	28 (19.05)	19 (12.93)	19 (12.93)	40 (27.21)	41 (27.89)	3.32	1.48
The signage with in the Comprehensive Care Centre is clearly marked and easy to follow	23 (15.65)	29 (19.73)	7 (4.76)	63 (42.86)	25 (17.01)	3.26	1.37
The hospital has weak leadership	8	56	59	22	2	2.69	0.842

and its poorly management hence a barrier to my uptake of HIV care service	(5.44)	(38.10)	(40.14)	(14.97)	(1.36)		
The hospital management has allocated significant budget to the CCC to strengthen HIV/AIDS services	7 (4.76)	64 (43.54)	59 (40.14)	15 (10.20)	2 (1.36)	2.60	0.791
Due to space, the HIV/AIDS clinic is congested with clients	40 (27.21)	74 (50.34)	7 (4.76)	18 (12.24)	8 (5.44)	2.18	1.129
There is a monthly/ quarterly meeting involving the hospital management, CCC staff and HIV clients to deliberate on HIV services in the institution	60 (40.82)	63 (42.86)	12 (8.16)	10 (6.80)	2 (1.36)	1.85	0.932

Note: Note: n is shown before the brackets; while in the brackets is (percent of n).

Key: strongly disagree = 1 (SD), disagree = 2 (D) neutral = 3 (N), agree = 4 (A) and strongly agree (SA) = 5. MR is Mean Rating.

The results in Table 6 shows that majority of the respondents agreed to the statements that the staffs working in the Comprehensive Care Centre were adequate and available (M=4.02, S.D.=0.996) and viral load testing was done within the hospital to reduce the turnaround time (M=3.32, S.D.=1.48). Majority of the respondents also agreed to the statements that the signage with in the Comprehensive Care Centre were clearly marked and easy to follow (M=3.26, S.D.=1.37). The opinion of majority of the respondents expressed was neutral in regard to the statement that the hospitals had weak leadership and they were poorly management hence a barrier to the uptake of HIV care service (M=2.69, S.D.=0.842).

The study findings indicate that majority of the comprehensive care centers in Wajir County had adequate staff and the staff were available to attend to HIV/AIDS clients. However, there were differences in terms of the number of staff in different hospitals. Wajir County Referral Hospital Comprehensive Care Clinic has more staffs compared to Habaswein and Bute Sub County Hospitals. Sometimes the disparity led to some clients to change their drug refill points from the other two Comprehensive Care Centre's. The study found that testing of viral load within the hospitals reduced the turnaround time which is similar study by Chhim *et al.*, (2018) who emphasized the importance of routine monitoring the viral suppression of the HIV clients especially the young population to improve adherence and the quality of life.

4.6 Multivariate Analysis of Factors Influencing Client Satisfaction

Multivariate analysis using logistic regression was done to show the probability of being satisfied with service provided at CCCs in Wajir County. The summary is shown on Table 7.

Table 7: Logistic Regression Analysis of Relationship
 between Client Satisfaction at the CCCs and its Predictors

Variable	Coefficient [Marginal effects (dy/dx)]	Std error	p-value
Health facility (1- WCRH, 2- Bute, 3- HSCH)	-0.328***	0.100	0.001
Number of years one been seeking CCC Services	-0.091**	0.039	0.022
Gender (0 Female, 1 Male)	0.191**	0.075	0.011
Age of client (Years)	0.096**	0.074	0.016
Education (1-none, 5 post-secondary)	-0.112**	0.047	0.016
Availability of HIV testing services (0 No, 1 Yes)	0.513***	0.085	0.010
Availability of HIV Drugs (0 No, 1 Yes)	-0.053	0.075	0.480
Accessible HIV care and social support (0 No, 1 Yes)	0.569***	0.045	0.005
Availability of institutional support (0 No, 1 Yes)	0.078	0.0697	0.263

Results presented in Table 7 show that the probability of being satisfied with services in the Comprehensive Care Centre's was 9.1 per cent lower for less experienced clients compared with more experienced clients; older clients had higher probability of 9.6 per cent being satisfied compared to younger clients; and the probability of more learned people being satisfied is lower by 11.2 per cent compared to non-educated clients. There was no significant influence of the availability of HIV Drugs and Institutional support with patient's satisfaction.

5. Conclusion and Recommendations

The purpose of this study was to determine the factors that influence HIV/AIDS client Satisfaction at the Comprehensive Care Centre's in Wajir County.

5.1 Conclusion

The study established that the perceived HIV/AIDS client satisfaction at the comprehensive care centers in Wajir County was significantly influenced by the availability of HIV/AIDS (p<0.05). The probability of being satisfied was 51.3 per cent higher for people who reported availability of HIV testing services. The study findings indicate that viral suppression is a critical goal in HIV/AIDS patient care translating to improved adherence to treatment and retention of the Clients.

The study established that the perceived HIV/AIDS client satisfaction at the comprehensive care centers in Wajir County was significantly influenced by the availability of HIV/AIDS drugs. The probability of being satisfied with services in the Comprehensive Care Centre's was 5.3 per cent higher for people who reported availability of HIV drugs but such as was not statistically significant. The decentralizing ART drug collection points alleviated the travel cost issues around having only a short period refill.

The study found out that the perceived HIV/AIDS client satisfaction at the comprehensive care centers in Wajir County was significantly influenced by the availability of HIV/AIDS care and social support system the probability of being satisfied with services in the Comprehensive Care Centre's was 56.7 per cent higher for people who reported availability of HIV care and social support. Besides there was lack of linkage of HIV/AIDS client to post-test clubs and both government and non-governmental agencies providing support programs.

The study found out that the perceived HIV/AIDS client satisfaction at the comprehensive care centers in Wajir County was significantly influenced by the availability of HIV/AIDS institutional support system. The probability of being satisfied with services in the Comprehensive Care Centre's was 7.8 per cent higher for people who reported availability of institutional support such as CSO but such was not statistically significant. Nevertheless, the available staff made great efforts to ensure that clients visiting comprehensive care clinics were served.

5.2 Recommendations

This study makes the following recommendations for each of the study objectives.

- 1) Hospitals management needs to ensure that HIV Testing Services are available throughout without interruption of the services and with adequate stock of test kits and other testing supplies for the opportunistic infections.
- 2) Hospitals management needs to also ensure availability of consistent and adequate stock of Antiretroviral drugs and drugs for opportunistic infections across the Comprehensive Care Centre's in the county.
- 3) The management need to provide HIV/AIDS Care support system with focus on stigma and discrimination, psychosocial support and social welfare scheme through the involvement of implementing partners and government departments.
- 4) The management need to also provide support to the Comprehensive Care Centres through implementation of the HIV/AIDS Country Policy guidelines.

Conflict of Interest Statement

The authors declare no conflicts of interests.

About the Author

Ibrahim Abdi Mohamed is a clinical officer with two decades in experience in the health sector including HIV/AIDS programs having worked with Ministry of Health, Kenya and several international organizations including AMREF Health Africa, Intra Health International, BroadReach Health Care Limited under USAID Funding Programs. The author currently works in the County Government of Wajir as the County Executive Committee Member for Finance and Economic Planning (County Minister).

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