

clinic, improve available time, give a sense of personal trust from the doctor, and give a sense of personal responsibility and autonomy.

5. Recommendations

Overall the POV model should be rolled out to all HIV clinics, however, the short falls in the POV service delivery can be resolved through implementation of the following recommendations.

Level of patient satisfaction

Although results from the study showed overall satisfactions with the POV care services and support. A proportion of patients expressed their dissatisfaction with some areas of the POV care model. This provides a critical platform for enhancing the POV care model to attain complete patient satisfaction, and hence a number of recommendations have been suggested:

- 1) Simplify the process or bureaucracy for POV patients to see a clinician in case one comes back with an opportunistic infection e.g. malaria, cough etc.
- 2) First come first serve criterion should be effectively implemented at the pharmacy and opening of pharmacy on time.

Adherence to medication and POV appointment

To improve adherence further of this category of patients, the following recommendations are suggested:

- 1) More effort to provide education sessions to patients on medication adherence and its importance, at all levels; counseling, clinician, nurse, peer educator, and pharmacy level.
- 2) Education sessions on proper storage practices of medication at home should be provided to POV patients since they take large quantities of medicines and stay out of the clinic for a long period of time, which might compromise the quality of drugs in their custody if proper storage conditions are not adhered to

Benefits of the pharmacy only visit care model to patients

More education sessions on the Pharmacy only visit model should be made.

The research recommends further research to;

- 1) Evaluation of clinical outcomes of HIV patients as a result of the POV care model
- 2) Assessment of the effect of the POV care model on the quality of life of HIV patients

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