

Abstract

Background: Proficiency testing (PT) has been implemented as a form of External Quality Assurance (EQA) by the National HIV Reference Laboratory in Kenya since 2007 in order to monitor and improve on the quality of HIV testing and counselling HTC services.

Objective: To compare concordance between National HIV Reference laboratory, and HIV testing and counseling (HTC) facilities.

Design: A telephone survey was conducted to assess consistencies in PT schemes. An independent EQA assessment questionnaire was developed and pretested on a randomly chosen sample of HTC facilities.

Setting: HTC facilities selected from Client-initiated HTC and Provider initiated HTC facilities, within Nairobi County.

Subjects: The HTC facilities were randomly selected ($n = 45$).

Results: Inconsistencies and tremendous increase in non-participation in PT schemes. Gender $\chi^2 (5, N = 45) = 13.83; p = .017$, experience using rapid test kits $\chi^2 (5, N = 45) = 5.417; p = .020$, and current facility ever participating in any PT scheme $\chi^2 (5, N = 45) = 15.38, p = .009$, had significant effects in participation in PT schemes. Some facilities experienced test kits stock-outs most of the time ($2.552 \geq 3.777$), while others sometimes ($1.326 \geq 2.551$), $t (43) = 3.105; p = 0.003$. However, there was no link between non participation in PT schemes and test kits stock-outs.

Conclusion: The results generated by the study revealed inconsistencies in PT schemes and Test Kits stock-outs from 2012 up to May 2014. These findings will assist in the full adoption of HTC policy guidelines and ensure each and every HTC personnel participate in all PT quarters consistently. Challenges in forecasting, and quantification remains a major barrier to HTC supplies.