

**Background.**

The success of a PMTCT programme depends on the quality of services offered at health facilities. Indicators of quality include the competence and attitude of the counsellor and uptake of ARV prophylaxis.

**Objective:**

This study looked at the relationship between quality of prevention of mother to child transmission of HIV (PMTCT) services and the maternal ARV prophylaxis uptake in Kakamega district, Kenya.

**Methods:**

The study was a cross-sectional study. Thirty health facilities and health care workers were sampled using multistage sampling. From these health facilities, 119 HIV positive pregnant women were sampled by convenience sampling. The PMTCT counsellors and HIV positive pregnant were interviewed using a structured questionnaire.

**Statistical analysis:**

Descriptive data analysis was carried out on all variables. Categorical variables across groups were compared using the Fisher Exact test. Logistic regression was used to identify determinants of uptake of ARV prophylaxis at facility level

**Results:**

About 86.7% of the health facilities sampled had satisfactory quality of PMTCT services and 89% of HIV positive pregnant women reported that they received satisfactory PMTCT counselling services. About 90% of the counsellors have received PMTCT training and the mean score in a knowledge test was 77.2%. However, providers generally had a negative attitude towards their clients. On regression analysis, there was no significant association between various aspects of quality and infant ARV prophylaxis uptake. Uptake at facility level was determined by the district and type of health facility.

**Conclusion:**

The quality of service in the sampled facilities was generally good but this did not influence the level of uptake of maternal or infant ARV prophylaxis.

**Key words:**

Prevention of Mother to Child Transmission (PMTCT), ARV prophylaxis, HIV-positive pregnant women.