

## **ABSTRACT**

### **Introduction:**

In 2012 the Uganda Ministry of Health and World Health Organization introduced new malaria treatment guidelines using Artemisinin –Based Combination Therapy, this was due to the increased resistance to first line antimalaria drugs. This study aimed at finding out adherence to the standard Artemisinin –Based Combination Therapy prescription guidelines and health workers views towards the guidelines among the patients diagnosed with malaria in Kisugu Health Center III a suburb of Makindye division of Kampala district Uganda. Therefore successful implementation of this policy depends on the adherence of health workers.

### **Methods:**

Using the pharmacy registers, 356 prescriptions for ACTS were reviewed retrospectively and data for the months of August and September 2014 was correlated with the laboratory records for the patients. This also followed key informant interview of three health workers those were two Clinical Officers and one Laboratory Technician on their views about the current malaria treatment policy at Kisugu Health Center III, an urban setting in Makindye Division, Kampala district of Uganda.

### **Results:**

The highest proportion of patients who got ACTs never went to the laboratory (n=302, 84.8%), those who had a negative blood slide and got ACTs were (n=40, 11.2%), those who had positive blood slide and got ACTs were (n=14, 3.9%).

Another significance was noted that most of the patients who got ACTs were children between 0-9years (n=288, 80.9%), adolescents between 10-19 years (n=8, 2.2%) and adults above 20 years were 60 with a percentage of 16.9%. Health workers also admitted to practice presumptive prescription of ACTs in patients with clinical presentation of malaria symptoms especially children due to malaria being endemic in the area. The laboratory technician also mentioned power shortages that interfere with the routine microscopy work yet RDTs are unavailable.

**Conclusion:**

It was noted that health workers of Kisugu Health Center III an urban setting, have not adapted to the reliance on laboratory positive results before making ACT prescriptions, therefore they are prescribing ACTs without laboratory confirmation of parasitemia as most patients do not go for the laboratory tests.

**Recommendations:**

Adequate training of health workers and provision of current relevant information on malaria treatment policy is essential to promote effective uptake of the policy. More research is necessary in clinical and socio-economic areas to find out why more of children receive ACTs without parasitological testing, this should also be coupled with an assessment of health facility factors towards non adherence to standard prescription guidelines, both are essential.