## Abstract

This study was conducted from Pajule Health center IV Pader district Northern Uganda. The main objective of the study was to determine the average total cost of providing nutrition services to children suffering from malnutrition.

**Methods:** The study was exploratory in nature and used both quantitative and qualitative. Quantitative data was collected from patient treatment files, and HMIS forms while qualitative data was obtained by seeking expert opinions about some aspects regarding treatment process of malnutrition. Several assumptions and allocation statistics were used during the study.

**Results:** The study revealed that it costs shs 621,968.92 or USD 241 per child averagely, however it is much more costly to manage a child from ITC compared to shs 203,266.62 of OTC for forty-eight. The study also revealed that the cost of ITC at anyone point in time can vary depending on the severity of the malnutrition. As evidenced, unit cost for managing a malnourished child with VAD on Amoxicillin and Gentamicin < 1y, child <1 year with VAD on Amoxicillin and Gentamicin, child without VAD <1yr, malnourished child without VAD <1yr, child without VAD on Amoxicillin & Gentamicin >1yr for twenty-two days were shs 418,472.43, 419,185.73, 418,524.93 and 418,917.58respectively.

From the study it was further noted that the health facility was not following all the treatment guidelines as stipulated, which explains the possible high defaulter rate of the clients.

**Conclusion:** This study showed that in general, feeds constitute the largest cost proportion, followed by personnel, laboratory, sundries drugs and anthropometrics equipment. In the ITC personnel constituted the biggest cost proportion, followed by sundries, feeds and drugs while in OTC feeds contributed the highest cost proportion followed by personnel, sundries and drugs. Overall anthropometric equipment contributed the least cost proportion to both unit and total cost for management.

The study further demonstrated that the unit cost of management of acute malnutrition is high hence the efforts should be put on preventive strategies.

**Importance of the study:** The study generated information that is needed by managers and policy makers for making decisions about how to improve the performance of health facilities. At the cost center/department level, the study-generated information that can inform the Departmental directors and/or cost center managers the quantity of resources used to produce each service. Further Information generated can inform financial accountability among departmental managers, and influence development of benchmarks for measuring departmental performance over time. The study can also used to encourage the revision of current allocation practices towards ensuring provision of the human and financial resources required to effectively combat child Under nutrition.