Objective: The purpose of this research was to estimate the cost of the burden of nodding syndrome on the health centre and communities of Atanga sub-county between March and December 2012. The study specifically sought to estimate the average costs incurred by Atanga health centre III, average costs incurred by the households, household productivity loss and the effect of nodding syndrome on the healthcare budget of Atanga health centre III.

Methodology: This research was a cross-sectional study focusing on direct and indirect costs incurred by Atanga health centre III and the communities of Atanga sub-county between March and December 2012. The health facility data was collected from stores and patient record books. Key informants comprising of health workers and members of the health unit management committee were interviewed to get additional information. Pricelists of National Medical Stores and Joint Medical Stores were used to estimate the cost of medical supplies.

The population targeted for this study was the community of Atanga sub-county.

The households included in the study were selected through a mix of probability and non probability sampling procedures. The data from the health facility were mainly collected through desk reviews and the use of checklists. Structured questionnaires were used to collect data from household heads and key informants

Results: The findings from the study showed that approximately $8417 (23%) and $392 (20%) of the total cost of medicines and sundries respectively that were received by the health centre were spent on nodding syndrome ward. The health centre spent on average $3,411 per month on the nodding syndrome ward. The monthly cost of managing one nodding syndrome patient was $114. The monthly cost of managing one patient in the OPD and the general ward was $1.8 and $29 respectively. The maternity ward had a monthly expenditure of $60 per patient.

The health unit spent $18000 over the ten month period on supplementary feeding. Salaries of hired staff amounted to $6007 over ten month. On average, over the ten month period, each household lost $46 while attending to the patients at home and $39 while attending to the patients at the hospital in opportunity costs. Over the ten month period, the highest expenditure was on purchasing food while attending to patients at the health centre, where each household spent an average of $77. Purchase

of medicine after discharge costed each household an average of $70, then transport to the health center cost an average of $57 and the amount spent on food after discharge was at an average of $53. Other expenditures included;- $32 payments to witch doctors, $6 and $4 spending on medicine and lab tests respectively over the ten month period.

Conclusion: This study revealed that nodding syndrome is still a big problem in northern Uganda taking a large share of family finances. Most families spent colossal sums of money to improve the state of ailing children. Up until now curative treatment is not available.

Household productivity was lost and yet appropriate solutions were not imminent.

Recommendations: The government and development partners should provide additional funding for managing nodding syndrome patients. The communities should have collective responsibility towards improving the wellbeing of nodding syndrome patients. This study recommends further research on costing the burden of nodding syndrome to include costs of staff training, medical outreaches, overheads and equipment maintenance/repairs. This study also recommends more research on the causes and treatment for nodding syndrome.