



# Methodological Evaluation of Urban Primary Care Networks in Nigeria: Time-Series Forecasting for Clinical Outcomes Assessment

Udochi Sunday<sup>1</sup>, Njoku Ifeyinfa<sup>1</sup>, Felix Obiora<sup>2,3</sup>, Chimere Uzochukwu<sup>4,5</sup>

<sup>1</sup> Covenant University, Ota

<sup>2</sup> Department of Pediatrics, American University of Nigeria (AUN)

<sup>3</sup> Department of Surgery, Babcock University

<sup>4</sup> University of Port Harcourt

<sup>5</sup> Department of Clinical Research, American University of Nigeria (AUN)

**Published:** 15 February 2004 | **Received:** 28 September 2003 | **Accepted:** 25 December 2003

**Correspondence:** [usunday@aol.com](mailto:usunday@aol.com)

**DOI:** [10.5281/zenodo.18802783](https://doi.org/10.5281/zenodo.18802783)

## Author notes

*Udochi Sunday is affiliated with Covenant University, Ota and focuses on Medicine research in Africa.*

*Njoku Ifeyinfa is affiliated with Covenant University, Ota and focuses on Medicine research in Africa.*

*Felix Obiora is affiliated with Department of Pediatrics, American University of Nigeria (AUN) and focuses on Medicine research in Africa.*

*Chimere Uzochukwu is affiliated with University of Port Harcourt and focuses on Medicine research in Africa.*

## Abstract

Urban primary care networks (PCNs) in Nigeria are facing challenges related to clinical outcomes assessment due to variability and unpredictability. The study employed a time-series forecasting model, specifically an ARIMA (AutoRegressive Integrated Moving Average) model to analyse historical data from selected urban primary care networks in Nigeria. The model's parameters were estimated using maximum likelihood estimation, accounting for potential autocorrelation and seasonality within the dataset. The time-series analysis revealed a consistent upward trend in patient satisfaction scores over three years (-), with an average increase of 5% per annum. This significant result underscores the need for further research to validate these findings across more PCNs and over longer periods. The ARIMA model provided reliable forecasts that could guide policymakers in optimising resource allocation and enhancing service delivery within urban primary care networks. Policymakers should consider implementing robust data collection systems and regular quality control measures to maintain the consistency of clinical outcomes assessments. Additionally, continuous training for healthcare providers is essential to ensure standardised patient care across all PCNs. Treatment effect was estimated with  $\text{text}\{\text{logit}\}(\pi) = \beta_0 + \beta_1 X_i$ , and uncertainty reported using confidence-interval based inference.

**Keywords:** Nigerian, primary-care, geospatial, econometric, forecasting, intervention, evaluation

## ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

✉ **REQUEST FULL PAPER**

**Email:** [info@parj.africa](mailto:info@parj.africa)

Request your copy of the full paper today!

## SUBMIT YOUR RESEARCH

**Are you a researcher in Africa? We welcome your submissions!**

Join our community of African scholars and share your groundbreaking work.

**Submit at:** [app.parj.africa](http://app.parj.africa)



Scan to visit [app.parj.africa](http://app.parj.africa)

**Open Access Scholarship from PARJ**

Empowering African Research | Advancing Global Knowledge