



Methodological Evaluation of Community Health Centre Systems in Rwanda Using Quasi-Experimental Design to Assess System Reliability

Gatera Gashiranda¹, Hutu Mutinda^{2,3}, Kabuga Karamite^{2,4}

¹ African Leadership University (ALU), Kigali

² University of Rwanda

³ Department of Internal Medicine, Rwanda Environment Management Authority (REMA)

⁴ Department of Surgery, Rwanda Environment Management Authority (REMA)

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Correspondence: ggashiranda@yahoo.com

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Author notes

Gatera Gashiranda is affiliated with African Leadership University (ALU), Kigali and focuses on Medicine research in Africa.

Hutu Mutinda is affiliated with University of Rwanda and focuses on Medicine research in Africa.

Kabuga Karamite is affiliated with University of Rwanda and focuses on Medicine research in Africa.

Abstract

Community health centres (CHCs) play a crucial role in Rwanda's healthcare system, aiming to provide accessible and equitable services. However, their reliability and effectiveness require methodological evaluation. A mixed-methods approach combining quantitative data from CHCs' electronic health records (EHR) and qualitative interviews with stakeholders. A difference-in-differences (DiD) model was employed to assess system reliability over time. CHC patient flow improved by 15% after implementing new appointment scheduling software, while resource allocation efficiency showed a 20% increase in outpatient visits per staff member. The quasi-experimental design successfully highlighted improvements in CHC systems' operational metrics, providing evidence for system reliability enhancements. Further studies should explore the long-term impacts and scalability of these interventions across different regions in Rwanda. Community Health Centres, Quasi-Experimental Design, System Reliability, Difference-in-Differences (DiD), Healthcare Access Treatment effect was estimated with $\text{logit}(\pi) = \beta_0 + \beta_1 X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: *African geography, community health centres, quasi-experimental design, service reliability, system evaluation, intervention studies, public health methodologies*

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