



Methodological Evaluation of District Hospitals Systems in Ethiopia: Randomized Field Trial for Risk Reduction

Fikru Woldemariam^{1,2}, Alemayehu Asfaw¹

¹ Ethiopian Institute of Agricultural Research (EIAR)

² Department of Pediatrics, Ethiopian Public Health Institute (EPHI)

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Correspondence: fwoldemariam@aol.com

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Author notes

Fikru Woldemariam is affiliated with Ethiopian Institute of Agricultural Research (EIAR) and focuses on Medicine research in Africa.

Alemayehu Asfaw is affiliated with Ethiopian Institute of Agricultural Research (EIAR) and focuses on Medicine research in Africa.

Abstract

District hospitals in Ethiopia face challenges in managing patient flow and risk assessment. A two-arm parallel-group randomized controlled trial was conducted with 120 hospitals, assessing intervention versus standard care. Key metrics included patient wait times and mortality rates. In the intervention group, median patient wait time decreased by 35% (95% CI: -40%, -30%) compared to a 10% decrease in the control group. The randomized field trial demonstrated significant improvements in operational efficiency and clinical outcomes with reduced risk factors among district hospitals. Implementing standardised protocols and training programmes can further enhance system performance and patient safety. District Hospitals, Risk Reduction, Randomized Field Trial, Operational Efficiency Treatment effect was estimated with $\text{text}\{\text{logit}\}(\pi) = \beta_0 + \beta^{-1} p X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: *African geography, hospital management, randomized controlled trials, risk assessment, health system evaluation, intervention strategies, community-based healthcare*

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