



Methodological Evaluation of Community Health Centre Systems in Senegal Using Difference-in-Differences Approach

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Published: 17 June 2002 | **Received:** 26 March 2002 | **Accepted:** 01 June 2002

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DOI: [10.5281/zenodo.18740276](https://doi.org/10.5281/zenodo.18740276)

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Abstract

Community health centers in Senegal have been established to improve access to healthcare services, particularly for underserved populations. However, their effectiveness and sustainability are subject to scrutiny. A DiD model was employed to assess changes in healthcare utilization and patient satisfaction between pre- and post-intervention periods. Data were collected from existing registry records of community health centers across Senegal. The analysis indicated a significant increase ($p < 0.05$) in the proportion of patients accessing preventive care services, demonstrating improved yield under the new system. The DiD model effectively highlighted changes attributable to the introduction of community health centers, contributing to evidence-based policy recommendations for healthcare reform. Policy makers should consider scaling up community health centre initiatives in Senegal based on this empirical evidence. 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: *African geography, community health centers, difference-in-differences, quasi-experimental design, public health metrics, randomized controlled trials, sustainability assessment*

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