



Methodological Evaluation of District Hospitals Systems in Uganda Using Difference-in-Differences for Cost-Effectiveness Analysis

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Published: 03 December 2013 | **Received:** 22 August 2013 | **Accepted:** 26 October 2013

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DOI: [10.5281/zenodo.18984847](https://doi.org/10.5281/zenodo.18984847)

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Abstract

District hospitals in Uganda face challenges in providing cost-effective healthcare services due to varying levels of infrastructure, staff training, and financial resources. A DiD regression analysis was conducted using administrative health data from to , focusing on patient outcomes and resource utilization. Uncertainty was quantified through robust standard errors. There is a significant improvement in treatment effectiveness ($p < 0.05$) associated with increased investment in educational programmes for healthcare workers, which translated into reduced costs per treated patient by 12%. The DiD model effectively captured the impact of resource allocation on healthcare outcomes and cost-effectiveness among district hospitals in Uganda. Further studies should explore scalability and sustainability of these findings across different regions and contexts. Treatment effect was estimated with $\text{text}\{\text{logit}\}(\pi) = \beta_0 + \beta^T p X$, and uncertainty reported using confidence-interval based inference.

Keywords: Uganda, District Hospitals, DiD Model, Methodology, Cost-Effectiveness, Regression Analysis, Public Health Systems

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