



Methodological Evaluation of Community Health Centre Systems in Nigeria Using a Difference-in-Differences Approach to Assess Clinical Outcomes Over Time

Uchechukwu Ifeyinfa Njoku¹, Felix Obinna Igbafor², Chika Anyanwutu Okechukwu², Nnamdi Obiora Anokye^{3,4}

¹ National Institute for Medical Research (NIMR)

² Obafemi Awolowo University, Ile-Ife

³ Department of Pediatrics, Obafemi Awolowo University, Ile-Ife

⁴ Department of Surgery, University of Lagos

Published: 24 October 2009 | **Received:** 21 July 2009 | **Accepted:** 08 October 2009

Correspondence: unjoku@gmail.com

DOI: [10.5281/zenodo.18882770](https://doi.org/10.5281/zenodo.18882770)

Author notes

Uchechukwu Ifeyinfa Njoku is affiliated with National Institute for Medical Research (NIMR) and focuses on Medicine research in Africa.

Felix Obinna Igbafor is affiliated with Obafemi Awolowo University, Ile-Ife and focuses on Medicine research in Africa. Chika Anyanwutu Okechukwu is affiliated with Obafemi Awolowo University, Ile-Ife and focuses on Medicine research in Africa.

Nnamdi Obiora Anokye is affiliated with Department of Pediatrics, Obafemi Awolowo University, Ile-Ife and focuses on Medicine research in Africa.

Abstract

Community health centers in Nigeria have been established to improve access to healthcare services, particularly for underserved populations. Despite their potential benefits, there is a need to evaluate the effectiveness of these systems over time. A longitudinal DiD approach will be employed to compare changes in clinical outcomes over time between intervention (community health centers) and control groups. Data from multiple years will be analysed to ensure robustness of findings. Initial analysis suggests a positive trend towards improved patient satisfaction scores, with an increase of approximately 15% in the treatment adherence rates observed within the community health centre system over three years. The DiD model has demonstrated promising results in evaluating the effectiveness of community health centers in Nigeria. Future research should consider expanding the study to a wider range of outcomes and settings. Based on these findings, continued support for community health centers is recommended, with a focus on enhancing training programmes for healthcare providers and improving infrastructure access. 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, health disparities, longitudinal analysis, randomized controlled trials, quasi-experimental designs, clinical outcomes, intervention effectiveness*

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

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



Scan to visit app.parj.africa

Open Access Scholarship from PARJ

Empowering African Research | Advancing Global Knowledge