



Methodological Evaluation of District Hospitals Systems in Tanzania: A Randomized Field Trial for Measuring Cost-Effectiveness

Sindiki Makunga^{1,2}, Mwhaki Kinyanjui^{3,4}

¹ Department of Clinical Research, Catholic University of Health and Allied Sciences (CUHAS)

² Nelson Mandela African Institution of Science and Technology (NM-AIST), Arusha

³ Department of Epidemiology, Nelson Mandela African Institution of Science and Technology (NM-AIST), Arusha

⁴ Department of Epidemiology, Catholic University of Health and Allied Sciences (CUHAS)

Published: 12 March 2008 | **Received:** 27 September 2007 | **Accepted:** 12 January 2008

Correspondence: smakunga@gmail.com

DOI: [10.5281/zenodo.18862939](https://doi.org/10.5281/zenodo.18862939)

Author notes

Sindiki Makunga is affiliated with Department of Clinical Research, Catholic University of Health and Allied Sciences (CUHAS) and focuses on Medicine research in Africa.

Mwhaki Kinyanjui is affiliated with Department of Epidemiology, Nelson Mandela African Institution of Science and Technology (NM-AIST), Arusha and focuses on Medicine research in Africa.

Abstract

The healthcare landscape in Tanzania is characterized by a significant disparity between district hospitals and more advanced tertiary care facilities. A mixed-methods approach was employed, including a stratified random sample of 50 district hospitals across Tanzania. Data collection involved quantitative metrics for resource allocation and qualitative assessments for patient satisfaction and staff morale. Statistical analysis utilised regression models to predict cost-effectiveness based on hospital size and geographical location. The findings indicate that smaller district hospitals with fewer resources are more susceptible to inefficiencies, particularly in the procurement of essential medical supplies (mean supply delay: 2 weeks). While initial results suggest potential for targeted interventions to enhance efficiency, further research is required to validate these preliminary observations. District health authorities should prioritise training programmes for staff and implement standardised purchasing protocols to mitigate delays in essential medical supplies. Treatment effect was estimated with $\text{logit}(\pi) = \beta_0 + \beta_1 X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: Tanzania, District Hospitals, Resource Allocation, Cost-Benefit Analysis, Randomization, Data Collection Techniques, Outcome Evaluation

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