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Moderating Effect Of Policy Framework On The Association Between Fiscal Decentralization And Healthcare Service Delivery In Turkana County, Kenya.

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Abstract
This study examines the moderating effect of policy frameworks on the relationship between fiscal decentralization and healthcare service delivery in Turkana County, Kenya. Using a mixed-methods approach, data were collected from 271 respondents, including county health and finance officials, hospital administrators, and community health representatives. The findings reveal that fiscal decentralization has a direct positive effect on healthcare service delivery. However, policy frameworks only partially moderate this relationship, indicating that their potential to amplify the benefits of decentralization is not fully realized. Key challenges include weak regulatory compliance, inequitable resource distribution, and insufficient community engagement. The study concludes that strengthening policy frameworks is essential to enhance the effectiveness of fiscal decentralization in improving healthcare outcomes. Recommendations include implementing sound policy reforms, upgrading health communication infrastructure, and fostering community participation. These findings contribute to the broader discourse on decentralization and healthcare service delivery in marginalized regions.

Key Words: *Policy Framework, Fiscal Decentralization, Healthcare service delivery*

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I. Introduction

Policy framework is critical in shaping the effectiveness of fiscal decentralization by establishing guidelines for resource allocation, accountability, and service delivery. In Kenya, devolution was intended to enhance local governance, yet disparities in healthcare outcomes persist—particularly in marginalized regions. While fiscal decentralization grants counties greater autonomy, weak or poorly implemented policy structures may undermine its potential benefits. This study investigates how the existing policy framework moderates the relationship between fiscal decentralization and healthcare service delivery in Turkana County.

Fiscal decentralization, which involves transferring financial and decision-making responsibilities to lower levels of government, has become a central strategy for improving public service delivery, including healthcare. By empowering local governments, fiscal decentralization aims to enhance efficiency, increase citizen participation, and address regional disparities in service provision. However, the effectiveness of decentralization in achieving these goals often depends on the presence of robust policy frameworks that guide resource allocation, accountability, and implementation. This study examines the moderating role of policy frameworks in the relationship between fiscal decentralization and healthcare service delivery in Turkana County, Kenya, a region characterized by significant healthcare challenges.

Globally, fiscal decentralization has shown mixed results in improving healthcare outcomes. For instance, studies in Argentina, China, and Spain have demonstrated that revenue decentralization correlates with reduced infant mortality rates and improved healthcare access (Habibi, 2001; Uchimura & Jutting, 2007; Cantarero & Pascual, 2008). However, the success of decentralization varies across regions, with wealthier areas often benefiting more than marginalized ones. In low- and middle-income countries, the lack of strong policy frameworks and institutional capacity has limited the potential of decentralization to improve healthcare delivery (Cavalieri & Ferrante, 2016). For example, in Nigeria, fiscal decentralization had a detrimental effect on health service delivery due to weak governance and resource mismanagement (Olomola & Olatona, 2015). Conversely, in Uganda and Malawi, decentralization improved healthcare access and patient satisfaction, highlighting the importance of local autonomy and effective policy implementation (Kalema et al., 2017; Tambulasi, 2021).

In Kenya, the 2010 Constitution introduced devolution to promote equitable resource distribution and improve service delivery. Despite these efforts, healthcare outcomes in Turkana County remain poor, with high

infant mortality rates (55 deaths per 1,000 live births), low immunization coverage (60%), and a severe shortage of healthcare professionals (1 doctor per 52,434 people) (KDHS, 2022). These challenges are exacerbated by the county's remote location, nomadic population, and limited infrastructure. While fiscal decentralization has the potential to address these issues, its success depends on the presence of effective policy frameworks that ensure equitable resource allocation, accountability, and community participation.

Policy framework plays a critical role in shaping healthcare systems by guiding resource allocation, workforce distribution, and service delivery. In Kenya, policies such as the Kenya Health Policy (2012-2030) and the County Government Act (2012) provide a foundation for healthcare improvement. However, their implementation in Turkana County has been hindered by weak institutional capacity, inadequate funding, and poor coordination between national and county governments (Tsofa et al., 2017). Despite the implementation of devolution and the allocation of funds to Turkana County, significant gaps persist in healthcare availability and accessibility. While fiscal decentralization has been widely studied in relation to economic growth, poverty reduction, and governance, its direct impact on healthcare service delivery remains underexplored, particularly in marginalized regions like Turkana County.

Globally, studies have linked fiscal decentralization to improved economic and social outcomes, such as reduced infant mortality and increased healthcare access (Slavinskaitė, 2017; Pasichnyi, 2019; Chygryn et al., 2018). However, the effectiveness of decentralization often depends on contextual factors, including governance structures and policy frameworks, which are frequently overlooked. In Kenya, fiscal decentralization has been associated with improved county government performance (Mbau et al., 2019) and economic growth (Mose, 2022). However, its impact on healthcare service delivery remains unclear, especially in regions like Turkana County, where healthcare indicators such as infant mortality (55 deaths per 1,000 live births) and immunization coverage (60%) lag behind national averages (KDHS, 2022).

Recent audits have revealed critical gaps in financial management and resource allocation, such as the diversion of routine immunization budgets to cover COVID-19 vaccination activities and non-compliance with legal requirements for citizen involvement in budgeting (OAG-Special Audit Report, 2022; OAG-Citizen Accountability Audit, 2022). These issues highlight the need for effective policy frameworks to ensure equitable resource allocation, accountability, and community participation in healthcare delivery.

While studies have examined the relationship between fiscal decentralization and healthcare outcomes, few have explored the moderating role of policy frameworks in this relationship. This study addresses this gap by investigating how policy frameworks influence the association between fiscal decentralization and healthcare service delivery in Turkana County.

This research focused on the effect of policy framework on the relationship between fiscal decentralization and healthcare service delivery in Turkana County, specifically examining public health entities under the county government's control. The study evaluated healthcare service delivery from the implementation of devolution in 2013 up to 2022. The target population included key stakeholders such as officials from the County Department of Finance and Economic Planning, the County Department of Health and Sanitation Services, the Turkana County Referral Hospital Board, Sub-County Hospital Committees, Community Health Volunteer Coordinators, and Health Centre and Dispensary Committee Chairpersons.

II. Literature Review

Healthcare Service Delivery

Healthcare service delivery is influenced by factors such as access to care, equity, and efficiency. Diverse health infrastructure supports professionals, information flow, and service delivery, while investments in technology and outreach programs improve access, particularly in underserved areas (Sheikh et al., 2021; Roodenbeke et al., 2015). In Kenya, challenges such as distance, affordability, and inadequate health personnel hinder access to quality healthcare, especially in arid and semi-arid regions like Turkana County (Kimathi, 2017; Wanjau et al., 2012). Studies emphasize the importance of mobile technology and health management systems in improving service delivery, though funding gaps and reliance on donor support remain significant barriers (Micah & Luketero, 2017; MOH-Uganda, 2014).

Effective healthcare delivery in marginalized regions fundamentally depends on robust policy frameworks that establish clear standards for resource allocation, infrastructure development, and workforce distribution. Without such frameworks, even well-intentioned decentralization efforts risk fragmentation, with disparities persisting between urban centers and remote communities. Policies must also evolve to address emerging challenges, such as integrating mobile health technologies into national health systems while ensuring equitable access for pastoralist populations.

Fiscal Decentralization and Healthcare Service Delivery

Fiscal decentralization, which involves transferring budgetary and revenue-related responsibilities to local governments, aims to improve public service delivery by enhancing local autonomy and accountability (Van,

2016; Bahl & Bird, 2018). Singh et al. (2024) emphasize that successful decentralization requires augmenting institutional quality and local government capacity, particularly in complex governance systems with weak institutional processes - a finding highly relevant to Kenya's devolution context. Globally, fiscal decentralization has been linked to improved healthcare outcomes, such as reduced infant mortality and increased access to services (Slavinskaitė, 2017; Chygryn et al., 2018).

However, its effectiveness varies by region and economic context. For instance, in Côte d'Ivoire, fiscal decentralization improved public service access but had limited impact on poverty reduction (Sanogo, 2019), while in South Africa, it reduced inter-municipal inequality but exacerbated disparities in resource allocation (Amusa & Mabugu, 2016). The Indian experience (Singh et al., 2024) further demonstrates that socioeconomic channels of accountability and clear functional delineation are critical for optimizing decentralization's benefits - challenges equally evident in Kenya's system. In Kenya, fiscal decentralization has been associated with improved county performance and poverty reduction, though challenges such as weak institutional capacity and inequitable resource distribution persist (Mwiathi et al., 2018; Changwony & Paterson, 2019).

Fiscal decentralization alone may not guarantee equitable healthcare delivery without comprehensive policy frameworks that standardize implementation. Effective frameworks ensure minimum service delivery benchmarks (like WHO's UHC targets), transparent revenue-sharing mechanisms to prevent regional disparities, and inclusive budget prioritization—particularly for marginalized groups like pastoralist populations. Kenya's experience underscores that even well-funded decentralization fails when policies lack adaptability to local realities.

Policy Framework and Healthcare Service Delivery

Policy frameworks play a critical role in shaping healthcare systems by guiding resource allocation, workforce distribution, and service delivery. Prakash (2015) demonstrates that regulation serves as a central driver of healthcare quality, particularly in complex delivery systems requiring both market and institutional co-production approaches - a finding highly relevant to Turkana's mixed public-private healthcare landscape. Studies have shown that effective fiscal policies can improve healthcare access, infrastructure, and outcomes, particularly when integrated with multi-year expenditure ceilings and robust accountability mechanisms (Schakel et al., 2018; Di Novi et al., 2019). In Kenya, decentralization has expanded opportunities for local prioritization and community engagement in healthcare planning and budgeting. However, the hasty devolution of responsibilities without adequate capacity-building has led to challenges such as unclear roles, delayed drug supplies, and political interference (Tsofa et al., 2017). Prakash's (2015) emphasis on strengthening regulatory approaches for complex health systems reinforces the need for Turkana County to develop tailored frameworks that address both public sector governance and private sector engagement. In Turkana County, the absence of a clearly specified fiscal policy for the devolved health sector has hindered effective implementation, highlighting the need for tailored interventions to strengthen local capacity and ensure equitable resource allocation.

Research Gap

While studies have explored the relationship between fiscal decentralization and healthcare outcomes, few have examined the moderating role of policy frameworks in this relationship, particularly in marginalized regions like Turkana County. This study addresses this gap by investigating how policy frameworks influence the association between fiscal decentralization and healthcare service delivery, providing insights into strategies for improving healthcare outcomes in resource-constrained settings.

Theoretical Review

Institutional Theory (DiMaggio & Powell, 1983)

Institutional Theory examines how organizations adopt structures and practices to conform to external expectations, emphasizing three isomorphism mechanisms: coercive (regulatory pressures), mimetic (imitation of successful models), and normative (professional standards). Its strength lies in explaining why organizations often prioritize legitimacy over efficiency, particularly in resource-scarce environments where symbolic compliance with policies may mask operational deficiencies. However, the theory has been criticized for underestimating agency and local adaptation, as it assumes homogeneous responses to institutional pressures without accounting for contextual constraints or strategic resistance.

Institutional Theory provides a powerful lens for investigating how policy frameworks influence the decentralization-healthcare relationship by focusing on the institutional environments that shape policy effectiveness. The theory's core premise – that organizations adopt structures and practices to conform to external expectations rather than solely for efficiency – directly aligns with the study's objective of examining policy frameworks' moderating role.

Fiscal Decentralization Theory (Prud'homme, 1995)

Prud'homme's (1995) theory identifies four key risks of fiscal decentralization: (1) weakened macroeconomic stability from uncoordinated local spending, (2) exacerbated regional inequalities due to varying local capacities, (3) inefficient service provision when local governments lack expertise, and (4) increased corruption risks from fragmented oversight. The theory offers a perspective on decentralization, arguing that its benefits are often overstated in developing contexts. While its strength lies in exposing decentralization's potential pitfalls – particularly relevant for resource-scarce regions – the theory has been criticized for its overly pessimistic view, underestimating local governments' ability to develop capabilities over time.

The theory's central contention - that fiscal decentralization creates four fundamental risks (macroeconomic instability, regional inequalities, inefficient service provision, and corruption) - directly informs the study's objective by framing policy frameworks as essential mitigating mechanisms. It posits that without deliberate policy interventions, decentralization's potential benefits for healthcare delivery will be undermined by these systemic risks, particularly in developing contexts like Turkana County. Prud'homme's (1995) skepticism about local governments' readiness for fiscal responsibilities justifies the study's focus on policy frameworks as moderating variables rather than assuming automatic benefits from decentralization. His emphasis on the political economy of decentralization directs attention to how power dynamics and institutional constraints might limit policy effectiveness in Turkana's context.

III. Methodology

Research Philosophy and Design

The study adopted an interpretivist research philosophy, which emphasizes understanding human behavior and social phenomena within their specific contexts (Alharahsheh & Pius, 2020). This approach was chosen to explore the subjective meanings, cultural influences, and contextual factors shaping fiscal decentralization and healthcare service delivery in Turkana County. A descriptive research design was employed to examine the relationship between fiscal decentralization, policy frameworks, and healthcare service delivery. This design facilitated the collection of diverse data and enabled the comparison of study variables (Castleberry & Nolen, 2018).

Variables and Measurement

The study focused on these key variables to examine the relationship between fiscal decentralization, policy frameworks, and healthcare service delivery. The dependent variable was healthcare service delivery, measured through these indicators; healthcare accessibility, patient support, and affordability of healthcare. The independent variable was fiscal decentralization (measured by revenue decentralization, expenditure and technical support structures). The moderating variable was policy framework, assessed through regulatory, distributive, procedural, and equity indicators. These variables were operationalized to capture the multifaceted nature of fiscal decentralization and its effect on healthcare service delivery in Turkana County.

Unit of Analysis and Target Population

The unit of analysis was healthcare facilities in Turkana County. The target population included 271 individuals from key stakeholder groups, such as county health and finance officials, hospital administrators, and community health representatives. A census approach was used, as the population size was manageable.

Data Collection Instruments

Data were collected using semi-structured questionnaires and interview schedules. Questionnaires were administered to Sub-County Hospital Heads, Community Health Volunteer Coordinators, and Health Centre Committee Chairpersons, while interviews were conducted with county health and finance officials. Electronic tools, such as Google Forms and Kobo Collect, were used for online data collection, while physical questionnaires were distributed to respondents within Turkana County. Data collection was completed within three weeks, with follow-ups conducted to ensure response completeness.

Pilot Study

A pilot study was conducted in West Pokot County, which shares socio-cultural similarities with Turkana County. The pilot involved 27 respondents and aimed to test the validity and reliability of the data collection instruments. Feedback from the pilot study was used to refine the tools before the main data collection exercise. The study ensured reliability by measuring internal consistency using Cronbach's Alpha, with a threshold of 0.6 to 0.8 indicating acceptable reliability (Cooper & Schindler, 2014). Validity was ensured through content validity (expert assessments), construct validity (operationalization of variables), and face validity (supervisor reviews). The study adhered to established validity indices to ensure the accuracy and relevance of the instruments.

Data Analysis

For data analysis, both quantitative and qualitative techniques were employed. Descriptive analysis included frequencies, proportions, means, and standard deviations to summarize respondent characteristics and responses. Inferential analysis used multiple linear regression to model the relationship between fiscal decentralization, policy frameworks, and healthcare service delivery, with diagnostic tests (normality, linearity, multicollinearity, and homoscedasticity) conducted to validate regression assumptions. Qualitative analysis involved content analysis to categorize and interpret open-ended responses, providing deeper insights into the study's findings.

Empirical Model

The study adopted a multiple linear regression model to examine the relationship between fiscal decentralization (FD), policy frameworks (PF), and healthcare service delivery (HSD). The model is represented as:

$HSD=\beta_0+ \beta_1 FD+ \beta_2 PF + \beta_3(FD\times PF) + \varepsilon$

Where:

HSD = Healthcare Service Delivery

FD = Fiscal Decentralization

PF = Policy Framework

$FD\times PF$ = Interaction term for Fiscal Decentralization and Policy Framework

β_0 = Constant term

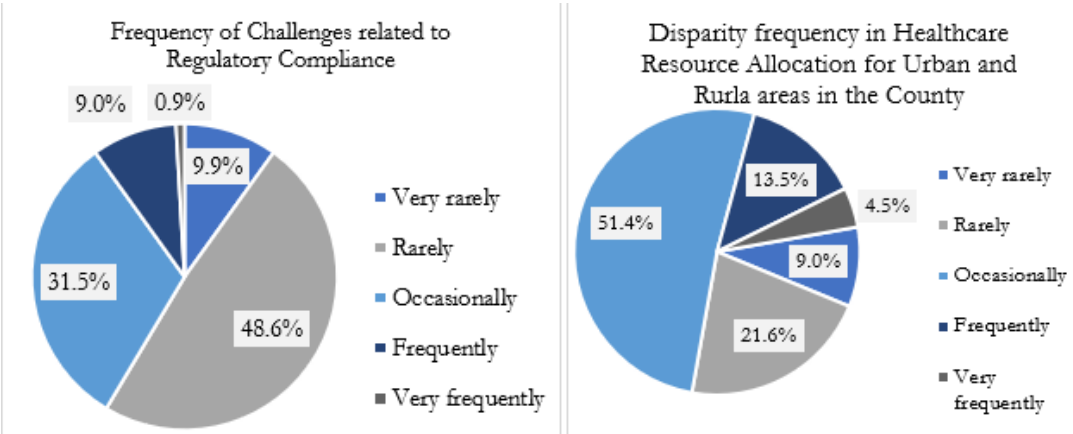
β_1, β_2, β_3 = Coefficients for FD, PF, and the interaction term

ε = Error term

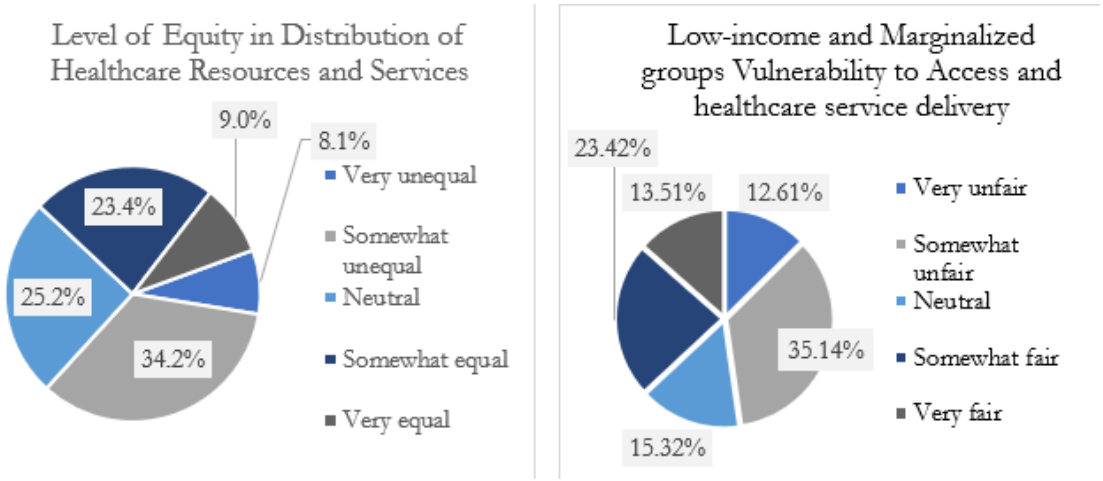
The moderation effect was tested using the stepwise approach proposed by Baron and Kenny (1986), with criteria for no moderation, partial moderation, and complete moderation.

IV. Results

The study achieved a high response rate of 90.41%, with only 9.59% non-responses. This high response rate was attributed to consistent follow-ups during data collection, despite the vast and clustered distribution of respondents across Turkana County. The data collection period was extended from one month to four months (November 2023 to February 2024) to accommodate follow-ups and ensure a robust dataset. The study examined the role of policy frameworks in fiscal decentralization and healthcare service delivery in Turkana County using four sub-constructs: regulatory, distributive, procedural, and equity aspects. A majority of respondents (65.8%) agreed that policy frameworks significantly influenced fiscal decentralization and healthcare service delivery. However, challenges related to regulatory compliance were frequently reported, with 48.6% of respondents indicating that such challenges occurred rarely, while 31.5% reported them occasionally. Disparities in healthcare resource allocation between urban and rural areas were also noted, with 51.4% of respondents observing these disparities occasionally and 21.6% reporting them rarely.



Regarding equity in healthcare resource distribution, 34.2% of respondents felt that resources were somewhat unequally distributed, while 25.2% were unsure. Only 23.4% believed the distribution was somewhat equal. Similarly, 35.1% of respondents felt that healthcare accessibility for vulnerable populations (e.g., low-income individuals and marginalized groups) was somewhat unfair, while 23.4% viewed it as somewhat fair. A smaller proportion (13.6%) considered it very fair, and 12.6% deemed it very unfair.



Quantitative Findings

Regulatory aspects were moderately supported, with a mean of 3.4 and a standard deviation (SD) of 1.2. For example, 24.7% and 27.3% of respondents agreed that regulatory frameworks supported healthcare service delivery. Distributive aspects were neutrally agreed upon, with a mean of 3.2 and SD of 1.2. Only 16% and 21.1% of respondents agreed that fiscal decentralization improved healthcare accessibility, while 26.5% disagreed. Procedural aspects were not supported, with a mean of 2.6 and SD of 1.1. Transparency in fiscal decentralization processes was questioned, with 37.1% and 22.5% of respondents disagreeing that procedures were transparent. Equity aspects were also disagreed upon, with a mean of 2.1 and SD of 1.1. Only 13.8% and 2.2% of respondents agreed that current policies adequately addressed the healthcare needs of disadvantaged groups.

Qualitative Responses

Respondents highlighted the positive effects of policy frameworks on decision-making processes and healthcare priorities in Turkana County. Key benefits included expedited decision-making, as policy frameworks enabled timely responses to emerging healthcare issues. They also enhanced provider effectiveness by creating a conducive environment for healthcare providers, fostering innovation and efficiency. Additionally, policies facilitated strategic resource allocation, ensuring that resources were directed to critical healthcare areas and pressing needs. Furthermore, policy frameworks promoted community alignment by aligning healthcare priorities with community needs, fostering public participation, and driving continuous improvement in service delivery. However, challenges such as recurrent health issues, dependency on external funding, and bureaucratic inefficiencies persisted, underscoring the need for further policy interventions.

Hypothesis Testing: Moderating Effect of Policy Framework

The study aimed to examine the moderating effect of policy frameworks on the relationship between fiscal decentralization and healthcare service delivery in Turkana County, Kenya. The null hypothesis (H_0) stated that policy framework did not have a moderating effect on the relationship between fiscal decentralization and healthcare service delivery in Turkana County, Kenya. To test this hypothesis, multiple regression analysis was conducted.

Moderating Effect of Policy Framework

The regression results showed an adjusted R-squared value of 0.002, indicating that the model explained only 0.2% of the variation in healthcare service delivery, with the remaining 99.08% explained by variables outside the model. The ANOVA results revealed that the regression model was not statistically significant, with an F-ratio of 1.015 and a p-value of 0.985, which is above the threshold of 0.05. This suggests that the moderated effect of fiscal decentralization and policy structures did not significantly influence healthcare service delivery.

The regression coefficients further confirmed this finding. Fiscal decentralization was not significant ($\beta = 0.002$, $t = 0.037$, $p = 0.970$), and policy frameworks had a negative coefficient that was also not significant ($\beta = -0.015$, $t = -0.119$, $p = 0.905$). These results indicate that introducing a moderating variable into the model did not yield significant statistical value, as the p-values exceeded the 0.05 threshold.

Moderating Effect of the Product of Policy Framework and Fiscal Decentralization

The interaction term between fiscal decentralization and policy framework was also analyzed. The model summary showed an R-squared value of 0.007, indicating that only 0.7% of the variation in healthcare service

delivery could be explained by the interaction effect. The ANOVA results revealed that the regression model was not statistically significant, with an F-ratio of 1.072 and a p-value of 0.363, which is above the 0.05 threshold.

The regression coefficients for the interaction terms were all non-significant. Fiscal decentralization was not significant ($\beta = -0.189$, $t = -1.615$, $p = 0.109$), policy framework were not significant ($\beta = 0.096$, $t = 0.607$, $p = 0.545$), and the interaction term was also not significant ($\beta = 0.001$, $t = 0.048$, $p = 0.962$). These findings confirm that there is no moderating effect of policy frameworks on the relationship between fiscal decentralization and healthcare service delivery in Turkana County. Therefore, the null hypothesis (H_0) was not rejected.

Comparative Findings

These findings align with Rutto, Minja, and Kosimbei (2022), who highlighted the reliance on intergovernmental fiscal transfers in Kenya, which accounted for over 85% of sub-national government finances. However, their study did not focus on the health sector, differing conceptually from the current research.

V. Conclusion

The findings of this study indicate that policy frameworks partially moderate the relationship between fiscal decentralization and healthcare service delivery in Turkana County. While fiscal decentralization has a direct effect on healthcare outcomes, its full potential can only be realized through the establishment of robust policy frameworks that guide the operational and strategic aspects of the devolved health sector. Policy frameworks have the potential to amplify the positive effects of fiscal decentralization, ensuring that resources are allocated efficiently, accountability is enhanced, and healthcare services are aligned with community needs. Therefore, strengthening policy frameworks is essential for maximizing the benefits of fiscal decentralization and improving healthcare service delivery in Turkana County.

This study advances institutional theory and fiscal decentralization theories by revealing how policy frameworks operate as incomplete moderators in marginalized contexts. While institutional theory predicts that formal policies create isomorphic pressures for compliance, study results demonstrate limited institutionalization – policy frameworks showed weak moderating effects) despite 65.8% of respondents acknowledging their importance, reflecting a decoupling between formal adoption and implementation. Similarly, Prud'homme's (1995) warnings about decentralization risks materialized in Turkana's inequitable resource distribution (34.2% reported "somewhat unequal" allocation) and procedural gaps (37.1% nontransparent processes), but the study extends the theory by identifying specific conditions under which policy frameworks *can* mitigate these risks: when they address local capacity constraints and political economy barriers unique to arid regions.

The findings generate new theoretical propositions. First, they reveal that policy frameworks' moderating power depends less on design than on enforcement ecosystems (e.g., accountability mechanisms like Community Score Cards with 3.4 mean adoption). Second, they challenge Prud'homme's (1995) deterministic view by showing that even partial policy implementation (evidenced by 23.4% "somewhat equal" distribution) can incrementally improve decentralization outcomes when tailored to local institutional realities. This suggests a revised model for marginalized regions: policy frameworks must combine coercive isomorphism (strict oversight) with normative isomorphism (professional training) to overcome the "empty shell" effect observed in Turkana's healthcare system.

This study ultimately demonstrates that policy frameworks—though currently operating as partial moderators—hold transformative potential to bridge the gap between fiscal decentralization and equitable healthcare delivery in Turkana County. The empirical evidence reveals a paradox: while 65.8% of stakeholders recognize the importance of policies, their weak institutionalization (evidenced by inequitable resource distribution and procedural gaps) reflects a systemic decoupling of design from implementation. Yet, the findings offer a path forward. By anchoring policy frameworks in enforcement ecosystems—such as mandatory accountability tools (e.g., Community Score Cards) and context-specific adaptations for arid regions—counties can disrupt the 'empty shell' effect of decentralization. The theoretical contribution is clear: effective moderation requires policy frameworks to transcend symbolic adoption and embrace hybrid isomorphism, blending coercive oversight (to counter political economy barriers) with normative capacity-building (to address local constraints). For Turkana and similar marginalized contexts, the imperative is not merely to strengthen policies, but to reimagine them as dynamic instruments that actively reshape decentralization's risks into measurable health gains.

VI. Recommendation

To enhance the relationship between fiscal decentralization and healthcare service delivery, it is crucial to implement sound policy reforms and upgrade health facilities' communication infrastructure in line with modern technology. Strengthening the policy framework will ensure that it effectively moderates and amplifies the benefits of decentralization. Policies should be aligned to support efficient resource allocation, accountability,

and community-focused healthcare delivery, ultimately maximizing the positive impact of fiscal decentralization in Turkana County's healthcare sector.

The path forward for Turkana County lies in transforming its policy framework from a passive moderator into an active catalyst for healthcare decentralization. This study has revealed the critical disconnect—while fiscal autonomy exists in principle, its benefits remain constrained by policy frameworks (weak enforcement) and contextual adaptability (procedural gaps). The recommendations for tech-enabled infrastructure and policy reforms must therefore address this dual deficiency: first, through 'smart decentralization' policies that hardwire accountability via digital tools like blockchain-tracked budgets and AI-audited procurement systems; second, through arid-specific policy provisions that allow flexible reallocation of funds during droughts and mobile health service mandates. Such targeted reforms would operationalize the study's theoretical breakthrough—proving that in marginalized regions, effective policy frameworks must combine the coercive force of automated compliance mechanisms with the normative power of community-embedded oversight. By engineering policies that both compel equitable resource distribution (addressing Prud'homme's warnings) and nurture local ownership (resolving institutional decoupling), Turkana County can pioneer a model where fiscal decentralization and policy frameworks work in tandem as mutually reinforcing drivers of health equity.

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