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FINANCIAL ALLOCATION AND HEALTH SERVICE DELIVERY IN LAIKIPIA COUNTY, KENYA

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ABSTRACT

The County Integrated Development Plan (CIDP) is a strategy framework for resource allocation, policy implementation, and service delivery in Kenya's devolved governance system. The study assessed the effects of financial allocation on health service delivery. the study was founded on the Resource-Based View theory. The study was carried out using a descriptive survey design where data collection and analysis methods included both qualitative and quantitative. From a target demographic of 800, 260 respondents were sampled for a survey using stratified, simple random, convenience, and purposive sampling methods. Questionnaires were administered to doctors, nurses, and clinical officers while interviews done for service recipients, caregivers, administrators, and directors in the Laikipia County health facilities besides and CECs. Data was summarized using means, percentages, standard deviations, and frequencies, while regression analysis used for inferential statistics. Thematic analysis was used to examine qualitative data. The study's findings established a positive significant relationship between financial allocation (r=0.853) and health service delivery. The research showed that timely and adequate financial allocation has significant effect on the quality of health service delivery results for Laikipia County. The study suggested timely release of funds for health services as well development of spending monitoring systems to enhance accountability.

Keywords: *County Integrated Development Plan, Financial allocation, Health service delivery, Laikipia County*

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INTRODUCTION

Health systems are vital because organized healthcare services support populations' health and economic growth. According to the WHO (2010), good health services are only possible when infrastructure, people, money, and medical technology work together. Globally, integrated development planning has developed as a critical governance framework for connecting local development aspirations with national and international objectives, notably in the health sector. In India, district-level health planning has helped to enhance mother and child health outcomes by improving resource allocation and community engagement (Bhattacharyya et al., 2020). Similarly, in Brazil, municipal health plans as part of decentralized government have greatly improved primary health care delivery in underprivileged areas (Paim et al., 2011). These worldwide experiences emphasize the necessity of consistent implementation frameworks, stakeholder participation, and performance monitoring. Integrated Development Planning has become very useful for linking resource allocation to public health needs.

In Sub-Saharan Africa and other developing countries, using integrated strategies under a decentralized government is becoming increasingly important. African countries reformed decentralization to give more authority to regional governments, making health services more accountable and allowing communities to shape planning (Tsofa et al., 2017; Mcpake et al., 2020). Though decentralization is generally accepted, countries have sometimes struggled due to weak institutions, a lack of local funds, and disconnected ways that services are offered (Boex & Yilmaz, 2016). In South Africa and Uganda, governments have introduced integrated development plans to combine infrastructural work, health reforms, and social improvement activities (Lewis, 2014). However, local governments' ability to translate these plans into results differs nationwide. For many counties and municipalities, a lack of money, unavailable skills, and infrastructural issues slow down the achievement of health service goals (Sumah & Baatiema, 2018).

With the introduction of the 2010 Constitution in Kenya, the country moved to a devolved system, giving 47 county governments the power to make and provide health services. County Integrated Development Plans were created as five-year plans meant to direct all development efforts within a county (Republic of Kenya, 2012). The law requires them to connect sectoral programs and budget plans for delivering health services. Now that devolution is in place, counties can design local answers to health issues by joining what is needed locally with planning and resource alllocation (Tsofa et al., 2017). Despite these positive developments, there have been many difficulties in rolling out these plans in Kenya. Barasa et al. (2017) found that although county governments have advanced in constructing facilities and recruiting health staff, resource use is still unequal, and inefficient procurement plans slow down health targets.

The study was conceptualized to review how resource allocation affects the health sector service delivery at Laikipia County. According to the Kenya National Bureau of Statistics (2019), there are over 500,000 people in Laikipia, and many of them depend on public health services. The first and second planning cycles between 2013 and 2017 and between 2018 and 2022 prioritized health. They set goals for greater physical infrastructure, more access to vital drugs, and increased medical staff. According to reports from the Controller of Budget (2020), although much of the county's budget is set aside for health, challenges in handling the funds have caused the services to remain constant. The national treasury delays budget payments, and poor supervision leads to differences between planned care and actual provision. Additionally, problems with buying supplies and political influence have made it difficult for health projects to be carried out without delay (Chege, Mutua & Kimani-Murage, 2020).

Laikipia County's service delivery in the healthcare sector and the execution of the development plans confront several obstacles that impede intended results. A disconnect often exists between policy formation and successful implementation. Nyamongo et al. (2018) emphasize the ongoing difficulty of inadequate institutional capacity and governance frameworks, which impede the translation of development goals into actual achievements. More specifically, insufficient finance and financial management create significant

barriers to service delivery and program implementation in the health sector. Studies have shown that fiscal restrictions and inefficiencies in resource allocation contribute to gaps in healthcare infrastructure, staffing, and the availability of critical drugs and equipment (Muriithi & Ogendo, 2020). The difficulty of integrating multiple partners and aligning their efforts toward common health goals is an additional impediment (Maina et al., 2019). The absence of analysis grounded on local data regarding how implementation problems and funding limits affect Laikipia County leaves a significant gap. Thus, this study assessed the effects of financial allocation on health service delivery in Laikipia County.

LITERATURE REVIEW

Theoretical Review

This segment shows how the Resource-Based View Theory provides the foundation of a matured view on the interconnectedness between financial allocation and health service delivery. Proponents of the Resource-Based View Theory argue that an organization's internal resources are critical drivers of competitive advantage and successful performance (Barney, 2000). The theory posits that unique resources, namely competent staff, efficient financial procedures, and sturdy infrastructure, may give a long-term advantage since they are valuable, rare, inimitable, and non-substitutable. In the context of Laikipia County's health service delivery, leveraging specific financial components, namely budgetary allocation and the timely disbursement of funds, can significantly improve the implementation of the County Integrated Development Plan. The county can enhance health outcomes and service delivery efficiency by prioritizing and effectively utilizing these core financial resources.

The allocation of financial resources is directly linked to the quality and availability of services provided to the public. In decentralized governments, the ability to mobilize and efficiently allocate revenue dictates the extent to which local authorities can deliver essential services (Scott, 2021). Therefore, adequate budgetary allocation and the timeliness of these funds are instrumental in determining changes in service availability, affordability, and overall effectiveness. However, critics of the Resource-Based View Theory argue that it is overly inward-looking and may overlook external influences, namely legislative changes, economic circumstances, and competitive pressures (Barney et al., 2021). They argue that the focus on internal financial resources may lead to complacency and a failure to respond to external opportunities and dangers. In the case of Laikipia County, this might imply inadequate attention to larger health policy shifts, donor finance dynamics, or developing health problems that necessitate adaptive responses outside the present financial base. Furthermore, opponents point out that not all resources can be classified easily. Some critical resources, namely health data systems or inter-county cooperation, may not fit neatly into this category but are nevertheless crucial for successful health outcomes.

The Resource-Based View theory helps explain how Laikipia County's Development Plan is implemented and impacts health services through the strict lens of financial management. The theory maintains that a county's ability to deploy and wisely manage its finances, particularly through precise budgetary allocation and timely fund release, affects its performance and gives it a competitive advantage in service provision. The theory points out that the amount and effectiveness of financial resources determine whether local governments can follow through on planned priorities and provide needed health care to the community. This study looked at how Laikipia County applies its financial resources to highlight the impact of internal funding capabilities on planning and health service outcomes.

Empirical Review

According to the Laikipia County Government (2018), the health sector receives a significant portion of its budget, reflecting its importance in the CIDP. However, despite these allocations, challenges such as delayed disbursements, mismanagement of funds, and limited financial capacity hinder the full realization of the CIDP's health objectives (Laikipia County Government, 2018).

The financial allocation on health service delivery is a vital component that greatly influences the quality and accessibility of healthcare worldwide. As per the World Health Organization (WHO), there is a significant disparity in health expenditures across different countries, which directly impacts health outcomes and underscores the global relevance of this topic (World Health Organization, 2020). Countries with high economic levels, such as the United States, often allocate a substantial portion of their gross domestic product (GDP) to healthcare, exceeding 17%, which enables advanced medical technologies and comprehensive health services (OECD, 2022). Conversely, low-income countries frequently allocate less than 5% of their GDP to health, leading to limited availability of essential health services, poorer health outcomes, higher mortality rates, and a greater burden of disease (World Bank, 2020).

Several research have investigated the crucial problem of health-care delivery finance in Africa, revealing diverse insights through various research designs and outcomes. The World Health Organization (WHO) conducted a descriptive study in 2019 to examine budget allocations on health; using national health accounts and budget reports, the research found that most African countries allocate less than 5% of their GDP to health services. This insufficient funding leads to inadequate health infrastructure, medical personnel shortages, and limited access to essential medicines. A 2025 report by the African Union (AU), a mixed-methods approach was used, combining quantitative analysis of health spending data with qualitative interviews of health ministry stakeholders, highlighted that many African countries rely heavily on donor funding—often accounting for over 50% of total health expenditure. This dependency makes health systems vulnerable to shifts in donor priorities and global economic conditions, impacting health services' continuity and long-term sustainability.

A review by Ifeagwu et. al. (2021) on health financing for universal health coverage (UHC) in Sub-Saharan Africa, using a systematic review, analyzed 39 studies, categorizing them based on themes examples include national health insurance, community-based health insurance, tax-based finance, and donor funding. This review found that donor funding remained a significant source of health financing, but its instability often led to disruptions in health service delivery when priorities shifted or funds diminished. Despite developing national health insurance schemes in some countries, overall coverage remained low.

In Malawi, a sequential exploratory mixed-method study combining semi-structured interviews and self-administered questionnaires focused on identifying primary constraints on public healthcare delivery identified inadequate and late funding as major issues affecting delivery. This study revealed that these financial issues compromised healthcare quality and recommended diversifying revenue sources and integrating health insurance systems to enhance funding stability and improve service delivery. Similarly, another study by WHO on the role of PPPs in Africa highlighted how PPPs leveraged private sector resources to expand access and improve quality. However, it noted that without strengthening overall health systems, PPPs alone were insufficient to achieve UHC. Integrating health insurance schemes, particularly those catering to the informal sector, was crucial for advancing UHC goals (WHO, 2023).

Additionally, research by Ifeagwu et. al. (2021) focusing on health insurance schemes in Ghana and Rwanda, proved the benefits of community health insurance plans in prioritizing the informal sector. These schemes improved access to healthcare services despite challenges sustaining enrollment and ensuring equity. The success of these schemes in Ghana and Rwanda underscored the importance of inclusive insurance systems for moving towards UHC. Collectively, these studies illustrated the need for diversified funding mechanisms, strengthened health systems, and inclusive insurance schemes to ensure equitable and sustainable health service delivery across Africa (Ifeagwu et al., 2021).

A World Bank study in 2020 on health resource allocation used a cross-sectional design and conducted surveys in health facilities and households, uncovering significant disparities in health resource allocation between urban and rural areas. The study found that rural regions often face severe shortages in health services, resulting in worse health outcomes and increased death rates due to higher costs and logistical

challenges. Conversely, a 2022 longitudinal cohort study by Global Health Watch tracked health outcomes over five years in various African countries and found that those with higher health service funding – meeting or exceeding the 5% GDP recommendation – exhibited improved health infrastructure, increased availability of medical personnel, and better access to essential medicines. These countries also showed better overall health outcomes, such as lower infant mortality rates and life expectancy. These studies emphasize the need for adequate, stable, and equitable health funding across Africa to enhance health outcomes and build resilient health systems (WHO, 2022).

Several studies (Kairu et al., 2021; Oraro-Lawrence & Wyss, 2020; Zeng et al., 2022) have also examined Kenya's health financing issues using different methodologies, providing a comprehensive view of the challenges and potential solutions. A World Bank (2020) descriptive analysis of national health expenditure data highlighted that Kenya's underfunding leads to service delivery gaps, particularly in rural and underserved areas. This study emphasized the need for increased health spending and equitable resource allocation, aligning with the CIDP aimed at decentralizing and improving healthcare services at the county level. The study's findings stress that addressing these disparities is essential for enhancing overall health outcomes (BioMed Central).

Another significant study by the African Development Bank (2021) used a mixed-methods approach combining quantitative analysis of National Hospital Insurance Fund (NHIF) coverage data with qualitative interviews with healthcare sector stakeholders. This study revealed that while the NHIF has expanded coverage, significant segments of the population remain uninsured, especially in rural regions, and must pay out-of-pocket for healthcare treatments. These out-of-pocket payments present a significant barrier to access, especially for low-income households. The study recommended addressing inefficiencies in fund management and ensuring the inclusion of informal sector workers to enhance health financing and coverage, which are critical for the successful implementation of CIDPs (Hanif & Musvoto, 2023).

A policy analysis by the Kenya Institute for Public Policy Research and Analysis (KIPPRA, 2020) examined health sector performance indicators and budget allocation reviews. The analysis identified disparities in health outcomes between urban and rural populations, noting that counties with higher health investments had better health indicators. KIPPRA's study emphasized the importance of efficient and equitable resource allocation to improve overall health outcomes. These findings support the CIDP's goal of decentralizing health services and improving funding distribution to reduce disparities and enhance healthcare accessibility across all counties (Dieleman et al., 2018).

Implementing the CIDP effectively involves addressing these key issues by increasing health expenditure to meet or exceed the 5% GDP threshold recommended by WHO, improving the efficiency and equity of resource allocation, and ensuring robust management of health insurance schemes like NHIF. By focusing on these areas, Kenya can enhance its health service delivery, reduce disparities between urban and rural areas, and achieve more equitable health outcomes for all its citizens. The studies underscore the critical need for targeted investments and policy reforms to strengthen Kenya's health system and ensure sustainable health development (WHO, 2018).

The influence of budgetary allocation on health-care delivery in Laikipia County is evident in various health outcomes and service accessibility. Studies have shown that increased and well-managed funding can lead to improved health infrastructure, better staffing levels, and enhanced service delivery, particularly in rural and underserved areas of the county. The current study, therefore, investigated the influence of CIDP implementation with a keen interest in financial allocation on health service delivery in Laikipia County, Kenya.

Based on the theoretical and empirical conceptual framework in Figure 1 was developed showing the association between the independent variable, which is the financial allocation, and health service delivery (dependent variable).

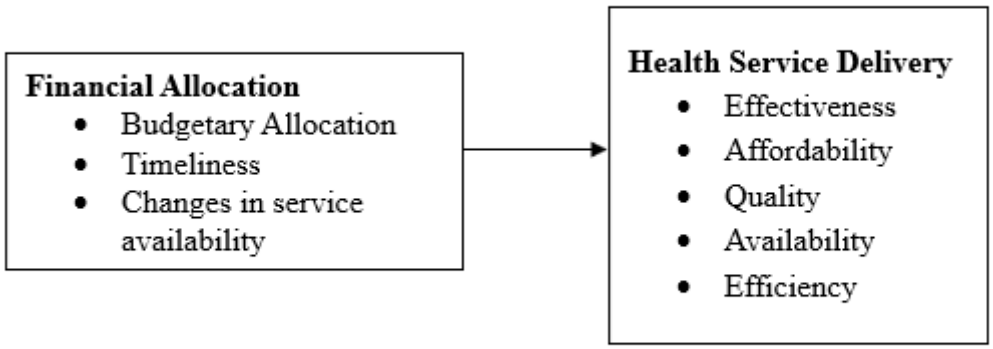

Figure 1: Conceptual Framework

METHODOLOGY

The study This study adopted a descriptive research design to examine the effects of County Integrated Development Plan implementation on health service delivery in Laikipia County. A descriptive design was appropriate because it enabled the collection of detailed data from a large sample, provided a practical basis for describing the existing state of phenomena, and facilitated the identification of patterns and trends without modifying the study environment (Creswell & Creswell, 2021; Ghanad, 2023). The target population comprised 800 individuals, specifically doctors, nurses, clinical officers, administrators, directors, service recipients, caregivers, and County Executive Committee members (CECs) drawn from health facilities within Laikipia County. Using a combination of simple random, stratified, purposive, and convenience sampling techniques, a sample size of 260 respondents was selected based on the Krejcie and Morgan table, maintaining an overall county sample size percentage of 32.5%.

Data were collected using semi-structured questionnaires, structured interview guides, and document analysis. Questionnaires were administered both physically and online to doctors, nurses, and clinical officers, while interviews were conducted with service recipients, caregivers, administrators, directors, and CECs. Document analysis of county health records supplemented the primary data. After collection, the quantitative data were cleaned, coded, and analyzed using SPSS version 27.0. Descriptive statistics, including standard deviations, frequencies, averages, and percentages, summarized the data. Inferential analysis employed the Pearson Correlation Coefficient to determine variable relationships, ANOVA to compare means, and regression analysis to test the hypotheses. Thematic analysis was performed on the qualitative data. The study specifically tested the hypothesis (H_{01}) that there is no significant effect of financial allocation on health service delivery in Laikipia County at a 95% confidence level.

FINDINGS

This The study objective was to establish effects of financial allocation and health service delivery in Laikipia county, Kenya. The findings are based on 161 duly completed questionnaires by doctors, nurses, and clinical officers who work at health facilities in Laikipia county and the 53 administrators in the Laikipia County health facilities, directors, service recipients, caregivers, and CECs who were interviewed.

Descriptive Statistics for Financial Allocation at Laikipia County

The study began by seeking to understand the status of financial allocation at the county using descriptive statistics. Results in Figure 2 show that most health facilities do not receive financial allocations as planned in the CIDP as indicated by 60% of the respondents with 40% indicating their facilities receive the allocation as planned.

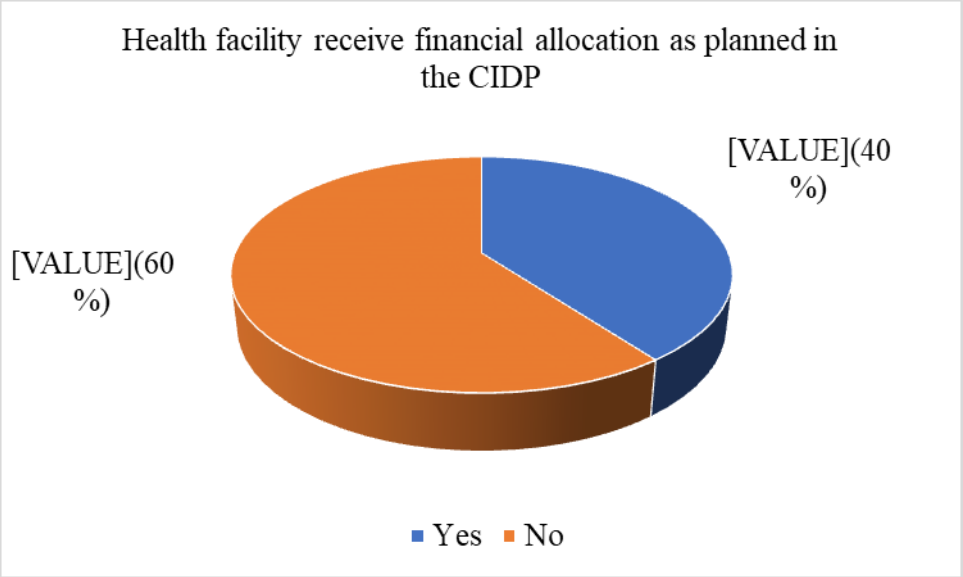

Figure 1: Financial Allocation as Per CIDP

Table 1 presents summary of the responses from doctors, nurses, and clinical officers' perceptions about financial allocation and health service delivery on statements given on a Likert scale. The study results were summarized into three main categories during the analysis which included SD and D for disagreement and N for neutrality and A and SA for agreement.

Table 1: Financial Allocation and Service Delivery

Statement	SD	D	N	A	SA	Mean	SD.
Financial allocations directly determine whether or not essential medicines and equipment are available.	0%	0%	0%	52%	48%	4.48	0.63
The allocations are also done in line with the priorities set out in the County Integrated Development Plan.	4%	8%	13%	58%	17%	3.76	1.01
Delays in disbursement of allocated funds negatively affect health service delivery.	0%	0%	0%	34%	66%	4.66	0.59
The level of financial allocation directly influences the availability of medical supplies and equipment.	0%	0%	3%	55%	42%	4.39	0.81
Financial allocations under the CIDP have reduced disparities in health service delivery within the county.	0%	0%	20%	53%	27%	4.06	0.94
Average						4.27	0.80

From Table 1, all participants 161 (100.0%) agreed with the statement "Financial allocations directly determine whether or not essential medicines and equipment are available." This result suggests that healthcare facilities need funding to operate their services. The researcher found that some facilities faced stock shortages and equipment unavailability because of restricted and postponed financial support. The mean score of 4.48 shows majority of the participants strongly agreed about financial importance to the health facilities. The standard deviation score stands at 0.63 which suggests minimal response variation indicating consistent experience patterns across different facilities.

Moreover, majority of respondents, 121 (75.2%), agreed that "the allocations are also done in line with the priorities set out in the County Integrated Development Plan." This finding implies that most respondents believe planning and operational activities stay properly aligned. The researcher observed that budget documents contained CIDP priorities yet actual budget implementation occurred with different levels of consistency. The mean score of 3.76 shows that participant agree that allocations follow CIDP plans to some extent. Likewise, the standard deviation of 1.01 shows moderate variability which indicates differing experiences between different hospital departments and facilities.

Similarly, most respondents, 161 (100.0%), agreed that "delays in disbursement of allocated funds affect negatively health service delivery." The findings show that funding timeframes are also critical as the funds to be disbursed. The researcher found three major issues in the facilities which involved delayed procurement activities, postponed outreach operations, and delayed construction projects because of funding distribution delays. The high mean score of 4.66 reflects very strong agreement with the statement while a low standard deviation at 0.59 proves that all participants agree about funding delays being a common problem.

Further, majority of respondents 156 (96.9%) expressed their agreement with this statement "The level of financial allocation directly influences the availability of medical supplies and equipment." This result suggests that participants maintain a clear connection between funding and the ability to obtain better supply access. The researcher found that facilities which received more financial support experienced reduced occurrences of stock shortages. The mean score of 4.39 thus demonstrates strong agreement that allocation levels have major effects on facility operations. The standard deviation of 0.81 shows limited variability, meaning respondents largely shared similar experiences regarding funding adequacy.

Finally, majority 128 (79.5%) of the survey participants agreed that "Financial allocations under the CIDP have reduced disparities in health service delivery within the county." This result imply that people feel hopeful but they doubt the system will achieve fair results. The researcher observed better conditions in marginalized areas but found persistent social discrepancies. The average value of 4.06 indicates agreement which shows a positive impact. The standard deviation value of 0.94 shows moderate differences which means the uneven benefits in the facilities across the sub-counties.

Qualitative Results on Financial Allocation and Health Services

Likewise, from the interviews, majority of service recipients stated yes, they noticed health service modifications which they believed stemmed from the County Integrated Development Plan (CIDP) application (17 Respondents). One of the service recipients stated;

> I have observed several enhancements which have taken place in this health facility. The medical facility provides an increased number of rooms since its previous state while it has improved its service organization.

Moreover, the service recipients observed that healthcare services became more accessible because maternal, child health services, and basic diagnostic tests appeared in their area which prevented patients from needing to travel to distant hospitals (12 Respondents). One service recipient observed that;

> Basic diagnostic services have become better than they were before. The facility now provides medical testing which was previously unavailable to us thus these tests help us reduce our transportation expenses.

Further, majority of the health facility administrators and directors observed that the medical centers reached better drug stock levels while their health systems operated smoothly yet patients faced extended waiting periods because of insufficient medical personnel and rising patient numbers (4 Respondents). They all together noted that their facility expansion programs failed to recruit sufficient staff members which created operational difficulties for their facilities. For instance, an administrator explained;

> Our health facility now has better drug stock levels than before but the patient population has grown which causes patients to wait for extended periods.

Similarly, most common theme from the interviewed CECs was that healthcare funds for CIDP programs are disbursed according to the facility's level, number of services provided, the population size, and the strategic goals which CIDP has established (2 Respondents). The respondents further emphasized that allocation process depends on equity consideration, yearly work plans, and budget ceilings. A CEC explained;

> The distribution of funds depends on two factors: the facility's operational level and the complete range of services which it delivers.

Moreover, another top theme from the CEC members on the multiple obstacles which prevent them from successfully implementing CIDP health programs included late fund distribution, insufficient budget provisions, procurement process delays, and staff shortages in the workplace (2 Respondents). The respondents also emphasized political interference and changing priorities which made it difficult to follow the original schedule. A CEC noted;

> The planned projects face execution delays because financial resources become unavailable for funding their implementation.

Finally, the common suggestions by interviewed CECs included, evidence-based planning needs better support through proper funding which must happen at the right time to achieve better health results from CIDP programs (2 Respondents). The recommendations proposed to boost health sector funding through enhanced financial management systems which would improve budget monitoring and evaluation systems. The respondents pointed out that CIDP development needs better involvement from all relevant stakeholders who should include health professionals and community members. A CEC explained;

> The CIDP implementation process would benefit from quick funding allocation and enhanced tracking systems.

Inferential Analysis

The research then employed inferential statistics for data analysis to enable the researcher reach conclusions about the entire population through the examination of sample data. Correlation analysis was conducted as part of the inferential statistics to determine the strength and direction of the relationship between financial allocation and health service delivery. Pearson correlation results showed a strong, positive, and statistically significant relationship between financial allocation and health service delivery, $r = .853$, $p < .01$.

Multiple regression analysis was further conducted to establish how changes in financial allocation, human technical capacity, physical infrastructure, and health system equipment influenced health service delivery in Laikipia County. The model summary indicated the coefficient of determination ($R^2 = .816$) shows that the four predictors together explain 81.6% of the variation which occurs in health service delivery through their

combined effect. This demonstrates a significant contribution of financial allocation, human technical capacity, physical infrastructure, and health system on better health service delivery in facilities in Laikipia County.

The ANOVA results demonstrated that the entire regression model is statistically significant ($F = 115.49$, $p < .05$). The analysis shows that the independent variables work together to create a strong prediction for health service delivery and the model produces results which exceed what random chance would produce.

The coefficient estimates show that financial allocation ($\beta = 2.617$, $p < .05$) was the strongest predictor. The regression model predicts that financial allocation together with human technical abilities, physical facilities, and health system equipment positively affect health service delivery outcomes. Financial allocation stands as the primary factor which determines service availability, operational efficiency, and service quality through its requirement for proper funding timing and amounts.

Noteworthy, the research findings from this study show strong agreement with previous studies which established that financial allocation serves as the primary factor for health service delivery. The research findings align with Laikipia County Government (2018) findings which showed that health financing receives priority during planning stages yet service delivery faces problems because of slow fund allocation and operational problems. The findings further agree with World Bank (2025) who established that healthcare systems fail to maintain services as they do not receive enough money at the right times.

Similarly, the research findings support the work of Ifeagwu et al. (2021) who discovered that health service delivery experiences service interruptions because of the unstable funding systems which operate in Sub-Saharan Africa. Further, the research by Oraro-Lawrence and Wyss (2020) showed that funding implementation differences between Kenyan counties result in various health results throughout the different regions. Thus, the study strengthens previous literature by establishing that financial allocation influences health service delivery only when backed by efficient implementation and proper governance structures.

Likewise, the research study establishes its main strength through direct connections between county planning activities and actual service delivery at the front lines which offering a grounded understanding of how financial decisions impact health service delivery. The research study gathers viewpoints from various health system stakeholders which advances previous studies that used budget documents without linking them to actual service delivery outcomes. However, the research findings show only one complete planning cycle which restricts the ability to understand how financing changes will impact future situations. For Laikipia County, the study's findings suggest that improving health results depends less on budget prioritization but more on expenditure control, strengthening fund release, and accountability mechanisms. Thus, the current financial allocations would bring actual health service improvements to all facilities once implementation gaps get resolved.

CONCLUSION AND RECOMMENDATIONS

The research output demonstrated that financial allocation led to major effects on how health facilities function throughout Laikipia County. While planning mechanisms function well, weaknesses in actual CIDP implementation undermine the desired results. Financial allocation serves as the main factor which directs resources but staffing shortages together with infrastructure problems and equipment shortages limit its effectiveness. The research shows that health service delivery reaches its highest performance when financial allocation aspects are coordinated.

The study proposes that there be established time-based release rules for health funds with the need to develop instant spending monitoring systems and enhance accountability systems to bridge the difference between sanctioned budgets and actual healthcare service results.

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