

Effects of Resources Availability on the Capacity to Conduct Social Accountability in Health Community Based Organizations in Kajiado County

Nyaga Juster Gatumi*

Senior Lecturer, School of Management and Leadership, Management University of Africa

*Correspondent Author

DOI: <https://doi.org/10.51584/IJRIAS.2024.909035>

Received: 07 September 2024; Accepted: 14 September 2024; Published: 14 October 2024

ABSTRACT

The general objective of the study was to establish the effects of resource availability on the capacity to conduct social accountability among community-based organizations (CBOs) in Kenya with a specific focus on health-related CBOs in Kajiado County. The study was triggered by the fact that since devolution in Kenya, pressure has been put on local CBOs to engage with county leadership and hold them accountable to communities they serve. As a result of this, local communities, development partners and the county governments have put a lot of expectations on the CBOs. This has been more pronounced in sectors such as healthcare, which were fully devolved under the current constitutional dispensation. Despite this expectation, there is a dearth of information on whether the CBOs have lived to this expectation and whether they have the capacity to support social accountability initiatives. This study will be useful to development partners, county governments and donors in providing insights on key areas they need to focus their attention on in order to support the local CBOs to play their important role in promoting social accountability. In order to achieve the stated objectives, the study employed a descriptive research study design, and targeted a population comprising of the Twenty-eight CBOs implementing health related interventions in Kajiado County. The study primarily made use of the primary data which was collected using a structured questionnaire. The data was grouped, organized and categorized according to specific objectives and research questions. Analysis was done using descriptive statistics (frequency counts, percentages, mean and standard deviation) and inferential statistics including correlation and regression. A multiple linear regression model was used to analyze the data and establish the relationship between independent and dependent variables. Statistical Package for Social Sciences (SPSS) version 20.0 was used for analysis, and data was presented using tables. The study results indicate that there is a strong and positive correlation between availability of resources ($r=0.567$) and capacity to conduct social accountability in health community-based organisations. Increase in the availability of resources at the disposal of CBOs increase their capacity to conduct social accountability. The way in which CBOs addresses the issue of resource availability determines their capacity to conduct social accountability. The study concluded that improved availability of resources for health CBOs enhances their capacity to conduct social accountability. Future studies should replicate this study in other counties in Kenya to unearth the status of social accountability in community-based organizations.

Terms: Accountability, Civil Society Organization, CBOs, Health CBOs, Social Accountability

INTRODUCTION

According to Malena, Forster and Singh (2004), accountability is defined as the obligation of power-holders to account for or take responsibility for their actions. Power-holders refer to those who hold political, financial or other forms of power. They include officials in government, private corporations, international financial institutions and civil society organizations (Malena *et al.*, 2004). The concept of social accountability requires that individuals, agencies and organizations are held responsible for executing their powers as per defined standards (UNDP, 2010).

Accountability is a relationship between duty bearers and citizens in which the performance of duty bearers is subject to oversight by citizens. In order to exercise this oversight, two distinct mechanisms must be in place. Firstly, answerability which is the obligation of public officials to inform and explain what they are doing. Secondly, enforcement which is the ability to impose sanctions on those who violate their mandate. According to UNDP report (2010), social accountability is a specific type of accountability which emerges from actions by citizens and Community Based Organization (CBOs) aimed at holding the state to account. It also refers to the efforts by government and other actors such as the media, private sector and donors, to support these actions (UNDP, 2010).

Global experience has shown that social accountability initiatives can be catalytic and that they increasingly play a critical role in securing and sustaining governance reforms that strengthen transparency and accountability (Ashley et al., 2019). Evidence generated globally indicates that social accountability can contribute to improved governance and development effectiveness through improved service delivery. Social accountability building blocks include obtaining information, analyzing information, and disseminating information. It also includes mobilizing support, and advocating for change. Success factors in social accountability include access to and effective use of information, civil society and state capacities and synergy between the two. Effectiveness and sustainability of social accountability is improved when they are institutionalized, and when the state's internal mechanisms of accountability are rendered transparent and open to civic participation. Social accountability is also effective when it is linked to existing governance structures and service delivery systems. Three main arguments underlying the importance of social accountability globally include improved governance, increased development effectiveness, and community empowerment.

Accountability by public officials defines the foundation of good governance and is a prerequisite for an effective democracy. At the present time, when notions of citizens' rights and responsibilities are evolving and expanding, relations between citizens and their governments are characterized by what some have termed a crisis of legitimacy (Gaventa, 2002). It is worth noting that citizens in both the North and South express growing disillusionment with their governments citing a lack of responsiveness, abuse of discretion, corruption, favoritism and weak accountability on the part of public officials and bureaucrats (Narayan et al., 2000).

In most developing countries, the effectiveness of horizontal form of accountability has proved limited. The principal traditional vertical mechanism of accountability, which is through elections, have also proved to be a weak instrument for holding government officials and employees accountable for their actions. It is envisaged that social accountability mechanisms allow ordinary citizens to access required information, voice their concerns, and demand accountability in between elections. Emerging social accountability practices are aimed at enhancing the ability of citizens to go beyond mere protest, and move towards engaging with leaders in a more informed, organized, constructive and systematic manner, and hence increasing the chances of effecting positive change. Social accountability is more relevant in situations when government fails to deliver important services to its citizens, mostly due to misallocation of resources, corruption, weak incentives or a lack of articulated demand. It also comes about when governments formulate policies in a non-transparent manner that goes against the interests and priorities of the poor. These problems are perpetuated when actors in public policy and service delivery policy makers, service providers and citizens have different and conflicting goals and incentives. It is also compounded by information asymmetries and lack of communication among the actors. Social accountability mechanisms can go a long way toward improving the effectiveness of service delivery and making public decision-making more transparent, participatory and pro-poor. This is achieved through enhancing the availability of information, strengthening citizen voice, promoting dialogue and consultation between the groups of actors and creating incentives for improved performance. Poor people have the most to gain from social accountability initiatives due to the fact that they are most reliant on government services and least equipped to hold government officials to account.

At its broadest sense, social accountability can be understood as the expansion of freedom of choice and action. Studies have shown that dissatisfaction with government relates largely to issues of responsiveness and accountability. Narayan et al. (2000) notes that poor people report that state institutions are often neither responsive nor accountable to the poor. By simply providing critical information on rights and entitlements and soliciting systematic feedback from people, social accountability provides a means to increase the voice of vulnerable groups. This enhanced voice increases the chance of greater responsiveness on the part of the state to

the needs of the poor. Key challenges of effective and pro-poor social accountability are reaching out to poor people with the support they need to initiate their own social accountability actions and ensuring that social accountability mechanisms are designed in the interest of the poorest.

In sub-Saharan Africa, concerns have been raised regarding the quality of services delivered and health outcomes (Ashley et al., 2019). For instance, in the health sector, existing health system bottlenecks such as drug shortages, disrespect of patients in public health facilities, health workers' focus on donor funded activities that offer access to per diems are among the factors that affect health service functioning in Sub-Saharan African countries (Danhoundo et al., 2018). Key international commitments such as the 2008 Accra Agenda for Action and the 2005 Paris Declaration on aid effectiveness emphasized country ownership for development policies through citizen engagement. In this sense, social accountability becomes a process in which citizens are engaged to hold politicians, policy makers and public officials accountable for the services they provide. In health care, social accountability is a participatory citizen engagement in which citizens are recognized as service users who are ultimately impacted by health care decisions, and can effect change in health policies.

In Kenya, decentralization under the 2010 Constitution sought to fundamentally strengthen the relationship between government and citizens. According to Chitere and Ileri (2004), devolution refers to moving decision making and resources away from the centre to the periphery. As noted by Oloo (2006), devolution in Kenya is seen as a way to institutionalize citizen participation in development planning, opportunities for political participation and to enhance communities' sense of ownership. The Constitution provides the overarching legal framework for a comprehensive rights-based approach to provision of health services. According to the constitution, every person has a right to the highest attainable standard of health. This includes reproductive health rights, right to accessible to reasonable standards of sanitation, right to be free from hunger and have adequate and quality food, right to clean and safe water in adequate quantities and that no one shall be denied emergency medical treatment (GOK, 2010).

Undoubtedly, devolution was built on the assumption that it will result in decisions that reflect local needs and priorities. Public Participation is made Kenya's governance system focal point by the constitution (GOK, 2010). Participation of the people is well recognized in Article 10 of the Kenyan Constitution as part of the principle of governance and national values. Further, Article 174 (c) provides that devolution aim is to enhance the participation of people in the exercise of power of the state and in making decisions affecting them. According to Devas and Grant (2003), most local government systems offer few other opportunities for citizens to participate, particularly for the poor, and few mechanisms of accountability.

Local governments in Kenya have traditionally offered minimal scope for citizen participation or accountability. But this is beginning to change mainly as a result of performance conditions applied through the recently introduced Local Authorities Transfer Fund (LATF), together with an increasingly active civil society. A critical evaluation of the systems of accounting and accountability for the Constituency Development Fund (CDF) in Kenya suggests that there need to have a new framework of accounting and accountability that places the goals and aspirations expressed in public discourse at the center of accountability. CDF's systems of accounting and accountability are skewed towards the needs of centralized national planning and development, contrary to its expressed aim of bringing about citizen's participation in development (Nyamori, 2009). Factors like committed local leadership, central monitoring of performance, articulate civil society organizations and the availability of information are critical. There is no obvious guarantee that decentralized decision-making will be inclusive of the poor (Devas & Grant, 2003).

Strengthening public participation and governance is a core element in Kenya's strategy to accelerate growth and address long-standing inequalities in economic opportunities, investment, and service delivery in different parts of the country (Findings, 2020). Service delivery in key sectors such as healthcare, water and agriculture were handed over to the county governments under the current constitutional dispensation. This situation creates the imperative for proper management of financial resources, implying that improved delivery of public services under devolved governance can be enhanced through increased citizen engagement with these devolved units. Devolution presents citizens with increased opportunities to participate in governance processes at the county level, including participatory planning, participatory budgeting and monitoring executive implementation of development projects and programmes (World Bank, 2017). These are important means through which communities can hold leaders accountable in the management of public resources thereby contributing to

improvements in public service delivery at the county level.

Civil Society Organization's capacity to conduct Social Accountability

Practices in implementing the concepts of social accountability mechanisms in Kenya includes participatory budgeting, public expenditure tracking, monitoring of public service delivery, investigative journalism, public commissions and citizen advisory boards. A key feature of such practices is the increased reliance on CBOs to influence government priorities for spending and reform, and monitoring public expenditures (Ahmad, 2008). Some of the best social accountability models have been initiated at the local level, through civil society and local government usually with external donor support. This signals the importance of reaching down to local levels for innovations.

Malena et al. (2004) indicates that the concept of social accountability is emerging as a promising focus area for development agencies. The citizen and civil society involvement in monitoring and accountability is becoming even more critical to ensure development effectiveness (Malena et al., 2004). Development agencies such as The World Bank is promoting social accountability initiatives several countries through support to initiatives undertaken by CBOs, local government sensitization and capacity building, sharing of experiences and lessons learned, and the introduction of social accountability mechanisms within World Bank supported projects programs. In order to ensure greater accountability of governments to their citizens in all sectors, social accountability mechanisms are expected to be institutionalized as part of existing governance and service delivery systems.

CBOs have played a critical role in promoting and delivering socio-economic development, social justice, fundamental rights and freedoms, good governance and democratic development. They provide avenues and opportunities for participation in decision-making in every level of society, and empower organizations and individuals to deal with problems relating to welfare services, welfare service delivery or neglect. CBOs also provide technical support in policy formulation and implementation processes especially in the social development sectors both locally and nationally, as well as a wide variety of other results for the benefit of Kenyans (PBO Act 2013). Studies across African countries demonstrate that despite the fact that social accountability is strongly influenced by many factors, such initiatives can still work in difficult contexts (Malena & McNeil, 2010). The studies demonstrate what can happen when governments and civil society work together to institute accountability measures, and the implementation challenges they face in environments ranging from decentralized to more centralized

According to the Kenyan constitution 2010, the Kenyan health sector is currently fully devolved, and the county government has the full responsibility in ensuring that the county health system is fully functional. In this context, social accountability is being emphasized as a means of responding to the needs of communities. This includes the needs and aspirations of service providers in their desire to provide services that are responsive to the client needs as envisaged in Vision 2030, the Kenya Health Policy 2013-2030, Kenyan Constitution and the County Government Act 2012. Kenya Health Policy (2014) emphasizes social accountability as one of the principles of health service delivery. Equity, people-centered approach, participatory approaches to delivery of interventions, and multi-sectoral approach to maximizing health goals and efficiency in application of health technologies are other important principles outlined by the policy. This is expected to translate ultimately into better health in a responsive manner (Machira *et al.*, 2015)

Determinants of Civil Society Organization's capacity

Despite the fact that CBOs now have the possibility to reach high level government officials, such access has not led to an optimal level of transparent information-sharing or increased their influence on policy-making (Malena et al., 2004). Despite the fact that social movements are rising in number and growing in strength many of them are still relatively weak, and lack the required capacities to propose and to advocate for the interventions at policy or program level that could influence the desired change. Measures should therefore be taken to empower CBOs and other social movements through capacity building actions and other legislative frameworks. CBOs and other social movements need to be recognized as equal partner in the governance process, and there is need to create institutionalized mechanisms for engaging citizens and CBOs in policy making. This study therefore seeks to

the factors influencing the capacity of CBOs to conduct social accountability in Kajiado County. The study will be looking at key factors including legitimacy status of CBOs, knowledge and skills of CBOs, CBOs access to vital information and availability resources and how they influence social accountability and its key outcomes.

Danhoundo et al. (2018) notes that despite the increasing use of social accountability, there is limited evidence on how it has been used in the health sector in sub-Saharan Africa. The findings from systematic reviews indicate that effective social accountability interventions involve leveraging partnerships and building coalitions, being context-appropriate, integrating data and information collection and analysis, having clearly defined roles, standards, and responsibilities of leaders, and facilitating meaningful citizen engagement (Danhoundo et al., 2018). Danhoundo et al. (2018) further notes health system barriers, corruption, fear of reprisal, and limited funding appear to be major challenges to effective social accountability interventions.

Civil Society Organization's profile

The study targeted CBOs implementing health initiatives from Kajiado County, Kenya. The County is one of the six counties in the Nyanza region. The land surface area of the County is 2,530km² and the water surface area is 1,005 km². It borders Busia, Vihiga, Kakamega, and Kisumu County to the South. The county has six sub counties namely; Alego-Usonga, Bondo, Gem, Rarieda, Ugunja and Ugenya sub-Counties. Kajiado County is among the top ten counties with the worst maternal health indicators in Kenya (UNFPA 2014). According to KDHS 2014, the county has poor health indicators; for instance, the maternal mortality ratio stands at 691/100,000 compared to 488/100,000 live births in Kenya. The under-five mortality stands at 102/1000 compared to 74/1000 nationally. These poor maternal health indicators are exacerbated by a high HIV prevalence which stands at 17.8% compared to 5.6% in the rest of Kenya.

Incessant development needs in Kajiado County include fragile health systems, lack of community participation in their own health and weak linkages with the health system. Local Community Based Organizations (CBOs) lack the capacity to effectively engage with health issues. In its County Integrated Development Plan (2017-2022), Kajiado county government has already prioritized empowerment of communities to participate actively in development planning, prioritization and monitoring and evaluation. In order to achieve all these, social accountability becomes a very important tool.

Statement of the Problem

Since devolution in Kenya, pressure has been put on CBOs to conduct social accountability by engaging with the counties. This has been more pronounced in sectors such as healthcare, which were fully devolved and handed over to the county governments. In the health sector, for instance, CBOs have made efforts to hold the county government accountable through conducting social audits, supporting planning and prioritization, budget tracking, and community score cards. A growing body of evidence shows that social accountability efforts can serve to create new effective vertical mechanisms of accountability, and can also strengthen existing horizontal ones (Malena et al., 2004).

Although CBOs have the possibility to reach high level government officials as a result of devolution, such access has not led to an optimal level of transparent information sharing or increased their influence on policy-making (Malena et al., 2004). The CBOs have not been very effective as many of them are relatively weak, and lack the requisite capacities to advocate for policy change. The CBOs are struggling with clarifying their legitimacy as social and political actors and their accountabilities to key stakeholders that ensure that they contribute to the public good (Bottomley., 2014). Better answers to questions about legitimacy and accountability are critical to mobilizing allies as well as public support.

The Public Benefits Organization Act 2013, has acknowledged the role of CBOs in promoting and delivering socio-economic development, social justice and good governance. It has also outlined the role of CBOs in policy formulation and implementation processes. Despite all this, no deliberate efforts have been made to look into the capacity of these CBOs to deliver the expectations, and no investments have been made to strengthen the capacities of these CBOs to deliver these expectations. Lately, donors and development actors have been keen on engaging CBOs to support social accountability in the various counties. This has delivered mixed results due

to a number of factors bordering weak capacity of CBOs.

Despite that fact that government information regarding strategic plans, annual plans and budgets and expenditure reports are available, the CBOs still seem to lack information on how to access vital information. They also seem to lack the skills to analyze this information and use it to support advocacy activities at the county level. They also need to understand the planning and budgeting cycle to enable them identify the timing of their interventions. Lack of all this hinders CBOs meaningful participation in planning, budgeting and audits at county level. World bank report (2017) points out that concerns have been expressed that public participation meetings too often turn into CBOs presenting wish lists in an unsystematic way making it difficult to translate them into practical development projects.

Although studies have been done social accountability in general and the role of CBOs, no studies have been done to look at the various critical success elements. This is very important as it would serve to inform development actors and donors on areas to focus attention on so as to strengthen social accountability initiatives. There is a dearth of information on whether these CBOs have the capacity to effectively conduct social accountability and also critical areas to strengthen. It is noteworthy that despite the various efforts by development partners to support social accountability efforts by CBOs Kajiado region, where health indicators are very poor, no study has been done in the region to assess factors influencing the success of such initiatives among the CBOs.

Objectives of the Study

The main objective of the study was to assess the influence of resources availability affects capacity to conduct social accountability in Health CBOs in Kajiado County.

Significance of Study

The findings of this study is anticipated to increase the knowledge of county governments on what is required in order to develop policies and programmes that are responsive to the needs of poor and vulnerable communities. The study will provide valuable insights on key priority areas to focus on in order to strengthen citizen and CBOs participation in governance issues, and to develop pro-poor policies and programmes.

The findings of this study will help stakeholders to change their perception on how they perceive CBOs, understanding that they have a significant role in improving service delivery, promoting community empowerment and strengthening development effectiveness. The study will provide insights on key elements among CBOs that require strengthening so as to improve their participation in social accountability. They will know areas that they need to strengthen as they seek to engage CBOs in social accountability initiatives. The study will aid in developing and updating existing guidelines and tools for promoting social accountability at the local level.

The study will provide useful information to policy makers on the importance of citizen participation in development planning, implementation and monitoring. It will provide insights on role of CBOs and citizens on development of pro-poor policies and programmes. It will give insights to policy makers on areas that needs to strengthened in policies that seek to improve citizen participation in governance processes.

LITERATURE REVIEW

Theoretical Literature review

Efficiency Theory

According to Sullivan and Shefrin (2003), economic efficiency refers to the use of resources to maximize the production of goods and services. An economic system is said to be efficient when it can provide more goods and services without using extra resources. A situation can be referred to as economically efficient if no one can be made better off without making someone else worse off. This situation is commonly referred to as Pareto

efficiency. No additional output can be obtained without increasing the amount of inputs. Production output is at the lowest possible per-unit cost. These definitions of efficiency are not exactly equivalent, but they all encompass the idea that a system is efficient if nothing more can be achieved given the available resources.

There are two main strains in economic thought on economic efficiency which emphasize the distortions created by governments failure to grant and respect the independence of opinion and management of CBO's (Sullivan and Shefrin (2003). This dialogue is referred to as economic liberalism. It is used to refer to particular views advocating for laissez faire management styles often employed by CBO's. There are differences in views on microeconomic versus macroeconomic efficiency, some advocating a greater role for government in one sphere or the other (Barr, 2004).

Allocative efficiency is a situation where the price of a product that the market is supplying is equal to the value consumers place on it. Productive resources are scarce and therefore resources must be allocated to various industries in appropriate quantities. Allocative efficiency is satisfied if the equilibrium is at the point where marginal cost is equal to average revenue which is the case for the long run equilibrium of perfect competition. Barr (2004) states that productive efficiency is when units of goods are supplied at the lowest possible average total cost in the market.

The Efficiency Theory is applicable to this study as donor agencies aim at having the maximum possible impact on the societies in which they institute programs. However, they can only do this in partnership with the CBO's, county government, national government in a country. The Efficiency theory refers to the capacity of the implementing partner, which constitutes CBO's in Kajiado County to produce desired program results with minimum resources. Funds received by CBO's in Kajiado County Government for the development programs have to be efficiently utilized so as to achieve their stated objectives. This can only be ensured by effectively looking into the CBO's board's composition, financial management, transparency and accountability, skills and training by staffs as well as compliance in regard to legitimacy.

Empirical literature review

Resources are defined as means of attaining given ends, for instance, individual wants and social objectives. Resources take their meaning from the ends which they serve. Resources of any kind or quality have their important bearing on both the sectoral and integrated development of a region, however small or big. The earth has been endowed with natural things which may act as powerful resources. Until things are used in favor of satisfying human needs, even the rich endowments of the earth are not called resources. Zimmermann (1933) states that resources are not; they become, and neutral substance acquires the status of a resource once it is recognized as having some functional value. McManus (2005) defines a resource as that which could build the source of human satisfaction, wealth or strength, social stability and cultural as well as physical attributes.

While evolving a precise operational definition of resources for human development and societal as well as individual welfare, the quantity and quality, transformability of resources must be clearly understood and assessed. As ends change, means must also change. The statements of Zimmermann (1933) clearly states that resource creation is a function of space and time. With increasing knowledge, function of resource may enhance over time.

There is a tendency across all sectors especially within the development sector for CBOs to form an overreliance on international donor funding streams, putting themselves in a vulnerable position in the case of donor withdrawal (Sontag- Padilla et al., 2012). It is noteworthy that several factors inhibit the ability of local organizations to acquire financial support beyond donor aid. CBOs face a diverse range of contextual factors which challenge their capacity to strengthen their financial sustainability. Social stigma, poor economic conditions, restrictive government regulations, lack of local culture of philanthropy, taxation regimes, competition between CBOs, and lack of access to skilled labor, limit the ability of a CBO to operate independently (Leon, 2001; Dharmapala and Khanna, 2016). Internal dynamics, such as organizational culture, management capacities, internal governance structures, and financial planning mechanisms can severely impact an organizations' ability to build its financial sustainability (Lewis, 2017; Muriithi, 2014; Omeri, 2015).

In recognition of these issues, studies have been conducted exploring the various methods CBOs can employ to

overcome systemic challenges and improve their sustainability. Diversification of revenue sources is considered key to ensuring financial sustainability and is by far the most cited approach within literature (Omeri, 2015; Froelich, 1999; Gras and Mendoza-Abarca, 2012; Holloway, 2001; Leon, 2001). Authors advocating for diversification argue that sustainability can be achieved through acquiring a multitude of external and domestic funding sources, ranging from donor support to alternative approaches. Such alternative approaches include social enterprise models, private businesses, the corporate sector, microcredit and social investments (Gras and Mendoza-Abarca, 2012; Holloway, 2001; Froelich, 1999; Leon, 2001). There is evidence that utilizing multiple distinct funding sources leads to greater costs and additional administrative burdens, which may be beyond the capacity of smaller CBOs to manage (Carroll and Stater, 2008).

Internal dynamics and mechanisms of a CBO may determine their capacity to be financially sustainable. When an organization has sound administration and robust financial and strategic planning, they are far more likely to be financially sustainable than they would be without these characteristics (Leon, 2001). Strong monitoring and evaluation and strong financial systems are also linked to maintaining strong donor relationships, reinforcing the capacity to acquire additional funding in the future (Ebrahim, 2005). Reporting mechanisms have also been tied to negative impacts on CBOs in cases where reporting supersedes the importance of implementing the intended project. In this case the organization's achievements and longevity suffers as a result (Jaysekera and Soobaroyen, 2017).

Civil Society Organizations may be able to resist coercive pressures by accessing funding from a variety of resource holders (Froelich, 1999). However, a paradox of the legitimacy literature is that organizations may face pressure from different constituents to adopt different practices driven by different values. Fassin (2009) adds that social enterprises would be faced with multiple and conflicting demands. The existing research literature is unable to answer the question; how can social enterprises accessing startup funding from a variety of resource holders negotiate multiple and conflicting demands

Conceptual framework

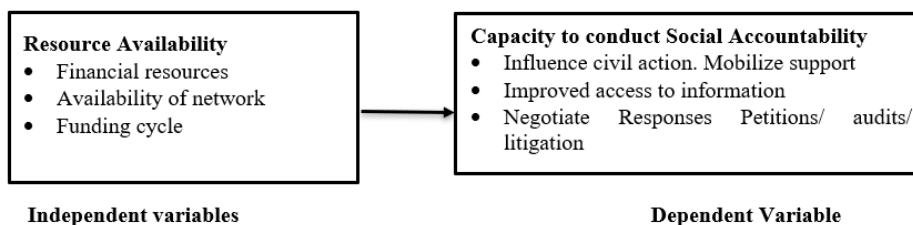


Figure 1: Conceptual Framework

RESEARCH METHODOLOGY

According to Kombo and Tromp (2006), research design is the structure of research. It is defined as the glue that holds the elements of research project together. The study employed a descriptive survey research design. Descriptive research is the description of the state of affairs as they exist (Kombo and Tromp, 2006). Orodho (2003) notes that it is a method of collecting data by interviewing and administering a questionnaire to a sample of individuals. Target population as the total number of subjects that are of interest to the researcher (Oso and Onen, 2005). This study targeted a population comprising of the Twenty-eight CBOs implementing health related interventions in Kajiado County. The unit of analysis was the Twenty-eight of the local CBOs in Kajiado County. A sampling design is the method of selecting items to be observed for a given study (Kothari, 2014). This study used Census Method because the targeted population was small. Twenty-eight CBO's which were duly registered at the time of study and were implementing health related interventions in Kajiado County. The total respondents were 56, two from each organization representing one senior level management staff and one middle level management staff.

The study used questionnaire because it is suitable in obtaining data on group attitudes and perception to bring to the fore the problems they encounter and suggest possible solutions (Cornwall and Gaventa, 2000). The questionnaire included both open ended and closed ended questions, and was divided into sections intended to

extract specific information from the respondent. Each section addressed specific objectives and sought to answer specific research questions. Tools were pretested for appropriateness and completeness before actual data collection. The purpose of piloting the instruments was to ensure that items in the instruments are stated clearly and have the same meaning to all respondents (Mugenda and Mugenda, 2003). It helps the researcher to be able to assess the clarity of the instruments and their ease of use. Pilot testing helps prevent costly mistakes and therefore an important step in the research process.

Validity indicates the degree to which an instrument measures what it is supposed to measure; the accuracy, soundness and effectiveness with which an instrument measures what it is intended to measure (Kothari, 2014). The validity of the questionnaire was established by constant consultation from the experts and research books. Borg and Gall (2016) argue that content reliability of an instrument is improved through expert judgment. Following the pilot study, reliability of the research instrument was tested using Cronbach's Alpha was used to measure the internal consistency of the research instrument. The alpha value ranges between 0 and 1 with reliability increasing with the increase in value. Coefficient of 0.7 is a commonly accepted rule of thumb that indicates acceptable reliability and 0.8 or higher indicated good reliability (Kothari, 2004).

After identifying the respondents, the questionnaire was administered through the emails and continuous follow up was done. During analysis, the data was grouped, organized and categorized according to specific objectives and research questions. Quantitative data captured were coded, entered and analyzed using frequency counts, percentages, means and standard deviation to allow for the use of descriptive statistic. Pearsons's correlations determined the strength of the relationship between variables. The multiple linear regression model was used to analyze the data and determine the relationship between independent and dependent variables. The study used Statistical Package for Social Sciences (SPSS) version 20.0 for analysis. The survey research is inherently intrusive and the data obtained could easily be abused. Thus, no harm was allowed to the respondents as a result of their participation in the research; the respondents' right to privacy was respected and were not subjected to any undue pressure. The respondents were provided with sufficient information about the survey so as to be able to give informed consent concerning participation and the use of the data collected. The information provided by the respondent was treated with confidentiality and for the research purpose only.

RESEARCH FINDINGS AND DISCUSSIONS

Bio Data

A total of 56 questionnaires were administered and 100% were returned by the respondents. The study collected demographic information about the respondents who represented the respective CBOs that constituted the sampling frame. Accordingly, the study shows that majority (57.1%) of the health CBOs staff interviewed were male members while the female counterparts represent 42.9 percent of the health CBOs staff in Kajiado County. These statistics imply that both males and females are actively involved in community development programmes in Kajiado County. Most of the respondents from the Health CBOs in Kajiado county have attained secondary education (33.9%) and college level of education (39.3%). On the contrary, only a few respondents had primary education (10.7%) while 16.1% of the respondents have undergone university education. From the findings, of the study, it appears that whereas most of the CBOs draw their memberships from educated members of the society, the level of education does not limit participation in health CBOs activities in the county.

Descriptive Statistics

This study also examined the relationship between resource availability to the health CBOs and the capacity to conduct social accountability. The results are presented in Table 1 below.

Table 1: Availability of Resources

Question	N	Min	Max	Mean	Std. Deviation
What is your average annual budget in (KES) per program cycle?	56	1	4	1.52	.894

How many partnering Organizations do you have within your networks	56	0	5	3.09	1.481
How often does your current/recent funding cycle coincide with your budgeting cycle?	56	1	4	2.34	.668
Does funding cycle affect your work, especially social accountability work	56	1	2	1.37	.489
How do you raise your finances to fund the programs?	56	1	4	2.43	1.386
Our CBO has adequate resources to support initiatives	56	1	5	3.50	1.375
Availability of resources influence CBOs capacity to conduct social accountability	56	3	5	4.64	.586
Valid N (listwise)	56				

The findings of the study indicate (Mean = 1.52; SD = 0.894) that majority of the health CBOs in Kajiado County operate under an annual budget ranging from 1-5 million shillings. However, some CBOs have an annual budget of less than Kenya Shillings 1 million. This is in concurrence with Carrol and Stater (2008) study which emphasized on the need for organizations to diversify their sources of funding. The results of the study also show (Mean = 3.09; SD = 1.481) that on average the health CBOs have 3 partner organizations although some have more or less number of partnerships for fundraising. Some of these stakeholders were identified to include Plan International, AMREF, Care, Ministry of Education, KEFRI, Ministry of Health, FIDA, Youth Enterprise fund, County Government of Kajiado among others. The respondents also indicated that the funding cycle affect their social accountability work especially due to the inadequacy of resources, constrained capacity and good will, delays in disbursement of resources as well as unexpected changes in the organizational plans.

In addition, the study revealed (Mean = 2.34; SD = 0.668) that the organizational funding cycles coincide with their budgeting cycles. On the same note, some of the respondents concurred (Mean = 1.37; SD = 0.489) that the funding cycles affect the social accountability work while others held a contrary opinion. The study also pointed out (Mean = 2.43; SD = 1.386) that the health CBOs rely on members, donor funding and in some instances government grants to raise finances for running their programs. However, on adequacy of the resources, the respondents indicated on average that they were not very sure (Mean = 3.50; SD = 1.375) though there were CBOs that raised concerns about inadequacy of financial resources. Besides, the respondents strongly concurred (Mean = 4.64; SD = 0.586) the availability of resources influence the organizations' capacity to conduct social accountability.

Four statements were presented to the respondents to state their level of agreement or disagreement with the statement regarding their CBOs capacity to conduct social accountability. Results are shown in the table below

Table 2: Capacity to Conduct Social Accountability

Statement	N	Min	Max	Mean	Std. Deviation
Our CBO is able to mobilize public support to influence action	55	2	5	4.45	.662
Our CBO is able to access all information required to facilitate public awareness	56	2	5	4.18	.855

Our CBO is able to negotiate responses from county leadership	56	2	5	4.25	.815
Our CBO is able to petition, audit and facilitate litigation	56	2	5	4.23	.874
Valid N (listwise)	55				

The findings which are presented above show (Mean = 4.45; SD = 0.662) that the health CBOs in Kajiado county have great potential to mobilize public support to realize their desired outcomes. The respondents largely confirmed (Mean = 4.18; SD = 0.855) that they access all information they require to facilitate public awareness and also concurred (Mean = 4.25; SD = 0.815) that the CBOs are capable of negotiating with the county leadership on undertaking development matters. The respondents also asserted (Mean = 4.23; SD = 0.874) that the CBOs can petition, audit and as well facilitate litigation in pursuit of social accountability.

Inferential Statistics

The correlation analysis table presents the relationships between each resource availability and the capacity to conduct social accountability.

Correlation Analysis

The correlation analysis table 3 presents the relationships between each independent variable and the dependent variable.

Table 3: Correlation Analysis

Variable		Capacity to conduct Social Accountability
Availability of Resources	Pearson Correlation	.567
	Sig. (2-tailed)	.000
	N	56
*. Correlation is significant at the 0.05 level (2-tailed).		

The study also revealed a positive and statistically significant correlation ($r = 0.567$; Sig = 0.000) between availability of resources and capacity to conduct social accountability which implies that improved availability of resources enhances the health CBOs' capacity to conduct social accountability.

Regression Analysis

Regression analysis was used to estimate the relationship between the study variables. It established if the relationship between independent variables and dependent variable were statistically significant. Table 4 presents the model summary, table 5 presents the analysis of variances while table 6 is the regression table which predicts the coefficients of the regression model.

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.700 ^a	.490	.450	.54080
a. Predictors: (Constant), Availability of Resources				

According to the findings presented in table, there is generally a strong and positive correlation ($R=0.70$) between the independent variables and the capacity of health CBOs' capacity to conduct social accountability. In addition, the regression model explains 49% of the variation in the CBOs capacity to conduct social accountability due to variations in resource availability.

Table 5. ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	14.342	4	3.586	12.260	.000 ^b
	Residual	14.915	51	.292		
	Total	29.258	55			
Dependent Variable: Capacity to conduct Social Accountability						

Table 6: Regression Table (Coefficients^a)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-1.436	.842		-1.704	.094
	Availability of Resources	.272	.189	.175	1.439	.156
a. Dependent Variable: Capacity to conduct Social Accountability						

The results of the regression analysis which are presented in table 6 shows the predicted betas for the independent variables as: X_1 - Availability of Resources ($\beta_2 = 0.272$) and a constant term of -1.436. Introducing the constant and the predicted values into the regression model yields:

$$Y = -1.436 + 0.272X_1$$

The model interpretation is that for the health CBOs capacity to conduct Social accountability (Y) to an increase by a unit, the regression model requires a combination of: a constant = -1.436; $0.272X_1$ (availability of Resources).

CONCLUSIONS

The study also concludes that improved availability of resources enhances the health CBOs' capacity to conduct social accountability. When CBOs strive to increase in the availability of resources at their disposal, they would imperatively increase their capacity to conduct social accountability, and that the way in which CBOs addresses the issue of resource availability determines their capacity to conduct social accountability. This is attributed to the inadequacy of resources, delays in disbursement of resources as well as unexpected changes in the organizational plans. The study also concludes that for social accountability to be effective, the resources available should be synchronized with the government planning and budgeting cycle. The study also established that resources could also be in the form of networks created and partnerships with other like-minded organizations, as this is also critical to successful social accountability initiatives.

RECOMMENDATIONS

it was also recommended that CBOs should put in place strong internal mechanisms to address inadequacy of resources as well as unexpected changes in the organizational plans. It is also recommended that donors should

address delays in disbursement of resources and also align disbursements to government planning and budgeting cycles. The study also recommends that for social accountability to be effective, it's important that CBOs form strong local networks to facilitate advocacy and enhance synergies.

REFERENCES

1. Ahmad, R. (2008). Governance, Social Accountability and the Civil Society, JOAAG, Vol. 3. No. 1
2. Ashley W, Wyss K, Shakarishvili G, Atun R, Don de Savigny D. Global health initiative investments and health systems strengthening: a content analysis of global fund investments. *Glob Health*. 2013;9(1):30. <https://doi.org/10.1186/1744-8603-9-30>.
3. Barnett, Michael. (2005). Stakeholder Influence Capacity and The Variability of Financial Returns to Corporate Social Responsibility. *Academy of Management Review*. 32. 10.5465/AMR.2007.25275520.
4. Bernard, R. (2017). Health information systems and accountability in Kenya: A structuration theory perspective. *Journal of the Association for Information Systems*, 18(12), 1.
5. Bhatt, Ganesh. (2001). Knowledge management in organizations: Examining the interaction between technologies, techniques, and people. *Journal of Knowledge Management*. 5. 68-75. 10.1108/13673270110384419.
6. Chitere, P., and Ileri, O. (2008), District Focus for Rural Development as Decentralized Planning Strategy: As assessment of its implementation in Kenya. Nairobi. University of Nairobi Press
7. Cornwall, A. and Gaventa, J. (2000) 'From Users and Choosers to Makers and Shapers: Repositioning Participation in Social Policy', *IDS Bulletin* 31.4
8. Danhondo, G., Nasiri, K., & Wiktorowicz, M. E. (2018). Improving social accountability processes in the health sector in sub-Saharan Africa: A Systematic review *BMC public health*, 18(1), 497.
9. Devas, N., & Grant, U. (2003). Local government decision-making- citizen participation and local accountability: some evidence from Kenya and Uganda. *Public administration and Development: The International Journal of Management Research and Practice*, 23(4), 307-316.
10. Findings, K. (2020). Kenya Devolution Working Paper - Summary Overview, 1–2.
11. Gaventa, J. and Valderrama, C. (2002) 'Participation, Citizenship and Local Governance –Background Paper for Workshop: Strengthening Participation in Local Governance', mimeo, IDS, Brighton, 21–24 June 1998, www.ids.ac.uk/particip (5 March 2002)
12. Kothari, C. R. (2004). *Research Methodology: Method and Techniques*. New Delhi, New Age International (P) Ltd.
13. Malena C, Forster R, Singh J. (2004) Social accountability: an introduction to the concept and emerging practice. In: Social development working papers series, paper no. 76. Social development Department of the World Bank
14. Machira, W., & Nizam, R. (2015). Integrating social accountability in healthcare delivery: lessons drawn from Kenya (English). Kenya devolution; no. 4. Washington, D.C. World Bank Group.
15. McNeil, Mary; Malena, Carmen. (2010). *Demanding Good Governance: Lessons from Social Accountability Initiatives in Africa*. World Bank. © World Bank. <https://openknowledge.worldbank.org/handle/10986/2478> License: CC BY 3.0 IGO.
16. Spierenburg, M. (2018). Civil Society engagement with land right advocacy in Kenya; what roles to play?
17. Narayan, D., Chambers, R., Shah, M.K. and Petesch, P. (2000) *Voices of the Poor: Crying Out for Change*, Washington, DC: World Bank
18. Jones, E. and Gaventa, J. (2002) *Concepts of Citizenship: A Review*, IDS Development Bibliography 19, Brighton: IDS
19. Human Rights Council of Australia (2001) *The Rights Way to Development: A Human Rights Approach to Development Assistance*, Maroubra, Australia: Human Rights Council.
20. Nyamori, R. O. (2009). Making development accountable: a critical analysis of the systems of accounting and accountability for the Constituency Development Fund in Kenya. *Journal of Accounting and Organizational Change*, 5(2), 197- 227.
21. Oloo A. (2006). *Devolution and Democratic Governance: Institute of policy Analysis and Research*
22. O'Meally, S. (2013). Mapping context for social accountability: A resource paper (p. 118) Social Development Department, World Bank.

23. Oso, W.Y., & Onen, D. (2005). A General Guide to Writing Research Proposal and Reports. A book for beginning Researchers, (2nd ed.). Makerere University press. Kampala, Uganda.
24. Ponce, A. N., Rowe, M. (2018). Citizenship and Community Mental Health Care. *American Journal of Community Psychology*: 61(1-2), 22-31. doi:10.1002/ajcp.12218
25. Sinotte, Michelle. (2004). Exploration of the Field of Knowledge Management for the Library and Information Professional. *Libri*. 54. 190-198. 10.1515/LIBR.2004.190.
26. World Bank Group. (2017). Inclusive and Effective Citizen Engagement, Participatory Budgeting, Makueni and West Pokot Counties.
27. The Government of Kenya. (2010). The Constitution of Kenya, 2010. Kenya Law Reports, (February), 31. Retrieved from www.kenyalaw.org