Staff Competencies and Capacity to Conduct Social Accountability in Health Sectors in Tharaka Nithi County

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Abstract: *Examining the relationship between staff competency and social accountability capability in Kenyan community-based organizations—with an emphasis on health-related CSOs in Tharaka Nithi County—was the study's main goal. The study's impetus stems from the pressure local CSOs have faced since Kenya's devolution—namely, to interact with county leadership and hold them responsible to the communities they represent. Even with such high standards, concerns remain about whether human resources possess the skills required to back social responsibility programs. Development partners, county governments, and donors will benefit from this study's insights on the critical areas on which they should concentrate their efforts to enable local CSOs to fulfill their vital role in advancing social accountability.*

.Using a cross-sectional research study methodology, the study focused on 28 CSOs in Tharaka Nithi County that were carrying out health-related interventions. Utilizing a semi-structured questionnaire, data was obtained. Descriptive statistics (mean and standard deviation) and inferential statistics (correlation coefficient and regression model) were used in the data analysis. The study's findings show a correlation between staff competences (r = 0.651) and health CSOs' ability to carry out social accountability. The internal staff competencies of Civil Society Organizations impact their ability to carry out social accountability. The study came to the conclusion that improving staff competences at CSOs increases their ability to carry out social accountability.

Keywords: *Civil Society Organization, Staff, Competencies, Tharaka Nithi County*

1. 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. People who possess financial, governmental, or other types of influence are referred to as power-holders. 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. To exercise this oversight, two separate mechanisms need to be established. First, answerability, which is the duty of public servants to enlighten and justify their actions. The second is enforcement, which is the power to penalize individuals who disobey their directive. A UNDP report from 2010 states that social accountability is a particular kind of accountability that results from public acts and Civil Society Organizations (CSOs) working to keep the government accountable. 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 thattheyincreasinglyplayacriticalroleinsecuringandsustaininggovernancereforms that strengthen transparency and accountability (Ashley et al., 2019). Global research suggests that social responsibility might enhance development effectiveness and governance by improving service delivery. Acquiring, evaluating, and sharing knowledge are the fundamental components of social accountability. It also entails promoting change and rallying support. Access to and efficient use of information, the capabilities of the state and civil society, and the interaction between them are success elements in social accountability.

When social accountability is institutionalized and the state's internal accountability systems are made clear and accessible to the public, social accountability becomes more effective and sustainable. When social accountability is integrated with current systems of government and service provision, it becomes even more successful. There are three primary justifications for the worldwide significance of social accountability: enhanced governance, amplified efficacy of development, and community empowerment.

Public officials' accountability lays the groundwork for successful governance and is essential to a functioning 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 government 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).

The effectiveness of horizontal forms of accountability has been shown to be limited in the majority of developing nations. Elections, the main vertical accountability mechanism that has historically been used, have also shown to be an ineffective means of holding public servants and officials responsible for their acts. In between elections, it is hoped that social accountability systems will enable regular people to voice their concerns, obtain necessary information, and demand accountability. The goal of emerging social accountability methods is to empower citizens to engage with leaders in a more informed, methodical, constructive, and organized way than just protesting; this will increase the likelihood that positive change will be enacted. When the government fails to provide essential services to its residents, social responsibility becomes increasingly critical. This is typically the result of poor resource allocation, corruption, insufficient incentives, or a lack of clearly stated demands. It also occurs when governments create policies that are opaque and contradict the aspirations and interests of the underprivileged. When stakeholders in public policy and service delivery—policy makers, suppliers, and citizens—have divergent and competing objectives and motivations, these issues are exacerbated. In addition, communication gaps and knowledge asymmetries between the players exacerbate it. The implementation of social accountability systems has the potential to enhance the efficiency of service delivery and promote transparency, participation, and pro-poor practices in public decision-making. This is accomplished by making information more widely available, empowering citizen voice, encouraging communication and collaboration between the many actor groups, and developing rewards for higher-performing work. Social accountability efforts benefit the poorest people the most because they are the most dependent on government services and have the least capacity to hold officials accountable.

Expanding freedom of choice and action is the broadest definition of social accountability. Research has demonstrated that concerns about accountability and responsiveness are a major factor in the public's discontent with government. According to Narayan et al. (2000), those living in poverty frequently feel that governmental institutions don't care about them or hold them accountable. Social accountability offers a way to give voice to marginalized groups by just giving important information about rights and entitlements and asking them for systematic feedback. The likelihood that the state will respond more receptively to the demands of the impoverished is increased by this strengthened voice. One of the main obstacles to pro-poor and effective social responsibility is providing the necessary resources to assist the impoverished in taking the initiative on their own

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 (Danhoundoetal.,2018). Important international agreements, such the 2005 Paris Declaration on assistance effectiveness and the 2008 Accra Agenda for Action, placed a strong emphasis on national ownership of development initiatives through public participation. This makes social accountability a process where citizens are involved in holding public officials, legislators, and policy makers responsible for the services they deliver. Social responsibility

in the context of health care refers to a participatory citizen engagement approach wherein individuals are acknowledged as service consumers who ultimately bear the consequences of health care decisions and have the potential to influence policy changes.

The 2010 Constitution's decentralization policy in Kenya aimed to radically improve governmental-citizen relations. According to Chitere and Ireri (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 fundamental legal foundation for a thorough rights-based approach to health care delivery is provided by the Constitution. Every citizen has the constitutional right to the best possible 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).

Devolution was undoubtedly based on the idea that decisions would be made in a way that would take local preferences and needs into account. Public Participation is made Kenya's governance system focal point by the constitution (GOK, 2010). The Kenyan Constitution's Article 10 clearly recognizes public participation as a component of national values and the governance philosophy. Furthermore, devolution aims to increase public engagement in the state's exercise of authority and in decision-making that impacts them, according to Article 174(c). 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.

In Kenya, local governments have historically provided little opportunity for public accountability or engagement. However, this is starting to change mostly due to the performance requirements imposed by the recently established Local Authorities Transfer Fund (LATF) and a more engaged civil society. A critical assessment of Kenya's Constituency Development Fund (CDF) accounting and accountability systems indicates that a new framework for accounting and accountability is required, one that centers accountability around the objectives and aspirations articulated in public discourse. 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). Crucial elements include devoted local leadership, centralized performance monitoring, well-spoken civil society organizations, and information accessibility. 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 (GOK, 2010). Because of this, it is necessary to manage financial resources properly. This suggests that better public service delivery under devolved government can be enhanced by increasing citizen engagement with these devolved entities. 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, 2012). These are crucial ways that communities may hold public officials responsible for how they handle resources, which will enhance county-level public service delivery.

Socioeconomic development, social fairness, fundamental rights and freedoms, good governance, and democratic progress have all benefited greatly from the work of CSOs. They enable people and organizations the ability to address issues with welfare services, the provision of welfare services, and neglect. They also offer channels and chances for involvement in decision-making at all societal levels. CSOs 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 show what may happen when civil society and governments collaborate to enact accountability measures, as well as the difficulties in putting those measures into practice in settings that range from more decentralized to more centralized.

According to Kenyan constitution 2010, the Kenyan health sector is currently fully devolved, and the county governmenthasthefullresponsibilityinensuringthatthecountyhealthsystemisfully functional. Social accountability is being highlighted in this context as a way to address community needs. In order to deliver services that are responsive to the needs of clients, service providers must take into account the goals and objectives outlined in Vision 2030, the Kenya Health Policy 2013–2030, the Kenyan Constitution, and the County Government Act of 2012. Social accountability is emphasized as one of the guiding principles of the provision of health services in Kenya Health Policy (2014). Other significant tenets stated in the policy include equity, a people-centered approach, participatory approaches to intervention delivery, a multi-sectoral approach to optimizing health goals, and efficiency in the application of health technologies. It is anticipated that this would eventually result in more responsive health (Machira et al., 2015).

The county has poor health indicators, according to KDHS 2014; for example, the maternal mortality ratio is 691/100,000, while Kenya's rate is 488/100,000 live births. The death rate for children under five is 102/1000, while the national rate is 74/1000. The low maternal health indicators are made worse by a high HIV prevalence of 17.8%, which is higher than the national average of 5.6% in Kenya. In Tharaka Nithi County, there is a constant need for improvement. These needs include insufficient connections to the health system, community involvement in personal health, and unstable health systems. Local Civil Society Organizations (CSOs) lack the capacity to effectively engage with health issues.

1.1. Statement of the Problem

There has been pressure on CSOs to engage with the counties in order to conduct social accountability in Kenya since devolution. This has been particularly noticeable in industries like healthcare, where county governments have taken over full devolution of power. For example, CSOs have worked to keep the county government responsible in the health sector by carrying out social audits, assisting with planning and prioritization, monitoring budgets, and creating 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(Malenaetal.,2004).

Although CSOs 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 (Malenaetal.,2004). Due in large part to their relative weakness and lack of ability to effectively lobby for policy change, the CSOs have not been very effective. The CSOs 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 (Bernard, 2017). Providing more convincing responses to inquiries about legitimacy and accountability is essential to rallying supporters and the general public.

The Public Benefits Organization Act of 2013 recognized CSOs' contributions to social justice, good governance, and socioeconomic growth. It has also described how CSOs function in the creation and execution of policy. Despite all this, no deliberate efforts have been made to look into the capacity of these CSOs to deliver the expectations, and no investments have been made to strengthen the capacities of these CSOs to deliver these expectations. Lately, donors and development actors have been keen on engaging CSOs to support social accountability in the various counties. This has delivered mixed results due to a number of factors bordering weak capacity of CSOs.

Despite that fact that government information regarding strategic plans, annual plans and budgets and expenditure reports are available, the CSOs 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 CSOs meaningful

participation in planning, budgeting and audits at county level. According to a 2017 World Bank report, there have been worries raised about how frequently CSOs use public involvement gatherings to deliver wish lists in a haphazard manner, which makes it challenging to convert them into workable development projects.

While research has been done on CSOs and social responsibility in general, it has not examined the numerous essential components of success. This is crucial because it would tell donors and development actors about the areas that need more attention in order to support social accountability programs. Information about these CSOs' ability to carry out social accountability and about important areas for improvement is scarce. It is notable that no study has been conducted in the region to evaluate factors influencing the performance of such initiatives among the CSOs in the Nyanza region, where health indicators are extremely poor, despite the numerous attempts by development partners to support their activities.

1.2. Objectives of the Study

To determine how staff competencies influence capacity to conduct social accountability in Health CSOs in Tharaka Nithi County.

1.3. Significance of Study

The findings of this study are 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.Thestudywillprovidevaluableinsightsonkeypriorityareastofocuson in order to strengthen citizen and CSOs participation in governance issues, and to develop pro-poor policies and programmes.

Thefindingsofthisstudywillhelpstakeholderstochangetheirperceptiononhowthey perceive CSOs, 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 CSOs 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 CSOs in social accountability initiatives. The study will support the creation and maintenance of current policies and resources aimed at encouraging social responsibility at the community level. Policy makers will find the study's information on the value of citizen participation in development planning, implementation, and monitoring to be very helpful. It will provide insights on role of CSOs 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.

2. LITERATURE REVIEW

2.1. Agency Theory

Agency theory was first written by Alchian and Demsetz (1972). It was further developed by Jensen and Meckling (1976). Agency theory focusses the relationship between agents and their principals. According to the theory agents are expected to act in the best interests of the principals. The principles of an organization may be its owners or shareholders. The connection wherein one or more parties enter into a contract with another party to provide services on their behalf is the subject of agency theory. This entails giving the agent some degree of authority. Examining potential problems in these kinds of relationships—between principals like shareholders and their agents, for example—is the focus of the theory. The theory examines problems that could occur when the agent's and principal's objectives diverge. In this instance, the principle and agent have conflicting perspectives on risk, and the principal is unable to confirm whether the goals are satisfied.

As demonstrated by Odedukun (2003), the donor can be referred to as the principal whereas the funded Civil Society Organization is the agent. As a result, the principal chooses how much money will be distributed and routes it to the borrower, who follows established guidelines and contracts to decide on spending patterns that ultimately provide the desired results. These anticipated results could include infrastructural development, economic expansion, and improved access to healthcare and

education. As Jensen and Meckling (1976) indicates, the donor reviews these outcomes based on a structured monitoring and evaluation system and chooses the funding level to influence the choice of action by implementing partners and hence outcomes.

According to the hypothesis, various parties engaged in a situation with the same objective will have distinct reasons for doing so. Nikkinen and Sahlström (2004) states that there will always be partial goal conflict among parties. Efficiency is inseparable from effectiveness, and information will always be somewhat asymmetric between principal and agent (Nikkinen and Sahlström, 2004). Jensen and Meckling (1976) assert that stakeholders may have differing interests as opposed to a single agent. Donors might not have access to critical information that CSOs do. Additionally, it's possible that these institutions won't give the donor all the information they need to make an informed decision, therefore strategies for coordinating them must be developed to prevent disenfranchisement for either party. Using the loan protocol paper is one way; it includes requirements for disbursement procedures, among other things, and when they are followed, trust is built. These alignments sometimes tend to favor the donor at the expense of the recipient CSO's to an extent that funds disbursement becomes so erratic and unpredictable there by posing challenges relating to budgeting cycles and funding cycles coherence (Keng'ara, 2013).

Since the donor and the implementing partner in this instance, the CSOs in Tharaka Nithi County, are unitary entities, the Agency Theory is pertinent to this study. The donor is more concerned with the underprivileged and members of the minority than with the county government, even though the CSOs are only represented by a limited set of preferences. As a result, depending on what the receiver does, the donor can impose conditions in the loan protocol agreement and donor demands. The donor may compel the proper county government action by offering to disburse funds without conditions. Given his choices and the presumption that the donor cares more for the impoverished than the government representing them, the donor is now in control and better off, while the borrower is left with no options.

According to Walker (2003), the agency model is based on the fact that information asymmetry and the pursuit of individual interests exist between the principals and agents, thus, principals lack basis to trust their appointed agents and will seek to mitigate these concerns by putting in place mechanisms to align the conflicting interests as well as to reduce the scope for information asymmetries and opportunistic tendencies within the CSO's (Keng'ara,2013).

2.2. Empirical Literature Review

2.2.1. Staff Competencies and Capacity to Conduct Social Accountability

According to Mclerney (2002), knowledge is the awareness of what one knows. This awareness is achieved through study, reasoning, experience and through various other types of learning (Mclerney, 2002). Quinn et al., (1996) equate knowledge with professional intellect. Although knowledge is more often thought of as a property of individuals, a great deal of knowledge is produced and held collectively (Brown and Duguid, 2000).It's crucial to remember that knowledge is typically created through collective collaboration, or what they call "communities of practice.". Knowledge management researchers have referred to knowledge as a state of mind, an object, a process, and a condition of having access to information (Carlsson et al. 1998).According to the definitions, it is simpler to describe than to define knowledge. Thus, knowledge is defined for the purposes of this study as information plus experience, context, interpretation, introspection, intuition, creativity, and the capacity to act or create based on the information. Truths, opinions, viewpoints, conceptions, judgments, expectations, methods, and know-how are further components of knowledge. Furthermore, agents, humans, and other active creatures possess knowledge. According to Bernard (2017), knowledge is the capacity to cause things to occur.

The different mental processes people use to create and acquire knowledge from data and information are outlined by cognitive theory. The theory holds that people's perceptions, feelings, thinking and actions result from processes, which go beyond the simple input provided by the senses (Misch and Tobin, 2006). According to Lazear (2009), organization's knowledge, skills and experience can create superior performance in a firm if they are fruitfully used to enable learning. It can also improve performance if they are applied to making decisions which are superior to those of competitors

(Lazear, 2009). The research referenced here employed resource-based view (RBV) theory, which will not be used in the current investigation, even though the studies were analyzed using multiple regression, which will be used for this study. According to a study by Guthrie et al., (2009) which was done in Ireland, it was established that for a firm to retain its high performance and operational efficiency, demand for labour must be heterogeneous. This implies that a firm will have different jobs that will require different skills, and so the supply of labour must also be heterogeneous in that individuals will always differ in both the type and level of their skills, knowledge and experiences (Guthrie et al., 2009).

The measurement of cognitive capacity, which has consistently shown to have a substantial positive link with individual work performance, is used to identify high-quality human resources, which are rare. The situation with the CSO employees is comparable to this. This is consistent with the findings of Unger et al. (2011), who contend that in research studies on the connection between human capital and entrepreneurial success, value selection in the organizational usefulness has often been tested using cognitive ability. It's crucial to remember that although the current study used mediating and moderating variables to test for indirect relationships, the previous studies looked for a direct relationship between the independent and dependent variables. Guthrie et al. (2009) states that social complexity of human capital occurs when the social phenomena is so complex for it to be influenced by competitors. This supports the idea put forth by Kenneth et al. (2011) that human interactions, which are inherently complex, give rise to social complexity.
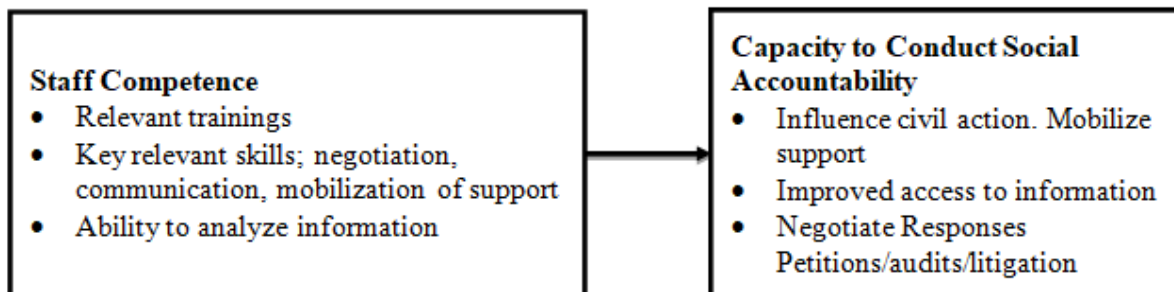
According to Zarutskie (2010), if a company desires to sustain its competitive advantage in any endeavor, then it must understand the components of the human capital resource that can contribute to profitability or operational efficiency. However, because CSOs are impact-driven rather than profit-driven, the study asserted that the only ways to quantify human capital are through cognitive capacity and knowledge competences. In contrast, Hotice (2010) suggests that results are the best way to gauge human capital. Barney and Hesterly (2010) asserted that casual ambiguity exists when the link between human resource and competitive advantage is hard to understand. This complicates the process for rivals to replicate the accountable resource for financing lobbying and streamlining operations. The study did not establish an indirect relationship between human capital and performance by moderating the relationship, which will be done by the current research, even though it demonstrated a positive direct relationship between human resource and competitive advantage in conducting social accountability.

Werner felt (2011) found out that the features of an organization's team may gratify the state by accomplishing and sustaining competitive advantage. It was observed that the CSO's better performance might be jointly created by superior abilities and unique resources in addition to social accountability. Quantitative research by Coff and Kryseynski (2011) noted that better education of employees leads to more productive human resources and proved that the correlation between education and cognitive ability is strong. Nonetheless, as quantitative data suited the investigation, it was used in the current study. Jiang et al. (2012) noted the existence of a positive association between employees' unique skills and firms' superior performance. Mackey et al. (2014) advanced that knowledge and skills are unpredictable, but once they are gained, they stay moderately established. The current study used both an explanatory and a descriptive survey because the previous studies' use of survey design and the correlation method to examine the link was deemed unsatisfactory.

Notably, human resources can change CSO to CSO because it can be challenging to prevent competitors from headhunting you. Nevertheless, human capital is considered to be the most important and unique resource if it is specific and exists in an environment where it was initially developed (Nyberg et al., 2014). Further, the study indicated that human resource as stock originates from employees' selection, training and development. This increase firm specificity and decrease imitability, resulting in a better CSO's performance, for instance, in conducting social accountability. The real focus of this research is therefore to examine staff competencies is influencing the capacity of CSO's in conducting social accountability.

2.3 Conceptual Framework

According to Orodho (2013), conceptual framework covers the main features of a study and their presumed relationships. For this study, this framework will be important in guiding the entire process of the research study. Under this study, the independent variables included staff competence and Capacity to conduct Social Accountability

Staff Competence
- Relevant trainings
- Key relevant skills; negotiation, communication, mobilization of support
- Ability to analyze information

Capacity to Conduct Social Accountability
- Influence civil action. Mobilize support
- Improved access to information
- Negotiate Responses Petitions/audits/litigation

3. RESEARCH METHODOLOGY

The framework for study is known as research design. It is described as the binding agent between the many components of a research endeavor. The research design used in the study was cross-sectional. Cross-section research design allows data collection within a specific time frame presenting more accuracy and it is not only restricted to fact finding but also results in to the formulation of important principles of knowledge and solution to significant problems(Kerlinger,1969). According to Nachmias (2016), population is a group of individuals, objects or items from which samples are taken for measurement or it is an entire group of persons, or elements that have at least one thing in common. The twenty-eight CSOs doing health-related activities in Tharaka Nithi County were the study's target population. A sample is the number of items selected to represent the whole population (Kothari, 2014). Mugendaand Mugenda (2003), defined a sample as a sub group carefully selected so as to act as a representative of the whole population. When the population is small, a census can be used and hence increase the accuracy of the results. Since less than 100 people were the study's target population, the Census Method was used. Twenty-eight CSO's which were duly registeredat the time of study and were implementing health related interventions in Tharaka Nithi County for the last six months were targeted. A total of 56 respondents were questioned for the study; two from each organization represented a senior and a middle level management personnel.

According to Orodho (2008) research instruments are tools for collecting data. The most common instruments include questionnaires, interview schedules, observational forms and standardized tests (Kwesigabo, 2012). The study used questionnaire because it offers considerable advantages in administration and presents an even stimulus to large numbers of people simultaneously, providing the investigator with a relatively easy accumulation of data (Chang, Chung and Hung, 2010). Pilot study is a small-scale preliminary study before the main research aimed at measuring the validity and reliability of data collection instruments (Kothari, 2006). Pilot testing was conducted on 10% of the target population to ensure the tools are pretested for appropriateness and completeness before actual data collection. Validity is the degree to which results obtained from the analysis of the data actually represent the phenomena under study (Kothari, 2014). The validity of the questionnaire was determined through seeking opinion from peers and other academic experts as well as proper proof reading the to identify and rectify any errors. According to Borg and Gall (2016), reliability is a measure of degree to which a research instruments yield consistent results or data after repeated trials. Borg and Gall (2016) argue that content reliability of an instrument is improved through expert judgment. Internal consistency of the research instrument was measured using Cronbach's Alpha, which was utilized to test the instrument's reliability. The reliability increases as the alpha value increases, and it ranges from 0 to 1. 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).

Data procedure used for a study depends on the type of the data that the research wishes to collect (Kothari, 2004).The primary data used in this study were gathered utilizing a structured questionnaire approach that involved the respondent self-administering the form using a drop-and-pick technique.

The process of methodically looking for and organizing field findings for presentation is known as data analysis. Descriptive statistics (means and standard deviation) were used to code, input, and analyze the quantitative data that was collected. Additionally, data was analyzed using inferential statistics. The relationship between the independent and dependent variables was ascertained by analyzing the data using a linear regression model and the correlation coefficient.

The model was of the form:

$Y = \beta_0 + \beta_1 X_1 + \varepsilon$

Where:

Y = Capacity to conduct Social Accountability

β_i = Coefficients for the independent variable

X_1 = Staff Competencies

ε = Error Term

Various ethical considerations were done to ensure no harm to the participants and that they are not coerced in any way. The ethical considerations related to voluntary participation, signing of the consent forms, and ensuring confidentiality of the information provided.

4. RESEARCH FINDINGS AND DISCUSSIONS

Out of the 56 questionnaires administered 100% of them were returned.

4.1. Demographic Characteristics

The respondents who represented the many CSOs that made up the sampling frame had their demographic data obtained by the study. To specifically accomplish the study objectives, the following demographic data were gathered and examined: respondents' geographic location of the health CSOs in Tharaka Nithi county; gender; age bracket; degree of education; and level of management.

The purpose of the study was to ascertain the respondents' gender. As a result, the study reveals that while female members make up 42.9% of the health CSOS personnel in Tharaka Nithi County, male members make up the majority (57.1%) of the staff members that were interviewed. These figures suggest that Tharaka Nithi County's community development programs actively incorporate both men and women.

The educational attainment of the respondents, shows that the majority of the Health CSOS in Tharaka Nithi county had completed secondary education (33.9%) and college education (39.3%). Conversely, just 10.7% of respondents had only completed their primary school, whilst 16.1% of respondents had completed their university degree. According to the study's findings, participation in health-related CSOS activities in the county is not restricted by educational attainment, despite the fact that the majority of CSOS members are educated members of the community.

4.2. Descriptive Statistics

4.2.1. Staff Competencies

In line with the third specific objective, the study analysed the relationship between staff competencies and capacity to conduct social accountability.

Table1. *Staff Competencies*

Question	N	Min	Max	Mean	Std. Deviation
Have you attended any formal training on Community Development or Social work or any other related training	56	1	4	1.34	.581
Have you attended any workshop, seminar or training on Social Accountability	56	1	2	1.25	.437
Our staff are competent enough on issues of social accountability	56	2	5	4.30	.737
CSOs staff competencies influence CSOs capacity to conduct social accountability	56	3	5	4.46	.631
Valid N (listwise)	56				

The study findings also indicate (Mean = 1.25; SD = 0.581) that majority of the CSO managers have taken part in social accountability workshops, seminars and trainings on among other courses: social audit, community score card, gender issues, crop management, budgeting process, among others. The respondents also agreed (Mean = 4.30; SD = 0.737) that their staff have the requisite competencies in social accountability. Moreover, the study revealed (Mean = 4.46; SD = 0.631) that the CSOs staff competencies influence the organizations' capacity to conduct social accountability.

4.2.2. 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 CSOs capacity to conduct social accountability.

Table2. *Capacity to Conduct Social Accountability*

Statement	N	Min	Max	Mean	Std. Deviation
Our CSO is able to mobilize public support to influence action	55	2	5	4.45	.662
Our CSO is able to access all information required to facilitate public awareness	56	2	5	4.18	.855
Our CSO is able to negotiate responses from county leadership	56	2	5	4.25	.815
Our CSO 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 CSOs in Tharaka Nithicounty 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 CSOs are capable of negotiating with the county leadership on undertaking development matters. The respondents also asserted (Mean = 4.23; SD = 0.874) that the CSOs can petition, audit and as well facilitate litigation in pursuit of social accountability.

4.3. Inferential Statistics

Regression and correlation studies were performed to determine the nature of the relationship that exists between the independent and dependent variables. The associations between each independent variable and the dependent variable are displayed in the correlation analysis table.

4.3.1. Correlation Analysis

The associations between each independent variable and the dependent variable are displayed in the correlation analysis table.

Table3. *Correlation Analysis*

Variable		Capacity to conduct Social Accountability
CSOs staff Competencies	Pearson Correlation	.651
	Sig. (2-tailed)	.000
	N	56
*. Correlation is significant at the 0.05 level (2-tailed).		

The findings showed a reasonably significant positive association (r = 0.651; Sig = 0.000) between staff capabilities and the competence of the health CSOs to carry out social accountability. According to the findings, health CSOs can perform social accountability better by improving staff competences.

4.3.2. Regression Analysis

The study variables' association was estimated using regression analysis. It determined if there was a statistically significant association between the independent and dependent variables.

Table4. *Model Summary*

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.700ª	.490	.450	.54080
a. Predictors: (Constant), Competencies of CSOS Staff				

The results show that the ability of health CSOs to carry out social responsibility and the independent variables have a typically significant and positive connection (R=0.70). Furthermore, because staff competencies vary, the regression model accounts for 49% of the variation in the CSOs' ability to carry out social accountability.

Table5. *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			
a. Dependent Variable: Capacity to conduct Social Accountability						

Table5. *Regression Table (Coefficients^a)*

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-1.436	.842		-1.704	.094
	Competencies of CSOs Staff	.602	.225	.301	2.680	.010
a. Dependent Variable: Capacity to conduct Social Accountability						

The results of the regression analysis shows the predicted betas for the independent variables as: X_1 - Competencies of CSOs Staff (β_1= 0.602)and a constant term of -1.436. Introducing the constant and the predicted values into the regression model yields:

$$Y= -1.436 + 0.602X_1$$

The regression model indicates that in order for the health CSOs' ability to carry out social accountability (Y) to rise by a unit, a combination of: A constant = -1.436;0.602X_1 (Staff Competencies)

5. SUMMARY OF FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.1. Summary of Findings

In line with the third specific objective, the findings of the study show that whereas many of the members of the health CSOs have attended formal trainings on community development, Monitoring and Evaluation, Financial accountability, project management, entrepreneurship and leadership, strengthening transparency and social work among other courses, there are still a number of members of such organizations who still need to be trained. The study also indicates that majority of the CSO managers have taken part in social accountability workshops, seminars and trainings on among other courses: social audit, community score card, gender issues, crop management, budgeting process, among other courses and therefore have the competencies that are requisite for enhanced social accountability. The results of the regression analysis indicated that the staff competencies of health CSOs and their ability to carry out social responsibility had a significant and positive association (β = 0.602). This indicates that CSOS's ability to carry out social accountability would rise by 0.602 units for every unit increase in personnel competency. The ability of CSOs to carry out social responsibility is determined by how they handle their legitimacy status.

5.2. Conclusions

Furthermore, the study found that strengthening staff expertise in social accountability matters is essential to advancing CSOs' ability to carry out social accountability. This implies that the ability of CSOs to carry out social responsibility is determined by how they handle the internal staff competencies. Staff competencies can be improved through trainings, workshops, seminars and other staff development sessions.

RECOMMENDATIONS

According to the study, only properly registered community-based groups should have the authority to carry out financed community initiatives, such as social responsibility interventions. The governing mechanisms of the organizations should be governed so that the community at large, rather than family members, dominates their makeup and structure. Additionally, it is advised that increasing community involvement and representation in CSO operations, particularly those pertaining to management and governance, will strengthen legitimacy.

it was also recommended that CSOs 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 CSOs form strong local networks to facilitate advocacy and enhance synergies.

This study also recommends intensified training of the CSO staff members for purposes of capacity enhancement to scale up the realization of community development as well as social accountability. The study also recommends that staff competencies can be improved through trainings, workshops, seminars and other staff development sessions.

Finally, the study recommends that government documents and information should be made available to CSOs and citizens as this would facilitate informed decision and also evidence-based advocacy efforts. The study recommends that any restrictions to information access should be eliminated and CSOs engaging in social accountability interventions should make good use of such information. All CSOs should also make information available through websites and reports that are made public.

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