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Legitimacy Status and Capacity to conduct Social Accountability among Community Based Organizations in Kenya. A Survey of Health Civil Society Organizations in Siaya County

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Abstract

The study investigated the influence of legitimacy status and capacity to conduct social accountability among community-based organizations in Kenya with a specific focus on health-related Civil Society Organization in Siaya County, Kenya. Since devolution in Kenya, pressure has been put on local Civil Society Organization to engage with county leadership and hold them accountable to communities they serve. As a result of this, local communities and development partners have put a lot of expectations on the Civil Society Organizations. This has been more pronounced in sectors such as healthcare, which were fully devolved under the current constitutional dispensation. Despite this, Civil Society Organizations have not lived to this expectation. They have not been effective as many of them lack the requisite capacities to advocate for policy change. This formed the rationale of conducting the study. The study employed a descriptive research study design and targeted a population comprising of the twenty-eight Civil Society Organization implementing health related interventions in Siaya 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. Analysis was done using descriptive statistics and inferential statistics. 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 indicated there is moderately positive and statistically significant ($r=0.395$; $Sig= 0.03$) relationship between legitimacy status and capacity of health Civil Society Organization's to conduct social accountability. The study concluded that legitimacy of the health Civil Society organization enhances their capacity to conduct social accountability. The study recommended

that only duly registered community-based organizations should be empowered to implement funded community projects, including social accountability interventions. The organizations' governance structures should be regulated such that their composition and structure should not be dominated by family members, but the wider community. The study also recommended that legitimacy could be improved by improving community representation and participation in CSOs activities including management and governance issues.

Keywords: *Civil Society, Legitimacy status, Siaya County, Social accountability and Staff competencies*

1.0 INTRODUCTION

Accountability may be defined as the obligation of power holders to take responsibility for their actions (Malena, Forster & Singh, 2004). It is also defined as the obligation of those in leadership positions to account for their decisions and actions (Malena et. al., 2004). Power holders refer to those who hold various leadership positions in the society including political leadership positions, financial or other different forms of power in the community. The concept of social accountability requires that individuals, agencies and organizations are held responsible for executing their powers as per defined standards (Berthin, 2011).

Global evidence has shown that social accountability initiatives are increasingly playing a very important role in safeguarding and supporting reforms in governance (Ashley et al., 2013). Such reforms improve transparency and accountability in governance (Ashley et al., 2013). 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 the ability to access information and the ability to effectively use the information, the capacity of CSOs and the capacity of the state and the synergy between the civil society organizations and the state. The 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 scrutiny. Three main arguments underlying the importance of social accountability globally include improved governance, increased development effectiveness, and community empowerment.

In sub-Saharan Africa region, serious concerns have been raised in relation to the quality of health services and health outcomes delivered at various government health facilities (Ashley et al., 2013). For instance, in the health sector in most Sub-Saharan countries, there exists

various challenges including existing chronic healthcare system bottlenecks. Drug and essentials supply shortages, lack of respectful patient care in public health facilities, health workers' focus on donor funded activities that offer access to allowances and per diems are among the various factors that affect health service delivery in Sub Saharan African countries (Danhoundo et al., 2018). African countries have signed various key international commitments such as the 2008 Accra Agenda for Action and the 2005 Paris Declaration on aid effectiveness. These international commitments have laid emphasis on country ownership for development programmes and policies achieved through effective citizen engagement. In this sense, social accountability therefore becomes an important process in which citizens are mobilized, empowered and engaged to hold government officials, policy makers and political leaders accountable for the services they provide.

In Kenya, decentralization of government services under the 2010 Constitution sought to fundamentally strengthen the relationship between government and its citizens. 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. It is also seen as offering opportunities for political participation and to enhance communities' sense of ownership of development programmes and policies. The Constitution of Kenya has provided a primary legal framework for a comprehensive rights-based approach to provision of health services.

Devolution was anchored on the assumption that it will promote citizen participation and result in government decisions and policies that reflect the 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 contributing to important decisions that affecting them. Devas and Grant (2003) state that most local government systems offer very limited opportunities for citizens to participate in development policies and programmes particularly for the poor.

1.1 Statement of the problem

Since devolution in Kenya, pressure has been put on CSOs 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, CSOs 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 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 (Malena et al., 2004). The CSOs have not been very effective as many of them are relatively weak, and lack the requisite capacities to advocate for policy change. 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 (Bottomley., 2014). Better answers to questions about legitimacy and accountability are critical to mobilizing allies as well as public support. Although studies have been done Social accountability in general and the role of CSOs, no studies have been done to look at legitimacy as a critical success element. There is a dearth of information on whether these CSOs have the capacity to effectively conduct social accountability. It is noteworthy that despite the various efforts by development partners to support social accountability efforts by CSOs in in Nyanza 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 CSOs, including legitimacy.

1.2 Objectives of the Study

The objective of the study was to establish whether legitimacy status influence capacity to conduct social accountability in Health CSOs in Siaya County.

2.0 LITERATURE REVIEW

2.1 Theoretical Literature review

2.1.1 Social Capital Theory

According to Putnam (1941) Social Capital refers to connections among individuals. It refers to social networks and the norms of reciprocity and trustworthiness that arise from them (Putnam, 1941). In the view of Putnam, social capital is key to strengthening and maintaining democracy in a society. Joining and participating in voluntary organizations is crucial for

building social capital and empowering individuals with the skills and values of citizenship. This theory is based largely on the historical and political circumstances of Western democracies, particularly in the United States as well as the adverse consequences for democracy.

According to this theory, the analysis of civil society suggests a conflict between the pursuit of personal aims and prosperous ordering of public affairs. It states that for society to be possible and for government to function, individuals must acquire certain skills and virtues of required for citizenship. According to Putnam (1941), voluntary associations of civil society provide places where this learning occurs. Putnam in this theory underscores the importance of the relationship between voluntary private associations and good government as social capital. Through these relationships, individuals acquire good habits of cooperation, reciprocity and trust that are necessary for all collective endeavors. This ultimately promotes public deliberation and responsible management which are recipe for good government. The theory focuses on voluntary associations with active membership base that engage in social and civic activities just like the targeted health CSO's in Siaya county.

Social capital justification for civil society organizations has led to a number of policy recommendations, many of which are seeking to encourage individual citizens to join voluntary associations. Other policy recommendations are designed to transfer governance powers to civil society actors and ultimately facilitate the formation of voluntary associations. According to Putnam this can be achieved by giving citizen associations legal powers as well as government grants that would otherwise be spent by public officials. Social capital, therefore, is often derived from local associations that concentrate their efforts on problems solution, including the delivery of social services which are considered of direct concern to individual citizens and are most properly addressed at the local level.

2.2 Empirical literature review

2.2.1 Legitimacy and Capacity to conduct social accountability

The legitimacy is defined as a perception that the actions of an entity are desirable (Suchman, 1995). The legitimacy is understood as a perception that actions of an entity is within some socially constructed system of norms, values and belief systems. This is based on the degree to which an organization or organizational practice acquires a collective approval that is created as a result of social construction. Edwards (1999) states that legitimacy is usually a sense that an organization is lawful, admissible, and justified in doing what it does. Moral justifications for political and social action includes the right to organize people, assert leadership and to

allocate resources (Atack, 1999).

Bitektine (2011), noted that legitimacy is understood as a social judgment. Bitektine (2011) conducted a related study titled *Toward a Theory of Social Judgments of Organizations: The Case of Legitimacy, Reputation, and Status*. This study, which adopted a descriptive survey design, revealed that communities make social judgement on CSOs based on how they feel about their legitimacy status. Based on this, communities will approve or disapprove of activities of a CSOs. In this study, Bitektine (2011), addressed the issue of legitimacy or collective approval but did not link this to capacity to conduct social accountability. This study focused on how legitimacy status influences social accountability.

Aldrich and Fiol (1994) notes that in an organizational context legitimacy plays an important role, and legitimacy is essential to their survival. Lack of legitimacy among entities or organizations may lead important residents and resource holders to withhold material or ideational support to such entities. Influential philosophers believe that the quest for legitimacy is the driving force that motivates organizations to adopt formal policies (Meyer & Rowan, 1977). These studies note that it is therefore important to further examine the antecedents, processes, and consequences of legitimacy so as understand what determines organizational growth and endurance. Deephouse and Suchman (2008) adds that legitimacy occupies an important position in established thought.

O'Meally (2013) conducted a study titled *Mapping Context for Social Accountability: A Resource Paper*. The study which adopted an exploratory research design outlined the main contextual factors that appear to be critical to Social accountability initiatives. The study which deep dived into legitimacy and how it influences accountability in a devolved set up noted that CSOs that are able to draw on popular support seem to be more effective in achieving social accountability goals. O'Meally (2013) further notes that local CSOs that are able to draw on popular support and be accountable to their own constituents seem to be more effective in realizing social accountability goals. On the contrary those local CSOs that are seen to be upwardly accountable to donors, seem to be less effective in achieving social accountability goals. The major gap in this study was that it was an exploratory study on contextual factors and therefore did not exhaustively consider the enormous range of potential contextual variations that one might face on an everyday basis.

According to Chandhoke (2002), the issue of legitimacy among civil society organizations has drawn much attention from popular scholars and practitioners for several reasons. First of all,

CSOs have become increasingly very influential on the local, national and international levels. This influence has been high to an extent that the most powerful civil society organizations have the ability to even successfully challenge or even compete with big state institutions (Hudson, 2001). It is important to note that as opposed to the state institutions, however, there are no intrinsic accountability mechanisms such as general elections that are binding to the CSOs (Atack, 1999). Interestingly, the CSOs draw their authority from their perceived ability to represent broader societal needs and to represent the poor and vulnerable members of the community (Edwards & Hulme, 1996). It is noteworthy that though a number of CSOs are membership based, most of the larger non-governmental organizations are not membership based, underscoring the need to raise legitimacy questions.

According to Edwards (2004), the public demands of legitimacy status of CSOs often relate as well to other issues such as transparency and democracy. These public demands also relate to other goals that are seen to be desirable by the community, which creates clear expectations that the CSOs themselves set the right example (Edwards, 2004). All over the world, CSOs often face incessant burden to demonstrate their importance to the communities they serve, their relevance, and their moral authority to speak and act on behalf of marginalized groups they claim to represent (Edwards, 2004). Metelski et al. (2013) notes that although the issue of organizational legitimacy has been discussed by various scholars from diverse disciplines, its application to civil society organizations still remains somewhat elusive.

Baur and Schmitz (2012) notes that accountability concerns a relationship between an organization and specific stakeholders. In this case, it is assumed that being responsive to stakeholders will be beneficial to the CSO and its mandate. Furthermore, Andrews (2014) refers to accountability as the measure of who can hold whom to account and who owes the other a duty of explanation. Accountability is subject to more direct CSO influence than the general notion of legitimacy. The concepts of accountability and legitimacy usually influence each other and Najam (1996) states that the questions about CSO legitimacy status are more often raised in terms of accountability.

According to Wood (2016), the government of Kenya first gave room for independent civil society organizations, but later began to perceive CSOs as supporters of government's political opposition. Although a progressive Public Benefit Organizations Act 2013 was developed and adopted, the Kenya government has delayed implementation. Besides, several amendments have been suggested to restrict the independence of civil society organizations. As a result, this

study sought to find out the extent to which legitimacy status influences the capacity of CSO's to conduct social accountability in Siaya County.

2.3 Conceptual framework

Conceptual framework covers the main features of a study and their presumed relationships. This framework guided the entire process of the research study. Under this study, Legitimacy of CSOs was the independent variable while the dependent variable was Capacity to conduct Social Accountability. The conceptual framework is depicted in Figure 1

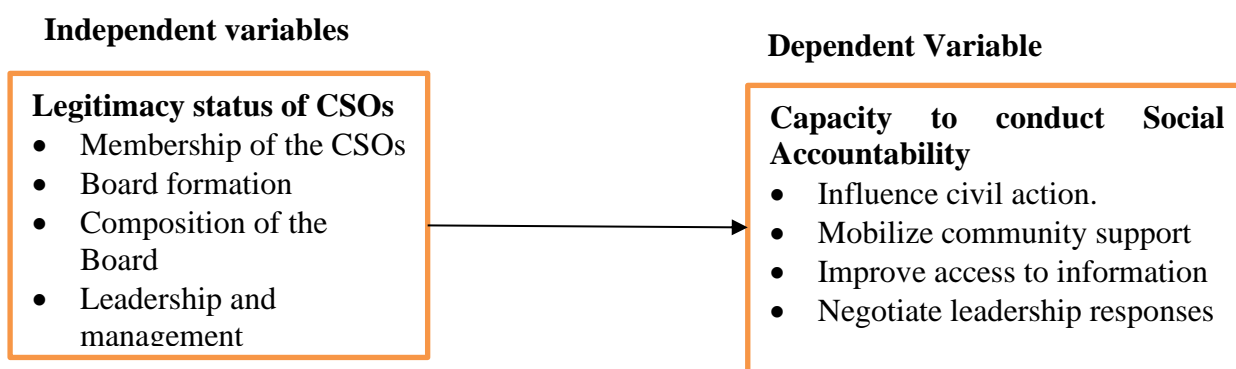


Figure 1: Conceptual Framework

3.0 METHODOLOGY

The study adopted the descriptive research design. This particular design allowed the CSOs staff to give the information based on their memories and experiences. According to Orodho (2003), it is a method of collecting data by interviewing and administering a questionnaire, usually to a sample of target individuals. According to Kerlinger (1969), it is not only restricted to fact finding but it can also result in the formulation of important principles as well as solution to significant problems. Descriptive survey was also suitable for this study because of their flexibility in the sense that a wide range of information may be gathered, which was the case for this study. The study used questionnaires and interview guides to collect data. The study targeted a population comprising of the Twenty-eight CSOs implementing health related interventions in Siaya County. The study used census method because the targeted population was less than 100. The study interviewed a total of 56 respondents, two from each organization representing one senior level management staff commonly referred to as strategic level and one middle level management staff referred to as tactical level.

4.0 RESEARCH FINDINGS AND DISCUSSION

4.1 Demographic Characteristics

The study indicated that majority (57.1%) of the health CSOs staff interviewed were male while the female represented 42.9% of the health CSOs staff in Siaya County. This imply that both males and females are actively involved in community development work in Siaya County. The study indicates that most of the respondents from the Health CSOs in Siaya 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 the level of education does not limit participation in health CSOs activities in the county. The findings revealed that majority (46.4%) of the respondents are in the age group 31-40 years followed by 23.2% who fall within the 41-50 age bracket while 16.1% of the respondents are 50 and above years old. These indicate that there is a high level of activity of youthful population in health CSOs activities in Siaya county. From the study a significant majority of the respondents hold management positions in the health CSOs with 51.8% of them being in senior management positions while 44.6% hold middle level management positions. The results show that out of the 56 health CSOs, 21.4% are from Gem sub-county, 17.9% of the CSOs are based in Rarieda and Ugenya sub-counties respectively. The responses obtained show a high concentration of health CSO activity in Alego Usonga where 25% of all the CSOs who participated in the study are domiciled while 10% of the CSOs are from Bondo sub-county.

4.2 Descriptive Statistics

This study sought to establish the relationship between legitimacy status of the health CSOs and their capacity to conduct social accountability. According to the findings, the respondents opined that in most of their CSOs, the boards of management are often constituted through election of members and in some cases through appointments to the boards. The boards of management of the CSOs are composed of local community members who represent various stakeholders within the community. Also, it was established that the respective CSOs enjoy some good level of legitimacy status. It was also established that legitimacy status of CSOs influence the CSOs' capacity to conduct social accountability. The results are presented in Table 1 below.

Table 1: Legitimacy Status

Questions	N	Min	Max	Mean	Std. Deviation
Are the members in the CSO coming from the locality?	56	0	3	1.20	.672
How is the Board of management formed?	56	1	3	1.21	.456
How is the Board of management composed?	56	1	5	1.63	1.184
Our CSO has good legitimacy status	56	3	5	4.61	.562
Legitimacy status influence CSOs capacity to conduct social accountability	56	1	5	4.54	.713
Valid N (listwise)	56				

According to the findings presented in Table 1 majority (Mean = 1.20; SD = 0.672) of the members of the health CSOs are locals of Siaya county. In addition, the respondents opined (Mean = 1.21; SD = 0.456) that in most of their CSOs, the boards of management are often constituted through election of members and in some cases through appointments. According to the respondents, the boards of management are composed of local community members (Mean = 1.63; SD = 0.672) with representations from other stakeholders like pioneer family members, donor representatives and other stakeholders with diverse backgrounds. On the aspect of legitimacy, the study revealed (Mean = 4.61; SD = 0.562) that the respondents strongly agreed that their respective CSOs enjoy good legitimacy status. The respondents also concurred (Mean = 4.54; SD = 0.713) that their legitimacy status influence the CSOs’ capacity to conduct social accountability.

4.3 Inferential Statistics

4.3.1 Correlation Analysis

The correlation analysis shows the association between independent variable and the dependent variable as presented in Table 2

Table 2: Correlation Analysis

Variable		Capacity to conduct Social Accountability
Legitimacy of CSOS	Pearson Correlation	.395**
	Sig. (2-tailed)	.003
	N	56

** . Correlation is significant at the 0.01 level (2-tailed).

The correlation analysis presented in Table 2 reveals there is a moderately positive and

statistically significant association ($r=0.395$; Sig= 0.03) between legitimacy status of CSOs in Siaya county and their capacity to conduct social accountability. This imply that legitimacy status of the health CSOs enhances their capacity to conduct social accountability.

4.3.2 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 3 presents the model summary; Table 4 presents the analysis of variances while Table 5 is the regression table which predicts the coefficients of the regression model.

Table 3: Regression model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.395 ^a	.156	.140	.67620

According to the findings presented in Table 3, there is generally a strong and positive correlation ($R=0.395$) between legitimacy status and the capacity of health CSOs' capacity to conduct social accountability. In addition, the regression model explains 15.6% of the variation in the CSOs capacity to conduct social accountability due to variations in legitimacy status.

Table 4: ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4.567	1	4.567	9.988	.003 ^b
	Residual	24.691	54	.457		
	Total	29.258	55			

- a. Dependent Variable: Capacity to conduct Social Accountability
- b. Predictors: (Constant), Legitimacy status of CSOs

The results of the analysis of variance presented in Table 4 shows that the overall model was statistically significant. This was supported by an F statistic of 9.988 and the reported p-value of 0.003 that is greater than 0.05.

Table 5: Regression Table (Coefficients)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.320	.627		3.700	.001
	Legitimacy status of CSOS	.744	.235	.395	3.160	.003

a. Dependent Variable: Capacity to conduct Social Accountability

The results of the regression analysis which are presented in Table 5 shows the predicted Betas for the independent variables as: X_1 - Legitimacy status ($\beta_1 = 0.744$); and a constant term of 2.320. Introducing the constant and the predicted values into the regression model yields: $Y = 2.320 + 0.744X_1$. The model interpretation is that for the health CSOs capacity to conduct social accountability (Y) to an increase by a unit, the regression model requires a combination of: a constant = 2.320; $0.557X_1$ (legitimacy Status)

5.0 CONCLUSION

The study concluded that legitimacy of the health CSOs enhances their capacity to conduct social accountability. This implied that when CSOs improve legitimacy status, this would translate into an increase in their CSOs capacity to conduct social accountability initiatives. The way in which the CSOs addresses their legitimacy status determines the capacity to conduct social accountability. The study concluded that some of the ways to increase legitimacy is through improving community representation and participation in CSOs activities including management and governance issues. Imperatively therefore, the way in which the health CSOs address their legitimacy status determines the capacity to conduct social accountability.

6.0 RECOMMENDATIONS

For CSOs to deliver social accountability initiatives, legitimacy factor is very crucial. Legitimacy plays a very important role in its survival as well as its effectiveness in delivering its intended programmes. The study recommended that only duly registered community-based organizations should be empowered to implement funded community projects, including social accountability interventions. The organizations' governance structures should be regulated such that their composition and structure should not be dominated by family members, but the wider community. It is also recommended that legitimacy could be improved by improving community representation and participation in CSOs activities including management and governance issues.

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