

**ADOPTION OF SOCIAL MARKETING CONCEPT BY PRIVATE HOSPITALS
IN NAIROBI**

BY

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DECLARATION

This research project is my original work and has not been submitted for a degree in any of other universities.

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This research project has been submitted for examination with my approval as the university supervisor.

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DEDICATION

To almighty God – I thank God for having given me strength, courage and wisdom.

To beloved husband Mike for his patience and support.

To our beloved daughter and son Bernice and Lewis who endured my absence.

To my beloved sister Pasqualina for her encouragement and moral support she gave me.

To my beloved mother in law Caroline and my other sibling who also endured my absence.

In memory of my beloved late parents Ignatius and Mary for the care they give me at my tender age.

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I specially thank my organization for having given me time off to do my examinations.

ABSTRACT

The purpose of this study is to determine the extent to which hospitals have adopted social marketing concept and determine factors hindering social marketing among hospitals in Nairobi. The study used a descriptive research design. The population consisted of marketing and sales managers of the institution under study. 42 hospitals were issued with questionnaire. Primary data was used collected using structured questionnaires with closed and open ended questions. After retrieving the questionnaire the researcher edited coded and entered the data in statistical package software s (SPSS) for a better and efficient analysis.

The finding of the study was that most of the institutions do practice social marketing. However, little emphasis is put on the use of concept as most of the institutions do not have marketing departments. The recommendations made for the institutions under study is to introduce marketing departments with employees who have the knowledge of all the principal and techniques of marketing to be able to improve the image of the institution. This is part of quality improvement which in the long run will make their policies on social marketing a reality. It will also act as a focal point for their implementation of social marketing policies and provide efficient feedback and reviews should be done on these policies. Management of these organizations should carry out training of staff on social marketing skills through seminars and events

Innovative programs should be publicized and implemented to improve on the wellbeing of the customers of such institutions. These programs will create an avenue for them to sell their ideas. Advertisement as a tool for social marketing is quite important for creating awareness. The government should come up with policies that promote social marketing in their public hospitals since this will also put pressure on them to improve the quality of products and services they offer. The study suggests that a similar study could be done on the public hospitals to establish the extent to which social marketing is adopted. The study was limited to 42 private hospitals in Nairobi and not all the members of the institutions were involved.

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CHAPTER ONE: INTRODUCTION

1.1 Background

The health of people in Kenya is crucial for the social-economic development. The Kenyan society is facing an ever increasing number of health challenges, prompting the importance of social changes efforts. Health is the absence of diseases, the general mental, physical, and social well-being of the people in a country/state. Among the health problems are HIV/AIDS, drug and substance abuse, gender violence, sexual harassment, diseases like diabetes, heart diseases, cancer, to mention but a few. Most of these health problems are as a result of excessive drinking, unhealthy diet and poor lifestyle. There is an increasing need to change the society behavior towards these unhealthy diet and poor lifestyle. Currently public health behavior management relies heavily on education and law while neglecting the underlying philosophy of marketing.

The emerging trend in the market is that marketers have realized that they can no longer dictate what customers want. Commercial marketers are engaged in analyzing consumers' needs and wants, developing products and services to satisfy them and using promotions, advertising to bring products, services and customers together. Likewise, social marketers could use the same techniques in their programs to sell attitudes, ideas, skills and behavior changes in resolving the public health problems. After all, they have been successful in commercial settings (Andreasen, 1995).

Social marketing was born as a discipline in 1970s, when Philip and Gerald Zaltman realized that the same marketing principles that were used to sell products to consumers

could also be used to sell ideas, attitudes and behaviors (Kotler 1969). Marketers must make sure that they understand their target audience/market with the aid of market research, know their needs and wants and ensure benefits from voluntary change in their behavior. The need for social marketing programs is as a result of competition for products and companies that try to satisfy the same needs and wants in commercial marketing while in social marketing is as a result of alternative behavior options available to the target audience.

1.1.1 Concept of Social Marketing

Social marketing is the “application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of the audience in order to improve their personal welfare and that of the society”, (Andreasen, 1995). It is a program-planning process that applies commercial marketing concept and techniques to promote voluntary behavior change, (Kotler, 2002). The definition of social marketing also includes the analysis of the social consequences of commercial marketing policies and activities (Hastings 2003).

The defining features of social marketing emanate from marketing conceptual framework and include exchange theory, audience segmentation, competition, the marketing mix, consumer orientation, and continuous monitoring. Although social marketing shares many features with other related public health planning processes, it is distinguished by the systematic emphasis marketers place on the strategic integration of the elements in the marketing conceptual framework. By the use of marketing mix, products could represent behavior or idea, the price of the behavior change could be the monetary cost (exchange theory), the place could be where the medical or educational services are

offered, promotion could be public announcements, media, community outreach and people could be the target audience.

Social marketing focuses on resolving social problems. It focuses on influencing peoples behaviors from ways of acting or lifestyle that are designated as leading or contributing to social problems and towards other ways of acting and lifestyle that will improve these peoples well being and does not expect a customer to pay a price equal to the cost of producing a product or a service as compared to commercial marketing (Webster 1975).The primary aim of social marketing is not to promote some other commercial aims by means of advancing the resolution of certain social problems rather it's to resolve these problems.

Currently in Kenya, law or policy development uses coercion or the threat of punishment to manage behavior. Legislation has be the most effective tool for public health when society is not willing to pay the costs associated with continued practice of an unhealthy or risky behavior (e.g. use of alcoblow).

In contrast, marketing influences behavior by offering alternative choices that invite voluntary exchange. Marketing alters the environment to make the recommended health behavior more advantageous than the unhealthy behavior; it is designed to replace and then communicates the more favorable cost-benefit relationship to the target audience.

1.1.2 Concept of Adoption

Social and health change happens when the social marketers changes the internal attitudes, external structures, and/or work to make behavior unnecessary. It is a process that requires time and patience (Henry 2004). Marketers understand that people do not change their behavior easily. Most people move through predictable stages as they change behavior or purchase a product. People are more likely to adopt a new idea, skill or behavior if it has the following characteristics; has relative advantage, it's compatible with social norms, it's not complex, it's easy to do it, and it's been seen when done. It's important to understand that change happens in steps (adoption decision). There are 6 steps in the adoption process (Henry, 2004). They include awareness, knowledge, evaluation, trial, adoption and post purchase evaluation. The adoption decision of an idea or behavior change requires an individual or a group of consumers to make a decision regarding the new idea or behavior.

The adoption of an idea or a product can be involving to those who are among the first to adopt. Most people start by not being aware that a change is necessary. At this stage they ask to be shown the necessary changes. This is where education takes place. In the second stage they become aware but still don't shift behavior, possibly because of the barriers in their ways. Negotiation process is made at this point. In this particular stage, it is necessary for marketers to reduce these barriers.

Social marketing is useful in removing barriers that prevent behavior change. Only a small percentage of the target audience will take action at a given time. It is important for marketers to understand this when setting realistic expectations of what a program can accomplish or what the target audience will accept.

1.1.3 Overview of Health Sector in Kenya

The beginning of the first quarter of this century has shown dramatic improvement in health care sector in Africa. The quality and number of health care institutions and providers has remarkably increased. This is a remarkable development and frank fulfillment of Alma Ata declaration of 1978, (Generation for Change and Growth, 2011).

However, it appears these improvements have had very little or no impact on Africa's fundamental health care problems in access and affordability. Unlike most of the Western nations, great majority of African populations live in rural areas. It is no surprise that Kenya has a similar population distribution as the rest of the continent.

In Kenya, where health care is a mix of socialized and private systems, close to 50% (85% of rural) of the populations have no access to health care according to a recent world health organization report. The recent development is an indication that the continent and Kenya in particular has the potential to improve access and affordability of health care services and medicines. To unlock this potential, Kenya needs the development of efficient institutional framework, policies and standards of practice across the board within health care sector. It also needs a new generation of health care leaders.

Alma Ata declaration of 1978 has relatively worked well in Kenya but only in the context of building hospitals and dispensaries without regard to quality, access and service provision. This declaration is in every sense absolute, ambiguous and has no place in today's challenges in health. Instead, health care awareness, activism and advocacy at the grassroots and National level are needed to push the government to fully embrace head on the fundamental challenges of access, affordability, education and marketing of health

care needs. The establishment, execution and delivery of comprehensive health care reforms emphasizing quality, equity, affordability and access is the mainstay to the realization of health care that is capable of meeting today's challenges, (Generation for Change and Growth, 2011).

The private health care sector comprises the activities of agents who are largely outside the control of the government. Most of the private hospitals in Kenya are owned by associations, churches or individuals. Private hospitals came up when there was need or opportunity to buy and sell health care services privately. This need may be due to the government inability to provide the full range of services required or to a government decision to limit the scope of its services. It may be related to the perceived quality of public health care or to the level of amenities provided. The opportunity may be related to an emerging middle class with the ability to pay for services privately, combined with investors or entrepreneurs who can make services available (Kimalu et al, 2004). In all the cases, the private market is characterized by the voluntary exchange of goods and services at prices that are set by some market mechanism, supply and demand, best negotiation, or some combination.

The growth of private health care providers is attributed to the government reforms that took place in the 1980s on the Kenya health sector. The government was facing a fiscal burden in the provision of health care, which had to be transferred to private healthcare providers and individuals. Leonard et al, (2000) observed that government health services had failed to provide reliable and good quality healthcare. The government had to create a conducive environment for private sector in health care.

The private health sector continues to evolve in a dynamic way, but without a focused commitment to provide services to the poor or to controlling and containing costs. The private health sector has made a remarkable contribution in delivery of health care to public. The sector is used by almost socioeconomic groups and appears to have better distribution in both rural and urban areas. However there has been no proper policy formulation for this sector due to its diversity and nature. Failure to consider the diversity of private healthcare providers could lead to faulty policy advice because, important behavior, and importance with respect to both size and range of activities is likely to differ between the different types of providers (Hanson, 1994).

Many studies on private healthcare providers have cited the existence of confusing arrays of terminologies over their classification (Oduwo et al, 2001). Terminologies used to define the facilities are important as they dictate the regulatory mechanism to be applied for a particular type. Confusion arises when different facilities with similar features are regulated differently. The first and main component of classification of private healthcare providers is by economic orientation, which includes for-profit or not-for profit facilities (Hursh-Cesar et al, 1994). Health facilities run by churches or various religious faiths constitute the main not-for-profit private healthcare providers. Health facilities owned by sole proprietors, partnerships, companies and parastatals, pharmacists and traditional health practitioners form the main for-profit private healthcare providers.

1.2 Statement of the Problem

Social marketing is the use of marketing principles to influence human behavior in order to improve health or benefit society. It is the use of marketing concepts to promote social

objectives such as family planning safe driving, healthy eating habits and health lifestyle (Kotler, 1971). They also stated that social causes can be advanced more successfully through applying principles of marketing analysis, planning, and control to problems of social change. According to Oduor, 2011, the social marketing product is not necessarily a physical offering. A continuum of products exists, ranging from tangible, physical products (e.g condoms), to services (e.g medical exams), practices (e.g. breastfeeding, eating a heart-healthy diet) and finally, more intangible ideas (e.g. environmental protection).

With today's business environment defined by stiff competition, companies' quest to create and maintain a positive image is an uphill task especially when dealing with tech-savvy customers. Private hospitals are mainly for profit making and just like any other business ventures are facing competition and many other environmental challenges. They are under obligation to protect their customer's right and protect the environment. Customer demands and expectations, general economic decline, government laws and regulations and orthodox intra industry completion are but some of the challenges (Ndubai, 2003) that are been faced.

Several related studies on strategic response of organizations to the environment in a number of industries have been carried out have been carried out but studies on social marketing which is part of corporate social responsibility as applied to hospitals is scarce. Such a study was done by (Onyambu, 2009), focused on influence of advertising on adoption of factory treated mosquito nets. Her findings were that the number of advertisement did not matter, what was important was the message given to consumer on the benefits of using the products. The other related study was on social accounting done

by (Oduol, 2009). He focused his study on a survey of the social accounting and reporting practices adopted by the mobile phone service providers in Kenya. His findings were that adoption of social accounting which is part of corporate social responsibility was at the top level of management yet the lower level are the ones who are closer to the society and understand the society better. He established that lower level management should be allowed to participate in decisions that affect the society wellbeing. The other related study was conducted by (Ajima, 2008). This study was on strategic corporate responsibility; A case study of commercial Banks in Kenya. Her findings were that benefit such as strategic repositioning can outweigh the cost. Having looked at these studies there is a need for a study to be conducted in the context of other business orientation like the private hospitals sector. The study will seek to establish the extent to which private hospitals in Nairobi have adopted social marketing practices and the various factors that hinder its adoption.

1.3 Objective of the Study

The objective of the proposed study is:

- i) To determine the extent to which social marketing practices have been adopted in private hospitals in Nairobi.
- ii) To establish factors that hinders its adoption in the said institutions.

1.4 Importance of the Study

While this study may be of value to any person interested in social marketing it is anticipated that its findings will specially be of benefit to the following groups of people;

Policy maker will be in a position to utilize the research findings and recommendations from the study, to adopt and develop a law that govern and encourage the use of social marketing programs in the country. The study will influence the policy makers who can address the broader social and environmental determinants of health.

Industry players will be in a position to utilize the research findings and recommendations from the study to adopt and develop a social marketing culture in their institutions.

The study is expected to contribute to the existing literature in the field of marketing, especially in the social marketing. Future scholars can use this research as a basis for further research in area of social marketing.

The study is expected to benefit the general society in that it will have contributed to the formulation of strategies that will be used in resolving and preventing social and health problems.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The role of business in the society has been a concern to the public policy makers, NGOs, trade unions and the business community in general. Increasingly, more organizations/businesses are expressing the desires of addressing in their policies, strategies and practices public concern and anger on businesses not becoming concerned with the society wellbeing. In various context companies today are under pressure to rebuild public trust and stay competitive in global economy by generating competitive advantage, (Mohamed, 2000). Organizations are frequently confronted with new ideas, skill and behaviors that require them to adopt new ways. They are uncertain whether it's in order to adopt the new strategic orientation or not considering the hard economic time and the turbulent economy. Despite these constraints for organization/businesses to survive they have to strategize on how to satisfy their customers, the shareholders, policy maker, human right and the society in general. According to (Assael, 2004), marketing organizations can demonstrate social responsibility by attempting to influence consumers' behavior to behave in a more socially responsible manner. This section of the study contains literature that has been advanced by other authorities concerning definition of social marketing, features/core elements of social marketing, application, benefits and the challenges faced in the implementation or program formulation.

2.2 Definition of Social Marketing

Social marketing is defined as program-planning process that applies commercial marketing concepts and techniques to promote voluntary behavior change, (Andreasan, 1995). Social marketing facilitates the acceptance, rejection, modification, abandonment, or maintenance of particular behaviors by groups of individuals, often referred to target audience (Kotler et al 2002).

Although social marketing's target audience is usually made of consumers, it is used also to influence policy makers who can address the broader social and environmental determinant of health, (Siegel, 1998). Hastings & Saren definition of social marketing includes also the analysis of social consequences of commercial marketing policies and activities.

The core elements/features of social marketing emanate from marketing's conceptual framework and include exchange theory, audience segmentation, completion, the marketing mix, consumer orientation and continuous monitoring. Social marketing emphasis is about talking to the customers but not talking about the products.

One of the key decisions in social marketing that guides the planning of most of the health communications is whether to deliver messages to a general audience or whether to segment into target audiences.

Marketing differentiates population into subgroups or segments of people who share needs, wants, lifestyles, behavior, and values that make the response similar to public interventions. The reason for the segmentation is that a social marketer knows that it is

not possible to offer everything to everyone. Segmentation and target marketing increase the program effectiveness and efficiency by tailoring strategies to address the needs of distinct segments and help to make appropriate resource allocation decisions (Forthofer, 2000).

The notion of exchange in marketing attempts to influence voluntary behavior by reinforcing incentives and/or consequences in an environment that invites voluntary exchange (Rothchild, 1999). Exchange theory views consumers acting out of self interest as they seek to optimize value by doing what gives them the greatest benefit for the least cost (Bagozzi, 1978). Exchange theory reminds social marketer that they must offer benefits that consumer truly values, recognize that customers often pay intangible costs associated with changing behavior, and acknowledge that everyone involved in the exchange must receive valued benefits in return for their efforts (Donovan, 2003).

In social marketing competition refer to the behavioral options that compete with public health recommendations and services (Hastings, 2003). Marketers must ask about the product that they compete with those they are promoting, and how the benefits they offer compare to those offered by competing behaviors. An assessment of the competition also may be useful in determining which behaviors are best to promote and which segments are best to target. Like commercial marketing the primary focus is on the consumers on learning to persuade them to buy what happens to be producing. Marketing talks to the consumer, not about the product. Social marketing programs planning process takes this focus into account by addressing the elements of the marketing mix. The marketing mix is referred to as the “four Ps”: product, price, place, and promotion. Product refers to the set of benefits associated with the desired behavior or services usage (Kotler, et al 2002).

They distinguish between the core product (what people will gain from their behavior) and the actual product (the desired behavior). To be successful, social marketers believe the product must provide a solution to problems that consumers consider important and/or offer them a benefit they truly value. For this reason, research is undertaken to understand people's aspirations, preferences, and other desires in addition to their health needs, to identify the benefits most appealing to customer. Social marketing adds a "few more Ps". They include public, partnership, policy, purse strings/financial resources.

Prices refer to the cost or sacrifice exchanged for the promised benefits. This cost is always considered from the customer's point of view. As such price usually encompasses intangible costs, such as diminished pleasure, embarrassments, loss of time and psychological hassle that often accompanies change.

Place refer to the distribution of goods and the location of sales and service encounter. In social marketing, place may be thought of as action outlets: where and when the target market will perform the desired behavior, acquire any related tangible objects, and receive any associated services (Kotler, et al 2002).

Promotion consists of the integrated use of advertising, public relations, media advocacy, public announcements coupons, media events editorials e.t.c. through research marketer can be able to tell what method to use and to who it should be directed to. The focus is on creating and sustaining demand for the product.

Public refer to the many audience that the program has to address in order to be successful. It refers to both external and internal groups involved in the program. External public includes the target audience, secondary audiences, policy makers, and

gatekeepers, while internal publics are those who are involved in some way with either approval or implementation of the program.

Partnership refers to team players. Social and health issues are often so complex that one agency can't make a dent by itself. You need to team up with other organization in the community to really be effective. You need to figure out which organizations have similar goals to yours not necessarily the same goals and identify ways you can work together.

Policy refer to the rules and regulation that creates a conducive environment to operate in. social marketing programs can do well in motivating individual behavior change, but that is difficult to sustain unless the environment they are in supports that change for the long run. Often, policy change is needed, and media advocacy programs can be an effective complement to social marketing program.

Purses string/financial resource is quite an important in social marketing. Most organizations that develop social marketing programs are provided by sources such as foundations, government grants or donations.

Marketing's conceptual framework demands commitment to understanding consumers, the people whose behavior we hope to change. The premise is that all program planning decisions must emanate from a consideration of the customer' perceptions needs and wants (Andreasen, 1995).

The backbone of a customer's orientation is consumer research. Formative research is used to gain a deeper understanding of target audience's needs, aspirations, values and

everyday lives. Of special interest are the consumers' perception of the products, benefits, costs, and other factors that motivate and deter them from adopting recommended behaviors. Research also provides information on distinct population subgroups and social and cultural environments in which the people act on behavioral decisions. This information is used to make strategic marketing decisions about the audience segments to target, the benefits to offer, and the costs to lower, and about how to price, place and promote products. Plans for evaluating and monitoring a social marketing intervention begin at the outset of the planning process. As program interventions are implemented, each is monitored to assess its effectiveness to determine if it is worthy of being sustained, and identify activities that require revision. Program implementation is a continuous process. Social marketers are constantly checking with target audience to gauge their responses to all aspects of an intervention, from the broad marketing strategy to specific messages and materials (Balch, 1997).

2.3 Benefit of Social Marketing

According to the latest world health organization report, recent developments are an indication that the continent and Kenya in particular has the potential to improve access and affordability of health care services. To unlock these potentials, Kenya needs the development of efficient institutional framework, policies and standards of practices across the board within the health care sector.

The basic steps towards forging improved health care in the country are that; Policy makers must recognize, acknowledge and act to find lasting solution for health care crisis in the country. Among these should be pursuing progressive health care policies

tailor made to target audience, re-evaluation and reformation of existing policies to match today's complex and challenging health care. Leaders in health care, professionals associations, health Boards and health care companies should take a leading role in initiatives that increase access information on improving health care. They should support the use of social marketing as a strategy to make behavior change. Human rights and humanitarian organizations involved in health care use social marketing to change unhealthy behaviors and create alternative behaviors or product for the target audience.

Social marketing messages aim to prevent risky health behavior through education or promotion of behavioral alternatives. Social marketing uses behavioral, persuasion, and exposure theories to target changes in health risk behavior. It is a strategy aimed at identifying the behavior to be changed, by whom while trying not to stigmatize or victimize the audience.

2.4 Factors Hindering Social Marketing

According Philip Makutsa et al, (1988) when Kenya initiated the water and sanitation education in western kenya and introduced the use a chemical in purification of water rumors were spread that the chemical caused infertility. They needed to come up with a strategy to clear the rumor. He also claimed that in the implementation of water and sanitation education they faced a lot of challenges when they wanted to distribute this chemical to the community. They had to design packaging materials, design quantity which was suitable and affordable and design the containers to store the purified water and this had to be satisfactory to the community.

To be able to do all this they had to add all these costs plus transportation costs to the value of their products. Poverty makes the target audience unable to change due to the costs associated with the change.

Social marketing faces competition in two dimensions. First it comes from commercial marketers. Commercial marketers are aggressively advertising products and lifestyle that is competing with those that social marketer is advocating for. Social marketers will talk about beer and cigarette as unhealthy while commercial marketer will talk about high class life of using these products. The other dimension of competition is that there are several competing or alternative ways of behaving that the target audience can adopt.

Social marketing has been promoting the use of contraceptive as a method of controlling and preventing conception while the Catholic Church has been advocating use of natural methods of controlling birth. In fact the church states that controlling of conception is a sin since it is against the Holy Bible termination of an already existing being. For these who profess the Catholic faith it is hard for them to adopt the used of pills and condoms.

Social marketing is not understood by many professionals. For those who have not done marketing they do not understand the concept and principle of marketing. This makes it had for health professionals to use social marketing in their field.

Marketing environment is quite dynamic and complex due to the various types of audience and social problems. This makes it important for a social marketer to do a lot of research before engaging in any of his/her programs. The society is made of several generations depending with the age. For the young generation it is very easy for them to

adopt modern ways of life while for the older generation it is not easy due to their cultural beliefs.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter highlights the method and procedures that were adopted in carrying out the study such as research design, population and data collection methods, research procedures, and data analysis and presentation methods.

3.2 Research Design

This study employed a survey research. A survey research seeks to obtain information that describes existing phenomena by asking individuals about their institution's marketing practices.

3.3 Population of the Study

The population of the study consists of all private hospitals in Nairobi. This is as per the boundary set by the city council. The Kenya medical directory 2011 indicates that there were 54 private hospitals in Nairobi. (See appendix ii)

3.4 Sampling Design and Sample Size

42 hospitals were picked from Eastern, Western, Northern and Southern part of Nairobi. The sample size of the study comprised marketing managers and sales managers. As a result of this limited sample size, only reasonable generalizations could be made from this study.

3.5 Data Collection

Both qualitative and quantitative primary data were used in the study. Data was collected using a semi-structured questionnaire, which had open-ended and closed ended questions. The questionnaire was divided into three (3) sections; section A was to establish the background information, section B was to establish the extent of the adoption of social marketing concept in the institution and section C will establish the factors hindering adoption of social marketing concept in the institution. The questionnaire was administered using “drop and pick” later method.

3.6 Data Analysis Technique

Data collected was carefully checked and edited to ensure completeness, accuracy, uniformity and consistency. This data was analyzed using descriptive statistics. This includes measure of central tendency, measure of reliability, frequency and measure of variability.

CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the analysis of the data findings from the field on adoption of social marketing by private hospitals in Nairobi. The objectives of the study were; to determine the extent to which social marketing practices have been adopted in private hospitals in Nairobi and factors that hinder its adoption in the said institution.

The study used a questionnaire which was distributed to 42 private hospitals from Eastern, Western, Northern and Southern part of Nairobi.

4.2 Demographic information

4.2.1 Age brackets

The study sort to find out the age bracket of the respondents, majority were between 31-35 years having a percentage of (13) 31%. Those between 26-30 yrs had a percentage of (12) 28.6%. From these findings we can deductively say that the respondents that were interviewed are probably in the self actualization stage of their lives thus giving the research a back bone. 18-25 yrs had a percentage of (7) 16.7%, 41-45 yrs had a percentage of (6) 14.3%. The age bracket with the least mean was 46-50 yrs which represents the seniors in that field with a percentage of (4) 9.5%.

Table 4.1: Age Brackets

Number of years	Frequency	Percentage
18-25 years	7	16.7
26-30 years	12	28.6
31-35 years	13	31.0
41-45 years	6	14.3
46-50 years	4	9.5
Total	42	100.0

Source: author (2011)

4.2.2 Gender of the Respondents

The gender of the recipients was also of interest to the study. From the table above we can conclusively say that the number of males was more than females by 5% thus 52% male and 47% female.

Table 4. 2: Gender of the Respondents

	Frequency	Percent
Male	22	52.4
Female	20	47.6
Total	42	100.0

Source: author (2011)

4.2.3 Duration with the institution

The duration that the respondent has been with the organization was queried and from the table above we see that most of them have been with their respective organizations for 3-4 yrs thus the percentage 38.1%. A good number have been with their organizations Less

than two years and 5-6 yrs both with a percentage of 26.2%. Those who have been there for more than 11 yrs had the percentage of 9.5%.

Table 4.3: Duration with the institution

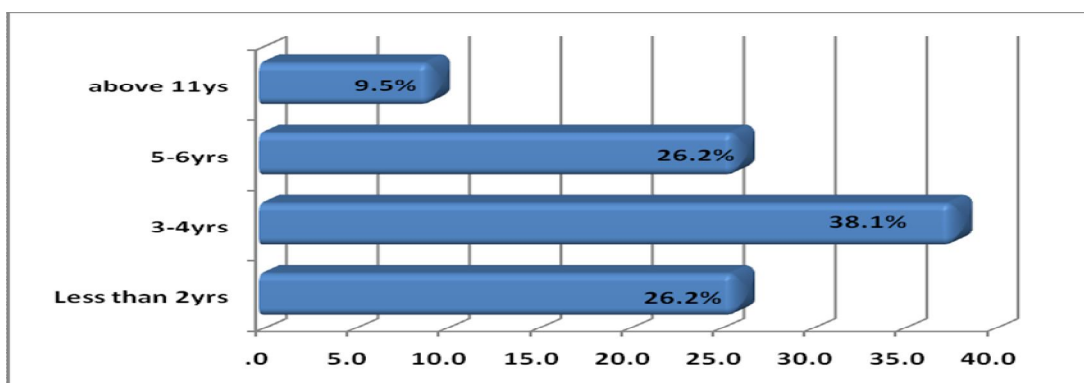
Number of years	Frequency	Percent
Less than 2yrs	11	26.2
3-4yrs	16	38.1
5-6yrs	11	26.2
above 11ys	4	9.5
Total	42	100.0

Source: author (2011)

4.2.4 Duration institution has been in operation

From the pie-chart above the number of years the organization has been in operation was researched on. Those that have been in exist for over 21 yrs had the highest percentage of 55%. 11-15 yrs had 33% while those who have operated for 6-10 yrs had the least mean of 12%.

Figure 4.1: Duration institution has been in operation

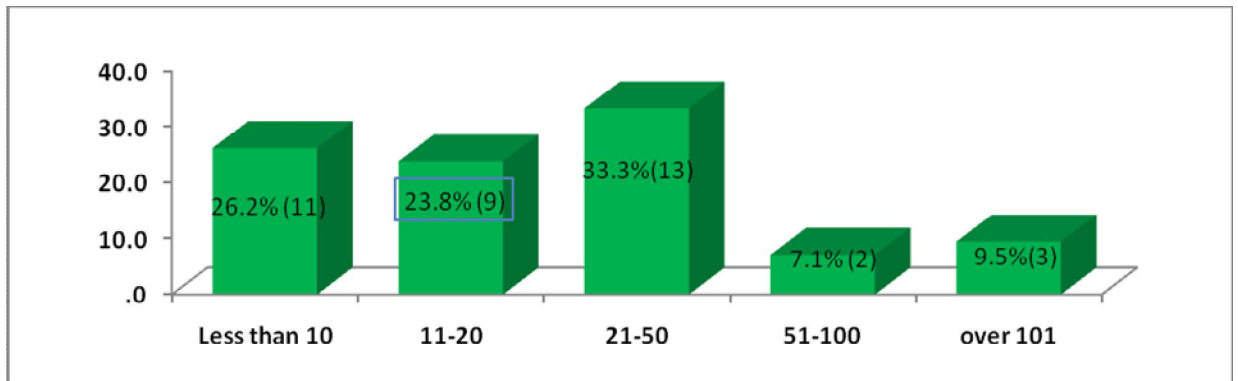


Source: author (2011)

4.2.5 Number of employees in the institution

The table below shows the range of number of employees in the various institutions. Those with employees ranging from 21-50 yrs had the highest percentage of 33.3%. Less than 10 came in second with a percentage of 26.2%, 11-20 yrs had a percentage of 23.8%. The two ranges that had the least percentages thus many employees were 51-100 and over 101 which had 7.1% and 9.5% respectively.

Figure 4.2: Number of employees in the institution

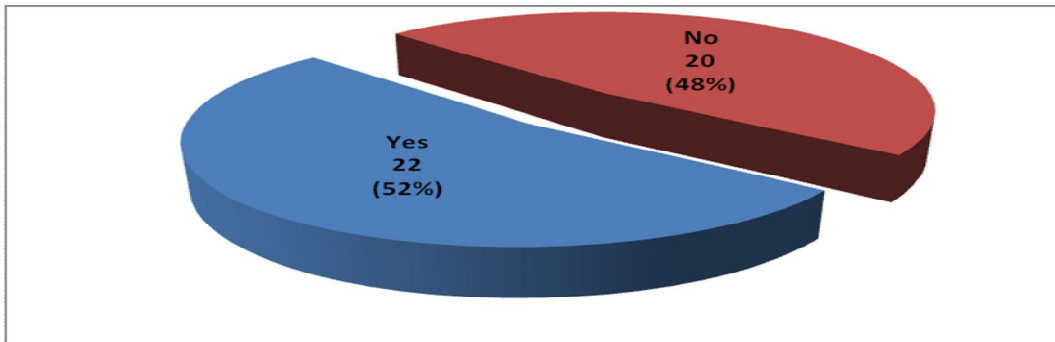


Source: author (2011)

4.3.6 Existence of a Marketing Department

When it came to whether there exists a marketing department in the various organizations, 52% said that there exists while the latter 48% said it is non-existent. This underscores the fact that it is almost halfway through the survey. One half of the hospitals under study have marketing department while the other half do not have a marketing department.

Figure 4.3: Existence of a Marketing Department



Source: author (2011)

4.3 Extent of Social Marketing Adoption

4.3.1 Introduction

According to the findings, not many private hospitals in Nairobi have fully adopted the concept of social marketing due to various reasons mentioned by the respondents. However, there is a lot of untapped potential which can be used by these hospitals to satisfy their customers, improve their image and the well-being of the society.

4.3.2 Programs that Promote Social Marketing and their Existence in the Institution.

From the table below, the study evaluated various social marketing programs and the respondents were to state whether they exist in their organizations. The study sorted if the organizations conduct research on the needs and wants of your customers and only 47.6% said yes.

That means that more than half of the organizations under study do not pay attention to the needs and wants of their customers. The question on whether they divide customers

into subgroups with similar needs and want and tailor make your products and service to them had a percentage of 26.2%.

Formulation of programs and events that are aimed at influencing the poor or unhealthy behavior to improve their social well being and that of the society in general is implemented by only 40.5% of the organizations.

Enquiries as to if they advertise the programs and events they conduct had a percentage of 26.2% and on whether programs and events are affordable and accessible to very customer 38.1% said they are. Programs that focus on offer training to new mothers on how to breastfeed and take care of their new babies is conducted by only 57.1% of the organizations. The strategic plan of evaluation of programs and events to see their effectiveness is done by 40.5% of the organizations. It is also of significance to note that 7.1% of the respondents say that their organizations do not do any of the above activities.

Table 4.4: Programs Promote Social Marketing and their Existence in the Institution.

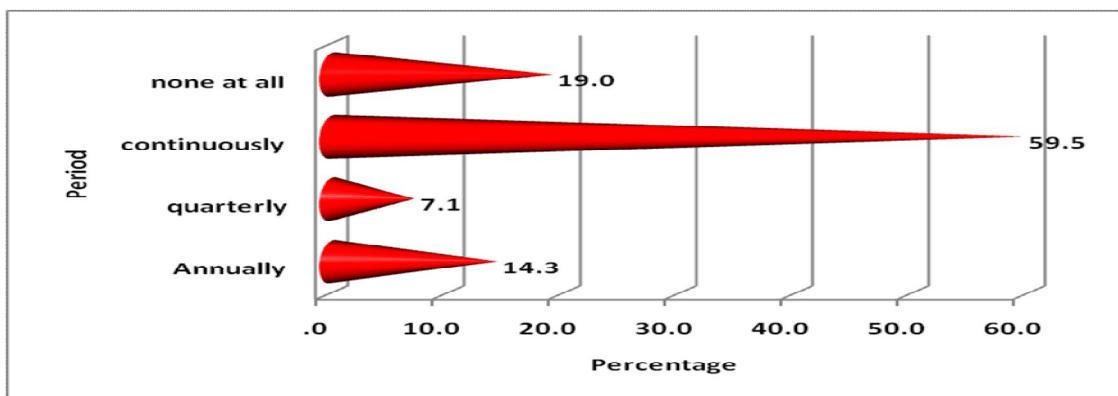
Statements	Percentage	frequency
Conduct research on the needs and wants of your customers	47.6	19
Divide your customers into subgroups with similar needs and want and tailor make your products and service to them	26.2	11
Formulate programs and events that are aimed at influencing the poor or unhealthy behavior to improve their social well being and that of the society in general.	40.5	17
You advertise these programs and events	26.2	11
Programs and events are affordable and accessible to very customer	38.1	16
Your offer training to new mother on how to breastfeed and take care of their new babies.	57.1	23
You do evaluation of your program and events effectiveness	40.5	17
You do none of the above activities	7.1	2

Source: author (2011)

4.3.3 Frequency of Social Marketing in the Institutions

From the figure4 below, the research sort to know the frequency in which the social marketing was done by the various organizations. 60% of them are suggested to do it continuously, 19% do not do it at all while those who do it annually and quarterly had 14% and 7% respectively.

Figure 4.4: Frequency of Social Marketing in the Institutions



Source: author (2011)

4.3.4 Time social marketing concept was introduced to the institution

From the table below the research enquired as to when precisely the concept of social marketing was introduced into the various organizations. Majority of the organizations started 10 yrs ago having the highest percentage of 47.6%. Those who started the program 3 yrs ago had a percentage of 28.6% while the one with the least percentage was 5 yrs with 23.8%.

Table 4.5: Time social marketing concept was introduced to the institution

Number of years	Frequency	Percentage
3years ago	12	28.6
5years ago	10	23.8
10years ago	20	47.6
Total	42	100.0

Source: author (2011)

4.3.5 Means used by Institutions create Social Marketing Awareness.

The different means available for communication that can be used to create social marketing awareness include TV which is only used by 4% of the organizations. Radio advertisements are suggested to be used by 9% of the institutions. The most popular as per the statistics in the table above is word of mouth with 28% and posters used by 19% of them. Billboards are the least used having a percentage of only 1%

Table 4.6: Means used by Institutions create Social Marketing Awareness.

Mean of creating awareness	Percentage
Television	4
Radio Advertisements	9
Posters	19
Billboards	1
Word of Mouth	28

Source: author

4.3.6 Extent of With the Statements on Adoption of Social Marketing in Institutions

The institution has taken services to the people through opening of branches had a mean of 3.90 and a standard deviation of 1.46. Behavior change being rewarded through incentives had a mean of 3.10 and a standard deviation of 1.23. The query on whether employees are well vast with various social marketing techniques had a mean of 2.90 and a standard deviation of 1.19. Developed programs on terminally ill patients had a mean of 2.76 and a standard deviation of 1.58. Pertaining to sponsorship of training for staff and patient the mean was 2.73 and a standard deviation of 1.48 while sponsoring health care events had a mean of 2.46 and a standard deviation of 1.73.

Whether the organization use a world class expertise base in human safety to ensure the consumers safety of our product had a mean of 2.31 and a standard deviation of 1.37

The fact that social marketing is driven by strategy of completion was suggested and it had a mean of 2.40 and a standard deviation of 1.21. On whether the institution has divided their customers with various needs and want had a mean of 2.07 and a standard deviation of 1.31 the organizations informing the public honestly when a product or behavior presents risks had a mean of 1.93 and a standard deviation of 1.45. The promptness in which the institutions correct conditions they have caused, that endanger health and safety of our customers or the environment had a mean of 1.71 and a standard deviation of 1.35.

Communication, human resources, finance, marketing, administration are aligned with the hospitals social marketing objectives was among the points that had the least mean of

1.61 and a standard deviation of 1.07 Communication is tailor made to suit the various target segment of their customer had a mean of 1.57 and a standard deviation of 0.99.

Table 4.7: Adoption of Social Marketing in the Institutions

Statements	Very Large Extent	Great extent	Moderate	Little extent	No extent	Mean	Std deviation
The institution has divided it customer with various needs and want.		22	3	13	4	2.07	1.31
Communication is tailor made to suit the various target segment of their customer		29	6	3	4	1.57	.99
Behavior change is rewarded through incentives		20	7	6	9	3.10	1.23
The institution has take services to the people through opening of branches.		7	4	10	21	3.90	1.46
Social marketing is driven by strategy of completion.	10	16	9	3	4	2.40	1.21
Employees are well vast with various social marketing techniques	7	6	17	8	4	2.90	1.19
We promptly correct conditions we have caused, that endanger health and safety of our customers or the environment.	30	5		3	4	1.71	1.35
Communication, human resources, finance, marketing, administration are aligned with the hospitals social marketing objectives	30	1	6	4		1.61	1.07
We inform the public honestly when a product or behavior presents risks.	24	11			7	1.93	1.45
We use a world class expertise base in human safety to ensure the consumers safety of our product.	16	11	5	6	4	2.31	1.37
We have developed program on terminally ill patients	13	8	5	6	9	2.76	1.58
We sponsor health care events			8		11	2.46	1.73
We sponsor training for staff and patient	14	3	8	10	5	2.73	1.48

Source: author (2011)

4.4 Factors Hindering Social Marketing in Hospitals

Lack of adoption of the concept at all levels of management had the highest mean of 3.24 and a standard deviation of 1.11. Second was Lack of technical knowhow which had a mean of 3.19 and a standard deviation of 1.13. Third was the fact that research is done to understand their customer and their needs and wants which had a mean of 3.17 and a standard deviation of 1.70.

Most private hospitals are owned by association and individuals therefore do not need social marketing had a mean of 3.14 and a standard deviation of 1.54. Poor distribution channels had a mean of 3.12 and a standard deviation of 1.14.

Nature of the institution do not need much of social marketing had a mean of 3.00 and a standard deviation of 1.43. Individual belief among customer limit communication of social marketing had a mean of 3.10 and a standard deviation of 1.10. External constraints had a mean of 2.98 and a standard deviation of 1.30. Budget limitation had a mean of 2.79 and a standard deviation of 1.30. Less value is attached to social marketing 2.71 and a standard deviation of 0.94. Private hospitals lack strong marketing department had a mean of 2.63 and a standard deviation of 1.26. Illiteracy and poverty among the customers limits communication of social marketing had a mean of 2.62 and a standard deviation of 1.31. The nature of customer to the private hospital makes it possible to communicate the awareness of social marketing had a mean of 2.60 and a standard deviation of 1.25.

The points that had the least means include: Most of the employees lack the awareness and importance of social marketing within the institution which had a mean of 2.60 and a standard deviation of 1.19. Hospital market is too complex for social marketing had a

mean of 2.48 and a standard deviation of 1.35. Last is Lack of marketing personnel which had a mean of 2.43 and a standard deviation of 1.58.

Table 4.8: Factors Hindering Social Marketing in Hospitals

Statements	Strongly agree	Agree	Moderately agree	Disagree	Strongly disagree	Mean	Std deviation
Hospital market is too complex for social marketing	16	6	4	16		2.48	1.35
Nature of the institution do not need much of social marketing	10	3	7	17	5	3.00	1.43
Most private hospital are owned by association and individuals therefore do not need social marketing	12	2	4	16	8	3.14	1.54
The nature of customer of the private hospital makes it possible to communicate the awareness of social marketing	8	15	10	4	5	2.60	1.25
Most of the employees lack the awareness and importance of social marketing within the institution	6	19	7	6	4	2.60	1.19
Illiteracy and poverty among the customers limits communication of social marketing	12	6	14	6	4	2.62	1.31
Private hospitals lack strong marketing department	13	3	11	14		2.63	1.26
Less value is attached to social marketing	5	11	17	9		2.71	.94
Individual belief among customer limit communication of social marketing	3	6	25		8	3.10	1.10
Lack of technical know how		16	9	10	7	3.19	1.13
Budget limitation	4	21	4	6	7	2.79	1.30
Poor distribution channels	4	9	9	16	3	3.12	1.14
Lack of adoption of the concept at all levels of management		14	10	10	7	3.24	1.11
Lack of marketing personnel	19	6	4	6	7	2.43	1.58
External constraints	4	16	6	9	7	2.98	1.30
Research is done to understand our customer and their needs and wants	12	4	7	3	16	3.17	1.70

Source: author (2011)

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter consists of summary, conclusion and recommendation that have been derived from chapter four. The data analysis and presentation that was gotten from the respondents is talked about in terms of summary, what was the view of the respondents and why they responded as they did. This is all found in the summary.

The conclusion part brings to totality what has been derived, what is happening presently and what effect does it have on the organization in relation to the objectives of the study.

The recommendation shows the light on what steps or mile stones can be taken to ensure that social marketing is implemented in all our health institutions

5.2 Summary of the Findings

The study sort to know the age bracket of the respondents, majority were between 31-35 yrs. This is of significance to the study since it gives an overview on how the respondents will answer the questions. Their level of experience is a good resource to attain the the objectives of the study. A good number was also in the age bracket of 26-30 adding more weight to the earlier fact of experience.

When it came to gender the parity and margin was not quite big but the fact remains that the males were more than female by 4.8%. The question that does seem to beg is if the girl child is empowered since this is also among the ideology that needs to be sold to the

public to avoid things such as sexual harassment which may result in to assaults. It is good to note that this is also part of social marketing.

The period in which the respondents have been with the organization creates a platform in which we can say whether the answers they will give are conclusive or not. Majority have been with their various organizations for 3-4 yrs. This can be considered as “good time” and worthwhile for the study. 5-6 yrs also had a considerable number making the research more conclusive. It is also good to note that those who have been with their various organizations for more than 11 yrs had the least percentage of 9.5 but this does not underscore the fact that they formed but of the research and their opinions are completely valid.

Duration the organization has been in existence sort to find out how many years they have been in the market since this is paramount to the decisions that they will make regarding social marketing so as to gain a an upper edge over their competitors. Those that have been in existence for over 21 yrs formed the big bulk since it was more than half of the response rate to be precise 55%. 11-15 yrs formed the other chunk with 33%. This will have an impact on the way the questions this study sort to unmask will be answered.

Most of the organization had employees raging from 21-50 in numbers. There were others with less than 10 employees. Organizations that were well staffed with over 101 employees are very few considering the figures. It had a small percentage of 7.1%.

The evaluation on whether the organizations had a marketing department yielded the result that 48% said they do while 52% said they don't. This points us to the fact that

from a marketing department, specialization in social marketing can be developed to the fullest thus the reasons that can be banked to such statistics to some extent is because of lack of one.

The various means that can be used to create social awareness through communication to the public are used by just a few of the organizations under study. The most common is word of mouth. This can be attributed to the fact that it costs nothing compared to running a TV, Radio advertisement or erecting billboards. Posters being a little bit cheaper are used by 19% of the population.

5.3 Discussion and Conclusions

Most of the organizations do not conduct research on the need of their customers since more than half of the population said so. This can be attributed to the poor services and the customers dissatisfied in the private hospital. Goods and services that are offered to the consumers are not tailor made to meet the wants of the consumers as only 26.2% of the populations do this. This can be evidence to the reason why social marketing does not really exist in these organizations. Marketing differentiates population into subgroups or segments of people who share needs, wants, lifestyles, behavior, and values that make the response similar. The reason for the segmentation is that a social marketer knows that it is not possible to offer everything to everyone. Segmentation and target marketing increase the program effectiveness and efficiency by tailoring strategies to address the needs of distinct segments and help to make appropriate resource allocation decisions (Forthofer, 2000).

Of special interest are the consumers' perception of the products, benefits, costs, and other factors that motivate and deter them from adopting recommended behaviors. Research also provides information on distinct population subgroups and social and cultural environments in which the people act on behavioral decisions. This information is used to make strategic marketing decisions about the audience segments to target, the benefits to offer, and the costs to lower, and about how to price, place and promote products.

Less than half of the population is involved in health programs and events that improve the social wellbeing of their consumers. Advertisement is considered as a tool for creating awareness, however only 26% of the institutions use it.

According to the study Less than half of the institutions do evaluation of their social marketing programs and policies that they implement and it is also sad to note that 7.1% of the institutions say that they do none of the social marketing programs stated.

Most of the organizations do their social marketing continuously while we can note deductively as suggested that others don't do it at all. In line with this, the research wanted to find out when the social marketing was started in the various organizations. A large number started 10 yrs ago while very few stated that it started 5 yrs ago. This reflects that social marketing is not a new thing in Kenya.

A few of the institutions have opened up branches in various parts of the country to take their products and services closer to the consumer. Very few employees are versed with the various social marketing skills that are available.

The reasons that can be given for lack of social marketing in these organizations as suggested by the study is that the concept has not been introduced in all the levels of management. Most of the organizations also lack the knowledge on social marketing while others feel that the hospital environment is too complex for social marketing.

5.4 Recommendations

The organizations under study should try and increase their human resource especially in their marketing department since this is part of quality improvement and this will in the long make their policies on social marketing a reality.

The various organizations should invest in a marketing department since it will act as a focal point for their implementation of social marketing policies. It will also provide efficient feedback evaluate their social marketing programs.

Innovative programs should be publicized and implemented that will improve on the wellbeing of the customers of such organizations. This will create an avenue and make it easier for them to sell their ideas through social marketing in future more palatable to the consumers. The organizations should invest more in advertisement as a tool available for social marketing.

The government should come up with policies that promote social marketing in their public hospitals since this will also put pressure on them to improve the quality of products and services they offer. Management of these organizations should carry out training of staff on social marketing skills through seminars and events.

5.5 Areas of Further Study

The study suggested that a study be done on the factors that hinder effective adoption of social marketing by the private hospitals. Additionally, the study also suggested that a comparative study be done on the strategies that are adopted by the public hospital and private hospital in order to depict a reliable result that can be applied in both private and public hospitals.

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APPENDICES

APPENDIX I: APPLICATION LETTER

Margaret Gichane,
P.O Box 30402-00100,
Nairobi.
Mobile: 0721 751 357
28th Sept 2011

The Human Resource Manager,
.....,
P.o Box.....
Nairobi.

Re: Research project

I am privately undertaking a postgraduate course in Master of Business Administration (MBA) from the University of Nairobi and part two of the course is a requirement for me to undertake a research project on a relevant topic of my interest.

To this end, I am undertaking a research project titled: "Adoption of social marketing in the private hospitals in Nairobi"

The information you provide will be treated in confidence and is purely for academic purposes. A copy of the final paper will submitted to the hospital for acknowledgement and reference.

Thank you in advance.

Yours Faithfully,

Margaret Gichane

Researcher

Cc: Dr. Musyoka

Supervisor.

APPENDIX II: QUESTIONNAIRE

I am a postgraduate student of the University of Nairobi School of business. I am carrying out a research on “Adoption of the social marketing by private hospitals in Nairobi”.

Instructions: please answer all questions as accurately as you can. There is no right or wrong answers. Please note that your responses will remain strictly confidential.

SECTION A: BACKGROUND INFORMATION

1. Name of respondent (optional)_____

2. Age brackets

18-25 yrs [] 26-30 yrs []

31-35 yrs [] 36-40 yrs []

41-45 yrs [] 46-50 yrs []

51-55 yrs [] Over 55yrs []

3. Gender

Male [] Female []

4. How long have you been in this institution?

Less than 2yrs [] 3 - 4yrs []

5-6yrs [] 7-8yrs [] 9 - 10yrs []

Above 11ys []

5. How long has this institution been in operation?

Less than 5yrs [] 6-10yrs []

11-15yrs [] 16-20yrs []

Over 21yrs []

If no explain?.....
.....

9. How often does your institution do social marketing?

Annually [] half yearly [] quarterly [] continuously [] none at all []

10. When was social marketing concept introduced in your institution?

This year [] last year []

3yrs ago [] 5yrs ago []

10yrs ago []

Others not specified _____

11) By what means does your institution create social marketing awareness?

T.V adverts [] Radio adverts []

Posters [] Billboards []

Word of mouth []

Others not specified

12) To what extent would you agree with the following statements on adoption of social marketing in your institution?

1= very large extent

2= great extent

3= moderate extent

4= little extent

5= no extent

Please tick [] one box (column) for each row.

Statements	1	2	3	4	5
The institution has divided its customer with various needs and want.					
Communication is tailor made to suit the various target segment of their customer					
Behavior change is rewarded through incentives					
The institution has take services to the people through opening of branches.					
Social marketing is driven by strategy of completion.					
Employees are well vast with various social marketing techniques					
We promptly correct conditions we have caused, that endanger health and safety of our customers or the environment.					
Communication, human resources, finance, marketing, administration are aligned with the hospitals social marketing objectives					
We inform the public honestly when a product or behavior presents risks.					
We use a world class expertise base in human safety to ensure the consumers safety of our product.					
We have developed program on terminally ill patients					
We sponsor health care events					
We sponsor training for staff and patient					

13) Which external indicators do you use for behavioral changes?

SECTION C: FACTORS HINDERING SOCIAL MARKETING IN HOSPITALS

14) To what extent do you agree or disagree with the following statements on factors that hinder social marketing in hospitals.

1= **Strongly Agree** 2= **agree** 3= **Moderately Agree**

4= **Disagree** 5= **Strongly Disagree**

Please tick [] one box (column) for each row.

Statements	1	2	3	4	5
Hospital market is too complex for social marketing					
Nature of the institution do not need much of social marketing					
Most private hospital are owned by association and individuals therefore do not need social marketing					
The nature of customer of the private hospital makes it possible to communicate the awareness of social marketing					
Most of the employees lack the awareness and importance of social marketing within the institution					
Illiteracy and poverty among the customers limits communication of social marketing					
Private hospitals lack strong marketing department					
Less value is attached to social marketing					
Individual belief among customer limit communication of social marketing					
Lack of technical knowhow					
Budget limitation					
Poor distribution channels					
Lack of adoption of the concept at all levels of management					
Lack of marketing personnel					
External constraints.					
Research is done to understand our customers and their needs and wants.					

15) Do you think there are other factors hindering social marketing adoption within your institution?

16) Do you think that if social marketing was adopted in your institution it would improve on the individual and general society well being?

Yes []

No []

Remain the same []

17) What are the challenges of promoting social marketing in the private hospital?_____

THANK YOU FOR COOPERATION

APPENDIX III: LIST OF PRIVATE HOSPITALS IN NAIROBI

1. Avenue Hospital-Parklands
2. Alpha Maternity & Nursing Home-Eastleigh
3. Chiromo Lane Med Centre-Westland
4. City Nursing Home-Mufungano Street
5. City Park Hospital-Park Road
6. Comprehensive Medical Services-Lenana Road
7. Dorkcare Nursing Home-Munyu Road
8. Eastleigh Community Clinic 5th avenue Eastleigh
9. Emmaus Inncare Nursing Home-Umoja Innercore
10. Family Health Medical Centre-Loresho
11. Guru Nanak Hospital-Murangá Road
12. Getrude Garden Children Hospital-Muthaiga
13. Genesis Nursing & Maternity Hospital-
14. Huruma Nursing Home –Huruma Estate
15. Ideal Nursing Home-Juja Road
16. Inder Nusing Home-Pangani
17. Jamaa Home & Maternity Hospital-Uhuru Estate
18. Kabiro Health Care Trust-Kawangware
19. Kasarani Maternity & Nursing Home-Kasarani
20. Kayole Hospital Ltd-Kayole
21. Kilimanjaro Nursing Home Eastleigh Section I
22. Kenyatta National Hospital Private Wing-Knh
23. Komarok Nursing Home-Komarock
24. Lions Sightfirst Eye Hospital-Loresho
25. Lianas Hospital-Kangemi
26. Lianas Hospital-Kangemi
27. Metropolitan Hospital-Jericho
28. Menelik Hospital- Ngong Road
29. Mara Maternity & Nursing Home-Kayole

30. Madina Nursing Home-9th Street Eastleigh
31. Mariakani Cottage Hospital-South B
32. Melchizedek Hospital- Naivasha Road
33. Mother And Child Hospital-Eastleigh
34. M.P. Shah Hospital-Parklands
35. Ngara Nursing Home-Ngara
36. Nairobi West Hospital- Nairobi West
37. Nairobi Equator Hospital-Nairobi West
38. Nairobi Equator Hospital-Nairobi West
39. Nairobi Hospital-Agwig kodhek
40. Parkload Nursing Home –Park Road
41. Parklands Ambulatory Surgical Centre-Parklands
42. Prime Care Hospital-Tena
43. Redient Health Nursing Home -Pangani
44. Right Medical Centre-Lavington
45. Solomons Hospital-Ngara
46. The Mater Hospital – South B
47. The Aga Khan University Hospital-Parklands
48. The Karen Hospital-Karen
49. The Nairobi Women Hospital-huringham
50. The Nairobi Hospice-KNH
51. The Olive Tree Hospital-South C
52. South B Nursing Home-South B
53. Umoja Nursing Home-Umoja I
54. Westlands Cottage Hospital-Westland East Church Road

Source Kenya Medical Directory 2011