

**SOCIAL MARKETING IN AN ERA OF INCREASED
COMPETITION :
A CASE OF THE NON PROFIT HEALTH CARE PROVIDERS IN
KENYA "**

BY

**WARINDA, MARY EDITH
REGISTRATION NO: D/61/P/7908/97**

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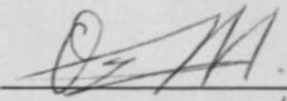
DECLARATION

THIS PROJECT IS MY ORIGINAL WORK AND HAS NOT BEEN PRESENTED FOR A DEGREE IN ANY OTHER UNIVERSITY.

SIGN Warinda DATE 4/10/02

WARINDA MARY EDITH

THIS PROJECT HAS BEEN SUBMITTED FOR EXAMINATION WITH MY APPROVAL AS THE UNIVERSITY SUPERVISOR

SIGNED 
4/October/2002
DR. MARTIN OGUTU

DEDICATION

Mama and Baba I dedicate this project to you having inculcated in me the value of education at a very tender age. This is in honour of your labour to ensure that I got the very best education possible. This is all that I can give in return. Mama God bless you. Daddy thank you.

IN MEMORY: AGGREY ALOO OBARE

**Baba you always said “ I will educate everyone to wherever you want to reach, all you have to do is press on.”
I am still pressing on Daddy, your dream and words stay alive forever**

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ABSTRACT

The findings have brought out several pertinent issues. The organizations dealing with social marketing have to use marketing strategies just like the profit making organizations. It was found out from the survey that the non-profit health providers are facing competition within themselves and other organizations dealing with the same products and services. In the findings, 72.7% of the organizations stated that the existence of competition does not affect turnover. This means that competition is not so much a challenge. All the firms surveyed engage in marketing especially in form of print advertising, electronic advertising, outdoor advertising, sales promotion, public relations, personal selling and other marketing practices. The respondents indicated that they try to cope with the competition by using marketing strategies to reach more targets markets. Such strategies include; strategic identification of distribution channels, creation of awareness through promotion of products, branding of products and personal selling. To retain target markets customer loyalty they engage in superior customer care. The challenges these organizations face are that there is a need to offer quality services while they lack resources.

CHAPTER ONE

INTRODUCTION

1.1 Background

Marketing in the Non Profit Sector is a recent development. It is associated with the emerging concept of social marketing, which is gaining prominence globally. Increasingly non-profit organizations are finding themselves in competition with the for-profit businesses as well as the government agencies in the provision of services and they have been forced to respond to this competition (Baker M.J. 1999). One response strategy to cope by the non-profit sector has been the adoption of social marketing and to carry them out as aggressively as is the case with commercial marketing practiced by the for-profit sector.

The social marketing concept holds that organizations should concentrate on finding out the needs and wants of the target customers and then deliver the desired services more effectively and efficiently than competitors in a way that maintains or improves the consumer's and the society's well being. It is important to note that practicing social marketing does not mean that the company sacrifices profit for the sake of saving society but the emphasis is that the society's well being is good for business.

Social Marketing uses commercial marketing methods, which include consumer research, market segmentation, branding, mass media advertising to create demand for product. The point of departure between social and commercial marketing is their goal; whereas the former aims at meeting a social need usually specified in their purpose for existence the latter's aim is profit maximization.

The other area of variation relates to the distribution of the surplus for the non-profit sector or the profit for the commercial sector. As has been indicated in the previous paragraph the for-profit sector operates to maximize profits which is a benefit to the shareholders whereas the surplus generated by the not-for-profit sector is ploughed back to widen the service loop towards the greater coverage of those in need of the service. A good example is the activities of the Hot Rubber Company owned by Swiss Aids Foundation. In November 1985 they begun selling Hot Rubber in their definitive form at the price of one Swiss franc for two. The entire profits of the company were reinvested in the prevention campaign (WHO 1991). It is from the point of concern for the society that the non-profit sector undertake to subsidize their products and seek to achieve a balance between affordable prices and cost recovery.

It is as a result of this that most, if not all, non-profit organizations rely on donor funding for which they have to compete with many others. Being favorable with the donors is usually dependent on how successfully you

meet the objectives for which you have or are to be funded. This is the main reason for the non-profit sector to concern itself with service delivery to ensure customer satisfaction and hence loyalty.

This study seeks to assess the extent to which non-profit healthcare providers as examples, are adopting marketing practices as a way of coping with increased competition both in service provision and in accessing funding, in a more liberalized economic environment.

1.2 Statement of the Problem

The increase in number of providers of healthcare has been viewed as a major contributor to active practice of marketing by the non-profit sector. Where there is only one hospital in an area or there is limited possibility of even transporting patients over distances then competition can hardly exist. As Collins C. (1994) states, the challenge of competition for the firm forces it to adapt its marketing practices to cope.

The need for the non-profit sector to focus on marketing as a tool for efficient sustainable service delivery to the poor and disadvantaged in the society arises from factors that relate to globalization of the economy, the diminishing donor funding and receding government support for social services. As a result the non-profit service providers are now faced with increased needs due to government withdrawal and inability to provide services and availability of few sources to meet the needs.

Due to economic liberalization, the responsibility of providing services to the population is now effectively left to the private sector (for profit and not for profit). This is exacerbated by the economic hardships among other factors in most parts of the world, that have made the government to lose the capacity to provide all the basic services such as health care to its population leaving the responsibility to the non governmental sector. The government is thus increasingly taking the role of providing enabling environment and regulatory support while the non governmental sector is to take the role of service delivery.

While this is a boon to the private for profit sector, it has put a lot more pressure on the not for profit service providers who have to take up the responsibility with meagre and diminishing resources from the traditional donor sources. Even more challenging is the fact that the not for profit service providers must now sell their services in unfamiliar free economic environment where they have to effectively compete with the private for profit service providers. This has presented the not for profit service providers with only two options: one to compete effectively with private for profit in order to survive; two, close down if they can not compete.

Against the above scenario, the non-profit sector has had to move from a position of being solely dependent on donations/grants to being able to come up with other sources to support their projects. This has necessitated the selling of their products at competitive rates that can enable them

sustain their operations and meet their objective of providing services to the general public or the disadvantaged usually including (women, children, disabled, unemployed and underemployed). This inevitably requires the non-profit organizations to apply marketing principles and strategies to be effective and to remain in operation. The other issue relates to the organization's objectives that may differ from those of the donor; to be able to remain in control and meet their goals there will be need to be self-reliant.

responsibility of the public is of immense significance. The study will

In beginning to sell products and services, comes the realization that there are many players in the market and the next question that arises is how to effectively market goods and services in a competitive environment without compromising their mission. The non-profit service providers have to compete with the for-profit in the market. The survival of non-profits thus depends on how effectively they are able to compete at different levels i.e.. Geographical and population coverage, product and brand.

helps in developing marketing capacity among the non-profit organizations

In this regard, the major challenge facing the non-profit is how to balance between providing care to the poor and the disadvantaged in the society who cannot afford such services, and selling their health services at prices that can enable them maintain their competitive edge in the market. With this background, the need for marketing in the non-profit sector cannot be down played. The question that arises therefore is how has increased competition affected the practice of social marketing in the non-profit sector?

1.3 Study Objective

To determine the effect of increased competition on the marketing practices of the non-profit health care providers.

1.4 Justification Of The Study

With increasing transfer of service provision responsibility from the government to the private sector including the non-profit sector and in view of rapidly increasing competition among institutions both for the market and resources, a study of this nature is of immense significance. The study will therefore not only provide useful information on the status of marketing among non-profit organizations, but also help them in formulating appropriate marketing practices to survive and provide better quality services in a competitive environment.

Given the fact that marketing has not been established among the non-profits as compared to the commercial sector, this study will provide a basis for developing marketing capacity among the non-profit organizations as well as guidelines for effective application of marketing practices for the sector.

Social marketing is a relatively new concept as such this study will contribute additional literature and new body of knowledge on the subject that future researchers and academicians can draw upon for reference.

1.5 Study Assumption

Application of marketing practices by non-profit organizations will improve their competitiveness and market coverage in their provision of goods and services.

CHAPTER TWO

LITERATURE REVIEW

2.1.1 Social Marketing

Like in many other disciplines there is no universally acceptable definition of social marketing. However, among the various advanced definitions there emerges the fact that it involves a process of exchange of products for something else and this has to be between two or more parties who are both able to carry out communication and distribution (Kotler P, Zaltman G 1971). In this process three major characteristics keep recurring. First, it involves voluntary behavior change, second, it involves exchange processes between the parties concerned and that this exchange must be beneficial to the customer, and thirdly it involves the application of marketing techniques such as consumer oriented market research, segmentation and the marketing mix.

The term social marketing was coined by Kotler and Zaltman (1971) to refer to the application of marketing to the solution of social and health problems. Although it can be said that social marketing evolved parallel to commercial marketing much earlier in the late 1950s and early 1960s, the concept was first used in the journal of marketing, and described in 1971 by Kotler and Zaltman as an approach to planned social change. Marketing academics considered the potential and limitations of applying marketing to new areas such as political or social fields. It is during this period that the practice of

commercial marketing technology was applied to health education campaigns in developing countries (Ling et al.,1992; Manoff,1985). By 1980 the question was no longer whether marketing should be applied to social causes but rather how should it be done?

Kotler P and Zaltman G (1971) define social marketing as "the design, implementation, control of programs calculated to influence the acceptability of social ideas and involving consideration of product planning, pricing, communication, distribution and market research". Social marketing is the application of marketing concepts and techniques to exchanges that result in the achievement of socially desirable aims; that benefit the society as a whole (Susan Dann). Like Generic marketing, social marketing offers a logical planning process involving consumer oriented research, marketing analysis, marketing segmentation, objective setting and identification of strategies and tactics and is based on the voluntary exchange of costs and benefits between two or more parties (Kotler and Zaltman, 1971) Social marketing is however, more difficult compared to generic marketing as it involves changing intractable behavior, in complex economic, social and political climates with often very limited resources (Lefebvre and Flora 1988). Unlike the generic marketer, whose ultimate goal, is to meet the shareholder objectives, the social marketer objective is to meet society's desire to improve its citizens' quality of life and this is quite ambitious and more blurred.

Andreasen (1995) tries to capture these in his definition of social marketing as the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of target audience in order to improve their personal welfare and that of society. For example Wiebe (1951) through the evaluation of four different social campaign got an answer to his question of whether it would be possible for Brotherhood to be sold like soap. His conclusion was that the more a social campaign mimicked that of a commercial marketing campaign the greater the likelihood of its success.

From these definitions the main thrust of social marketing practice is the improvement of the quality of life. Today, health promoters, government agencies and other non-profit organization use marketing expertise to change social circumstances of particular groups. Thus social marketing can be seen as a tool for social change management which offers a framework within which change of the unhealthy or anti- social behaviour can be addressed and analyzed (Kotler and Roberto ,1989).

Many social and health problems are seen to have behavioral causes: the spread of AIDS, traffic accidents and unwanted pregnancies are results of everyday, voluntary human activity .The most dramatic of this is tobacco which kills one in two smokers (Peto, 1994) Social marketing provides a mechanism for tackling these problems by encouraging people to adopt healthier lifestyles. In the 1970s Family Planning programs in Sri Lanka

moved away from clinical approaches and examined the distribution of contraceptives through pharmacists and small shops an attempt to make the product available to their target market (Population Services International 1977). Some of the marketing techniques they started experimenting with included audience segmentation and mass communication.

After a life span of ten years Bloom and Novelli (1981) reviewed social marketing and advocated more research to dispel criticism that the discipline lacked rigor or theory. The areas they identified as requiring research were: audience segmentation, choosing media channels and designing appeals, implementing long term positioning strategies and organizational and management issues. Some of the criticisms leveled against social marketing namely,

- Increasing chances of it being manipulative,
 - Contributes to the increase in " promotional noise" in society which is distasteful because it is seen to emphasize trivial "differences"
 - Charged with increasing the cost by promoting social causes beyond the point of net gain either to the specific cause or the society as a whole
- ((Kotler P. and Zaltman G, 1971)

Although various books and papers have been written making the definition of social marketing clear, there are still raw areas especially in the public health and health promotion as social marketing is often equated to with

social advertising, there would be need for further research to clarify such misconceptions. Social marketing is also often confused with societal and socially responsible marketing. Societal marketing is concerned with ethical or societal implications of a commercial activity. The concept of societal marketing is concerned with ensuring that commercial marketers go about their business properly, without prejudicing either their customer or the society as a whole (Schwartz 1971,pp.32).

Socially responsible marketing harnesses desirable social causes such as the environment and consumerism, to advance the interests of commercial organization (Kotler et al.1996). Social marketing should also be differentiated from non-profit marketing. The non-profit marketers are concerned with the marketing management of institutions or organizations in the non-profit arena. The difference between non-profit marketing and socially responsible marketing lies in their respective objectives and activities. While non-profit marketers are ultimately concerned with success and survival of their organization, social marketers are concerned with changes in their target population. However the degree of overlap is often confusing and in most cases non-profit is considered as a sub-set of social marketing (Blois 1999)

Because of greater competition from the commercial sector who are forced to show greater social responsibility in their activities, the non-profit institutions are increasingly adopting social marketing techniques. They are

beginning to examine marketing as a means of furthering their institutional goals and products. For instance churches are advised by marketing specialists on ways of increasing their membership, so are charities on how to raise money, art museums and symphonies on how to attract more patrons and the politicians “The Marketing of the President”.

2.1.2 The Non –Profit Sector And Their Marketing Practices

In this section the non profit organizations are defined and their characteristics highlighted, further to these is a discussion on the types of marketing activities they undertake and finally an attempt to identify who their customers are.

There is no agreed definition of what a non-profit organization is. It is usually defined by considering what has been described as ‘a residual concept’ (Paton1991), that is what is left of the economy if business and government are excluded. Blois Keith (1999), draws attention to the fact that ‘not for profit organizations ‘ recognize the need for profits but only as a means to an end. The pursuance of profit creation activities by such organizations is usually in support of their prime goal. In consideration to this, a non-profit organization is an organization whose attainment of its prime goal is not assessed by economic measures. However, in pursuit of that goal it may undertake activities intended to create profit.

Hasenfeld and English (1974) and Hofstede, (1981) suggest that there are a number of characteristics which can be observed in such organizations. The organizations usually have ambiguous goals, as they are often a scene of conflict over their specific goals. Such conflicts may be internal emanating from the employees (the management included) or from external forces such as the directors, trustees or any other governing body. They lack agreement on their means—ends. Even where an organization has clear and agreed goals, there may be disagreements as to how best to achieve these goals. Even where non-profit organization's goals are clearly defined and agreed upon, it may be impossible to measure their level of achievement with any reasonable accuracy. This may be caused by the fact that some of their clients may want to remain anonymous for example rehabilitation of drug addicts. It is also very difficult to keep track of those who may not have fixed abode /address for instance addressing health issues with street people. In the non-profit sector the link between management actions and results are not well understood. This is mainly a result of the difficulty in measuring their output. The consequence of the lack of agreement makes budgeting very difficult. For the non-profit labor costs are major items of expenditure and estimating such costs can be difficult especially where volunteers are substituted for full-time employees considering that the volunteers can be highly unpredictable.

Non-profit organizations missions and goals are usually constrained especially if ambiguous. Depending upon their exact legal form most non

profit organizations are quite limited in the fields of activities in which they can be involved. As a result, changes in legislation, technology, the structure of the society impact more heavily on the non-profit compared with the for profit sector.

Types of Marketing undertaken by the Non-Profit Organizations

When marketing is being discussed the concept of "exchange" cannot be ignored. Exchange being the core concept that defines marketing it is the 'act of obtaining a desired product from someone by offering something in return' (Kotler, 1991). It therefore becomes apparent that non-profit organizations undertake four main types of marketing directed at different constituents. According to Blois Keith (1999) these are:

- Commercial marketing;
- Social marketing;
- Marketing to donors / Funders ;
- Cause related marketing

Commercial Marketing

The non-profit organizations effectively run business for wealth creation to meet the overall mission. Such activities would be like running a shop, selling products by mail order among others. The application of a marketing orientation to such activities is no different from the marketing of such activities by commercial organizations. A good example of this is the Aga

khan Hospital and the Nairobi Hospital. There are those involved with the non-profit that question the appropriateness of using the marketing orientation. Such differing perception can be attributed to ambiguity of the non-profit goals as well as lack of agreement on the means-ends relationships. The view may range from the feeling that 'being commercial is not nice' (Landry et al. 1985) through to a belief that capitalism is exploitative and that marketing is inextricably associated with capitalism.

Social Marketing

This addresses the prime objective of the non-profit sector, which is the dissemination of ideas and information. A good example of this is an organization concerned with heart diseases, which decides to place advertisements encouraging healthy eating habits. There are those who believe that only by changing the public attitude can they achieve their long-term goals. There have been long debates as to whether there is a difference between social marketing, public relations and / or education but these have been inconclusive. Social marketing may also assist the non-profit organizations in marketing of any goods it sells as a way of generating funds for its support.

Marketing to Donors/ Funders

The donor is usually the other source of fund generation as opposed to product marketing for the non-profit sector. There are different types of donors who require different approaches. These include individual donors,

organizational donors such as charitable bodies and other organizations which could include the private sector or funders such as the central and local government. One side of the exchange for the non-profit organizations is clearly the donors gift but unless the donor gets something in return there is no exchange and the relationship is arguably not a marketing issue. Blau (1964) argues that donations are made so that donors may earn the approval of their peers. The exchange here is indirect as the approval is expected from a social group as opposed to the donor recipient. The benefit for the donor may even be inner satisfaction and such in most cases want to remain anonymous. Social marketing techniques are seen as an effective way of increasing donations through raising awareness of the organization and its role.

Cause –related Marketing

Giving donations is still the most common form of commercial organization involvement with the non-profit organizations but an increasing number are using cause related marketing campaigns. This is an approach where a firm establishes a marketing program with which a non-profit organization agrees to be associated in a way that results in the commercial organization making a donation to the non-profit. The amount donated is usually related in some way with the level of sales in a specified period of a product or group of products.

Strikingly most of the literature about cause related marketing clearly approaches the issue from a commercial organizations perspective (e.g. Varadarjan and Menon, 1988). However with the increasing sophistication of many non-profits' approaches to marketing, mainly resulting from there recruitment of people with commercial marketing experience, the non-profits are becoming aware that they have something which is tradable. The following statement is a clear indication of this transition. "An association with a well known brand and an organization which is a superb deliverer of services" (Fletcher 1995). UNICEF representative. The non-profits when exploring a cause-related marketing opportunity have to use a different approach than when seeking a donation .the reason is that typical companies treat cause-related campaign as marketing costs while donations come under the public relation budget and therefore quite different justification of these activities is required.

Even for the non-profit, one author advocates a consumer orientation as opposed to sales orientation. As Mckitterick 1957 states, "the principal task of the marketing function in management concept is not so much to be skilled in making the customer to do what suits the interests of the business, but to be skilled in conceiving and then making the business do what suits the interest of the customer". Regarding the user as a customer, it will not only help non-profit organizations to raise more money from their funders but also increase their user satisfaction and this might be monitored by their funders. It should also ensure that whatever funds are raised will be used in

ways which are appropriate as judged by the users rather than the organization's workers.

Who are the non-profit organizations' customers?

While the answer is obvious the implications of the answer do not always appear to be fully comprehended or thought through by the general public. To have this in perspective let us consider a privately funded hospice offering services. Instinctively one would see the terminally ill as the customers of the hospice. Note that most of these patients are unable to pay for the services and viewed from this angle we thus realize that the hospice customers are those who fund the hospice in various ways. To distinguish the various players, Wensley (1990) identified four notions of users namely: customers, consumers, patients and clients. For many non-profits the users are not their customers. The customers are those providing resources required to keep the organization running hence the common use of the notion of clients to reflect their social orientation as far as the process of service provision is concerned, even if such services are sold. According to Mckitterick (1957), if their focus is on the resource providers as their customers, then they could veer from their mission.

2.1.3 Social Marketing Mix

Over the last thirty years social marketing has established itself as a coherent and valuable discipline, taking the principles of commercial

marketing and applying them to the resolution of important social problems. Its overlap with commercial marketing, create strong strategic links between them, but its unique characteristics mean that the resulting strategies are implemented in different ways.

Research

Just like the commercial marketing, social marketing planning process takes the same approach as generic marketing as it also starts and ends with research. The research is usually done to guide the development of the strategy to be used. The initial study looks at both internal and external factors as well as the consumer that would have an impact on the social issue at hand. This gives direction on the segmentation of the market and targeting strategy. Research also helps in the problem definition as well as in the formulation of the marketing strategy. Social marketing thus involves development of marketing mix and their testing before implementation. The success of the plan is monitored and the outcome evaluated.

Market segmentation

However, the difference in implementation of social marketing strategies can be attributed to the complexity of social products as their demand is usually more varied, the target groups are more challenging to reach, consumers are more intensely involved and the competition more subtle and varied. It is important at this stage to point out that it is particular characteristics of social marketing that create barriers to segmentation. For

example, ambitious objectives, which could include targeting very large populations and the influence of the operating political and policy demands may be critical constraints as they impact negatively on the social marketing processes. Unlike commercial organizations, institutions pursuing societal objectives may lack the culture, skills and resources to implement them (Andreasen, 1995; Currence 1997). Ethical considerations may also prevent a social marketer from targeting a particular segment even where this segment is identifiable, accessible and the most in need.

Despite these barriers social marketers can still segment their market. This is especially possible when they think of the consumers and the benefits they seek rather than the products. When we consider the environment and how it is likely to influence the consumers then the target group is not only the final consumer, but also the decision- makers who can influence their operating environment.

Product

Market segmentation is closely followed by social marketing mix. As previously indicated the products are frequently intangible and complex making it difficult to formulate simple meaningful product concepts (Bloom and Novelli, 1981). For example the reduction of an individuals fat intake is complex as it involves changing various issues such as food preparation, shopping behavior, personal habits among others and it is a change that

would need to be practiced over a long period of time (Kotler and Roberto,1989).

When discussing product as one of the marketing mix components considerations can include deletion of certain products or some of its elements, modifications, designs and packaging.

Price

Only a few of social marketing products have monetary price such as condoms and contraceptives (Harvey 1997 and Dahl et al., 1997). However there are costs associated with behaviour change and these which act as obstacles of marketing social change. These may be financial, time, embarrassment, effort, pain, perceived social exclusion (Marteau 1990).

Place

These are distribution and response channels, and clear action outlets for those motivated to acquire the product (Kotler and Zaltman 1971). Where there is a communication element to social marketing initiative; television advertising, outdoor advertising, direct mail, health education leaflets, radio and other electronic channels are used and in this case, place implies the media channel through which the messages are delivered.

Promotion

Of the four marketing mix tools, promotion has received the most attention in social marketing. Through promotion social marketers communicate to

their target market about the product on offer as they attempt to create public awareness. Branding and media advocacy are major ways in which social marketers carry out their promotion activities. The former is undeveloped but is gaining prominence as a tool requiring further attention of mainstream marketers while the latter is well developed and provides a solid base for application.

Branding is usually used to enhance a product. This is done through the creation of a personality for the product that would evoke emotional benefits, add value and hence encourage consumption and loyalty. Lefebvre (1996) argues that this is possible in social marketing and advocates that like their counterparts, in the commercial sector, they must use research, design and careful targeting to ensure that the tonality matches the needs of their target audience. Leathar (1981) and Monahan (1995) also share this view.

Another channel through which social marketers seek to influence public opinion and policy makers is via unpaid publicity in mass media. This is made possible by negotiations with and satisfying media gatekeepers. The appropriateness of such publicity depends not only on producing the right message but also tailoring this to meet the newspapers priority of having a topical newsworthy material (Meyer,1990).

People and Processes

The recourse to processes, people and purpose in marketing is as well as strategy as a whole.

More recently in marketing strategy, as in strategy as a whole, there has been a move away from analysis based on real substantive recommendations for management action towards a concern for processes, people and purpose rather than structure, strategies and systems. The change in emphasis was particularly introduced by Bartlett and Ghoshal (1995) in their influential Harvard Business Review article. The shift is towards a focus on network and relationships marketing and then increased emphasis on marketing processes within the firm.

2.1.4 Challenges for Social marketers

However social marketing faces three main challenges over the next decade. First, it must develop its theoretical base using rigorous research combined with marketing's magpie like capacity to steal ideas from every other social science discipline. Secondly social marketing would need to establish its credentials more firmly within the marketing domain by successfully tackling real social problems. The main area tackled currently is health but they should consider moving to other arenas such as crime prevention and poverty alleviation. Thirdly, there is need to provide more educational opportunities in social marketing to realize the full potential of social marketing and it only then that the discipline will be grounded to provide able guidance to agents of social change.

CHAPTER THREE

METHODOLOGY

3.1 Study Population

While there are thousands of non-profit healthcare providers spread all over Kenya with religious orientation or with Non Governmental or public sectors background , the study will be limited to only those in the NGO and religious sectors (philanthropic in nature).

3.2 Sampling Technique

Due to time, resource constraint and the difficulty in accessing the database on non-profit healthcare providers in Kenya, the study will purposively select a total of 20 non-profit health care providers these will be institutions situated in Nairobi and its environs. The sample will be selected from members of the Catholic Secretariat (KCS), The Christian Health Association of Kenya (CHAK) and the National Council of NGOs. The range of services provided include medical services, public health (preventive and promotive), medical materials and equipment and advocacy services. (See Appendix 1. The list of samples selected).

Where the organization offers more than one product line the flagship brand was selected for analysis.

Those targeted for interviewing were heads of marketing departments/units, Chief Executive Officers or any other designated officer who can respond to the study questions .

In instances where selected organisations are not reachable for one reason or another, the ones reached were requested to identify others with similar characteristics as themselves for the researcher to get the number of cases required.

3.3 Method of data Collection

Primary Data

Semi-structured questionnaire (see appendix 2) were used to collect data from the identified key respondents in each of the selected organizations. The data was collected through personal interviews.

3.4 Data Analysis and Presentation

The primary data was be analysed using SPSS (Statistical Package for Social Sciences) computer package. The descriptive analysis involved generation of frequencies, percentages and tables.

The descriptive analysis was ideal due to the sample size which is small hence inferential analysis would not be appropriate. This analysis also enabled the researcher to meaningfully describe the distribution of scores or measurements of variables in the study.

Table 1: Services Provided

Services Provided	Frequency	Percentage (%)
Curative, Preventive and Counseling	61.5%	61.5%
Preventive	7.7%	7.7%
Training, Research and Technical Assistance	15.4%	15.4%
Gender Violence Recovery Centres	15.4%	15.4%

CHAPTER FOUR

DATA FINDINGS AND INTERPRETATION

4.1 Service Provided.

The respondents were sampled from the non-profit making health care providers in Kenya. According to these respondent organizations they provide several types of services to the public. As presented in the table below, 61.5% of the Health Care Providers provide a curative, preventive, and counseling service. 7.7% provide purely preventive service, 15.4% provide training programs, research and technical assistance. 15.4% deal with services in gender violence recovery centres.

The reasons for providing these services range from filling the gap for the poor, 16.7%, provide medical services to all, 25%, sexual and domestic violence, 8.3%, help achieve sustainability in training programs, 16.7%, community lacks necessary skills to manage services, 16.7%, and mission of the organization, 16.7%.

92.3% of the respondent organizations have values and principles that guide its service provision. All the respondents interviewed indicated that they have a mission statement.

Table 1: Services Provided.

Services Provided	Frequency	Response %
Curative, Preventive and Counseling	8	61.5%
Preventive	1	7.7%
Training, Research and Technical Assistance	2	15.4%
Gender Violence Recovery Centers	2	15.4%

4.2 Competition.

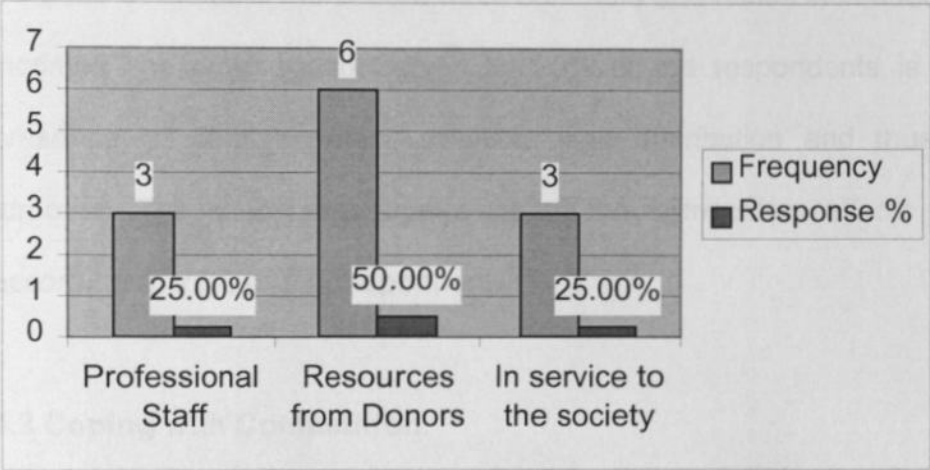
All the organizations that responded indicated that the services and the products they offer are offered by other organizations. These other organizations include the social league, Red Cross, NGO's, FPAK, Fida, Aga Khan, Action Aid etc. 25% of the respondents indicated that they consider these other organizations as competitors and 75% indicated that they do not consider them as competitors.

Table 2: Competition Areas.

Competition in	Frequency	Response %
Professional Staff	3	25.00%
Resources from Donors	6	50.00%
In service to the society	3	25.00%

As indicated in the table above, for those that indicated that they consider these other organizations as competitors, 25% consider them as competitors in professional staff, 50% indicated that they are competitors in resources from donors, and 25% indicated that they are competitors in service to the society. The chart below graphically shows the comparisons.

Figure 1: Competition Areas



33.3% respectively have been competing for 6 years, 7 years and 30 and above years. 25% of the respondents indicated that they consider their service/products different from the competitors in project designed to address client needs and quality services. 8.3% for each of the following indicated that they consider their services different; sacrifice for the less fortunate, offer shelter efficiently, in-service education

The respondents indicated that the products and services are similar to some degree. 27.3% of the respondents indicated that medical provision service is similar. 9.1% indicated that women empowerment is similar, and 9.1% indicated that research and programme implementation is similar.

18.2% indicated that same items are delivered, 18.2% indicated that they have the same objectives, 9.1% indicated that they have same training, 9.1% indicated that reproductive health programs are similar.

The existence of competition affected the turnover of 27.3% of the respondents. 50% of these responded that the turnover was affected because of the ability to secure more contracts and hence increased level of income. The other reason given by 25% of the respondents is that the presence of complimentary products limit distribution and thus affects turnover. The sheer presence alone of the competitors affects turnover according to 25% of the respondents.

4.3 Coping with Competition.

In the investigation it was also found out what the organizations do to cope with the effects of competition. 75% responded that they improve efficiency and networking with competitors. 25% indicated that they lobby through donors to ensure policy adherence in the ways in which they should respond to the conditions for donor funding.

4.4 Marketing Practices.

As depicted in the Table 3 below, the marketing practices that the organizations engage in are as follows, 61.5% of the respondents engage in print advertising. 46.2% engage in electronic advertising and 38.5% engage in outdoor advertising. 23.1% engage in sales promotion and 61.5% engage

in public relations. 61.5% engage in personal selling and 23.1% engage in other marketing activities.

Table 3: Marketing Practices.

Marketing Practices	Frequency	Response %
Print Advertising	8	61.5%
Electronic Advertising	6	46.2%
Outdoor Advertising	5	38.5%
Sales Promotion	3	23.1%
Public Relations	8	61.5%
Personal Selling	8	61.5%
Other Marketing Activities	3	23.1%

22.2% of the respondents have engaged in marketing activities for 4 years, while 11.1% respectively for each of the times, have engaged in marketing for 3 years, 6 years, and five years. 22.2% have engaged in marketing for over ten years. 11.1% of the respondents indicated that projects periods vary and another 11.1% have been in marketing for less than 4 years.

72.7% of the respondents indicated that they have experienced changes in the way they conduct marketing activities. 25% indicated that what has changed is that there are more trained staff to market the products and another 25% have changed as far as waiting in the establishment for clients to come and instead went out to look for them. 12.5% have seen changes in; policies reviewed, 12.5% of respondents have understood cultural

change, 12.5% used electronic advertising, 12.5% used face to face information, and 12.5% engaged marketing firms.

The changes were necessitated by change in leadership according to 14.3% of the respondents, increased level of competition according to 28.8% of the respondents, 14.3% indicated that ineffective distribution channels necessitated the change. 42.9% indicated that need for sustainability necessitated the change.

Table 4: Reasons for Changes in Marketing Practices.

Reasons for Changes in Marketing Practices	Frequency	Response %
Change in leadership	1	14.3%
Increased level of competition	2	28.8%
Ineffective distribution channels	1	14.3%
Need for Sustainability	3	42.9%

38.5% of the respondents have a marketing department or desk or unit, and 33.3% respectively indicated that the desk /department/unit was established in 2001, 1999, and 1995. 50% of the respondents consider the functions of the department to be sales promotion and distribution, 33.3% consider the function to be selling, advertising, distribution and personal selling. 16.7% consider the function to be for behavioral change. The budget allocation for the department according to 33.3% of the respondents is 6 million, 33.3% do not have a fixed allocation, and 33.3% allocate less than one million.

70% of the respondents conduct promotional activities. Of the promotional activities, 14.3% involve donation of medicine, 14.3% give gift vouchers and discounts, 28.6% do workshops, 14.3% support people living with HIV/AIDS and 28.6% use media in promotion.

4.5 Service/Product reach and target market.

As reflected in Table 5 below the target market for these organizations was indicated by 23.1% of the respondents as the low class poor and jobless. 30.8% indicated that they target the public, 15.4% indicated that they target average people of low insurance cover. 7.7% respectively target women and children, governments, program managers and service providers in reproductive health and middle to low income people.

Table 5: Target Market.

Target Market	Frequency	Response %
Low Class Poor and Jobless	3	23.1%
Public	1	30.8%
Average people of low insurance cover	2	15.4%
Women and Children	1	7.7%
Governments	1	7.7%
Program managers and service providers in Reproductive health and middle low income people	4	7.7%

10% of the respondents indicated that their target the whole country, 20% use the values of the institution, 10% use free promotional items to

determine target, 10% use epidemic data and most vulnerable group. 20% indicate that product determines target, 20% use baseline surveys, and 10% use reproductive age as criteria.

The reason for targeting this market as indicated by 12.5% of the respondents is because of vision of the founder, 25% is because they want to provide affordable medical services to all. 12.5% of the respondents indicated that the reasons are to access the neglected parts, 12.5% of the respondents indicated that it's a key activity in most governments, 12.5% of the respondents indicated that service fall within their work area. Another 25% of the respondents indicated that they chose the particular target because it is the most vulnerable.

The main characteristics of the target market according to 33.3% of the respondents are low income. Middle income earner, bureaucratic and competitive, young and peer pressure motivated, poor and illiterate women, low income/quality service that is affordable and reproductive health each had a response of 11.1%.

25% of the respondents indicated that total number of women in Kenya form the size of their market. 12.5% response rate for each of the factors that follow indicated the size of their markets. These are those below poverty level in Nairobi, in and out patients, operate globally, urban and peri-urban, and about 500,000 clients and others vary.

30.8% of the respondents ensure that they reach target market by strategic identification of distribution channels, 53.8% by creation of awareness through promotion of products, 30.8% by branding of the products, 61.5% by personal selling, 30.8% by other means not specified. These are summarized in the Table 6 next.

Table 6: Ways of ensuring reach to target market.

Ways of ensuring Reach to Target Market	Response
Strategic identification of distribution channels	30.8%
Creation of Awareness through promotion of products	53.8%
Branding of Products	30.8%
Personal selling	61.5%
Others	30.8%

To ensure retention of the target market the organizations use product branding, superior customer care, market segmentation, packaging, product promotions, market campaigns/road shows, product development research, standardization of service processes, pricing, awareness creation through media, and other methods. The degree of use is summarized in the table below.

Table 7: Ensuring Retention of target market.

Ways of ensuring retention of target market	Response
Product Branding	30.8%
Superior customer care	69.2%
Market segmentation	23.1%
Packaging	30.8%
Product promotions	23.1%
Market campaigns/road shows	23.1%
Product development research	38.5%
Standardization of service processes	30.8%
Pricing	46.2%
Awareness creation through media	30.8%
Other	30.8%

93.3% of the respondents plan to expand its current market share. 10% response for each of the following plans were indicated; open dental clinics and laboratory, building on in-patient hospital offering, national expansion, research on barriers to change, more marketing, capture youth in schools. 40% of the respondents indicated that they plan to open collection centers/clinics for the target market.

60% of the respondents indicated that motivation for need of expansion was because of need for the services, 20% indicated that the motivation was

change of demands, 20% was due to sustainability. Factors that would constrain the expansion plans include resources as indicated by 66.7%, resources and uncommitted stewards, 22.2%, 11.1% of the respondents indicated that government restrictions and funding may constrain expansion.

4.6 Market Research.

69.2% of the respondents have carried out a form of market research to determine the needs of the target market. 50% of these do the research constantly, 25% did it in 2000, 25% in 1999. 50% know whether their service or product is meeting the need of the market by interviewing patients, 25% by media reports and 25% by periodic surveys.

4.7 Pricing.

66.7% of the respondents have pricing policies. 18.2% determine their price by charging a minimum charge that the poor can afford, 9.1% consult other organizations, 36.4% determine their pricing by using general costs, 18.2% depend on client and activity, 9.1% by economic empowerment of the target and 9.1% use subsidized services. 46.2% of the respondents indicated that competition influenced the way in which they price the services or products. 60% indicated that the competition influence the way they price by minimization of prices, quality services and costs. 40% indicated that it is by comparison with competitors. 33.3% of the respondents have changed their pricing strategies over the last five years. 33.3% indicated that they have changed in relation to inflation and VAT, 33.3% in relation to increased costs of drugs from suppliers and 33.3% by

offering services which were previously free for payment. Previously 50% used to price by comparing with the competitors and 50% offered free services. 50% indicated that the change in strategy is due to reduced profitability and 50% because of reduced donor funding and sustainability.

4.8 Quality assurance and management.

All the respondents had quality assurance policy. Of these, 11.1% have had the policy since 2001, 22.2% since 1997, 11.1% since 1996, 11.1% since 1986, 33.3% since 1990 and 11.1% since 1980. 25% of the respondents ensure quality assurance by employing the best personnel, 25% have set up a department for monitoring and evaluation, 16.7% use on job training. 8.3% of the respondents use views of patients, 8.3% of the respondents use exchanges of staff with other institutions periodically, 8.3% of the respondents employ the best personnel and 8.3% of the respondents use views of patients considered and research.

Challenges in attempting to maintain high quality standards include lack of resources, migrating professionals to other countries, need to offer quality services, be competitive and compare with others, maintaining the number of clients and demand for free services. The respondents overcome these challenges by religion, that is giving as an act of worship, 9.1%, media publicity to attract donors, 27.3%, in-service education, 27.3%, networking to access latest technology, keep staff motivated, good relations with suppliers and mobilization of resources each had a response rate of 9.1%.

4.9 Marketing Practices and Competition.

The relationship between marketing practices and competition was tested using the chi-square test. The findings were that, by using an alpha of 0.05, that is at 95% confidence level, print advertising was not dependent on the effects of competition. The chi-square asymptotic factor for print advertising on a two- tailed Pearson's chi-square was 0.505. This shows that it is outside the accept area. Use of electronic advertising also was not dependent on what the organization was doing to cope with competition. The summary is given in the table below.

Marketing Strategy	9
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Table 8: Effects of competition on Marketing Practices.

Marketing Practice	Competition
	Alpha = 0.05
Print Advertising	0.505
Electronic Advertising	0.505
Outdoor Advertising	0.046
Sales promotion	0.046
Public Relations	A
Personal Selling	B

The reason why public relations and personal selling were declared constant is because all the organization indicated that personal selling and public relations were 100% dependent on the effects of competition.

CHAPTER FIVE:

SUMMARY DISCUSSIONS AND CONCLUSIONS.

The objective of the study was to determine the effect of increased competition on the marketing practices of non-profit health care providers. From the findings in chapter four it can be concluded that the sector is facing new challenges in competition and changes in the environment. Chi-square test was done to determine whether there is a relationship between the effects of competition and what the organizations are doing to cope with the competition and the marketing practices of these organizations.

5.1 Marketing and Competition.

Chi – square was used to determine the relationship between the marketing practices and the effects of competition. This was the objective of the study. From the table in chapter four, it is evident that print advertising with a chi-square significance factor of 0.505 is not dependent on what the organization is doing to cope with the effects of competition since it is outside the region of dependence. The same applies to electronic advertising. However, Outdoor advertising with a chi-square significance factor of 0.046 is dependent on what the organization is doing to cope with competition. Also Sales promotion with a chi-square significance factor of 0.046 is also dependent on what the organization is doing to cope with the effects of competition. The other factors, that is public relations and personal selling were constants because all the organizations indicated that

was a 100% relationship between the factors and what the organizations are doing to cope with the effects of competition.

In determining the relationship, the test alpha was taken to be 0.05. That is to say testing at 95% confidence level. Any value that is greater than 0.05 meant that the factor being tested had no relationship with what the organization is doing to cope with effects of competition. When the value of a factor is within 0.05 in both tails, then it means that the factor is dependent on what the organization is doing to cope with the effects of competition.

The finding therefore was that, Print Advertising and Electronic advertising marketing practices was not dependent on what the organisation was trying to do to cope with the effects of competition. The two factors could have been used in the normal marketing practices and were not related to what the organisation was doing to cope with competition.

Outdoor advertising and sales promotions were found to be dependent on what the organization was trying to do to cope with the effects of competition. This means that since the organisation was facing stiff competition, then they had to react. The reaction meant that they had to increase outdoor advertising and sales promotion to scuttle the effects of competition. This is expected as a reaction to competition. Public relations and personal selling had to be intensified to pitch levels and that is the reason why the chi-square test brought the two out as constants.

In my view therefore, the non-profit health service providers have had to engage in direct marketing strategies that enhances their competitive advantage. Competition is in form of donor funding, projects that will attract funding and for professional staff who are qualified to run the organizations. Therefore the findings were not totally unexpected and are consistent with trends in the environment.

5.2 Conclusion.

In conclusion, the findings have brought out several pertinent issues. The organizations dealing with social marketing have to use marketing strategies just like the profit making organizations. It was found out from the survey that the non-profit health providers are facing competition within themselves and other organizations dealing with the same products and services. In the findings, 72.7% of the organizations stated that the existence of competition do not affect turnover. This means that competition is not so much a challenge. All the firms surveyed engage in marketing especially in form of print advertising, electronic advertising, outdoor advertising, sales promotion, public relations, personal selling and other marketing practices. The respondents indicated that they try to cope with the competition by using marketing strategies to reach more target markets. Such strategies include; strategic identification of distribution channels, creation of awareness through promotion of products, branding of products and personal selling. To retain target markets customer loyalty they engage in superior customer care. The challenges these organizations face are that there is a need to offer quality services while they lack resources.

Limitations of the Study

1) Resource and Time Constraints

Due to the short time and financial limitation it was not possible to enlarge the scope of the study to cover the whole of Kenya to overcome this the research was restricted Nairobi and it's environs.

2) The Sampling method

The purposive sampling method used was likely to cause biases to the population of study. Being a survey it was assumed that the information resulting from the research would not be affected by this bias.

3) Un-co-operative respondents

Some organizations were suspicious about the intentions of the researcher for some a letter of introduction from the University put them at ease but there were others who would not allow interviews even with the letters, this necessitated replacement of the sample by other organizations.

It was also difficult to get the respondents to spare time to be interviewed and this sometimes resulted in several visits before eventually getting an interview. There were those who insisted on completing the questionnaires on their own which was not as planned by the researcher. Where this happened the researcher would run through the parts not clear when retrieving the completed questionnaires from the respondent.

4) Some respondents wanted to divert into areas not within the scope of the study the researcher had to steer them back to course and this interfered with the schedule of interviews

5) It was not possible to cover the total population of study, for various reasons some already mentioned above but mainly because of the unwillingness of some of the respondents to sacrifice their time.

Recommendations for Further Research

According to the research it is recognized that there is marketing practice in the non profit sector however it would add value if further research would be carried out to determine the difference in performance between those who apply marketing techniques and those who do not and whether the difference in performance could be attributed to their marketing practices or otherwise.

It may also be important to carry out a comparative study of marketing as applied by the non-profit sector and the commercial sector highlighting the differences and similarities. This may be important because it could enable the generation of guidelines which could be used by the non-profit sector in marketing their goods and services.

A study to determine the proportion of the non-profits who have embraced marketing management would be important so as to give an insight on those who may need to be enlightened or reinforced on the importance of social marketing. And the proportion likely to benefit from the marketing guidelines that may be generated.

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APPENDIX 1: LIST OF HEALTH CARE PROVIDERS TO BE INTERVIEWED

The Non Governmental Organizations (NGOs)

1. AMREF Kenya
2. Centre for African Family Studies
3. Family Health International
4. Population Services International
5. Mission for Essential Drugs Supply (MEDS)
6. Family Planning Association of Kenya
7. Marie Stoppes
8. Engender Health
9. Christian Health Association of Kenya
10. Path International
11. The Nairobi Hospital
12. Getrudes Children' Hospital

The Mission Health Providers

13. Mater Misericordia Hospital
14. Kikuyu Mission Hospital
15. Coptic Church Hospital
16. Crescent Medical Aid
17. Iran Medical Services
18. Aga Khan Hospital
19. Guru Nanak Hospital
20. MP Shah Hospital

**SOCIAL MARKETING IN AN ERA OF INCREASED
COMPETITION:
A CASE OF THE NON PROFIT HEALTH CARE PROVIDERS
IN KENYA**

QUESTIONNAIRE

GENERAL INFORMATION

Name of Organization _____

Year of Establishment _____

Name of Interviewee _____

Position in the Establishment _____

Duration of Service in the organization _____

SERVICES/PRODUCTS PROVIDED

1. Kindly list the services/products that your organization offers.

2. Why did you choose to provide the services/products outlined above?

3. Does your organization have certain values and principles that guide its service provision?
- 1. Yes
 - 2. No

4. If yes, please list the values and principles that guide your organization's provision of services.

5. Does your organization have a mission statement (*if yes please share with us your mission statement*)?
1. Yes
 2. No

COMPETITION

6. Of the services/products listed above is there an organization(s) known to you that offers similar services/products?

1. Yes
2. No

7. If yes, please list them?

8. Do you consider them as your competitors?

1. Yes
2. No

9. If yes in which areas do you consider them as competitors?

10. If yes, for how long have you been competing with each other in the areas identified?

11. How different do you consider your services/products from your competitors?

12. How similar are your services/products to your competitors?

13. Does the existence of competition affect your turnover (volumes sold or number of customers/clients served)?

- 1. Yes
- 2. No

14. If yes please explain how the competition affects your services

15. If yes what is your organization doing to cope with the effects of competition?

MARKETING PRACTICE

16. Does your organization engage in any form of marketing?

- 1. Yes
- 2. No

17. If yes, what form of marketing is your organization engaged in?

1. Print Advertising
2. Electronic Advertising
3. Outdoor Advertising
4. Sales promotion
5. Public relations
6. Personal selling
7. Other (specify) _____

18. For how long have you been engaged in the form of marketing mentioned above?

Months _____

Years _____

19. Has your organization experienced any changes in the way in which it conducts or carries out its marketing activities over the last five years?

1. Yes
2. No

20. If yes in what ways has your way of marketing changed?

21. What necessitated the change?

22. Does your organization have a marketing department/unit/desk?

1. Yes
2. No

23. If yes when was the department/unit/desk established?

24. If yes, how many staff members does the department/unit have?

25. What do you consider to be the main functions of the department/unit/desk?

26. What is the budget allocation (in Kenya Shillings) for marketing activities?

Monthly _____ Annually _____

27. Do you conduct any promotional activities?

1. Yes
2. No

28. If yes, which promotional activities does your organization carry out?

SERVICE/PRODUCT REACH AND TARGET MARKET

29. Who is your target market?

30. How do you determine which market to target?

31. Why do you target this particular market?

32. What do you consider to be the main characteristics of your target market?

33. What do you estimate to be the size of your market?

34. What is the geographical coverage of your market?

35. What factors influence your physical location decision?

1. Proximity to customers
2. Accessibility to markets
3. Others (specify)

36. How do you ensure that you reach your target market?

1. Strategic identification of distribution channels
2. Creation of awareness through promotion of products
3. Branding of products
4. Personal Selling
5. Others (Specify)

37. Is your target market also served by any of your competitors?

1. Yes
2. No

38. If yes how do you ensure that you retain your market share or customer loyalty? *(Please select by ticking as appropriate more than one /all choice(s) is allowed)*

1. Product Branding
2. Superior customer care
3. Market segmentation
4. Packaging
5. Product promotions
6. Market Campaigns/Road shows
7. Product development research
8. Standardization of service processes
9. Pricing
10. Awareness creation through media
11. Other (Specify)

39. Does your organization have plans to expand its current market share?

1. Yes
2. No

40. If yes, please outline your organisation's plans to expand its market share?

41. What has motivated the need for expansion? *(Please explain in space provided)*

42. What factors would constrain your expansion plans?

MARKET RESEARCH

43. Has your organisation carried out any form of market research to determine the needs of the target market?

1. Yes
2. No

44. If yes when is the last time you conducted such market research?

45. If no, how do you determine the needs of your market

46. If no, how do you know whether your services/products are meeting needs of the market?

PRICING

47. Does your organisation have a pricing policy?

1. Yes
2. No

48. How do you determine the price levels for your services or products?

49. Has competition influenced the way in which you price your services or products?

1. Yes
2. No

50. If yes how has competition influenced the way your services/products are priced?

51. Has your pricing strategies changed over the last five years?

1. Yes
2. No

52. If yes, in what ways has your pricing strategies changed?

53. How did you price previously?

54. What necessitated the change in your pricing strategies ?

QUALITY ASSURANCE AND MANAGEMENT

55. Does your organisation have a quality assurance policy?

1. Yes
2. No

56. Since when has this quality assurance policy been in place?

57. If yes how do you ensure the quality of your services or products?

58. What prompted the need to have a quality assurance policy for your services or products?

59. What challenges does your organisation experience in attempting to maintain high quality standards?

60. How do you overcome these challenges?
