

**// MONITORING AND EVALUATION OF SOCIAL
MARKETING CAMPAIGNS AGAINST THE
SPREAD OF HIV/AIDS BY NGOs
IN KENYA //**



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D61/P/7937/01

BY

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**A Management Research Project Submitted In Partial Fulfillment Of
The Requirements Of The Master Of Business Administration (MBA),
Faculty Of Commerce, University Of Nairobi**

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DECLARATION

This management Research Project is my original work and has not been presented for a degree in any other university or Institution of learning.

DEDICATION

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This management Research Project has been submitted for examination with my approval as the University Supervisor

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ACKNOWLEDGEMENT

I have relied on many different people during my journey through the MBA and would like to thank them all for their support and contribute in whatever magnitude. A special thanks to all the colleagues I worked with during group assignments.

Special mention goes to my dear husband Milton and my children Adrian and Phoebe who supported me all through and particularly for their understanding when I had to be away from home over the weekends. A big thank you Milton thanks for initiating the MBA idea and all the funds you provided. I really **DEDICATION** may God abundantly bless you.

Dedicated to my husband Milton and children Adrian and Phoebe, with love. stood by me through out this time.

Special thanks to my Supervisor, Mrs. Margaret Ombok for her tireless assistance, guidance and support all through the project and your constant reminders to "complete my studies", surely you never gave up on me. I salute you.

Lastly to God Almighty, from whom all good things come for giving me sufficient grace.

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LIST OF ABBREVIATIONS

AIDS	-	Acquired Immuno-Deficiency Syndrome
HIV	-	Human Immuno- deficiency Syndrome Virus
ARV	-	Anti-Retrovirals
GoK	-	Government of Kenya
PSI	-	Population Services International
FHI	-	Family Health International
FAO	-	Food and Agricultural Organization
VCT	-	Voluntary Counseling and Testing
NACC	-	National AIDS Control Council
NASCOP	-	National AIDS and STDs Control Programme
SAP	-	Structural Adjustment Programme

ABSTRACT

Kenya like many developing countries continues to grapple with problems like poverty, ignorance and disease among others. The GoK together with NGOs are in a concerted effort to try and solve the HIV/AIDS pandemic in the country. The objective of the study was to determine whether NGOs in Kenya involved in campaigns against the spread of HIV/AIDS undertake monitoring and evaluation of their social campaigns and to establish the challenges faced by NGOs in monitoring and evaluating their social campaigns.

The population of interest in this study was all NGOs involved in social marketing campaigns against HIV/AIDS in Kenya and registered by KANCO. There are 821 NGOs registered by KANCO as at July 2005, 218 of which have physical addresses known to KANCO (KANCO database, 2005). Random sampling was conducted among the 218 NGOs and 50 NGOs were selected.

Data collected was analyzed using frequency distributions, mean scores, standard deviations and percentages. Primary data was collected using semi-structured questionnaires. The questionnaire was divided into three sections with each section aiming to collect specific information of the respondents and their organizations. The data was analyzed using descriptive statistics, frequency distributions, percentages, mean scores and standard deviations were used in the analysis.

A response rate of 92% was achieved. The findings indicate that most organizations engage in post-campaign evaluations annually and semi-

annually, and this is likely to make information obtained obsolete as the information is put to use later in time after the campaign. Monitoring and evaluation should be conducted on a continuous basis to help tract reassess priorities and compile an evidence base for future funding proposals. There is need for a framework and indicators to act as a guide to evaluators. Some organizations did not participate in the study and the study was limited to outcome and process measures. The small sample size of 50 respondents and pre-determined survey questions could have limited confidence in the results. There is need to replicate the research to incorporate a large sample and ethical measures.

According to Sessional Paper No. 2 on poverty levels and eradication, 56% of Kenyans live below the poverty line. Hence poverty contributes a great deal to these socio-economic woes we face today (Olenja, 1999).

Poverty is a problem that cannot be ignored as it intends to give room to other problems. It is a big factor mutating against the provision of education. The number of cases of children out of school has increased in the country due to the fact that parents cannot afford educational demands together with dealing with satisfying other basic needs and this has resulted in the increase of street children in virtually every town (Mulongu, 2001). The statistics show that 918,946 pupils were enrolled in standard one in 1993, 481,111 sat exams in 1992 and of those only 318,000 passed the exams. This means that many children were forced out of school leaving no alternative for them as they had not acquired enough skills to be able to gain employment (Mulongu, 2001). In an article titled "dying from ignorance", it was noted that 30% of women in Africa die yearly due to inadequate information on reproductive health and available health services (Sunday Standard July 10th, 2004).

CHAPTER ONE

INTRODUCTION

1.1 Background

Before and after independence, Kenya has continued to grapple with a variety of problems namely Poverty, illiteracy, ignorance, disease, and unemployment are some of the problems facing the country (GoK, 1999). Poverty is a major concern of all governments all over the world and countless poverty alleviation programmes and campaigns have been developed across regions over time (OECD, 2000). Since independence, the Kenyan government has embarked on poverty reduction as one of its principal development goals. This has been done through various development strategies, which have emphasized economic growth, employment creation and provision of basic social services (Kippra, 2002). According to Sessional Paper No. 2 on poverty levels and eradication, 56% of Kenyans live below the poverty line. Hence poverty contributes a great deal to these socio-economic woes we face today (Olenja, 1999).

Poverty is a problem that cannot be ignored as it intends to give room to other problems. It is a big factor mutating against the provision of education. The number of cases of children out of school has increased in the country due to the fact that parents cannot afford educational demands together with dealing with satisfying other basic needs and this has resulted in the increase of street children in virtually every town (Mulongo, 2001). The statistics show that 918,946 pupils were enrolled in standard one in 1993, 481,111 sat exams in 1992 and of those only 218,000 passed the exams. This means that many children were forced out of school leaving no alternative for them as they had not acquired enough skills to be able to gain employment (Mulongo, 2001). In an article titled "dying from ignorance", it was noted that 35% of women in Africa die yearly due to inadequate information on sexual health and available health services (Sunday Standard July 10th, 2004).

Majority of poor Kenyans survive on less than a dollar a day and many are forced to live in appalling conditions in slums where poor housing and sanitation, crime and lack of clean water among other ills are the order of life. Kenya is home to the biggest slum in Sub-Saharan Africa where people live in appalling conditions and this leads to disease outbreaks and indulgence in promiscuous behavior, which only worsens the HIV/AIDS pandemic. Access to health care services by the poor has also been limited owing to factors ranging from cost sharing to long distances to health facilities (Kippra, 2002). Public health institutions in Kenya are characterized by long queues of patients and are generally inaccessible to the poor.

The government of Kenya has received support from the NGOs, the private sector, the religious institutions and the international community who are trying to help in solving some of the problems especially, HIV/AIDS. The support is in form of funds and provision of services with NGOs being at the forefront in provision of testing, counseling, care and support activities. HIV prevalence rates are currently at 7%.

1.1.1 HIV/AIDS

The first report of death caused by the complete and unaccountable failure of the immune system in New York was in 1981. In 1982, the same was reported in Europe and in 1983 the first cases from Africa were registered (Tari, 1998). Research shows that HIV/AIDS was born in Africa specifically in Zaire (now Democratic Republic of Congo) in 1959. The virus is a minute organism measuring one 1/1000th of a millimeter in diameter. The HIV itself does not kill, however, the damage caused to the immune system allows other infections (including non-fatal) to attack without the body being able to defend itself. Current studies suggest that only 50% of AIDS patients survive for one year and 10% for three years (Tari, 1998).

In Kenya, the first AIDS case was identified in 1984, and by the year 2003 over 1.5 million people had died of the epidemic and 2.5 million were

estimated to be living with the virus, giving a national prevalence of about 9.4%(Government of Kenya, 2005). About 80% of the transmission is by heterosexual contact and the highest rates of infection are between the ages 20-24 years in women and 30-39 years in men (Ministry of health, 2003). The disease has since continued to take its toll on the country and this prompted government to take action and in May 1993, the Ministry of Health declared HIV/AIDS a National crisis (Forsythe, 1997). The government initiated a kshs. 150 million import of condoms and an appeal to Kenyans to consider abstinence as a preventive measure against HIV/AIDS. The government also passed legislation to make provision for the criminalization of the act of deliberately infecting another (AWSE, 2000). In Kenya, approximately 2.1 million people are living with HIV (UNAIDS, 2003). This is approximately 14% of the people aged between 15 and 49 years and 7% of the entire population. By the end of 2001, Kenya had about 2.5 million people living with AIDS, 890,000 children orphaned by AIDS and an adult prevalence rate of 15% (UNAIDS, 2001).

According to the Ministry of Health (2003), the prevalence estimates with data from Kenya Demographic and Health Survey (KDHS) 2003 and results from sentinel surveillance conducted yearly at antenatal clinics through out the country show a downward trend but cautions that prevalence is still high this and shouldn't give rise to complacency. Several surveillance sites have been used consistently since 1990 and the information derived has been used to improve the programme planning, policy development and implementation of interventions and general monitoring and evaluation of the programmes (NAS COP, 2003).

The threat posed by the rampant spread of HIV/AIDS in many parts of the globe presents unprecedented challenges to the people already affected by the disease and the communities in which they live (Rarieya, 2001). She argues that the plight of the sick and dying and those left behind seems often to be witnessed and borne largely by families and neighbors. Life

expectancy, the best overall measure of development is now declining a reversal of the rapid progress in the years following independence.

AIDS has an unprecedented impact on development because it kills so many adults in the prime of their lives, it decimates the workforce, fractures and impoverishes families, orphans millions and sheds the fabric of communities. It forces countries to make heartbreaking choices between today's lives and future lives, between health spending and the dozens of other vital investments for development (Rarieya, 2001). HIV/AIDS hit households suffer a dramatic decrease in income, which translates to fewer purchases and diminished savings (UN Global Report, 2000). HIV/AIDS has led to an increase in school dropouts as a result of spending on parents ill-health and staying at home to take care of sick parents (Rarieya 2001).

1.1.2 Monitoring and Evaluation

The Government of Kenya, Non-Governmental Organizations, the donor community, the private sector and religious institutions have combined efforts to ensure that the pandemic is checked. The government of Kenya is addressing the illiteracy problem through introduction of free primary education. It has set aside shs. 87 billion for education in 2005 up from 81.4 billion in 2004 (Daily Nation, Tuesday 17 May 2005, page 5). In the same daily, the government also intends to widen access to "formal and informal" education. The Sessional Paper proposes that National Polytechnics such as Nairobi and Mombasa be upgraded to provide University courses. This it hopes will help in cubing illiteracy and hence the problems associated with the same. The daily goes on to add that in health, the government has made tuberculosis treatment free and reduced the prices on anti-retroviral drugs (ARVs) and plans to make ARVs accessible to all with cabinet approval. This is to better the health of its citizen as the saying goes that "a healthy nation is a working nation".

HIV/AIDS strategies: They are essential elements of the problem solving process. Once an intervention has been developed and Private sector initiatives are playing a key role in HIV/AIDS by providing drugs to their employees for example British American Tobacco (Strategis

Health, 2003). Action Aid has been working on AIDS since 1987 giving practical support to people living with the disease in 23 countries as well as campaigning and lobbying rich governments and international communities to make access to drugs, care and treatment fair and unbiased. NGOs have channeled inputs and resources, campaigns, training, all aimed at improving the quality of life. The donor community has continued to fund projects albeit stipulating tough minimum conditions that should be fulfilled first (Republic of Kenya, 1994). One of the tools NGOs have used to eradicate poverty through advocacy in behavior and attitude change is social marketing. Population services international are in the fore front in social marketing targeted towards control of HIV/AIDS, malaria and population explosion (PSI Journal, 2000).

1.1.2 Monitoring and Evaluation

Kotler et al (2002) define monitoring as the on-going measurement of efforts and evaluation as the final assessment of efforts. Monitoring and Evaluating offers an exciting opportunity to prove the impact of your work. It can be a crucial signpost that keeps you on track, a chance to reassess priorities, and an activity that helps compile an evidence base for future funding proposals (Bond, 2005). Monitoring and evaluation is a regular systematic collection and analysis of information to track the progress of project implementation. Evaluation analyses the judgment of information in order to assess value, worth or impact of a project. Additionally it looks at the dynamics of development interventions and identifies the reasons for both success and failure and how one can learn from both (Bond guidance notes no. 4.3, 2005).

Monitoring and evaluation have a vital role to play in the development and implementation of HIV/AIDS strategies. They are essential elements of the problem-solving process. Once an intervention has been developed and implemented, it must be monitored and evaluated to ensure that it has been successfully implemented, it is properly targeted to the problem, it is having

the expected impact upon the problem and any unforeseen impacts are not having a counter productive effect on the problem (Gray et al, 2001). Monitoring and evaluation are management tools which form an essential quality control mechanism for projects and activities (www.communityni.org, 10/6/2005).

1.1.3 Social Marketing Campaigns By NGOs Dealing With HIV/AIDS

The Government of Kenya together with other stakeholders, the multi-lateral and bilateral development partners, the private sector, people living with HIV/AIDS (PLWHA), religious institutions and NGOs are all in the fight against the disease. The government is in the lead of policy direction, institutional development, resource mobilization and advocacy through the National AIDS Control Council, AIDS Control Units, and provincial, district and constituency AIDS control committees. NGOs have come up to support the government efforts as shown by the 814 registered by the Kenya AIDS NGOs Consortium (KANCO).

NGOs play quite diverse roles in their campaign programs against HIV/AIDS which cuts across the continuum of prevention, care and support. One of the greatest roles is training of community stakeholders they train the stakeholders on how to manage the sick, how to handle the various resources that they are entrusted with and also on care and counseling of those who have been affected and infected with the disease. This they do through workshops and seminars (Nascop, 2001).

Another role NGOs play is information delivery to the people. They convey information about HIV/AIDS through the media, the ways in which it is transmitted, the ways in which one can prevent infection, information on positive living among others. They go a step further by educating the people on the dangers of secondary and primary infection, on healthy living and right eating habits for a prolonged life. For those attending VCT clinics, counseling on positive living is given and to those who have succumbed to

the disease, hope is given through the same. NGOs also offer care and support for those coping with death of loved ones (UNAIDS, 2003). NGOs play a vital role in behavior change interventions. This they do through encouragement of abstinence from sex, faithfulness to one partner and also protection of oneself by use of condoms. Population Services International (PSI) is in the forefront in campaigns against HIV/AIDS through advocating for condom use. The NGOs also play a role in community mobilization.

1.2.2. Challenges of the Problem

Despite the vital roles that NGOs play in the communities they operate in, they are faced with some challenges. According to information package on HIV/AIDS (2001), lack of a clear framework to guide implementing agencies, resource limitation, increasing number of new infections, harsh effects of SAP's and slow change in behavior are some of the challenges NGOs face. There is overwhelming demand for the services that they provide. KANCO for example through its resource center faces overwhelming demand for the services they offer such that some times you may not find the materials you require because of long queues of people waiting for the same. NGOs providing humanitarian services tend to be overwhelmed by the large number of people needing help. For example are overwhelmed by the numbers of orphans that require the supplies and they cannot meet the needs of all of them.

Another challenge that NGOs face is lack of proper coordination of the activities. The NARC government has set up funds to support the local communities but these funds are not properly allocated and this is due to coordination problems (NACC, 2000). NGOs also face a challenge of competition for scarce resources and duplication of services. There are several NGOs operating in the same geographical area and doing the same things and yet such services would be required in other areas that lack the same. They are also faced with resistance from the church (especially the catholic church) which is against condom use which most NGOs advocate

for. Traditions in some parts of the country pose challenges to NGOs for example wife inheritance even when the partner died of HIV/AIDS.

Regardless of all that the NGOs are doing in terms of advocacy for behavior change, care and support of those infected and affected and prevention strategies, the HIV/AIDS situation in the country is still alarming.

1.2 Statement of the Problem

HIV/AIDS pandemic is the worst catastrophe in history and is blighting across the developing world especially Sub-Saharan Africa (UN Report, 2004). It has great impacts on people's livelihood, reducing food security through illness and death and food insecurity and poverty fuel the pandemic as people are driven to adopt risky strategies to survive (FAO, 2003). Much as the government is involved in fighting HIV/AIDS, NGOs are the major players in the campaigns against the same. They provide services that cut across the continuum of prevention, care and support for example testing of HIV/AIDS, Anti-Retroviral Therapy, and promotional campaigns in the media to educate people.

Despite all these campaigns, the prevalence rates of HIV/AIDS and the death rates are still alarming. For the last one decade, the HIV infection rates have been rising steadily from a low of 6.1% in 1990 reaching its highest peak in 2000 at 13.4% (NASCO, 2003). One wonders whether such programs are meeting their intended objectives. Some NGOs have been forced to close down their operations because they were not living up to their expectations. A possible problem would be lack of effective monitoring and evaluation of their programs.

For NGOs to know the impact of their campaign strategies, they should undertake effective monitoring and evaluation of their programs. According to Adkins (2004), monitoring and evaluation are essential in order to

anticipate issues, avert them and develop or refine a program to ensure its success.

Studies on HIV/AIDS by Muraah (2003) and Waita (2004) focused mainly on strategic responses of large private pharmaceutical and manufacturing companies to the HIV/AIDS pandemic in Nairobi respectively. Studies on social marketing (e.g. Mbugua, 1994; Odiko, 2003; Mwaniki, 2003; Warinda, 2003 and Rarieya, 2003) were on factors influencing social marketing strategies in changing public behavior, factors influencing social marketing in the reproductive health sector in Kenya, marketing promotion techniques used by NGOs in their social campaigns against HIV/AIDS in Kenya, social marketing in an era of increased competition and social responsiveness of pharmaceutical companies to HIV/AIDS pandemic in Nairobi respectively. Mwangi (1991) studied the practice of evaluating advertising effectiveness in Kenya. None of the above studies looked at monitoring and evaluation practices by NGOs involved in social marketing campaigns against the spread of HIV/AIDS in Kenya.

It would be necessary to carryout a study to establish the monitoring and evaluation practices of NGOs involved in HIV/AIDS campaigns in Kenya, the techniques used, as well as the challenges they face while undertaking these activities. These if properly carried out will facilitate the adoption of effective strategies thereby reducing the spread of HIV/AIDS in Kenya. There is no documentary evidence to show that NGOs conduct monitoring and evaluation of their activities, otherwise one would expect positive responses from these social campaigns.

The current study therefore sought to answer the following question :-

Do NGOs involved in the Social campaigns against the spread of HIV/AIDS in Kenya undertake Monitoring and Evaluation of their campaigns to determine the impact of such strategies?

1.3 Objectives of the Study

The objectives of this study were: -

- (i) To determine whether NGOs in Kenya involved in campaigns against the spread of HIV/AIDS undertake monitoring and evaluation of their social campaigns.
- (ii) To establish the challenges faced by NGOs in monitoring and evaluating their social campaigns.

1.4 Importance of the Study

The results of this study may be of use to the following: -

- a) Government – the study will help government to be able to evaluate the effectiveness and impact of the campaigns against HIV/AIDS. Also to gauge if campaigns have succeeded or failed.
- b) NGOs will be able to draw useful lessons from the importance of conducting monitoring and evaluation of their social campaigns.
- c) Donors – the donor community will be able to assess the impact of the campaigns and also to determine which areas need more support in terms of extra resources and also areas which need reviewing. To keep them on track and re-assess opportunities.
- d) Other stakeholders – they will be able to assess the impact of the campaigns and also effectiveness of the same. They will also determine whether the social campaigns are being implemented correctly or successfully.
- e) Scholars and researchers – will use the study as a reference.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter talks about social marketing campaigns, meanings and objectives of monitoring and evaluation, types of evaluation, measures of social campaign effectiveness, techniques used in monitoring and evaluation and the challenges organizations face while undertaking monitoring and evaluation of their campaign programs.

2.2 Social Marketing Campaigns

The concept of social marketing came about as a result of blending of principles from social marketing with the public healthy arena's desire to promote healthy behaviors. The term was first introduced in 1971 to describe the use of marketing principles and techniques to advance a social cause, idea or behavior (Kotler and Zaltman, 1971). Social marketing has since come to mean a social-change management technology involving the design, implementation, and control of programs aimed at increasing the acceptability of a social idea or practice in one or more groups of target adopters (Kotler and Roberto, 1989).

Kotler et al (2002) defines social marketing as the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify or abandon behavior for the benefit of individuals or society as a whole. Social marketing is not a new phenomenon especially when thought of as one that is aimed at influencing behavior of the public. Social campaigns were used in the earlier days to free slaves, abolish child labour, influence women's rights to vote, they are still being used today and will continue to be used in future.

Unlike commercial marketing concerned with selling goods and services, social marketing is concerned with selling behavioral change. Kotler (1989) notes that some campaigns may succeed where as others may fail. An

example of a successful campaign is the Sweden's campaign to change rules of the road in 1967 from driving on the left to driving on the right. He goes on to note that the 1970 anti-drug campaign in the USA was not a success as it provoked a wider use of drugs among the youth. It therefore calls for social marketers to monitor and evaluate their social campaigns to be able to determine issues that cause campaign success or failure.

2.3 Meanings and Objectives of Monitoring and Evaluation

Andreasen (1995) refers to monitoring as an "ongoing measurement of programme outcomes while evaluation as a single final assessment of a project or programme. Monitoring and evaluation research is used to find out how projects are doing so they can be fine-tuned to improve efficiency and effectiveness". Monitoring includes ongoing measurement of programme outcomes, often establishing baselines and subsequent benchmarks relative to goals (Kotler et al 2002).

Monitoring and Evaluating offers an exciting opportunity to prove the impact of your work. It can be a crucial sign post that keeps you on track, a chance to re-assess opportunities, and an activity that helps compile an evidence base for future funding proposals. Monitoring and Evaluation is a regular, systematic collection and analysis of information to track the progress of project implementation (Bond guidance notes no. 4.3). Evaluation analyses the judgment of information in order to assess value, worth or impact of a project. It also looks at the dynamics of development interventions and identifies the reasons for both success and failure, and how one can learn from both (Bond guidance notes no. 4.3).

Monitoring a programme or partnership is essential in order to anticipate issues, avert them and to develop or refine a programme or partnership to ensure it is finely tuned. This should be in line with agreed performance indicators (Adkins, 2004). Monitoring is keeping track of and measuring inputs and outputs as part of routine project management (Gray et al, 2001).

Monitoring can also mean a review of performance on a regular basis using quantitative and qualitative measures. Evaluation is a judgment of the value of an activity which takes into account how it was managed, how resources were utilized and whether planned outcomes were achieved (www.communityni.org 10/6/2005). 'Monitoring' refers to an ongoing system which routinely collects data and is used to keep the project on 'track' whereas 'Evaluation' refers to a one-off event conducted to account for resources used and/or to document lessons learned (www.aidsalliance.org/sw4799.asp on 09/06/2005).

Many approaches to evaluation now emphasize the active progress made by the project. The progress may be expressed as numbers (quantitative) or in descriptive (qualitative) terms. They may be internationally or locally-defined and can be used to measure project activities at different levels, for example processes or activities and outcomes or impacts. Many approaches to evaluation now emphasize the active participation of stakeholders, particularly children and young people. Different stakeholders have different levels of power within a project. Good monitoring systems and evaluation approaches collect and compare information from a variety of different sources using different methods and this is termed triangulation. The different sources could include internal sources or research data (www.aidsalliance.org).

According to family health international (2005), Monitoring produces timely, accurate and adequate information about the impact of a project. Bond (Guidance notes no.4.3 on 13/07/2005 at 8.45am) goes on to note that it provides data so that plans can be adjusted and resources managed in answer to project needs and opportunities. Its aim is to record information in sufficient detail, to illustrate accountability and to provide for future evaluations. Appropriate monitoring generates the minimum data necessary for analysis and uses the simplest effective data collection methods. As stated earlier, Evaluation takes an objective look at what you have been

doing and identifies the reasons for both success and failure, and how your future work can learn from both. It is normally carried out at the end of the project (Bond, 2005).

Evaluation can be carried out either at a specified time, or as is the case with a multi phased project, at the end of a phase. Equally, evaluation is a means by which those administering the project are held accountable for what the project has done and achieved. In such cases, actual project activities and achievements will be compared with what was planned. Such evaluations are often required by donors and organizations that provide funds for the project. The receipt of further funds may depend on achieving a satisfactory outcome to such an evaluation. This approach is sometimes referred to as "Performance based funding" and is used by some major donors, including the Global Fund (Fhi, 2005).

Evaluation also seeks to learn lessons from project activities and this includes an assessment of what worked well and what did not. It is important to encourage organizations to communicate also the negative findings from campaigns for learning purposes. Most evaluation reports omit negative findings because they are afraid this might affect their funding. However, they should be encouraged to do so and not penalized on the basis of failure but instead such findings should be used as learning grounds to avoid future mistakes and hence make programs more efficient and effective. One reason for seeking to learn lessons is to improve the activities and services of a project.

Adamchak et al (2000) define monitoring as the routine tracking of a programme's activities by measuring on a regular basis, ongoing basis whether planned activities are being implemented according to plan, and assess the extent to which a program's services are being used. Monitoring is mainly an internal process carried out by those implementing the project. And preferably it should involve all stakeholders as advanced by Bond

guidance notes no. 4.3, 2005. The results need to be shared with relevant stakeholders and feedback into implementation.

The monitoring and evaluation processes follow a sequence. Gray et al (2001) argue that the monitoring process must start with the designing of a monitoring framework and project management plan. This includes setting inputs; the timetable for the implementation of the project including a start and end date and milestones for regular review of inputs and outputs; a protocol on keeping a centralized record of spending; specifying one lead person responsible for data collection; making other project staff aware that they will need to provide necessary information in a user-friendly form and within the specified timetable; and any staff training necessary to support this process. In the case of projects where delivery is multi-agency or output data is complex and intensive, sophisticated recording systems will be needed and decisions will need to be taken about which software should be used.

Gray et al (2001) notes that effective evaluation can only take place if the rest of the problem-solving process (including monitoring) has been carefully followed. Evaluation process requires a highly detailed monitoring framework to be set up before the implementation of the project; information additional to that gathered for monitoring purposes to be collected, possibly beyond the lifetime of the project; and careful and expert analysis should be carried out. The evaluation process is highly dependent on the quality of monitoring data and analysis and the cooperation of both agencies and individuals is required. Every effort should be made to set up and maintain the highest standards of data collection and analysis.

Bonoma (1985) points out that marketers need monitoring skills to evaluate the results of marketing actions. He goes ahead to point out that in addition to monitoring skills, marketers also need diagnostic skills, identification of company level, implementation and evaluation skills to implement marketing

programs. And that the same skills should be a pre-requisite for social marketers to enable them evaluate their programs.

Although monitoring and evaluation are closely related, they are two distinct activities (Gray et al, 2001). They differ from each other in four main ways (www.aidsalliance.org/sw4799.asp on 09/06/2005): Scope - some authors use the term monitoring for the tracking of information for example information related to the national HIV/AIDS response; and the term evaluation for the gathering of information related to a particular programme or project; Nature - the term monitoring is used to describe a routine system of collecting and analyzing information about the work of the project. On the other hand the term evaluation is usually used to describe a specific event; Timing - monitoring is a regular and ongoing process, which takes place throughout the life of a project. An evaluation usually occurs at a particular time; and Purpose - the purpose of monitoring is relatively specific, in that it usually focuses on keeping a project 'on track'. This involves routinely measuring what the project has done and comparing it with its plans. Evaluation usually has broader purposes like assessing what has been learned as a result of project activities. Despite these differences, monitoring and evaluation are closely related as authors tend to use them together, monitoring is a process which leads to evaluation. When monitoring is mentioned then evaluation also tends to feature.

2.4 Types of Evaluation

Gray et al (2001) gives the different types of evaluation and what they entail but does not go into the specifics of defining each of the individual terms. He encourages organizations and individuals to evaluate their programs and that a choice among full, intermediate, process and impact evaluations should be made when they decide to evaluate the programs.

2.4.1 Intermediate Evaluations

Hough (1998) suggests that projects costing between £20,000 and £100,000 may warrant intermediate evaluation. Intermediate evaluation includes: - some documentation of the implementation process; an examination of output measures; a limited assessment of outcomes; no attempts to measure displacement; and limited cost effectiveness analysis.

2.4.2 Full Evaluations

These should be reserved for larger projects and initiatives, or ones that are particularly innovative. They include: - full documentation of the implementation process; thorough examination of both intermediate and final outputs; an audit scheme to see if the project or initiative was implemented as proposed; a search for evidence that mechanisms operated as expected; comparison of the trends in the target area with control areas, displacement area and benchmark areas; and as full as possible cost benefit analysis.

2.4.3 Process Evaluations

Process evaluation is used to measure the quality of programme implementation and to assess coverage, it may also measure the extent to which a programme's services are being used by the intended target group (Adamchak et al, 2000). Process evaluations examine the process involved in setting up and running the project and it includes (Gray et al, 2001) an assessment of the way the project was carried out; an identification of the key elements of best practice (things that have worked); the difficulties a project encountered during implementation, and the extent to which the project was carried out as intended.

2.4.4 Impact Evaluations

Adamchak et al (2000) argue that impact evaluation determines how much of the observed change in outcomes is due to programme's efforts. Gray et al (2001) notes that impact evaluations examines the extent to which the

project impacted on the problem and that they can potentially identify direct links between the results of the project and the wider outcomes; identify what happened to the problem in the target area by using a control area or comparison groups; and identify additional consequences of the project for example increased number of tourists as a result of reduction of HIV prevalence rates.

Monitoring and evaluation should not be seen as an add-on, but rather as an integral part of a project. This will ensure that plans are not simply concerned with inputs, outputs and goals but also concentrate on managing resources and changes in the external environment.

2.5 Measures of Social Campaign Effectiveness

The monitoring and evaluation plan entails several components and decisions. It determines processes like what will be measured, how it will be measured, when it will be measured and how results will be reported and used (Kotler et al, 2002). What will be measured can be looked at through three dimensions:-outcome, process and ethical measures.

Rowe et al (1994) define effectiveness as the degree to which a goal has been achieved. Effectiveness means doing the right things. Organizational effectiveness is the extent to which an organization optimizes it's goals set over an extended period of time (Griffin, 1984).

2.5.1 Outcome Measures

Outcome measures are also referred to as impact measures. They focus on specific results which can be attributed at least in part to the programme and campaign efforts. Outcome measures refer to the specific measurable results (goals) the programme is to achieve. Goals are desired level of behaviour change and may also include knowledge or belief change goals (Kotler et al 2002). The major indicators used for measuring outcomes can be grouped into intended and unintended outcomes.

The intended outcomes include: -changes in behavior which is commonly measured and stated in terms of a change in percentage or an increase or decrease and/or a change in numbers; change in behavior intent – is appropriate for campaigns with minimal exposure or when campaigns have been running for only short periods of time; change in knowledge – indicators of which include changes in awareness of important facts, information and recommendations; changes in beliefs – indicators of which include attitude indicators, opinions and values; response to campaign elements – these can be indicators of campaign reach or appeal and may include measures like counting calls, redemption of coupons and purchase of tangible objects that were promoted and services provided; awareness of campaign – provide some feedback on the extent to which the campaign was noticed and recalled and measurements include unaided awareness, aided awareness and proven awareness; and customer satisfaction levels – which provide feedback for analyzing results and planning future efforts. Kotler and Roberto (1989) advance that unintended outcomes (consequences) may be both positive and negative for instance recycling.

2.5.2 Process measures

Process measures are other measures of social marketing efforts and include (Kotler et al, 2002): - changes in policy and infrastructure – a campaign goal may focus on causing an important change in policies or infrastructure that will encourage and/or support behavior change; reach and frequency measures include the number of people who might be exposed to a campaign element and the number of times they were exposed; media coverage measures include reporting on numbers of column inches in newspapers and magazines, minutes on television and radio news and special programmes and people in the audience attending a planned speaker's event; total impression or cost per impression – this measure combines information such as reach and frequency, media exposure and material dissemination to create an estimate of the total number of people in the target market who were exposed to the campaign elements. Such statistics

are then used to compare the cost efficiency of varying strategies; dissemination of materials – include the number of programme materials distributed (e.g. coupons, booklets); participation and contributions of campaign programmes may include number of hours spent by volunteers, partners and coalition members participating in the campaign, cash and in kind contributions from foundations and media and businesses; and assessment of implementation of campaign elements may include asking questions like did we do everything we planned to do? did we complete activities on time? Were expenditures more or less than anticipated and why?. Many organizations expect campaign goals to be achieved even though they do not implement all planned activities or spend originally allocated funds in planned time. This then justifies for monitoring and evaluation as these processes help in reviewing all the planned activities and help in tracking and accountability.

2.5.3 Ethical outcomes

According to Kotler et al (2002), ethical considerations are varied and apply in each of the eight steps of the planning process model. The ethical outcomes have several themes common to all the steps and these are: - social equity, competing priorities, full disclosure, responsible stewardship, conflict of interest and whether the end justifies (any) means. The American Marketing Association (AMA) has a code of ethics whose principles apply to social marketing environments with themes similar to those noted earlier. The AMA themes are: - do no harm, be fair, provide full disclosure, be good stewards, own the problem, be responsible and tell the truth. This therefore provides social marketers with guidelines that enable them to be ethical as they go about their social campaigns. However, it is important to note that the most commonly used measures are outcome and process measures.

2.6 Techniques used in the Monitoring and Evaluation of Social Campaign Strategies

The how component of Monitoring and evaluation can be determined through the measurement and methodologies and is the next step in the development of the plan.

According to Kotler et al (2002) measurement techniques include identifying methodologies and techniques that will be used to actually measure indicators established from the outcomes and processes and these include quantitative and qualitative techniques, observation research; control groups; records and databases. Bond guidance notes no. 4.3 (2005) note that monitoring and evaluation and data gathering go hand in hand and that the choice of tools and methods is dependent on the focus of the evaluation, its context, the capacity and skills of those involved and the resources available. It goes on to note that the techniques must be appropriate, understood by all (beneficiaries included) and statistically reliable. Even if not quantitative, data must be objective enough to convince others of their credibility. Some of the data collection tools (techniques) that Bond outlines are observation, record analysis, interviews or focus group and Questionnaires and survey (Bond guidance notes no. 4.3)

Kotler et al (2002) notes that quantitative techniques are called for when there is availability of reliable data and are commonly conducted using telephone surveys, mailed questionnaires or in-person interviews; qualitative techniques can be used when evaluation requirements are less stringent or more subjective in nature and include focus groups, informal interviews and come in handy in capturing anecdotal comments; observation research is most appropriate for evaluating behavior or assessing skill levels; control groups are used in combination with quantitative and qualitative instruments ensuring that results can be closely tied to campaign and program efforts, and records and databases are appropriate for several indicators particularly those measuring responses to campaign elements and

dissemination of campaign materials and may include tracking numbers of calls requests, visits, people served or items connected.

The timing of the measurement efforts is the third step of the plan and it determines the when component (Kotler et al, 2002). Timing of measurement efforts happens at three levels:- prior to campaign launch (pre-campaign or baseline measures); during campaign implementation - thought of as tracking or ongoing measures, one time only or over a period of years; and post campaign activities referring to measurements taking place when all campaign elements are completed (Kotler et al, 2002). Baseline measures are critical when campaigns have specific goals for change and future campaign efforts and funders will rely on these measures for campaign assessment. These when compared with post campaign results give s pre-and post-evaluation measure. Monitoring efforts during campaigns provide input for changes "midstream" and tracking changes over time. Post campaign assessments are the most typical points in time for evaluation especially when resources and tight time frames prohibit additional efforts. It is worth noting that some programs may choose to use all points for evaluation especially when key constituent groups or funders require solid evidence of campaign outcomes.

After determining the indicators to be measured, establishing the methodologies and techniques to be used in measuring the indicators and timing for measurement efforts, the final step is to clarify how the information will be used and who will be using it.. It is important to clarify with stakeholders how the information will be used and for what purposes and who will be using the information and for what purpose. Also prepare the audience for the idea that many factors will be considered when interpreting results, whether or not goals are met, or not a review of contributing factors will include assessment of decisions and implementations related to each element of the plan including selection of target markets, product platforms, pricing, place, promotional messages and

channels and implementation activities and finally, gain consensus among key stakeholders on key elements of evaluation techniques, reporting format, audiences and timing (Kotler et al, 2002).

2.7 Challenges faced by organizations in monitoring and evaluating campaigns

Weinreich (1999) identifies numerous challenges social marketers face in planning, conducting and reporting on evaluations as including some of the following:- Unrealistic expectations for campaign impact, limited resources (funds, staff time or expertise), reliance on a single method potentially skewing results, using the wrong model for evaluation, asking the wrong questions, technical problems making results invalid, resistance from program staff or participants who may feel threatened by results, waiting until the program is over to start evaluation making baseline measures impossible and finally, failure to use evaluation results by “putting them on the shelf”.

Monitoring and Evaluation are key components of the planning process and need to be taken seriously and incorporated into programs to ensure efficiency and effectiveness. Many organizations have it incorporated as one of the steps of the planning process but unfortunately this only appears in their write-ups and is never implemented. The government needs to set policies on the same and ensure that all the sectors implement it and that it sets and trains people on ways of monitoring and evaluation. Guidelines inform of indicators can be set out to act as benchmarks from which monitoring and evaluation is carried out. It should be applied to all sectors of the economy.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter addresses the research design, population of the study, sample and sampling frame, data collection methods, operationalisation of monitoring and evaluation and data analysis techniques.

3.2 Research Design

The study is a descriptive study which aimed at determining the extent to which NGOs involved in campaigns against the spread of HIV/AIDS undertake monitoring and evaluation of their campaigns. According to Cooper and Schindler (1998), such a study is concerned with finding out what, where and how of a phenomenon, which is the concern of the current study.

3.3 Population

The population of interest in this study was all NGOs involved in social marketing campaigns against HIV/AIDS in Kenya that are registered by the Kenya Aids NGOs Consortium (KANCO). There are 821 NGOs registered by the Kenya Aids NGOs Consortium as at July 2005, 414 of these have offices in Nairobi and 218 have physical addresses known to KANCO (KANCO database, 2005). The population consisted of the 218 with physical addresses in Nairobi (see appendix IV). Those with physical addresses have been selected because they can be located.

3.4 Sample and Sampling Design

A random sample of 50 NGOs was selected from the 218 NGOs with physical addresses in Nairobi.

3.5 Data Collection

Primary data was collected using semi-structured questionnaires (see appendix II). The questionnaires were dropped to the respondents.

Respondents were individuals at the level of project manager or its equivalent. The questionnaire was divided into three sections: -

Section A, is designed to collect data on general information of respondents and their organizations.

Section B, is aimed at capturing information on whether NGOs in Kenya involved in campaigns on HIV/AIDS undertake monitoring and evaluation. This should be looked at in terms of, techniques used, impact indicators (measures) and the time when monitoring and evaluation is undertaken.

Section C, is designed to gather information about the challenges faced by organizations in practicing monitoring and evaluation of social campaigns against HIV/AIDS in Kenya.

Demographic Profiles of the Respondents' Organizations

3.5 Operationalizing Monitoring and Evaluation Practices

The questionnaire comprised open ended and Likert scale questions to determine the extent to which NGOs involved in campaigns against HIV/AIDS undertake monitoring and evaluation of their campaigns using the various indicators (see table on appendix III).

1: General information of the Respondents' Organizations Period

3.6 Data Analysis

The completed questionnaires were edited for completeness and consistency, there after coded for ease of data entry. The data was analyzed using descriptive statistics that are indications of monitoring and evaluation practices of NGOs social campaigns. Section A of the questionnaire was analyzed using frequency distributions and percentages. Data on Section B was analyzed using mean scores and standard deviations in order to determine the extent of the use of monitoring and evaluation, techniques as well as measures or indicators of monitoring and evaluation. Percentages and frequency distributions were used to measure time when monitoring and evaluation is undertaken. In section C, frequency distributions and percentages were used to measure challenges faced. Tables and charts were prepared to present the data after the analysis.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This section presents the analysis and findings from the primary data that was gathered from the respondents. The response rate was 92 %. From the total intended respondents of 50 organizations 3 did not return the questionnaires however one questionnaire was considered unusable. This compares well with previous studies such as Owino (2004) with 91%, Njuguna (2004) with 93%, and Waweru (2003) 93%. Summaries of data findings together with their possible interpretations have been presented by use of percentages, frequencies, mean scores and standard deviations.

4.2 Demographic Profiles of the Respondents' Organizations

The demographic profiles of the respondents' organizations i.e. number of years the organization has been in operation in Kenya, Ownership, campaign target group and nature of campaign were analyzed in order to know the general classification of organizations. Findings are presented in this section.

Table 1: General information of the Respondents' Organizations Period of Existence and Ownership

Number of Years Existence in Kenya		
Years	Frequency	Percent
1 - 4	17	36.96
5 - 10	14	30.43
More than 10	15	32.61
Total	46	100
Ownership of the Organization		
Ownership	Frequency	Percent
Local	23	50.00
Foreign	3	6.52
Mixed	15	32.61
International	5	10.87
Total	46	100

Source: Research Data Findings

Table 2: General Information of the Respondents Organizations' Target Groups and Campaign Nature

Groups targeted by NGOs in their Campaigns	
Group Targeted	Number of Respondents
Children	30
Women	36
Men	34
Widows	33
Orphans	32
Youths	8
Nature of Campaigns by NGOs against HIV/AIDS	
Nature of Campaigns	Number of Respondents
Advocacy campaigns against HIV/AIDS	44
Distribution of products/services related to HIV/AIDS	33
Training of professionals on HIV/AIDS prevention	34
Working with government on HIV/AIDS prevention	43

Source: Research Data Findings

Number of Years of Existence in Kenya

This was analyzed in order to show the duration the organizations have been in operation in Kenya. The findings indicates that 37% of the organizations had operated in Kenya for a period of between 1 – 4 years, 30.4% between 5 – 10 years and 32.6 % for a period of more than 10 years. This implies that most organizations have operated in Kenya for a period of more than five years.

Ownership of the Organizations

The respondents were asked to indicate the ownership of their organizations. This was to determine the ownership structure of their organizations. The findings indicate that the majority of the organizations interviewed are owned locally (50%), 32.6% are mixed, 10.9% are international while 6.5% are foreign. This implies majority of organizations studied were locally owned.

Groups targeted by NGOs in their Campaigns

Results on the number of groups targeted by NGOs in their campaigns against HIV/AIDS can be summarized as; women (36); men (34); widows (33); orphans (32); and children (30), while only (8) targeted the youths. This implies that NGOs target all groups in almost equal proportions except for the youths.

Nature of Campaigns by NGOs against HIV/AIDS

The respondents were requested to indicate the nature of the campaigns they were undertaking against HIV/AIDS. This would indicate major activities undertaken by the organizations. The findings indicates that common campaigns were Advocacy against HIV/ AIDS (44), Working with the government on HIV/ AIDS prevention (43), Training of professionals on HIV/ AIDS prevention (34) and Distributions of products / services related to HIV/ AIDS (33). This is true for most campaigns undertaken by NGOs against HIV/AIDS in Kenya.

4.3 Monitoring and Evaluation of Social Marketing Campaigns by NGOs

In order to determine monitoring and evaluation of activities, data was collected from respondents on how often monitoring and evaluation of campaign activities are conducted, when monitoring and evaluation is done, methods used in monitoring and evaluation and the extent of use of given indicators in evaluating the HIV/AIDS programs. Respondents were asked to show how the results from monitoring and evaluation are used.

4.3.1 Frequency of Monitoring and Evaluation of Campaign Activities

The respondents were asked to indicate how often they monitored and evaluated their campaign activities and were given choices to choose from and tick where applicable and the results are presented in the table below.

Table 3: Frequency of Monitoring and Evaluation of Campaign Activities

Frequency of Monitoring & Evaluation	Number	Percent
Monthly	4	8.70
Every Six Months	11	23.91
Yearly	17	36.96
Every 3 Months (Quarterly)	9	19.57
Continually	5	10.87
Total	46	100

Source: Research Data Findings

The findings revealed that 37% of the respondents had the organizations monitoring and evaluating their campaign activities annually, 23.9% semi-annually, 19.6% every three months, 10.9% continually and 8.7% monthly. This shows that monitoring and evaluation is mostly done annually and semi-annually.

4.3.2 When organizations Monitor and Evaluate Campaign Efforts

Monitoring and evaluation can be done before campaigns, during campaigns and after the campaigns. Respondents were asked to indicate the time when their organizations undertook monitoring and evaluation efforts. The research findings were as indicated in Table 4.

Table 4: When organizations Monitor and Evaluate Campaign Efforts

Time of Monitoring & Evaluation	Frequency
Pre- campaign	18
During Campaign Implementation	34
Post Campaign	44

Source: Research Data Findings

From the table, it is evidenced that (44%) organizations engage in Post campaign evaluation, (34%) undertake monitoring and evaluation during campaign Implementation and (18%) undertake pre- campaign monitoring and evaluation. This indicates that most organization do post campaign monitoring and evaluation.

4.3.3 Methods used in Monitoring and Evaluation

A number of techniques can be used in monitoring and evaluation campaigns and these include questionnaires, records and databases and focus Groups among others. Respondents were asked to indicate how frequently they used the following methods on a scale of 1 – 5. Data had been analyzed using mean scores and standard deviations. A mean score greater than 4 ($M > 4$) is considered to be used very frequently, a mean > 3 but < 4 is considered to be used frequently while those with mean scores < 3 are rarely used. A standard deviation > 1 implies a significant difference in the use of the variable among the respondents. The findings are summarized in Table 5.

Table 5: Methods used in Measuring the Success of Social Marketing Campaigns

Methods	Mean	Std. Deviation
Records and databases	4.30	0.73
Observation	4.22	0.96
Informal Interviews	4.02	0.95
Surveys	4.00	0.76
Control groups	3.87	0.81
Focus Groups	3.80	1.02
Questionnaires	3.57	0.96
Interviews (in - person)	3.15	0.70

Source: Research Data Findings

The findings show that records and databases, Observation, Informal Interviews and Surveys are techniques that are used very frequently. On the other hand Control groups, Focus Groups and Questionnaires are considered to be used frequently though respondents had significant differences in their responses under the focus groups. However, in-person interviews are rarely conducted.

4.3.4 Indicators used in evaluation of HIV/ AIDS campaign Programs

Indicators used in evaluating social campaign strategies against HIV/AIDS can be drawn from three broad measures which includes outcome measures

and process measures. Organizations can use process measures and outcome when evaluating their social campaigns against HIV/ AIDS. Outcome measures include changes in behavior, change in behavior intent, change in knowledge among others. Process measures on the other hand include changes in policy and infrastructure, reach and frequency, media coverage and assessment of campaign.

In this study the extent of use of process and outcome measures were tested using a five point likert scale ranging from the one used 'To a Very Large Extent' (5), to the one 'Not used at All' (1). The scores of 'To Some Extent' have been taken to represent a variable which is used to a moderate extent (M.E) equivalent to a mean score of 2.5 to 3.5 on the continuous likert scale; $2.5 < M.E < 3.5$. The score of 'To a very large extent' and 'To a Large Extent' has been taken to represent a variable which is used to a large extent (L.E) by the firms (equivalent to a mean score of 3.5 to 5.0 on continuous likert scale; $3.5 < L.E < 5.0$). A standard deviation > 1 implies a significant difference in the use of the variable among the respondents.

Table 6: Process Measures used in Evaluating HIV/ AIDS Campaign Programs

	Mean	Std. Deviation
Reach and Frequency		
Increase in the number of times HIV/AIDS messages are conveyed to people	3.59	0.86
Media Coverage		
Use print media to convey HIV/AIDS information	3.48	0.98
Television to communicate HIV/AIDS messages	3.26	1.02

Source: Research Data Findings

Table 7: Outcome Measures used in Evaluating HIV/ AIDS Campaign Programs

Indicators	Mean	Std. Deviation
Changes In Behavior		
Decrease in infection rates	4.17	0.61
Increase in use of condoms	4.07	0.85
Adoption of Abstinence behavior	3.59	0.83
Increase in faithfulness to one sexual partner	3.15	1.13
Change in Behavior Intent		
Decrease in infection rates	4.17	0.61
Increase in the number of people testing for HIV/AIDS at VCT centers	4.00	1.05
Increase in faithfulness to one sexual partner	3.15	1.13
Change in Knowledge		
Increase in the facts that HIV/AIDS kills	3.72	0.93
Increase in the number of times HIV/AIDS messages are conveyed to people	3.59	0.86
Changes in Beliefs		
Increase in the facts that HIV/AIDS kills	3.72	0.93
Increase in the number of times HIV/AIDS messages are conveyed to people	3.59	0.86
Response to Campaign Elements		
Increase in use of condoms	4.07	0.85
Increase in the number of people testing for HIV/AIDS at VCT centers	4.00	1.05
Awareness of Campaign		
Increase in the facts that HIV/AIDS kills	3.72	0.93
Increase in the number of times HIV/AIDS messages are conveyed to people	3.59	0.86
Customer Satisfaction Levels		
Volunteers in the campaigns	3.57	1.09
Increase in use of Anti-Retroviral therapy	3.37	1.00
Total Impression or Cost per Impression		
Increase in the facts that HIV/AIDS kills	3.72	0.93
Increase in open discussions about sex with parents or guardians	3.63	1.04
Increase in the number of times HIV/AIDS messages are conveyed to people	3.59	0.86
Use print media to convey HIV/AIDS information	3.48	0.98
Television to communicate HIV/AIDS messages	3.26	1.02

Source: Research Data Findings

The process measures had two variables, Reach and frequency and Media Coverage. Under reach and Frequency there was one factor, Increase in the number of times HIV/AIDS messages are conveyed to people scored a mean score of 3.56 and a standard deviation of 0.86. Thus indicating that it was employed to a large extent. And there was no significant difference on the answers given by the respondents. The variable, Media Coverage had two factors namely Use print media to convey HIV/AIDS information (3.48) and Television to communicate HIV/AIDS messages (3.26) implies that they were used to a moderate extent. However for the use of television to communicate HIV/AIDS messages there was a significant difference on the answers given since it had a standard deviation of 1.02.

Outcome measures had a number of variables namely Changes In Behavior, Change in Behavior Intent, Change in Knowledge, Changes in Beliefs, Response to Campaign Elements, Awareness of Campaign, Customer Satisfaction Levels and Total Impression or Cost per Impression, the findings have been discussed as follows;

Changes In Behavior had four factors, Decrease in infection rates (4.17), Increase in use of condoms (4.07), the first two factors we considered to be used to a large extent, while Adoption of Abstinence behavior (3.59) and Increase in faithfulness to one sexual partner (3.15) were used to a moderate extent.

Change in behavior intent consisted of Decrease in infection rates (4.17), Increase in the number of people testing for HIV/AIDS at VCT centers (4.00) thus were perceived to be used to a large extent and Increase in faithfulness to one sexual partner (3.15) with a standard deviation of 1.13 was considered to be used to a moderate extent even though there were significant differences on the responses.

Increase in facts that HIV/AIDS kills and increase in the number of times HIV/AIDS messages are conveyed to people which falls under change in knowledge scored a mean of (3.72) and (3.59) respectively thus both were used to a large extent. Response to campaign elements was analyzed with two factors increase in use of condoms and increase in the number of people testing for HIV/AIDS at VCT centers, these factors scored a mean score of (4.07) and (4.00) thus were used to a large extent. However Increase in the number of people testing for HIV/AIDS at VCT centers had significant difference in the responses given since it had a standard deviation of (1.05).

Awareness of campaigns was considered to be used to a large extent, it consisted of increase in facts that HIV/AIDS kills (3.72) and increase in the number of times HIV/AIDS messages are conveyed to people (3.59) as factors. Customer satisfaction levels was also used to a large extent, it had two factors; volunteers in the campaigns (3.57) and increase in use of Anti-Retroviral therapy. However their use was a significant difference on the responses since the standard deviations was >1 .

Total Impression or Cost per Impression had five factors of which three namely; increase in the facts that HIV/AIDS kills (3.72), increase in open discussions about sex with parents or guardians (3.63) and increase in the number of times HIV/AIDS messages are conveyed to people (3.59) were used to large extent. The remaining two factors use print media to convey HIV/AIDS information (3.48) and television to communicate HIV/AIDS messages were used to a moderate extent.

Table 8: Summary of Outcome and Process Measures

Measures	Mean	Std Deviation
Process Measures	3.44	0.95
Outcome Measures	3.85	0.97

Source: Research Data Findings

The table above shows that outcome measures are used to a large extent as shown by a mean of (3.85) while process measures are used to a moderate extent.

4.3.5 Uses of the results from Monitoring and Evaluation Practices.

This section was aimed at establishing the uses of results from monitoring and evaluation practices. The respondents were to indicate how they used the results obtained from monitoring and evaluation practices. This would help establish the reasons for monitoring and evaluation practices. The table below depicts the findings

Table 9: Uses of the results from Monitoring and Evaluation Practices

Uses	Frequency
For research and development	42
For securing funding	28
To better the campaigns	44

Source: *Research Data Findings*

The findings indicate that results from monitoring and evaluation are mainly used to better the campaigns (44), for research and development (42) and for securing funding (28). The results from the table reveal that results are mostly used to better the campaigns and for research and development.

4.4 Challenges faced in Monitoring and Evaluation of Campaigns against HIV/Aids

The respondents were requested to state the challenges faced by their organizations in monitoring and evaluation of campaign activities.

Table 10: Challenges faced in Monitoring and Evaluation of Campaigns against HIV/Aids

Challenge	Frequency	Percent
Limited and diminishing resources for HIV/Aids	13	19.12
Supervision of data collection in new large programs	11	16.18
Measuring impact, particularly of behavior change inputs	8	11.76
Difficulty in developing institutional-level interventions to strength Monitoring and Evaluation.	8	11.76
Monitoring and Evaluation is complicated by involvement and management of partners at different operating levels.	7	10.29
Inaccurate responses from the participants	7	10.29
Poor performance and contribution among persons living with HIV/Aids (Stigmatization)	5	7.35
Communities at grass root level seek compensation during monitoring and evaluation.	9	13.24
Total	68	100

Source: Research Data Findings

The research findings show that Limited and diminishing resources for HIV/Aids campaigns (19.12%) as well as Supervision of data collection in new large programs (16.18%) are the challenges mostly faced by the NGOs in monitoring and evaluation of HIV/AIDS campaigns.

Inaccurate responses from the participant as shown by 7 of the respondents is also seen as a challenge, while the least number of respondents (5) find Poor performance and contribution among persons living with HIV/Aids (Stigmatization) a challenge.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter gives a summary of the findings as well as the conclusions gathered from analysis of data. The chapter incorporates the various suggestions and comments given by respondents in the questionnaires. Findings have been summarized alongside the objectives of the study, conclusions have been drawn from the study and the recommendations for actions are also given.

5.2 Discussion

The results of the study are with respect to the two research objectives that were to determine whether NGOs in Kenya involved in campaigns against the spread of HIV/AIDS undertake monitoring and evaluation of their social campaigns and To establish the challenges faced by NGOs in monitoring and evaluating their social campaigns.

In practice Monitoring and Evaluation is a crucial signpost that keeps you on track, a chance to reassess priorities and an activity that helps compile an evidence base for future funding proposals (Bond, 2005).

The findings indicate that most of the organizations engage in Post campaign evaluation and undertake monitoring and evaluation during campaign Implementation. This are commonly done on an annual basis and semi - annually, this is likely to make the information obtained from monitoring and evaluation obsolete as they are put into use late in time after the campaign. According to family health international (2005), Monitoring produces timely, accurate and adequate information about the impact of a project. Bond (Guidance notes no.4.3 on 13/07/2005 at 8.45am) goes on to note that it provides data so that plans can be adjusted and resources managed in answer to project needs and opportunities. Its aim is to record information in sufficient detail, to illustrate accountability and to provide for future evaluations. Appropriate monitoring generates the minimum data

necessary for analysis and uses the simplest effective data collection methods. As stated earlier, Evaluation takes an objective look at what you have been doing and identifies the reasons for both success and failure, and how your future work can learn from both. It is normally carried out at the end of the project (Bond, 2005).

The major techniques used in monitoring and evaluation were established to be Records and databases, Observation, Informal Interviews and Surveys are techniques that are used very frequently. On the other hand Control groups, Focus Groups and Questionnaires are considered to be used frequently, while interviews in persons are rarely conducted. These are supported by Kotler et al (2002) arguments that "measurement techniques include identifying methodologies and techniques that will be used to actually measure indicators established from the outcomes and processes and these include quantitative and qualitative techniques, observation research; control groups; records and databases".

The monitoring and evaluation plan entails several components and decisions. It determines processes like what will be measured, how it will be measured, when it will be measured and how results will be reported and used (Kotler et al, 2002). What will be measured can be looked The process measures that were employed in the study were reach and frequency and media coverage. Reach and Frequency had one factor, Increase in the number of times HIV/AIDS messages are conveyed to people which is used to a large extent. The variable, Media Coverage had two factors namely Use print media to convey HIV/AIDS information and Television to communicate HIV/AIDS messages that were used to a moderate extent.

Outcome measures had a number of variable namely Changes In Behavior, Change in Behavior Intent, Change in Knowledge, Changes in Beliefs, Response to Campaign Elements, Awareness of Campaign, Customer Satisfaction Levels and Total Impression or Cost per Impression, the findings

have been discussed as follows. Changes In Behavior had four factors, Decrease in infection rates, Increase in use of condoms, are used to a large extent, while Adoption of Abstinence behavior and Increase in faithfulness to one sexual partner were perceived to be used to a moderate extent. Change in behavior intent consisted of Decrease in infection rates, Increase in the number of people testing for HIV/AIDS at VCT centers, thus were perceived to be used to a large extent. on the other hand Increase in faithfulness to one sexual partner was considered to be used to a moderate extent. Increase in the facts that HIV/AIDS kills and Increase in the number of times HIV/AIDS messages are conveyed to people which falls under change in knowledge were used to a large extent.

Response to Campaign Elements (as an outcome measure) such as Increase in use of condoms and Increase in the number of people testing for HIV/AIDS at VCT centers, were used to a large extent. Awareness of campaign was considered to be used to a large extent, it consisted of Increase in the facts that HIV/AIDS kills and Increase in the number of times HIV/AIDS messages are conveyed to people. Customer Satisfaction Levels was also used to a large extent, it had the two factors Volunteers in the campaigns and Increase in use of Anti-Retroviral therapy. Total Impression or Cost per Impression had five factors of which three namely Increase in the facts that HIV/AIDS kills, Increase in open discussions about sex with parents or guardians and Increase in the number of times HIV/AIDS messages are conveyed to people were used to large extent. While use of print media to convey HIV/AIDS information, and Television to communicate HIV/AIDS messages were used to a moderate extent.

The intended outcomes include: -changes in behavior which is commonly measured and stated in terms of a change in percentage or an increase or decrease and/or a change in numbers; change in behavior intent - is appropriate for campaigns with minimal exposure or when campaigns have been running for only short periods of time; change in knowledge -

indicators of which include changes in awareness of important facts, information and recommendations; changes in beliefs – indicators of which include attitude indicators, opinions and values; response to campaign elements – these can be indicators of campaign reach or appeal and may include measures like counting calls, redemption of coupons and purchase of tangible objects that were promoted and services provided; awareness of campaign – provide some feedback on the extent to which the campaign was noticed and recalled and measurements include unaided awareness, aided awareness and proven awareness; and customer satisfaction levels – which provide feedback for analyzing results and planning future efforts. Kotler and Roberto (1989) advanced that unintended outcomes (consequences) may be both positive and negative for instance recycling.

The findings indicate that results from monitoring and evaluation are mainly used to better the campaigns, for research and development and for securing funding.

Major challenges faced by the organizations in monitoring and evaluation has established by the study were Limited and diminishing resources for HIV/Aids, supervision of data collection in new large programs, Measuring impart, particularly of behavior change inputs, Difficulty in developing institutional-level interventions to strength Monitoring and Evaluation., Monitoring and Evaluation is complicated by involvement and management of partners at different operating levels, Inaccurate responses from the participants, Poor performance and contribution among persons living with HIV/Aids (Stigmatization) and Communities at grass root level seek compensation during monitoring. These are consistent with Weinreich (1999) arguments on challenges social markets face in planning, conducting and reporting on evaluations as including some of the following;- Unrealistic expectations for campaign impact, limited resources (funds, staff time or expertise), reliance on a single method potentially skewing results, using the wrong model for evaluation, asking the wrong questions, technical problems

making results invalid, resistance from program staff or participants who may feel threatened by results, waiting until the program is over to start evaluation making baseline measures impossible and finally, failure to use evaluation results by "putting them on the shelf".

5.3 Conclusion

From this study it is evident that the timing of monitoring and evaluation is done late in time mainly at the year end and semi- annually, and is mainly a post campaign activity. This may render the results obtained obsolete and may not be of importance to the organizations.

The major techniques used in monitoring and evaluation were established to be Records and databases, Observation, Informal Interviews and Surveys among others.

The measures that were used in the study included outcome and process measures, changes in behavior, change in behavior intent and change in knowledge among others and reach and frequency and media coverage respectively.

Major challenges faced by the organizations in monitoring and evaluation has established by the study were Limited and diminishing resources for HIV/Aids, Supervision of data collection in new large programs, Measuring impact, particularly of behavior change inputs, Difficulty in developing institutional-level interventions to strength Monitoring and Evaluation., Monitoring and Evaluation is complicated by involvement and management of partners at different operating levels, Inaccurate responses from the participants, Poor performance and contribution among persons living with HIV/Aids (Stigmatization) and Communities at grassroots seeks for compensation during monitoring.

5.4 Recommendation

Monitoring and evaluation should be conducted on a continuous basis to help in tracking, reassessing priorities and compiling an evidence base for future funding proposals (Bond, 2005). The KANCO should come up with a monitoring and evaluation framework to act as a guide to NGOs involved in HIV/ AIDS campaign. This framework should outline the steps involved in monitoring and evaluation, the techniques that can be used, the timing of monitoring and evaluation and the challenges. In this way the organizations will have a guide to help them in executing their social campaigns and in particular monitoring and evaluation practices. The KANCO should also come up with common indicators to act as a guide to NGOs to ease reporting of their findings and act as a reference point.

LIMITATIONS OF THE STUDY

Some organizations did not participate in the study and expressed the fear of it being an investigation as it coincided with the media highlights about diversion of funds meant for HIV/ AIDS campaign programs. Also the study was limited only to outcome and process measures, ethical measures were not incorporated in the study and the small size of the sample (50) could have limited confidence in results. This might limit generalization to other studies. The study was a survey and pre-determined questions were used. This may have limited the Respondents from bringing out other relevant issues which the researcher may not have mentioned

SUGGESTIONS FOR FURTHER RESEARCH

There is need to replicate the current study and include a large sample and also incorporate the ethical measures. The study was broad and dealt with both monitoring and evaluation. Future studies should be carried out concentrating on each of the factors. It may be possible to categorize the factors and study them independently. This may also help give a deeper understanding of monitoring and evaluation.

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GENERAL INFORMATION

APPENDIX 1: INTRODUCTION LETTER

July 2005

Betty C Athieno

%University of Nairobi

P O Box 30197-00100

Nairobi

Dear Sir/Madam

RE: REQUEST FOR DATA

I am an MBA student at the University of Nairobi, Faculty of Commerce. I am conducting a management research project on "Monitoring and Evaluation Practices of NGOs Involved in Social Marketing Campaigns Against the Spread of HIV/AIDS in Kenya". This is in partial fulfillment of the requirements of the Masters Degree in Business Administration (MBA).

Your organization has been selected to form part of the population of the study. I therefore request you to kindly fill in the attached questionnaire as truthfully as you can. The information you will give will be treated with strict confidence and will be solely used for academic purposes. In no way will your name appear in the final report and a copy of the final report can be made available upon your request.

Your assistance in this regard will be highly appreciated.

Yours sincerely,

.....
BETTY C. ATHIENO
(STUDENT)

.....
MARGARET OMBOK
LECTURER/SUPERVISOR
DEPT. OF BUS. ADMIN.

APPENDIX II: QUESTIONNAIRE

PART A: GENERAL INFORMATION

Please indicate/tick [✓] against those which apply to you/your organization.

1. Name (optional)
.....
2. Sex
Male [] Female []
3. Name of your organization
.....
4. Location of your organization
.....
5. Number of years your organization has been in operation in Kenya.
 - a) < 1 year []
 - b) 1 to 4 years []
 - c) 5 to 10 years []
 - d) > 10 years []
6. Indicate if your organization is;
 - a) Local []
 - b) Foreign []
 - c) Mixed []
 - d) Others (specify) []
.....
7. Please indicate your campaign target group.
 - a) Children []
 - b) Women []
 - c) Men []
 - d) Widows []
 - e) Orphans []
 - f) Others (specify) []
.....
.....
.....

8. What is the nature of your campaign?

- a) Advocacy campaigns against HIV/AIDS only []
- b) Distribution of products/services related to HIV/AIDS only []
- c) Training of professionals on HIV/AIDS prevention []
- d) Working with government on HIV/AIDS prevention []
- e) Others (specify) []
.....
.....

PART B

Monitoring and evaluation are essential elements of the problem solving approach: they enable us to determine which interventions work and which ones do not. They should therefore form an integral part of the strategy development process.

9. Please indicate how often your organization monitors and evaluates its campaign activities, tick [√] where appropriate.

- a) Weekly []
- b) Monthly []
- c) Every six months []
- d) Yearly []
- e) Others (specify) []
.....

10. Please indicate when your organization monitors and evaluates its campaign efforts. Tick [√] the appropriate bracket.

- a) Prior to campaign (pre- campaign) []
- b) During campaign implementation []
- c) Post campaign []
- d) Others (specify) []
.....
.....

11. On a scale of 1-5 where 5 is- very frequent; 4 is- frequently; 3 is- sometimes; 2 is- rarely and 1 is- never. indicate how frequently you use the following methods in measuring the success of your social marketing campaigns. Tick [√] the appropriate box.

Issue	Very frequently (5)	Frequently (4)	Sometimes (3)	Rarely (2)	Never (1)
Questionnaires					
Surveys					
Interviews (in-person)					
Focus groups					
Informal interviews					
Observation					
Control groups					
Records and databases					

12. On a scale of 1-5 where 5 is- to a very large extent; 4 is - to a large extent; 3 is - to some extent; 2 is - to a small extent and 1 is - not at all. Please indicate the extent to which you use the following indicators in evaluating your HIV/AIDS campaign programs. Tick [√] the appropriate box.

No	Issue	Very large extent (5)	Large extent (4)	Some extent (3)	Small extent (2)	Not at all (1)
a)	Decrease in infection rates					
b)	Adoption of Abstinence behavior					
c)	Increase in use of condoms					
d)	Increase in faithfulness to one sexual partner					
e)	Increase in the number of people testing for HIV/AIDS at VCT centers					
f)	Increase in the numbers of people engaging in protected sex					

No	Issue	Very large extent (5)	Large extent (4)	Some extent (3)	Small extent (2)	Not at all (1)
g)	Increase in the number of times HIV/AIDS messages are conveyed to people					
h)	Increase in the facts that HIV/AIDS KILLS					
i)	Increase in the number of people trained and sensitized about HIV/AIDS					
j)	Increase in open discussions about sex with parents or guardians					
k)	Increase in use of Anti-RetroViral therapy					
l)	Encourage people to avoid secondary infections and tell them the dangers of the same					
m)	Use print media to convey HIV/AIDS information					
n)	Television to communicate HIV/AIDS messages					
o)	Volunteers in the campaigns					

13. Please indicate how your organization uses the results from monitoring and evaluation practices. Tick [✓] the appropriate bracket

- a) For research and development []
- b) For securing funding []
- c) To better the campaigns []
- d) Others (specify) []

.....

PART C: CHALLENGES

14. Please list below the challenges your organization faces in practicing monitoring and evaluation of its campaigns against HIV/AIDS

- i)
- ii)
- iii)
- iv)
- v)
- vi)

I sincerely thank you for the time you have taken to complete this questionnaire.

APPENDIX III: OPERATIONALIZING MONITORING AND EVALUATION PRACTICES

Variables	Expanded Definitions	Relevant Issues	Relevant Questions
Outcome measures	- Changes in behavior	<ul style="list-style-type: none"> - Increase or decrease in infection rates. - Adoption of Abstinence behavior - Increase in use of condoms - Increase in Faithfulness to one sex partner 	12 a, b, c, d
	- Change in behavior intent	<ul style="list-style-type: none"> - Decrease in HIV/AIDS infection rates. - Increase in number of people engaging in protected sex - Change in number of people having one or few sex partners. 	12 f, d 12 g, h 12 e, k
	- Change in knowledge	<ul style="list-style-type: none"> - Increase in messages that HIV/AIDS kills - Increase in facts that Safe sex saves lives - Increase in Abstinence messages 	12 g, h,
	- Change in beliefs	<ul style="list-style-type: none"> - Increase in facts on Fatality and severity of HIV/AIDS 	12 h, g

Variables	Expanded Definitions	Relevant Issues	Relevant Questions
	<ul style="list-style-type: none"> - Response to campaign elements 	<ul style="list-style-type: none"> - Increase in number of people testing for HIV/AIDS at VCT centers - Increase in number of condoms used - Increase in number of counseling and testing centers - Increase in number of people visiting HIV/AIDS websites 	12 e, c, h, g
	<ul style="list-style-type: none"> - Awareness of campaign 	<ul style="list-style-type: none"> - Increase in number of people hearing and seeing HIV/AIDS messages 	12 g, h
	<ul style="list-style-type: none"> - Customer satisfaction levels 	<ul style="list-style-type: none"> - Increase in number of people who are satisfied about number of VCT centers - Increase in availability of counseling and testing sites of HIV/AIDS - Increase in number of people in audiences attending HIV/AIDS related talks 	12 o, k

Variables	Expanded Definitions	Relevant Issues	Relevant Questions
	<ul style="list-style-type: none"> - Total impression or cost per impression 	<ul style="list-style-type: none"> - Increase in total number of people exposed to a campaign - Increase in total number of column inches and minutes in media about HIV/AIDS messages - Increase in total number of Programme materials distributed 	12 n, m, j, h, g
	<ul style="list-style-type: none"> - Participation and contributions from outside sources 	<ul style="list-style-type: none"> - Increase in number of hours spent by volunteers in HIV/AIDS campaigns - Increase in-kind contributions received - Increase in number of volunteers - Increase in number of partners - Increase in amount of cash received from foundations, media and businesses 	12 o

Variables	Expanded Definitions	Relevant Issues	Relevant Questions
Process Measures	<ul style="list-style-type: none"> - Changes in policy and infrastructure 	<ul style="list-style-type: none"> - Increase of government budget for fight against HIV/AIDS - Introduction of sex education in school curriculum - Reduction of prices on ARVs 	
	<ul style="list-style-type: none"> - Reach and frequency 	<ul style="list-style-type: none"> - Increase in number of people exposed to HIV/AIDS campaigns or advertisements - Increase in number of times people are exposed to the campaigns 	12 g,
	<ul style="list-style-type: none"> - Media coverage 	<ul style="list-style-type: none"> - Increase in number of column inches of HIV/AIDS information on print media - Increase in minutes of HIV/AIDS messages on radio and television 	12 m, n
	<ul style="list-style-type: none"> - Assessment and implementation of campaign programmes 	<ul style="list-style-type: none"> - Was everything that was planned done? - Were activities completed on time? - Were expenditures more or less than anticipated and why? 	

Variables	Expanded Definitions	Relevant Issues	Relevant Questions
Measurement techniques	- Quantitative methods	- use telephone surveys, mailed questionnaires or in-person interviews -	11
	- Qualitative methods	- Includes focus group, informal interviews and capturing funny comments	11
	- Observation research	- Checking on numbers of sex workers on streets - Behavior of people in social places	11
	- Control Groups	- Having groups subject to different treatment	11
	- Records and data bases	- Keeping numbers of various activities carried out - Working with other stakeholders to provide information of the various activities	11

Regional Communication and Development Organization	Name	P.O. Box	Location	Phone	Email	Address
Regional Communication and Development Organization	Daniel Ishmael Ayelo	P.O. Box 57800-00200	Nairobi	0733861070	regcomdevorg@yahoo.com	Kaanda Street
YACT 2002 Self Help Organisation	Osemi Lawrence Ken Rujika	P.O. Box 7092-00100	Nairobi	0721-422677/0722-224410	tao2002self@yahoo.com	Kaanda Street
Taeni Empire	Simon Peter Oieno	P.O. Box 62151	Nairobi	0736670154/783409	taleniempire@yahoo.com	Catholic University - English Department
Grassroots Self Help Group	Edmond Opondo Oloo	P.O. Box 62763-00200	Nairobi	0733-637886, 0723-641887, 0721-688238	grassroots2002@yahoo.com	Off Baha Daga Road, Kijungu
St. Faustina Counseling and Training Institute	Bernice W. Gachwaya	P.O. Box 41331-00100	Nairobi	252597/0722566410	stfaustina@waranchi.com	Morrora Street, Off University way
Mt. Kenya Central Association of the Deaf	James Charles Giani	P.O. Box 50905-00200	Nairobi	073567599/073387784	mtkenyacentral@yahoo.com	Jogoo road, Embakasi
Molten Concern	Jane Wanjau	P.O. Box 64465	Nairobi	0720-524281, 0722520082	moltenconcern@yahoo.com	Masopora, Kariakoo
Christians Organisation - Kenya	Anthony Kuryu U.	P.O. Box 54007-00100	Nairobi	0720-578111, 0722520082	christiansorg@yahoo.com	Joseph Kang'ethe road, Off Ngong road
Kenya Mathison Youth Group	Nelson Ochieng Ochi	P.O. Box 48806-00100	Nairobi	0723388000	liberationsyouth@yahoo.com	Kibera, Mathison
Association of African Women for Research and Development	Prof. Wangari Maai	P.O. Box 40710-00100	Nairobi	2719629/072272934/073342752	awarod@mathkenya.com	Mamias Rd, VVCA building
Kenya Chapter (KAWORDA-K)	Silvia Maslin Gulje	P.O. Box 1275 - 00006	Nairobi	0464-21500, 20-445265	ca.actionemp@yahoo.com	Nelson Place, Rungu road, Westlands
Community AID Frontiers - Action						