

# SOMARC OCCASIONAL P A P E R S

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## Using Public Relations to Solve a Crisis — When Religious Groups Clash with Contraceptive Social Marketing Programs

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### WHAT CONSTITUTES A "CRISIS"?

A crisis is any situation that is critical or sensitive to an organization that has the potential to adversely affect "business as usual." This includes public perceptions, sales, organization goals, operations, and employee morale. Marian Pinsdorf, a crisis communications expert, has identified 10 categories of business crises:

- ◆ changes in public perception
- ◆ sudden market shifts
- ◆ product failures
- ◆ management succession
- ◆ cash drain
- ◆ labor strife
- ◆ outside attack
- ◆ regulation or deregulation of an industry
- ◆ adverse international events
- ◆ outside attack.<sup>1</sup>

The manner in which an organization handles such problems, or others that occur, often predicts the long-range impact of the troublesome situation. A crisis will often disrupt normal daily business operations, involving just one individual or several, inside your organization or out, the quality of a product or service, an emerging issue or political event, or a natural or man-made disaster.

Barron & Whitesall describe several factors to consider following the onset of any potential crisis situation. The answers to these questions will dictate the severity of the situation:

- ◆ Could the reputation of the organization or its services be damaged?
- ◆ Will the issue cause customers, clients, consultants, employees, competitors, nearby companies or consumers to lose confidence in or question the competence of the organization? (In development communications, this list may also include the appropriate government officials, as well as religious leaders, non-profits, or NGOs.)
- ◆ Is there any appearance or implication of wrongdoing, including violation of local, state or federal laws or regulations?

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<sup>1</sup> Marian Pinsdorf, *Communicating When Your Company is Under Siege*, 1987, p. 38.

<sup>2</sup> Barron & Whitesall, *Crisis Communications, World Wide Web*, February 7, 1996.

- ◆ Is there a legal liability?
- ◆ Have the news media shown any interest? Are they aware of the situation? What is the likelihood they will find out?<sup>2</sup>

Winston Churchill was fond of saying that the Chinese ideogram for “crisis” is composed of two characters, which separately mean “danger” and “opportunity.” Some of these “dangers” — as well as the “opportunities” — will be seen through the examination of three SOMARC contraceptive social marketing (CSM) programs. In the Philippines, religious challenges to the program are a good example of how anticipating problems can help decision-making, while the Niger program provides a good example of how post-crisis tactics can help to rebuild program support. The Senegal program shows how the lessons learned from a crisis can anticipate and avert crises in similar situations.

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<sup>2</sup> Barron & Whitesell, *Crisis Communications, World Wide Web*, February 7, 1996.

# I. The Philippines

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## BACKGROUND

The Philippines is an archipelago of over a thousand islands in the Pacific Ocean. Rapid population growth is a key factor contributing to the Philippines continuing struggle with poverty. In 1993, the National Demographic Survey (NDS) estimated that the population of the Philippines was 64.6 million with a growth rate of 2.5% per year, and predicted that the population would double by the year 2021. The mean number of children born to Filipino women age 40 to 49 was 5.0. Additionally, the Philippines had a large unmet demand for family planning. The Total Fertility Rate (TFR) for the Philippines was estimated at 4.1 children per women, while the mean ideal number of children wanted for women age 15 to 49 was only 3.2.<sup>3</sup>

The Philippines is predominantly Catholic (approximately 85%) and Catholic leaders perpetuated the Church's strict position against family planning. This is the environment in which SOMARC's Couple's Choice program was launched in 1993.

Couple's Choice was the first contraceptive social marketing project in the Philippines to engage the private sector in contraceptive marketing. Private sector manufacturers and distributors wanted to expand their market for family planning products, but were adverse to risk their larger pharmaceutical business. Family planning products are a small percentage of profit for the manufacturers. Therefore, SOMARC developed the Couple's Choice umbrella campaign to market the products so private sector would not directly come under attack.

Its goals were to provide consumers, especially women, with greater access to modern contraceptives. By 1993, three Couple's Choice oral contraceptives were available in private sector pharmacies. In 1994, the contraceptive injection, Pharmacia Upjohn's depot medroxyprogesterone acetate (DMPA) was added to the Couple's Choice product line, and made available in private drug stores, doctors' offices and hospital pharmacies.

## THE ROLE OF COMMUNICATIONS IN THE PHILIPPINES

When the Philippines program was initially launched, a Catholic president, Corazon Aquino, was in office, and the Catholic Church's views toward family planning were widely promoted by the government. Because the SOMARC project was started during Mrs. Aquino's tenure, the Catholic Church was such a strong influence that SOMARC managers feared an attack by the Church could force Couple's Choice projects out of the market. Consequently, one of the public relations goals was to keep Couple's Choice products in the Philippines. To support this goal, a crisis communications plan was created.



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<sup>3</sup> 1993 National Demographic Survey. Philippines National Statistics Office, Department of Health, University of Philippines Population Institute, Demographic and Health Surveys program and other Philippines government agencies.

The crisis communications plan consisted of a thorough assessment of the organization's image, vulnerabilities and crisis potential, as well as an action plan outlining specific actions to be taken in the event of a crisis. These included procedures for notifying key audiences, designation of responsibilities for communicating messages and a detailed plan outlining exactly how a crisis would be managed and who would be responsible for various tasks. The crisis communications plan also included a to-do list of proactive steps that SOMARC staff could do to avert or minimize a crisis, including building cohesive relationships among spokespeople who would be willing to speak on behalf of the project in the event of a crisis. Additionally, key messages were created to support the program, and spokespersons were trained to anticipate difficult questions and answers that could arise about the program or Couple's Choice products.

Pill marketing proceeded without a problem; however, the introduction of DMPA into the market did not.

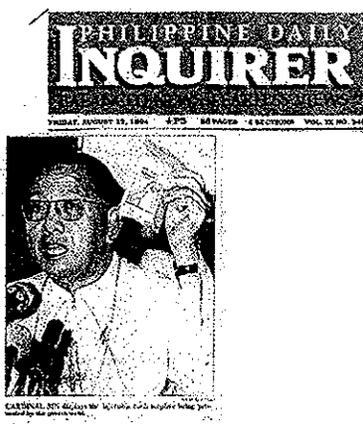
### THE SITUATION IN THE PHILIPPINES

In June 1992, Fidel Ramos took office in the Philippines. As the first Protestant president, he placed an emphasis on government support to the Philippines' family planning program. While the Catholic Church's cardinal in the Philippines, Jaime Sin, still enjoyed an audience with the president, the closeness of previous administrations was gone.

In August 1994, just weeks after Couple's Choice DMPA television and radio advertising began, two incidents challenged the Couple's Choice program. First, controversy surrounding The United Nations International Conference on Population and Development, to be held in Cairo in September 1994, started because Filipino Catholics opposed the family planning platform of the conference; there was much debate in the media on the country's conference delegates and the position they would support. Secondly, the Pope planned to visit the Philippines in January, 1995.

Suddenly, just weeks after radio advertising for Couple's Choice DMPA had been aired, threats were made to the program. For example, one of the largest provincial Catholic hospitals refused to purchase any products from the product's manufacturer, Pharmacia Upjohn, until promotion of DMPA was withdrawn from the market.

Media attacks on Couple's Choice from the Catholic lay organizations, Couples for Christ and Opus Dei, began. Print and television ads ran denouncing DMPA, Couple's Choice and Pharmacia Upjohn. Letters to the editor of the national newspapers declared the product an abortifacient.



**COUPLES FOR CHRIST**  
**IS AGAINST**  
**COUPLE'S CHOICE**  
**METHODS OF CONTRACEPTION**

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## MANAGING THE SITUATION IN THE PHILIPPINES

SOMARC's advance crisis planning paid off. The decision-making strategy outlined in the crisis communications plan was invoked. The strategy was for SOMARC to maintain a low program profile during the attacks and not to respond to the attacks and attackers in the media, but to stay on message.

The SOMARC project manager was identified as the only Couples Choice Program spokesperson. It was decided that to deflect attention away from Couple's Choice, the media attention should be focused on the pros and cons of the product. Consequently, a representative from the product's manufacturer, Pharmacia Upjohn, was used as the spokesperson. beWork began with reporters to generate articles detailing how the method worked, its benefits, and how it was administered. Providers and consumers endorsed its benefits and counteracted the misinformation about DMPA including the rumor that it was abortifacient.

Several years before in the classic crisis management example, Johnson & Johnson's chairman decided that recalling millions of Tylenol capsules — taking it off the shelves — would restore public confidence in the product. Once the state of urgency had passed J&J agreed to refund or exchange all capsules purchases despite a huge financial loss (eventually totaling \$300 million). He determined this was a "loss strategy" which would in the long-term pay off.<sup>4,5</sup>

Similarly, SOMARC managers determined that addressing the Church's attack would draw more attention to the criticism and detract from the program's goals. Therefore, by maintaining a low profile and not allowing negative publicity to escalate concern, SOMARC was able to keep its product in the market. Although sales eroded in the short term, the program resumed its communications campaign once the crisis had subsided, and sales have climbed steadily.

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<sup>4</sup> Sharron Leslie Cox, *Johnson & Johnson and Tylenol: A Case Study on Corporate Responses to Product Tampering*, Professional Report, The University of Texas at Austin, Graduate School of Business, May, 1986, p. 58.

<sup>5</sup> Elisabeth Ament Lipton, *Tylenol*, Harvard Business School Document #9-484-072, 1984, pp. 5-6.

## II. Addressing Religious Opposition in Niger

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Niger is one of the poorest countries in the world. The United Nations reports that Niger's extreme poverty, combined with an annual population growth rate of 3.4% and a total fertility rate (TFR) of 7.4 children per woman, result in health conditions which create an average life expectancy of only 46.5 years. Niger's population is very young and expected to more than double from 8.65 million to 19.4 million by the year 2020. AIDS directly threatens the future sustenance of Nigerien families and is spreading in Niger. The Nigerien Ministry of Health estimates that over 53,000 Nigeriens were HIV positive as of 1994. By 1998 that number is projected to grow to 93,000, with 8,700 Nigeriens expected to have HIV/AIDS<sup>6</sup>.

### THE SOMARC PROGRAM IN NIGER

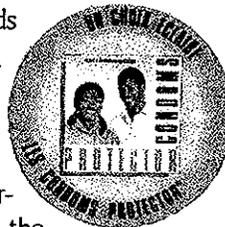
SOMARC's project in Niger was started in 1993 to foster condom use both to prevent the spread of AIDS and to prevent pregnancy. The SOMARC condom brand in Niger was Protector. Protector became available to Nigerien consumers in pharmacies and shops throughout the country in April 1994.

### THE ROLE OF COMMUNICATIONS IN NIGER

SOMARC communications in Niger were intended to contribute to contraceptive prevalence by increasing awareness, availability, acceptance and correct use of Protector condoms, and to promote Protector condoms as an effective method for both family planning and the prevention of sexually-transmitted diseases (especially HIV/AIDS).

Because over 90% of Niger is Muslim, SOMARC worked prior to the launch of Protector to garner government support for condom marketing and not to offend religious groups. The condom was positioned as a tool to prevent disease and foster good family health. Consequently, great care was taken to test advertising to ensure its acceptability among Nigeriens. Prior to program launch, the SOMARC coordinator conducted meetings with influentials and opinion leaders to engender support for the program. Additionally, an inter-sectarian advisory committee was formed with the Nigerien Minister of Health as chairman. The purpose of the committee was to support the program in times of crisis and to guarantee that country leadership would defend the program against critics.

Prior to condom launch in April 1994, messages contained in the SOMARC Pan-Africa television campaign were tested among consumers, "Be wise, always use Protector condom." Radio and television ads carrying a combined message of protection for family planning and AIDS prevention were scheduled to begin the same night as the product launch. However, ACA — the Nigerien agency hired to oversee promotion of Protector — made an independent decision to air an alternative AIDS awareness commercial which was produced by a group of students. Unlike the SOMARC ads, this ad had not been pretested. Critics felt the message insinuated



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<sup>6</sup>Niger Demographic and Health Survey, 1992

that women were behind the transmission of most HIV/AIDS cases, and religious leaders found the treatment of the subject to be too risqué. The ad was taken off the air after several complaints were received.

Meanwhile, other television ads featuring World Cup footage sponsored by Protector condom aired successfully. And, billboards displaying the Protector name and logo were placed at all major intersections in Niamey, giving considerable visibility to Protector condoms.

## THE PROBLEM

Aside from the few complaints in response to the untested student-produced radio ad, there were no signs of disagreement with nor visible opposition to the condom marketing program. It was not until October 17, 1994 that the first signs of trouble came to the attention of SOMARC and ACA.

On October 17, during a prayer meeting in a Muslim mosque, a "conservative" Islamic leaders (President of the Islamic Association) began instructing his followers on "do's and don'ts." Included in his message was a public condemnation of condom advertising, saying that "condoms promote promiscuity". News of this meeting spread.

Once the SOMARC representatives received word of this, they met with the Muslim leader in an effort to dispel the misconceptions about the SOMARC program and to explain USAID's goals. The representatives stressed increasing condom use would reduce HIV infection, reduce Nigerian deaths from HIV/AIDS, and improve maternal and child health through proper child spacing. They also explained that the SOMARC/Niger Program is a Nigerian initiative, with a goal of protecting Nigerian families, and that contrary to the Muslim leader's accusations, the Program had not been "imposed" upon Niger by the United States. Additionally, they explained that SOMARC was promoting condoms *not* to promote promiscuity, but to protect the health and welfare of the Nigerian family.

The meeting did not work. A few days later, Islamic followers began attacking and defacing Protector billboards. The vandalism was attributed to one group of very conservative Muslims, but due to the unstable political climate, it was difficult to determine who exactly was behind it.

The group also threatened SOMARC staff and the national radio and television organization which was airing the Protector ads. One protester threw an ax at one of the SOMARC vehicles in downtown Niamey. The government assigned a high-ranking police officer to the case and promised an investigation into the threats, but no investigation ensued.<sup>7</sup>

The country coordinator went to members of the SOMARC Advisory Committee who had been selected, in part, for the purpose of providing support in crisis or attack situations. The committee members and government officials who had endorsed the program were not willing to speak on behalf of the program or Protector condoms because elections were approaching.

One week following the defacement, the Protector condom ads were removed from the air.

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<sup>7</sup> Interview with Harouna Niandou, SOMARC/ACA Country Coordinator, Niamey, Niger, July 26, 1995.

Because the complaints launched were not solely against SOMARC, it was unclear whether the SOMARC program was indeed the primary target, especially since neither one-on-one meetings with opinion leaders and influentials nor focus group message tests had identified potential controversies. However, several weeks after the billboard defacement, SOMARC decided to establish common ground with the critics and get the program back on track.

SOMARC management traveled to Niger to assess the situation and hold discussions with key persons from USAID, the Ministry of Public Health, and the international donor community. In addition to discussing the events leading to the defacements, they also reviewed existing program messages and objectives.

### THE ADVOCACY SOLUTION

One of the first steps in managing the situation was to emphasize the common goals and interests of the program and of its critics. In March of 1995, as part of its crisis management response, SOMARC hosted an information seminar for influentials working in the area of health, family planning and HIV/AIDS prevention to address concerns and emphasize the goals and interests SOMARC and its critics had in common. A total of 25 people attended the meeting, including representatives of two of the country's largest moderate Islamic associations, all of whom seemed to have an interest in providing input to and receiving information about the SOMARC program. Several members of SOMARC's original advisory committee also attended.

Attendees were given opportunities to ask frank questions about SOMARC, they expressed concerns and raised political, religious and cultural issues, and provided input on key messages for the program. In turn, SOMARC representatives explained how similar issues had been resolved in other Islamic countries where SOMARC programs had been successfully implemented. This was done by distributing educational information and articles on the program and maternal and child health issues, providing instructional information on working with the media for public relations, and most importantly, listening and learning. Participants reached agreement on the following key messages the SOMARC program could use that would not be offensive:

- ❖ The SOMARC project is concerned about helping to build a strong and healthy Niger. Pregnancies spaced less than two years apart and HIV/AIDS both threaten this.
- ❖ Promotion of condom use for child-spacing and AIDS prevention does not increase promiscuity among the general public.
- ❖ The Protector condom is a high quality product that is effective for child-spacing.
- ❖ Use of condoms for child-spacing is consistent with Islamic teaching.
- ❖ Protector condoms are more than 99% effective in preventing transmission of HIV/AIDS and other sexually transmitted diseases when used correctly and consistently.
- ❖ Condoms should be used for protection from HIV/AIDS every time you have sex if you are at risk to sexually transmitted diseases. If you're not sure, use a condom or get checked.
- ❖ Use of condoms to prevent infection is consistent with Islamic teachings.
- ❖ Messages of abstinence, spousal fidelity and use of latex condoms must work together if we are to stop the spread of HIV/AIDS in Niger.

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Prior to the meeting, nine of the attendees were identified as potential program spokespeople. These spokespeople later participated in media training, conducted by an Islamic trainer, to give them in-depth knowledge of all aspects of the issues related to controversial topics. Participants were able to practice answering difficult questions, such as Islam's position on condom use, concerns about promiscuity, and the need to advertise when young children might be watching, so they could respond assuredly and convincingly in public forums and over mass media. Essentially, the training created a pool of highly effective and knowledgeable public speakers who were willing to communicate messages in support of program objectives in a confident and culturally-appropriate manner.

## RESULTS

The two meetings led to the development of a public relations plan that carried the input and support of 25 opinion leaders, nine of whom were trained project spokespeople. The plan included a number of steps designed to better orient the program to the current realities in Niger, emphasizing grassroots communications and communications monitoring, consensus building through dialogue and public relations with influentials and avoidance of controversy. Less invasive, and more varied, promotional tactics were planned, such as "media village theater," which could be broadcast over national radio and television, as well as other broadcast programming, and neighborhood "tea" discussions with men to convey the program's key messages.

The decision to write a "white paper" on Islam and family planning emerged during the media training. Participants felt it would be critical for the Niger program to build alliances and support for the program within the Islamic community. While Islam is not opposed to family planning, specific Koranic references define when and how it is deemed appropriate. It was important to the program's success that the Koran's support of child spacing and support of healthy families be clear.

The idea of the white paper was well received. Three Nigerian Imams representing different Islamic perspectives traveled to Morocco to consult with Imams there who had drafted a similar document for Morocco. This resulted in the "White Paper on Islam and Family Planning".

SOMARC took several other steps to slowly introduce Protector into the market, but none were as important as ensuring that marketing messages would properly reflect the common ground established with religious leaders and influentials.

Development of the white paper provided prolonged contact and cooperation between program personnel and Islam leaders. Because fear and mistrust often develop between adversaries, SOMARC built a trusting relationship between SOMARC managers and the three Nigerian Imams who traveled to Morocco to undertake the development of the paper. The white paper was just being distributed to other Imams for comment when, in January 1995 a coup occurred in Niger. Under US law, foreign assistance programs cannot be provided to governments that have been overthrown. Consequently AID withdrew from the Niger, SOMARC funding ended and the program was phased out. However, all was not lost, the Protector condom is still on the market and being managed by another international donor in Niger.

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### III. Heading Off Religious Opposition in Senegal

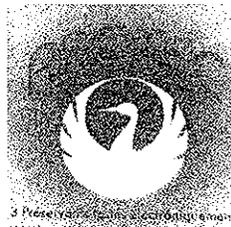
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Senegal's population is 90% Muslim. According to the United Nations, as of 1994 this West African country had a population of 9 million people, with a growth rate of 2.5% a year. The 1996 United Nations World Population showed a TFR per woman of 6.1%, and life expectancy is estimated at 49. The threat of HIV/AIDS was growing, with 91,000 cases of HIV/AIDS predicted by 1998.

#### THE SOMARC PROGRAM IN SENEGAL

The SOMARC program in Senegal began in spring of 1995 with the launch of the Protec condom. Because Islamic fundamentalists had reacted so strongly to SOMARC's advertising in Niger in 1994, intensive efforts were undertaken in Senegal to obtain the support of religious leaders and other influentials well in advance of program launch.

The SOMARC strategy in Senegal was to build alliances with opinion leaders by informing them about the program and how it was designed to improve the health of Senegalese families. As in Niger, SOMARC was responsible for promoting condoms both to prevent the spread of AIDS and to prevent unwanted pregnancies. To obtain the support and cooperation of key influentials in Senegal, SOMARC's strategy was to help influentials understand that



- ◆ Pregnancies spaced less than two years apart and HIV/AIDS were a threat to a healthy Senegalese nation
- ◆ Promoting condom use for child spacing and AIDS prevention does not increase promiscuity
- ◆ SOMARC wanted to make the products available in a ways that were culturally appropriate and acceptable

The primary target audiences for pre-launch program efforts were Senegal's religious leaders and other older respected community, civic and political leaders. Secondary targets audiences included the medical profession, advocacy groups, government leaders and the media.

An advisory board in Senegal was established for the program, but its members, primarily government representatives and health professionals, were not the optimal spokespeople for addressing key religious groups. Consequently, four sect-specific religious leaders were identified and recruited as spokespeople for the four Muslim brotherhoods of Senegal. Two of these leaders were also media personalities who hosted their own religious television shows. Identified for secondary efforts were the head of the Pharmacists Association, a physician, two midwives and consumer advocates for women and HIV/AIDS prevention.

SOMARC then hosted a project briefing meeting for spokespersons on the program's goals, objectives, and plans. Fifteen individuals attended. SOMARC representatives shared key program messages for religious opinion leaders and made it clear that they valued input and recommendations to make the program supportive of Islamic teachings. Perhaps the most important message SOMARC sent to the participants was, given the enormity of the HIV/AIDS problem, mes-

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sages of abstinence, fidelity and use of latex condoms must work together to stop the disease. Other attending influentials involved in family planning and AIDS prevention were able to lend credence to the urgent nature of the problem. SOMARC presented its responsibility as the promotion of condoms to those who need them for birth spacing and the prevention of the spread of HIV/AIDS.



During the meeting Koranic documentation of support for child spacing and protection of the family was presented and, unlike Niger, agreement was reached *prior* to the initial introduction of any advertising, promotion or product sales. Although SOMARC representatives made it clear that they would welcome opportunities to collaborate with Islamic groups to promote condom use, their main request was simply that religious leaders promote that which they already advocate — fidelity and abstinence — to their followers. The religious leaders, who readily agreed to carry the fidelity and abstinence message, also agreed to the urgent need for cooperation — and that for some condom use was important. Consequently they also agreed to promote condom use among their constituents. This briefing meeting successfully established a common ground between SOMARC and these influentials.

This meeting was followed by three days of intensive spokesperson training which resulted in a well-prepared group of advocates capable of addressing program goals, explaining why advertising is necessary to achieve objectives and communicating key messages supporting condom use to prevent pregnancy and the spread of HIV/AIDS. Spokespeople made the commitment to attend opinion leader briefings with SOMARC representatives, make media appearances and do interviews, appear and speak at launch events, present the program to their own opinion leader groups and to provide support in the event of any opposition to the program.

A list of other opinion leaders, such as government ministry personnel, advocates for women and children, physicians, pharmacists, and midwives whose support was critical to program success was developed and briefings were given launch to ensure support and identify problems in advance of program launch. Feature and news stories targeted to opinion leaders were placed in media. The articles focused on maternal and child mortality and child spacing, HIV/AIDS prevalence in Senegal, condom use for pregnancy prevention and to prevent AIDS, the need for affordable, accessible condoms, and the introduction of the new Protec condom. Stories on Islam's directive on the man's responsibility to protect his family from danger, and the need for breastfeeding and child spacing to create a strong Islamic nation were also placed and included interviews with SOMARC-trained religious spokespeople.

As a result of these efforts, the SOMARC program was launched in Senegal with a strong, informed base of support among key influentials in the community. To ensure that the base of support remains strong, briefings continued, particularly in advance of any program expansion or changes in promotional efforts. Religious leaders are kept apprised of all new developments and refresher training is conducted for speakers on a regular basis. the sale"

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## Lessons Learned

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SOMARC learned some valuable lessons through two potentially devastating crisis situations in the Philippines and Niger, which helped them to avoid crises in other programs.

**Anticipate trouble.** Develop a crisis communications plan. Consider the worst-case scenarios and plan for them. Then identify your team. This team must be comprised of individuals who can devote their time and energies to the problems at hand. The Advisory Council for SOMARC's Niger program was revamped to include just such people, and the creation of an Advisory Board in Senegal assured the support of key influentials. In an extremely serious situation, outside agencies or trained crisis management counsel may need to be involved. Be sure to include top management as part of a "visible" team. One of the main criticisms surrounding the Exxon 1989 Valdez oil spill was the lack of visibility by Exxon's chairman, who did not visit the accident site until three weeks after the tanker collided with a reef in Alaska's pristine Prince William Sound. He cited as his reasons the attention to certain tasks which, upon review, should have and could have been delegated to qualified management personnel. In a subsequent interview, the chairman admitted that "in hindsight it would have helped" the situation had he been visible early on, overseeing the cleanup efforts personally.<sup>8</sup> The Niger situation was resolved with the participation of and visibility of top SOMARC management.

**Determine in advance who will speak for the organization, gain their commitment and prepare them.** One program or organizational spokesperson should be appointed to provide consistency and avoid media confusion about whom to contact. The spokesperson should be a senior-level manager and have others around him/her who can focus on other details. Other experts should be identified, notified and trained in advance to call upon for specific subject matter relevant to the situation. If possible, media training should be provided for the spokesperson and ideally for the individual experts as well. While the spokespeople do not need to be media experts, they do need to be level-headed and knowledgeable. Spokespeople must be selected based on people who are willing to speak up in times of trouble. While they can also be a benefit during good times, only invest in spokespeople who believe strongly enough in what you do that they will stand up for your organization in times of crisis.

**Centralize and control the information that is being disseminated to the public.** Delivering consistent and clear messages is critical. Complicated messages lead to misinformation, confusion and speculation. SOMARC's country manager in the Philippines did just this. When the media called she always responded.

**Communicate to all your key audiences and maintain good relationships. Don't provide information solely to the media at the expense of all others.** Employees, suppliers, distributors, government officials, advisory boards and consultants need to receive communication from

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<sup>8</sup>Anne K. Delehunt, Exxon corporation: *Trouble at Valdez*, Harvard Business School Document #9-390-024, 1989.

the organization. Delivering the appropriate messages must be in the control of the company, or they will get the information — usually erroneous — from someone else. After the US Space Shuttle Challenger launch accident in 1986, the National Aeronautics and Space Administration (NASA) delayed and withheld information. Media were forced to get information to a stunned public from outside, unconfirmed or anonymous sources. Reporters themselves presented theories to the cause of the disaster, which other news organizations reported. NASA had them backed into a corner.<sup>9</sup> Again, SOMARC's country manager served as the link to the media in the Philippines when the church attacked because she was known to be an articulate and credible spokesperson.

**Identify possible opponents.** Don't rely solely on market research to identify small groups of people who may oppose you. Seek out those who are logical opponents as well as people who influence public thinking and behavior. These types of individuals could include, but are not limited to: religious leaders, politicians, government workers, reporters, editors, publishers, broadcasters, health professionals and professional educators.

**Build trusting relationships.** Talk to the opposition individually if necessary. Meet one-on-one if you are afraid you may face too much opposition from a group. The Niger program depended heavily on this grassroots approach after the attacks on the program, resulting in greater success in both listening and in being better understood. The Swiss company Nestlé in the 1970s and 1980s experienced what happens when organizations don't approach meetings with the opposition with an attitude of trust. World infant nutrition advocacy groups were largely unsuccessful due to a persistent vein of mistrust, exacerbated by what Nestlé perceived to be a breach of good faith by these groups.<sup>10</sup>

**People respond to facts.** Create an argument based on truth and numbers. Share it. Emotional personal experience can be countered if you have done your homework and the facts are known.

**Listen — and then do.** Listen to what the opposition needs. Understand their arguments and fears. Work to find mutual ground. Craft your program to fit their needs. SOMARC's willingness to not only listen to program opponents in Niger, but then to include their input as part of the planning process, was in a large part responsible for the program's ability to restart. Try to include influentials, including members of the opposition, as was done in the Niger program.

**Make short-term sacrifices for long-term gains.** Define and isolate the real problem. Take your program ads off the air if they are offensive. Focus on the long view, what you ultimately want to accomplish. Managers should delegate as much as possible to competent staff or to the crisis team to concentrate on long-term goals. It worked for Johnson & Johnson during the Tylenol crises in the 1980s. J&J's chairman focused on the long-term goal of keeping Tylenol as the leader in aspirin-free pain relievers, pulling its product from the shelves because it could not guarantee secured packaging. By doing so,

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<sup>9</sup> Stephen A. Greyser and Norman Klein, *NASA After Challenger: Restoring an Image*, Harvard Business School Document #9-951-009, 8/30/90.

<sup>10</sup> John Dobbins, editor, *Infant Feeding: Anatomy of a Controversy 1973-1984*, Springer-Verlag, 1988.

it set the standard for prompt action when challenges arise.<sup>11</sup> SOMARC Philippines and Niger stopped advertising and paid promotion until the opposition died down.

**Ask the right questions.** Make sure your research includes questions which have the best possible chance of generating information about nonsupportive elements of society. Despite message testing prior to Niger's program launch, not enough attention was paid to pinpointing Islamic political opposition.

**Don't give in to combative instincts.** A defensive or aggressive instinct may rise to the forefront during a crisis. It is important that these urges be resisted until the situation has been analyzed. Losing control of oneself means losing control of the situation.

**Understand the media's needs and perspective.** Different media will be looking at any situation from a different angle. Local media will have a different focus than national or international media. The same is true for broadcast media and print. The spokesperson needs to understand the different media requirements, anticipate each need, and then provide the appropriate information.

## CONCLUSION

Skepticism, mistrust and valid criticism are much tougher hurdles to combat than the truth. Consequently, a key guideline in all crisis communication is that when the situation threatens or in some way impacts public safety, tell it all, and do it fast.<sup>12</sup> SOMARC's program in Niger found that communicating with those who opposed them led to greater understanding and support.

SOMARC/Philippines learned that advanced preparation of an action plan will also go a long way to maintaining calm and providing structure in the event of a challenge to the program. A trained spokesperson was able to manage media questions and keep a low profile for the program during a time when a public media battle would certainly have been a loss for the program.

Most people fear the unknown. If they do not receive regular and honest updates from the company, the lack of information will be replaced with their worst case scenarios and fears. Further, the impact of the crisis' effect on the public must be taken into consideration. Witnessing the defacement of public property in Niger cast uncertainty about SOMARC's program and products on an unknowing public. It was important that they receive information about the conflict and how it was being resolved. Moving the program closer to the opposition via religious opinion leaders helped the program rebuild on a more solid foundation of support.

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<sup>11</sup> Cox, pp. 56, 58.

<sup>12</sup> Pinsdorf, p. 45.

## **SOCIAL MARKETING FOR CHANGE**

Social Marketing for Change (SOMARC) is a contraceptive social marketing project which provides moderate- to lower-income couples in 43 developing countries with greater access to contraceptives. Products are sold through private sector outlets, such as pharmacies, street kiosks and doctors offices at a price that is affordable to consumers (primarily women). The US Agency for International Development funds SOMARC, which is managed by The Futures Group International.

SOMARC projects give consumers the opportunity to purchase contraceptives and services rather than having to depend on receiving them from government clinics, which often involve long waits and product outages. SOMARC programs also ease the burden of governments to supply contraceptives to all low-income women. Projects are designed to stimulate local businesses and sustain development — using local professionals and using or creating indigenous distribution companies, advertising agencies, public relations firms, market research firms and promotion agencies. SOMARC provides extensive training to each of its local partners to improve their technical and business capabilities.

## **THE ROLE OF COMMUNICATIONS**

Communications is a crucial element of all SOMARC programs. It is used to build product awareness, motivate product use, and generate volume product sales. Generally, SOMARC communications have dual responsibilities of combining information about contraceptive products and services with other reproductive health information such as birth spacing, HIV/AIDS prevention, and facts that address common misconceptions that often exist among consumers. SOMARC traditionally uses print and broadcast advertising, as well as sales promotion, publicity, interpersonal communications, and other public relations activities to educate consumers and encourage trial or continued use of modern contraceptives.

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