



Investigation of Catholic Relief Services—Kenya



Produced by the Population Research Institute

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Executive Summary

This report contains specific, documented charges that, if true, have grave implications for the current operating model of Catholic Relief Services (CRS). While it is true that Catholic Relief Services has done much good work for the poor, displaced and marginalized, the evidence presented in the report demands sober and prayerful consideration.

In the pages that follow, we present evidence gathered over several months during an investigation conducted both online into official government and CRS documents, as well as on the ground in Kenya. This research leads us to make the following assertions:

1. Catholic Relief Services competed for and won a grant under the US Federal Government's PEPFAR program. While the grant requirements were not wholly objectionable, they included an explicit requirement that condoms be promoted as an integral part of the program.
2. CRS's involvement was not limited to a bureaucratic pass-through role – its contractors supervised and in some cases trained those who implemented the program. Moreover, as required by the grant, it monitored performance and results.
3. The first program, Healthy Choices 1 (HC1), required promotion of condoms and other contraceptives in addition to promoting abstinence and sex avoidance strategies for adolescents. Only after a protest from local Kenyans were the condom-promoting aspects of the program removed, leading to an abstinence-only approach.
4. The second program, Healthy Choices 2 (HC2), also required promotion of contraception, and was implemented without any revisions by CRS-trained contractors. CRS was required to monitor implementation of this program.
5. Evidence of problems with these and related programs implemented by CRS in Kenya was presented to CRS leadership and to His Excellency, Archbishop Paul S. Coakley, President of the board of directors of CRS. CRS responded with a categorical denial of the charges, claiming that both the original PEPFAR grant documents and what PEPFAR later reported as having been implemented were in error.
6. Following our initial outreach to CRS, the PEPFAR documents online were altered, without any note that changes had been made to the original text, removing references to contraception as being necessary for the implementation of the program. As we had earlier archived the original versions of the government documents in question, we can show precisely where in the text these exculpatory changes were made by PEPFAR after PEPFAR was contacted by CRS.

Catholic Relief Services' denials require one to believe that they won a multimillion dollar federal contract, while from the outset denying that they would implement it as written. To know anything about federal grants is to know that this simply cannot happen. CRS' statement requires that one also believe that Kenyans did not do what is actually a matter of public record: Protest the condom promoting aspects of the initial CRS-implemented program. It requires also that one believe that there were many aspects of the required implementation report that were in error – also a highly unlikely occurrence. Finally, it requires that one believes that the “errors” in the PEPFAR documents were all “corrected” after a discussion between CRS leadership in

Baltimore and their subordinates in Kenya, errors that were uncritically received and immediately fixed in the government documents – without noting the change.

To be clear, we can prove that government documents were changed after our initial outreach to CRS, in what seems to have been an effort to exonerate CRS from the charges that they implemented programs in Kenya that required promotion and at times distribution of contraceptives. We can also prove, through interviews and other evidence gathered by our investigator on the ground, that CRS did in fact promote and distribute condoms in Kenya. We note that CRS did not admit, as they have done several times before, that errors were made due to the difficulties of operating an organization of its size, or that similar problems won't occur again because the organization does not promote contraception and very carefully vets all partnerships and programs. Instead, CRS simply denied the charges outright, alerted their partners at PEPFAR, and had the federal documents governing the program altered in such a way as to seemingly exonerate them. Our on-the-ground investigation in Kenya makes it clear that, however the governing documents were altered, nothing changed in practice. Condom promotion and distribution continued as before.

Some, perhaps including CRS itself, may mischaracterize this report as an “attack” on the Catholic Church’s largest aid organization. Nothing could be further from the truth. We instead issue this report in the hope that it will assist CRS to conform to Pope Benedict XVI’s recent *motu proprio*, and to extricate itself from aspects of the modern development industry which are antithetical to the Catholic faith. There are serious risks for CRS in becoming over-dependent on funding on entities that openly promote abortion as a “human right.” It is in pursuit of such funding, for example, that CRS actively recruits employees with a background in family planning and population control. Such actions can diminish the Catholic character of CRS and lead to major compromises with the Church’s moral and social doctrine, rationalized by employees who are fearful of having their “rice bowls broken,” or who personally believe that sterilization and contraception are absolutely necessary to control population growth. We suspect that the situation in Kenya may be a result of such inbreeding and overdependence.

In the conclusion of this report, we offer recommendations to correct these systemic problems.

About the Investigation

HOW THE INVESTIGATION IS STRUCTURED

This report is the result of a collaborative effort between Population Research Institute (PRI) and the Lepanto Institute, and brings together the findings of two separate but related investigations, one online and the other on the ground in Kenya. The online investigation was carried out by the Lepanto Institute in coordination with PRI. The purpose of this investigation was to document—from information publicly available online—what Catholic Relief Services (CRS) and its grantors and grantees claimed to be doing in various health-related projects in Kenya.

The second investigation took place on the ground in Kenya. It was carried out by an in-country investigator whose assignment was to verify the truth and accuracy of the representations made in the online content by exhaustively documenting how they were actually being carried out on the ground in Kenya.

We structured the report analogously to the investigation. Each section addresses a specific aid program implemented by Catholic Relief Services (CRS) in Kenya. Each starts by recounting the online representations of the program’s purpose and funding. Each ends by detailing the information gathered by the local investigator about how the program was actually being carried out in Kenya.

ABOUT THE IN-COUNTRY INVESTIGATOR

The investigator is a native Kenyan, who holds a higher degree in the social sciences. As such, the investigator did not experience any linguistic, cultural, or terminological difficulties in carrying out the investigation assigned. At the time of the investigation, the investigator resided in Nairobi—the capital of Kenya and the chief geographic focus of the investigation. For fear of reprisals, the investigator has requested complete anonymity.



Aerial view of Nairobi

Investigation Background

We believe that the information contained in this report clearly indicates that Catholic Relief Services (CRS) engaged in promoting contraception and then, when caught, conspired with official at the President's Emergency Plan for AIDS Relief (PEPFAR) to cover up its involvement.

Our investigation was sparked by the discovery of PEPFAR documents that asserted that CRS was responsible for implementing contraception-promoting programs. When we presented the documents to CRS' highest officials, CRS claimed that PEPFAR had made a "mistake" and asserted that CRS was not involved in promoting contraception. CRS then went on to say that PEPFAR would amend the documents to remove the statements suggesting that CRS had been so involved.

When we subjected CRS' claim that it was not involved in promoting contraception to scrutiny, it turned out to be false. It was contradicted both by independently verified online statements from other organizations, and also by our on-the-ground investigation in Kenya. This latter provided both photographic evidence and confirmation from interviews that CRS had indeed implemented the programs in question, including the contraception-promoting elements.

Although we obtained conclusive proof that the CRS was involved in promoting contraception through some of its PEPFAR-funded programs, we also discovered that, in the meantime, PEPFAR documents had indeed been altered by PEPFAR to remove any indication that CRS was involved in the programs in question. You can see the original document pdfs at: <http://pop.org/content/kenya-examination>. We regard this alteration, which presumably took place at CRS' request, as *prima facie* evidence of an effort by CRS, with the assistance of PEPFAR, to cover up its clear violation of the teachings of the Catholic Church.

Background on the Investigation

In June of 2014, Population Research Institute and the Lepanto Institute embarked on a joint investigation of Catholic Relief Services' (CRS) Support and Assistance to Indigenous Implementing Agencies (SAIDIA) project in Kenya. The investigation was born out of a public statement made by CRS in response to an article that spotlighted an organization that received funding from CRS and received the 2014 United Nation's Population Award.¹ In CRS' response, Paul Eagle, spokesman for CRS said, "Jhpiego and CRS partnered on a project in Nairobi, Kenya called Support and Assistance to Indigenous Implementing Agencies (SAIDIA). This was part of the U.S. President's Emergency Plan for AIDS Relief in the country. ... Jhpiego

¹ Andersen, Kirsten. "Catholic Relief Services Pro-abortion Grantee Wins UN Population Fund Award." *LifeSiteNews*. 17 Apr. 2014. Web. 12 Dec. 2014. <<https://www.lifesitenews.com/news/catholic-relief-services-pro-abortion-grantee-wins-un-population-fund-award>>.

was aware of and abided to CRS policy that all activities within the SAIDIA grant be implemented in line with Church teaching.”²

The Lepanto Institute researched the SAIDIA project and began by looking at the project description according to its funder, PEPFAR. Their researcher found government grant documents online that show that CRS was responsible for a number of projects that included contraceptive programs. Specifically, PEPFAR stated that CRS would be responsible for the implementation of an initiative called “Healthy Choices.”

Healthy Choices is divided into two parts: Healthy Choices 1 and Healthy Choices 2. Healthy Choices 1 is a program intended for children ages 10-14, and Healthy Choices 2 is for adolescents ages 15-19. Facilitator’s manuals were found online for both programs. These manuals made it clear that the promotion of the use of condoms and abortifacient contraception were introduced in Healthy Choices I and integral to Healthy Choices II. While PRI’s investigator in Kenya discovered that Healthy Choices I had been altered to remove condom-promotion after local outcry in Kenya, Healthy Choices II, as implemented by CRS, retained the promotion of all forms of contraception.

Michael Hichborn of the Lepanto Institute provided all of his online research to Archbishop Coakley, the new chairman of CRS’ board of directors. Hichborn never received a response addressing the information on CRS’ implementation of Healthy Choices. At the end of July, Steven Mosher, Fr. Shenan Boquet, and Michael Hichborn sent a letter to Archbishop Coakley, requesting a meeting to discuss the results of our investigation. We received no response.

However, in November of 2014, Hichborn met with Joan Rosenhauer, senior vice-president at CRS, and asked her about the information regarding CRS and Healthy Choices. Rosenhauer indicated that we should have received a response to our letter, and suggested that perhaps PEPFAR made a mistake by indicating that CRS was involved with programs such as Healthy Choices. Rosenhauer forwarded the letter that we never received, stating:

“In the Kenya Operational Plan Report FY 2012, PEPFAR suggested that CRS was involved in activities engaged in by some other PEPFAR partners (e.g. condom promotion) that are in violation of Church teaching. This was not the case. CRS met with PEPFAR in Nairobi a few months ago and PEPFAR apologized for its error and has since corrected the report.”

A copy of the email from Rosenhauer and letter from Coakley’s office is attached in Appendix A at the end of this report.

Given the independently corroborated statements indicating CRS’ involvement with the programs identified in the Kenya Operational Plan Report FY 2012, and the first-hand

² "Catholic Relief Services Response on Its Partnership with Pro-abortion Group Jhpiego." *LifeSiteNews*. 18 Apr. 2014. Web. 12 Dec. 2014. <<https://www.lifesitenews.com/news/catholic-relief-services-response-on-its-partnership-with-pro-abortion-grou>>.

verification of CRS' implementation of these programs in Kenya by an in-country investigator, it was clear that this statement was completely false.

After receiving this letter, researchers checked online to examine the Kenya Operational Plan Report FY 2012 to see if it had changed. It has. The document, which is found at the very same URL, no longer indicates CRS' participation in Healthy Choices and has been cleaned of all mention of condoms and contraception with regard to CRS. The facts of this investigation lead to only one conclusion: that Catholic Relief Services engaged in an active cover-up with PEPFAR to attempt to hide that CRS was contracted by PEPFAR to implement programs in direct violation of Catholic teaching.

The case set out in this report clearly and carefully documents these facts and proves without doubt that CRS lied about its involvement with the programs indicated in the PEPFAR document, is actively attempting to deceive the bishops to whom it is accountable, is actively involved in programs in direct violation of Catholic teaching, and is willing to elicit the assistance of a government agency in order to cover up the facts when it has been found out.

Background

KENYA

Kenya is an east African country on the Indian Ocean. The country is bordered on the south by Tanzania and by Uganda and South Sudan to the west. Its northern neighbors are Ethiopia and Somalia.

Kenya gained independence from Great Britain in 1963. Its two official languages are English and Kiswahili. Kenya is a predominately Christian country: 40% of Kenyans are Protestant and another 23% are Catholic, making the arid country home to over 10 million Catholics. Only 10% of Kenya is Muslim, but Kenyan Christians are targeted by radical Muslim Somali-based terrorist groups who regularly attack and murder Christians.³

Kenya suffers from population control program. According to the most recent Demographic and Health Survey, 22,000 Kenyan women had been sterilized without knowing that the sterilization was permanent. Almost half of Kenyan woman use a contraceptive method, but Kenyan women are still not given informed consent; 40% of contraceptive users in Kenya say they weren't informed about possible side effects of their contraceptive method.⁴

PEPFAR

Launched in 2003, the U.S. President's Plan for AIDS Relief (PEPFAR) is a United States government program focused on eradicating HIV/AIDS and ministering to those affected by the diseases. PEPFAR implements projects through other government agencies, including, but not limited to: the U.S. Center for Disease Control (CDC), the U.S. Agency for International Development (USAID), the Department of Health and Human Services, the Peace Corps, and the Department of Defense (DOD).

In 2014, PEPFAR received \$6.8 billion in funding.⁵

KENYA AT A GLANCE	
Total population:	45,000,000
GDP per capita:	\$1,800
Persons without access to improved sanitation: (flushable toilets)	32,000,000
Adult illiteracy rate:	13%
Life expectancy:	63 years
Infant mortality:	4 deaths per every 100 live births
Total fertility rate:	3.5 births



³ "Central Intelligence Agency." The World Factbook. Central Intelligence Agency, n.d. Web. 12 Dec. 2014. <<https://www.cia.gov/library/publications/the-world-factbook/geos/ke.html>>.

⁴ "The Real War on Women: Stealth Sterilization in Kenya." Population Research Institute. Web. 22 Dec. 2014. <<http://pop.org/content/real-war-women-stealth-sterilization-kenya-0>>.

⁵ "Shared Responsibility-Strengthening Results For An AIDS-Free Generation: Latest PEPFAR Funding." U.S. President's Emergency Plan for AIDS Relief. 1 June 2014. Web. 12 Dec. 2014. <<http://www.pepfar.gov/documents/organization/189671.pdf>>.



Online Investigation: SAIDIA and Healthy Choices

ONLINE INVESTIGATION:

SAIDIA and Healthy Choices

We looked at CRS programs implemented under a CRS project called the “Support and Assistance to Indigenous Implementing Agencies” (SAIDIA). We found that SAIDIA programs actively promote contraception in Kenya.

CRS began the SAIDIA project in 2008. The SAIDIA project is funded by the Centers for Disease Control and Prevention (CDC) through the President’s Emergency Plan for AIDS Relief (PEPFAR). Through their SAIDIA project, CRS oversees and funds numerous implementing subcontracting partners to improve “HIV and AIDS service delivery.”

To start the online investigation of the SAIDIA project, we looked at the PEPFAR’s Operational Planning Report for 2013. Multiple earlier PEPFAR reports confirm that CRS was the prime partner for the SAIDIA project and its programs. We only included screenshots from the most recent available PEPFAR report.

Implementing Mechanism Details

Mechanism ID: 9092	Mechanism Name: Umbrella - SAIDA
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:
Total Funding: 1,758,233	
Funding Source	Funding Amount
GHP-State	1,758,233

Custom
2014-01-14 07:22 EST

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FACTS Info v3.8.12.2

This screenshot from the PEPFAR report show that CRS is the prime partner for the SAIDIA project.

Later on we'll show that SAIDIA programs promote contraception in Kenya.

You can see this screenshot in context at:

<http://pop.org/sites/pop.org/files/PEPFAR%202013.pdf> on page 156.

Approved



Sub Partner Name(s)

Adventist Centre for Care and Support (ACCS)	African Brotherhood Church	African Inland Church (AIC)
Anglican church of Kenya: Narok Integrated Development Program	Apostles of Jesus AIDS Ministry	Archdiocese of Nyeri
Christian Mission Fellowship (CMF)	Dream Kenya	Faraja Trust
JHPIEGO	Kenya Hospices and Palliative Care Association (KEHPCA)	Kenya Widows And Orphans Support Programme (KWOSP)
Movement of Men Against AIDS in Kenya (MMAAK)	Nomadic Communities Trust	Scriptures Union Centre-Hurlingham
The Kenya Scouts Association	UZIMA Foundation- Africa	

This screenshot displays the sub partners—the organizations that will implement programs under CRS' supervision.

Note: African Brotherhood Church, AIC, KWOSP, and MMAAK. We will reference them later.

You can see this screenshot in context at: <http://pop.org/sites/pop.org/files/PEPFAR%202013.pdf> on page 157.

SAIDIA's Structure

The SAIDIA project has a rigorously structured system to ensure that the project is implemented in compliance with its objectives. This page shows that if CRS programs promote contraceptives through a PEPFAR program, it was not a one-time mishap, but rather was the result of systematically guaranteed curricula.

Following a description of the SAIDIA project, the PEPFAR report describes how CRS will implement the project "for quality assurance." CRS must use "approved national curricula" for the SAIDIA project and "use trained and certified" facilitators. The SAIDIA project and its sub-programs are guaranteed their results through stringent PEPFAR approved reporting systems.

Approved



For quality assurance, CRS has put in place for all sites the following: use of approved national curricula; emphasis of importance of fidelity to the respective curricula; use of trained and certified pair of gender balanced facilitators; trainings on EBIs are conducted by certified national trainers; observed practice of implementation is done soon after training; use of standardized, national data tools at every stage of EBI implementation; and regular field visits by trained program staff to check on delivery of EBIs and offer support supervision.

The proposed activities and EBIs are guided by the goal and objectives of the project. Targets for each of the interventions are laid out at the start of the project year which is tracked on a monthly basis through respective field reports. Results are analyzed on a quarterly basis. The targets are in line with the PEPFAR Next Generation Indicators (NGI's). Monitoring and evaluation will be conducted with EBI approved data capture / monitoring tools. Field staff will send reports on a monthly basis; these reports will be compiled into an overall report quarterly which will be submitted to CDC.

This screenshot shows how PEPFAR structures its program "quality insurance." We will later show that this systematically regulated content includes promoting contraceptives.

You can see this screenshot in context at:

<http://pop.org/sites/pop.org/files/PEPFAR%202013.pdf> on page 161.

HEALTHY CHOICES 1 & 2

According to the 2013 PEPFAR Operational Planning Report for Kenya, CRS is the “prime partner” of the SAIDIA project. Part of the SAIDIA project includes that CRS implements a program called “Healthy Choices.” We later show that the Healthy Choices program promotes contraception in Kenya.

The PEPFAR report states that, under the SAIDIA project, “CRS and its partners will serve youth aged 10-14 with two EBIs [evidence-based initiatives]—Healthy Choices 1 (HC1) and Families Matter! Program (FMP). Older adolescents aged 15-19 will receive Healthy Choices 2 (HC2).” This report examines the content of Healthy Choices 1 and 2.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	808,725	0
Narrative:			
<p>CRS works in the following provinces and counties: Nairobi, Eastern (Machakos, Embu, Kitui and Makueni), and Central (Nyeri, Kirinyaga, Nyandarua, Maranga, and Kiambu) to implement HIV-prevention, abstinence and being faithful evidence-informed behavioral interventions (EBIs) among the following priority populations (targets): 10-14-year-olds (20,000), 15-19-year-olds (20,001), and parents of youth 9-12 years of age (9,654).</p> <p>CRS and its partners will serve youth aged 10-14 with two EBIs—Healthy Choices I (HC1) and Families Matter! Program (FMP). Older adolescents aged 15-19 will receive Healthy Choices 2 (HC2).</p> <p>FMP is an EBI for parents of preadolescents and promotes positive parenting practices, positive reinforcement, parental monitoring, and effective parent-child communication on sexual topics and sexual risk reduction. FMP seeks to delay onset of sexual debut by training parents to deliver primary prevention messages to their children. HC1 targets in-school youth and aims to delay sexual debut by providing knowledge and skills to negotiate abstinence, avoid negative peer pressure, avoid or handle risky situations, and to improve communication with a trusted adult. HC2 provides older adolescents with the knowledge, confidence, and skills necessary to reduce their risk of STDs, HIV, and pregnancy by abstaining from sex or using other risk reduction strategies.</p>			
Custom	Page 160 of 739	FACTS Info v3.8.12.2	

This screenshot shows that CRS will implement Healthy Choices.

You can see this screenshot in context at: <http://pop.org/sites/pop.org/files/PEPFAR%202013.pdf> on page 160.

An online investigation of the CRS Healthy Choices program showed that Healthy Choices is not only an HIV prevention program, but also a contraceptive program.

The PEPFAR description of the report describes Healthy Choices 2 (HC2) as an HIV and pregnancy prevention program:

“HC2 provides older adolescents with the knowledge, confidence, and skills necessary to reduce their risk of STDs, HIV, and pregnancy by abstaining from sex or using other risk reduction strategies” (2013 PEPFAR Report, p160).

We found an online instructor's manual for the Healthy Choices program.

The manual revealed Healthy Choices 2 to promote contraceptive use.

The manual advocated using condoms to prevent HIV, but it also demonstrates and promotes contraceptives and abortifacient methods which offer no protection against HIV—hormonal methods like birth control pills, emergency contraceptives (the morning after pill), injectables (Depo-Provera), and implants (Norplant).

In the 255 pages of the HC manual, condom use is mentioned 335 times within 101 pages; contraception is mentioned 52 times within 15 pages.

The Healthy Choices 1 instructor's manual found on-line also promotes condom-use.

The Healthy Choices instructor's manual showed that the program is not just an HIV prevention program; it is also a contraceptive program. The following pages are screenshots from the Healthy Choices manual. You can view the Healthy Choices manuals online at:

<http://pop.org/content/kenya-examination>.

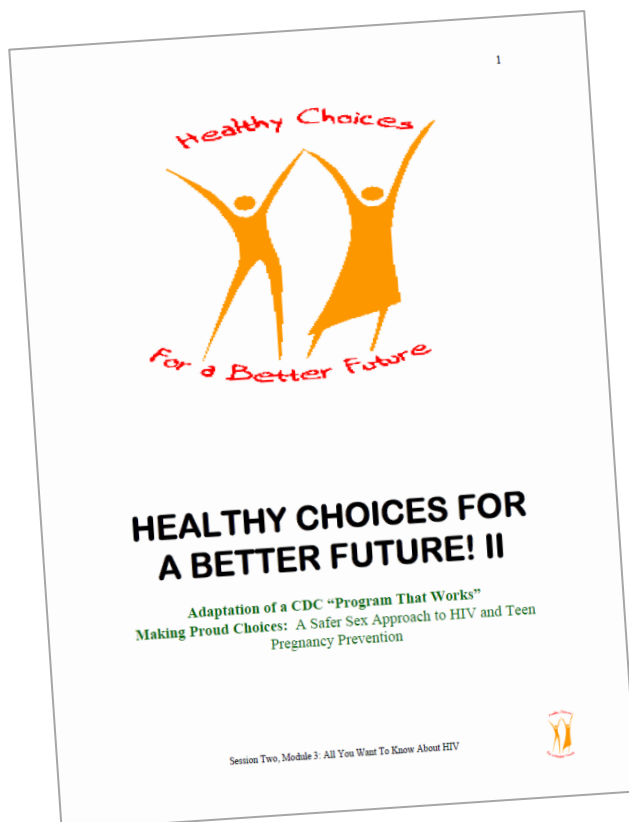


Photo of the Healthy Choices handbook

“In the 255 pages of the Healthy Choices manual, condom use is mentioned 335 times within 101 pages; contraception is mentioned 52 times within 15 pages.”

Activity C **Contraceptives**

Preparing For The Activity:

Rationale:

This activity focuses attention on individual responsibility for the prevention of pregnancy by using contraceptives.

Materials

Samples of contraceptive pills, emergency contraception and condoms (including female condoms)

Pre-labelled newsprint:

“Contraceptives”

Poster:

Contraceptives

Time

10 minutes

PROCEDURE

1. Tape the pre-labelled newsprint “Contraceptives” and introduce the activity by saying,



We have seen that it is possible for adolescents to get pregnant or to make someone pregnant through having unprotected sex. We have also seen how getting pregnant can change an adolescent’s life. Let us now see how an adolescent can prevent getting pregnant. How can an adolescent who chooses to have sex avoid getting pregnant?

Answers should include:

Use condoms every time he/she has sex;

Use contraceptives

Have sex during the safe days

FACILITATORS’ NOTE:

Using contraceptives should be mentioned as one of the ways to prevent pregnancy. If it is not mentioned by participants then the facilitator should define contraceptives as methods used to prevent pregnancy.

2. Continue by saying,

If you are going to have sex, you should be concerned about unplanned pregnancy and sexually transmitted infections.

What are some methods that adolescents use to prevent pregnancy?

3. Record their responses on the newsprint then direct their attention to the “Contraceptives” poster and point out the following contraceptives,



- Birth Control Pills



CONTRACEPTIVES



Page summary: This screen shot of the Healthy Choices manual shows the program promotes contraceptives.

- Depo-Provera Shots
- Implant (Norplant)
- Condoms (including female condom)
- Emergency contraception or morning after pill

FACILITATOR'S NOTE:

As you describe the contraceptives, show them to the participants.

4. Pick a volunteer to read aloud the contraceptives listed on the **Contraceptives**” poster then continue by saying,

If used correctly and consistently, condoms prevent both pregnancy and sexually transmitted infections while the other contraceptives only prevent pregnancy.

There is the oral contraceptive pill. It contains hormones that prevent ovulation or the release of an egg. A woman must take one pill at approximately the same time each day as prescribed to be fully protected.

The emergency contraceptive pills (commonly called morning after pill) need to be taken as soon as possible after a woman has had unprotected sex (for example if the condom burst during sexual intercourse or if the woman has been sexually assaulted). She will have to take one pill immediately after unprotected sex and repeat the dose 12 hours later. This is an emergency measure and should not be considered as a regular form of family planning.

Another hormonal method is Depo-Provera. It is long-acting hormone and given by injection. A woman has to receive a new injection of the product every 3 months to prevent pregnancy effectively.

Norplant is another hormonal method which consists of rods that are placed under the skin of a woman's upper arm and can prevent pregnancy for at least 5 years.

All these are very effective methods to prevent pregnancy if taken as prescribed.

Does anyone have questions?

5. Respond to any questions then say,

If you decide to have sex, you should discuss with your sexual partner and your health provider about the best contraceptive method for you.

6. Give the participants a chance to ask questions then say,

Why do you think many adolescents who have sex prefer not to use contraceptives?

7. Pause to let participants respond then continue by saying,

It is true that many adolescents who have sex do not use contraceptives. One of the reasons why this happens is because they fear going to a health centre to ask for contraceptives. However, it is important for you to see a health provider as he/she can counsel you about the different types of contraceptive methods and the ones that would best suit you. You can go to any health centre near you especially those that advertise youth friendly services. Some medicines and contraceptives do not work well together so it is important to see a doctor if you want to use oral contraceptives.

8. Summarize as follows,

People have lots of ideas about contraceptives and preventing pregnancy, some are based on facts, others on myths. If you are going to have sex, you have to make the healthy choice to prevent unplanned pregnancy by using contraceptives. It is each person's responsibility to protect him or herself. Using contraceptives is the responsibility of both partners.

Thinking about contraceptives in advance will help you to make a healthy choice when the need arises. We also understand that the personal values of one group member may be different than the personal values of another group member. For example, some people do not believe in using contraceptives because it may be

against their religion; other people may have no beliefs against it. The bottom line is that most people who have sex need a way to prevent pregnancy and STIs including HIV.

Remember in order to reach your goals and dreams; the healthy choice is to abstain from sex until you are ready. However if you do decide to have sex, then the responsible thing to do is to use effective methods of protection every time you have sex.



We then sought to independently confirm whether CRS oversaw and implemented the Healthy Choices program in Kenya. The website of the African Brotherhood Church (ABC) confirmed that they implement Healthy Choices program (HC) under CRS. According to the African Brotherhood Church, CRS trained their facilitators. The websites of Caritas-Nyeri and The Africa Inland Church also confirmed on their websites that Healthy Choices was funded and implemented by CRS. (See Appendix B).



Parents have shown great interest in families matter! Due to their good turn up during trainings and their comments. Our communities have joined in addressing fight against HIV/AIDS Pandemic through these new interventions of Evidence Based (EBI) Strategy.

- ABC – CDP has ten (10) certified facilitators trained by CRS & CDC. The ten facilitators work in pairs (a male and a female) and conduct the training of FMP and HC.
- CRS SAIDIA has been getting our reports on monthly, quarterly and annual basis without delay.
- (Oct 2008 to May 2012).
- Parents have shown great interest in families matter! Due to their good turn up during trainings and their comments.
- Our communities have joined in addressing fight against HIV/AIDS Pandemic through these new interventions of Evidence Based (EBI) Strategy.
- ABC – CDP has ten (10) certified facilitators trained by CRS & CDC. The ten facilitators work in pairs (a male and a female) and conduct the training of FMP and HC.



In-country Investigation: SAIDIA and Healthy Choices

KENYA INVESTIGATION: Healthy Choices 1 & 2

CRS-KENYA

The PRI investigator went to the CRS-Kenya office. The investigator had originally tried to gain an appointment with their head of programs. After three weeks of trying, the investigator went to the CRS-Kenya office on July 28th, 2014 and interviewed the secretary.ⁱ The secretary gave “minimal information.”ⁱⁱⁱ She declined to give the investigator her business card but did write her number on a sticky note. Our investigator reported:

July 28, 2014

Catholic Relief Services

Esther, Secretary/Receptionist at CRS-Kenya

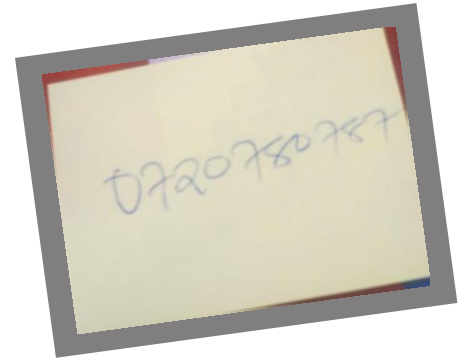
“Esther told me that the projects I was interested in were under the SAIDIA umbrella and they ended in March 2014. However, she could only remember *Healthy Choices 1 and 2*, *PMCT*, and *PHDP*.

Esther told me that after the projects ended in March, they were handed over to a PARTNER called the Kenya Widows and Orphans Support Program (KWOSP). They are based in the outskirts of Nairobi, in an informal settlement called Kariobangi North.

I asked Esther to refer me to the employees who were working with the program. She informed me that there were three members of staff whose contracts ended with the programs. She could not give me their mobile phone contacts because she did not have them—the employees used official mobile phones and they handed over everything. When I asked whether she could get me the documents with the contents of the projects, she replied “they are all locked in Courtney’s office....she has no program assistant.....she [Courtney] just went on leave to the US...”

I had a feeling that she was hiding the information from me.

She gave me the address of KWOSP. I have called them and booked an appointment with the Program Manager on July 31st, 2014.”



The secretary at CRS-Kenya told the PRI investigator that CRS’ project was being implemented by KWOSP.



CRS-Kenya

HEALTHY CHOICES IMPLEMENTATION

KENYA WIDOWS AND ORPHANS SUPPORT PROGRAM (KWOSP)

On July 31st, 2014, the PRI investigator visited a KWOSP office. The investigator confirmed that they implement Healthy Choices through CRS.

The investigator visited KWOSP after having been told by the secretary of CRS-Kenya that KWOSP implements Healthy Choices through the CRS SAIDIA program. Our online investigation also confirmed that KWOSP is an implementing subpartner of CRS' SAIDIA program (see page 11 of this report).

When the investigator visited KWOSP they were implementing two health programs: Healthy Choices (HC) and Family Matters! Program (FMP).ⁱⁱⁱ

The investigator reported:

July 31st, 2014

Kenya Widows and Orphans Support Program (KWOSP)

Robert Dimba, Program Manager

“After I introduced myself and what information I wanted, the Program Manager, Mr. Robert Dimba, told me that both HC1 and FMP were funded by money from CDC channeled through CRS-Kenya. They were under the SAIDIA initiative that was to support the capacities of indigenous organizations in implementing health programs.

According to Robert, “Healthy Choices 1 for a Better Future” mainly taught pupils of school-going ages (10-14 years) the need to abstain. It was started in early 2011. He said, “Actually, the main aim is to delay the sexual debut.”

Robert mentioned to me that there are “mature minors” (in the age group 10-14) who practice child prostitution or help their parents to sell illicit brew in the slums. For such situations, although the Catholic Bishops denied reference to condoms in the program, they refer these children to relevant organizations.”^{iv}



Photo of the KWOSP sign in Kairogbangi North.

The project manager told the investigator that KWOSP implements Healthy Choices funded through CRS-Kenya.

“I followed up on the issue he raised about the conditionality by Catholic Bishops in Kenya not to include condoms in the Healthy Choices program. I sought to establish whether this was in the contract document, to which Robert said yes.

I needed to know whether the idea of condoms was only a conditionality for funding. He told me that there was public outcry that children this young should not be introduced to condoms. As a result, NASCOP [National AIDS and STI Control Program] called all stakeholders of HC1 to a discussion and it was agreed that for HC1, the idea of condoms had to be dropped, at least for the continuity of the program.”

The Healthy Choices 1 program initially included condom instruction, but after public outcry in Kenya, the condom component was removed from HC1.

“He told me that there was public outcry that children this young should not be introduced to condoms.”



School children in Kenya

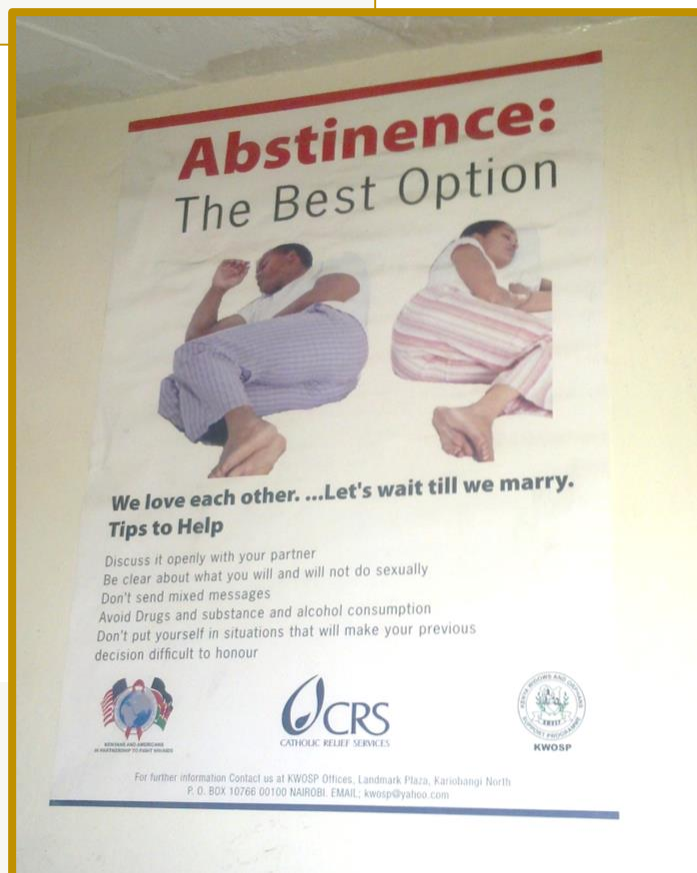
“I also asked him [Robert Dimpa, KWOSP program manager] other co-implementers of either HC 1 or CRS-funded programs. He appeared very cautious, but he mentioned the following:

- i. *Movement of Men Against Aids—based in Nairobi Buruburu area at Metropolitan Hospital;*
- ii. *The African Inland Church, whose headquarters are at Upper Hill area in Nairobi;*
- iii. *Caritas Nurses in the Archdiocese of Nyeri; and*
- iv. *NIDP based in Narok town (but he was not sure of the name).*

Robert also pointed out that there was another co-implementer based in Machakos, about 50 kilometers from Nairobi. He could not clarify which programs each co-implementer was working on. He pointed out that the AIC CRS-funded programs could be more robust because other than focusing on the AB (abstinence and being faithful), they also have a network of hospitals from where they do care and treatment.”

The project manager for KWOSP told the investigator that MMAAK also implements Healthy Choices through CRS. Our online investigation confirmed MMAAK implements CRS projects. (See page 11 of this report.)

A poster photographed by the investigator in the KWOSP office. Note that the poster was printed with both the CRS and KWOSP logo.



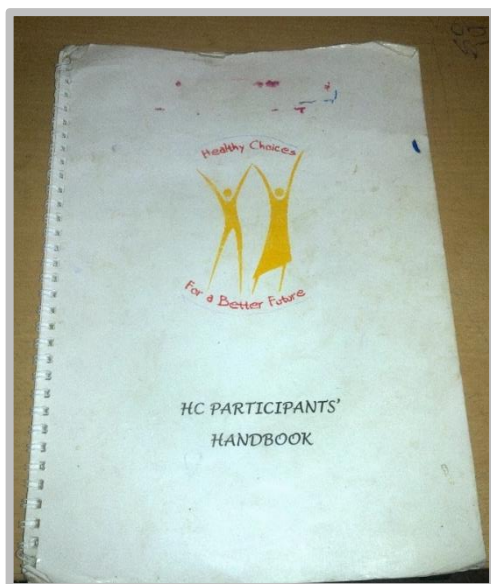
HEALTHY CHOICES 1 CONTENT

DE MARIE PRIMARY SCHOOL

Having confirmed that KWOSP implements Healthy Choices 1 through CRS-Kenya, we wanted to see the content of the program. The KWOSP program manager, Robert Dimba, had told our investigator in the previous interview that all references to condoms had been removed after public outcry. We had seen program content from our online investigator (see pages 6-7), but we wanted to know how the program was actually being taught in Kenya.

The PRI investigator received contacts from the previous interview for two KWOSP field officers: Mr. Martin Oloo and Mr. Cliff. The PRI investigator interviewed pupils at De Marie Primary School who had participated in the Healthy Choices 1 program through KWOSP. ^v

The investigator confirmed that reference to condoms had been removed from Healthy Choices 1. The manuals and handbooks did not mention condoms. The children did not mention condoms when asked about what they had learned.



The investigator looked through the handbook and confirmed the absence of condoms.



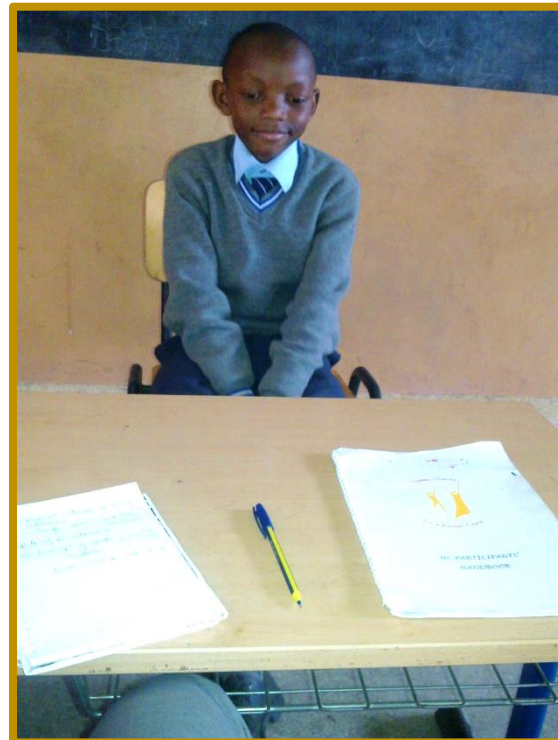
Students of De Marie Primary School at recess.

The first interviewee was a 12 year old boy named Eric.^{vi}

The investigator talked to Eric about what he had learned in the Healthy Choices 1 program.

Eric, 12 years old, said,

- ‘To have a better future, you should abstain from sex’
- Avoid bad company because it leads to immoral behavior
- Do not walk into dark places
- During adolescence, boys and girls undergo bodily changes. He recapped two stories one to address the issue of wet dreams for boys, and the other to address menstruation in girls”



Eric with his Healthy Choices handbook and notes.

SESSION ONE TAKE-HOME ASSIGNMENT
Instructions: Discuss with your parent/guardian the questions below and bring the completed assignment to our next class.

Say to your parent/guardian:
 1. In the program, Healthy Choices for a Better Future, I developed a life goals that I would like to share with you. (Refer to your participants' handbook and read your goals to your parent/guardian.)

My life goal is: priest

2. What are some of your goals for me? ✓
 a) To be well educated.
 b) To get a good job.
 c) To be healthy and have a good life.

3. What were some of your goals when you were a child? /
 a) To be a sportsman.
 b) To be a journalist. ✓
 c) To be well educated

4. What were some obstacles you faced in trying to achieve your life goals?
 a) Lack of enough money. ✓
 b) Lack of Sponsorship.
 c) Not getting enough education.

5. What are some things that we can do together to ensure that I achieve my life goals and dreams?
 a) Make sure that all school work is done.
 b) Make sure that I can keep good company.
 c) Assisting me, other in family business for school fee

Parent/Guardian's signature: _____
 Date: 2/3/2019.

Eric wrote in his Healthy Choices Handbook that his life goal is to be a priest.

The second interviewee was a 15 year old girl named Beatrice.

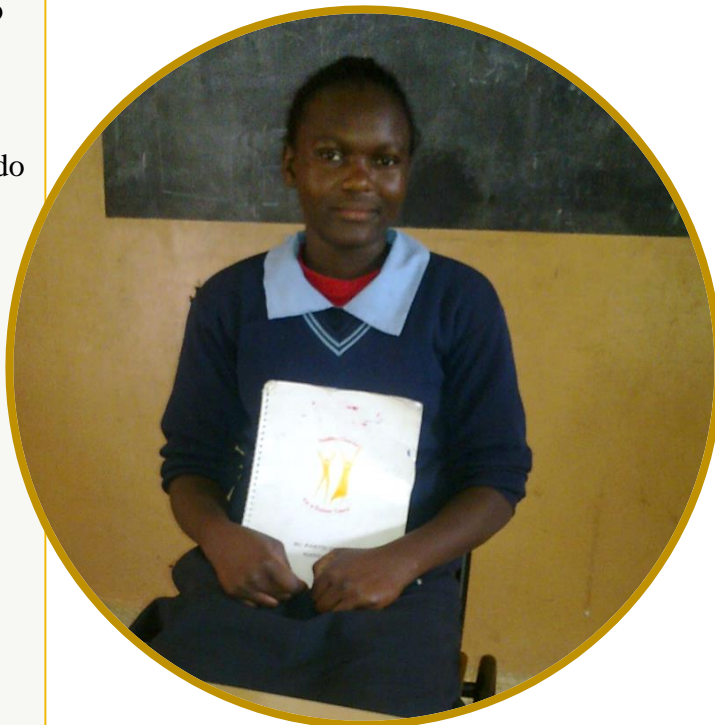
The investigator talked with Beatrice about what she had learned in the Healthy Choices 1 program. She did not mention having learned about contraceptives.^{vii}

“Beatrice, 15 years old, said:

- If you are raped, tell somebody you trust or somebody older than you; do not bathe,
- After being raped, ‘do not put the clothes in a nylon paper so that you do destroy the evidence’;
- If you scratch the person trying to rape you, do not cut the nails;
- If you contract HIV, go for counseling.

The children jointly recalled the acronym SARA3C:

- S-Say a firm no, scream or shout
- A-Abstain from sex, avoid unsafe places
- R-Report to someone you know or trust
- A-Ask for treatment immediately
- 3-Be counseled within 3 days or 72 hours
- C-Counseled.”



Beatrice with her Healthy Choices Handbook.

HEALTHY CHOICES 2 CONTENT

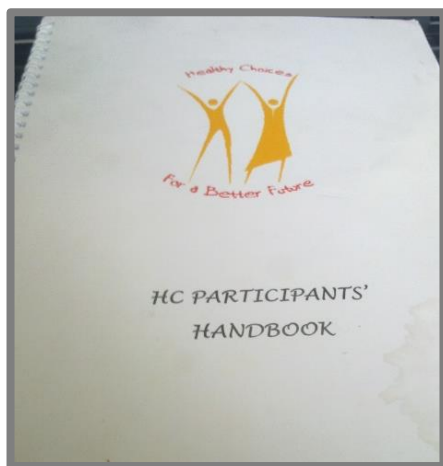
BESTER HIGH SCHOOL

Both the CRS secretary and the program manager at KWOSP stated that KWOSP implements Healthy Choices through CRS. The investigator had just observed how Healthy Choices 1 was being implemented. The investigator continued with the KWOSP contacts to see the Healthy Choices 2 curriculum.

On August 4th, 2014, the PRI investigator went with a HC field officer from the previous interview (Mr. Cliff) to see Bester High School where they had implemented Healthy Choices2.^{viii} The PRI investigator talked with the students and looked at their handbooks. The investigator found that Healthy Choices 2 strongly promotes contraceptive use.

For cultural reasons, the investigator did not feel comfortable taking pictures of the individual interviewees.^{ix} The investigator did, however, take pictures of the Healthy Choices materials.

The first interviewee was a sixteen year old male named Emmanuel John in Form 3. Emmanuel had participated in Healthy Choices 2 when he was 14 years old and in Form 1.



A photo of Healthy Choices 2 handbook taken by the investigator. The investigator looked through the handbook and confirmed the promotion of contraception.



The Healthy Choices field officer who showed the investigator Bester High School, Mr. Cliff; pictured far right.

“The first interviewee was Emmanuel John in Form 3 and aged 16 years. Emmanuel told me that they went through the program in 2012 when they were in Form 1. He remembers 4 things that they learnt:

- How to protect themselves from sexually transmitted diseases: either through abstinence or use of the “C” word—contraceptive. He recalled two contraceptives that they were taught: condoms and Femiplan pills for girls. However, the latter should mainly be used by those who are married; but if one must have sex, then they could use them. Moreover, they were told that Femiplan pills could have some effects “if not given by doctor”
- “Boy-girl relationship should not just be about sex but also sharing ideas
- That one should not have sex because of peer pressure; and that
- They should focus on their studies first.”

The “Femiplan pills for girls” which Emmanuel mentions here are part a specific contraceptive marketing program in Kenya. “Femiplan” is the contraceptive branding name.



Picture of Femiplan products.

The second interviewee was a 16 year old Muslim girl named Fariya.

Like Emmanuel, she recounted having been taught to use contraceptives to prevent pregnancy.

“The second interviewee was Fariya Abdi, also in Form 3 and 16 years of age. Fariya is a Muslim girl. The fluent Fariya told similar things as Emmanuel.

- She also added that they were taught how to say ‘no’ to those who want to influence them to do things that are not right, how to respect others and how to be responsible.
- She recalls being taught that they can use contraceptives to avoid pregnancy and STDs because these were healthy choices; or could be obstacles to the achievement of their goals.

It was also interesting to note that Fariya had also gone through the same program in 2011 when she was in standard (grade) 8 in Kariobangi North Primary School. I asked her whether then they were told to use contraceptives to which she replied with a “no.” I also asked her whether there was a demonstration on how to use a condom and she said “No.”

“There is no doubt that HC2 promotes use of contraceptives.”

The interviewee confirms that she learned about contraceptives in HC2, but not in HC1.

The investigator concluded the report for the day by writing to us, saying:

“There is no doubt that HC2 promotes use of contraceptives. It appears that HC1 does not have this component. But it was removed following uproar from the religious groups, till National AIDS and STIs Control Program (*NASCOP*) had to suggest the removal of the component from HC1. Both are implemented with funds from CRS-Kenya.”

HEALTHY CHOICES IMPLEMENTATION

MOVEMENT OF MEN AGAINST AIDS IN KENYA (MMAAK)

Having looked at the programs being implemented under one subcontractor, KWOSP, we decided to look at the same CRS programs under a different subcontractor. Mr. Robert Dimba had told our investigator that the Movement of Men Against AIDS in Kenya (MMAAK) also implement CRS programs under their SAIDIA project. The online investigation also confirmed that MMAAK is a CRS subpartner under SAIDIA.



On August 20, 2014, this took our investigator to Buru Buru, Nairobi to visit the regional office for the MMAAK.^x The investigator found that MMAAK implements the contraceptive program, Healthy Choices 2, through CRS.

Wednesday August 20, 2014

Interview with Philip Nyakwana, MMAAK Regional Coordinator for Nairobi

“MMAAK has 5 program areas:

1. HIV/AIDS care and treatment
2. HIV testing and counseling (HTC)
3. Abstinence and Being Faithful (AB) programs
4. Preventing mother-to-child transmission (PMTCT)
5. Gender based violence (GBV)

The first four programs are funded by the US Centers for Disease Control- CDC- (which is funded by PEPFAR) then channeled the funds through CRS.

In the case of Healthy Choices, the CDC came up with the idea which was presented to NASCOP (National Aids and STIs Coordination Program): NASCOP adopted it.”

“The aim of AB programs is to promote health prevention behaviors among the young. There are three projects that were under AB program:

- HC1
- HC2
- Families Matter! Program –FMP.”

The MMAAK regional coordinator tells our investigator that MMAAK implements Healthy Choices through the CRS-SAIDIA project.

(SAIDIA is funded by the CDC through PEPFAR.)

The MMAAK regional coordinator just told our investigator that MMAAK implements Healthy Choices through CRS. The MMAAK regional coordinator then tells our investigator that the contraceptive promotion in Healthy Choices 2 prevented the program from being taught at churches.

“Philip told me that Healthy Choices taught life skills that would support choices that children make in life. HC1 focused purely on abstinence while HC2 focused included condoms as well demonstrations for condom use.

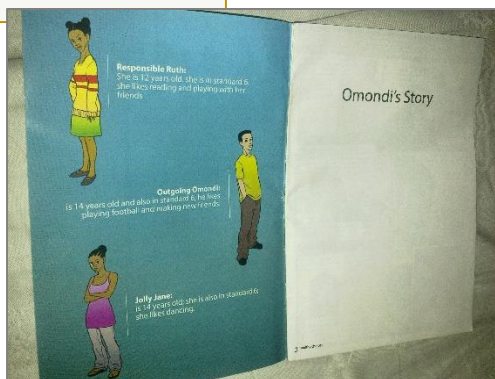
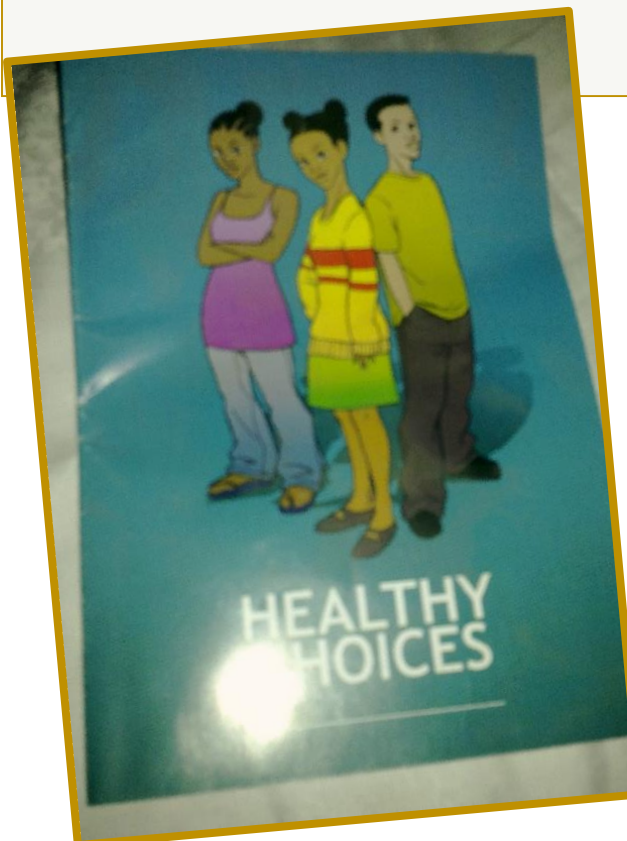
‘This explains why HC2 was done out-of-school,’ Philip said. This was because of the idea of that condom use would be demonstrated in many schools. As a result, the program was carried out in other venues. If the schools grounds had to be used, then this was done during the holidays.

HC2 was also done in churches, but condom demonstrations were done outside the church, where possible within church compounds (but these were not Catholic churches). CRS told MMAAK not to take Healthy Choices 2 to any Catholic school.

On the other hand, HC1 was taught in schools.”

“CRS told MMAAK not to take Healthy Choices 2 to any Catholic school.”

Below: Healthy Choices instructional booklets in the MMAAK office:



Philip also told the investigator about a CRS-funded program called “Preventing Mother to Child Transmission.”^{xi}

“Philip told me that the PMTCT was a 5-year program that focused on prevention, testing and treatment of HIV among the married persons. The program is now in its fifth year, ending in August 2014.

Further, MMAAK could organize couples’ days in which testing and counseling were done. If the woman was found to be HIV positive, she is injected with a special drug at 6 months of gestation; and the couple is taught how to use condom in order to “protect” the husband and vice versa. Once the couples came together, they were counseled on family planning, HIV and breastfeeding.

The role of MMAAK was only to do the male involvement component while the medical part was done in collaboration with health facilities.”



Posters in the MMAAK office

“PMTCT was well received. Before the program in Kerugoya, male involvement in ANC was 5% but by the end of the program, it was about 90%. At some point, most health facilities had to expand their waiting bays to accommodate men; they also provided reading materials for them.

CRS monitored the implementation process closely and kept on shifting goals. For instance, Philip said that CRS once directed the change of strategy from PITC (provider-initiated testing and counseling) to house-to-house and outreach (camp) testing.”

Investigator’s comments

“Philip was very generous with information. He did not have the details of what healthcare practitioners exactly did, but he had an idea that they injected the HIV-positive mother with a drug and recommended “relevant” type of family planning. He was sure that in the case where either of the spouses was infected, condoms were recommended: they were taught how to use.

It appears that CRS entered into contract with MMAAK because it is not religiously inclined in any way and can implement condom and family planning campaigns without attracting controversy.”

The regional coordinator of MMAAK told the investigator that CRS monitors their implementing processes.

“CRS monitored the implementation process closely.”



Photograph of brochures from the MMAAK office.



Online Investigation: SAIDIA and the Kalamba Dispensary

The Kalamba Dispensary

ONLINE INVESTIGATION

The online investigation uncovered two excel documents published by Kenya's National AIDS And STIs Control Programme (NASCO). The first excel workbook indicated that the African Inland Church (AIC) manages a health dispensary in the town of Kalamba in Makeni county through the CRS' SAIDIA project. The PEPFAR report confirms that the AIC is a subpartner of CRS' SAIDIA program (see page 11 of this report.)

The second excel workbook reported that this health dispensary is a condom dispensary.

EID Sites Sending Samples in 20Jul-2011				
#	MFL Code	Facility	County	Partner
1	15814	Bugamangi Dispensary	Vihiga	APHIAplus Nyanza Western
2	15996	Malava District Hospital	Kakamega	APHIAplus Nyanza Western
3	11091	Thangathi Health Clinic	Nyeri	ICAP Eastern
271	12145	Kalamba (AIC) Dispensary	Makeni	CRS SAIDIA Project
272	12524	Mikinduri Health Centre	Meru	APHIAplus Kamili (Central- Eastern)
273	10738	Mt. Kenya (ACK) Hospital	Kirinyaga	APHIAplus Kamili (Central- Eastern)
274	10565	Kianyaga Sub- District Hospital	Kirinyaga	UON CRISP
275	11480	Kinango Hospital	Kwale	APHIAplus Nairobi- Coast
276		Kisauni Health Centre		
277	12587	Muthale Mission Hospital	Kitui	APHIAplus Kamili (Central- Eastern)
278	12603	Mutomo Dispensary	Kitui	ICAP Eastern
279		EDARP Program	Nairobi	EDARP
280	10822	Naromoru Health Centre	Nyeri	Centre for Health Solutions (CHS)
281	12805	Tseikuru Sub- District Hospital	Kitui	ICAP Eastern
282	12178	Kaningo Health Center	Kitui	ICAP Eastern
283	12658	Nguni Health Centre	Kitui	ICAP Eastern
284	12798	Thitha Dispensary	Kitui	ICAP Eastern
285	10171	Engineer District Hospital	Nyandarua	Centre for Health Solutions (CHS)
286	10602	AIC Kijabe Hospital	Kiambu	CHAK- CDC HIV- AIDS Program
287	12475	Masii Health Centre	Machakos	ICAP Eastern

The screenshot of the excel shows that the Kalamba Dispensary is operated by the AIC under CRS' SAIDIA project.

The highlight has been added. You can see the original excel workbooks here:

<http://pop.org/content/kenya-examination>.

Facility Code	Facility Name	Type	Owner	Operational Status	CONDOM
17212	Kamahindu (A.I.C) Medical Centre	Medical Clinic	Christian Health Association of Kenya	Operational	Y
14180	10 Engineer VCT	Dispensary	Armed Forces	Operational	Y
17486	12 Engineers	Dispensary	Ministry of Health	Operational	
14181	3KR Health Centre	Health Centre	Armed Forces	Operational	
17431	AIC KALAMBA DISPENSARY	Dispensary	Other Faith Based	Operational	Y
14178	AIC Litein Mission Hospital	Other Hospital	Christian Health Association of Kenya	Operational	Y
12558	AIC Mukaa Dispensary	Dispensary	Christian Health Association of Kenya	Operational	Y
16350	Ainabkoi RCEA Health Centre	Health Centre	Other Faith Based	Operational	
14192	Ainamoi Health Centre	Health Centre	Ministry of Health	Operational	
11922	Air Port Medical Clinic	Medical Clinic	Private Enterprise (Institution)	Operational	
13469	Airport Dispensary (Kisumu)	Dispensary	Local Authority	Operational	Y
11204	Airport View Medical Clinic	Medical Clinic	Private Enterprise (Institution)	Operational	
11205	Aishabai Haji Aboo Dispensary	Medical Clinic	Private Enterprise (Institution)	Operational	
14193	Aiyabo Dispensary	Dispensary	Ministry of Health	Operational	Y
13272	Ajawa Health Centre	Health Centre	Ministry of Health	Operational	Y
11923	Akachi Health Centre	Health Centre	Ministry of Health	Operational	
13470	Akado Dispensary	Dispensary	Community	Operational	
13471	Akala Health Centre	Health Centre	Ministry of Health	Operational	Y
11206	Akemo Medical Clinic	Medical Clinic	Private Enterprise (Institution)	Operational	
14194	Akemo Nursing Home	Nursing Home	Private Enterprise (Institution)	Operational	Y
15792	Akichelesit Dispensary	Dispensary	Ministry of Health	Operational	
13462	Akidiva Clinic	Medical Clinic	Private Enterprise (Institution)	Operational	
17185	Al-arbrar Medical Clinic	Medical Clinic	Private Practice - Clinical Officer	Operational	Y

This screenshot of the excel shows that the Kalamba Dispensary distributes condoms.

The highlight has been added. You can see the original excel workbooks here: <http://pop.org/content/kenya-examination>.



Samburu woman and child in Kenya.



In-country Investigation: SAIDIA and the Kalamba Dispensary

Kalamba Dispensary

KENYA INVESTIGATION

Our in-country investigator went to see a health dispensary that had been funded and trained by CRS. Our investigator had learned about the health dispensary through the interview at KWOSP.^{xii}

Until 2013, CRS had trained and supported the health dispensary ministered by the African Inland Church (AIC). The dispensary has been handed over to local partners.

The investigator confirmed that the dispensary had been funded and trained by CRS and had since been handed off to another organization. The investigator learned that the dispensary had been trained by CRS to promote and distribute condoms. The dispensary currently administers oral contraceptives, emergency pills (plan B), injectables, intra-uterine devices (IUDs), and implants—although it is not clear if the dispensary offered these contraceptives while still under direct CRS supervision.

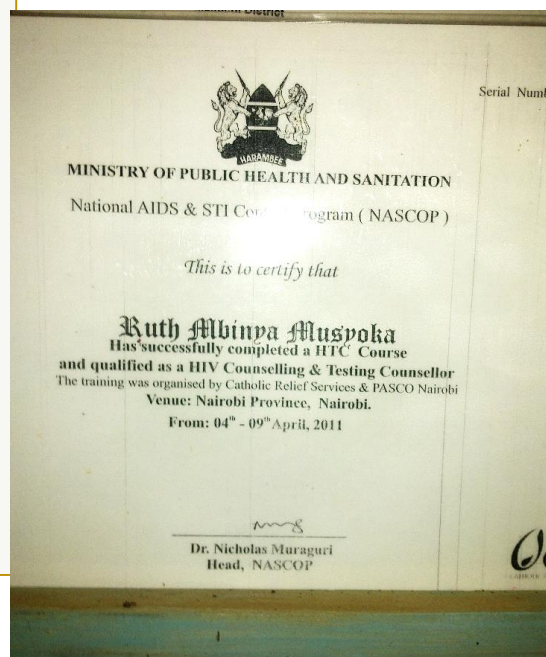
Thursday 4th September, 2014
Interview with Ruth Musyoka,
Nurse at Africa Inland Church (AIC) Kalamba
Dispensary

“The dispensary is under the AIC Health Ministries, hence it is a faith-based health facility. Although Ruth was not the one in charge of the dispensary as at the moment (she used to be until she began some classes recently), she is the one with most knowledge on all the health programs and projects (below is her certificate awarded by CRS).

Ruth told me that currently, the dispensary is having two health projects, in which one is funded by/through the International Center for AIDS Care and Treatment Programs (ICAP) – Kenya. It started in October 2013.

ICAP had come in to fill a gap that was left by a CRS-funded program that Ruth referred to as ‘Care and Treatment Program.’ She said that it was funded by CRS through AIC Health Ministries. It included HIV Testing and Counseling, referral to the right program, the patients were started on drugs and were connected with support groups.”

This photo of Ruth Musyoka’s certification shows she was trained by Catholic Relief Services.



“Most significantly, Ruth mentioned that ‘condoms were part of the package.’ However, CRS was initially opposed to condom use. This was until “CRS realized the role that condoms played in HIV prevention”. Henceforth, they kept quiet about it and did not even ask what measures for re-infection for discordant couples were given. Despite the ‘keeping quiet’ of CRS, some Catholic patients continued to query whether it was right, even in the case of HIV infection, to use condoms.

The CRS program ended in 2013 having run for 5 years. It was being implemented on annual basis (1-year phases) after which the contracts were renewed for another 1 year. CRS had employed 2 clinical officers, 2 counselors and a ‘mentor counselor.’ The employees were based at the dispensary but were dismissed after the project ended.”

“CRS was initially opposed to condom use. This was until ‘CRS realized the role that condoms played in HIV prevention.’ Henceforth, they kept quiet about it.”

A.I.C. KALAMBA SUB-HEALTH CENTER
 VISION: TO BE A LEADING HEALTH CARE PROVIDER IN THE REGION.
 MISSION: TO PROVIDE AFFORDABLE, QUALITY ACCESSIBLE & SUSTAINABLE HEALTH CARE SERVICES.
 OUR CORE VALUES: QUALITY, RESPECT, COMMITMENT, SERVICE, INTEGRITY, ACCOUNTABILITY.
 GUIDING PRINCIPLES: FOCUS ON CARE AND HEALTH PROMOTION SERVICES.

CITIZEN SERVICE DELIVERY CHARTER			SERVICE KSHS		
SERVICE	DURATION	KSHS	SERVICE	DURATION	KSHS
REGISTRATION / CARD	5 MINS	20	MATERNITY		
CONSULTATION / KIMONKA		50-100	NORMAL DELIVERY-KUSYITHYA		1500
MINOR SURGICAL PROCEDURES E.G(A) CIRCUMCISION (B) STITCHING KUTUMNA		300	MATERNAL CHILD HEALTH CLINIC MCH		
LABORATORY ITHIMO		30	IMMUNIZATION		
MALARIA TEST NIETEMA	30 MINS	50	NEW VISIT - YAMBEE		40
URINE ANALYSIS MAUMOO	20 MINS	50	KULINIKWA RE ATTENDANCE-KUSYOKA		20
STOOL / KYOO	15 MINS	50	ANTENATAL NEW VISIT - YAMBEE		120
HAEMOGLOBIN (HB) KIWANGO K'YANTHAKAME	20 MINS	100	CARE / AMONDI RE ATTENDANCE-KUSYOKA		40
			FAMILY PLANNING		
			INJECTABLES / SINDANO	50	PILLS 20
				100	EMERGENCY PILLS 50
PREGNANCY TEST / KUTHIMA KUTAVA	15 MINS	100	IUCD (COIL) INSERTION	12 YRS	500
BLOOD SUGAR TEST (SUKALI)	10 MINS	100	IMPLANTS	5 YRS	300
H. PYLORI ULCERS - ITAU SYA NDA	20 MINS	200	CERVICAL CANCER SCREENING	10 MINS	100
RHEUS BLOOD GROUPING	15 MINS	100			
BRUCELLA TEST	30 MINS	150	HIV / TB SERVICES - FREE (UKIMWI NA KITHOI KUTHIMA NA NDAWA SYONTRE MANA)		
SYPHILIS / KASWENDE	30 MINS	150	ADMISSION BED- KUSYAIISYA MUWAU		200
RHEUMATOID FACTOR ARTHRITIS / MUTAMBUKO	20 MINS	150			
ANC PROFILE- ITHIMO SYA AKA AITO	45 MINS	400			
CULTURE & SENSITIVITY	5 days	1000			

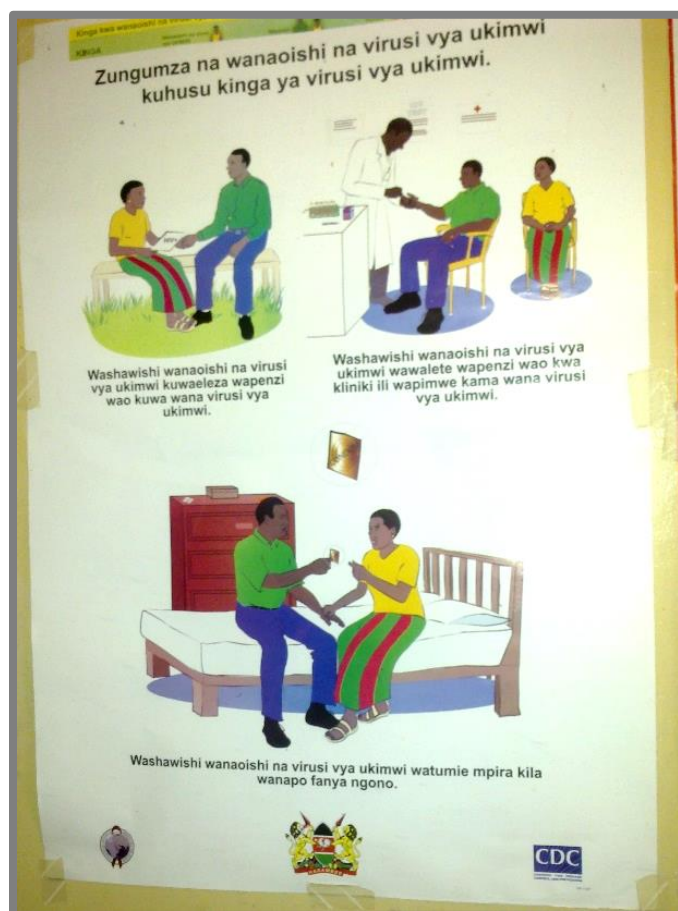
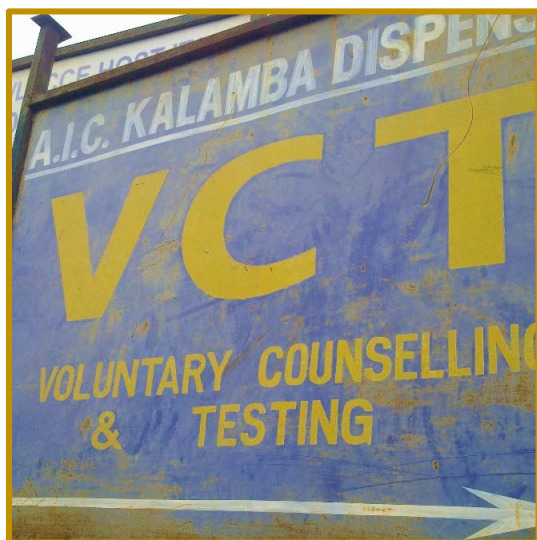
This photo shows service costs painted on the external wall of the health dispensary. Note that it shows injectables, oral contraceptives, emergency pills, IUDs and implants. Costs are given in Kenya shillings (Kshs).

The other health project, Ruth said, was called PEPFAR Preventing Mother to Child Transmission (PMTCT) Project. According to her, the project was coordinated and funded by the Christian Health Association of Kenya (CHAK).

If mothers were found to be HIV positive, they were started on ante-retroviral drugs and taught how to use condoms. In many cases, spouses did not want to disclose their HIV status to each other because of the very high level of stigma in the village. The female condom was highly popularized as a consequence of the non-participation of men. Moreover, there were several cases in which both spouses agreed on “behavior change” and adopted condom use in their marital life.

The Christian Health Association (CHAK) was subcontracted through the CRS-AIDSRelief program. The AIDSRelief project is funded through PEPFAR.

Below: Photo of the AIC Kalamba health dispensary sign. Right: A poster from in the health dispensary in Kiswahili explaining how HIV-infected patients should use condoms.



Investigator's comments:

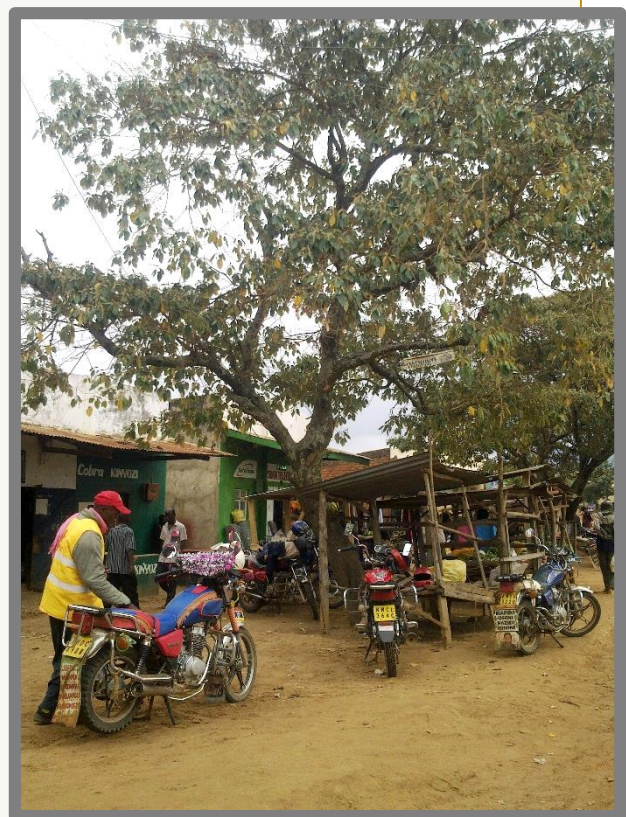
“AIC Kalamba Dispensary was an implementation site for two projects funded by the same donor. First, CRS had a HIV/AIDS project that it was directly implementing, with employees that it paid directly. Second, from the PEPFAR Operational Plans, CHAK was also a subcontractor of CRS, whose (CHAK's) project was also funded from PEPFAR.

Ruth was more conversant with contents of the programs and their operations as opposed to the donor information. She had relatively little information about the donors. For instance, she was not aware that CHAK had also been subcontracted by CRS.

The results of the PMTCT in this case contrast those of the MMAAK (from the perspective of content). The MMAAK interview with Philip revealed that men were encouraged to support their wives during the ANC and were taught (together) on how to use condoms to avoid re-infection. On the contrary, the Kalamba setting is very rural whereby men are very patriarchal and 'traditional.' Nevertheless, for the sake of this investigation, both the MMAAK and AIC Kalamba PMTCTs include the purpose inclusion of condoms in the program. CRS may have chosen the AIC route because the church (AIC) does not forbid the use of condoms.”



Photos of Kalamba taken by the investigator



On Tuesday, September 16th, the in-country investigator interviewed CRS managers in Kenya. The investigator had hoped to speak with CRS earlier and to have a more open conversation with them about their projects. The CRS-Kenya staff were evasive.

Tuesday, September 16th, 2014

Interview with Timon Mainga; Program manager of HIV/AIDS and George Okoth, Program Manager; Health Systems Strengthening CRS-Kenya

The CRS interviews were hard to get. CRS was the first organization I approached yet they were the last to offer me an opportunity to do interviews. The head of programs, Courtney Boiler, had started the process by asking the country director whether it was okay for me to do the interviews, but she went on leave to the US.

After she recently came back, she picked up the issue and referred me to Mr. Timon Mainga, the Program Manager HIV/AIDS and OVC (Orphaned and Vulnerable Children) and Mr. George Okoth, the Program Manager HSS and Health (HSS-Health Systems Strengthening). SAIDIA was under the HSS and Health program area, but the program manager never responded to my email requesting for an interview, in spite of having been copied by the Head of Programs. Only Timon responded and agreed to meet me today.

Timon Mainga: Program manager of HIV/AIDs

Immediately after I began the interview, I realized that Timon was not the right person to get information from on SAIDIA projects. This was possible after I asked them to tell me some of the health programs they are currently implementing. He mentioned that while most HIV/AIDS programs are funded by USAID, there is a group of HIV programs under SAIDIA that was funded by CDC (US Centers for Disease Control).

He was specific that he cannot give me information on SAIDIA because “that one is under my colleague George Okoth and he is the only one who has the information...”

George Okoth: Program Manager, Health Systems Strengthening

I asked Timon whether George was around; and he was kind enough to take me to his office (recall that I did not have an appointment). I requested him if he could spare some 5 minutes for a brief interview. He recalled my e-mail and confessed that he was too busy to respond. Since he was in the middle of writing an urgent report, he said he would give me two minutes (although we ended up spending like four minutes).

I asked him what programs he is currently managing under his HSS and Health docket. He did not give me the names of the programs but a description of what they seek to achieve. The program areas were HIV counseling and testing (HTC), health systems strengthening, prevention of HIV transmission from mother to child and evidence-based projects. He informed me that the SAIDIA projects are ending this year.

I can confidently say that he evaded my question on the names of the programs under each program area. He was also clear that “the names of the implementing partners are not important, but the role of CRS...coordination...”. He was also clear that CRS never does direct project implementation but works with local or international organizations with knowledge on the subject area.

Conclusion

In particular, the diocesan Bishop is to ensure that charitable agencies dependent upon him do not receive financial support from groups or institutions that pursue ends contrary to Church's teaching. Similarly, lest scandal be given to the faithful, the diocesan Bishop is to ensure that these charitable agencies do not accept contributions for initiatives whose ends, or the means used to pursue them, are not in conformity with the Church's teaching. – Pope Benedict XVI, Motu Proprio "On the Service of Charity" Art. 10 § 3.

The concern with Catholic agencies embracing a model in which the vast majority of their funding came from the government was that a dilution of Catholic identity would necessarily follow, and that the government, not unreasonably given its investment, would determine the parameters of the relationship. Today's Catholic Relief Services has unfortunately come to embody exactly the concerns of many in Church leadership and many lay faithful had about it becoming primarily a government-funded entity.

In *Deus Caritas Est*, Pope Benedict XVI acknowledged this long-held concern, as well as the fact that some Catholic charitable organizations had succumbed to the inevitable consequences of becoming actors on the part of the state and other entities who do not hold the same view of the human person as does the Catholic Church. He laid out a new vision for Catholic charity, one in which truth was not entirely new, but may appear so to those who have made peace with the idea that there is no problem with receiving billions of dollars from governments and NGOs who openly oppose Catholic social and moral doctrine. His radical proposal was that charity, properly understood, is fundamental to the identity of the Church:

The entire activity of the Church is an expression of a love that seeks the integral good of man: it seeks his evangelization through Word and Sacrament, an undertaking that is often heroic in the way it is acted out in history; and it seeks to promote man in the various arenas of life and human activity. Love is therefore the service that the Church carries out in order to attend constantly to man's sufferings and his needs, including material needs. (DCE 19)

In *Deus Caritas Est*, the Holy Father promised to fill a "lacuna" in Canon law, outlining the responsibilities of bishops in their legitimate oversight of Catholic charitable organizations and pointing to certain non-negotiable considerations for the charities themselves. With "On the Service of Charity," he delivered on this promise, implementing legal structures to guide bishops, the strongest of which is the section quoted above, ensuring that bishops forbid charities operating under their authority from receiving funds from institutions that "pursue ends contrary to Church's teaching." It is hard to imagine a more clear admonition to avoid funding from government entities such as USAID and PEPFAR, which, in addition to certain worthwhile efforts, consistently promote various methods of contraception and abortion in an effort to reduce human fertility and control population growth on a truly massive scale.

The report has shown in great detail how CRS won a PEPFAR grant that explicitly required promotion of various forms of contraception, which the Church has long understood to be a false solution to the real problems of disease and poverty, and from which logically flows actions that the Church understands to be intrinsically evil. When presented with preliminary findings by our

research team showing this to be the case, CRS leadership conducted an internal investigation that resulted in its own exoneration, categorically denied the charges, and worked with its partner in the federal government to modify federal documents containing evidence of their involvement. Our on-the-ground investigation confirmed that the problematic elements of the CRS-directed programs in question were indeed implemented by CRS, throwing into serious doubt CRS' defense of its actions, and pointing to a very troubling possibility: that there may have been a cover-up coordinated with PEPFAR staff to conceal CRS' involvement and the programs' true aims.

It has long and rightly been a mission of the Church to serve the poor and marginalized, a charge lived by missionaries who built hospitals, who fed the hungry, healed the sick and clothed the poor. But how the Church does this has always been distinct. "The Church is not an NGO!" our Holy Father Pope Francis has said on numerous occasions, emphasizing the need to evangelize and not fall into secular patterns in acting on the Church's behalf.

With these facts and these principles in mind, we respectfully offer the following recommendations as a way to proceed with what we believe is a need for deep reform at Catholic Relief Services:

1. Enforce the provisions in canon law per the *motu proprio* "On the Service of Charity," including the admonition that Catholic Relief Services not receive funding from any public or private institution that promotes contraception or abortion, recognizing the fact that the vast majority of such entities involved in international assistance do in fact promote these evils.
2. See to the termination of anyone involved with the acquisition, implementation or oversight of this PEPFAR grant, and whoever is responsible for directing the cover-up of problems associated with the grant.
3. Put in place a review committee of outside Catholic experts who are well-formed in the faith, who understand how the development industry works, and know what to look for to vet all grants and partnerships.
4. Lead CRS through a revisioning process that will align it completely with Catholic social and moral doctrine, and a directive only to pursue projects that it controls at all levels of implementation.

We conclude this report with a challenge: let us all avoid exaggeration and irresponsible charges, rejecting any temptation to treat this controversy as a "he said, she said" disagreement between well-meaning faithful. That cannot be honestly said about this disagreement. Let us focus instead only on whether or not the *specific* claims made here are justified by the evidence that follows.

- For our beloved bishops, we are pleased to cooperate with an independent analysis and verification of the evidence presented, since among the charges is that Catholic Relief Services has not responded to previous inquiries in good faith and has declined to discuss the matter further.
- For the media, please understand that this is a very serious factual – not ideological – disagreement about very serious matters. Given the gravity of the charges, we ask that you research and report on the specific claims made, rather than resort to printing conflicting statements from spokespersons that, in error, leave the impression that this is simply a personal or ideological debate. You owe your readers better than that.

Appendix A: Letters from Rosenhauer and from Coakley's Office

From: Rosenhauer, Joan <[REDACTED]>
Date: Fri, Nov 14, 2014 at 5:05 PM
Subject: RE: Good to see you again
To: Michael Hichborn [REDACTED]

Dear Michael:

I reviewed our past email exchanges and spoke with some of my colleagues and could find no new information about the PEPFAR grants in Kenya that we have not already addressed with you.

Here is what we have already sent you:

In the Kenya Operational Plan Report FY 2012, PEPFAR suggested that CRS was involved in activities engaged in by some other PEPFAR partners (e.g. condom promotion) that are in violation of Church teaching. This was not the case. CRS met with PEPFAR in Nairobi a few months ago and PEPFAR apologized for its error and has since corrected the report. CRS continues to adhere to the principles of Catholic Social Teaching and to do God's work by helping millions of His family's most vulnerable members around the world, showing a reverence for human life from conception to natural death and at every stage in between.

I am attaching a letter sent to you in October from Archbishop Coakley's Director of Communications in case it got lost and never made it to you.

In Christ's peace,

Joan

Joan Rosenhauer
Executive Vice President
US Operations

Phone: [REDACTED]

Cell: [REDACTED]

Email: [REDACTED]



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*Go Make
Disciples*

Archdiocese of Oklahoma City

October 3, 2014

Dear Mr. Hichborn, Fr. Boquet, Mr. Mosher:

Thank you for your recent letter regarding your investigation of CRS' PEPFAR Grants for the SAIDIA project in Kenya. Your research and information has been shared with Archbishop Coakley.

As board chairman of CRS, the Archbishop takes this issue seriously and is confident that it has been resolved. In the Kenya Operational Plan Report FY 2012, PEPFAR suggested that CRS was involved in activities engaged in by some other PEPFAR partners (e.g. condom promotion) that are in violation of Church teaching.

This was not the case. CRS met with PEPFAR in Nairobi a few months ago and PEPFAR apologized for its error and has since corrected the report.

The Archbishop is confident that CRS continues to adhere to the principles of Catholic Social Teaching and to do God's work by helping millions of His family's most vulnerable members around the world, showing a reverence for human life from conception to natural death and at every stage in between.

Warm Regards,

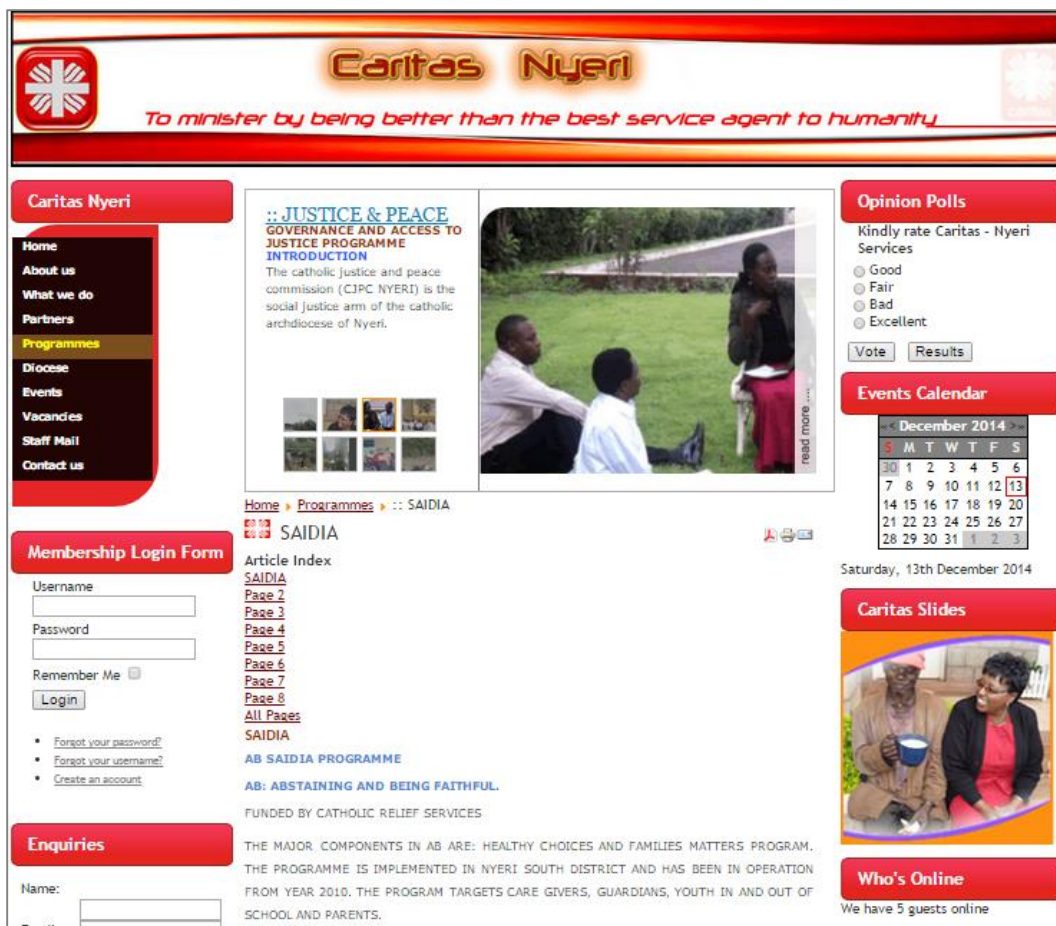
Diane Clay
Director, Office of Communications
Archdiocese of Oklahoma City
The Most Rev. Paul S. Coakley, Archbishop

Appendix B: Online Independent Verification

The screenshots on this page show that the Africa Inland Church and Caritas Nyeri which were listed in the PEPFAR reports as subpartners also confirm on their independent web-pages that they implement Healthy Choices (HC) through Catholic Relief Services (CRS).



The screenshot shows the homepage of the Africa Inland Church Kenya website. The header features the AIC logo and the text "Africa Inland Church Kenya". Below the header is a navigation menu with links: Home, About Us, Departments, Health Ministries, Childcare, Events, Get Involved, Photo Gallery, and Contact Us. The main content area is titled "I would like to know about..." and lists several categories: About Us, What we do, Where we work, AIC Hospitals, Programs, Sponsors and Partners, and Location and Contacts. The "Programs" category is selected, leading to a page titled "Health Ministries » Programs". This page lists "CURRENT PROGRAMS" including Rural Health - THCD, CBMI - PoB, Specific Funds - MIT/Education, CRS (PEPFAR) - FMP, HC, CT, TB, NACC - TOWA, Disability & Development, JUH - Relief, SIFA, UZIMA, Maji project, and Boresha Project - Difaem/ActionMedeor.



The screenshot shows the homepage of the Caritas Nyeri website. The header features the Caritas logo and the text "Caritas Nyeri". Below the header is a navigation menu with links: Home, About us, What we do, Partners, Programmes, Diocese, Events, Vacancies, Staff Mail, and Contact us. The main content area is titled "JUSTICE & PEACE GOVERNANCE AND ACCESS TO JUSTICE PROGRAMME INTRODUCTION". It includes a photo of a group of people sitting outdoors and a "read more" link. Below the main content is a "Membership Login Form" with fields for Username, Password, and a "Remember Me" checkbox. There is also a "Forgot your password?" link and a "Create an account" link. The "Enquiries" section has a "Name:" field and an "Email:" field. The "Opinion Polls" section asks visitors to rate Caritas - Nyeri Services on a scale from Good to Excellent. The "Events Calendar" shows a calendar for December 2014, with the date Saturday, 13th December 2014 highlighted. The "Caritas Slides" section features a photo of two people sitting together. The "Who's Online" section states "We have 5 guests online".

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Acknowledgments

This report was written by Anne Roback Morse, the PRI media and research coordinator. PRI staff, Susannah Cavanaugh and Paul Wilson, edited the report, and Karen Shannon ensured its timely and professional publishing.

The Population Research Institute would like to thank Michael Hichborn and the Lepanto Institute for its online investigative work and assistance in compiling the report.

PRI would also like to acknowledge its profound gratitude to the in-country investigator.



Endnotes: Extended Commentary from the Investigator

ⁱ “I have been seeking approval to do interviews with CRS-Kenya employees for about three weeks now. I was advised to see the Head of Programs, Courtney Boiler. When I met Courtney to get the permission, she informed me that she also needed to consult her supervisor, who is the Country Director. She told me to call her towards the end of the following week. However, Courtney was in a series of meeting that week and could not be available at her office. Hence I had to physically go there today Monday July 28. I interviewed the secretary.”

ⁱⁱ “Esther gave minimal information. She declined to give her business card but offered to writer her number on a sticky note which I stuck in my notebook. She also declined to meet me outside the CRS-Kenya offices; hence I had limited time to interview her.”

ⁱⁱⁱ “I had been referred to KWOSP by CRS-Kenya receptionist. KWOSP is located in the outskirts of Nairobi in an area called Kariobangi North. The offices are at Sanoda House 3rd Floor, off Kamunde Road. KWOSP was started in 2001 with the aim of improving the livelihoods of widows, orphans and vulnerable children. Early programs included CODAID where widows could get loans, the AWASH program funded by FORD Foundation—in which communities in arid areas benefited with latrines, shelter and water collection equipment; and the Total War Against Aids program funded by the National Aids Control Council (NACC).

Later, the organization began to do health projects. Currently, KWOSP is implementing two health programs: Healthy Choices 1 for a Better Future (HC1) and Family Matters Program (FMP).”

^{iv} “This referral depends on their specific needs. Since most hospitals cannot give contraceptives to minors, Robert mentioned that there are NGOs that specialize in that. He was reluctant to give specific names, but just grouped such reference centers as health institutions, specialized NGOs.”

^v “I arrived at the KWOSP office at 1350 hrs. Mr. Robert Dimba, the program manager referred me to two of his field officers; Mr. Martin Oloo (of FMP program) and Mr. Cliff (of HC1 program). We proceeded to De Marie Primary School to interview the beneficiaries of HC 1. The school is located in the informal settlements of Mathare North. The Deputy Head Teacher welcomed us warmly and called two pupils who went through the program.”

^{vi} “The children told me that the program was taught during the first term of this year, just before the exams were done. That was in March 2014. They were trained for a period of 4 weeks (Robert had told me it was 5 weeks); in which there were weekly classes- one class every week. Eric said that in his group, they were 8; in Beatrice’s group they were 14 pupils. All pupils in both entire classes (7 and 8) were trained.”

^{vii} “From the evidence gathered so far, HC1 does not have the “condoms” element. Moreover, I sensed that there was an inclination towards understanding the human body (focus on reproductive organs) and life skills that taught the children how to say firm no to those who made advances for sex. Perhaps this prepared them for HC 2. It appears that HC 1 was all about teaching the young children of school-going age life skills for delayed the sexual debut. One should expect life skills courses to cover many things not

just sexuality issues. Even a skill like assertiveness is only taught in the context of “defending” oneself from another who demands sex; or things that could lead to sex such as drinking alcohol. I did not see sincere social skills being taught in HC 1.”

viii “The high school is located near the KWOSP office in Kairobangi North.”

ix “There are many NGOs in the Eastlands (the region to the Eastern side of Nairobi, characterized by informal settlements). The people there have been over-studied and they have a mentality that they should be given something [in exchange for interviews]. . . Hence I did not think it was fair to take their photographs yet I was not giving anything.”

x “MMAAK is located in the compound of Metropolitan hospital (private) in the estate of Buru Buru in Nairobi. Philip [the MMAK regional coordinator] told me that MMAK is a national NGO that focuses on male involvement in the areas of HIV/AIDS care and treatment and Gender-based Violence (GBV). The headquarters are in Nairobi. The other 5 regions of MMAAK in Kenya are: Kerugoya, Kisumu, Mombasa, Rift Valley and Western Kenya.”

xi “It is implemented in following parts of Kenya: Central (Kerugoya), Nyanza (Kisumu) and Nairobi. The one for Kerugoya came to an end but the other two for Kisumu and Nairobi are still in progress. The program targets ANC (ante natal care) clients or pregnant mothers for HIV testing. MMAAK goes to the ANC registers and makes phone calls convincing men to accompany their spouses to the health facilities where the importance of HIV testing was presented. MMAAK could also work with community health workers to conduct testing from door-to-door.”

xii “AIC Kalamba was mentioned in the PEPFAR Operational Plan of 2012 for Kenya as one of the sites in which the program was implemented. I had also received a link from the interview with KWOSP’s Robert. Like all other interviews, I would enquire the content of each of the projects, the donor, the level of involvement of the employees and the extent to which the donor dictated the terms of implementation.

AIC Kalamba dispensary is located in Kenya’s Makueni County in the eastern part of Kenya. It is located in a remote area served by all-weather roads (no tarmac); about 200 kilometers from Nairobi. Moreover, there is fair investment in social infrastructural services such as dispensaries, schools and electricity.”