Catholic Relief Services

A Collaborative Investigation Conducted by the Lepanto Institute and Population Research Institute in

- *Cameroon*
- *Zimbabwe*
- *Lesotho*

LEPANTO INSTITUTE

POPULATION RESEARCH INSTITUTE

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Cover Image Credit: Getty Images/Riccardo Lennart Niels Mayer

Table of Contents

WARNING: Please be advised that the following report necessarily contains graphic images of a sexual nature which are used in Sexual and Reproductive Health programs for girls and young women to encourage condom and contraception uptake.

Executive Summary

The Lepanto Institute and the Population Research Institute recently completed a field investigation of Catholic Relief Service's projects in Cameroon, Zimbabwe, and Lesotho.

We initiated the investigation out of concern that CRS had led the implementation of a PEPFAR program called "Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe women" (DREAMS) in several African countries, and that in this context was promoting condoms and contraception as well as implementing health referral networks that included abortion and contraception promoters and providers.[1]

Over the course of a year, LI and PRI received from our investigators thousands of pages of documents, recorded conversations, and photographs that, taken together, reveal that CRS has, in multiple countries, referred girls as young as 10 to abortion and contraception providers, been the "prime implementer" of projects that, through a network of partners, is designed to spread and promote contraception and condoms, and has even corrupting the good morals of young girls with its own materials.

This report contains three chapters, which present our findings about CRS's activities in Cameroon, Zimbabwe, and Lesotho, respectively:

In Cameroon:

- CRS led the implementation of the KIDSS project in Cameroon, which meant it had overall responsibility for funding and implementing the project in all its aspects.
- CRS produced material, bearing CRS' logo, which promotes masturbation, "safe sex," and discourages engaging in sexual activity without using a condom.
    - As will be explained in the report, the promotion of masturbation was adapted from a program called *My Changing Body*, which CRS implemented in Rwanda but publicly denied that it had done so.[2]
- CRS partnered with RENATA, an abortion-minded organization, referring girls to RENATA for sexual and reproductive health (SRH). CRS' partnership with RENATA, which included funding, appears to have violated the Mexico City Policy then in force,

[1] In 2020, LI produced a series of six reports showing that CRS produced and published its own documents promoting condoms, implemented health referral networks that included abortion and contraception promoters and providers in Nigeria and Cameroon, and However, the world was preoccupied with the global COVID crisis, so these reports went unnoticed and were underreported. See https://www.lepantoin.org/wp/summary-of-catholic-relief-services-reports-from-2020/

[2] See https://www.lepantoin.org/wp/crs-response-changing-body-leaves-questions-answers/

given that RENATA was simultaneously advocating for the legalization of abortion in Cameroon, an activity forbidden to grantees or subgrantees.

- CRS created a health referral network that included organizations that push contraception, including RENATA, Horizons Femmes, SWAA, and others.
- The CRS-led KIDSS project formally ended in 2023. But it essentially continued under a new name, CoSMo, and with a new lead organization, the National Episcopal Conference of Cameroon (NECC). CoSMo relies upon the same referral network with RENATA, Horizons Femmes, SWAA, etc., and CRS continues to help guide the project.
- CRS' project manager for the KIDSS project, who continues to be employed as Zonal Manager for CoSMo, is an abortion and contraception proponent.
- Catholic hospitals in Cameroon have been enlisted as partners in the CoSMo project and provide pornographic sex-education materials promoting contraception and condoms. The materials themselves are supplied by CARE and Georgetown University, organizations that CRS often partners with.

In Zimbabwe:

- CRS led the implementation of the DREAMS project in Zimbabwe, which ran from 2018-2022, through a project called Pathways.
- One of the prime goals of DREAMS is "Increasing Contraceptive Method Mix", that is, encouraging the use of both condoms and long-acting contraceptives (IUDs, contraceptive implants, Depo-Provera), among adolescents and young girls in "vulnerable populations".
- CRS' implementing partners – organizations to which girls enrolled into DREAMS by CRS would be sent – were responsible for fulfilling the project requirements to promote and provide condoms and contraceptives.
    - CRS' own Chief of Party in Zimbabwe confirmed that these referrals were done with CRS' direct knowledge and consent. A video conference on Pathways held by CRS also confirms this.
    - CRS' Pathways partners Caritas Zimbabwe, JP Kapnek, Musasa, Salvation Army, and Africaid all promote contraception. Africaid even stated that CRS gave them access to 6th grade children where they handed out condoms, stating that CRS knew about the condoms and did not object.
    - CRS' Pathways partner Childline Zimbabwe, in addition to promoting and providing contraception, also refers girls for abortion.
    - CRS's Pathways project directly collaborated with public outreach campaigns, such as Stop the Bus, that were explicitly designed to spread condoms.

In Lesotho:

- CRS' 4Children project included pornographic sex education and referred girls to contraception peddlers through the overarching DREAMS project.
- The Go Girls! educational manual in use, a copy of which was provided to our local investigators, was identical to one we had earlier discovered online. It includes sexually explicit, not to say pornographic, content.
- Caritas and other DREAMS partners confirmed our concerns that girls were being sent to contraception peddlers such as Population Services International (PSI) during "community service days" as an integral part of the project.
- Through KB's "Community Service Days," during which condoms were openly demonstrated and distributed, CRS was responsible for coordinating "linkages to services" among the various DREAMS partners.
- CRS remains actively involved as an "implementing partner" in the successor project to DREAMS, which is called Karabo ea Bophelo (KB). One of KB's primary goals, which we repeatedly confirmed in interviews and primary source materials, was to "increase contraceptive prevalence" among Lesotho youth. In other words, it is an anti-natal population control program.
- In the course of meetings at KB headquarters that included CRS representatives, our investigator saw large boxes of condoms being unloaded from a van by KB staff, and a box of condoms in the bathroom, graphically illustrating the projects' purpose.
- A contraception-promoting curriculum called Stepping Stones, currently in use by KB in Lesotho, has previously been used by CRS in other countries.

Conclusions and Recommendations

Archbishop Gerard Lerotholi of Lesotho echoed the concern of many African bishops we have spoken to over the years when he told our investigators that he couldn't "vouch for CRS" because CRS neither informs him about its activities in his archdiocese nor takes the views of the local Church into account.

Based on our field research in Lesotho, Zimbabwe, and Cameroon, we can see why CRS would want to shield its activities from scrutiny by the local Church. Its partnerships with the USAID/PEPFAR projects we investigated virtually requires CRS to make grave moral compromises, not to say completely abandon its Catholic identity, in favor of a pose as a secular NGO.

This is born out in CRS' purchase and use of inherently immoral sex and HIV educational materials. Regardless of whether CRS "adapts" certain parts of such materials for its own use or not, the idea that CRS can "carve out" a kind of "safe space" within a gravely immoral

curriculum–itself the product of radically pro-abortion agencies devoted to spreading the contraceptive mentality and reducing the birth rate–is flawed and should be abandoned.

The gravity of our current findings is further underlined because they confirm that CRS is continuing a long pattern of questionable behavior. Over the past decade the Lepanto Institute and the Population Research Institute, both separately and together, have repeatedly raised concerns about Catholic Relief Services' involvement in projects that promote pornographic sex education, condoms and contraceptives.

In 2013, Population Research Institute (PRI) published the results of a month-long investigation into CRS projects in Madagascar. PRI's report found "that CRS is using funding from American Catholics to distribute contraceptive and abortifacient drugs and devices in concert with some of the world's biggest population control/family planning organizations."[3]

In 2015, the Lepanto Institute (LI) and PRI published the results of a year-long collaborative investigation into a CRS-led project in Kenya called SAIDIA.[4] Through official documents obtained online from USAID, PEPFAR, and CRS, along with information collected from field research in Kenya, we concluded that CRS had implemented a contraception-promoting program called Healthy Choices 2 and a condom-promoting program called SHUGA in that country.[5]

Over the years, other notable Catholic scholars have joined in the criticism. Reacting to reports of CRS promoting condom use, noted theologian Germain Grisez in 2011 called for a formal investigation of CRS. Grisez asked, "Why does Catholic Relief Services forbid putting its logo on the 'educational' materials it provides about HIV and condoms?" Grisez called CRS' policy regarding condoms "troubling", and rightly questioned the nature of CRS' partnerships with contraception and abortion-promoting organizations.[6]

In response to our reports, CRS has repeatedly attempted to deflect and deny that it was in any way complicit in, or responsible for, the objectively immoral aspects of the projects that it implemented. For example, when asked about the contraception-promoting program called Healthy Choices 2 (HC2) mentioned above, CRS responded in a letter to Population Research Institute and the Lepanto Institute that the PEPFAR document in question, indicating that CRS had implemented Healthy Choices 2, was mistaken and that the matter would be corrected.

The PEPFAR document was duly removed from the government website and a new version redacting all indications that CRS had implemented Healthy Choices 2 was uploaded in its place. We suspected that CRS was not being entirely candid, however, and submitted a FOIA request to USAID for the original documents outlining the project. These proved that CRS had indeed

[3] https://www.pop.org/investigation-of-catholic-relief-services-madagascar/
[4] https://www.lepantoin.org/wp/crs-pepfar-cover-up/
[5] https://www.lepantoin.org/wp/crs-implemented-condom-promoting-video-series/
[6] https://www.catholicworldreport.com/2011/04/17/the-church-betrayed/

implemented Healthy Choices 2, as well as SHUGA, despite its attempts to first deny and then cover up its involvement, apparently with the complicitly of PEPFAR administrators.[7]

It is the sincere hope of the Population Research Institute and the Lepanto Institute that the troubling facts contained in this report inspire the bishops of the United States to recognize the inherent danger of allowing its international aid and development agency, Catholic Relief Services, act as an arm of the federal government in carrying out government-funded Sexual and Reproductive Health projects. Such projects always, whether funded under the aegis of PEPFAR or another USAID health program, invariably involve the promotion and/or provision of contraception and condoms and require direct collaboration with organizations that peddle the same.

Pope Benedict XVI's motu proprio, *On the Service of Charity* – still in effect – gives specific instruction on the reception of funds from organizations that peddle sexual immorality:

> *Art. 10. § 3. 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.[8]

There is no doubt that both USAID and PEPFAR – which separately or jointly funded every single project detailed in this report – are organizations that "pursue ends contrary to the Church's teaching." It is our view that CRS's entanglement in such projects, which takes varying forms, makes CRS an accomplice to the moral crimes illustrated herein. Involvement in such programs is an occasion of scandal for the faithful, both in Africa and in the United States.

We suggest that, rather than taking federal funding, CRS should rely on the goodwill and generosity of American Catholics for spiritual and financial assistance in carrying out international aid and development projects that fully comport with Catholic teaching.

We further recommend that, in carrying out such projects, that CRS should first seek the permission of each and every local bishop in each and every diocese that it intends to operate in, fully disclosing every aspect of the project and promising full cooperation with the diocese. Bishops are, after all, tasked with protecting and promoting the spiritual welfare of their flock,

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[7] https://www.lepantoin.org/wp/foia-docs-disprove-crs-claims-regarding-healthy-choices-program/

[8] https://www.vatican.va/content/benedict-xvi/en/motu_proprio/documents/hf_ben-xvi_motu-proprio_20121111_caritas.html

and would and should be the first and best judge of whether a given project would help or harm souls.

As our report demonstrates, this is not currently the case. In our view, the bishops who serve on CRS' Board of Directors have both a moral and a fiduciary responsibility to ensure that CRS withdraws from such programs.

Indeed, as Germain Grisez noted a decade ago, "Faithful Catholics who have donated to CRS in recent years for AIDS relief did so because they expected the program to be carried out in a distinctively Catholic way. Had they not expected this, they could have donated to a secular organization fighting AIDS. If CRS officials have used donations otherwise than they have led donors to expect, CRS officials have misappropriated those funds."[9]

Our review of CRS' USAID/PEPFAR practices in several African countries strongly indicates that the concerns that prompted our, and Germain Grisez's, earlier concerns remain essentially unresolved.

At the present time we do not see how lay Catholics can in good conscience support or donate to Catholic Relief Services. We recommend that the bishops of the U.S., both individually and collectively, withdraw their support as well.

[9] https://www.catholicworldreport.com/2011/04/17/the-church-betrayed/

Investigation of Catholic Relief Services KIDSS/CoSMo Project in Cameroon

In 2023, the Lepanto Institute partnered with Population Research Institute to send an investigator to Cameroon for several weeks to investigate a USAID-funded project being implemented by Catholic Relief Services (CRS) in that country. This project was called "Key Interventions to Develop Systems and Services for Orphans and Vulnerable Children," or KIDSS for short. We were concerned that CRS, while carrying out this project, had referred adolescents and young adults to organizations that both provide and promote condoms and contraception for "sexual and reproductive health services" (SRHS), and that a succeeding project, CoSMo, had continued this practice.

Underlying our concern was an investigation that the Lepanto Institute had carried out several years before into the same KIDSS project. In the earlier, highly detailed report that followed, which was published on March 16th, 2020, the Lepanto Institute documented that CRS had in fact been referring adolescents and young adults to organizations that both provide and promote condoms and contraception for "sexual and reproductive health services" (SRHS).

At the time this earlier report was published, however, the world was preoccupied with the Covid pandemic and this first report went almost completely unnoticed. Although the Lepanto Institute made its findings known to CRS, CRS never responded in any way. Thus we saw the need for a follow-up investigation to confirm that that CRS was indeed sending young people to organizations providing sexual and reproductive health services, including contraception. Additionally, we wanted to get a first-hand view of how the KIDSS project operated on the ground in Cameroon, determine whether or not the project is continuing under another name, and ascertain if the earlier relationships among the various organizations involved still continued.

Our researcher confirmed through interviews with CRS personnel, with partners in the KIDSS project, and with the Archdiocese of Yaounde–including with the Archbishop, himself–that the referral program in KIDSS truly did refer young people to SRHS organizations that provided contraception. Additionally, our investigation turned up evidence of CRS' direct involvement in the promotion of condoms and even masturbation as forms of "safe sex." Finally, we were able to confirm that, with the assistance of CRS, the KIDSS project had been handed over to a virtually identical continuation program called COSMO, which maintains the same SRHS referral network that previously existed under KIDSS.

Background

From June of 2014 to June of 2019, Catholic Relief Services was in charge of a $7.6 million, USAID-funded project called *Key Interventions to Develop Systems and Services for Orphans and Vulnerable Children* (KIDSS).

In a one-page flyer on the project, CRS indicated that the three primary goals of the project were to:

1. Increase use of targeted services by Orphans and Vulnerable Children (OVC) and their households at community and facility levels
2. Improve capacity of communities, vulnerable households, and local facilities to provide HIV services, and
3. Strengthen government systems and policy environment for sustainable care and treatment of OVC affected by HIV.

CRS further explained in its flyer that:

> "KIDSS facilitates access to direct services for OVC through case management, assessing families for their strengths and needs, creating case plans, and *linking families and children to appropriate services to achieve their case plans.* The project also ensures that all those identified as HIV-positive are linked to clinical care and treatment services and supports community-based activities to retain children and adolescents in care." (emphasis added)

The "linking of families and children to appropriate services" is a referral network instituted by CRS through the KIDSS project. On the back side of this flyer, CRS created a chart giving an overview of the services provided. At the bottom of the chart are the letters SRH, which mean "sexual and reproductive health." And right beside the chart is a set of "key results," and among them is "HIV negative children benefit from HIV prevention activities, including sexual and reproductive health education."

This isn't the only time sexual and reproductive health services are mentioned by CRS as a part of the KIDSS project. In September of 2017, CRS held a conference call on OVC programming during which CRS representative Carl Stecker discussed the KIDSS project. About 20 minutes into his presentation, Dr. Stecker clearly indicated that SRH was included as a part of CRS's own initiative within the KIDSS project. Here's what he said:

> "At the year 3, FY17, we're coming to the close of which now, we started all of our additional services which include Early Childhood Development, Scholarships (especially for girl children ages 10-17), *our Sexual and Reproductive Health Behavior Change* and gender-based violence prevention programs …" (emphasis added)

In addition to this, in the Spring of 2018, CRS posted a job announcement that indicated it was looking for a SRH/GBV specialist for its KIDSS project. This job announcement said:

> "An international humanitarian [organization] based in Yaoundé is seeking a highly qualified *Adolescent and Youth Sexual and Reproductive Health (AYSRH) and Gender-Based Violence (GBV) Specialist* to support the implementation of AYSRH and GBV prevention and response Programming targeting adolescents and youth. *The SRH/GBV Specialist will be responsible for ensuring the quality of AYSRH and GBV activities implemented by local partners and promote integration with other orphans and Vulnerable Children (OVC) services.*" (emphasis added)

The evidence shows that CRS was clearly aware that sexual and reproductive health services were an integral part of the KIDSS project. This, however, is only part of the problem. Even more concerning is the nature of the organizations that CRS chose to partner with for the coordination and provision of SRH services.

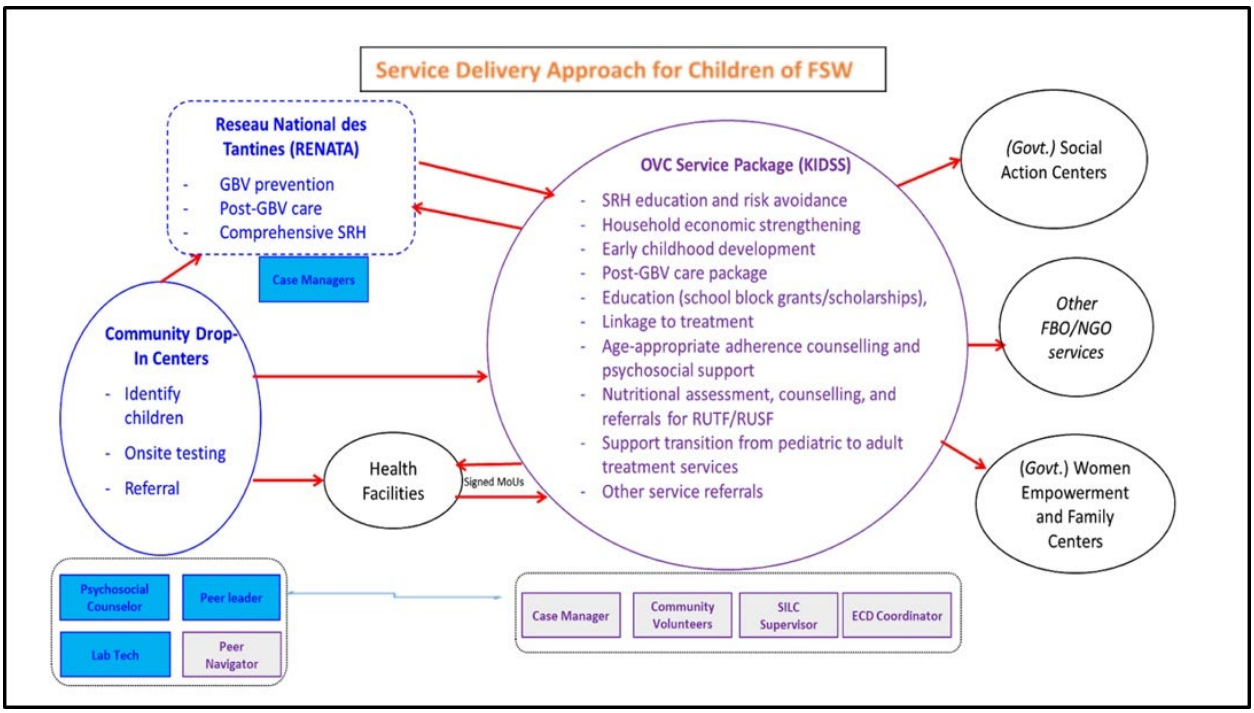
RENATA

The most concerning of CRS's partners in the KIDSS project is an organization called the National Network of Aunties' Associations (RENATA). Not only does RENATA heavily promote contraception, but it is also engaged in vocally advocating for the decriminalization of abortion. It has even admitted that it arranges for girls to obtain "safe abortions." The logo for RENATA graphically illustrates its abortion advocacy and practice: It depicts a very pregnant woman with an "X" through the location of the baby.

Our 2020 report on KIDSS went to great lengths to establish the chain of evidence proving that CRS was partnered with RENATA. The most important evidence we adduced came from a 2018 USAID memo that provided key information on the relationship between KIDSS and RENATA through another government-funded project called CHAMP. The author of the memo, who is responding to a query about potential problems, explains that the problem is that "most" female sex workers were not tested for HIV prior to childbirth, which means that a large number of children could be infected with HIV and remain undiagnosed.

The solution then offered is the partnership between CHAMP and KIDSS. In the detailed solution template that follows, the memo explains that referrals are made to RENATA, which "provide[s] GBV [Gender-Based Violence] prevention and *full-spectrum SRH services.*"(emphasis added.) A chart on page 7 of the memo (shown below) provides further evidence of the relationship between KIDSS and RENATA. Note the large circle in the chart titled "OVC Service Package (KIDSS)" with the interactive red arrows to a dotted-lined

rectangle box titled "Reseau National Des Tantines (RENATA)," and the listing of "Comprehensive SRH" at the bottom of this box. It is irrefutable that there was an ongoing relationship between this CRS project, KIDSS, and RENATA that involved referring girls and women to RENATA for SRH services.



As can be seen in the chart, KIDSS is identified as providing sexual and reproductive health (SRH) education and risk avoidance. KIDSS is referring adolescent girls to RENATA, RENATA is providing "comprehensive SRH," and RENATA is referring girls back to KIDSS.

Explaining the relationship between RENATA and KIDSS even further, the memo states that KIDSS case managers "*facilitated linkage to treatment for all HIV-infected children (providing accompaniment as needed) as well as community-based care and support services.*" It also explained that "*Older adolescent girls are also referred to RENATA*," identifying it as a "*national network of teenage mothers with extensive experience providing services to women and girls who have experienced violence and comprehensive SRH services.*" (emphasis added)

Also of note is that, in joint visits to children and their mothers by CHAMP and KIDSS workers, *"RENATA's Peer Educators (Tantines) provide GBV prevention and comprehensive SRH services; comprehensive post-GBV care is provided via one-stop shops*." (emphasis added)

In other words, KIDSS care managers are not only making referrals to RENATA, but also are including RENATA in in-home visits for the specific purpose of providing "comprehensive

sexual and reproductive health services" in the domestic setting. The reason for including RENATA in these in-home visits is made explicit on page 6, where it says:

> "The target population is biological children (age 0-17 years) residing with HIV-infected FSW. Motherhood is common among female sex workers (FSWs) and with low contraceptive use and high burden of unintended pregnancy, they have poor reproductive outcomes and preventable mother-to-child HIV transmission risk."

In short, this memo asserts that KIDSS is bringing RENATA to female sex workers in order to promote and provide contraception for the purpose of preventing "unintended pregnancy." RENATA, given its abortion advocacy, may also be arranging for what it calls "safe abortions" during such visits.

RENATA is actively involved in the promotion of "safe abortion" in Cameroon and has called for the decriminalization of abortion. In May 2018, the very same month in which it was recruiting for CRS's KIDSS project as mentioned above, RENATA took part in a "Needs Assessment on Safe Abortion Advocacy." The report that followed, under the heading "Advocacy and measures to prevent unsafe abortions," states:

> *"Various organisations in Cameroon, such as women for change, IPPF, PSI, RENATA are advocating for safe abortion services, changing the legality conditions and provision of contraceptives." (p. 17)* (emphasis added)

Our earlier study also found other evidence of RENATA's activities that makes it a questionable partner for CRS. For example, in May 2017, the *Independent*, a British newspaper, published an article headlined, "Renata: Cameroon's 'army of aunties' unite to protect vulnerable girls from sexual abuse." The article reported on how RENATA, whose acronym translates as "National Network of Aunties Associations," was providing free contraceptives to prostitutes:

> *"At night some of the aunties can be found in the dark alleyways and brothels of downtown Yaounde's [the capital of Cameroon) red-light district, talking to sex workers and distributing free contraceptives."*

In a 2011 publication, RENATA was even more forthcoming about its abortion connection. The publication was called "Aunties' for sexual health and non-violence How unwed young mothers become advocates, teachers and counsellors in Cameroon." There, on page 31, under a discussion on RENATA's impact in the community, RENATA freely admits helping some girls obtain abortions:

> "The Aunties' advice often focused on the benefits of using condoms and how to use them properly. *Some girls were given "morning-after" pills and others received support*

in bringing their pregnancy to early and safe termination, usually with the cooperation of the boy or man involved. In a few instances, *the entire association had supported girls in getting safe abortions* and even in laying charges against rapists." (emphasis added)

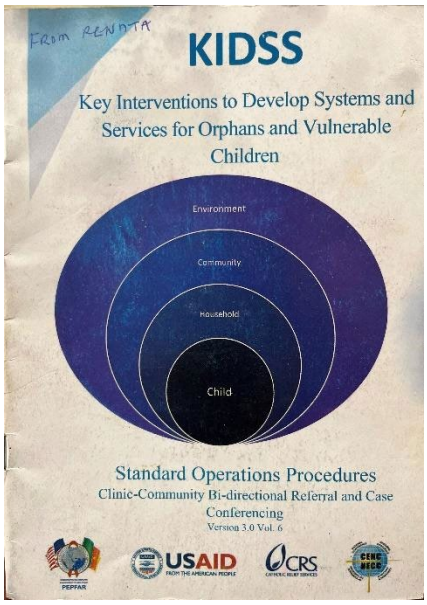
The 2020 report on KIDSS also identified a number of other organizations, connected with the program, that were promoting and distributing contraceptives. These included Horizons Femmes, SWAA Littoral, Merenso and Codas Caritas. For further information on our earlier findings, see the Lepanto Institute report published here.

Findings from the 2023 investigation

Our on-the-ground investigation in Cameroon was able to confirm that CRS was the primary implementing partner for the KIDSS project, and that it created the referral system mentioned above, which included RENATA, Horizons Femmes, SWAA Littoral, and others. The investigation also confirmed that this referral network included SRH services, and that these services included the promotion and provision of condoms and contraceptives.

In the course of the investigation, our researcher visited CRS headquarters in the capital city of Yaounde. There they obtained documents that outlined the structure of the KIDSS project, documents that stated that sexual and reproductive health services were specifically included in the project, documents explaining the referral network of the project, and project-related documents that encouraged contraception and masturbation as forms of "safe sex."

The researcher also visited the headquarters for RENATA and Horizons Femmes.



At RENATA, we obtained a copy of the "KIDSS Standard Operations Procedures" (SOP) manual. The SOP manual begins by defining the "the target population and beneficiaries of the referral system" as "At-risk children such as children of female sex workers (cFSW), adolescents, internally displaced persons (IDPs), and those identified in the health facility/community." (p. 1)

The manual, under the heading "Why refer?", gives three reasons:

- To enhance retention on ART (anti-retroviral treatment) and in care of children/adolescents living with HIV, HIV positive pregnant women, and HEI (HIV exposed infants) in PMTCT (prevention of mother-to-child transmission).
- To provide adherence support and consequently viral suppression.

- To facilitate access to HTC (HIV Testing and Counseling) for at-risk project participants. (p. 2)

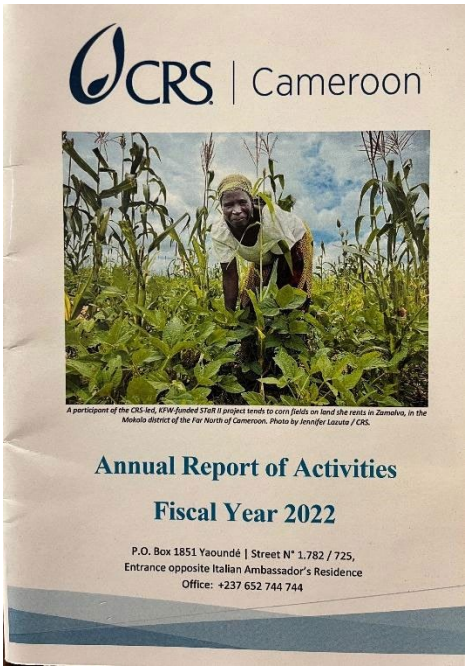
While not stated in this document, the problem with HTC projects is that it is very common for them to include encouraged use of condoms and contraception. As will be illustrated, the target population of this project was indeed encouraged to use contraception and condoms within the KIDSS project.

On page 4, the SOP provides the mechanism for referrals within the KIDSS project. It says:

> How to proceed with referral?
>
> - Care providers/focal persons at health facilities after identifying a case should:
>   - Present the KIDSS project to the case.
>   - Fill the referral/counter referral form.
>   - Call the HIV care, support, and linkage officer and/or case management coordinator (CMC) of the KIDSS partner organization that works with the health facility (e.g., AFASO, AFSU, SDS, AWA, NOLFOWOP for Yaoundé).
>   - The case management coordinator then assigns a case worker for the case.
>   - The case worker goes to the health facility and commences the enrollment process of the case with the support of the HIV CS&L officer.
>   - Case worker fills out the counter referral form.
>   - Case worker takes along copy of the referral-counter referral form and a copy stays in the patient's file at the health facility.
> - Case worker at the community after identifying a health need by the project participant should:
>   - Detail the health service for which he is referring the participant.
>   - Fill the referral/counter referral form.
>   - Accompany the project participant to the health facility.
>   - Health Care Provider/Focal point received project participant and offers services.
>   - Health Care Provider/Focal Point fills counter referral.
>   - Case worker takes along a copy of the referral/counter referral form for filing at the KIDSS partner's office.

Between pages 5-13 the SOP lists all of the KIDSS partners who are "responsible for community-level care." Identified in the list is RENATA, two locations for SWAA, MERENSO, and four locations for Horizons Femmes – all of which are deeply committed to the promotion and provision of contraception and condoms. What the SOP reveals is that all of the

records pertaining to the referrals of participants in the KIDSS project is recorded on multiple levels, and that the requested service is included in the referral forms.



Another document obtained from CRS is the Cameroon Annual Report of Activities, Fiscal Year 2022. On page 9 is CRS's 2022 evaluation of the KIDSS project. In the second paragraph, CRS very plainly states that it has provided 16,500 households with "sexual and reproductive health education for adolescents":

> "KIDSS contributes to achieving PEPFAR objectives related to case finding, linkages, and community care and support services by using a comprehensive, strengths-based case management approach to resilience and working with HIV-affected families to develop case plans that respond to their needs. Overall, 16,500 households receive direct support through KIDSS, including access to pediatric prevention, HIV Testing Services, anti-retroviral treatment adherence, microfinance activities, school placement and scholarships, support for early child development and positive parenting, *sexual and reproductive health education for adolescents*, and referral for child protection services." (emphasis added)

CRS also provided our researcher with a CRS-produced flyer explaining the scope, financing, objectives, strategies, and partnerships of the KIDSS project. On the back of the flyer, under the heading, "Contribution to HIV Epidemic Control," it reiterated the number of households where adolescents received "sexual and reproductive health education," placing the overall number of participants in the KIDSS project at 63,232.

What does this sexual and reproductive health education for adolescents entail? The answer can be found in another of the documents we obtained from the CRS office, namely, the complete Standard Operating Procedures manual for the entire KIDSS project.

Section A.6 of the manual lays out the "Sexual and Reproductive Health (SRH) Services" that will be provided. It first specifies that "SRH activities will be conducted by peer educators at the archdiocese and CSO level. Then it goes on to explain how the "Peer Educator Program on Sexual Reproductive Health (SRH) Training" works in practice:

> "SRH involves the sexual and reproductive health of adolescents (10 to 17 years). The aim of this program in KIDSS is to empower adolescents especially girls to know their body and prevent or mitigate HIV, STI, and acquisition of proper health seeking behaviors. Adolescents receive SRH counseling and education during home visits every month for CLHIV and once a quarter for HIV negative adolescents. This home-based approach is more efficient when combined with health club activities or adolescent friendly spaces in the community. The home visits provide an opportunity for caseworkers to discuss one on one with adolescents.

> This SOP defines the curriculum 'My Changing Body' adapted by KIDSS 'Wetti You Wan Be For Future.'" (p. 42)[1]

As to who the "peer educators" would be who are responsible for providing SRH training to these adolescent girls, the KSOP manual refers to "Training of peer educators and adult mentors selected from all church partners and CSOs." Now CSO is an acronym for "Civil Society Organizations," which in this case refers to CRS partners like RENATA, Horizons Femmes, SWAA Littoral and Merenso. The mere mention of the direct involvement of these contraception and abortion-promoting organizations is alarming. That CRS would partner with such organizations is, in itself, scandalous. CRS, as a Catholic organization, has a responsibility to protect children and adolescents from those who would endanger their souls by peddling contraception and abortion to them, not facilitate their access to them.

The "Wetti You Wan Be When You Grow" ("What do you want to be when you grow up") manual mentioned by KSOP above provides additional reason for concern on this score. Our investigator obtained a copy of this manual, subtitled the "Peer Education Training Manual on HIV, Adolescence, and Gender for Youth aged 10-17" from the CRS office. CRS' logo is prominently displayed on the front cover, indicating its endorsement of the contents. The "Acknowledgements'" page further underlines CRS's involvement, for it states that the manual "was developed for the KIDSS in Cameroon project." Indeed, after acknowledging the support of Dr. Leslie Chingang (CRS' Deputy Chief of Party in Cameroon from 2014 - March 2023) and the KIDSS team in the the editing, review and completion of the manual, two other individuals are specifically thanked "for recommending use of this manual to Catholic Relief Services." The fact that the CRS logo appears on the front cover was, in other words, no accident.

The contents of the manual encourage young people to masturbate as a form of "safer sex," use condoms, avoid "unprotected sex," and contains pornographic images of female genitalia. Needless to say, such advice runs counter to Catholic teaching.

The promoters and purveyors of such practices to young people have followed the same playbook for many years. In fact, much of "Watti Wan Be When You Grow" is adapted from a 2011 publication of the Institute for Reproductive Health which was entitled, "*My Changing Body: Fertility Awareness for Young People 2nd Edition.*" This includes Activities 1-11 of "Module 2: Health is Wealth," which runs from pages 6-23.

The reason this is worth noting is because CRS was involved with promoting this earlier sex manual as well. The Lepanto Institute published a report on CRS's implementation of "*My Changing Body*" in 2015. The report described how CRS and the Institute for Reproductive

[1] The reference to "My Changing Body" confirms our earlier reporting on CRS. See the following page for further information.

Health had jointly carried out a pilot program in Rwanda to promote "*My Changing Body.*" The evidence we presented included a USAID evaluation of the Pilot publication of My Changing Body, which states that in 2010:

> "The Institute for Reproductive Health partnered with Catholic Relief Services (CRS) and its partner, Caritas, to integrate MCB sessions into its President's Emergency Plan for AIDS Relief (PEPFAR)-funded *Avoiding Risk, Affirming Life* program … The *My Changing Body* pilot reached VYAs (Very Young Adolescents) and their parents in collaboration with CRS and Caritas in the rural area of Nyundo Diocese … Although working with Catholic implementing partners, recruitment of VYAs and parents was done outside of church settings."

What kinds of sexual behavior was CRS promoting through its involvement in the *My Changing Body* pilot program in Rwanda? As documented in the Lepanto report, the promotion of masturbation was an important element. Among other references, the USAID evaluation rather ruefully reports on p. 16 that "[*My Changing Body*] had **mixed success** in **promoting acceptance of masturbation** as healthy sexual expression during adolescence." (emphasis added)

VYA attitudes towards sexuality and puberty

The MCB curriculum sought to encourage positive attitudes towards sexuality among VYA. The data presented in Table 5 suggests that MCB had mixed success in promoting acceptance of masturbation as healthy sexual expression during adolescence.

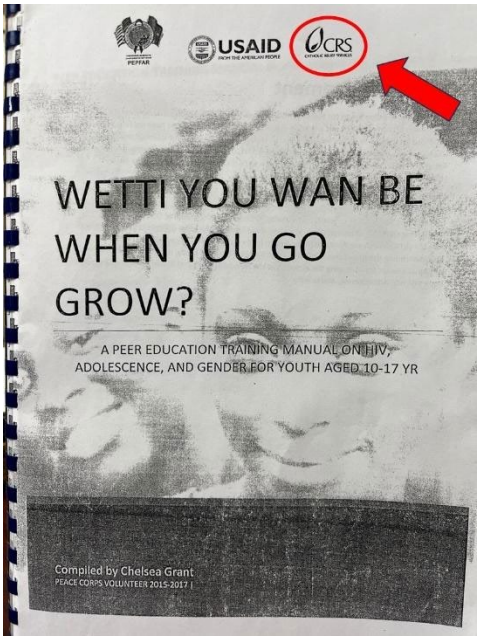
Table 5. Percent change in attitudes related to sexuality (baseline to endline) in experimental group in Rwanda

Topics	Change (n=103)
Romantic Feelings Are Normal	7%
Masturbation Is Not Dangerous	-4%
Masturbation Is Common Among Young People*	25%

The "Facilitator's Manual" for *My Changing Body*, was even more revealing, in that it explicitly thanked CRS for "field testing" the program. The manual itself could have been written by Alfred Kinsey or Planned Parenthood, in that it contained now fewer than 48 positive references to masturbation.

In response to this earlier report, Catholic Relief Services flatly denied "promot[ing] or normalize[ing] masturbation for teenagers" and "promot[ing] or encourage[ing] the use of condoms or other forms of birth control" through the implementation of the *My Changing Body* curriculum. In fact, CRS rather remarkably claimed that *My Changing Body* had been adapted

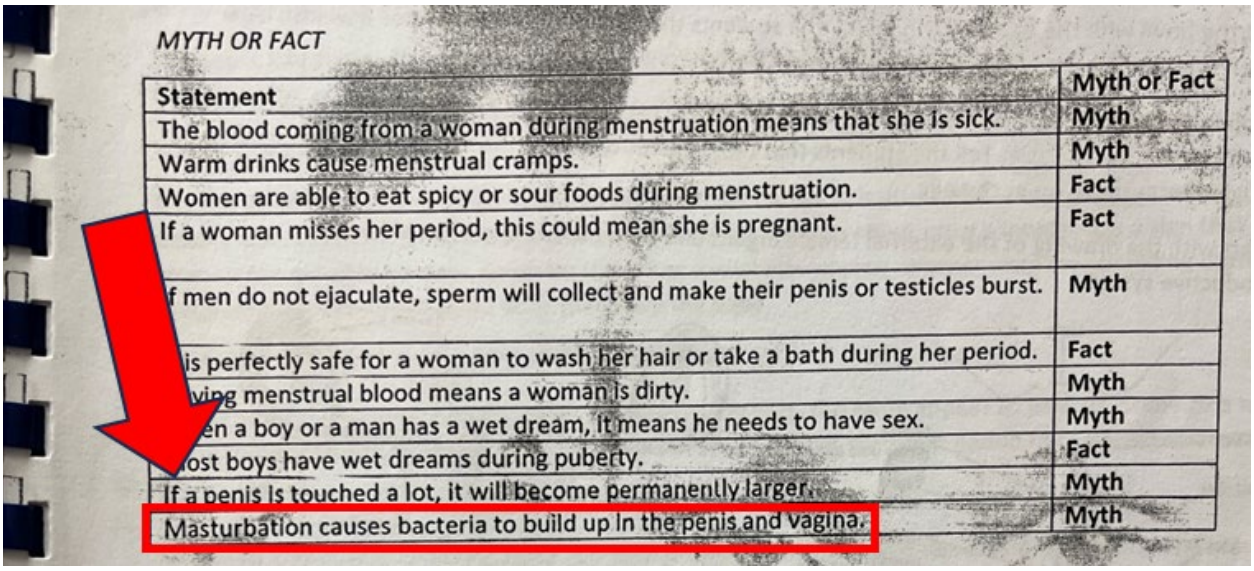
"to conform to Catholic teaching," although it did not specify what, if any, changes had been made.



Given that we have found the same kinds of problematic sexual advocacy in CRS's latest manual, "Wetti You Wan Be When You Grow," CRS's truthfulness regarding the 2015 report on *My Changing Body* is now in serious question. CRS's logo on the front cover of the manual is an *ipso facto* endorsement of its contents.

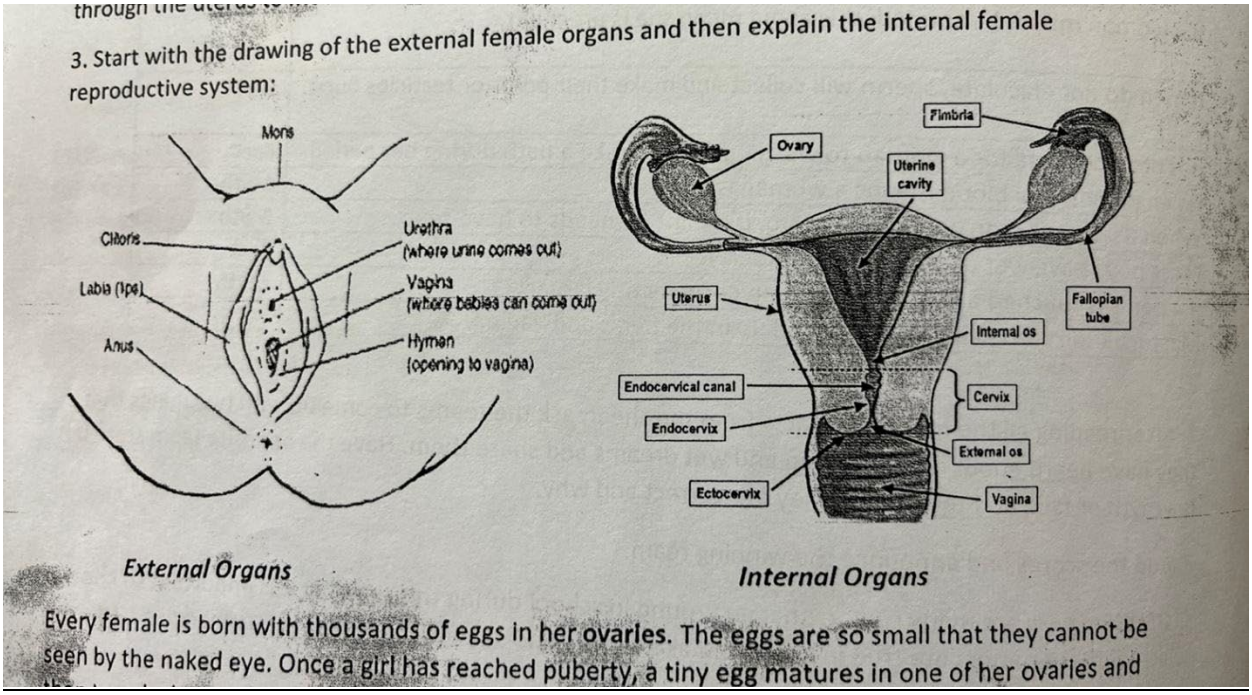
It is hard to take seriously CRS's denials that it ever promoted or normalized masturbation, condoms, or contraception, given that the similarities between the sex manuals used in Camaroon and those earlier used in Rwanda. For example, the "Wetti Wan Be" manual in "Module 2: Health is Wealth," "Activity 1: Words We Use About the Body," acknowledges that this activity was "Adapted from the Institute for Reproductive Health, 2011. *My Changing Body: Fertility Awareness for Young People 2nd Edition.* Washington, DC." (p. 6)

In terms of the actual content, "Wetti Wan Be" "Activity 5: Fertility Myths and Facts", is where the topic of masturbation is introduced, and it is also directly adapted from the *My Changing Body* curriculum. The context is a chart labeled "Myth or Fact," which presents various notions about human sexuality and development. The last proposition on the chart is "Masturbation causes bacteria to build up in the penis and vagina", which is identified as a myth. (p. 12)

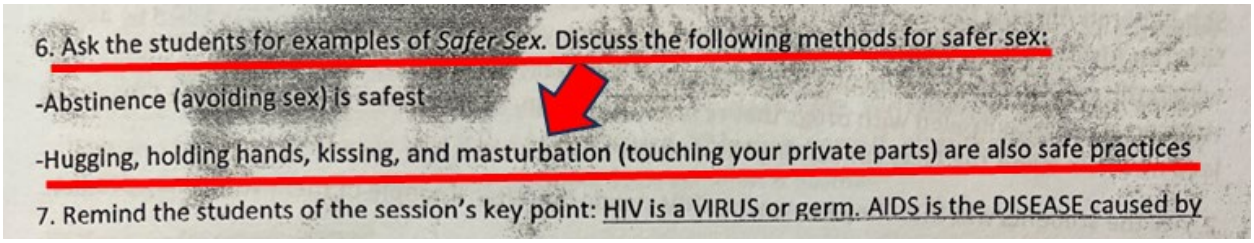

MYTH OR FACT

Statement	Myth or Fact
The blood coming from a woman during menstruation means that she is sick.	Myth
Warm drinks cause menstrual cramps.	Myth
Women are able to eat spicy or sour foods during menstruation.	Fact
If a woman misses her period, this could mean she is pregnant.	Fact
f men do not ejaculate, sperm will collect and make their penis or testicles burst.	Myth
is perfectly safe for a woman to wash her hair or take a bath during her period.	Fact
ving menstrual blood means a woman is dirty.	Myth
en a boy or a man has a wet dream, it means he needs to have sex.	Myth
ost boys have wet dreams during puberty.	Fact
If a penis is touched a lot, it will become permanently larger.	Myth
Masturbation causes bacteria to build up in the penis and vagina.	Myth

Activity 6 is called "Signs of Fertility – Girls", and this activity is also adapted from *My Changing Body*. The manual provides a graphic diagram of a woman's external and internal genitals, while similar images of male anatomy follow. (p. 13, 16) . Bear in mind the target audience for such material are children aged 10-17. There is no purpose in showing prepubescent children and young adolescents nude images of human reproductive organs. Grossly immodest images such as these have no place in a Catholic program on human sexuality.



"Activity 11: HIV/AIDS Main Terms" also comes from *My Changing Body.* Among the Learning Objectives of this activity is to be able to "State methods for 'safer sex.'" The facilitator is to ask students for examples of "safer sex" and promote the idea that masturbation is one such method. (p. 23)



Wetti Wan Be "Activity 13: Responding to Myths about HIV and AIDS" is also adapted from *My Changing Body*. This activity asks students to "brainstorm some of the common myths about HIV." The manual then lists "some common examples of misconceptions in Sub-Saharan Africa," and included on the list are:

- "It is ok for two HIV-infected people to have unprotected sex."
- "Condoms do not prevent transmission of HIV."(p. 24)

Since these two propositions are both identified as "myths," students are obviously expected to infer that implication condoms DO prevent the transmission of HIV and that HIV-infected people should use "protection" when having sex.

There are other portions of the *Wetti Wan Be* manual promoting the idea that people should not be having "unprotected sex." In fact, Activity 17: Am I Ready for Sex?, which begins on page 32, has students asking a variety of questions about having sex. On page 34, one of the questions to pose to students is, "If you don't want to have a child, what will you do to avoid pregnancy?" While the question doesn't come with an explicit promotion of contraception, the implication is that students should be thinking of different types of birth control when contemplating having sex.

Pages 65 and 66 of the manual provide answer keys for pre and post tests on "Pregnancy/Puberty/Life Skills" and "HIV, AIDS, and STIs." Questions 16 and 17 of the test on page 65 are True or False statements related to masturbation.

- Question 16 (which is marked "True") states, "Both men and women masturbate."
- Question 17 (which is marked "False") states, "Masturbation can cause people to go crazy."

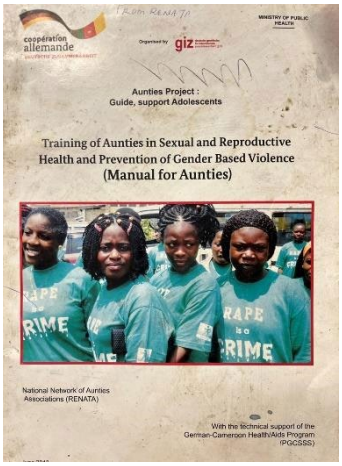
In section 1 of the text on page 66 is another True or False statement. Indicated as "True" in the answer key on page 67, the test states, "People taking ARV therapy can still infect partners with HIV through unprotected sex."

Clearly, CRS's use of the *My Changing Body* curriculum in this manual includes the explicit promotion of masturbation as a form of "safer sex," includes graphic images of human anatomy, and suggests that condom use and "protected sex" are preferential to not using a condom at all. But this only represents the extent of the sexual education provided by CRS.

As indicated above, the KIDSS project included contraception and abortion promoting organizations like RENATA and Horizons Femmes, who were enlisted to provide Sexual and Reproductive Health services. Additionally, we discovered that CRS provided RENATA with at least $359,787 for its part in the KIDSS project.

HigherGov.com, which tracks government grants and projects, has reports of five different individual disbursements of funds to RENATA, in the amounts of $145,129 from 1 October 2019, $95,000 from 15 March 2021, $42,545 from 20 January 2022, $42,113 from 28 March 2022, and $35,000 from 11 November 2020.

Subaward ID	Awardee	Prime Awardee	Obligated	Modified
CM-22-SUBAGR-55257-01-03	Renata	Catholic Relief Services - United States Conference Of Catholic Bishops	$42.1K	03/28/22
Sub Description Provide services for Orphans and Vulnerable Children in designated health districts				
Prime Description Key interventions for developing systems and services for OVC populations in Cameroon.				
CM-22-SUBAGR-55257-01-02	Renata	Catholic Relief Services - United States Conference Of Catholic Bishops	$42.5K	03/28/22
Sub Description PROVIDE SERVICES FOR ORPHANS AND VULNERABLE CHILDREN IN DESIGNATED HEALTH DISTRICTS				
Prime Description Key interventions for developing systems and services for OVC populations in Cameroon.				
CM-21-SUBAGR-20124-55257-04-02	Renata	Catholic Relief Services - United States Conference Of Catholic Bishops	$95.0K	03/28/22
Sub Description To provide services to orphans and vulnerable children in designated health districts				
Prime Description Key interventions for developing systems and services for OVC populations in Cameroon.				
CM-21-SUBAGR-20124-55257-04-00	Renata	Catholic Relief Services - United States Conference Of Catholic Bishops	$35.0K	03/28/22
Sub Description TO PROVIDE SERVICES TO ORPHANS AND VULNERABLE CHILDREN IN DESIGNATED HEALTH DISTRICTS				
Prime Description Key interventions for developing systems and services for OVC populations in Cameroon.				
CM-20-SUBAGR-8232-P0997-07-00	Renata	Catholic Relief Services - United States Conference Of Catholic Bishops	$145.1K	03/28/22
Sub Description KEY INTERVENTIONS TO DEVELOP SYSTEMS AND SERVICES FOR ORPHANS.				
Prime Description Key interventions for developing systems and services for OVC populations in Cameroon.				

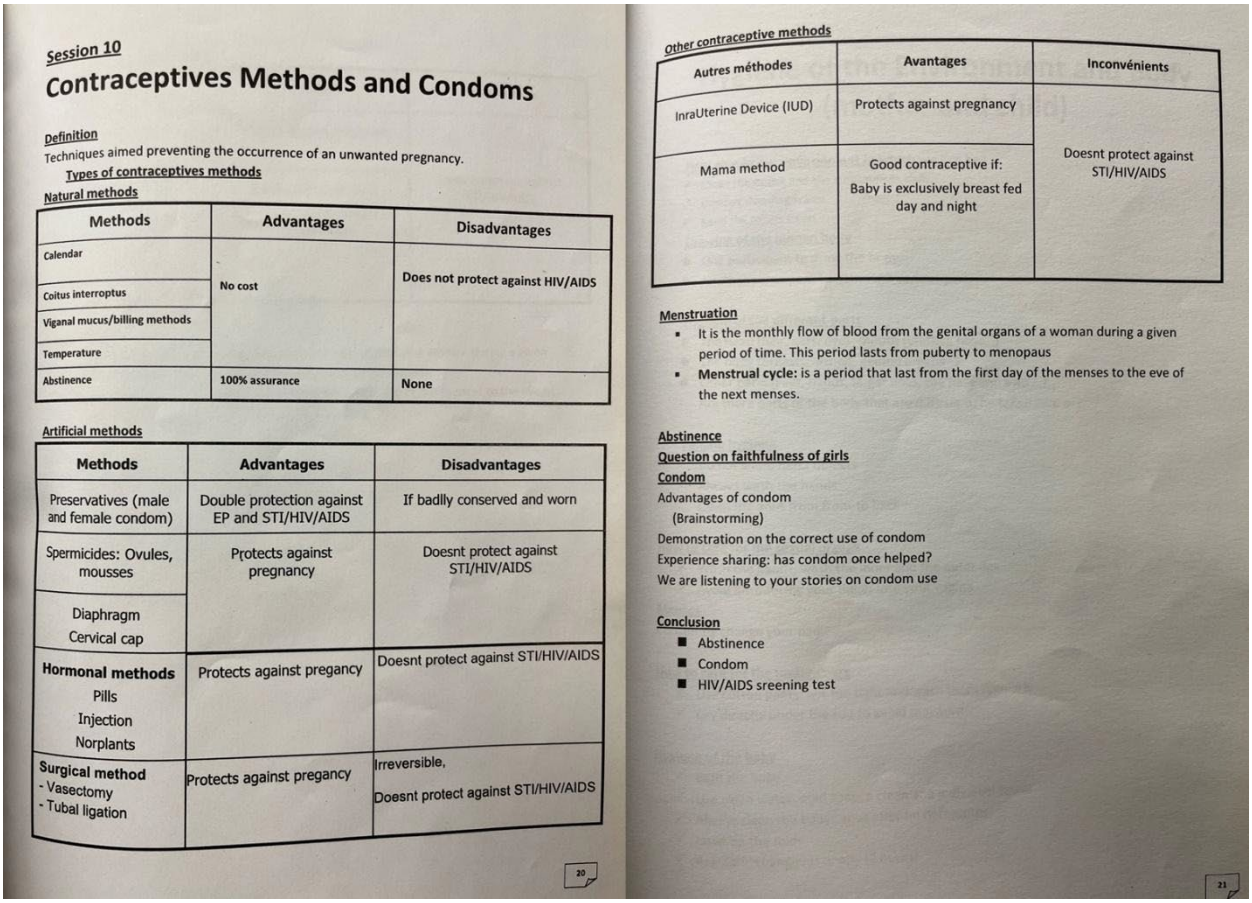


Our researcher was able to visit the RENATA office in Douala and obtain a copy of the "Training of Aunties in Sexual and Reproductive Health and Prevention of Gender Based Violence (Manual for Aunties)". Page 13 of the Manual for Aunties contains an image of the female genitals similar to, but more detailed than, the image in CRS's *Wetti Wan Be manual.* On page 18 is an instruction to simply show the film "Aunties in the City." This thirty-minute video from 2005, produced by RENATA's German parent company, Deutsch Gesellschaft fur Internationale Zusammenarbiet (GIZ), presents an overview of what the "Aunties" (women working for RENATA) do in their communities. At about the 26-minute mark of the video, RENATA openly promotes abortion as an option for girls and young women in a crisis pregnancy, encouraging them to seek professional abortions at hospitals, rather than attempting one on their own.

Session 9, which begins on page 18, is simply titled "Abortion." After facilitating a brief discussion on the definition of abortion and the various types of abortion, the manual simply asks, "What do girls avoid by doing abortion?" It then explains that abortion is legal in Cameroon in cases of rape. In the conclusion of this section, the RENATA manual says:

> "Participants should understand and make other adolescents know that it is very risky to do abortion by oneself or with the help of friends in the quarter. It is better to go to the hospital."

Pages 20 and 21 are all about contraception and condom use, providing a chart explaining the advantages and disadvantages to the use of different types of contraception. The session ends with a discussion on the advantage to using condoms, a condom demonstration, and testimonials regarding condom use.



Session 10

Contraceptives Methods and Condoms

Definition

Techniques aimed preventing the occurrence of an unwanted pregnancy.

Types of contraceptives methods

Natural methods

Methods	Advantages	Disadvantages
Calendar	No cost	Does not protect against HIV/AIDS
Coitus interroptus		
Viganal mucus/billing methods		
Temperature		
Abstinence	100% assurance	None

Artificial methods

Methods	Advantages	Disadvantages
Preservatives (male and female condom)	Double protection against EP and STI/HIV/AIDS	If badlly conserved and worn
Spermicides: Ovules, mousses	Protects against pregnancy	Doesnt protect against STI/HIV/AIDS
Diaphragm Cervical cap		
Hormonal methods Pills Injection Norplants	Protects against pregancy	Doesnt protect against STI/HIV/AIDS
Surgical method - Vasectomy - Tubal ligation	Protects against pregancy	Irreversible, Doesnt protect against STI/HIV/AIDS

20

Other contraceptive methods

Autres méthodes	Avantages	Inconvénients
InraUterine Device (IUD)	Protects against pregnancy	Doesnt protect against STI/HIV/AIDS
Mama method	Good contraceptive if: Baby is exclusively breast fed day and night	

Menstruation

- It is the monthly flow of blood from the genital organs of a woman during a given period of time. This period lasts from puberty to menopaus
- **Menstrual cycle:** is a period that last from the first day of the menses to the eve of the next menses.

Abstinence

Question on faithfulness of girls

Condom

Advantages of condom
(Brainstorming)
Demonstration on the correct use of condom
Experience sharing: has condom once helped?
We are listening to your stories on condom use

Conclusion

- Abstinence
- Condom
- HIV/AIDS sreening test

21

The very fact that RENATA is advocating for abortion while receiving funds from Catholic Relief Services is disturbing because it would seem to be a direct violation of the Mexico City Policy and the Siljander Amendment, which states that "none of the funds made available under [the appropriations act] may be used to lobby for or against abortion."

Page 83 of the Mexico City Policy requires organizations such as CRS to ensure that sub-recipients of foreign aid funding not to perform or promote abortion during the period in which it is receiving such funds:

> II. **Grants and Cooperative Agreements with U.S. Non-governmental Organizations**
> (1) The recipient (A) agrees that it will not furnish health assistance under this award to any foreign non-governmental organization that performs or actively promotes abortion as a method of family planning in foreign countries; and (B) further agrees to require that such sub-recipients do not provide financial support to any other foreign non-governmental organization that conducts such activities. For purposes of this paragraph (a), a foreign non-governmental organization is a for-profit or not-for-profit non-governmental organization that is not organized under the laws of the United States, any State of the United States, the District of Columbia, or the Commonwealth of Puerto Rico, or any other territory or possession of the United States.
> (2) Prior to entering into an agreement to furnish health assistance to a foreign non-

governmental organization (sub-recipient) under this award, recipient must ensure that such agreement with sub-recipient includes the following terms:

(i) The sub-recipient will not, while receiving assistance under this award, perform or actively promote abortion as a method of family planning in foreign countries or provide financial support to other foreign nongovernmental organizations that conduct such activities;

Given that in 2018, RENATA was reported as actively advocating for "safe abortion services," that abortion-promoting material was easily obtained in RENATA's office, and that CRS was providing grants to RENATA from 2019 on, CRS needs to explain why it made grants to RENATA and whether these violated the Mexico City Policy and the Siljander Amendment, then in force.

Our investigator also visited another partner in the KIDSS project, Horizons Femmes (HF), located in the city of Douala. A banner hanging in the HF Office celebrated the partnership between CRS and HF. On the left side of the banner, under the heading "KIDSS Project Results by Area of Intervention," there is a heading in French which reads, "Groupes de causerie educative de sante sexuelle." or "sexual health educational discussion groups." Here we see further confirmation that HF, like RENATA, was involved in providing SRH services and education to children as a part of the KIDSS project.

Our investigator reported confirmation of CRS's work with HF on the KIDSS project and said that the materials HF showed the investigating team were replete with the promotion of contraception and condoms. In addition to posters showing collaboration between CRS and HF, the HF office was littered with posters encouraging the use of contraception. Among the

materials presented to our researcher was a copy of CRS's "Wetti Wan Be" sex education program. From the previous investigation into the KIDSS project, it was abundantly clear that HF's approach to educating young people about human sexuality was to encourage the use of condoms.

One of the objectives of this investigation was to discover whether or not the KIDSS project was continued under a different name or under different leadership. Our investigator was able to confirm that it did. They learned from the Archdiocese of Douala that the KIDSS project (which concluded in January 2023) is continuing under a new name and is now called *Consolidating Systems and Services for the Management of Orphans and Vulnerable Children in Cameroon* (CoSMo). This successor project to KIDSS project was handed over by CRS to the National Episcopal Conference of Cameroon (NECC), meaning that it is under the nominal direction of the Bishop's Conference of Cameroon. CRS, however, continues to play a major role in the implementation of the project.

Our researcher was also able to confirm, through interviews with Archbishop Jean Mbarga of the Archdiocese of Yaoundé, CRS, CARITAS, RENATA, and Horizons Femmes that CoSMo continues to rely upon the same reporting mechanism that existed under KIDSS.

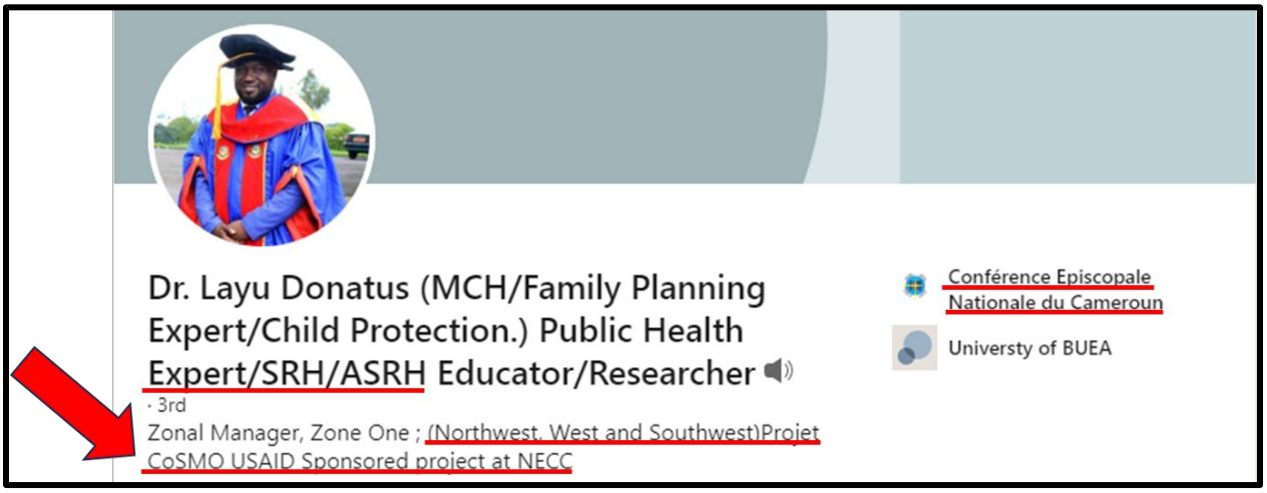
After visiting with the two staff members of CARITAS who are responsible for overseeing the CoSMo project, our researcher reported:

- The Catholic Relief Service (CRS) office in in Yaoundé was the major financier of KIDSS project which was completed in January 2023. CRS setup the current system under which KIDSS and now CoSMo operates, one that utilizes partnerships and referral systems in the community as part of its standard operating procedures.
- COSMo is a repackaging of the KIDSS project, with funding coming directly from USAID to the National Episcopal Conference of Cameroon (NECC). The project was implemented in every city in the country. This indigenization of the projects, as it might be called, was requested by USAID/PEPFAR, which requested that CRS identify a local partner that would continue the project. CRS recruited the NECC to take over ownership of the KIDSS–now COSMo–project. Resources were provided by KIDSS (CRS) to help COSMo (the NECC) in the transition process.
- COSMo, works with the same NGOs as its predecessor KIDSS: RENATA, SWAA Littoral and Horizon Femme in Douala and Yaounde. For cases of HIV Counseling, Sensitisation and Prevention Education, they refer their clients to the Catholic Hospitals in Douala and Yaounde.
- Talks on prevention of HIV/AIDS are organized in the parishes but are managed by professionals in the domain. The staff member could not share any materials used by these professionals, since they produce and utilize their own materials which are not reviewed or vetted by COSMo or CARITAS.

Archbishop Mbarga told our researcher that COSMo is the continuation of the KIDSS project. In describing how CRS continues to maintain a strong presence in the CoSMo project, he revealed that the same CRS employee who formerly headed up the KIDSS project is now in charge of CoSMo.

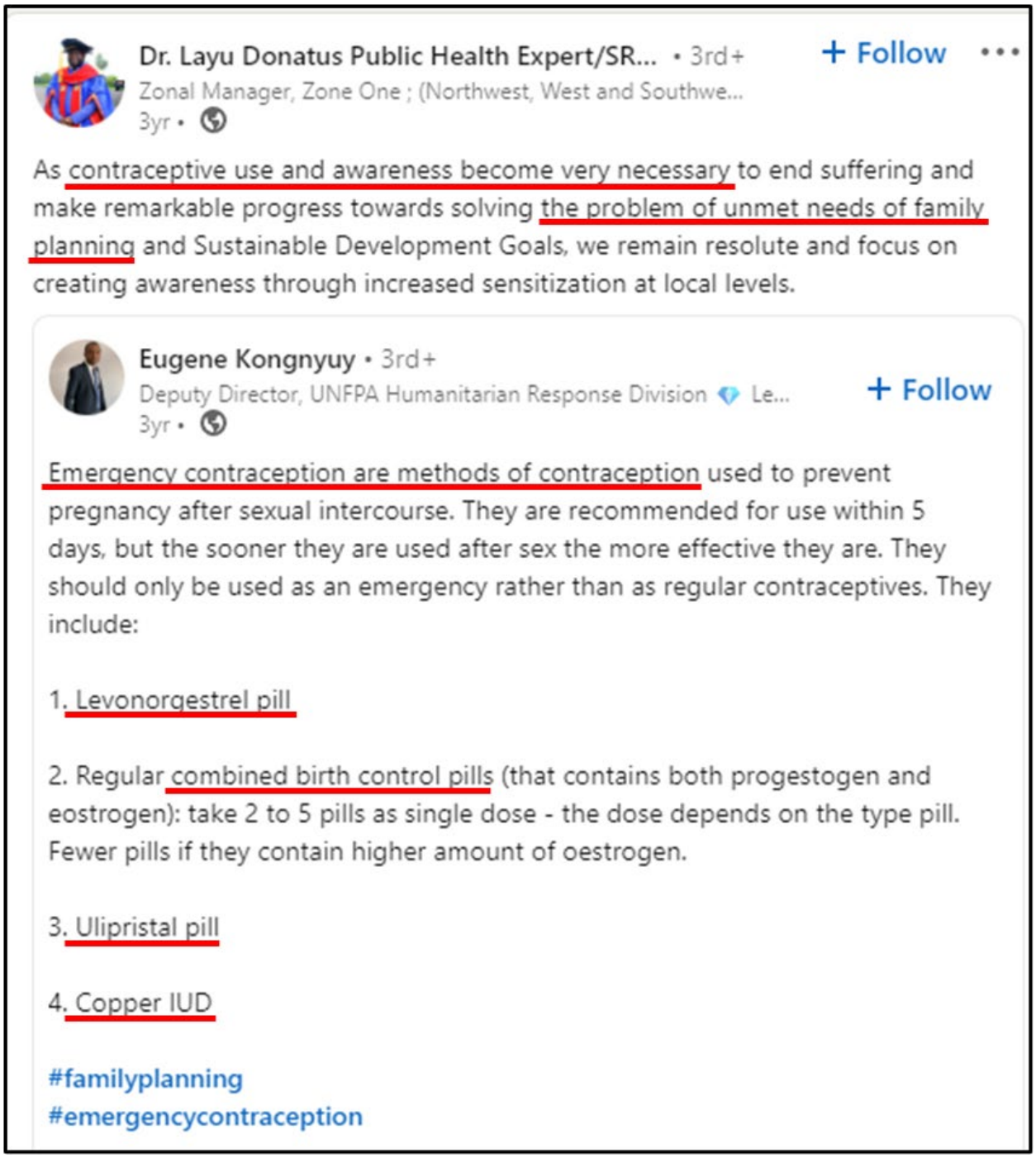
Our researcher met with an official of the CoSMo project, who previously worked many years for CRS. This official explained to our researcher that sub-recipients of funds from CoSMo (like RENATA, HF, etc) are independent actors, and that such organizations, not being Catholic, can be used as partners to implement SRH projects involving contraceptives. This official strongly emphasized the point that the Cameroon Catholic Church does not encourage contraceptives or procurement of abortions, but the CoSMo referral partners can and do engage in such activities. As such, CoSMos provides funding to RENATA to provide a "holistic" approach for its HIV/AIDS projects.

This "arms-length" justification for funding contraception and abortion-promoting entities collapses when one looks closely at some of the employees of the KIDSS/CoSMo project. We discovered the manager for Zone 1 of the CoSMo project (the "Zonal Manager"), is not only a former employee of the KIDSS project, but also is a major advocate for contraception and "abortion services." Dr. Layu Donatus identifies himself on Linkedin as a "family planning expert," and a "public health expert" on SRH and ASRH (meaning adolescent sexual and reproductive health), and he has been in his role with the CoSMo project since July 2023 (approximately 8 months).

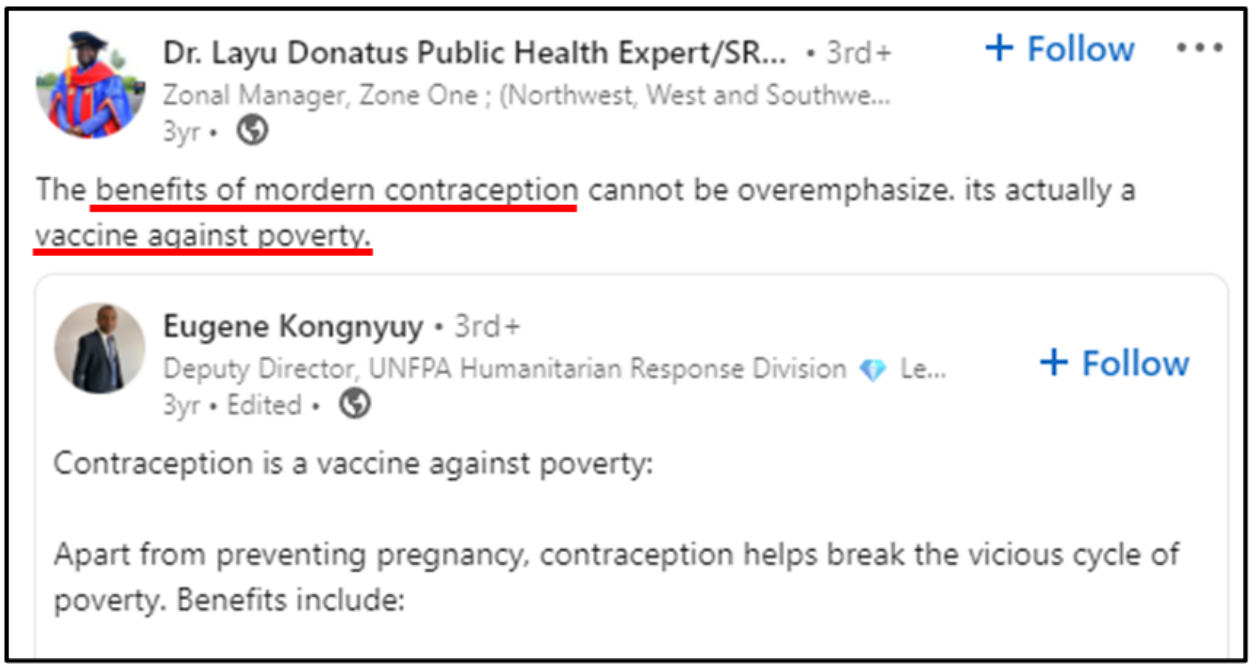


His profile indicates that prior to working for CoSMo, he spent nearly three years working for CRS as the Project Officer for Case Management on the KIDSS Project.

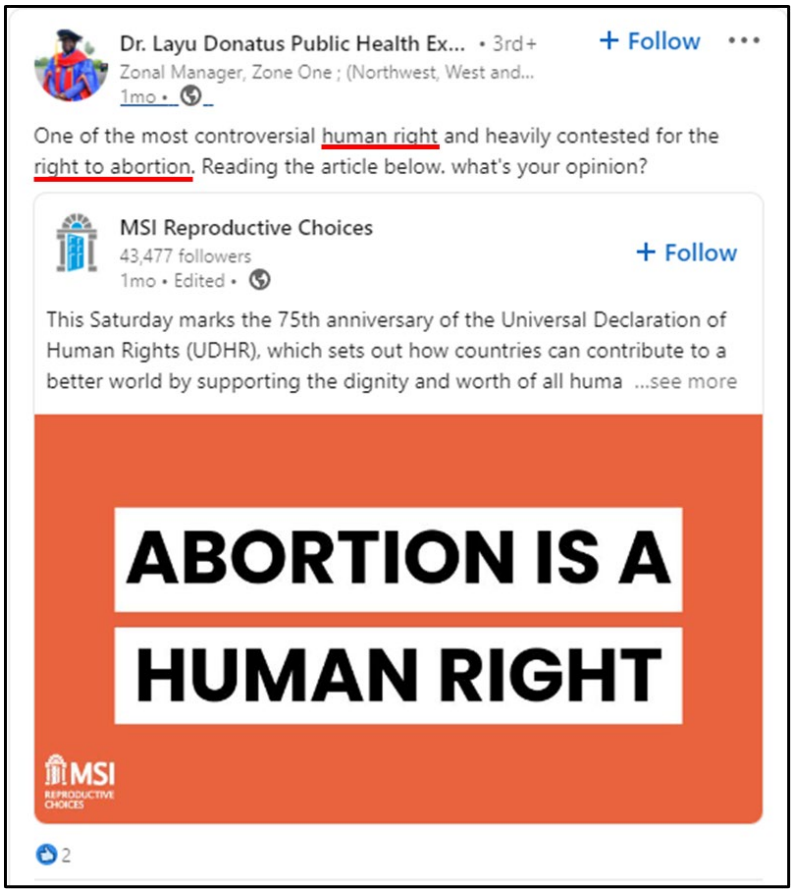
In 2021, during his time working for CRS/KIDSS, Dr. Donatus wrote a post on Linkedin advocating for the use of a variety of forms of contraception, including IUDs and birth control pills.



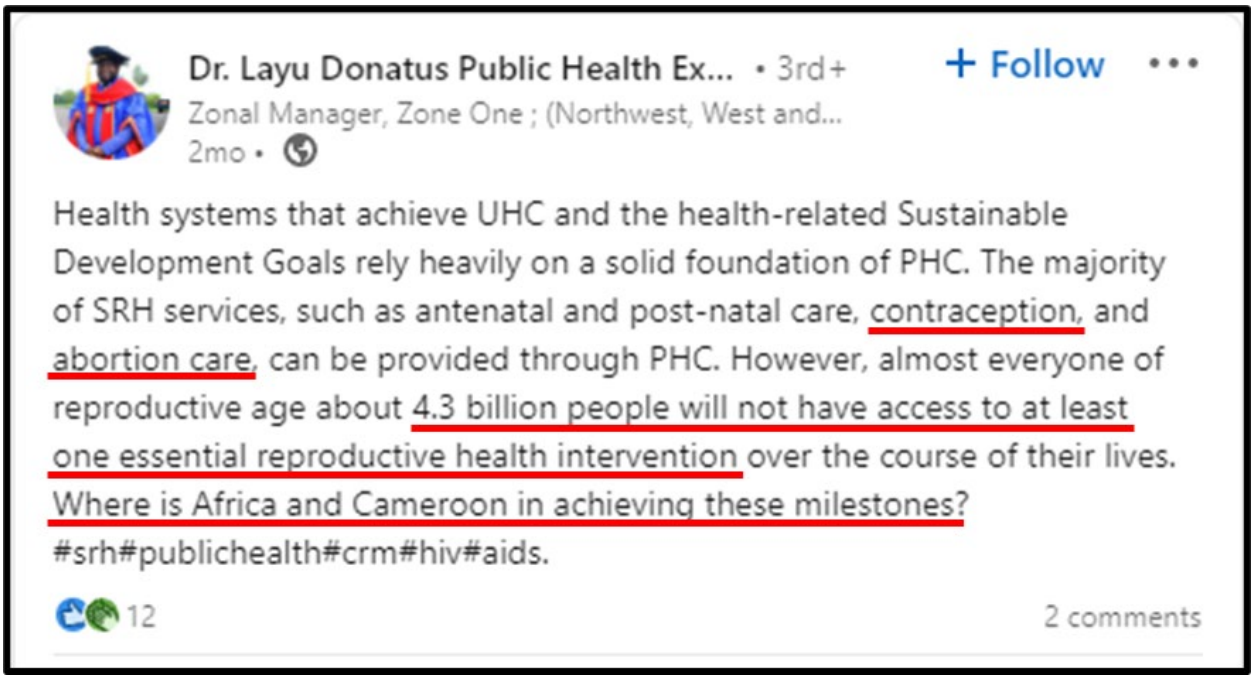
That same year, he called the "benefits of modern contraception" a "vaccine against poverty."



Bear in mind that he said this while he was working for CRS on the KIDSS project. More recently, in January of 2023, he posted an article claiming that "abortion is a human right," while he himself echoed the same claim, referring to abortion as a "human right."



In December of 2023, Dr. Donatus lamented that 4.3 billion people will not have access to contraception or "abortion care" over the course of their lives, and asked, "Where is Africa and Cameroon in achieving these milestones?"



In October 2023, Dr. Donatus posted his own bio, indicating his work to promote contraception goes back to his time as a grad student at the Catholic University of Central Africa (2015-2017). He wrote:

> "Dr. Layu Donatus grew up in a small village in Shisong Kumbo, Bui Division Cameroon, and had an interest in health care during his infancy. He eventually went to Nigeria and graduated from the College of Medicine at Ahmadu Bello University Zaria. *He enrolled and earned a Master's in Reproductive Health from the prestigious Catholic University of Central Africa (UCAC).* He is also a certified epidemiologist and holds a Ph.D. in Public Health from the most prestigious University of Buea Cameroon.
>
> At the University of Buea Cameroon, he completed the Ph.D. program in Public Health and successfully defended his thesis. The thesis is titled *"The Impact of using one-way SMS messages to improve unmet family planning needs in the Buea Health District."* A randomized controlled experiment" used one-way SMS messaging to give a community strategy to address unmet family planning needs. Through the MoH and other international NGOs *working in contraception and reproductive health in Cameroon,* this strategy can help develop a contemporary contraceptive system.
>
> Cameroon fell short of meeting Millennium Development Goals for sexual and reproductive health, maternal and child mortality and morbidity, and HIV/AIDS epidemic control. Cameroon has only a few years to assess the SDGs by 2030, and the prevalence of *unmet family planning* requirements is 21.3%. The 2030 Agenda for Reducing

> Maternal Mortality, *Improving Access to Family Planning Services*, and Reducing Missed Time or *Unwanted Pregnancies* is suffocating and unsustainable.
>
> *Modern contraceptive use can help to mitigate the unmet needs for modern contraceptive use* thereby reducing maternal mortality by 1/5th, unsafe abortion by 75%, and preventing new HIV infections by fewer than 6000 new cases annually." (emphasis added)

Dr. Donatus stands revealed as someone who rejects the Church's teaching on abortion and contraception, instead wholeheartedly embracing the anti-people agenda of USAID and other international agencies. That someone who holds these views to be a key employee of KIDSS and now CoSMo suggests that CRS and CECC need to reexamine their hiring practices.

Our investigator also visited Notre Dame d' Amour (Our Lady of Love Catholic Hospital) in Douala and the National Catholic Hospital in Yaoundé, following up on the CARITAS employee's remark that "HIV counseling, sensitization and prevention education" cases were referred to these Catholic hospitals. These visits shed light on the state of Catholic morality in certain institutions, supposedly Catholic, in both Cameroon and the U.S.

On our investigator's visit to Notre Dame Hospital, the hospital staff showed the investigator the educational resources used for such counseling, which turned out to heavily promote condom use and relied upon, inter alia, grossly pornographic images. Life-sized models of male and female genitalia were also used to demonstrate the use of male and female condoms. Male and female condoms are provided during such counseling as well.

Our investigator reported that the flip chart used for such counseling sessions was produced by CARE and Le Fond Mondial and contains:

> "…lurid pictures of two naked persons of the opposite sex on a bed where the male is positioned inserting a condom on his penis. While a second picture is seen of an undressed male and female on the bed where the female is holding a female condom to be inserted into her genitals."

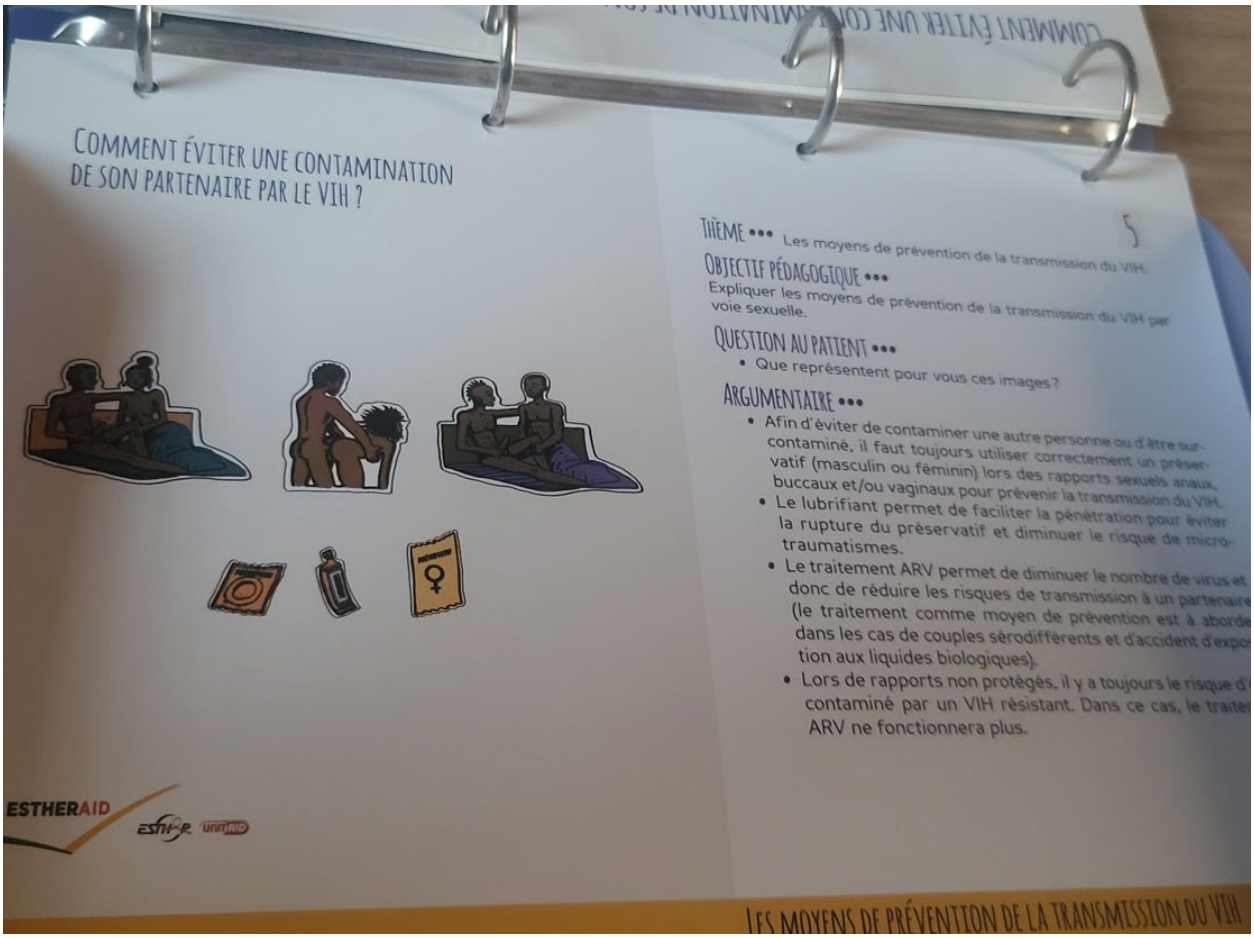
On our investigators visit to the National Catholic Hospital in Yaoundé, the administrative staff explained that the hospital provides free contraceptives supplied by Georgetown University, a Catholic institution of higher education located in Washington, D.C. Moreover, both Georgetown and PEPFAR have a presence at Catholic hospitals in the persons of social workers who promote contraceptive and pro-abortion ideologies. The administrators noted that, before being educated on condom use, that patients are first informed about abstinence as a good option.

Nevertheless, our researcher reported:

> "The resources shown to us in the catholic hospital [National Catholic Hospital in Yaoundé] taught about the use and insertion of female and male condoms and the counselor in the hospital was unequivocal about its use and promotion. The priest who was present when she addressed us did not counter anything she said. In fact, the priest attempted to disguise some teaching materials which included the graphic images of condom usage, but we turned over the pages and took some photographs."

What follows are the pictures that were taken at the Catholic hospitals in Yaoundé and Douala.


COMMENT ÉVITER UNE CONTAMINATION DE SON PARTENAIRE PAR LE VIH ?
PRÉSERVATIF
PRÉSERVATIF
LES MOYENS DE PRÉVENTION DE LA TRANSMISSION DU VIH



COMMENT ÉVITER UNE CONTAMINATION DE SON PARTENAIRE PAR LE VIH ?

5

THÈME ••• Les moyens de prévention de la transmission du VIH.

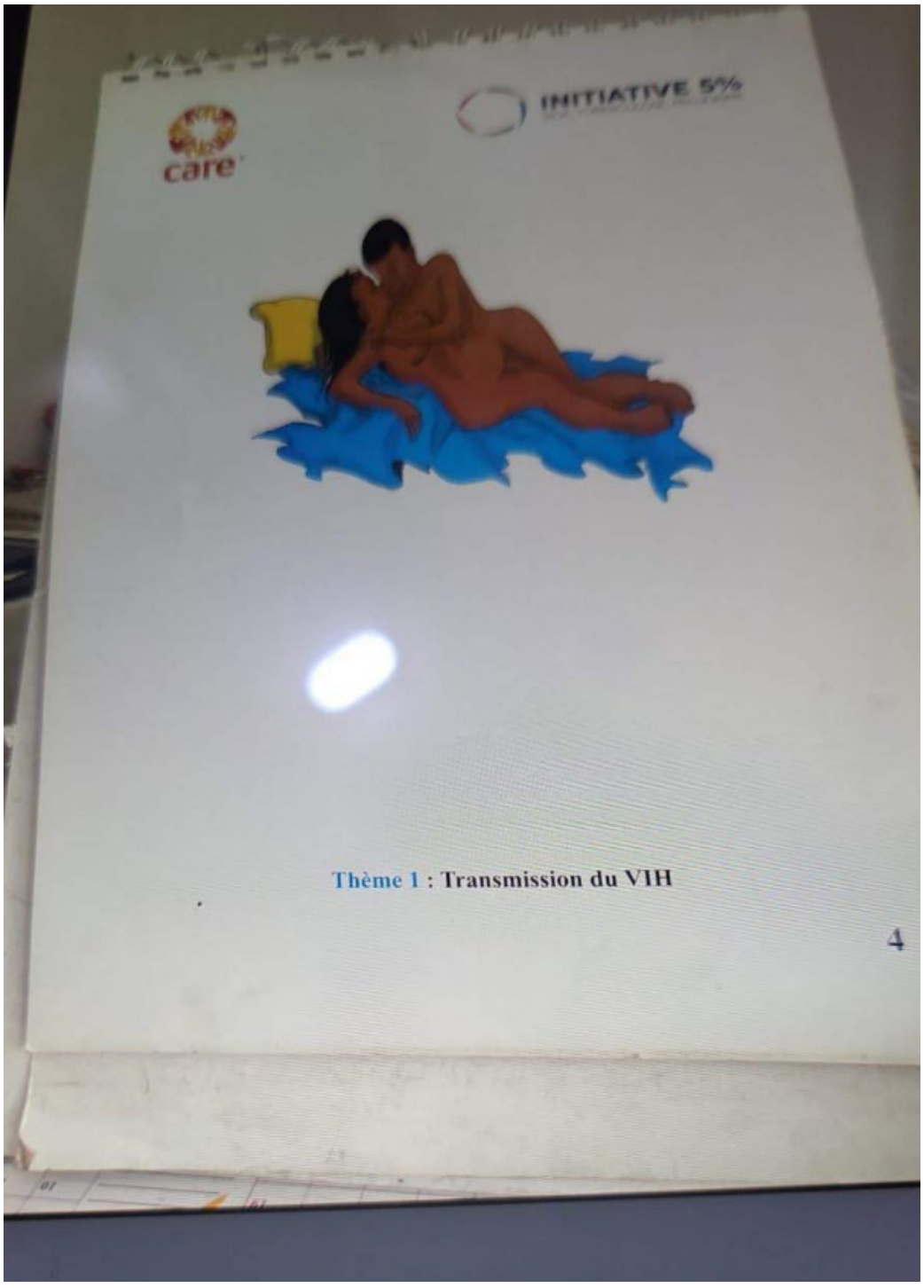
OBJECTIF PÉDAGOGIQUE •••
Expliquer les moyens de prévention de la transmission du VIH par voie sexuelle.

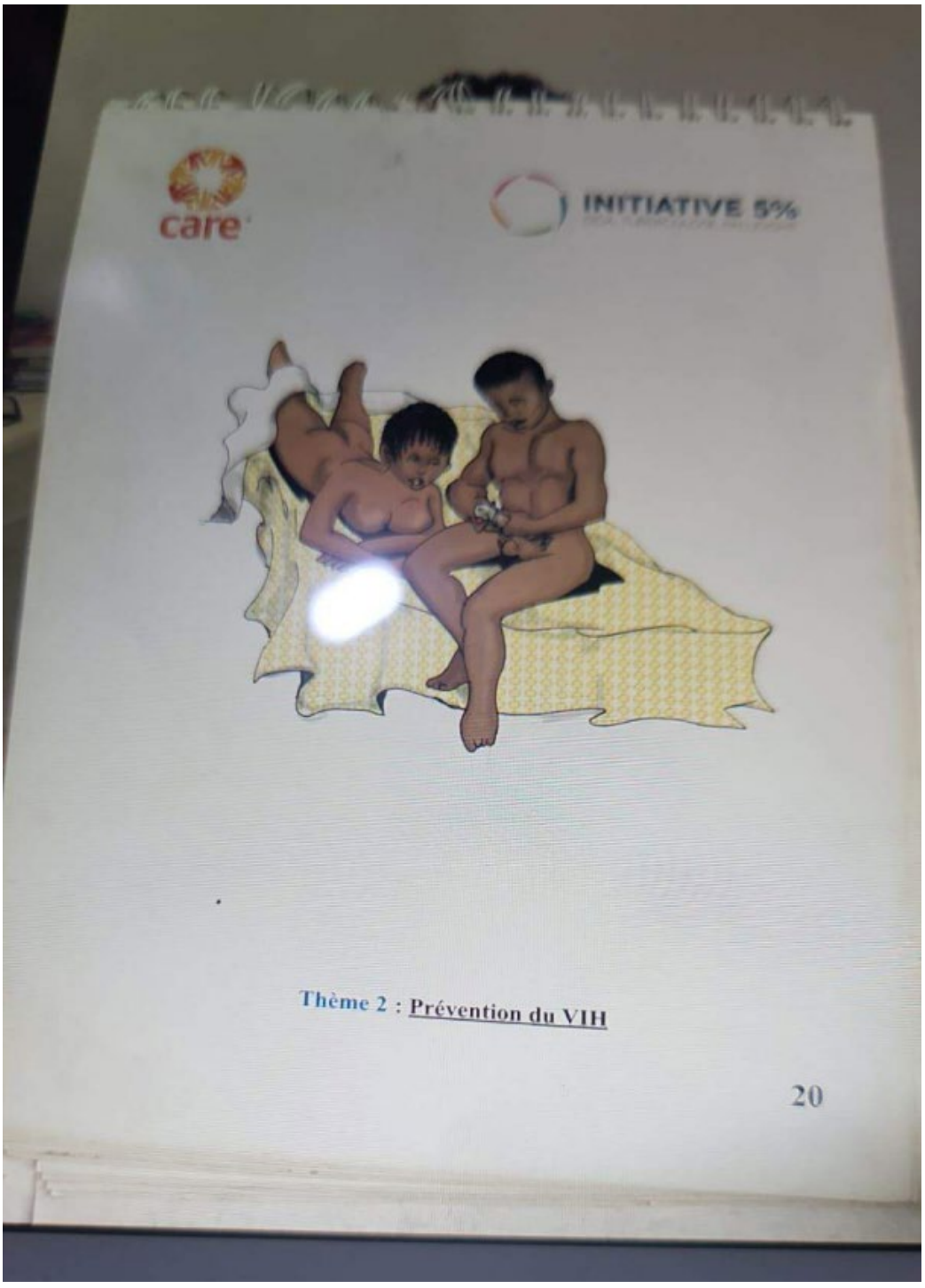
QUESTION AU PATIENT •••
- Que représentent pour vous ces images?

ARGUMENTAIRE •••
- Afin d'éviter de contaminer une autre personne ou d'être sur-contaminé, il faut toujours utiliser correctement un préservatif (masculin ou féminin) lors des rapports sexuels anaux, buccaux et/ou vaginaux pour prévenir la transmission du VIH.
- Le lubrifiant permet de faciliter la pénétration pour éviter la rupture du préservatif et diminuer le risque de micro-traumatismes.
- Le traitement ARV permet de diminuer le nombre de virus et donc de réduire les risques de transmission à un partenaire (le traitement comme moyen de prévention est à aborder dans les cas de couples sérodifférents et d'accident d'exposition aux liquides biologiques).
- Lors de rapports non protégés, il y a toujours le risque d'être contaminé par un VIH résistant. Dans ce cas, le traitement ARV ne fonctionnera plus.

ESTHERAID

LES MOYENS DE PRÉVENTION DE LA TRANSMISSION DU VIH


care
INITIATIVE 5%
Thème 1 : Transmission du VIH
4


care
INITIATIVE 5%
Thème 2 : Prévention du VIH
20

Conclusion

Our recent on-the-ground investigation of the KIDSS project, and its successor, CoSMo, confirms our earlier research report on the KIDSS project published in 2020. We conclude that:

- the KIDSS project was implemented by CRS.

- that Sexual and Reproductive Health played an integral role in the project.
- that pro-abortion organizations like RENATA were actually funded by CRS as partners in the project in conjunction with the SRH component of KIDSS.
- and that contraception-promoting organizations like Horizons Femmes and SWAA Littoral were also involved with KIDSS for SRH.

In addition, our recent on-the-ground investigation revealed that:

- The CRS-implemented sexual education program titled "*Wetti Wan Be When You Grow*" was developed from the "*My Changing Body*" curriculum,
- Despite CRS' denial that indoctrination in masturbation was part of the 2015 Rwandan "*My Changing Body*" program, the manual and other evidence obtained from CRS in Cameroon proves that masturbation was and is being promoted in CRS programs as a form of "safer sex."
- While the KIDSS Project formally ended in 2023, it continues to function in Cameroon under another name, CoSMo. Though the lead implementing partner is nominally the Cameroon Bishops Conference, CRS maintains a strong presence in the project.
- A case manager for CRS during the KIDSS project, and later a Zonal Manager for Zone 1 of the CoSMo project is a major advocate for contraception and "abortion services."
- CoSMo maintains the same network of CSO partners that KIDSS did, partners that include RENATA, Horizons Femmes, SWAA, and others. These partners, as an integral part of their Sexual and Reproductive Health work, promote condoms and contraception.
- The CoSMo project refers HIV counseling, sensitization and prevention education cases to Catholic hospitals, which promote and provide condoms, as well instructing clients in their use by means of pornographic images.

- The KIDSS project was a creation of CRS and continues in all but name in CoSMo. Both projects indisputably include the promotion of masturbation and condoms. Both refer vulnerable young people to contraception and abortion-promoting groups like RENATA, Horizons Femmes, SWAA, and others that are undeniably opposed to Catholic teaching. Catholic Relief Services funding of RENATA, in particular, raises concerns about whether this was a violation of both the Mexico City Policy and Siljander Amendment, then in force.

From the standpoint of Catholic sexual morality, the CoSMo project–implemented with the help and guidance of CRS–is even worse than its predecessor in one respect. For it now includes Catholic hospitals, which other regular CRS partners like CARE and Georgetown University are now partnering with to distribute contraceptives and engage in pornographic sex education.

In the course of the interactions that our investigator had with the archbishop of Yaoundé, it became clear that he was completely unaware of how the CRS-led KIDSS project, and now the

CoSMo project, were being used to promote masturbation, contraception, and even abortion among the members of his flock and the population at large.

Needless to say, the souls of children are being put at risk by these programs, which also result in the death of innocents. CRS is directly responsible for bringing these USAID and PEPFAR-funded programs to Cameroon in the first place, and for convincing the bishops to participate in them. If CRS is unwilling to stop engaging in such activities, it is our recommendation that the bishops of Cameroon reject further cooperation with CRS and the moral compromises that accompany the PEPFAR and USAID funds that it distributes.

Most African bishops are now aware that billions of dollars have been deployed by Western aid agencies over the decades to drive down the African birth rate by any means possible. However, they may not be aware that PEPFAR, which was originally instituted in order to help the victims of AIDS, has also been in part corrupted by this same agenda. They may also be unaware that certain "Catholic" organizations and institutions have as well.

It is our hope that this report, copies of which will be sent to all the bishops of Cameroon, will help to educate them in this regard.

Investigation of Catholic Relief Services Involvement with the DREAMS Project in Zimbabwe

In 2023, the Lepanto Institute partnered with Population Research Institute to send an investigator to Zimbabwe for several weeks to investigate Catholic Relief Services (CRS) involvement in a USAID/PEPFAR funded project in that country called DREAMS. We were concerned about CRS involvement in this project, whose full name is Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe women, because the project has the specific goal of increasing the use of condoms and other forms of contraception among young women and girls.

Underlying our concern was an investigation that the Lepanto Institute had carried out several years before into DREAMS projects that Catholic Relief Services had implemented in other African countries. The report that resulted, published in April 2020, focused on DREAMS projects in Uganda, Kenya and Lesotho.

This earlier report documented how USAID and PEPFAR had created the DREAMS project with the specific goal of increasing the use of condoms and other forms of contraception among young women and girls. It further documented that every girl enrolled in DREAMS must be exposed to contraception and Sexual and Reproductive Health education (SRH), and that every organization implementing DREAMS must refer girls to the whole project. Because of this requirement, we argued that there was no morally licit way for Catholics, or an organization that operates according to Catholic principles, to be involved in the implementation of DREAMS, even if the organization in question did not directly provide condoms or other SRH services itself

This initial report did not include an examination of the DREAMS project that CRS was implementing in Zimbabwe because of a lack of reliable information. Last year Lepanto and the Population Research Institute (PRI) decided to revisit the matter by sending an investigator to Zimbabwe to conduct field research, observing the operation of the DREAMS project in person, gathering documents, and interviewing the CRS individuals involved.

The result of this field investigation is that we now have a full picture of the operation of the DREAMS project in Zimbabwe, and of the key role that CRS played in its implementation through a USAID-funded program called Pathways. We can now verify what we suspected in 2020, that CRS knowingly built a referral system for the Pathways project in Zimbabwe that

includes promoters of contraception in a project, DREAMS, that is designed to promote contraception.

In the report that follows, we will show that:

1) The DREAMS project, as conceived and implemented, is entirely incompatible with Catholic moral teaching.
2) CRS knew about the morally incompatible nature of DREAMS and was complicit in its implementation.
3) CRS was a prime implementer of the DREAMS program in Zimbabwe through a USAID-funded project called Pathways.
4) All DREAMS enrollees in Zimbabwe were mandated to receive exposure to condoms, contraception and SRH education.
5) CRS was aware of this mandate and knowingly referred girls to implementing partners who provided exposure to condoms, contraception and SRH education.
6) Many of CRS' hand-picked implementing partners provided contraception and even referrals for abortion during the time of the Pathways project.
7) Other DREAMS partners in Zimbabwe believed that CRS supported the provision of condoms in schools and claimed that CRS gave them access to young people, mostly Catholic, they would otherwise not have been able to reach.

Methodology: The research for this report was done in two phases. A preliminary investigation into the mission, goals, procedures, and operations of DREAMS was conducted by two researchers with a collective 35-year background in open-source investigations. This research relied on primary source material.

The second phase of research was conducted by an expert in NGO operations during field research in Zimbabwe. Our investigator conducted in-depth interviews with CRS and its partners and gathered materials and documentation while on site.

This report is the fusion of these two efforts, each of which confirmed the other.

Background on DREAMS

DREAMS was launched in 2014 by Deborah Birx, United States Global AIDS Coordinator and United States Special Representative for Global Health Diplomacy. In a 2015 document published by UNAIDS on the Millennium Development Goal #6, Birx described the purpose, means, and goals of the DREAMS project. Explaining the purpose of the DREAMS project (p. 342), Birx said:

> "The goal of DREAMS is to reduce new HIV infections among adolescent girls and young women in up to 10 sub-Saharan African countries. Countries that are eligible for

> funding under the DREAMS partnership will implement a **core package of programmes for adolescent girls and young women**, including programming that strengthens their families, mobilizes their communities and reduces the risks posed by their sexual partners." (emphasis added)

As will be explained later, this "core package of programs" includes the promotion and distribution of contraception and condoms. The point here is to illustrate that the "core package" existed from the very beginning of the project, which means that any organization that agreed to implement DREAMS, including CRS, would have been fully aware of what it was agreeing to at the time it was applying for funding.

Indeed, a few paragraphs later Birx makes clear that this "core package" had, as one of its goals, "reducing unwanted pregnancies."

> "Because of the interventions in the core package, DREAMS could transform lives in many ways: by decreasing HIV incidence, **reducing unplanned pregnancy,** increasing economic mobility, reducing violence and raising the status of women and girls in their communities."

How was DREAMS going to reduce unwanted pregnancies? Obviously by promoting and providing contraception to these girls.

This was made explicit when PEPFAR released a document in 2017 called, "DREAMS Core Package of Interventions Summary." The DREAMS project, PEPFAR wrote, was a $385 million initiative funded jointly by Johnson & Johnson, Bill & Melinda Gates Foundation, Girl Effect, Gilead Sciences, ViiV Healthcare, and PEPFAR itself. It goes on to give a "Core Package of Interventions Summary" that lays out four categories of interventions. (p. 2) Number 1 on the list is "Empower Girls and Young Women" which is aimed at "empowering girls and reducing their risk for HIV and violence."

How is this to be accomplished? The DREAMS document identifies six ways ("goals") that it intends to use to "empower girls", one of which is "Increasing Contraceptive Method Mix." Here's what how the "core package of interventions" explains justifies its plans to promote contraception to girls:

> "Adolescent girls and young women in low-income countries experience high rates of unplanned pregnancy due to an unmet need for voluntary family planning, which increases their risks for pregnancy-related morbidity and mortality and affects lifelong education and economic opportunities. Unplanned pregnancy is often cited as the reason for adolescent girls dropping out of school. *The promotion of dual protection, in which condom use is combined with another modern contraceptive method, is a critical component of family planning/HIV services* and will help reduce the risk for HIV infection as well as unintended pregnancy. *Increasing the variety of contraceptive methods available to women will also help keep them HIV free."* (emphasis added)

Here we see how the "President's Emergency Plan for AIDS Reduction" (PEPFAR), the funding for which was originally intended to be used to prevent the spread of AIDS and aid its victims, has become a vehicle for promoting condoms and contraception among adolescent girls, regardless of whether they are sexually active or not.

In the course of our research, it immediately became clear that the promotion and distribution of condoms and contraception in each and every one of the project areas was at the very heart of the program. For example, read how an organization called BMC Public Health described the DREAMS Core Package of interventions in July 2018 in a document entitled, "Evaluating the impact of the DREAMS partnership to reduce HIV incidence among adolescent girls and young women in four settings: a study protocol." Under the heading "The DREAMS Core Package," the in-depth study first explains:

> "The DREAMS Partnership supports a core package of interventions targeted at AGYW, their families, wider communities, and men characterized to be the sexual partners of adolescent girls and young women (AGYW). The package is comprised of evidence-based interventions shown to address HIV risk behaviors, HIV transmission, socio-economic vulnerabilities and gender-based violence (Table 1)." (p, 2)

The table following this passage, Table 1, details both the "interventions and target populations of the DREAMS Core Package." This "Core Package" explicitly demands that "Condom promotion and provision," and "Expanded contraceptive method mix" are among the interventions to be used to "Empower girls and young women and reduce their risk."

We conclude from this that, even if CRS did not itself directly promote and distribute condoms and contraception to girls, it nevertheless participated in a project whose stated goal was to accomplish these goals. Think of CRS's role like a spring in a mousetrap: It is the bar that, when triggered, crushes the head of the mouse. But the spring is part of the driving force behind the action. And its actions enable the mousetrap as a whole to function, resulting in a dead mouse. So, too, does CRS's participation in the DREAMS project enabled it to reach large numbers of girls who were then not only propagandized into condom and contraception use, but actually provided with these hormone-based drugs and devices. The result is sinful behavior that

is not contenanced by the Catholic Church.

Table 1 Interventions and target populations of the DREAMS Core Package

Target population and strategy	Evidence-based intervention
Individual interventions (delivered directly to adolescent girls and young women)	
Empower girls and young women and reduce their risk	• Condom promotion and provision • HIV testing and counselling services (HTS) • Oral pre-exposure prophylaxis (PrEP) for HIV, offered to a subset of females at exceptionally high risk and in select countries • Post-violence care • Expanded contraceptive method mix • Social asset building
Contextual interventions (not all delivered directly to adolescent girls and young women but from which they can benefit)	
Mobilize and strengthen the community for change	• School-based HIV and violence prevention for boys and girls • Community-based HIV and violence prevention for boys/young men and girls/young women • Community mobilization and norms change for community leaders, boys and men
Strengthen families	• Parenting and caregiver programmes for vulnerable adolescent girls • Social protection (cash transfers, educational subsidy, combination socioeconomic approaches)
Decrease risk in sexual partners of AGYW	• Characterisation of male partners to target highly effective interventions, e.g., HIV testing services, antiretroviral therapy (ART) and voluntary medical male circumcision (VMMC)

The BMC Public Health document goes on to explain, beginning on page 4, the theory behind the DREAMS program, drawing a direct connection between the promotion of condoms and contraception and their increased use among the target population of girls and young women. BMW writes, "We hypothesize that DREAMS will reduce incidence of HIV among AGYW through three related pathways of protection," and then refers the reader to Figure 1.

Figure 1 (shown below) is a flow chart showing how the interventions produced by the DREAMS Core Package is expected to produce a series of outcomes, one of which is "Use of Condoms."

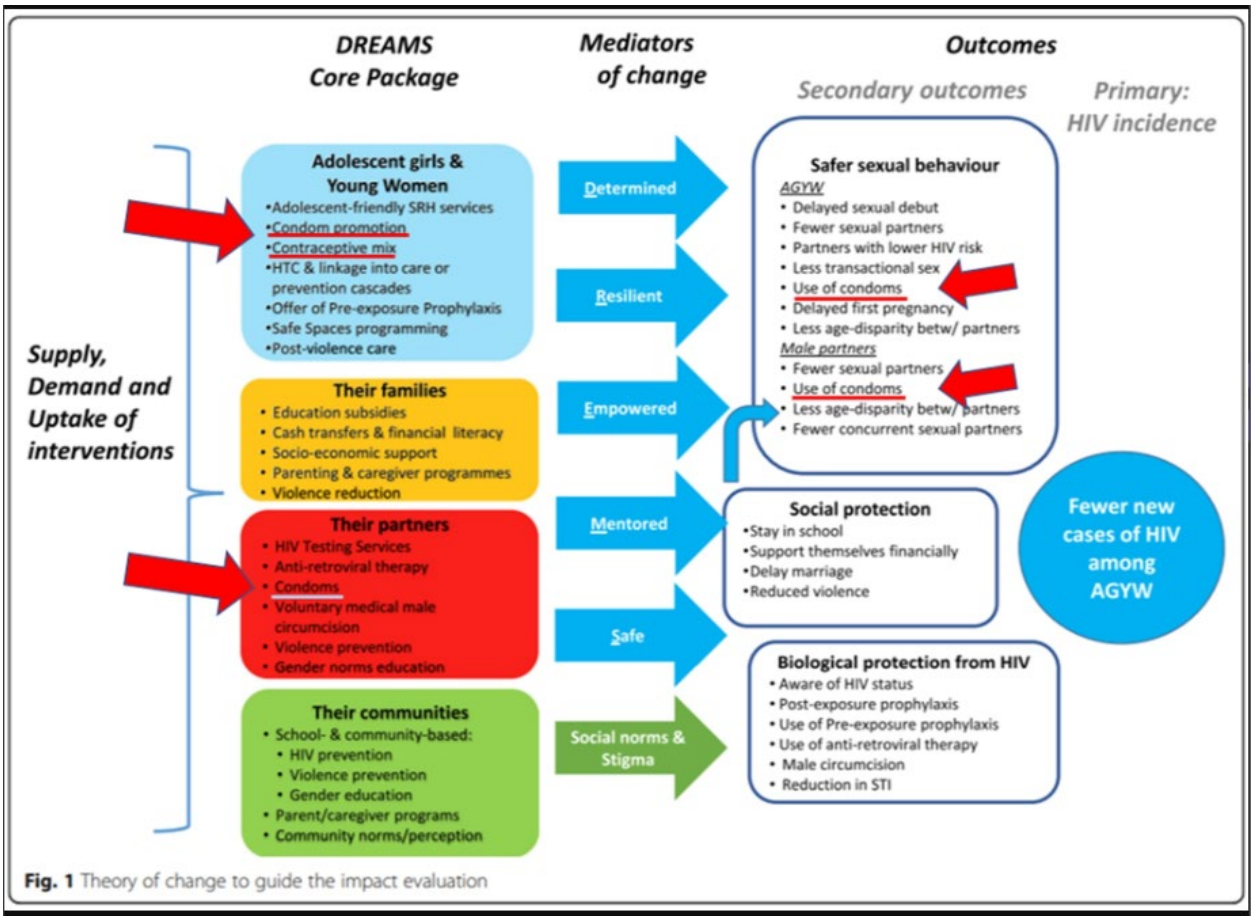


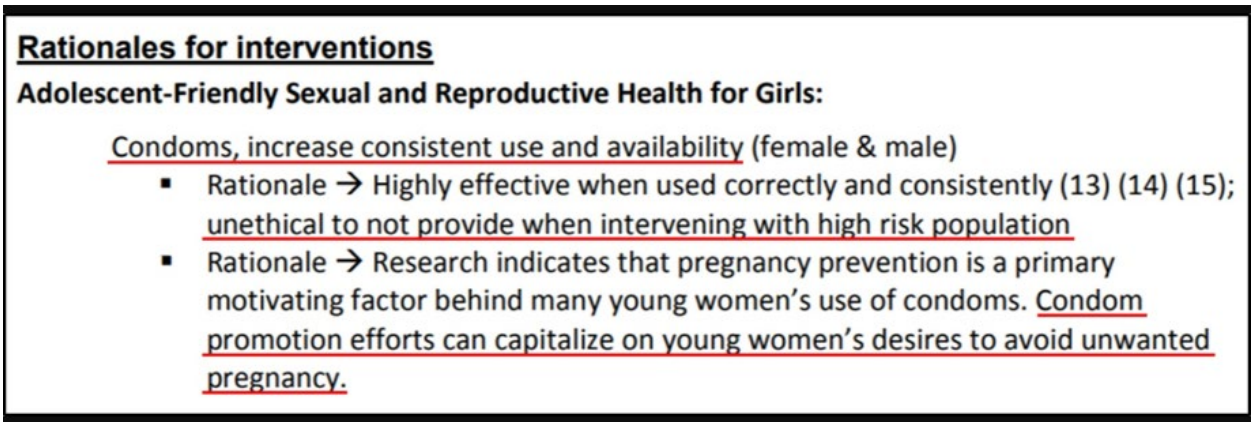
Fig. 1 Theory of change to guide the impact evaluation

To summarize, as outlined in Figure 1, the DREAMS Core Package includes "condom promotion" and "contraceptive mix" for Adolescent Girls and Young Women, with "condoms" for "their partners." The outcomes expected are not only the "use of condoms", however.

It is important to note that another expected outcome desired by those who designed the DREAMS project is "delaying first pregnancy." In other words, the promotion of condom use and improved "contraceptive mix", that is to say, hormonal contraception, is not simply intended to prevent HIV, but also to prevent conception among girls and young women and their partners.

We also want to call attention to a March 2015 document published by PEPFAR that lays out the overall strategic goals and implementation plans for the DREAMS project. This foundational document leaves no doubt that the promotion of contraception and condoms was an integral part of the project from its very inception. This document, which is entitled, "Preventing HIV in Adolescent Girls and Young Women: Guidance for PEPFAR Country Teams on the DREAMS Partnership," provides the most definitive and detailed description on how the DREAMS project intends to promote contraception and condoms, and ultimately to reduce fertility, that we have found.

Under the heading “Rationales for Interventions,” found on page 20, this document explains that it is “unethical” to refuse condom distribution in “high risk populations” and suggests capitalizing on a woman’s desire to avoid pregnancy as a means of increasing condom use.



Rationales for interventions

Adolescent-Friendly Sexual and Reproductive Health for Girls:

Condoms, increase consistent use and availability (female & male)

- Rationale → Highly effective when used correctly and consistently (13) (14) (15); unethical to not provide when intervening with high risk population
- Rationale → Research indicates that pregnancy prevention is a primary motivating factor behind many young women’s use of condoms. Condom promotion efforts can capitalize on young women’s desires to avoid unwanted pregnancy.

On the following page the document goes on to justify the promotion of IUDs and hormonal implants (Norplant, Implanon, etc.), arguing that increasing the “contraceptive method mix” In in this way leads to “lifelong education and economic opportunities,” and achieving “fertility goals.”

Increasing contraceptive method mix

- Rationale → AGYW in low income countries experience high rates of pregnancy due to unmet need for voluntary family planning, which increases their risks for pregnancy-related morbidity and mortality and affects lifelong education and economic opportunities (32). Increasing access to voluntary family planning methods and a range of contraceptive methods will increase the likelihood that AGYW are able to achieve fertility goals; including prevention of pregnancy until desired, and an ability to switch methods if/when they elect to (33). The promotion of dual protection, in which condom use is combined with another modern contraceptive method, is a critical component of FP/HIV services for AGYW. Dual protection will help reduce the risk for STI/HIV infection as well as unintended pregnancy.
- Furthermore, data suggest potential associations between the use of certain injectable hormonal contraception and an increased risk of HIV acquisition. (IHC) (32) (33) (34) (35) (36). Some of the countries that have the highest risk for HIV among AGYW also have a limited contraceptive method mix, with a dependence on injectable contraceptives. Expanding AGYW access to a full range of contraceptive methods and providing them with good quality counseling (including information on hormonal contraception and HIV acquisition) is critical to ensuring that they are able to make informed choices about FP use (36) (37). In particular, expanding access to long-acting reversible contraceptive methods (LARCS) such as implants and intra-uterine devices may offer better protection for AGYW against unintended pregnancy to this population (40) (41). Therefore, expanding the contraceptive method mix to include LARCS, as well as encouraging dual protection with condoms, is an important way to protect the health of AGYW.

Table 1 on page 35 provides even further insight into the Core Package of Interventions for DREAMS, indicating the strategies for “Condom provision and promotion”:

Empower Girls & Young Women and Reduce their Risk			
Intervention	Target Groups	Outcomes	Technical Activities
Condom promotion and provision (female and male)	Young women and adolescent girls and their male sexual partners	Reduced transmission and acquisition of HIV	▪ Generate and/or synthesize local evidence on the key barriers to male and female condom access and utilization ▪ Establish or revitalize school-based or school-linked adolescent-friendly sexual and reproductive health (ASRH) services (if capacity exists) to increase access and uptake ▪ Focus on improving male and female condom use at first sex and consistent use and availability (e.g. link vulnerable adolescent girls to education, community-based condom outlets and adolescent friendly SRH services) ▪ Address national laws, policies, guidelines, or community/social perceptions and norms that may prevent AGYW from accessing condoms. ▪ Consider young women's interest in preventing pregnancy. Align with existing USG-funded ASRH and family planning initiatives, if such exist in country (e.g. Family Planning 2020)

The same approaches are used to "Expand and improve the contraceptive method mix," as shown on page 38 (shown below). Improving the "mix" refers to encouraging girls to not only use contraceptives and condoms together, but also to use LARCs like injections, IUDs, and subdermal contraceptive implants.

Of particular note is Table 7, which explains what can, and what cannot, be funded with DREAMS funds. While it insists that DREAMS funds should not be used to purchase contraceptives other than condoms, it explicitly authorizes the expenditure of DREAMS funds for the *promotion* of contraception. To wit:

> DREAMS funds should not be used to purchase contraceptive commodities (with the exception of male and female condoms). Contraceptive commodities are often funded by USAID (non-PEPFAR funds), UNFPA, or other bilaterals. *DREAMS funding can be used for all other aspects of expanding the contraceptive method mix* (i.e., outreach, training service providers, etc.) (Emphasis added)

Empower Girls & Young Women and Reduce their Risk			
Expand and improve the contraceptive method mix	AGYW	Reduce unmet needs for FP	▪ Increase contraceptive method mix available to AGYW, with a focus on increasing access to long-acting reversible contraceptives and increasing dual method protection. ▪ Align with existing family planning initiatives (e.g. Family Planning 2020, USAID Office of Population and Reproductive Health) ▪ Address national laws, policies, guidelines, or community/social perceptions and norms that may prevent AGYW from accessing contraception. ▪ Train service providers in adolescent-friendly service promotion and delivery, and ensure that providers are comfortable providing a wide range of contraceptive methods. ▪ Ensure linkages to other components of the core package ▪ Maximize existing platforms/ for distribution (e.g. ART clinics, family planning clinics and other potential adolescent-friendly SRH services) ▪ **NOTE:** See Table 7 for information on what elements can & cannot be funded with PEPFAR DREAMS funds

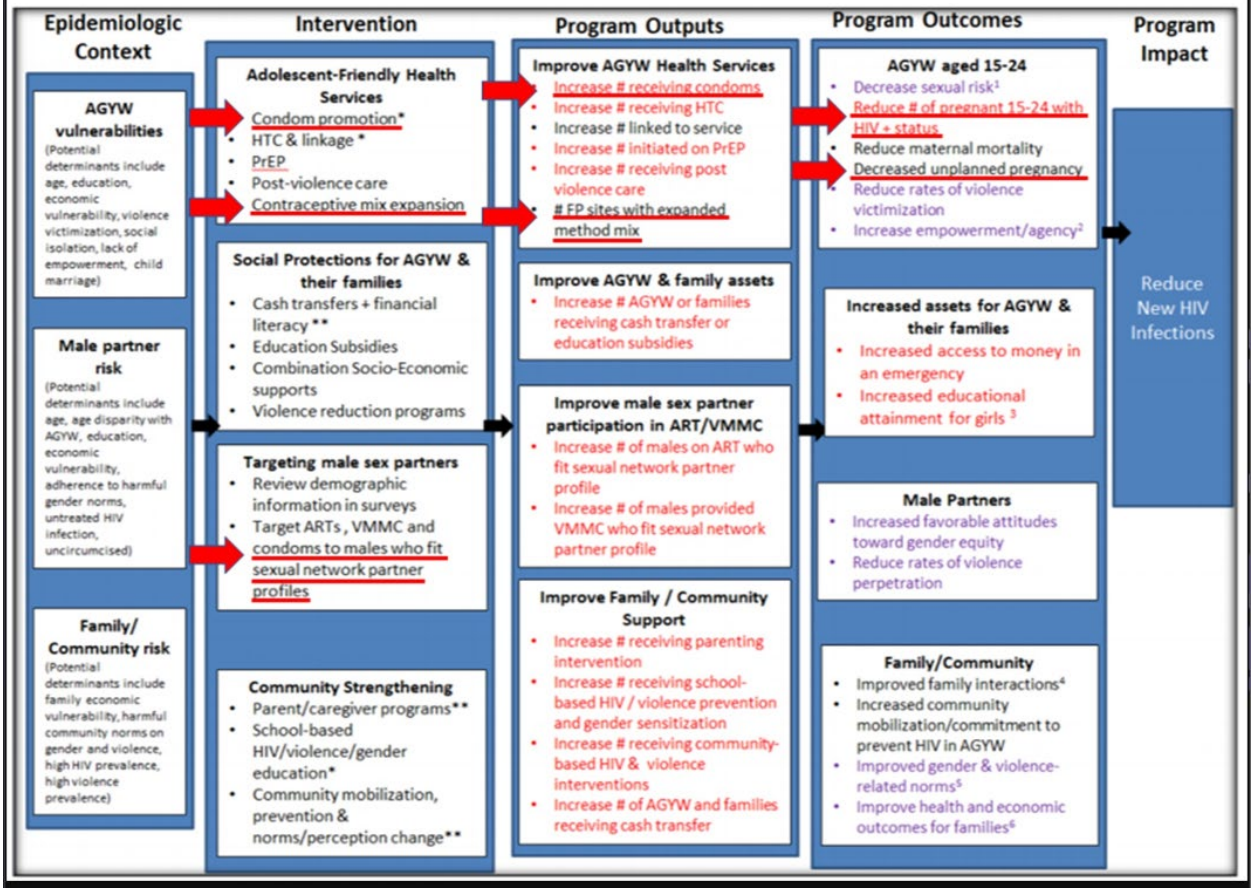
A chart on page 50 of the report lists "Interventions that should NOT be done because of lack of evidence or negative impacts." (emphasis in original) Abstinence-only education is specifically ruled out. This proscription not only underlines the incompatibility of the DREAMS project with Catholic teaching on sexual morality, but also debunks the claim, sometimes made by CRS employees, that CRS' involvement in DREAMS or other such programs was limited to abstinence-only education.

Interventions that should NOT be done because of lack of evidence or negative impacts	
Treatment for Schistosomiasis	There is no evidence at this point that treatment for *Schistosomiasis* prevents HIV infection.
Abstinence-only or peer led sexual education	Both of these types of sex education interventions have little to no evidence of efficacy and have been shown (in some cases) to have negative effects on young people's risky sexual behaviors.

The conceptual framework guiding the DREAMS project–what it calls its "logic model"–begins by outlining the epidemiological context that supposedly puts adolescent girls and young women (AGYW) at risk. The "vulnerabilities" listed include everything from "age," and "education," to poverty and "lack of empowerment." In other words, they are defined so broadly that they encompass a large percentage of the total female population, not just individuals with HIV or communities with "high HIV prevalence." The logic model then lays out a series of "interventions" that are proposed to address those who are supposedly at increased risk and the expected results ("outputs") of those interventions.

This "DREAMS Logic Model" is outlined in Figure 12 of the report, found on page 32. This quite detailed chart clearly indicates the key role that the promotion of both contraception and condoms plays in the project.

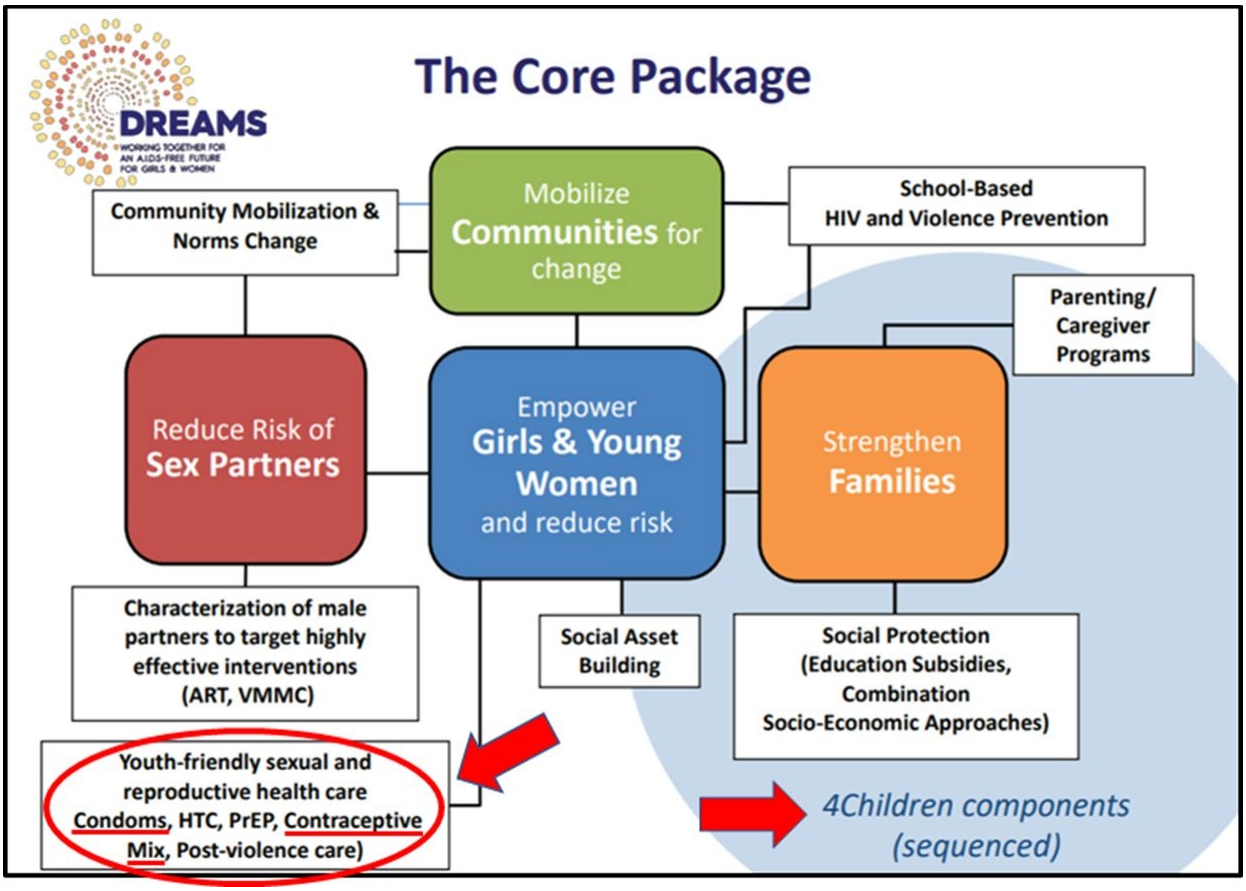
Figure 12: The DREAMS Logic Model



Catholic Relief Services has not denied, in fact has even acknowledged, the inclusion of contraception in the DREAMS project. This was done in an apparent effort to insulate itself from the accusation that it was directly involved in the promotion of provision of contraception.

The evidence for this assertion comes from a CRS case study, published in 2019, of CRS' *4Children-DREAMS* program in Lesotho. Entitled, "Two Plus Two Equals Ten: Multiplication Effect Of Sequencing Life Skills And Social Asset Interventions," the study bears CRS' copyright and explicitly states that "the contents are the responsibility of the Coordinating Comprehensive Care for Children (4Children) project".

Page 3 of the study contains a chart illustrating the various components of DREAMS' "Core Package of interventions", which highlights CRS' participation in the 4Childrens portion of the project. The diagram, produced by CRS, clearly acknowledges that condoms and contraception are an integral component of the DREAMS program. At the same time, in an effort to distance itself from those components, CRS has added a blue shaded area to the CRS/4Children components.



Clearly, CRS knew that the DREAMS Core Package included the promotion of contraception and condoms to girls, that is to say, the elements promoting sexual morality, when it agreed to participate in the project. We conclude that it cordoned off a blue-shaded area to indicate that the CRS/4Children's participation in DREAMS did not include the promotion of condoms or contraception, perhaps anticipating criticisms that it would partner in such a project at all.

Given that the promotion of contraception and the provision of condoms was a key component of the DREAMS project, Catholic Relief Services' participation in it raises serious concerns, even if it was not directly involved in the contraceptive components.

Introduction and background on PATHWAYS Zimbabwe

Pathways was a $34 million, USAID-funded project that ran from 2018-2022 in which the lead partner was CRS. Pathways was described as a project whose goal was to offer support to orphans and vulnerable children in Zimbabwe. But in fact a major component of the project was to identify and enroll vulnerable young girls into the DREAMS program.

A one-page flyer from CRS summarizes the Pathways project and its partners as follows:

Life of Activity: 2018-2022

Total Ceiling: US$34 million

Pathways Goal: Pathways is a child-centered, family-focused, community-based and evidence-informed project that supports vulnerable children, and their caregivers to lessen the impact of HIV on themselves and their communities by 2022.

Consortium: Catholic Relief of Services (Prime), International Youth Foundation (IYF), Maestral and Musasa Project

Implementing Partners: Caritas Zimbabwe, Childline Zimbabwe, Insiza Godlwayo AIDS Council (IGAC), Jointed Hands Welfare Organization (JHWO), JF Kapnek Trust and The Salvation Army

Resource Partners: Care at the Core of Humanity (CATCH), Christian Blind Mission (CBM) and Connect-Zimbabwe Institute of Systematic Therapy (ZIST)

Government Ministries: Ministry of Health and Child Care (MoHCC), Ministry of Primary and Secondary Education (MoPSE), Ministry of Public Service, Labour and Social Welfare

Geography: Bulawayo, Harare, Guruve, Gweru, Insiza, Lupane, Matobo, Mazowe, and Nkayi.

Contact Information: zimbabwe.crs@crs.org

Pathways to DREAMS, and DREAMS to … Where Exactly?: How DREAMS Referrals worked in practice.

The DREAMS program that adolescent girls/young women (AGYW) were referred to by Pathways was used in turn to link up AGYW to a number of other "services." A key part of DREAMS "core service package" was the provision of all forms of contraception–condoms, hormonal contraceptives, and LARCS (IUDs, contraceptive implants, and injectables)

According to Zimbabwe's National AIDS Council, the referral system for DREAMS' core package of deliverables relied upon "layering" the services. What "layering" means in practice is that all adolescent girls or young women enrolled by CRS in one outreach program of DREAMS–a girl enrolled because her family is poor, for example–was necessarily referred to each and every one of the remaining elements "core services," including the one which specially

promoted and provided contraception and pornographic sex education. Bear in mind that, since CRS itself was the lead implementing partner, responsible for the overall administration of the project, it is difficult to see how CRS can avoid taking responsibility for these morally reprehensible outcomes. Moreover, CRS would bear an even greater responsibility for subjecting girls, perhaps themselves Catholic, to these outcomes.

Zimbabwe's National AIDS Council explains the DREAMS initiative as follows:

> With support from the United States President's Emergency Plan for AIDS Relief (PEPFAR), the DREAMS initiative is focused on reducing new HIV infections amongst adolescent girls and young women (AGYW). *The AGYW ages 15-24 and a sub-population of vulnerable girls ages 10-14, are receiving a comprehensive 'layered' package of services including* HIV/GBV prevention, HIV Testing and Counseling Services, Pre-Exposure Prophylaxis (PrEP) for ages above 18 years**,** *access to family planning,* social protection, economic strengthening, parenting and other services to reduce HIV incidence. Empowering adolescent girls and young women to protect their health and well-being is a key HIV prevention revitalization ingredient critical to achieving an AIDS-free generation.
>
> *The core package of services is being implemented through the following seven prime implementing partners:* Population Services International (PSI), Family Health International (FHI 360), *Catholic Relief Services* (CRS) Family AIDS Caring Trust (FACT),
> Africaid, with technical and financial support from PEPFAR and USAID. (emphasis added)

This information provides further confirmation that:

1) CRS is a prime implementing partner of DREAMS, part of a collective which is providing the core package of services.
2) DREAMS' core service of packages in Zimbabwe includes what is euphemistically called family planning, which in practice means contraception and pornographic sex education. ALL girls enrolled in DREAMS are to receive this core set of services via a layered approach.

PEPFAR's DREAMS Guidance manual explains on page 10 that the layering approach **MUST** be followed using coordination with partners:

> Achieving a layered core package of services for vulnerable AGYW and avoiding a piecemeal approach means that a variety of partners in a variety of locations must coordinate their activities and standardize their operations such that they are able to *plan and track layering of interventions at the level of individual AGYW.* (emphasis added)

This is to say that CRS is not only a key player in implementing the overall DREAM scheme, but was also–on a case by case basis–involved with ensuring that each and every girl in the program received each and every intervention, including "family planning."

Page 54 of Zimbabwe's Country Operation Plan for DREAMS identifies SRH and condoms as components of DREAMS' core package and states:

> "In addition, comprehensive sex education (CSE) programs reach both girls and boys in secondary schools. *Regardless of the entry point, AGYW are assessed and referred for other DREAMS services according to minimum service packages* defined by sub-population, using standard tools and referral procedures." (emphasis added)

This same plan document goes on to say that:

> Once minimum package coverage levels are confirmed through the DREAMS database (by age group and district), districts will move into a maintenance phase targeting the most at risk AGYW such as OVC, out-of-school girls, GBV survivors, YWSS, and teen/single mothers with a comprehensive package of services**.** *Access to condoms, post violence care and the provision of clinical services such as HTS, PrEP and family planning, will continue to be prioritized in COP 18 and delivered using the most effective modalities (e.g. Stop the Bus)***.** (p. 56) (emphasis added)

This confirms that DREAMS in Zimbabwe is not only being used to expose young girls to contraception, but is also being used to build the infrastructure to provide them with contraceptives on a continuing basis.

FHI360 is another one of the other prime implementing partners of DREAMS in Zimbabwe. This organization, in its FY 2019 Annual DREAMS Narrative Report, explains how its "facilitators" refer girls to sexual reproductive health services:

> A trained DREAMS Club Facilitator delivers the Health4Life 360 package. The Club Facilitator, informed by screening data and engagement with the beneficiaries, identifies, refers and supports girls to access youth-friendly sexual reproductive health services as well as linking them to the DREAMS package of services provided by different partners.

The point here is that FHI 360 indicates that, as a prime implementing partner, it is responsible for linking up girls to the entire DREAMS package of services, which of course includes contraception. The same is necessarily true for other prime implementing partners, including CRS.

The 2019 Annual Report is revealing in another way, in that it makes crystal clear how, as an implementing partner, FHI 360 is responsible for ensuring that the entire program is

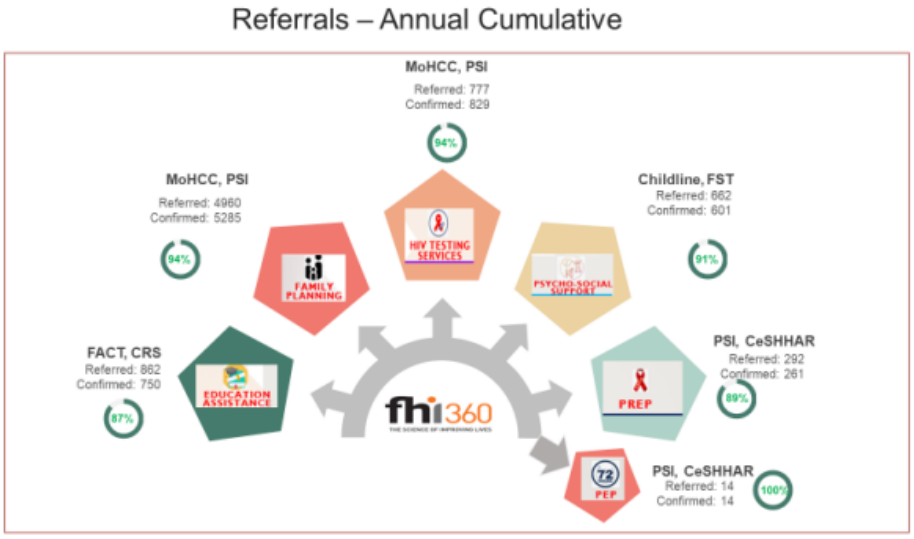
implemented. Since FHI 360 cannot implement every aspect of the DREAMS project on its own, the organization refers girls to sub partners, or other primary partners, who in turn deliver the necessary services. The following chart from p. 12 of the annual report illustrates how FHI 360 refers girls to other partners for various services. We will see later that this is the same approach used by CRS.

2.3 Service linkages and uptake

At the core of the DREAMS Program is the concept of layering, where evidence demonstrates that increasing layered services on individual beneficiary reduces their vulnerability. Given that FHI 360 is responsible for delivering the DREAMS Program primary package of services[1] , it reaches the most vulnerable beneficiaries and support them to access the DREAMS need-based secondary services.

The DREAMS program managed to reach 7,587 vulnerable adolescent girls and young women with the following services; HTS, education subsidies, family planning, PrEP, and psychosocial support (PSS). Interaction with the girls across the different districts demonstrates that there is evidence that the DREAMS Service Passport is contributing towards increased awareness of services that are available to AGYW in their communities.

Figure 6: Service referrals and confirmation rates

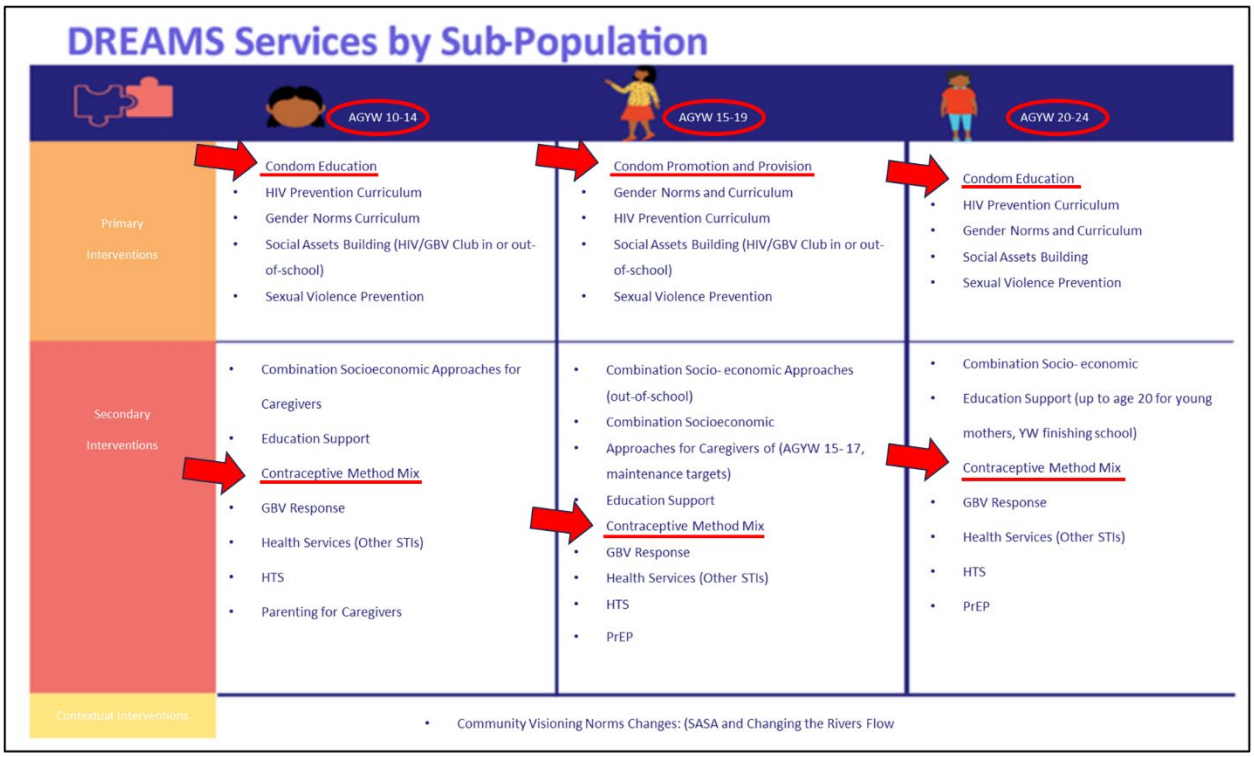


The FHI 360 Services Referral Network (SRN) has contributed towards improved access to services among adolescent girls and young women. Screening beneficiaries using the HIV risk and vulnerability-screening tool has facilitated identification of girls at risk of HIV infection and timely provision of HIV prevention services.

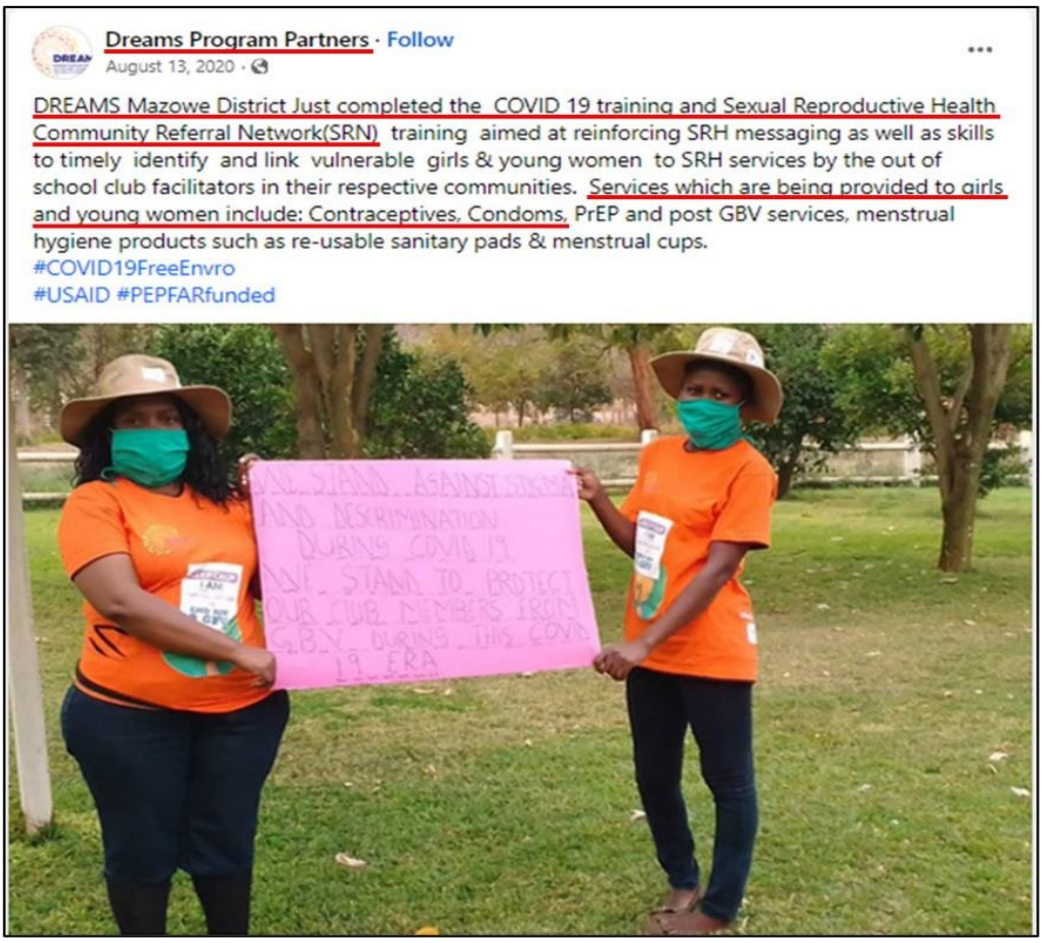
More proof that all girls enrolled in the DREAMS project access the core package of services comes from another document published by FHI 360 called the 2021 DREAMS Narrative Report:

> "The DREAMS Program Core Package of Services comprises primary and secondary services. FHI 360 is responsible for providing the primary package. *All DREAMS beneficiaries must access the primary package and the program supports them to access the needs-based secondary package.* Analysis of enrolment data informs the systematic identification and provision of the needs-based services." (p. 5) (emphasis added)

On the same page is a table that lists condoms and contraception as primary and secondary services for *girls as young as ten*.



More evidence that the DREAMS project insists that its prime implementing partners refer to all elements of the core package of interventions, especially for contraception and SRH, comes from Zimbabwe Health Interventions (ZHI). ZHI, which is another prime implementing partner, operates in the same district, Mazowe, where CRS' Pathways project was also operating. In 2020, ZHI explained in a Facebook post its efforts to promote condoms and contraceptives to girls and young women.



In the course of our investigation into how CRS was implementing the DREAMS project in Zimbabwe, our investigator met with CRS Zimbabwe's Deputy Chief of Party, Richard Savo. In the course of this interview, Mr. Savo confirmed to our investigator that DREAMS included SRH and contraception as part of its core package of interventions and that CRS was required to refer girls to other implementing partners to receive these services.

The investigator proposed a scenario in which a young girl is enrolled in DREAMS for nutritional and health support from CRS. How would CRS handle such a case? In response, Mr. Savo gave a lengthy–and very revealing–description of the DREAMS program:

> "DREAMS is like I indicated a multi-layered kind of an intervention.
>
> **"***And one unique thing about DREAMS is that layering of services component.* So, arranged in such a manner that there is a tool that is called a 'DREAMS Selection Criteria Tool.' So that's true. Yes, all the criteria in terms of who qualifies to be in the DREAMS project and some of them include, of course, the age in terms of 10 to 24 years. Then, vulnerability to risky situations that can expose that child to HIV – it could be issues around out of school. It could be issues around being an orphan, or living in an unstable family environment, or history of sexual abuse or sexual violence, or history of other

anti-social behavior that could be sexualized behaviors, and all those things. So, it's a real… it's a long list of who's eligible.

"And then there's a tool that the DREAMS enrolling partners use, so part of that is the selection criteria. And then the adolescent girl then goes through that assessment process to see if they fit for the enrollment. So, we have now gone to the enrollment stage. Now, during the enrollment, the whole process of case management also then starts to say: This adolescent girl or young woman, 'what are your vulnerability circumstances and what are your needs?' Then, 'where are those needs best met?'

"So, from that interaction, for example, you may realize that this is a young girl who has dropped out of school. And once they drop out of school, they become vulnerable to child marriage. They become vulnerable to sexual exploitation. They become vulnerable to child labor.

"So how do we prevent that?

"You then come up with a set plan to say what are the services that this adolescent girl and young woman needs.

"And who provides them so?

"DREAMS is a consortium of partners providing a variety of services, and the services are divided into two. There are, 'Primary Intervention Services' and 'Secondary Intervention Services.' Then the primary intervention services are those issues around social asset building, ***sexual reproductive health,*** education… What else falls under that? Economic strengthening for adolescence then also issues around parenting as well.

"So, they will then say ***'these are mandatory interventions*** that the adolescent girl and young women must go through', ***and there are partners who provide those services***.

"Then after you have been going through the primary package of services, then there is a secondary package which is now on a need basis. That one is not mandatory**. *The primary one is mandatory.***

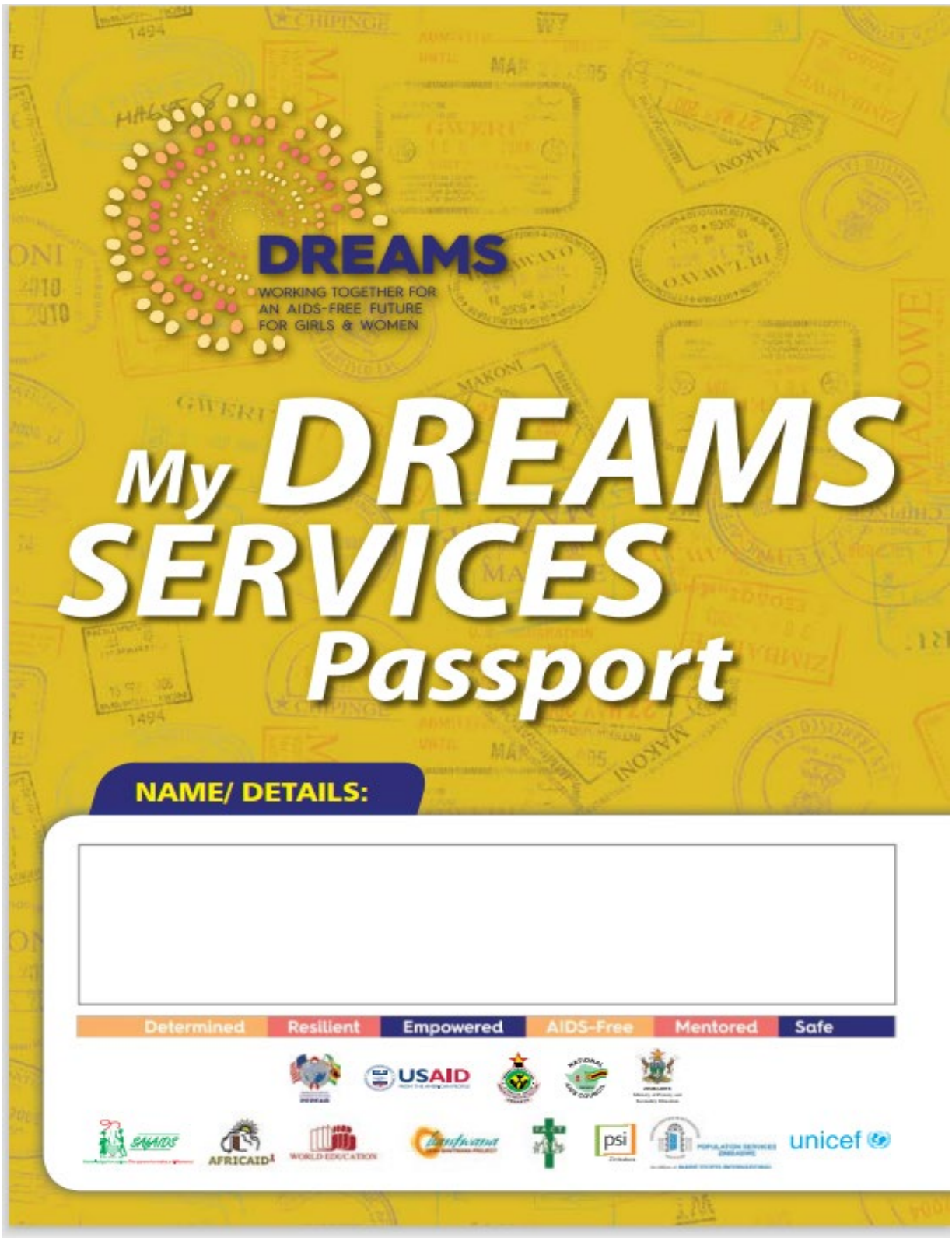
"Then the secondary are now on a need basis. For example, after having gone through the primary package, they realize that there are issues around access to finance. Then the adolescent girl or young woman might then need to be linked up with economic strengthening.

"Or they didn't find that they had to listen. Girl is not in school. Then they may be linked in with education support so that they can. They can continue with their education. So that's how DREAMS 'dreams.'

*"**Then they will go through the whole process and be linked to the various service providers until their situation improves.*** [emphasis added]

In short, the Deputy Chief of Party for CRS's DREAMS project in Zimbabwe said in his own words that SRH is a "mandatory intervention." That is to say, CRS is required to ensure that adolescent girls and young women that it enrolls in the DREAMS project are referred for SRH as a condition of participating in the program. CRS not only knows that the girls it sends to other partners for SRH will be given pornographic sex education and provided with condoms and contraceptives, but it is also a willing participant in the process.

Mr. Savo also gave our investigator a digital copy of what was called a "DREAMS Service Passport." This 12-page "passport", he said, is given to each and every girl who is enrolled in Zimbabwe's DREAMS program by CRS. This "passport" gives detailed–and very explicit referral–information on the kinds of contraceptive services available to enrollees, as can be seen on the following pages:


DREAMS
WORKING TOGETHER FOR AN AIDS-FREE FUTURE FOR GIRLS & WOMEN
My DREAMS SERVICES Passport
NAME/ DETAILS:
Determined
Resilient
Empowered
AIDS-Free
Mentored
Safe
USAID
AFRICAID
WORLD EDUCATION
psi
unicef

My right to health is protected in our Constitution ...

Section 76 of the Zimbabwe National Constitution tells us every person has the right to healthcare.

For a young person this means:

You have a right to basic healthcare including high quality AND stigma-free sexual and reproductive health information and services. If you are living with a chronic illness such as HIV or cancer, you also have the right to basic healthcare for that illness. Under this right no one should be refused treatment in the case of an emergency.

The right to healthcare also comes with responsibilities:

- Knowing where you can get health services, what they offer and letting others know too
- Using available health services
- Asking for the health services you need, such as youth friendly services, if they are not available to you.

As a young person you have a right to access information about your body and your health that will help keep you safe.

Our Constitution and Bill of Rights protect us!

Our National Strategy on Adolescent and Youth Sexual and Reproductive Health (SRH) Protects Us!

3

I can access ALL of the following DREAMS services:

- HIV and GBV risk reduction counselling and training
- Leadership and life skills training
- HIV counselling and testing
- HIV treatment and care, and adolescent support
- Post-GBV care
- Post-exposure prophylaxis in case of exposure to HIV
- Pre-exposure prophylaxis to prevent HIV
- Contraceptives (family planning)
- Male and female condoms
- Sponsorship for in- and out-of-school learners
- Financial literacy and work readiness training
- Voluntary medical male circumcision for boys and men

How do I access these services?

Collect a referral form for services (as well as a transport voucher if you need one) from any one of the following circle of care members:

- Teacher
- In-school club facilitators
- Out-of-school club facilitators
- 72-hour GBV Desk
- Local government healthcare worker
- DREAMS programme partners
- Community Childcare Worker
- Community Adolescent Treatment Supporter (CATS)

How does the transport voucher work?

It is free! Once you have a voucher, give it to any transporter displaying the DREAMS transporter sticker. They will submit the voucher to a DREAMS partner and recover the cost.

Completing your referral is important!
ALWAYS submit your referral slip to your service provider (even if you use a service in another district).

4

ed AIDS-Free Mentored Safe

Service	What I Need to Know	Who can Help
Voluntary medical male circumcision (VMMC)	VMMC is the removal of the foreskin from the head of the penis. It is simple and safe and is available and free of charge from most government facilities and reduces the chances of HIV infection in males by 60%. The DREAMS program gives priority to men aged 25 years and above.	See New Start Centres in the service partner section or visit your local Hospital or Clinic to access VMMC.
Contraceptives (family planning)	Contraceptives prevent unplanned pregnancy. They do not prevent HIV or sexually transmitted infections (STIs). There are short acting contraceptives (emergency contraception also known as the morning after pill is included in this category) and long acting methods. A client goes through comprehensive counselling to help her choose the method most suitable for her.	See PSZ in the service partner section to access Family Planning services or your local Hospital or Clinic.
Condoms – male and female	Condoms are barrier contraceptives. ONLY CONDOMS protect you and your partner from BOTH sexually transmitted infections (STIs) like HIV, and from unintended pregnancy. The man wears a male condom over his penis BEFORE sexual contact. It is only used once. A female condom is inserted into the woman's vagina BEFORE sexual contact. It is only used once. You should never use both male and female condoms at the same time.	See PSZ AND CeSHHAR in the service partner section to access male and female condoms. Condoms are also available from local clinics.
Sponsorship for in- and out- of-school learners	This service provides sponsorship to continue your education whether you want to stay in school or you are out of school and want to complete or return to education.	See FACT and WEI in the service partner section to find out if you are eligible for this support.
Financial literacy and work readiness training	Internal savings and lending clubs are established to support savings and give girls and young women financial literacy skills. Entrepreneurship skills can help them to start their own small businesses, while a work readiness model linked with internships in private and public sector companies prepares girls for employment in the broader job market.	See FACT and WEI in the service partner section to find out more about these opportunities.

CRS Pathways and its Partners: Referrals, Layering, and SRH activities

CRS's Zimbabwe office also provided us with a digital copy of a Pathways powerpoint presentation which, among other things, lists all of its partners by region. These partners include Childline, JF Kapnek Trust, Jointed Hands, and the Salvation Army.

Our Partners *PATHWAYS*

Implementation Partners

1. **Guruve**- Salvation Army
2. **Mazowe**- Salvation Army
3. **Harare**- Caritas
4. **Gweru**- Jointed Hands Welfare Organisation
5. **Nkayi-** Jointed Hands Welfare Organisation
6. **Lupane**- IGAC
7. **Insiza**- IGAC
8. **Bulawayo**- Childline
9. **Bulawayo**- JF Kapnek Trust
10. **Matobo**- JF Kapnek Trust

Technical & Resource Partners

1. **International Youth Foundation-** Economic Strengthening
2. **Musasa-** GBV prevention & response
3. **Maestral**- Case Management
4. **CONNECT- ZIST**- Cognitive Behavioral Therapy (CBT)
5. **Christian Blind Mission-** Disability Integration
6. **CATCH**- Legal support
7. **Zimworks**- Economic Strengthening

A CRS Facebook live event from Sept 2022 makes it clear how closely CRS works with partners such as Joined Hands Welfare Organization and Childline. It features a DREAMS "ambassador" named Bethel from Joined Hands. Bethel, who was introduced at the podium by a man wearing a shirt bearing the CRS logo, says that she was originally recruited by Childline. In the course of her presentation, she tells her audience that she learned about HIV prevention by "abstinence, and keeping to, you know, how when you decide to have sexual relationships, you always have to make sure that you use protection." (8:28) Protection, of course, is a reference to condoms and contraception.

Those attending this CRS event were primarily CRS staff members and others wearing CRS shirts. Yet no one in the audience visibly reacted to her suggestion to "use protection" in "sexual relationships." And no one at the time, or later in the event, issued any clarification or correction of her statement.

In sum, CRS allowed a speaker at its own event to promote the use of "protection." What this episode suggests is that even girls in CRS' "carved out" portion of DREAMS were being exposed to contraceptive propaganda.

More evidence of CRS' close collaboration with its DREAMS partners on SRH comes from a CRS Zimbabwe post on Facebook about a "DREAMS Field Visit in the Mazowe District." The post, dated 6 May 2022, concerns an event that CRS participated in with its DREAMS partners Musasa and the Salvation Army on that same day. The event also included other DREAMS implementing partners, including ZHI Zimbabwe, which we discussed above. The main purpose of this event, according to CRS, was to showcase "how the [implementing partners] collaborate and layer services for Adolescent girls and young women (AGYWs) ensuring provision of a comprehensive package to reduce new HIV infections."

The event, reported by CRS Zimbabwe itself, further underlines that CRS was well aware of precisely what the other implementing partners of the DREAMS project were doing, including in the area of sexual and reproductive health services. Yet CRS continued to enlist and refer girls to them to receive precisely those services.

An example of how this referral system works in practice to achieve the desired "layering of services" comes from DREAMS implementing partner Zimbabwe Health Interventions' (ZHI). In its 2021-2022 Annual Report on its DREAMS RISE project, ZHI tells the story of a young girl who benefited from the project (p. 40).

ANNEX I: SUCCESS STORY

Teen Mother Enrolled Back to School

"I thought my dream to attain basic education had been shuttered until ZHI DREAMS program came to my rescue!" Rutendo (not her real name:15 years old) from Jaji village in Chiweshe fell pregnant in Grade 7 whilst completing her primary education at Chinehasha Primary School in 2020. She, however, managed to sit for her final examinations and was later referred to Musasa by a Village Health Worker and Catholic Relief Services (CRS) cadre where she received psychosocial support until she safely delivered her beautiful bouncing baby girl.

Rutendo lives with her single mother, who found it difficult to raise funding for her educational support. She was enrolled into the DREAMS program in 2021 and was referred to CRS for educational support. Currently, Rutendo is a form 2 teen mother at Chinehasha Secondary School. She is also attending the DREAMS out of school social asset building club sessions on HIV and GBV prevention, and basic financial literacy from Winfildah Chigogo (Out of School Club Facilitator) in Mazowe. The DREAMS club provided a safe space for her to share her life changing story at the same time acquiring peer counseling from her DREAMS facilitator. The education she gets from the club is helping her to set life goals. She is determined to continue pursuing her education and become a teacher one day.

"I would like to thank ZHI DREAMS program for giving me a second chance and I am also looking forward to a better and brighter future with my child. Looking at my situation and background, going back to school was the last thing I would think of, but this program made it possible, and I am grateful," says Rutendo.

Now, we are all in favor of teen mothers receiving assistance in continuing their education. But the point we are making here is that this young girl was enrolled into DREAMS by CRS Pathways and was then referred by them to its technical/resource partner Musasa for participation in ZHI's DREAMS RISE project, which heavily promotes contraception and condoms.

ZHI's Annual Report makes this linkage crystal clear. It reveals on p. 26 that two of CRS Pathways' partners–Musasa and JHWO–were at the same time working hand-in-glove with ZHI on the provision of sexual and reproductive health services, including the promotion and provision of condoms.

IR 3.3: In collaboration with other PEPFAR IPs, strengthen and scale the delivery of ASRH friendly services.
Through coordinated efforts of DAC and MOHCC, RTWG meetings increased collaboration between all DREAMS implementing partners. The IPs developed monthly consolidated joint workplan to guide the screening, enrolment, and service provision to AGYW in the districts which include ASRH services. The collaboration strengthened coordination, communication, planning, and delivery of non-stigmatizing ASRH services. ASRH services were offered together with PEPFAR IPs which include PSH, JHWO, MUSASA, CeSHHAR among others. In Gweru district, the program supported 12 stop the bus outreach activities where 1227 AGYW were reached with FP services, HTS, PSS and condom promotion and provision.

CRS and "Stop the Bus" Outreach Campaigns

The reference to "Stop the Bus outreach activities" in the above quote from ZHI's annual report on its DREAMS RISE program raises another concern. The Gweru district, where condoms were promoted and provided to 1,227 adolescent girls and young women, is one of the districts in Zimbabwe where CRS is carrying out its Pathways project. And, perhaps not surprisingly, our research shows that CRS and its partners were also involved in these "Stop the Bus" campaigns.

CRS' 2021 Pathways Annual Report lists the DREAMS prime implementing partners, which include not only FHI 360 and ZHI, but also a group which styles itself the Organization for Public Health Interventions and Development (OPHID). Ophid's role in DREAMS was to supply a broad range of contraceptives to its clients, including the abortifacient Depo-Provera. CRS confirms in its report that it established a close working relationship with each of its partners, stating that Pathways "managed to reach agreements on areas of collaboration with Africaid, Zim-TTECH, OPHID and FHI360/ZHI to fully support PLHIV." (p. 5) (PLHIV is an acronym for People Living with HIV, but in this context refers to anyone who might possibly be at risk of contracting HIV, which could apply to almost anyone living in a country with high rates of HIV.) The report also notes that in Gweru, as in all of the districts where it was operating Pathways, "The implementing partners were able to consolidate their implementing efforts through a mutual working relationship with ZHI where they received clients." (p. 31)

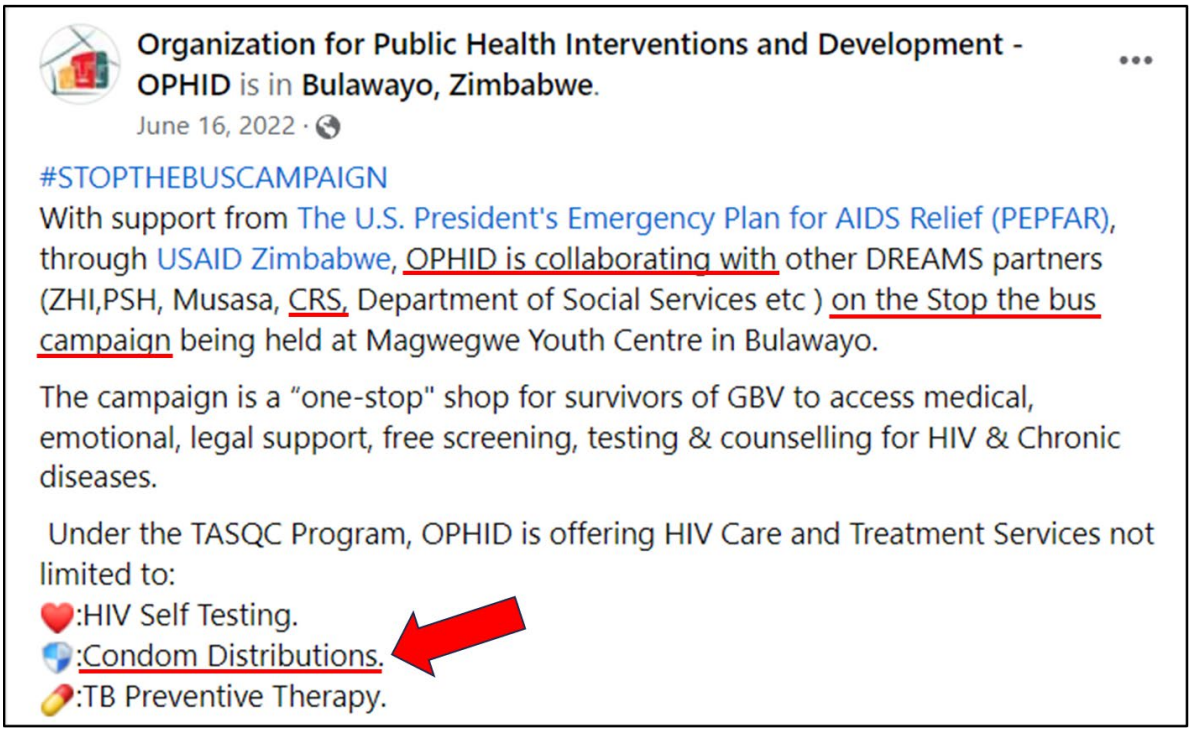
To illustrate OPHID's part in linking the provision of contraceptives in the DREAMS project, we turn to its website, where OPHID relates a case study of a young woman named Kudzai, explaining how she was introduced to Sexual and Reproductive Health (SRH) services via DREAMS:

> "*She [Kudzai] is a DREAMS beneficiary* who met with the DREAMS Ambassador early this year through DREAMS sensitization meetings. Kudzai was taken through the DREAMS program, and the role of different partners providing services aimed at empowering her, in all facets of life. Kudzai was told about OPHID and MAC the clinical partners offering SRH services at facility and community."
> …
> "Through the screening process, Kudzai was eligible for enrollment to the DREAMS project as per the vulnerabilities listed on the screening form. She was then referred to an

> OPHID nurse who provides youth friendly services at Phakama clinic. She was tested for HIV, and on further screening she disclosed that *she needed family planning services* and she preferred access at community level, and she was referred to MAC. Kudzai got to discuss with MAC the types of family planning that they were offering, and *she opted for Depo-provera (Depo) as her preferred family planning method.* Following the screening process by MAC, Kudzai was *referred to Zimbabwe Health Interventions (Z.H.I) who are the DREAMS club partner and Point of Contact (POC) for enrollment into the DREAMS project* for the primary package." (emphasis added)

There is no question that all of the implementing partners work closely together on virtually a daily basis. Stop the Bus events are no exception. And while the Stop the Bus campaign is supposedly directed at girls and women who are victims of what is called Gender-Based Violence, or GBV, this term is so broadly defined that it catches anyone who potentially might become a victim of GBV in its net.

On 16 June 2022 OPHID put up a Facebook post about one such Stop the Bus event, which CRS participated in, where condoms were distributed to the audience. In its post, OPHID describes the Stop the Bus campaign as a "a 'one-stop' shop for survivors of GBV, writing that it is "collaborating with other DREAMS partners (ZHI,PSH, Musasa, CRS, Department of Social Services etc)" on the campaign at Magwegwe Youth Centre in Bulawayo. Among the activities the campaign engaged in was "condom distribution."



On a related linkedin post, OPHID provided additional images, including the one below which indicates that male and female condoms were distributed in conjunction with the DREAMS Stop the Bus event.

CRS itself confirmed that its Pathway project was participating in Stop the Bus events in a 5 July 2022 Facebook post. This revealed that Pathways's Gender Based Violence (GBV) services, through its partnership with Musasa, includes the Stop the Bus campaign

CRS Zimbabwe
July 5, 2022 ·

With the help of trained community cadres like Shorai Majiya from Mazowe district, Pathways ensures that community members are free from harm and protected from any form of violence (physical, sexual or emotional).

Pathways provides Gender Based Violence (GBV) services through their technical partner, Musasa which works closely with implementing partners in all nine Pathways districts. Musasa also conducts community GBV awareness and response services. These include community dialogues, SASA clubs, Pillars of Hope and Stop the Bus campaigns. In 2021 alone, The Pathways Project responded to 9,685 GBV cases.

"I encourage people to report any forms of abuse. We need to work together and fight GBV. It begins with you!" - Shorai

Call this toll free number and report any form of abuse 08080074 ☎📞

Considering that condom provision is one of the primary goals of the Stop the Bus campaign, there is no way to justify the fact that CRS' Pathways project is organizing the Stop the Bus campaign in the districts where it is operating, or that CRS DREAMS could morally collaborate with other implementing partners to promote and provide condoms and a wide range of contraceptives, including those known to be abortifacient in action.

Field Investigation of CRS' Implementing Partners

Our investigator met with a number of CRS' implementing partners and other stakeholders in USAID's DREAMS project to learn about how these partners were collaborating with CRS in the DREAMS project, and how they were promoting and providing contraceptives to clients referred to them by CRS Pathways.

Caritas Zimbabwe

Our investigator held a meeting with Roseline Murota, Development Coordinator of Caritas Zimbabwe. Also present at the meeting were two Caritas social workers, Eve Mabika and Audrey Darka. Murota introduced Eve Mabika by saying that she had previously worked for Pathways, in the area of stopping abuse and female exploitation. Audrey Darka, she explained, was a social worker who worked under the Pathways project.

During this meeting the three Caritas workers confirmed, in discussing how HIV prevention is taught, that the full spectrum of ABC (abstinence, be faithful, use condoms) was taught to children and adults. They refused to share their facilitator's manuals, however. According to our investigator:

> Also for further clarification, it was asked if the use of condom (in the ABC strategy) was also taught to adolescents. Eve, one of the social workers, *responded by saying that the use of condom is for both males and females.* There is need according to her to teach women how to negotiate in marriage about sex. Because she pointed out that the men will argue that they married, and they have paid bride price, so they have the right to do anything with the wife, they can't use condoms.
>
> Another question posed to them in relation to this use of condoms is if it is only taught to couples in marriage or if adolescents are part of the training and if they leave out the "B" in the ABC strategy when teaching teenagers. In response one of the social workers said that the teenagers are exposed to sex abuse so *they also need to be taught as well. So they also need to be taught about use of condom or condomizing.*
>
> Eve pointed out that she thinks it is all about educating them as well because they are growing up in an environment where there are so many diseases spreading. So, according to her there are people who come through for this. So *they teach them (the young girls) about condomizing, how to use condoms.* According to her, at that age, most of them do not know what a condom is. So, *there is an explanation of how it is opened, how it is*

used and they need to learn. Roseline also contributed here by saying that the condom can even burst.

It is finally inquired of them if there are partners they bring who come to help demonstrate the use of the condom. In response, the social worker (Eve) made reference to Mbare where she mentioned the National Aids Council. *They do demonstrate how; she concluded that even in the clinics, they can show one how to use condoms.* (emphasis added)

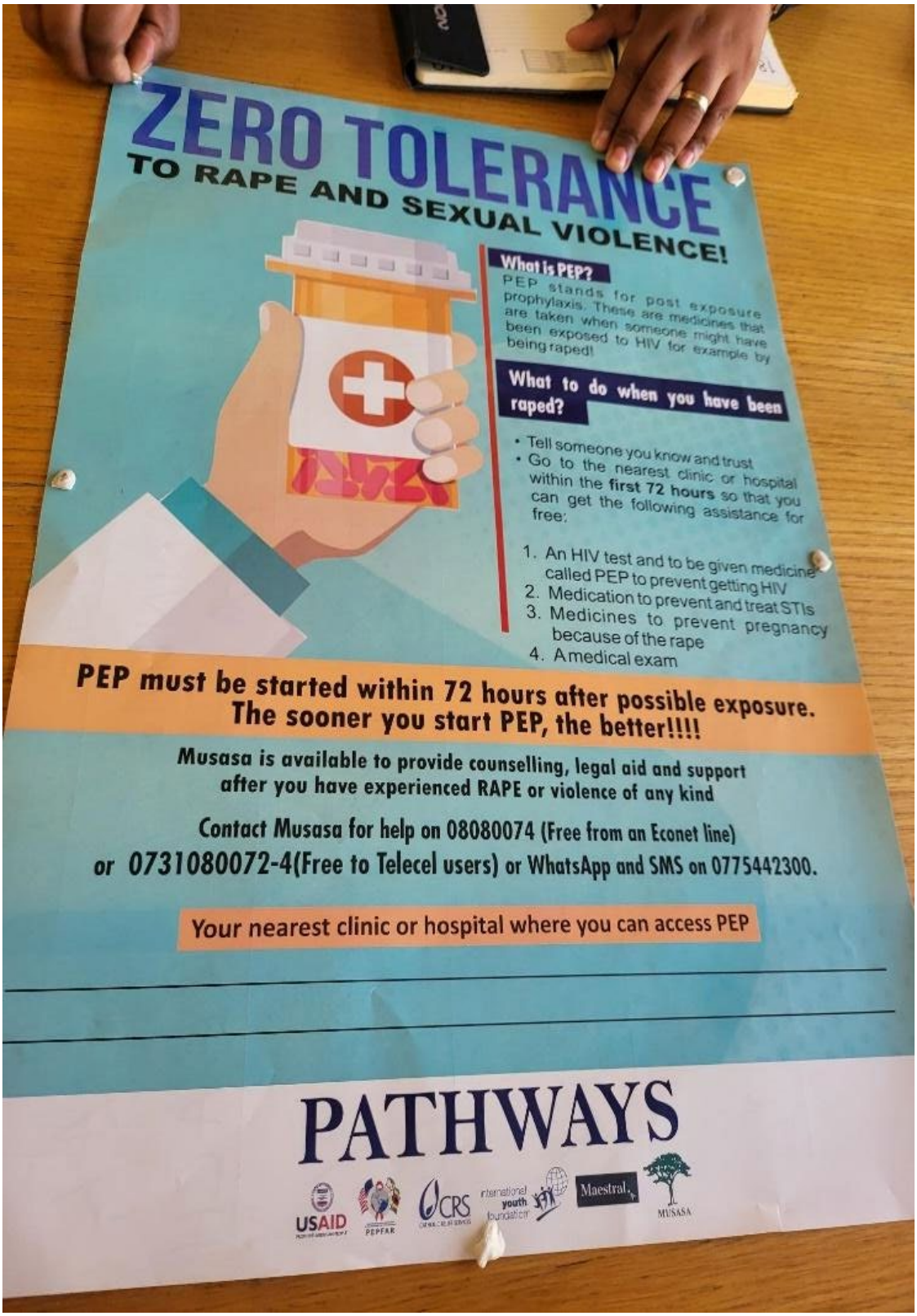
Childline Zimbabwe

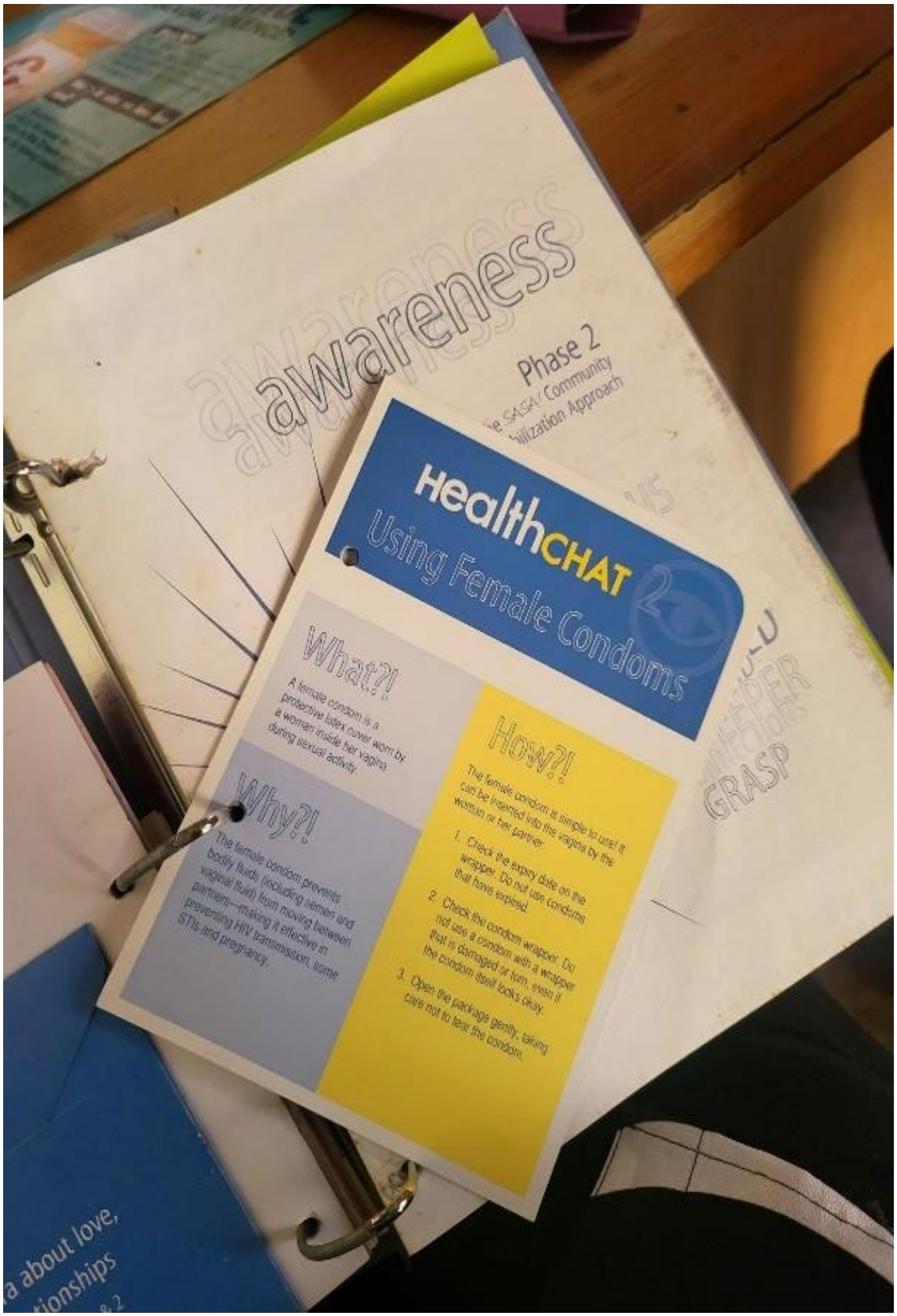
Our investigator visited Childline's office in the city of Bulawayo. Childline employees confirmed it was working with CRS as an implementing partner, and claimed that their work with DREAMS primarily consisted of teaching "positive parenting."

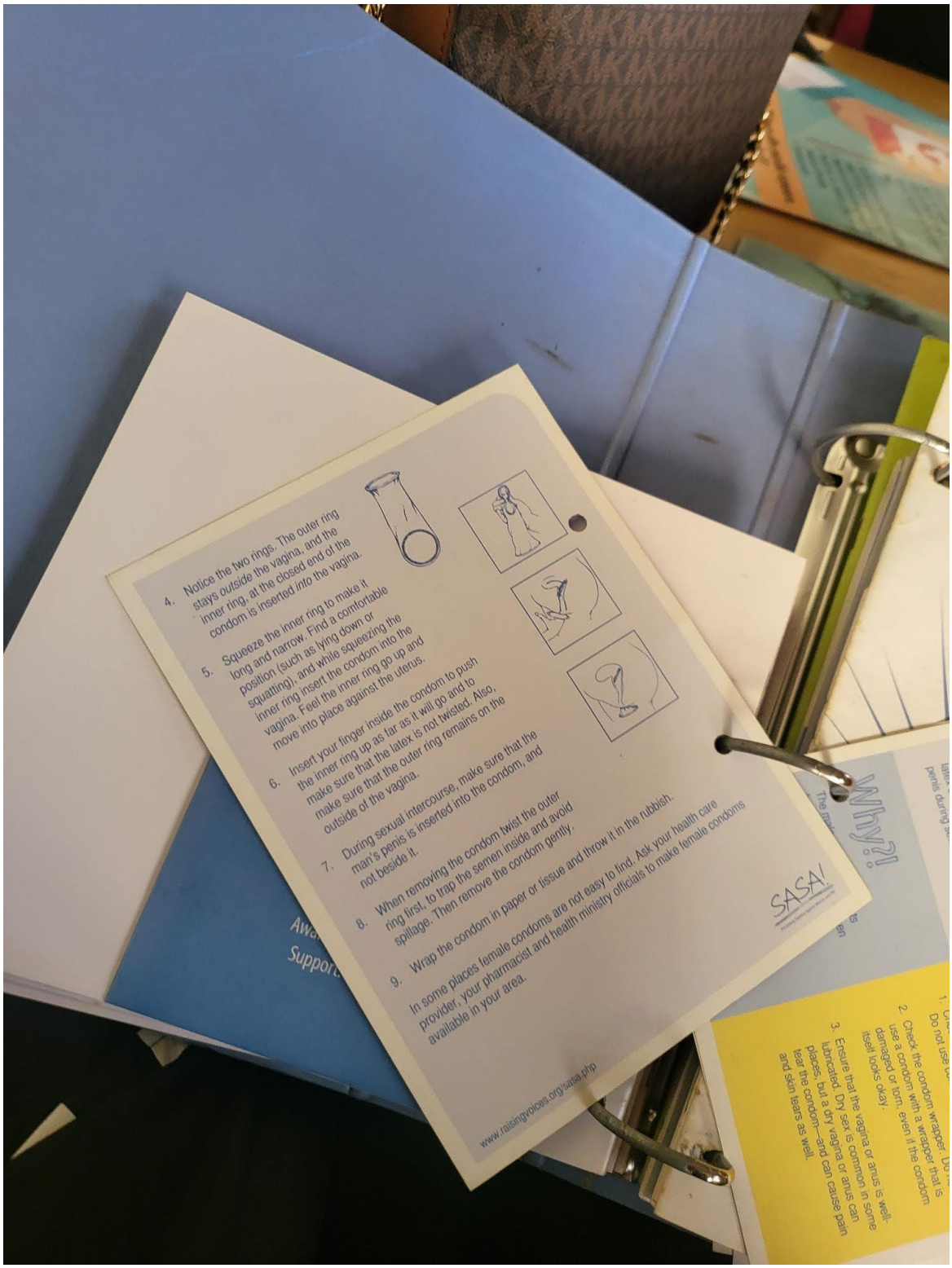
However, our investigator collected evidence during her visit that indicated that Childline refers young women for emergency contraception and abortion in cases of rape, as well as graphic condom information in its facilitator manuals. A panoply of contraceptives, emergency contraceptives were also all on offer. Childline had even strategically placed packets of condoms in its restrooms for easy access.

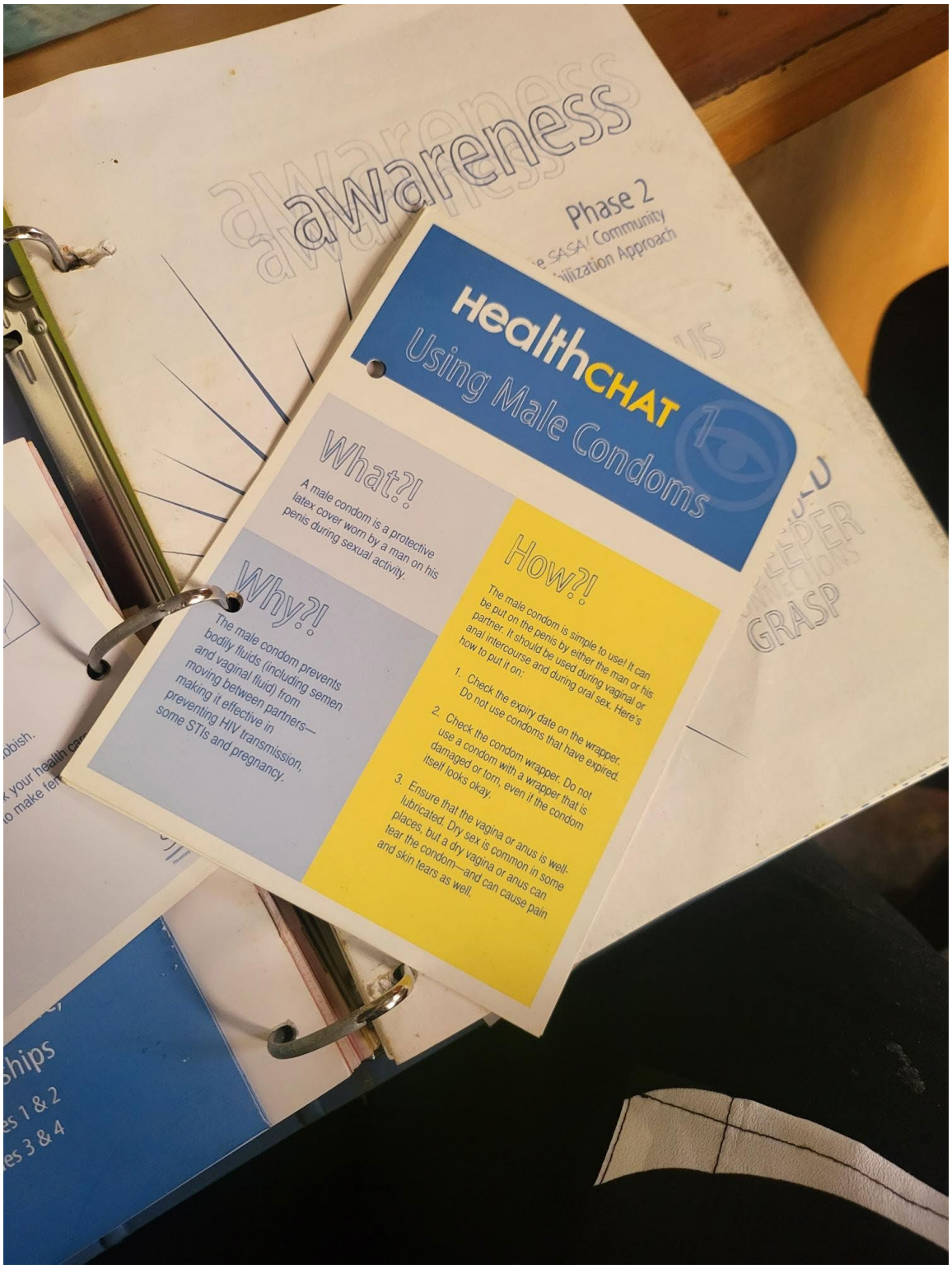
The CRS logo is prominently displayed, and the structure created by the DREAMS/OVC project still continues, though it has been renamed Smart Girls in some parts of Zimbabwe. The successor projects, despite bearing new names, retain the structure and access to the client base made possible by their initial partnership with CRS. Childline, like almost all the other implementing partners, confirmed that working with CRS expanded their clientele base.

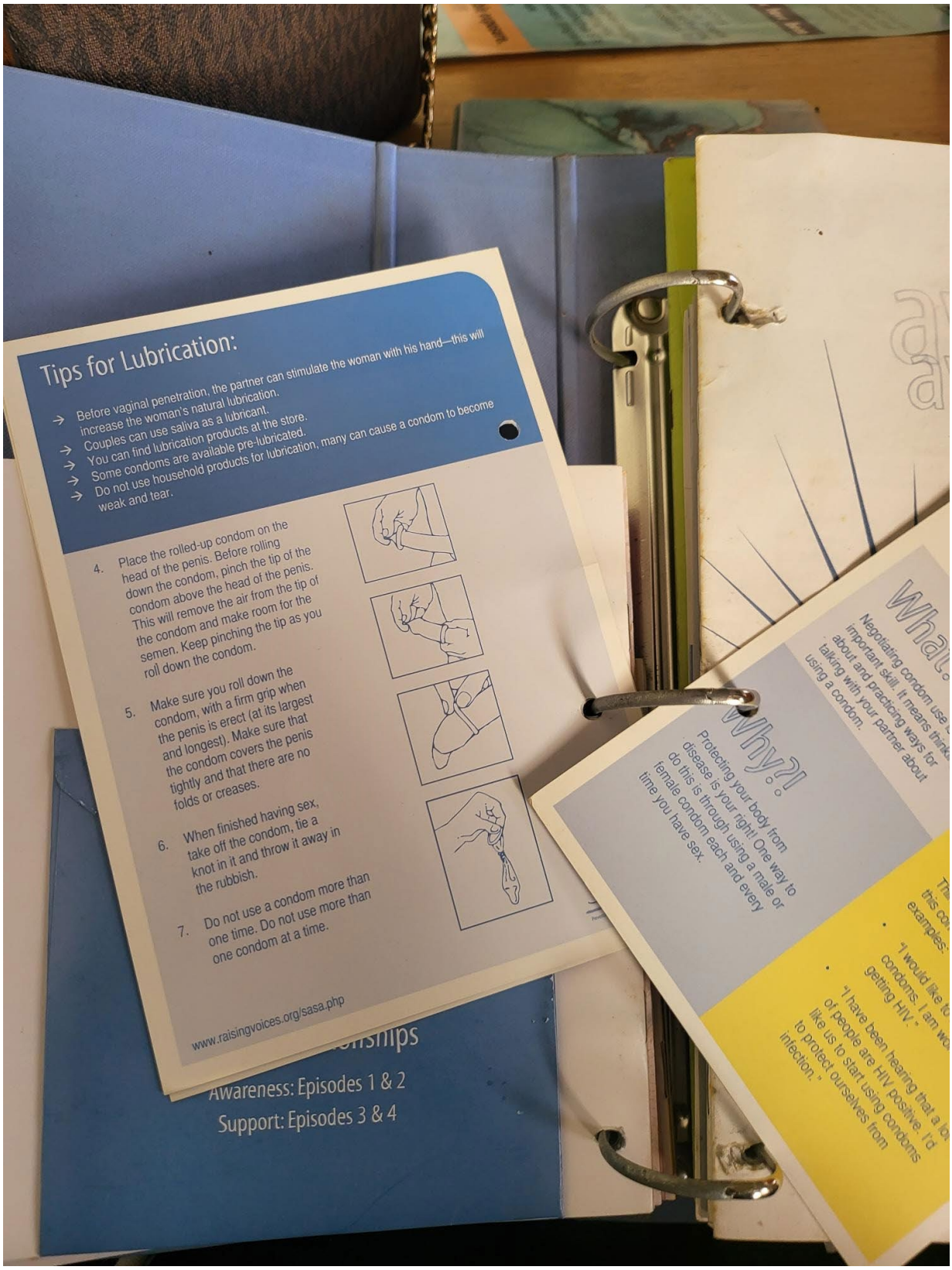
While visiting the office, our investigator was able to take a number of pictures of materials that were on display there. This first image is a poster bearing CRS' logo that promotes emergency contraception following rape. Subsequent ones show male and female condom promotion and instructions as to their use.


ZERO TOLERANCE
TO RAPE AND SEXUAL VIOLENCE!
What is PEP?
PEP stands for post exposure prophylaxis. These are medicines that are taken when someone might have been exposed to HIV for example by being raped!
What to do when you have been raped?
• Tell someone you know and trust
• Go to the nearest clinic or hospital within the first 72 hours so that you can get the following assistance for free:
1. An HIV test and to be given medicine called PEP to prevent getting HIV
2. Medication to prevent and treat STIs
3. Medicines to prevent pregnancy because of the rape
4. A medical exam
PEP must be started within 72 hours after possible exposure. The sooner you start PEP, the better!!!!
Musasa is available to provide counselling, legal aid and support after you have experienced RAPE or violence of any kind
Contact Musasa for help on 08080074 (Free from an Econet line)
or 0731080072-4(Free to Telecel users) or WhatsApp and SMS on 0775442300.
Your nearest clinic or hospital where you can access PEP
PATHWAYS
USAID
PEPFAR
CRS
international youth foundation
Maestral
MUSASA

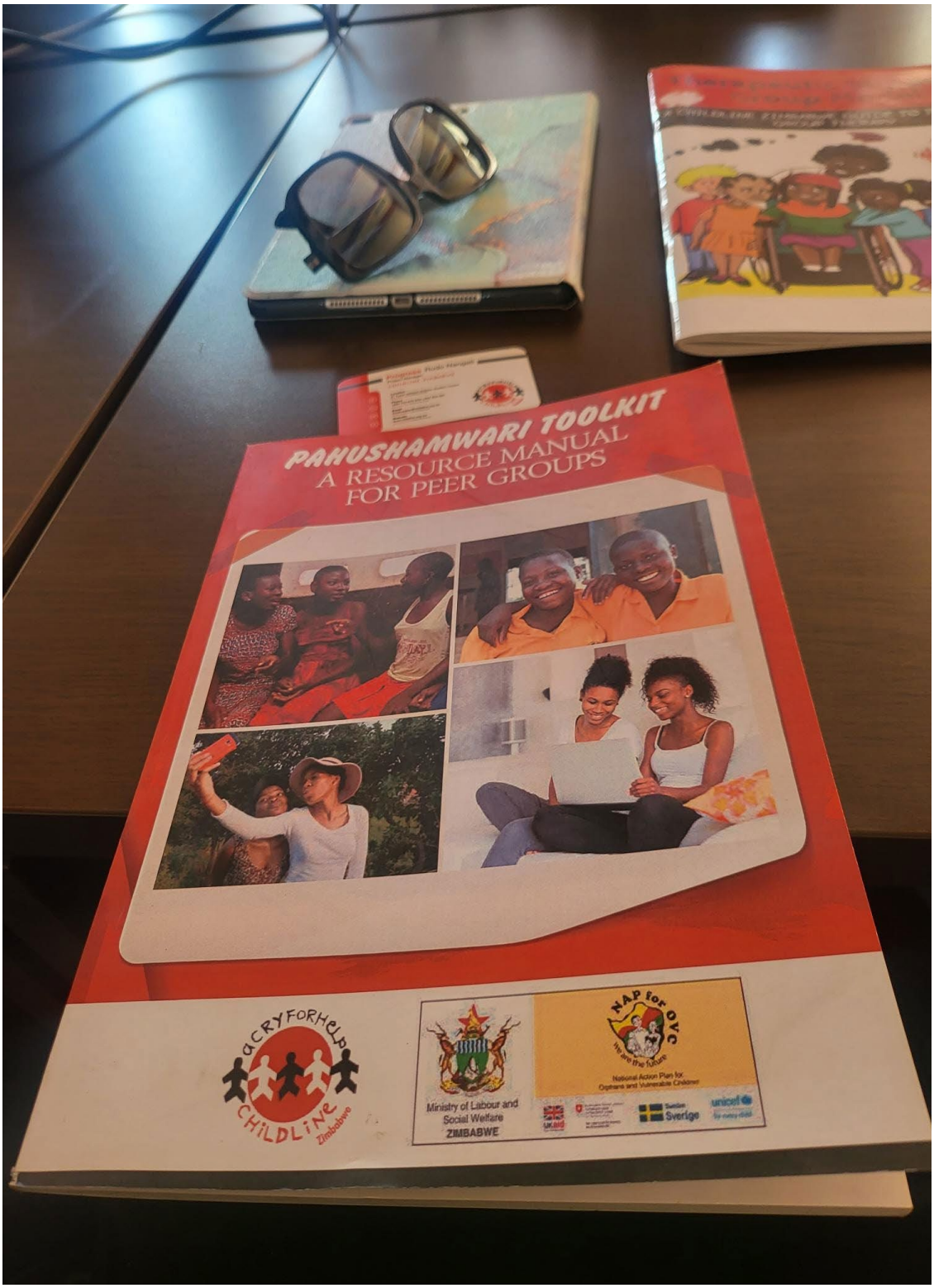

awareness
Phase 2
HealthCHAT
Using Female Condoms
What?!
A female condom is a protective latex cover worn by a woman inside her vagina during sexual activity.
Why?!
The female condom prevents bodily fluids (including semen and vaginal fluid) from moving between partners—making it effective in preventing HIV transmission, some STIs and pregnancy.
How?!
The female condom is simple to use! It can be inserted into the vagina by the woman or her partner.
1. Check the expiry date on the wrapper. Do not use condoms that have expired.
2. Check the condom wrapper. Do not use a condom with a wrapper that is damaged or torn, even if the condom itself looks okay.
3. Open the packings gently, taking care not to tear the condom.
GRASP

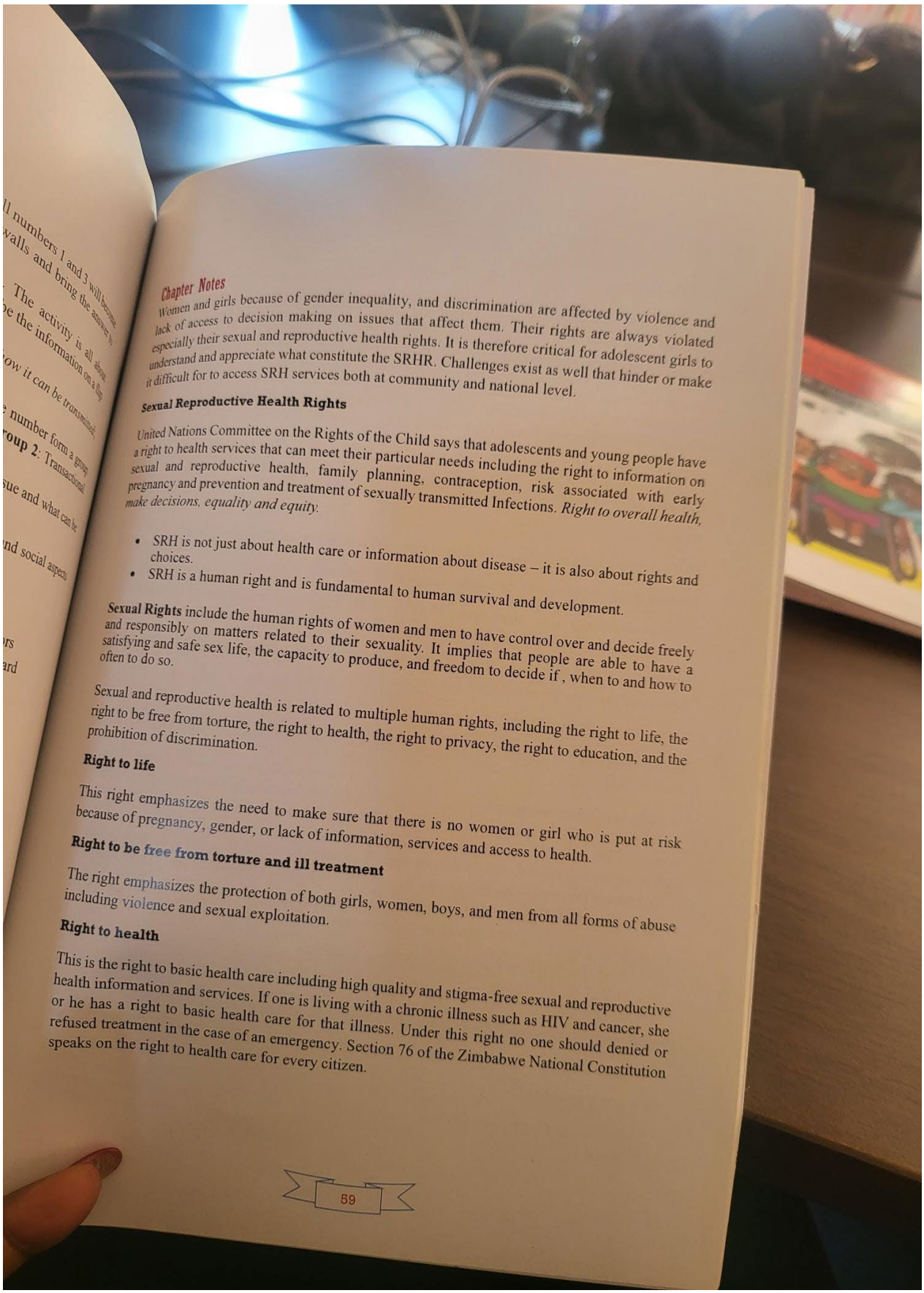

4. Notice the two rings. The outer ring stays *outside* the vagina, and the inner ring, at the closed end of the condom is inserted *into* the vagina.
5. Squeeze the inner ring to make it long and narrow. Find a comfortable position (such as lying down or squatting), and while squeezing the inner ring insert the condom into the vagina. Feel the inner ring go up and move into place against the uterus.
6. Insert your finger inside the condom to push the inner ring up as far as it will go and to make sure that the latex is not twisted. Also, make sure that the outer ring remains on the outside of the vagina.
7. During sexual intercourse, make sure that the man's penis is inserted into the condom, and not beside it.
8. When removing the condom twist the outer ring first, to trap the semen inside and avoid spillage. Then remove the condom gently.
9. Wrap the condom in paper or tissue and throw it in the rubbish.
In some places female condoms are not easy to find. Ask your health care provider, your pharmacist and health ministry officials to make female condoms available in your area.
www.raisingvoices.org/sasa.php
SASA!
Why?
2. Check the condom wrapper that is use a condom with a wrapper that is damaged or torn, even if the condom itself looks okay.
3. Ensure that the vagina or anus is well-lubricated. Dry sex is common in some places, but a dry vagina or anus can tear the condom—and can cause pain and skin tears as well.


awareness
Phase 2
HealthCHAT
Using Male Condoms
What?!
A male condom is a protective latex cover worn by a man on his penis during sexual activity.
Why?!
The male condom prevents bodily fluids (including semen and vaginal fluid) from moving between partners—making it effective in preventing HIV transmission, some STIs and pregnancy.
How?!
The male condom is simple to use! It can be put on the penis by either the man or his partner. It should be used during vaginal or anal intercourse and during oral sex. Here's how to put it on:
1. Check the expiry date on the wrapper. Do not use condoms that have expired.
2. Check the condom wrapper. Do not use a condom with a wrapper that is damaged or torn, even if the condom itself looks okay.
3. Ensure that the vagina or anus is well-lubricated. Dry sex is common in some places, but a dry vagina or anus can tear the condom—and can cause pain and skin tears as well.


Tips for Lubrication:
→ Before vaginal penetration, the partner can stimulate the woman with his hand—this will increase the woman's natural lubrication.
→ Couples can use saliva as a lubricant.
→ You can find lubrication products at the store.
→ Some condoms are available pre-lubricated.
→ Do not use household products for lubrication, many can cause a condom to become weak and tear.
4. Place the rolled-up condom on the head of the penis. Before rolling down the condom, pinch the tip of the condom above the head of the penis. This will remove the air from the tip of the condom and make room for the semen. Keep pinching the tip as you roll down the condom.
5. Make sure you roll down the condom, with a firm grip when the penis is erect (at its largest and longest). Make sure that the condom covers the penis tightly and that there are no folds or creases.
6. When finished having sex, take off the condom, tie a knot in it and throw it away in the rubbish.
7. Do not use a condom more than one time. Do not use more than one condom at a time.
www.raisingvoices.org/sasa.php
Awareness: Episodes 1 & 2
Support: Episodes 3 & 4
Why?
Protecting your body from disease is your right! One way to do this is through using a male or female condom each and every time you have sex.

Another series of photos below are from Childline's *Resource Manual for Peer Groups*. This states that young people have a right to contraception and SRH. It also is very specific on ways to promote condom use.





Chapter Notes

Women and girls because of gender inequality, and discrimination are affected by violence and lack of access to decision making on issues that affect them. Their rights are always violated especially their sexual and reproductive health rights. It is therefore critical for adolescent girls to understand and appreciate what constitute the SRHR. Challenges exist as well that hinder or make it difficult for to access SRH services both at community and national level.

Sexual Reproductive Health Rights

United Nations Committee on the Rights of the Child says that adolescents and young people have a right to health services that can meet their particular needs including the right to information on sexual and reproductive health, family planning, contraception, risk associated with early pregnancy and prevention and treatment of sexually transmitted Infections. *Right to overall health, make decisions, equality and equity.*

- SRH is not just about health care or information about disease – it is also about rights and choices.
- SRH is a human right and is fundamental to human survival and development.

Sexual Rights include the human rights of women and men to have control over and decide freely and responsibly on matters related to their sexuality. It implies that people are able to have a satisfying and safe sex life, the capacity to produce, and freedom to decide if , when to and how to often to do so.

Sexual and reproductive health is related to multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination.

Right to life

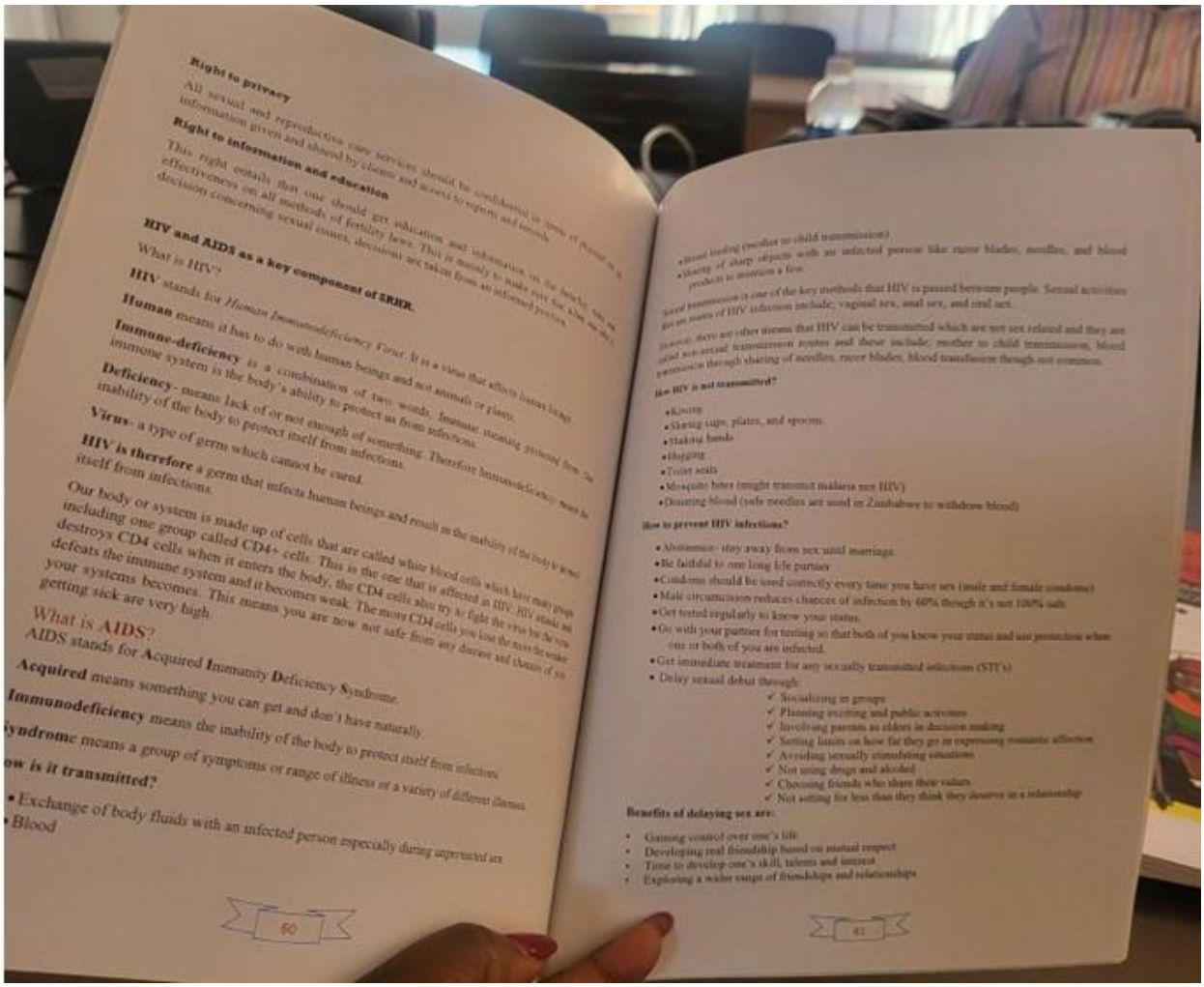
This right emphasizes the need to make sure that there is no women or girl who is put at risk because of pregnancy, gender, or lack of information, services and access to health.

Right to be free from torture and ill treatment

The right emphasizes the protection of both girls, women, boys, and men from all forms of abuse including violence and sexual exploitation.

Right to health

This is the right to basic health care including high quality and stigma-free sexual and reproductive health information and services. If one is living with a chronic illness such as HIV and cancer, she or he has a right to basic health care for that illness. Under this right no one should denied or refused treatment in the case of an emergency. Section 76 of the Zimbabwe National Constitution speaks on the right to health care for every citizen.

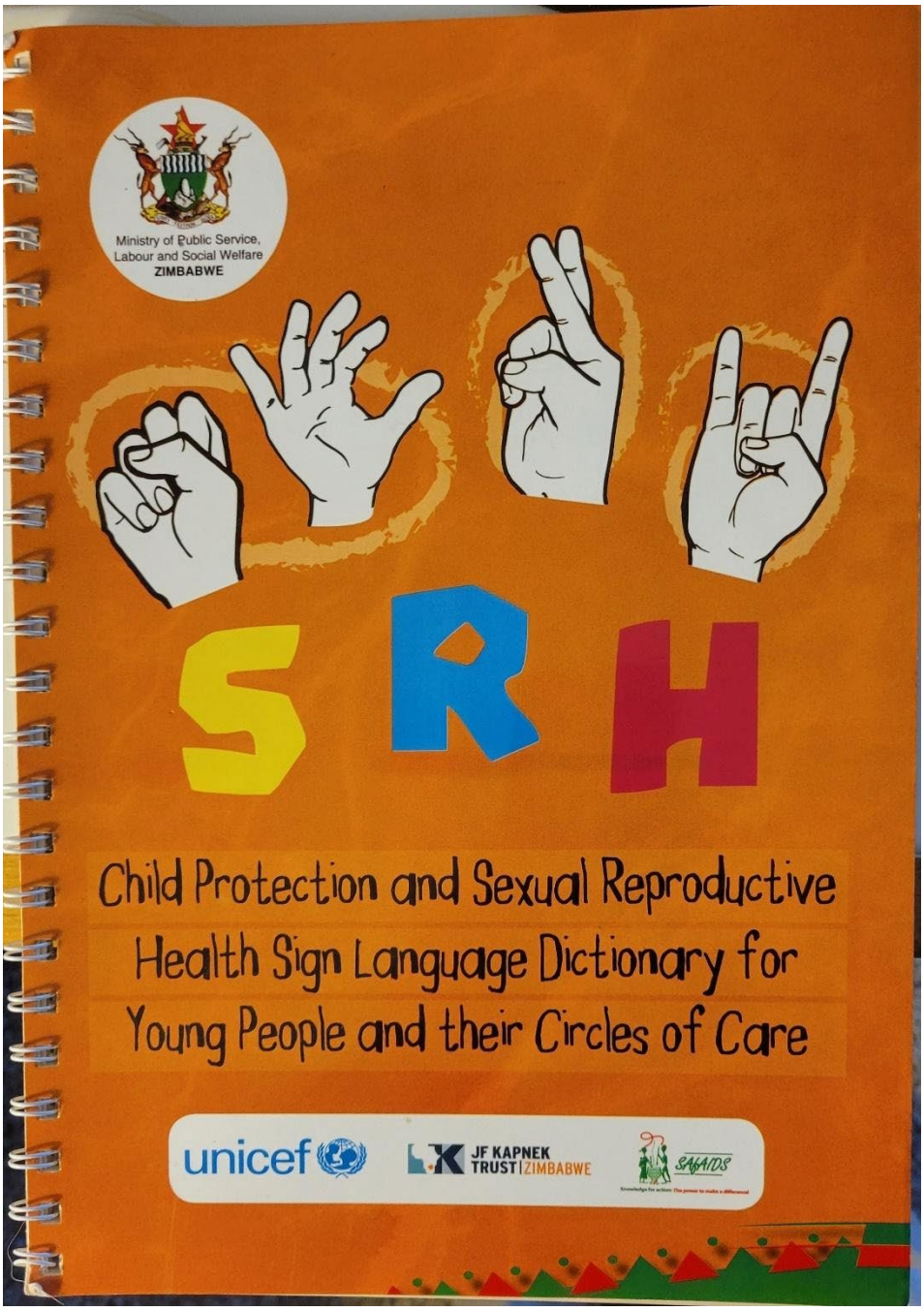


JP Kapnek Trust

Our investigator also visited the offices of JP Kapnek Trust, an organization whose mission is to serve people with special needs or who are living with a disability. But JP Kapnek, which is heavily funded by international partners, also carries out HIV and AIDS campaigns that promote and provide condoms and contraceptives for persons living with disabilities.

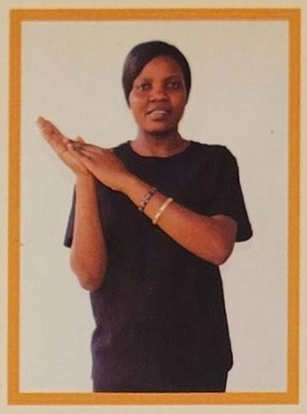
Hilary Tanyanyiwa, executive director of JP Kapnek, and Albert Pasipanodya, manager of the Orphans and Vulnerable Children (OVC) project, met with our investigator and provided them with several documents related to its SRH programs that promote contraception, condoms, and even sexual perversions.

Included in these materials was a sign language booklet entitled, "SRH: Child Protection and Sexual Reproduction Health Sign Language Dictionary for Young People and their Circles of Care." Scans from the SRH sign language book, as well as information from JP Kapnek's annual magazine, follow:



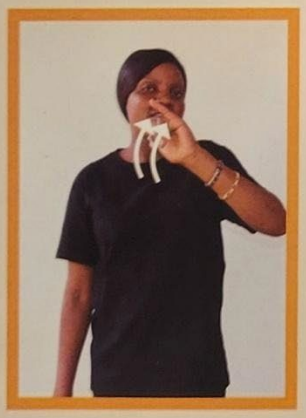
This sign language booklet purports to be intended to protect youth, but includes signs for perverse activities as well as the explicit promotion of condom use and transgenderism. Here we see signs indicating that condom use is a must, that "thigh sex" is a form of "safer sex," and that transgenderism could include surgical and hormonal transition from one sex to another.

Abuse: cruel, hurtful, violent treatment



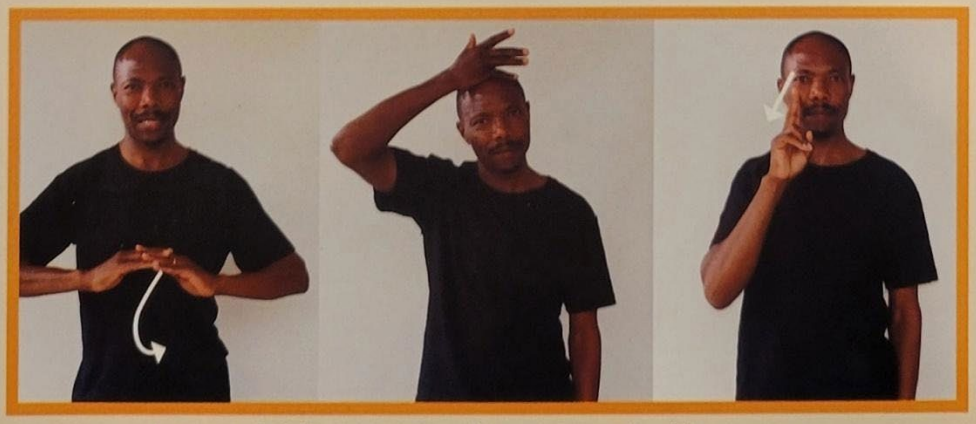
Adherence: taking ARVs/ TB medicine exactly as clinic says

Advocacy: support/ recommend something

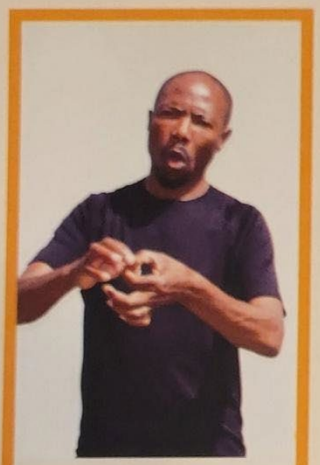


Alcohol: can lead to unhealthy decisions

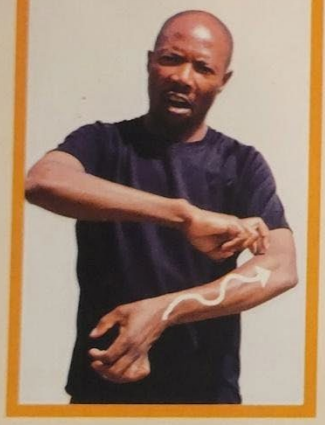
Anal sex: more risk of HIV. Must use condom



Antenatal visit: aim to attend 4 to ensure a health pregnancy

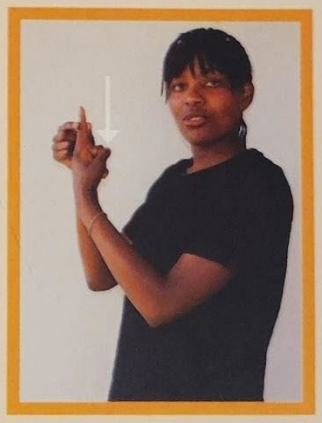


Combination Pill: 3 ARVs in 1 pill. Easy to take



Co-infection: Having HIV & TB at same time

Communication

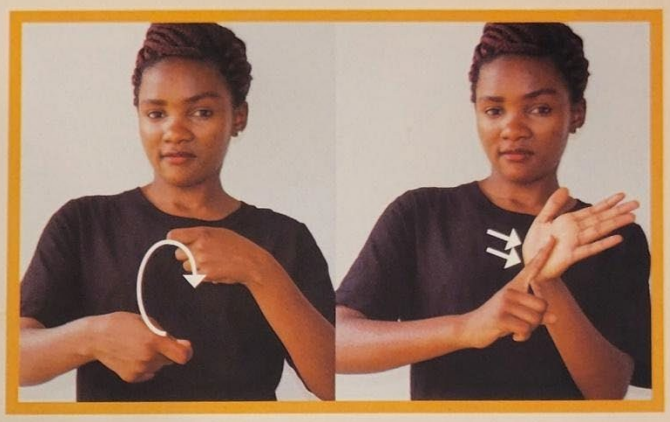


Condom (male)

Confidentiality

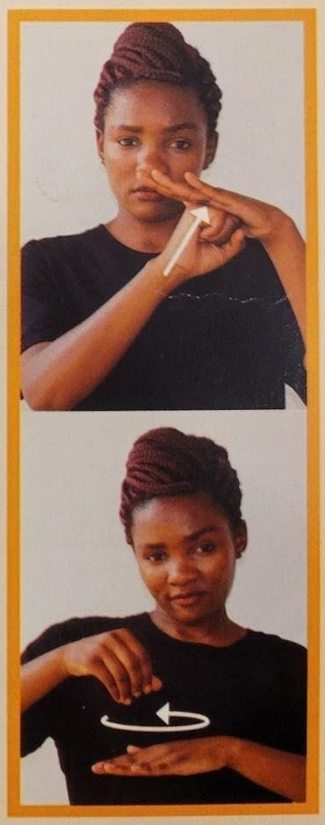
Contraception: way not to get pregnant

Thigh Sex: safer sex. Traditional way to prevent pregnancy. Penis moves between partner's thighs until he ejaculates. Also be careful no semen touches woman's genitals



Transactional sex: sex for gifts or school fees etc.

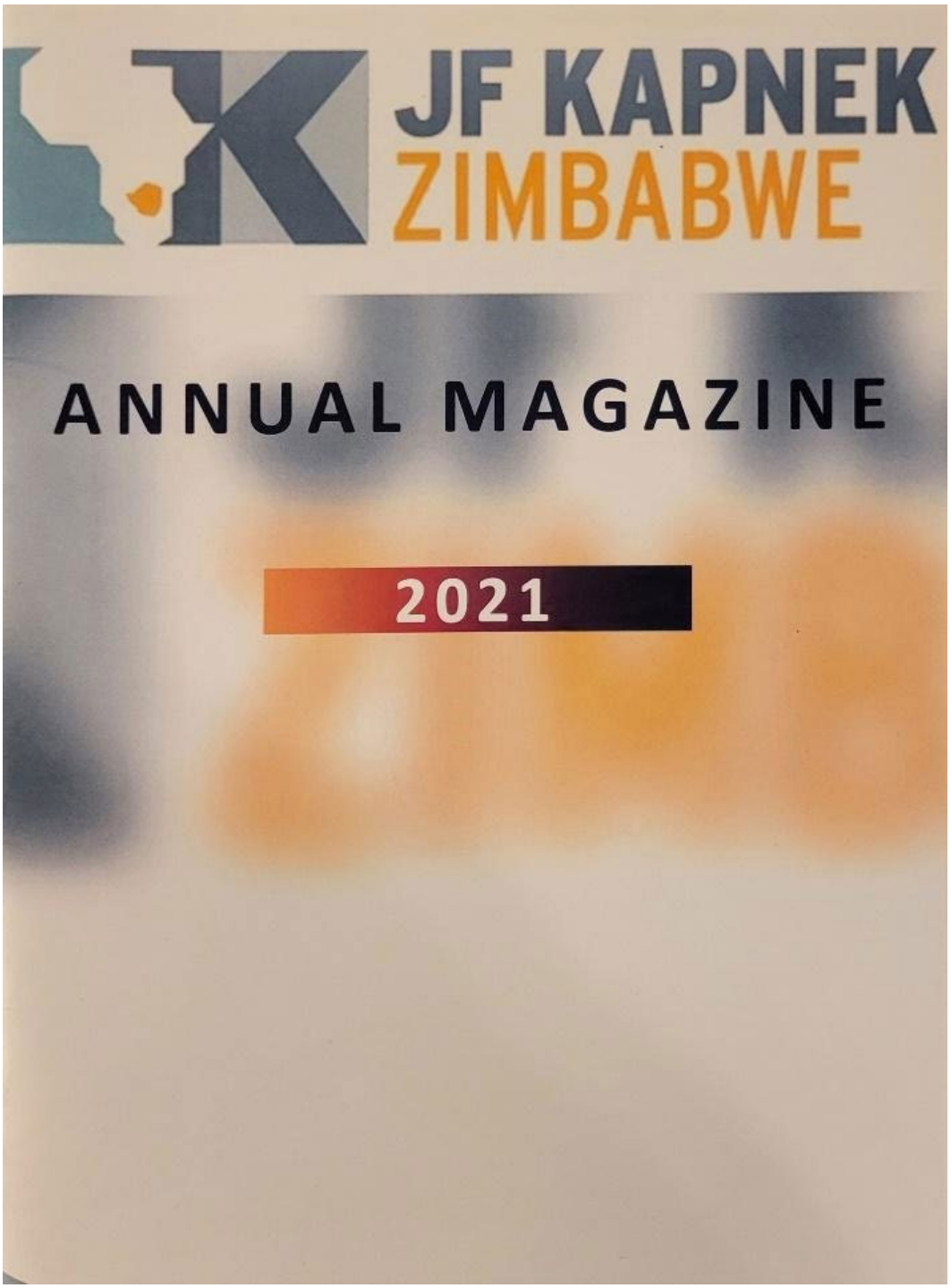
Transgender: inside, man feels like woman, or woman feels like man. May change from man to woman or woman to man by dressing, or by hormones & surgery



Treatment supporter: helps with adherence and well being

JF Kapnek's 2021 Annual Report confirms their work with–and funding from–CRS. On page iii of the report, JF Kapnek acknowledges "our funding partners, stakeholders and above all the beneficiaries of our projects for allowing us to play our part in improving Family Health." Right at the top of the page, next to the Acknowledgements statement, is CRS' logo.

On pages 9 and 10, JF Kapnek clearly expresses its commitment to ensure that sexual and reproductive health and rights information and services "offered by other consortium partners, other development partners and government departments are inclusive of adolescents and young people with disabilities."


JF KAPNEK
ZIMBABWE
ANNUAL MAGAZINE
2021

ACKNOWLEDGEMENTS

JF Kapnek Zimbabwe wishes to acknowledge and express their gratitude to the Government of Zimbabwe, Ministry of Health and Child Care in Zimbabwe, Ministry of Public Labour, and Social Welfare in Zimbabwe, The Ministry of Primary and Secondary Education in Zimbabwe, JF Kapnek Trust USA , our funding partners, stakeholders and above all the beneficiaries of our projects for allowing us to play our part in improving Family Health.

The thrust was to accelerate service delivery and capacitate the Child Protection systems from community to district level to be able to provide emergency services for Children with disabilities (CWD) identified with needs because of the impact of the 2020 drought and other localized emergencies. It was necessary to train community cadres to enable them to identify CWD, to be able to identify early warning signs and to prepare them to respond effectively to emergencies since they are the frontline community workers in the NCMS. CCWs were trained in clusters of 30s to avoid breaching the COVID 19 regulations,

The project outcomes are below:

- Strong disability sensitivity in district early warning systems, hazard surveillance (Drought, Covid 19 Task).
- Sustainable community level disability sensitive child protection system (hazard surveillance and early warning system).
- Comprehensive service delivery (strengthened capacity of duty bearers in serving CWD (NCMS).
- Strengthened Referral pathway for cases of CWD.

Promoting Access to Inclusive SRHR and SGBV Information and Services in Zimbabwe

Sexual and reproductive health services are challenging to access for adolescents due to cultural and religious beliefs. On top of culture and religion, adolescents with disabilities find it even harder to receive SRHR services due to disability specific factors which include general belief by community that people with disabilities are asexual, mobility challenges, lack of disability friendly SRHR information packages, communication challenges and general attitude of both community and service providers. As a result, JF Kapnek Trust is focusing on ensuring that SRHR information and services offered by other consortium partners, other development partners and government departments are inclusive of adolescents and young people with disabilities. The twin-track system is being used to eliminate barriers that are acting as stumbling blocks for AYWD to access SRHR services. Mutare, Chiredzi, Bulawayo, Kwekwe and Epworth in.

The COVID 19 pandemic which started in December 2019 in China greatly affected programming. To abide to the World Health Organisation COVID-19 guidelines, the government of Zimbabwe introduced a national lockdown (31st of March 2020) where movement was discouraged. As a result, all activities requiring physical contact with clients were put on hold for close to two months. Whilst the effectiveness of the national lockdown is out of context for this report, its effects cannot go unnoticed. JF Kapnek resorted to virtual programming where SRHR, PSS and CP assessments were carried out over the phone. A total of 122 duty bearers were reached with mentorship support and this translated to 203%. Some of the factors which contribute to AYPWD failing to access meaningful SRHR services are the attitudes and capacity of service providers

The Spotlight Initiative targeted 14 districts in Zimbabwe which were Nyanga, Mutasa, Chipinge, Chimanimani, Umzingwane, Matobo, Insiza, Hurungwe, Karoi, Zvimba, Makonde, Muzarabani, Hopley and Shamva. The districts are in provinces that rank highest in cases of VAWG in general. Mashonaland Central and Mashonaland West rank first and second respectively in reported cases of VAWG. Some areas targeted by the project such as Hurungwe, Shamva, Insiza, and Muzarabani have high prevalence rate of disability.

Insiza, Hurungwe, Makonde, Matobo and Shamva are also districts fraught with illegal artisanal miners where SGBV/HP cases against women and girls have shown a worrying trend. Chimanimani district was severely hit by Cyclone Idai 2 years ago, a situation which left so many people homeless, orphaned as well as traumatized. Children and Young Persons with Disabilities (CYPWD) were amongst those left homeless, orphaned as well as traumatized by this event. As a result, some were placed under the care of relatives and some living in tents as temporary shelter, a circumstance which increased their vulnerability to SGBV/HP.

Development of strategic plan for Department of Disability Affairs

The government of Zimbabwe in 2019 introduced the Department of Disability Affairs (DDA) in the Ministry of Labour and Social Welfare, the department is tasked with spearheading disability inclusion across all government programs from national to grassroots level. To support the newly formed department, JF Kapnek through a consultant facilitated the formulation of a strategic plan for DDA. The Strategy capture cross thematic issues from child protection for CWD to disability inclusive Social Protection. Given the shortage of trained dentists in both district and provincial hospitals, age estimation services had become largely centralized in major referral hospitals, this worsened the plight of CWDs as often case would stall and sometimes stricken off the court register as families struggle to raise resources to travel for the service. To address this challenge, in the period under review, JF Kapnek trained 12 dentists from 9 provinces in Zimbabwe in Dental Age estimation. This brought the service closer to CWD as lessened the turnover time of case in courts. The reduction in processing time also resulted in better Justice outcomes for CWD and their families.

Promoting Access to Inclusive SRHR and SGBV Information and Services in Zimbabwe

JF Kapnek Trust is focusing on ensuring that SRHR information and services offered by other consortium partners, other development partners and government departments are inclusive of adolescents and young people with disabilities. The twin-track system is being used to eliminate barriers that are acting as stumbling blocks for AYWD to access SRHR services. Mutare, Chiredzi, Bulawayo, Kwekwe and Epworth. Implementation of project activities in Mutare and Chiredzi districts was affected by staff turnover from October 2020-January 2021. The unavailability of the project officer impacted negatively on the implementation of planned activities and collaboration with consortium partners.

Secondly the COVID-19 induced lockdown in Zimbabwe remained in effect throughout much of reporting period. Initially gatherings were limited to 30 people and movement was restricted to essential service providers. A review of COVID-19 regulations resulted in number of people expected per gathering being increased to 50 and resultantly physical gatherings were prohibited. Kwekwe district was amongst the COVID 19 hotspot and as such implementation of community activities was halted especially during the last quarter of the reporting period. Innovations such as virtual programming were implemented for continued reach of AYPWD. Schools remained closed for much of the time, presenting challenges in reaching out to in school AYPWD. During the reporting period, planned activities were constrained by incessant rains and poor roads networks. In all the 5 project districts mentorship support of key duty bearers was done at a group level and case level. The exercise resulted in improved knowledge levels amongst government line ministries and service providers on disability.

Youth Community Disability Ambassadors, Tafadzwa Maisiri, Kudzai Kudawanatsa and Esnath Mhembere.

Salvation Army

Our investigator went to Guruve district to visit the Salvation Army's office there and found that it was located in a very rural area and had closed when the DREAMS project ended in 2022. However, they were able to connect with a pastor who heads a school located next to the now shuttered office who had been himself involved in the project.

This individual, who asked not to be named, provided some very concerning information about how the Salvation Army had promoted and provided contraceptives in district schools against the wishes of the parents. Although it was unclear to him whether this had been carried out in connection with DREAMS and Pathways, or whether it had been a separate project of the Salvation Army, it is still troubling. Even if CRS was not directly involved in this particular instance of condom promotion and distribution, one of its implementing partners was.

From our investigator's report:

> [We] asked the pastor if sex education is part of their curriculum for teaching the children… he said they have guidance counselors who specialize in guidance and counseling, so it is part of their teaching to guide their children about sex, especially if it is to do with teenage pregnancy.
>
> [We] further asked the kind of information taught to the children and whether they are taught the mode of prevention or information about how to protect themselves. He said that because of African cultural belief systems these children are taught preventive measures, but more specifically abstinence. But he added that the point is that most of these children are sexually active, they engage in sexual activities, but they are encouraged to abstain.
>
> *He also added that maybe they should move away from the old way of thinking and maybe begin to teach these children the real things like maybe start to provide them with condoms and provide them with those preventive measures which are safe* because if they stick to only teaching abstaining from sex, they are missing the mark because they are already active.
>
> [We] further asked if they have partners that provide them with these preventive measures**.** *He answered that they have a nearby clinic in their school which provides condoms* and do HIV testing in partner with the Ministry of health**.**
>
> *When asked how they make the condoms available to the students, he responded that it is quite difficult but that sometimes it is placed in public places like the toilets for the students***.** He further explained that with their cultural beliefs and community beliefs, they saw it as they were now promoting it by placing them in those places. So, when they did their annual general meeting with parents**,** *the parents complained that they (the school)*

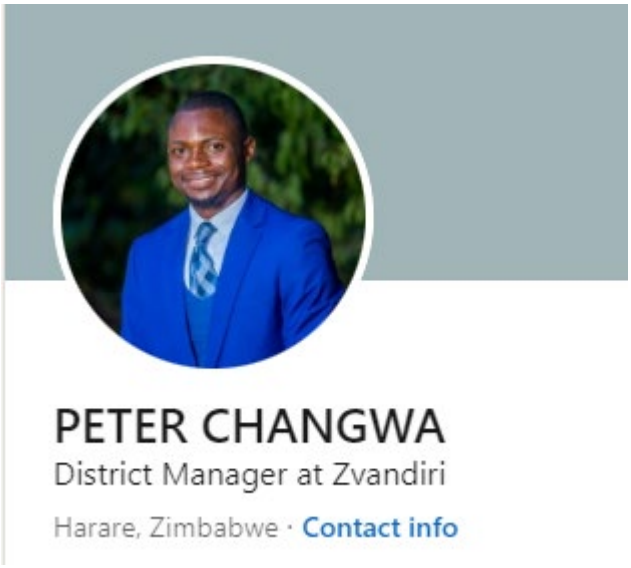
were now promoting sexual activities by displaying condoms in their toilets which led to the school removing them and gave them back to the clinic. (emphasis added, names of investigators redacted)

Musasa

According to our investigator, CRS implementing partner Musasa, which specializes in Gender Based Violence, and which operates in the Bulawayo district of Zimbabwe, offers all of the "layered" services of DREAMS. Contraception, in all its various forms, is a central feature of the project and is heavily promoted and provided.

Musasa also offers the SASA! program, which is directed at changing the social and cultural norms of a society to conform to a Western model of rights and progress. SASA!, which means "Now" in Swahili, sees religion, especially Catholicism, as an obstacle to these goals. Musasa's clients, like those of all implementing partners, are referred to all other sectors of the DREAMS project.

Africaid



Our investigators met with Peter Changwa, who heads Africaid's Zvandiri district office. According to Mr. Changwa, Africaid Zvandiri currently implements DREAMS as part of a different consortium but cooperated with CRS in the original DREAMS project. Africaid collaborated with CRS primarily on what he called education. What kind of collaboration and what kind of education? It turns out that CRS gave Africaid Zvandiri access to children in schools to carry out "sensitization on prevention of HIV." As part of the "sensitization" process, Mr. Changwa said it was necessary to provide condoms to schoolchildren as young as 11, who were in the 6th grade. He strongly emphasized this point.

Our investigator asked Mr. Changwa directly whether or not CRS supported Africaid Zandiri's promotion and distribution of condoms in schools. He replied emphatically, *"They do!"*

Our investigator asked him a second time, "CRS does not object to condoms?" His answer was, *"No they don't."*

Our investigator pressed him a third time, saying, "So CRS, they don't resist you bringing condoms to the schools?" The answer, once more, was an emphatic, *"No they don't, they support!"* (italics added)

Conclusion

The evidence in this report demonstrates that CRS, in its role as the prime implementer of USAID and PEPFAR's Pathways project, knowingly and willingly participated in a project that was designed to introduce girls and young women to Sexual and Reproductive Health education that was heavily geared towards the promotion of condoms and LARCs–long-acting contraceptives like contraceptive implants, injectables, and IUDs which can also cause early-term abortions.

The argument for providing condoms to girls as young at 10 was the prevention of HIV/AIDS. The long-acting contraceptives that were promoted, provided, and administered by other implementers, however, had nothing to do with this, the original purpose of PEPFAR. Rather their provision was clearly intended to increase "contraceptive prevalence" in Zimbabwe in order to reduce the birth rate. In other words, it was in large part a population control program, which is undoubtedly why it attracted support from USAID in the first place.

We do not have evidence that CRS itself was directly providing SRH education or contraception in Zimbabwe, and we are not accusing CRS of doing so. What we have proven in the course of our investigation–in our view conclusively–is that CRS, in implementing DREAMS as mandated by the project's guidelines, knowingly referred thousands of adolescent girls and young women to partners who did exactly that. There can be no doubt on this point: CRS' own Zimbabwe deputy chief of party was only one of those who confirmed it. There is, in addition, video evidence from CRS itself. As related in the above report, CRS's own video presentation outlining the Pathways project includes footage of a young woman proudly states how she learned about condoms as a DREAMS girl.

Furthermore, we have proved that CRS, through its Pathways project, directly collaborated with public outreach campaigns that were explicitly designed to spread condoms, such as Stop the Bus. We may never know, in this life, how many young people had their morals corrupted by such programs, to which CRS gave its enthusiastic support.

Also, we have demonstrated that CRS' own handpicked implementing partners in the Pathways project are peddlers of contraception and condoms for the youth, as well as purveyors of filth and perversion. One even refers girls for abortion. Others, while participating in CRS' Pathways project, joined with other implementing partners programs (such as ZHI's DREAMS RISE) to spread SRH services.

Finally, we have an explicit statement from a key employee of one of these implementing partners in Zimbabwe, Africaid Zvandiri, affirming that CRS provided them with access to youth, as well as supporting their promotion of condoms. This is a scandal at the highest degree. It seems unlikely that this employee's recollection of CRS' support is faulty, given his long involvement with both organizations.

Regardless of any carve outs, CRS' participation in DREAMS and similar programs constitutes a public display of support for the spread of contraception in Africa. This was certainly obvious to the Africans who came in contact with the project, either as employees or clients. After all, one of the central purposes of DREAMS was to promote and distribute contraceptives of young girls. Support for, and participation in, the DREAMS project thus constitutes support for and participation in the spread of contraception.

We urge the bishops of Zimbabwe to hold CRS accountable for bringing this project, which is patently perverse and corrupting of the souls of young girls, into their diocese.

We urge the CRS Board of Directors to instruct the senior leadership of CRS that any further participation in USAID or PEPFAR projects that violate Catholic morality, especially those involving pornographic sex education, the promotion of contraception, and the provision of contraception among young girls, must end.

As Catholics, we understand as a matter of faith that the devil and his minions are constantly–as we say in the prayer to St. Michael—"prowling about the world seeking the ruin of souls."

But we do not understand why an organization that bears the name Catholic, that is supported by the US Catholic Bishops Conference, and that receives hundreds of millions of dollars from Catholics all over the United States, would be corrupting souls in this fashion.

CRS and DREAMS in Lesotho

In 2023, the Lepanto Institute partnered with Population Research Institute to send an investigator to Lesotho for several weeks to investigate a USAID-funded project that had been implemented by Catholic Relief Services (CRS) in that country. This project was called *Coordinating Comprehensive Care for Children* (4Children), and its stated purpose was to provide aid to orphans and vulnerable children (OVC). 4Children ran from 2014-2021, and involved a number of countries, including Lesotho.

In Lesotho, as part of its 4Children activities, CRS also implemented the DREAMS project in two districts, Maseru and Berea (DREAMS-4 Children) As we have explained in our companion reports on Zimbabwe, one of the goals of the USAID/PEPFAR-funded DREAMS project was to increase the contraceptive method mix among adolescent girls and young women. Our investigator was tasked with looking into this, as well as the charge that CRS was employing a curriculum as a part of the DREAMS project which was known to promote contraception.

Finally, since the 4Children project in Lesotho had ended in 2019, our investigator was also assigned to research a new program called Karabo ea Bophelo, which we suspected was the continuation of the 4Children project by another name.

Background

Underlying our concern was an investigation that the Lepanto Institute had carried out in 2020 on CRS' activities in Lesotho. The highly detailed report that followed, entitled "Catholic Relief Services Used/Promoted Pornographic, Contraception-Promoting Curriculums" and published on 16 March 2020, documented that CRS had in fact been referring adolescents and young adults to organizations that both provide and promote condoms and contraception for "sexual and reproductive health" services.

This earlier report draws heavily upon information from a 2019 CRS document concerning the DREAMS project entitled "Two Plus Two Equals 10." This document identifies two curricula that were being employed by CRS for the DREAMS-4Children project in Lesotho.

The "acknowledgements" page for this report indicated that all of the required elements of the DREAMS-4Children had already been implemented in CRS's project area:

> "This case study describes the learning gained from 4Children's approach to DREAMS programming – combining life skills and social asset building interventions for HIV prevention with savings programs and financial management skills for adolescent DREAMS girls. *The information in this case study was gathered from project records and from interviews with representatives of the following organizations: CRS Lesotho,* 4Children DREAMS projects and Caritas Lesotho." (emphasis added)

On page 2 of "Two Plus Two Equals 10" is a chart outlining the various curriculum "modules" that CRS employed for the 4Children-DREAMS project in Lesotho. From the chart you can see that both the Go Girls curriculum and another curriculum called Aflateen were repeatedly used. Because we were not able to obtain a complete copy of the Aflateen+ manual, our current report will focus only on the GoGirls! Curriculum. Suffice to say that what we discovered about Aflateen+, and what we documented in our earlier report, was enough to convince us that CRS should not have been using this program.

Box 1: Sequencing social assets and socio-economic interventions
4Children Lesotho and partners reviewed all the existing social assets, financial literacy and savings and lending communities' curricula, and developed an eight-week course that combines the core elements of all in a sequential way. Each week begins with an HIV information session of around five to ten minutes.

DATES	MODULE	SOURCE
Week 1	Project introduction HIV messaging and financial education About me	Go Girls
Week 2	Rights and responsibilities Member responsibilities and committee selection His and Hers	Aflatoun SILC Go Girls
Week 3	Speaking up Making good decisions Setting up a saving plan	Go Girls Aflateen
Week 4	Constitution, savings, safety of groups	SILC
Week 5	SILC constitution	SILC
Week 6	Sources of Income Written record keeping SILC meeting procedure 1	Aflatoun SILC SILC
Week 7	*Saving starts Sexuality 1 and 2 My future 1 and 2	Go Girls Go Gilrs
Week 8	Social and financial enterprise Community problems and solutions	Aflateen Aflateen

The above chart indicates that the Go Girls! curriculum was the basis for five different teaching modules that were used as the "source" materials in Weeks 1, 2, 3 and 7. CRS's 4Children project takes full responsibility for the decision to use the Go Girls curriculum material in these modules:

> "4Children Lesotho and partners reviewed all the existing social assets, financial literacy and savings and lending communities' curricula, and developed an eight-week course that combines the core elements of all in a sequential way. Each week begins with an HIV information session of around five to ten minutes."

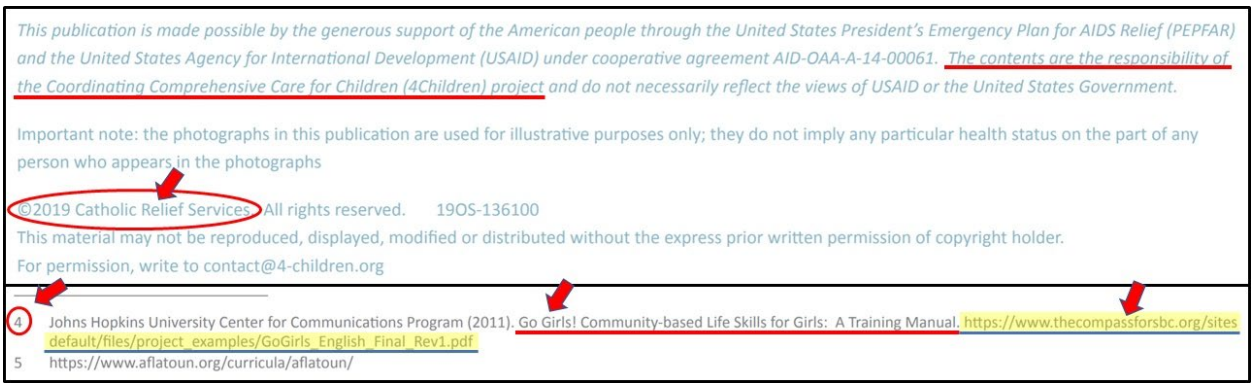
The modules which are drawn from the Go Girls! curriculum are identified as follows:

- About me
- His and Hers
- Speaking up
- Sexuality 1 and 2
- My future 1 and 2

CRS goes on to explain the overall structure of the program as well as the background of the Go Girls! curriculum:

> Each week for eight weeks, girls attend a weekly two-to three-hour session that combines …social assets intervention drawn from two evidence-based curricula. Go Girls! was initially developed in Malawi (footnote 4) and adapted for the Lesotho CRS context in 2016. Sessions include looking at who we are and what we want to be, gender norms and gender equity, communication skills and speaking up and sexuality. The sessions are adapted according to the ages of the girls in the group. (p. 3)

The screenshot below includes footnote 4, which references the "Go Girls! Community-based Life Skills for Girls Training Manual", and conveniently provides a hyperlink to the manual itself.



Following the link to the GoGirls! Curriculum revealed a grossly immoral and sexually graphic program that has no place in any Catholic program. There are 34 positive references to condom

use in the curriculum and 23 positive references to contraceptives, including pills, injectables and IUDs, all of which can act as abortifacients not merely as contraceptives.

The "Session" entitled "My Body is Changing – Am I Normal" provides images of naked girls and women and naked boys and men. Here we find that girls are encouraged to masturbate:

> "*A few ways to handle sexual excitement may include masturbation,* fantasizing, physical activity such as football, or putting the mind on something else." (p. 44) (emphasis added)

The next session, "How does pregnancy happen?" is a de facto "how to" sex manual. It provides intimate details regarding the mechanics of sexual intercourse and discusses female pleasure centers.

"Preventing Unintended Pregnancy", which is Session 11 in the curriculum, is described as follows:

> "Participants discuss the advantages of planning their family, and learn about different types of family planning methods as well as where they can get them. This is important information for girls who are abstinent as well as for girls who are sexually active." (p. 59)

Note that this session has nothing to do with preventing HIV/AIDS, and everything to do with increasing contraceptive prevalence and hence lowering the birth rate.

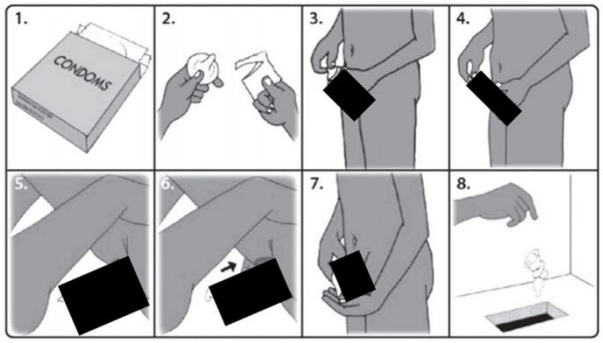
Under "Facilitator Preparation," the facilitator is directed to do the following:

- Invite a local midwife, nurse, peer outreach person or staff from an NGO working on family planning to come to talk about family planning methods and where participants can go to get them. This guest will lead Activity 4 below. Share this session plan with the guest so that she/he will know what is expected. Invite her/him to attend the whole session.
- Collect sample contraceptives from a local clinic, pharmacy, or ask the guest to bring them.
- Make copies of Handout 3: How to use a Condom and find out where other contraceptives are available in the community.

Handout 3, "How to use a condom" is found on page 63, and it provides the following graphic explanation as to how to use a condom:

GO GIRLS!

Handout 3: How to Use a Condom



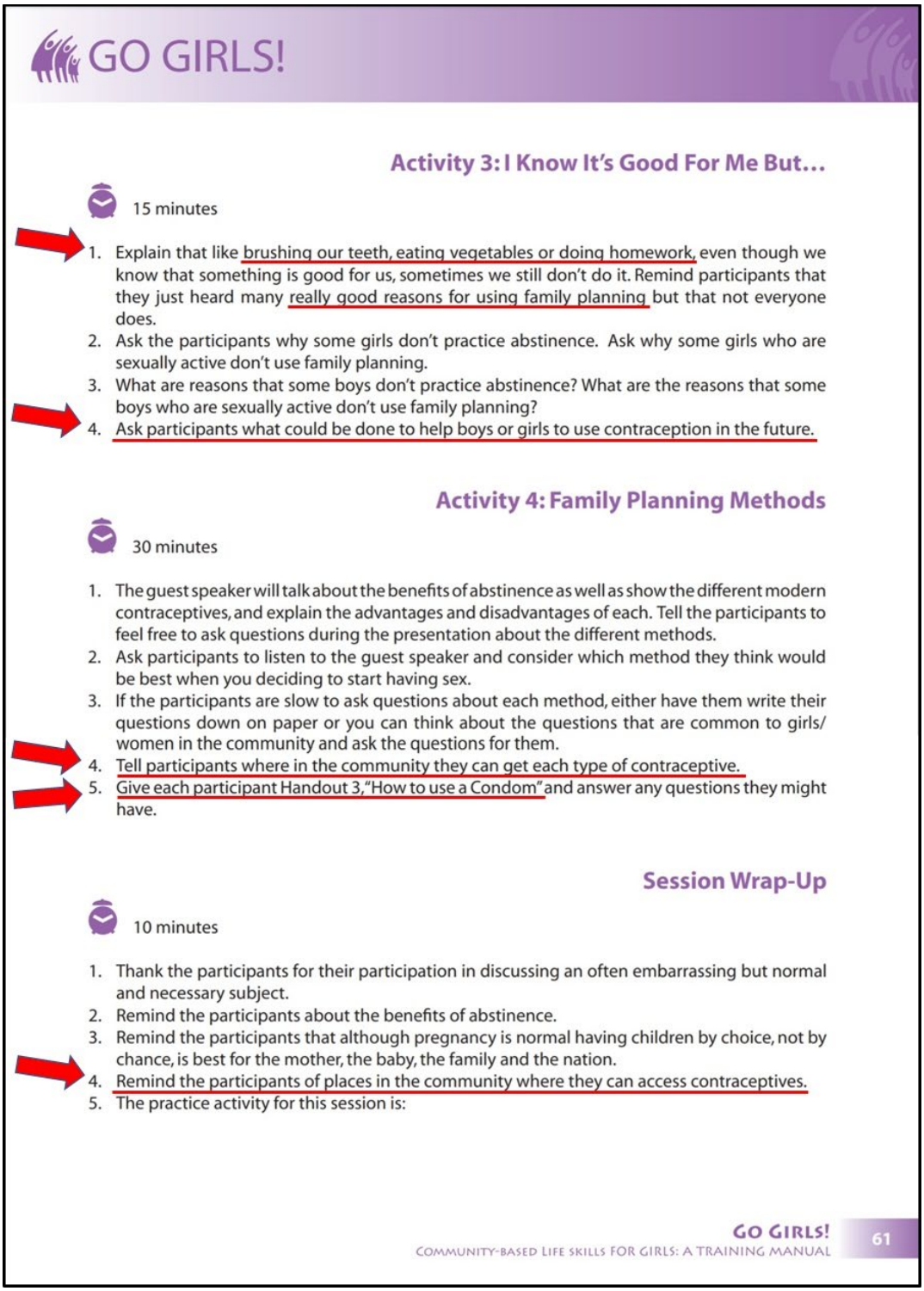
- **STEP ONE:** Inspect the condom by checking the expiration date. Do not use if there are any tears or it is past the expiration date.
- **STEP TWO:** Carefully open the condom package by pushing the condom to one side. Do not use your teeth or fingernails to open the package.
- **STEP THREE:** Squeeze the tip of the condom.
- **STEP FOUR:** As soon as the penis is hard, place the condom on the tip of the erect penis. While holding onto the tip, unroll the condom down the shaft of the penis all the way to the base. Either the male or the female can do this step.
- **STEP FIVE:** After sex, withdraw the penis immediately after ejaculation. Hold the condom at the base of the penis and withdraw from the vagina while the penis is still erect.
- **STEP SIX:** Tie a knot on the condom to prevent spilling and carefully dispose of the condom.

REMEMBER:

- It is important to talk to your partner about using a condom before sex.
- Do not use cooking or vegetable oil, baby oil, hand lotion or petroleum jelly for lubrication. These will cause the condom to deteriorate. If a condom breaks, immediate withdrawal is recommended. A new condom can then be used.
- Do not reuse the condom. Use a new condom for each act of sexual intercourse.
- Condoms should never be used more than once.
- Lubricated condoms should be used for anal and vaginal sex and must be put on before any genital contact.

Despite occasional mention of abstinence, the overall intent of the program is to encourage girls, abstinent or not, to use contraception. Page 60 of the manual, for example, is devoted to "Activity 2: The Pros and Cons of Family Planning." This particular activity discusses various forms of contraception, weighing various reasons why or why not to use any given one.
But the following page is given over to "Activity 3: I Know It's Good For Me But…"..(shown below) The entire point of this activity is to convince young girls that using contraception is as

normal as "brushing our teeth, eating vegetables or doing homework." The underlying goal here is to increase contraceptive prevalence.



GO GIRLS!

Activity 3: I Know It's Good For Me But…

15 minutes

1. Explain that like brushing our teeth, eating vegetables or doing homework, even though we know that something is good for us, sometimes we still don't do it. Remind participants that they just heard many really good reasons for using family planning but that not everyone does.
2. Ask the participants why some girls don't practice abstinence. Ask why some girls who are sexually active don't use family planning.
3. What are reasons that some boys don't practice abstinence? What are the reasons that some boys who are sexually active don't use family planning?
4. Ask participants what could be done to help boys or girls to use contraception in the future.

Activity 4: Family Planning Methods

30 minutes

1. The guest speaker will talk about the benefits of abstinence as well as show the different modern contraceptives, and explain the advantages and disadvantages of each. Tell the participants to feel free to ask questions during the presentation about the different methods.
2. Ask participants to listen to the guest speaker and consider which method they think would be best when you deciding to start having sex.
3. If the participants are slow to ask questions about each method, either have them write their questions down on paper or you can think about the questions that are common to girls/ women in the community and ask the questions for them.
4. Tell participants where in the community they can get each type of contraceptive.
5. Give each participant Handout 3, "How to use a Condom" and answer any questions they might have.

Session Wrap-Up

10 minutes

1. Thank the participants for their participation in discussing an often embarrassing but normal and necessary subject.
2. Remind the participants about the benefits of abstinence.
3. Remind the participants that although pregnancy is normal having children by choice, not by chance, is best for the mother, the baby, the family and the nation.
4. Remind the participants of places in the community where they can access contraceptives.
5. The practice activity for this session is:

The wrap-up for the session instructs the facilitator to:

- Remind the participants that although pregnancy is normal, having children by choice, not by chance, is best for the mother, the baby, the family and the nation.
- Remind the participants of places in the community where they can access contraceptives.

After reminding participants of where they can obtain contraceptives, the practice activity, which is essentially a homework assignment, gratuitously repeats the same message:

> "Between now and the next meeting, find out: Where do people get condoms and pills in your community?"

In sum, we originally located this document because we found the link to it in a CRS-copyrighted document that was written specifically *for* a CRS project in Lesotho, in the context of a chart by CRS in which it indicated that the Go Girls! curriculum was being used to teach young girls about sexuality.

The Lesotho Field Investigation

Our initial discovery of these CRS documents online greatly concerned us, since they seemed, at a minimum, highly inappropriate for use in a Catholic-directed overseas project. But there is no substitute for field research, in which the project's leaders are asked to personally confirm particulars. project's leaders in person..

As mentioned above, we sent a researcher into Lesotho to investigate CRS's involvement in DREAMS, to ascertain the use of the Go Girls! Curriculum, and to look into a follow-up project called Karabo ea Bophelo in order to determine the level of CRS's involvement. Our researcher discovered the following:

- The GoGirls! Curriculum provided by CRS in Lesotho was the same as the one discovered online and linked to in CRS's "Two Plus Two Equals 10" document, including all of the pornographic elements.
- The Primary organization implementing Karabo ea Bophelo (KB) is Baylor College, however, former CRS employees who were implementing DREAMS were now working for KB. Furthermore, CRS has taken a major role as a sub partner in that it leads OVC efforts in the project. In fact, CRS runs its own stable of sub partners in this area.
- KB is promoting contraception and condoms and distributing condoms.

Upon arriving in Lesotho, our researcher first went to CRS' main office in Maseru, and after requesting copies of the Go Girls! Curriculum was directed to the offices of the Karabo ea Bophelo (KB) project. Upon arriving at the KB office, our researcher met with a project official who works for CRS. This official informed our researcher that hard copies of project materials were unavailable, but promised to send digital copies via email, which came through a CRS.org email account.

This KB official was initially reluctant to provide CRS documents to our researcher, explaining that "the documents of CRS are sensitive," and they aren't supposed to be given to anyone outside the project. Nevertheless, the official did provide a copy of the GoGirls! Curriculum, along with a few other documents. A review of the GoGirls! Curriculum obtained online (via the link provided by CRS' "Two Plus Two Equals 10" document) and the pdf version of the curriculum emailed to the investigator by the KB official showed that the documents were identical.

However, we note that in a meeting with CARITAS Lesotho our researcher obtained another version of the GoGirls! Curriculum from which all references to contraception, condoms, or the mechanics of sexual intercourse had been removed. This means that there are two versions of the curriculum being employed in the very same project, one that promotes SRH and contraceptives and one that has been, for lack of a better word, sanitized.

Our researcher also met with Archbishop Gerard Lerotholi of the Archdiocese of Maseru to discuss CRS's activities in his archdiocese. Abp. Lerotholi said that he "cannot really vouch for CRS because [he] really does not know what they are up to." He went on to explain that CRS sees itself "as the donors and the ones who should determine which project to be financed without any reference to the local bishop." "Instead of CRS supporting church projects," he noted, "they go off supporting others without understanding the local realities."

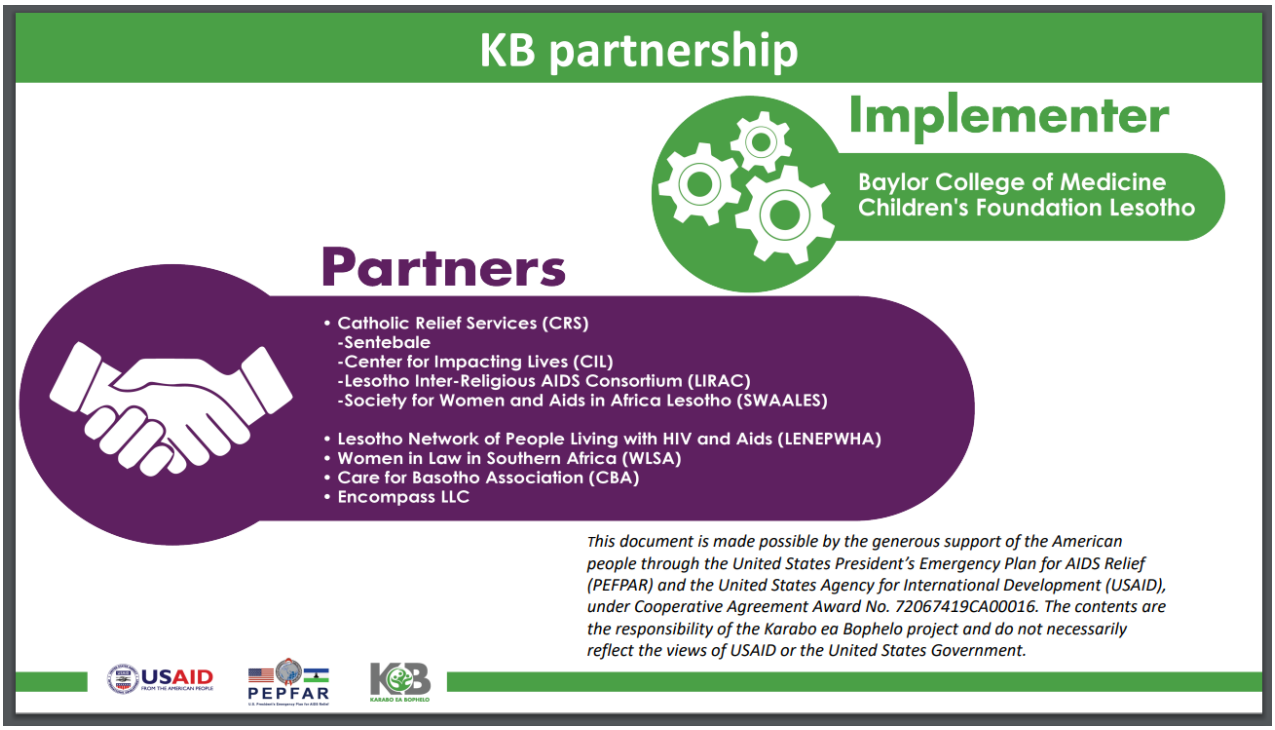
During the course of meetings with CARITAS Lesotho and the Karabo ea Bophelo project managers, our researcher was able to confirm that CRS had originally been the prime implementer on the DREAMS project in Lesotho. When it transitioned into what is now Karabo ea Bophelo, it was nominally taken over by Baylor College. We say nominally because nearly all of the staff who managed the CRS/DREAMS project, which ended in 2019, have also transitioned over to its successor, Karabo ea Bophelo. It is clear that the program now being carried out by Baylor College was the creation of CRS, even down to the hiring and training of staff.

Karabo ea Bophelo is a five-year project funded by the U.S. Agency for International Development (USAID) which began on October 1, 2019 and will run until September 30, 2024.

According to a 2021 document on Baylor College's activities in Lesotho, the main aim of KB is to help the Government of Lesotho:

> "expand access to and uptake of multi-sectoral interventions across all ten districts to prevent new HIV infections and reduce vulnerability among Orphans and Vulnerable Children (OVC) and Adolescent Girls and Young Women (AGYW)."

USAID chose Baylor College of Medicine Children's Foundation Lesotho as the lead implementer of KB, but CRS still plays a prominent role. A powerpoint presentation from a November 13, 2020 meeting on the KB project includes an illustration showing that CRS is a major partner in this project and is itself responsible for sub partners, namely Sentebale, Centre for Impacting Lives (CIL), Lesotho InterReligious AIDS Consortium (LIRAC) and Society for Women and AIDS in Africa Lesotho (SWAALES). (shown below)



Baylor Lesotho's 2020 Annual Report appears to indicate that CRS plays an outsized role in the implementation of KB:

> **"***The KB orphans and vulnerable children component is primarily under the jurisdiction of Catholic Relief Services (CRS)* as an implementing partner. OVC programs are implemented in all 10 districts of Lesotho through five implementing partners. They are Centre for Impacting Lives (CIL), Sentebale, Lesotho InterReligious AIDS Consortium

(LIRAC), Society for Women and AIDS in Africa Lesotho (SWAALES) and Care for Basotho Association (CBA)." (emphasis added)

The statement that KB "is primarily under the jurisdiction of CRS" is further confirmed by Michael Chiromo Moyo, CRS' current Chief of Party in Lesotho. On his Linkedin page, under "Head of Operations" for CRS from Oct. 2020 – Sept. 2022, Moyo writes:

> "Requested by Regional Office to *take leadership of US $8.95 Million Karabo Ea Bophelo OVC Project, following poor performance* in FY21 Q1 & Q2. As Project Lead, turned project performance around in 6 weeks. Secured project continuance for FY22." (Emphasis added)

What this seems to indicate is that Baylor College, while listed as the primary implementer on the USAID grant application for Karabo ea Bophelo, actually relies upon CRS for the implementation of major components of KB.

On 13 March 2019, USAID published a document on the Karabo ea Bophelo project in Lesotho for prospective grant applicants. On page 6 of the document, providing background on KB, USAID emphasized the role of comprehensive SRHS:

> "The strategic objective supports Government of Lesotho (GOL) multi-sector strategies and priorities for HIV mitigation and prevention, with an emphasis on minimizing negative impacts of HIV on OVC and AGYW, addressing social, behavioral and structural drivers of HIV, and *improving access to comprehensive sexual reproductive health (SRH) services* to prevent new infections." (emphasis added)

On page 8 of the document, USAID pointed out CRS's role in coordinating linkages and referrals in the project, particularly in regard to "service delivery" and "health and HIV services":

> "The Lesotho PEPFAR OVC program is *currently being implemented by Catholic Relief Services (CRS)/4Children* and focused on engaging and building the capacity of national and local social service structures to improve OVC care in the areas of case management, *referrals and linkages, and improving coordination of care between government and service delivery partners.*
>
> In 2015, PEPFAR supported the implementation of the DREAMS initiative13 which aimed to decrease HIV incidence in adolescent girls and young women aged 15 – 24 by reducing both risk and vulnerability. Activities to empower AGYW include social assets building, post violence care, life skills and *linkages to health and HIV services.* Other

activities focus on family strengthening interventions such as parenting programs and household economic security, and community mobilization for gender based violence prevention. In order to decrease HIV risk among potential male sex partners, DREAMS also links men to HIV Test and Start (HTS) and Voluntary Male Medical Circumcision (VMMC) services." (emphasis added)

On page 9, USAID makes it clear that the core-package of services includes contraceptive method mix and condom programming:

> "Lesotho started implementation of DREAMS in 2015, with the aim to reach 80% of the 10 – 24-year-old AGYW in Maseru and Berea districts through the DREAMS core package of services and to reduce new HIV infections among this highly vulnerable group. *The KB Activity will continue implementing DREAMS-specific related activities in these same two districts. The core-package of services being implemented includes* HIV testing, provision of a *contraceptive method mix, condom programming,* school-based HIV and GBV prevention, combined socio-economic approaches, parenting activities, and community mobilization and norms change programs." (emphasis added)

The desired outcomes of the Karabo ea Bophelo project are clearly laid out in Subsection C of the report, which is entitled "Intended Results." Reading through this part of the report makes it clear that no organization participating in KB can be unaware that one of the primary purposes of KB is condom and contraception promotion and distribution.

For example, USAID writes in this section that HIV prevention packages for OVC and AGYW should include:

> "2) access to age-appropriate services/commodities, *including condoms,* PrEP, HTS, *linkages to care and treatment, contraception, and SRH services*; and 3) interventions to reinforce protective factors, such as school attendance and teen-parent communication which have also been shown to reduce risk behaviors." (p. 15) (emphasis added)

Following that is another section entitled, "Increased access to and utilization of adolescent-friendly HIV and other health services for in-school and out-of-school OVC and AGYW," wherein USAID explains that HIV testing services are to be used as a gateway for introducing AGYW to condoms and contraception. To wit:

> "*HIV testing services (HTS) provide an opportunity to engage adolescents and young women and their male partners on healthy sexual practices and for linkages to other HIV and health services such as condom education and distribution, VMMC, ART, family planning and SRH.* The design of service modalities need to be tailored and responsive to

> the needs of older and out-of-school adolescent OVC and young women, including high mobility and poverty levels and difficulty in participating in activities over an extended period of time. *Integrating HTS with comprehensive sexual reproductive health services, including STI screening, family planning commodities and services, especially dual protection* will be vital, as will be initiation of treatment, strict adherence and retention in care. This Activity will be expected to incorporate new technologies for broader implementation such as PrEP and HIV self-testing, as approved by the GOL, and support access to and delivery of these services." (emphasis added)

One of the ways that the KB project promotes contraception and condoms is through what are referred to as "Community Service Days."

Community Service Days

Our researcher was told by Caritas Lesotho how local community organizations collaborate with the DREAMS project. As an implementing partner of the 4Children project, Caritas Lesotho, acting under CRS' direction, participated in what were called "community service days" with PSI. PSI's role was to supply condoms to young people.

Our researcher summarized the comments of Caritas Lesotho about DREAMS as follows:

> "Dreams was a very elaborate project. There were also Community Service Days. On these days, the project would be driven by the Community Leaders. There would be music playing to attract the children and give them counseling which is most important.
>
> Most of those who did the KB project have worked for DREAMS. According to the director, the whole idea about DREAMS is to teach young people about how HIV is transmitted. We prioritize collaboration with the local leaders and the clinics. They aided with the frequency of testing. The major challenge facing our health facilities now is resources to carry out significant outreach. They need more money, and community engagement is highly key."

According to Caritas Lesotho's August 2019 "End of Project" report on DREAMS:

> "One of the scope-grip encountered during the implementation of the project was implementation of DREAMS Community Service Provision days. Though not in the plan, these were successfully held in the twelve (12) community councils where Caritas Lesotho was operating. Partners who partook in these events were Jhpiego, Sotho Media, EGPAF, PSI, JSI/AIDSFree and their varied services were rendered-layered-to the

> AGYW. Government ministries such as MoP-CGPY, MoHA-NICR, MoSD also graced these events where they offered services.
>
> A total of 290, 1041, 327, 87, and 301 people based on their different age-groups attended these events. A relatively high number of caregivers (301) attended as compared to other last FY where only AGYW were seen in large numbers while the caregivers were just a minute number."

A 2020 article on the DREAMS project in Lesotho, published in the peer-reviewed journal, *Vulnerable Children and Youth Studies*, confirms that CRS was participating in these Community Service Days. The article was entitled, "Differences in the uptake of DREAMS intervention in Lesotho among adolescent girls and young women". This article is at pains to firmly establish CRS' role as the organization that was responsible for coordinating the work of the other DREAMS implementing partners in order to ensure that all intervention strategies were implemented and that goals were achieved.

One of the principal authors of this article, it should be noted, is Mahlape Phakoe, who is the Technical Lead for Strategic Information for KB *and* a former CRS employee. Phokoe writes:.

> "Different components of the intervention were implemented by Population Services International (PSI), Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO), the U.S. Peace Corps, and *Catholic Relief Services (CRS)*, the latter through the Coordinating Comprehensive Care for Children (4Children) program. All intervention strategies offered by implementing partners were in line with the strategies for preventing sexual transmission of HIV among youth as outlined in Lesotho's National HIV Prevention Strategy (National AIDS Commision, 2005). *CRS played a pivotal role in the monitoring and coordination of implementing partners.*" (emphasis added)

Under the heading, "AGYW Intervention Package," the article explained that CRS was responsible for coordinating the "linkages to services" among the DREAMS partners before describing the Community Service Provision Days.

> (4) Adolescent-Friendly Health Services: Participating AGYW were offered age appropriate health information and services aimed at empowering girls and *reducing their risk for HIV and unintended pregnancy.*
> (5) Referrals and linkages to services: *CRS worked with community committees and Community-Based Organizations to establish and/or strengthen bi-directional referral amongst a broad network of providers.* The project further collaborated with cadres of

health workers for community-based follow-up support and referrals for HIV testing and counseling.
(6) *Community Service Provision Days:* These events were designed to ensure that community members were aware of available services in and around their community. HIV testing, treatment and voluntary medical male circumcision services were profiled through these events. (emphasis added)

The leading role that CRS played in the DREAMS project, including the implementation of Community Service Days, was highlighted In a 4 May 2020 article titled "Advancing the Girl Child in Africa: Catholic Sisters Empower the Next Generation of Women" by the African Sisters Education Collaborative:

> *"A project of USAID and Catholic Relief Services (CRS),* DREAMS aims to reduce the rates of HIV among adolescent girls and young women (AGYW) in countries with especially high HIV rates. To date the project has been implemented in 10 African countries through funding secured by Sr. Anacletta using skills she learned in ASEC's SLDI program. *Sr. Anacletta also serves as the DREAMS Project Manager.*
>
> The DREAMS project has increased protective factors against HIV by bolstering the social and life skills of AGYW as well as access to HIV/AIDS services. After participation in social asset sessions that taught life and social skills, AGYW demonstrated increased self-esteem, self-efficacy and decision-making skills.
>
> As a result, AGYW are empowered to make responsible choices that promote their safety, autonomy and well-being. A total of 16,690 AGYW were served through social asset sessions, across nine community council areas in Lesotho. *AGYW were also served through HIV messaging sessions and community service days which sensitized beneficiaries about HIV/AIDS services, provided select services, and raised awareness about HIV and transmission methods. Nearly 1,800 individuals participated in the community service days."* (Emphasis added)

As an implementing partner in the DREAMS project in Lesotho – both as a lead on the project with 4Children and then as the main implementing partner under the headship of Baylor College with Karabo ea Bophelo – Catholic Relief Services is complicit in the introduction of young people to organizations like Population Services International (PSI) and the contraception it peddled at these events.

On 31 August 2022, KB published on its own website the involvement of condom promotion and distribution during a Community Service Day.

KB SERVICE DAY (31 August 2022) – TDY Visit

This event was held at Ha-Masana, Mazenod in the Maseru District led by Karabo ea Bophelo (KB) and its implementing partners (PSI, JHPIEGO and EGPAF) initiating Demand Creation for Health Services. KB encouraged AGYWs to join Safe Spaces and also offered screening and referral services to clients, whereas the partners made the following services accessible:

1. Unwanted Pregnancies Prevention for AGYW.
2. HIV testing and Prevention including HIV self-test for AGYW (15-24 yrs) and Men (20-49 yrs)
3. PrEP Services and Monitoring
4. COVID-19 Vaccination
5. Cervical cancer screening and treatment
6. STI Testing and treatment

As part of demand creation, GBV and HIV Prevention literature was distributed for Education and awareness to clients and everyone present. KB also ensure availability & accessibility of both male and female condoms, including condom messaging, ensured introduction of all Evidence-based curricula to all participants especially AGYW.

Posting images from this Community Service Day on 1 September 2022, KB provided a picture of someone speaking in front of a banner that clearly advertises for contraception.

A couple of weeks later, KB posted a picture of a group of young people standing in front of a KB van, holding copies of the GoGirls! Curriculum, which CRS introduced into the area through its 4Children project, while waving large packets of condoms.

On [14 March of 2023], during one of KB's Community Service Days, KB posted a picture from inside its green tent, and on the table was a phallus and two boxes of condoms next to it.

Two weeks later, [KB posted pictures from another Community Day], including this one with another phallus, presumably being used for a condom demonstration.

KB's pictures from these Community Service Provision Days are littered with pictures of condoms, including pictures of entire boxes of condoms given to young women. But this picture, showing a large brown box of condoms in KB's service tent is sufficient to complete the point.

After our researcher met with KB and CRS staff in the KB office, and as they were all walking outside, KB personnel were seen unloading large boxes from a white KB van, and as they walked by, the KB personnel were overheard mentioning that they were boxes of condoms.

Returning to the KB office to inquire about using the restroom, our researcher saw that condoms were even being stored in the bathrooms of the KB office, itself (next photo).

If KB's DREAMS activities, including Community Service Days, seem to be heavily focused on contraception, it's because they are. And because Catholic Relief Services is the preeminent implementing partner in the KB project, it remains just as complicit in contraception promotion and provision now as it was as the head of the preceding project, 4Children.

As the head of 4Children, one of CRS's implementing partners in the DREAMS project Population Services International (PSI), one of the the leading international promoters and providers of condoms, contraception and what it calls "safe abortion." This relationship continues today under KB, as CRS is once again coordinating with this organization whose very raison d'etre is population control. PSI is known for using aggressive and ubiquitous advertising campaigns to flood a country's media with pro-condom, pro-contraceptive messages. PSI is contributing to the KB project in the same way. For example, on 7 June 2021 PSI posted on facebook a DREAMS poster that promotes all forms of contraception, including abortifacients. On the bottom of the poster are both PSI's logo and the logo for Karabo ea Bophelo, KB.

Population Services International - Lesotho
June 7, 2021 ·

Visit your nearest PSI center to get guidance and education on the latest news and health.
#healthygirlshealthylives #SRH #DREAMS

· See original · Rate this translation

Stepping Stones: A Comprehensive Sex Education Manual Used by CRS

During the course of field research in Lesotho our researcher came across evidence that not one, but two different sex education manuals were currently being used in KB In response to a request from our researcher for such materials, they were provided with a copy of Go Girls! as well as a copy of a comprehensive sex education manual called "Stepping Stones." We were already in possession of a copy of Go Girls! that had been supplied to us by CRS, but we were unfamiliar with Stepping Stones.

What follows are copies of the emails sent by the KB representative:

-------- Original Message --------
Subject: Requested Karabo ea Bophelo Materials
Date: 2023-09-20 12:04
From: **********
<**********>
To: t*******.org

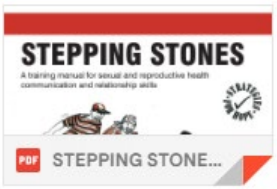
Good Afternoon Dr****,
I hope you are still doing well and have fully recovered from the
Lesotho travels.
Kindly find the attached materials from Baylor. I will share them in two
separate emails as they are big documents.
…
Kindest regards,
****

-------- Original Message --------
Subject: 2nd Batch: Requested Karabo ea Bophelo Materials
Date: 2023-09-20 12:06
From: **********
<**********>

To: t*******.org

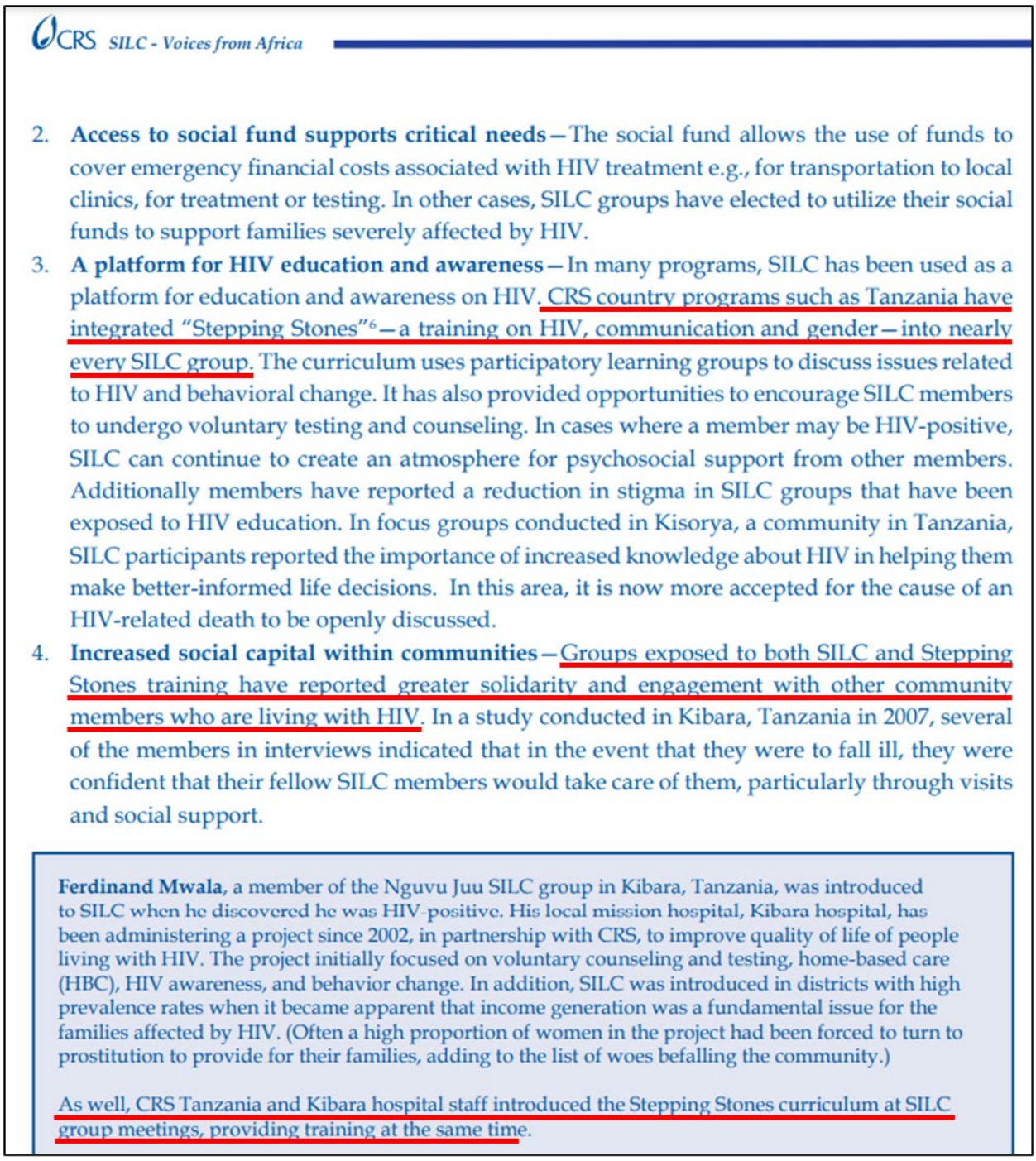
Good Afternoon,
As per my previous email.
Kindest regards,
****

One attachment •



Our previous research on Karabo ea Bophelo had not produced any references to Stepping Stones. So we decided to investigate whether CRS had ever implemented the Stepping Stones curriculum in any other project it had been involved in. We discovered that CRS had been utilizing Stepping Stones for at least 15 years.

The first reference to Stepping Stones that we uncovered dated from 2010, in a document published by CRS concerning its "Savings and Internal Lending Communities – SILC." On page 14 of this document, CRS reported that it had integrated the Stepping Stones curriculum into its SILC groups in Tanzania.



In the underlined section for point 3 of the image above, it's important to note that the mention of "Stepping Stones" is followed by footnote 6. At the bottom of the page, footnote 6 provides a link to the official website for the Stepping Stones curriculum:

"6 See also: https://steppingstonesfeedback.org/about/what-issues-does-it-address/"

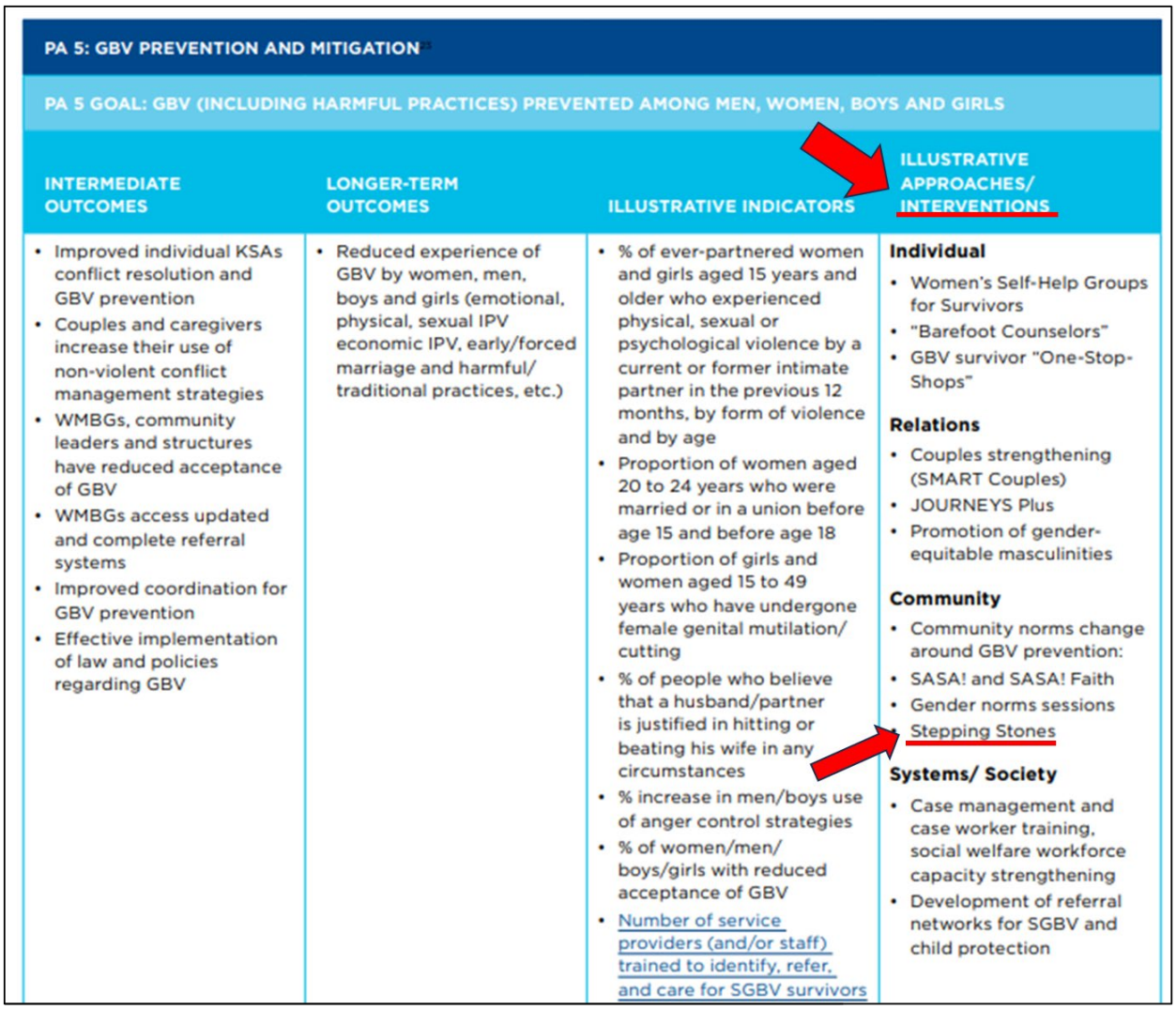
In 2011, CRS published a document titled, "Promising Practices III: HIV and AIDS Integrated Programming." On page 151, CRS admits that it used the Stepping Stones curriculum in Sierra Leone, and even provided a footnote indicating that it was written by Alice Welbourne and published in 2002.

Lastly, the project aims to provide youth with skills necessary to avoid HIV. This is achieved through life skills education programs designed to foster positive behavior and attitudes that will enable children to respond effectively to situations requiring life-changing decisions, especially those that affect their health and well-being. These programs target five core skills: (1) decision-making and problem-solving, (2) communication and inter-personal skills, (3) critical and creative thinking, (4) empathy and self-awareness, and (5) coping with stress and emotions. For children between 8 and 12 years of age, the manual used is called the Windows of Hope[7], which has been modified to the Sierra Leone context. Children above the age of 12 are targeted with locally-adapted life skills manuals such as Sissy Aminata[8], Stepping Stones[9], and the Journeys of Hope.[10]

By targeting young people and the prevention of HIV infection, the proposed intervention fits well within the government of Sierra Leone's goal of "[developing] a comprehensive national response to HIV and AIDS encompassing adequate prevention, treatment, care and support for those affected in Sierra Leone."

7 First published by the Ministry of Basic Education, Sport and Culture, Namibia HIV and AIDS Management Unit (HAMU); modified to its current content by Catholic Relief Services, Sierra Leone Program, 2009
8 CARE Sierra Leone. (2006). *Sissy Aminata.*
9 Alice Welbourn. (2002). *Stepping Stones.*
10 Ministry of Education,Lifeskills Unit, Ghana. (2001). *The Journeys of Hope.*

More recently, CRS published a document titled, "CRS Global Gender Strategy 2020-2030," which was published in 2020. On page 33 of the document, CRS created a chart pertaining to its goals for combating Gender Based Violence. In the right hand column indicating intended interventions to be used is listed "Stepping Stones."



PA 5: GBV PREVENTION AND MITIGATION

PA 5 GOAL: GBV (INCLUDING HARMFUL PRACTICES) PREVENTED AMONG MEN, WOMEN, BOYS AND GIRLS

INTERMEDIATE OUTCOMES	LONGER-TERM OUTCOMES	ILLUSTRATIVE INDICATORS	ILLUSTRATIVE APPROACHES/ INTERVENTIONS
• Improved individual KSAs conflict resolution and GBV prevention • Couples and caregivers increase their use of non-violent conflict management strategies • WMBGs, community leaders and structures have reduced acceptance of GBV • WMBGs access updated and complete referral systems • Improved coordination for GBV prevention • Effective implementation of law and policies regarding GBV	• Reduced experience of GBV by women, men, boys and girls (emotional, physical, sexual IPV economic IPV, early/forced marriage and harmful/ traditional practices, etc.)	• % of ever-partnered women and girls aged 15 years and older who experienced physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age • Proportion of women aged 20 to 24 years who were married or in a union before age 15 and before age 18 • Proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation/ cutting • % of people who believe that a husband/partner is justified in hitting or beating his wife in any circumstances • % increase in men/boys use of anger control strategies • % of women/men/ boys/girls with reduced acceptance of GBV • Number of service providers (and/or staff) trained to identify, refer, and care for SGBV survivors	**Individual** • Women's Self-Help Groups for Survivors • "Barefoot Counselors" • GBV survivor "One-Stop-Shops" **Relations** • Couples strengthening (SMART Couples) • JOURNEYS Plus • Promotion of gender-equitable masculinities **Community** • Community norms change around GBV prevention: • SASA! and SASA! Faith • Gender norms sessions • Stepping Stones **Systems/ Society** • Case management and case worker training, social welfare workforce capacity strengthening • Development of referral networks for SGBV and child protection

The point here is to show that our researcher in Lesotho was provided a copy of a curriculum called "Stepping Stones," which led us to investigate whether CRS itself had ever used this curriculum, and through these three documents, it is clear that CRS implemented it in Tanzania and Sierra Leone, and indicated an intention to utilize it in the future. The grave problem is that Stepping Stones is a curriculum that promotes all manner of contraception, and even abortion.

What follows are some excerpts from the curriculum provided by a Baylor College contact for the KB project.

On the front cover of the Stepping Stones manual, at the bottom, it indicates that it is adapted from the "original Stepping Stones manual by Alice Welbourn." The CRS document from 2011 which indicated that CRS was implementing Stepping Stones in Sierra Leone specified that it was written by Alice Welbourn, so there can be no confusion about whether or not this is the same program.

STEPPING STONES

A training manual for sexual and reproductive health communication and relationship skills

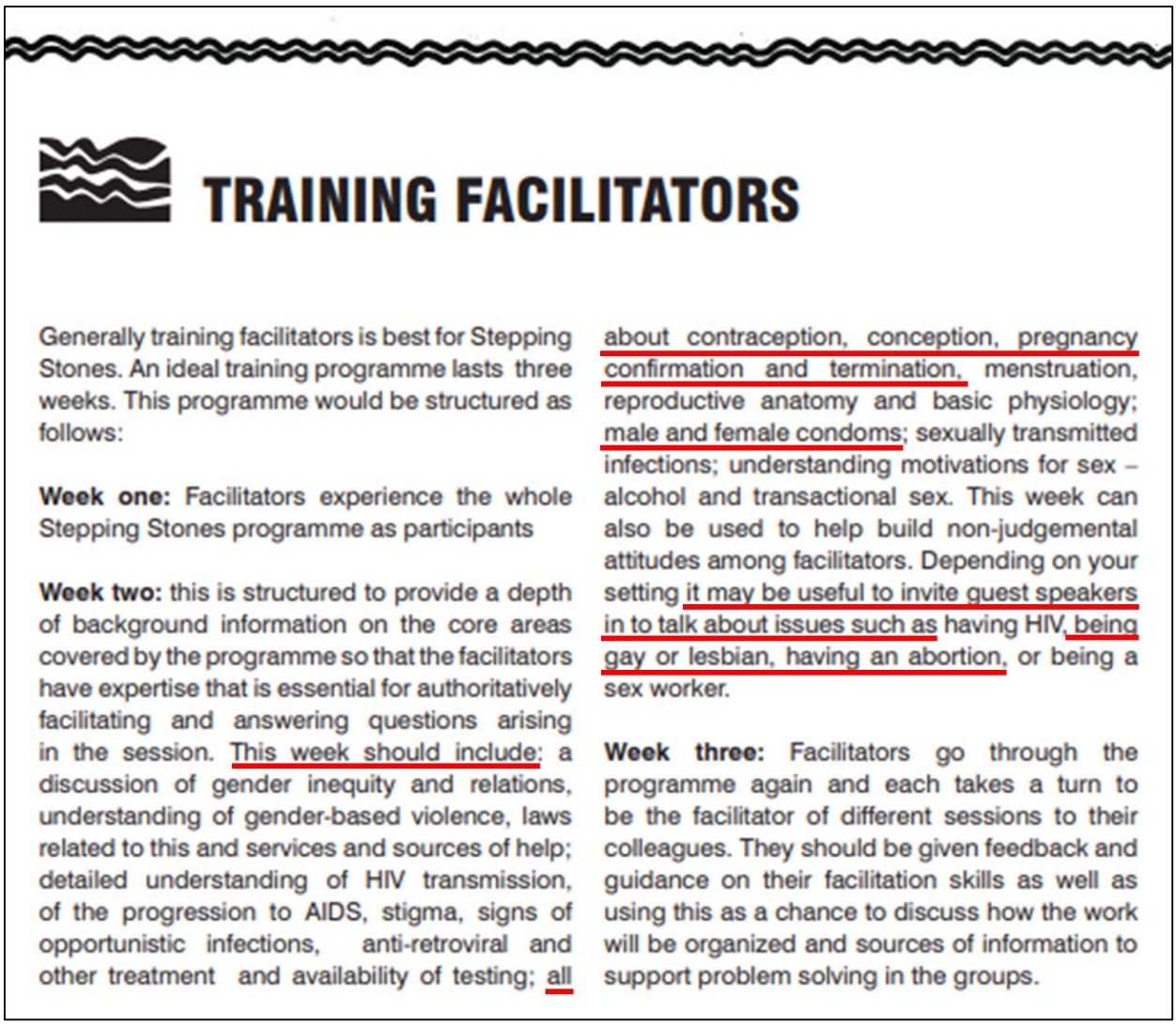
STRATEGIES FOR HOPE

MRC SOUTH AFRICA

Adapted from the original Stepping Stones manual by Alice Welbourn. Edition III: Rachel Jewkes, Mzikazi Nduna and Nwabisa Jama.

Edition III

On page 14, the manual explains that in week two, participants will be told all about contraception, male and female condoms, and abortion. It further suggests bringing in speakers to talk about "being gay or lesbian" or "having an abortion."



TRAINING FACILITATORS

Generally training facilitators is best for Stepping Stones. An ideal training programme lasts three weeks. This programme would be structured as follows:

Week one: Facilitators experience the whole Stepping Stones programme as participants

Week two: this is structured to provide a depth of background information on the core areas covered by the programme so that the facilitators have expertise that is essential for authoritatively facilitating and answering questions arising in the session. This week should include: a discussion of gender inequity and relations, understanding of gender-based violence, laws related to this and services and sources of help; detailed understanding of HIV transmission, of the progression to AIDS, stigma, signs of opportunistic infections, anti-retroviral and other treatment and availability of testing; all about contraception, conception, pregnancy confirmation and termination, menstruation, reproductive anatomy and basic physiology; male and female condoms; sexually transmitted infections; understanding motivations for sex – alcohol and transactional sex. This week can also be used to help build non-judgemental attitudes among facilitators. Depending on your setting it may be useful to invite guest speakers in to talk about issues such as having HIV, being gay or lesbian, having an abortion, or being a sex worker.

Week three: Facilitators go through the programme again and each takes a turn to be the facilitator of different sessions to their colleagues. They should be given feedback and guidance on their facilitation skills as well as using this as a chance to discuss how the work will be organized and sources of information to support problem solving in the groups.

On page 19, exercise A.4 "Trust, Confidentiality, and Being Judgmental," instructs the facilitator to:

> "Ask the group to divide into four. Give each group a health problem e.g *you are a 19-year-old who wants to have an abortion.* You want to seek some advice from someone, perhaps a relative or a neighbor or a health worker. Talk together about: *Who you are going to tell? Why it is that you would tell that person and not someone else?*" [emphasis added]

Beginning on page 36 is exercise C.4 "Joys and Problems With Sex." In this exercise, participants are asked to write down as many thoughts which enter their minds about sex as they can possibly think of. In a "reminder box," the facilitator is instructed to inform participants that "they will not agree on all issues and may disapprove of some but even though we may hold different views we need to listen to each other and not condemn each other for having different views." In other words, the exercise itself is intended to be morally agnostic where dialogue and understanding prevail over moral truth. The instruction for the exercise even ensures that the topics of abortion, homosexuality, oral sex and anal sex are included in the discussion:

> Ask participants to divide into groups of three or four. Give each group at least ten small pieces of paper and some pens. Explain that you would like them to write anything that comes to your mind when you say 'sex'. They can use as many papers as they would like. Explain they can be good or bad, funny or happy or sad. Give each small group up to ten minutes, or until they run out of ideas, to write on all the papers they would like. Whilst the groups are doing this *write the following on paper and include them: abortion, sex work, homosexuality,* violence against women, *oral sex, anal sex.* In each group, ask participants to sort the cards into two piles – joys and problems and explain that some will go in both piles. The group will also have some which are not total joys or total problems and these can go into a third pile. (emphasis added)

The conclusion of the exercise is even worse as it reduces "healthy sex" to pleasure that is free from infection and unwanted pregnancy:

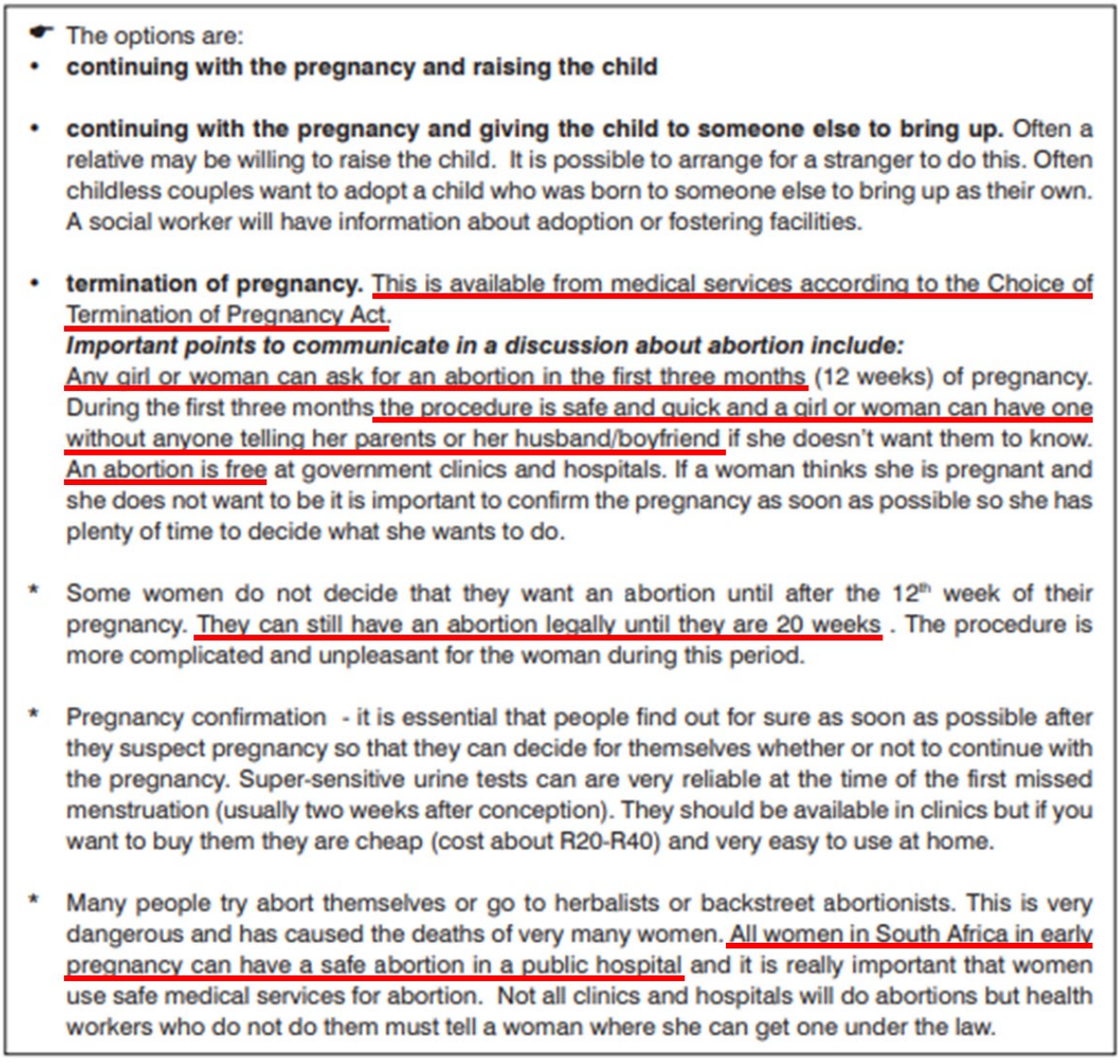
> When all the cards have been sorted into piles and discussed, ask the participants to come into the big group and for one from each group to present what they have in their piles and tell the large group why it was put in each pile. Do others agree?
>
> Explain that the pile of problems shows just how many problems we have with sex. The Stepping Stones workshops are concerned with sexual health, we hold these workshops with one goal in mind, namely the achievement of a complete state of sexual health for everyone. *Sexual health is sex that is pleasurable and free from infection, unwanted pregnancy and abuse.* The problems we have discussed in this exercise are some of the issues we have to address in striving for sexual health. (emphasis added)

But the worst exercise is D.4. "Unplanned Pregnancy," which begins on page 47. In step 9 of this exercise, participants engage in an "open discussion on ways in which unplanned pregnancy might be prevented," which (as will soon be illustrated) means contraception. But then the participants are asked, "What are the options for a person who has an unplanned pregnancy?"

On page 49, Stepping Stones gives three options for an unplanned pregnancy:

- Continuing with the pregnancy and raising the child.
- Continuing with the pregnancy and giving the child to someone else to bring up.
- Termination of pregnancy.

By far, the most attention in this section is given to abortion, focusing on when and where it is legal, what means are available by which an abortion may be obtained, and where one may go to obtain an abortion. Phrases such as "abortion is free at government clinics and hospitals," and "the procedure is safe and quick," and even, "a woman can have an abortion without telling her parents or her husband/boyfriend," are all enticements for seeking abortions, without any discussion of the immorality of it or the mental, emotional, and physical risks that come with an abortion.



The options are:

- **continuing with the pregnancy and raising the child**

- **continuing with the pregnancy and giving the child to someone else to bring up.** Often a relative may be willing to raise the child. It is possible to arrange for a stranger to do this. Often childless couples want to adopt a child who was born to someone else to bring up as their own. A social worker will have information about adoption or fostering facilities.

- **termination of pregnancy.** This is available from medical services according to the Choice of Termination of Pregnancy Act.
  Important points to communicate in a discussion about abortion include:
  Any girl or woman can ask for an abortion in the first three months (12 weeks) of pregnancy. During the first three months the procedure is safe and quick and a girl or woman can have one without anyone telling her parents or her husband/boyfriend if she doesn't want them to know. An abortion is free at government clinics and hospitals. If a woman thinks she is pregnant and she does not want to be it is important to confirm the pregnancy as soon as possible so she has plenty of time to decide what she wants to do.

* Some women do not decide that they want an abortion until after the 12th week of their pregnancy. They can still have an abortion legally until they are 20 weeks . The procedure is more complicated and unpleasant for the woman during this period.

* Pregnancy confirmation - it is essential that people find out for sure as soon as possible after they suspect pregnancy so that they can decide for themselves whether or not to continue with the pregnancy. Super-sensitive urine tests can are very reliable at the time of the first missed menstruation (usually two weeks after conception). They should be available in clinics but if you want to buy them they are cheap (cost about R20-R40) and very easy to use at home.

* Many people try abort themselves or go to herbalists or backstreet abortionists. This is very dangerous and has caused the deaths of very many women. All women in South Africa in early pregnancy can have a safe abortion in a public hospital and it is really important that women use safe medical services for abortion. Not all clinics and hospitals will do abortions but health workers who do not do them must tell a woman where she can get one under the law.

Exercise D.3 “Contraception,” is just what it purports to be. The entire exercise is nothing short of an extended discussion on the different types of contraception available to men and women, and which may be more preferable. But the discussion has no room for the grave immorality that is contraception.

Step 2 of the exercise provides the following instruction:

> “Explain that you want to divide the group into six and give each small group a card about common contraceptive methods: male condoms, female condoms, emergency contraception, the pill, injections, and dual protection with condoms and the injection or pill. The group having dual protection should receive cards for the condom, pill and injection cards. Ask them to read it for a few minutes and make sure they understand and agree with what it says. Then ask each small group to nominate one volunteer who is good at arguing who is going to represent the method.”

The nature of the ensuing debate is three-fold:

- why they are good for preventing pregnancy
- why they are good for preventing HIV
- why they are easiest to use

At the end of the exercise, wherein each debater representing a method of contraception presents their case as to which is the best as based upon these three aspects, a winner of the debate is declared and is given a treat:

> “Again, ask each contraceptive in turn to argue for their place on the bicycle and have a vote after each round. The final vote will tell you who gets on the bicycle and you can give a chocolate bar or sweet to the winner.”

Following the exercise, the manual provides descriptions and pros and cons for each of the following forms of contraception:

- Contraceptive Injections (Depo-Provera/Petogen or Nur-Isterate)
- The combined oral contraceptive pill (common brands are Triphasal or Nordette)
- Male Condom
- Female condom
- Emergency contraception

Throughout this 112-page manual, there are 88 references to condoms, including instructions on how they are used and when and why they should be used.

The very fact that the Stepping Stones curriculum is being used as a part of the Karabo ea Bophelo project should be a red flag for any Catholic organization considering whether to participate in the project. Our subsequent discovery that CRS admits to using this same curriculum in at least two other countries–Tanzania and Sierra Leone–raises additional concerns.

Both the Go Girl! and Stepping Stones curricula, with their promotion of contraception and abortion–not to mention the discussions on human sexuality as a free for all–are grossly immoral, violating virtually every tenet of Catholic sexual morality. No ostensibly Catholic group should be explicitly or implicitly promoting it in any way.

Even if–and it's a big if–it could be shown that CRS intended to rely on and refer to only those portions of the Go Girl! and Stepping Stones curriculum that made no references to SRH, condoms and contraceptives, this behavior still demonstrates a gross lack of prudence and fiduciary responsibility. Should a Catholic organization purchase and reference a curriculum that one would expect to find in a Planned Parenthood office? Obviously not.

Would it be acceptable for a Catholic to buy a pornographic magazine with the intent of sharing only the "wholesome parts" of it with young girls? Again, obviously not, but that is an exact parallel with what CRS is attempting to do in "carving out a safe space" within these contraception promoting and providing projects. Even worse, CRS is required by the terms of the project grants to both recruit and refer girls to other implementing partners who *will share the immoral parts* while CRS pretends to avert its eyes.

Findings and Recommendations

Key Findings:

Our field investigation of CRS activities in Lesotho confirmed that CRS' 4Children project was morally bankrupt both in the curriculum used and in facilitating the referral of girls to contraception peddlers through the overarching DREAMS project.

The Go Girls! manual provided to our local investigators was identical to the one we had uncovered earlier, including its sexually explicit, not to say pornographic, content.

Interviews with Caritas and other DREAMS partners confirmed our concerns that girls were being handed over to contraception peddlers such as Population Services International (PSI) during "community service days" as an aspect of the project.

Our field investigation further shows that CRS is actively involved as an implementing partner in the DREAMS continuation project called Karabo ea Bophelo. One of KB's primary goals, which we repeatedly confirmed in interviews and primary source materials, was to "increase contraceptive prevalence" among Lesotho youth.

Archbishop Gerard Lerotholi told our researchers that he couldn't "vouch for CRS" because CRS neither informs him about its activities nor takes the views of the local Church into account.

Based on our field research in Lesotho, we can see why CRS would want to shield its activities from scrutiny by the local Church. Its partnerships with the USAID/PEPFAR projects we investigated virtually requires CRS to make grave moral compromises, not to say completely abandon its Catholic identity, in favor of a pose as a secular NGO.

Based on our field investigation of CRS projects in Lesotho, we have a number of recommendations to make to the Board of Directors of Catholic Relief Services.

First and foremost, given the nature of the Karabo ea Bophelo curriculum, and the close collaboration the project requires between its implementing partners, we recommend that CRS immediately withdraw from participation in the project. Continued participation in KB, not to mention the leadership role that CRS takes in some districts, is complicity in evil and a grave scandal to the faithful, both in Lesotho and in the United States.

We further recommend that CRS should refrain from purchasing or using any program that is inherently immoral, regardless of whether CRS "adapts" certain parts of it for its own use or not. The idea that CRS can "carve out" a part of a gravely immoral curriculum–itself the product of radically pro-abortion agencies spreading the Culture of Death–is flawed and should be abandoned.

Finally, CRS should closely collaborate with each and every local bishop in each and every diocese that it operates a project in, receiving not only their cooperation, but their permission - giving full disclosure of every aspect of the proposed project. Bishops are, after all, tasked with protecting and promoting the spiritual welfare of their flock, and would and should be the first and best judge of whether a given project would help or harm souls.

This is not currently the case. We encourage bishops in Lesotho, Zimbabwe and Cameroon–and in every diocese where CRS either operates programs or solicits support–to ask CRS to only engage in projects that fully comport with Catholic teaching, refraining from partnerships with organizations that peddle contraception, abortion, and condoms, and refusing to utilize any inherently immoral materials, even if they are "adapted." Failing that, CRS should be asked to cease operations in their diocese and stop soliciting funds from their parishioners.

To assist CRS in taking this absolutely necessary step, the Lepanto Institute and Population Research Institute will make sure the bishops of Lesotho and the United States are informed of the issues noted above by providing them with copies of our report.

Conclusions and Recommendations

Archbishop Gerard Lerotholi of Lesotho echoed the concern of many African bishops we have spoken to over the years when he told our investigators that he couldn't "vouch for CRS" because CRS neither informs him about its activities in his archdiocese nor takes the views of the local Church into account.

Based on our field research in Lesotho, Zimbabwe, and Cameroon, we can see why CRS would want to shield its activities from scrutiny by the local Church. Its partnerships with the USAID/PEPFAR projects we investigated virtually requires CRS to make grave moral compromises, not to say completely abandon its Catholic identity, in favor of a pose as a secular NGO.

This is born out in CRS' purchase and use of inherently immoral sex and HIV educational materials. Regardless of whether CRS "adapts" certain parts of such materials for its own use or not, the idea that CRS can "carve out" a kind of "safe space" within a gravely immoral curriculum–itself the product of radically pro-abortion agencies devoted to spreading the contraceptive mentality and reducing the birth rate–is flawed and should be abandoned.

The gravity of our current findings is further underlined because they confirm that CRS is continuing a long pattern of questionable behavior. Over the past decade the Lepanto Institute and the Population Research Institute, both separately and together, have repeatedly raised concerns about Catholic Relief Services' involvement in projects that promote pornographic sex education, condoms and contraceptives.

In 2013, Population Research Institute (PRI) published the results of a month-long investigation into CRS projects in Madagascar. PRI's report found "that CRS is using funding from American Catholics to distribute contraceptive and abortifacient drugs and devices in concert with some of the world's biggest population control/family planning organizations."[1]

In 2015, the Lepanto Institute (LI) and PRI published the results of a year-long collaborative investigation into a CRS-led project in Kenya called SAIDIA.[2] Through official documents obtained online from USAID, PEPFAR, and CRS, along with information collected from field research in Kenya, we concluded that CRS had implemented a contraception-promoting program called Healthy Choices 2 and a condom-promoting program called SHUGA in that country.[3]

[1] https://www.pop.org/investigation-of-catholic-relief-services-madagascar/
[2] https://www.lepantoin.org/wp/crs-pepfar-cover-up/
[3] https://www.lepantoin.org/wp/crs-implemented-condom-promoting-video-series/

Over the years, other notable Catholic scholars have joined in the criticism. Reacting to reports of CRS promoting condom use, noted theologian Germain Grisez in 2011 called for a formal investigation of CRS. Grisez asked, "Why does Catholic Relief Services forbid putting its logo on the 'educational' materials it provides about HIV and condoms?" Grisez called CRS' policy regarding condoms "troubling", and rightly questioned the nature of CRS' partnerships with contraception and abortion-promoting organizations.[4]

In response to our reports, CRS has repeatedly attempted to deflect and deny that it was in any way complicit in, or responsible for, the objectively immoral aspects of the projects that it implemented. For example, when asked about the contraception-promoting program called Healthy Choices 2 (HC2) mentioned above, CRS responded in a letter to Population Research Institute and the Lepanto Institute that the PEPFAR document in question, indicating that CRS had implemented Healthy Choices 2, was mistaken and that the matter would be corrected.

The PEPFAR document was duly removed from the government website and a new version redacting all indications that CRS had implemented Healthy Choices 2 was uploaded in its place. We suspected that CRS was not being entirely candid, however, and submitted a FOIA request to USAID for the original documents outlining the project. These proved that CRS had indeed implemented Healthy Choices 2, as well as SHUGA, despite its attempts to first deny and then cover up its involvement, apparently with the complicitly of PEPFAR administrators.[5]

It is the sincere hope of the Population Research Institute and the Lepanto Institute that the troubling facts contained in this report inspire the bishops of the United States to recognize the inherent danger of allowing its international aid and development agency, Catholic Relief Services, act as an arm of the federal government in carrying out government-funded Sexual and Reproductive Health projects. Such projects always, whether funded under the aegis of PEPFAR or another USAID health program, invariably involve the promotion and/or provision of contraception and condoms and require direct collaboration with organizations that peddle the same.

Pope Benedict XVI's motu proprio, *On the Service of Charity* – still in effect – gives specific instruction on the reception of funds from organizations that peddle sexual immorality:

> *Art. 10. § 3. 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

[4] https://www.catholicworldreport.com/2011/04/17/the-church-betrayed/

[5] https://www.lepantoin.org/wp/foia-docs-disprove-crs-claims-regarding-healthy-choices-program/

> for initiatives whose ends, or the means used to pursue them, are not in conformity with the Church's teaching.[6]

There is no doubt that both USAID and PEPFAR – which separately or jointly funded every single project detailed in this report – are organizations that "pursue ends contrary to the Church's teaching." It is our view that CRS's entanglement in such projects, which takes varying forms, makes CRS an accomplice to the moral crimes illustrated herein. Involvement in such programs is an occasion of scandal for the faithful, both in Africa and in the United States.

We suggest that, rather than taking federal funding, CRS should rely on the goodwill and generosity of American Catholics for spiritual and financial assistance in carrying out international aid and development projects that fully comport with Catholic teaching.

We further recommend that, in carrying out such projects, that CRS should first seek the permission of each and every local bishop in each and every diocese that it intends to operate in, fully disclosing every aspect of the project and promising full cooperation with the diocese. Bishops are, after all, tasked with protecting and promoting the spiritual welfare of their flock, and would and should be the first and best judge of whether a given project would help or harm souls.

As our report demonstrates, this is not currently the case. In our view, the bishops who serve on CRS' Board of Directors have both a moral and a fiduciary responsibility to ensure that CRS withdraws from such programs.

Indeed, as Germain Grisez noted a decade ago, "Faithful Catholics who have donated to CRS in recent years for AIDS relief did so because they expected the program to be carried out in a distinctively Catholic way. Had they not expected this, they could have donated to a secular organization fighting AIDS. If CRS officials have used donations otherwise than they have led donors to expect, CRS officials have misappropriated those funds."[7]

Our review of CRS' USAID/PEPFAR practices in several African countries strongly indicates that the concerns that prompted our, and Germain Grisez's, earlier concerns remain essentially unresolved.

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[6] https://www.vatican.va/content/benedict-xvi/en/motu_proprio/documents/hf_ben-xvi_motu-proprio_20121111_caritas.html

[7] https://www.catholicworldreport.com/2011/04/17/the-church-betrayed/

At the present time we do not see how lay Catholics can in good conscience support or donate to Catholic Relief Services. We recommend that the bishops of the U.S., both individually and collectively, withdraw their support as well.